

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

Date: 26 June 2019

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

**Date:** Thursday, 4 July 2019  
**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

Claire Porter  
Director of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Wellbeing Board**

VOTING

Shropshire Council Members

Lee Chapman – PFH Organisational Transformation and Digital Infrastructure (Co-Chair)  
Dean Carroll – PFH ASC and Public Health  
Ed Potter – PFH Children's Services

Rachel Robinson - Director of Public Health  
Andy Begley - Director of Adult Services  
Karen Bradshaw - Director of Children's Services

Shropshire CCG

Mr David Stout – Accountable Officer  
Dr Julian Povey – Clinical Chair (Co-Chair)  
Dr Julie Davies – Director of Performance & Delivery

Lynn Cawley – Shropshire Healthwatch  
Jackie Jeffrey – VCSA

NON-VOTING (Co-opted)

Megan Nurse – Non-Executive Director  
Midlands Partnership NHS Foundation Trust

Interim Chief Executive, Shrewsbury & Telford Hospital Trust

Ros Preen - Shropshire Community Health Trust

Peter Loose – Chairman,  
Shropshire Partners in Care (Chief Executive Bethphage)

Paul Bennett - Business Board Chair

Bev Tabernacle – Director of Nursing,  
Robert Jones & Agnes Hunt Hospital

Martin Harris – STP Programme Director

Laura Fisher – Housing for Shropshire

Your Committee Officer is Michelle Dulson Committee Officer

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

# **AGENDA**

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

To receive apologies for absence and any substitutions notified to the clerk before the meeting.

## **2 Disclosable Pecuniary Interests**

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## **3 Minutes**

To confirm as a correct record the minutes of the meeting held on 23 May 2019, to follow.

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.

## **5 West Midlands Ambulance Service Annual report (Pages 1 - 16)**

Report attached.

Contact: Mark Docherty, Director of Clinical Commissioning and Service Development \ Executive Nurse

## **6 System Update (Pages 17 - 24)**

Regular update reports to the Health and Wellbeing Board are attached:

### **Shropshire Care Closer to Home**

Report attached.

Contact: Barrie Reis-Seymour, Shropshire CCG / Lisa Wicks

### **The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin**

A verbal update will be given.

Contact: Martin Harris, Telford and Wrekin CCG

## **Better Care Fund, Performance**

A verbal update will be given.

Contact: Penny Bason, Shropshire Council / Shropshire STP/Tanya Miles

## **Healthy Lives Update**

Report attached.

Contact: Val Cross, Health and Wellbeing Officer

### **7 Partnership Summit Update (Pages 25 - 28)**

Report attached.

Contact: Stewart Smith

### **8 Healthwatch Insight Report - Social Prescribing (Pages 29 - 46)**

Report attached.

Contact: Lynn Cawley

### **9 Suicide Prevention Strategy Update (Pages 47 - 52)**

Report attached.

Contact: Gordon Kochane

### **10 AOB**

Correspondence – action for noting.

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## Shropshire Health, Overview and Scrutiny Committee



## Information Pack

Trust us **to care.**

## Performance by Postcode 2018/19

Please note, due to the implementation of the Ambulance Response Programme in September 2017, the only full year of reporting under the new standards is 2018/19. Presenting previous periods in the same report may lead to incorrect comparisons.

### Shropshire CCG Postcode Areas

	Category 1					Category 2					Category 3					Category 4				
	Mean (mm:ss)	90th centile (mm:ss)	95th centile (mm:ss)	99th centile (mm:ss)	Inc Cnt	Mean (mm:ss)	90th centile (mm:ss)	95th centile (mm:ss)	99th centile (mm:ss)	Inc Cnt	Mean (mm:ss)	90th centile (mm:ss)	95th centile (mm:ss)	99th centile (mm:ss)	Inc Cnt	Mean (mm:ss)	90th centile (mm:ss)	95th centile (mm:ss)	99th centile (mm:ss)	Inc Cnt
	10:44	20:26				17:54	33:29				33:33	71:19					101:36			

CW3	17:31	19:05	19:05	19:05	3	19:05	25:37	30:39	38:30	39	36:19	84:32	102:59	110:31	39	38:28	73:36	73:36	73:36	7
DY12	15:06	31:43	31:43	31:43	8	20:45	35:54	43:46	50:31	66	55:33	122:18	144:34	258:10	54	47:35	77:58	77:58	77:58	5
DY14	18:19	23:32	25:23	37:36	34	27:28	41:16	46:05	59:27	278	48:05	83:03	117:31	171:53	200	65:54	144:04	232:37	232:37	15
DY7					-					-					-					-
LD7	44:20	52:19	52:19	52:19	4	46:47	66:58	71:18	71:18	15	65:15	98:23	98:23	98:23	4					-
LL14	15:20	26:49	26:49	26:49	4	20:17	35:35	40:47	50:09	39	27:24	46:09	79:45	83:35	20					-
N/V	12:56	27:37	30:02	36:14	27	19:00	34:29	42:00	64:49	214	29:48	58:43	80:44	164:12	183	48:12	96:33	96:33	96:33	4
ST19					-	20:53	23:50	23:50	23:50	2	25:25	31:52	31:52	31:52	7					-
SY1	7:31	11:46	13:08	18:58	322	12:26	21:14	28:13	48:08	2,400	27:14	59:38	82:15	159:11	2,166	40:50	101:39	125:11	199:51	117
SY10	11:41	22:44	25:50	29:16	81	21:24	37:13	44:00	64:54	858	38:18	80:38	110:00	154:23	596	48:25	103:40	104:43	119:46	27
SY11	10:39	21:49	24:11	27:31	263	18:40	34:53	41:55	64:14	2,118	34:40	76:51	106:03	180:42	1,591	41:09	109:35	141:48	171:48	98
SY12	16:28	26:59	29:03	41:22	58	25:15	40:43	48:12	71:11	436	43:57	92:05	115:13	210:46	448	62:56	126:55	215:26	258:33	29
SY13	13:21	22:49	27:28	32:42	154	25:11	39:54	46:59	72:49	1,337	39:54	81:19	101:45	150:38	962	60:42	130:43	191:51	215:49	49
SY15	17:34	27:37	27:37	27:37	3	32:53	45:55	54:08	54:08	18	59:09	131:38	150:10	150:10	16					-
SY2	6:24	9:10	9:51	11:33	156	11:31	20:34	26:41	43:16	1,189	25:46	56:42	84:43	149:46	1,144	41:25	128:39	156:48	207:30	80

SY21	22:53	32:24	32:24	32:24	3	26:49	49:18	75:39	75:39	16	63:14	73:54	73:54	73:54	2					-
SY22	13:28	21:17	21:17	21:17	5	26:37	47:27	70:35	143:46	34	39:46	53:26	156:58	156:58	16					-
SY3	5:38	9:09	10:44	16:03	338	10:06	20:41	27:11	43:47	2,773	23:11	55:22	79:12	137:09	2,048	36:18	88:36	122:59	200:10	142
SY4	13:42	20:44	22:40	27:19	162	20:40	31:21	37:45	54:13	1,483	37:50	75:15	105:07	170:27	1,322	45:52	80:51	120:10	215:53	107
SY5	11:50	19:19	22:21	31:17	131	17:50	29:33	35:05	57:24	1,095	33:01	69:34	99:14	153:43	913	37:39	67:19	123:30	199:05	58
SY6	14:14	21:50	24:42	25:25	76	20:01	33:20	39:43	68:36	485	32:46	64:03	87:50	166:12	472	58:30	118:55	321:36	324:00	34
SY7	13:11	23:45	26:51	28:37	52	23:09	43:55	52:06	70:49	535	39:10	78:40	114:41	187:43	445	63:03	104:25	220:16	252:59	28
SY8	12:50	20:47	30:17	35:13	157	22:00	41:34	49:51	67:42	1,236	38:20	79:04	104:00	174:42	1,147	49:23	99:18	118:57	305:25	55
SY9	19:29	32:45	34:00	39:59	24	31:34	48:28	58:05	74:23	200	49:19	102:40	122:52	162:24	148	56:07	93:26	93:26	93:26	8
TF10	10:24	12:03	12:03	12:03	2	17:56	26:27	44:28	44:28	17	26:45	39:53	41:16	84:36	21	26:22	26:22	26:22	26:22	1
TF11	8:20	13:05	14:59	17:45	58	13:35	23:55	27:42	39:47	620	29:18	64:50	84:21	151:54	552	39:06	64:30	138:14	298:45	26
TF12	13:13	25:09	28:52	30:35	25	20:26	30:09	36:14	51:30	325	40:34	79:43	107:44	159:01	278	43:58	68:07	107:10	107:10	14
TF13	12:49	26:43	29:09	32:03	29	18:28	26:38	32:26	42:22	211	34:37	64:56	93:42	184:36	221	46:04	159:15	159:15	159:15	8
TF2					-					-	15:18	19:25	19:25	19:25	2					-
TF6	18:54	18:54	18:54	18:54	1	14:14	22:35	23:33	23:33	11	42:11	66:05	180:19	180:19	14	27:06	27:06	27:06	27:06	1
TF8	12:54	15:38	15:38	15:38	3	18:30	31:56	35:34	55:16	38	35:38	71:53	95:42	134:42	33	17:41	17:41	17:41	17:41	1
TF9	10:51	20:17	22:30	25:43	174	18:06	30:07	35:36	52:22	1,347	32:57	69:45	89:33	147:07	1,194	43:30	84:48	102:52	240:40	62
WR15	17:01	23:06	24:03	25:47	25	24:47	37:12	40:32	61:21	140	42:03	77:44	91:34	193:58	91	31:03	52:19	52:19	52:19	7
WV15	10:35	19:10	20:36	32:54	71	18:12	29:07	33:51	44:41	657	36:32	75:12	98:45	142:39	433	72:26	150:17	171:44	206:00	23
WV16	12:34	23:09	25:58	30:41	135	22:03	36:10	41:56	55:30	1,348	40:13	79:41	103:00	183:53	1,135	50:30	98:15	109:28	247:28	83
WV5	25:54	36:06	36:06	36:06	2	18:54	25:19	34:17	51:03	59	42:36	80:51	106:43	123:21	40	130:21	130:21	130:21	130:21	1
WV6	11:38	14:24	14:24	14:24	3	21:26	32:35	39:06	60:45	25	47:57	89:56	109:14	196:05	23	43:16	58:07	58:07	58:07	3
WV7	11:25	19:02	20:57	26:33	45	16:15	23:14	26:59	38:10	423	32:43	65:17	89:27	179:21	371	50:33	110:22	138:45	167:50	23
WV8	21:30	21:30	21:30	21:30	1					-	44:47	50:51	50:51	50:51	2					-

### Telford and Wrekin CCG Postcode Areas

	Category 1					Category 2					Category 3					Category 4				
	Mean (mm:ss)	90th centile (mm:ss)	95th centile (mm:ss)	99th centile (mm:ss)	Inc Cnt	Mean (mm:ss)	90th centile (mm:ss)	95th centile (mm:ss)	99th centile (mm:ss)	Inc Cnt	Mean (mm:ss)	90th centile (mm:ss)	95th centile (mm:ss)	99th centile (mm:ss)	Inc Cnt	Mean (mm:ss)	90th centile (mm:ss)	95th centile (mm:ss)	99th centile (mm:ss)	Inc Cnt
NHS Telford & Wrekin CCG	6:52	11:12	13:02	17:41	1,710	11:57	22:12	27:13	42:22	14,445	28:06	63:06	85:59	149:28	11,723	41:16	97:04	146:41	226:48	561

N/V	6:54	11:48	12:24	13:58	44	12:32	22:52	29:08	48:56	372	28:11	60:13	92:14	156:47	301	37:22	132:43	137:04	155:05	21
SY4	13:13	16:05	17:20	17:20	10	21:01	34:52	44:10	44:10	18	46:14	81:04	186:10	186:10	12	97:04	97:04	97:04	97:04	1
TF1	5:54	9:41	10:55	13:33	393	10:36	20:34	25:14	38:33	3,836	26:18	58:15	82:34	151:22	2,720	35:32	86:00	116:07	217:41	126
TF10	9:13	13:15	14:56	18:09	125	14:24	23:52	27:42	47:34	1,010	31:02	67:57	92:11	150:57	998	39:56	83:56	95:16	184:54	54
TF11	13:25	13:25	13:25	13:25	1	20:15	30:12	30:12	30:12	2					-					-
TF2	4:55	7:34	9:27	19:35	339	10:13	21:34	26:26	39:47	2,900	25:20	59:18	82:01	130:48	2,482	38:39	116:26	163:41	219:36	135
TF3	6:54	10:30	11:28	17:28	273	12:04	21:54	27:41	47:56	2,003	27:45	61:01	86:02	142:54	1,746	57:37	142:19	154:49	419:12	40
TF4	7:34	11:00	12:29	17:41	191	12:57	22:56	27:27	44:51	1,548	28:31	63:24	86:14	129:58	1,316	41:51	84:48	137:24	264:44	85
TF5	6:14	10:01	10:04	10:09	23	11:03	20:21	24:27	31:50	235	26:49	61:40	78:44	174:22	152	22:26	50:39	50:39	50:39	9
TF6	9:12	13:52	16:06	32:56	61	14:49	23:48	28:54	38:38	368	28:08	59:40	74:26	130:31	254	40:27	86:39	131:49	131:49	13
TF7	8:21	13:00	14:12	18:03	236	14:02	23:48	29:21	41:54	2,012	32:59	71:28	94:09	170:55	1,632	50:00	90:21	193:56	300:20	74
TF8	10:33	16:16	17:13	17:13	14	16:23	26:04	30:02	41:49	141	36:17	81:28	101:58	133:36	110	43:24	57:46	57:46	57:46	3
TF9					-					-					-					-



## Public Access Defibrillator Locations

The White Horse 24 hr access	SY7 8JA
Sitwell Arms - Bucknell Community (part of Clun Valley AED)	SY7 0AA
Newcastle Community Centre (part of Clun Valley AED)	SY7 8QL
The Anchor Inn (part of Clun Valley AED)	SY7 8PR
Bettws-Y-Crwyn Village Hall (part of Clun Valley AED)	SY7 8PQ
Mardu/Whitcott Keysett Community (part of Clun Valley AED)	SY7 8QG
The Kangaroo Inn (part of Clun Valley AED)	SY7 8EW
Beckbury Village Hall	TF11 9DQ
Dudley Taylor Pharmacy	SY9 5AE
Cyril Bason	SY7 9NG
Myddle Scheme	SY4 3RP
Ludlow Assembly Rooms	SY8 1AZ
SMC Operations, Shawbury Heath Business Park	SY4 4EA
Telephone Kiosk - Clive AED	SY4 3JL
Loppington AED	SY4 5ST
Public Toilets - Ellesmere Town Council	SY12 0AW
Red Lion Inn	TF9 2RS
Kempton Village Hall ( part of Clun Valley AED)	SY7 0JG
Leintwardine Fire Station (part of Clun Valley AED)	SY7 0LB
The Corbett School (part of Baschurch AED)	SY4 2AX
Criftins Parish Hall ( part of Ellesmere AED)	SY12 9LE
Richards Castle Village Hall	SY8 4EQ

Lydbury English Centre Ltd	SY7 8AU
Rock Spring Community Centre	SY8 1SX
Ludlow Homecare DIY	SY8 1PE
Ashford Carbonell Village Hall	SY8 4BX
Woore Country Store	CW3 9SD
Mace Shop/Post Office (Friends of Clee Hill Village Forum)	SY8 3LZ
Clunbury Village Hall (part of Clun Valley AED)	SY7 0HF
Co-op Store - Wem	SY4 5NY
Blymhill & Weston Village Hall	TF11 8LT
Mereside Cottage - ( part of Ellesmere AED)	SY12 0PA
Wem rural responders (part of Wem AED)	SY4 5PA
Hadnall Village Hall	SY4 4AD
The Bridges Public House (Ratlinghope AED Scheme)	SY5 0ST
Norton Village Hall - Stockton Parish Council	TF11 9EQ
Oswestry & Border Chronicle - (Oswestry Community)	SY11 2NU
Powis Hall Market, Oswestry Town Council - (Oswestry Community)	SY11 1PZ
Wynnstay Hotel - (Oswestry Community)	SY11 2SZ
Woodhead Sales & Lettings	SY11 2NL
Much Wenlock Fire Station - Much Wenlock AED Scheme	TF13 6DB
Rushbury Parish Council	SY6 7DS
Bomere Heath Village Hall	SY4 3NX
Ludlow Mascall Centre - (Ludlow AED Scheme)	SY8 1RZ

Alveley Food Stores - Alveley Patient Group	WV15 6LS
All Stretton Village Hall	SY6 6JR
Alveley Old Chapel - Alveley Patient Group	WV15 6NP
Cressage Parish Council - Village Hall	SY5 6DH
Mainstone Village Hall	SY9 5LQ
Carrick Cottage, Old Granary (Eaton-Upon-Tern Community AED)	TF9 2BX
The Hinds Head, Norton in Hales AED Scheme	TF9 4AT
Edgmond Village Hall (Edgmond Community AED)	TF10 8JW
Church Stretton Co-op	SY6 6BX
Telford Town Park, Borough of Telford & Wrekin	TF3 4EP
Kemberton Parish Council	TF11 9LJ
Community Shop - Tibberton	TF10 8PB
St John the Baptist School (Ruyton XI Towns AED)	SY4 1LA
Stiperstones & Snailbeach AED	SY5 0LZ
Thinkidea Ltd	SY5 7PZ
Ludlow Culmington Village Hall	SY8 2DA
Bog Visitor Centre	SY5 0NG
Fernwood Caravan Park	SY12 0QF
Telephone Kiosk - Milson and Neen Sollars Parish Council	DY14 0AX
Telephone Kiosk - Milson and Neen Sollars Parish Council	DY14 0AH
Spartan Football Club	WV16 5JD
Clunton (part of Clun Valley AED)	SY7 0HP
The Hundred House Inn (part of Clun Valley AED)	SY7 0HJ
Leintwardine Library (part of Clun Valley AED)	SY7 0LZ
The Plough Inn (part of Clun Valley AED)	SY7 8DG
Clungunford (part of Clun Valley AED)	SY7 0PN

Lydham Village Hall	SY9 5HD
The Bear Inn, Bridgnorth High Street CPAD	WV16 4ET
West Felton Village Hall	SY11 4EH
Westbury Defibrillator Group - Village Hall	SY5 9QU
Calverhall Village Hall	SY13 4PE
Prees Cricket and Recreation Club	SY13 2DX
Hodnet Community Defib	TF9 3JD
Stanton Arms	SY4 4LR
Telephone Kiosk, Sawmill Cottage, Badger Parish Council	WV6 7JP
Victoria Hall, Broseley CPAD	TF12 5EX
Public Toilets, Ironbridge	TF8 7AQ
Oswestry Church Bowling Club	SY11 2SY
Little Wenlock Parish Council	TF6 5BH
Bus Shelter, Longville, Rushbury Parish Council	TF13 6DS
Dolphin Hotel, Carreghofa Community Council	SY22 6ER
Knowbury Memorial Hall	SY8 3JL
Corner House Shop - Morda	SY10 9NP
Trefonen Village Hall	SY10 9DY
Rhydygroesau Village Hall	SY10 7PS
Habberley Village Hall	SY5 0TP
Priest Weston Community Village Hall	SY15 6DE
Morville Village Hall	WV16 5NB
Lyneal-cum-Colemere WI - Colemere Country Park	SY12 0QL
St Peters School	SY4 5BX
The Three Horseshoes Pub - Wheathill Community	WV16 6QT
Whole Life Centre	SY11 2LQ

The Barley	TF10 7AQ
Adderley Village Hall - Adderley Parish Council	TF9 3TF
Clee St Margaret Parish Council - Steppes Cottage	SY7 9DT
Ryton Village Church	SY5 7LW
Crown Inn	SY9 5EE
St Andrew's Church	TF10 9JG
The Swan	TF10 7BQ
Stapleton Village Hall	SY5 7EF
Cardington Village Hall	SY6 7JZ
Picklescott Village Hall	SY6 6NT
Quatford Village Hall	WV15 6QH
Chetton Village Hall	WV16 6UE
Wigmore Village Hall (Wigmore Group Parish Council)	HR6 9UL
Shifnal War Memorial Club (Shifnal Shockers)	TF11 8AD
Shifnal Village Hall (Shifnal Shockers)	TF11 8DW
Shifnal FC Social Club (Shifnal Shockers)	TF11 8BP
Public Toilets (Shifnal Shockers)	TF11 9AZ
Bicton C E Primary School	SY3 8EH
Park House Hotel (Shifnal Shockers)	TF11 9BA
Shifnal Scout & Guide HQ (Shifnal Shockers)	TF11 8EJ
The Cedars Social Club - Severn Valley Caravan Park	WV15 6QL
Bridgnorth Hockey and Cricket Club	WV15 4LB
Eardington Village Hall	WV16 5JZ
Shifnal Cricket Club (Shifnal Shockers)	TF11 8HD
St Andrews Shifnal Youth Club (Shifnal Shockers)	TF11 9PB
Stores & Post Office - Berrington Parish Council	SY5 6JJ

Hollins Park Residents	WV15 6QP
Bromfield Post Office - Bromfield Defib Project	SY8 2JR
Moreton Millennium Community Centre	TF10 9DS
Public Toilets - Madeley Parish Council	TF7 5AQ
Nesscliffe Service Station - Great Ness & Little Ness PC	SY3 0EP
Red Phone Box - Great Ness & Little Ness PC	SY4 2AR
Nesscliffe Training Camp - Great Ness & Little Ness PC	SY4 1BH
Shifnal Library - (Shifnal Shockers)	TF11 8AZ
Beeches Medical Practice - Bayston Hill Parish Council	SY3 0PF
Castlewright Farm - Mainstone AED	SY15 6TW
Norbury Village Hall	SY9 5DX
Cherrington Butchers - Shawbury Parish Council	SY3 7TP
Hopton Wafers Garage - Hopton Wafers Parish Council	DY14 0HE
The Burlton Inn	SY4 5TB
Oswestry Memorial Hall	SY11 2EG
Telephone Box - The Willey Estate	TF12 5JN
The Cock Inn - Brockton & Worthen Defib Group	SY5 9HU
Londis Stores - Brockton & Worthen Defib Group	SY5 9HW
Bridgnorth Tennis Club	WV16 4LB
Westbrook Park	SY8 4AU
Smithy Park - see comments	SY15 6ND
Telephone Box - Morton Outwoods & Bromstead Community Centre	TF10 9EB
The Glen Caravan Park	DY14 8EL
Ash Village Hall - Ash Jubilee Recreation Ground Trust	SY13 4DR
Billingsley Parish Council - Bus Shelter	WV16 6PS
Burwarton Parish Council - Telephone Kiosk	WV16 6QG

Glazeley Parish Council - Telephone Kiosk	WV16 6AB
Middleton Scriven Parish Council - Telephone Kiosk	WV16 6AJ
Stanton Lacy Village Hall - Stanton Lacy Parish Council	SY8 2AT
The White Horse Inn - Pulverbatch Village Hall	SY5 8DS
Homelands Park	WV16 6PP
Lawley & Overdale Parish Council	TF3 5HT
Higher Heath Village Hall	SY13 2HE
Adams House	SY4 5DT
The Navigation Inn	SY10 8JB
St Martins Centre	SY11 3AY
Doddington Heights Park Homes - Hopton Wafers Parish Council	DY14 0NJ
Hopton Wafers Village Hall - Hopton Wafers Parish Council	DY14 0NA
Telephone Kiosk - Bridgnorth Winter Darts League	WV15 6AG
Telephone Kiosk - Cleobury North Parish Council	WV16 6RW
Telephone Kiosk - Monkhopton Parish Council	WV16 6SD
Market Drayton Sports Association	TF9 3SL
Edinburgh House	SY4 5DB
Faccenda Foods	TF1 7GL
Kinnerley Parish Hall	SY10 8DB
Maesbrook Village Hall	SY10 8QW
Chetwode Arms	TF9 4HD
Church Farm Studios - Stanton Lacy Parish Council	SY8 2AE
Telephone Box - Stanton Lacy Parish Council	SY8 3DX
Birchfield Centre	TF12 5LP
Asterley Village	SY5 0AW
Tilstock Bradbury Village Hall	SY13 3JL

Cound Moor Village Hall	SY5 6BB
Tuck Hill Village Hall - Tuck Hill AED Group	WV15 6EQ
Telephone Kiosk - Farlow Parish Council	DY14 0TH
Telephone Kiosk - Blakedown & Churchill Parish Council	DY10 3LF
Community Rooms - Condover Parish Council - see comments	SY5 7AT
The Stables Tea Rooms - Tuck Hill AED Group	WV15 6EG
Cound Guildhall - Cound Parish Council	SY5 6EW
Ellesmere Rangers Football Club	SY12 0BZ
Newport Salop Rugby Club	TF10 8BU
Hare & Hounds Public House - Withington Parish Council	SY4 4PY
Telephone Kiosk	SY10 7DH
Snailbeach Village Hall	SY5 0NX
William Farr House - Shropshire Community Health NHS Trust	SY3 8XL
Minsterley Village Hall - Minsterley Parish Council	SY5 0EH
Haygate Vets	TF2 8NQ
Donnington Community Hub	TF2 7PR
Public Toilets - Donnington Parish Council	TF2 8EH
McColls Shop - Llanymynech & Pant Parish Council	SY10 9QF
Cross Guns Pub - Llanymynech & Pant Parish Council	SY10 9QR
Little Hereford Parish Hall	SY8 4LL
Ford Village Hall	SY5 9LU
Community Building Hanwood - Great Hanwood Parish Council	SY5 8RH
Albrighton Parish Council - Red House	WV7 3LU
Gobowen Post Office - Selattyn & Gobowen Parish Council	SY11 3JL
Queensway Car Park - Whitchurch Alport Juniors FC & Queensway Park Committee	SY13 1HA

Ellesmere Primary School	SY12 9EU
Market Drayton Town Council - Town Hall	TF9 3AX
Market Drayton Town Council - Bus Station Toilet Block	TF9 3AA
Weston Rhyn Village Hall	SY10 7RQ
Lambert Leonard & May	SY13 4AQ
Love Fitness at Salop Leisure	SY5 6QS
Telephone Kiosk - Hope & Bentlawnt Village Hall	SY5 0ES
Keith Aldersons Butchers - Bridgnorth First Responders	WV16 4PP
Bridgnorth Rugby Club	WV15 5AE
Telephone Box - Caynham Parish Council	SY8 3BP
Tana Leas Farm - Clee St Margaret Parish Council	SY7 9DZ
Telephone Box - Clee St Margaret Parish Council	SY7 9DY
Tesco - Ludlow	SY8 2PQ
Broseley Cricket Club	TF12 5PX
Nix Service Station	TF10 7JR
Public Toilets - Pontesbury Parish Council	SY5 0PP
Knockin Heath Parish Telephone Box	SY10 8EB
Woore Tennis Club - see comments	CW3 9SF
Wrockwardine Wood and Trench Parish Council - Holy Trinity Church	TF2 7AH
Mereside Primary School	SY2 6LE
Llanymynech Village Hall - Lanymynech & Pant PC	SY22 6EE
Knockin Village Hall	SY10 8HJ
Bedstone & Hopton Castle Village Hall	SY7 0BE
Cockshutt C of E Primary School	SY12 0JE
Jackfield Village Hall	TF8 7ND
Ashley Surgery	TF9 4LF

Dorrington Village Hall	SY5 7LD
Marton Shop	SY21 8JR
Last Inn	SY10 7EU
Bramble Ridge Street Light	WV16 4SQ
Classic Motor Cars Ltd - WMSR	WV16 5HP
Prees Village Hall	SY13 2DQ
Fauls Church Hall	SY13 2AS
Whittington Senior Citizens Club	SY11 4BS
Vision Homes Association - Ludlow Defib4You	SY8 1TQ
United Reformed Church	TF9 2EB
Ellerdine Village Hall - Ercall Magna Parish Council	TF6 6QT
High Ercall Village Store - Ercall Magna Parish Council	TF6 6AG
1 Roden Lane - Ercall Magna Parish Council	TF6 6BJ
Hopton Castle Telephone Box	SY7 0QF
Telephone Kiosk - Uffington Parish Council	SY4 4SN
Astley Abbots Village Hall	WV16 4SJ
Shipton Village Hall	TF13 6JU
Oldbury Village Hall	WV16 5EY
Telephone Kiosk - Easthope Parish Council	TF13 6DW
The Kings Arms	DY14 8BS
Astley Abbots Parish Council - St Calixtus Church	WV16 4SW
Telephone Kiosk - Stanton Long Parish Council	TF13 6LH
Telephone Kiosk - Ditton Priors Parish Council	WV16 6TP
Friends of Bowring Park	TF1 2BJ
Astley Village Hall	SY4 4BP
Midlands Financial Advisers Ltd	TF2 6AH

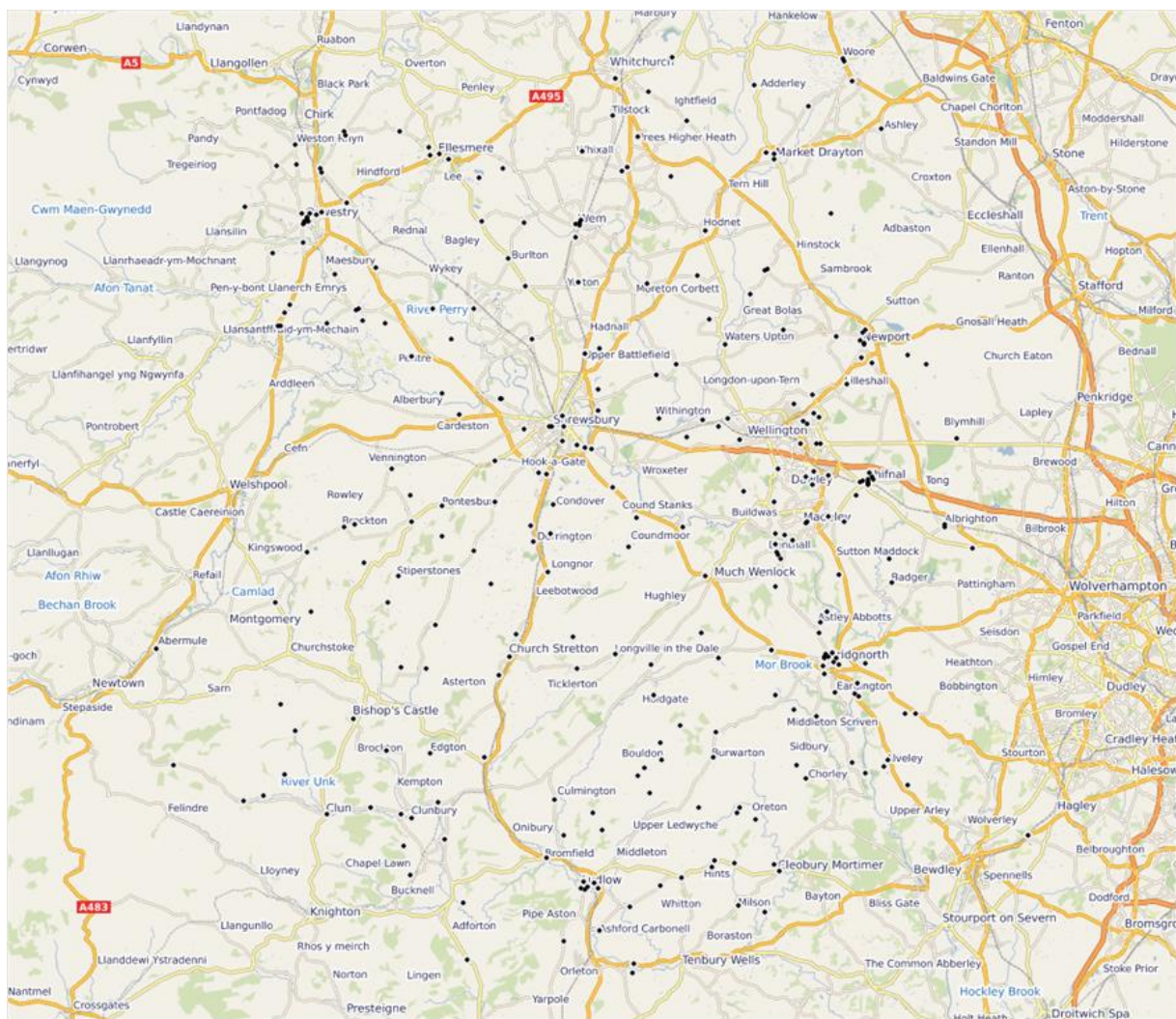
Telephone Kiosk - Montford Parish Council - Shrawardine Heart Start	SY4 1AH
Abdon Village Hall	SY7 9HZ
Farlow CE Primary School	DY14 0RQ
Farlow Parish Council - Well Farm	DY14 0RG
Chirbury Village Hall	SY15 6BH
Knockin Cricket Club	SY10 8HN
Telephone Box - Stoke St Milborough Parish Council	SY8 2EJ
Ragleth Inn - Little Stretton Village Society	SY6 6RB
Bicton Village Hall	SY3 8EL
High Hatton Village - Stanton Upon Hine Heath PC	SY4 4EZ
Childs Ercall Working Men's Club	TF9 2DA
Woodhouse Fields Farm	TF13 6QN
Romsley Telephone Kiosk	WV15 6HW
Shrewsbury Rugby Club	SY4 4RR
Star Housing - Greenfields Court	WV16 4SS
Star Housing - Arden Way	WV15 6NR
Star Housing - Rhea Hall	WV16 6HZ
Star Housing - Wilkins Close	WV16 6HQ
Star Housing - Walker Close	WV15 5EP
Star Housing - Pinefields Close	TF11 8SJ
Star Housing - Wilkinson Avenue	TF12 5DY
Star Housing - Sitka Drive	SY2 6LG
Star Housing - Llwyn Fields	SY11 1HG
Star Housing - Monkmoor Road	SY11 2XF
Star Housing - Sheldon Court	WV7 3QY
Star Housing - Cedar Close	SY11 3QF

Star Housing - Fairfield Close	SY11 3PF
Star Housing - Yorkfields	SY11 1PD
AFC Bridgnorth Football Club	WV16 4HN
Castlefields Community Centre - Shrewsbury Town Council	SY1 2LD
Abbey Foregate Toilet Block - Shrewsbury Town Council	SY2 6AH
Market Hall - Shrewsbury Town Council	SY1 1HQ
Quarry Park Toilet Block - Shrewsbury Town Council	SY1 1RN
Whixall Social Centre	SY13 2NA
Admaston House - Wrockwardine Parish Council	TF5 0BN
Wrockwardine Parish Hall - Wrockwardine Parish Council	TF6 5DZ
Telephone Kiosk Allscott - Wrockwardine Parish Council	TF6 5EB
August House - Wrockwardine Parish Council	TF6 5EU
Longden Village Shop - Longden Parish Council	SY5 8EX
Telford & Wrekin Clinical Commissioning Group	TF7 4BF
The Wheatsheaf Pub - Chetwynd Aston & Woodcote Parish Council	TF10 9LF
Identify (Used to be Egerton) Hair Salon - Newport 1st Responders & Lilleshall Parish Council	TF2 8LR
Lilleshall Youth Club - Newport 1st Responders & Lilleshall Parish Council	TF10 9EZ
Newport Naval Association	TF10 7AJ
Telford & Wrekin CVS - Wellbeing Madeley Community Café	TF7 5AR
Randlay Community Centre	TF3 2LH
Hollinsworth Neighbourhood Centre	TF3 2EW
Tamlite Battens & Trems (Xcite Indoor)	TF3 3BJ
The Robin Hood Pub	TF8 7HQ
Wrockwardine Wood Junior School	TF2 7HG
Janines Haircare	TF2 9JU

The Oak Centre	TF4 3EG
Waters Upton Parish Council Centre	TF6 6NL
Silver Poplars Resident's Association	WV7 3AP
Edgton Village Hall	SY7 8HN
St Georges Cricket Club	TF2 9LX



The defibrillators listed above are shown on the following map using the central latitude and longitude of each postcode area:





### CFR Schemes – numbers, locations, support arrangements

The following areas have active Community First Response Schemes. The schemes vary in size from of one person to many, some with a scheme car and some who respond in their own cars. The times of operation are based on the volunteers' availability and is therefore not documented formally. The schemes are supported by a Community Response Manager in each area.

Albrighton	Crew Greens	Leintwardine and Bucknell	Shawburch
All Stretton	Dawley	Little Dawley	Shawbury
Alveley	Ditton Priors	Loppington	Shrewsbury
Aquaduct	Dorrington	Ludlow	Shifnal
Arleston	Eaton on Tern	Lydbury North	South Shropshire
Baschurch	Ellesmere	Madeley	St Georges
Bayston Hill	Gobowen	Malinslee	St Martins
Bishops Castle	Hadley	Market Drayton	Stapleton
Bratton	Highley	Monkmoor	Stirchley
Bridgenorth	Hilton	Muchwenlock	Stotteston
Broseley	Hinstock	Muxton	Telford
Bucknell	Hollingswood	Newport	Wellington
Church Stretton	Horsehay	North Shropshire	Wem
Claverley	Kenley	Oswesty	Westbury
Cleobury Mortimer	Kinlet	Pontsebury	Weston Rhyn
Clunton	Kinnerley	Priorslee	Whitchurch
Cosford	Knighton	Rea Valley	Woodside
Craven Arms			

## Resourcing Arrangements

The continuing trend has seen activity rise month on month. The table below shows the actual activity (number of assigned incidents) compared to the contracted level during 2018/19. With activity running between 8% and 12% above contract for the year, resources continue to be stretched to meet demand.

		variance: <span>Red = 'above contract'</span> <span>Green = 'within contract'</span>												
		Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Total
NHS Shropshire CCG	actual	3,820	4,206	4,126	4,425	4,236	4,248	4,292	4,457	4,653	4,600	4,302	4,416	51,781
	contract	3,836	3,926	3,841	4,047	3,889	3,834	4,070	3,986	4,353	4,135	3,825	4,170	47,913
	variance vol +/-	-15	280	284	378	347	414	222	471	300	465	476	246	3868
	variance % +/-	-0.40%	7.14%	7.40%	9.34%	8.92%	10.79%	5.45%	11.81%	6.89%	11.24%	12.45%	5.90%	8.07%
NHS Telford & Wrekin CCG	actual	2,417	2,642	2,534	2,760	2,607	2,516	2,731	2,747	2,934	2,888	2,595	3,089	32,459
	contract	2,318	2,373	2,321	2,446	2,350	2,317	2,460	2,409	2,631	2,499	2,312	2,520	28,956
	variance vol +/-	99	269	213	314	257	199	271	338	303	389	284	569	3504
	variance % +/-	4.26%	11.36%	9.16%	12.83%	10.93%	8.60%	11.03%	14.02%	11.52%	15.55%	12.27%	22.56%	12.10%

In 2018-19, there were **214,238** hours forecast to be rostered in Shropshire. The forecast is calculated based upon a regional model including all influencing factors, such as average job cycle time, meal breaks, hospital handover and other known downtime including police interviews, vehicle breakdown etc. The forecast reflects the ever-increasing volume of calls and incidents across the region. The regional forecasting model is applied to each area, creating a local forecast. A certain amount of caution should be used when applying forecasts at sub-regional level, as the variation in activity, particularly in a rural area such as Shropshire, can decrease the accuracy of the forecast. The actual hours on duty during the year were **173,312**. Resources are allocated across the region to meet the largest volumes of demand and key areas requiring resource.

	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Total
Forecast	16901.6	17680.4	17327.2	18013.6	17257.4	17129.1	18204.7	18017.3	19406.9	18839.3	16972.8	18488	214,238.40
Plan/ Act	14029.9	14315.2	13169.8	14017.8	13568.3	14322.1	14538.1	14430.3	15767	15532.4	14089.9	15531.6	173,312.30
For v Plan	-2871.7	-3365.2	-4157.5	-3995.9	-3689.1	-2807	-3666.6	-3587.1	-3639.9	-3306.9	-2882.8	-2956.4	-40,926.00

In order to respond to the demand in Shropshire, there are approximately 25 double crewed ambulances in operation on a normal weekday and 13 at night. The resource plan is dynamic and is adjusted according to day of the week, time of day and seasonal dates of note, such as bank holidays.

### Longest 10 Response Times 2017/18

Category	PT age	Gender	Chief Complaint	CCG	Postcode Area	Response Time	validation comments
Cat3	89	M	Breathing Problems	NHS Telford & Wrekin CCG	TF3	05:47:31	valid. Apologies for delays
Cat4	77	F	Trauma	NHS Shropshire CCG	SY11	05:47:20	valid. No notes
Cat4	24	F	Trauma	NHS Telford & Wrekin CCG	TF10	05:19:40	valid. No notes
Cat4	70	F	Medical Minor	NHS Shropshire CCG	SY8	05:13:16	valid. Apologies for delays
C4T	67	F	Medical Minor	NHS Telford & Wrekin CCG	TF4	05:01:57	valid. No notes
Cat3	81	M	Diabetic Problems	NHS Telford & Wrekin CCG	TF3	04:58:51	valid. Other vehicles diverted
C4T	85	F	Trauma	NHS Shropshire CCG	SY11	04:56:53	valid. Delays
Cat3	29	F	Assault Domestic	NHS Shropshire CCG	TF11	04:53:40	valid. No notes
Cat3	60	F	Stroke Neurological	NHS Shropshire CCG	TF11	04:53:14	valid. No notes
Cat4	40's	F	Fall Non Injury	NHS Telford & Wrekin CCG	TF1	04:49:31	valid. No notes

### Longest 10 Response Times 2018/19

Category	PT age	Gender	Chief Complaint	CCG	Postcode Area	Response Time	Notes
Cat4	49	M	Medical	NHS Telford & Wrekin CCG	TF3	06:59:12	VALID. Stated hospital delays no crews
Cat3	59	F	Medical Minor	NHS Telford & Wrekin CCG	TF1	05:38:06	VALID. No notes
Cat3	61	F	Medical Minor	NHS Shropshire CCG	SY12	05:32:25	VALID. Multiple crews diverted to higher priorities
Cat4	49	F	Trauma	NHS Shropshire CCG	SY6	05:24:00	VALID. Notes to apologise for delay.
Cat4	82	M	Medical	NHS Shropshire CCG	SY6	05:21:36	VALID. Notes to apologise for delay.
Cat3	20 Months	M	Medical Minor	NHS Shropshire CCG	SY11	05:09:04	VALID. Multiple call backs, Wales unable to assist
Cat4	57	F	Medical	NHS Shropshire CCG	SY8	05:05:25	VALID. No notes
Cat3	17	M	Medical Minor	NHS Shropshire CCG	SY13	05:02:32	VALID. No notes
Cat4	87	F	Medical	NHS Telford & Wrekin CCG	TF7	05:00:20	VALID. No notes
Cat4	88	F	Trauma	NHS Shropshire CCG	TF11	04:58:45	VALID. Multiple crews diverted to higher priorities

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## **Health and Wellbeing Board Meeting Date: 4<sup>th</sup> July 2019**

### **Item Title Shropshire Care Closer to Home – Update Report**

**Responsible Officer** Lisa Wicks Shropshire Clinical Commissioning Group  
**Email:** Lisa.Wicks@nhs.net

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#### **1. Summary**

This paper provides an update on the Shropshire Care Closer to Home programme.

#### **2. Recommendations**

The Health and Wellbeing Board is recommended to note the information and progress outlined in the report.

### **REPORT**

#### **Programme Phases & Progress Updates**

##### **Phase 1**

Phase 1 is presently operational in the form of the Frailty Intervention team (FIT) who are based within the A&E Department of Royal Shrewsbury Hospital. A phased launch of the FIT team at the A&E department in Princess Royal Hospital in Telford is now underway.

##### **Phase 2**

The pilot for the Phase 2 model of Risk Stratification and Case Management began on Monday 3<sup>rd</sup> June 2019 at the 8 identified pilot demonstrator sites. The pilots will run for 9 months including a 3 month evaluation period. Teams consisting of colleagues from Shropshire Community Health NHS Trust, Shropshire Council, Midlands Partnership Foundation Trust with support from voluntary and community organisations have been established at each site. The teams are working together to provide proactive support to patients at risk of an admission to hospital with multiple long-term conditions or social care needs; these patients will have a Case Manager who will coordinate their care and develop a care plan and if appropriate an emergency treatment plan.

Work has taken place to develop the required IT and data elements including data sharing agreements, GDPR requirements, risk stratification or case finding using

merged data. For the first time, Shropshire CCG have been able to merge primary and secondary care data to identify a cohort of patients who will most benefit from the Case Management approach in Phase 2 of the programme.

Potential solutions for software that will enable a shared electronic Care Plan to be developed ; a shared care plan will mean that everyone involved in the care of a person has all of the required information and that the person has to only ever tell their story once. This will also be added to with an emergency care plan, end of life plan, and links to vital information such as allergies and DNAR notes. A manual workaround process is currently being developed and agreed for the shared Care Plan as this technical development was not in place for the launch of the pilots on 3<sup>rd</sup> June.

### **Phase 3**

The draft models for Phase 3 services including Hospital at Home, DAART, Rapid Response and Crisis have been widely shared since they were developed at the end of 2018. The programme team have received comments and feedback from colleagues across the health and social care system in addition to input from patients, public and stakeholders at an event in March 2019 ensuring a collaborative approach to co-design of the new models.

After consolidating the feedback and comments and requesting clinical input where necessary, the updated draft models have been shared with the Programme Board who were happy to endorse them with the caveat that a robust impact assessment is carried out over the next three months across providers to ensure that the new models align with existing services and pathways.

These models were approved at an extraordinary Shropshire Clinical Commissioning Committee on 11<sup>th</sup> June 2019.

### **Enablers**

A dedicated Care Closer to Home Communications and Engagement Group has been established to support delivery across the whole system of the communications and engagement strategy required to support the programme.

A dedicated Care Closer to Home IT Group has been working to ensure the relevant data sharing agreements and GDPR requirements are in place to allow risk stratification. This group continues to look at the options for a shared electronic care plan; this is aligned with the work of the STP Digital Group on achieving the same agenda of work but on a broader whole system scale.

Work is underway to provide a written Joint Strategic Needs Analysis (JSNA) which will enable work to start on developing the fifth strand of Phase 3, Step Up Community Beds.

Once these phases are fully embedded and functional, Phase 4 will be planned which will see an expansion to include all ages, and not just those aged 65 and over.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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<b>Local Member</b>
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<b>Appendices</b>
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## Health and Wellbeing Board

Meeting Date: 4<sup>th</sup> July 2019

### HWBB Joint Commissioning Report – Healthy Lives Update

**Responsible Officer:** Val Cross, Health and Wellbeing Officer/Healthy Lives Co-ordinator

**Email:** val.cross@shropshire.gov.uk

## 1. Summary

1.1 This report provides updates for 'Healthy Lives,' the Partnership Prevention Programme of the Health and Wellbeing Board.

1.2 It includes information about developments and partnership working for; Cardio Vascular Disease (CVD) prevention, Social Prescribing, Healthy Conversations training and Carers.

## 2. Recommendations

2.1 That the Board notes and supports the ongoing work.

## REPORT

### 3.0 Background

3.1 Healthy Lives is the name of the prevention programme of the Health and Wellbeing Board. Partners across health, social care and the voluntary and community sector are working together proactively rather than in isolation, to reach Shropshire's residents before their health or condition develops or gets worse.

3.2 Healthy Lives is a proactive and reactive programme, where these partner organisations are combining to innovate, make the best use of their human and monetary resources, and individual knowledge and expertise to help make a difference to Shropshire people. Evidence base is used for in all Healthy Lives work. Figure 1 illustrates some of the main partners.

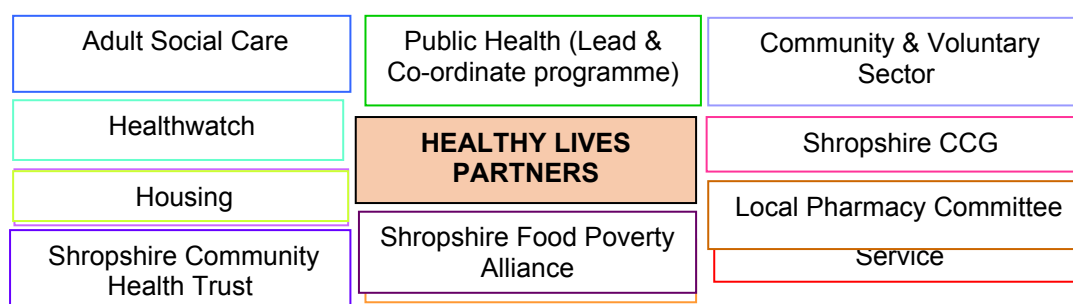


Fig. 1 Examples of Healthy Lives Partners for illustrative purposes

### 4.0 Programme updates

#### **4.1 Cardio-Vascular Disease (CVD) risk prevention - Use of AliveCor Kardia Atrial Fibrillation (AF) testing device in the community - Enterprise House, Bishops Castle.**

4.1.1 This is an excellent example of prevention activity and normalising self-care within a community setting. In a six week period between mid-April and end of May 2019, 80 individuals received an AliveCor Kardia AF test. Most were aged 60+, but some were in their 40's. Result were:

- 3 abnormal readings, indicative of AF
- 2 unclassified, because heart bpm was consistently outside the detection range of the device (below 50bpm and over 100)
- 75 were normal; no AF detected.

4.1.2 Staff training was provided, including advice and guidance for those with an abnormal reading.

4.1.3 Staff were asked about any concerns they had with getting involved in a "health" service. They felt they trusted their manager - "if our boss felt it was feasible and appropriate then it would be. We also knew that if we had concerns we'd be able to raise them." And said "We're open to trying new things, and to learning by doing." Also knowing they had the backing of the GP Practice was reassuring.

4.1.4 After 6 weeks, staff were asked how they felt the project was going. Initial concerns about confidentiality were allayed. Everyone asked for the test to be done by a member of staff, and they found that people were happy to share their own results with others. One group encouraged their friend to visit their GP when their result was abnormal.

Staff have made it clear that they are not experts, or clinical but found people were happy with their layperson's explanation of AF and risk of stroke; "We have the AF leaflet we can refer to."

4.1.5 Word of mouth brought in most people, far more than their promotional posters. People came on the recommendation of others "So-and-so said I should come in for the test."

4.1.6 People who have had normal readings (no AF detected) have been reassured: "That's good, I can forget about that for a while then." They have also asked if /when they can come back for a test again.

4.1.7 Key elements of success were reported by staff to be; "We are well-rooted in the community. People are already at ease with us, so we are trusted with all sorts of things." "We were able to do it informally, either as people dropped in especially for the test, or offering it to them when they had come for other reasons."

4.1.8 The simplicity, opportunistic nature, and not needing to make an appointment to do the test was seen as beneficial. More crucially, the words of a member of staff sums up how they felt; "It's quite an achievement, those three people, it's people we know from our community and we've help stop them having a stroke."

#### **4.2 Social Prescribing**

4.2.1 500 Referrals have now been made by partners across the health, social care and voluntary and community sector.

4.2.2 Figure 2 shows the age spread of referrals. Most fall in to the 50+ age group, with age group 60 to 69 years being the highest. Trends are showing that younger people being seen have increased. (Under 50 years)

4.2.3 Figure 3 shows the most common reason for referral (excluding patients who have been identified by their GP practice as being at risk of Cardio Vascular Disease (CVD) or pre-diabetes through audits). The most common reasons are mental health difficulties, lifestyle risk factors and loneliness and isolation. Patients may be referred for one or more of the reasons shown.

4.2.4 Figure 4 shows currently, more females (59%) than males are being referred for Social Prescribing. The offer of the service is equal, and this does not cause concern but continues to be monitored.

4.2.5 Overall trends show an increase in those aged 50 and under being referred, but complexity is increasing, particularly in terms of mental health. (This was raised at the May Health & Wellbeing Board meeting, and cited in the accompanying Healthy Lives report).

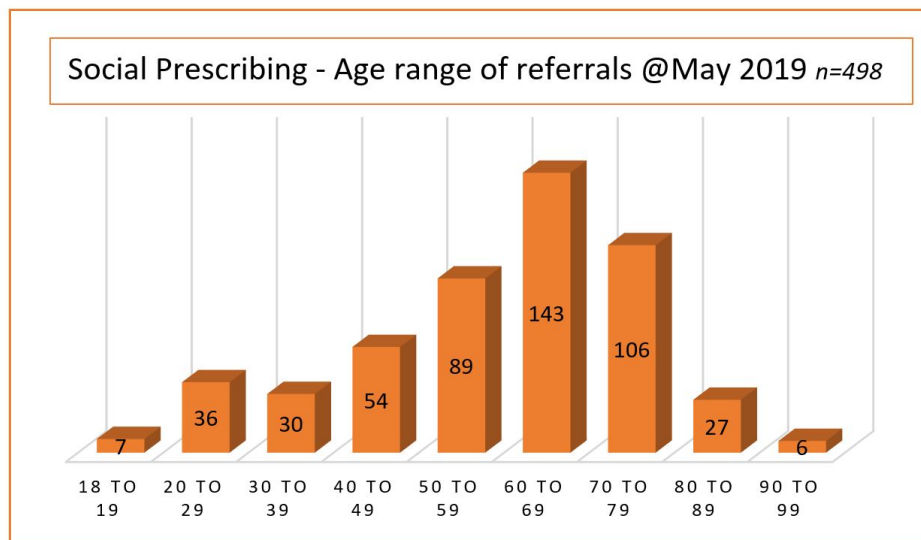


Figure 2 - (Data source, Shropshire Council)

#### Referral reason (excluding GP Practice pre-diabetes and CVD audits)

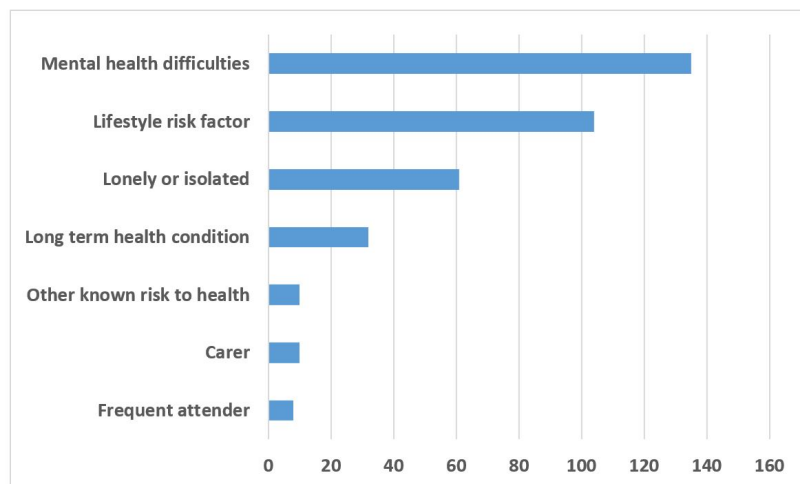


Figure 3 (Data source, Shropshire Council)

#### Gender of referrals made



Figure 4 (Data source, Shropshire Council)

4.2.6 Impact measurement includes; Phase 1 and the upcoming phase 2 independent evaluation reports, reduction in Measure Yourself Concerns and Wellbeing (MYCAW) scores, Patient Activation Measure (PAM) scores and through capturing people's own words.

What was the most important thing about this service?  
"Helping me reach my goals and not judging me, but most of all treating me as a person and not a number."

"Well, I can't thank them enough for what they did for me."

"The initial appointment with the advisor has changed my life. I am now fitter and have lost 2 stone in weight. I feel more energetic and healthier."

4.2.7 Social Prescribing is progressing well, and close links to the emerging Primary Care Networks (PCN's) continues.

### **4.3 *Healthy Conversations training***

4.3.1 63 library staff across the county have had Healthy Conversations training, which has been well received. Further training for Voluntary and Community Sector staff is taking place during June 2019.

### **4.4 Carers**

4.4.1 A 'Taking the Pressure out of Caring' workshop for Young Adult Carers (16-25 years) will be held in August in Telford. This is a joint workshop with Telford & Wrekin, and a further workshop will be held in Shropshire in the autumn.

4.4.2 A review of the Carers Strategy and Action Plan is underway, and at the last Partnership Board meeting, the need to identify leads for priorities which were still amber or red was agreed. Partner organisations will be approached to commit to actions which they would be best suited to progress through their strategic influence or expertise for example.

## **5.0 Risk Assessment and Opportunities Appraisal**

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates. However the HWBB are asked to note the risks identified in the May 2019 paper, and continue to support the Programme.

## **6.0 Financial Implications**

There are no financial implications that need to be considered with this update

## **7.0 Additional Information**

## **8.0 Conclusions**

Excellent work is continuing through the Healthy Lives Prevention Programme

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing
<b>Local Member</b>
<b>Appendices</b>



## **Health and Wellbeing Board Meeting Date: 4<sup>th</sup> July 2019**

**Responsible Officer: Stewart Smith**

**Email: [stewart.smith@shropshire.gov.uk](mailto:stewart.smith@shropshire.gov.uk)**

**Item Title: Update on the 2019 Summit event for all partnership boards**

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### **1. Background**

This event was the second Partnerships Summit.

The original proposal for a Summit event came from the Chairperson of the Making it Real Board, Jon Hancock, when he questioned how various care and health related boards work and share ideas. Participants at 2018's Summit directed a Quarterly Joint Partnership Board meeting to aid planning around their activities and goals whilst also progressing with an event for 2019.

### **REPORT**

Eighty people (out of 100) who registered for the event came together on May 21<sup>st</sup> to share their views and ideas on co-production, what it means for Adult Social Care and Children's Services and how we might work together in different ways. The event, titled as 'Shropshire's Partnership Summit', pulled together experts by experience from partnership groups to work on the day alongside staff from Social Care and Children's Services, as well as Health, the Voluntary sector, the Police and the Fire Service.

This was the second Partnership Summit organised under the banner of the Local Authority and 'Shropshire Together'. The plan to hold a second event was agreed at the 2018 Summit. Numbers of people booking on to the event showed a good appetite for working together as partners across services and, most importantly, working equally together with the people who make use of services.

The event had been planned by members of a Quarterly Joint Partnership Boards' meeting that was established following recommendations from the 2018 Summit. This group agreed that the focus of the event should continue to be on co-production. The event gave an opportunity to highlight successful examples of co-production that had taken place between events. With the input and support of the national organisation Think Local Act Personal (TLAP) it also gave the chance to discuss different ways of working co-productively.

The event was split into 2 parts:

- a) What we hoped to achieve and what we've done since last year.
- b) Doing co-production differently.

The attached agenda from the day shows the highlighted examples of co-production from Children's Services, Housing and Safeguarding.

Catriona Duncan-Rees, Clenton Farquharson and Kate Sibthorpe from TLAP then encouraged individuals to think about how they might approach co-production in different ways. They referenced the Making it Real framework (with its 'I' and 'we' statements), as a framework that can be used to stimulate good conversations with local services with a focus on making things better.

Feedback from the day included the following comments:

**What did you like about today?**

- "Meeting new people and being heard, not swept under the carpet"
- "Great mix of positive stories and examples of co-production"
- "Being reminded about true co-production"
- "Positive open approach" "honest discussion"
- "Very interactive! Thought provoking"
- "Local examples. Good mix of attendees. Refresher on what's / why it's important"
- "Goodwill to make changes"
- "The conversations with colleagues that I don't normally engage with that has reminded me that there are always different perspectives"
- "Hearing about co-produced services and offers. Feeling the need for it."
- "Good thinking time. Co-production is a difficult concept that we need to keep coming back to, so good opportunity."

**What will you do differently in the future?**

- "Keep arguing for what's best for my family and more choice for us rural folk"
- "Try to understand what co-production will do to help my daughter"
- "Continue to develop our services through co-production"
- "Challenge use of language and jargon"
- "Get more health decision makers in the room"
- "Look to use and apply Making it Real across my work within Housing Services"
- "Continue to make good trouble"
- "Think people not process. Explore opportunities for co-production...involve the seldom heard voice"
- "Look at new ways to co-work to develop services"
- "Try to apply what we have discussed every day!"
- "Challenge more! Be more visible to stakeholders and our community. Take the stage more to promote our work"
- "Continue to try to co-produce rather than joint work!!"
- "Be more forceful in pushing back against a dysfunctional system and meetings with no clear evaluation of outcomes!"
- "My thinking is evolving as a result of conversations. Will keep this on my agenda"

The feedback on the day was overall positive, although a number of people did not complete evaluation forms. From comments collected people clearly valued the opportunity to discuss ways of working in an open, honest and forthright manner.

However, one participant highlighted what they felt was an area of omission:

- "our partnership board is not inclusive".
- "I came here to try to improve our local partnership board. We have looked at good practice but yet again we have not actually talked about how our boards can be improved, co-produced and inclusive. That should be the aim of the next session".

This is a task that a Summit would struggle to address on its own. It does however, highlight a task that needs to be addressed by individuals, boards and the Quarterly Joint meetings of the Board Chairs and their support. The Summit focussed on how we do co-production differently; it is now up to all involved to look at ways of working better together in the coming year.

- 2.1. Joint Quarterly Partnership Board meetings to continue in its efforts to encourage and facilitate effective partnerships, positive sharing and joint working.
- 2.2. Quarterly meetings to take responsibility for a 3<sup>rd</sup> Summit in 2020, but to make sure that the event is driven more by partners and experts by experience.
- 2.3. Following the successful involvement of TLAP in the event, partnerships may wish to consider ways of further accessing their support.
- 2.4. Individual board members to reflect on the event and look for ways of enhancing the make-up of the boards and the work that they do.

### 3. Risk Assessment and Opportunities Appraisal

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

Ongoing risks involve staffing and time commitments to take this work forward while depending on engaging a greater number of experts by experience.

Several support staff have either left the Local Authority in the last year or changed roles within. This has created a few gaps within boards that require consideration. Kate Garner, Manager of the Community Partnerships Team within Adult Services is exploring opportunities to commission support from the VCS and / or Healthwatch.

### 4. Financial Implications

Smarter partnership working will have a positive financial impact.

Partnership support staff will need to work collaboratively for best effect.

### 5. Conclusions

The second Summit proved to be another valuable event that has encouraged wider thinking about innovative partnership working.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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Cllr. Dean Carroll, Portfolio Holder for Adult Services, Climate Change, Health and Housing
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<b>Local Member</b>
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<b>Appendices</b>
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## Health and Wellbeing Board Meeting Date

**Item title:** Healthwatch Shropshire Engagement Report 'Social Prescribing: Exploring Barriers'

**Responsible Officer:** Lynn Cawley (Chief Officer, Healthwatch Shropshire)

**Email:** [lynn.cawley@healthwatchshropshire.co.uk](mailto:lynn.cawley@healthwatchshropshire.co.uk)

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### 1. Summary

Healthwatch Shropshire were asked by Healthy Lives to engage with people in Shropshire about Social Prescribing to find out what they knew about it and what might prevent them from accessing services and produce a report. We were asked to focus on those groups not already accessing social support or being supported by Community and Care Coordinators in GP practices, in particular young men, people with low-level needs and people living in rural areas. Engagement started November 2018 and was concluded in February 2019. The report was shared with Healthy Lives in March 2019.

### 2. Recommendations

Members of the Health and Wellbeing Board to consider our findings and how they might be used to inform the future development of Social Prescribing in Shropshire.

## REPORT

See attached document

### 3. Risk Assessment and Opportunities Appraisal

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

### 4. Financial Implications

### 5. Background

### 6. Additional Information

### 7. Conclusions

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b>
<b>Local Member</b>
<b>Appendices</b>



# **Social Prescribing: Exploring Barriers**

## **Engagement Report**

Published March 2019

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# About Healthwatch Shropshire



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



We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

## What is Social Prescribing?

Social Prescribing is where we are 'prescribed' a social/community activity instead of a clinical solution. It is to help people who have social, emotional or practical needs, such as; pre-diabetes, loneliness/isolation, low-level mental health problems, lifestyle risks such as smoking etc.



Your GP, or community centre, refers you to a Social Prescribing Advisor who would help you to develop a personalised action plan to improve your health & well-being. This may involve support to access local opportunities and activities.

The purpose of Social Prescribing is to help with the prevention of clinical need.

## Context of Project

We were asked by the Healthy Lives team at Shropshire Council to engage with the people of Shropshire regarding Social Prescribing. We wanted to get a better understanding of the needs of local people and the challenges that social prescribing could face within the county.

We would report our findings to the Healthy Lives Steering Group, to influence the direction of the Healthy Lives Framework.

We were asked to report on the following:

- Main themes that come out of talking to people
- What is preventing people from accessing services?
- Where are the vulnerable populations & why aren't they being reached?
- Where the possible gaps are?

The brief remit we were given by Shropshire Council was to contact people who live in sparse rural areas as a priority. Young men were a group they wanted us to link with, if possible. Preferably, we were to engage with people who were not already accessing social support and not in the over 65 age-group, as it was felt that they would already be supported by Community and Care Coordinators. We were also asked not to focus on anyone with very complex needs.

## What we wanted to do



We wanted to connect with people who are often less heard. We were always conscious of the Protected Characteristics as listed in the Equalities Act 2010 and the recognised seldom heard groups.

We wanted to reach people who wouldn't normally attend groups or forums. In our experience, a lot of groups locally are attended mainly by older people who we were specifically asked not to link with.

Also, by attending a group, a person is already accessing social/community support and we were keen to speak to those who were not as requested.

We hoped that the outcome from this piece of work would be an increased understanding of the health and wellbeing issues of people living in Shropshire, along with their challenges accessing social/community activities and the gaps in service provision to meet those needs, which could be met by social prescribing.

## What we did

It was a challenging project, mainly because we had to think 'out of the box' when it came to engaging with the required people.

Very few people we spoke to had heard of social prescribing and we found that people are not that interested in the subject.

However, by being enthusiastic, asking open questions and having free dialogue, we have had some interesting discussions with a good variety of people.

As we were trying to reach the ‘quieter voices’, we decided to try and reach people in a different way and so we contacted people via telephone and email. We also went to some more rural areas and simply talked to a variety of people. For example, outside shops/pubs/post offices, at the mobile libraries, farmers markets, walking their dogs etc. We attended business networking events, chatting with people and followed this up with emailed questions for them to circulate.

We gave a brief explanation about social prescribing and asked open questions such as

- How would you feel to receive a ‘social prescription’?
- Do you feel that you have needs that are not being met & why?
- What are the issues/barriers in your lives, or the lives of your friends/family, that are stopping you from accessing services?
- Who do you think are the people that may fall ‘through the gaps’ in services?
- Where are the vulnerable populations and how can they be reached?



We identified the more rural people from Healthwatch Shropshire’s membership and contacted them directly.

We spoke to people who work within the health and social care sector including social workers, Occupational Therapists, nurses, support workers, care managers, Voluntary and Community Sector Assembly members, along with church leaders and community group organisers.

We have engaged with rural communities, business parks (working people), colleges, refugees, people with disabilities, family carers, the sensory impaired, people on the autistic spectrum, people living in poverty some with substance misuse issues, farming communities, people with poor mental health

It was important to assure everyone that Healthwatch is independent and that all comments would be anonymised. We found that there was some mistrust of engagement from people seen to be in charge of services, and some worry that people’s voice would not be fully represented in an open and objective way. It was understood and appreciated that Healthwatch Shropshire had no ‘hidden agenda’ and that people were free to express themselves with absolute honesty.

## What we found out

### Family Carers

Family Carers told us that they see themselves as a vulnerable group of people who can be over looked and taken for granted. They claim that they definitely fall through the gaps.

They are unhappy about lack of formal support and would prefer that the council's focus was on improving statutory services rather than social prescribing.

We heard comments about how support services for carers in the county have deteriorated considerably compared to what they used to be.

- "I would be most annoyed if my GP fobbed me off with a platitude of other services"

It was felt that respite care is 'virtually non-existent' and so there is no time to take part in anything else away from their caring responsibilities.

- "I get 2 hours off from my caring role each week. By the time I have got somewhere (as I rely on public transport), it is virtually time for me to get back home"

Even if they had some time to partake in something, they would be worrying about their cared for and so not fully engaging.

- "Isn't this just shifting more responsibility onto the 3<sup>rd</sup> sector?"

Carers felt that it would be useful for them to know what support is available locally, as they are too busy caring to research this themselves.

Carers of adult children with learning disabilities are terrified about what will happen to their children when they are gone or if they become unable to care.

There was an understanding about the importance of prevention and they try hard to stay well so that they can continue caring. However, they tend to put their cared-for first and cannot find the time to visit their GP, so their health can suffer and deteriorate.

- "We are 'under the radar' as family carers, especially if you are self-funding."



## Parents of young children and pregnant women

There were many comments about the fact that parents support mechanisms had gone now that the Children's Centres have been closed down. They would prefer to still have these services available, to help address their mental health, isolation and loneliness and lifestyle choice issues. Essentially, these groups were parent's social prescription.



“It was great to have my local group close to where I live, where I could walk and my child had fun in a safe environment, whilst I could talk to the other parents about stuff that bothered me. Then the staff would help with things like filling out forms or baby concerns, as well as reminding me to attend clinics or introducing me to other organisations that could help me. I had postnatal depression and this group was my salvation. I am gutted for me and all future parents around here.”

Maternity leave was commented on as being a lonely time for some, especially if they live rurally.

There are lots of groups in the main towns, but parents felt that these “can be very expensive” and in some cases aren't able to attend because you need transport to access them; even when you live in a town, you may need 2 buses to get somewhere.

## Rural Communities

People from rural communities largely feel that they support each other well.

Lots of low key voluntary work is going on in villages and towns to help local people such as; lunch clubs, meal deliveries, craft lessons, help at home. It can be just one person, but they are making a huge difference.

Many claimed that they rarely go to the GPs. They try to stay well and don't like to 'make a fuss'.

“There is one bus a day here. There is no way I could attend anything in the nearest village or town”

There was a feeling that these individuals choose to live rurally because they don't want to mix or join groups.

“People can have severe problems but no one knows about it as they are behind closed doors in the middle of nowhere.”

These communities felt that rural areas are not well serviced, with Post Offices, shops, schools, pubs etc. all closing. Bus services are also being cut.

Voluntary driving schemes tend to concentrate on hospital appointments.

Broadband issues mean that accessing vital information can be impossible.

People who work and live rurally say that by the time they get home in the evening and carry out family duties, they do not feel like going back out and travelling to a group or activity. But then they cannot access daytime things as they are working, so they end up not doing anything.

## Younger People

We found that this group were less keen to engage. They didn't feel social prescribing was relevant to them, but could see how it could benefit older people who are at risk of illness, loneliness etc.



They feel that they support each other well with things like mental health issues and think they are more open to talk about it than other generations.

There are cost implications to joining gyms, groups etc. which can be a barrier.

We were told that to some young people, people in authority advising them what to do can feel patronising.

They feel their age group is well informed about lifestyle choices and very aware of what is healthy.

They want to look good and stay fit, so are motivated.

“We Google what we want to know and have social media and apps to help us.”

## Refugees

Locally, refugees are well supported by groups and individuals in their communities. Because of this, they are aware of social prescribing.

There are examples of where they have been linked with community activities to help with their mental health and wellbeing.

They are very keen to integrate and learn about what is available to them and their families.

They are open to and very grateful for, any help and guidance. However, timings of things can prevent them from joining in as they are working and have families.

## Farmers

It has been widely reported that large numbers of farmers have mental health issues, with a high incidence of suicide.

Their farms tend to be isolated- plus they work where they live, so rarely leave or mix with others.

They have no time to attend GP appointments with critical things like hypertension or blood tests, let alone discussing their low mood.

- “Farmers tend to be too proud to admit they have a problem. I don’t know any that go to the doctor for check-ups. Even if we hurt ourselves, we just get on with it. We never ask for help or raise an alarm”

They don’t have enough time to access any activities or such-like as they work 7 days a week and very long days.

- “I support these people and they are definitely a vulnerable, high-risk group. Pride is their barrier. Plus, they are busy working so the timings of things often do not accommodate this.”

## Adults with Autism



There is a strong feeling amongst this group that social prescribing should be more accessible.

Adults with Autism may have communication problems such as talking on the phone or making themselves clearly understood. This could be a barrier in terms of social prescribing.

They may not want to talk to their GP about issues, as some have had previous bad experiences and not felt supported.

Some individuals stated that they would feel more comfortable talking to people at the Autism Hub and so they would like these trusted people to be able to refer them and for any meetings to take place there.

- “Any referral should be acted on quickly as it has probably taken a long time for someone to admit they would benefit from some help.”

If an activity has a cost, that may be an issue.

They may need to meet the Social Prescribing Advisor more than once to complete a plan.

If they agreed to attend an activity, they may need the Advisor to accompany them until their confidence builds.

They feel very let down by services and expressed cynicism about social prescribing.

- “Have the Advisors been out to the groups or activities they are referring to so that they fully understand what they offer?”

This community appear to feel very vulnerable and think they frequently fall through the gaps. They don't feel listened to by health specialists and others in statutory services.

- “We need options to harness our creativity.”

## Community Churches

Those involved in community churches claim that it is getting harder to meet service user's expectations.

Generally, people do not want to pay for any service.

Social Prescribing was felt to be an excellent idea and agreed to be the way forward, but it was felt getting people 'through the doors' is the main challenge.

- “In our experience, we ask people what they want, set it up, but then they don't come.”

There was a feeling of pressure on voluntary services and churches to provide services, but a belief that there is no extra money available and these groups already have waiting lists because of lack of services.

People want things on their doorsteps and do not want to, or cannot, travel.

Their clients are having real problems with accessing the benefits system which can affect everything.

- “We support people living in poverty and with debt issues. It has taken a long time for them to accept our help or to trust us. This resistance may be a barrier to them engaging with the Healthy Lives programme.”

## People with sensory impairments

The Social Prescribing Advisors will need to have a thorough knowledge of available services and not just the obvious ones like Age UK or Walking for Health groups. Blind or deaf people may need specialist support.

There is some great support and encouragement in Shropshire to get people with sight and/or hearing loss out and socialising but you have to know it is there.



- “The My Guide volunteer <sup>1</sup> I was linked with changed my world. I can now walk to my GPs, get my own shopping and attend a local social group, which I never had confidence to do before. I went through my GP, Ophthalmology etc. but no one told me about this, I found it myself by accident. My Dad found lip reading classes for him too and that has enabled him to go back to his hobby group as he can now join in the conversation. I wish access to these things was easier.”

The sensory impairment itself may be a barrier to accessing help and support, therefore more encouragement and planning may be required when completing a plan.

We were told that having a sensory impairment can be very scary and it would be easy to just stay at home where they feel safe. Therefore, many thought that social prescribing is a good idea to support people to access things in their community.

## Homeless People and Substance Users

People told us that they do not care enough about themselves to expect help and don't think anyone else cares either.

They say there is no help available whilst they are using.

They feel judged, even by medical professionals. They claim not to be welcomed in standard services, even GP practices.

They are signposted 'from pillar to post'.

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<sup>1</sup> My Guide is a Guide Dogs service that enables people with a vision impairment to get out of their homes and into the community through the help of a volunteer acting as a sighted guide.

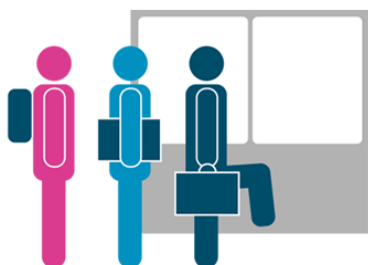
Someone claiming to be a 'functioning alcoholic' told us:

- “I have no time for anything else apart from working, keeping my family together and drinking. If I was offered services, I would say yes but then I'd back out. It's too over-whelming for me. Plus I am scared that my problem will be discovered.”

The homeless people told us that they struggle to register with a GP and tend to end up needing emergency treatment. The outreach team take them to A&E.

Any kindness they receive, they are grateful for, but they do not believe that social prescribing will be offered to them.

## People of working age



The most common thing we heard was about the lack of time. People are working long hours and a lot of the activities only happen during the daytime, inside of working hours. This can immediately isolate this group from taking part in activities, willing or not.

Some of the younger men told us that they go to the gym before or after work, but the ones with family commitments do not have the free time or funds.

People also tend to avoid GP appointments due to being at work; they feel unable to take appointments during work hours, aren't always aware of alternative hours or services. Also, they are aware that GPs are over-stretched and so do not want to 'bother' them unless they really need to.

- “I only go to the GPs when I am really unwell and need a prescription or a referral to see a Consultant.”

They understand the importance of preventative health and see how social prescribing could be of benefit to this.

It was commented that people need to know that they may have a problem and then be ready to accept help.

- “I know I need to lose weight for my health, but I need to be in the right head-space before starting a diet and exercise regime. Someone encouraging me would make no difference.”

People suggested social prescribing could have come about because of government and local cuts, resulting in a heavier reliance on volunteers and goodwill.

They commented that there are more obvious vulnerable people who we may immediately think of, but that there are many 'working well' people, who may be

‘ticking bombs’. That all offices, streets, towns have vulnerable people who would benefit from help, but reaching them is hard, especially if they do not go to the GP or link with anyone else who can refer them for social prescribing.

## People who work within health, social care and voluntary sectors

- “I have always felt it to be an advantage for social work staff to be based within GP practices. I think there is less stigma attached. Many people do not mind going to the GP for help and advice, so hopefully most would be accepting.”

We found that people working within these fields were not familiar with social prescribing, however the voluntary sector were.

They are concerned that they already work to capacity, are applying for small grants to sustain their services and struggle to recruit/retain volunteers, yet the pressure to help more people is going to increase with social prescribing when they already have waiting lists.

Most commented about the importance of preventative health and how positive social/community activities can be, resulting in positive outcomes for service users.

- “We have always helped our service users to access appropriate groups and activities, signposted and supported them through the process. Empowering them to take responsibility for their own health and wellbeing. Tell me, how is social prescribing different or new?”

Possible barriers mentioned were: lack of time, lack of available information and a reluctance to engage.

- “This service needs to be accessible to all, not just those visiting a GP or who have a social worker for example. Many in need will miss out.”



There was concern about how the Community & Care Coordinators fit in with social prescribing. Many feel that this is the role that they fulfil and questioned why another ‘project’ has been set up.

- “A barrier may be that some people just prefer things to remain as they are, or don’t want others interfering perhaps. Some people don’t realise that advice from others could benefit them.”

It was queried whether GPs have time to get to the real issues as to why a patient is seeing them. They may present with a sore throat, but actually they are struggling

with their mental health and on-going stress. They may leave with some antibiotics but their bigger issue has not been addressed.

- “Cuts in services results in less places to refer to.”

A need was expressed for the social prescribing team to work closer with social care practitioners in the hubs and to share information.

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## Summary of Findings

The main barriers to people accessing services appear to be:

- Not knowing about social prescribing
- Not linking with a ‘referrer’
- Lack of knowledge and/or acceptance that help is needed
- Not wanting to engage
- Not wanting to ‘bother’ their GP
- Lack of time
- Being in full-time employment
- Transport issues
- Cost implications
- Lack of local appropriate services- both in type of service and availability
- Fear

The most vulnerable people are considered to be:

- Older people
- People with mental health issues
- People on the autistic spectrum
- People with learning disabilities
- Farmers
- People with undiagnosed dementia (or other cognitive impairments)
- Isolated people with no support network
- People living in poverty
- Family carers, especially hidden ones
- People with access issues
- There are vulnerable people in all communities, not just the obvious ones such as areas of deprivation

The people who may fall through the gaps are considered to be:

- People who don’t visit their GP (or other Referrer)
- People who don’t meet the criteria
- People who don’t know social prescribing exists



- People living rurally
  - People who don't acknowledge they have a problem
  - People who don't like to ask for help or may be embarrassed
  - Hidden carers
  - Working people
  - Busy parents
- 

## Recommendations

We suggest that the following points are considered by the Healthy Lives team:

- We would strongly recommend that to make social prescribing more accessible and to remove barriers, people need to know it exists. Professionals need to be fully aware as well as the general public.
- There needs to be promotional material dispersed everywhere the service is available. In churches, community notice boards, village halls, shops, public toilets, colleges etc.
- Social media presence is vital to raising awareness, as well as newspaper articles and radio interviews.
- Successful outcomes from the work should be celebrated publicly, to encourage people to consider the service for themselves.
- From what we have heard, we feel the referral pathway needs expanding. Work needs to be done to make it easier for people to get referred into the system; there should be less reliance on just GP practices.
- Self-referrals are necessary to avoid people falling through the gaps, as well as others such as family members, friends, neighbours being able to refer directly on behalf of people.
- Communities may need to be encouraged and supported to set up more groups or activities to support the growing needs. A focus on encouraging people to set up groups accessible to those of working age.
- There is a need to continue building links and alliances with existing networks. A thorough knowledge is needed about everything that is available, not just the more well-known services. This is especially needed in more rural areas where people are quietly supporting their communities.
- Some people may need more support than others when first joining a new group or activity. A 'buddying' scheme could work really well, where the service user is paired with someone who travels with them, walks in with them and stays until they feel comfortable to do this alone.

- We think that many people could offer their services on a voluntary basis as part of their social prescription, instead of being a service user. For example, a young man with social anxiety may have vast IT knowledge and could help a charity with their database or social media campaigns. This may be more preferable to him than joining a group, but he is engaging, growing in confidence and making a difference.

Someone with Asperger's may not want to join a public gym but needs to lose weight and get fitter. They could volunteer for an environmental charity, clearing public footpaths, cleaning up streams, building styles or such-like. They are exercising, have their own clear role which they get satisfaction from, learning new skills to build self-esteem and the charity gains a valued volunteer.

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## Acknowledgments

Healthwatch Shropshire would like to the services and people who took the time to share their views with us.

### Get in Touch

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



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## Health and Wellbeing Board Meeting Date 4<sup>th</sup> July 2019

Responsible Officer: Gordon Kochane

Email: [gordon.kochane@shropshire.gov.uk](mailto:gordon.kochane@shropshire.gov.uk)

### 1. Report

#### Public Mental Health

Public Health are supporting with the development of the Mental Health Strategy and as an advocate of the core public health principles that contribute both towards increasing wellbeing and addressing mental ill health. This includes giving people the best start in life, supporting people to make healthier choices, addressing the wider social issues that may be preventing someone from making a positive change.

We also recognise and continue to promote national programmes such as the five ways to wellbeing (making time to connect with others, being more active, taking notice of the things that can make you feel good, learning something new and providing a helping hand to others).

Initial learning from the Social Prescribing programme has identified that just under 40% of all concerns for those that have met with a social prescribing advisor related to a mental health difficulty (predominantly depression and anxiety) with many linked to isolation, being overweight and financial concerns. We continue to work with the social prescribing team to consider how we can both learn from what is happening in our communities and ensure the best appropriate support is being signposted.

#### Suicide Prevention

##### Support after suicide

A subset of the Shropshire Action Group are designing a model for supporting those bereaved by a suicide death utilising guidance from Public Health England and the National Suicide Prevention Alliance as well guidance from local intelligence and formal/voluntary services.

The intent is to ensure a co-ordinated package of individualised care can be offered/signposted to immediately following a suicide (utilising the expertise of our Coroner's Office and Police colleagues who are partners with this workstream) and to develop a model which co-ordinates an offer of longer term support (for up to 2 years) where required. This is important as those affected by a suicide death are at significantly higher risk themselves of taking their own life/self-harm or experiencing a mental health crisis.

Although a proposed model is still being developed, national funding to support the process is available from NHS England for localities with a real time surveillance system for suicide is in place. Both the Shropshire and the Telford Suicide Prevention Action Groups are now working with West Mercia Police to discuss what data we can access to identify targeted support to those bereaved by a suicide death, as well as to utilise learning from

completed/attempted suicides for future prevention actions (such as identification of hotspot locations/emerging trends etc). We are proposing that a suicide review panel is formed to assist with this purpose.

### Prevention

A credit card sized brief advice and intervention z-card has been designed by the Shropshire and Telford Suicide Prevention Network to target those who may be having suicidal thoughts or who may be concerned about someone else. The tag line for the card is “pick up the phone, you’re not alone” and provides some guidance and contacts of a primary contact for support when required. We intend to do a pilot print run of these cards and target them in areas of high footfall of the public/higher risk individuals. Although there is no budget allocated to suicide prevention currently, we are currently in the process of collecting quotes and working with our partners to help fund this. The intention will also be to have an electronic copy linked to the Council website and ideally make use of digital technologies in the future.

### Training

Joint Training designed a new suicide prevention course in 2018 which is free to access for those working within health and social care in Shropshire and provides understanding and awareness of suicide and risks, addresses some of the myths and stigma as well as how to have difficult conversations. The courses have been consistently oversubscribed.

The Shropshire and Telford STP were successful in accessing funding from Health Education England to upskill the workforce on mental health conditions. Part of this funding has been used to organise six additional suicide awareness training for those who would not usually be able to access the Joint Training course. These have proved to be very popular with many currently on a waiting list to access and is an important part of our Strategy to broaden understanding of suicide, not just for those who are likely to encounter high risk people within formal services but for wider agency and community services. This is important as we know from the evidence that roughly a third of people who take their lives in England have had no contact with formal services (mostly a male population), so influencing the wider contacts they may have should help with improved identification of risk, signposting and reach.

Organisations that have attended include the RAF, Ministry of Defence, Probation, Police, Fire, University Centre Shrewsbury, University of Wolverhampton (Telford Campus), Social Care from Telford as well as A&E staff from both RSH and PRH.

Public Health and TAMHS are continuing the STORM self harm mitigation training for anyone/organisation that works with children and young people. The amount of training available however is limited by the finite number of trainers currently within the system. We have requested that future bids should include a focus on training additional trainers to have a wider impact.

## **2. Recommendations**

For the Board to read and support current activities.

For feedback from the Board of any additional considerations.

For feedback from the Board to support the suicide prevention z-cards.

## **3. Risk Assessment and Opportunities Appraisal**

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

## **4. Financial Implications**

Printing of Suicide Prevention Z-Cards (aiming for print of roughly 50,000 to distribute across Shropshire/Telford)

**5. Background**

As above

**6. Additional Information**

None

**7. Conclusions**

None

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing
<b>Local Member</b>
<b>Appendices</b>

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Pick up the  
Phone  
You are  
**NOT ALONE**

Guidance and confidential support for suicide concern  
Shropshire and Telford Suicide Prevention Network

Are you thinking about suicide?  
Suggestions to consider:

**Talk to someone**  
It could be a friend or family, or a confidential and non-judgemental support service from within this pack.

**Wait**  
Your thoughts and feelings CAN change

If you feel you are in immediate danger contact emergency services on 999

If you feel you are in immediate danger contact emergency services on 999

Worried about someone else?

**Be alert**  
Not everyone who thinks about suicide will tell someone, but there may be warning signs.

**Be Honest**  
Tell the person why you're worried about them, and ask about suicide.

**Listen**  
Just listening is one of the most helpful things you can do. Try not to judge or give advice.

**Get them some help**  
The support contacts in this pack can help guide you

**Take care of yourself**  
You may find it helpful to discuss your feelings with another friend, or a confidential service.

If the person is in immediate danger contact 999

**TALK TO US**  
If things are getting to you

**116 123** FREE  
This number is FREE to call round the clock

**SAMARITANS**

Confidential listening and local support for everyone

**SAMARITANS**  
116 123 (free)  
We offer a safe place for you to talk to anyone you like, in your own way - about whatever's getting to you.

**mind**  
for better mental health  
0300 123 3393  
Text 86463  
We provide a wide range of support and services for the one in four people and their families affected by mental or emotional distress.

**shout** for support in a crisis Text 85258  
A free 24/7 text service for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help.

Confidential support dedicated for adults

**NHS** **70 YEARS OF THE NHS 1948 - 2018**  
Midlands Partnership NHS Foundation Trust  
A Keele University Teaching Trust

Access service  
0300 124 0365

For Anybody:

- Who is worried about their mental health
- Already using adult mental health services who needs to contact us out of hours
- Who cares for someone receiving adult mental health services from us
- Concerned about the mental health of an adult family member or close friend

Confidential support dedicated for children and young adults

**kooth**  
Online at Kooth.com  
Free, safe and anonymous online support for young people

**Beam**  
Drop in centres in Shropshire and Telford and Wrekin  
For location and opening times please visit [www.childrenssociety.org.uk/beam/shropshire](http://www.childrenssociety.org.uk/beam/shropshire)

Need to talk? There is support via Childline  
0800 1111  
We're an emotional health and well-being service for children and young people, so if you're under 25 and have something on your mind, we're here to listen and support you.

Support is non judgemental and you will be listened to

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