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

Date: Wednesday, 10 April 2024

**Committee:**
**Health and Wellbeing Board**

**Date:** **Thursday, 18 April 2024**
**Time:** **9.30 am**
**Venue:** **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting. The Agenda is attached.

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 Adult Social Care and Public Health (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, NHS Shropshire, Telford and Wrekin

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, SaTH / Director of Strategy ICB
Paul Kavanagh-Fields – Chief Nurse and Patient Safety Officer, RJAH

Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care
Stuart Bills - Superintendent, West Mercia Police

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 - 8)

To confirm as a correct record the minutes of the meeting held on 18 January 2024 (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 5pm on Friday 12 April 2024.

**5 JSNA Update - focus on CYP JSNA and Youth Survey** (Pages 9 - 184)

Jess Edwards, Public Health Intelligence Manager, Shropshire Council and Helena Williams, Youth Support Team Manager, Shropshire Council

**6 CYP Mental Health Transformation Plan** (Pages 185 - 198)

Vicki Jones, Head of Transformation and Commissioning, Children and Young People Learning Disabilities and Autism, NHS STW and Liam Laughton, Head of Children, Young People and Family Services, Shropshire and Telford & Wrekin Care Group

**7 CYP Social Prescribing** (Pages 199 - 208)

Claire Sweeny, Healthy Lives Team Manager, Shropshire Council

8 **ICB Update** (Pages 209 - 218)

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

9 **Shropshire Food Poverty Alliance Report** (Pages 219 - 240)

Helen Brown, Shropshire Food Poverty Alliance Co-ordinator, Shropshire Citizens Advice

10 **Shaping Places** (Pages 241 - 250)

Emily Fay, Shaping Places Programme Manager, Shropshire Council

11 **Chairman's Updates**

12 **ShIPP Update** (Pages 251 - 254)

Penny Bason, Head of Service, Joint Partnerships, Shropshire Council

13 **Health Protection Update** (Pages 255 - 258)

Susan Lloyd, Consultant in Public Health, Shropshire Council

Shropshire Council

**Committee and Date**

Health and Wellbeing Board

18 April 2024

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 18 JANUARY 2024**
**9.30AM – 11.50AM**

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

**Present**
Cecilia Motley – PFH Adult Social Care, Public Health & Communities (Co-Chair)
Kirstie Hurst-Knight – PFH Children & Education (Remote)
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention
Tanya Miles – Executive Director for People
Laura Fisher – Housing Service Manager (Remote)
Claire Parker - Director of Partnerships, NHS Shropshire, Telford & Wrekin
Carla Bickley – Associate Director of Strategic Planning and Partnerships, SaTH (sub for Nigel Lee)
Anna Morris – MPFT (Substitute for Zafar Iqbal)
Jackie Jeffrey – VCSA
David Crosby – Chief Officer, Partners in Care
Simon Hardiman – Chief Fire Officer, Shropshire Fire and Rescue

47 **Apologies for Absence and Substitutions**

Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford & Wrekin (Co-Chair)
Laura Tyler – Assistant Director for Joint Commissioning
Patricia Davies – CE, SCHT
Nigel Lee - Interim Director of Strategy & Partnership SaTH/Director of Strategy, ICB
Superintendent Stuart Bill, LPA Commander, Shropshire, West Mercia Police
Lynn Cawley - Chief Officer, Shropshire Healthwatch

Carla Bickley substituted for Nigel Lee
Anna Morris substituted for Zafar Iqbal

48 **Disclosable Interests**

None received.

49 **Minutes of the previous meeting**

**RESOLVED:**

That the minutes of the previous meeting held on 16 November 2023 by agreed and signed by the Chairman as a correct record.

## 50 Public Question Time

None received.

## 51 Social Prescribing

The Board received the report of the Healthy Lives Team Manager – copy attached to the signed Minutes – which provided an update on the social prescribing offer and its development in Shropshire. It described the programme and recent progress on the Adult Social Prescribing programme. It also provided an update on demand management work focussing on reducing risk of falls, cardiovascular disease and supporting adult social care, new Simple Activation Question to demonstrate the increase in people being able to take action to improve their own wellbeing and in turn reducing healthcare utilisation, and the Winter Support Service which was mobilised across Shropshire to support winter pressures across the system.

The Healthy Lives Team Manager introduced and amplified her report and gave a presentation – copy of slides attached to the signed Minutes. She gave an overview of the team and the service they delivered and to whom. She then drew attention to the difference in referral numbers etc for adults and children in 2023 and touched on the outcomes. She highlighted in particular the Pain Support Group which had been well received and they were looking to see how it could be developed across the county. In conclusion, the Healthy Lives Team Manager discussed the priorities that they were working on with each PCN.

A brief discussion ensued, and Board Members offered their support. It was suggested that this be a regular update at ShIPP meetings to monitor its impact and give assurance to the Board about how it was being managed. Members were reminded that it was a truly integrated service with primary care and a whole range of other partners working very closely together including the voluntary sector which was one of the reasons why this programme worked so well.

Councillor Hurst-Knight agreed to speak to the Healthy Lives Team manager outside of the meeting in relation to Social Prescribing for Children and Young People and it was confirmed that this would be looked at in a future meeting.

The Executive Director of People was interested in the impact of Social Prescribing, for example were they seeing less contacts into health and social care six months on following a social prescribing intervention? In response, the Healthy Lives Team Manager referred to an independent review by Westminster University which showed a 40% reduction in GP contact and other health service usage. She hoped in future to be able to report on the increase in activation (how well people were able to manage their own health and wellbeing). The VSCA representative informed the meeting that Citizen's Advice Shropshire took referrals from social prescribers and had their own tool that measured the difference that their intervention had made which could link into the work being done by the Healthy Lives team.

In response to a query, it was confirmed that the referrals came from the social care team within the local authority and not local care providers. The Chief Officer explained that Partners in Care represented 260 care providers across the system

and would disseminate information about social prescribing to them and would discuss how they could link in with it outside of the meeting.

The Executive Director of Health, Wellbeing and Prevention expressed her thanks to all involved and she applauded the integration work. Looking at next steps, she wondered how to ensure social prescribing was embedded not just in primary care but across the services and how it could be rolled out. She also referred to targeting specific groups that needed support such as the rural communities and farmers.

It was agreed to take this forward through ShIPP on a regular basis.

**RESOLVED:**

To note the recommendations contained in the report.

## 52 JSNA Place Plan Update

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

The Project Development Officer for Public Health introduced and amplified her report. She gave a presentation and reminded the Board that there were 18 place plan areas in Shropshire which highlighted the specific health inequality needs of those residents living in those areas. Some of the work currently underway in Highley, Ludlow and Whitchurch were then highlighted.

The Board expressed their thanks to the Head of Joint Partnerships, without whom none of this work would have been possible within such a short space of time and just showed what could be achieved when partners pull together.

A brief discussion ensued and a query was raised as to how they could tie in those countywide approaches to the cost-of-living crisis. It was suggested that the learning from Southwest Shropshire, through Shaping Places, and delivering that local cost of living approach around food insecurity and the fuel poverty work done by Marches Energy, be brought into other areas. It was agreed that more work could be done around this.

A query was raised as to whether social prescribing was being considered when developing services in these communities. In response, the Head of Joint Partnerships explained that this would be delivered as part of the community and family hubs that were being developed as part of the Action Plans and she gave an example.

The Executive Director of Health, Wellbeing and Prevention explained that the Prevention Framework would be signed off by the Board and that was where 'One Shropshire' fitted in. It was felt that the Board needed to think about how to move this work forward and expand it across all areas including how to ensure the services were sustainable and how to get more people involved and to lead some of the work. It was felt that ShIPP would be a good place to look at these issues.

The Project Development Officer informed the Board that the next Place Plan areas to be launched would be Craven Arms, Church Stretton, Bridgnorth and Cleobury Mortimer. She confirmed that they were reaching out to the Town and Parish Councils within all of those areas and giving residents the opportunity to tell them what they needed for their health and wellbeing.

53 **Transport - including community transport**

A verbal update and presentation was provided by the School and Public Transport Team Manager and the Public Transport Development Officer – copy of slides attached to the signed Minutes. The School and Public Transport Team Manager gave an overview of what transport was like at the current time and explained that there were two sets of bus services, commercial bus services and subsidised bus services. The Board were informed that the regulatory body responsible for public transport in Shropshire was the West Midlands Traffic Commissioner although the Council did have certain powers. He confirmed that no bus services in Shropshire had been cut recently but that at least 60 days' notice of any planned cuts to bus services would have to be given to the Traffic Commissioner.

Turning to commercial bus operators, the School and Public Transport Team Manager explained that many years ago there used to be about 80% of bus services that were subsidised by the Council and 20% were commercial, whereas now about 97% were subsidised and 3% commercial. The Council usually step in when there was a gap in the commercial market and would tender the route and award it to the successful operator. The Council could not however compete with a commercial service but they could step in where there was no commercial benefit to the operator. He informed the meeting of the different types of contracts depending on where the fare risk sat. He reported that currently the Council spend approximately £3.5m on the subsidised bus services. They had received some grant funding from covid from the Government which has been allocated to bus services.

The School and Public Transport Team Manager then discussed Community transport groups of which there were about 9 in Shropshire and who were awarded grants if up to £500,000. He explained that Shropshire Council had a dedicated passenger transport officer who oversaw the community groups and liaised with them on a regular basis.

The Public Transport Development Officer explained that his role was looking at how to develop public transport going forward. He gave some background around the difficulties in Shropshire including the lack of investment from operators, rising cost of fuel, declining patronage, large concessionary market etc. He explained that after the pandemic councils were encouraged to create enhanced partnerships with operators in order to release funding from the DfT. This had been done in Shropshire and regular meetings were held to discuss the challenges/changes, development and investment of which will be led by Shropshire Council.

The Public Transport Development Officer drew attention to the Government's Bus Back Better Campaign which required Local authorities to create a bus service improvement plan which was submitted in October 2021. It allowed the Council to write a 'shopping list' of how it was going to improve public transport in Shropshire.

The first bid of £98m was unsuccessful and so the bid for round two took forward two elements of the original bid being Connect on demand, which was a demand responsive service and a rebrand of Shrewsbury Park and Ride (Shrewsbury Connect) which would link with key strategic sites across the town such as the railway station and hospital.

This bid was also unsuccessful and so, following meetings with the DfT last summer, another meeting has been arranged shortly in person in Shropshire. They have agreed to invest but wish to ensure that some of the projects had begun and that Shropshire Council had invested in them. This has led to the launch of the first demand responsive transport provision which was run by the council's fleet department at Longden Road. He explained more about the service being offered, the areas it covered and how it could be booked. This service would be reviewed with a view to extend it into further areas moving forward.

The Board thanked the School and Public Transport Team Manager and the Public Transport Development Officer for their presentation which helped them to understand the complexity of the issues. The Head of Joint Partnerships informed the Board that transport was coming out repeatedly within the joint strategic needs assessment work and queried how they could work more closely with the transport team to develop responses around transport, particularly in rural areas.

The Public Transport Development Officer explained the fare cap which was set up by the Government at £2.00 and which had been extended until November 2024. concern was expressed about what would happen after November as the price inconsistencies across the County was one of the factors pulling people away from using public transport. In response to concerns, he explained that the team were very passionate about rural transport and getting it into certain rural areas and was something they had tried to work on with local operators however there was not a great deal of interest. The idea behind Connect on demand was to treat every area as unique however it would take time to put that in place and would require DfT investment. The Public Transport Development Officer informed the Board that the Council had been allocated £1.8m from the closure of the North line of HS2 which would be used for investment and to improve certain corridors that were in need of investment.

A brief discussion ensued. A query was raised as to possible links with taxi services and train services. It was confirmed that the nighttime economy had been mentioned in the bus service improvement plan and was being actively worked upon with conversations being had with Transport for Wales who owned the majority of the lines in Shropshire. It was slightly more difficult with taxis as they did not form part of the same public transport network, but they would work with Licensing to resolve this. Concern was raised that lack of access to taxis was a contributory factor in the number of deaths and road traffic accidents amongst younger people.

## 54 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. It also provided an overview of the status of communicable, waterborne and foodborne disease.

The Healthy Child Programme Coordinator introduced and amplified the report. She highlighted the information around measles and what was happening both locally, regionally and nationally about concerns around the rising number of measles cases nationally which began in London. An increase was also now being seen within the West Midlands leading to an increased risk of potential cases within Shropshire. She informed the Board of the mitigations being put in place to ensure there was a pathway in place to prevent any measles outbreaks including encouraging take up of two doses of the MMR vaccine. She also informed the Board of the actions that would be taken should an outbreak be seen in Shropshire.

The Portfolio Holder for Children & Education confirmed that information had been issued to all school settings the previous week and would be repeated on a regular basis.

55 **Update on the Shropshire Substance Misuse Strategy and Action Plan**

The Board received the report of the Public Health Consultant (Inclusion & Vulnerable People) – copy attached to the signed Minutes – which provided an update on the substance misuse strategic programme for Shropshire.

The Public Health Consultant introduced and amplified his report, and he drew attention to the draft Tackling Drugs and Alcohol Misuse Strategic Action Plan and requested that any feedback be sent directly to himself. A query was raised as to whether there had been any engagement with the Specialist Care Group at MPFT on the Strategy. In response, the Public Health Consultant confirmed that part of the ambition in the plan was an integrated approach with mental health services along with another programme of work that they were progressing alongside the Strategic Action Plan for which MPFT was a core partner.

The Executive Director for People explained that it had been discussed previously at the Board the concern around the impact of drugs and alcohol on individuals, both children and adults and she would be interested to see the learning that came out of the drug and alcohol death review panel and where the governance for that would sit. In response, the Public Health Consultant explained that there had been one meeting so far which had been to test the process where a conversation was had and it was decided that it would sit within the safeguarding adult oversight group. It was requested that updates be bought to the Board going forward.

**RESOLVED:**

To note the recommendations contained in the report.

56 **Director of Public Health's Annual Report**

The Board received the report of the Director of Public Health – copy attached to the signed Minutes – which provided a summary of her annual report on the health of the population of Shropshire.

The Director of Public Health introduced and amplified her report. She drew attention to the recommendations which were around rural proofing, the importance of localities around place-based working and neighbourhood working in rural areas, being intelligence led. The information was available to inform conversations that were being held both locally and nationally. She confirmed that the recommendations would be followed up to ensure they were being taken forward. The final part of the annual report was a reflection back on what was said in her first report back in 2020.

**RESOLVED:**

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

57 **Prevention Framework update**

The Board received the report of the Executive Director of Health, Wellbeing and Prevention – copy attached to the signed Minutes – which provided an update on the Prevention Framework, for information.

58 **Chairman's Updates**

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

- Winter response and the 'Think Which Service' – NHS led campaign
- Health response to flood recovery

59 **ShIPP Update**

The Board received the report of the Head of Joint Partnerships, Shropshire Council/STW ICB – copy attached to the signed Minutes – which provided an overview of the ShIPP Board meeting held in December 2023 and included actions, for assurance purposes, for information.

Signed …… (Chair)

Date:

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# SHROPSHIRE HEALTH AND WELLBEING BOARD
## Report

| | | | | | | |
|---|---|---|---|---|---|---|
| **Meeting Date** | **18 April 2024** | | | | | |
| **Title of report** | **Joint Strategic Needs Assessment (JSNA) update - Children & Young People Focus** | | | | | |
| **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** | Rachel.robinson@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**

**1. Executive Summary**

This report presents to the Health and Wellbeing Board an update on the JSNA programme with a focus on the Children and Young People JSNA; progress to date, future direction of the JSNA and timescales.

**2. Recommendations**

Recommendations will follow in the subsequent final draft of the Children and Young People JSNA in June 2024.

The Health and Wellbeing Board to note the update to work programmes and timescales

**3. Report**

**3.1 Joint Strategic Needs Assessment (JSNA) programme update**

Work continues on the JSNA development programme. The JSNA has been managed as separate workstreams.

1. Place-based approach - 18 individual place plan needs assessments and action plans.
2. Web-based media (Power BI interactive reports) to present needs assessments - in development. The aim is to draw these two workstreams together to create web-based interactive profiles for the 18 Place Plan areas in Shropshire.
3. Thematic based JSNAs - production of the Children and Young's People's JSNA- the focus of this report

**3.2 Place-Based Needs Assessment (PBNA)**

As agreed by the Health and Wellbeing Board, Shropshire Council's Public Health Team and partners are working together to understand the needs of local people through the Place Based needs assessment. This work is part of delivering our local vision for people to live

their best life. As a sparsely populated rural population with 66% of the population living in hamlets and small villages, service design and delivery and limited resources pose unique challenges for reducing Shropshire's hidden inequalities. Therefore, it is vital to understand the local needs of our residents for improving population health at a local and county level.

We recognise that health and wellbeing need across our large and diverse county will be different by smaller geographical area. Each of our 18 place plan areas are unique and have specific assets, requirements, and concerns. There are also emerging similar themes across all of Shropshire that highlight mental health, children, young people and families, cost of living, and easier access to services as pivotal for improving health and wellbeing.

Place-based needs assessments recognise the importance of partnership working, to utilise the strengths, capacity, and knowledge of all the partners involved, to develop actions and viable solutions. Our Place Based JSNA web pages demonstrate the local area profile with a data pack and emerging action plans for each area. The strength of this work is the recognition across the local authority and partner organisations that improving population health and reducing inequalities requires a combined effort across organisations and importantly with local people and communities.

**"Wave 1" priority Place Plan Areas**

All profiles for Highley, Oswestry, Bishop's Castle and Whitchurch are now complete following engagement and stakeholder events. These are published on the Council website JSNA Place Based Profiles Following the local community stakeholder engagement events, an action plan for each area has been produced and are in the process of being implemented in partnership with system partners including community groups. 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.

**"Wave 2" Place Plan Areas**

Shrewsbury Place Plan area profile is at completion. The place plan area has been divided into four zones: North East, Central and West, South and Surrounding (Shropshire Maps). This facilitates a deep dive into the specific areas of need in each zone as well as Shrewsbury overall. Following successful engagement and stakeholder events for North East, Central and West, South and Rural zones, the profiles and action plans are published. Partners are linked in and work on the Children and Young People's actions are already underway in North East Shrewsbury.

The second Ludlow community stakeholder event was held on 15th March 2024. The final profile and action plan are currently in production following the event. The profile and action plan will replace the current live interim action plan. The production of profiles and action plans for Market Drayton, Wem and Albrighton are in progress, with the community stakeholder events taking place end of April / early May 2024.

Church Stretton, Craven Arms, Cleobury Mortimer and Bridgnorth profiles are in progress, with the resident survey currently being live in these four place plan areas until 21st April 2024. Following which the data will be analysed and showcased to the community partners at the stakeholder events to develop the place plan profiles and action plans.

Much Wenlock, Ellesmere and Broseley place plan areas are due to launch end of April 2024.

Our ambition is to publish all 18 Place Plan Area profiles by Autumn 2024. This work is supporting the development of Community and Family Hubs, Local Care, and transformation

plans across the Local Authority and partners. More work is needed to embed evaluation and data collection across service and transformation development.

Work is underway to develop and update the Place Plan Health and Wellbeing Index with Census 2021 data and further measures. We will report back to the Board with details of these as prototype products are created.

**3.3 Web-Based Needs Assessment**

Substantial content is in the process of being 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.

A cost of living dashboard is in final draft and will be available for distribution in April 2024. It will be distributed to the Health and Wellbeing Board and will be available through Shropshire Council web pages.

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.

**3.4 Thematic Joint Strategic Needs Assessments- focus on Children and Young People Needs Assessment**

The Children and Young People JSNA will provide a detailed understanding of the needs of children, young people and families in Shropshire to inform the direction and development of local services, with a view to reducing health inequalities through identification, prevention and early intervention.
Due to the vast scope of this report, Shropshire's Children and Young people JSNA is structured as a 'JSNA pack', comprising of individual chapters for each stage of the life course:

1. Population and context for children and young people
2. Maternity (pregnancy & birth)
3. Early Years (0-4 years)
4. School aged children (5-11 and 11-16 years)
5. Young people (16-19 years)

Work is progressing well on all chapters of the JSNA. There has been substantial collaboration with stakeholders at all stages of development.

The 'Population and Context' and 'Early Years' chapters are now in first draft form and are presented to the Board (attached as appendices 1 and 2). We are seeking advice from the Board on which groups these need to be shared with and any feedback relating to gaps in intelligence before we return to the Health and Wellbeing board with the final drafts for approval in June 2024:

- **Population and context: appendix 1**
  This chapter presents data and intelligence about Shropshire's overall population, children population and the factors that can affect health or impact on health inequalities, such as deprivation, poverty, drug and alcohol and rural inequalities.

- **Early Years (0-4 years): appendix 2**
  This chapter presents an overview of the health and wellbeing of babies, infants and children aged 0-4 across Shropshire. The period between conception and the age of 5 is recognized as having a significant influence on a person's life. The environment a baby experiences whilst in the womb and the first 2 years of life are particularly critical for cognitive, emotional and physical development, likewise, the health and mental health of parents at this time is also critical to family health and wellbeing.

  Given the broad range of needs and services for children under 5 years, this report is not an in-depth review of any one specific service, but instead aims to:
  - describe the population profile of children under 5 and their families in Shropshire- please also see the Population and Context chapter
  - identify risk factors that impact on maternal, infant and child health outcomes - please also see the Population and Context chapter
  - provide an overview of the wider determinants of health and their impact on the under 5s and their families- please also see the Population and Context chapter
  - identify relevant national guidance and local policy in relation to early years
  - provide an overview of the health and wellbeing of under 5s
  - provide an overview of current service provision and assessment of outcomes including gaps in relation to domains impacting on early childhood outcomes; physical, psychosocial and emotional, cognitive and language development
  - identify vulnerable children, and/or at-risk groups
  - identify gaps, barriers, and unmet needs in current service provision

The timeline for completion of the Children and Young People's JSNA chapters is below:

April 2024 – Presentation of Population and Context and Early Years (0-4s) chapters to the Health and Wellbeing Board for feedback
June 2024- Publication of the Population and Context and Early Years (0-4s) chapters
September 2024- Publication of the remaining chapters: Maternal health, School aged children and young people

**3.5 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

February 2023 – Autism strategy evidence review.
May 2023 - Publication of the Drug and Alcohol Needs Assessment
(Drug and Alcohol Needs Assessment (shropshire.gov.uk))
Summer 2023 - Ongoing refinement, data acquisition and analysis in relation to Place Plan indices for Place-Based Needs Assessments.
September 2024 – Publication of the Comprehensive Children and Young's People's Needs Assessment
Autumn 2024- Completion 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.<br><br>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) | No financial implications | |
| **Climate Change Appraisal as applicable** | N/a | |
| **Where else has the paper been presented?** | System Partnership Boards | |
| | Voluntary Sector | |
| | Other | SSCP - Children's Safeguarding & Protection Practice Oversight Group |

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

**Place Plan JSNA's can be found on**
Place-based Joint Strategic Needs Assessment | Shropshire Council

**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)

Children and Young People Needs Assessment (first drafts)

Appendix 1. Population and Context
Appendix 2. Early Years (0-4s)

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Shropshire Council

# Children and Young People Needs Assessment

## Chapter 1: Population and context

2024

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## Introduction

The Children and Young People JSNA will provide a detailed understanding of the needs of children, young people and families in Shropshire to inform the direction and development of local services, with a view to reducing health inequalities through identification, prevention and early intervention.

Due to the vast scope of this product, Shropshire's Children and Young people JSNA will be structured as a 'JSNA pack', comprising of individual chapters for each stage of the life course:

**Core JSNA chapters**

1. Population and context for children and young people
2. Maternity (pregnancy & birth)
3. Early Years (0-4 years)
4. School aged children (5-11 and 11-16 years)
5. Young people (16-19 years)

This chapter presents data and intelligence about Shropshire's overall population, children population and the factors that can affect health or impact on health inequalities, such as deprivation, poverty, drugs and alcohol and rurality.

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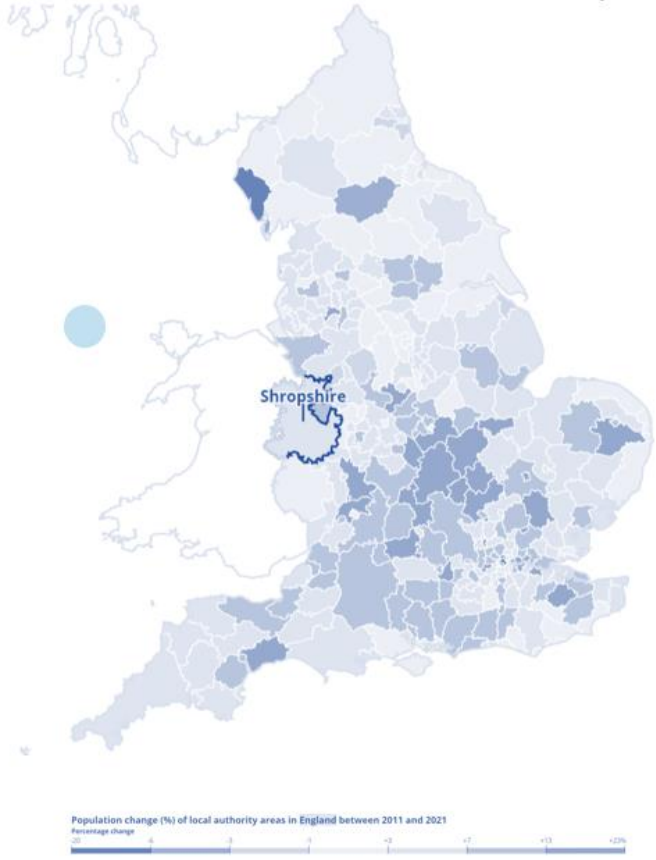
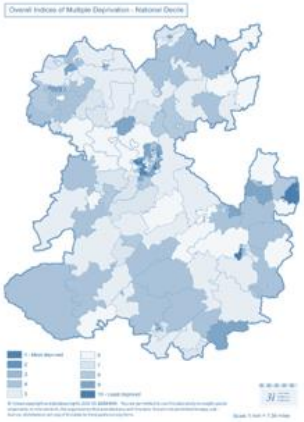
# Shropshire Population

2021/22



**Overall deprivation is low.** Ludlow East and Harlescott fall within the 10% most deprived areas in England.

**Population by Age**


**Shropshire's total population**

**323,600**
**a 5.7% rise** from 306,100 people in 2011
**(England 6.6% rise)**

**Population Density**

| Shropshire | England |
|---|---|
| 1 person | 4.3 people |
| per hectare | per hectare |

**181 schools** of which 15 are independent and 19 are special

**44,581 pupils** aged 0-19

**16.9%** of pupils eligible for **free school meals**

Smallest state primary school – 25 pupils

Smallest state secondary school – 512 pupils

**93.2% from white background,** 95.7% with English as first language

**25.3% aged 65+** compared to 18.4% in England

**64,834 aged 0-19** or 20.1% England 23.0%

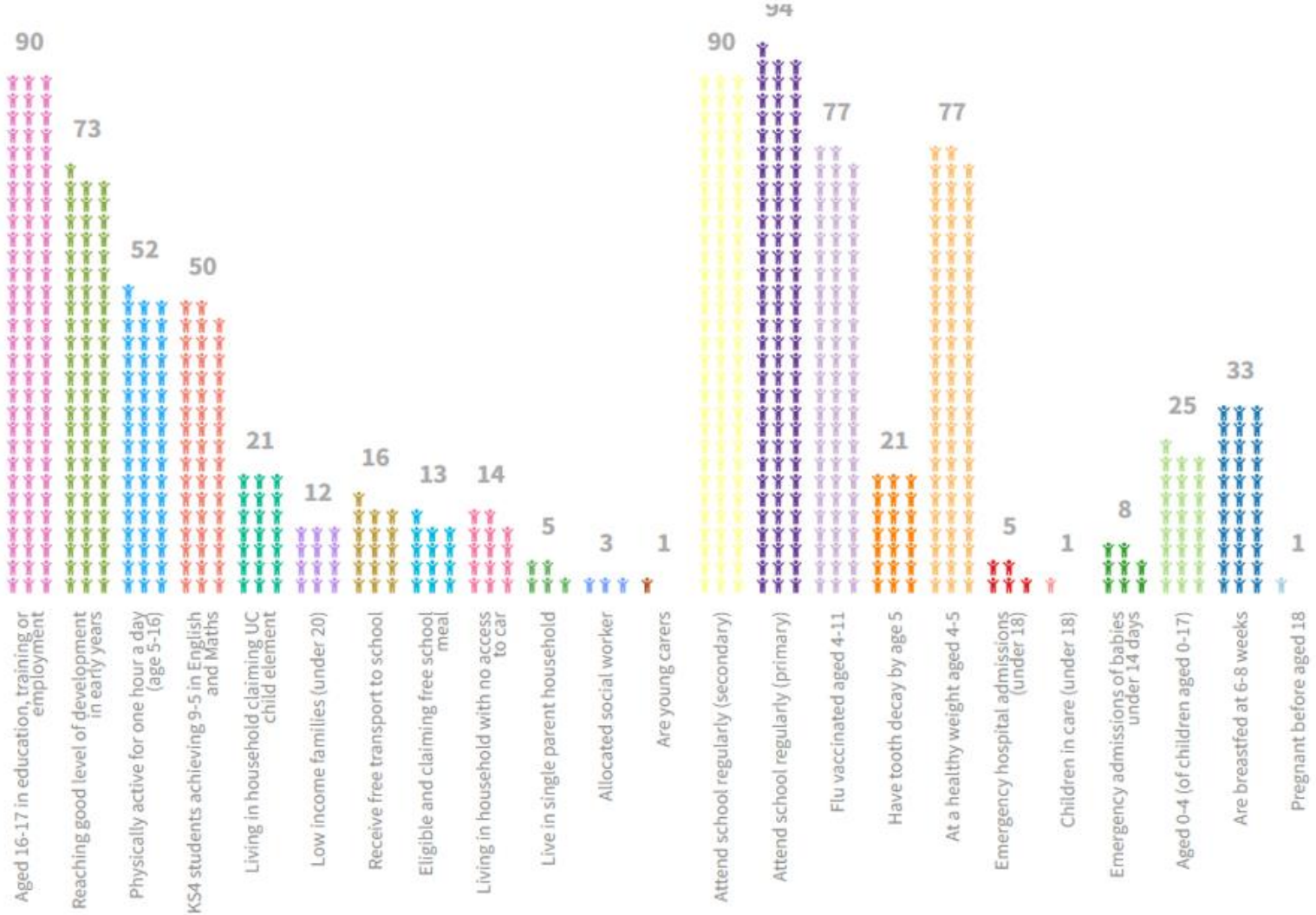
**Employment rate of 76.2%,** West Midlands 73.6%

**504 looked after children** in Shropshire

Evidence of rural **food insecurity and 16.5% fuel poverty** across the county

# Our Children in Shropshire

per 100 children



# Shropshire's population

Shropshire is a diverse, large, predominantly rural, inland County, situated in the West Midlands. It is the second largest inland rural county in England and is approximately ten times the size of all the Inner London Boroughs put together. It covers 1,235 square miles and there are no areas in Shropshire that are considered major or minor conurbations average. It is one of the most sparsely populated counties; with just one person per hectare.

Overall, Shropshire is a rural county with around 66% of the population living in areas classified as rural. Around 34% of the population resides in areas classed as being urban. Much of the South-West of Shropshire is classified as being sparsely populated.

Shrewsbury is home to around a third of the population and is a key employment, shopping and cultural centre for Shropshire, as well as being a popular destination for tourists and visitors. The county's economy is based mainly on agriculture, tourism, food industries, healthcare and other public services. The profile of Shropshire County, its history, geography and population distribution make delivering services effectively and efficiently more difficult.

## Summary

- On Census Day, 21 March 2021, the size of the usual resident population in Shropshire was 323,606 people: this is an increase of 6% (17,477) since 2011, when it was 306,129 people.
- Shropshire's population increased, at 6%, compares to a 6% increase for the West Midlands and a 7% increase for England.
- As of 2021, Shropshire is ranked 32 out of the 33 local authority areas in the West Midlands for population density, with around 1.01 persons per hectare of land. The population density for the West Midlands is 4.58 persons per hectare and for England it is 4.34 persons per hectare
- Of the 323,606 people in Shropshire, 163,923 were women (50.7% of the population) and 159,683 men (49.3%). The female population of Shropshire has increased by 6% and the male population has increased by 5% since 2011.
- In Shropshire, 14.8 % (47,918) of the population are children aged under 15, 59.8% (193,602) are adults aged 15 to 64 and 25.4% (82,090) are aged 65 and over; 3.3% (10,825) of the resident population are 85 and over.
- This compares to 18.1% aged 0 to 14, 63.1% aged 15 to 64 and 18.8% aged 65 and over for the West Midlands region as a whole, and 17.4% aged 0 to 14, 64.2% aged 15 to 64 and 18.4% aged 65 and over for England.
- Since 2011, Shropshire has seen a 3% decrease in children aged under 15, no change in adults aged 15 to 64 and a 30% increase in those aged 65 and over.

## Population structure

The highest proportion of residents fall into the 55-59 age group in Shropshire (25,538 people or 7.6%). In the West Midlands the largest group are those aged 50 54 (6.7%) and in the England it is those aged 30 - 34 (6.8%).

Chart showing the proportion of residents by five-year age bands in Shropshire (%), 2021 compared to the West Midlands and England. Source: LG Inform.

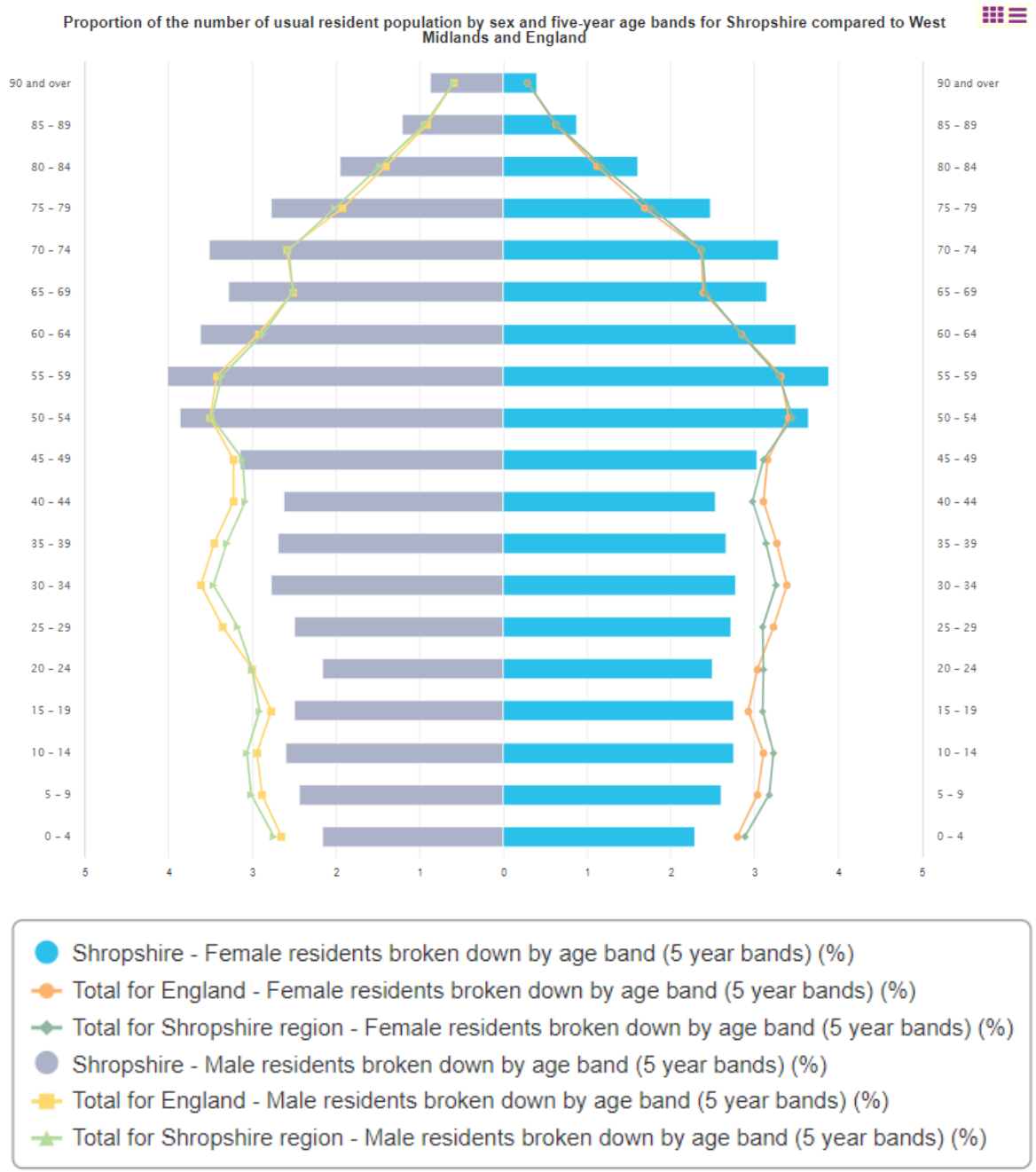


Chart showing the number of residents by five-year age bands and sex in Shropshire, 2021. Source: LG Inform

Table showing the number and proportion of residents by gender and age groups in Shropshire (%), 2021. Source: Census 2021, ONS.

| Age band | Shropshire | | | |
|---|---|---|---|---|
| | 2021 | | | |
| | Female | Male | Total | % |
| 0 - 4 | 7,020 | 7,403 | **14,423** | 4.5% |
| 5-9 | 7,883 | 8,366 | **16,249** | 5.0% |
| 10-14 | 8,406 | 8,841 | **17,247** | 5.3% |
| 15 - 19 | 8,063 | 8,856 | **16,919** | 5.2% |
| 20 - 24 | 7,007 | 8,119 | **15,126** | 4.7% |
| 25 - 29 | 8,120 | 8,752 | **16,872** | 5.2% |
| 30 - 34 | 8,976 | 8,977 | **17,953** | 5.5% |
| 35 - 39 | 8,677 | 8,588 | **17,265** | 5.3% |
| 40 - 44 | 8,450 | 8,234 | **16,684** | 5.2% |
| 45 - 49 | 10,226 | 9,752 | **19,978** | 6.2% |
| 50 - 54 | 12,516 | 11,794 | **24,310** | 7.5% |
| 55 - 59 | 12,958 | 12,580 | **25,538** | 7.9% |
| 60 - 64 | 11,678 | 11,286 | **22,964** | 7.1% |
| 65 - 69 | 10,631 | 10,186 | **20,817** | 6.4% |
| 70 - 74 | 11,361 | 10,587 | **21,948** | 6.8% |
| 75 - 79 | 8,973 | 8,039 | **17,012** | 5.3% |
| 80 - 84 | 6,327 | 5,161 | **11,488** | 3.5% |
| 85 - 89 | 3,917 | 2,886 | **6,803** | 2.1% |
| 90 and over | 2,738 | 1,285 | **4,023** | 1.2% |
| Total | **163,927** | **159,692** | **323,619** | **100%** |

## Ethnicity

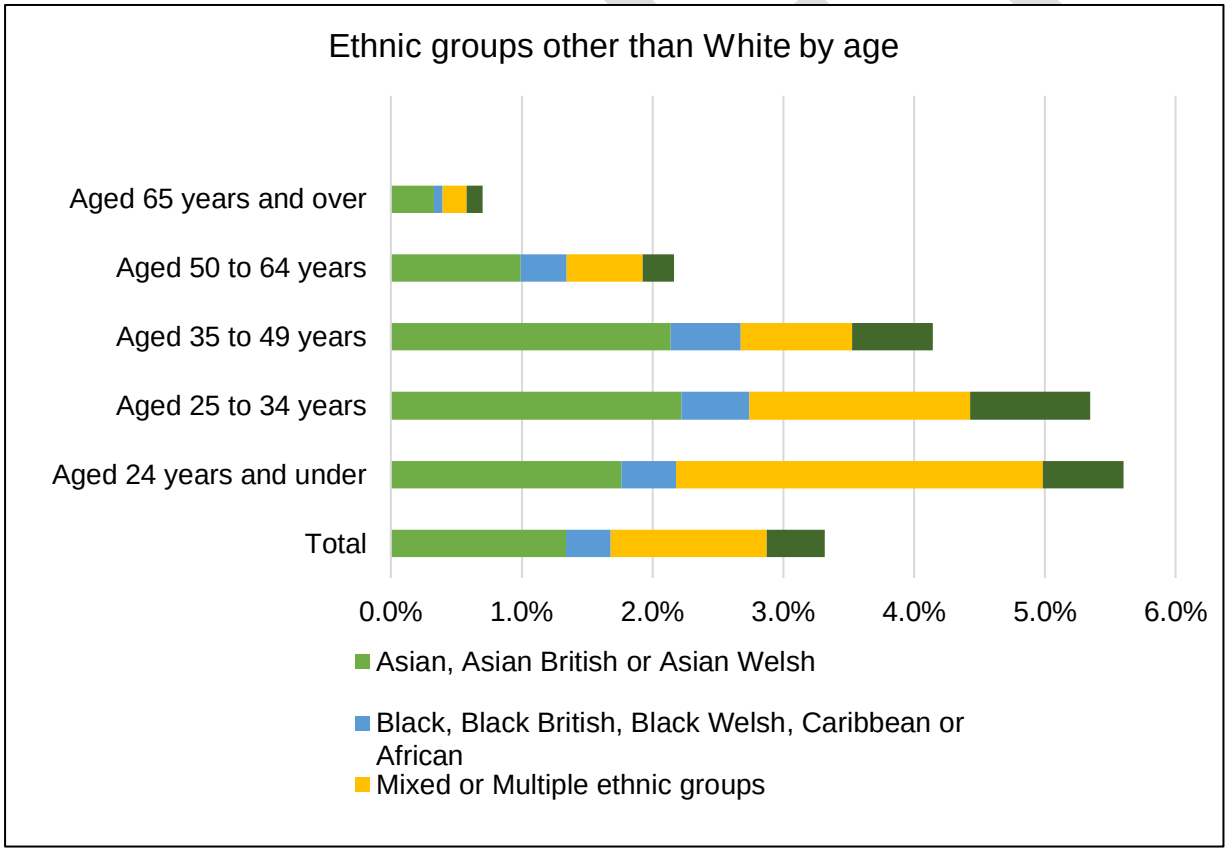
In 2021 in Shropshire, 96.7% of the population reported themselves as White and the remaining 3.3% reported themselves belonging to ethnic groups other than white (10,733 people), a rise from 2.0% from the 2011 Census and lower compared to England as a whole (19.0%).

The most common ethnic group across all age groups was White. The younger populations in Shropshire are more ethnically diverse than the older population, with 5.6% of residents aged 24 and under belonging to ethnic groups other than White. Mixed and multiple ethnic groups make up 2.8% of this and Asian, Asian British and Asian Welsh make up 1.8%.

Table showing the proportion of residents by ethnic groups and age groups in Shropshire (%), 2021. Source: Census 2021, ONS.

| Age | Asian, Asian British or Asian Welsh | Black, Black British, Black Welsh, Caribbean or African | Mixed or Multiple ethnic groups | Other ethnic group | White |
|---|---|---|---|---|---|
| Total | 1.3% | 0.3% | 1.2% | 0.4% | 96.7% |
| Aged 24 years and under | 1.8% | 0.4% | 2.8% | 0.6% | 94.4% |
| Aged 25 to 34 years | 2.2% | 0.5% | 1.7% | 0.9% | 94.7% |
| Aged 35 to 49 years | 2.1% | 0.5% | 0.8% | 0.6% | 95.9% |
| Aged 50 to 64 years | 1.0% | 0.3% | 0.6% | 0.2% | 97.8% |
| Aged 65 years and over | 0.3% | 0.1% | 0.2% | 0.1% | 99.3% |

Chart showing the proportion of residents by ethnic groups other than White and age groups in Shropshire (%), 2021. Source: Census 2021, ONS.

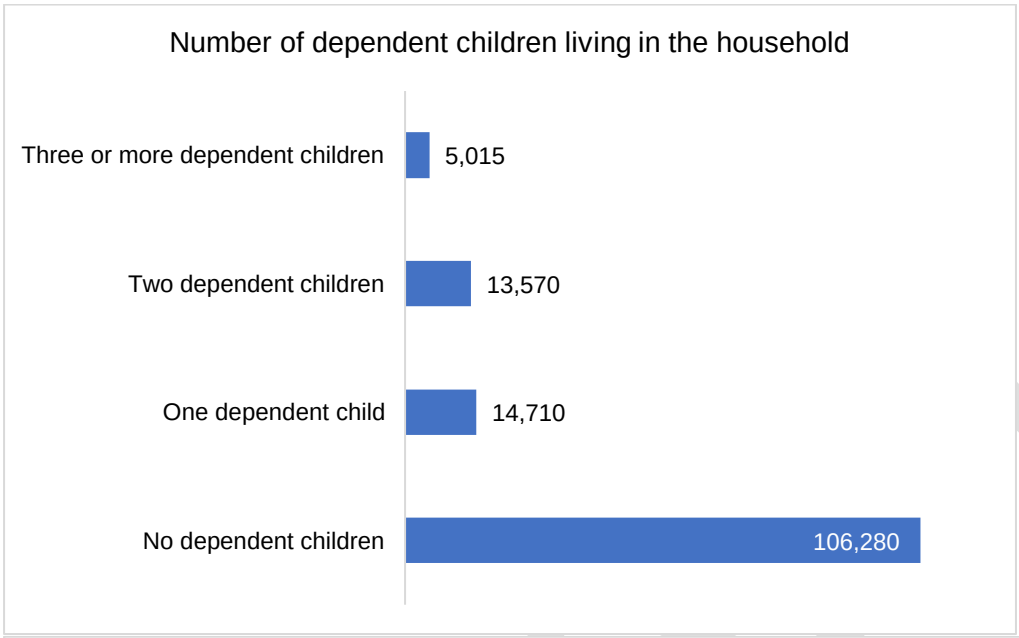


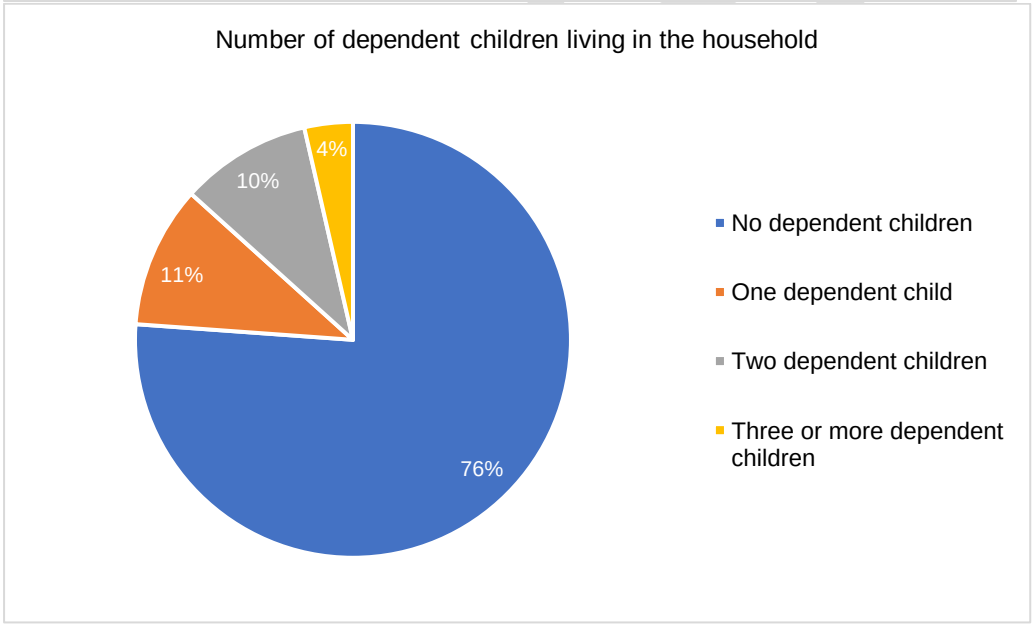

To see the ethnic profile of school aged children in Shropshire, click here.

## Household composition

The 2021 Census indicates that there 18,585 households with 2 or more children living in the property, equating to 14% of all households on Shropshire. Majority of households in Shropshire, 76%, had no dependents.

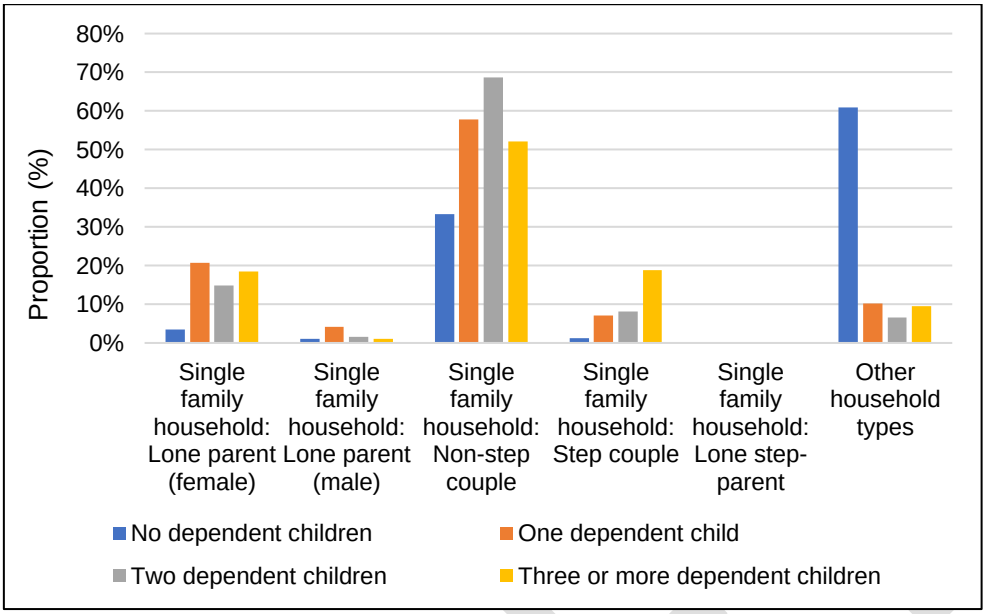
Chart showing the number of children living in the household. Source ONS Census 2021




Based on Census 2021, a high proportion (61%) of single family households (non-step couple) in Shropshire had more than one dependent children. Other household types (households containing only those aged 66-and-over have been categorised as "other household types) had the highest proportion of no dependent children as shown in the chart below.

Chart showing the proportion of dependent children by household type in Shropshire. Source: 2021 Census, ONS.




## Population change

Between the last two censuses (held in 2011 and 2021), the population of Shropshire increased by 5.7%, from around 306,129 in 2011 to around 323,606 in 2021.

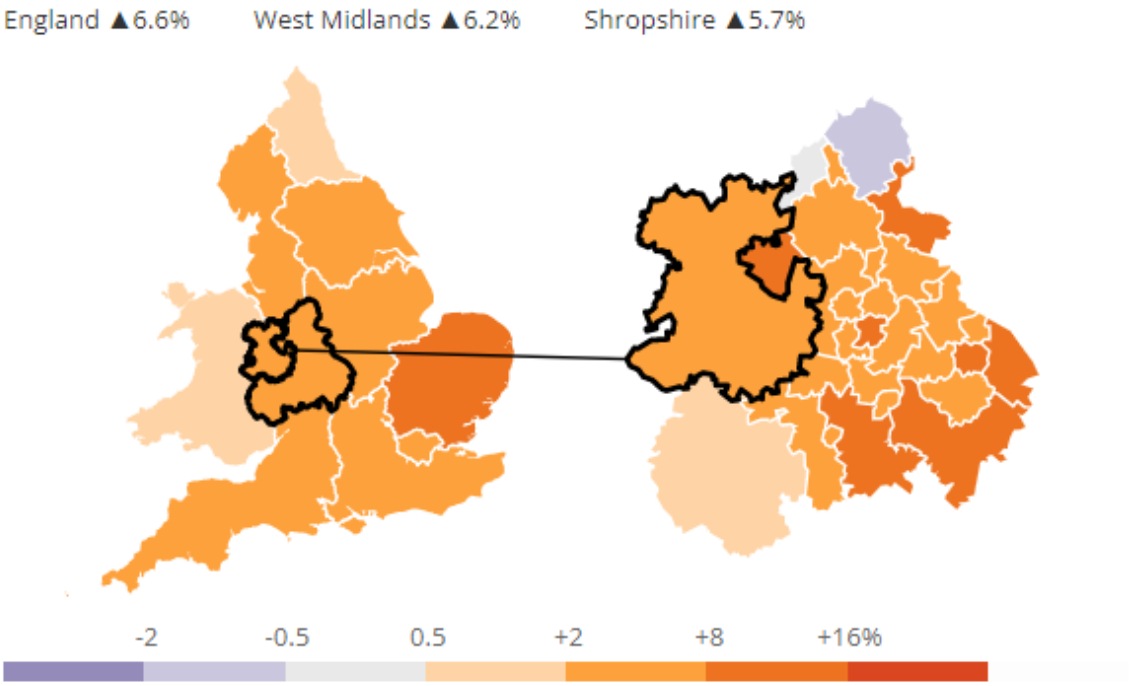
The population here increased at a similar rate to the overall population of the West Midlands (6.2%), but by a smaller percentage than the overall population of England (up 6.6% since the 2011 Census).

When split by 5-year age bands, the largest increase in population between 2011 and 2021 was observed among the 70 to 74 and the 75 to 79 age bands at 45%. An increase in the 90+ population was also observed between 2011 and 2021 at 42%. The largest decrease in population was observed among those aged 40 to 44.

Among children and young people aged under 19 overall there has been a fall of 18%, with the largest reduction among those aged 15-19 years old.

**Population growth was lower in Shropshire than across the West Midlands**

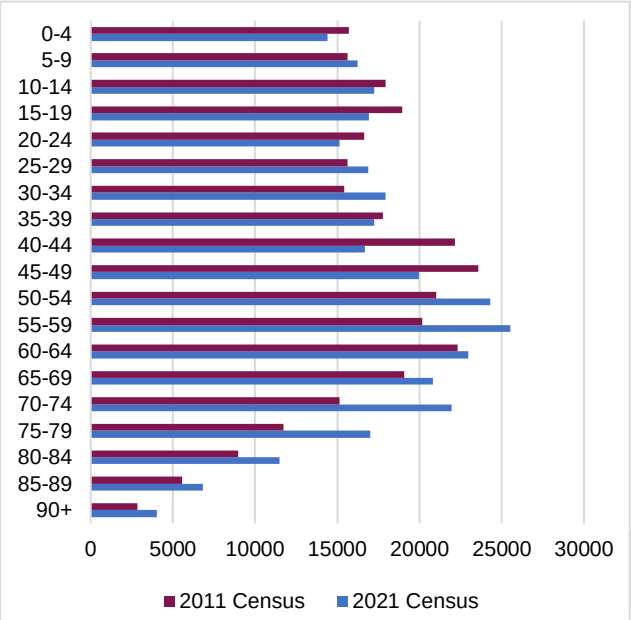
Percentage population change, Shropshire and surrounding areas, 2011 Census to Census 2021



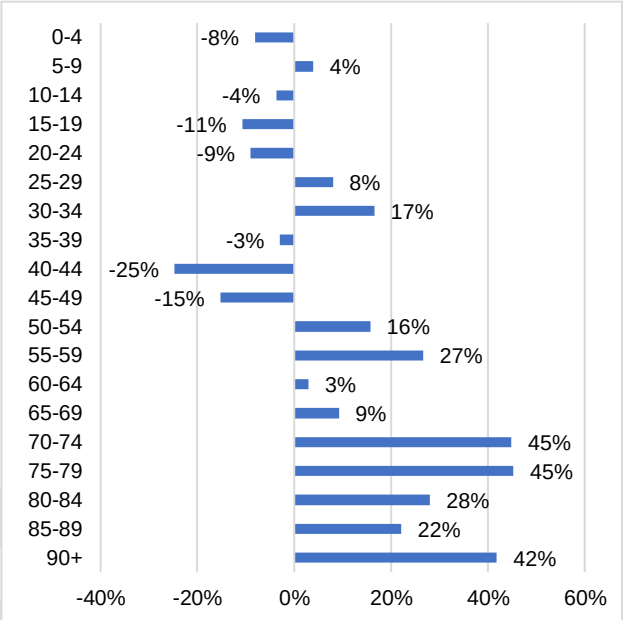

Source: Office for National Statistics – 2011 Census and Census 2021

Chart showing the number of residents by 5-year age bands and percentage change in Shropshire (%), 2021. Source: Census 2021, ONS; LG Inform.

Number of residents by 5-year age bands for Shropshire (2011 and 2021 Census). Source: ONS




Percentage change in the number of residents by 5-year age bands for Shropshire (2011 to 2021 Census)

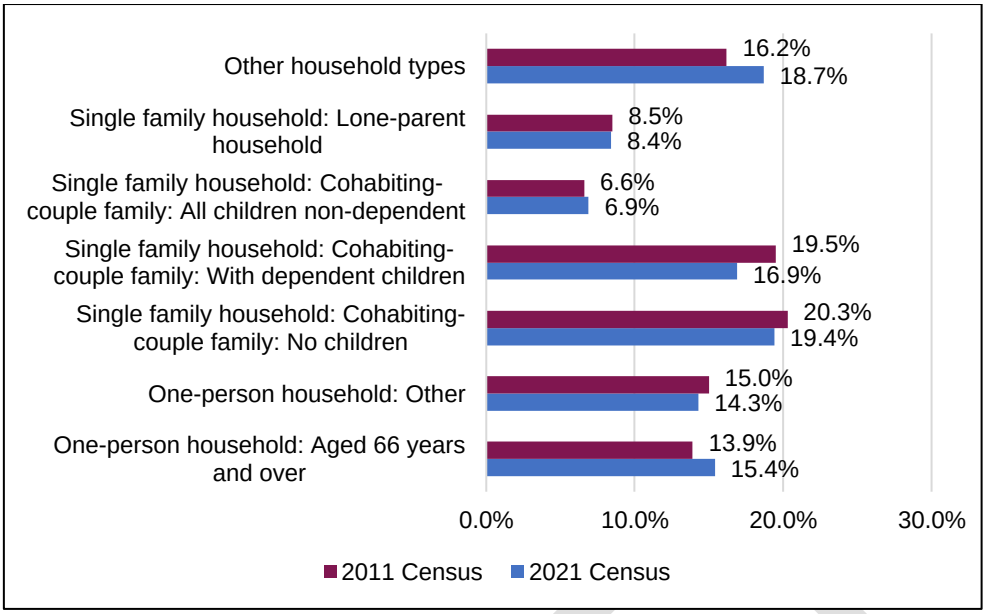



## Fewer couples with dependent children

Shropshire saw the West Midlands' second-largest percentage-point fall in the share of households including a couple with dependent children (from 19.5% in 2011 to 16.9% in 2021).

Across the West Midlands, the percentage of households including a couple with dependent children fell from 19.7% to 19.0%, while the percentage in Powys (the local authority area that shares the largest boundary with Shropshire) fell from 17.6% to 15.6%.

Chart showing the percentage of households by household composition in Shropshire. Source: 2011 and 2021 Census, ONS.




For more information around household composition in Shropshire, see here.

**An older Shropshire**

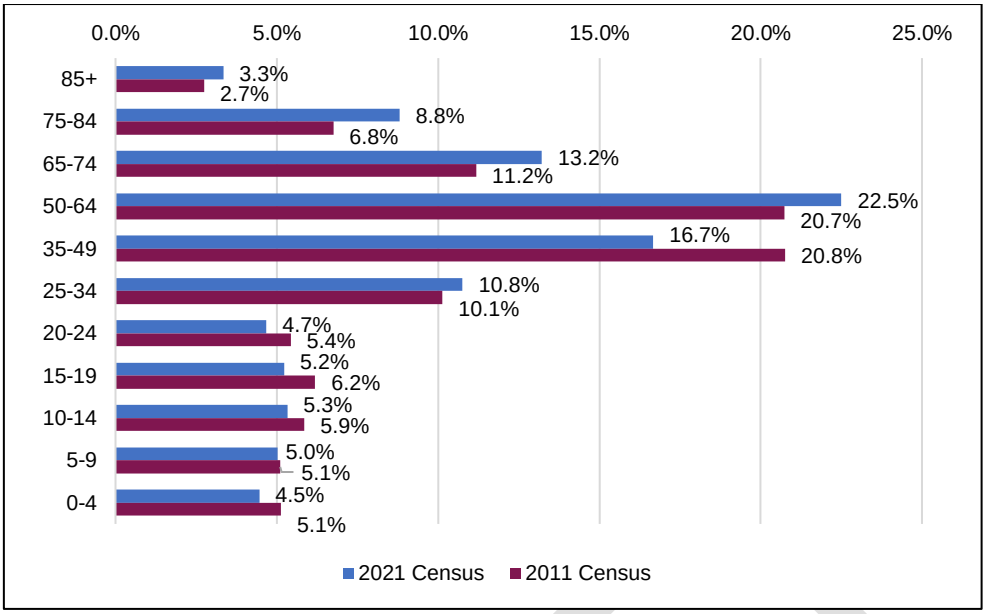
Between the last two censuses, the average (median) age of Shropshire increased by four years, from 44 to 48 years of age.

This area had a higher average (median) age than the West Midlands as a whole in 2021 (40 years) and a higher average (median) age than England (40 years).

The median age is the age of the person in the middle of the group, meaning that one half of the group is younger than that person and the other half is older.

Between 2011 and 2021, the number of people aged 50-64 years rose by around 9,300 (an increase of 14.7%), while the number of residents between 35-49 years fell by around 9,600 (15.1% decrease).

Chart showing the proportion of residents by five-year age bands in Shropshire, 2011 and 2021 Census. Source: LG Inform.




Compared to 2011, there has been an increase of 29.5% in people aged 65 years and over, an increase of 0.1% in people aged 15 to 64 years, and a decrease of 2.5% in children aged under 15 years.

Largest rises over the last 10 years have been among those aged 70-74 and 75-79, both with an increase of 45.0%. The largest fall was among those aged 40-44, with a 24.0% reduction.

## Shropshire's child population

Overall, comparing local indicators with England averages, the health and wellbeing of children in Shropshire is better than England. The infant mortality rate is similar to England with an average of 12 infants dying before age 1 each year. Recently, there have been 4 child deaths (1 to 17 year olds) each year on average.

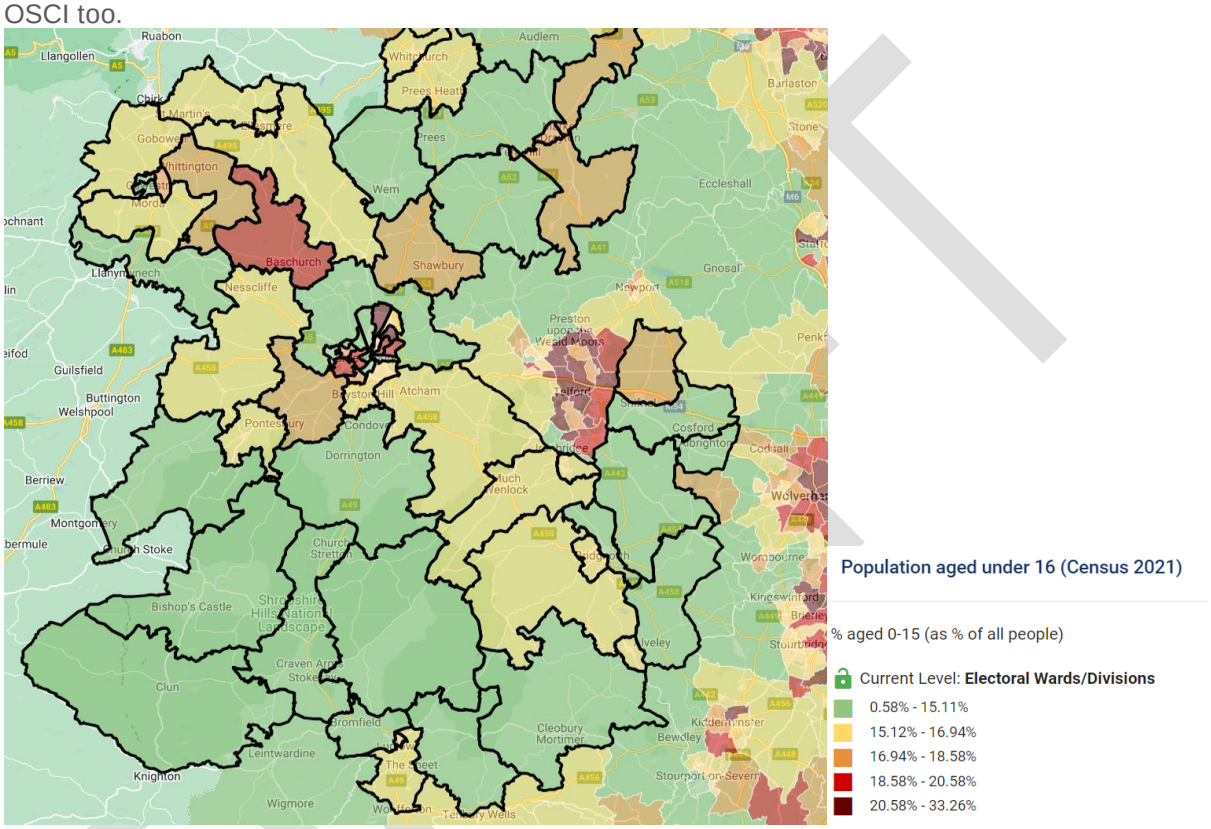
Table showing child population indicators in Shropshire, West Midlands and England

| | Period | Local | Region | England |
|---|---|---|---|---|
| Live births | 2021 | 2,639 | 63,846 | 595,948 |
| Children aged 0 to 4 years | 2021 | 14,400 (4.4%) | 333,300 (5.6%) | 3,058,200 (5.4%) |
| Children aged 0 to 19 years | 2021 | 65,000 (20.0%) | 1,433,200 (24.1%) | 13,040,500 (23.1%) |
| Children aged 0 to 19 years – projected population | | 67,600 (18.9%) | 1,493,000 (23.5%) | 13,357,000 (22.5%) |
| School children from minority ethnic groups | 2022 | 3,550 (9.2%) | 360,835 (39.9%) | 2,835,124 (35.0%) |
| School pupils with social, | 2022 | 914 (2.3%) | 25,831 (2.8%) | 250,272 (3.0%) |

| | | | | |
|---|---|---|---|---|
| emotional and mental health needs | | | | |
| Children living in poverty | Financial year ending 2021 | 16.8% | 24.6% | 18.5% |
| Life expectancy at birth | 2020-22 | Females – 83.9<br>Males – 79.8 | Females – 82.2<br>Males – 78.1 | Females – 82.8<br>Males – 78.9 |

## Where do children and young people aged 15 and under live in Shropshire?

Map showing where population aged under 15 live in Shropshire by ward. Source: Shropshire's OSCI too.



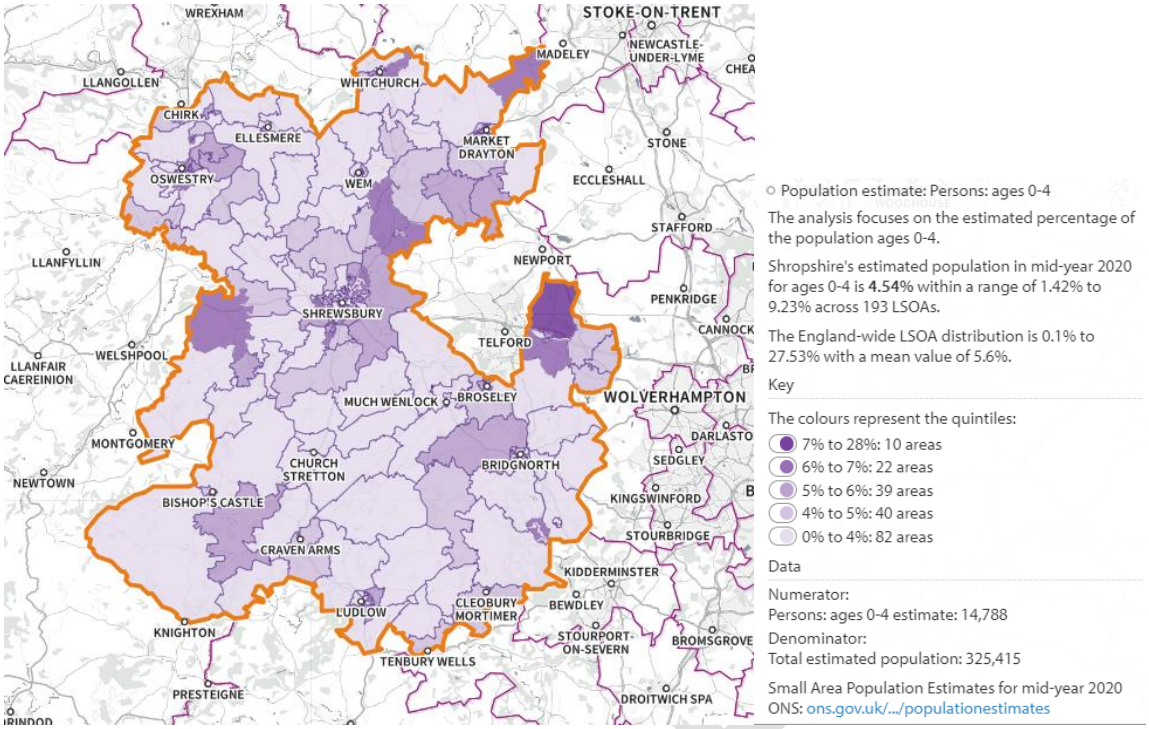

## Where do children and young people aged 0-19 live in Shropshire?

Areas with the largest number of children aged 0-19 are: Bayston Hill, Column and Sutton, Oswestry East, Market Drayton West and Wem, with more than 1,800 children and young people living in each these wards.

| Ward Name | 0-4s | 5-9s | 10-14s | 15-19s | Total 0-19s | All Ages |
|---|---|---|---|---|---|---|
| Abbey | 159 | 166 | 155 | 145 | 625 | 4,231 |
| Albrighton | 255 | 197 | 237 | 212 | 901 | 4,455 |
| Alveley and Claverley | 138 | 228 | 192 | 152 | 710 | 4,136 |
| Bagley | 229 | 224 | 212 | 203 | 868 | 4,697 |
| Battlefield | 315 | 311 | 286 | 204 | 1,116 | 4,968 |
| Bayston Hill, Column and Sutton | 558 | 665 | 609 | 546 | 2,378 | 12,460 |
| Belle Vue | 151 | 233 | 256 | 225 | 865 | 4,610 |
| Bishop's Castle | 142 | 170 | 184 | 191 | 687 | 3,818 |
| Bowbrook | 258 | 286 | 220 | 154 | 918 | 4,834 |
| Bridgnorth East and Astley Abbotts | 255 | 250 | 330 | 281 | 1,116 | 6,899 |
| Bridgnorth West and Tasley | 329 | 412 | 373 | 332 | 1,446 | 7,253 |
| Broseley | 261 | 262 | 288 | 196 | 1,007 | 4,995 |
| Brown Clee | 143 | 160 | 226 | 206 | 735 | 4,070 |
| Burnell | 177 | 203 | 307 | 661 | 1,348 | 5,056 |
| Castlefields and Ditherington | 269 | 270 | 242 | 185 | 966 | 4,610 |
| Cheswardine | 246 | 284 | 280 | 223 | 1,033 | 4,522 |
| Chirbury and Worthen | 97 | 118 | 154 | 147 | 516 | 3,021 |
| Church Stretton and Craven Arms | 349 | 374 | 447 | 387 | 1,557 | 9,272 |
| Clee | 153 | 216 | 275 | 187 | 831 | 4,592 |
| Cleobury Mortimer | 309 | 315 | 383 | 362 | 1,369 | 7,653 |
| Clun | 137 | 162 | 209 | 278 | 786 | 4,017 |
| Copthorne | 227 | 228 | 324 | 272 | 1,051 | 4,364 |
| Corvedale | 105 | 159 | 202 | 116 | 582 | 3,692 |
| Ellesmere Urban | 190 | 260 | 275 | 198 | 923 | 4,304 |
| Gobowen, Selattyn and Weston Rhyn | 362 | 341 | 418 | 471 | 1,592 | 7,016 |
| Harlescott | 347 | 344 | 293 | 282 | 1,266 | 4,964 |
| Highley | 235 | 207 | 189 | 140 | 771 | 3,798 |
| Hodnet | 179 | 184 | 207 | 322 | 892 | 4,781 |
| Llanymynech | 158 | 213 | 215 | 174 | 760 | 4,363 |
| Longden | 184 | 244 | 244 | 191 | 863 | 4,198 |
| Loton | 185 | 191 | 269 | 305 | 950 | 4,227 |
| Ludlow East | 193 | 217 | 217 | 170 | 797 | 4,026 |
| Ludlow North | 114 | 114 | 119 | 108 | 455 | 3,813 |
| Ludlow South | 175 | 188 | 207 | 241 | 811 | 4,166 |
| Market Drayton East | 325 | 308 | 270 | 223 | 1,126 | 5,636 |
| Market Drayton West | 445 | 549 | 544 | 444 | 1,982 | 8,920 |
| Meole | 248 | 273 | 312 | 255 | 1,088 | 4,556 |
| Monkmoor | 274 | 273 | 307 | 234 | 1,088 | 4,529 |
| Much Wenlock | 136 | 174 | 264 | 193 | 767 | 4,078 |
| Oswestry East | 554 | 582 | 517 | 477 | 2,130 | 9,605 |
| Oswestry South | 126 | 186 | 223 | 275 | 810 | 4,507 |
| Oswestry West | 175 | 237 | 233 | 150 | 795 | 4,078 |
| Porthill | 175 | 249 | 347 | 639 | 1,410 | 4,949 |
| Prees | 173 | 222 | 236 | 212 | 843 | 4,595 |
| Quarry and Coton Hill | 186 | 199 | 178 | 170 | 733 | 4,937 |
| Radbrook | 281 | 293 | 317 | 223 | 1,114 | 4,947 |
| Rea Valley | 187 | 261 | 294 | 217 | 959 | 4,615 |
| Ruyton and Baschurch | 168 | 230 | 349 | 279 | 1,026 | 4,438 |
| Severn Valley | 222 | 249 | 283 | 196 | 950 | 4,666 |
| Shawbury | 272 | 312 | 316 | 235 | 1,135 | 5,200 |
| Shifnal North | 338 | 312 | 295 | 283 | 1,228 | 5,821 |
| Shifnal South and Cosford | 361 | 362 | 357 | 357 | 1,437 | 6,650 |
| St Martin's | 197 | 221 | 264 | 199 | 881 | 4,491 |
| St Oswald | 216 | 261 | 255 | 257 | 989 | 4,729 |
| Sundorne | 271 | 320 | 319 | 265 | 1,175 | 4,226 |
| Tern | 182 | 245 | 284 | 222 | 933 | 4,853 |
| The Meres | 163 | 184 | 299 | 528 | 1,174 | 5,164 |
| Underdale | 267 | 328 | 295 | 277 | 1,167 | 4,505 |
| Wem | 342 | 400 | 574 | 490 | 1,806 | 8,835 |
| Whitchurch North | 372 | 410 | 444 | 357 | 1,583 | 7,707 |
| Whitchurch South | 191 | 211 | 258 | 192 | 852 | 4,468 |
| Whittington | 221 | 256 | 264 | 222 | 963 | 4,259 |
| Worfield | 136 | 154 | 171 | 170 | 631 | 3,570 |
| **Total (Shropshire)** | **14,788** | **16,657** | **18,113** | **16,708** | **66,266** | **325,415** |

## Population aged 0 - 4 years old

Map showing population aged 0-4 years old (%) by Ward, Shropshire (ONS mid 2020). Source: OHID SHAPE tool.

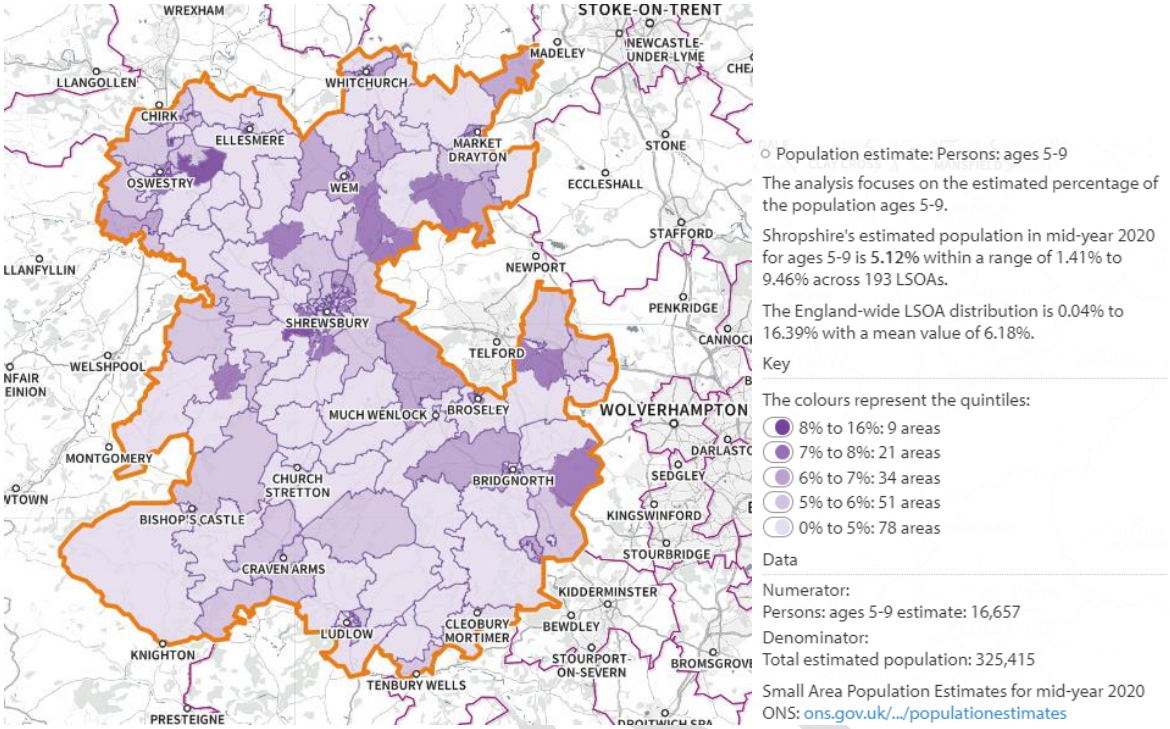



The highest number of 0-4 year olds live in Bayston Hill, Column and Sutton ward, Oswestry East and Market Drayton West.

| Ward Name | 0-4s |
|---|---|
| Bayston Hill, Column and Sutton | 558 |
| Oswestry East | 554 |
| Market Drayton West | 445 |
| Whitchurch North | 372 |
| Gobowen, Selattyn and Weston Rhyn | 362 |
| Shifnal South and Cosford | 361 |
| Church Stretton and Craven Arms | 349 |
| Harlescott | 347 |
| Wem | 342 |
| Shifnal North | 338 |
| Bridgnorth West and Tasley | 329 |
| Market Drayton East | 325 |
| Battlefield | 315 |
| Cleobury Mortimer | 309 |
| Radbrook | 281 |
| Monkmoor | 274 |
| Shawbury | 272 |
| Sundorne | 271 |
| Castlefields and Ditherington | 269 |
| Underdale | 267 |
| Broseley | 261 |
| Bowbrook | 258 |
| Albrighton | 255 |
| Bridgnorth East and Astley Abbotts | 255 |
| Meole | 248 |
| Cheswardine | 246 |
| Highley | 235 |
| Bagley | 229 |
| Copthorne | 227 |
| Severn Valley | 222 |
| Whittington | 221 |
| St Oswald | 216 |
| St Martin's | 197 |
| Ludlow East | 193 |
| Whitchurch South | 191 |
| Ellesmere Urban | 190 |
| Rea Valley | 187 |
| Quarry and Coton Hill | 186 |
| Loton | 185 |
| Longden | 184 |
| Tern | 182 |
| Hodnet | 179 |
| Burnell | 177 |
| Ludlow South | 175 |
| Porthill | 175 |
| Oswestry West | 175 |
| Prees | 173 |
| Ruyton and Baschurch | 168 |
| The Meres | 163 |
| Abbey | 159 |
| Llanymynech | 158 |
| Clee | 153 |
| Belle Vue | 151 |
| Brown Clee | 143 |
| Bishop's Castle | 142 |
| Alveley and Claverley | 138 |
| Clun | 137 |
| Much Wenlock | 136 |
| Worfield | 136 |
| Oswestry South | 126 |
| Ludlow North | 114 |
| Corvedale | 105 |
| Chirbury and Worthen | 97 |

## Population aged 5 - 9 years old

Map showing population aged 5-9 years old (%) by Ward, Shropshire (ONS mid 2020) Source: OHID SHAPE tool.

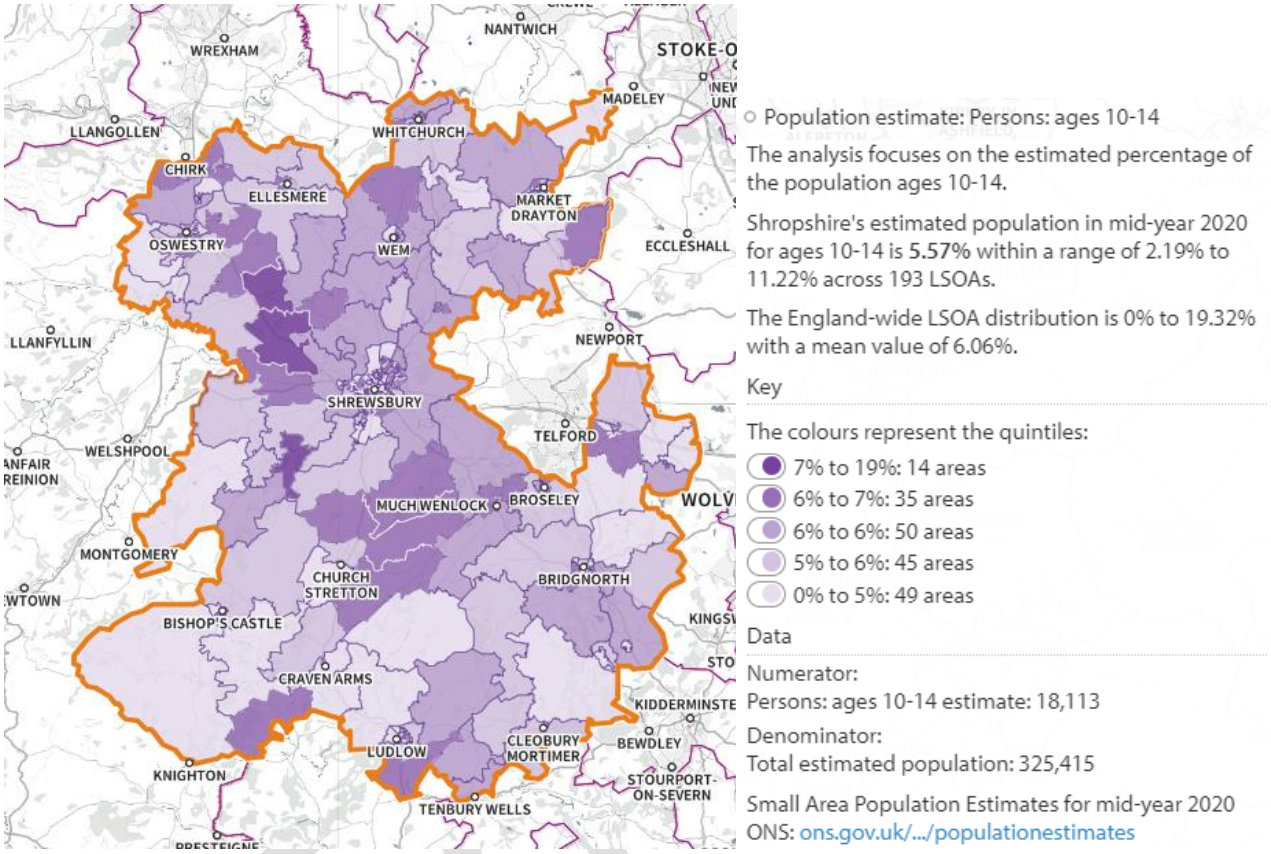



The highest number of 5-9 year olds live in Bayston Hill, Column and Sutton ward, Oswestry East and Market Drayton West.

| Ward Name | 5-9s |
|---|---|
| Bayston Hill, Column and Sutton | 665 |
| Oswestry East | 582 |
| Market Drayton West | 549 |
| Bridgnorth West and Tasley | 412 |
| Whitchurch North | 410 |
| Wem | 400 |
| Church Stretton and Craven Arms | 374 |
| Shifnal South and Cosford | 362 |
| Harlescott | 344 |
| Gobowen, Selattyn and Weston Rhyn | 341 |
| Underdale | 328 |
| Sundorne | 320 |
| Cleobury Mortimer | 315 |
| Shawbury | 312 |
| Shifnal North | 312 |
| Battlefield | 311 |
| Market Drayton East | 308 |
| Radbrook | 293 |
| Bowbrook | 286 |
| Cheswardine | 284 |
| Meole | 273 |
| Monkmoor | 273 |
| Castlefields and Ditherington | 270 |
| Broseley | 262 |
| Rea Valley | 261 |
| St Oswald | 261 |
| Ellesmere Urban | 260 |
| Whittington | 256 |
| Bridgnorth East and Astley Abbotts | 250 |
| Porthill | 249 |
| Severn Valley | 249 |
| Tern | 245 |
| Longden | 244 |
| Oswestry West | 237 |
| Belle Vue | 233 |
| Ruyton and Baschurch | 230 |
| Alveley and Claverley | 228 |
| Copthorne | 228 |
| Bagley | 224 |
| Prees | 222 |
| St Martin's | 221 |
| Ludlow East | 217 |
| Clee | 216 |
| Llanymynech | 213 |
| Whitchurch South | 211 |
| Highley | 207 |
| Burnell | 203 |
| Quarry and Coton Hill | 199 |
| Albrighton | 197 |
| Loton | 191 |
| Ludlow South | 188 |
| Oswestry South | 186 |
| Hodnet | 184 |
| The Meres | 184 |
| Much Wenlock | 174 |
| Bishop's Castle | 170 |
| Abbey | 166 |
| Clun | 162 |
| Brown Clee | 160 |
| Corvedale | 159 |
| Worfield | 154 |
| Chirbury and Worthen | 118 |
| Ludlow North | 114 |
| **Total (Shropshire)** | **16,657** |

## Population aged 10 - 14 years old

Map showing population aged 10-14 years old (%) by Ward, Shropshire (ONS mid 2020) Source: OHID SHAPE tool.

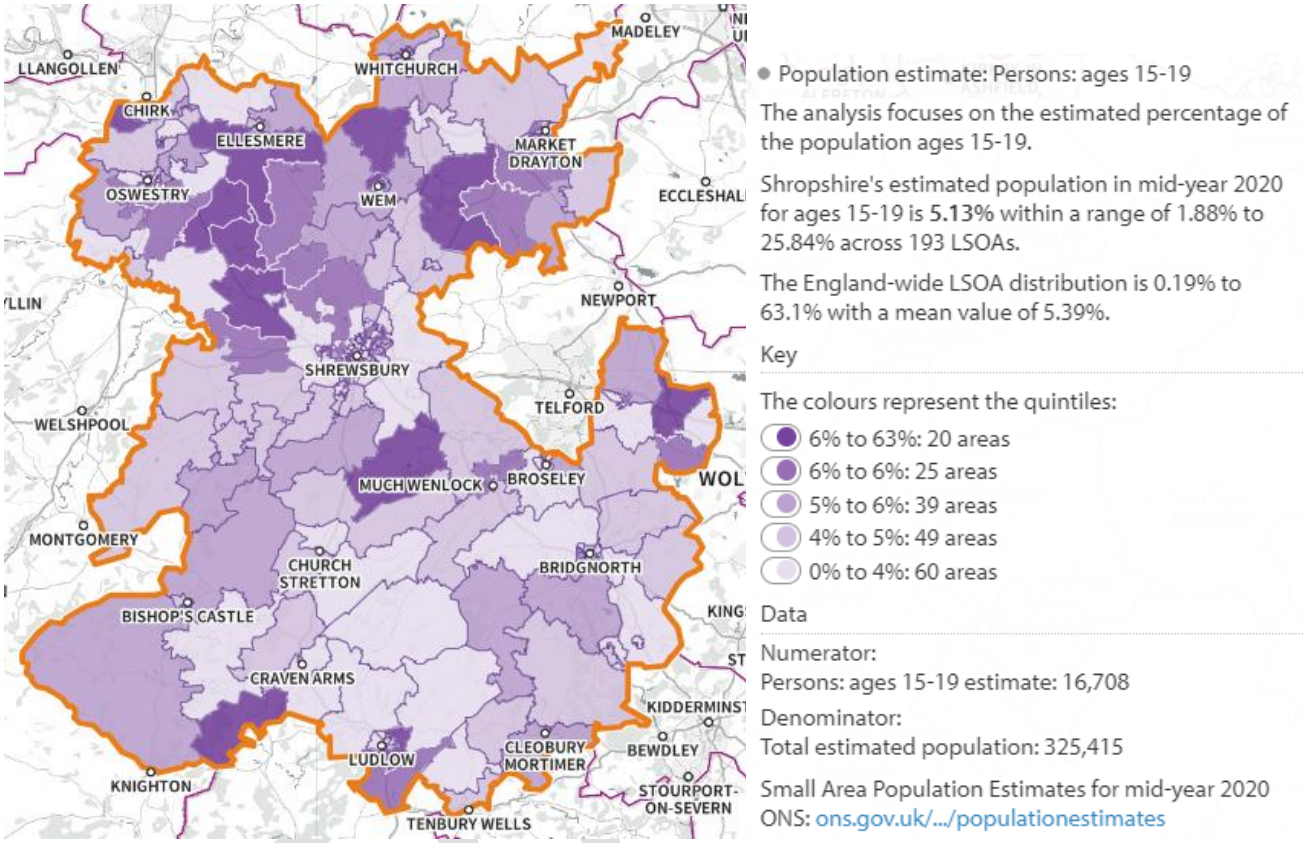



The highest number of 10-14 year olds live in Bayston Hill, Column and Sutton ward, Wem and Market Drayton West.

| Ward Name | 10-14s |
|---|---|
| Bayston Hill, Column and Sutton | 609 |
| Wem | 574 |
| Market Drayton West | 544 |
| Oswestry East | 517 |
| Church Stretton and Craven Arms | 447 |
| Whitchurch North | 444 |
| Gobowen, Selattyn and Weston Rhyn | 418 |
| Cleobury Mortimer | 383 |
| Bridgnorth West and Tasley | 373 |
| Shifnal South and Cosford | 357 |
| Ruyton and Baschurch | 349 |
| Porthill | 347 |
| Bridgnorth East and Astley Abbotts | 330 |
| Copthorne | 324 |
| Sundorne | 319 |
| Radbrook | 317 |
| Shawbury | 316 |
| Meole | 312 |
| Monkmoor | 307 |
| Burnell | 307 |
| The Meres | 299 |
| Underdale | 295 |
| Shifnal North | 295 |
| Rea Valley | 294 |
| Harlescott | 293 |
| Broseley | 288 |
| Battlefield | 286 |
| Tern | 284 |
| Severn Valley | 283 |
| Cheswardine | 280 |
| Ellesmere Urban | 275 |
| Clee | 275 |
| Market Drayton East | 270 |
| Loton | 269 |
| Whittington | 264 |
| St Martin's | 264 |
| Much Wenlock | 264 |
| Whitchurch South | 258 |
| Belle Vue | 256 |
| St Oswald | 255 |
| Longden | 244 |
| Castlefields and Ditherington | 242 |
| Albrighton | 237 |
| Prees | 236 |
| Oswestry West | 233 |
| Brown Clee | 226 |
| Oswestry South | 223 |
| Bowbrook | 220 |
| Ludlow East | 217 |
| Llanymynech | 215 |
| Bagley | 212 |
| Clun | 209 |
| Ludlow South | 207 |
| Hodnet | 207 |
| Corvedale | 202 |
| Alveley and Claverley | 192 |
| Highley | 189 |
| Bishop's Castle | 184 |
| Quarry and Coton Hill | 178 |
| Worfield | 171 |
| Abbey | 155 |
| Chirbury and Worthen | 154 |
| Ludlow North | 119 |
| **Total (Shropshire)** | **18,113** |

## Population aged 15 - 19 years old

Map showing population aged 15-19 years old (%) by Ward, Shropshire (ONS mid 2020) Source: OHID SHAPE tool.




The highest number of 15-19 year olds live in Burnell, Porthill, Bayston Hill, Column and Sutton ward

| Ward Name | 15-19s |
|---|---|
| Burnell | 661 |
| Porthill | 639 |
| Bayston Hill, Column and Sutton | 546 |
| The Meres | 528 |
| Wem | 490 |
| Oswestry East | 477 |
| Gobowen, Selattyn and Weston Rhyn | 471 |
| Market Drayton West | 444 |
| Church Stretton and Craven Arms | 387 |
| Cleobury Mortimer | 362 |
| Whitchurch North | 357 |
| Shifnal South and Cosford | 357 |
| Bridgnorth West and Tasley | 332 |
| Hodnet | 322 |
| Loton | 305 |
| Shifnal North | 283 |
| Harlescott | 282 |
| Bridgnorth East and Astley Abbotts | 281 |
| Ruyton and Baschurch | 279 |
| Clun | 278 |
| Underdale | 277 |
| Oswestry South | 275 |
| Copthorne | 272 |
| Sundorne | 265 |
| St Oswald | 257 |
| Meole | 255 |
| Ludlow South | 241 |
| Shawbury | 235 |
| Monkmoor | 234 |
| Belle Vue | 225 |
| Radbrook | 223 |
| Cheswardine | 223 |
| Market Drayton East | 223 |
| Tern | 222 |
| Whittington | 222 |
| Rea Valley | 217 |
| Albrighton | 212 |
| Prees | 212 |
| Brown Clee | 206 |
| Battlefield | 204 |
| Bagley | 203 |
| St Martin's | 199 |
| Ellesmere Urban | 198 |
| Broseley | 196 |
| Severn Valley | 196 |
| Much Wenlock | 193 |
| Whitchurch South | 192 |
| Longden | 191 |
| Bishop's Castle | 191 |
| Clee | 187 |
| Castlefields and Ditherington | 185 |
| Llanymynech | 174 |
| Ludlow East | 170 |
| Quarry and Coton Hill | 170 |
| Worfield | 170 |
| Bowbrook | 154 |
| Alveley and Claverley | 152 |
| Oswestry West | 150 |
| Chirbury and Worthen | 147 |
| Abbey | 145 |
| Highley | 140 |
| Corvedale | 116 |
| Ludlow North | 108 |
| **Total (Shropshire)** | **16,708** |

# Shropshire's school population

The School Census is a statutory requirement for all schools and provides information on the school, students and their characteristics. Data is collected and reported for each of the three terms (autumn, spring, summer) and can be used to inform local needs and requirements.

## School Population

On the Autumn 2023 Shropshire school census, there are just under 40,000 children who attend Shropshire local authority schools. 94% of children who attend Shropshire schools live in Shropshire, however, there are children who live in Telford and Wrekin, Cheshire East, Cheshire West and Central, Herefordshire, Malvern Hills, Newcastle under Lyme, Powys, South Staffordshire, Stafford, Wolverhampton, Wrexham and Wyre Forest.

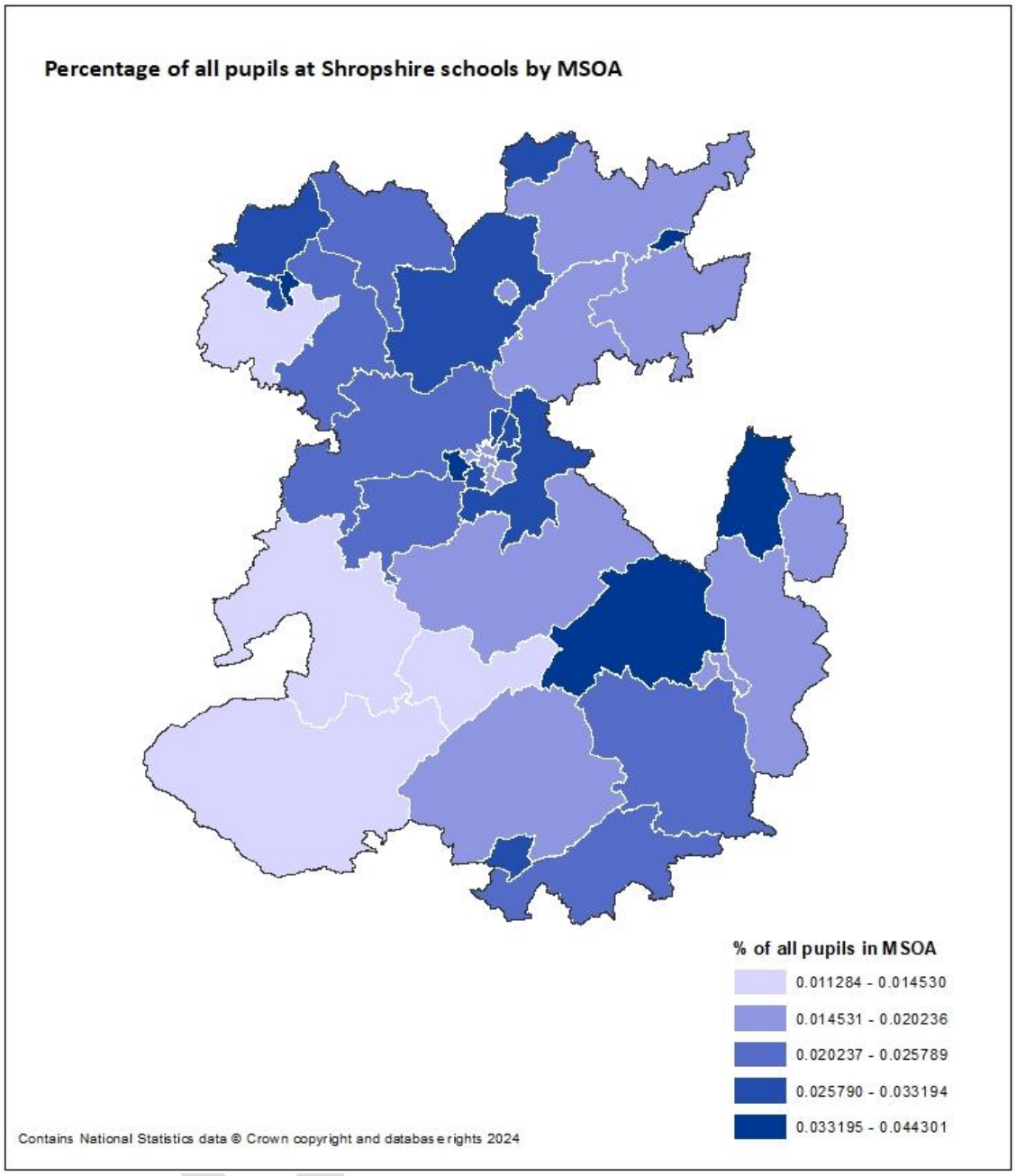
| Local Authority Name | Number of pupils | % of pupils |
|---|---|---|
| Shropshire | 37,074 | 94.0% |
| Telford and Wrekin | 1015 | 2.6% |
| Powys | 504 | 1.3% |
| Wrexham | 228 | 0.6% |
| South Staffordshire | 127 | 0.3% |
| Malvern Hills | 117 | 0.3% |
| Wolverhampton | 99 | 0.3% |
| Wyre Forest | 67 | 0.2% |
| Newcastle-under-Lyme | 65 | 0.2% |
| Herefordshire, County of | 53 | 0.1% |
| Cheshire East | 32 | 0.1% |
| Cheshire West and Chester | 8 | 0.0% |
| Stafford | 7 | 0.0% |
| Not known | 39 | 0.1% |
| **Grand Total** | **39,435** | **100.0%** |

There are 1,624 children who are aged 0-4 who attend Shropshire schools. 75% of these are children in the N2 school year (aged 3 at 31st August, but turning 4 during the year).

| School Year | Pupils who live in Shropshire | Total Pupils at Shropshire schools |
|---|---|---|
| E1 or E2 (0, or 1 at 31st August, turning 1 or 2 during year) | 27 | 29 |
| N1 (2 at 31st August, turning 3 during the year) | 355 | 371 |
| N2 (3 at 31st August, turning 4 during the year) | 1,180 | 1,224 |
| **Total aged 0-4 at 31st August** | **1,562** | **1,624** |
| Reception | 2,701 | 2,777 |
| Year 1 | 2,775 | 2,878 |

| | | |
|---|---|---|
| Year 2 | 2,976 | 3,072 |
| Year 3 | 2,976 | 3,089 |
| Year 4 | 2,936 | 3,057 |
| Year 5 | 2,886 | 3,015 |
| Year 6 | 2,990 | 3,111 |
| **Total between Reception and Year 6** | **20,240** | **20,999** |
| Year 7 | 3,027 | 3,278 |
| Year 8 | 2,901 | 3,187 |
| Year 9 | 2,880 | 3,148 |
| Year 10 | 2,857 | 3,144 |
| Year 11 | 2,869 | 3,165 |
| **Total between Year 7 and Year 11** | **14,534** | **15,922** |
| Year 12 | 346 | 413 |
| Year 13 | 374 | 459 |
| Year 14 | 18 | 18 |
| **Total between Year 12 and Year 14** | **738** | **890** |
| **Any age** | **37,074** | **39,435** |

## Map



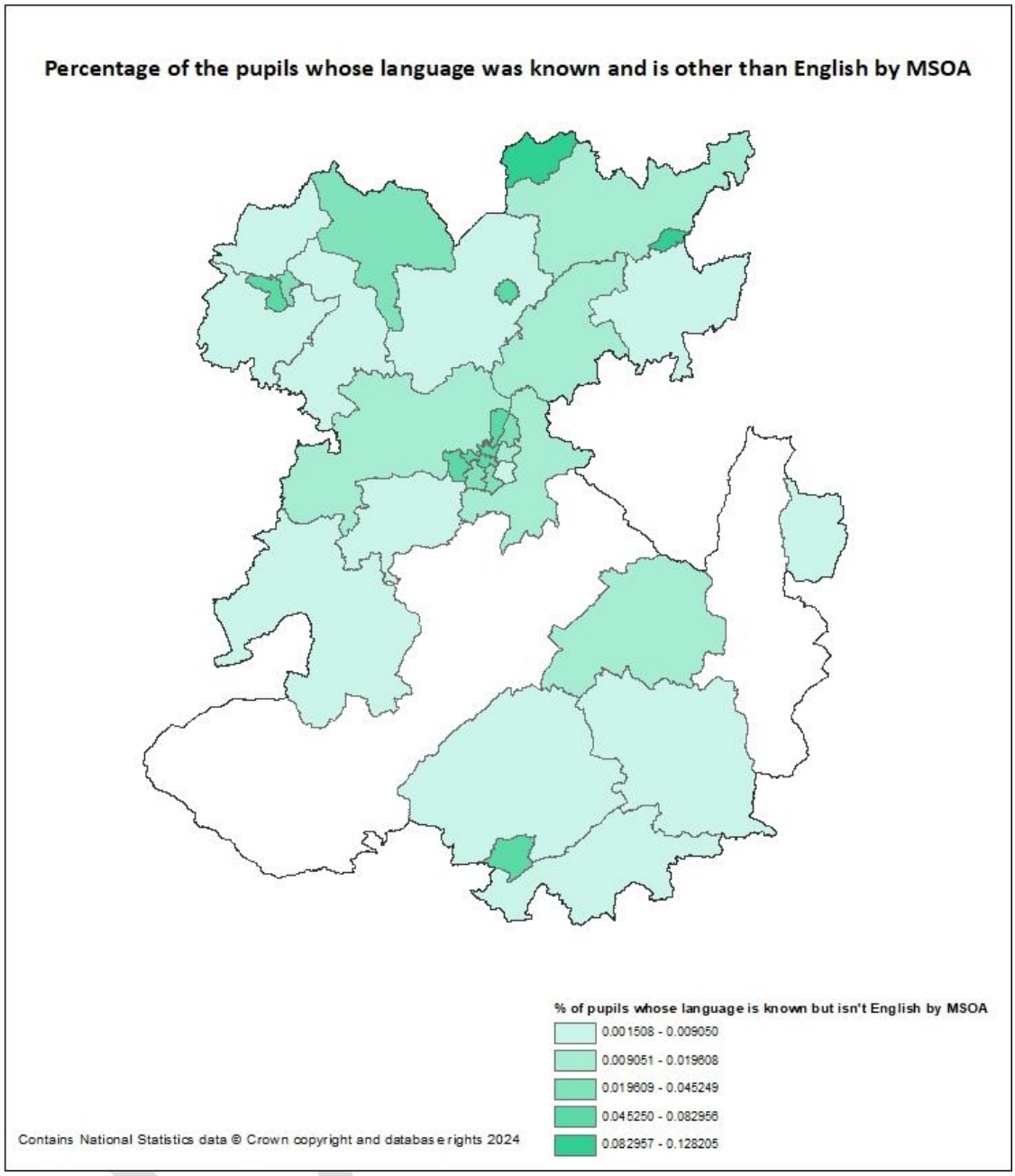

## Languages spoken

English (93%) was the most common language recorded on the census for children attending Shropshire schools. There were 66 different language codes used, although 5 of these were not specified (2,018 pupils) i.e., information not obtained / refused / other than English / believed to be other than English / believed to be English. In total 663 pupils (1.7%) had a language that was known and was not English.

| Language Code List | Pupils | % of pupils |
|---|---|---|
| English* | 36754 | 93.2% |

| | | |
|---|---|---|
| Other than English* | 1129 | 2.9% |
| Information not obtained* | 501 | 1.3% |
| Believed to be Other than English* | 200 | 0.5% |
| Believed to be English* | 158 | 0.4% |
| Polish | 125 | 0.3% |
| Bulgarian | 94 | 0.2% |
| Malayalam | 59 | 0.1% |
| Romanian | 50 | 0.1% |
| Ukrainian | 46 | 0.1% |
| Refused* | 30 | 0.1% |
| Chinese | 24 | 0.1% |
| Arabic | 21 | 0.1% |
| Other language than listed | 244 | 0.6% |
| When known, any language other than English total | 663 | 1.7% |

The map below shows that there seems to be a higher percentage of pupils whose language is known but is not English in the North of the County, with one MSOA having 85 (12.8%) and another having 73 (11%), of the 663 pupils – 15 lived outside of Shropshire.

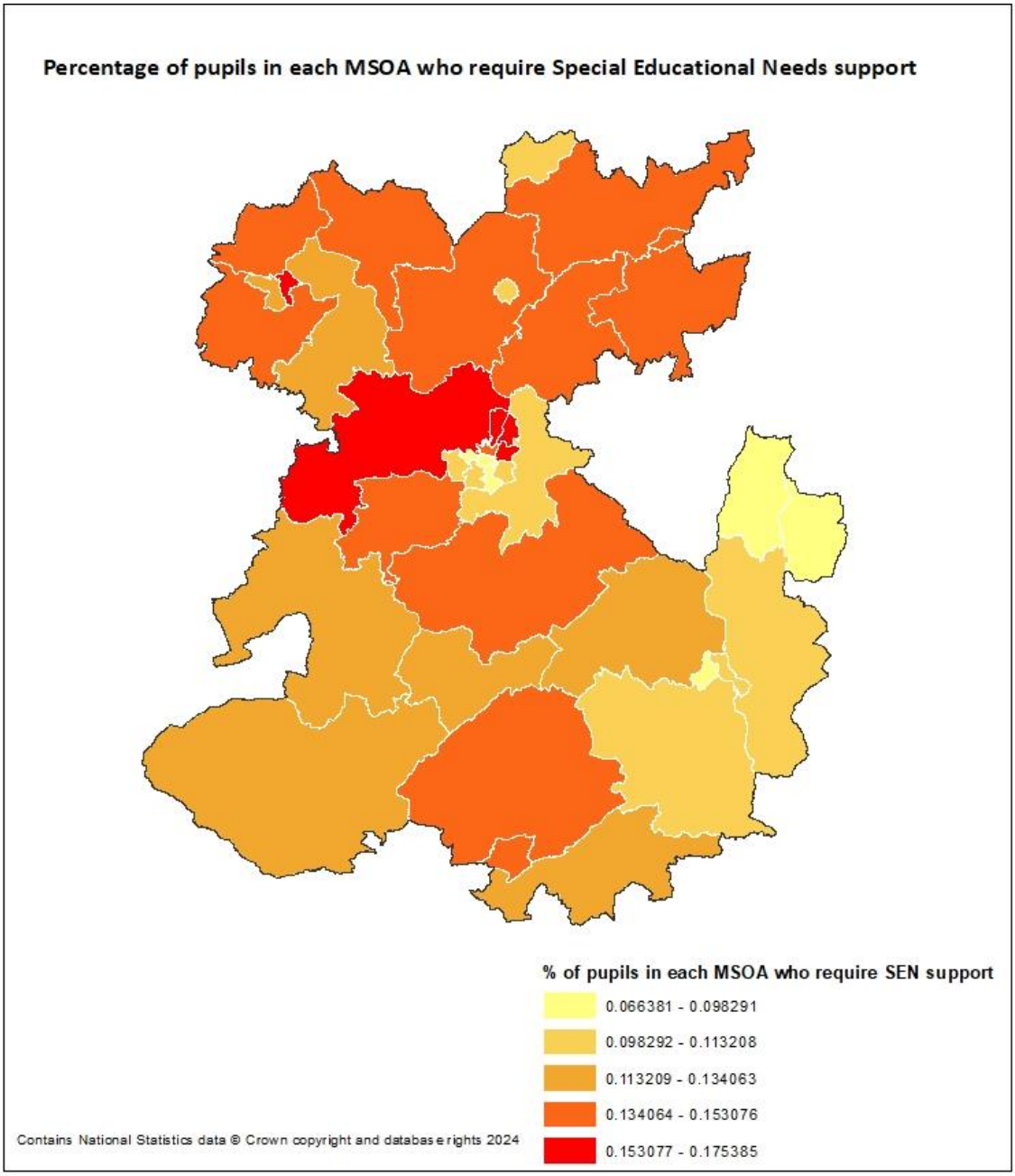



## Children with Special Educational Needs

Just over 83% of pupil's at Shropshire schools have no special educational needs (SEN), however, 5,103 pupils require SEN support, and 1,493 pupils have an education, health and care plan.

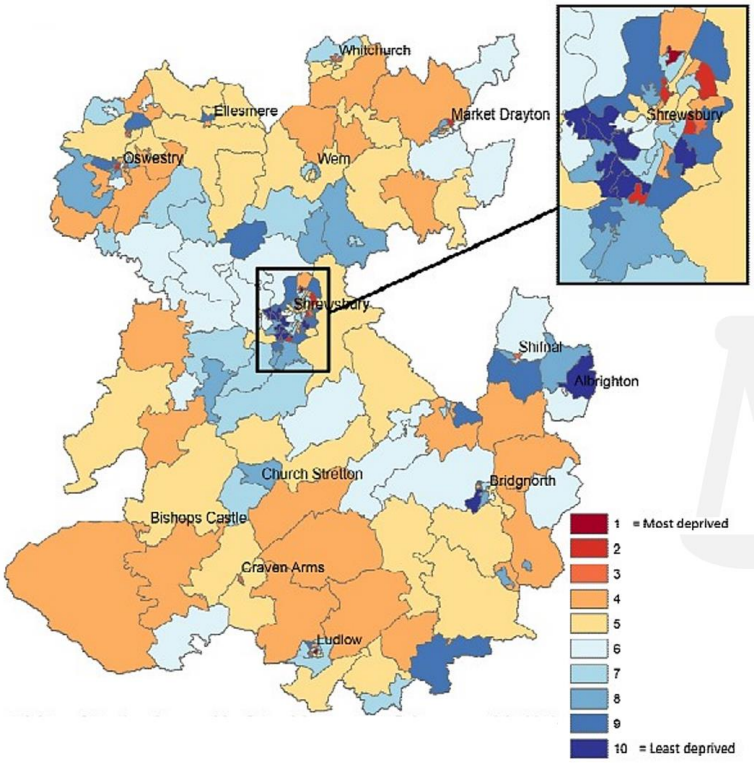
| **SEN Provision** | **Number of pupils** | % of Pupils |
|---|---|---|
| No Special Educational Need | 32,839 | 83.3% |
| SEN Support | 5,103 | 12.9% |
| Education, Health and Care Plan | 1,493 | 3.8% |
| **Grand Total** | **39,435** | 100.0% |

| SEN Provision by Year Group | Education, Health and Care Plan | SEN Support | No Special Educational Need | Grand Total |
|---|---|---|---|---|
| E1 or E2 | 0.0% | 0.0% | 100.0% | 100.0% |
| N1 | 0.0% | 3.2% | 96.8% | 100.0% |
| N2 | 0.7% | 3.3% | 96.0% | 100.0% |
| R | 3.1% | 6.6% | 90.3% | 100.0% |
| 1 | 3.3% | 9.5% | 87.3% | 100.0% |
| 2 | 3.5% | 11.2% | 85.3% | 100.0% |
| 3 | 3.1% | 14.8% | 82.0% | 100.0% |
| 4 | 4.3% | 16.1% | 79.7% | 100.0% |
| 5 | 3.8% | 18.1% | 78.1% | 100.0% |
| 6 | 4.2% | 17.6% | 78.3% | 100.0% |
| 7 | 4.3% | 15.8% | 79.9% | 100.0% |
| 8 | 4.3% | 14.6% | 81.1% | 100.0% |
| 9 | 3.6% | 14.8% | 81.6% | 100.0% |
| 10 | 4.6% | 12.6% | 82.9% | 100.0% |
| 11 | 3.8% | 10.4% | 85.8% | 100.0% |
| 12 | 5.3% | 6.3% | 88.4% | 100.0% |
| 13 | 6.1% | 2.4% | 91.5% | 100.0% |
| 14 | 100.0% | 0.0% | 0.0% | 100.0% |
| **All Pupils** | **1493** | **5103** | **32839** | **39435** |


Percentage of pupils in each MSOA who require Special Educational Needs support
% of pupils in each MSOA who require SEN support
0.066381 - 0.098291
0.098292 - 0.113208
0.113209 - 0.134063
0.134064 - 0.153076
0.153077 - 0.175385
Contains National Statistics data © Crown copyright and database rights 2024

# Wider determinants of health and risk factors

## Child Safety and Well-being Shropshire




**5%** of Shropshire's population (15,082) **live in the 20% most deprived areas** in England (Decile 1 and 2), 2019

**513**
Babies, infants and children aged 0-4 **live in the top 5 most deprived areas** of Shropshire (2019)

**0.120**
Income Deprivation Affecting Children Index **(IDACI) score 2019** (England, 0.178)

**14.4%**
of children under 16 living in absolute **low income families** 2021/22 (England, 15.3%)

**18.0%**
households in Shropshire in **fuel poverty** 2021

**9**
per 1,000 0-17 year old **children are in households with toxic trio***, 2021/21 (England, 9 per 1,000)

**161**
**Children aged 0 -4 looked after as of 31 March 2023** in Shropshire (24% of all CLA vs 18% nationally)

**8,765**
**A&E attendances** (0-4s) during 2022/23, rate of 617.3 per 1,000 (England, 797.3)

**2,595**
**Emergency admissions** 0-4s, 180.8 per 1,000 2021/22 (England, 161.5)

**125**
admissions caused by **unintentional and deliberate injuries** children 0-4s, 2021/22, 87.1 per 10,000 (England, 103.6)

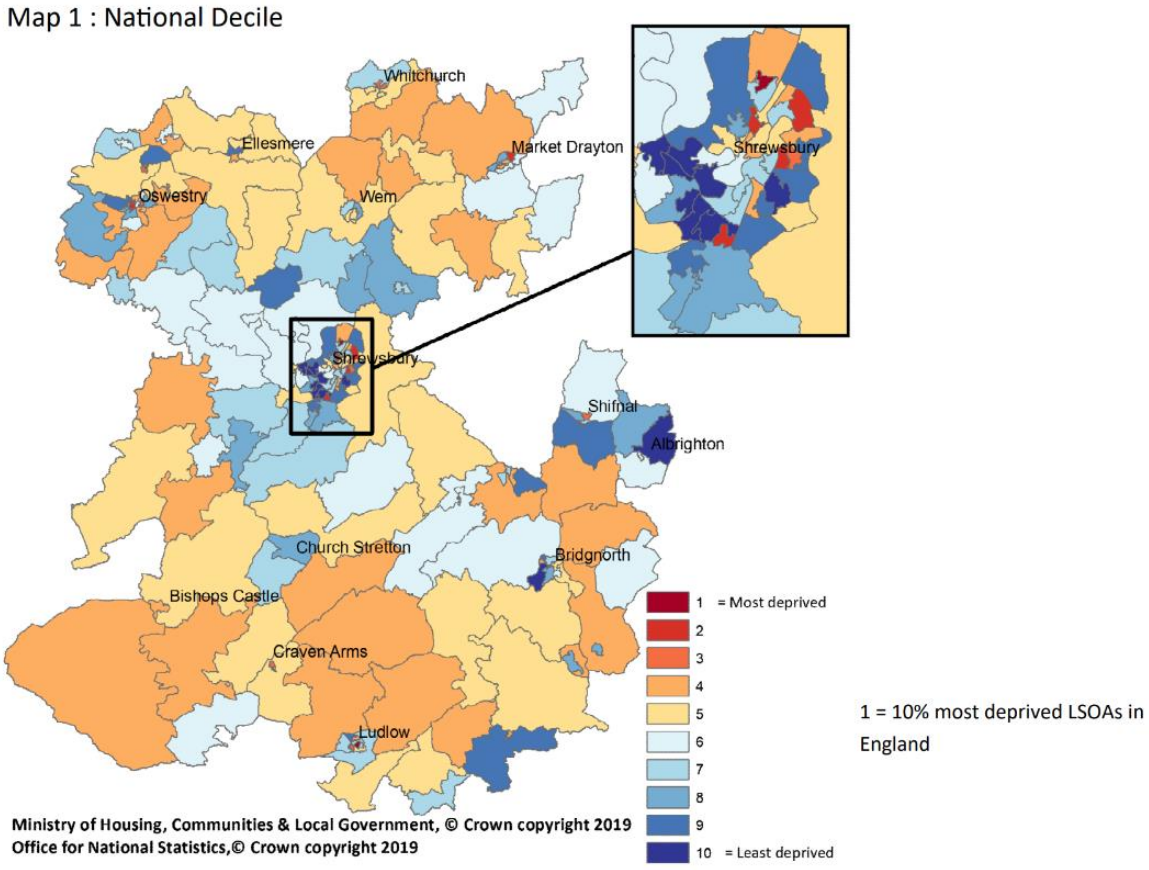
Red = worse, orange = similar, green =better than national rate

*co-occurring parental substance misuse, mental ill health and domesti

## Deprivation

The Indices of Deprivation (IMD, 2019) combine a range of economic, social and housing indicators to provide a measure of relative deprivation, i.e., they measure the position of areas against each other within different domains. A rank of 1 indicates highest deprivation.

Shropshire has become slightly more deprived since 2015 with an increase in the average score from 16.7 in 2015 to 17.2 in 2019, an increase of 0.5. Shropshire is the 174th most deprived local authority in England out of a total of 317 lower tier authorities (rank of average score). This measure shows Shropshire has become relatively more deprived compared to other areas since 2015.




See here for more deprivation (IMD 2019) facts and figures for Shropshire.

In 2019, two LSOAs out of 193 LSOAs in Shropshire were in the 10% most deprived nationally, equating to 1% of all of Shropshire's LSOAs. These two LSOAs are located in Harlescott, North Shrewsbury and Ludlow East.

## Child poverty

Childhood poverty is a strong predictor of poor health outcomes in adulthood and premature mortality. There are multiple indicators which measure child poverty. These measures each have unique methodologies and report different proportions of children experiencing poverty.

However, they all show that children in Shropshire are less likely to experience poverty compared to the national average for these measures.

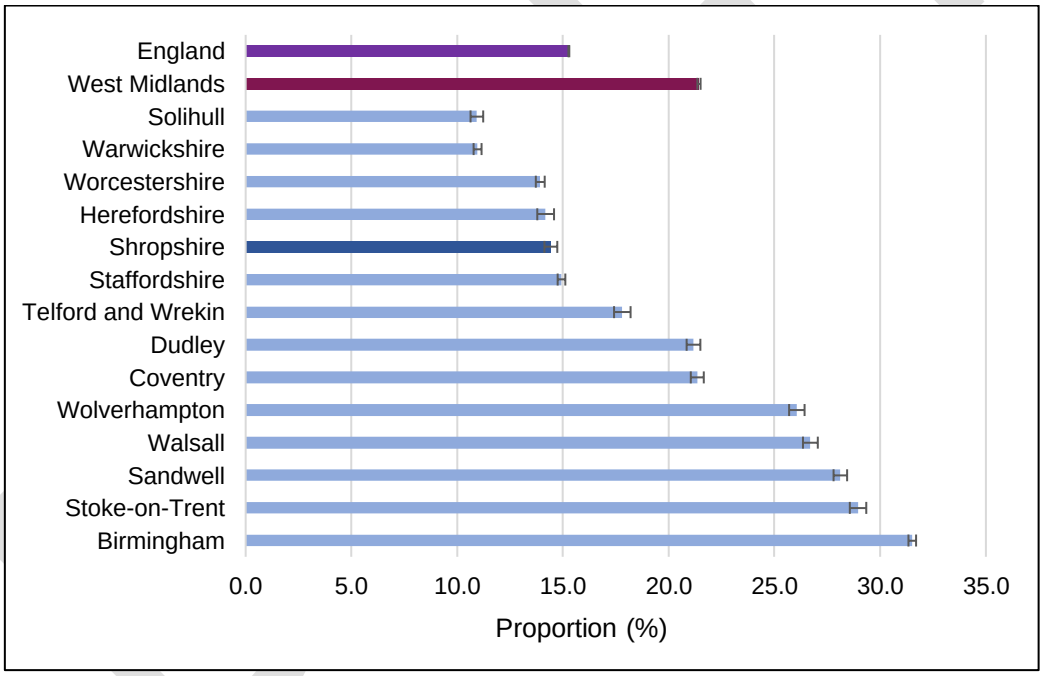
## Children in absolute low income families (under 16s)

Absolute or relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year or in the reference year in comparison with incomes in 2010/11, respectively. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.

In Shropshire in 2021-22, 14.4% of children and young people aged under 16 were estimated to be living in absolute low income families, equating to 7,397 children.

This ranks Shropshire 5th lowest in the West Midlands region and below the regional and national average.

Percentage of children aged 0-15 in absolute low income families in Shropshire, and its regional neighbours, 2021-22. Source: Child and Maternal Health Profile, Fingertips, OHID

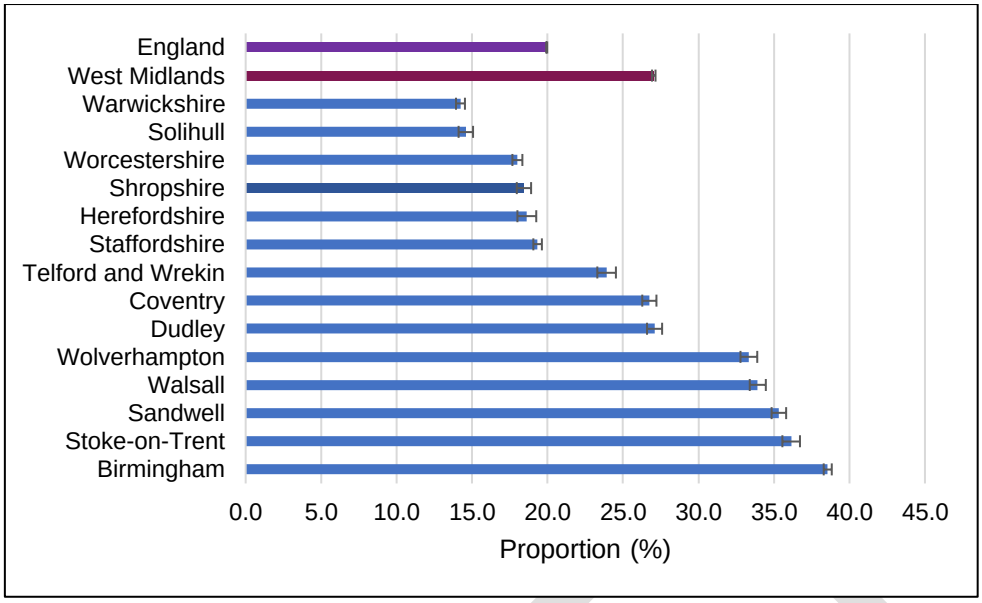



## Children in relative low income families (under 16s)

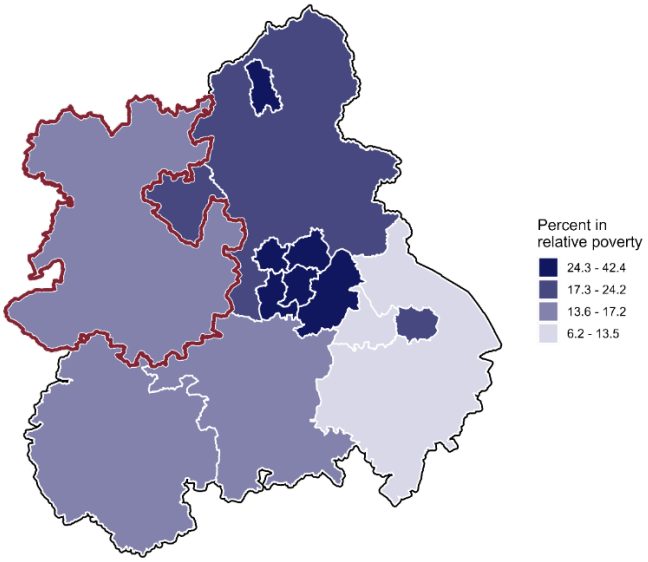
In Shropshire in 2021-22, 18.4% of children and young people aged under 16 were estimated to be living in relative low income families, equating to 9,449 children.

This ranks Shropshire 4th lowest in the West Midlands region and below the regional and national average.

Percentage of children aged 0-15 in relative low income families in Shropshire, and its regional neighbours, 2021-22. Source: Child and Maternal Health Profile, Fingertips, OHID




Below shows a map of the West Midlands region with Shropshire outlined, showing the relative levels of children living in poverty in the financial year ending 2021, divided into national quartiles. Source: OHID Child Health Profile 2023

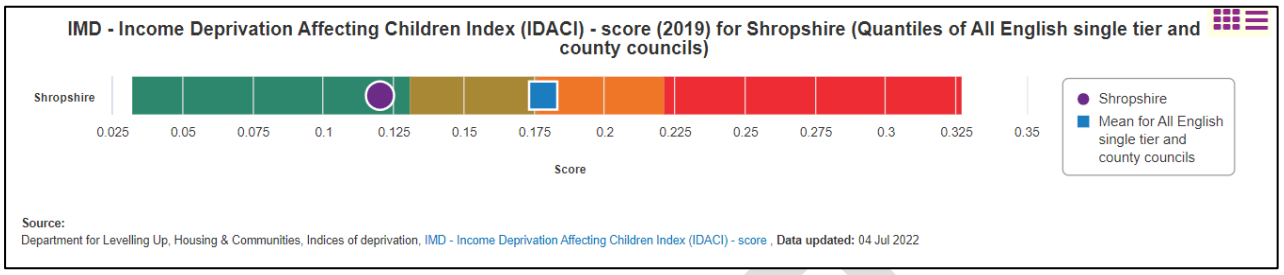



**Deprivation Affecting Children Index (IDACI)**

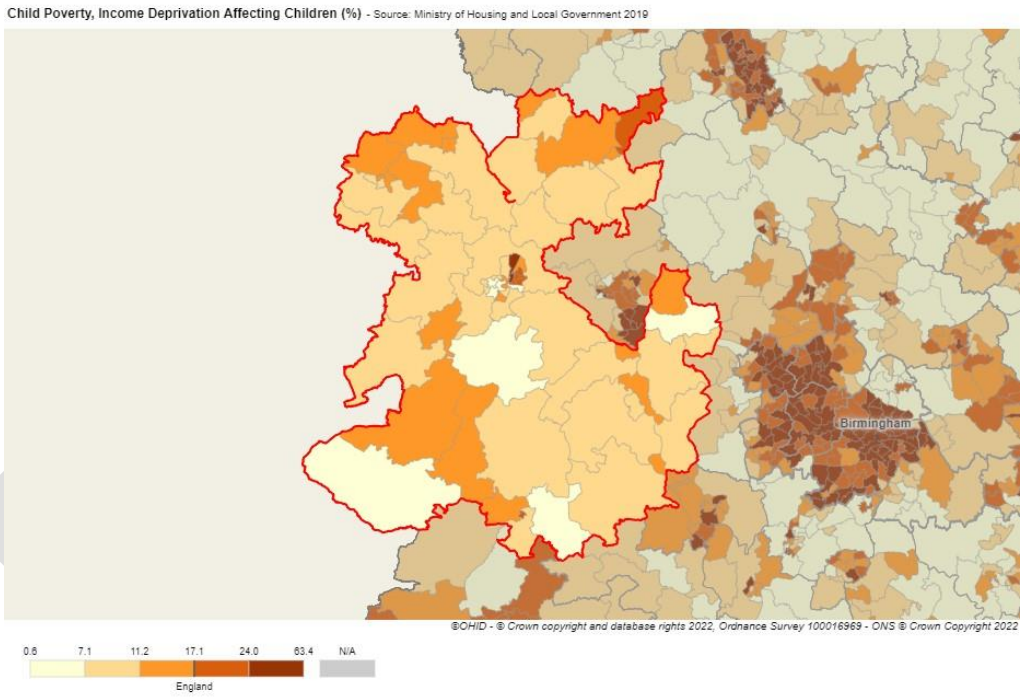
The Marmot Review (2010) suggests that childhood poverty leads to premature mortality and poor health outcomes in adult life[1]. The Income Deprivation Affecting Children Index (IDACI) measure is part of IMD 2019 which looks at the percentage of children aged under-16 years old living in income deprived households. This is based on families receiving one of the following means tested benefits - Income Support, Income Based Job Seekers Allowance, Income based Employment and Support Allowance, Pension Credit (Guarantee), Working Tax Credit or Child Tax Credit.

[1] LG inform: Health and Wellbeing in Shropshire: A Focus on Children

Shropshire has an Income Deprivation Affecting Children Index (IDACI) score of 0.120 (2019). This measures the proportion of all children aged 0 to 15 living in income deprived families. The national score is 0.172, higher than Shropshire's score.




Map showing IDACI score for child poverty by ward in Shropshire, compared to the England average, 2019. Source: OHID Local Health



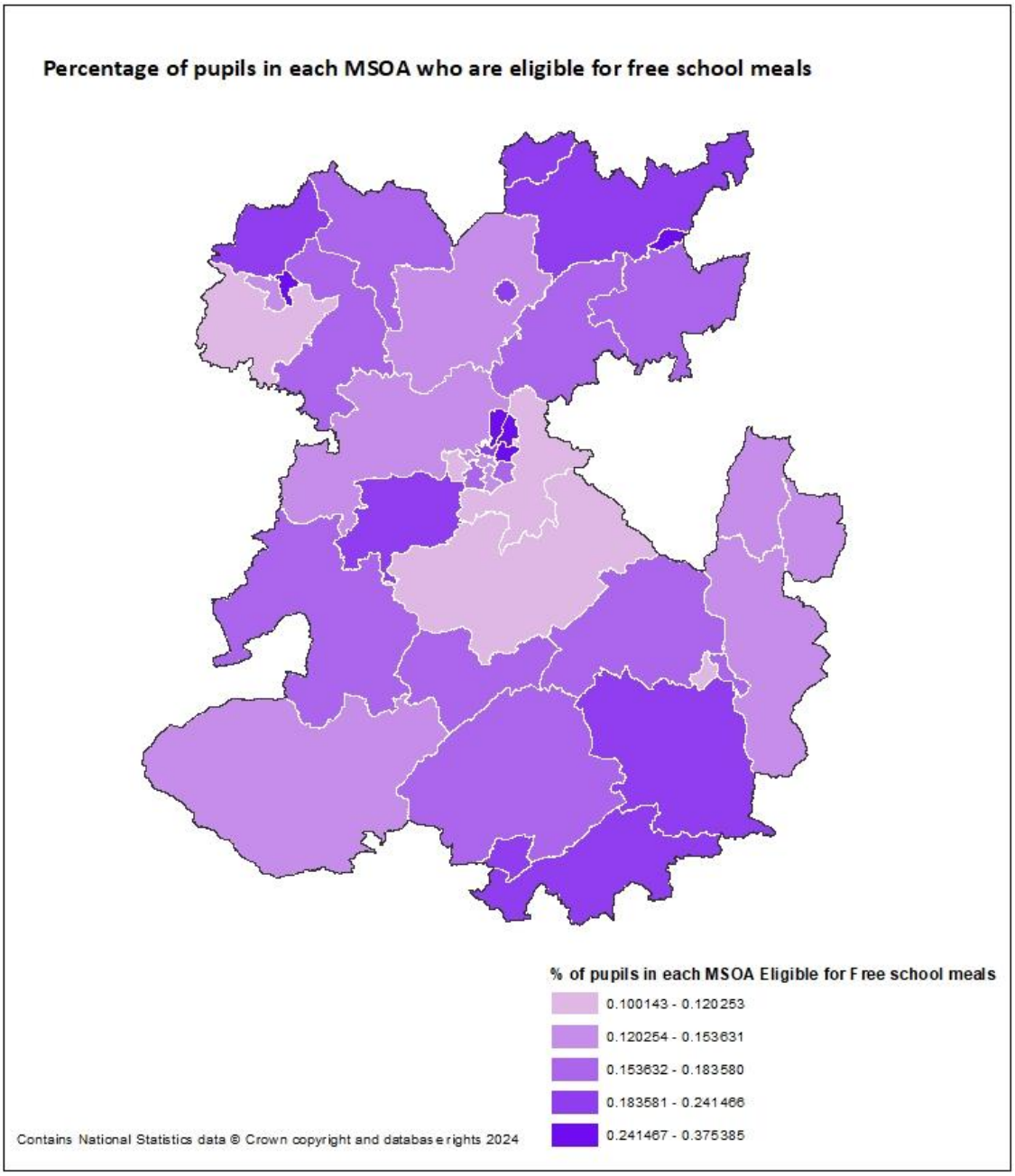

## Eligibility and claiming free school meals

In Shropshire, 18.0% of pupils attending nursery and primary schools and 17.2% of pupils attending secondary school are eligible for and claiming free school meals, rates lower than the national average. In England, 23.9% of pupils attending nursery and primary schools and 22.7% of pupils attending secondary school for England.

### Free School Meals

In total, 19% of pupils (7,300) at Shropshire schools are eligible for free school meals – eligibility seems to increase as children get older, with just over 10% of the children aged 0-4 (168) being eligible for a free school meal.

| | Free School Meal eligibility | Total pupils | % of pupils eligible for Free School Meal |
|---|---|---|---|
| E1 or E2 (0, or 1 at 31st August, turning 1 or 2 during year) | 1 | 29 | 3% |
| N1 (2 at 31st August, turning 3 during the year) | 30 | 371 | 8% |
| N2 (3 at 31st August, turning 4 during the year) | 137 | 1224 | 11% |
| **Total aged 0-4 at 31st August** | 168 | 1624 | 10% |
| Reception | 315 | 2777 | 11% |
| Year 1 | 446 | 2878 | 15% |
| Year 2 | 486 | 3072 | 16% |
| Year 3 | 645 | 3089 | 21% |
| Year 4 | 616 | 3057 | 20% |
| Year 5 | 653 | 3015 | 22% |
| Year 6 | 738 | 3111 | 24% |
| **Total between Reception and Year 6** | 3899 | 20999 | 19% |
| Year 7 | 687 | 3278 | 21% |
| Year 8 | 672 | 3187 | 21% |
| Year 9 | 614 | 3148 | 20% |
| Year 10 | 584 | 3144 | 19% |
| Year 11 | 574 | 3165 | 18% |
| **Total between Year 7 and Year 11** | 3131 | 15922 | 20% |
| Year 12 | 54 | 413 | 13% |
| Year 13 | 40 | 459 | 9% |
| Year 14 | 8 | 18 | 44% |
| **Total between Year 12 and Year 14** | 102 | 890 | 11% |
| **Any age** | **7300** | **39435** | **19%** |


Percentage of pupils in each MSOA who are eligible for free school meals
% of pupils in each MSOA Eligible for Free school meals
0.100143 - 0.120253
0.120254 - 0.153631
0.153632 - 0.183580
0.183581 - 0.241466
0.241467 - 0.375385
Contains National Statistics data © Crown copyright and database rights 2024

# Rurality and inequalities

Given the rural nature of Shropshire, the ease with which people can access services such as work, healthcare, education and shopping is an important and challenging issue.

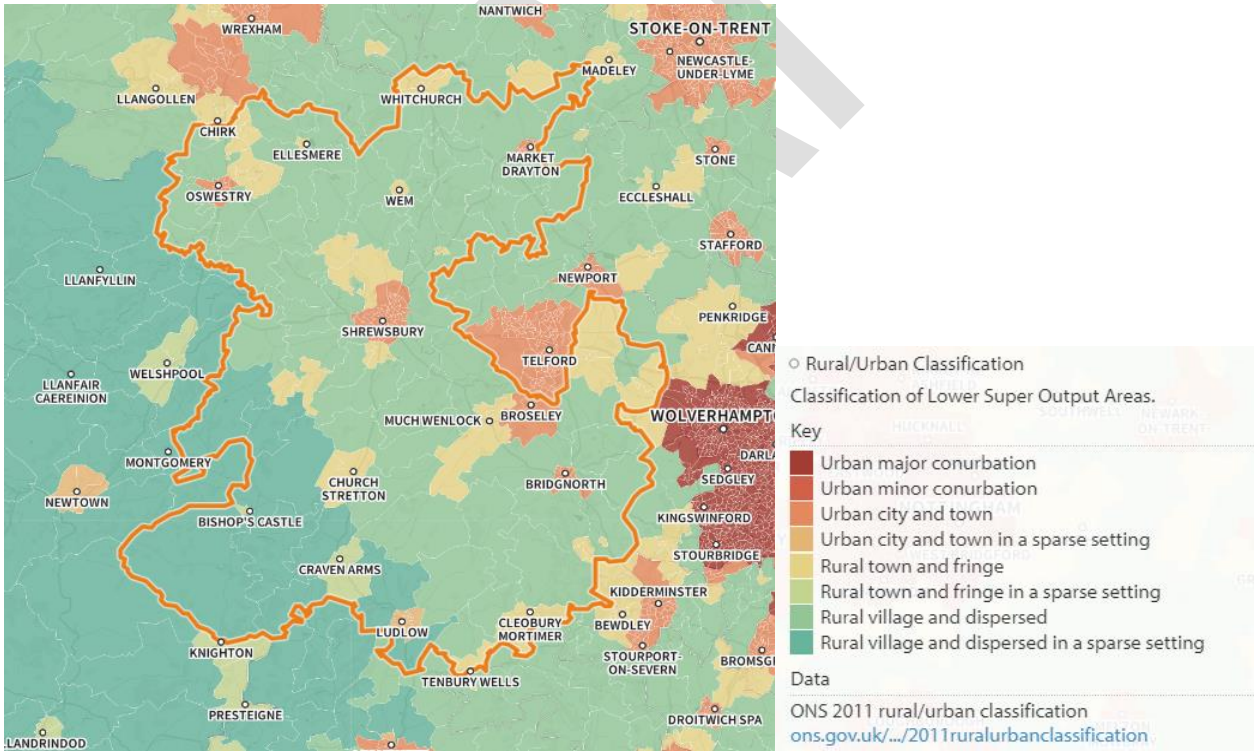
## Rural and Urban classification

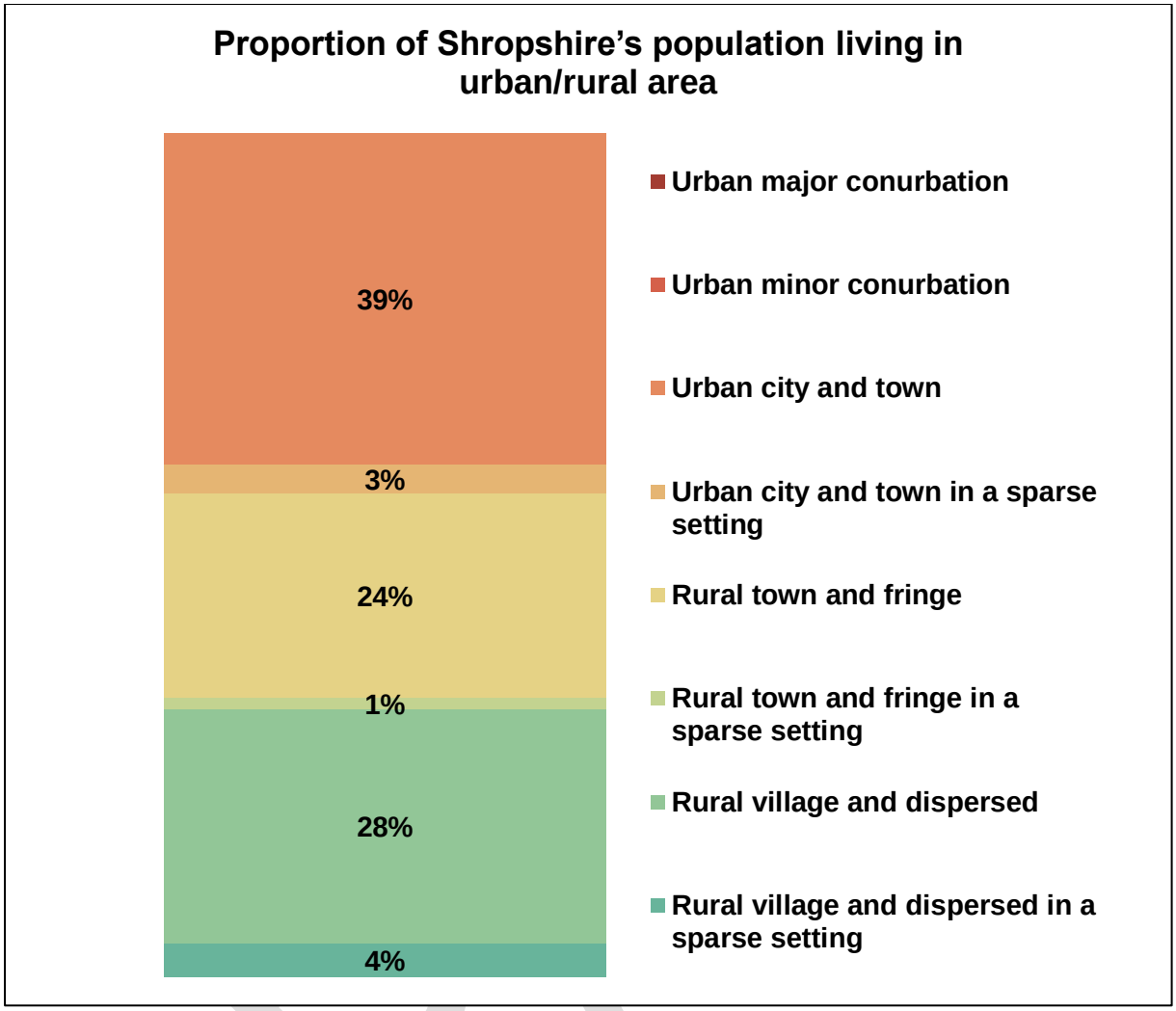
57% of Shropshire's total population live in a “rural” setting (green and yellow in the map below).

58% of LSOAs in Shropshire are classified as “rural”, equating to 186,658 people (57% of Shropshire's total population). 33% are classified as “rural village and dispersed” or “rural village and dispersed in sparse setting”

- 186,658 people classified as living in a “rural” setting (green/yellow), 57% of Shropshire's total population.
- 103,310 people classified as living in “rural village and dispersed” or “rural village and dispersed in sparse setting” category. 32% of Shropshire’s total population.
- 127,800 people classified as living in “rural town and fringe”, 24% of Shropshire’s population.
- 0 people living in urban major or minor conurbation

Map showing rural and urban classification in Shropshire (ONS). Source: OHID SHAPE tool





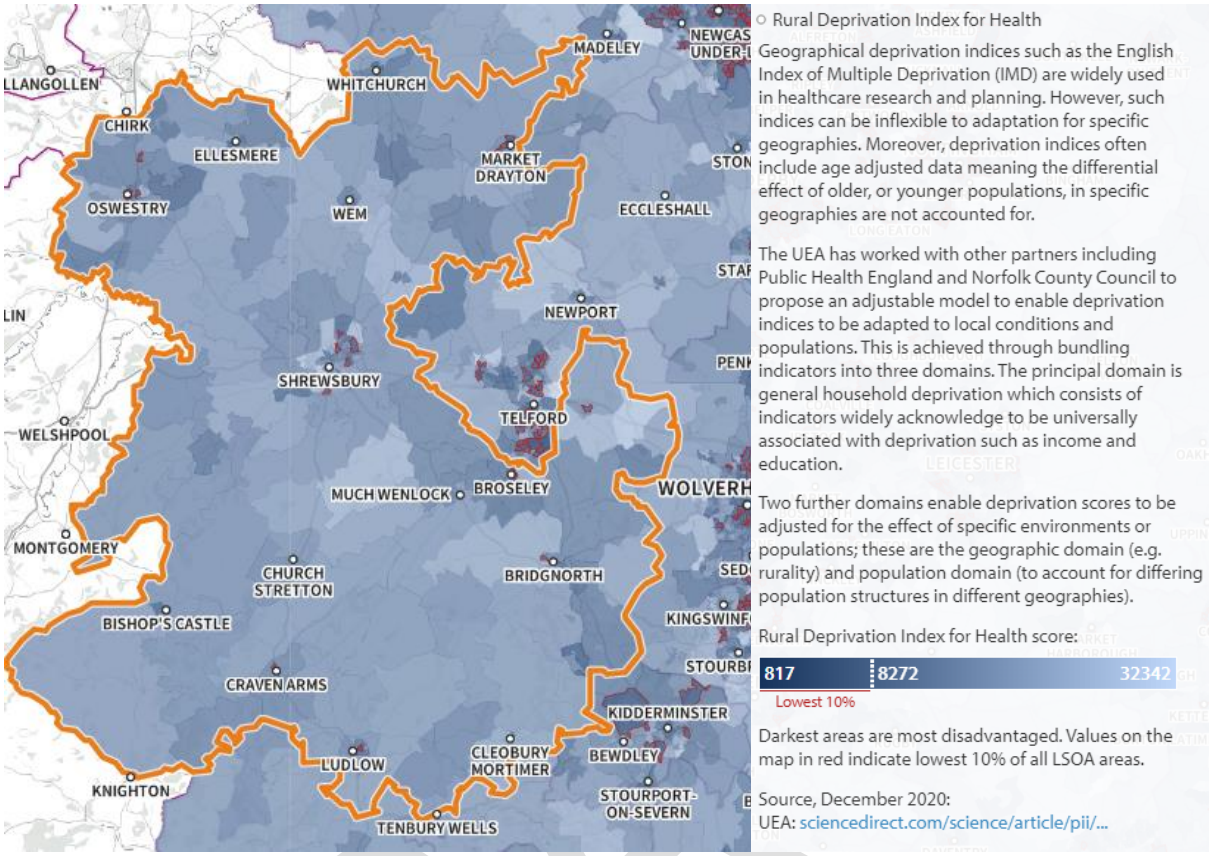

### Rural deprivation index (RDI) for health

Geographical deprivation indices such as the English Index of Multiple Deprivation (IMD) have been widely used in healthcare research and planning since the mid-1980s. However, such indices normally provide a measure of disadvantage for the whole population and can be inflexible to adaptation for specific geographies or purposes. This can be an issue, as the measurement of deprivation is subjective and situationally relative, and the type of deprivation experienced within rural areas may differ from that experienced by urban residents.

An adjustable model to enable deprivation indices to be adapted to local conditions and populations has been developed by Norfolk County Council. The model has the potential to provide a starting point for those who wish to create a summary deprivation measure, considering rurality or other local geographic factors, particularly as part of a range of approaches that can be used to allocate or apply for resources.

In Shropshire, 46 of the 193 LSOAs in Shropshire are in quintile 1 (i.e., most deprived), with 43,927 residents living across these 46 LSOAs. This means 1 in 4 (24%) of Shropshire's LSOAs are within the most deprived quintile nationally.

Map showing Rural Deprivation Index (RDI) in Shropshire. Source: Shape Atlas

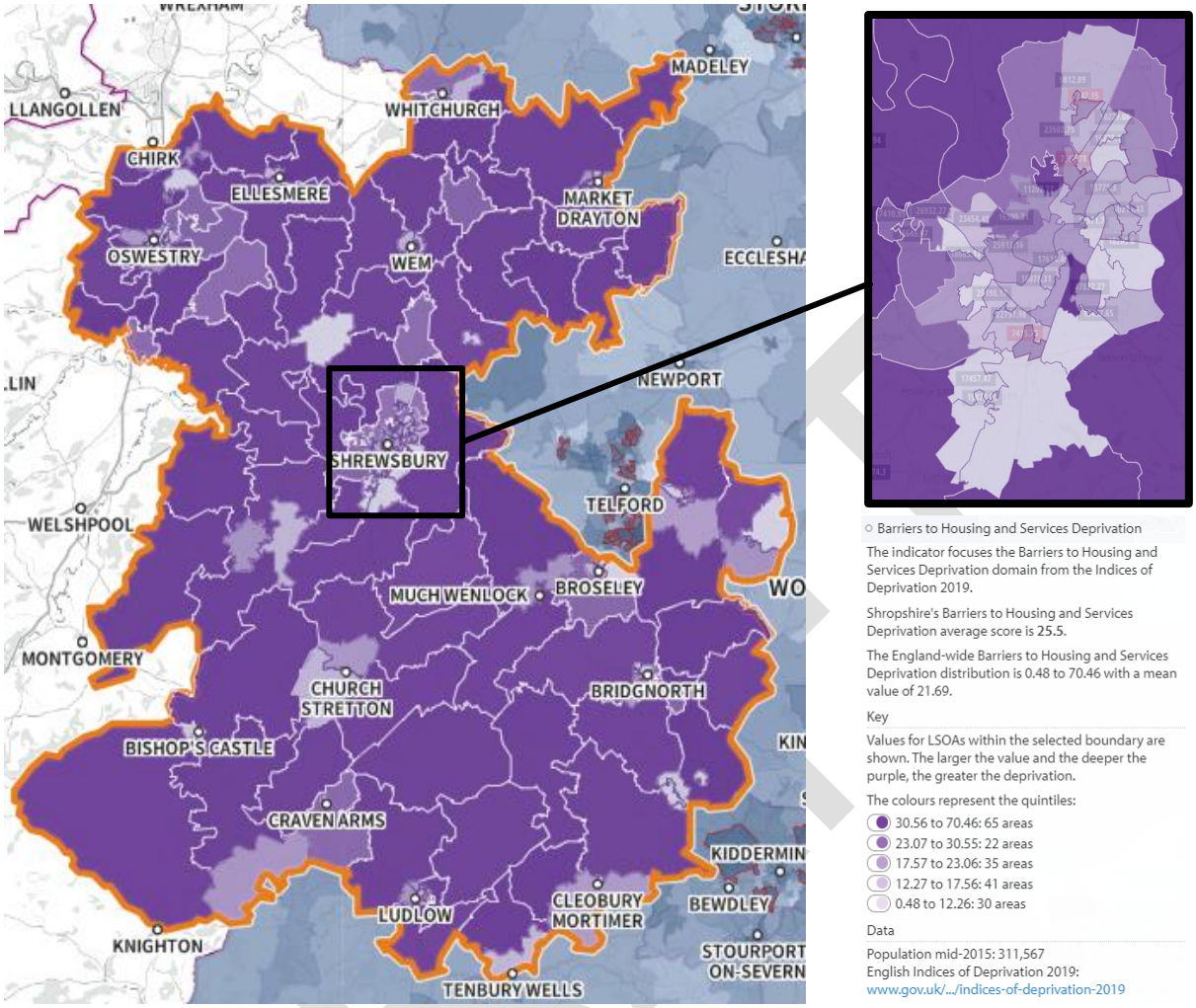



## Barriers to housing and services: IMD 2019

This IMD 2019 domain measures the physical and financial accessibility of housing and key local services. Shropshire has an average score of 25.4 and is ranked 68th most deprived local authority in England out of a total of 317 lower tier authorities.

47 Shropshire LSOA's are within the 10% most deprived nationally, 35 LSOAs in Shropshire are ranked within the 5% most deprived for the Barriers to Housing and Services Domain nationally.

Map showing Rural Deprivation Index (RDI) in Shropshire. Source: Shape Atlas



# Access to GPs

**E.g. access to GP practices among for our most deprived communities**

**63% (236,422) residents in Shropshire can access a GP practice within 15 mins using public transport**

**37%** (88,993) of residents in Shropshire **cannot** access a GP practice within 15 mins using public transport

Purple areas are the most deprived areas across the county

Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation.

The colours represent the quintiles:

- 33.26 to 92.73: 9 areas
- 21.56 to 33.25: 46 areas
- 14.25 to 21.55: 66 areas
- 8.63 to 14.24: 46 areas
- 0.54 to 8.62: 26 areas

Data

Population mid-2015: 311,567
English Indices of Deprivation 2019:
www.gov.uk/.../indices-of-deprivation-2019

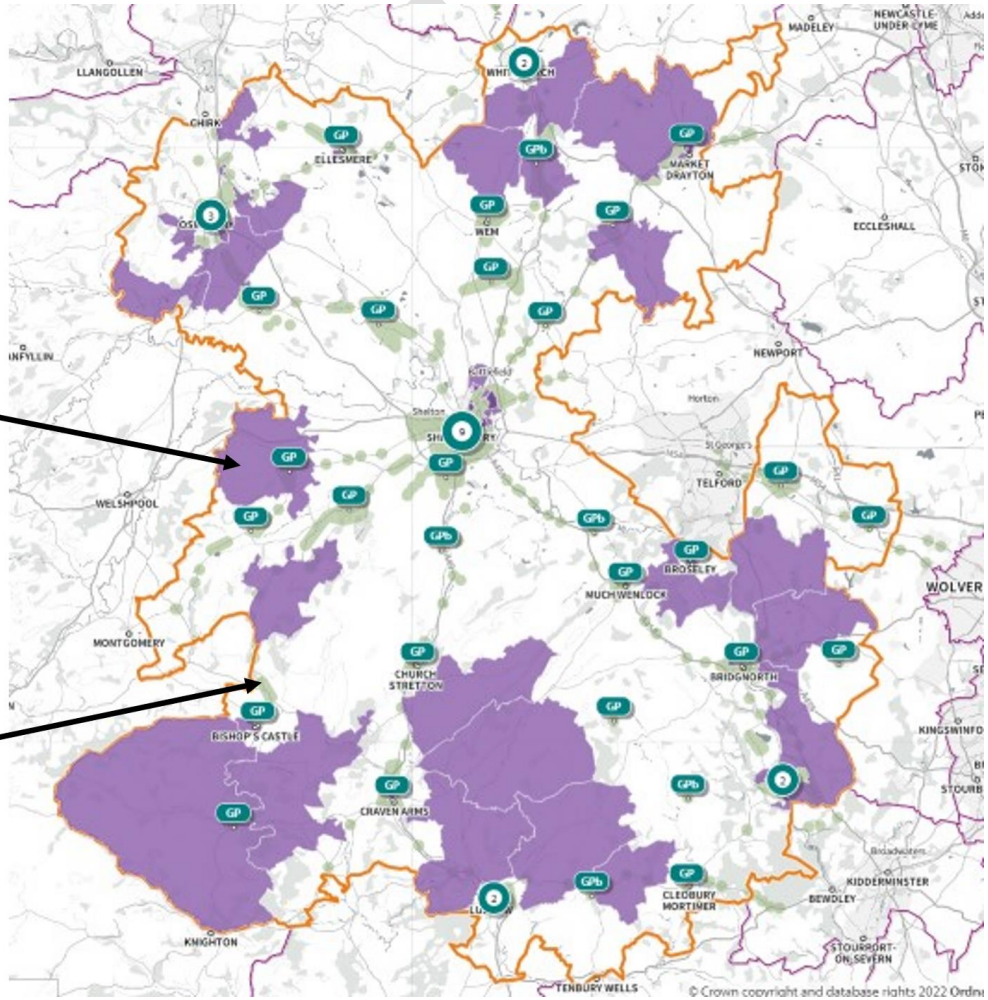
Green shaded areas show the population who **can** get to a GP practice within 15 minutes on public transport (included pop)

Public transport

To sites | Weekday morning

5 | 10 | 15 | 20 | 30 minutes

- Total population: 240,726
- Included population: 236,422
- Excluded population: 88,993
- Outside population: 4,304



# Drugs and alcohol

## Parents/carers and families in substance misuse services

The next section presents profile and outcomes data for parents with problem alcohol and drug use in Shropshire. The data comes from the Parents with problem alcohol and drug use: Data for England and Shropshire, 2019 to 2020. Supporting children and families affected by parental alcohol and drug use pack, NTDMS[2]. Except for numbers in treatment, the numbers presented here are for new presentations to treatment only. This includes clients who started treatment between 1 April 2019 and 31 March 2020.

To prevent potential patient identification, all local figures for Shropshire in this report have been rounded to 1 or the nearest 5. Proportions have been calculated from the rounded figures. This is true of all local data except for the overall numbers in treatment.

This report includes benchmark comparisons to local data. These are the areas identified as the nearest neighbours for Shropshire using the Chartered Institute of Public Finance & Accountancy (CIPFA) 2018 Model: Cheshire East, Cheshire West and Chester, Central Bedfordshire, Northumberland, Warrington, Stockport, East Riding of Yorkshire, Herefordshire, Solihull, Isle of Wight, Bath and North East Somerset, South Gloucestershire, North Somerset, Wiltshire, Cornwall & Isles of Scilly. Please see the appendix for a table of these benchmark areas including upper tier local authority codes.

Green coloured text = better than the national average
Orange text = similar to the national average
Red test = worse than the national average

- Prevalence and unmet need gap: 54% opiate dependent parents and 68% for alcohol dependent parents (both lower than national rates)
- In 2019 to 2020, 34% (706) of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue. Drug misuse was a factor in 35% (723) of assessments.
- 546 new presentations to treatment (FY 2019/20) aged between 18 and 99. Of those:
    - 133 (24%) were parents or adults living with children
    - 151 (28%) were parents not living with children
    - 261 (48%) were not a parent and had no contact with children
- Majority of new presentations by parents to service were for alcohol misuse (62%).
    - 19% presented with non-opiate & alcohol problems
    - 12% for non-opiate
    - 8% for opiate misuse
- For parents presenting with alcohol misuse, the rate was higher than the benchmark areas.
- 63% of parents or adults living with children presented with a mental health treatment need, higher than the benchmark of 54%.
- The rate of need for mental health treatment and unmet need was similar to the benchmark for parents not living with children.
    - Of those, 1 in 5 (19%) did not receive mental health treatment, similar to the benchmark figure.
- In Shropshire during 2019-20, there were 1,384 adults in treatment. Of these:

[2] Parents with problem alcohol and drug use: Data for England and Shropshire, 2019 to 2020 Supporting children and families affected by parental alcohol and drug use

    - 380 (27%) were parents or adults living with children
    - 358 (26%) were parents not living with children
    - 646 (47%) were not parents
- 43% of all adults in treatment during 2019-20 were parents or carers (either living with or not living with children), equating 738 people
- Rates of referral into drug and alcohol treatment were low from children and family social services across all parental groups
- Among parents living with children in treatment, it was non opiate users who spent the longest average number of days in treatment (167 days), compared with 110 days on average in benchmark areas.
- Majority (71%) of parents living with children and not living with children who presented to treatment in 2019-20 were not receiving children or families' support, lower than the benchmark figure of 78%.
- 14% of parents living with children and 10% of parents not living with children had a child protection plan in place, both higher than the benchmark values.
- Support received during treatment:
    - 4% of newly presenting parents living with children received family or parenting recovery support, lower than the benchmark of 7%
    - 7% of parents not living with children received family or parenting recovery support, higher than the benchmark figure of 5%
    - 3% of newly presenting parents living with children received housing or employment recovery support, similar to the benchmark.
    - 3% of newly presenting parents not living with children received housing or employment recovery support compared to the benchmark figure of 8%
- Completion rates were lower across all parental groups in Shropshire compared to benchmark areas:
    - 22% of parents living with children successfully completing compared to the benchmark of 29%
    - 17% of parents not living with children completed compared to 21% in benchmark areas on average.

For more information on parental drug or alcohol misuse, see the Drug and Alcohol Needs Assessment here.

## Domestic abuse

Domestic abuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status.

Some 30,475 women in Shropshire will experience domestic abuse during their lifetime. This equates to one in four women being likely to experience domestic violence, from a population figure of 121,900 for women over 16[3].

The Domestic Act 2021 recognises all children as victims of Domestic abuse if they see hear or experience the effects of the abuse, are aged under 18 years old and related to either the victim or the perpetrator.

[3] Shropshire Council

Children are affected in many ways by Domestic abuse, even after a short time. These effects include[4]:

- feeling frightened, anxious or depressed
- becoming withdrawn, low self-esteem, difficulty forming healthy relationships
- bed-wetting
- Hypervigilance around changes in mood and atmosphere
- poor concentration
- inconsistent regulation of emotions includes becoming distressed, upset or angry
- problems with school, risk of exclusion
- using alcohol, drugs or self-harming

## National prevalence

The Crime Survey for England and Wales (CSEW) year ending March 2023 estimated that 4.4% of people aged 16 years and over (2.1 million) experienced domestic abuse in the last year[5].

There was no significant change in the prevalence of domestic abuse experienced in the last year by people aged 16 to 59 years compared with the previous year, but a significant decrease compared with the year ending March 2020, a year largely unaffected by the coronavirus (COVID-19) pandemic.

An estimated 1.4 million women and 751,000 men aged 16 years and over experienced domestic abuse in the last year; a prevalence rate of approximately 5.7% of women and 3.2% of men. This is a prevalence rate of approximately 6 in 100 women and 3 in 100 men (Figure below).

The percentage of people aged 75 years and over who experienced domestic abuse in the last year was lower than all other age groups.

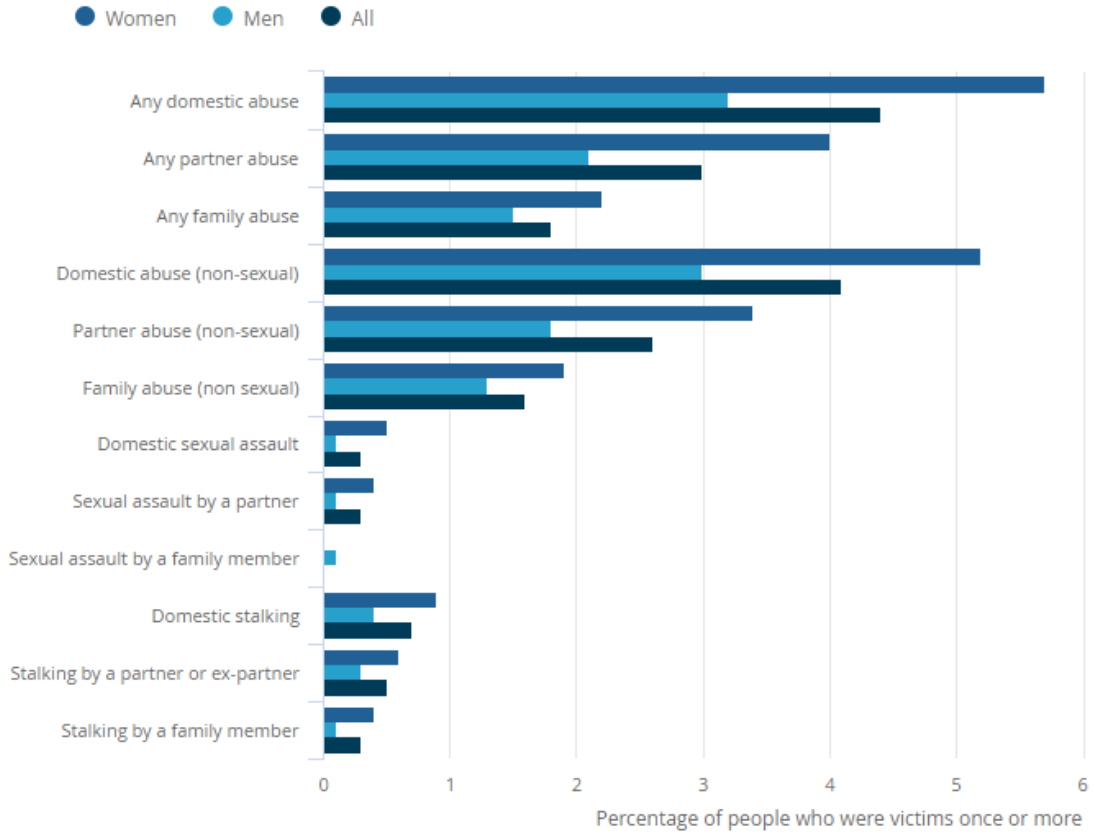
A higher proportion of people aged 16 years and over in the Mixed and White ethnic groups experienced domestic abuse in the last year compared with those in the Asian or Asian British group.



[4] SSCP
[5] ONS

**Figure 1: A higher proportion of women than men were victims of domestic abuse in the last year**

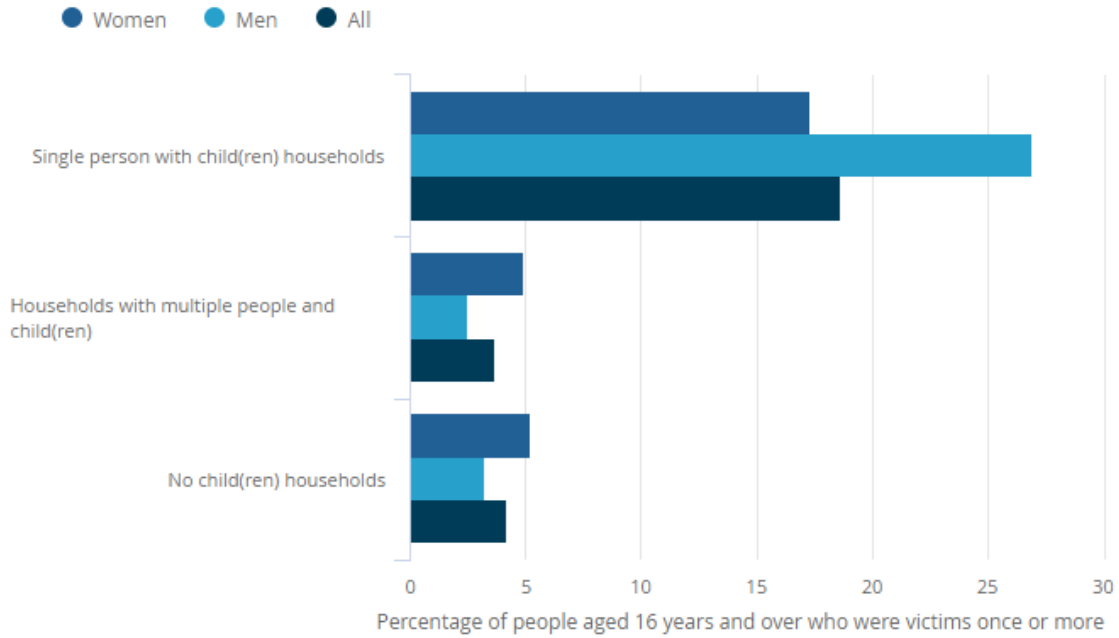
**Prevalence of domestic abuse in the last year for people aged 16 years and over, by sex and type of abuse, England and Wales, year ending March 2023**




It has been estimated that for the year ending March 2023 across England and Wales, that the proportion of domestic abuse experienced in the last year was higher in households composed of a single person with one or more children (18.6%), compared with households with no children (4.2%), and households with multiple people and one or more children (3.7%) (Figure 9).

**Figure 9: A larger percentage of people living in a single-parent household experienced domestic abuse in the last year**

**Prevalence of domestic abuse in the last year for people aged 16 years and over by household structure, and sex, England and Wales, year ending March 2023**




**Source: Crime Survey for England and Wales (CSEW) from the Office for National Statistics**

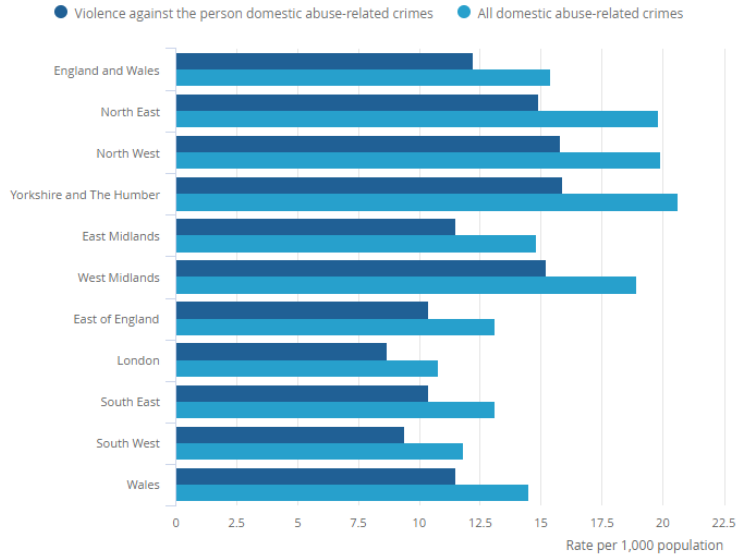
## West Midlands, West Mercia Police Force and Shrophire prevalence

### Regional

In the year ending March 2023, the highest rate of domestic abuse-related crimes recorded by the police was in Yorkshire and The Humber (20.6 per 1,000 population). The lowest rate was in London (10.8 per 1,000 population). Although this could reflect differences in the rates of domestic abuse across regions, it could also reflect regional differences in the reporting of domestic abuse to the police and how the police subsequently record these offences. The rate for the West Midlands was 18.9 per 1,000 for all domestic abuse crimes and 15.2 per 1,000 for violence against the person domestic abuse crimes, higher than the national rates for England and Wales of 15.4 and 12.2 respectively.

**Figure 11: Yorkshire and The Humber had the highest recorded rates of domestic abuse-related crimes**

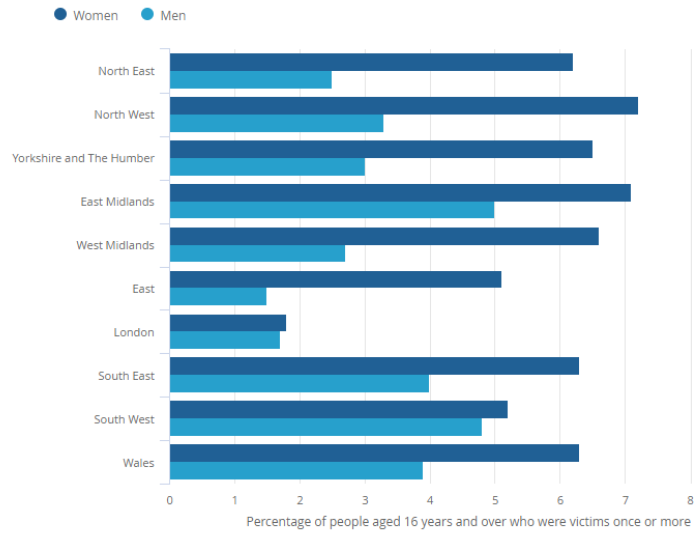
**Rate of domestic abuse-related crimes recorded by the police, English regions and Wales, year ending March 2023**




Regionally, there were significantly higher rates of domestic abuse experienced by women compared with men, particularly in the North West, Yorkshire and the Humber, West Midlands, East of England and South East. This gap was largest for the West Midlands, where 6.6% of women were victims of domestic abuse in the last year, compared with 2.7% of men (Figure below)[6].

**Figure 10: A lower proportion of women in London experienced any domestic abuse in the last year compared with all other regions**

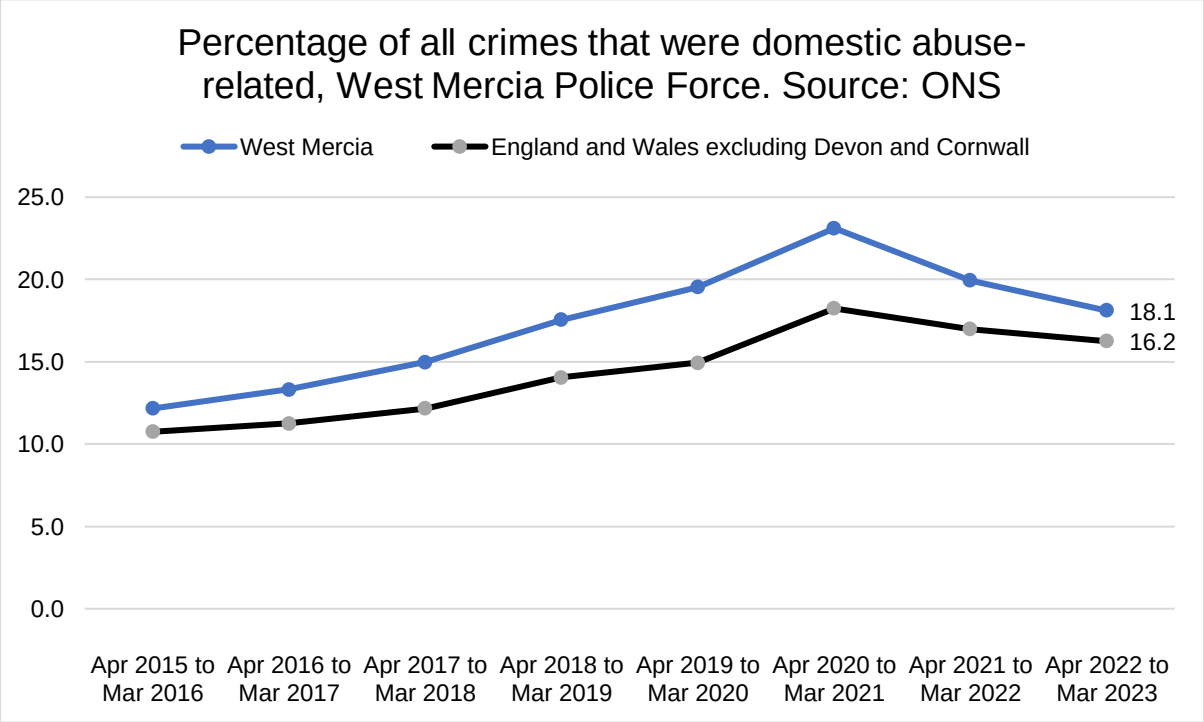
**Prevalence of domestic abuse in the last year for people aged 16 years and over, English regions and Wales, by sex, year ending March 2023**




[6] ONS

### Sub-regional (West Mercia area)

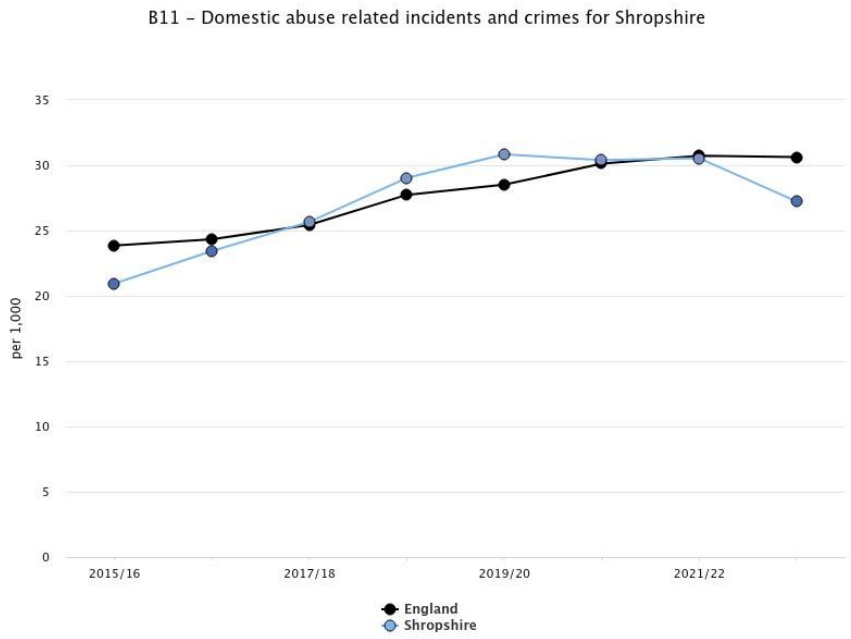
Across the West Mercia Police (WMP) Force, 18.1% of all crimes were domestic abuse related, higher than the England and Wales rate of 12.1%. This equates to 64,571 domestic abuse related crimes across the West Mercia area. The rate for WMP has been higher than the national rate since March 2016 and saw a steep rise until March 2021, almost doubling between 2016 and 2021. More recently, the rate has dropped in WMP and nationally[7].




### Shropshire

In Shropshire, the rate of domestic abuse related incidents and crimes increased between 2015/16 and 2019/20, however we are now seeing a fall in rate to lower than the national rate at 27.2 per 1,000 population for 2022/23 [8].

[7] ONS
[8] OHID fingertips




In 2022, Shropshire's Domestic Abuse Needs Assessment was published, including a section on children and young people. This can be found here.

Due to the limited specialist service provision, there is limited data on children and young people's needs relating to domestic abuse. It should also be noted that most of the data available refers to children and young people who have had concerns raised about them, not, as with adult victims, reporting issues for themselves.

In 2021/22, 278 open early help episodes were for under 18s with domestic abuse identified as an issue in their most recent assessment. In the same year, 6,041 Children's Services domestic abuse contacts were made.

The numbers of children involved with Children's Social Care, or who have experienced a police incident or other concern that has led to a notification to Children's Services, compared with the low numbers able to be supported by SDAS (due to funding-related limited capacity), highlights the significant gap in specialist support for children and young people and the volume of service provision that may be required.

| Disclosures, reporting or referrals for child victims/survivors (including unborn) | 2020/21 | 2021/22 |
|---|---|---|
| SDAS Accommodation-based services<br>*Number of children accommodated with a parent* | 49 | 65 |
| SDAS Community-based CYP service<br>*NB: provision of two part time workers limits capacity* | 27 | 53 |
| SDAS Community-based service (outreach and IDVA)<br>*Number of adult victims/survivors with involvement in Children's Social Care, including those with Care Orders* | 264 | 245 |
| Shropshire Council Children's Early Help Services<br>*Under 19s with open early help episode at the end of each year (31/03) with domestic abuse identified as issue in most recent assessment* | 226 | 278 |
| Shropshire Council Children's Social Care Services<br>*Children's Services domestic abuse contacts* | 7,288 | 6,041 |
| Shropshire Council Children's Social Care Services<br>*Open Child Protection and Child in Need cases where domestic abuse was identified on the referral/assessment (snapshot)* | | 1,020 |
| Shropshire Council Children's Social Care Services<br>*Open Looked After Children cases where domestic abuse was identified on the referral/assessment (snapshot)* | | 485 |
| Victim Support (young people aged 16 & 17) | 13 | 27 |
| West Mercia Police Youth Justice Service (06/2020 to 06/2022) | | 9 |

Source: Abuse Needs Assessment for Shropshire, including a section on children and young people, see here.

## Children's social care domestic abuse contacts in Shropshire

In Shropshire in 2023-24, there were 6,619 Children's social care contacts involving domestic abuse, a 3% rise compared to the previous year and a 10% rise compared to 2021/22.

Note: a contact may not necessarily be referred into Children's social care

Chart showing Children's Social Care Contacts aged 0-4 with a domestic abuse flag over time.
Source: Shropshire Council Social Care Team

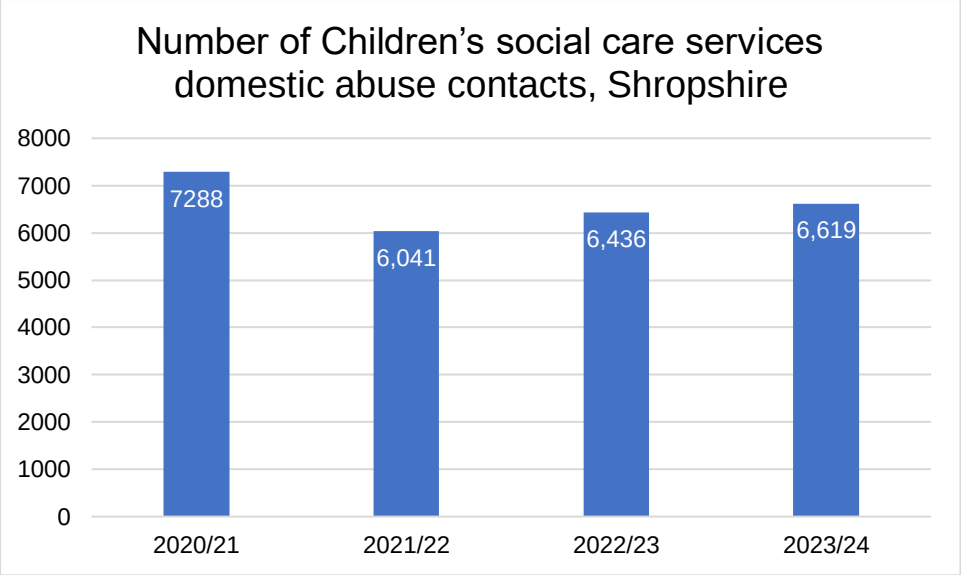
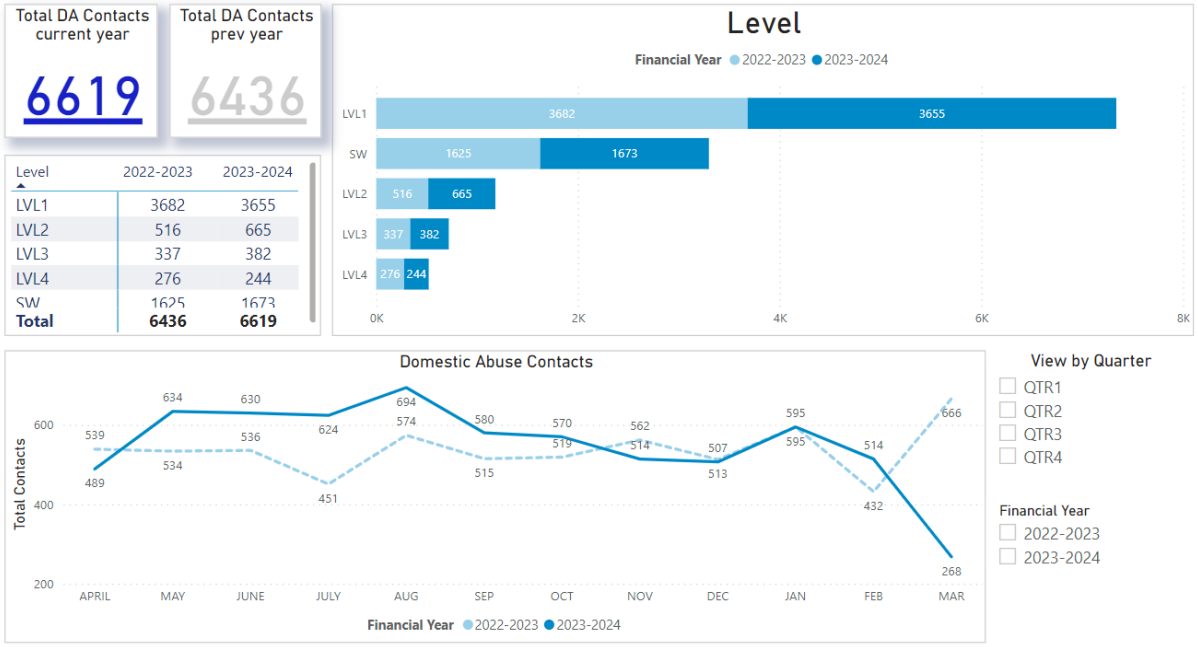



Table and chart showing Children's Social Care Contacts aged 0-4 with a domestic abuse flag for 2022-23 and 2023-24. Source: Shropshire Council Social Care Team

LVL= Levels 1,2,3
SW = where a child was allocated social worker and S47/strategy meeting or social work assessment took place.




In 2023/24, Level 1 contacts made up 55% of all contacts however a rise was seen among level 2 and level 3 contacts and SW contacts. These figures refer to Children's social care contacts and referrals, however domestic abuse can be identified beyond referral and at any time during the social care process therefore figures are likely to be higher.

# Child Health Profile (all ages)

## Shropshire Child Health Profile — March 2023

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- No significant change
- Increasing/decreasing and getting better
- Increasing/decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than the England average
- Significantly worse than the England average
- Significance cannot be tested

England average | Regional average | 25th percentile | 75th percentile

| | Indicator | Recent trend | Local no. per year* | Local value | Eng. avg | Eng. worst | Eng. best |
|---|---|---|---|---|---|---|---|
| Premature mortality | 1 Infant mortality rate | → | *12* | 4.7 | 3.9 | 7.5 | 1.2 |
| | 2 Child mortality rate (1 to 17 years) | – | *4* | 7.0 | 10.3 | 17.7 | 6.1 |
| Health protection | 3 MMR vaccination for one dose (2 years) | → | 2,627 | 95.3 | 89.2 | 65.4 | 97.7 |
| | 4 Dtap/IPV/Hib vaccination (2 years) | → | 2,661 | 96.5 | 93.0 | 70.6 | 99.1 |
| | 5 Children in care immunisations | ↑ | 396 | 96.0 | 85.0 | 30.0 | 100.0 |
| Wider determinants of ill health | 6 Children achieving a good level of development at the end of Reception | → | 1,961 | 65.0 | 65.2 | 53.1 | 74.4 |
| | 7 GCSE attainment: average Attainment 8 score | – | – | 47.2 | 48.7 | 39.2 | 61.3 |
| | 8 GCSE attainment: average Attainment 8 score of children in care | – | – | 28.9 | 23.2 | 14.2 | 38.3 |
| | 9 16 to 17 year olds not in education, employment or training (NEET) | → | 334 | 5.9 | 4.7 | 14.7 | 1.4 |
| | 10 First time entrants to the youth justice system | ↓ | 19 | 64.2 | 146.9 | 446.9 | 56.3 |
| | 11 Children in relative low income families (under 16s) | ↑ | 8,927 | 16.8 | 18.5 | 42.4 | 6.2 |
| | 12 Households with children homeless or at risk of homelessness | – | 327 | 9.7 | 14.4 | 39.3 | 4.5 |
| | 13 Children in care | – | 609 | 104 | 70 | 218 | 26 |
| | 14 Children killed and seriously injured (KSI) on England's roads | – | *6* | 11.9 | 15.9 | 55.0 | 2.6 |
| Health improvement | 15 Low birth weight of term babies | → | 43 | 1.8 | 2.8 | 5.0 | 1.5 |
| | 16 Obese children (4 to 5 years) | → | 260 | 9.7 | 10.1 | 14.9 | 5.4 |
| | 17 Obese children (10 to 11 years) | → | 510 | 19.0 | 23.4 | 34.0 | 12.4 |
| | 18 Children with experience of visually obvious dental decay (5 years) | – | – | 23.8 | 23.4 | 50.9 | 8.7 |
| | 19 Hospital admissions for dental caries (0 to 5 years) | – | *82* | 452.1 | 220.8 | 931.3 | 7.5 |
| | 20 Under 18s conception rate / 1,000 | → | 62 | 11.5 | 13.0 | 30.4 | 2.7 |
| | 21 Teenage mothers | → | – | – | 0.6 | 2.4 | 0.0 |
| | 22 Admission episodes for alcohol-specific conditions - Under 18s | → | *13* | 22.2 | 29.3 | 83.8 | 7.7 |
| | 23 Hospital admissions due to substance misuse (15 to 24 years) | – | *17* | 55.9 | 81.2 | 229.4 | 16.9 |
| Prevention of ill health | 24 Smoking status at time of delivery | → | 308 | 12.0 | 9.1 | 21.1 | 3.1 |
| | 25 Baby's first feed breastmilk | – | 1,675 | 74.8 | 71.7 | 1.3 | 98.6 |
| | 26 Breastfeeding prevalence at 6 to 8 weeks after birth | – | 858 | – | 49.3 | – | – |
| | 27 A&E attendances (0 to 4 years) | – | 7,985 | 556.4 | 762.8 | 2,080.6 | 387.2 |
| | 28 Hospital admissions caused by injuries in children (0 to 14 years) | – | 395 | 82.6 | 84.3 | 162.2 | 38.8 |
| | 29 Hospital admissions caused by injuries in young people (15 to 24 years) | – | 310 | 95.2 | 118.6 | 252.2 | 53.3 |
| | 30 Hospital admissions for asthma (under 19 years) | – | 115 | 185.3 | 131.5 | 438.0 | 47.0 |
| | 31 Hospital admissions for mental health conditions | – | 55 | 94.1 | 99.8 | 355.1 | 33.3 |
| | 32 Hospital admissions as a result of self-harm (10-24 years) | – | 165 | 327.2 | 427.3 | 1,051.7 | 127.6 |

≥95% <90% 90% to 95%

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure
Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

**Notes and definitions**

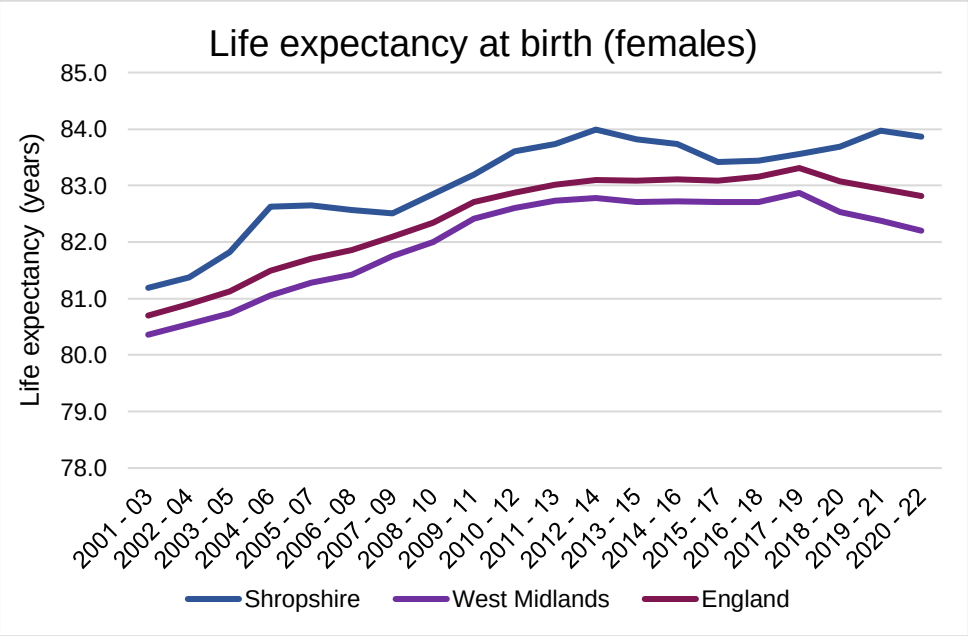
Source: OHID Child Health Profile 2023

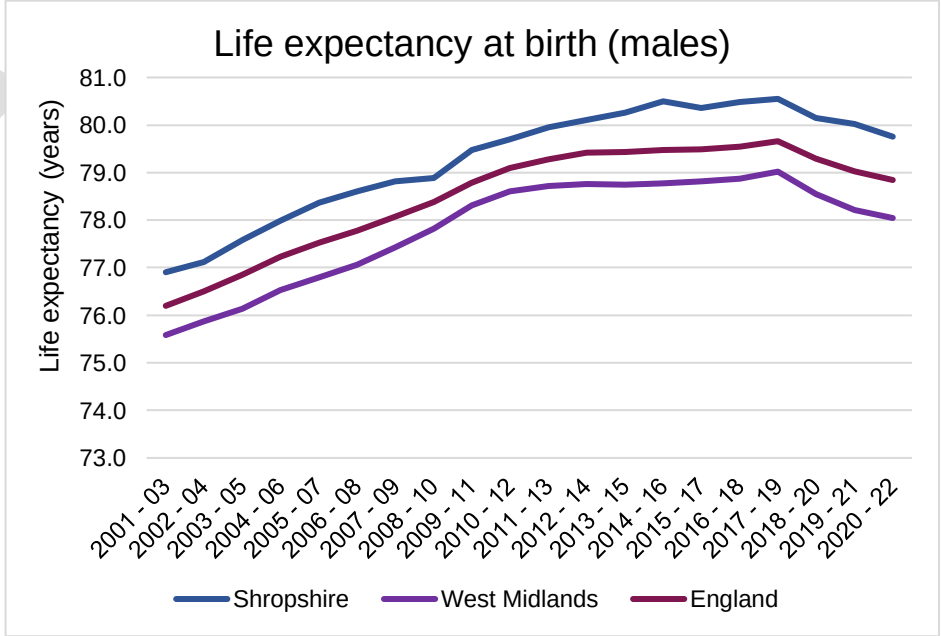
To view the full Child Health Profile, which provides a snapshot of child health in Shropshire see here. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

# Life expectancy at birth

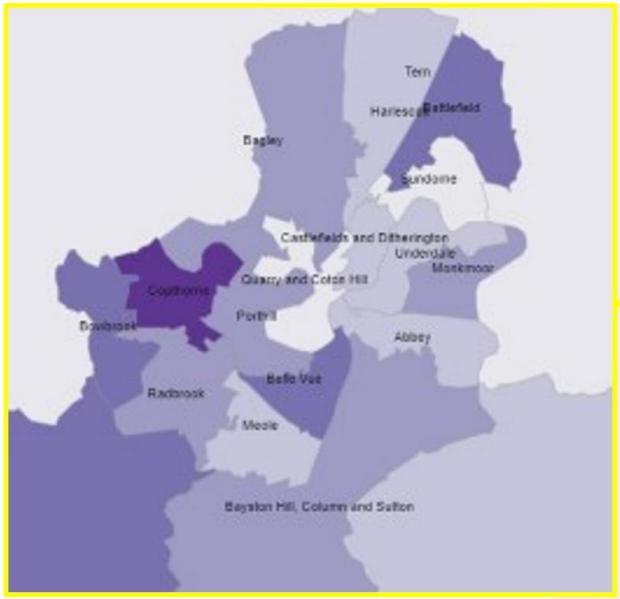
Life expectancy at birth in Shropshire is higher among females compared to males. Both are rising over time and are above the regional and national average.

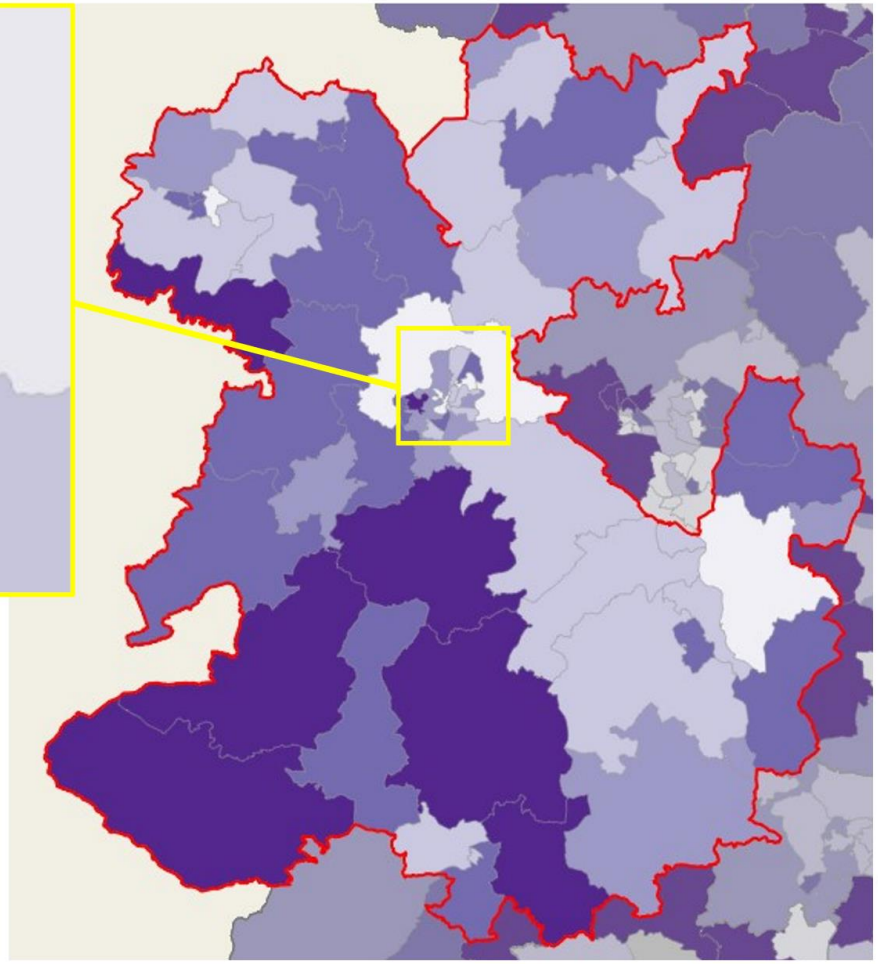
Life expectancy at birth in females and males in Shropshire, including West Midlands and England comparisons, 2001-03 to 2020-22. Source: Public Health Profiles, Fingertips, OHID



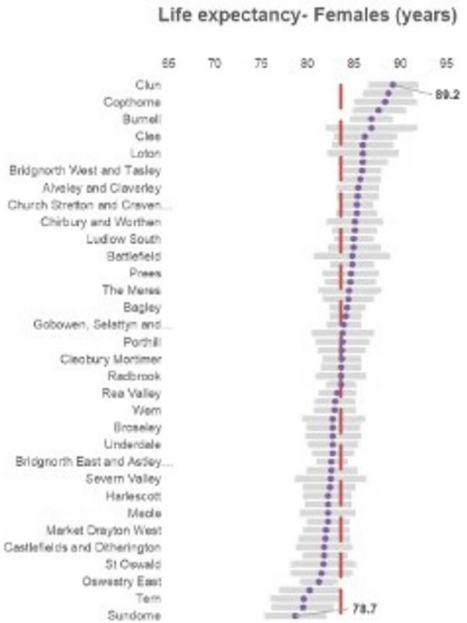



# Life expectancy at birth (Females) - 2016 to 2020 - Shropshire



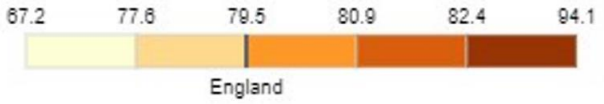
**Darker colours = higher life expectancy at birth**

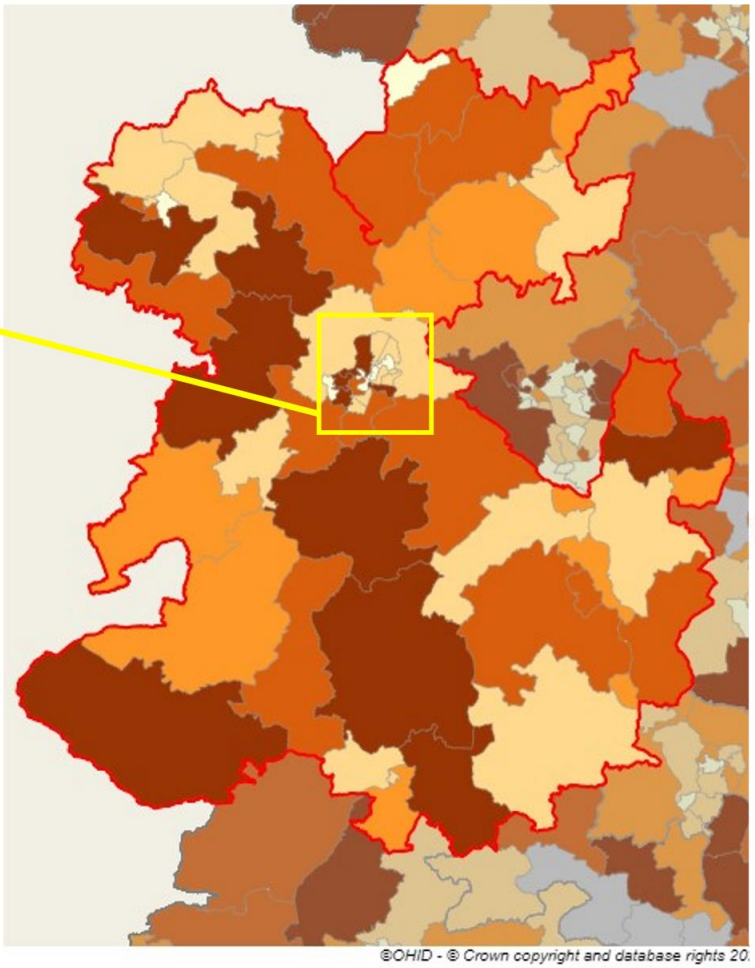



Females living in Copthorne **live 9.7 years longer** than males living in Sundorne, which is ~4 miles apart within the Shrewsbury area.

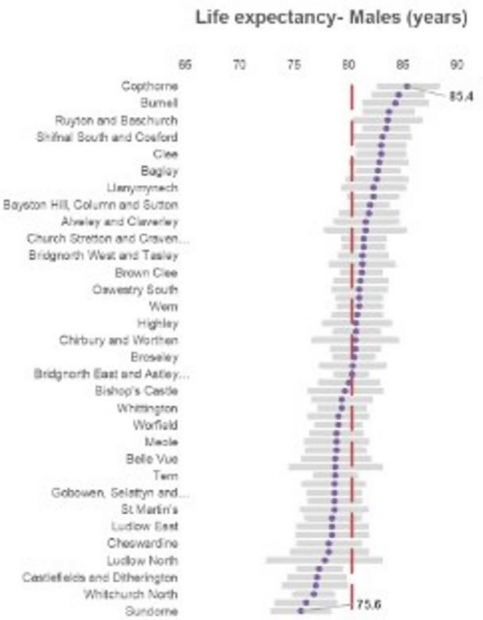
# Life expectancy at birth (Males)- 2016 to 2020- Shropshire


Males living in Copthorne **live 9.8 years longer** than males living in Sundorne, which is ~4 miles apart within the Shrewsbury area.




**Darker colours = higher life expectancy at birth**



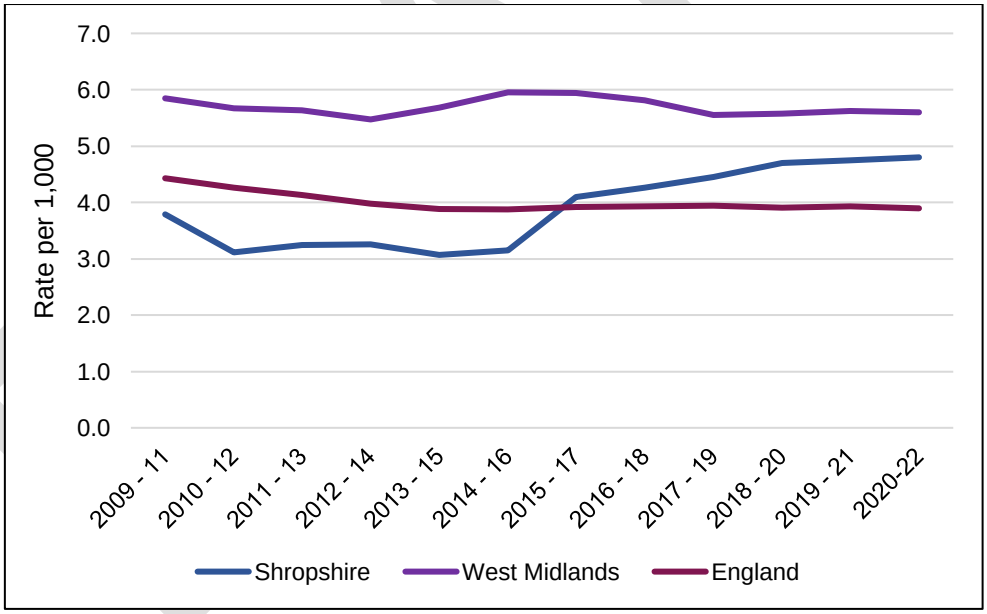
# Infant Mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life in particular, are considered to reflect the health and care of both mother and new-born [9].

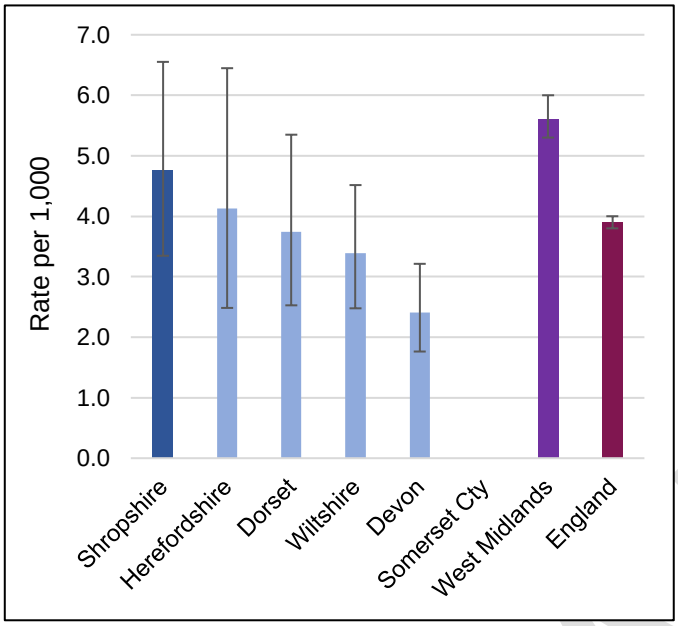
In the period 2020-22, there were 37 deaths under one year of age in Shropshire. This equates to an infant mortality rate of 4.8 per 1,000 live births. This is the sixth lowest regionally, similar to the regional rate of 5.6 per 1,000 and the national rate of 3.9 per 1,000 live births. Shropshire's rate was the highest compared to its statistical neighbours.

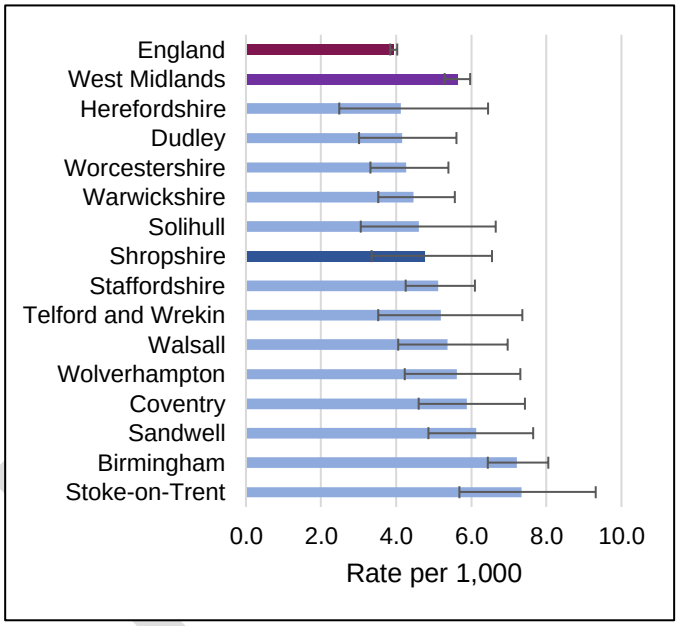
Shropshire's rate increased between 2014-16 and 2018-20 but recently has started to level off. Overall, the national rate has been declining over time however now remains steady compared to the previous period.

Infant mortality rate in Shropshire, including West Midlands and England comparisons, 2009-11 to 2020-22. Source: Child and Maternal Health Profile, Fingertips, OHID



Infant mortality rate in Shropshire, including statistical neighbours, West Midlands and England comparisons, 2020-22. Source: Child and Maternal Health Profile, Fingertips, OHID



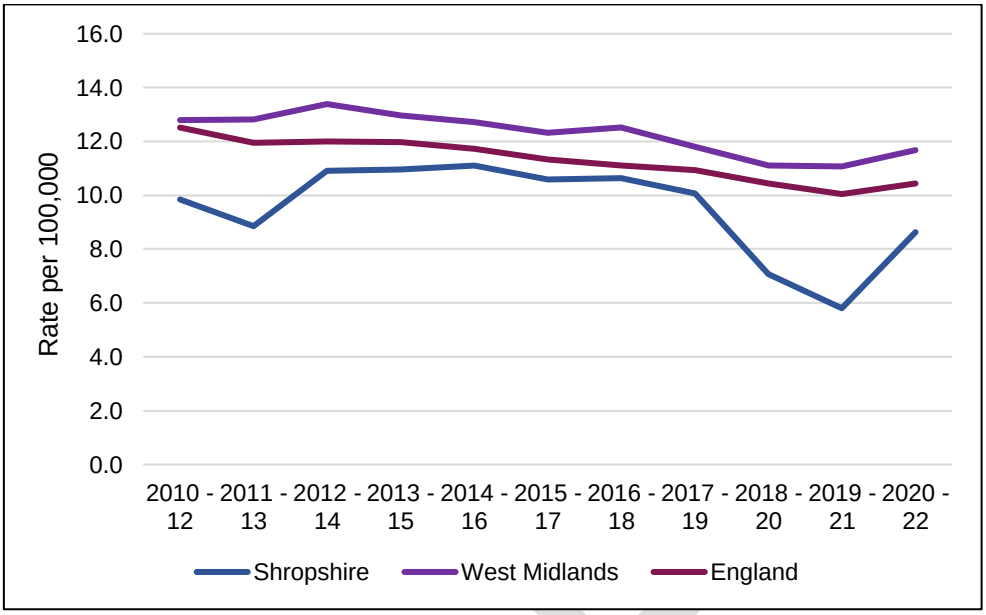

## Child mortality rate

Death in childhood represents not only a tragedy for that child's family but also a loss to wider society in terms of lost years of productive life. After the age of one year, the commonest cause of death in young people is injuries. Many of these injury related deaths are potentially avoidable. The need to provide adequate support to those children and families with life-limiting or life-threatening conditions is also recognised.

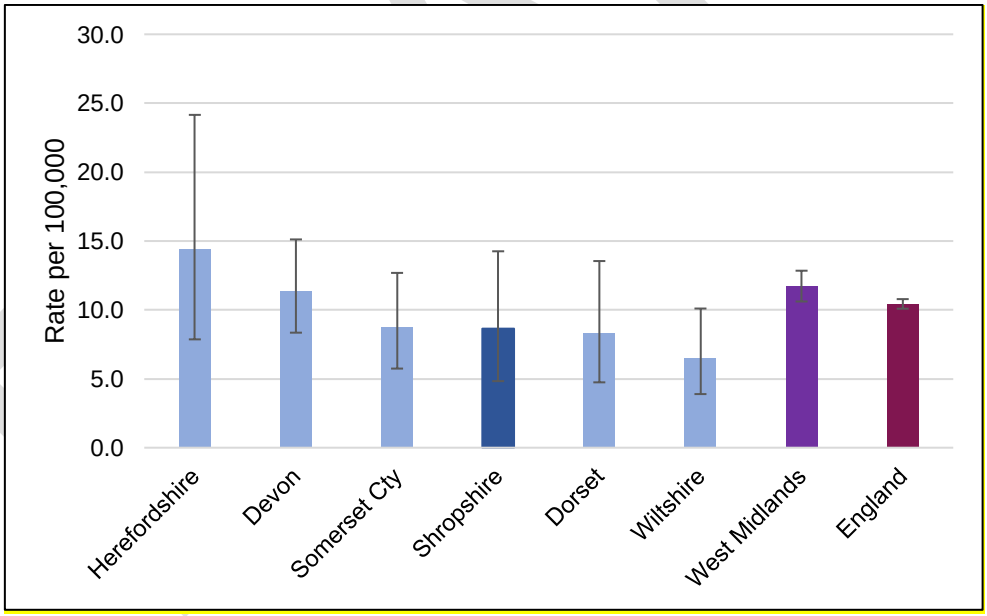
Between 2020-22 in Shropshire, there were 15 deaths among children aged 1-17 year old equating to a rate of 8.6 deaths per 100,000 1-17 year olds, an increase from 10 deaths during the previous period (5.8 deaths per 100,000). Shropshire's child mortality rate was the second lowest in the region and was similar to the regional and national rate of 11.7 deaths per 100,000 and 10.4 deaths per 100,000 respectively[10]. Shropshire's rate was the third lowest amongst its statistical neighbours.

[10] OHID Fingertips: Child Health Profiles

Child mortality rate per 100,000 (1-17 years) in Shropshire, including West Midlands and England comparisons, 2010-12 to 2020-22. Source: Child and Maternal Health Profile, Fingertips, OHID




Child mortality rate in Shropshire, including statistical neighbours, West Midlands and England comparisons, 2020-22. Source: Child and Maternal Health Profile, Fingertips, OHID



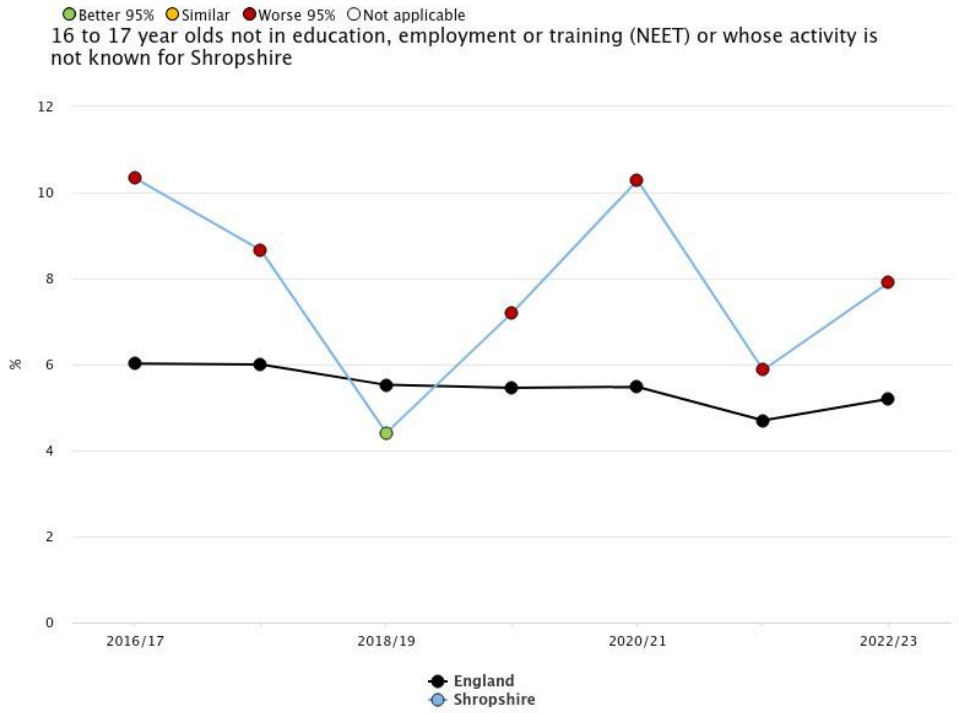

# Areas worse than the national average:

Spotlight measures are where Shropshire's rate is significantly worse than the England average (as shown in the Child health profile section).

## 16-17 year olds not in education, employment or training

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

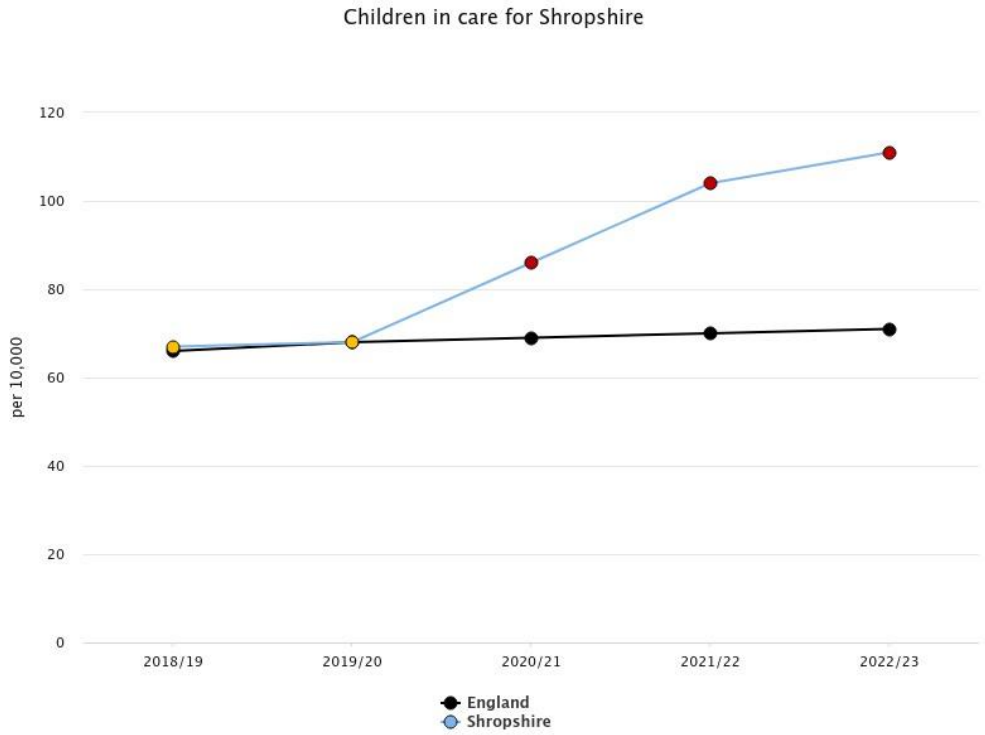
In 2023, 7.9% of 16 to 17 year olds in Shropshire were not in education, employment or training. This is higher than the national average of 5.2% and ranks Shropshire 2nd worst in the region and 13th highest out of all local authorities in England.




## Children looked after

Children and young people in care are among the most socially excluded children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

In 2022/23, there were 656 children in care in Shropshire, equating of a rate of 111 in 10,000 children aged under 18 in Shropshire who are looked after. This includes all children being looked after by a local authority; those subject to a care order under section 31 of the Children Act 1989; and those looked after on a voluntary basis through an agreement with their parents under section 20 of that Act. This is higher than the overall rate in England of 71 in 10,000 children aged under 18.
Shropshire's rate is increasing and getting worse compared to the national rate, rising from 68 per 10,000 in 2019/20 to 111 per 10,000 in 2022/23.



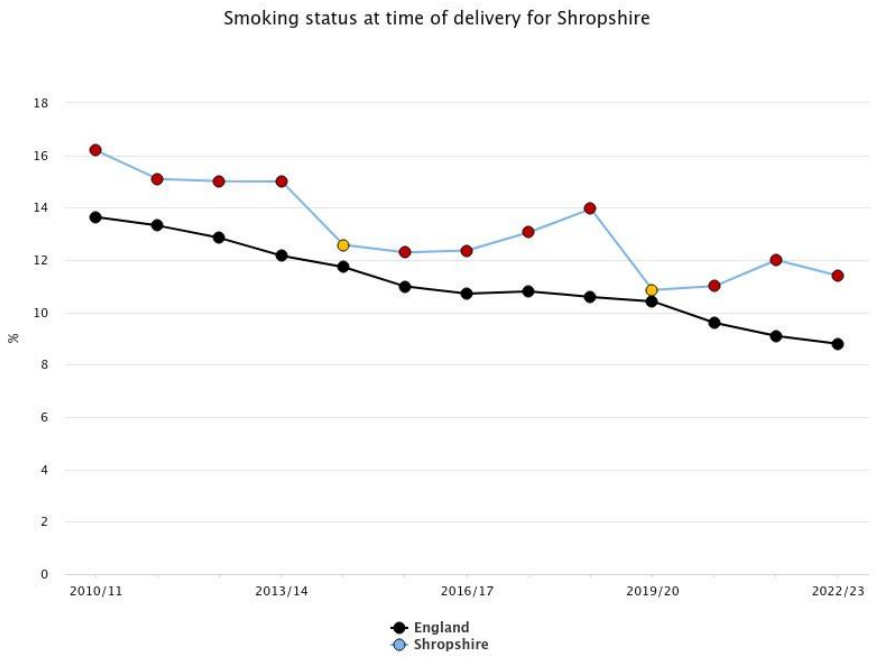

## Smoking at time of delivery

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to secondhand smoke by the infant.

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

During 2022/23 in Shropshire, 11.4% of mothers were known to be smokers at the time of delivery, equating to 283 women. This is significantly higher than the regional rate of 9.1% and national rate of 8.8%, ranking Shropshire third highest in the region. There has been no significant change compared to the previous time period.

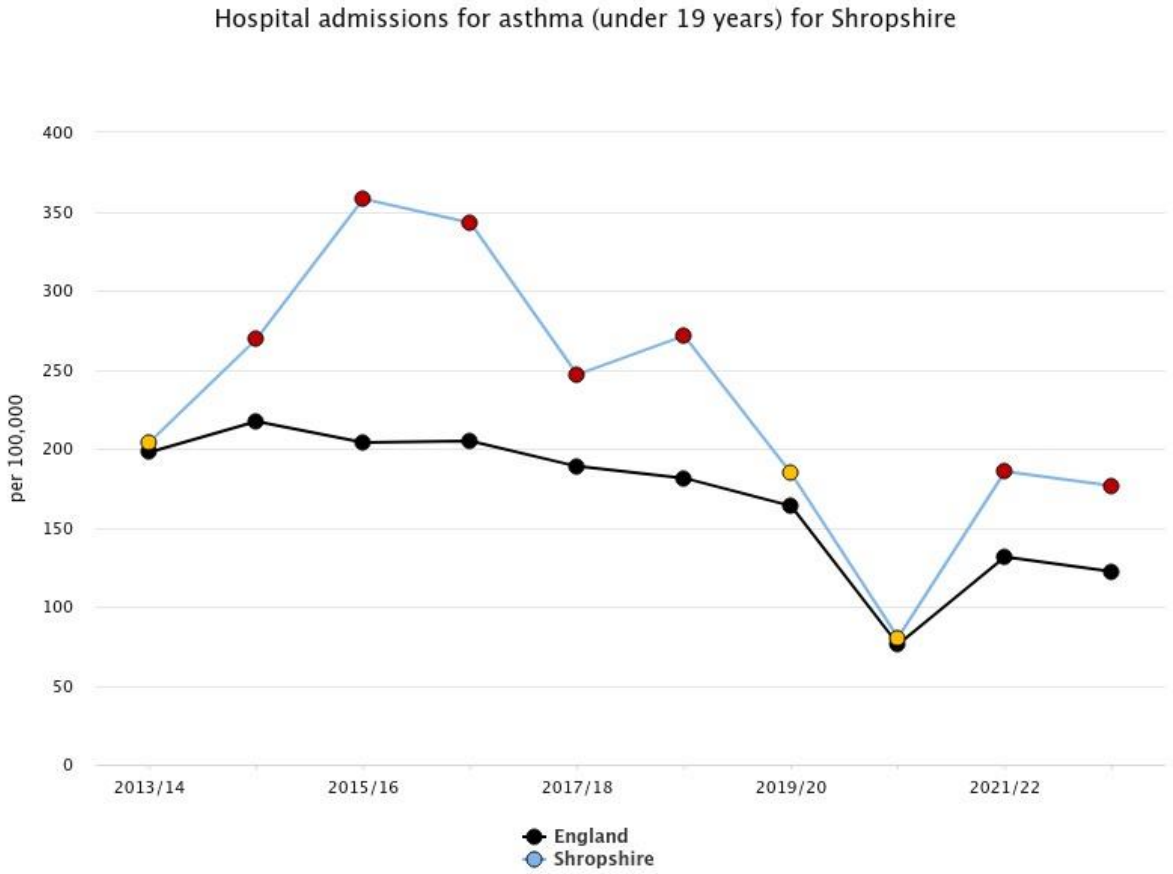



## Hospital admissions caused by asthma

Understanding local trends of emergency admissions of children and young people with long term conditions, and benchmarking against geographical and statistical neighbours will support service review and redesign.

In Shropshire in 2022/23, there were 110 hospital admissions caused by asthma in under 19 year olds, equating to a rate of 176.5 per 100,000, higher than the regional and national rates of 157.4 and 122.2 respectively.

Overall, there was a fall in admissions between 2015/16 and 2020/23 however then the rate doubled between 2020/21 to 2021/22 and has stayed at this higher level in the year 2022/23.


Hospital admissions for asthma (under 19 years) for Shropshire
per 100,000
400
350
300
250
200
150
100
50
0
2013/14
2015/16
2017/18
2019/20
2021/22
England
Shropshire

Shropshire Council

# Children and Young People Needs Assessment

## Chapter 3: Early Years (aged 0-4)

2024

# Contents

# Introduction

The JSNA will provide a detailed understanding of the needs of children, young people and families in Shropshire to inform the direction and development of local services, with a view to reducing health inequalities through identification, prevention and early intervention.

Due to the vast scope of this product, Shropshire's Children and Young people JSNA will be structured as a 'JSNA pack', comprising of individual chapters for each stage of the life course:

**Core JSNA chapters**

1. Population and context for children and young people
2. Maternity (pregnancy & birth)
3. Early Years (0-4 years)
4. School aged children (5-11 and 11-16 years)
5. Young people (16-19 years)

This chapter presents an overview of the health and wellbeing of babies, infants and children aged 0-4 across Shropshire.

The period between conception and the age of 5 is recognized as having a significant influence on a person's life. The environment a baby experiences whilst in the womb and the first 2 years of life are particularly critical for cognitive, emotional and physical development, likewise, the health and mental health of parents at this time is also critical to family health and wellbeing.

# Objectives

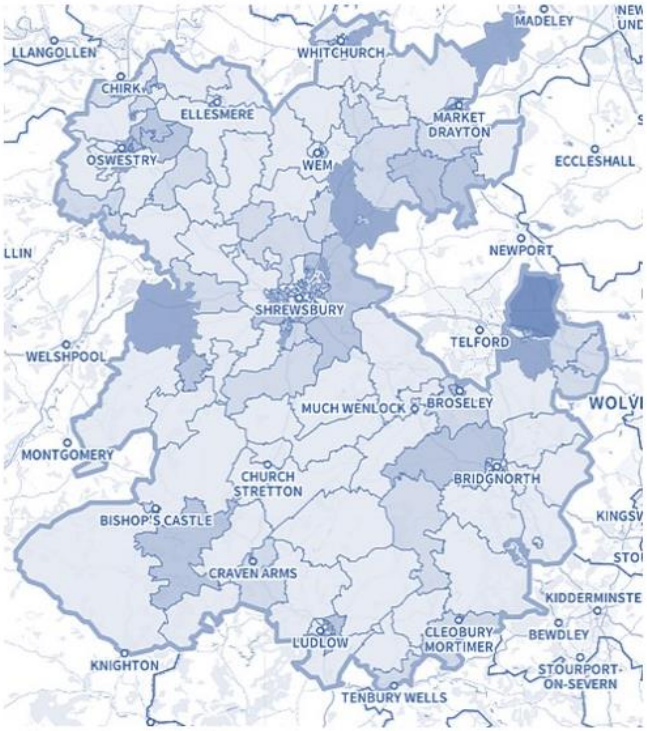
Given the broad range of needs and services for children under 5 years, this report is not an in depth review of any one specific service, but instead aims to provide an overview.

The objectives of this chapter of the Children and Young People's needs assessment therefore are to include the following:

- To describe the population profile of children under 5 and their families in Shropshire- please also see the Population and Context chapter
- To identify risk factors that impact on maternal, infant and child health outcomes - please also see the Population and Context chapter
- To provide an overview of the wider determinants of health and their impact on the under 5s and their families- please also see the Population and Context chapter
- To identify relevant national guidance and local policy in relation to early years
- To provide an overview of the health and wellbeing of under 5s
- To provide an overview of current service provision and assessment of outcomes including gaps in relation to domains impacting on early childhood outcomes; physical, psychosocial and emotional, cognitive and language development
- To identify vulnerable children, and/or at risk groups
- To identify gaps, barriers, and unmet needs in current service provision
- To provide evidence-based recommendations to ensure that the needs of 0-5 year olds are met in Shropshire

Executive summary

# Early Years 0-4s Shropshire




## Where do 0-4s live?

The colours represent the quintiles:

- 7% to 28%: 10 areas
- 6% to 7%: 22 areas
- 5% to 6%: 39 areas
- 4% to 5%: 40 areas
- 0% to 4%: 82 areas

**14,423** aged 0-4 in 2021, **an 8% fall** from 2011 (England 7% fall)

**4.5%** aged 0-4 **of Shropshire's population** (England 5.4%)

**2,639 live births** in Shropshire during 2021

**37 infant deaths** during 2020-22, rate of 4.8 per 1,000 births

**43** babies had **low birth weight** in 2021, 1.8% of all births

**Overall deprivation is low in Shropshire. 513** or 3.6% of babies, infants and children aged 0-4 live in the top 5 most deprived areas (LSOAs) of Shropshire: Harlescott, Ludlow East, central Oswestry, Monkmoor and Meole Brace.

**51%** Male **49%** Female

**3.6%** **0-4s from ethnic minority groups in** 2011, 567 children

**290** **0-4s with SEN support** in 2022/23 (5.7% of all children <19 with SEN support in Shropshire)

**2,033 new birth visits by 14 days** during 2022/23, 80.8% vs England 79.9%

**30.1% infants breastfed** at 6-8 weeks during Q3 2022/23 vs 41.9% England

**2,186 6-8 week reviews,** 73.3% compared to 79.6% in England during 2022/23

**2,085 12 month reviews** or 75.9% compared to 82.6% in England during 2022/23

**1,519 2-2½ year reviews,** 52.9% compared to 73.6% England during 2022/23

**900 children achieving good level of development at 2-2½,** 64.8% in Shropshire, 79.2% England during 2022/23

**22.1%** reception aged children (4–5-year-olds) **overweight or obese,** England 21.3%

**89.8%** MMR vaccine coverage in 2022/23, target =>95%

## Doing well

- **Low birth weight of term babies is falling**
- The level of School readiness: **percentage of children achieving at least the expected level in communication and language skills at the end of Reception** is steady and above to the national average
- **Uptake of Healthy Start Voucher Scheme** is rising in Shropshire, with the gap closing between those eligible and those taking up the offer
- Local data (not yet validated) indicates an **improvement in 3 out of 4 health visiting mandated contacts,** with a rising trend in the following and a rate higher than the national average:
    - **New birth visits**
    - **6-8 week reviews**
    - **2-2 ½ year reviews**
- Rising rate of **breastfeeding prevalence at 6-8 weeks**, however this is still below the national average
- Qualitative information tells us that stakeholders feel our multi-agency working and digital offer are particular strengths in Shropshire

## Areas for improvement (below the national average)

- **Smoking status at time of delivery** is above the national average but the rate is falling over time.
- The **infant mortality** rate in Shropshire is similar to the national average however has been rising since 2014-16. The same trend is seen for **neonatal mortality** with a steeper rise in infant mortality compared to neonatal.
- **Emergency admissions (0-4s)** are rising over time and above the national and regional average
- **Hospital admissions for dental caries (0-5 years)**is above the national average but is falling over time
- Population **Vaccination coverage: MMR two doses** (5 years old) is below the national target of 95% but has remained steady over time
- The **proportion of children receiving a 12 month review by 12 months** is below the national average and requires improvement at 50% compared to 83% nationally. However, this rate has been improving over time. The reason for this low rate is due to reviews taking place before 15 months, with a rate of 82%. This is due to mainly due to the timing that the invites are generated and parental choice. The service have made changes to the system to generate earlier appointments to ensure that these are more frequently prior to the child's first birthday.
- **Breastfeeding prevalence at 6-8 weeks** (data not yet validated) is below the national average
- The **rate of child development: percentage of children achieving a good level of development at 2 to 2½ years** is below the national average but has seen an improvement compared to the previous year
- **Child development: percentage of children achieving the expected level in communication skills, gross motor skills, fine motor skills, problem solving skills and personal social skills at 2 to 2½ years** are all steady but below the national average

**Data caveat:** the data period covered in this report coincides with the COVID-19 pandemic and national lockdowns (March 2020 onwards), therefore data may not be a true representation of the service's performance due to the substantial impact on service delivery. For mandated service delivery, virtual contacts were counted as valid for all data for 2020 to 2021 during the period of the pandemic response.

# Policy and Guidance

## Best Start for Life

The Best Start for life policy is a vision for brilliance in the 1,001 critical days from conception to age 2. Commissioned by the Prime Minister, and chaired by Rt Hon Andrea Leadsom MP, this vision was developed with input from families, professionals and academics.

### The vision

The 1,001 critical days from conception to the age of two set the foundations for an individual's cognitive, emotional and physical development. Investing in this critical period presents a real opportunity to improve outcomes and tackle health disparities by ensuring that thousands of babies and families have improved access to quality support and services.

Developed as part of the early years healthy development review, this policy outlines 6 areas for action to improve the health outcomes of all babies in England.[1]:

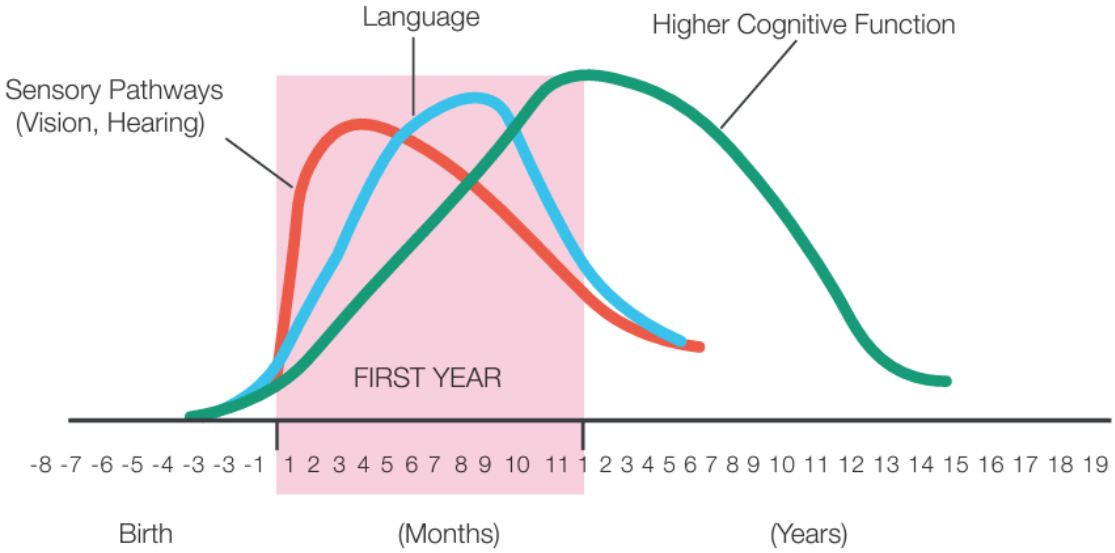
**Action Areas**

| |
|---|
| ***Ensuring families have access to the services they need*** |
| 1. **Seamless support for families:** a coherent joined up Start for Life offer available to all families. |
| 2. **A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services. |
| 3. **The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family. |
| ***Ensuring the Start for Life system is working together to give families the support they need*** |
| 4. **An empowered Start for Life workforce:** developing a modern skilled workforce to meet the changing needs of families. |
| 5. **Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection. |
| 6. **Leadership for change:** ensuring local and national accountability and building the economic case. |

The policy highlighted the international, evidence-based agreement on the importance of the 1,001 critical days. During this time, our brains lay the foundations for the emotional health, physical wellbeing and social skills needed to live a healthy, happy life.

Figure 1: Human Brain Development from the Center on the Developing Child at Harvard University, available at https://developingchild.harvard.edu/

[1] https://www.gov.uk/government/publications/phe-strategy-2020-to-2025




Research shows that supporting babies' development can lead to lifelong benefits, including increased economic chances, longer life expectancy and reduction in crime.

Providing high quality services and support for babies is not only good for their lifelong potential, it can also reduce demand for public services by responding to risks early. Conversely, not dealing with issues at the earliest opportunity leaves individuals requiring more support later in life. This can be expensive. To give just one example, the Early Intervention Foundation estimated the cost of late intervention to be £17 billion a year in England and Wales.

To help minimise these costs and bring lifelong benefits to babies, Start for Life support must be focused on the right things and be well delivered. There are many services that all families rely on during the 1,001 critical days. These include midwifery, health visiting, infant-feeding support and perinatal mental health and parent-infant relationship support. Some families also require additional help across a range of areas such as smoking cessation, drugs and alcohol support, domestic violence reduction and debt and housing advice. Evidence points to several important areas that particularly impact a baby's health and development and where improvements in services are needed. This includes, but is not limited to, services that support breastfeeding, parent-infant relationships and perinatal mental health [2].

## The services that families currently receive.

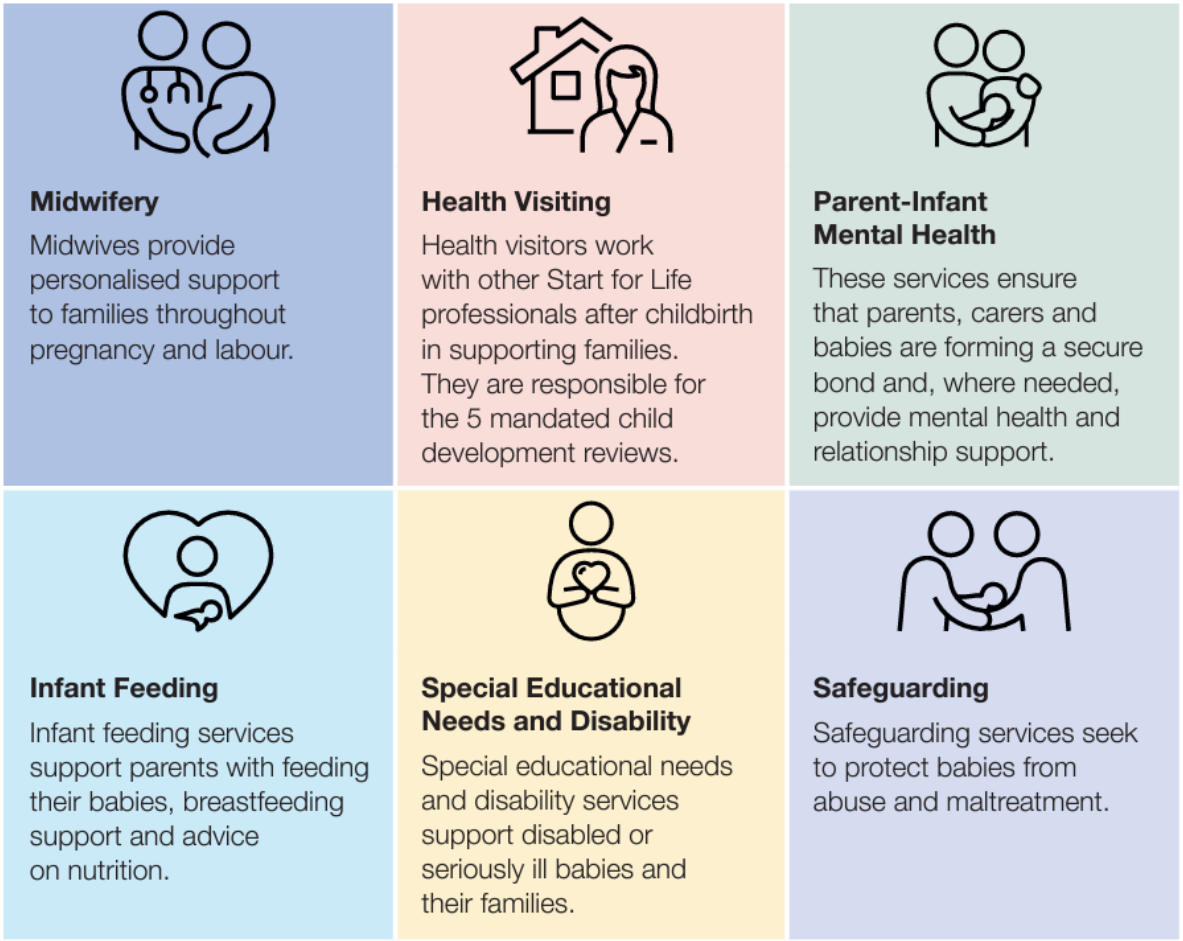
There are many different services available to support families throughout pregnancy, as their baby is born and in the months that follow. Currently, a small number of services are offered to every new parent or carer – these include midwifery and health visiting services, which sit alongside those services available to everyone, like General Practitioners (GPs) and NHS 111.

Many local partners offer a broader range of services to all their families, but a significant number only offer additional services on a 'targeted' basis in response to need. These additional services include breastfeeding support, mental health support, smoking cessation and intensive parenting support. Local authorities, working with partner organisations and agencies, have a statutory duty to safeguard and promote the welfare of all children,

[2] Best Start for Life: A Vision for the 1,001 critical days'
https://www.gov.uk/government/publications/phe-strategy-2020-to-2025

including babies, in their area. All of these services are vital for ensuring every baby gets the best start.

**The 6 Universal Start for Life services**




## Aims

The ambition of Best Start for Life is to help reduce inequalities and improve health outcomes for children and families across England to ensure all mothers experience good health before, during and after pregnancy and all children to have a happy healthy childhood[3].

- reduced rates of infant mortality and low birthweight
- improvements in rates of key protective factors linked to better child health outcomes, such as maternal mental health and breastfeeding
- higher rates of childhood immunisation
- more children ready to learn by the age of two and ready to start school by the age of five
- lower rates of tooth decay and hospital attendances due to preventable accidents and illnesses

[3] Public Health England's 5-year strategy

## Health and Social Care Act 2012

The Health and Social Care Act 2012 sets out local authorities' statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years.

Public health services commissioned by local authorities form part of the 'whole system' of support for children and young peoples' health and wellbeing. Local authorities are well placed to ensure integrated commissioning and delivery with a wide range of stakeholders who provide support for physical and mental health and wellbeing, including the NHS and the voluntary and community sector, schools and colleges[4].

## The core public health offer

All families with babies are to be offered 5 mandated health visitor reviews before their child reaches 2 and a half years old. The early years reviews are offered to all families. However, this is not the extent of the health visiting service offer for families who may also require additional support from the health visiting team, for example feeding, child development, physical or mental health support.

The only mandated elements of provision for 5-19 services is the national child measurement programme at reception and year 6. However, there are opportunities to develop a framework of reviews based on evidence, intelligence, professional judgement and service user voice which provides opportunities to review health and wellbeing needs, support behaviour change and influence outcomes. This presents opportunities for bringing together a robust approach for improving outcomes for children and young people across both health and local authority led services for children and young people aged 0 to 19.

The core public health offer for all children includes:[5].

- child health surveillance (including infant physical examination) and development reviews
- child health protection and screening
- information, advice and support for children, young people and families or carers
- early intervention and targeted support for families with additional needs
- health promotion and prevention by the multi-disciplinary team
- defined support in early years and education settings for children with additional and
- complex health needs
- additional or targeted public health nursing support, for example, support for children in care, young carers, or children of military families

## Healthy Child Programme

Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is good evidence about what is important to achieve this through improving children and young people's public health. This is brought together in the national healthy child programme 0 to 19.

The 0 to 5 element of the healthy child programme is led by health visiting services and the 5 to 19 element is led by school nursing services. Together they provide place-based services and work in partnership with education and other providers where needed. The universal reach of the healthy child programme provides an invaluable opportunity from early in a

[4] Health and Social Care Act 2012
[5] Best Start in life and beyond: healthy child programme 0 to 19

child's life to identify families that may need additional support and children who are at risk of poor outcomes.
The healthy child programme provides a framework to support collaborative work and more integrated delivery. It aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

Being ready for school is assessed as every child reaching a level of development which enables them to:

- communicate their needs and have good vocabulary
- become independent in eating, getting dressed and going to the toilet
- take turns, sit still and listen and play
- socialise with peers, form friendships and separate from parents
- have good physical health, including dental health
- be well nourished and within the healthy weight for height range
- have protection against vaccine-preventable infectious diseases, having received all childhood immunisations

It also involves:

- continued support through school age years to help every child to thrive and gain maximum benefit from education, driving high educational achievement
- identifying and helping children, young people and families with problems that might affect their chances later in life, including building resilience to cope with the pressures of life

The Healthy Child Programme aims to bring together health, education and other key partners to deliver an effective programme for prevention and support. Whilst recognising the contribution of other partners, there will be some elements which require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce, for example, health visiting and school nursing teams [6].

Shropshire Council recognises that giving every child the Best Start in Life is imperative to reducing inequalities across the life course.

## Healthy Child Programme: Pregnancy and first 5 years of life

Pregnancy and the first years of life are one of the most important stages in the life cycle. This is when the foundations of future health and wellbeing are laid down, and is a time

[6] Best Start in life and beyond: healthy child programme 0 to 19

when parents are particularly receptive to learning and making changes. There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life. We have always known this, but new information about neurological development and the impact of stress in pregnancy, and further recognition of the importance of attachment, all make early intervention and prevention an imperative (Centre on the Developing Child, 2007). This is particularly true for children who are born into disadvantaged circumstances[7].

The Healthy Child Programme offers every family a programme of screening tests, immunisations, developmental reviews, information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

The Healthy Child Programme is universal in reach. It sets out a range of public health support in local places to build healthy communities and to reduce inequalities. It also includes a schedule of interventions, which range from services for all through extra help to intensive support. The Healthy Child Programme is also personalised in response. All services and interventions need to be personalised to respond to families' needs across time. For most families most of this will be met by the universal offer.

The service model is based on 4 levels of service – community, universal, targeted and specialist, depending on individual and family need. The use of community-based assets is central to the universal offer, where health visitors and school nurses are well placed to identify and signpost to local community support. Contact points or universal health and wellbeing reviews can be utilised to identify needs and to develop a support offer or signpost to specialist services if required.

Effective implementation of the HCP should lead to:

- strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- care that helps to keep children healthy and safe;
- healthy eating and increased activity, leading to a reduction in obesity;
- prevention of some serious and communicable diseases;
- increased rates of initiation and continuation of breastfeeding;
- readiness for school and improved learning;
- early recognition of growth disorders and risk factors for obesity;
- early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety;
- identification of factors that could influence health and wellbeing in families; and
- better short- and long-term outcomes for children who are at risk of social exclusion.

The full schedule of the HCP can be found here.

## High impact areas

The high impact areas have been developed to improve outcomes for children, young people and families. They are based on evidence of where these services can have significant impact for all children, young people and families and especially those needing more support and impact of health inequalities[8].
Early years (health visiting and school nursing) high impact areas are:

[8] Best Start in life and beyond: healthy child programme 0 to 19

- supporting transition to parenthood and the early weeks
- supporting maternal and infant mental health
- supporting breastfeeding (initiation and duration)
- supporting healthy weight and healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap

A bundle of indicators is available to measure performance and outcomes, for example through the Community Services Data Set (CSDS). Public Health Profiles are also available from the Child and Maternal Fingertips.

## Health visitors

Health visitors, as public health nurses, use strength-based approaches, building non-dependent relationships to enable efficient and effective working with parents and families to support behaviour change, promote health protection and to keep children safe.

Health visitors also undertake a holistic assessment in partnership with the family, which builds on their strengths as well as identifying any difficulties. It includes the parents' capacity to meet their infant's needs, the impact and influence of wider family, community and environmental circumstances.

This period is an important opportunity for health promotion, prevention and early intervention approaches to be delivered. Working with parents and families, health visitors identify the most appropriate level of support and intervention for their individual needs.

## Family Nurse Partnership

The Family Nurse Partnership (FNP) is an intensive, home visiting programme for vulnerable young women and their families that provides an evidence based and targeted service for vulnerable families. Commissioning and providing FNP will improve the life chances of first-time young parents and their children, helping to break the cycle of disadvantage by:

Local authorities commission the Family Nurse Partnership (FNP) programme, an evidence based, intensive parenting support intervention, as part of delivering the 0 to 5 public health offers for children as detailed in the Healthy Child Programme[9].

- supporting young mothers to build self-efficacy and engage with education, training and employment
- improving child health and development and early education outcomes particularly for boys, children of very young mothers and mothers who are not in education, training or employment
- delivering the Healthy Child Programme to first time young mothers
- helping young parents' access and engage with local services
- identifying safeguarding issues and working alongside statutory services to support interventions

FNP contributes to the Public Health Outcomes Framework (PHOF) for England which focuses on:

- increased healthy life expectancy
- reduced differences in life expectancy

[9] Best start in life and beyond- Family Nursing Partnership

- healthy life expectancy between communities

Specifically, FNP contributes to achieving the 6 early years high impact areas set out in the Healthy Child Programme (HCP) 0 to 19:

- supporting transition to parenthood and the early weeks
- supporting maternal and infant mental health
- supporting breastfeeding (initiation and duration)
- supporting healthy weight and healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing and development – ready to learn, narrowing the 'word gap'

# Population profile

In Shropshire, there are 14,422 infants, babies and children aged 0-4 year olds, 7,403 (51%) of which are male and 7,020 (49%) are female[10]. This equates to 4.5 % of Shropshire's total population[21].

Between 2011 and 2021, there was an 8% reduction in the number of infants, babies and children aged 0-4 in Shropshire[11].

Chart showing number of usual resident population by sex and five-year age bands in Shropshire. Source: LG Inform


[10] Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

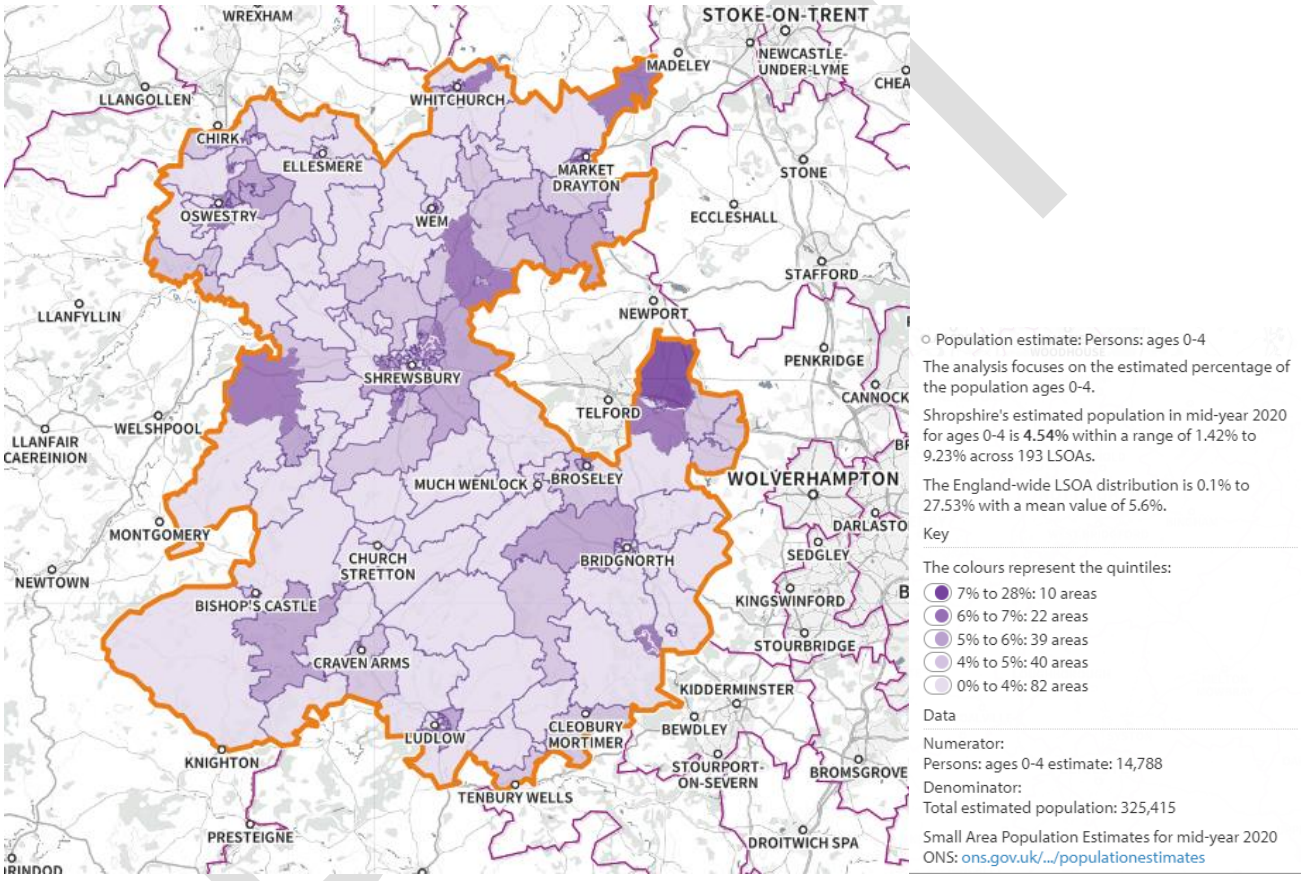
For more information on population change, see this report.

To view more population data and wider determinants of health for children and young people in Shropshire, please view the Population and Context Chapter of this JSNA pack.

## Where do 0-4 year olds live?

The highest number of 0-4 year olds live in Bayston Hill, Column and Sutton ward, Oswestry East and Market Drayton West.

Map showing population aged 0-4 years old (%) by Ward, Shropshire (ONS mid 2020), Source: SHAPE tool

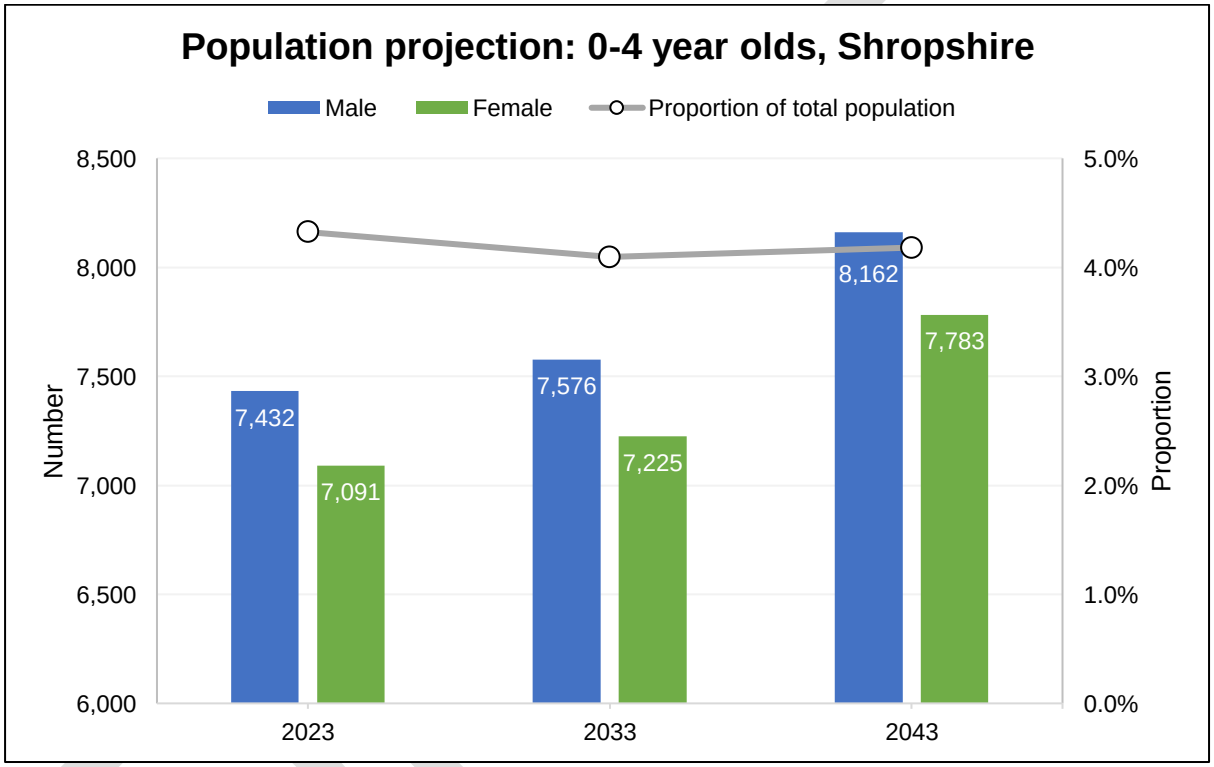


## Future trends

The Office for National Statistics (ONS) population projections predict that the 0 to 4 years population in Shropshire would increase by 1.9% (281) between 2023 and 2033 and by 9.8% between 2023 and 2043 (1,423).

Nationally, the population in this age group is predicted to fall between 2023 and 2033 by 0.1%. Shropshire can therefore expect a greater demand for early years services in the future relative to other areas in England.

Chart showing ONS population projections for 0-4 year olds in Shropshire, 2023-2043.



# Key statistics

## High level summary

The data below presents a range of performance and outcome monitoring measures relating to babies and children aged 0-4 years old and are in line with assessing outcomes and the success of the Healthy Child Programme[11]:


| Indicator | Period | Shropshire | | | Region England | England | England | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Value | Worst | Range | Best |
| Under 18s conception rate / 1,000 | 2021 | – | 65 | 12.5 | 15.2 | 13.1 | 31.5 | | 2.7 |
| Smoking status at time of delivery New data | 2022/23 | → | 283 | 11.4% | 9.1% | 8.8% | 19.4% | | 3.4% |
| Low birth weight of term babies | 2021 | → | 43 | 1.8% | 3.0% | 2.8% | 5.0% | | 1.5% |
| Infant mortality rate New data | 2020 - 22 | – | 37 | 4.8 | 5.6 | 3.9 | 7.6 | | 1.4 |
| Breastfeeding prevalence at 6 to 8 weeks - current method New data | 2022/23 | – | 917 | * | * | 49.2%* | - | *Insufficient number of values for a spine chart* | |
| Reception prevalence of overweight (including obesity) (4-5 yrs) New data | 2022/23 | → | 565 | 22.1% | 22.2% | 21.3% | 29.6% | | 1% |
| A&E attendances (0 to 4 years) New data | 2022/23 | – | 8,765 | 617.3 | 837.7 | 797.3 | 1,928.9 | | 414.7 |
| Emergency admissions (0 to 4 years) | 2021/22 | – | 2,595 | 180.8 | 171.7 | 161.5 | 328.3 | | 63.0 |
| Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) New data | 2021/22 | – | 125 | 87.2 | 100.0 | 103.6 | 204.4 | | 42.0 |
| Children with one or more decayed, missing or filled teeth | 2016/17 | – | - | 18.8% | 25.7% | 23.3% | 47.1% | | 12.9% |
| Population vaccination coverage: MMR for two doses (5 years old) New data <90% 90% to 95% ≥95% | 2022/23 | → | 2,763 | 89.8% | 83.7% | 84.5% | 56.3% | | 94.4% |
| Proportion of New Birth Visits (NBVs) completed within 14 days New data | 2022/23 | ↓ | 2,033 | 80.8% | 80.7% | 79.9%* | 13.3% | | 99.0% |
| Proportion of infants receiving a 6 to 8 week review New data | 2022/23 | ↓ | 2,186 | 73.3% | 79.2% | 79.6%* | 4.9% | | 98.5% |
| Proportion of children receiving a 12-month review New data | 2022/23 | → | 2,085 | 75.9% | 85.8% | 82.6%* | 22.9% | | 99.0% |
| Proportion of children who received a 2 to 2½ year review New data | 2022/23 | → | 1,519 | 52.9% | 77.0% | 73.6%* | 5.3% | | 98.0% |
| Proportion of children aged 2 to 2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review New data | 2022/23 | ↑ | 1,389 | 91.4% | 94.4% | 92.5%* | 43.7% | | 100% |
| Child development: percentage of children achieving a good level of development at 2 to 2 and a half years New data | 2022/23 | ↓ | 900 | 64.8% | 76.3% | 79.2%* | 4.1% | | 94.4% |
| Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years New data | 2022/23 | ↓ | 1,058 | 76.2% | 83.0% | 85.3%* | 12.0% | | 95.9% |
| Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years New data | 2022/23 | ↓ | 1,188 | 85.5% | 92.0% | 92.8%* | 13.3% | | 98.8% |
| Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years New data | 2022/23 | → | 1,234 | 88.8% | 91.9% | 92.6%* | 13.8% | | 99.1% |
| Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years New data | 2022/23 | → | 1,207 | 86.9% | 90.3% | 91.8%* | 11.3% | | 98.3% |
| Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years New data | 2022/23 | → | 1,168 | 84.1% | 89.0% | 90.3%* | 13.7% | | 97.2% |
| School readiness: percentage of children achieving a good level of development at the end of Reception New data | 2022/23 | – | 1,973 | 67.6% | 66.0% | 67.2% | 58.5% | | |
| School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception New data | 2022/23 | – | 2,432 | 83.3% | 78.1% | 79.7% | 69.7% | | % |
| School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception New data | 2022/23 | – | 2,031 | 69.6% | 67.4% | 68.8% | 59.4% | | % |

How these measures relate to the six high impact areas can be found here.

[11] OHID Fingertips: Early Years

## Under 18 conceptions (teenage pregnancy)

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS[12]. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty[22].

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children[22]. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers[22]. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems[22].

In 2021, there were 65 pregnancies among girls and women aged under 18, equating to rate of 12.5 per 1,000 population, similar to the national rate of 13.1 and below the regional rate. This ranks Shropshire third lowest in the West Midlands[13]. There is no trend data for this measure.

Under 18s conception rate per 1,000 in Shropshire including regional neighbours, with West Midlands and England comparisons, 2021. Source: Child and Maternal Health Profile, Fingertips, OHID

Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Under 18s conception rate / 1,000 2021 — Crude rate - per 1,000

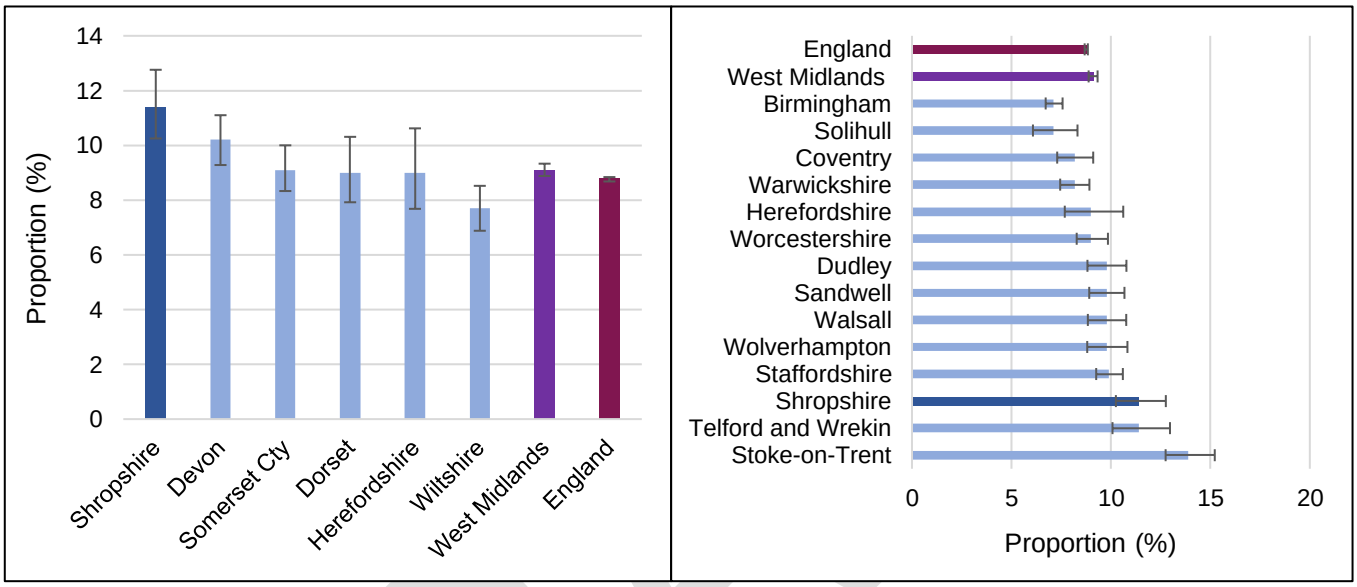
| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| **England** | – | 12,361 | 13.1 | 12.9 | 13.3 |
| West Midlands region | – | 1,587 | 15.2 | 14.5 | 16.0 |
| Stoke-on-Trent | – | 107 | 24.4 | 20.0 | 29.5 |
| Telford and Wrekin | – | 65 | 19.5 | 15.0 | 24.8 |
| Walsall | – | 101 | 18.9 | 15.4 | 23.0 |
| Coventry | – | 109 | 18.6 | 15.2 | 22.4 |
| Wolverhampton | – | 87 | 18.5 | 14.8 | 22.8 |
| Dudley | – | 95 | 17.3 | 14.0 | 21.1 |
| Staffordshire | – | 224 | 16.2 | 14.1 | 18.5 |
| Herefordshire | – | 41 | 14.7 | 10.6 | 20.0 |
| Sandwell | – | 93 | 14.1 | 11.4 | 17.2 |
| Birmingham | – | 316 | 13.5 | 12.0 | 15.0 |
| Warwickshire | – | 125 | 13.0 | 10.8 | 15.5 |
| Shropshire | – | 65 | 12.5 | 9.7 | 16.0 |
| Worcestershire | – | 116 | 11.7 | 9.6 | 14.0 |
| Solihull | – | 43 | 11.4 | 8.2 | 15.3 |

[12] Public health profiles - OHID (phe.org.uk)
[13] Child and Maternal Health - Data - OHID (phe.org.uk)

## Smoking status at time of delivery

In the period 2022-23, 11.4% of women in Shropshire were known to be smokers at the time of delivery, a proportion significantly worse than the West Midlands average of 9.1% and England average of 8.8%. Shropshire currently ranks third highest in the West Midlands region and highest among its statistical neighbours[14].

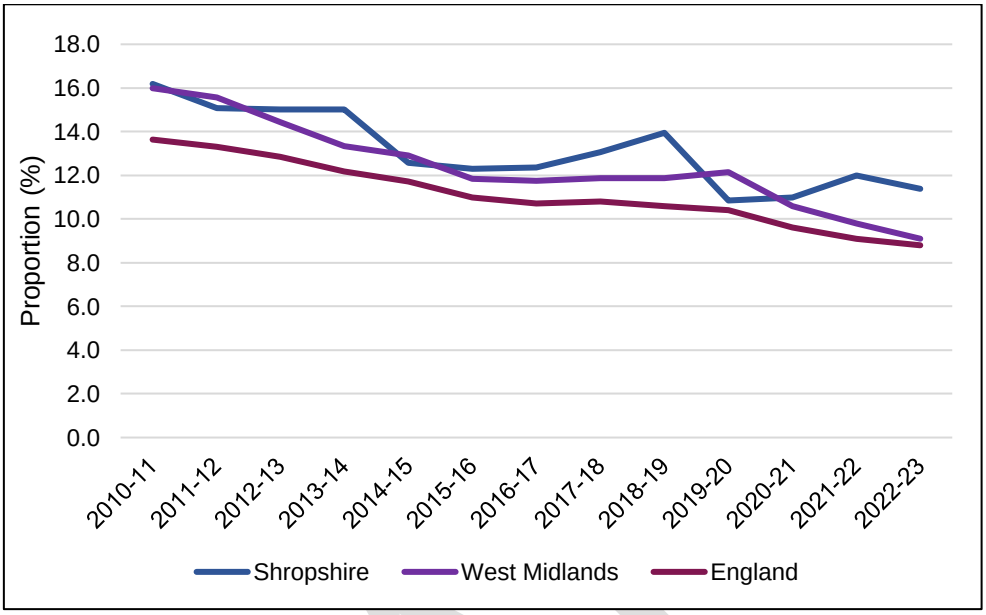
Percentage of women known to be smokers at the time of delivery in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




In recent years, this proportion increased between 2019-20 and 2021-22, after which a decline was observed in 2022-23.

[14] Child and Maternal Health - Data - OHID (phe.org.uk)

Percentage of women known to be smokers at the time of delivery in Shropshire, including West Midlands and England comparisons, 2010-11 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



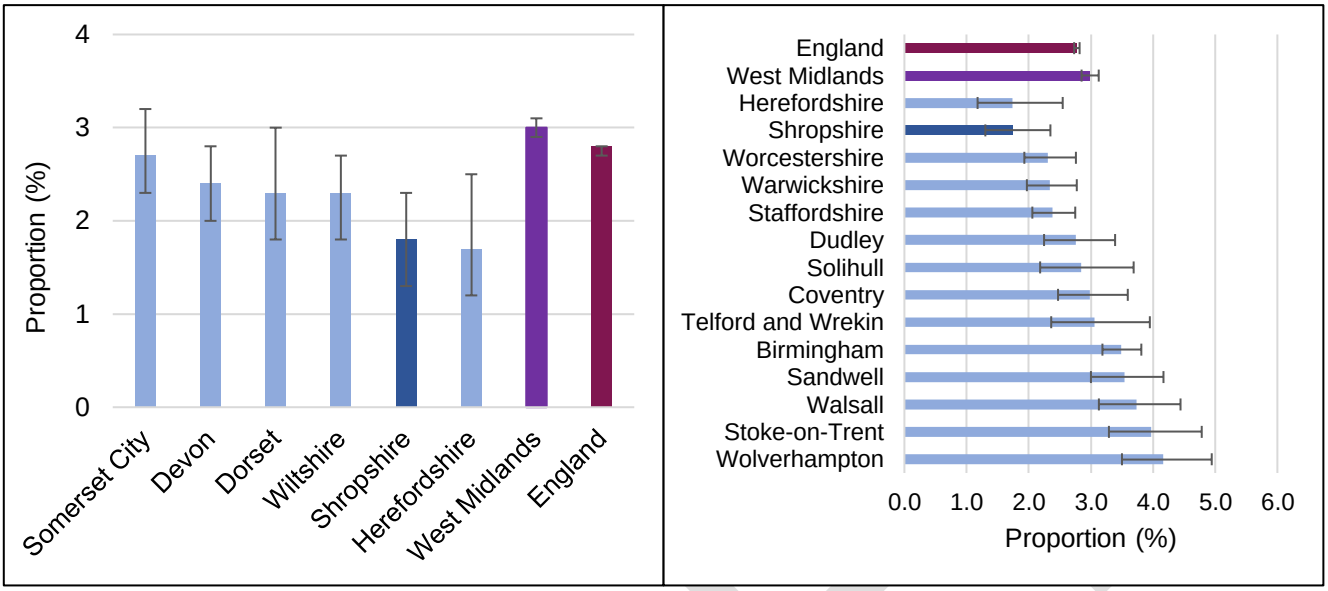

## Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life[15].

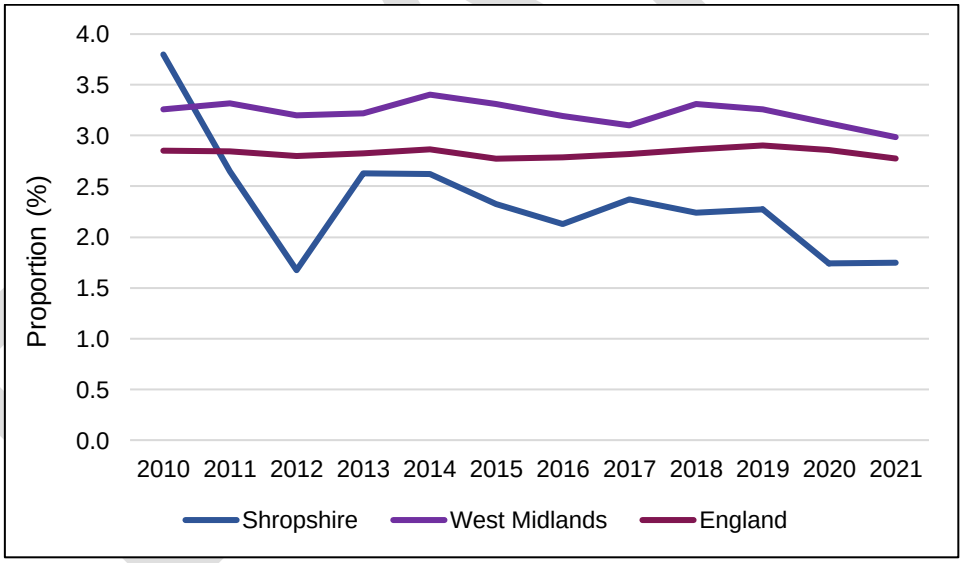
In 2021, 1.8% of infants (gestational age of at least 37 complete weeks) were born with a low birthweight, a proportion better than the West Midlands average of 3.0% and England average of 2.8%[16]. This proportion has been falling in Shropshire compared to the previous two years and currently ranks Shropshire second lowest in the West Midlands region and second lowest compared to its statistical neighbours.

[15] Child and Maternal Health - Data - OHID (phe.org.uk)
[16] Child and Maternal Health - Data - OHID (phe.org.uk)

Percentage of low of birth weight of infants in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons, 2021. Source: Child and Maternal Health Profile, Fingertips, OHID




Percentage of low of birth weight of infants in Shropshire, including West Midlands and England comparisons, 2010 – 2021. Source: Child and Maternal Health Profile, Fingertips, OHID

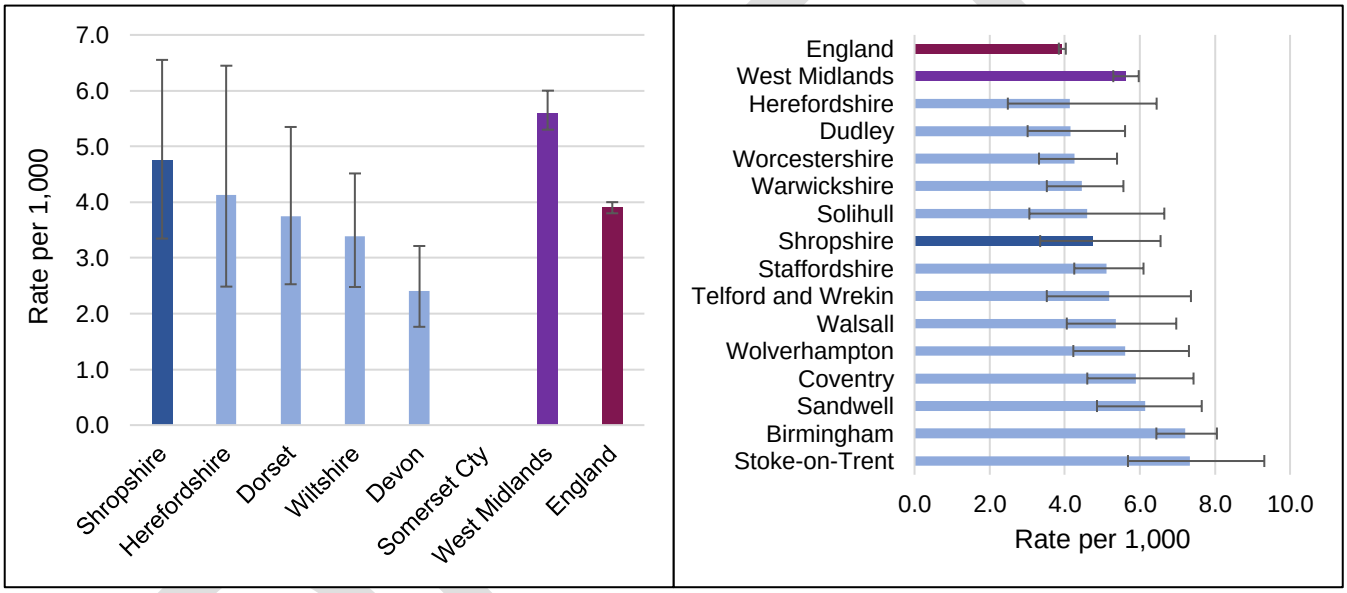


## Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life in particular, are considered to reflect the health and care of both mother and new-born [17].

In the period 2020-22, there were 37 deaths under one year of age in Shropshire. This equates to an infant mortality rate of 4.8 per 1,000 live births[18]. This is the sixth lowest regionally, similar to the regional rate of 5.6 per 1,000 and the national rate of 3.9 per 1,000 live births. Shropshire's rate was the highest compared to its statistical neighbours.

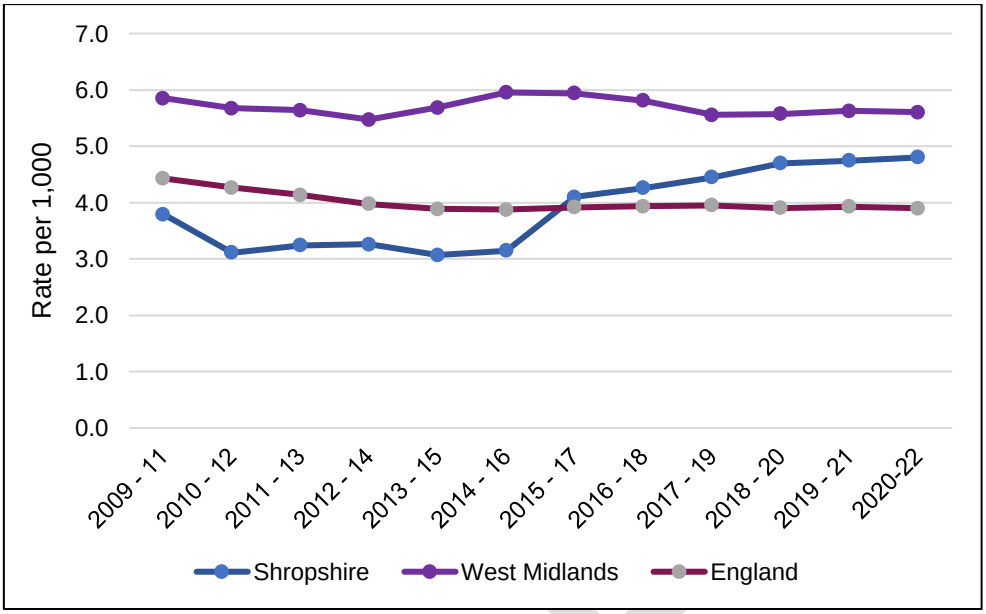
Infant mortality rate in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2020-22. Source: Child and Maternal Health Profile, Fingertips, OHID




Shropshire's rate increased between 2014-16 and 2018-20 but recently has started to level off. Overall, the national rate has been declining over time however now remains steady compared to the previous period.

[17] Child and Maternal Health - Data - OHID (phe.org.uk)
[18] Child and Maternal Health - Data - OHID (phe.org.uk)

Infant mortality rate in Shropshire, including West Midlands and England comparisons, 2009-11 to 2020-22. Source: Child and Maternal Health Profile, Fingertips, OHID



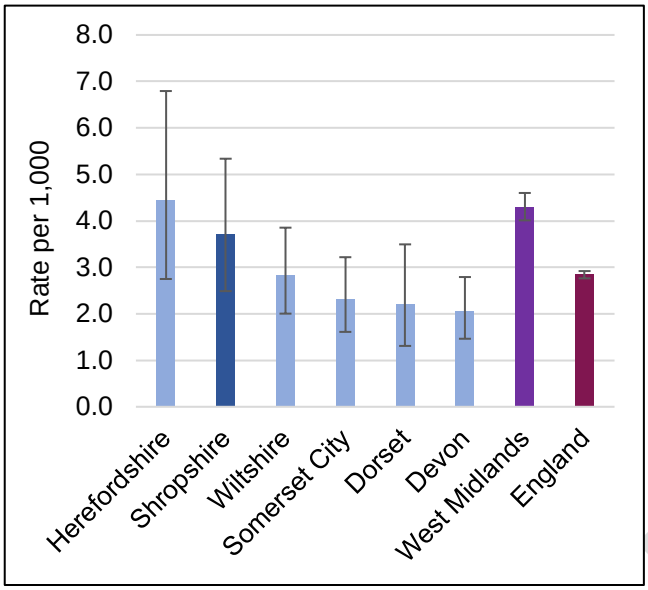

## Neonatal mortality

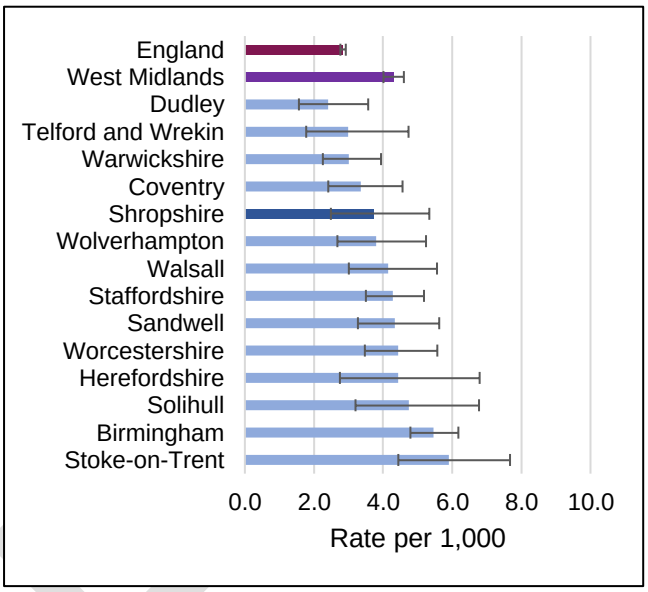
In 2015, the Government announced an ambition to reduce the rate of stillbirths, neonatal and maternal deaths by 50% by 2030[19]. The Maternity Transformation Programme brings together a range of organisations and stakeholders to deliver on this ambition, among others[28]. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn[28]. The first 28 days of life – the neonatal period – represent the most vulnerable time for a child's survival[28].

In the period 2019-21, there were 29 neonatal deaths (deaths under 28 days) in Shropshire. This equates to a neonatal mortality rate of 3.7 per 1,000 live births[20]. This rate was the 5th lowest rate regionally, significantly lower to the regional rate of 4.3 per 1,000 and similar to the national rate of 2.8 per 1,000 live births. Shropshire's rate was the second highest compared to its statistical neighbours.

[19] Child and Maternal Health - Data - OHID (phe.org.uk)
[20] Child and Maternal Health - Data - OHID (phe.org.uk)

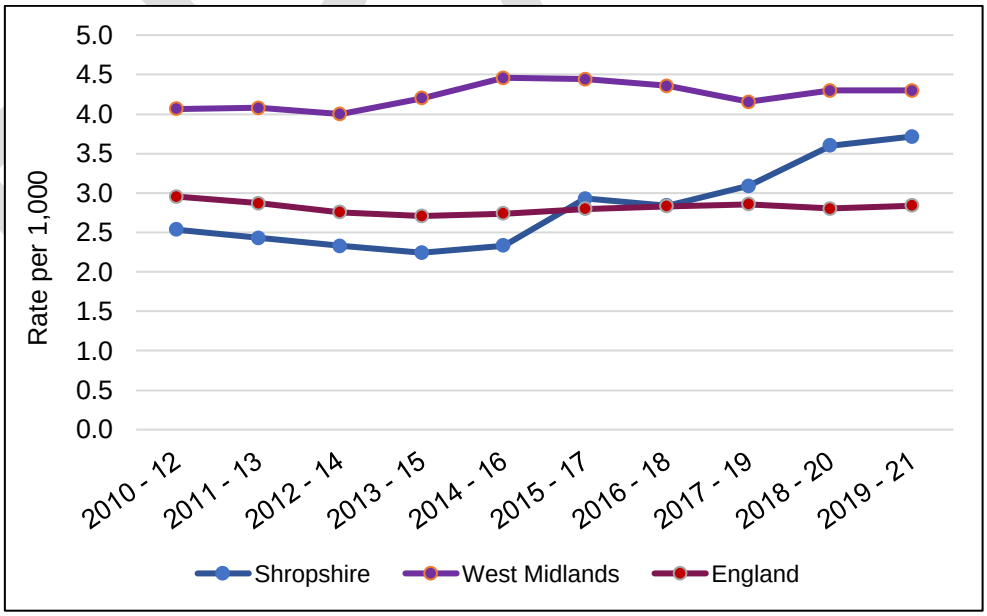
Neonatal mortality rate in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons, 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID




Neonatal mortality rate in the period 2019-21 was highest in males – 4.0 per 1,000 live births compared to females – 3.4 per 1,000 live births. As shown in the figure below, neonatal mortality in Shropshire has been increasing since 2014-16. This is opposite to the trend observed regionally and nationally where rates are levelling off.

Neonatal mortality rate in Shropshire, including West Midlands and England comparisons, 2010-12 to 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID

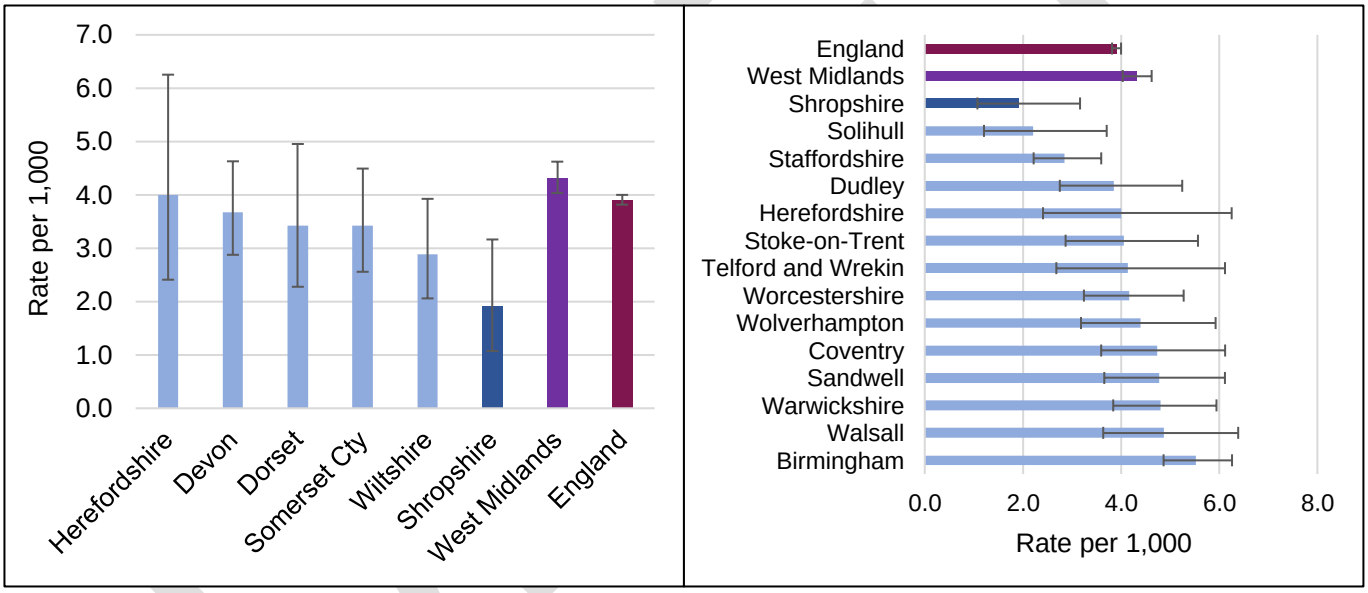


## Stillbirth rate

Stillbirth rates in the United Kingdom have shown little change over the last 20 years, and the rate remains among the highest in high income countries[21]. Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, and history of mental health problems, antepartum haemorrhage and fetal growth restriction (birth weight below the 10th customised weight percentile)[30]. In 2015 the government announced an ambition to halve the rate of stillbirths by 2030[30].

In the period 2019-21, there were 15 stillbirths (fetal deaths occurring after 24 weeks of gestation) in Shropshire[22]. This equates to a rate of 1.9 per 1,000 births. This rate was the lowest regionally, significantly lower than the regional rate of 4.3 per 1,000 and the national rate of 3.9 per 1,000[31]. Shropshire's rate was the lowest among its statistical neighbours as shown in the figure below.

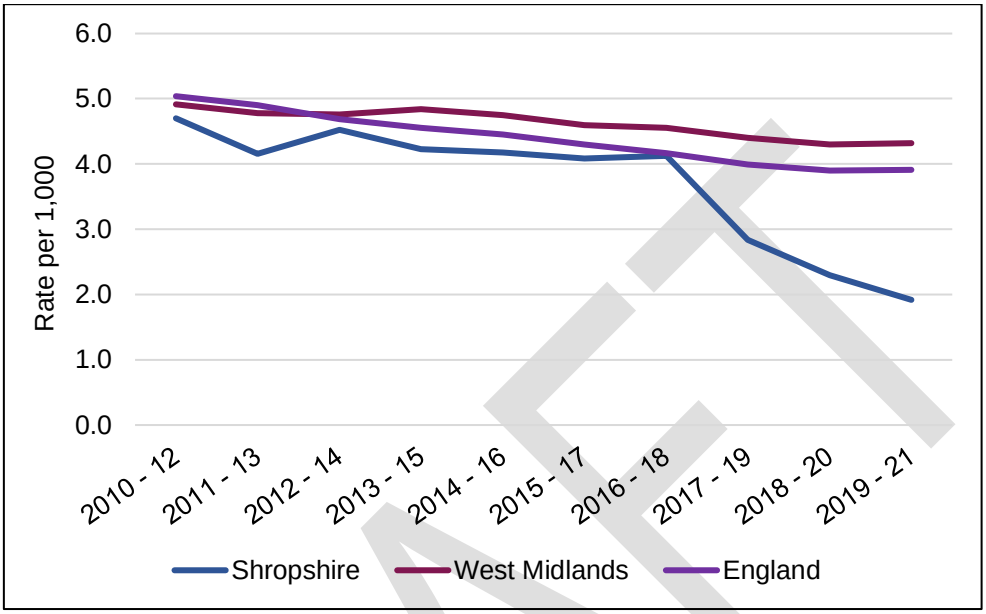
Neonatal mortality rate in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID




[21] Child and Maternal Health - Data - OHID (phe.org.uk)
[22] Child and Maternal Health - Data - OHID (phe.org.uk)

As shown in the figure below, Shropshire's stillbirth rate has decreased since 2010-12, with a 54% decrease seen between 2016-18 and 2019-21. Overall, the national and regional rate has been declining over time (since 2010-12).

Stillbirth rate in Shropshire, including West Midlands and England comparisons, 2010-12 to 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID

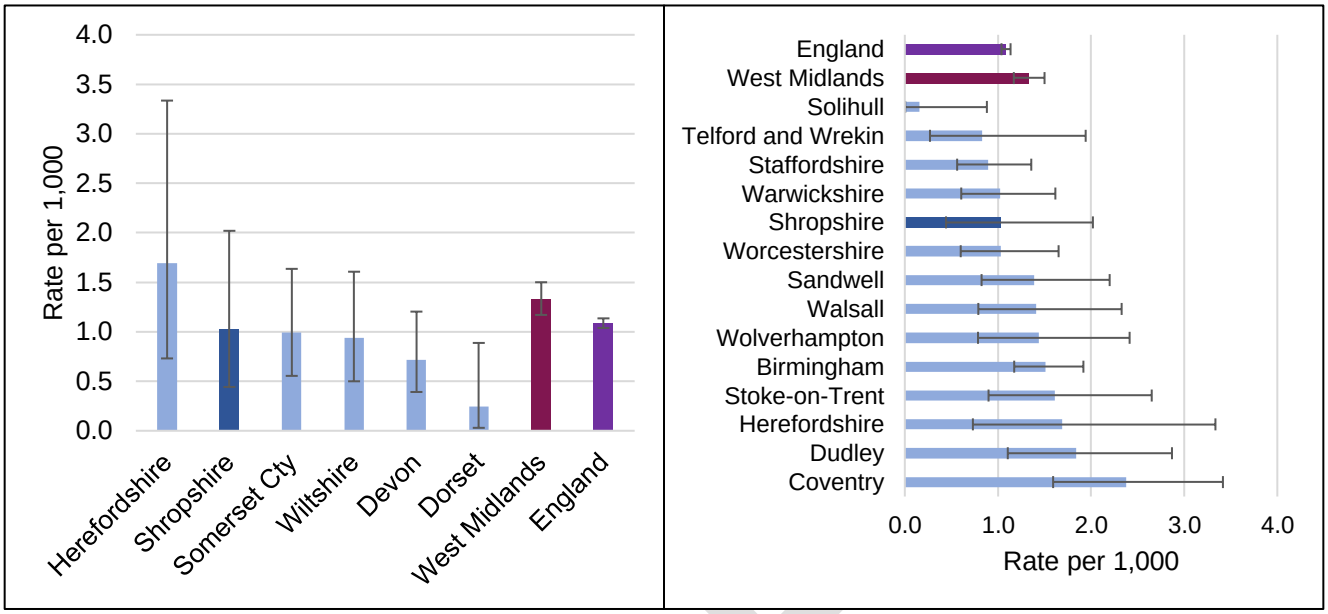



## Post-neonatal mortality

In the period 2019-21, there were 8 post-neonatal deaths (deaths occurring between 28 days and 1 year) in Shropshire[23]. This equates to a rate of 1.0 per 1,000 births. This rate was the 5th lowest regionally, similar to the regional rate of 1.3 per 1,000 and the national rate of 1.1 per 1,000. Shropshire's rate was the 2nd highest among its statistical neighbours as shown in the figure below.

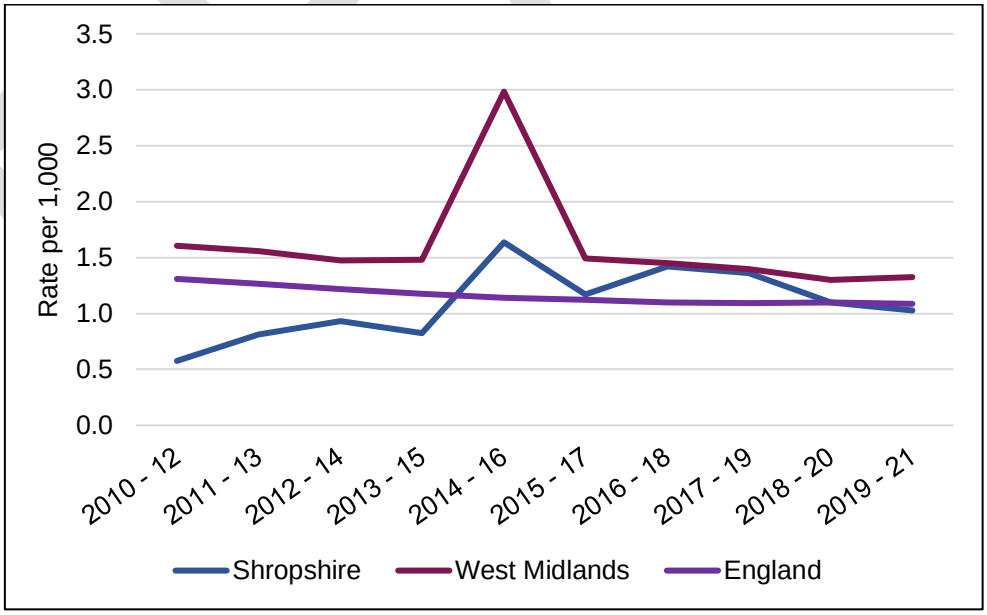
[23] Child and Maternal Health - Data - OHID (phe.org.uk)

Post-neonatal mortality rate in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons, 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID




Shropshire's rate saw an increase between 2010-12 and 2014-16, after which a steady decrease in rate was observed. This trend is in line with what was observed regionally. Overall, the national rate has been stable and declining over time (since 2010-12).

Post-neonatal mortality rate in Shropshire, including West Midlands and England comparisons, 2010-12 to 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID



## Breastfeeding

Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants (Quigley et al 2007.) Breast milk provides the ideal nutrition for infants in the first stages of life.

There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Mothers who do not breastfeed have an increased risk of breast and ovarian cancers and may find it more difficult to return to their pre-pregnancy weight (World Cancer Research Fund; DH, cited in NICE Public health guidance PH11 [24]).

Current national and international guidance recommends exclusive breastfeeding for new-borns and for the first six months of infancy [25].

Increasing rates of breastfeeding initiation and continuation is also recommended within the DH Healthy Child Programme Breastfeeding initiation and uptake at 6-8 weeks are included in the NICE proposals for the Commissioning Outcomes Framework.

The longer-term strategic solution for data collection and reporting for this indicator is NHS Digital's Community Services Dataset (formerly the Children and Young Peoples (CYPHS) data set). It is mandatory for the providers of public funded services to submit the dataset to NHS Digital. Whilst the data set is operational and reporting has begun, providers are at different stages of maturity with their submissions or readiness to flow the data therefore it is expected to take some additional time for this data set to reach sufficient coverage for reporting purposes.

In addition to the statutory checks, breastfeeding and healthy start vouchers/vitamins are two other key service indicators for health and wellbeing

### Breastfeeding prevalence at 6-8 weeks after birth

Shropshire's published breastfeeding data on OHID's Fingertips platform has data quality issues, which means comparisons to the regional and national average are not possible.

Note: the denominator for this national measure is the number of infants due a 6-8 week review.

To view rates of breastfeeding where the denominator is the number of infants receiving a 6-8 week review- see here.

During 2022-23, in Shropshire, 917 infants were reported to be totally or partially breastfed at age 6-8 weeks [26]. A rise compared to the previous year's figure of 858 infants.

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[24] https://www.nice.org.uk/guidance/ph11/chapter/2-public-health-need-and-practice

[25] http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html http://www.nice.org.uk/nicemedia/live/11943/40097/40097.pdf

[26] **Definition:**
This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.

Breastfeeding prevalence at 6-8 weeks after birth in Shropshire, with West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

**Recent trend:** Could not be calculated

| Period | | Shropshire Count | Value | 95% Lower CI | 95% Upper CI | West Midlands | England |
|---|---|---|---|---|---|---|---|
| 2015/16 | | 1,272 | 45.9% | 44.0% | 47.8% | * | 43.2%* |
| 2016/17 | | 1,533 | * | - | - | * | 44.4%* |
| 2017/18 | | 1,360 | * | - | - | * | 43.1%* |
| 2018/19 | | 1,188 | * | - | - | * | 46.2%* |
| 2019/20 | | 1,030 | * | - | - | * | 48.0%* |
| 2020/21 | | 738 | * | - | - | * | 47.6%* |
| 2021/22 | | 858 | * | - | - | * | 49.2%* |
| 2022/23 | | 917 | * | - | - | * | 49.2%* |

*Source: OHID's (formerly PHE) interim reporting of health visiting metrics*

To give an indication of the breastfeeding prevalence trends in Shropshire, the local rate has been calculated using data from the provider, which has not yet been validated. Please treat with caution.

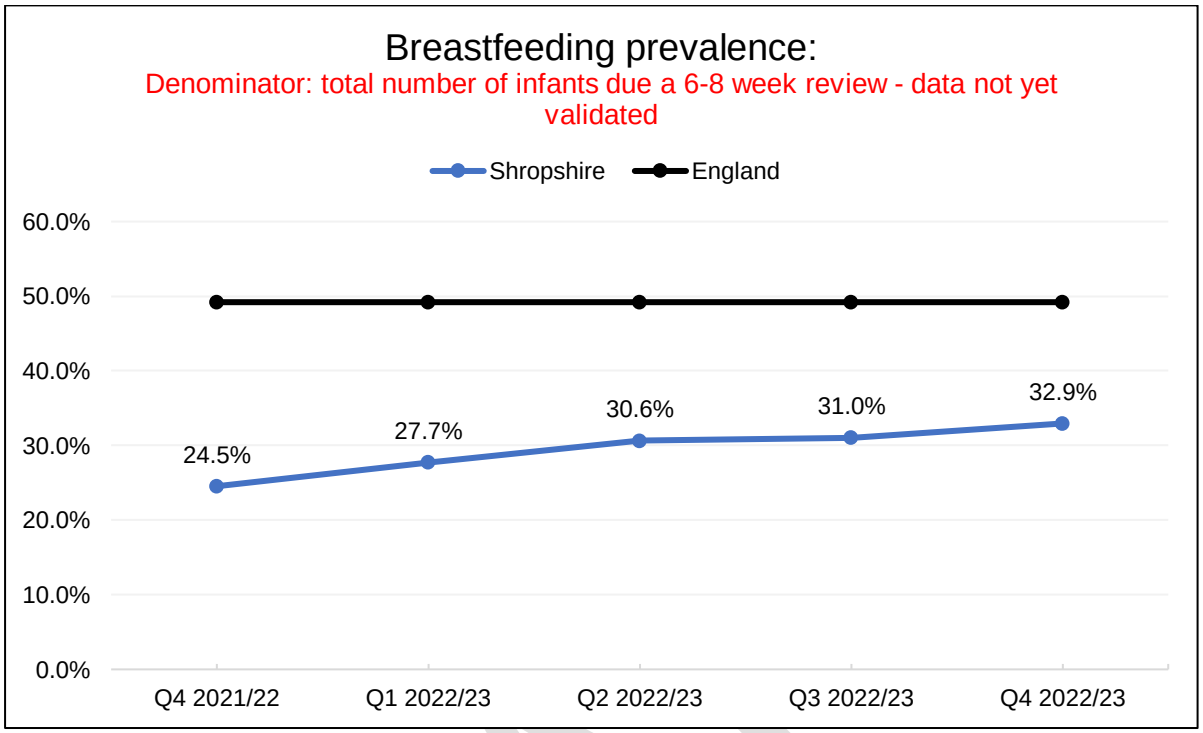
**Provider data**

*The below data has not yet been validated but gives an indication of progress and direction of travel.*

Prevalence of breastfeeding in Shropshire including number of infants partially/totally breastfed at 6-8 weeks and number of infants due a 6-8 week review, 2021-22 to 2022-23. Source: SHROPCOM Provider data

| **Period** | **Numerator:** Number of infants partially/totally breastfed at 6-8 weeks | **Denominator** number of infants due a 6-8 week review | **% Prevalence of breastfeeding** |
|---|---|---|---|
| Q4 2021/22 | 186 | 758 | 24.5% |
| Q1 2022/23 | 203 | 732 | 27.7% |
| Q2 2022/23 | 236 | 770 | 30.6% |
| Q3 2022/23 | 243 | 783 | 31.0% |
| Q4 2022/23 | 229 | 695 | 32.9% |

Chart showing the prevalence of breastfeeding in Shropshire Q4 2021-22 to Q4 2022-23. Source: SHROPCOM Provider data




There is a rising trend in breastfeeding prevalence over time in Shropshire. At the end of Q4 2022/23, one third (33%) of infants due a 6-8 week check were partially or totally breastfed.

This is the highest quarterly prevalence of breastfeeding since Q4 of 2021/22.

The annual breastfeeding prevalence for 2022/23 for Shropshire was 30.6%, below the national average of 49.2%. Whilst Shropshire's rate of babies breastfed at 6-8-weeks is below the national average, there has been a steady improvement quarter on quarter.

The chart below demonstrates the status of those eligible for a 6-8 week check by quarter over the last 12 months.

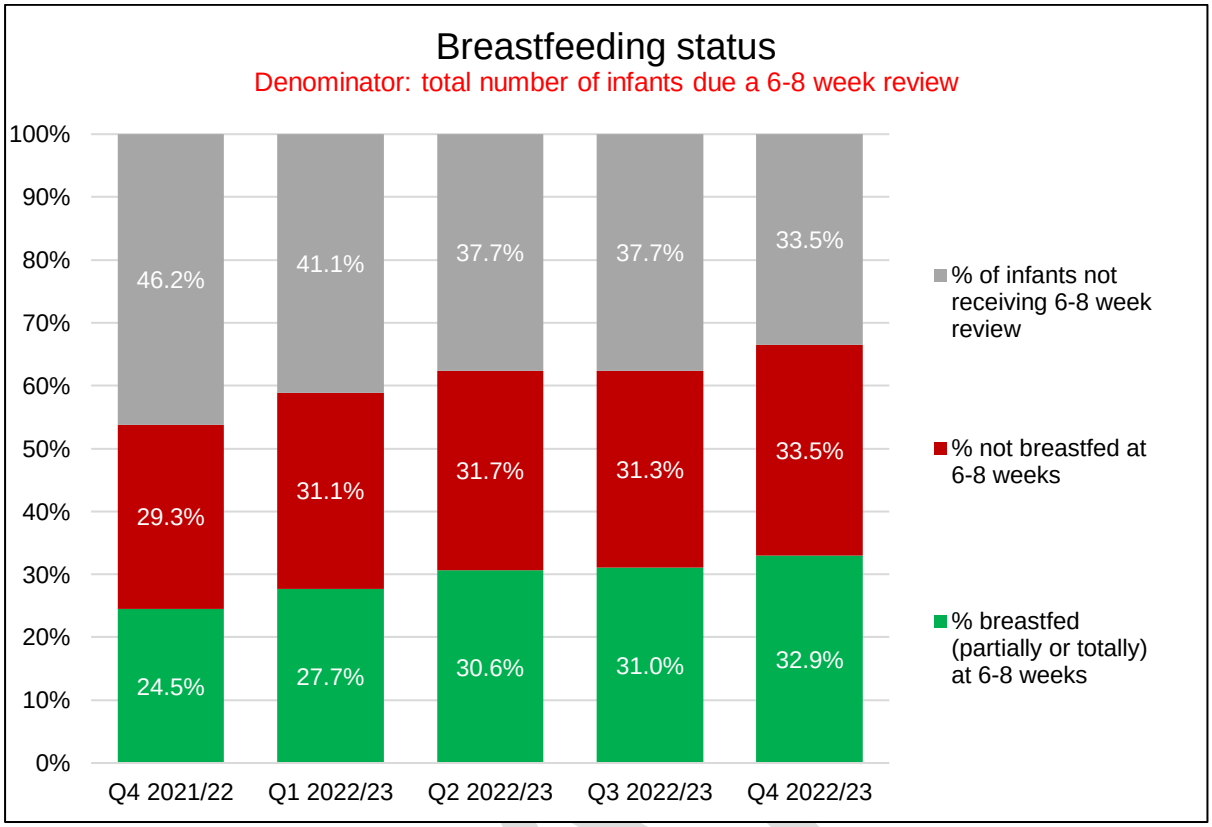
Almost one third (32.9 %) of infants were reported to be partially or totally breastfed at 6-8 weeks during Q4 2022/23. A similar figure of almost a third (33.5%) were not being breastfed and the remaining 33.5% did not receive their check.

- Over time, there has been an improvement in the proportion of infants **totally or partially breasted at their 6–8-week review**, rising from 24.5% in Q1 of 2021/22 to 31.0% in 2022/23, with biggest improvements seen among those being totally breastfed.

- The proportion **not being breastfed** has risen over time up from 29.3% in Q1 2021/22 to 33.5% in Q4 of 2022/23.

- The proportion **not receiving their checks** has improved over time down from 46.2% during Q1 2021/22 to 33.5% in Q4 2022/23.

Chart showing breastfeeding status in Shropshire Q4 2021-22 to Q4 2022-23. Source: SHROPCOM Provider data, HCP Contract Report for Shropshire

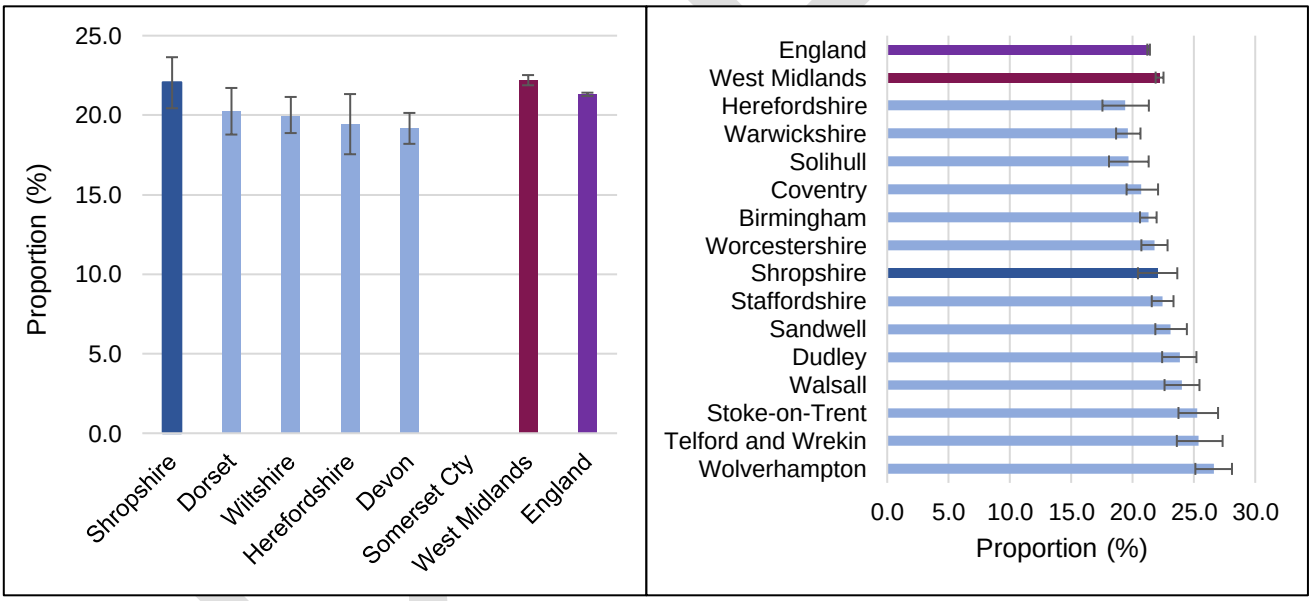

Breastfeeding status
Denominator: total number of infants due a 6-8 week review
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
46.2%
41.1%
37.7%
37.7%
33.5%
29.3%
31.1%
31.7%
31.3%
33.5%
24.5%
27.7%
30.6%
31.0%
32.9%
Q4 2021/22
Q1 2022/23
Q2 2022/23
Q3 2022/23
Q4 2022/23
% of infants not receiving 6-8 week review
% not breastfed at 6-8 weeks
% breastfed (partially or totally) at 6-8 weeks

## Overweight (including obesity) – Reception

Studies tracking child obesity into adulthood have found that the probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age[27]. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying[29].

In the period 2022-23, 22.1% reception aged children (4–5-year-olds) were overweight or obese in Shropshire, a rate similar to the national average of 21.3% and to the regional average of 22.2%[28]. This proportion was the 7th lowest regionally and Shropshire's proportion was the highest among its statistical neighbours as shown in the figure below.

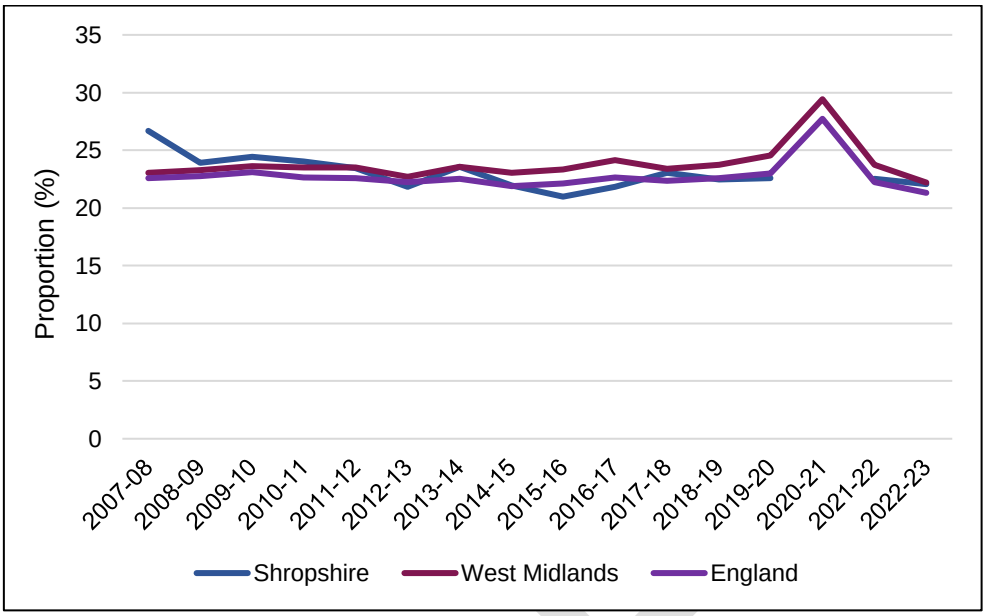
Proportion of children aged 4 to 5 years classified as overweight or living with obesity in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




This proportion has decreased steadily over the last three years, however data from 2020-21 is missing. (2019/20 NCMP year was stopped due to the lockdown, and in 2020/21 areas were asked to only sample 10% of children, again due to COVID).

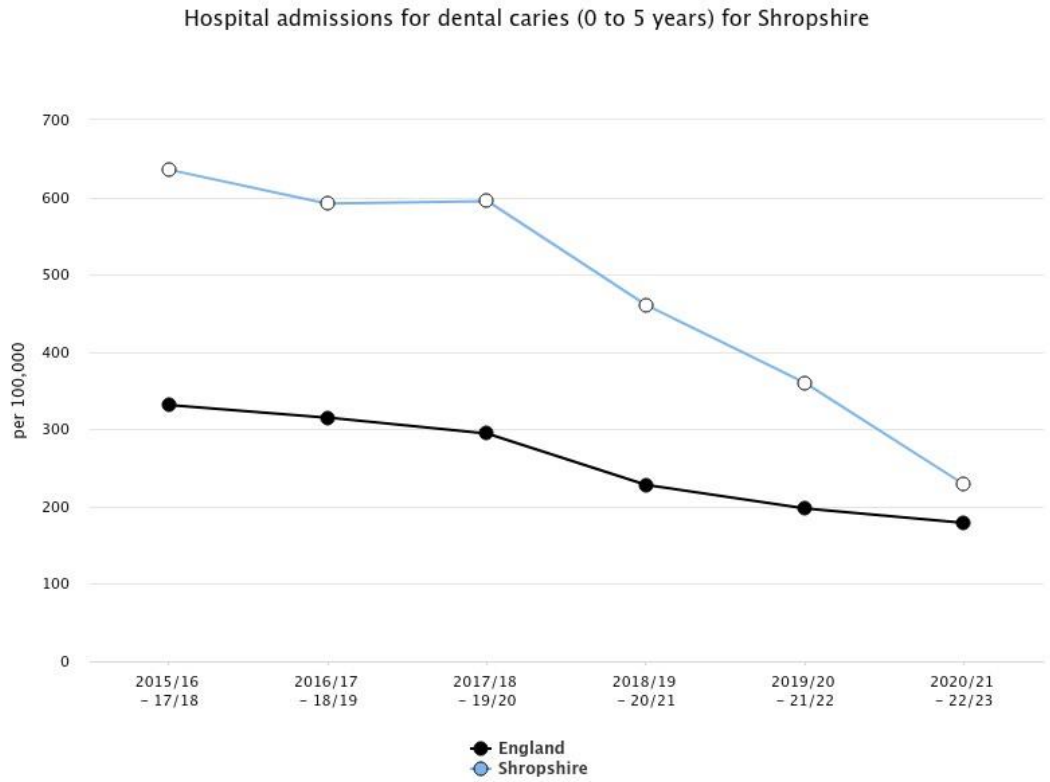
[27] Child and Maternal Health - Data - OHID (phe.org.uk)
[28] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children aged 4 to 5 years classified as overweight or living with obesity in Shropshire, including West Midlands and England comparisons, 2007-08 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




## Hospital admissions for dental caries (0-5 years)

In Shropshire between 2020/21-22/23, there were 120 hospital admissions for dental caries among those aged 5 and below, equating to a rate of 228.4 per 100,000 which is above the national average of 178.8. However, this rate has been increasing over time at a faster pace than seen nationally.



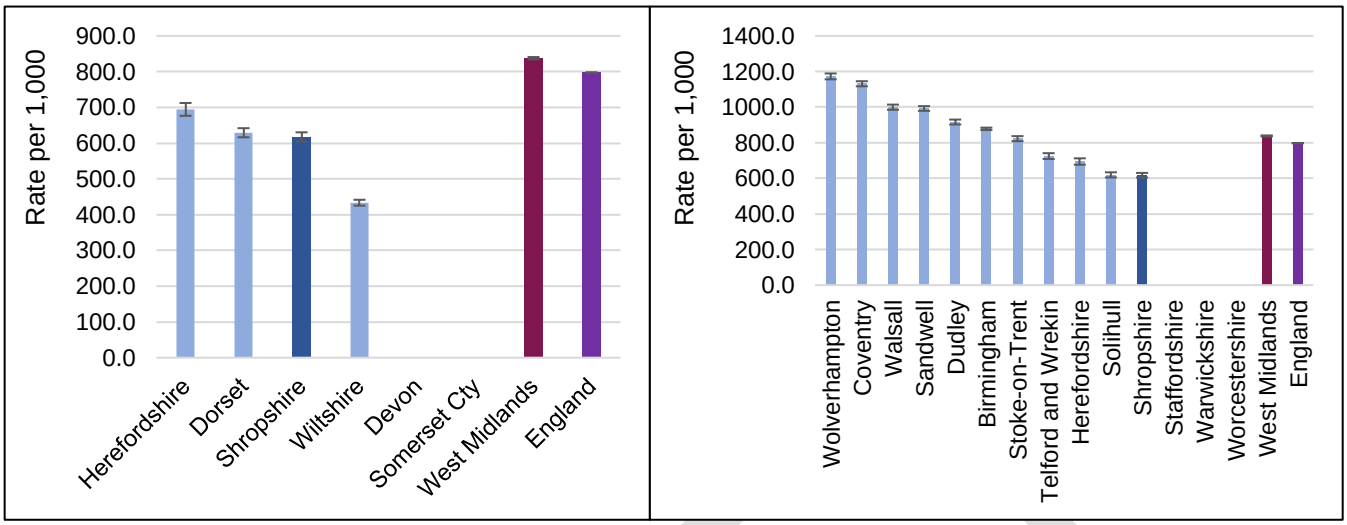

## A&E Attendances (0-4s)

A&E attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care[29].

In the period 2022-23, Shropshire's A&E attendance rate was 617.3 per 1,000 population. This equates to 8,765 attendances among children under five years old[30]. This was significantly better than the regional average of 837.7 per 1,000 and the national average of 797.3 per 1,000[32]. Shropshire had the fourth lowest A&E attendance in the region and among its statistical neighbours.

[29] Child and Maternal Health - Data - OHID (phe.org.uk)
[30] Child and Maternal Health - Data - OHID (phe.org.uk)

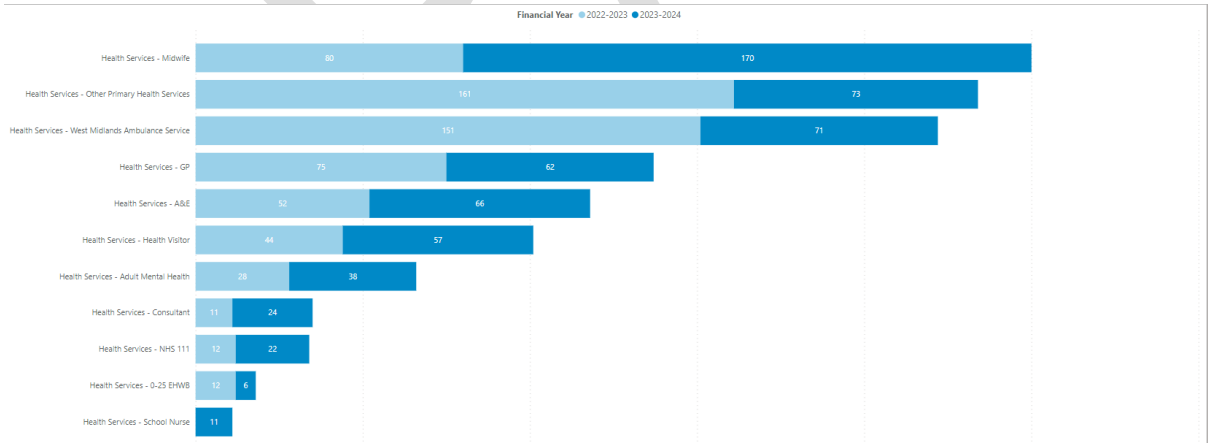
A&E attendance rate per 1,000 population aged 0-4 years in Shropshire and its statistical and regional neighbours, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




Whilst Shropshire's rate of A&E attendances is lower than the national average, the number of 0-4 year old Children's Social Care contacts from A&E has risen among compared to the previous year, with 66 contacts in 2023-24 compared to 52 in 2022-23, a 27% rise year on year.

Other contact sources which have risen are Midwives (doubling compared to the previous year), health visitors (rise of 30%) and adult mental health services (rise of 36%).

Chart showing the contact source for contacts with Children's social care aged 0-4, 2022-23 and 2023-24 across Shropshire. Source: Children's Services, Shropshire Council.



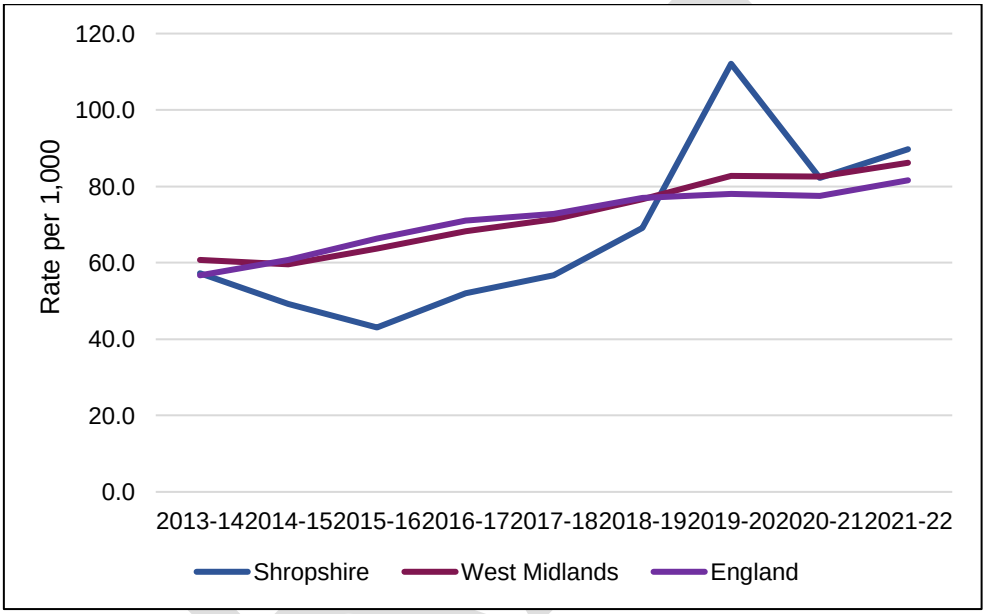

## Admission of babies under 14 days

High levels of admissions of either mother or babies soon after birth can suggest problems with either the timing or quality of health assessments before the initial transfer or with the

postnatal care once the mother is home[31]. Dehydration and jaundice are two common reasons for re-admission of babies and are often linked to problems with feeding[33].

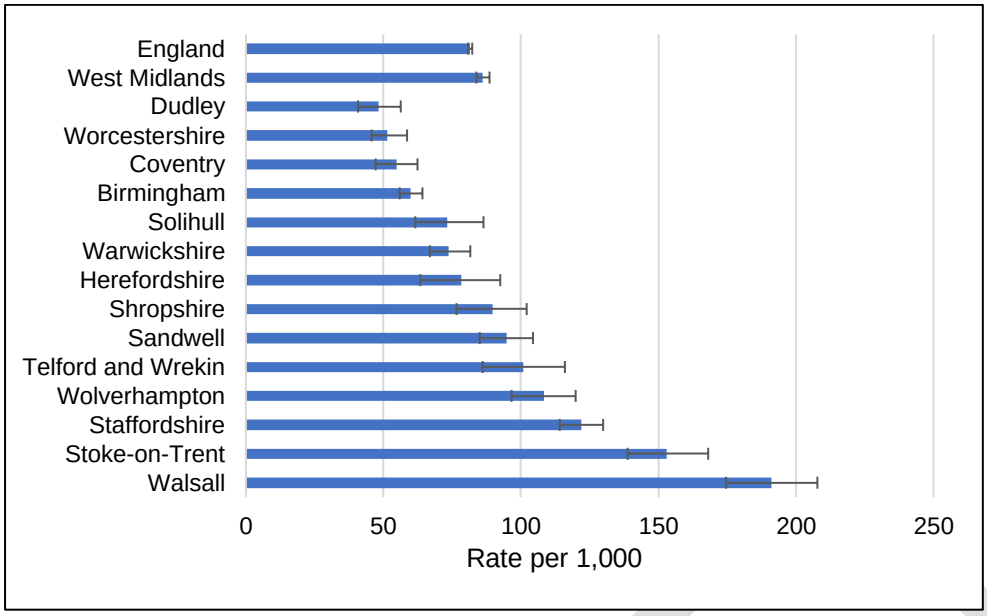
In the period 2021-22, there were 195 emergency admissions of babies under 14 days in Shropshire[32]. This equates to a rate of 89.7 per 1,000 deliveries. This rate was the 7th highest regionally, similar to the regional rate of 86.2 per 1,000 and the national rate of 81.6 per 1,000[34].

Emergency admissions from babies aged 0-13 days (inclusive) expressed as a crude rate per 1,000 deliveries in Shropshire, including West Midlands and England comparisons, 2013-14 to 2021-22. Source: Child and Maternal Health Profile, Fingertips, OHID




Emergency admissions from babies aged 0-13 days (inclusive) expressed as a crude rate per 1,000 deliveries in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

[31] Child and Maternal Health - Data - OHID (phe.org.uk)
[32] Child and Maternal Health - Data - OHID (phe.org.uk)


England
West Midlands
Dudley
Worcestershire
Coventry
Birmingham
Solihull
Warwickshire
Herefordshire
Shropshire
Sandwell
Telford and Wrekin
Wolverhampton
Staffordshire
Stoke-on-Trent
Walsall
0
50
100
150
200
250
Rate per 1,000

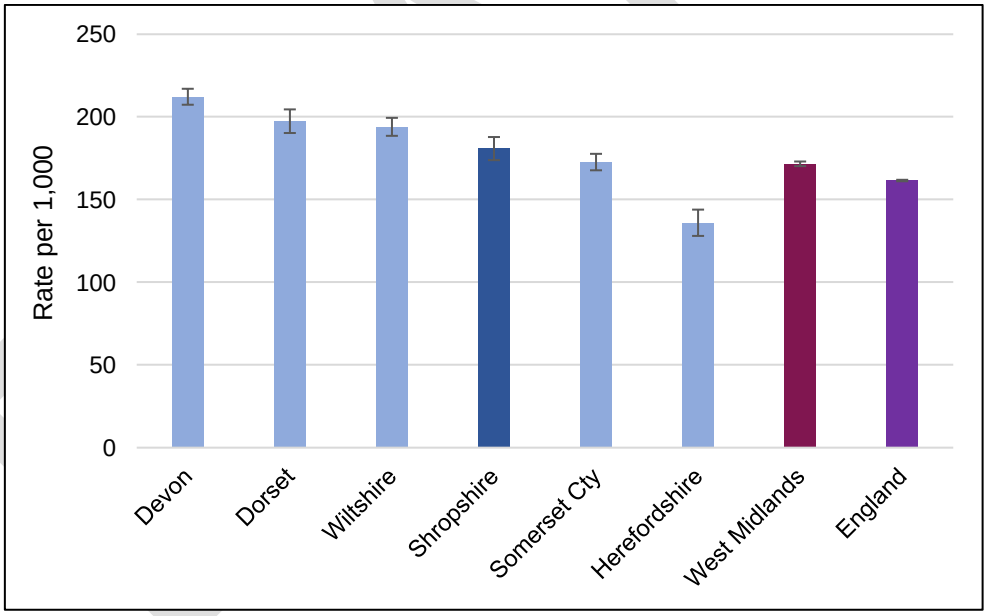
## Emergency admissions (aged 0 to 4 years)

Approximately 35% of all admissions in the NHS in England are classified as emergency admissions, costing approximately £11 billion a year[33]. Admitting a patient to hospital as an emergency case is costly and frequently preventable, yet the number of emergency admissions to hospital has been rising for some time. From a public health point of view, emergency admissions data gives an indication of wider determinants of poor health, linked to areas such as housing and transport.

Over one quarter of emergency hospital admissions in children aged under 5 years in 2014-15 was for respiratory infections[33]. Factors such as smoking in the home and damp housing are known to increase the risk and severity of respiratory infections in young children.

In the period 2021-22, the rate of emergency admissions among 0 to 4 years old was 180.8 per 1,000 population[34]. This equates to 2,595 admissions and was significantly worse than the national average of 161.5 per 1,000 and the regional average of 171.7 per 1,000[34]. Shropshire's rate was the 7th highest regionally and the 3rd lowest among its statistical neighbours.

Rate of emergency admissions (per 1,000) among 0 to 4 years old in Shropshire and its statistical neighbours, including West Midlands and England comparisons, 2021-22. Source: Child and Maternal Health Profile, Fingertips, OHID



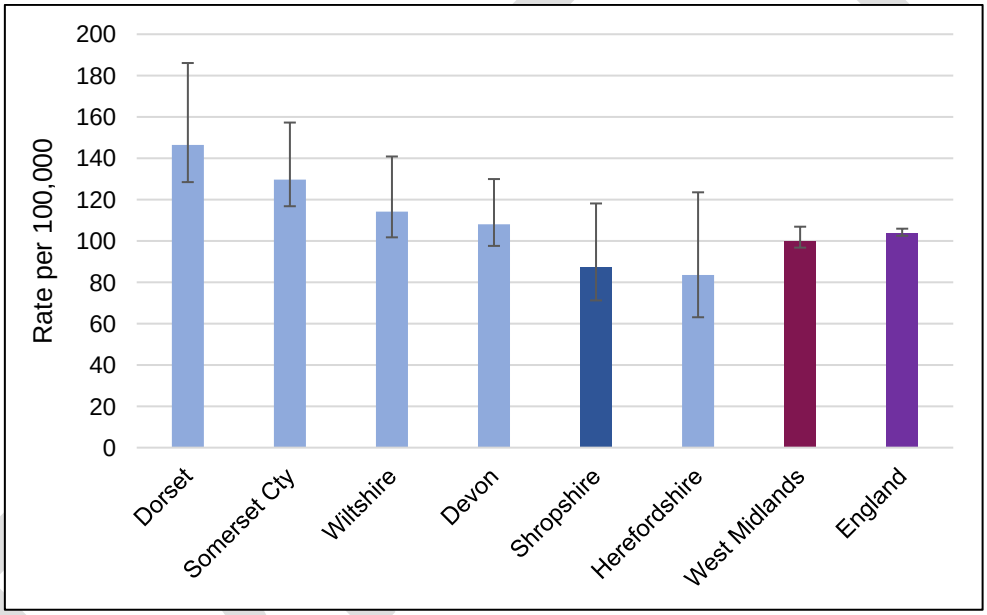

[33] Child and Maternal Health - Data - OHID (phe.org.uk)
[34] Child and Maternal Health - Data - OHID (phe.org.uk)

## Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people[35]. They are also a source of long-term health issues, including mental health related to experience(s).

During 2021-22, Shropshire's rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) was 87.1 per 10,000 population aged 0-4[36]. This equated to 125 admissions and was significantly below the regional average of 100.1 per 10,000 and national average of 103.6 per 10,000[36]. Shropshire's rate was among the lowest regionally and among its statistical neighbours.

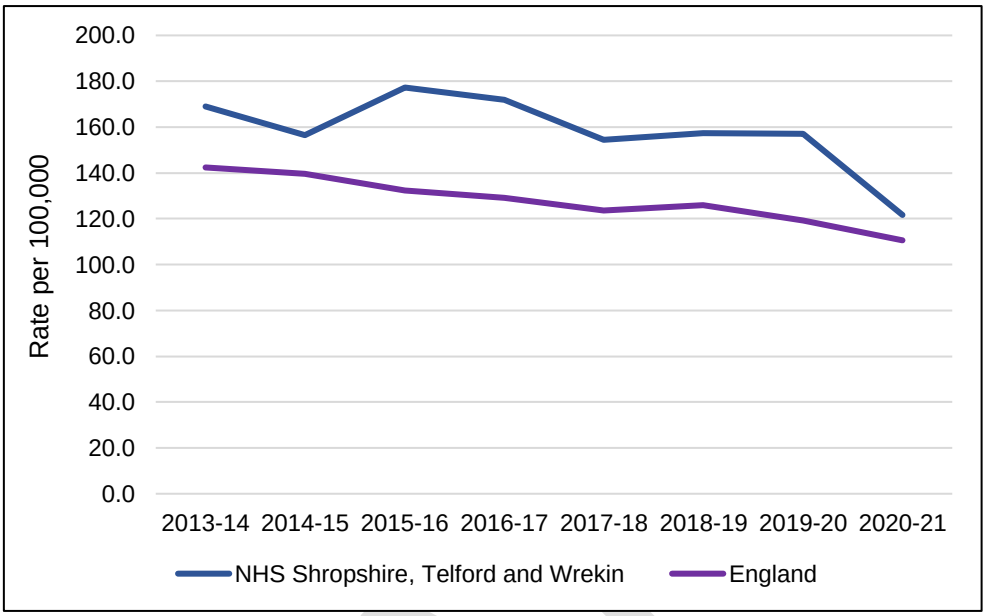
Rate of hospital admissions (per 100,000) among 0 to 4 years old due to unintentional and deliberate injuries in Shropshire and its statistical neighbours, including West Midlands and England comparisons, 2021-22. Source: Child and Maternal Health Profile, Fingertips, OHID




Rate in Shropshire, Telford and Wrekin has seen a steady decrease since 2013-14, from 168.9 per 100,000 in 2013-14 to 121.7 per 100,000 in 2020-21[37]. Overall, the national rate has been stable and declining over time (since 2013-14).

[35] Child and Maternal Health - Data - OHID (phe.org.uk)
[36] Child and Maternal Health - Data - OHID (phe.org.uk)
[37] Public health profiles - OHID (phe.org.uk)

Rate of hospital admissions (per 100,000) among 0 to 4 years old due to unintentional and deliberate injuries in NHS Shropshire, Telford and Wrekin, including England comparison, 2013-14 to 2020-21. Source: Public Health Profile, Fingertips, OHID



# Vaccination coverage

## The childhood immunisation programme

Immunisations are given to babies at eight, twelve and sixteen weeks of age, with further immunisations given at one year of age [38] [39]:

**Routine childhood immunisations** — From September 2023

| Age due | Diseases protected against | Vaccine given and trade name | | Usual site[1] |
|---|---|---|---|---|
| Eight weeks old | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Meningococcal group B (MenB) | MenB | Bexsero | Left thigh |
| | Rotavirus gastroenteritis | Rotavirus | Rotarix[2] | By mouth |
| Twelve weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Pneumococcal (13 serotypes) | PCV | Prevenar 13 | Thigh |
| | Rotavirus | Rotavirus | Rotarix[2] | By mouth |
| Sixteen weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | MenB | MenB | Bexsero | Left thigh |
| One year old (on or after the child's first birthday) | Hib and MenC | Hib/MenC | Menitorix | Upper arm/thigh |
| | Pneumococcal | PCV booster | Prevenar 13 | Upper arm/thigh |
| | Measles, mumps and rubella (German measles) | MMR | MMRvaxPro[3] or Priorix | Upper arm/thigh |
| | MenB | MenB booster | Bexsero | Left thigh |
| Eligible paediatric age group[4] | Influenza (each year from September) | Live attenuated influenza vaccine LAIV | Fluenz Tetra[3,5] | Both nostrils |
| Three years four months old or soon after | Diphtheria, tetanus, pertussis and polio | dTaP/IPV | Boostrix-IPV | Upper arm |
| | Measles, mumps and rubella | MMR (check first dose given) | MMRvaxPro[3] or Priorix | Upper arm |
| Boys and girls aged twelve to thirteen years | Cancers and genital warts caused by specific human papillomavirus (HPV) types | HPV[6] | Gardasil 9 | Upper arm |
| Fourteen years old (school Year 9) | Tetanus, diphtheria and polio | Td/IPV (check MMR status) | Revaxis | Upper arm |
| | Meningococcal groups A, C, W and Y | MenACWY | Nimenrix | Upper arm |

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for SCID screening result.
3. Contains porcine gelatine.
4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).
6. See Green Book chapter 18a for immunising immunocompromised young people who will need 3 doses.

[38] A guide to immunisations for babies born on or after 1 January 2020
[39] Routine childhood immunisation schedule - GOV.UK (www.gov.uk)

## Vaccination measures

Childhood vaccine coverage in Shropshire, including West Midlands and England comparisons, Source: PHOF, Fingertips, OHID

| Vaccination coverage | Period | Shropshire | West Midlands | England | Recent trend |
|---|---|---|---|---|---|
| Dtap IPV Hib (1 year old) | 2022/23 | 95.7 | 91.5 | 91.8 | → |
| Men B (1 year old) | 2022/23 | 95.8 | 90.6 | 91.0 | → |
| Rotavirus (1 year old) | 2022/23 | 94.1 | 88.3 | 88.7 | → |
| PCV | 2022/23 | 96.9 | 93.2 | 93.7 | ↑ |
| Hepatitis B (2 years old | 2022/23 | - | - | - | - |
| Dtap IPV Hib (2 years old) | 2022/23 | 96.5 | 92.9 | 92.6 | → |
| Men B booster (2 years old) | 2022/23 | 93.9 | 87.1 | 87.6 | → |
| MMR – one dose (2 years old) | 2022/23 | 94.7 | 88.9 | 89.3 | → |
| PCV booster | 2022/23 | 94.5 | 88.3 | 88.5 | → |
| Flu (2 to 3 years old) | 2022/23 | 50.8 | 39.1 | 43.7 | → |
| Hib and MenC booster (2 years old) | 2022/23 | 94.4 | 88.2 | 88.7 | → |
| DTaP and IPV booster (5 years) | 2022/23 | 89.5 | 82.8 | 83.3 | → |
| MMR – one dose (5 years old) | 2022/23 | 95.6 | 92.6 | 92.5 | → |
| MMR – two doses (5 years old) | 2022/23 | 89.8 | 83.7 | 84.5 | → |
| Flu (primary school aged children) | 2022 | 70.8 | 52.1 | 56.3 | - |

Recent trend: ↑ Increasing & getting better → No significant change

Benchmarking against goal: <90% | 90% to 95% | >=95%

Benchmarking against goal Flu (2 to 3 years old): <40% | 40% to 65% | >=65%

Benchmarking against goal Flu (primary school aged children): <65% | >=65%

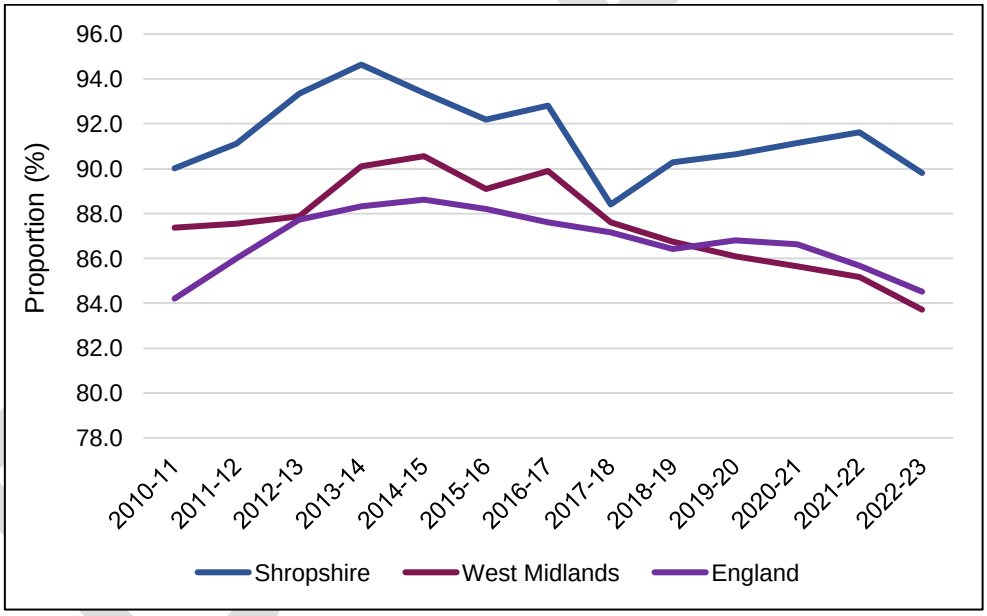
- In the period 2022/23, vaccination coverage for 1 year olds in Shropshire for Dtap IPV Hib and MenB were above the goal of >= 95% [40]. Vaccine coverage for Rotavirus for 1 year olds in 2022/23 was lower than the >=95% goal but fell between 90% and 95%.

- At 2 years, vaccine coverage was high and above the >=95%goal for Dtap IPV Hib at 96.5%, however MenB boosters, MMR first dose, and Hib and MenC coverage were lower than the >=95% goal but fell between 90% and 95%[40].

- Flu vaccination coverage at 2-3 years was lower than the goal of >=65% but fell between 40% and 65%, at 50.8%[40]. At 5 years old, coverage for Dtap and IPC boosters as well as MMR second doses were less than 90%, at 89.5% and 89.8% respectively, similar to the goal along with MMR second doses[40].

- As shown in the figure below, MMR vaccine coverage for two doses in Shropshire saw an increase between 2017-18 and 2021-22 (from 87.6% to 91.6%), after which a decrease was seen between 2021-22 and 2022-23 (from 91.6% to 89.8%).

MMR vaccine coverage for two doses (5 years old) in Shropshire, including West Midlands and England comparisons, Source: PHOF, Fingertips, OHID




[40] PHOF

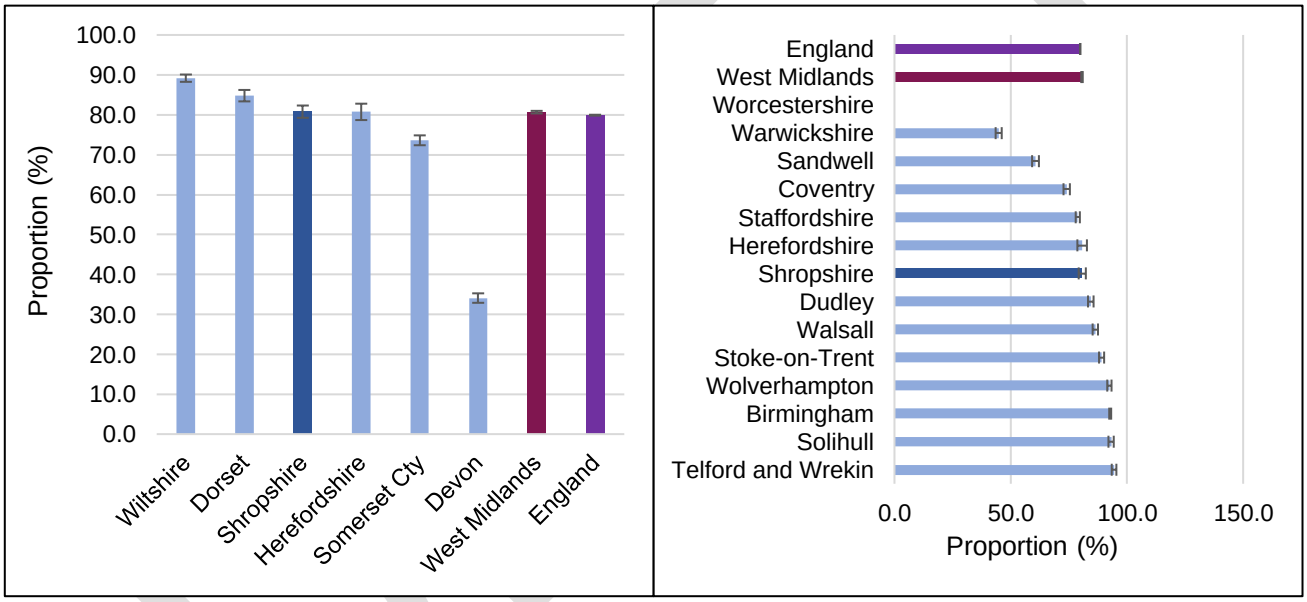
## Healthy Child Programme: Health Visiting metrics

### New birth visits within 14 days (NBV)

All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth. This means that any problems can be identified early, and interventions may be more successful the earlier they are put in place[41].

During 2022-23, the proportion of infants receiving a new birth visit (NBV) by a Health Visitor within 14 days in Shropshire was 80.8%, a fall compared to the 2020-21's rate of 89.3%. Shropshire's current rate is similar to the regional average of 80.7% and national average of 79.9%[42]. Shropshire's proportion was the 6th lowest regionally and 4th lowest among its statistical neighbours.

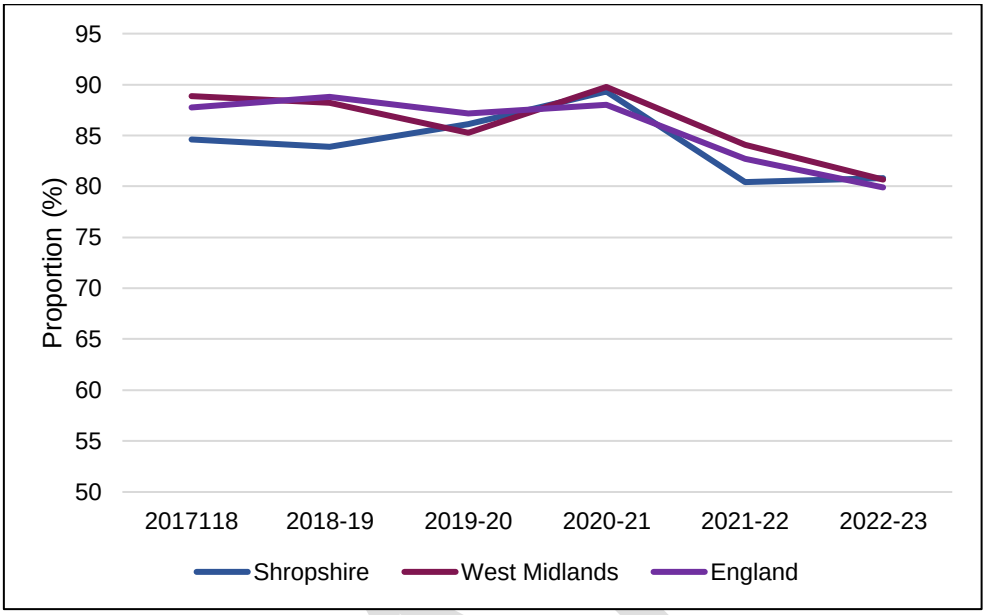
Proportion of new birth visits completed within 14 days in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




Shropshire's proportion saw an increase between 2017-18 and 2020-21, after which a steady decrease was observed. Overall, regional and national proportions have been declining since 2020-21.

[41] LG inform: Health and Wellbeing in Shropshire: A Focus on Children
[42] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of new birth visits completed within 14 days in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




## 6 to 8 week reviews

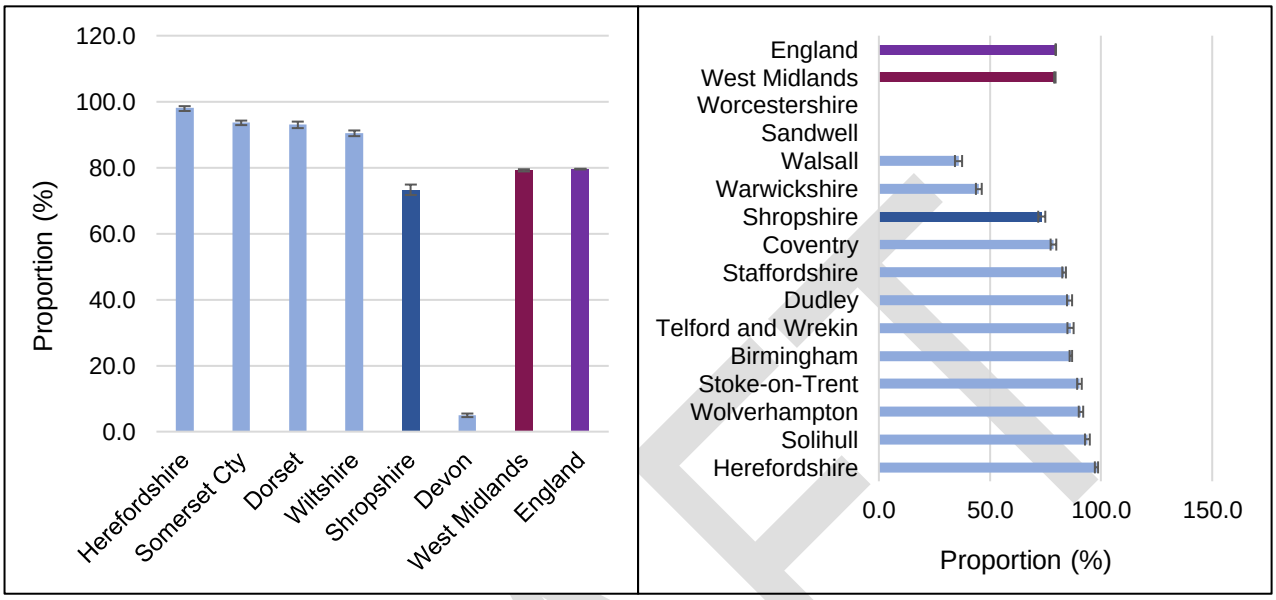
The 6 to 8 week review is an opportunity for support with breastfeeding if required, and allows an assessment of the mother's mental health, as well as reinforcing the discussions and messages from the new birth visit[43]. It is an opportunity to ensure the mother has had a six-week postnatal check, and that the infant has received the infant physical examination, as well as a reminder of the importance of the vaccinations that take place in the first few months. Any difficulties the mother has had in receiving benefits she is entitled to can be discussed and support offered.

During 2022-23, 73.3% of infants aged 6-8 weeks old received a review by the time they were 8 weeks old in Shropshire, a rise compared to 2020-21's figure of 57.6%[44]. However, Shropshire's proportion is still below the regional average of 79.2% and national average of 79.6% and ranks Shropshire third worst regionally and 2nd worst among its statistical neighbours.

This is due to mainly due to the timing that the invites are generated and parental choice. The service have made changes to the system to generate earlier appointments to ensure that these are more frequently prior to the child's first birthday.

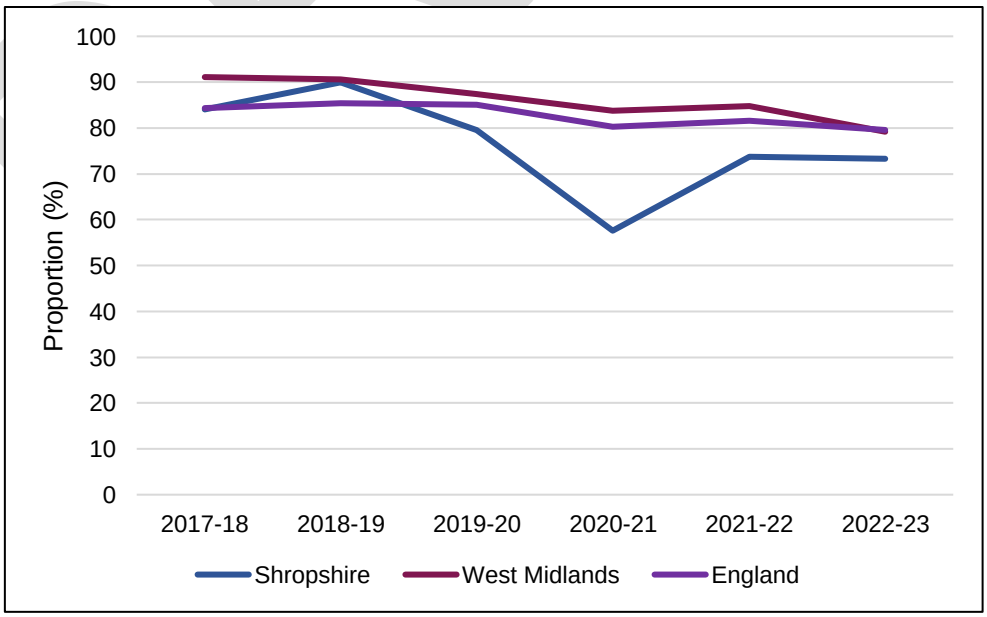
[43] Child and Maternal Health - Data - OHID (phe.org.uk)
[44] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children receiving 6 to 8 weeks review in Shropshire and its statistical and regional neighbours including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




Shropshire's proportion saw a decrease between 2017-18 and 2020-21, after which an increase was observed. Shropshire's proportion has remained stable in the past 2 years. Overall, regional and national proportions have been declining since 2017-18.

Proportion of children receiving 6 to 8 weeks review in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

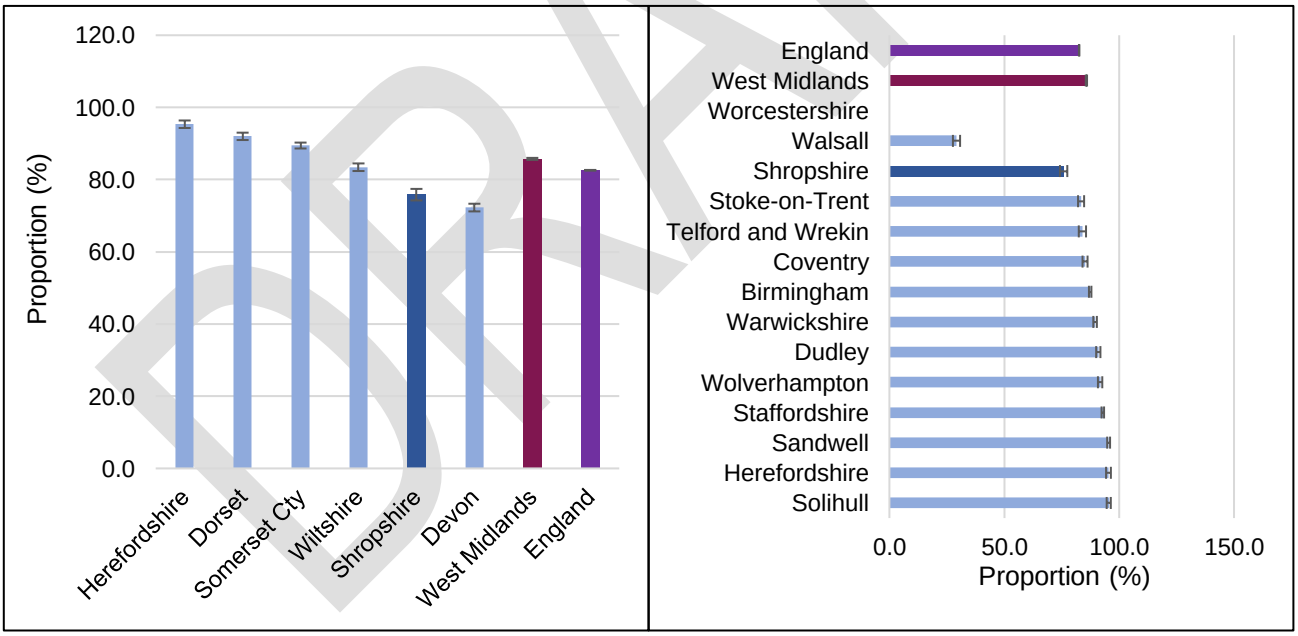


## 12-month reviews

All children should receive a review by a health visitor led team shortly before they turn one year. This allows for assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors, and provides an opportunity for both parents to talk about any concerns that they may have about their baby's health, as well as a reminder of the importance of the vaccinations at around one year. It also allows monitoring of the baby's growth, and discussions on weaning, oral health and home safety (particularly relevant as babies are now sitting independently, rolling over, and may be starting to walk). In addition, it presents an opportunity to discuss preconception health before any future pregnancy. A review between 9 and 12 months ensures any issues can be identified early and referrals made as appropriate. However, it is accepted that for many reasons these reviews may be a little late and the content is still of value. This metric therefore shows the proportion of children who have a 12-month review on time or slightly late (by 15 months) [45].

During 2022-23, 75.9% of infants aged 12 months old in Shropshire received a review by the time they were 15 months, a significant rise compared to 2020-21's figure of 13.1%[46]. However, Shropshire's proportion is still below the regional average of 85.7% and national average of 82.6% and ranks Shropshire 2nd lowest regionally and among it statistical neighbours.

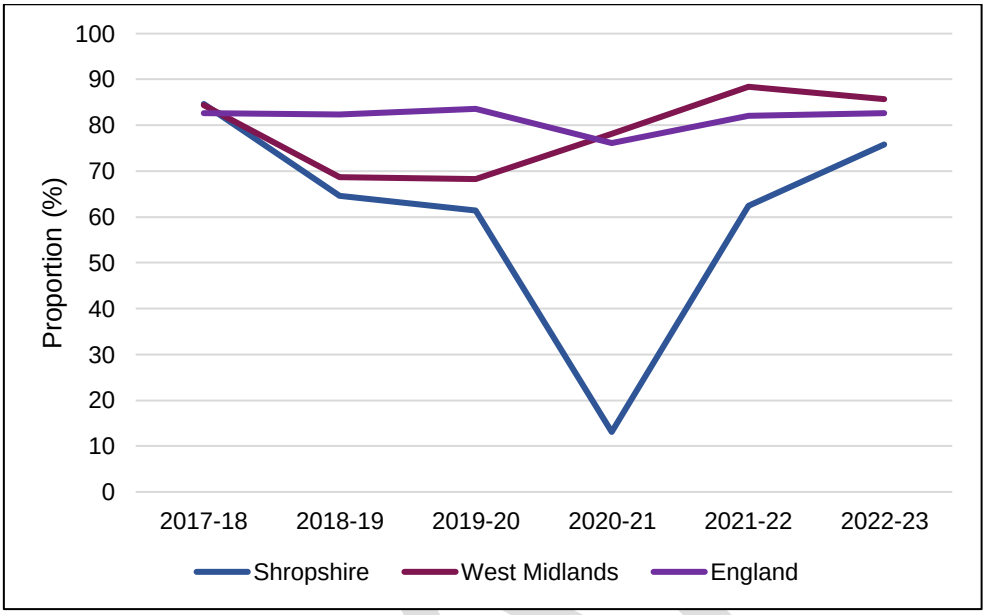
Proportion of children receiving 12-month review in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




[45] Child and Maternal Health - Data - OHID (phe.org.uk)
[46] Child and Maternal Health - Data - OHID (phe.org.uk)

Shropshire's proportion saw a decrease between 2017-18 and 2020-21, after which a steady increase was observed. Overall, regional and national proportions have increased since 2021-22.

Proportion of children receiving 12-month review in Shropshire, including West Midlands and England comparisons, Source: Child and Maternal Health Profile, Fingertips, OHID




## Child development

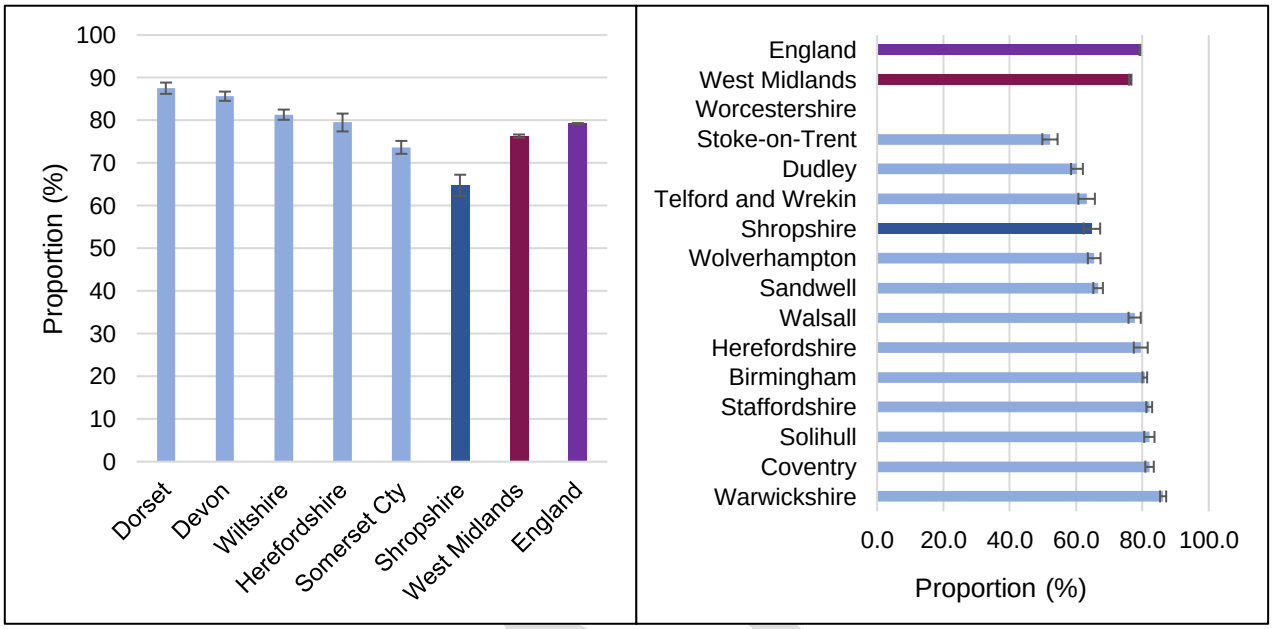
All children in England are eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3) is used to generate data for a population measure of child development outcomes. The purpose is to drive improvements in outcomes at scale with a particular focus on speech, language and communication needs and school readiness[47].

## Child development: percentage of children achieving a good level of development at 2 to 2½ years

During 2022-23, 64.8% of children aged 2 to 2 ½ years old achieved a good level of development, ranking Shropshire worst among its statistical neighbours and 4th worst regionally[48]. This proportion is worse than the regional average of 76.3% and national average of 79.3%.

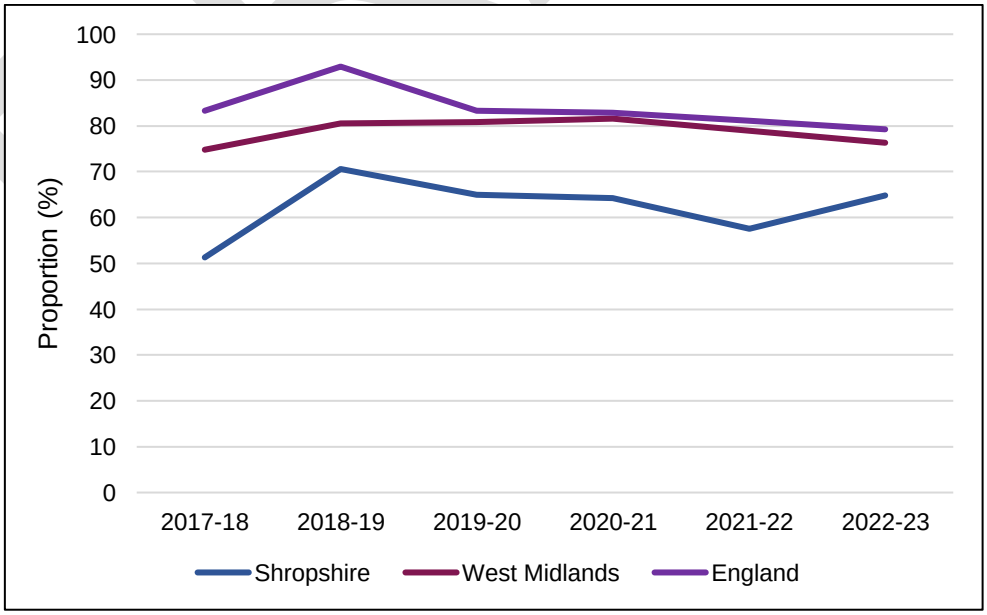
[47] LG inform: Health and Wellbeing in Shropshire: A Focus on Children
[48] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children achieving a good level of development at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




Shropshire has been below the regional and national average since 2017-18, though a slight increase was observed between 2021-22 and 2022-23. However, there are data quality concerns surrounding this data and figures should be interpreted with caution.

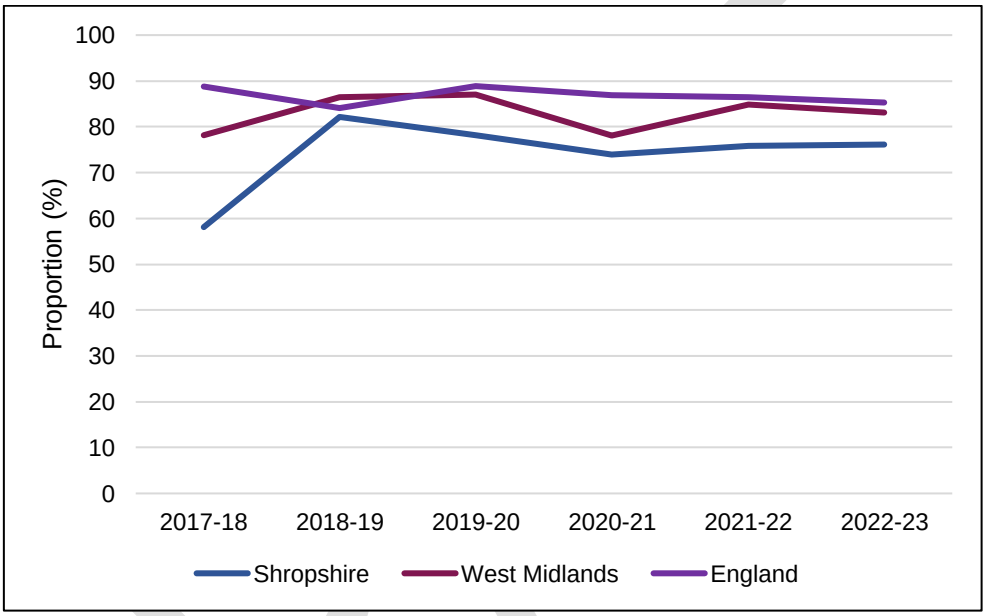
Proportion of children achieving a good level of development at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



## Achieving the expected level in communication skills at 2 to 2½ years

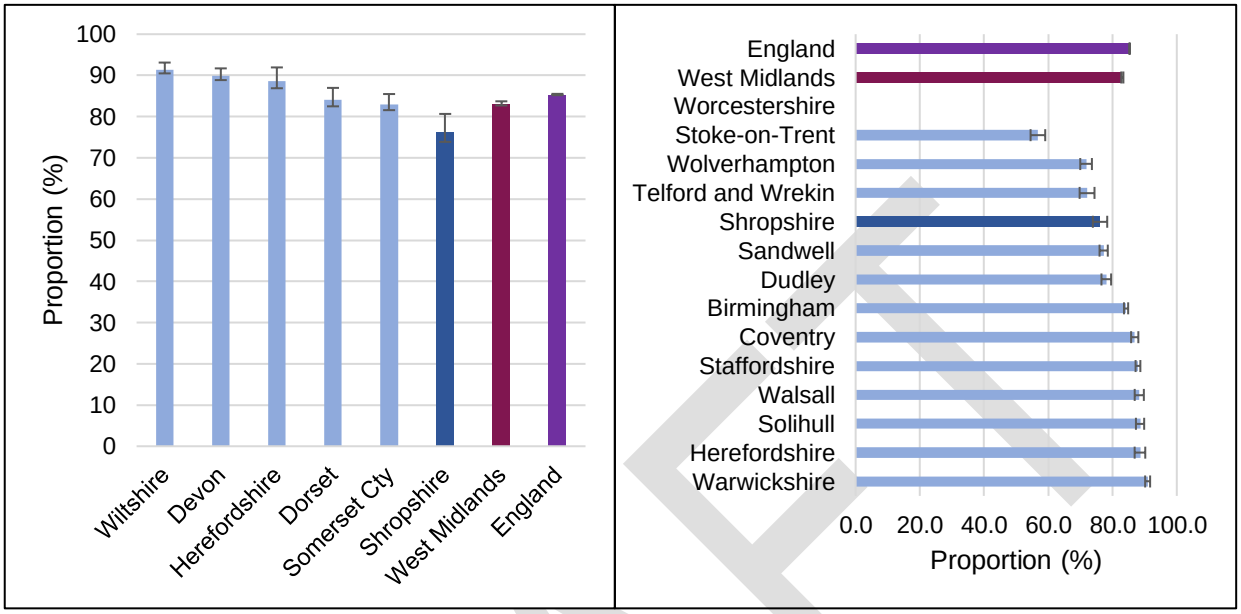
Three quarters of children in Shropshire - 76.2%, achieved the expected level of communication skills at 2 to 2 ½ years in 2022-23[49]. However, this was still lower than the regional average of 83% and national average of 85% and ranks Shropshire fourth lowest in the region and lowest among its statistical neighbours[49]. Whilst the proportion was below the national average, it has remained steady over the last three years. However, there are data quality concerns surrounding this data and figures should be interpreted with caution.

Proportion of children achieving the expected level in communication skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




[49] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children achieving the expected level in communication skills at 2 to 2 ½ in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

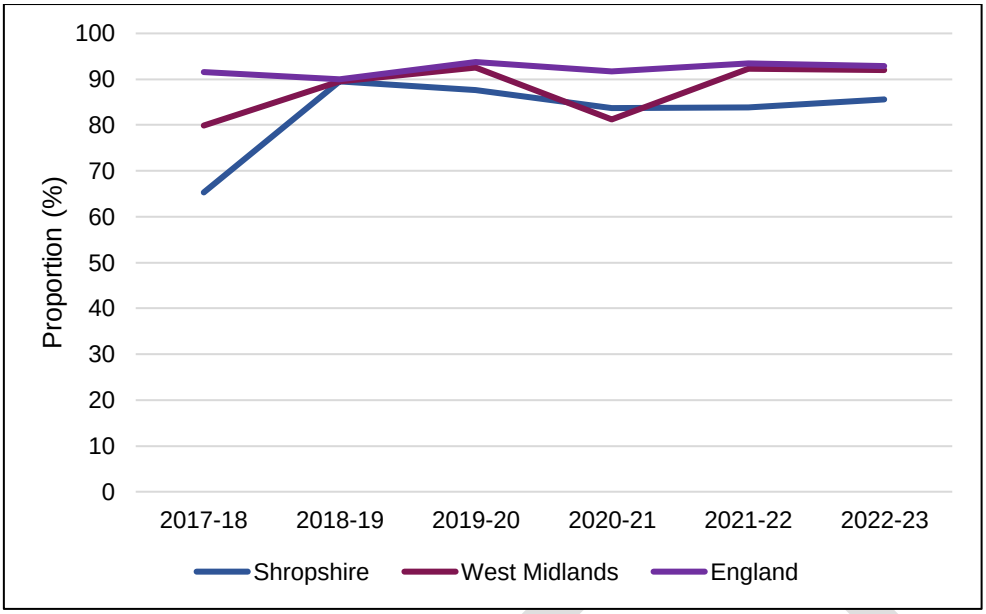



## Achieving the expected level in gross motor skills at 2-2½ years

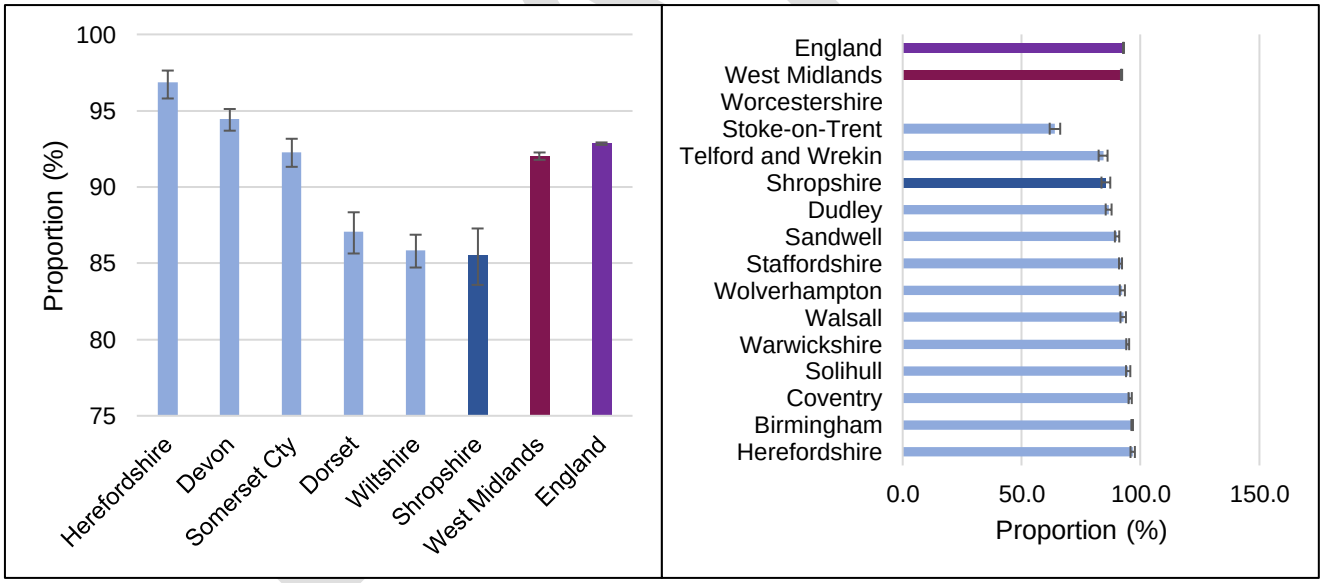
During 2022-23, 85.5% of children in Shropshire achieved the expected level of gross motor skills at 2 to 2 ½ years[50]. However, this was lower than the regional average of 92% and the national average of 92.8%[50]. This ranks Shropshire 3rd lowest in the region and lowest among its statistical neighbours. Whilst the rate is below the national average, it has remained steady over the last three years. However, there are data quality concerns surrounding this data and figures should be interpreted with caution.

Proportion of children achieving the expected level in gross motor skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

[50] Child and Maternal Health - Data - OHID (phe.org.uk)




Proportion of children achieving the expected level in gross motor skills at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



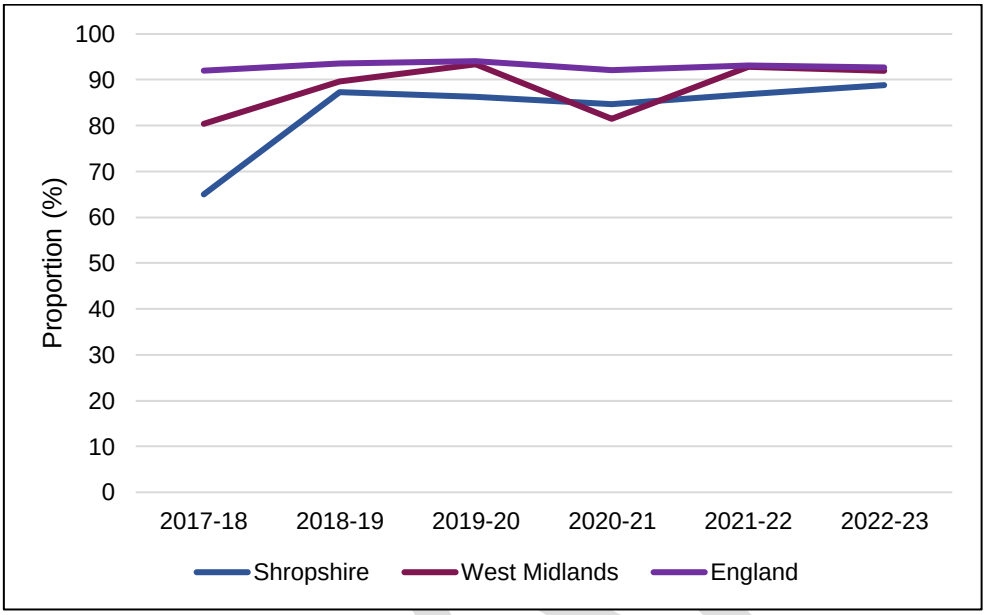

## Achieving the expected level in fine motor skills at 2-2½ years

During 2022-23, 88.8% of children in Shropshire achieved the expected level of fine motor skills at 2 to 2 ½ years[51]. This was lower than the regional average of 91.9% and the national average of 92.6%. This ranks Shropshire eight lowest in the region and second lowest

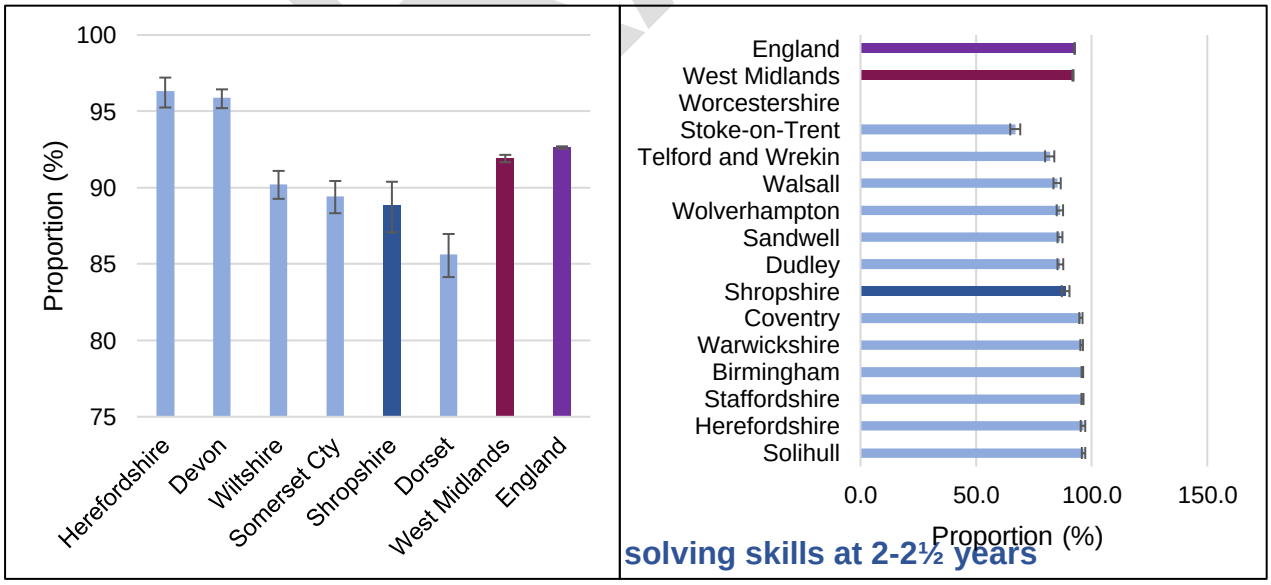
[51] Child and Maternal Health - Data - OHID (phe.org.uk)

among its statistical neighbours. Whilst the rate is below the national average, it has remained steady since 2018/19. However, there are data quality concerns surrounding this data and figures should be interpreted with caution.

Proportion of children achieving the expected level in fine motor skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




Proportion of children achieving the expected level in fine motor skills at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



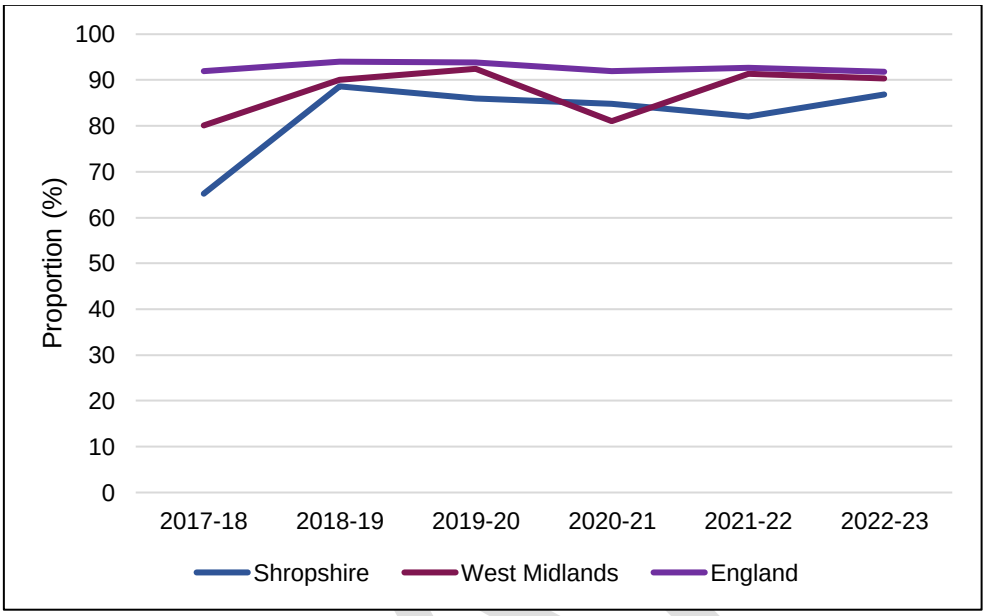

**solving skills at 2-2½ years**

During 2022-23, 86.9% of children in Shropshire achieved the expected level in problem solving skills at 2 to 2 ½ years[52]. This is lower than the regional average of 90.2% and national average of 91.8%. This ranks Shropshire fifth lowest in the region and lowest among its statistical neighbours. Though Shropshire's proportion is lower than the national

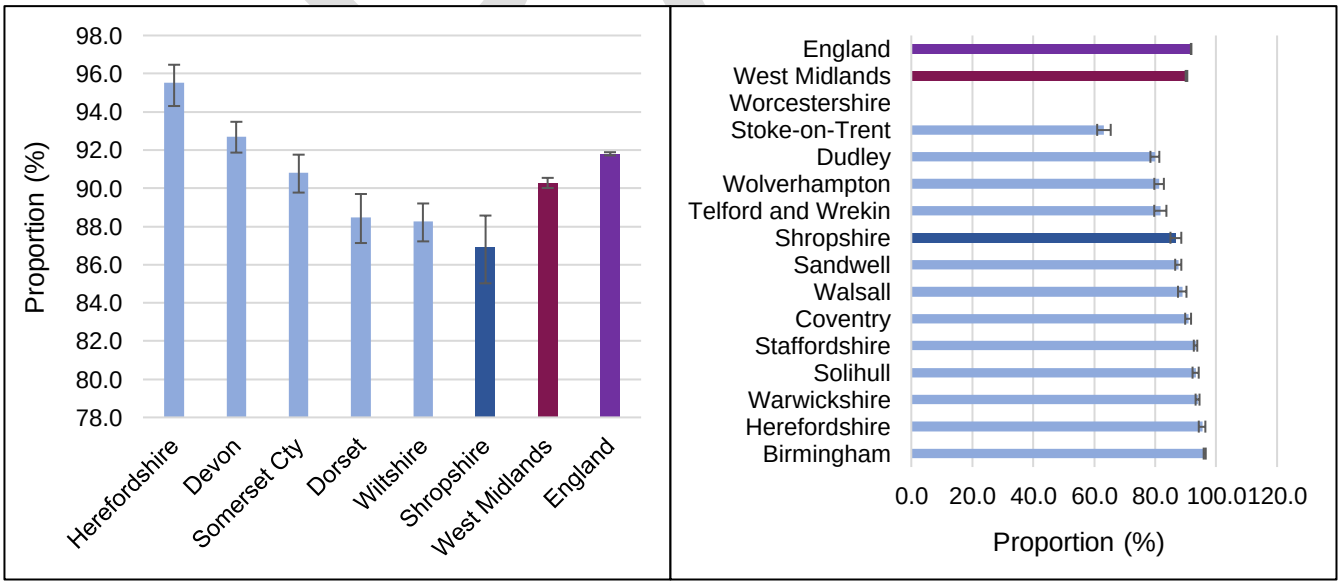
[52] Child and Maternal Health - Data - OHID (phe.org.uk)

average, a slight increase was observed between 2021-22 and 2022-23. There are data quality concerns surrounding this data and figures should be interpreted with caution.

Proportion of children achieving the expected level in problem solving skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



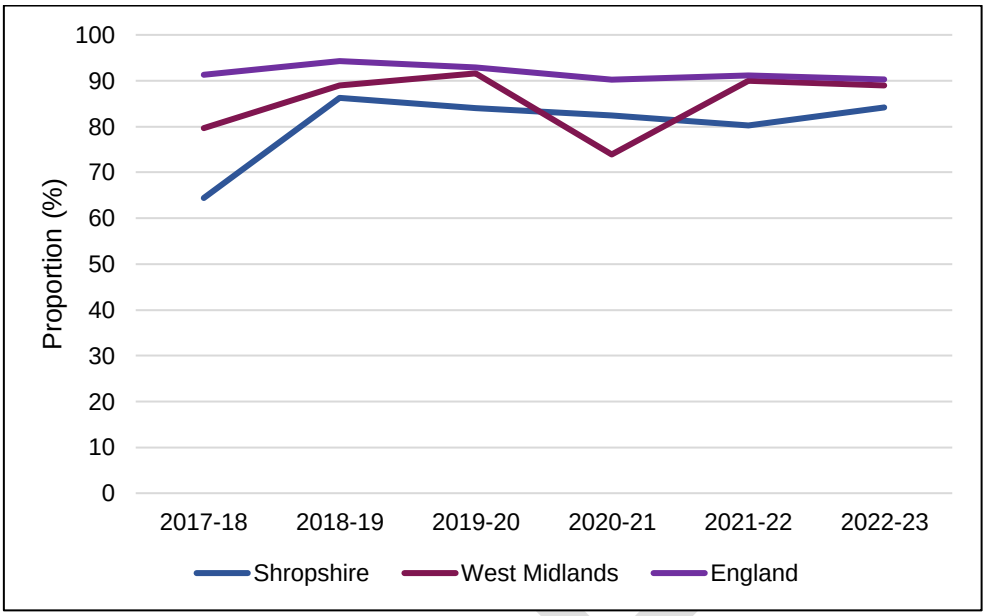

Proportion of children achieving the expected level in problem solving skills at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID




During 2022-23, 84% of children in Shropshire achieved the expected level in problem solving skills at 2 to 2 ½ years[53]. This was lower than the regional average of 89% and the national average of 90.3%. This ranks Shropshire 6th lowest regionally and lowest among its statistical neighbours.

[53] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children achieving the expected level in personal social skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

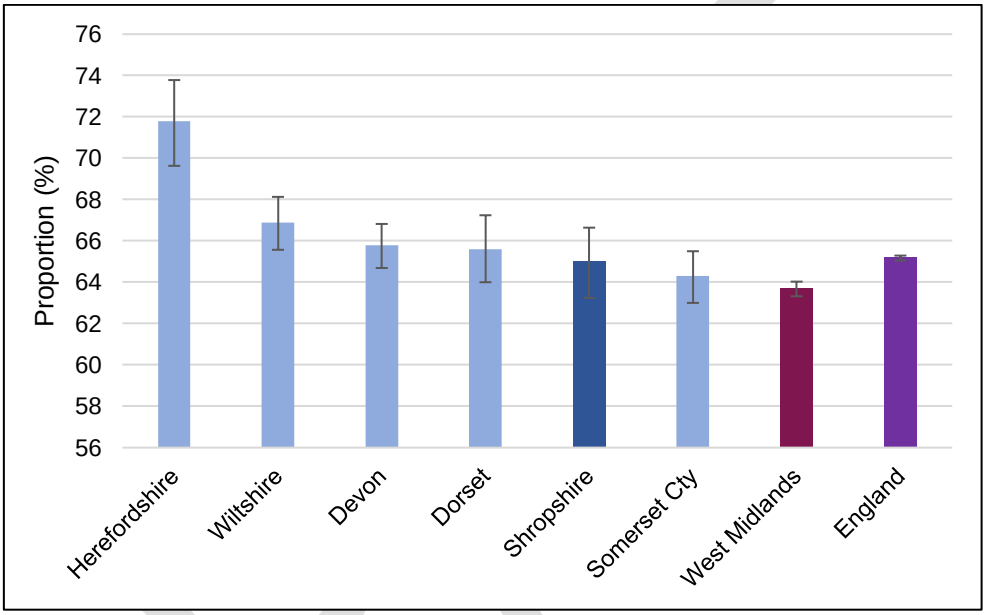



Proportion of children achieving the expected level in personal social skills at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

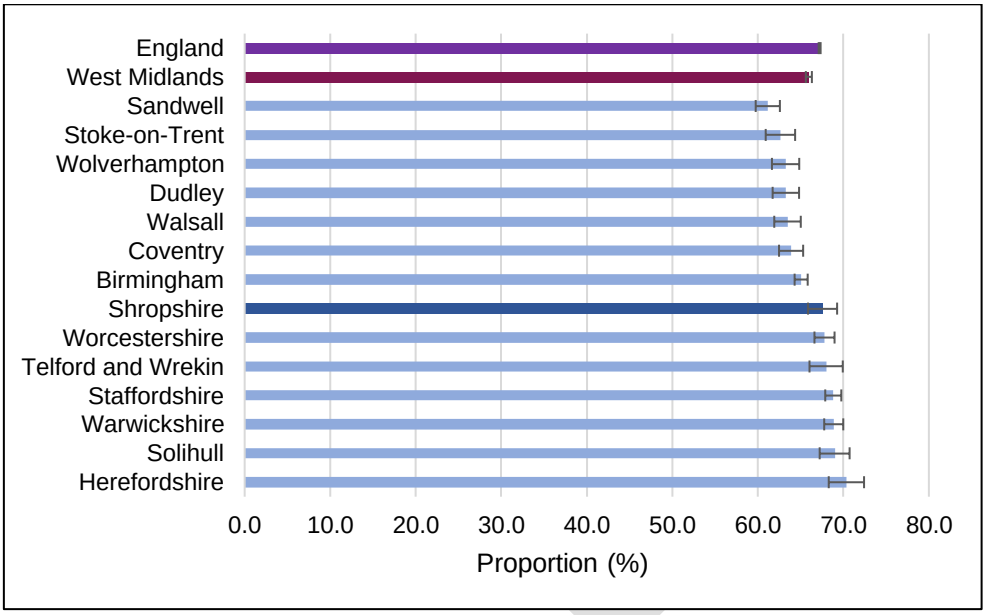
## School readiness: children achieving a good level of development at the end of Reception

School readiness is improving and getting better in Shropshire. During 2021-22, 65% of children achieved a good level of development at the end of reception. Shropshire's current rate for school readiness is similar to the national average of 65.2% and regional average of 63.7%. Shropshire ranks 2nd lowest among its statistical neighbours and 6th highest in the region.

Proportion of children achieving a good level of development at the end of Reception in Shropshire and its statistical neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Proportion of children achieving a good level of development at the end of Reception in Shropshire and its regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



## Service provision

The Healthy Child Programme (HCP) aims to bring together health, education and other main partners to deliver an effective programme of prevention and support.

In Shropshire the public health elements of this programme are commissioned by Shropshire Council to cover children aged 0-19 years (up to age 25 for those with Special Education Needs and Disabilities (SEND)). Shropshire Community Health Trust are the commissioned providers of the Public Health Nursing Service which includes the Health Visiting Service, school nursing service and the Family Nurse Partnership.

Health Visitors provide support for families and their children aged 0-5 and are uniquely placed to reach every child in their own home and be connected to their whole family and community. They build trusting relationships with children, carers and families, to positively influence their future health outcomes. Health Visitors identify the child's health needs and strengths and deliver timely, effective, evidence-based interventions in partnership with them. Shropshire's Health Visiting service provides a universal offer that ensures support for children and families is personalised, effective, timely and proportionate.

Shropshire Council also commission the Family Nurse Partnership which is a structured, evidence based, personalised, intensive visiting programme of support for vulnerable young parents. Young mothers-to-be and their partners are supported by a specially trained Family Nurse who visits them regularly, from early pregnancy until their child is aged between one and two.

## Service Performance data

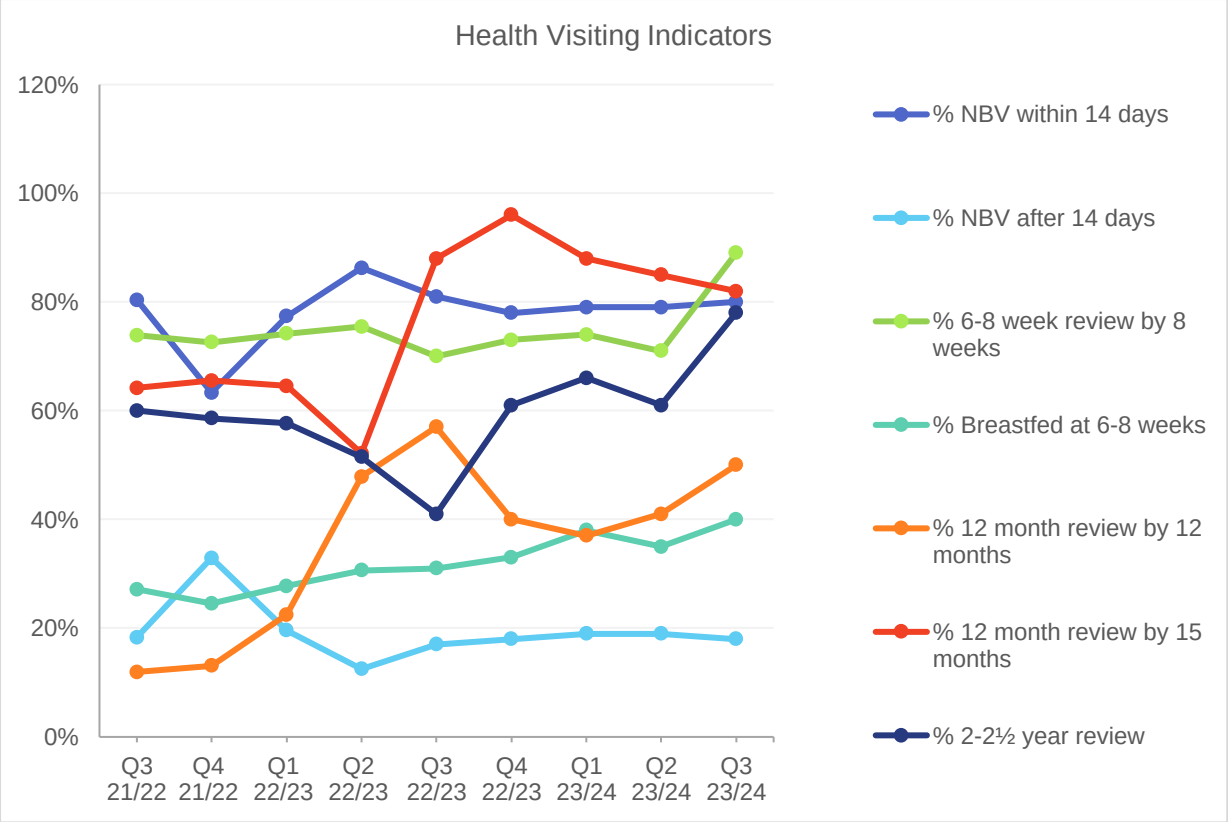
The national Child Health Programme sets out five mandatory checks which provide good proxies for how well the service is meeting the needs of children and families. Locally sourced performance data up to Q3 2023-24 is shown below. This compares Shropshire's Q3 2022/23 data to the national average for 2022/23 as an indicator of performance. **Caveat: this data has not yet been validated by the provider but is included to give an indication of progress and trends.**

### Health Visitors summary

**Health Visiting Indicators Summary - Shropshire**

| Indicator | Q3 21/22 | Q4 21/22 | Q1 22/23 | Q2 22/23 | Q3 22/23 | Q4 22/23 | Q1 23/24 | Q2 23/24 | Q3 23/24 | Trend over time chart | Trend compared to previous quarter | Change compared to previous quarter | National average 2022/23 | Compared to national average |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of First face to face antenatal contact | 36 | 43 | 17 | 19 | 19 | 21 | 24 | 20 | **32** | | ▲ | 12 | - | - |
| % NBV within 14 days | 80.4% | 63.4% | 77.4% | 86.3% | 81.0% | 78.0% | 79.0% | 79.0% | **80.0%** | | ▲ | 1.0% | 80% | |
| % NBV after 14 days | 18.3% | 32.9% | 19.6% | 12.5% | 17.0% | 18.0% | 19.0% | 19.0% | **18.0%** | | ▼ | -1.0% | - | |
| % 6-8 week review by 8 weeks | 73.8% | 72.6% | 74.2% | 75.5% | 70.0% | 73.0% | 74.0% | 71.0% | **89.0%** | | ▲ | 18.0% | 80% | |
| % Breastfed at 6-8 weeks | 27.1% | 24.5% | 27.7% | 30.6% | 31.0% | 33.0% | 38.0% | 35.0% | **40.0%** | | ▲ | 5.0% | 49% | |
| % 12 month review by 12 months | 12.0% | 13.1% | 22.5% | 47.8% | 57.0% | 40.0% | 37.0% | 41.0% | **50.0%** | | ▲ | 9.0% | 83% | |
| % 12 month review by 15 months | 64.2% | 65.5% | 64.6% | 52.1% | 88.0% | 96.0% | 88.0% | 85.0% | **82.0%** | | ▼ | -3.0% | - | |
| % 2-2½ year review | 60.0% | 58.6% | 57.7% | 51.5% | 41.0% | 61.0% | 66.0% | 61.0% | **78.0%** | | ▲ | 17.0% | 74% | |
| % 2-2½ year review using ASQ 3 | 99.3% | 98.9% | 89.6% | 91.7% | 90.0% | 89.0% | 81.0% | 85.0% | **86.0%** | | ▲ | 1.0% | 93% | |
| % at or above expected level in communication skills | 73.9% | 77.8% | 78.2% | 67.2% | 72.0% | 74.0% | 78.0% | 75.0% | **79.0%** | | ▲ | 4.0% | 85% | |
| % at or above expected level in gross motor skills | 85.3% | 85.7% | 86.1% | 78.2% | 75.0% | 86.0% | 87.0% | 84.0% | **89.0%** | | ▲ | 5.0% | 93% | |
| % at or above expected level in fine motor skills | 85.3% | 86.4% | 87.9% | 80.7% | 85.0% | 88.0% | 92.0% | 86.0% | **91.0%** | | ▲ | 5.0% | 93% | |
| % at or above expected level in problem solving skills | 81.8% | 80.5% | 85.8% | 78.5% | 84.0% | 85.0% | 86.0% | 85.0% | **90.0%** | | ▲ | 5.0% | 92% | |
| % at or above expected level in personal-social skills | 80.0% | 82.1% | 83.4% | 74.9% | 79.0% | 84.0% | 87.0% | 64.0% | **89.0%** | | ▲ | 25.0% | 90% | |
| % at or above expected level in all five areas of development | 57.3% | 59.7% | 64.5% | 59.2% | 63.0% | 61.0% | 65.0% | 68.0% | **67.0%** | | ▼ | -1.0% | 79% | |

Source: PHNS 0-19 HCP Contract report, SHROPCOM




### New Birth visits within 14 days

Shropshire's performance for the New Birth Visits within 14 days and has been improving over time and is similar to the national average. In the latest quarter, 80.0% of mothers received a new birth visit within 14 days of giving birth.

### 6-8 week review

Shropshire's rate of 6-8 week reviews is higher than the national average in the latest quarter, with 89% of mothers receiving a check by 8 weeks compared to 89% nationally.

### 12 month review

The percentage of mothers receiving a 12 month review by 12 months is below the national average and requires improvement at 50% compared to 83% nationally. However this rate has been improving over time. The reason for this low rate is due to reviews taking place before 15 months, with a rate of 82%. This is due to mainly due to the timing that the invites are generated and parental choice. The service have made changes to the system to generate earlier appointments to ensure that these are more frequently prior to the child's first birthday.

### 2-2 ½ year review

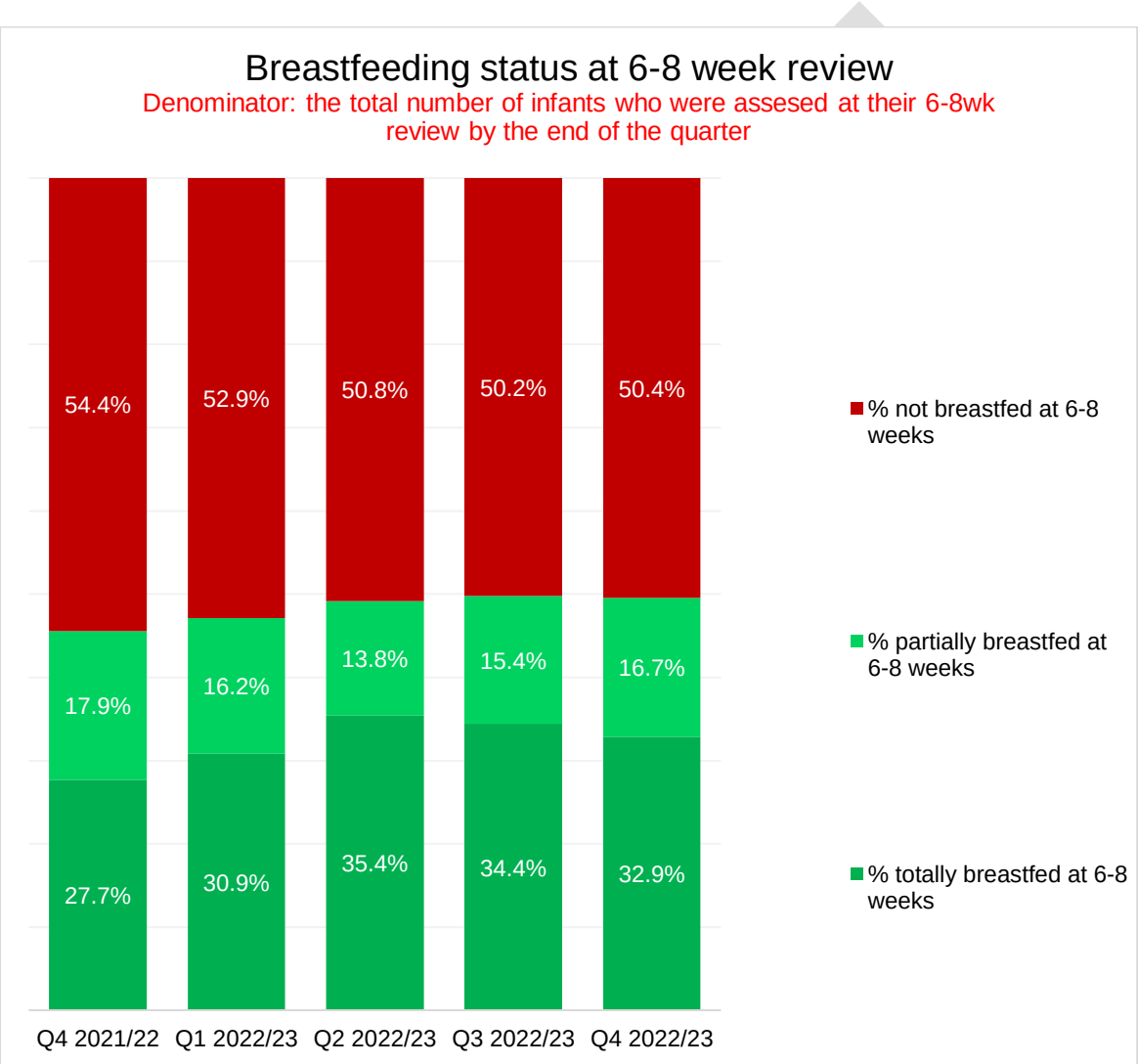
In Shropshire, 78% of mothers received a 2- 2 ½ year review, higher than the national rate of 74% and improving over time.

## 6–8-week review: breastfeeding status

*Note: this data differs from data presented in the Breastfeeding Prevalence section. The denominator is the total number of infants who **received** a 6–8-week review and does not include those who did not receive a visit.*

In Q4 of 2022/23, half (50%) of infants who were assessed at their 6–8-week review were partially or totally breastfed, 33% of which were totally breastfed.

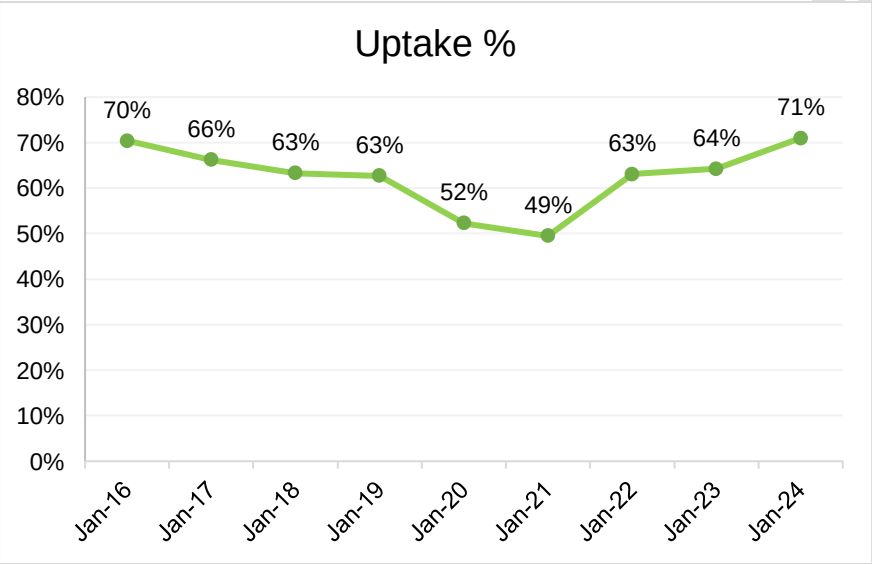
This is an improvement compared to the previous year, up from 46% partially or totally breastfed in Q4 2021/22 to 50% in Q4 2022/23.

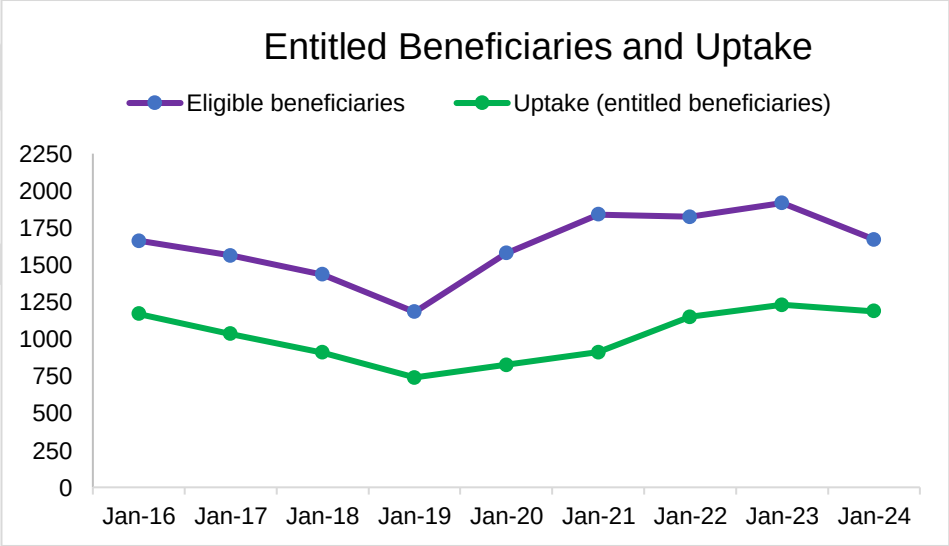


## Uptake of the Healthy Start Voucher Scheme

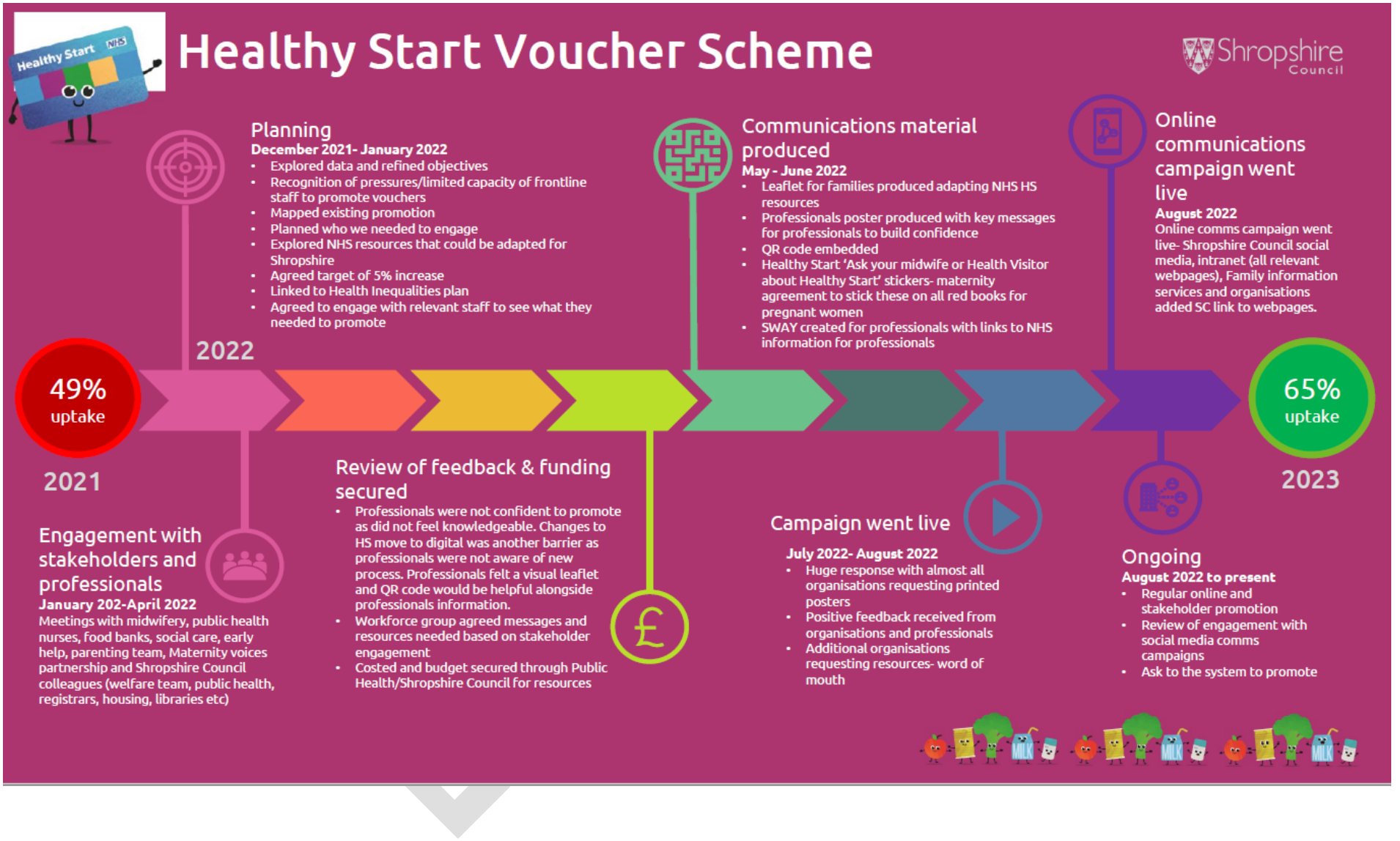
The Healthy Start scheme provides vouchers for pregnant women and parents with children under 4 years of age in receipt of certain benefits to help buy some basic foods. This important means-tested scheme provides vouchers to spend with local retailers. The scheme provides financial support to families to buy health food, milk and vitamins for pregnant women and parents of young children.

Take up in the most recent reporting period (January 2024) in Shropshire was 71% of eligible families, which was slightly below the national average of 74% [54].This is a rise over the last three years, up from 49% in January 2021. However, this still means that over a third (39%) of eligible families aren't taking up this free support for their children. The chart below right shows the number of eligible families and the number of people taking up healthy start vouchers. Both have been rising since January 2019, with a steeper rise in eligible families compared to the number of those taking up the scheme. This is also seen nationally[55].




[54] https://media.nhsbsa.nhs.uk/news/nhs-healthy-start-uptake-data-released
[55] https://media.nhsbsa.nhs.uk/news/nhs-healthy-start-uptake-data-released#:~:text=National%20uptake%20is%20currently%2062.7,the%20previous%20paper%20voucher%20scheme.&text=More%20families%20are%20now%20eligible,than%2020%2C000%20since%20August%202021.


Healthy Start
NHS
Healthy Start Voucher Scheme
Shropshire Council
Planning
December 2021- January 2022
Explored data and refined objectives
Recognition of pressures/limited capacity of frontline staff to promote vouchers
Mapped existing promotion
Planned who we needed to engage
Explored NHS resources that could be adapted for Shropshire
Agreed target of 5% increase
Linked to Health Inequalities plan
Agreed to engage with relevant staff to see what they needed to promote
Communications material produced
May - June 2022
Leaflet for families produced adapting NHS HS resources
Professionals poster produced with key messages for professionals to build confidence
QR code embedded
Healthy Start 'Ask your midwife or Health Visitor about Healthy Start' stickers- maternity agreement to stick these on all red books for pregnant women
SWAY created for professionals with links to NHS information for professionals
Online communications campaign went live
August 2022
Online comms campaign went live- Shropshire Council social media, intranet (all relevant webpages), Family information services and organisations added SC link to webpages.
2022
49% uptake
2021
65% uptake
2023
Engagement with stakeholders and professionals
January 202-April 2022
Meetings with midwifery, public health nurses, food banks, social care, early help, parenting team, Maternity voices partnership and Shropshire Council colleagues (welfare team, public health, registrars, housing, libraries etc)
Review of feedback & funding secured
Professionals were not confident to promote as did not feel knowledgeable. Changes to HS move to digital was another barrier as professionals were not aware of new process. Professionals felt a visual leaflet and QR code would be helpful alongside professionals information.
Workforce group agreed messages and resources needed based on stakeholder engagement
Costed and budget secured through Public Health/Shropshire Council for resources
Campaign went live
July 2022- August 2022
Huge response with almost all organisations requesting printed posters
Positive feedback received from organisations and professionals
Additional organisations requesting resources- word of mouth
Ongoing
August 2022 to present
Regular online and stakeholder promotion
Review of engagement with social media comms campaigns
Ask to the system to promote

# Children aged 0-4 with SEND

Please see the Special Educational Needs and Disability (SEND) for 0-25 year olds JSNA here for data and intelligence relating to this group.

# Vulnerable children

## Children in need

Every local authority must protect and promote the welfare of children in need in its area. To do this, it must work with the family to provide support services that will enable children to be brought up within their own families.

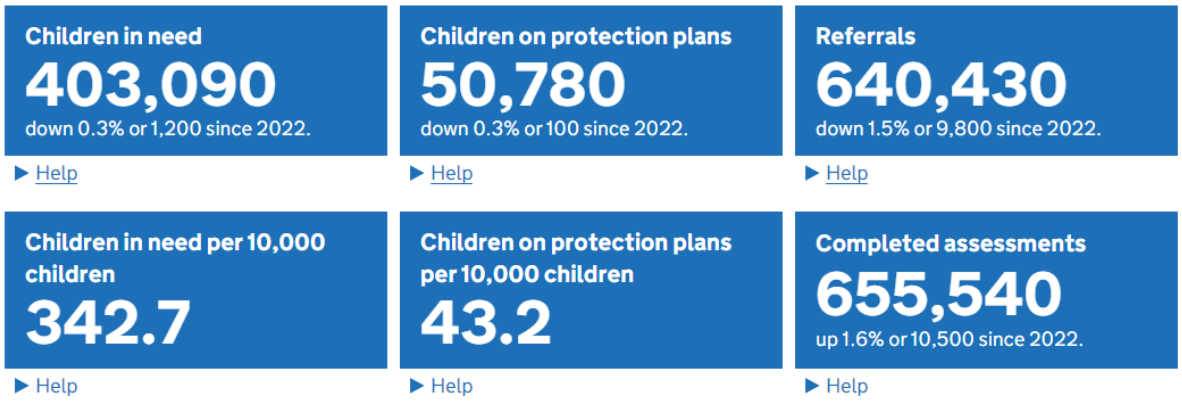
**Who are 'children in need'**
Children in need are defined in law as children who are aged under 18 and:

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled

Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health.

This group includes children on child in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children[56].

### National picture




Source: Department for Education (DfE)

In 2023, over 403,000 children were classed as in need and just under 51,000 children were on protection plans.

All the headline measures (apart from completed assessments) have decreased at least slightly compared with 2022. The number of children in need is higher than in 2020, which

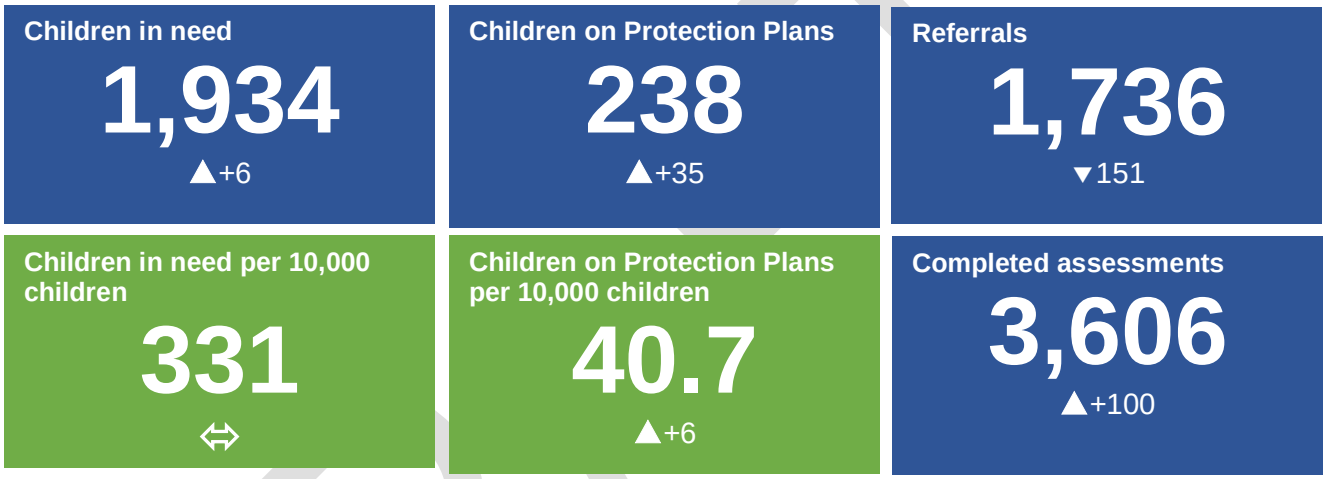
[56] Citizens Advice

(mostly) pre-dates the COVID-19 pandemic in England. However, the number of children on protection plans, referrals and completed assessments is lower.

The latest annual decreases follow the increase in 2022, in which there was a rise in all the headline measures, likely linked to school attendance restrictions due to COVID-19 no longer being in place.

In 2021, there was a fall in referrals, mainly driven by a drop in school referrals, attributable to restrictions on school attendance being in place for parts of the year. This in turn likely contributed to the falls seen in the other headline measures in that year[57].

## Shropshire picture




Data at 31 March 2023: (arrows indicate change compared to 2022)
Source: Explore Education Statistics

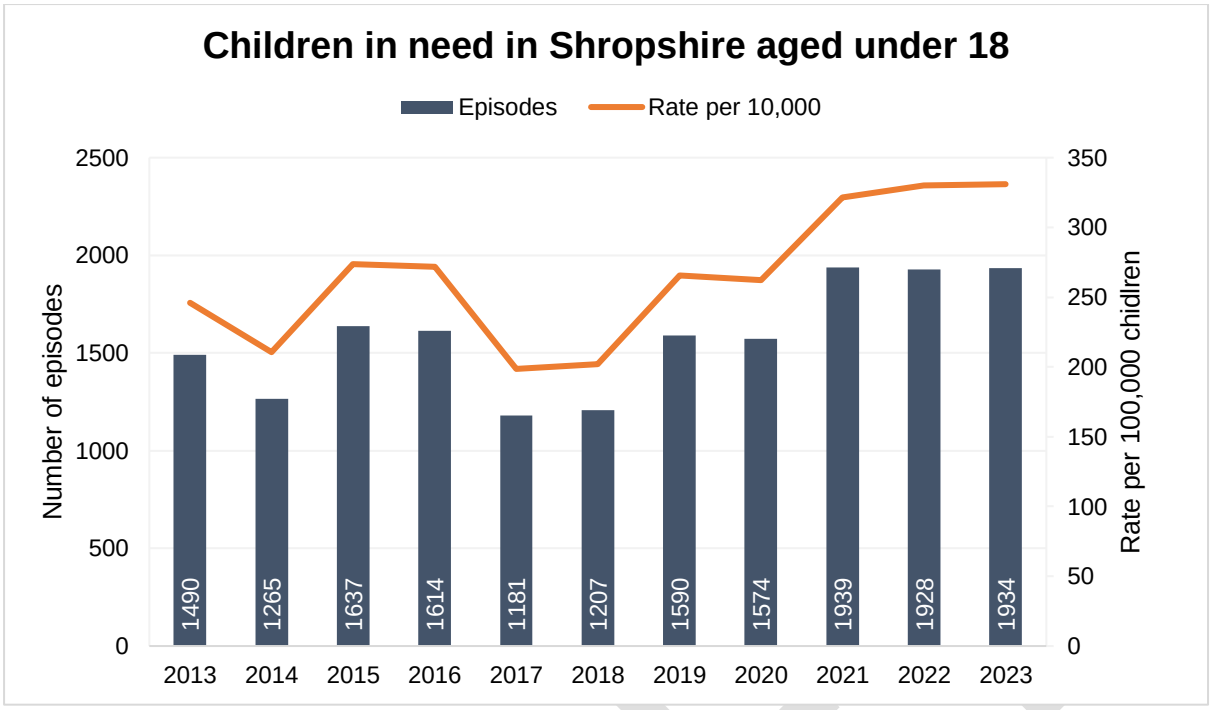
In Shropshire, at 31 March 2023, there were 1,934 children in need (aged under 18). This equates to a rate of 331 children in need per 10,000 children which is below regional and national average but similar to our statistical neighbours. There were 238 on protection plans, equating to a rate of 40.7 per 10,000, below the national average.

The rate of children in need in Shropshire has been rising over time since 2017, rising from a rate of 199 in 2017 to 331 per 10,000 children.

The most common primary need for these children was abuse or neglect between 2013 and 2023, with 58% of children in need having this as their primary need. This rate has been steady over the last 3 years

The rate of children on child protection plans in Shropshire has been falling since 2019, however there has been a rise in the latest year, up from 34.7 per 10,000 in 2022 to 40.7 per 10,000 in 2023.

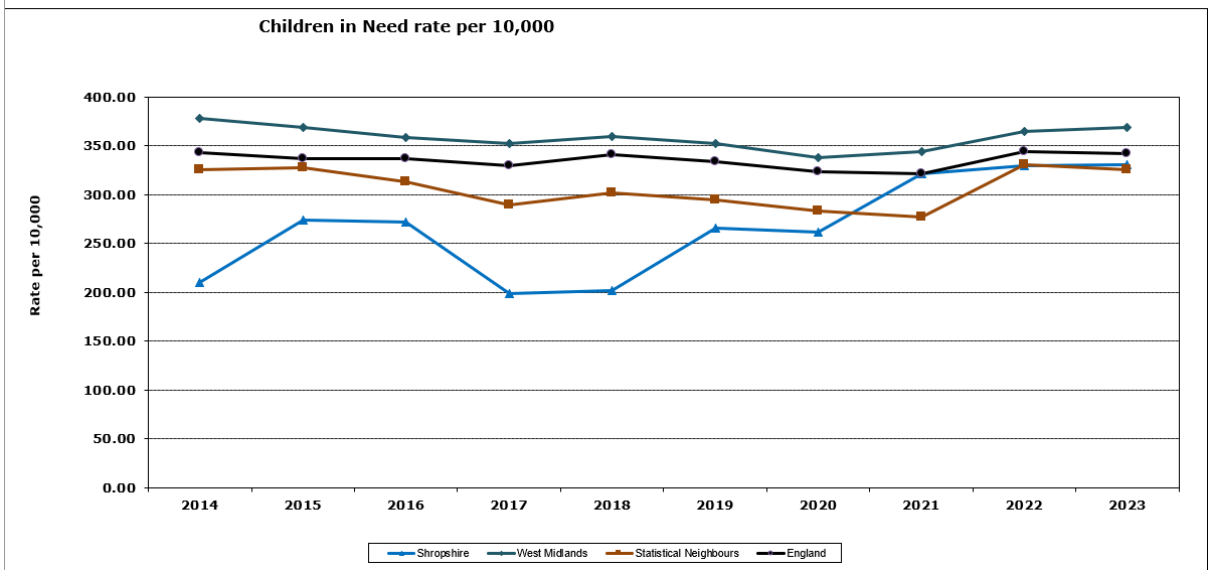
[57] Children in Need- Gov.uk https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need



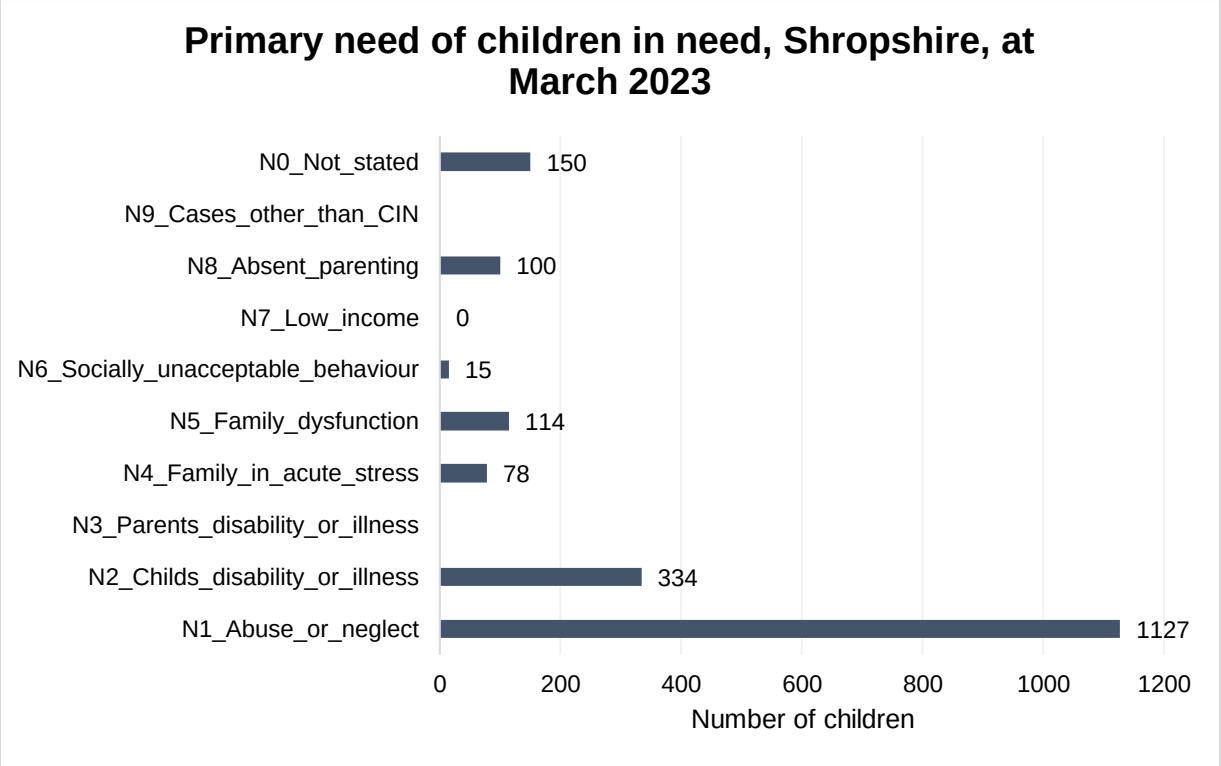

**Children in Need rate per 10,000**

| Local Authority, Region and England | | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | Change from previous year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 893 | Shropshire | 210.70 | 273.80 | 271.90 | 198.60 | 202.20 | 265.70 | 262.30 | 321.60 | 330.00 | 331.00 | 1.00 |
| 984 | West Midlands | 378.20 | 368.60 | 358.90 | 352.20 | 360.20 | 352.30 | 338.10 | 343.80 | 365.10 | 369.00 | 3.90 |
| | Statistical Neighbours | 325.26 | 328.29 | 312.84 | 289.42 | 302.30 | 295.24 | 283.35 | 277.45 | 330.85 | 325.69 | -5.16 |
| 970 | England | 343.70 | 336.60 | 337.30 | 330.10 | 341.00 | 334.20 | 323.70 | 321.20 | 343.80 | 342.70 | -1.10 |

| | | Trend | Change from previous year | Latest National Rank | Quartile Banding | Quartile bands: Up to and including | Up to and including | Up to and including | Up to and including |
|---|---|---|---|---|---|---|---|---|---|
| 893 | Shropshire | ↑ | 1.00 | - | - | - | - | - | - |




Source: LAIT tool




## Outcomes for Children in Need (including Looked after Children)

Data is only published up to 31st March 2022. At this time in Shropshire, there were1,928 children in need (CIN) aged under 18.

| Social Care group | Definition |
|---|---|
| CIN | Children in need |
| CINO | children in need, excluding children on a child protection plan and children looked after. This includes children on child in need plans as well as other types of plan or arrangements. |
| CPPO | children on a child protection plan, excluding children looked after. |
| CLA | children looked after (excludes children who are in respite care in their most recent episode during the reporting year). |

### Special education needs (SEN)

Special educational need and primary type of special education need for children in need (excluding children on a child protection plan and children looked after), children on a child protection plan (excluding children looked after) and children looked after.

In Shropshire, at 31st March 2022, there were 1,097 children in need who were pupils, 52% (572) of which were pupils with SEN. This compares with 49% nationally.

Of the 1,097 children in need who were pupils, 62% were children in need, excluding children on a child protection plan and children looked after, 26% were children looked after the remaining were on child protection plans. This is a similar profile to what we see nationally.

Of those CINO pupils in Shropshire, 58% were pupils with SEN, compared to 48% of children looked after and a third of children on protection plans were pupils with SEN. In England, 48% were pupils with SEN, compared to 57% of children looked after and 39% of children on protection plans were pupils with SEN.

| At 31st March 2022 | Social care group | Total pupils in each social care group | % | Number of pupils with no identified SEN | % | Number of pupils with SEN | % |
|---|---|---|---|---|---|---|---|
| **England** | **CINO** | **139,320** | 66% | **72,140** | 52% | **67,180** | 48% |
| | **CLA** | **41,940** | 20% | **17,890** | 43% | **24,060** | 57% |
| | **CPPO** | **29,710** | 14% | **18,050** | 61% | **11,650** | 39% |
| | **Total** | **210,970** | 100% | **108,080** | 51% | **102,890** | 49% |
| **Shropshire** | **CINO** | **682** | 62% | **289** | 42% | **393** | 58% |
| | **CLA** | **284** | 26% | **149** | 52% | **135** | 48% |
| | **CPPO** | **131** | 12% | **87** | 66% | **44** | 34% |
| | **Total** | **1,097** | 100% | **525** | 48% | **572** | 52% |

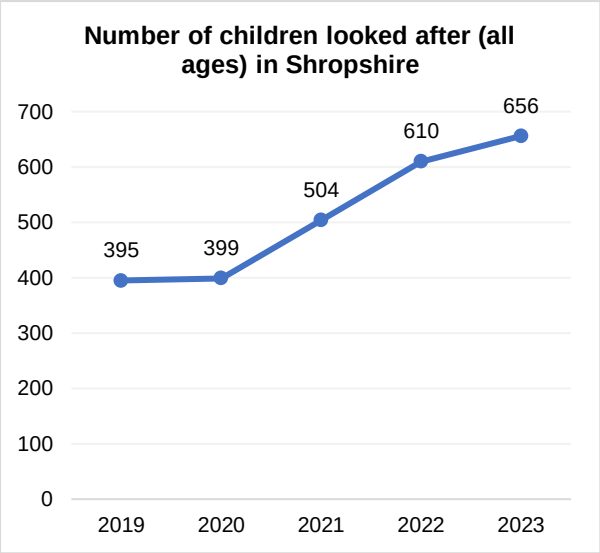
## Children looked after (children in care)

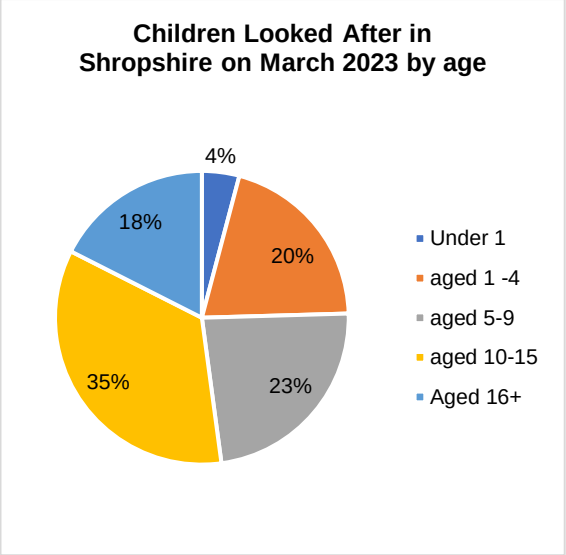
Children in care are a vulnerable group at greater risk of poor physical and emotional health outcomes than their peers. This can lead to poorer health throughout their life, and shorter life expectancy. Each local authority has a responsibility to understand a children in care's health needs and ensure that they receive the care they need.

On March 2023 in Shropshire, there were 656 children looked after, a rise of 7.5% compared the previous year[58]. Local data indicates that there will be a rise in 2024, with 719 looked after children reported as at 25 March 2024.

In 2023, there were 161 children looked after aged 0-4 years old, making up 24% of all children looked after in the county. Local data indicates that there are currently 154 looked after children aged 0-4 in Shropshire as at 25 March 2024, making up 21% of all looked after children.

[58] Education Statistics




Published data showing the number of children looked after in each age group over time. Soruce: Education Statistics.

| Children looked after on 31 March in each year | | | | | | |
|---|---|---|---|---|---|---|
| **Year** | **Under 1** | **aged 1 -4** | **aged 5-9** | **aged 10-15** | **Aged 16+** | **Total** |
| 2019 | 21 | 63 | 84 | 144 | 83 | 395 |
| 2020 | 17 | 71 | 86 | 149 | 76 | 399 |
| 2021 | 33 | 104 | 111 | 166 | 90 | 504 |
| 2022 | 41 | 127 | 133 | 199 | 110 | 610 |
| 2023 | 27 | 134 | 153 | 227 | 115 | 656 |

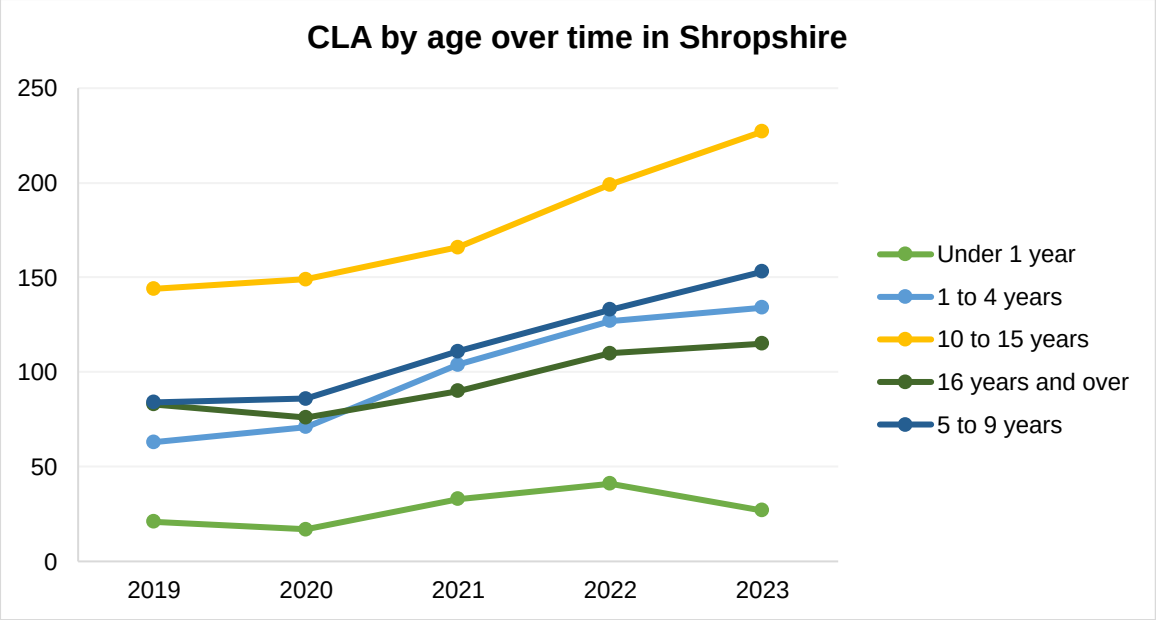
Table showing local data from Shropshire Children's Services at 25 March 2024

| As at 25/3/24 | 0-4 years | Total |
|---|---|---|
| Full care order | 67 | **433** |
| Interim care order | 57 | **150** |
| Single period (s20) | 27 | **126** |
| Placement order | * | **9** |
| LA on remand | | * |
| **Total** | **154** | **719** |

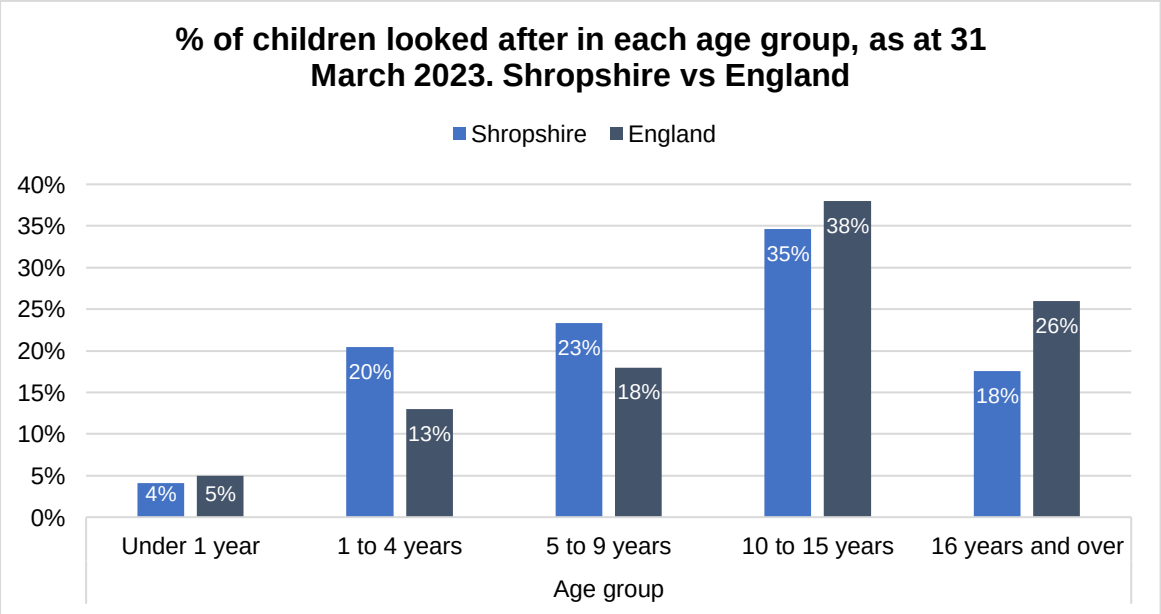
*** Numbers under 5 have been suppressed.**

## Trends

There has been a steady rise among all age groups compared to 2022, particularly in those aged 5-15. However there has been a fall among children looked after aged under 1.




Compared to England, in 2023, Shropshire had a higher proportion of looked after children in the 1-4 year old and 5-9 year old age groups, and a lower proportion in those aged 10 and over.




## Vulnerable families (0-4 year olds)

Between June 2022 and May 2023 in Shropshire, there were 10,435 episodes of contact with the following services among families with 0–4-year-olds:

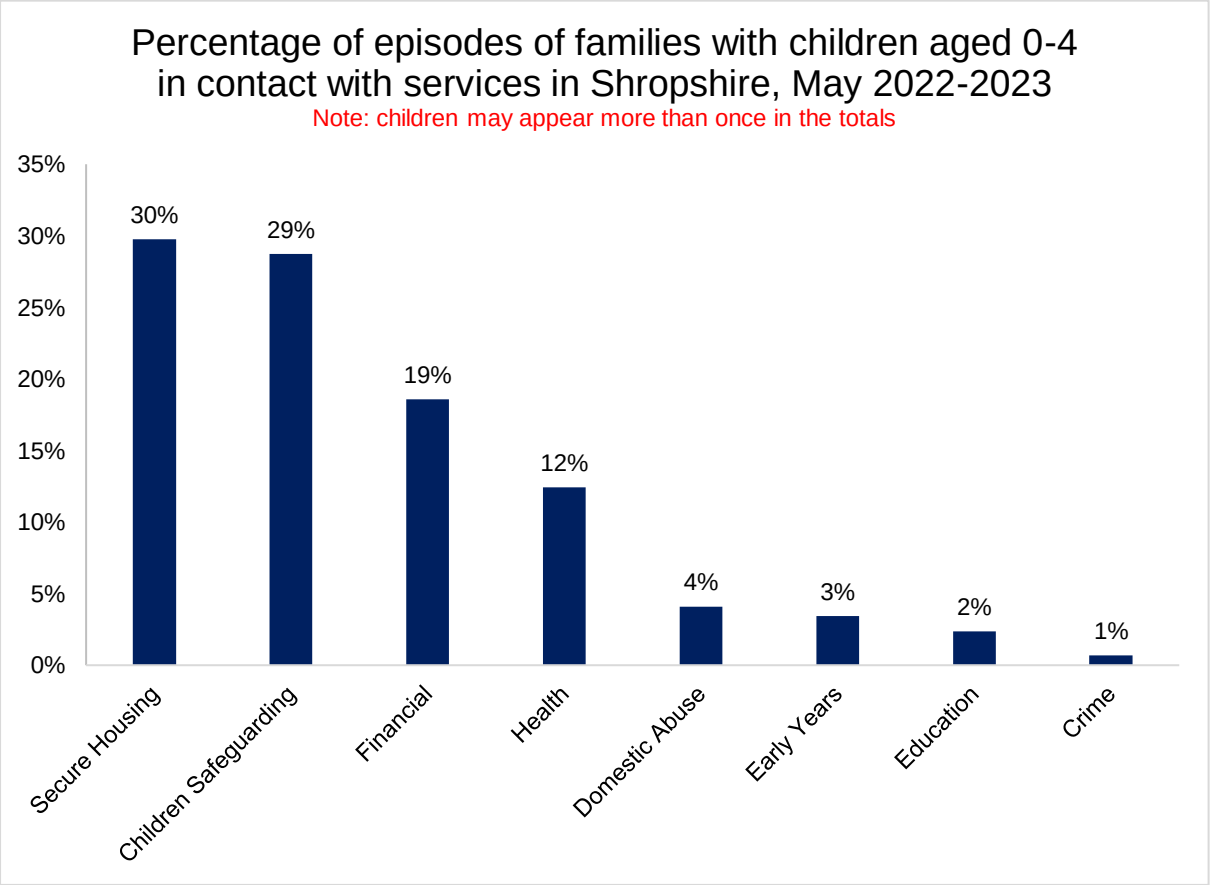
- Secure housing
- Early Help
- Children safeguarding
- Financial
- Health
- Domestic abuse
- Early years

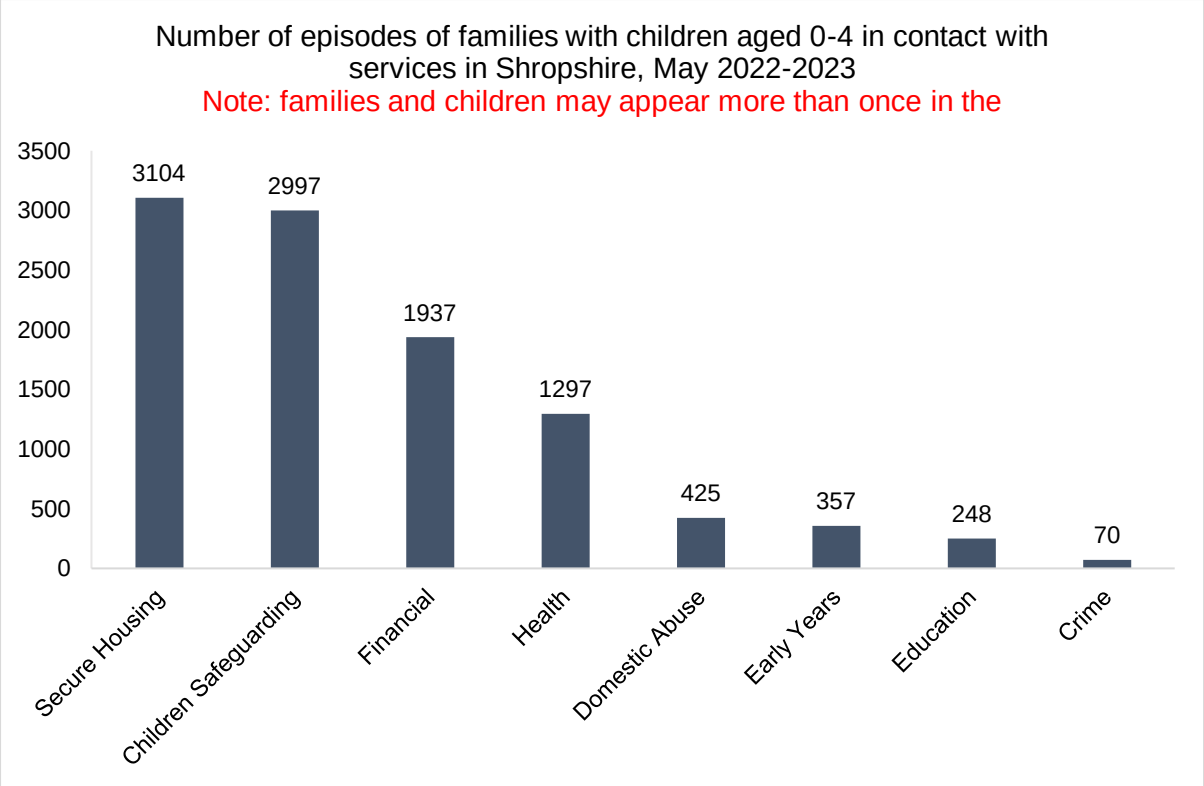
- Education
- Crime

Families may have had multiple episodes of contact during the year with different services.

The chart below shows that the secure housing was service with the highest proportion of episodes of contact with babies, infants and children aged 0-4s and their families, with 30% of all episodes for secure housing. Over half of these episodes of contact were on the housing register (17%), 11% were homeless and the remainder were in emergency accommodation.

A further 29% of episodes of contact were for child safeguarding and 19% were financial.





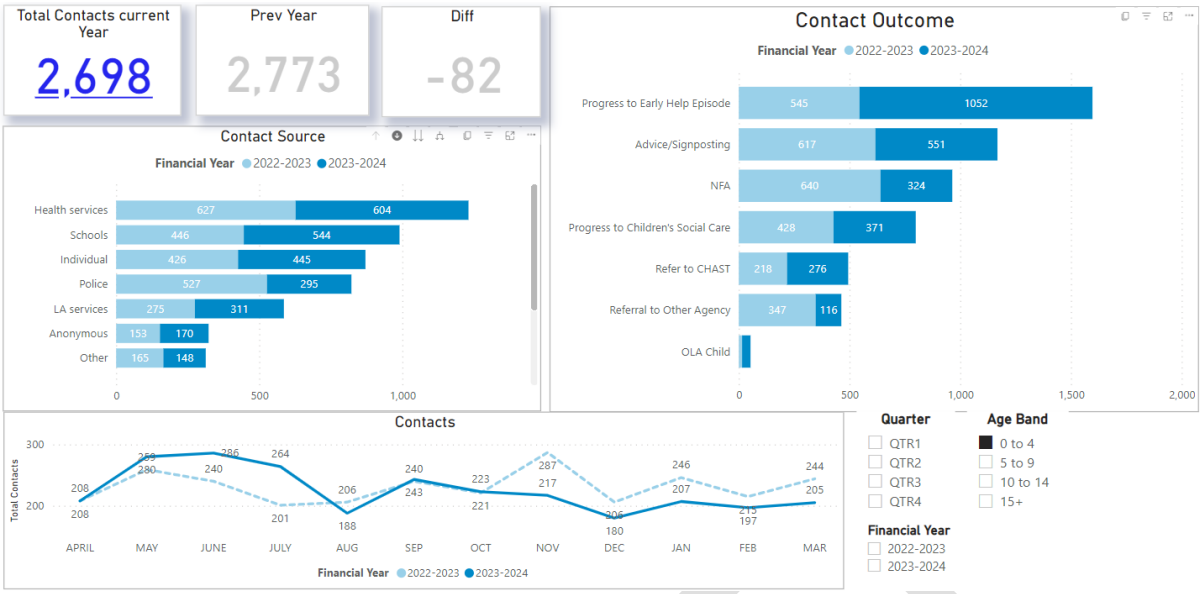

## Children's Social Care Contacts and referrals

### Contacts

In Shropshire in 2023-24, there were 2,698 Children's Social Care contacts with babies, infants and children aged 0-4, a fall of 82 contacts compared to the previous year. There was a higher number of contacts for this age group between May and July 2023 compared to the same period in 2022 however for the remainder of the financial year, numbers of contacts were similar, with some months of 2023-24 being slightly lower than the same period in 2022-23.

The highest number of contacts were from a health services and school source over the last two years. Compared to 2022-23, there has been a rise in contacts with babies, infants and children aged 0-4 in Shropshire where the source of contact was schools, individuals, and LA services. The number of contacts where the source was health services remains steady, however there has been a rise in contacts from A&E.

Dashboard showing Children's social care contacts for 0-4 year olds. Source: Shropshire Children's services



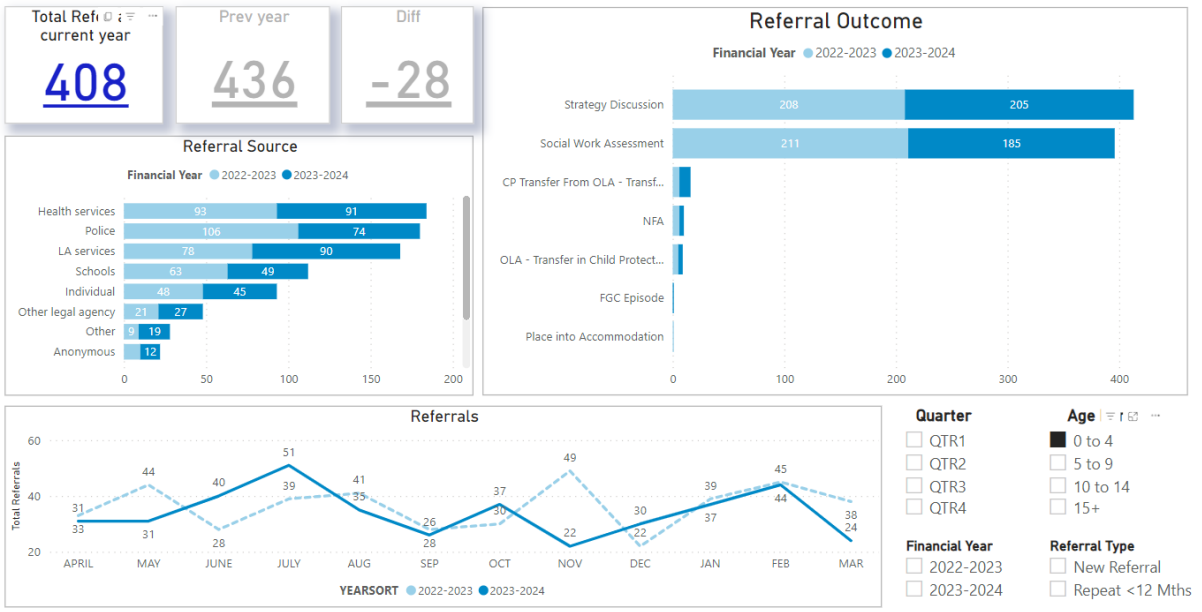

## Referrals

In Shropshire during 2023-24, there were 408 Children's Social Care referrals of babies, infants and children aged 0-4, a fall of 28 referrals compared to the previous year.

The highest number of referrals were from Health Services and LA services in 2023-24, with Police making most referrals in 2022-23 for 0-4 year olds.

Within health services referrals, midwives and ambulances made the most referrals in 2023-24. The number of referrals from midwives, ambulances, consultants and A&E doubled compared to 2022-23, with a large fall seen in referrals made by primary health services.

Dashboard showing Children's social care referrals for 0-4 year olds. Source: Shropshire Children's services



## Case study: COMPASS Help and Support Team (CHAST)

The CHAST offer aims to address demand and capacity issues into Children's Social Care in Shropshire and to ensure parents and families access support and help to meet their needs at the earliest opportunity. CHAST support is important as Early help can offer children the support needed to reach their full potential (EIF, 2021). It can improve the quality of a child's home and family life, enable them to perform better at school and support their mental health (EIF, 2021). Research suggests that early help can:

- protect children from harm
- reduce the need for a referral to child protection services
- improve children's long-term outcomes
- (Haynes et al, 2015).

The COMPASS Help and Support Team data shows that between September 2022 and March 2023, 74 babies, infants and children were supported by the team, 65% of which were aged 2-4. This data includes unborn babies. These were children largely from household compositions of 1-2 children (76%). Half (53%) of those supported were males, 43% were females with the remainder were unknown. Majority of babies, infants and children supported were White British (68%). Referrals came from a wide number of sources, for example ambulances, schools, and the police. The most common presenting issues were domestic abuse (16%), parenting difficulties (13%) and neglect (12%). The most common barriers to access were not needing support previously (38%), declining support (23%) or being known to children's services previously (18%).

Table showing presenting issue to CHAST, September 2022 to March 2023, Source: COMPASS Help and Support Team

| Presenting issue | Count | Proportion |
|---|---|---|
| Domestic abuse | 18 | 16% |
| Parenting Difficulties | 15 | 13% |
| Neglect | 14 | 12% |
| Adult mental health | 11 | 10% |
| Parental acrimony | 10 | 9% |
| Adult substance misuse | 9 | 8% |
| Other | 8 | 7% |
| Access to education | 6 | * |
| Adult alcohol misuse | * | * |
| Emotional harm | * | * |
| Gypsy and Traveller | * | * |
| Death of Primary Carer | * | * |
| Financial Poverty | * | * |
| Physical harm | * | * |
| Housing | * | * |
| Adult exploitation | * | * |
| Young Carers | * | * |
| Homelessness | * | * |
| Missing | * | * |
| Social Isolation | * | * |

* Figures under 5 have been suppressed for confidentiality reasons.

Table showing Early Help outcomes, September 2022 to March 2023, Source: COMPASS Help and Support Team

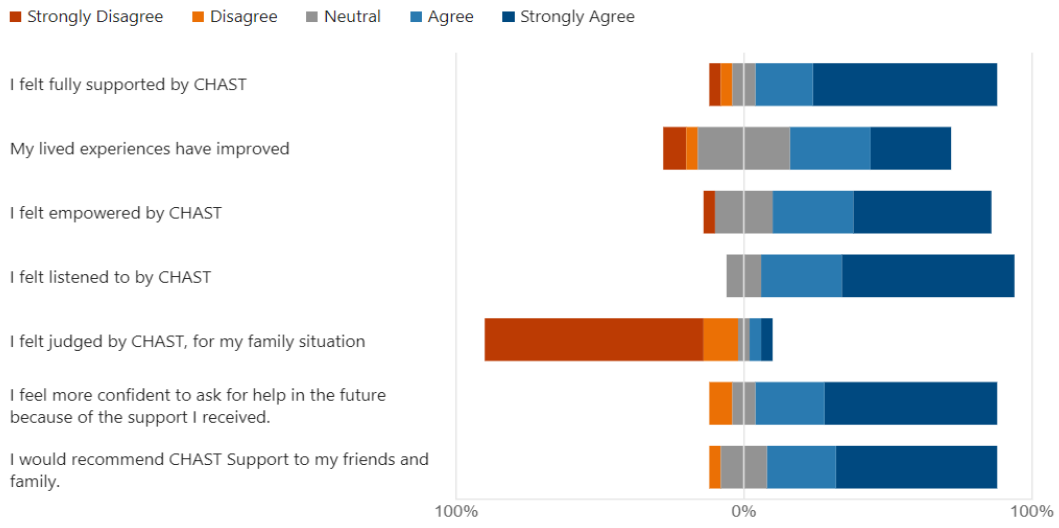
| Early Help Outcome | Count | Proportion |
|---|---|---|

| | | |
|---|---|---|
| None as no support given | 24 | 19% |
| Due to decline | 23 | 18% |
| Keeping children safe from abuse and exploitation | 16 | 13% |
| Improved mental and physical health | 15 | 12% |
| Safe from domestic abuse | 8 | 6% |
| Improved family relationships | 8 | 6% |
| Secure housing | 8 | 6% |
| No data | 8 | 6% |
| Early years development | 7 | 6% |
| Getting a good education | * | * |
| Promoting recovery and reducing substance misuse | * | * |
| Financial stability | * | * |

* Figures under 5 have been suppressed for confidentiality reasons.

## Impact of CHAST on Children and Families from their perspective

Feedback was collected from all families with children aged 0-18 engaged with the team during the first three months of operation. Families rated CHAST 8.80 out of 10 for the support they received, with majority feeling their lived experiences had improved, they were empowered, listened to and approached in a non-judgemental way. This included 49 babies, infants and children aged 0-4 years (out of a total of 179). The feedback received stated our children and families felt more confident to ask for help in the future and would recommend CHAST to their friends and family.




Only those families who need social work intervention are being identified at front door, this ensures help to families at the right time, at the right level.

Shropshire Council

# Impact of CHAST on Children and Families from their perspective.

Shropshire Council

## CHAST Service-Improvements and the way forward to 6-month Review.

Service improvements from the feedback received from CHAST have already started to be undertaken. Examples are:

- Feedback was given around children and families being sign-posted, to services, but not having hands on support to make referrals. CHAST responded to this, by disseminating new guidance to family support workers around a hand-holding approach and more hands on help and support.
- Feedback was also given, around a lack of knowledge in support service arena's for different presenting issues. CHAST responded to this, and now have weekly catch-up meetings where partners are invited to discuss their service, and referral pathway to support the knowledge of front-line family support workers in CHAST.
- Waiting times when CHAST became busy, were also raised. CHAST is in the process of responding to this, with an advert for two further family support workers to meet the current demand on the COMPASS Help and Support Team.



## Early Years Settings

Early years settings provide a caring, supportive environment where children can learn and develop. Early years settings such as nurseries, pre-schools and childminders support parents and deliver crucial care and education for our youngest children.

Starting from April 2024, existing childcare support will be expanded in phases. By September 2025, most working families with children under the age of 5 will be entitled to 30 hours of childcare support.

The changes are being introduced gradually to make sure that providers can meet the needs of more families. This means that:

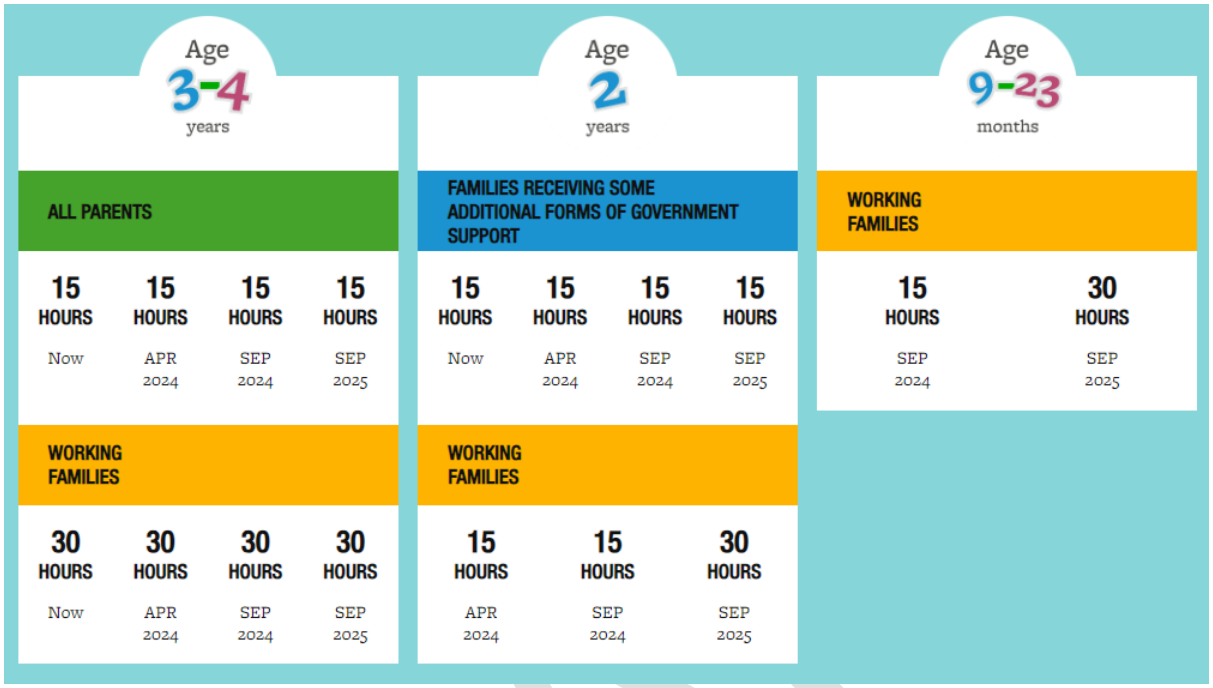
From April 2024, eligible working parents of 2-year-olds will be able to access 15 hours childcare support.

From September 2024, 15 hours childcare support will be extended to eligible working parents of children from the age of 9 months to 3-year-olds.

From September 2025, eligible working parents with a child from 9 months old up to school age will be entitled to 30 hours of childcare a week.

Like the existing offer, depending on your provider, these hours can be used over 38 weeks of the year or up to 52 weeks if you use fewer than your total hours per week.

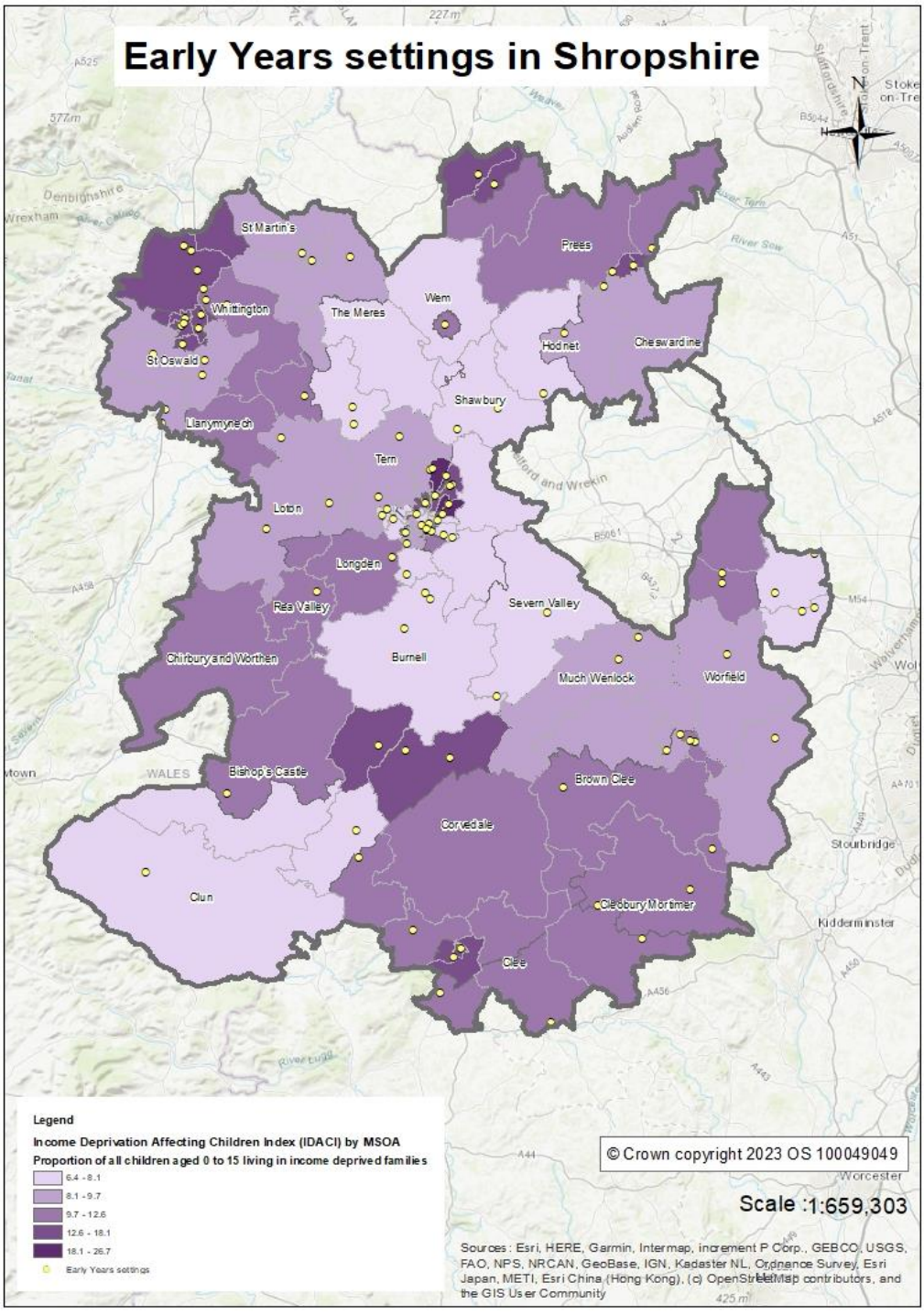
Sign up for more details about the upcoming expansion from April 2024, as well as how and when to register for support with childcare costs.




Source: Child Care Choices - [https://www.childcarechoices.gov.uk/upcoming-changes-to-childcare-support/](https://www.childcarechoices.gov.uk/upcoming-changes-to-childcare-support/)

## Where are the Early Years settings in Shropshire in relation to areas of deprivation?

In 2023 in Shropshire, there were 103 Early Years settings located across the county (see map below). Many settings are concentrated in the Shrewsbury area and Oswestry. Reassuringly, settings are well-placed in relation to areas with high levels of income deprivation affecting children (purple heat map below).


Early Years settings in Shropshire
St Martin's
Whittington
St Oswald
Llanymynech
The Meres
Wem
Prees
Hodnet
Chesswardine
Shawbury
Tern
Loton
Longden
Rea Valley
Severn Valley
Chirbury and Worthen
Burnell
Much Wenlock
Worfield
Bishop's Castle
Brown Clee
Corvedale
Clun
Cleobury Mortimer
Clee
WALES
Legend
Income Deprivation Affecting Children Index (IDACI) by MSOA
Proportion of all children aged 0 to 15 living in income deprived families
6.4 - 8.1
8.1 - 9.7
9.7 - 12.6
12.6 - 18.1
18.1 - 26.7
Early Years settings
© Crown copyright 2023 OS 100049049
Scale :1:659,303
Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

Two thirds (64%) of Early Years settings received a ‘good’ Ofsted outcome, with 1 in 4 (24%) receiving an ‘outstanding’ outcome.

| Ofsted outcome | Number of Early Years settings | Proportion of Early Years settings |
|---|---|---|
| Outstanding | 24 | 24% |
| Good | 65 | 64% |
| Met | 2 | 2% |
| Inadequate | 2 | 2% |
| Registration | 7 | 7% |
| RI | 1 | 1% |
| Waiting to be assessed | 1 | 1% |
| **Total** | **102** | **100**% |

## Stakeholder engagement

We asked stakeholders to work with us to identify and provide us with the relevant data, intelligence, and evidence to inform the JSNA:

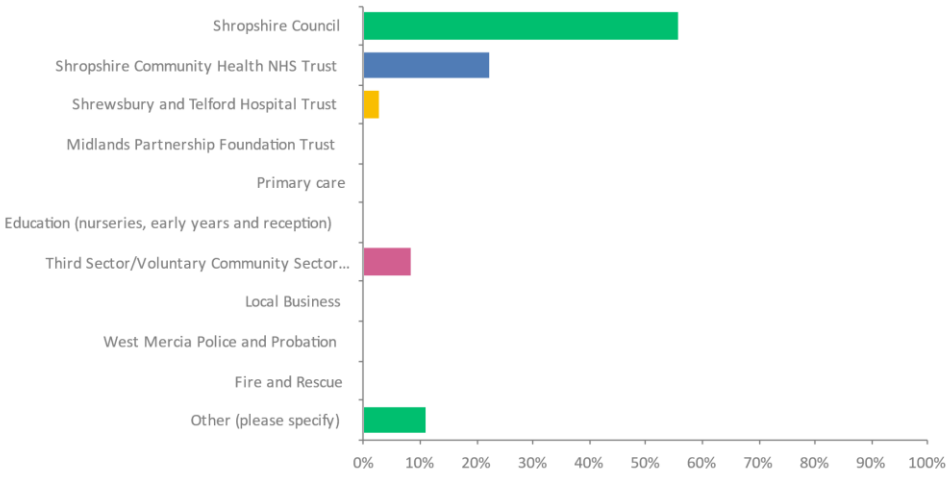
- To identify subjects which should be spotlighted and explored in more depth (Spotlight JSNAs)
- To inform us of your outreach and engagement work with children, young people and families in Shropshire
- To provide their views on key opportunities, challenges, and assets to be included in the JSNA
- Once developed, to use the Children and Young Peoples JSNA to inform service development and delivery

We engaged stakeholders and professionals using an online questionnaire through the SurveyMonkey platform. The questionnaire was developed to capture the views of all services and organisations that support babies, infants and children and their families (age 0-4).

Responses were collected between 31 March 2023 and 1 May 2023. In total, 36 responses were received. Over half (56%) of respondents were Shropshire Council employees, 22% were Shropshire Community Health NHS Trust employees, 11% were from Other organisations (e.g. NHS Shropshire Telford & Wrekin ICB and Town Councils) and 8% from Third Sector/Voluntary Community Sector Enterprises/Charities:

## Q1: Which organisation do you work for?

Answered: 36 Skipped: 0




## Which service area do you work in?

| Organisation and Service area | Number of respondents |
|---|---|
| **Shropshire Council** | **20** |
| Children's Social Care | 3 |
| Culture Leisure and Tourism | 1 |
| Early Help | 8 |
| Emergency planning biodiversity and public health | 1 |
| Housing Services | 1 |
| Learning and skills | 2 |
| Libraries | 1 |
| Public Health | 2 |
| Shropshire Museums and Archives | 1 |
| **Shropshire Community Health NHS Trust** | **8** |
| Community children's nursing | 1 |
| Community Paediatrics | 1 |
| Family Nurse Partnership | 1 |
| Health Visiting | 2 |
| PHNS | 1 |
| School Nursing | 2 |
| **Other (please specify)** | **4** |
| Designated Safeguarding Team | 1 |
| Education | 1 |
| Maternity & Neonatal | 1 |
| Town Councillor | 1 |
| **Third Sector/Voluntary Community Sector Enterprises/Charities** | **3** |
| Autism specific support for families | 1 |

| | |
|---|---|
| Breastfeeding Support | 1 |
| Children's Social Care | 1 |
| **Shrewsbury and Telford Hospital Trust** | **1** |
| Midwifery | 1 |
| **Total** | **36** |

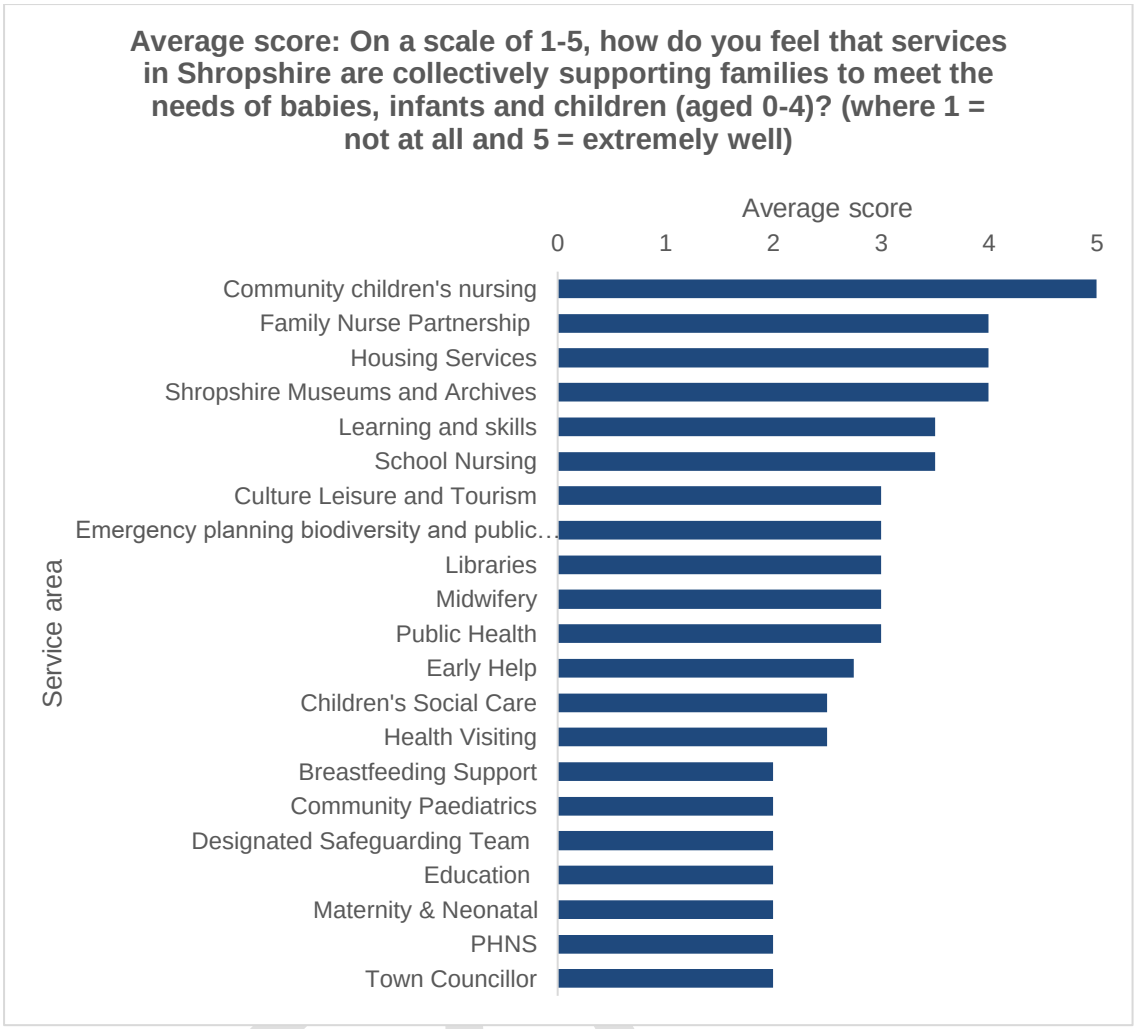
Of the 20 responses from Shropshire Council, majority were from the Early Help service. 16 stakeholders from outside Shropshire Council also responded, half of which were from the Shropshire Community Health NHS Trust.

## Collectively supporting families to meet the needs of babies, infants and children (aged 0-4)

Across the system, respondents rated Shropshire collectively supporting families to meet the needs of babies, infants and children (aged 0-4) at 2.9, where 1 was not at all and 5 was extremely well.

Some service areas felt that the system is collectively supporting families to meet the needs of babies, infants and children (aged 0-4) very and extremely well (average rating of 4-5), for example: Community children's nursing, the Family Nurse Partnership, Housing and the Museum.

Other respondents such as those working in service areas of Breastfeeding Support, Education, Community Paediatrics, Maternity & Neonatal, Town Councillor, Designated Safeguarding Team and the PHNS, reported room for improvement with an average rating of 2.

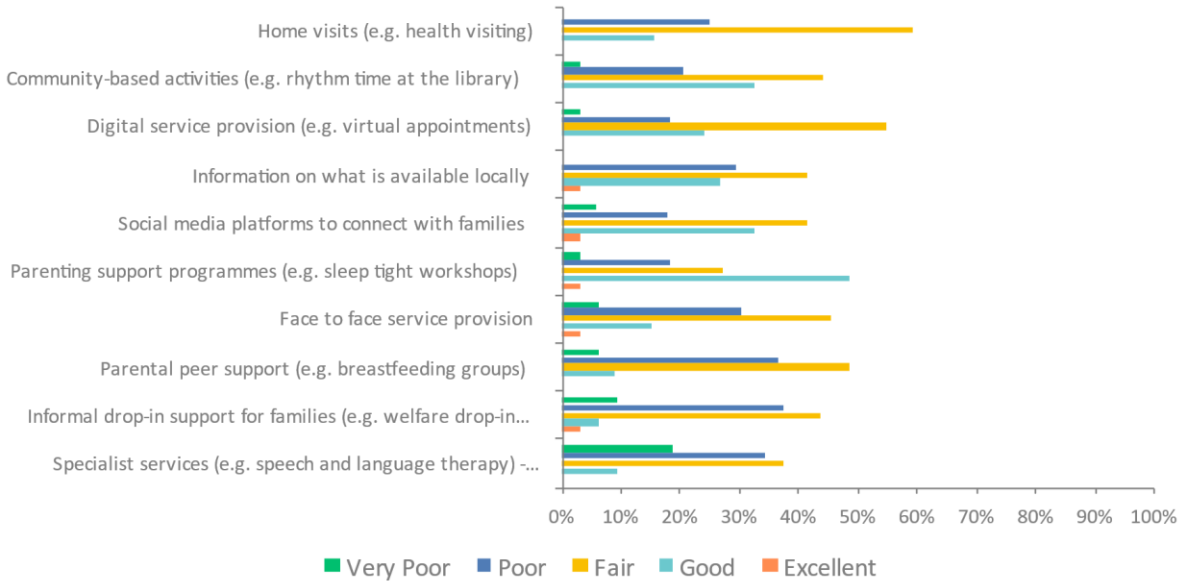

Average score: On a scale of 1-5, how do you feel that services in Shropshire are collectively supporting families to meet the needs of babies, infants and children (aged 0-4)? (where 1 = not at all and 5 = extremely well)
Average score
0
1
2
3
4
5
Service area
Community children's nursing
Family Nurse Partnership
Housing Services
Shropshire Museums and Archives
Learning and skills
School Nursing
Culture Leisure and Tourism
Emergency planning biodiversity and public…
Libraries
Midwifery
Public Health
Early Help
Children's Social Care
Health Visiting
Breastfeeding Support
Community Paediatrics
Designated Safeguarding Team
Education
Maternity & Neonatal
PHNS
Town Councillor

## Areas doing well or areas for improvement in Shropshire:

The below charts indicate how respondents feel we are doing around the availability and accessibility of services and information; engagement and co-production and organisational development and partnership working.

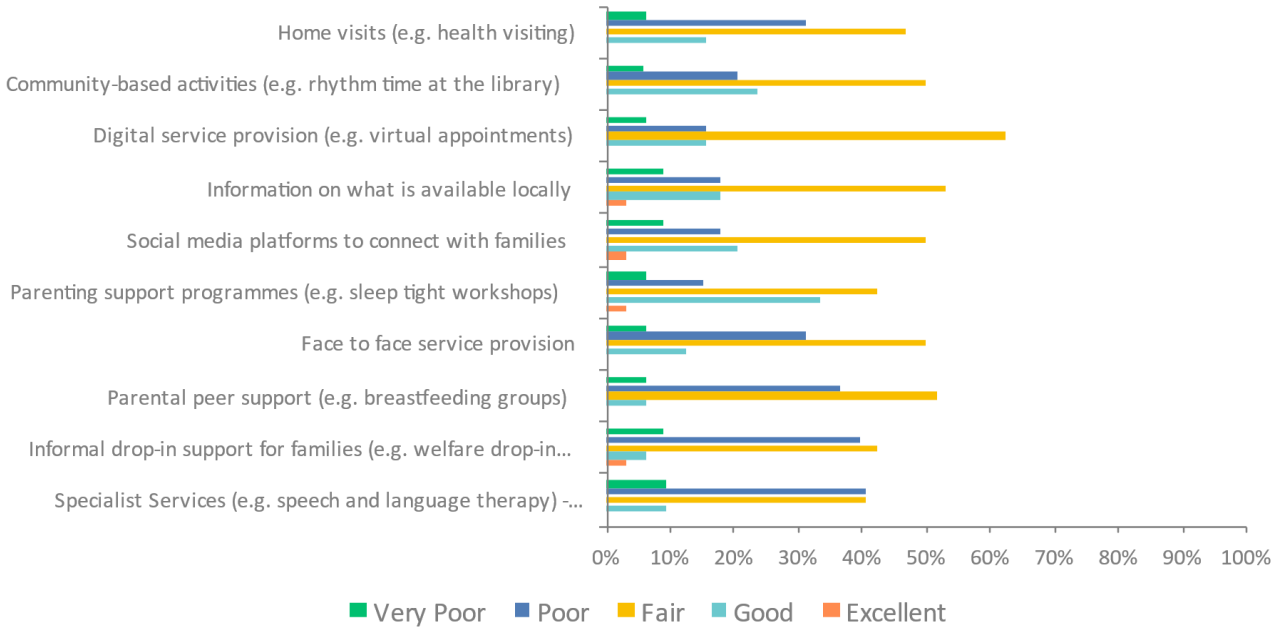
### Q4: Availability of services and information

Answered: 34 Skipped: 2



# Q5: Accessibility of services and information

Answered: 35 Skipped: 1



# Q6: Engagement and co -production

Answered: 34 Skipped: 2

## Q7: Organisational development and partnership working:

Answered: 33 Skipped: 3


| Availability of services and information | Very Poor | Poor | Fair | Good | Excellent |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Home visits (e.g. health visiting) | 0% | 26% | 58% | 16% | 0% |
| Community-based activities (e.g. rhythm time at the library) | 3% | 18% | 45% | 33% | 0% |
| Digital service provision (e.g. virtual appointments) | 3% | 19% | 53% | 25% | 0% |
| Information on what is available locally | 0% | 27% | 42% | 27% | 3% |
| Social media platforms to connect with families | 6% | 15% | 42% | 33% | 3% |
| Parenting support programmes (e.g. sleep tight workshops) | 3% | 16% | 28% | 50% | 3% |
| Face to face service provision | 6% | 31% | 44% | 16% | 3% |
| Parental peer support (e.g. breastfeeding groups) | 6% | 38% | 47% | 9% | 0% |
| Informal drop-in support for families (e.g. welfare drop-in clinics) | 10% | 39% | 42% | 6% | 3% |
| Specialist services (e.g. speech and language therapy) - Please state | 19% | 35% | 35% | 10% | 0% |

| **Accessibility of services and information** | **Very Poor** | **Poor** | **Fair** | **Good** | **Excellent** |
|---|---|---|---|---|---|
| Home visits (e.g. health visiting) | 6% | 32% | 45% | 16% | 0% |
| Community-based activities (e.g. rhythm time at the library) | 6% | 21% | 48% | 24% | 0% |
| Digital service provision (e.g. virtual appointments) | 6% | 13% | 65% | 16% | 0% |
| Information on what is available locally | 9% | 15% | 55% | 18% | 3% |
| Social media platforms to connect with families | 9% | 15% | 52% | 21% | 3% |
| Parenting support programmes (e.g. sleep tight workshops) | 6% | 13% | 45% | 32% | 3% |
| Face to face service provision | 6% | 32% | 48% | 13% | 0% |
| Parental peer support (e.g. breastfeeding groups) | 6% | 38% | 50% | 6% | 0% |
| Informal drop-in support for families (e.g. welfare drop-in clinics) | 9% | 41% | 41% | 6% | 3% |
| Specialist services (e.g. speech and language therapy) - Please state | 10% | 42% | 39% | 10% | 0% |

| **Engagement and Co-production** | **Very Poor** | **Poor** | **Fair** | **Good** | **Excellent** |
|---|---|---|---|---|---|
| Actively involving parents in service development | 16% | 38% | 38% | 9% | 0% |
| Voice of the child – gaining wishes, thoughts and feelings of children | 9% | 41% | 38% | 13% | 0% |
| Collating service user feedback (e.g. feedback forms) | 9% | 33% | 42% | 15% | 0% |
| Access data on children and young people (i.e. Do you have access to the data you need?) | 12% | 27% | 39% | 21% | 0% |
| Using data to inform service planning and delivery | 13% | 16% | 47% | 22% | 3% |
| Sharing of information between agencies (e.g. multiagency meetings) | 13% | 34% | 22% | 31% | 0% |

| **Organisational development and partnership working** | **Very Poor** | **Poor** | **Fair** | **Good** | **Excellent** |
|---|---|---|---|---|---|
| Partnership working | 0% | 22% | 44% | 34% | 0% |
| Integrated services | 3% | 29% | 52% | 16% | 0% |
| Continued professional development | 7% | 13% | 57% | 23% | 0% |
| Supervision for workforce | 0% | 19% | 45% | 26% | 10% |

| | | | | | |
|---|---|---|---|---|---|
| Communication across services | 6% | 41% | 31% | 22% | 0% |
| Co-location of services/professionals to provide multiagency support | 6% | 48% | 29% | 16% | 0% |

### Availability of services and information

50% of respondents felt that there is good availability of parenting support programmes in Shropshire. Areas of need are also highlighted, for example: 39% of respondents felt that there is poor availability of informal drop-in support for families and a further 42% felt availability was "fair". One in five respondents also reported that there is very poor availability of specialist services in the county, particularly for speech and language and pre and post-natal care. Waiting times around specialise services was also highlighted as poor.

### Accessibility of services and information

32% of respondents felt that there is good availability of parenting support programmes. However, 32% of respondents feel that there is poor accessibility of face-to-ace service provision and another 32% feel that there is poor accessibility to home visits". One in ten respondents feel that there is very poor availability of specialist services, especially for rural communities.

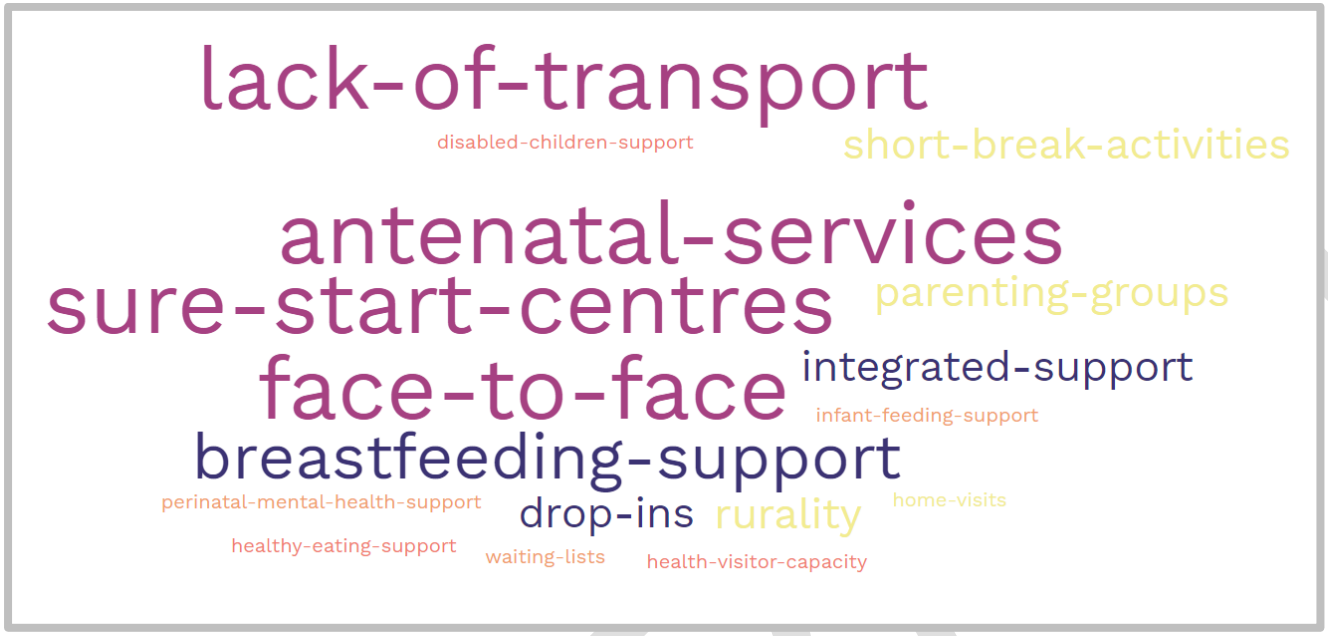
### Engagement and co-production

38% of respondents reported poor co-production with parents in service development with a further 38% reporting "fair". 41% reported poor co-production with the voice of the child, highlighting a need for improvement. 34% feel that there is poor sharing of information between agencies, however a further third feel that there is good information sharing between agencies.

### Organisational development and partnership working

Almost half of respondents (48%) felt that co-location of services is "poor" and 41% reported communication across services as "poor". On the other hand, 34% reported good partnership working.

## Gaps in the service provision for families, babies, infants and children aged 0-4




Detailed responses:

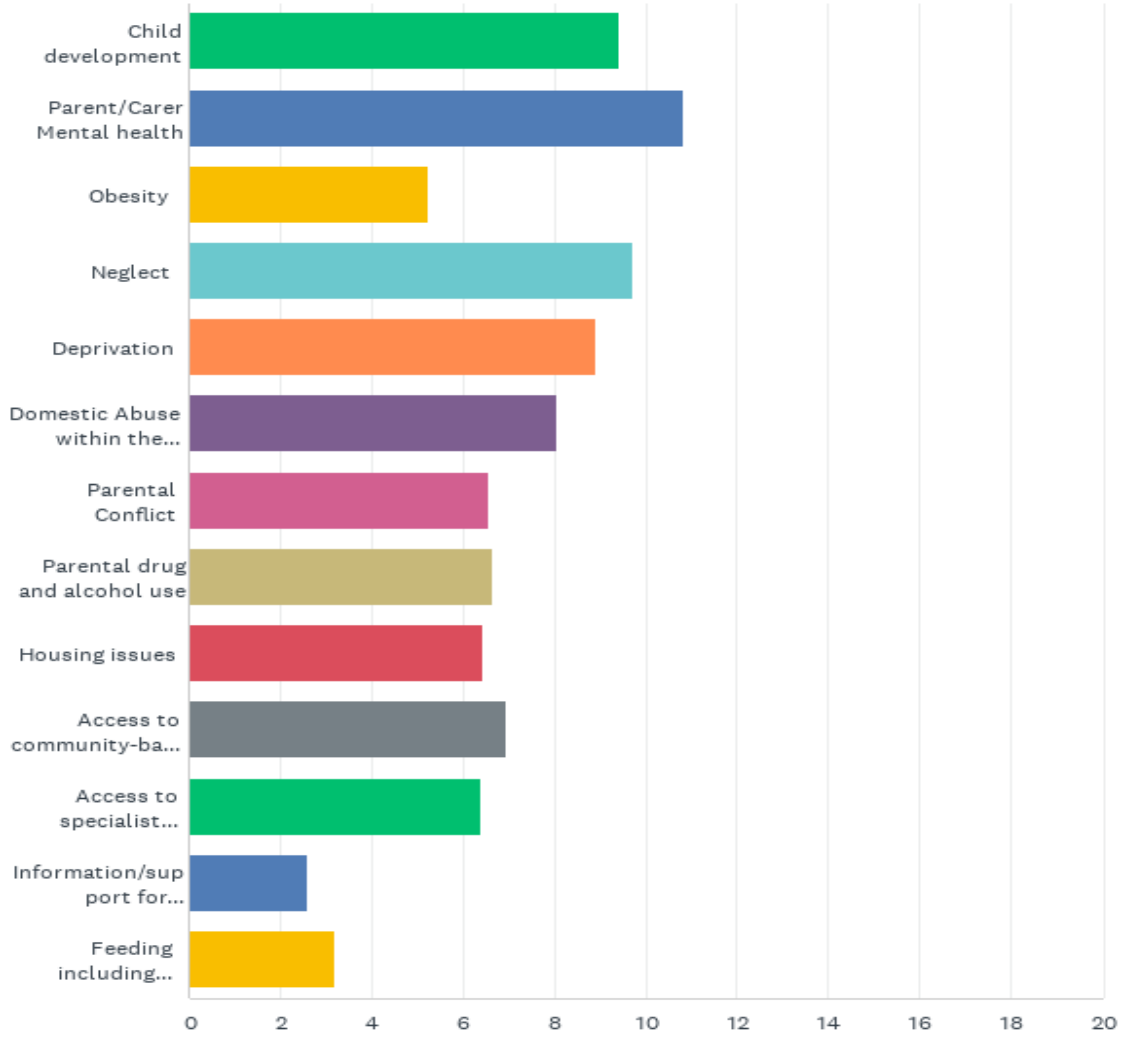
- “There is a lack of drop-in, face-to-face support for families, like they used to get with the Sure Start Children's Centres. The Short Break activities are very limited in certain parts of the county.”
- “No face to face health visiting service for Bishops Castle. Parents can have phone calls or travel to Ludlow. Public Transport links are poor. Sure Start filled all the gaps and now we are seeing the legacy .”
- “Gaps in provision of All In short breaks for this age group, also geographical gaps in wider provision around the county. Information sharing between partners needs to improve about the service provision available, most is unknown and not promoted enough. Better use of the Family Information Service central online database of services should be encouraged.”

## Areas doing well in the service provision for families, babies, infants and children aged 0-4


- “Family Information Service is a great source and accessible on many different levels”
- “The work that is being completed in Oswestry is a good example of integrated working “
- “Early Help team do an excellent job.”
- “Use of libraries to deliver and support provision  Delivery of speech and language intervention programmes -EY Talkboost  Speech and Language website, ST&W, is very informative and supportive”

## What you think are the key challenges for children (0-4) in Shropshire:

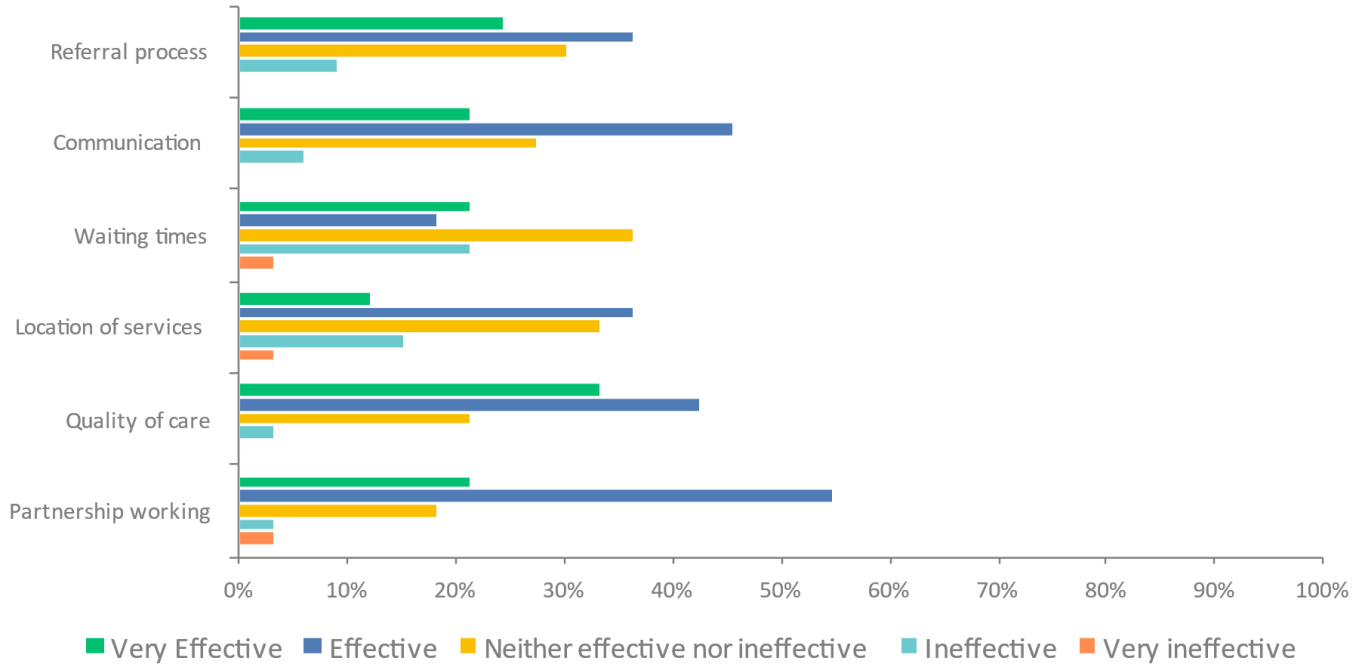
Respondents highlighted parental mental health as the key challenges for children aged 0-4, with 11 out of 34 respondents highlighting this as the key challenge. Child development and neglect were the other two areas reported to be areas of need for 0-4s in Shropshire.


Child development
Parent/Carer Mental health
Obesity
Neglect
Deprivation
Domestic Abuse within the...
Parental Conflict
Parental drug and alcohol use
Housing issues
Access to community-ba...
Access to specialist...
Information/support for...
Feeding including...
0
2
4
6
8
10
12
14
16
18
20

## How your service operating?

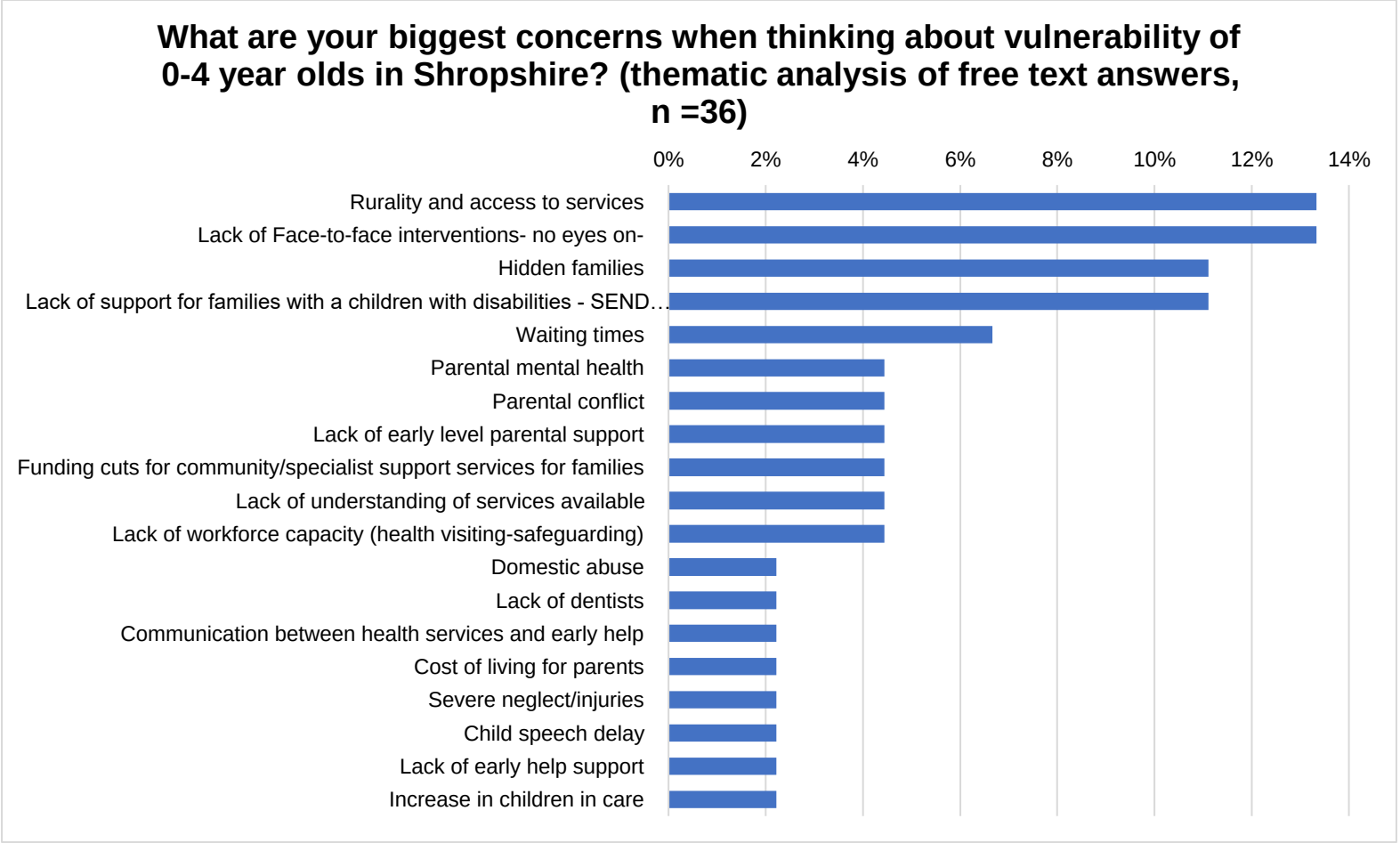
### Q11: Please rate the following aspects of how effective you feel your service area is operating:

Answered: 33 Skipped: 3




## What are your biggest concerns when thinking about vulnerability of 0-4 year olds in Shropshire?

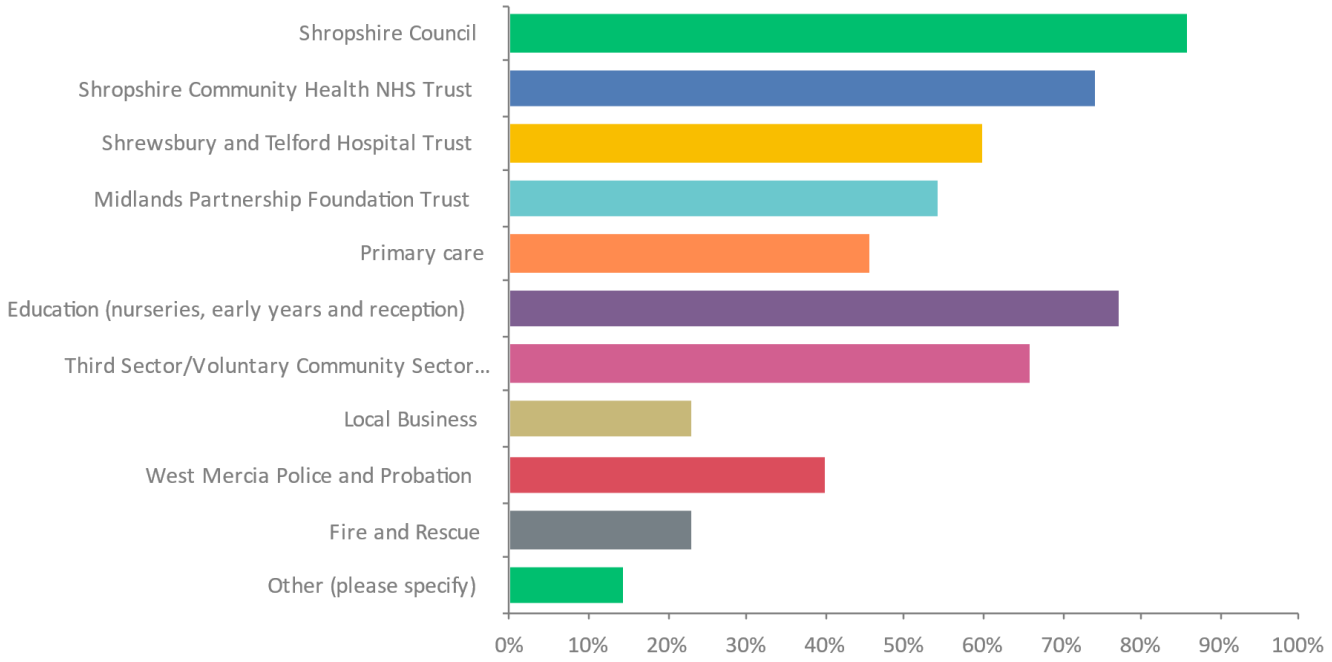
This was an open text question. The below chart presents the frequency of key themes emerging from responses.


What are your biggest concerns when thinking about vulnerability of 0-4 year olds in Shropshire? (thematic analysis of free text answers, n =36)
0%
2%
4%
6%
8%
10%
12%
14%
Rurality and access to services
Lack of Face-to-face interventions- no eyes on-
Hidden families
Lack of support for families with a children with disabilities - SEND…
Waiting times
Parental mental health
Parental conflict
Lack of early level parental support
Funding cuts for community/specialist support services for families
Lack of understanding of services available
Lack of workforce capacity (health visiting-safeguarding)
Domestic abuse
Lack of dentists
Communication between health services and early help
Cost of living for parents
Severe neglect/injuries
Child speech delay
Lack of early help support
Increase in children in care

## Partnership working opportunities.

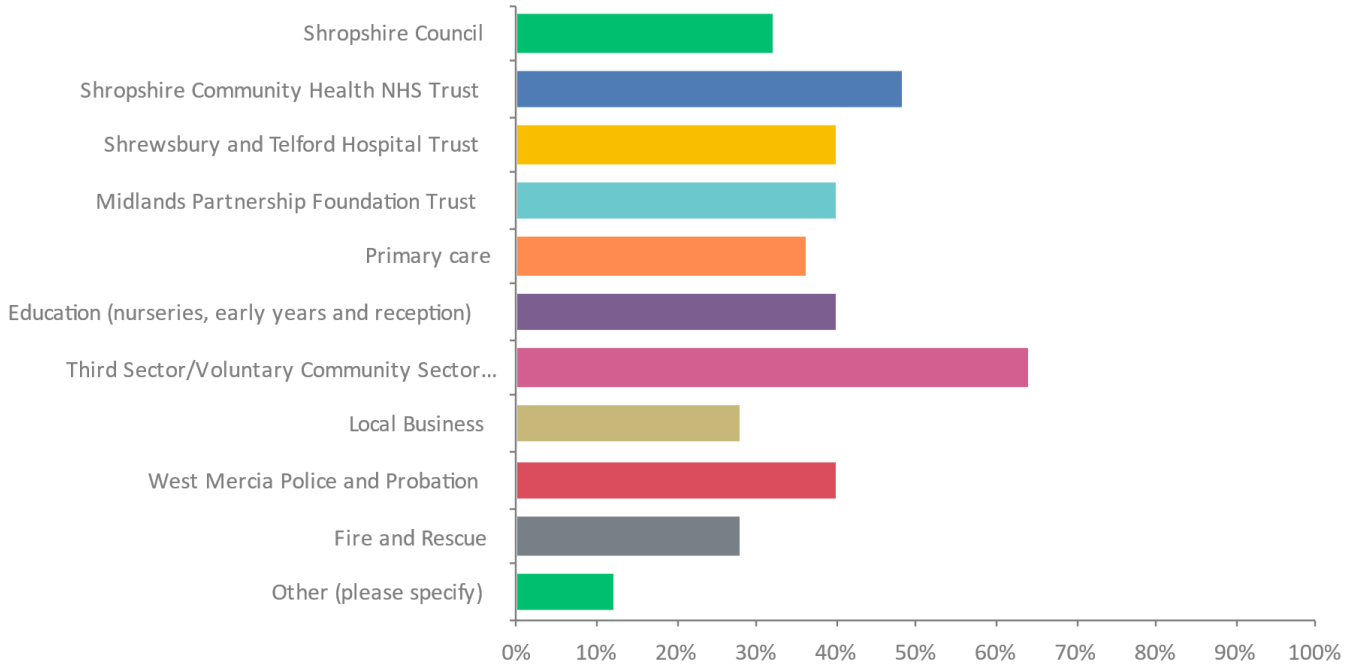
### Q15: Which services do you regularly work in partnership with? (select all that apply)

Answered: 35 Skipped: 1



## Q16: Which service areas would you like to work more closely with? (select all that apply)

Answered: 25 Skipped: 11



# Parents and carers engagement

As part of the CYP JSNA, a best start of life early years parents and cares survey was conducted. Parents and carers of children aged 0-5 were targeted to assess their experiences of accessing services and support in Shropshire (including parent and carers of children with Special Education Needs and Disability).

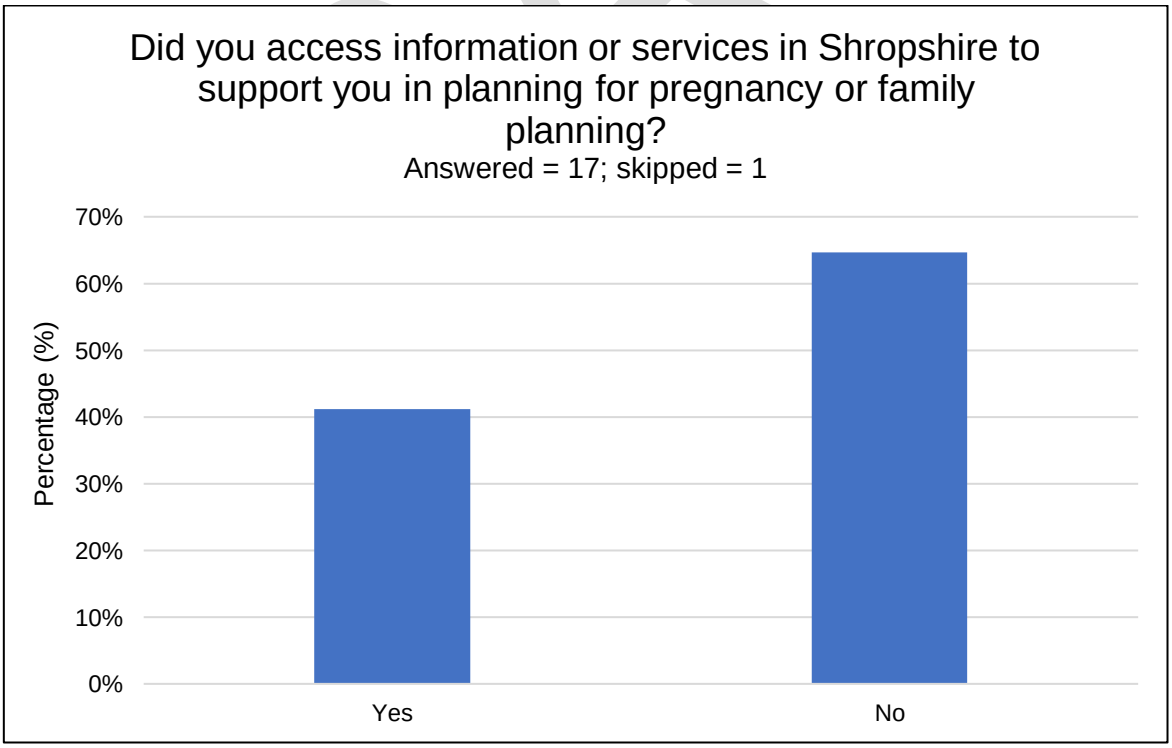
We engaged parent using an online questionnaire through the Survey Monkey platform. The survey was distributed at a parents and carers event via the use of a QR code. Survey responses were collected between 26 October 2023 and 29 November 2023. Unfortunately, we received a very low response rate with 18 responses were received.

Of the respondents, 71% had parent or caregiving responsibilities for more than 2 children and 36% indicated that they had a child or children with an additional need or disability.

## Access to information

When asked if they had accessed information or services to support in pregnancy or family planning, 65% of respondents indicated that they did not. Parents and carers were asked which information or services they accessed in a free text question. Respondents who accessed information or services on pregnancy or family planning indicated that they accessed the following:

- 15 free hours childcare
- Midwife support post miscarriage
- Maternity services

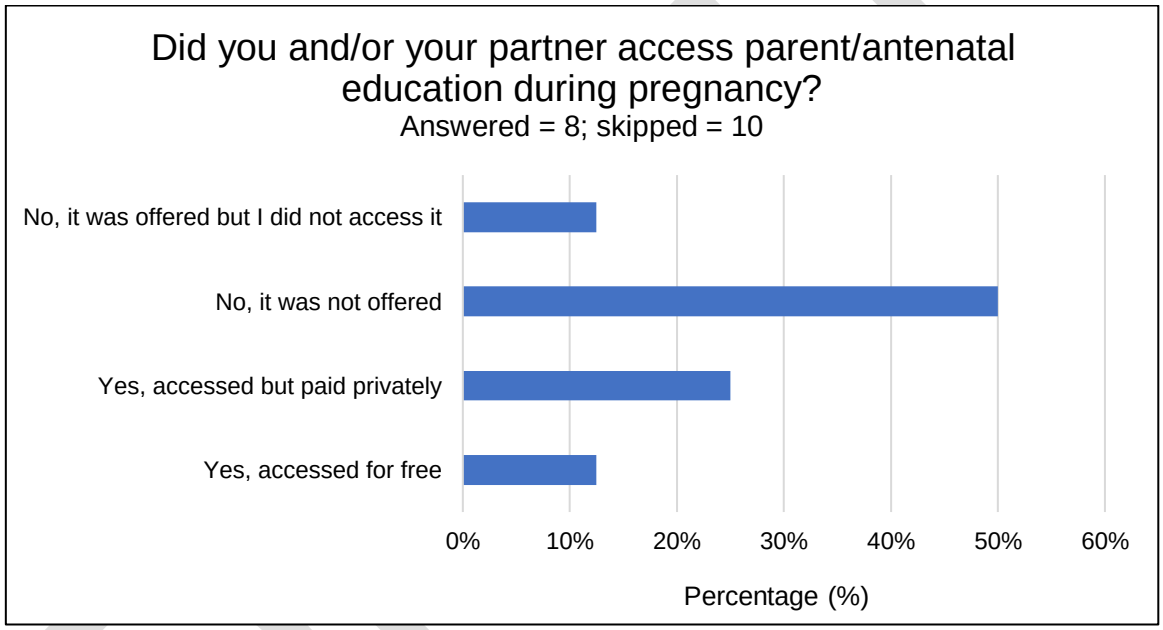


Of those who accessed information or services on pregnancy or family planning, 57% had a very good or excellent experience with the information or services accessed. However, there was a very low response rate of 5 respondents. Service users indicated that:

‘’There should be more help for women/families who go through pregnancy loss’’
‘’Maternity services were not great and there was little support with regards to antenatal care and postnatal care, particularly with breastfeeding’’

## Antenatal education

Parents and carers were asked if either them or their partner accessed parent or antenatal education during pregnancy. 38% of respondents accessed parent or antenatal education (13% accessed it for free and 25% accessed it privately). 50% of respondents indicated that this service was not offered to them. However, there was a very low response rate of 8 respondents



## Health visiting benefits

Respondents were asked where they felt they would have most and least benefitted from the support of a health visitor. For each category, 7 respondents answered the question.

- 57% felt they most benefitted from a health visitor during pregnancy,
- 57% indicated in the first 14 days after childbirth,
- 43% indicated when the child is aged between 12 months to 2 years,
- 43% indicated when the child is aged between 3 to 5 years.

| Experiences | 0 = Least benefitted | 1 | 2 | 3 | 4 | 5 = Most benefitted |
|---|---|---|---|---|---|---|
| During pregnancy | 29% | 0% | 0% | 0% | 14% | 57% |
| In the first 14 days following childbirth | 0% | 14% | 14% | 0% | 14% | 57% |
| Between 14 and 30 days following childbirth | 0% | 0% | 29% | 29% | 14% | 29% |
| Baby aged 6-8 weeks | 0% | 0% | 43% | 29% | 14% | 14% |
| Baby aged 3-6 months | 0% | 14% | 43% | 14% | 14% | 14% |
| aged 12 months-2 years | 14% | 14% | 14% | 14% | 0% | 43% |
| child 2 to 3 years | 14% | 0% | 29% | 29% | 0% | 29% |
| child 3 to 5 years | 14% | 14% | 0% | 14% | 14% | 43% |

## As a parent/carer of child (ren) aged 0-5, what are the most important considerations to you, to help you look after your child's health and wellbeing?

Respondents indicated the following when asked what the most important considerations were when looking after their child's health and wellbeing:

''Access to healthcare without a long wait''

''Being able to access services for information and support without delays''

''Physical health and nutrition, followed by mental wellbeing of child and how to support''
''Regular check ins with health professionals for reassurance''

**Is there anything else you would like to tell us about your family's experiences of health services you used in Shropshire?**

''Increased focus should be placed on maternal postnatal health. Wasn't offered 6 week postnatal check or further support about physical healing after birth''

''Long wait times in a&e and for appointments''

''My middle child has Autism. The follow on care since we moved to Shropshire in April has been difficult to obtain. Services and information are not linked and shared. It's had to know what's available if someone doesn't advise you.  Doctors don't always know the correct paths and paediatrician will end you back to doctor and it takes a long time to get issues resolved''

''My first pregnancy ended in miscarriage, there is absolutely no help or support out there for ladies and families who have been through loss. The mental impact is horrific, but as soon as you've passed the foetus/baby you are forgotten about, and no contact is made with support or follow up doctor appointment to check health/mental health''

## Recommendations

In development.

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# SHROPSHIRE HEALTH AND WELLBEING BOARD
## Report

| | | | | | | |
|---|---|---|---|---|---|---|
| **Meeting Date** | **18.04.24** | | | | | |
| **Title of report** | **Children & Young People Mental Health Transformation (BeeU) Update** | | | | | |
| **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** | Vicki Jones (STW ICB): Head of Transformation and commissioning: CYP, LD&A Vicki.jones18@nhs.net<br>Liam Laughton (MPFT): Head of Children, Young People and Family Services liam.laughton@mpft.nhs.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 | | Working with and building strong and vibrant communities | | | |
| | Workforce | | Reduce inequalities (see below) | x | | |
| **What inequalities does this report address?** | Supports CYP core20plus 5 | | | | | |

### 1. Executive Summary

To give the board an update on the current BeeU service for CYP in Telford & Wrekin and across the ICB.

### 2. Recommendations

- Report noted and accepted.
- Continue muti-agency support to develop joint services during 2024/25
- Support the in-year development of the new CAMHS model for 2025 onwards

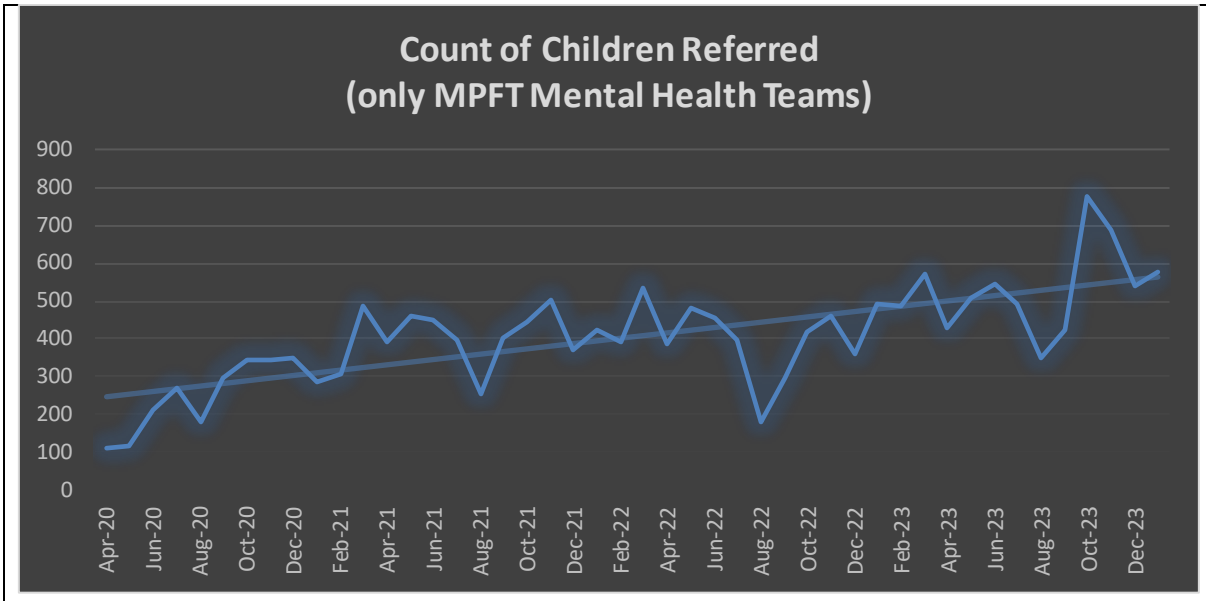
### 3. Report

This report gives a high overview of the current Childrens and Adolescences Mental Health Service (CAMHS) locally known as BeeU.

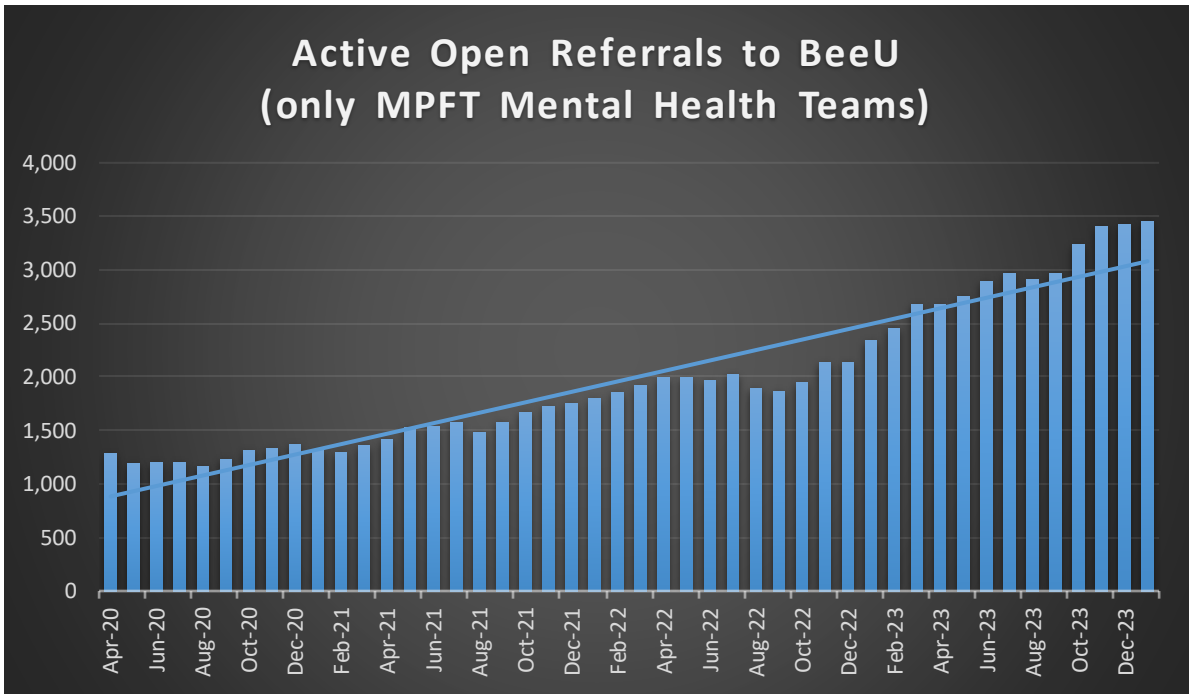
**Demand:**
Nationally there has been an increase in referral to Mental health service and for CYP to have Neurodiversity assessment ASD and ADHD) and STW are no exception

Referrals to BeeU Mental Health Teams

There has been a 262% increase in the numbers of children/young people being referred to Shropshire, Telford and Wrekin's commissioned CYPMH support from 178 (rolling average April-July 2020) to 644 (rolling average September 2023-January 2024)

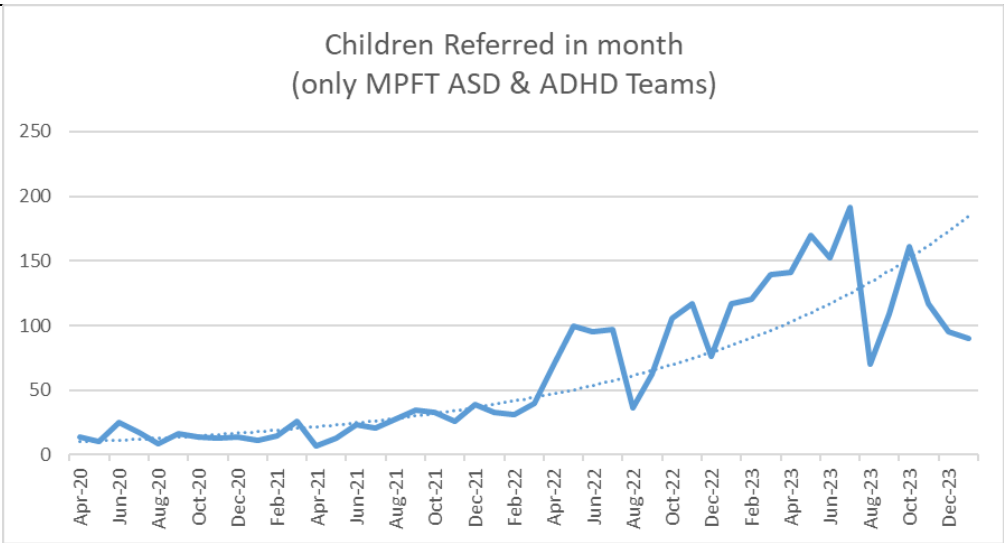



There has been an increase of 169% in the number of active cases from 1,200 (rolling average April 2020-September 2020) to 3,233 (rolling average August 2023-January 2024).




Referrals to BeeU Neurodevelopmental Teams

There has been a 767% increase in the numbers of children being referred to Neurodevelopmental Pathways in 2 years. From 15 per month (rolling average 2020-21) to 130 per month (rolling average 2023)




The knock-on effect of increased referrals has meant an increase in waiting time, also reflected across the county. The table below shows the different services within BeeU and their waiting list numbers as per end February 2024, just for Shropshire.

Shropshire LA

| Count of ClientID | Grand Total |
|---|---|
| BeeU ADHD | 141 |
| BeeU ASD Assessment | 394 |
| BeeU Assessment | 436 |
| BeeU Core Mental Health Team | 130 |
| BeeU Crisis and Home Treatment Team | 1 |
| BeeU Learning Disabilities | 6 |
| BeeU Medics | 33 |
| BeeU Physical Health Team | 89 |
| BeeU Shropshire MHST | 58 |
| BeeU South Telford MHST | 2 |
| BeeU North East Shropshire MHST | 31 |
| Grand Total | 1321 |

The median waiting times in weeks for each service

| | **Median Weeks** |
|---|---|
| **NHS SHROPSHIRE TELFORD AND WREKIN CCG + Shropshire LA** | 16 |
| BeeU ADHD | 16 |
| BeeU ASD Assessment | 25 |
| BeeU Assessment | 18 |
| BeeU Core Mental Health Team | 10 |
| BeeU Crisis and Home Treatment Team | 0 |
| BeeU Eating Disorders | 0 |
| BeeU Learning Disabilities | 11 |
| BeeU Medics | 7 |
| BeeU North East Shropshire MHST | 3 |
| BeeU Physical Health Team | 16 |
| BeeU Shropshire MHST | 3 |
| BeeU South Shropshire MHST | 1 |
| BeeU South Telford MHST | 3 |

BeeU have also develop a waiting well initiative with specific staff in post directly contacting those waiting longest and reviewing circumstances, presentation, risk – offering signposting, information and advice, and providing indicative waiting times.

Data 2023/24

Please see Appendix A for summary of data which show an increase in referrals over the last year and the number seen. Additionally, there have been significant increases in clinical caseloads, especially for BeeU medics and ADHD.

2024/25

A contract extension has been agreed with MPFT and BeeU for 2024/25. Additional resource from MHIS (Mental Health Investment Standard) has been allocated to the BeeU contract. This increase will fund additional capacity across the BeeU teams and the following Key performance indicators (KPI) have been agreed for Core BeeU service and ND assessments.

Key performance indicators for 2024/25 for Mental health:

- By March 2025 achieve the CYP Access Target for Mental Health in line with MHSDS
- By March 2025 Children and Young People assessed within 6 weeks of referral
- By March 2025 Children and Young People start support within 18 weeks of referral
- From April 2024 Achieve the 95% RTT CYP-ED Target
- From April 2024 Children and Young People in Crisis should receive 'Triage' within 1 hour of initial referral
- From April 2024 Children and Young People in Crisis should receive 'Assessment' within 4 hours of initial referral
- From April 2024 Children and Young People admitted to hospital due to mental health concerns should receive 'Follow-Up' within 3 days of discharge ('3 Day Follow-Up')
- From April 2024 There will be 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions:
  Function 1: 24/7 Helpline, Advice, Triage
  - Single point of access (including through NHS 111) to crisis support, advice and triage
  - Must operate 24 hours a day, 7 days a week

  Function 2: 24/7 Crisis Assessment
  - Crisis assessment within the emergency department and in community settings
  - Must be provided in emergency department (acute) and community settings and operate 24 hours a day, 7 days a week in both

  Function 3: 24/7 Crisis Intervention
  - Crisis assessment and intervention (brief response) accessed through emergency department and in community settings, with CYP offered brief interventions
  - Must be provided in emergency department (acute) and community settings and operate 24 hours a day, 7 days a week in both

  Function 4: Extended Hours Intensive Home Treatment
  - Intensive Home Treatment service aimed at CYP who might otherwise require inpatient care, or intensive support that exceeds the normal capability of a generic children and young people's mental health community team
  - Must operate 7 days a week across locally determined extended hours

ND assessment team:

- Between 1st April 2024 and 31st March 2025 assess 800 Children and Young People
- By March 2025 forecasted Waiting Times for Assessment for Children and Young People to be from 26 weeks of referral

**Service changes and communications**

BeeU have subcontract arrangements with The Children society (BEAM), Kooth and Healios. All these subcontracts were due to finish March 2024. MPFT have extended their contracts with Kooth and Healios for 2024/25. MPFT worked with representatives from ICB, Telford & Wrekin Council, Shropshire council. A full analysis considering the offer including but not limited to:
-the quantity of work, value for money, cost benefit,
-the quality of work, complaints, accessibility, timeliness, integration, continuity of care,
And concluded that resources could be re-purposed to better meet needs of the local community.

What's the new offer from MPFT :

- reinvested the funds to increase workforce to offer more appointments that can be offered at place across the county. To increase the offer for schools and communities across Telford & Wrekin.
- Worked with the children's society to ensure all CYP that were using the service have been supported and offered alternative support.
- Joint communications has gone out the stakeholders and the public (see embedded below).

Please see Appendix B – BeeU Service Update

**Next steps:**

2024/25 contract:
Monitor the in- year development through the monthly Contract Review Meetings- these meetings have representation from ICB (quality, contract, finance, and performance reps), MPFT and both Local Authorities (MH and Autism Commissioners). MPFT present a suite of papers including Workforce overview, data against KPI's, quality updates and service updates.

2025/26 onwards:
Development of the 2024/25 service model: a multi-agency team is meeting the end of April to agree a project plan and coproduce the future CAMHS model. The ICB as the strategic commissioner (in partnership with LAS as contributors) will develop a suite of outcomes. The ICB will then follow the requirements of the Provider Selection Regime (PSR). This is a new set of rules for procuring health care services in England. It is set out in the Health Care Services (Provider Selection Regime) Regulations 2023 (the regulations). The regulations are accompanied by statutory guidance (the guidance) to which relevant authorities must have regard. There is a set process that the ICB will follow with procurement expertise as to how and whom the contract will be awarded to.
Following the award of the contract for 25/26 onwards, the detailed model to achieve the defined outcomes and KPIs is expected to be developed and delivered through the provider collaborative with contractual oversight and assurance via the ICB.

| | | |
|---|---|---|
| **Risk assessment and opportunities appraisal** (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation) | **Owned by the MH,LDA board** | |
| **Financial implications** (Any financial implications of note) | **None currently** | |
| **Climate Change Appraisal as applicable** | Currently N/A | |
| **Where else has the paper been presented?** | System Partnership Boards | T&W BSIL |
| | 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** |
| **Appendices**<br>(Please include as appropriate) |

Appendix A – Summary of BeeU Referral Data 2023-24

| KPI Name | Service Name | Apr -23 | May -23 | Jun -23 | Jul-23 | Aug -23 | Sep -23 | Oct -23 | Nov -23 | Dec -23 | Jan -24 | Feb -24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 731 | 595 | 644 | 749 | | |
| Number of Referrals | BeeU ADHD | 4 | 7 | 12 | 24 | 16 | 21 | 32 | 28 | 23 | 27 | 67 |
| | BeeU ASD Assessment | 128 | 149 | 131 | 158 | 49 | 87 | 128 | 83 | 66 | 65 | 102 |
| | BeeU Assessment | 285 | 332 | 374 | 361 | 192 | 269 | 384 | 342 | 338 | 327 | 316 |
| | BeeU Core Mental Health Team | 26 | 36 | 34 | 33 | 30 | 33 | 48 | 45 | 35 | 44 | 78 |
| | BeeU Crisis and Home Treatment Team | 52 | 50 | 68 | 37 | 41 | 50 | 57 | 53 | 43 | 43 | 52 |
| | BeeU Eating Disorders | 12 | 12 | 15 | 11 | 11 | 20 | 17 | 16 | 14 | 34 | 17 |
| | BeeU Learning Disabilities | 7 | 4 | 1 | 6 | 4 | 0 | 4 | 5 | 2 | 6 | 1 |
| | BeeU Medics | 20 | 30 | 17 | 14 | 15 | 18 | 18 | 13 | 28 | 21 | 25 |
| | BeeU North Telford MHST | 12 | 27 | 8 | 9 | 1 | 12 | 31 | 27 | 36 | 36 | 30 |
| | BeeU Shropshire MHST | 7 | 30 | 33 | 21 | 2 | 26 | 41 | 41 | 19 | 40 | 40 |
| | BeeU Intensive Support Team | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 27 | 1 |
| | BeeU South Telford MHST | 19 | 15 | 25 | 19 | 7 | 16 | 37 | 23 | 25 | 18 | 34 |
| | BeeU North East Shropshire MHST | 0 | 0 | 1 | 0 | 1 | 7 | 37 | 19 | 13 | 27 | 23 |
| | BeeU Physical Health Team | | | | | | | | 102 | 27 | 0 | 49 |
| | TCS | 2 | 5 | 2 | 6 | 4 | 3 | 13 | 2 | 7 | 11 | 4 |
| | Kooth | 115 | 154 | 132 | 127 | 108 | 101 | 181 | 147 | 116 | 144 | 124 |
| | Healios | 69 | 24 | 45 | 45 | 61 | 26 | 33 | 43 | 53 | 12 | 18 |
| Number of Referrals Declined | BeeU ADHD | 0 | 3 | 0 | 0 | 0 | 0 | 3 | 4 | 3 | 5 | 3 |
| | BeeU ASD Assessment | 18 | 10 | 16 | 21 | 22 | 11 | 17 | 14 | 22 | 18 | 18 |
| | BeeU Assessment | 16 | 27 | 24 | 15 | 13 | 20 | 20 | 14 | 9 | 14 | 16 |
| | BeeU Core Mental Health Team | 0 | 0 | 2 | 0 | 1 | 2 | 1 | 0 | 2 | 0 | 0 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BeeU Crisis and Home Treatment Team | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 2 |
| | BeeU Eating Disorders | 3 | 7 | 5 | 3 | 5 | 0 | 6 | 3 | 3 | 6 | 1 |
| | BeeU Learning Disabilities | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | BeeU Medics | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 0 |
| | BeeU North Telford MHST | 3 | 10 | 6 | 3 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| | BeeU Shropshire MHST | 1 | 0 | 2 | 1 | 0 | 0 | 1 | 4 | 1 | 0 | 1 |
| | BeeU South Telford MHST | 5 | 11 | 6 | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| | TCS | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| | Kooth | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Healios | | | | 2 | 1 | | 2 | 1 | 1 | 0 | 0 |
| Number of Referrals Discharged | BeeU ADHD | 10 | 8 | 17 | 8 | 12 | 4 | 27 | 10 | 9 | 9 | 11 |
| | BeeU ASD Assessment | 54 | 48 | 37 | 67 | 84 | 93 | 97 | 59 | 70 | 70 | 80 |
| | BeeU Assessment | 338 | 287 | 238 | 278 | 230 | 265 | 302 | 354 | 393 | 322 | 397 |
| | BeeU Core Mental Health Team | 34 | 22 | 50 | 33 | 29 | 32 | 46 | 36 | 42 | 45 | 42 |
| | BeeU Crisis and Home Treatment Team | 44 | 74 | 55 | 68 | 44 | 44 | 65 | 53 | 53 | 33 | 52 |
| | BeeU Eating Disorders | 11 | 14 | 15 | 14 | 14 | 17 | 32 | 20 | 16 | 25 | 20 |
| | BeeU Learning Disabilities | 3 | 0 | 12 | 4 | 4 | 6 | 1 | 1 | 7 | 6 | |
| | BeeU Medics | 6 | 3 | 3 | 8 | 18 | 10 | 4 | 16 | 13 | 18 | 14 |
| | BeeU North Telford MHST | 9 | 23 | 13 | 29 | 15 | 21 | 13 | 14 | 21 | 23 | 17 |
| | BeeU Shropshire MHST | 18 | 11 | 18 | 4 | 7 | 16 | 31 | 22 | 19 | 28 | 27 |
| | BeeU South Telford | 14 | 35 | 13 | 22 | 20 | 14 | 38 | 20 | 33 | 23 | 18 |
| | BeeU North East Shropshire MHST | | | | | | | | | 11 | 14 | 5 |
| | BeeU Physical Health Team | | | | | | | | | 2 | 3 | 5 |
| | TCS | 2 | 5 | 1 | 0 | 0 | 1 | 3 | 1 | 7 | 2 | 2 |
| | Kooth | | | | | | | | | | | |
| | Healios | | | 23 | 21 | 24 | 56 | 29 | 30 | 18 | 30 | 10 |
| | BeeU ADHD | 72 | 405 | 514 | 536 | 554 | 566 | 541 | 504 | 487 | 501 | 518 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number on the Clinician Caseload | BeeU ASD Assessment | NA | | | | | | | | | | |
| | BeeU Assessment | 82 | 97 | 182 | 186 | 199 | 266 | 300 | 285 | 268 | 276 | 310 |
| | BeeU Core Mental Health Team | 549 | 549 | 620 | 619 | 635 | 645 | 589 | 562 | 518 | 519 | 538 |
| | BeeU Crisis and Home Treatment Team | NA | | | | | | | | | | |
| | BeeU Eating Disorders | 110 | 105 | 110 | 101 | 96 | 96 | 88 | 92 | 87 | 82 | 90 |
| | BeeU Intensive Support Team | 29 | 30 | 30 | 33 | 33 | 33 | 33 | 32 | 32 | 36 | 42 |
| | BeeU Learning Disabilities | 196 | 198 | 186 | 185 | 152 | 152 | 154 | 158 | 162 | 169 | 170 |
| | BeeU Medics | 122 | 206 | 233 | 250 | 271 | 290 | 324 | 302 | 454 | 498 | 524 |
| | BeeU North Telford MHST | 45 | 47 | 48 | 42 | 44 | 47 | 55 | 62 | 60 | 53 | 55 |
| | BeeU Shropshire MHST | 52 | 42 | 53 | 40 | 54 | 59 | 55 | 62 | 70 | 60 | 57 |
| | BeeU South Telford MHST | 109 | 99 | 112 | 116 | 128 | 139 | 105 | 113 | 129 | 118 | 125 |
| | BeeU North East Shropshire MHST | | | | | | | | | 42 | 42 | 73 |
| | BeeU Physical Health Team | | | | | | | | | 6 | 6 | 8 |
| | TCS | 11 | 10 | 8 | 16 | 13 | 9 | 15 | 22 | 16 | 14 | 12 |
| | Kooth | 115 | 154 | 132 | 127 | 108 | 101 | 181 | 177 | 217 | 242 | 235 |
| | Healios | | | | | | | | | | | |
| Number Waiting 1st Contact | BeeU ADHD | 46 | 54 | 69 | 95 | 109 | 113 | 165 | 183 | 194 | 199 | 270 |
| | BeeU ASD Assessment | 385 | 482 | 561 | 643 | 629 | 572 | 681 | 699 | 728 | 726 | 785 |
| | BeeU Assessment | 907 | 961 | 1055 | 1129 | 1099 | 1011 | 1151 | 1071 | 1101 | 1024 | 763 |
| | BeeU Core Mental Health Team | 81 | 107 | 124 | 135 | 137 | 140 | 167 | 186 | 191 | 191 | 232 |
| | BeeU Crisis and Home Treatment Team | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 4 | 2 |
| | BeeU Eating Disorders | 7 | 2 | 3 | 3 | 4 | 5 | 4 | 3 | 1 | 2 | 3 |
| | BeeU Intensive Support Team | 0 | 0 | 0 | 11 | 12 | 0 | 0 | 0 | 0 | 0 | 1 |
| | BeeU Learning Disabilities | 8 | 11 | 9 | 1 | 51 | 11 | 10 | 19 | 17 | 17 | 15 |
| | BeeU Medics | 25 | 41 | 55 | 49 | 8 | 46 | 37 | 38 | 65 | 60 | 63 |
| | BeeU North Telford MHST | 23 | 40 | 23 | 18 | 11 | 7 | 25 | 22 | 38 | 49 | 61 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BeeU Physical Health Team | | | | | | | 119 | 201 | 208 | 173 | 188 |
| | BeeU Shropshire MHST | 15 | 34 | 42 | 30 | 35 | 13 | 32 | 36 | 31 | 46 | 59 |
| | BeeU South Telford MHST | 17 | 60 | 63 | 52 | 1 | 33 | 41 | 48 | 47 | 43 | 54 |
| | BeeU North East Shropshire MHST | 0 | 0 | 1 | 1 | 0 | 1 | 28 | 23 | 24 | 23 | 32 |
| | TCS | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | |
| | Kooth | | | | | | | | | | | |
| | Healios | | | | | | | | | | | |
| Number Waiting 2nd Contact | BeeU ADHD | 58 | 52 | 49 | 49 | 43 | 43 | 45 | 48 | 54 | 60 | 78 |
| | BeeU ASD Assessment | 225 | 224 | 210 | 212 | 210 | 198 | 186 | 182 | 178 | 175 | 162 |
| | BeeU Assessment | 82 | 92 | 101 | 98 | 107 | 101 | 88 | 98 | 86 | 94 | 121 |
| | BeeU Core Mental Health Team | 44 | 30 | 45 | 49 | 48 | 44 | 49 | 51 | 69 | 64 | 69 |
| | BeeU Crisis and Home Treatment Team | 2 | 3 | 1 | 0 | 3 | 2 | 4 | 2 | 0 | 0 | 3 |
| | BeeU Eating Disorders | 4 | 4 | 2 | 0 | 1 | 1 | 2 | 2 | 1 | 0 | 1 |
| | BeeU Intensive Support Team | 0 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | BeeU Learning Disabilities | 13 | 3 | 11 | 14 | 17 | 15 | 17 | 15 | 20 | 23 | 18 |
| | BeeU Medics | 0 | 10 | 17 | 22 | 25 | 22 | 38 | 28 | 29 | 31 | 34 |
| | BeeU North Telford MHST | 6 | 1 | 13 | 13 | 16 | 13 | 14 | 6 | 9 | 29 | 36 |
| | BeeU Physical Health Team | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 19 | 29 | 81 | 90 |
| | BeeU Shropshire MHST | 7 | 7 | 18 | 19 | 7 | 12 | 15 | 24 | 18 | 39 | 44 |
| | BeeU South Telford MHST | 27 | 33 | 28 | 22 | 22 | 17 | 14 | 31 | 27 | 19 | 15 |
| | TCS | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 0 |
| | Kooth | | | | | | | | | | | |
| | Healios | | | | | | | | | | | |
| Number of Attended Contacts | BeeU ADHD | 130 | 119 | 138 | 118 | 116 | 93 | 147 | 129 | 113 | 116 | 169 |
| | BeeU ASD Assessment | 116 | 110 | 144 | 109 | 81 | 96 | 74 | 90 | 78 | 82 | 68 |
| | BeeU Assessment | 75 | 100 | 112 | 95 | 123 | 143 | 133 | 186 | 174 | 105 | 157 |
| | BeeU Core Mental Health Team | 502 | 592 | 615 | 533 | 573 | 543 | 631 | 646 | 489 | 731 | 534 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BeeU Crisis and Home Treatment Team | 363 | 451 | 562 | 389 | 300 | 296 | 362 | 310 | 429 | 480 | 599 |
| | BeeU Eating Disorders | 294 | 284 | 293 | 351 | 414 | 272 | 210 | 232 | 187 | 267 | 255 |
| | BeeU Intensive Support Team | 53 | 70 | 64 | 54 | 71 | 60 | 66 | 56 | 23 | 56 | 50 |
| | BeeU Learning Disabilities | 211 | 154 | 245 | 239 | 257 | 166 | 196 | 264 | 236 | 246 | 170 |
| | BeeU Medics | 69 | 62 | 86 | 86 | 115 | 110 | 125 | 97 | 131 | 177 | 140 |
| | BeeU North Telford MHST | 45 | 53 | 60 | 52 | 52 | 47 | 84 | 130 | 127 | 141 | 95 |
| | BeeU Shropshire MHST | 109 | 114 | 130 | 163 | 111 | 165 | 158 | 190 | 114 | 120 | 118 |
| | BeeU South Telford MHST | 99 | 150 | 147 | 172 | 144 | 253 | 214 | 142 | 106 | 122 | 90 |
| | TCS | 227 | 225 | 299 | 277 | 194 | 276 | 328 | 358 | 269 | 330 | 289 |
| | Kooth | | | | | | | | | | | |
| | Healios | | | | | | | | | | | |
| % DNAs | BeeU ADHD | 6% | 5% | 5% | 3% | 3% | 3% | 3% | 2% | 2% | 3% | 4% |
| | BeeU ASD Assessment | 0% | 1% | 0% | 2% | 0% | 0% | 0% | 7% | 12% | 13% | 1% |
| | BeeU Assessment | 5% | 13% | 5% | 3% | 3% | 1% | 2% | 2% | 4% | 4% | 4% |
| | BeeU Core Mental Health Team | 6% | 4% | 6% | 3% | 4% | 3% | 3% | 3% | 3% | 4% | 5% |
| | BeeU Crisis and Home Treatment Team | 2% | 2% | 1% | 1% | 0% | 1% | 1% | 1% | 1% | 1% | 1% |
| | BeeU Eating Disorders | 3% | 2% | 3% | 2% | 2% | 2% | 2% | 2% | 2% | 1% | 2% |
| | BeeU Intensive Support Team | 2% | 4% | 0% | 1% | 0% | 1% | 1% | 2% | 3% | 1% | 2% |
| | BeeU Learning Disabilities | 1% | 2% | 1% | 1% | 0% | 1% | 1% | 1% | 2% | 1% | 2% |
| | BeeU Medics | 8% | 7% | 5% | 3% | 5% | 6% | 5% | 4% | 4% | 5% | 5% |
| | BeeU North Telford MHST | 4% | 4% | 4% | 4% | 8% | 1% | 1% | 2% | 1% | 2% | 1% |
| | BeeU Shropshire MHST | 5% | 7% | 6% | 4% | 6% | 6% | 2% | 4% | 3% | 5% | 4% |
| | BeeU South Telford MHST | 4% | 5% | 8% | 5% | 7% | 2% | 2% | 2% | 3% | 2% | 4% |
| | BeeU North East Shropshire MHST | | | | | | | | 4% | 3% | 2% | 1% |
| | BeeU Physical Health Team | | | | | | | | 5% | - | 2% | - |
| | TCS | 32 % | 0% | 0% | 38% | 11% | 0% | 0% | 2% | 4% | 4% | 0% |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Kooth | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| | Healios | | | | | | | | | | | |
| Mental Health Hotline | Number of contacts on the Mental Health Hotline (Shropshire & Telford) | 10 | 19 | 21 | 32 | 19 | 25 | 18 | 36 | 46 | 123 | 141 |
| | Number of Unique callers | 10 | 18 | 18 | 31 | 18 | 25 | 17 | 33 | 44 | 110 | 123 |
| % Child not brought | BeeU ADHD | | | | 7% | 6% | 4% | 3% | 3% | 5% | 3% | 4% |
| | BeeU ASD Assessment | | | | 2% | 1% | - | - | - | - | - | 1% |
| | BeeU Assessment | | | | 8% | 11% | 9% | 7% | 10% | 4% | 12% | 12 % |
| | BeeU Core Mental Health Team | | | | 7% | 4% | 4% | 4% | 5% | 4% | 3% | 4% |
| | BeeU Crisis and Home Treatment Team | | | | 0% | 1% | 1% | 1% | 0% | 1% | 1% | 1% |
| | BeeU Eating Disorders | | | | 2% | 1% | 2% | 1% | 1% | 2% | 1% | 1% |
| | BeeU Intensive Support Team | | | | - | 2% | - | - | - | - | 4% | 6% |
| | BeeU Learning Disabilities | | | | 6% | 2% | 2% | 2% | 4% | 2% | 2% | 2% |
| | BeeU Medics | | | | 2% | 8% | 7% | 5% | 4% | 3% | 2% | 2% |
| | BeeU North Telford MHST | | | | 7% | 11% | 2% | - | 1% | 3% | 6% | 4% |
| | BeeU Shropshire MHST | | | | 5% | 10% | 4% | 7% | 4% | 4% | 5% | 4% |
| | BeeU South Telford MHST | | | | 6% | 4% | 4% | 5% | 5% | 11% | 9% | 7% |
| | BeeU North East Shropshire MHST | | | | | | | | 4% | - | - | 3% |
| | BeeU Physical Health Team | | | | | | | | 10% | 13% | 15% | 9% |
| | TCS | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Kooth | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| | Healios | | | | | | | | | | | |

# BeeU Service Update

**We are really pleased to update you on how the BeeU emotional wellbeing and mental health service will be supporting children, young people and their families for the year ahead (2024/25).**

The BeeU service commissioned by NHS Shropshire, Telford and Wrekin and delivered by Midlands Partnership University NHS Foundation Trust (MPFT) provides:

- Emotional wellbeing and mental health services for children and young people (0-25)
- Neurodevelopmental assessments for children – autism for 5-18 year olds, and Attention Deficit Hyperactivity Disorder (ADHD) for 6-18 year olds
- Community Eating Disorder Services for 0-18 year olds

## The enhanced offer for 2024/2025:

The way children and young people access mental health services has changed since BeeU was launched in 2017, and the demand on the service has continued to grow significantly in recent years.

We understand this has led to longer waits to access services than we would wish and appreciate the frustration felt by families who are seeking support.

In recognition of this, from April 2024 MPFT will enhance the BeeU service offer, with additional investment from NHS Shropshire, Telford and Wrekin. MPFT will bolster its capacity by **growing the BeeU team**, with more registered mental health professionals able to respond to the increased demand; and **developing the prevention offer available in schools and communities**.

These changes aim to prioritise a reduction in the number of children waiting for an assessment, enabling more **timely access to assessment and intervention** for children and young people and ensuring they **receive the right help, in the right place, at the right time**.

Additional support will be available to schools through the successful **Mental Health Support Teams** (MHST). These teams collaborate with Mental Health Leads in schools to provide targeted support to vulnerable pupils, with the goal of addressing issues at an earlier stage and preventing them from becoming more serious. MHSTs are already working with nearly 50% of schools throughout the county, facilitating swifter access to specialist services and building on support already in place from professionals, such as school counsellors, Public Health school nurses, Children & Young Peoples Social Prescribing, educational psychologists and the voluntary sector. A new team commenced operations in January, focusing on South Shropshire. Moreover, we are pleased to announce that funding has been secured for an additional team, scheduled to commence operations in January 2025, further extending our reach and impact in the community.

New for 2024/25, and supporting the MHST offer, will be the launch of a **partnership with SYA**, alongside a number of other voluntary and community sector organisations, providing emotional wellbeing services to children in their schools and local communities across Shropshire, Telford and Wrekin.

To find out more about the enhanced BeeU service visit our newly revamped website: https://camhs.mpft.nhs.uk/beeu

## Accessing the BeeU service:

- **Direct digital support** is a crucial part of the BeeU offer, and children and young people will continue to be able to **directly access Kooth (www.kooth.com) without the need for a referral being made.** Kooth is an online emotional wellbeing community for children and young people aged 11 to 25 offering 24/7 free emotional support on an anonymous basis.

- **Direct telephone support** – call 0808 196 4501, MPFT's Freephone helpline available 24/7 for people of all ages seeking mental health support.

- **Making a referral** – children, young people and their families can speak to their GP, school or other health/education professional to request a referral into BeeU. It is best if a professional who knows the child well, and can therefore provide good information on the child's strengths and difficulties, makes the referral.

The service has updated its referral forms to access Mental Health, Neurodevelopmental or Community Eating Disorder support, and these can be found on BeeU's web page at https://camhs.mpft.nhs.uk/beeu

Please ensure to complete the relevant form if you wish to make a referral into BeeU. The web page provides more information on the referral process, including how to submit a completed referral.

An enhanced approach has been introduced for those seeking to make a referral to access BeeU's Neurodevelopmental assessment offer, and increasing the workforce allows for further integration of the previously separate Autism and ADHD processes.

**Healios** (www.healios.org.uk) works in partnership with MPFT. BeeU and other services can refer children and young people to access online psychological therapies.

## Other mental health and wellbeing support available:

- **Childline**: a free, private, and confidential service where young people can talk about anything. Calls are free and confidential. Calls are not recorded, and its number won't show up on any phone bills. Call 0800 1111 (24 hours a day, every day).
- **Shout**: confidential crisis text support for times when immediate assistance is required. Text 'SHOUT' to 85258 (24 hours a day, every day).
- **YoungMinds**: a mental health charity for children and young people. Whether you want to understand more about how you're feeling and find ways to feel better, or you want to support someone who's struggling, Young Minds can help.

If you would like to get involved or provide any feedback on the BeeU service, please email stw.getinvolved@nhs.net

Thank you for your continued partnership and we look forward to updating you in due course on our plans to engage local people on BeeU's service provision for 2025/26 and beyond.

**SHROPSHIRE HEALTH AND WELLBEING BOARD**
**Report**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Meeting Date** | **18/04/24** | | | | | |
| **Title of report** | **Children and Young People Social Prescribing Update April 2024** | | | | | |
| **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) | |
| **Reporting Officer & email** | Claire Sweeney claire.sweeney@shropshire.gov.uk | | | | | |
| **Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply** | Children & Young People | √ | Joined up working | √ | | |
| | Mental Health | √ | Improving Population Health | √ | | |
| | Healthy Weight & Physical Activity | √ | Working with and building strong and vibrant communities | √ | | |
| | Workforce | √ | Reduce inequalities (see below) | √ | | |
| **What inequalities does this report address?** | Wider determinants of health, health behaviours and lifestyles, integrated health and care system, places and communities, children and young people | | | | | |

**Report content**

**1. Executive Summary**

1.1. This report provides an update on the Children and Young People's Social Prescribing offer and its development in Shropshire. It describes the programme and recent progress to expand the support across the county. Referral data can be found in Appendix A, outcome data in Appendix B and a summary of comments from young people, schools and GPs in Appendix C, with a case study in Appendix D

1.2. Social prescribing for Children and Young people is a programme of listening and working with young people, empowering them to take control of their health and wellbeing. Specialist Healthy Lives Advisors give time, focus on 'what matters to me' and take a holistic approach, using motivational interviewing and behaviour change techniques. Young people are supported to co-produce their personalised care and support plan, connect to activities of interest and develop coping strategies to support their expressed concerns.

1.3. The Shropshire model described in this report is an integrated programme and a collaboration between Primary Care Networks, Public Health and the Voluntary & Community Sector (VCSE), closely working with schools and other partners across the system. Within the Health Wellbeing and Prevention directorate, the Healthy Lives Team delivers the service and the Voluntary and Community Sector deliver the Community Development element of the service. The programme benefits a range of referral and delivery partners including Primary Care, Early Help, schools, self referral and more.

1.4. Shropshire's Social Prescribing service has been developed within the guidelines of NHS England (NHSE), utilising and embedding national toolkit recommendations, job descriptions and best practice. As such the service is an important part of Shropshire, Telford and Wrekin's Person-Centred Care agenda and significantly contributes towards NHSE targets for Personalised Care.

1.5. The programme currently focusses on those aged 11-18, working with young people in schools and community settings. The support for children and young people started in 2021, working with the South West Shropshire PCN (Primary Care Network) area, and has now expanded to cover the whole county.

1.6. This report also provides an update on

1.6.1. Main issues young people are wanting support with, as well as reason for referral.

1.6.2. Outcomes demonstrating improvement in young people's self identified concerns

1.6.3. Innovative Wellbeing While Waiting research project working with Social Prescribing for Children and Young People in Shropshire, Telford and Wrekin to pilot the social prescribing offer for those young people waiting for CAMHS (Child and Adolescent Mental Health Services).

1.7. The Children and Young People's Social Prescribing programme is achieving fantastic results and can demonstrate significant improvement in outcomes for young people who take part (details in Appendix B). We believe that the success of the programme is in large part due to the integrated approach we have taken with Primary Care, the Voluntary and Community Sector, Public Health, Early Help and schools alongside many other partners.

1.8. Funding for the service is under review, with changes in commissioning from some PCNs, meaning that alternative sources of funding are being sought.

2. **Recommendations**

2.1 Note and endorse the progress and improved outcomes for Shropshire children and young people.

2.2 Note the risks to funding and discuss opportunities for the system to consider joint funding through Children and Young People Mental Health, Early Help and Primary Care.

**3. Report**

**3.1 Background**

In Shropshire, Public Health, the Voluntary and Community Sector and Primary Care have been working collaboratively for over 7 years to develop and roll out a model that supports people in the community where they live. This model is preventative in its approach; it supports people with their emotional wellbeing as well as physical health and social issues and supports them to have the confidence and motivation to take positive lifestyle decisions. The adult's model started in 3 practices in Oswestry, and was soon joined by 8 additional practices; in 2020-21 the programme was rolled out across all Shropshire PCNs and GP practices. In 2021, there was widespread recognition that children and young people's wellbeing had been profoundly affected by the Covid-19 pandemic and social isolation at a key time in their development. Working with the South West Shropshire PCN, we developed a pilot Children and Young People's Social Prescribing programme, offering extra support for young people's wellbeing.

3.2. The pilot worked collaboratively with young people, Healthwatch Shropshire, GP practices, Early Help, schools and colleges, Bright Star boxing, Shrewsbury Town in The Community, SPARC Theatre and Hands Together Ludlow. This collaboration brought together partners with specific areas of interest and something different to enhance young people's experiences as well as the opportunity to continue to learn from each other. The pilot also provided the opportunity to coproduce a Personal Care and Support Plan for CYP, which includes a personal safety plan. This plan delivers against NHS England targets for Personal Care and Support Plans and is used across the CYP service.

3.3 The project was well received by GPs, schools, young people and parents, demonstrating improvements in outcomes as well as positive feedback (Appendices B and C) and soon gained interest from other areas, with all Primary Care networks (PCNs) in Shropshire requesting social prescribing for children and young people.

3.4 In 2022-2023 the programme expanded rapidly from 1 advisor to 10.5 WTE advisors plus a Team leader. Funding from NHS England's ARRS (Additional Roles Reimbursement Scheme) through PCNs, as well as funding from Shropshire Council has enabled this expansion across the county. The Local Shropshire Target Operating Model, and our Demand Management work, recognises the need for this approach to reduce preventable demand on Early Help, Social Care, Primary and Secondary care as well as improving experiences and outcomes for young people.

3.5 The programme works in partnership with a variety of other agencies including Early Help, Compass, School nursing, pastoral team, Education welfare, bereavement support, Step up to Enable, BeeU, safeguarding leads. When consent is given they will speak to parent/carers to offer them support/guidance around the young persons support needs.

3.6 The Integrated Practitioner Team panel meetings are an important element of the partnership approach. The advisors take cases to the panel and this is particularly useful in sharing of support and guidance where there are challenging issues. Similarly, where others have brought cases to discuss, the Healthy Lives Advisors can offer input from social prescribing.

**4. Data**

4.1 A robust data set has always been collected and monitored as part of the programme. This includes referral (Appendix A), and outcomes data including Measure Yourself Concerns and Wellbeing (MYCAW) and Simple Activation Measure, used for all young people and a loneliness scaling tool where appropriate. These tools give before and after measures to show outcome data across the programme. This can easily be extracted and illustrated on Power Bi (Appendix B)

4.2 Data across Shropshire for the Childrens and Young People's Social Prescribing found that:
**81% reported an improvement** in their Concern 1, with **64% voicing an improvement in their wellbeing**.

Reasons for referral:
The overwhelming majority of referrals for children and young people are for
**Emotional and mental health,** followed by
Lacking in self confidence
Adverse Childhood experiences

The emotional and mental wellbeing support provided through social prescribing is intended to be early and preventative in nature and works best when young people are supported to develop coping strategies and support networks before issues escalate to a higher level of need.

Referrers include:

•Schools, Early Help, Compass, School Nursing, GP practices, self-referrals and parents.

4.3 Additionally, Appendix C provides a summary of comments made by young people, schools and GPs as well as a case study in Appendix D

**5.0 Summary of key information:**

- Shropshire Children and Young People's Social Prescribing is an integrated service with the voluntary and community sector, Primary Care, Local Authority and partners;
- There have been over **885 referrals to date**;
- **Increase in referrals of 809%** compared to 2021-22
- The service is offered across the whole of Shropshire, mainly delivered in schools and community settings.
- The service is preventative in nature, and it works to improve wellbeing in order to prevent issues from escalating.
- Outcome measures demonstrate improved health and wellbeing of children and young people who participate in the programme;
- There is high demand for the service and it is very well received.
- There is potential for more venues to benefit from this, for example colleges, but this is limited by the capacity of the team.
- Funding for the service is under review, with changes in commissioning from some PCNs, meaning that alternative sources of funding are being sought.

**6.0 Development**

6.1 The Wellbeing While Waiting research programme started in January 2024, with an aim to evaluate the role of social prescribing for young people who are on Child and Adolescent Mental Health Services (CAMHS) waiting lists. This is a new Social Prescribing pathway within (CAMHS) for children and young people aged between 11 and 18. It is a collaborative project that will work across Telford and Shropshire. The goal of the project is to have a fully developed and tested model for embedding SP within CAMHS waiting lists that can be scaled nationally, bringing Social Prescribing to more children and young people who could benefit. Up to ten CAMHS sites in England are developing social prescribing pathways as part of this research programme, with support from the Social Prescribing Youth Network.

6.2 Work in development to increase the offer for stop smoking support for Children and young people alongside existing messaging about vaping.

7.0 Recognition in national publications or websites

- Highly commended in Local Government Chronicles Award 2023
- NHSE Presentation on CYP social Prescribing Claire Sweeney and Gemma Coulman-Smith Feb 2024
- Delivered national webinar on creative health and social prescribing Naomi Roche
- Delivered on national Children and Young People's webinar 2022 delivered by Naomi Roche and Claire Sweeney
- Delivered on webinar for schools on our Social Prescribing for Children and Young People 2022 delivered by Naomi Roche and Claire Sweeney
- Delivered session to national personal health and social education (PHSE) group 2021 Claire Sweeney and Sharon Cochrane
- National Healthwatch website – report by Healthwatch Shropshire

- https://www.kingsfund.org.uk/publications/social-prescribing
- LGA Website – presentation by Jo Robins and Lee Chapman

| | | |
|---|---|---|
| **…Risk assessment and opportunities appraisal** (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation) | As a health and care system we work to reduce inequalities in Shropshire. All decisions and discussions must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health.<br>Risk assessment doesn't apply, all of our programmes abide by equalities act 2010 | |
| **Financial implications** (Any financial implications of note) | **Funding through PCNs is under negotiation in some areas in Shropshire, with a risk to the delivery of Social Prescribing for Children and Young People. Shropshire Council part funds the programme through transformation but other sources of funding need to be considered.** | |
| **Climate Change Appraisal as applicable** | N/A | |
| **Where else has the paper been presented?** | System Partnership Boards | |
| | Voluntary Sector | |
| | Other | |

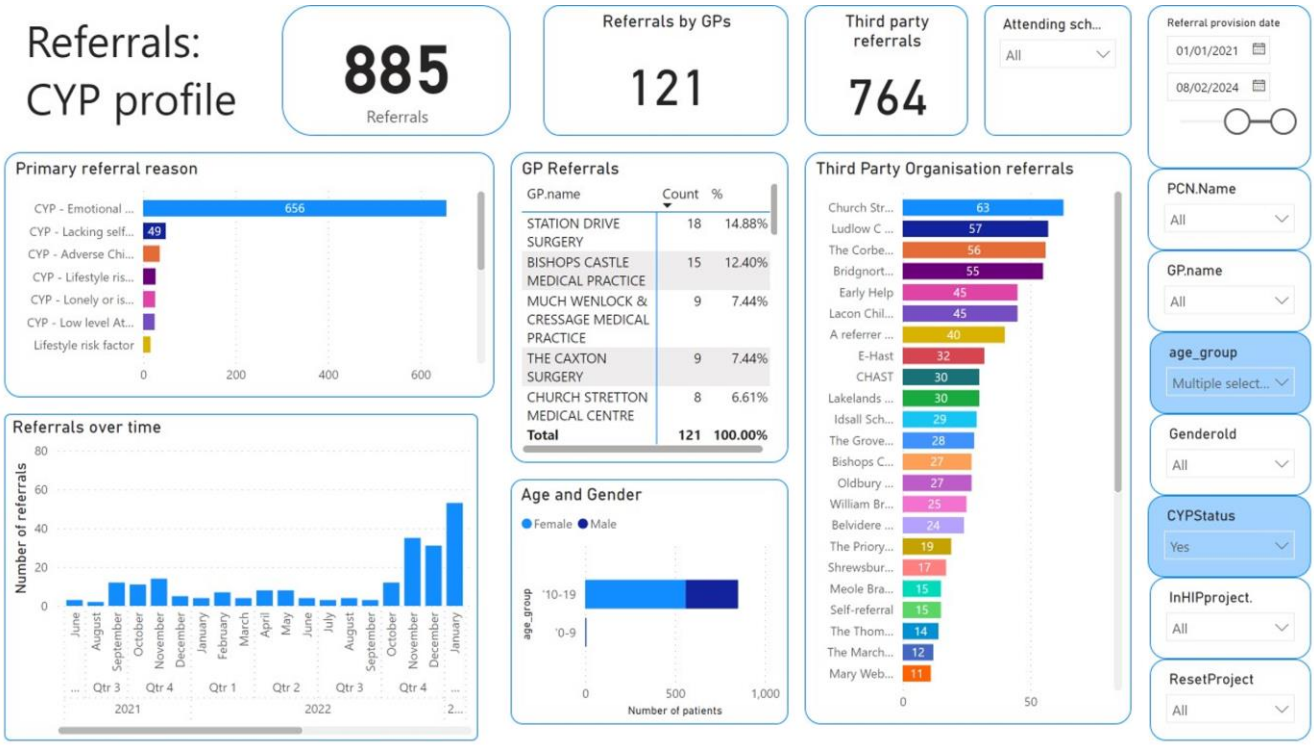
**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)** Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead**

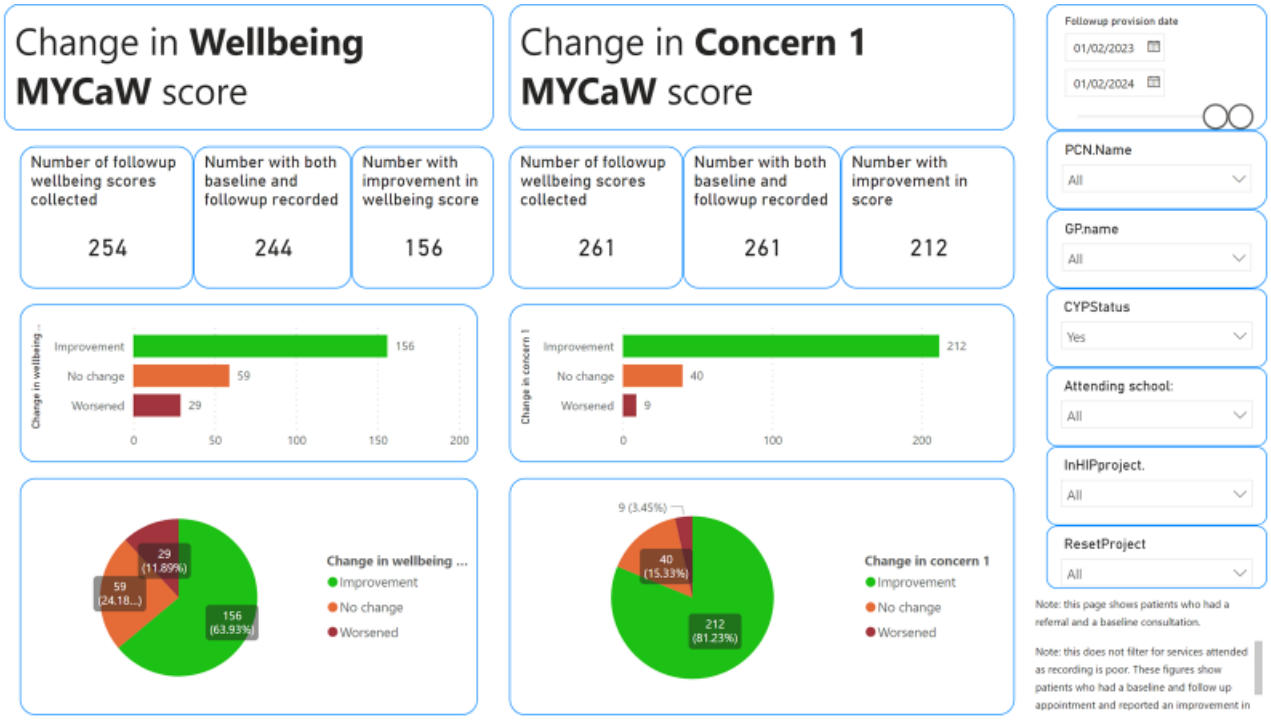
Cllr Cecilia Motley, Portfolio Holder for Adult Social Care, Public Health & Communities

**Appendices**
**Appendix A – Social Prescribing Referral data**
**Appendix B – Outcome data**
**Appendix C feedback from young people, schools and GPs**
**Appendix D case study**

**----------**
**Appendix A Referral Data**




**Appendix B Outcome Data**




**Appendix C feedback**

# Feedback from young people

- You have helped me believe in myself more which is helping my confidence really like talking to you, you listen to me
- You listen to me and hear what I say No one usually asks
- I absolutely loved it. Helen was so helpful and easy to talk to, and she really helped. If it wasn't for her, I don't know where I'm so thankful for her, and will cherish my time with her for the rest of my life. It was quick and easy, and was always negotiated first. and was chased up when needed.
- Very easy to talk to and I felt better after talking. I found the breathing and the anxiety exercises really helpful I feel a lot better than when i first started
- Really helped me overcome my anxiety and loss of confidence and has made me a lot happier.
- It has been good someone to trust in school and talk to she is kind and makes me feel better
- Its made a big difference to my confidence, she is a good listener and i trust her
- I like speaking to her as it then takes my mind of what happened after we spoke about it
- Useful and went well easy to talk to and supportive. referred to Early help, Flames Netball team, Beam, Young Rangers. referred to Early help, Flames Netball team, Beam, Young Rangers.
- They were good and made it easy for me to talk because it was welcoming environment
- Listened well and gave good advice to anything i was struggling with and helped me make a lot of progress. Gave me suggestions for youth groups and other activities i can try

# Feedback from schools includes…

- I am very grateful for the professionalism and professional expertise of Anne - Marie who worked with one of our young people with ASD.
- This has been an absolute God send. If it were possible to have Caroline everyday, I know we could fill every single slot with a young person requiring support. Your service is vital moving forwards. I only hope that the funding can continue as without Caroline and the service, so many children would simply fall through the cracks, only to appear later in crisis or worse.
- We hugely value the service Kirsty has provided this school. The students have all responded positively to the support, and Kirsty has managed to find a way to work with our most disengaged and quietly reserved students. She has also never wavered, even with our most complex students, when I have been desperate for help, for which I am truly grateful. I truly do not know what I would do without her.
- In some cases the reduction of isolation has led to less need for further intervention. The students seem happier in school and use the sessions to express their feelings

## GP feedback

- Happy with the service, she is doing an amazing job. Had nothing but positive feedback, parents talk about it as well, very happy that their child has this support and a grown up who they can relate to and talk to in school
- I just want to say well done for the work you are doing. You're making a difference and I want to encourage you and thank you for reaching out to these young people.

**Appendix D case study**

## Case Study 1

## Background

- 15-year-old referred by school for emotional wellbeing and attendance
- Young person reports anxiety, low mood. Low self -esteem feels doesn't fit in within school
- Can often feel panicky in lessons
- Some bereavement in family

Shropshire Council

# Case Study 1

## Work Completed/Activities/Interventions

- Positive coping strategies breathing, grounding techniques, self soothe box
- Signposting to support services and websites to include BEAM and Kooth
- Liaison with school regarding support in lessons time out card for when feeling anxious
- Signposting to apps to support wellbeing
- Liaison with school nurse who was also supporting
- Contact made with parent to signpost and support
- Contact made with BEEU
- Support for transition to new school
- Referral to crane bereavement support services

Shropshire Council

Case Study 1

## Outcome

- Transition to new school
- Young person reporting a reduction in anxiety
- Young person reporting increase in self-esteem feeling more positive.
- Finding strategies that support wellbeing
- Connecting with a new group of friends
- Engaging with bereavement support

# Feedback from young person

**Case Study 1**

Thankyou so much for everything xxxxx. You were really an amazing help, and I loved every meeting. If it wasn't for you, I don't know where I'd be. Honestly, I cant thankyou enough for everything that you've done for me!

I will definitely miss you lots! and hope to see you around soon! I will never forget you, and I'll always cherish the support you gave me!

Thankyou so much again xxxxx

# SHROPSHIRE HEALTH AND WELLBEING BOARD
## Report

| | | | | | | |
|---|---|---|---|---|---|---|
| **Meeting Date** | **18.04.24** | | | | | |
| **Title of report** | **ICB Update** | | | | | |
| **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** | Claire Parker, Director of Partnerships and Place, NHS Shropshire, Telford and Wrekin<br>claire.parker2@nhs.net | | | | | |

| | | | | |
|---|---|---|---|---|
| **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) | |

**What inequalities does this report address?**

**Report content**

**1. Executive Summary**

Please see attached Presentation

**2. Recommendations**

Please note the contents of the update

**3. Report**

Please see attached Presentation

| | |
|---|---|
| **Risk assessment and opportunities appraisal** (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation) | N/A |
| **Financial implications** (Any financial implications of note) | N/A |
| **Climate Change Appraisal as applicable** | N/A |

| | | |
|---|---|---|
| **Where else has the paper been presented?** | System Partnership Boards | |
| | Voluntary Sector | |
| | Other | |

**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**

**Appendices**
Appendix 1. ICB Update Presentation

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin



# HWBB ICB UPDATE

April 2024

# Contents

# Hospital Waiting Lists and Backlog

## Current Position

- The position at the end of March 2024 was 0 x 78wws for SATH & Shropcomm and 3 x 78 weeks for RJAH.. All providers were significantly better than trajectory for 65 weeks, total patients in this category was 602 against a plan of 863 therefore 30% better than plan.
- Our 28 Faster Diagnosis Standard (FDS) performance in November exceeded the plan at 77%.
- Performance of cancer services remain under weekly scrutiny by NHS England, but likely to reduce to Tier 2 in Q1 2024/25 due to increased confidence in our delivery.



## Next Steps/Key Actions

- The system continues to focus on services that have long waits for a first appointment, including increasing the utilisation of virtual advice and guidance and patient-initiated follow-up to free up appropriate capacity. Improvement plans are in place for delivery.
- Challenges remain with industrial action have been mitigated well over the last 6 months. Challenges remain with further planned industrial action (junior doctors) impacting the recovery of cancer and elective activity.
- The ICB cancer team are really focussed on sustainable improvements and have been a good interface between primary and secondary care. The work is anticipating a 20% reduction in inappropriate referrals.

# Urgent & Emergency Care (UEC)

## Current Position

- In line with the national picture, we are experiencing ongoing challenges with continued higher demand for acute UEC services. The system has been impacted by two junior doctor strikes.
- We are still experiencing ambulance handover delays however; we have seen an improvement compared to last year.
- Interventions at SaTH to improve patient journey include:
  - New Rehabilitation and Recovery Units at PRH and RSH (interim ward opened at RSH in January whilst the permanent modular solution is built).
  - Partnership work with Virtual Ward and Outpatient Parenteral Antimicrobial Therapy (OPAT) teams to increase discharges into this service and reduce the length of stay in hospital.
  - Expanded Same Day Emergency Care (SDEC) at PRH.
  - Ambulance Receiving Areas at PRH and RSH.
- Interventions are having a measurable impact:
  - Time to initial assessment has improved and is now above the regional average.
  - Number of people being discharged earlier in the day is improving.
  - Average time between being ready to leave hospital and being discharged is improving.
  - Average length of stay is improving.



## Next Steps/Key Actions

- SDEC reconfiguration at PRH is now complete and open. It includes a newly-built area for 14 patient chairs and two consulting rooms .
- Focused improvement actions will also increase the number of patients being seen in SDEC to reduce congestion in ED.
- Progress continues for SaTH's Emergency Care Transformation Programme with a focus on initial assessment and four-hour target times.
- Increased focus at SaTH on simple and timely discharges (for people with no onward additional care needs).
- The system is working together to expedite complex discharges (for people who require additional care following discharge).
- Continued implementation of Virtual Ward and OPAT pathways is supporting step down from acute to community services.
- Multimedia communication campaign - 'Think Which Service' continues to be promoted to encourage people to seek the most appropriate care for their needs.

# Rehabilitation and Recovery Units

## Current Position

- The £21.4m of funding was allocated to the Shrewsbury and Telford Hospital NHS Trust (SaTH) to create additional winter bed capacity by implementing two sub-acute wards (specialised, multidisciplinary inpatient care, for people who are not severely ill but need rehabilitative support after an episode of illness) - **The Rehabilitation and Recovery Units.**
- The two Rehabilitation and Recovery Units opened in January 2024, located on Ward 36 at the Princess Royal Hospital (PRH) and Ward 18 at the Royal Shrewsbury Hospital (RSH).
- Both units are being run by the Shropshire Community Health Trust (Shropcom) in partnership with the Shrewsbury and Telford Hospitals Trust (SaTH).
- Extensive public engagement has been undertaken to inform the design and delivery of the units. Three pathways have been agreed by multi-professional clinical teams across the system, these are:
  - Orthopaedic Rehabilitation;
  - Stroke Rehabilitation, and
  - Frailty.
- The pathways promote a home first approach wherever suitable. Where this isn't possible, the wards allow for focused rehabilitation and recovery prior to returning home.



## Next Steps/Key Actions

- Further recruitment events are being scheduled throughout Quarter 4 to continue to secure substantive staffing for both wards.
- Six further beds are planned to be opened on Ward 18 at RSH in early February 2024 following estates work.
- Embedding of patient pathways through collaborative working with the acute trust.

# Mental Health, Learning Disability and Autism

## Current Position

- Over the past 12 months, MPFT has proactively worked with partners and other NHS trusts to:
    - Progress the provider collaborative model with MPFT as the lead provider for adult eating disorder services, perinatal and a provider in forensics (reach out).
    - Continue work with councils, housing associations and VCSE organisations to offer MH support to community and vulnerable groups. Examples include the Rough Sleeper Taskforce providing rapid MH support – MPFT an early implementer in the West Midlands.
- Increased pressure on inpatient beds due to winter pressures means longer waits in ED and some patients receiving treatment out of area.
- Mental health workforce has increased by 38.8% from December 2018 to October 2023.



### Key Data

- 1,705 physical health checks delivered for people with severe mental illness in 2022/23.
- 3,273 children and young people (CYP) supported through NHS funded MH with at least one contact during 22/23. This has already doubled in 23/24. 52 routine and eight urgent CYP with eating disorders started treatment in 22/23.
- 36% increase in referrals of women accessing specialist community perinatal MH services in 22/23 (9,623 referrals against 699 in 21/22).
- 92.4% of service users experiencing a first episode of psychosis waiting less than two weeks to start a package of care. All age crisis line: Q1-2 23/24 unique callers: 796 (14% supported are CYP).

## Next Steps/Key Actions

- Introduction of NHS111 mental health option.
- Work continues with partners regarding contract extension to CAMHS service and the development of a population-based strategy for Mental Health, Learning Disabilities & Autism for CYP .
- Ongoing work relating to CYP MH LD&A waits. including review of demand and capacity and implementation of waiting list initiative.
- Quality Transformation Programme for mental health wards to be launched, with a focus on cultural standards and the Patient Carer Race Equality Framework. This feeds into a local 3-year bed strategy.

# General Practice (GP) Access

## Current Position

- Appointment data shows that there are more appointments in General Practice (GP) now than pre-pandemic - an increase of 9%.
- In July 2023, 7 out of 10 patients were seen face-to-face, 55% of patients in T&W and 52% in Shropshire seen same day/next day. However, perceptions are that patients can't get an appointment – media/social media reinforce this.
- In January 2021, GP provided 207,515 appointments increasing to 254,312 in January 2023, an increase of 22.55%.
- 89% T&W patients and 81% of Shropshire patients are seen within two weeks.
- Primary Care Network (PCN) Capacity and Access Improvement Plans are being implemented with monitoring meetings in February 2024 before end of year review.
- 50/51 practices have enabled patients' prospective access to their GP records.
- Highley Health and Wellbeing Centre new build has now been approved with the project progressing to construction phase,
- The long-awaited purpose-built Shifnal and Priorslee Medical Practice was officially opened on Monday 22 January 2024.



## Next Steps/Key Actions

- We continue to encourage PCNs/practices to sign up to the national GP Improvement Programme and training opportunities. A local support offer is also available with flexibility to meet local practice needs.
- STW is regional leader for % of practices signed up to online GP registration (51% against annual target of 32%).
- System Access Recovery Plan was presented to the ICB Board in November 2023. An update will be provided in March.
- All STW practices will be moved to cloud-based digital telephony by the end of March 2024.
- PCN estates plans are being finalised , and a system-level plan will be produced by the end of the year.
- Pharmacy First launched on 1 February giving patients more opportunities to access healthcare at a community pharmacy.

# Dentistry

## Current Position

- For STW, dental activity levels were challenged pre-pandemic, linked to emerging delivery issues particularly with the corporate dental contracts (these are incorporated companies operating multiple sites nationally including Bupa, My Dentist and Rodericks).
- The main issues preventing recovery in terms of access to dental care are:
  - Recruitment and retention challenges (dentists are choosing not to work in the NHS and instead choosing to practice privately).
  - Contract hand-backs by providers unwilling to continue to provide NHS services (relating to dissatisfaction with the dental contract). This is being exacerbated due to the absence of any further dental contract reforms or 'dental plan' despite Ministerial commitments made over six months ago.
- During COVID, the numbers of unique patients accessing a dentist declined due to infection control and related challenges that the pandemic created. This fell to a low point in February 2022 when 71,087 fewer patients had been seen within STW.



## Next Steps/Key Actions

- To improve dental access, we are supporting a range of initiatives:
  - The Children's Community Dental Services (CDS). Two practices in STW are participating, which helps to manage patients closer to home and relieves pressure on the CDS service, 111 and A&E.
  - Redistribution of recurrently handed back activity to other providers, ensuring patients can continue to access the dental care they need determined through the outputs of the Dental Services Health Equity Audit.
  - Extended repayment plans implementation for 2023/24 to support contractors in financial difficulty and prevent further contract hand backs.
  - The development of a Dental Strategy for the West Midlands region, including STW area.

# SHROPSHIRE HEALTH AND WELLBEING BOARD
## Report

| | | | | | | |
|---|---|---|---|---|---|---|
| **Meeting Date** | **18th April 2024** | | | | | |
| **Title of report** | Shropshire Food Poverty Alliance Report | | | | | |
| **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** | Helen Brown, Coordinator Shropshire Food Poverty Alliance HelenBrown@cabshropshire.org.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) | | | |
| **What inequalities does this report address?** | This report looks at how wider national trends in foodbank demand, usage, and sustainability are being reflected in Shropshire. In particular there is information on the people using food banks. | | | | | |

**Report content**

1. Executive Summary

This brief report sets out the current climate for food banks in Shropshire. Post-pandemic and during the ongoing cost-of-living crisis heading into the winter of 2023. As the new coordinator for the SFPA, I wanted to observe how food banks are operating in an increasingly difficult environment. Moreover, what as an alliance we can do to support them.

**2.** Recommendations

**Income Maximisation** - Our research estimates there is up to £24 million in unclaimed in Universal Credit, £9 million in Council Tax support, and £8 million in unclaimed Housing Benefit (pension age) per year, in Shropshire alone. This research is based upon the Policy in Practice methodology in: 'Missing out: £19 billion of support goes unclaimed each year'.

This analysis shows there is a need to raise awareness in Shropshire of how incomes can be maximised. We need to create an understanding with the public, especially users of food banks, that there may be additional income they are entitled to or budget changes they could make. In the hopes of relieving some of the pressure on food banks and with the aim, it can protect some from falling into food poverty.

Whilst not an option open to all those in vulnerable situations, e.g. those on negative budgets, it could alleviate the financial pressures for others. Food bank coordinators noted that when benefit recipients received the cost-of-living payments the demand went down, demonstrating the power and importance of a cash-first approach.

**Partnership Working** - A food banks' role is changing, once viewed as a rarity they are becoming part of British daily and cultural life, and the institutions expected to help the most vulnerable in society.

The shift in the role of food banks has coincided with the expansion of services offered by food banks

e.g. access to face-to-face Citizens Advice advisors, blood pressure checks, housing advice, etc. This support offered to clients works well and offers clients a wraparound service that supports people with their underlying issues which is leading to food insecurity.

However, the complexity of needs now presenting at food banks means there is more that needs to be done. The geographically patchy nature of support offered means there are vulnerable clients not getting the same level of wraparound support as others. What this does provide, however, is an opportunity for partners across the system to work more closely together. For example, those accessing support from food banks overwhelmingly have long term health conditions or disabilities. This is a place in which health care providers can forge valuable links with potentially underrepresented communities.

The SFPA can help to forge these links by co-ordinating the support available to those using the food banks through the valuable links we have created with the food banks across the county.

**Continued Support for Food Banks** - Finally, the biggest challenge facing food banks is the drop in donations and the rise in demand. Donation levels are often affected by national and international influences on people's income. As this report has shown food banks are under increasing strain and there is a risk that food banks will not be available in some parts of the county. We recommend this situation is closely monitored by those across the system and organisations consider what support they can offer to their local food bank.

The Shropshire Food Poverty Alliance will continue to provide infrastructure support to food banks and sharing information about the challenges food bank and food bank clients face.

**3. Report**

See Appendix 1 - Food Banks in Shropshire Report
https://www.shropshirefoodpoverty.org.uk/general-6

| | | |
|---|---|---|
| **Risk assessment and opportunities appraisal** (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation) | N/A | |
| **Financial implications** (Any financial implications of note) | N/A | |
| **Climate Change Appraisal as applicable** | N/A | |
| **Where else has the paper been presented?** | System Partnership Boards | |
| | Voluntary Sector | |
| | Other | **ShIPP and GP board. It has been discussed at the Healthy Lives Steering Group.** |
| **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** | | |
| **Appendices** Appendix 1 - Food Banks in Shropshire Report | | |

# Food banks in Shropshire

## October 2023

SHROPSHIRE FOOD POVERTY ALLIANCE

SFPA
Shropshire Food Poverty Alliance



helenbrown@cabshropshire.org.uk

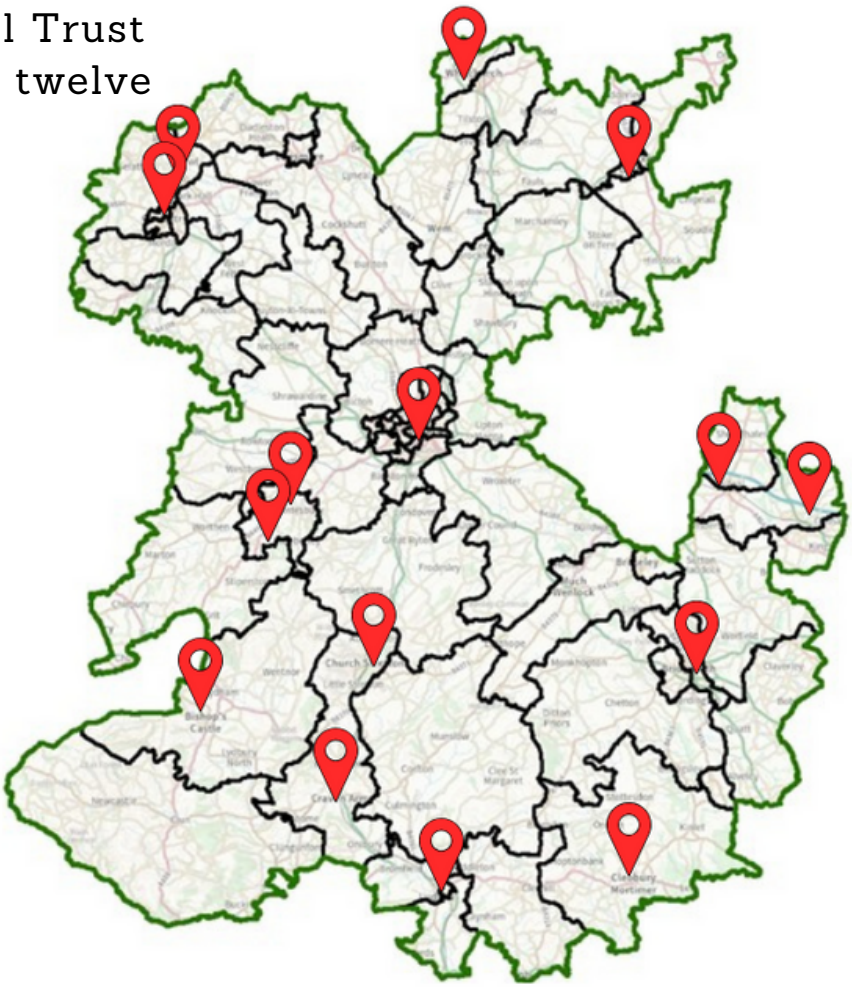
# Introduction

This brief report sets out the current climate for food banks in Shropshire. Post-pandemic and during the ongoing cost-of-living crisis heading into the winter of 2023. As the new coordinator for the SFPA, I wanted to observe how food banks are operating in an increasingly difficult environment. Moreover, what as an alliance we can do to support them.

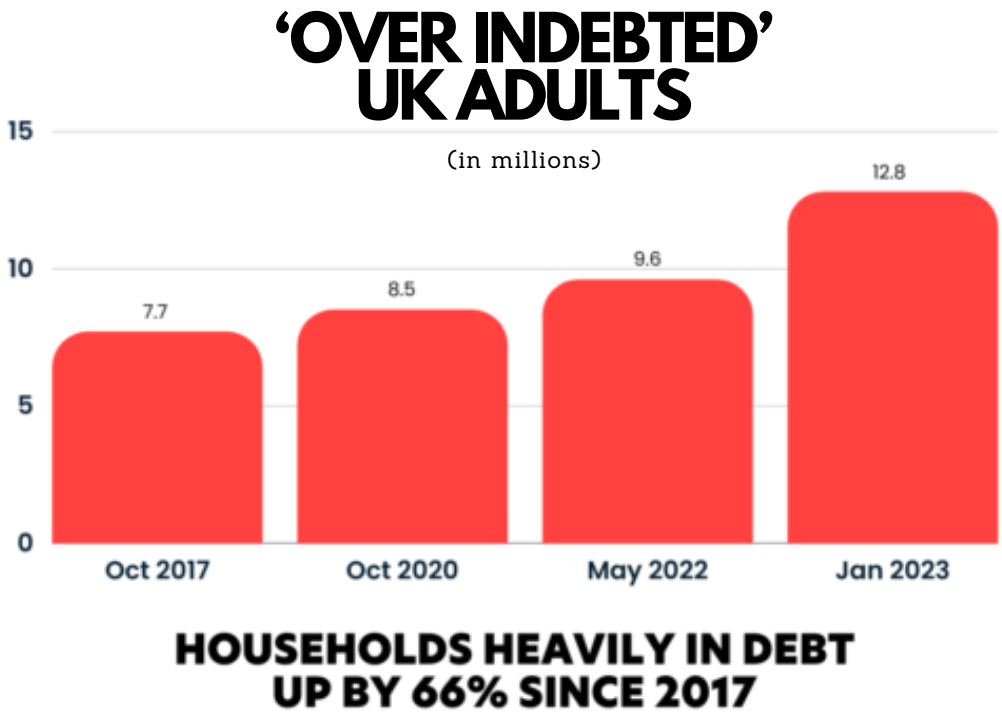
Helen Brown
SFPA Coordinator

# Background to food banks in Shropshire

- Shropshire has 15 food banks; three are in the Trussell Trust network, with the other twelve independently run.
- The oldest food bank in Shropshire is Shrewsbury which is just under 20 years old. With many being opened in response to the pandemic.
- Majority of food banks in Shropshire are held in or organised by faith based organisations.
- Additional food banks in Telford and Wrekin, Herefordshire, and Worcestershire supporting Shropshire residents.



# National background




National 'over indebted' UK adults from Debt Justice.

The cost-of-living crisis has not stopped. Whilst inflation has slowed and wages have grown, prices have remained high and unstable; people on the lowest incomes are disproportionately affected.

People are increasingly living with rising debts as they both fall behind on their bills, and use credit for daily living costs. The number of households struggling under heavy debt burden has increased by two thirds since 2017.

In Shropshire 347 people registered for The Debt Respite Scheme (Breathing Space)* in 2022, higher than the national average. With Shropshire also being in the top 10 counties in the country for fuel poverty.

The continuing pressures on households means food, an essential part of daily and cultural life, is still too expensive for many.

*Breathing Space gives temporary protection from creditors who are owed money. It includes: freezing most interest, fees and charges on debts; and pausing most enforcement action and contact from creditors. It's a short-term option, to give time and support to engage with debt advice.


Trussell Trust food banks in local authorities in England, Scotland, and Wales in 2009


Trussell Trust and independent food banks in the UK in 2023

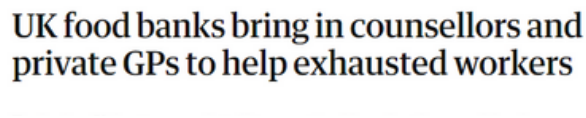
A growing number of people are unable to afford a diet that is healthy and nutritious. The Food Foundation has found that the poorest fifth of UK households would need to spend 43% of their disposable income on food to meet the cost of the Government's recommended healthy diet, this compares to just 10% for the richest fifth.

The lack of affordable and nutritious food is leading to increases in diseases once considered a thing of the past, with rickets and scurvy both on the rise in the UK. Shropshire is 2nd in the West Midlands, and in the top 20 in the country for 0-5 year olds being admitted to hospital with dental cavities.

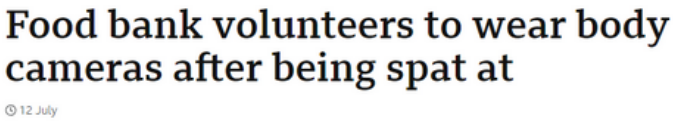
Food banks are a relatively new addition in the support system with the Trussell Trust operating 29 food banks in 2009 which has grown to just under 1,400 in 2023. This is alongside 1,172 independent food banks also in operation.

The rising cost of food creates a catch-22 situation for food banks. Increased prices of food and other financial pressures brought on by the cost-of-living crisis mean more and more people are slipping into food insecurity, thus increasing the demand for food banks.

Simultaneously as demand rises, donations fall, as people are less able to afford to make either food or financial donations. As a result, food banks are increasingly spending their reserves, on food to meet demand whilst unable to buy the amount of food they previously could.


Guardian headline (3rd September 2023)



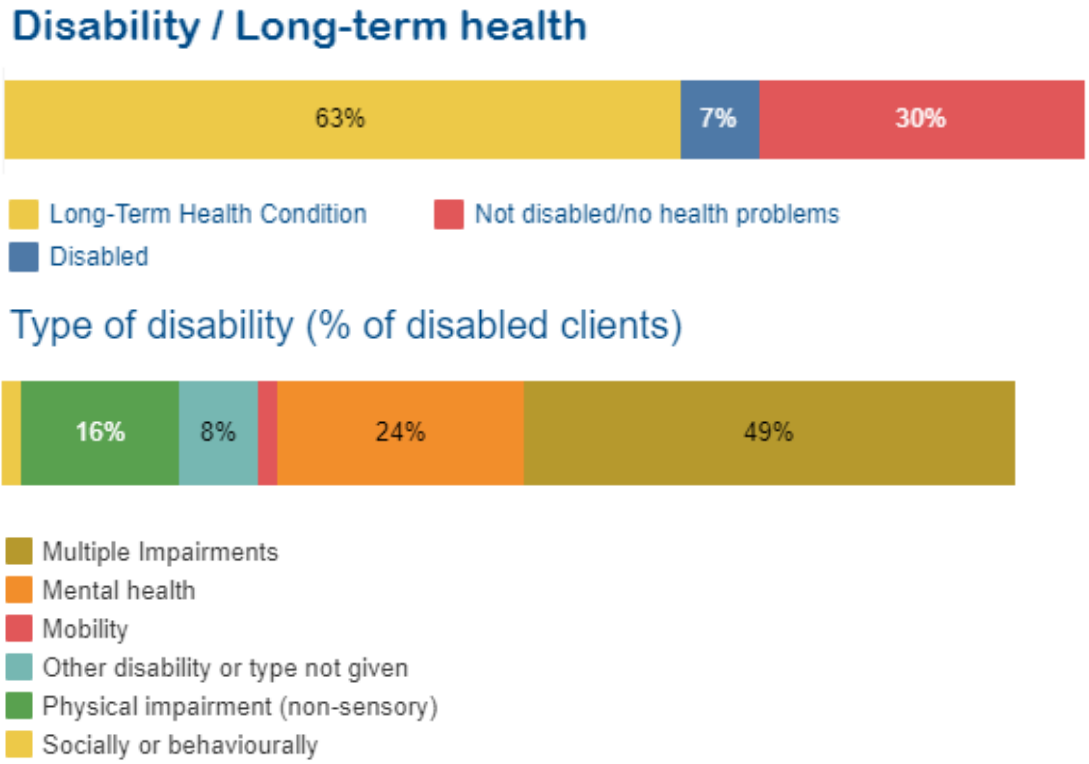

BBC headline (12th July 2023)

Nationally food banks are reliant on volunteers, usually made up of retired people who can give their time. In many food banks, volunteers have been there throughout the COVID pandemic, but now being presented with more and more complex situations. This has led to some volunteers now having to step back from their role, with burnout and fatigue.

# Local picture

Shropshire, despite being a very rural county, generally mirrors the broad national picture, with increased demand and lower donations.
Whilst families made up the large proportion of demand during the pandemic, most food banks now report that a majority of demand comes from individuals, often those with disabilities or long term health conditions.

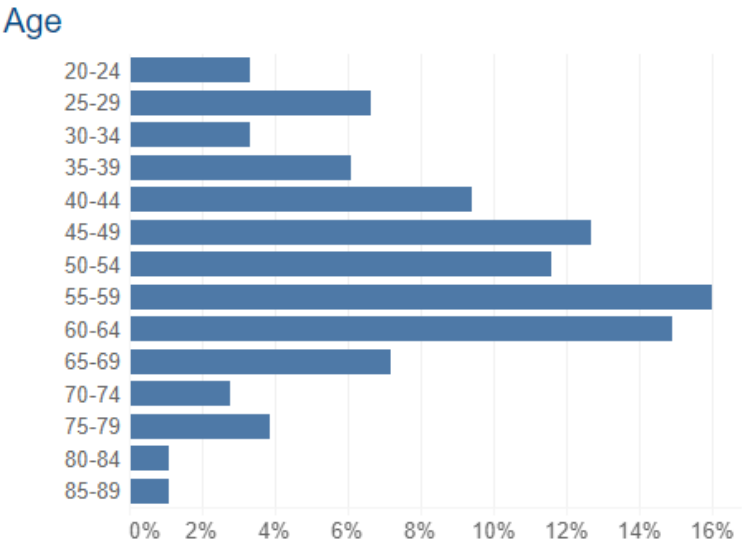
Citizens Advice Shropshire now has advisors placed within some food banks in the county. Citizens Advice Shropshire provides more data on the demographics of foodbank clients.




Proportion of Citizens Advice Shropshire clients seen in a food bank setting and their health (where known).

Types of disability of Citizens Advice Shropshire clients seen in a food bank setting who said they had either a long term health condition or disability.

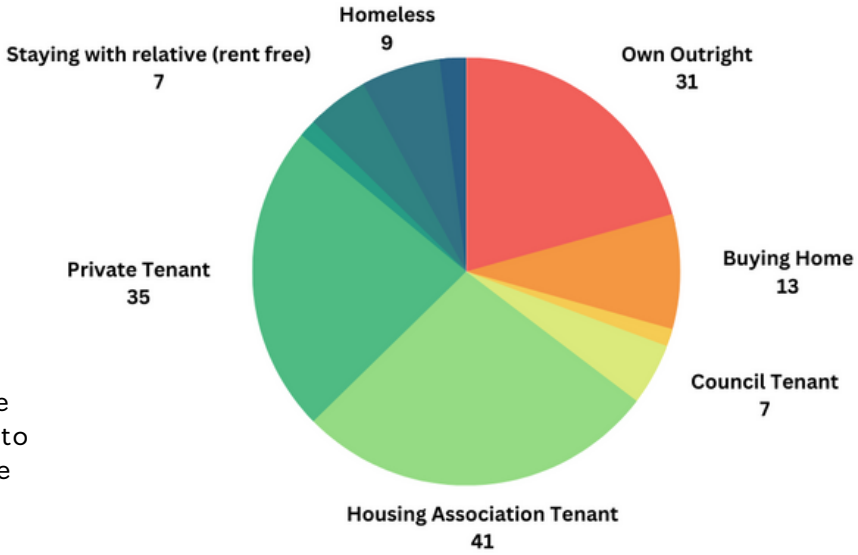
As seen through the data collected by Citizens Advice Shropshire, the majority of those seen have some kind of long term health condition or disability. Often a mixture of different physical and mental health conditions.



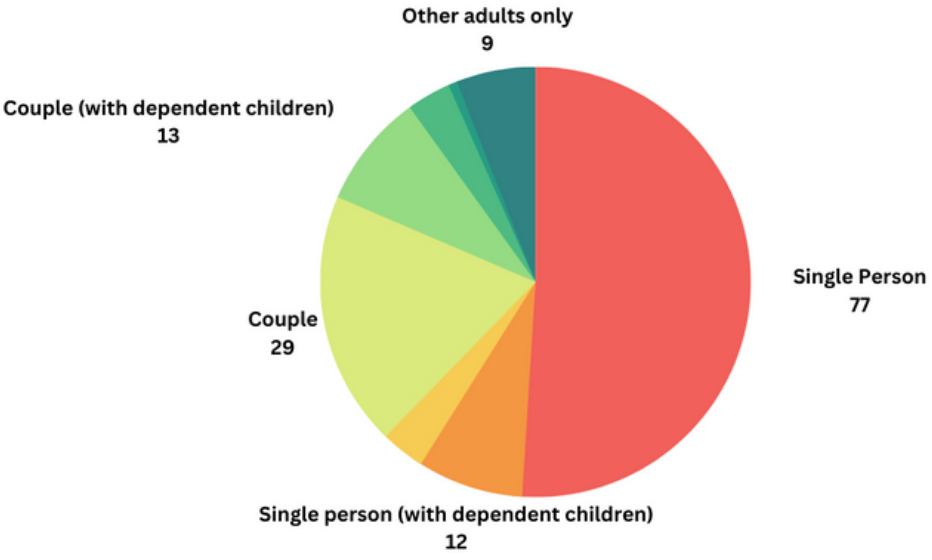

The majority of food bank clients are working age, likely due to the support older people receive from the state retirement pension and pension credit.

The age profile of clients speaking to Citizens Advice Shropshire advisors in food banks.

Overwhelmingly those seeking support at food banks are those in some kind of rented accommodation.




The housing tenure (where known) of clients speaking to Citizens Advice Shropshire advisors in food banks




As mentioned by food bank co-ordinators there has been an increase in individuals seeking support.

The household makeup (where known) of clients speaking to Citizens Advice Shropshire advisors in food banks

# A tale of two food banks

Key Element: Two food banks in Shropshire may close in the coming year; Albrighton and Gobowen. Albrighton due to lack of demand and Gobowen due to height of demand.

Whilst most of Shropshire food banks are feeling the impact of increased demand and reduced donations, there is one exception; Albrighton.

Here, a small, church-run foodbank may potentially close due to the *lack* of demand. During the pandemic six regular food parcels were being delivered a week however this has now stopped, with seemingly no explanation for the drop in demand. The average rate is now two to three parcels a week, with many weeks where no parcels are needed.

St Mary's Parish Centre in Albrighton, out of which the food bank operates.

What is important in Albrighton is the role the food bank now plays in the community. Under the auspices of the foodbank, other groups have been launched: a community lunch, a mother and toddler group, and a singing group.

These groups have been more successful with their engagement and demand. Whilst not focused on food poverty these services are trying to resolve another issue, that of social isolation.

The community lunches are regularly attended by older, single people, and those who have little social contact. The lunches create an opportunity to forge social links and the simple act of sharing a meal has led people to start their own social groups. Research has shown that a lack of friendships in older people can be a potential cause of malnutrition.
So whilst the community lunches are not directly focussing on food poverty, the effect it is having cannot be underestimated. It has already been decided in Albrighton that if the foodbank were to close, these community groups would continue to operate.

Preeshenlle United Reformed Church in Gobowen out of which the food bank operates.

In stark contrast is Gobowen food bank, which may close because they are unable meet their demand. It is a relatively small food bank, with 10 volunteers, delivering an average of 28 parcels a week, for approximately 80 people. They serve a relatively large area, which has grown following the closure of nearby St. Martins' food bank.

Gobowen foodbank struggles to get support from the local community, and is running on a week-to-week basis whilst looking for funding. It hopes to stay open until Christmas 2023, but this is not certain, as it is currently spending around £600 per fortnight to make up the shortfall.

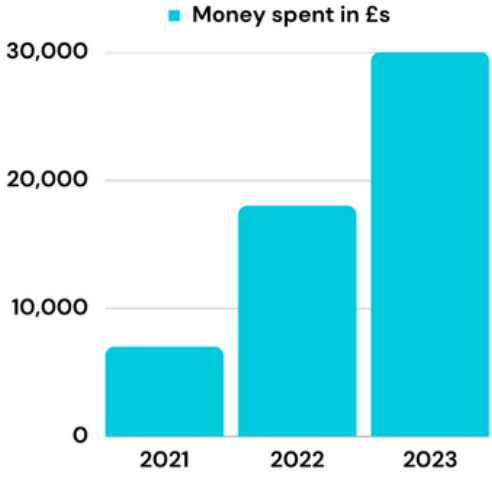
# The cost of demand

Key element: Food banks are spending increasing amounts on additional food to meet their demand.

The challenge of meeting increases in demand and the fall in donations is best demonstrated by showing the amount of money food banks are spending on additional food.

- Bridgnorth food bank is spending approximately £1,000 a week to meet demand.
- Shrewsbury is spending a minimum of £1,000 a week.
- Oswestry is on course to spend £30,000 in 2023, up from £18,000 in 2022, and £7,000 in 2021. An increase of over 300% between 2021 and 2023.

**Money spent on additional food by Oswestry food bank**



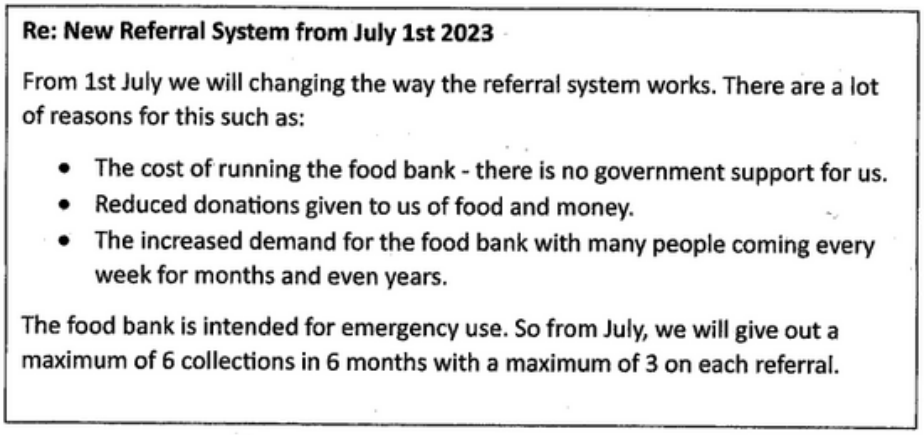

Even in smaller food banks they are having to spend large amounts to meet their demand.

- Church Stretton food bank is spending £700 a week and is on course to spend £30,000 this year. This is up from 2018 when just £500 was spent on additional food for the year.
- Ludlow food bank is also on course to spend approximately £25,000 this year on extra food.
- Bishop's Castle food bank is spending £800 a month on additional food.

# Changing access

Key Element: Increased demand and lowered donations means access to emergency food becomes stricter.

As a result of these pressures, most food banks are changing the way they operate, becoming stricter on what is being given out, and the number of times someone can receive support. A prime example of this is at Craven Arms, where the food bank previously allowed an unlimited number of people to access support, but have now tightened up their criteria on referrals. It is clear this decision was not taken lightly, but it was made in the hope of keeping the food bank sustainable for the future and being there to help people in the long run.



**Re: New Referral System from July 1st 2023**

From 1st July we will changing the way the referral system works. There are a lot of reasons for this such as:

- The cost of running the food bank - there is no government support for us.
- Reduced donations given to us of food and money.
- The increased demand for the food bank with many people coming every week for months and even years.

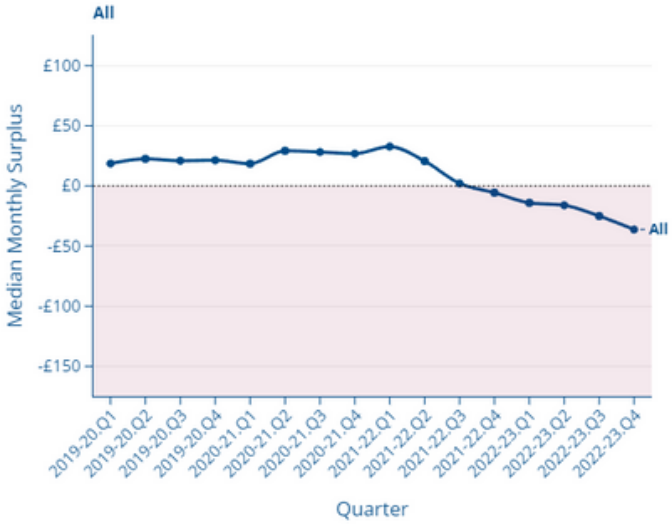
The food bank is intended for emergency use. So from July, we will give out a maximum of 6 collections in 6 months with a maximum of 3 on each referral.

The slip given to food bank customers at Craven Arms informing them of the changes to the system and the reasons why.

# Negative budgets

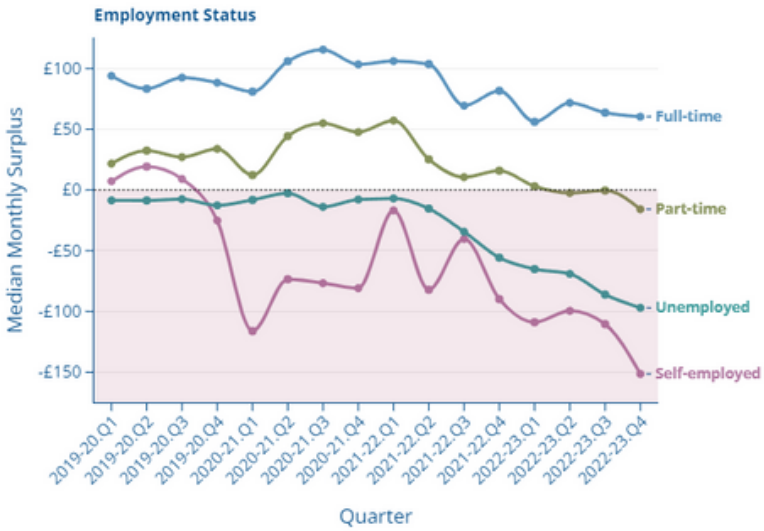
Key Element: A rise in negative budgets amongst low income households means they are unable to afford essentials.

Since the pandemic and the following cost-of-living crisis there has been a rise in negative budgets. A negative budget is one in which people who, despite expert advice, do not have enough money to cover their essential bills. Pre-pandemic advisors could often help low-income households maximise their income, now even with expert advice people are unable to afford their essentials.



Monthly surplus for all households over time since 2019

For people faced with this situation, cutting back on food is often their response, and it can push them to call upon a local food bank for help.



Surplus income by employment status

Negative budgets are affecting people across society in low income households, with working people also affected.

Negative budgets are a problem for food banks with limited resources, they have to assist more people, for longer periods, with no resolution to the client's situation.

# Impact on volunteers

Key Elements: The rise in people on negative budgets and in various complex situations e.g. substance abuse, homelessness create challenging situations for volunteers.

Foodbank clients need access to a broader range of support services at an early stage in their foodbank journey.

There has been an uplift in benefits inline with inflation, however this has been unable to keep up with increasing costs.

Until wages and benefits are able to keep up with costs more and more people will have no choice but to rely on charitable food and the goodwill of the volunteers who run the food banks.

The consequences of people relying on food banks over prolonged periods, and the pressures of living with negative budgets are also having an increasing impact on the volunteers and coordinators.

Across Shropshire there is a sense that pre-pandemic, food banks were seen as a temporary, whilst someone got 'back on their feet'. The food parcel would solve an immediate problem. Now, food banks are often the first port of call for people presenting with wide-ranging, and complex issues, including; poor mental health, domestic abuse, homelessness, and substance abuse. This long term and complex reliance is stressful for volunteers and coordinators. If more support was built around food banks it could alleviate this stress and potentially mean food bank clients are able to seek alternative and relevant support sooner.

A majority of food bank volunteers are retired, or in some cases, young people just helping out during the school holidays. Neither group are likely to have had the training or expertise that may well be needed in these situations.

Since the pandemic, with a shift towards remote working, support and advice from many agencies in Shropshire is often being offered over the telephone or the internet. Meaning food banks are one of the few ways in which people can get help face-to-face. For example, people who previously may have been seen by a specialist support worker are now presenting at a food bank.

**36%**

of people referred to a Trussell Trust food bank said they received no advice from other services

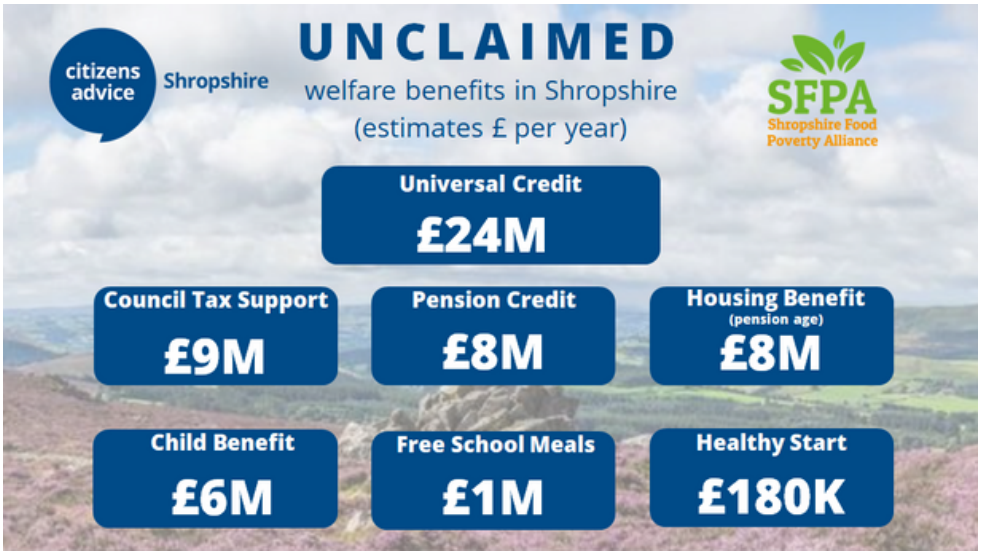
To tackle this, most food banks now have an offering of other support, with blood pressure checks, domestic abuse advisors, housing advice, Samaritans, and Citizens Advice advisors as examples of what can be made available. The SFPA have been working with a range of agencies to encourage the availability of support in foodbank sessions, but this varies from foodbank to foodbank.

Some, such as Cleobury Mortimer, are unable to get advisors from other agencies to visit their sessions, which means that the support offered to vulnerable clients can be dependent on the agencies within their local food bank.

# Recommendations

## Income Maximisation

Our research estimates there is up to £24 million in unclaimed in Universal Credit, £9 million in Council Tax support, and £8 million in unclaimed Housing Benefit (pension age) per year, in Shropshire alone. This research is based upon the Policy in Practice methodology in: 'Missing out: £19 billion of support goes unclaimed each year'.

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The SFPA can help to forge these links by co-ordinating the support available to those using the food banks through the valuable links we have created with the food banks across the county.

## Continued Support for food banks

Finally, the biggest challenge facing food banks is the drop in donations and the rise in demand. Donation levels are often affected by national and international influences on people's income. As this report has shown food banks are under increasing strain and there is a risk that food banks will not be available in some parts of the county. We recommend this situation is closely monitored by those across the system and organisations consider what support they can offer to their local food bank.

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SFPA
Shropshire Food Poverty Alliance

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# SHROPSHIRE HEALTH AND WELLBEING BOARD
## Report

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Meeting Date** | **18th April 2024** | | | | | | |
| **Title of report** | **Shaping Places for Healthier Lives: Year 2 progress report** | | | | | | |
| **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** | Emily Fay, Programme Manager, Shaping Places for Healthier Lives, Shropshire Council<br>Emily.fay@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 | | | | |
| | Mental Health | | 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?** | This report considers the wider determinants of health, particularly residents experiencing low incomes and food insecurity, both of which contribute to health inequalities in Shropshire. | | | | | | |

**Report Content: Please expand content under these headings or attach your report, ensuring the three headings are included.**

### 1. Executive Summary

Shaping Places for Healthier Lives is a three-year partnership project funded by the Health Foundation. The wider objectives of the programme are to mobile cross-sector action on the wider determinants of health through adopting a systems change approach. Our local focus is reducing food insecurity, particularly in Southwest Shropshire. Local levers identified during the discovery phase included strengthening our local system, reframing food insecurity, supporting residents to maximise their incomes and action at a community level. The preventative focus of this project links with a number of local wider workstreams including the Shropshire Plan, the Early Intervention and Prevention Framework, the Social Taskforce, and the development of Community and Families Hubs and One Shropshire.

Through the support of local and national partners this project has been an opportunity to explore what can be learnt about taking a complex system change approach and what can be achieved by taking a partnership approach to addressing multifaceted problems like food insecurity. This report summarises on the 2nd year of delivery. Moving into the 3rd year of delivery we would like to highlight the Ask, Assist and Act toolkit and training which is in development to support frontline staff and volunteers to hold effective conversations with residents to support them to maximise their incomes.

### 2. Report Recommendations

- The HWBB Board is asked to consider, discuss and comment on the content of the report.
- We encourage members of the HWBB board to take this information back to their organisations and consider if there are any actions which can be taken to support people experiencing food insecurity. These may include:

    - Considering how their workforce and the residents they support have been impacted by the cost of living and signposting those in need of support to reliable information.
    - Understanding the stigma experienced by people experiencing food insecurity and identifying what actions can be taken to reduce the barriers caused by this.
    - Identifying ways to improve navigation of the support system for residents.
    - Sharing key resources and information with staff and residents.
    - Building in opportunities for conversations about income maximisation with residents. In order to increase confidence and agency, we would also like to invite organisations to register their interest in taking part in Maximising Income training (*Ask, Assist, Act*) along with the use of our toolkit.
    - Reflect on the learning from this project to help shape future delivery of support for residents experiencing food insecurity and financial crisis.

## 3. Main Report

Shropshire is one of five Shaping Places for Healthier lives project areas in England. The objectives of the Shaping Places programme are to:

- mobilise cross-sector action on the wider determinants of health through sustainable system change at a local level.
- support local authorities to facilitate and enable local partnerships for system change on the wider determinants of health.
- learn how to make changes that impact on the wider determinants of health.

In Shropshire our focus is on reducing food insecurity in South-West Shropshire.

This project is part of the Shaping Places for Healthier Lives programme supported by the Health Foundation in partnership with the Local Government Association. The programme provides local councils with funding to work with partners from their local area to improve health and address health inequalities. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The LGA is the national voice of local government, working with councils to support, promote and improve.

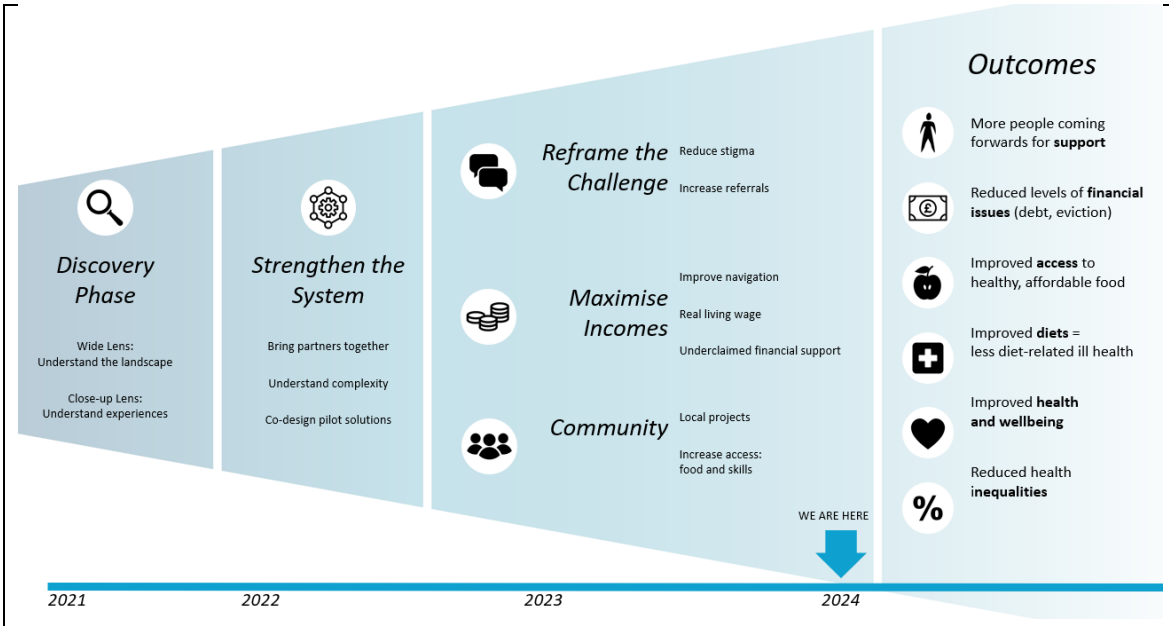
**Our Project Team**

Our partnership includes the Shropshire Food Poverty Alliance, Citizens Advice Shropshire, Healthwatch Shropshire and the Public Health team at Shropshire Council.

**Programme Support**

The structure of the programme means that the Shaping Places team hold regular meetings with the LGA, Health Foundation, Design Council and the external learning partner PPL and the other four Shaping Places areas (Northumbria, Newham, Doncaster and Bristol, North Somerset and South Gloucestershire.

**Project Timeline**




## Discovery Phase

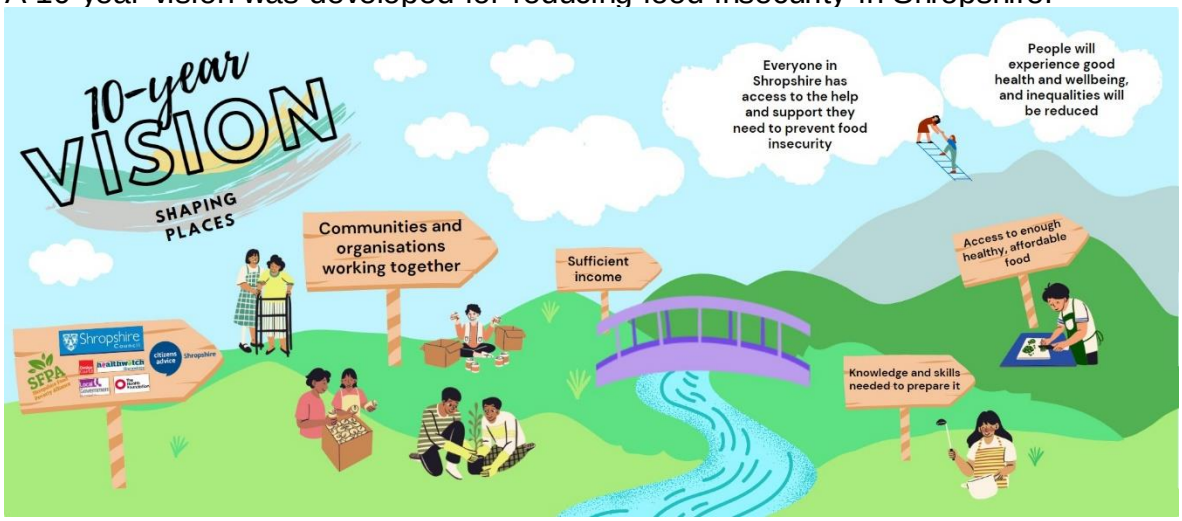
In the spring of 2021, the project team researched food insecurity in Southwest Shropshire. We held discussions with stakeholders and people with lived experience of food insecurity to understand the challenges faced by people living on low incomes in rural areas. Healthwatch Shropshire published a report and their key recommendations included:

- The public and voluntary sector need to work in partnership to create services which are accessible and easy to navigate.
- Improved communication to support more joined up working across the community and public sector.
- Referral pathways to be streamlined to make sure people are able to access the right support at the right time.
- Develop 'wrap around' support for people who are in financial need to prevent them reaching crisis.

The full report published by Healthwatch Shropshire can be accessed online.

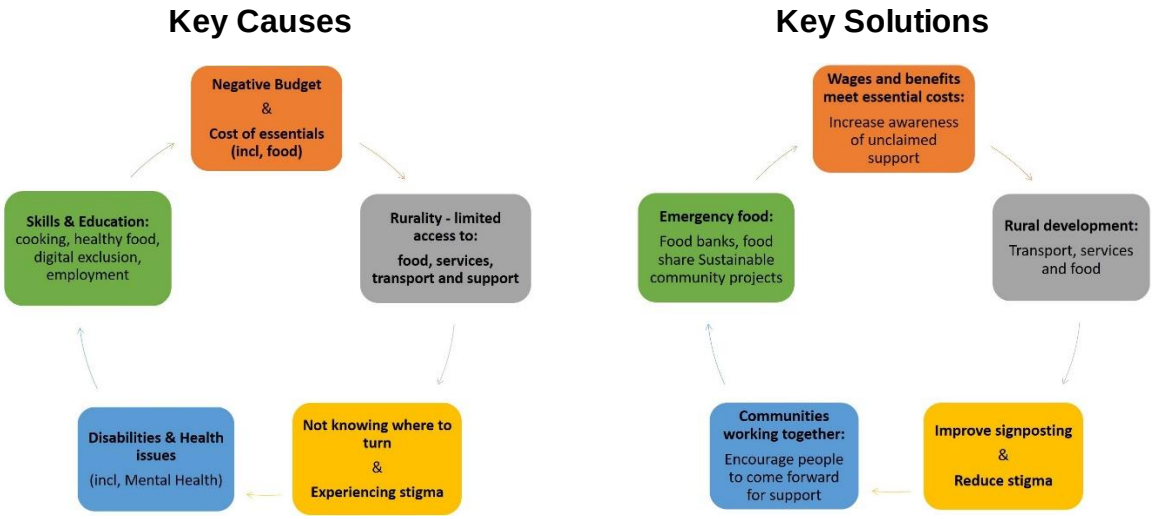
## Project Vision

A 10-year vision was developed for reducing food insecurity in Shropshire:

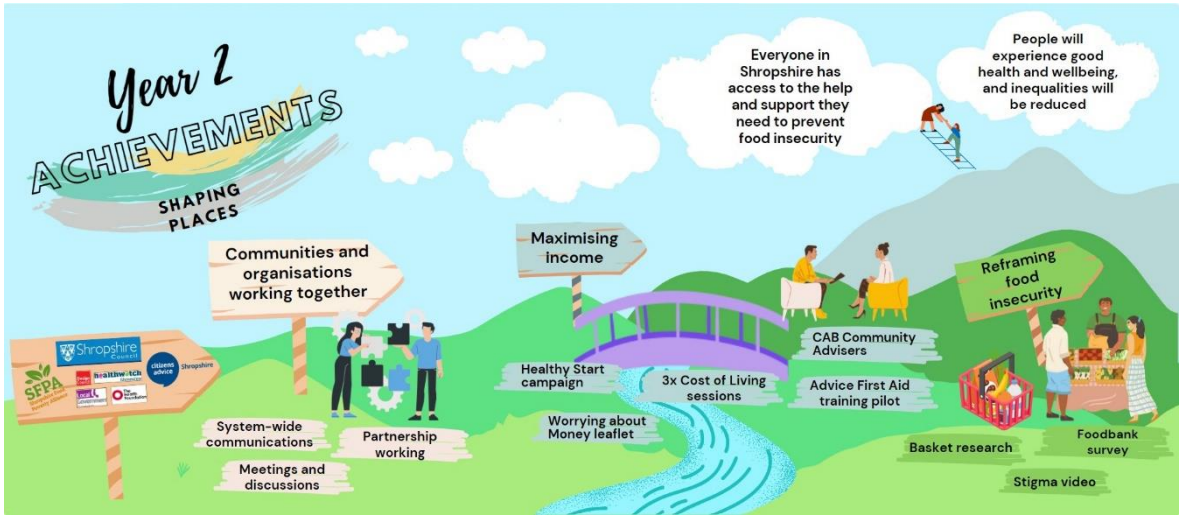



## Systems Mapping: Causes and Solutions

Information collected in the discovery phase enabled the development of systems mapping of both the causes and potential solutions to food insecurity in Shropshire. These maps were later simplified to communicate the key causes and local solutions to this complex issue:




## Year 2 achievements – At a glance




## Communities and Organisations working together

*Partnership Working*

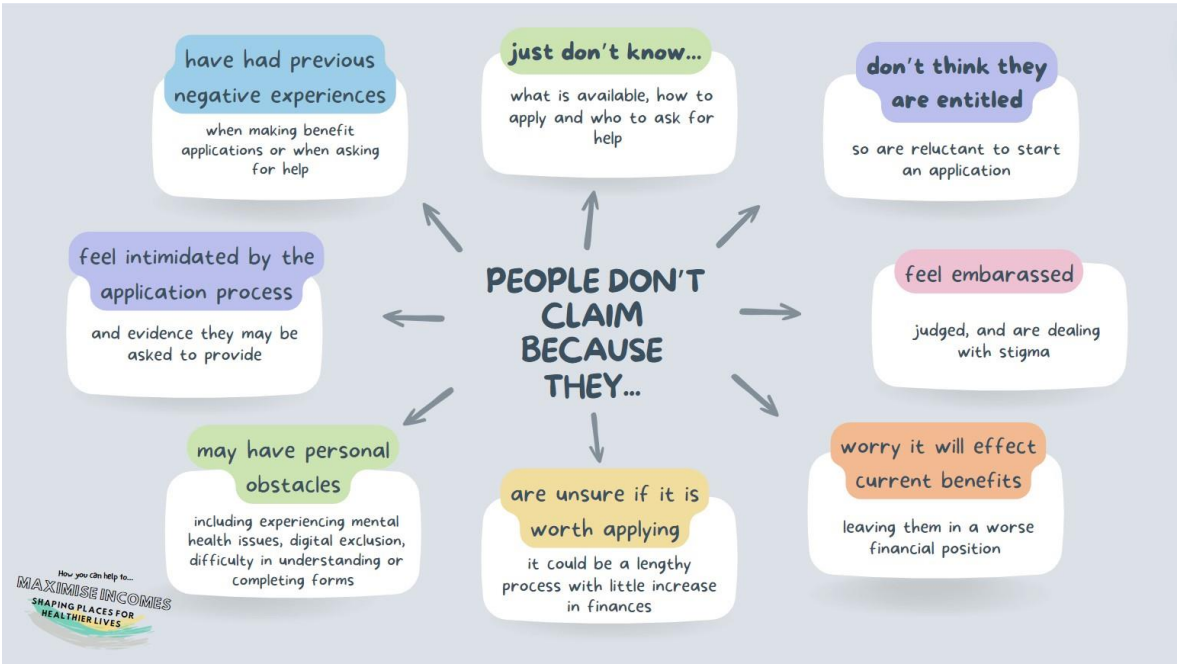
We have continued to work system-wide, with a wide variety of partners to improve information flows navigation of the system and support for people in financial need. Key groups have included the Social Taskforce, Hardship & Poverty group, Cost of Living Communications group, Healthy Lives Steering Group, HAF Steering Group, Shropshire Food Poverty Alliance, Shropshire Food Bank Network Meetings, Shropshire Good Food Partnership, Healthy Start group, Money Advice Forum, Ludlow food network, and Community Connectors.

*System-Wide Communications*

Throughout the project the Shaping Places team have worked with the cost-of-Living Communication group to develop clear communications which support Shropshire residents to access information about local support and encourage income maximisation.

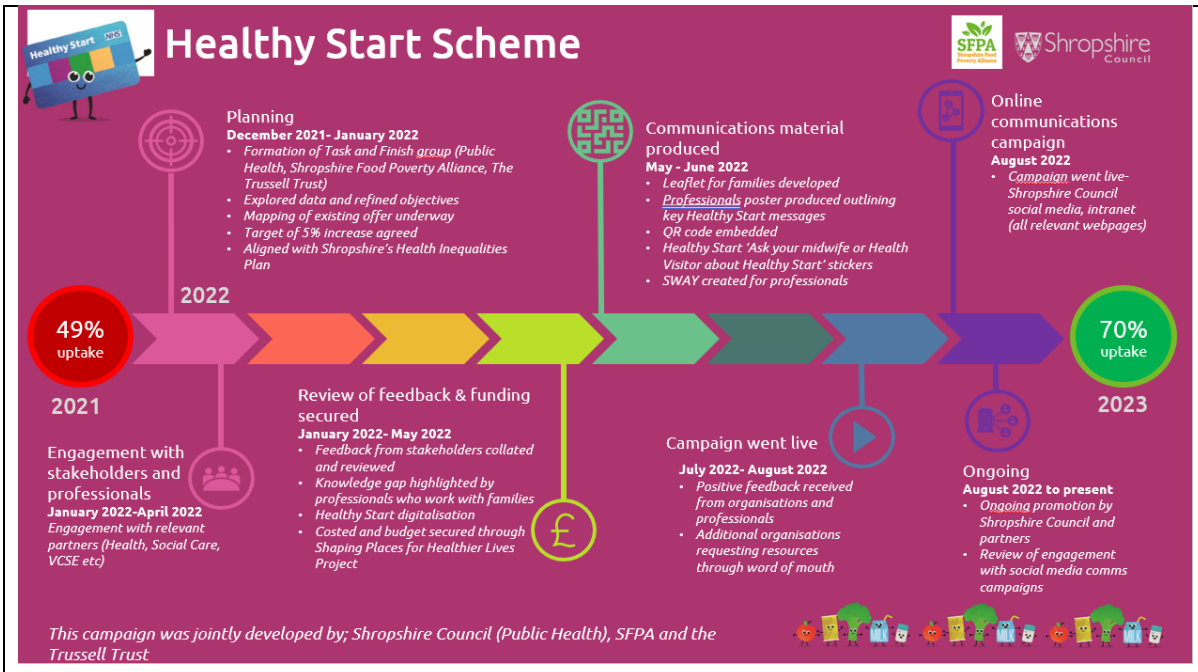
**Maximising Income**

The cost-of-living crisis has impacted household budgets, particularly due to the increased cost of food and energy. This has led to an increasing number of households having a negative budget at the end of each month (meaning their income is not enough to cover their essential costs. Citizens Advice now report that more than half of the people they support with Debt advice are now in a negative budget. However, researchers estimate that £19 billion of support goes unclaimed in the UK each year. Therefore, a key lever to reducing food insecurity is to promote Income maximization to increase household budgets. In Shropshire there are a number of key benefits which are underclaimed, including Healthy Start, Pension Credit and Attendance Allowance. The graphic below explores some of the key reasons people don't claim these benefits:




*Healthy Start Campaign*

In 2021 a working group was established to focus on the local uptake of Healthy Start, a key benefit to support access fresh fruit, vegetables and milk in pregnancy and early years. Our working group included Public Health, the SFPA and the Trussell Trust. Our campaign raised uptake from 49% in 2021 to 70% by the end of 2023, demonstrating the impact we can have at a local level when organisations work together to promote the support available to people on low incomes.




*Worrying About Money Leaflet*

The Shaping Places team supported the SFPA to develop and distribute over 30,000 copies of the Worrying About Money leaflet across Shropshire, a resource which helps people facing financial crisis to more easily navigate the cash-first advice and support available to them locally. https://www.worryingaboutmoney.co.uk/shropshire

*3x Cost of living sessions.*

The Shaping Places team supported the design and delivery of three training sessions for frontline staff and volunteers across Shropshire with a number of partners (including SFPA, Citizens Advice Shropshire, Marches Energy Agency, Age UK Shropshire Telford and Wrekin, and Community Resource). The sessions focused on positive conversations around resident concerns about the cost-of-living crisis and improving navigation of the local system. More than 650 frontline staff and volunteers attended or viewed the sessions.

*Advice First Aid Pilot*

The Shaping Places team have developed and are piloting an Advice First Aid course in Southwest Shropshire. The aim of the training is to improve the skills of front-line staff and volunteers within community organisations to assist residents to navigate the system of support. They are trained to better understand the information offered by Citizens Advice, how to promote self-help when appropriate via signposting to reliable information, and to identify when a resident has an advice need which requires a referral to a Citizens Advice community advisor. The sessions encourage volunteers to follow the Ask, Assist and Act format:

- ASK: Listening and identifying when Citizens Advice can help.
- ASSIST: Navigating and sharing reliable information on all kinds of problems (such as managing money) using the Citizens Advice national website, with people who may be unable to do so for themselves.
- ACT: Understand when and how to signpost to Citizens Advice, or when to Refer when the person needs more in-depth support.

Sessions have been piloted with Bishops Castle, Church Stretton and Ludlow foodbanks, the Mayfair Centre and Hands Together Ludlow.

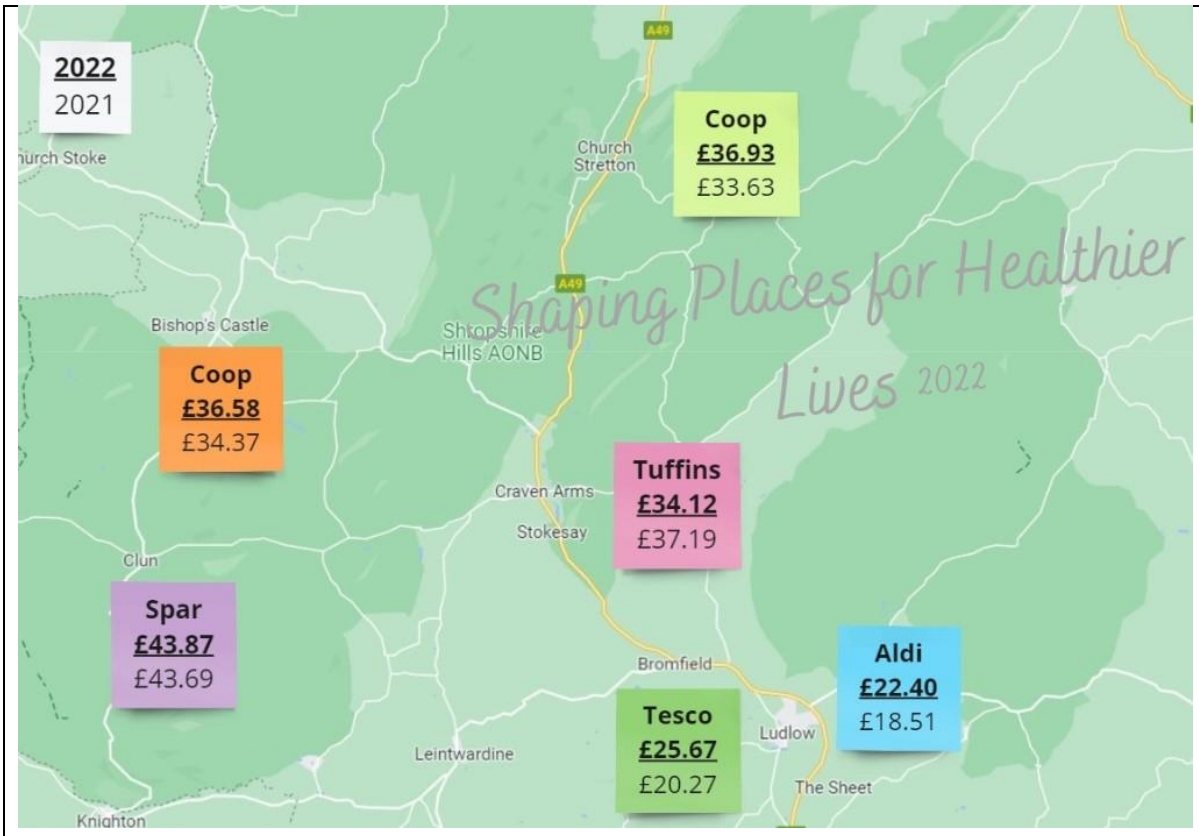
In 2024 the Shaping Places team are building on this training to develop a new training package which focuses on Maximising Incomes named Ask, Assist and Act:


*CAB Community Advisors*
To improve access to advice in Southwest Shropshire, we have used some of the Shaping Places funding to fund a Citizens Advice Advisor to be available in foodbanks and other community venues in Southwest Shropshire.

**Reframing Food Insecurity**

The Shaping Places team have continued to work with people with lived experience, foodbanks and other partners to further understand the experiences of people in food insecurity with the aim of helping the wider system to understand the complexities of this problem.

*Basket Research*
In 2021 and 2022 the Shaping Places team visited each food shop in Southwest Shropshire to explore the price of a standard basket of 20 food and essential items. This simple exercise demonstrates the wide disparities in the price of a food shop in a rural area, and also the impact rising food costs has had on household budgets.




*Foodbank Survey*

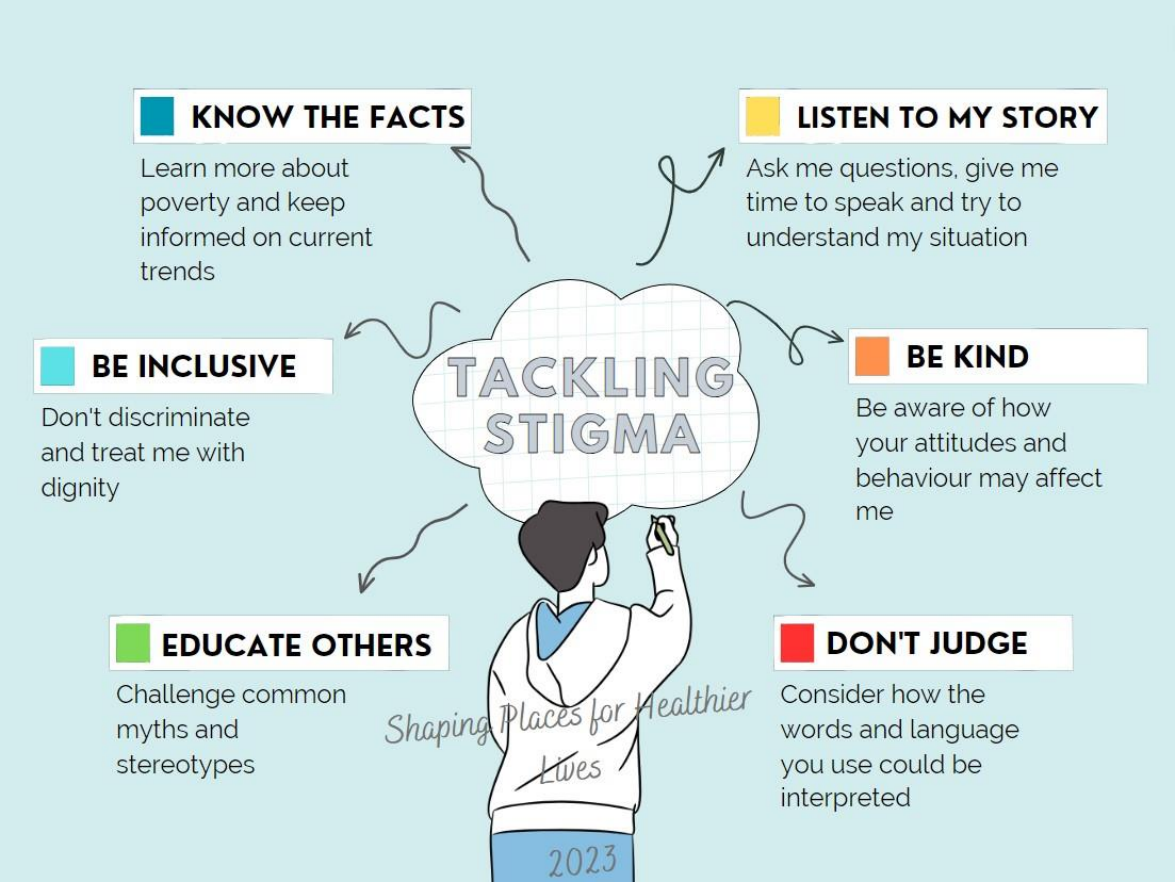
In 2023 the Shaping Places team collaborated with Stretton foodbank to develop a survey of foodbank clients, with the aim of:

- Gathering information about the additional support people may need, and if they are able to access it.
- Stretton foodbank to review their service to their customers, and to see if there are any improvements they may be able to make.
- Providing evidence to other agencies of the needs and concerns of customers who use Stretton foodbank.

Findings were shared with organisations in Church Stretton and helped to inform a discussion about how people on low incomes experiencing food insecurity could be supported in the Town.

*Stigma Video*

Many people experiencing money worries feel stigma and are reluctant to reach out to others for support. In 2022 the Shaping Places team worked with the Cost-of-Living Communications group, the SFPA coordinator and Stretton Foodbank to create a video aimed at reducing the stigma faced by residents who need support of foodbanks. The team have also produced a graphic for staff and volunteers to assist them in thinking about how to tackle this stigma.




**External learning partner summary from Year 2 learning report**

The Shaping Places team work closely with our external learning partner, PPL. In 2023 PPL interviewed 11 stakeholders in Shropshire and identified a range of strengths in the work which has happened locally:

> "The project's theory of change focuses on bringing partners together and enabling change at various levels, with a strong partnership approach, bringing together individuals with different perspectives, skills, experience and access points into the system from a range of different organisation."

> "The complex systems approach positively impacted both individual and system levels, focusing on beliefs, goals, structures, and events."

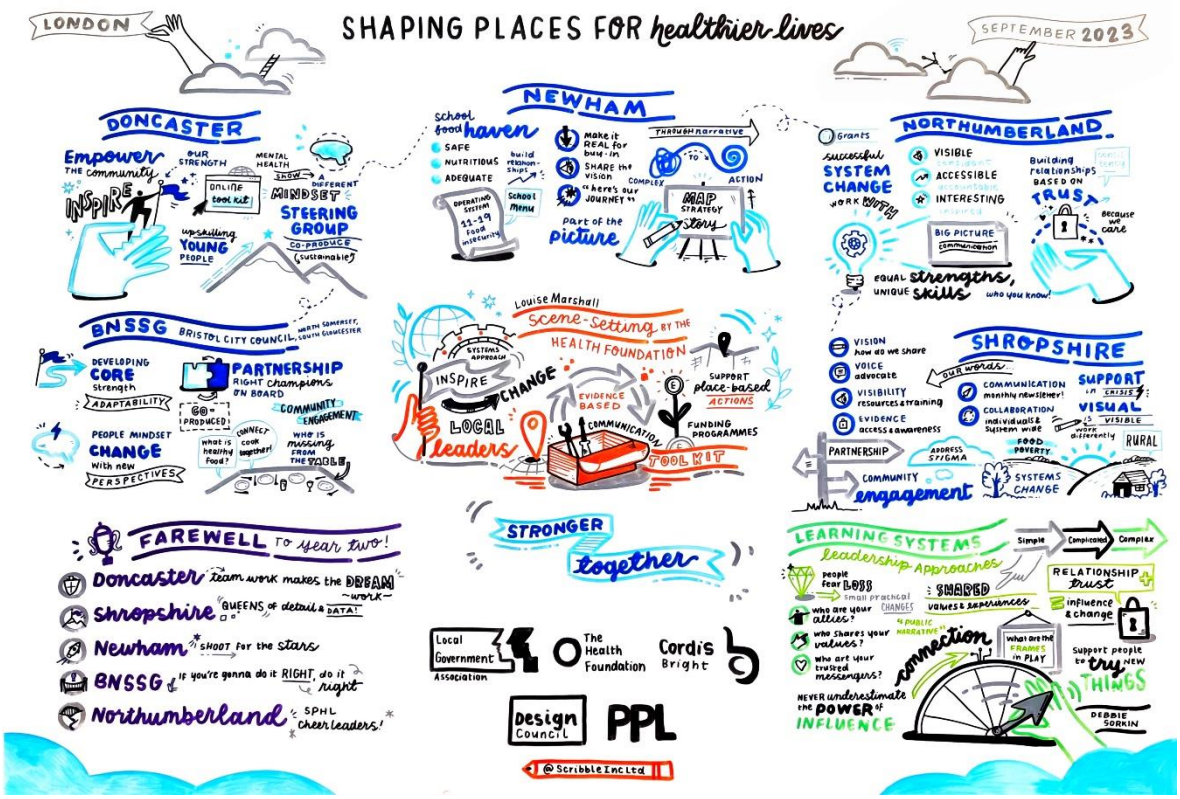
> "The core project team have recognised their role within the system to be as a convenor and facilitator, bringing a range of system partners together and providing an environment in which they can make an impact on food insecurity."

PPL also identified three key lessons for future development:

> "Continuing to use storytelling as a tool to influence attitudes and beliefs, and gain buy in from stakeholders to contribute towards addressing food insecurity in Shropshire, using this as a tool to mark change within the system."

> "Ensuring there is more transparency and opportunities to learn about the role taking a complex systems approach has made to the project for wider stakeholders."

"Focusing on capturing the evidence of changes being made to different parts of the system and across the different levers for change to ensure sustainability of outcomes and key learnings."

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|---|---|---|
| **Risk assessment and opportunities appraisal** (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation) | None at this time | |
| **Financial implications** (Any financial implications of note) | No direct financial implications at this time | |
| **Climate Change Appraisal as applicable** | Not applicable at this time | |
| **Where else has the paper been presented?** | System Partnership Boards | ShIPP |
| | Voluntary Sector | VCSA Board |
| | 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)
N/A

# SHROPSHIRE HEALTH AND WELLBEING BOARD
## Report

| | | | | | | |
|---|---|---|---|---|---|---|
| **Meeting Date** | **18th April 2024** | | | | | |
| **Title of report** | **Shropshire Integrated Place Partnership (ShIPP) 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** | Penny Bason<br>Penny.Bason@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?** | The ShIPP Board works to reduce inequalities and encourage all programmes and providers to support those most in need. | | | | | |

**Report content**

**1. Executive Summary**

The purpose of Shropshire Integrated Place Partnership (ShIPP) is Shropshire's Place Partnership Board.
It is a partnership with shared collaborative leadership and responsibility, enabled by ICS governance and decision-making processes. 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

**2. Recommendations** – N/A

**3. Report**

The ShIPP Board meeting 21.03.24 was well attended and there was good discussion and engagement across the membership, Penny Bason chaired the meeting.

**Long Term Conditions Strategy**
Simon Collings, Associate Director, Specialised Commissioning, NHS England

Background: As the impact of infectious diseases has been successfully reduced the health and care system now needs to tackle early death from non-communicable diseases. People are spending a greater proportion of their lives with a long-term condition which impacts on quality of life compared to a decade ago, while more people have multiple long-term conditions (MLTC); by 2035, two-thirds of adults aged over 65 will have 2 or more conditions and 17% will have 4 or more. The Long-Term Conditions Strategy aims to improve people's quality of life in later years, with prevention at the forefront of these actions.
Discussion

- Huge opportunity on a Primary Care level; this leads into how we connect into local care neighbourhood working and commissioning intentions.
- Primary care were very positive about the recognition of the opportunities at Primary Care and PCN level, and investment and joint working is needed to continue to develop the opportunities.
- How do we, as a Place based group, feed into this strategy? Important to link with other major strategies and health inequalities.
- Focussing on prevention and early intervention is important to pull the impact back from acute hospital care.
- Need to look further into people using the first outpatient appointment to manage long term conditions and not using primary care properly.
- Primary Care Networks are constrained in the use of their resources by contractual obligations rather than using the money on the things that we know we need. We need to think differently around commissioning.

Next steps: proposed development of the strategy will involve four workstreams to be established under the population health management group, each one led by a primary care clinician. These workstreams would include one for each of the key focus areas and one to provide commissioning support including the development of the collaborative agreement. Simon and Nick White (who will be the Clinical Director) are looking for someone to chair the Primary Prevention Panel if anyone would like to be involved.

The Chair stated that the subject of the Long-Term Conditions Strategy should be included in the April HWBB/ShIPP Planning event, particularly the prevention element and how it feeds into our plan for next year.

**Shaping Places for Healthier Lives: Year 2 progress report**
Emily Fay Programme Manager, Shaping Places for Healthier Lives, Shropshire Council

Shaping Places for Healthier Lives, is a 3-year partnership programme that aims to:
- mobilise cross-sector action through sustainable system change at a local level
- support local authorities to facilitate and enable local partnerships for system change
- learn how to make changes that impact on the wider determinants of health so that learning can be shared

The Board was asked to note that:
- Shaping Places ends October 2024
- Food Partnership developing bid around Healthy Food for All
- How can we embed what has been learnt from this programme into other workstreams (e.g. One Shropshire, Community & Family Hubs)
- How can we maximise the reach of the Ask, Assist & Act toolkit/training?

Discussion:
- Links with personalised care - helping people understand how people are living and the impact that can have on their health outcomes.
- Shropcom adult community services often come across food insecurity in people's homes, sometimes caused by access or income. The Divisional Clinical Manager, Adult Community Services, Shropshire Community Health Trust would like to talk further with Emily.
- Proactive care and case finding: do we take a broader view and include food insecurity in our risk stratification?
- Links between food insecurity and long-term health conditions

**Shropshire Food Poverty Network Report**
Helen Brown, Shropshire Food Poverty Alliance Co-ordinator, Shropshire Citizen's Advice

The Shropshire Food Poverty Alliance (SFPA) report sets out the current climate for food banks in Shropshire, post-pandemic and during the ongoing cost-of-living crisis. The SFPA wanted to observe how food banks are operating in an increasingly difficult environment and what they could do to support them.

Discussion:
- The link between foodbank use and registration with GP practices: some food bank users were unaware that they could register. The way that they then access health services i.e. using emergency

care inappropriately when they could be using primary care and other services like social prescribing. How do we reach people and improve this?
- Quality Team ICB: how often are we treating the symptoms of poverty in the NHS? Missing opportunities to interact more holistically and effectively with patients and families. Could we signpost better? Link with equality, diversity and inclusion strategies?

**Rural Proofing in Health and Care Report**
Cllr Heather Kidd, Chair of Rural Proofing in Health & Care Group, Shropshire Council & Cllr Geoff Elner, Chair of Health Overview & Scrutiny Commitee, Shropshire Council

Presenters outlined the recent work of the Rural Proofing in Health and Care Task and Finish Group of the Health Overview and Scrutiny Committee. The group's objectives were to define what 'rural' and 'rurality' means for the Shropshire Council area, including inequalities and access to services, to understand what rural proofing means for Shropshire, and to identify a view on rural proofing affecting Shropshire communities and services. The group also aimed to use the evidence collected to propose a consistent set of criteria to evaluate rural proofing in strategies, plans, policies, and service design and provision in health and care in Shropshire.
The key findings were that for many of those living in rural areas, especially those with additional needs or vulnerabilities, rural life can be very different to the rural idyll that people imagine.
The Group have made 14 recommendations, they relate to: Shropshire Council, the Integrated Care Board, promoting a system working approach across all Integrated Care System stakeholders and promoting a consistency of approach with local and regional partner Councils.
Discussion:
- The work links to Women's Health Hubs – developing services in a more local way to improve access
- Rural health Strategy development by NHS STW – how are we working with local populations to understand need and develop appropriate services. This will build on and be informed by the rural proofing and toolkit work, the progress of integrated neighbourhood teams, the outputs of the Big Conversation and place based JSNA engagement activity. Engagement action plan in development.
- Could digital and the Digital Inclusion Network support? Maybe we could some information into skills programmes - also to understand where we gather insights to enable inclusion
- Other risks in rural proofing - power outages, energy poverty and access to sufficient connectivity affecting some remote monitoring and other digital solutions
- The Head of Digital Innovation and Transformation (ICB) suggested that mapping Simon Collings' long term conditions analysis with digital exclusion indicators and digital inclusion resources/support might be of interest.

**Shropshire Council Adult Social Care – CQC Self-Assessment Summary 2024**
Cath Challinor, CQC Service Lead/Service Manager, In House Provider Services, Shropshire Council

A presentation was given on Shropshire Council Adult Social Care – CQC Self-Assessment Summary.
It was noted that the Care Quality Commission (CQC) may be contacting ShIPP members in the near future as contact details have been shared with the CQC as part of the assurance process.
Discussion:
- The Chief Officer of Healthwatch has emailed Cath regarding Healthwatch's place in the process.
- Assistant Dir. of Joint Commissioning, Adult Services (SC) flagged that there may be some readiness sessions with stakeholders and staff. Please feel free to share any experience of CQC inspections as this process is new to the Council. Date for site visits have not been confirmed yet.
- The Interim Deputy Chief Nurse and ICB Patient Safety Specialist offered support from the ICB Quality Team
- Assistant Dir. of Joint Commissioning, Adult Services (SC) would welcome a conversation with Sharon Fletcher, Gemma Smith & Vanessa Whatley regarding the CQC Inspection

**Shropshire Smoking Cessation**
Gordon Kochane, Consultant for Public Health, Shropshire Council
A presentation was shared on the "Smokefree Generation – Local Stop Smoking Services (LSSS) and Support Grant".
This is based around four pillars:

1. Stopping people from starting to smoke – Prohibition of sale or supply tobacco products to anyone born on or after 1st Jan 2009 (bill) and age restrictions to be introduced on nicotine pouches (bill)
2. Increasing enforcement – Stubbing it out new enforcement strategy (backed by additional £30m/year) and on-the-spot fines for non-compliant retailers
3. Stopping young people from vaping – disposable vapes will be banned (statutory instrument) and restriction on vape flavouring and packaging (bill)
4. Supporting people to quit smoking LSSS and support grant (s.31) – Swap to Stop scheme and pregnancy incentive scheme

Discussion:

- Shropshire Council delighted by the investment locally, the plan is to work very closely with partners to avoid duplications and make best use of resources
- The Chief Officer, Shropshire Local Pharmaceutical Committee asked to join the next working group meeting, he highlighted an opportunity to use existing resources.
- The Interim Deputy Chief Nurse and ICB Patient Safety Specialist, NHS, offered to connect with Gordon around the three-year delivery plan for maternity around relevant workstreams.

| | | |
|---|---|---|
| **Risk assessment and opportunities appraisal** (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation) | N/A | |
| **Financial implications** (Any financial implications of note) | There are none associated directly with this report. | |
| **Climate Change Appraisal as applicable** | N/A | |
| **Where else has the paper been presented?** | System Partnership Boards | |
| | Voluntary Sector | |
| | Other | |

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

N/A

**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**

None

# SHROPSHIRE HEALTH AND WELLBEING BOARD
## Report

| | | | | | | |
|---|---|---|---|---|---|---|
| **Meeting Date** | **18th April 2024** | | | | | |
| **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** | Dr Susan Lloyd, Consultant in Public Health | | | | | |
| **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 | **X** | | |
| | Workforce | | Reduce inequalities (see below) | **X** | | |
| **What inequalities does this report address?** | Health Inequalities specific to screening and vaccination. | | | | | |

**Report content**

- **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.

- **Recommendations (Not required for 'information only' reports)**

- **Report**

**Part One**

- **Overview of health protection data and summary of risks**

**1.1 - Immunisation Cover Shropshire**

- Immunisations (Childhood)

There is a continued national and local push on Measles, Mumps and Rubella (MMR). There has been some fantastic work on contact with GPs regarding those with the lowest MMR uptake and what could be done to improve these figures. Opportunistic vaccinations to individuals who have not received 2 doses of MMR are being provided by school nursing teams and GPs with good success.

All age groups are being encouraged to ensure that they have received 2 doses of MMR. Communications have gone out through organisational staff newsletters and websites and through social media for the general public. Further information is provided below.

There is increased attention on Pertussis vaccination uptake following a national increase in cases.
A reminder for mums-to-be to get protected against whooping cough so that their young baby has protection from birth against this serious disease has gone out as well as information to

ask their midwife if they are unsure. UKHSA is also urging parents to check that their children are vaccinated against whooping cough, which is offered to all infants at 8, 12 and 16 weeks of age (as part of the 6-in-1 combination vaccine) with an additional dose included in the pre-school booster vaccine.

- Immunisations (Adolescent)
  The HPV vaccine is changing to one dose for eligible adolescents. Those that have already received one dose (eligible academic year 2022 to 2023), will be considered vaccinated. The programme continues through the schools immunisation service [SAIS]

**1.2 - Autumn/Winter FLU/COVID-19 Vaccination Campaign**

- Flu uptake - we are at the national average for an ICB level.
- Covid vaccinations are slightly above the national average, possibly due to when the vaccines became available for flu, as flu delivery is different to Covid. Better uptake using a model providing variety of access to the vaccine.
- Spring programme – We are currently expecting this to be for the over 75s and those who are immuno-suppressed. Current contracts have been extended through to the end of August. There is no flu campaign, so no double vaccination offer in place.
- Further discussions needed regarding communication and engagement as lower uptake is not purely an issue of access. Joint working ongoing with review walk-in centre locations as part of improving equity.

**1.3 - Screening uptake Shropshire**

- **Breast Screening** – all services should have brought in text message reminders. There are currently issues with SaTH as they are having a large IT systems change and do not have capacity to include breast testing this year, so this may be 2025. There is ongoing work between service, local authority and other system partners.
- **Bowel Screening** – everything is in standard, there is a conversation of them becoming more self-sufficient, as it is a fragile service. Working with different colleagues and the system will be a focus moving forward.
- **Ophthalmology diabetic eye screening** – issue in progress with SaTH and have put some clinics on and stabilised the high-grade referrals, but low-grade referrals still breaching and at high rates. SaTH are increasingly talking with MPFT and NHS England have some system meetings - it is hoped the situation is now improving.

**1.4 - Communicable disease**

- **Flu** – Influenza activity decreased across most indicators. The flu vaccination programme closes on 31 March 2024.
- **Covid** - recorded cases are decreasing in Shropshire due to limited testing. Outbreaks are still occurring in care homes and are being risk managed.
- **Tuberculosis** - tuberculosis is the focus for review in-line with the Shropshire Health Protection Strategy 2023 further detail is provided below. Recent surveillance was completed with a mobile TB screening unit which attended the migrant population. Follow up will be as part of the task and finish group.
- **Monkeypox** - cases nationally remain very low, but we are not complacent. There are currently no local implications.
- **Group A Streptococcus** - (GAS) is a bacterium which can colonise the throat and skin. Since the last report as is usual for this time of year, we are beginning to see increased reports of Scarlet fever in school settings.
- **Avian Flu - 2023/24** - The latest update confirms the continued low level of infected premises and wild bird detections in the UK, the reduction in the assessed level of risk in wild birds to medium, and also provides some commentary on what is happening in Europe which may in turn impact the UK although as the period of mass migrations is pretty much over now. There are no current cases in the Shropshire area. There have been no further reports of AI in non-avian mammalian species in the UK.

- An Avian Influenza pathway for swabbing and prophylaxis for outbreaks has been approved by the ICB. The gap due to testing of symptomatic individuals has been added and has been escalated.
- **Foodborne and waterborne disease** – Campylobacter - numbers remain largest reported and most common foodborne bacteria. Numbers of cases of Campylobacter have risen.
- **Other foodborne and waterborne** - case numbers have decreased slightly. Since the start of 2024, 0 cases of E Coli 0157 have been reported. We have had a cluster of Legionella cases, but no links made.
- **Norovirus** - Nationally cases are increasing, and we continue to see local outbreaks of suspected Norovirus both within care settings and the community.

**Part Two**

- **Health Protection Developments relevant to the system**

**2.1 – Measles**

To mitigate against the impact of Measles in Shropshire, **STW** partners (Shropshire, Telford & Wrekin Council, ICB) are working jointly with **UKHSA** to ensure a pathway is in place to protect vulnerable individuals who are unvaccinated or under vaccinated, a vaccine catch up programme is also in place. Staff who have not been vaccinated are also being followed up on and offered.

**2.2 -Tuberculosis**

Discussions are ongoing to address the provision of TB services in Shropshire, Telford and Wrekin (**STW**) including a focus on migrant population. A network meeting STW, will be followed by a separate meeting to discuss TB service specification. Ongoing monitoring and review is now a standing item on the **HPQA** Board Agenda.

**2.3 - Whooping Cough (Pertussis)**

A consistent whole system approach with appropriate communications have been prepared. Actions are being followed up across the wider system and local communications have already been circulated to increase uptake of maternal and childhood immunisations.
Uptake of the whooping cough vaccine has fallen in recent years, as have all maternal vaccinations. It is essential that pregnant women get vaccinated and ensure that infants receive their vaccinations at 8, 12 and 16 weeks of age.
We continue to work with our system partners to support communications.

**2.4 - Communications to the wider public**

A press release, relating to visits involving animal contact has been sent to raise awareness of good hygiene with many attractions opening over the Easter period.

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| **Risk assessment and opportunities appraisal** (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation) | N/A |
| **Financial implications** (Any financial implications of note) | **There are no financial implications** |
| **Climate Change Appraisal as applicable** | N/A |

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| **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**<br><br>**Cllr Cecilia Motley** – *Portfolio Holder for Adult Social Care, Public Health & Communities*<br>**Rachel Robinson** – *Executive Director, Health, Wellbeing and Prevention* | | |
| **Appendices**<br>(Please include as appropriate) | | |