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

Date: 6 January 2021

Committee:
Health and Wellbeing Board

Date: **Thursday, 14 January 2021**
Time: **9.30 am**
Venue: **THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING**

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https://www.shropshire.gov.uk/healthandwellbeingboard14january2021-1/

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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, Housing & Climate Change
Ed Potter – PFH Children's Services

Rachel Robinson - Director of Public Health
Tanya Miles – Director of Adult Services, Housing & Public Health
Karen Bradshaw - Director of Children's Services

Shropshire CCG

Mr David Evans – 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

Louise Barnett, Chief Executive, Shrewsbury & Telford Hospital Trust

David Stout – CE, Shropshire Community Health Trust

Nicky Jacques – Chief Officer, Shropshire Partners in Care

Mark Brandreth – CEO
Sarah Bloomfield – Interim Director of Nursing/Deputy CEO,
Robert Jones & Agnes Hunt Orthopedic Hospital NHS Foundation Trust

Nicky O'Connor – STP/ICS Programme Director

Laura Fisher – Housing Services Manager

Your Committee Officer is Michelle Dulson Committee Officer
Tel: 01743 257719 Email: michelle.dulson@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

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 of the last meeting

To confirm as a correct record the minutes of the meeting held on 12 November 2020, 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. The deadline for this meeting is 9.30am on Tuesday 12 January 2021.

5 System update (Pages 1 - 6)

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

STP Update

Report to follow.
Contact: Jill Robinson, Shropshire, Telford & Wrekin Clinical Commissioning Group

Care Closer to Home

Report attached.
Contact: Dr Deborah Shepherd, Shropshire Clinical Commissioning Group

Better Care Fund

Report to follow.
Contact: Penny Bason, STP Programme Manager/ COVID Community Response Lead
Tanya Miles, Director of Adult Services, Housing & Public Health, Shropshire Council

Healthy Lives

Report attached.
Contact: Val Cross, Health & Wellbeing Officer, Shropshire Council

6 Joint Strategic Needs Assessment update (Pages 7 - 26)

Report attached.
Contact: Rachel Robinson, Director of Public Health, Shropshire Council

7 SEND Local Area Inspection Action Plan - Update on progress including Governance structure (Pages 27 - 82)

Report attached.
Contact: Karen Bradshaw, Executive Director of Children's Services, Shropshire Council

8 Update on the remit of Information Advice and Support Service (IASS)

Report to follow.
Contact: Jackie Jeffrey, VCSA on behalf of Lesley Perks, IASS Manager

9 Social Prescribing full update (Pages 83 - 90)

Report attached.
Contact: Penny Bason, STP Programme Manager/ COVID Community Response Lead and Katy Warren, Social Prescribing Project Lead

10 Covid-19 update and Flu Immunisations update (Pages 91 - 96)

Report attached.
Contact: Rachel Robinson, Director of Public Health, Shropshire Council

11 Chairman's Updates

Health and Wellbeing Board
Meeting Date: January 2021

Item Title Shropshire Care Closer to Home Update

Responsible Officer Dr Deborah Shepherd, Shropshire Clinical Commissioning Group
Email: deborah.shepherd@nhs.net

1. Summary

At the December meeting it was agreed by members that the Programme Board would be relaunched as Shropshire Integrated Place Partnership and will function as a forum for commissioners and providers to discuss and determine the delivery of system priorities at place level. Draft Terms of Reference are to be drawn up with the aim for agreement at the next meeting in January. The following is the proposal for the structure and way of working, subject to that agreement:

It is proposed that the board will have joint chairs; one nominated by the local authority and the other nominated by the provider partners. This arrangement will be subject to review as the board develops and evolves.

Membership of the Programme Board will include clinical and managerial representation from: ICS/CCG; adult social care; children's social care; Shropshire PCNs; public health; Housing; public and patient representative; Healthwatch; VCSA (representing community services both as consumers but also as providers); SCHT; MPFT; SaTH. The board will focus on objectives and outcomes and there will be shared ownership and leadership across all partner and provider organisations represented on the board.

Whilst the system will continue to set the priorities, the board will use their place-based knowledge and information to determine how these priorities are delivered at place. The board will also provide a means for frontline workers to feed ideas and suggestions back up to the system to inform and influence strategy and priorities.

This is a new way of working that will build on the successful partnership work already undertaken to deliver Care Closer to Home and the first priority will be to continue to ensure that CCtH services are delivered; the board will take on delivery of further priorities and services as they are identified.

There will be a number of sub-groups responsible for areas such as quality and performance of services and delivery of specific project and these groups will report back to the Programme Board.

The next steps, following agreement of the terms of Reference, will be to establish the programme team to support the Programme Board, made up of representatives across the partner and provider organisations.

A Rapid Response team was launched on 19th November in the Shrewsbury and Atcham area as a Winter scheme to reduce avoidable hospital admissions. Referrals are received to the professional referral telephone number which is monitored between 8.00am and 7.00pm. At the beginning of December a total of 57 referrals had been received and triaged with 50 patients receiving support via the service.

Recommendations

Members are asked to review:

- The revised scope of the Programme Board.
- The revised membership and chair arrangements.
- The proposed approach to deliver system priorities.
- The launch of an Admission Avoidance service in Shrewsbury and Atcham.

Health and Wellbeing Board
Meeting Date: 14th January 2021

Healthy Lives update

Responsible Officer: Val Cross, Health and Wellbeing Officer, Shropshire Council

Email: Val.cross@shropshire.gov.uk

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1. Summary

1.1 This short paper provides information about the 'Shaping Places for Healthier Lives' successful bid.

1.2 An Expression Of Interest (EOI) for funding was submitted to the Local Government Association (LGA) and Health Foundation in February 2020. The focus of the work being addressing food insecurity for families living in south west Shropshire.

1.3 The bid detail was well supported alongside our colleagues in the Shropshire Food Poverty Alliance, and a working group which was formed when the bid was being developed. Partners in this working group and supporting organisations included representation from; Shropshire Food Poverty Alliance, Citizens Advice, Shropshire Youth Association, Healthwatch Shropshire Council; (Early Help, Healthy Child Programme; Public Health; Early Years and Childcare; Adult Social Care; Shropshire Outdoor Partnerships); Elected Members; a local GP; Shropshire STP and Shropshire CCG.

1.4 Following the EOI submission, we learned we had been successful in getting to Stage 2 the same month. We were pleased to have been one of the 30 Councils selected from 110 applications.

1.5 The submission date for stage 2 applications was extended from April 2020 to October 2020 due to the COVID-19 pandemic. Our submission was one of the 14 successful other applications and we will receive £20,000 grant funding for what is called the 'Discovery phase'. Stage 3. The Shropshire Food Poverty Alliance were key partners in this application, and their contribution is greatly acknowledged.

1.6 Work for stage 3 will now commence. A Project group comprising of; Public Health, Shropshire Council, Shropshire Food Poverty Alliance, Healthwatch and Shropshire Citizens Advice has met to discuss and agree; the project plan, governance structures, budget breakdown submission to the LGA and arranging the first operational group meeting which will meet on the 11th January. This operational group will start to plan the engagement process.

1.7 The objectives of the programme can be seen below:

Objectives:

1. Map access to affordable healthy food for key communities within SW Shropshire
2. Identify challenges/barriers affecting either access to or consumption of healthy food
3. Identify local assets, opportunities and lever for change to improve the local food environment

These objectives are key foundations in understanding the factors that drive food insecurity within bespoke communities.

1.8 Governance for this project will come through 'Healthy Lives' and through reporting to the HWBB.

1.9 Work for stage 3 (the Discovery phase) is anticipated to take 14 weeks. Much of this involves community engagement, and we are mindful of the impact that the new lockdown will have on this. We will keep dialogue with the LGA about this.

1.10 If we are successful in the stage 3 process, grant funding of £300,000 over 3 years will be awarded. This is to put what we have found out in the 'Discovery phase,' into action. Although phase 3 is currently focussed on south west Shropshire, Stage 4 would then look at the county more widely.

1.11 Information about the LGA Shaping Places for Healthier Lives application process including aims and objectives of the programme can be found here.

2.0 Conclusions

2.1 We are delighted to be at the stage we are now, and to be in a position to start working with our community and partners to meet the objectives stated in 1.7.

2.2 Progress will be reported on to the HWBB.

3.0 Recommendations

3.1 Key to the success of this work is a Whole Systems Approach. Although the Project Group will 'do the doing' to find out how we can address food insecurity for families living in south west Shropshire, all organisations represented on the HWBB are asked to engage with this work when approached. Food insecurity has been heightened with the COVID-19 pandemic and is one of the priorities of the HWBB.

4.0 Risk Assessment and Opportunities Appraisal

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

4.1 There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates, but the Board is asked to note:

4.1 The COVID-19 pandemic and current lockdown is likely to impact on our ability to engage in the 14-week timescale. We will continue to engage with the LGA to advise of any issues and potential delay to the project.

4.2 Food insecurity is a highly sensitive area, and we have confidence in the experience and skills of our partners, The Shropshire Food Poverty Alliance and Healthwatch to do this well when engaging with the community and others.

6.0 Financial Implications

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

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) Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing
Local Member
Appendices None

Health and Wellbeing Board

Meeting Date: 14th January 2021

Shropshire Joint Strategic Needs Assessment (JSNA)

Responsible Officer: Rachel Robinson, Shropshire Director of Public Health

Email: Rachel.robinson@shropshire.gov.uk

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1. Summary

1.1 This paper presents to the Health and Wellbeing Board (HWBB), an update on Shropshire's JSNA; progress to date, future direction of the JSNA and revised timescales following a pause in progress due to COVID-19

2. Recommendations

2.1 The Health and Wellbeing Board:

- Endorse the current JSNA work programme, proposed JSNA refresh and move to a place based JSNA attached as **appendix 1**
- Note the current priorities attached as **appendix 2**
- Note the proposed work programme and resourcing

REPORT

3.0 Background

3.1 The Local Government and Public Involvement in Health Act (2007) placed a duty on local authorities and PCTs (now CCGs) to undertake a JSNA, in three-yearly cycles. Local authorities and CCGs have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies, through the Health and Wellbeing Board. In practice, in Shropshire, these duties have been passed to Public Health to deliver on behalf of the Health and Wellbeing Board, leadership for the JSNA sits with the Director of Public Health. [1]

3.2 The JSNA seeks to identify current and future health and wellbeing needs in the local population and identify strategic priorities to inform commissioning of services based on those needs. These priorities in turn inform the Health and Wellbeing Strategy, a key document as a basis for commissioning health and social care services in the local area. The JSNA aims to:

- Define achievable improvements in health and wellbeing outcomes for the local community;
- Target services and resources where there is most need;
- Support health and local authority commissioners;

[1] **Further guidance:** JSNA Toolkit: a springboard for action and Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

- Deliver better health and wellbeing outcomes for the local community;
- Underpin the choice of local outcomes and targets.
- Importantly, the JSNA is not an end in it itself, rather a framework of tools that are produced to inform commissioning.

3.3 Shropshire's original JSNA was completed in 2008/09, a further review was published in 2009/10 and the most recent report was published in July 2012. These JSNA reports were structured in four key areas following a Marmot approach: Starting Well, Living Well, Aging Well and Vulnerable groups. Within those groups several priorities were identified and described following a review of local intelligence and stakeholder engagement. Subsequently, updates have been published on the Shropshire Together webpages, giving updated profiles and needs assessments for key themes http://www.shropshiretogether.org.uk/jsna/.

3.4 Changes to the health and social care landscape, the requirement to produce an updated Health and Wellbeing Strategy and emerging priorities meant in 2019 there was an urgent need to update the JSNA, deliver several theme-based needs assessments and consider a new approach to the JSNA moving forward.

4.0 Phases for refreshing the JSNA

4.1 Proposals for a refreshed JSNA were taken to Shropshire Council Directors and the Health and Wellbeing Board during July and September 2019 to move the JSNA to a new approach which whilst meeting immediate needs to refresh the JSNA priorities and deliver on urgent and outstanding needs assessments. An underpinning principle of any new model upon which the emerging Sustainability and Transformation Partnership (STP), Councils approach to place-based working, social care, children's, public health and community services transformational models within Shropshire is based is the differentiation made between service delivery at four spatial levels, namely STP, Local Authority, Primary Care Network and Neighbourhood/Place Plans.

- Phase 1: Between July and December 2019, to complete three specific outstanding needs assessment to meet priorities identified by the Health and Social Care system and Shropshire Council; Ageing Well; Older Peoples Needs Assessment (Care Closer to Home), Musculoskeletal (MSK) and Special Educational Needs and Disability (SEND).

- Phase 2: Running parallel to phase 1, through the Autumn, Public Health to lead a piece of work with the Health and Wellbeing Board to identify health and wellbeing priorities for Shropshire moving forward. This would have strong synergies with the priorities already identified within the Corporate Plan, the STP, CCG priorities and the Director of Public Health (DPH) annual reports, providing an interim position statement for the local system.

- Phase 3: To move towards a JSNA place based JSNA approach. This would be a tiered approach, depending on resources. Step 1 would be to agree geographies. The proposal is that these would be aligned to the Place Plan Areas building on Shropshire Councils Place Plans and Community and Rural Strategy. Step 2 would be to pull together data sources into one place, using the work already existing through the IT transformation and the STP Population Health Management programme. This could include an online profiling tool. The tool would have a variety of features including the ability to view data in mapped form. The web-based tool should provide a useful addition to the evidence base for the commissioning of place-based services. The final step would be to produce detailed needs assessments for each locality, engaging

with stakeholders and communities in each area to understand local needs and develop recommendations to address those needs moving forward.

4.2 To support the delivery of the JSNA and ensure correct governance and oversight. The proposal is to develop a simple governance structure for the JSNA process, responsible for putting together proposals for the JSNA, delivery of the JSNA and reporting to the Health and Wellbeing Board. This would include a virtual strategic group to develop the direction of travel, agree priority areas and sign off the work programmes and a working group to practically support and write elements of the JSNA. This would require the pooling of analysts to create the geographies, profiles and needs assessments aligned to the population health agenda.

4.3 Information would be shared via the HWBB page on the Council website. Shropshire Council would maintain the site, but partners have a collective responsibility to input and keep the information up to date.

4.4 The benefits of a place-based approach to the JSNA moving forward were approved by the HWBB and directors.

5.0 Pre COVID-19 Timeline and Resources 2019/2020

5.1 This section describes the approach agreed and timescales prior to the COVID-19 pandemic.

5.2 Take a phased approach - Respond to the existing requests for themed needs assessment, a strategic overview and profiling data, but contextualise this as part of an evolving offer that will extend beyond basic health profiles and specific localities. Positioning this as the first of a number of iterations and phases which build over time is critical. Therefore, any material produced now needs to be able to contribute to future needs. By responding reactively, we risk having to work with what we have, which will perhaps tilt any outputs to be more health based and towards certain geographies, rather than truly joint.

1. Initially the focus will be dealing with several urgent outstanding Health Needs Assessments. These will be a light touch, pragmatic approach within current limited resources. The aim was to complete these by December 2019.
2. At the same time a piece of work will be considered with Health and Wellbeing Board partners to consider strategic priorities based on the information available from DPH annual reports, STP, Public Health Profiles (Fingertips) and profiling data through a local workshop. It was anticipated this would be undertaken and completed during Autumn 2019.
3. March 2019 onward –The ambition initially, was in 2019 was to have in place the new place-based approach, ready to launch by March 2020 with full delivery within 18 months to two years depending on resource capacity.

5.2 Put the JSNA front and centre - Within Shropshire the JSNA should be established as the single and accountable reference point for this work, linking directly to the population health management work as the local source of evidence. This strengthens the role of the JSNA and HWB Strategy.

5.3 Agree a coherent set of geographies - These geographies would form the basis of the JSNA and STP evidence base to 2020/21. The proposal is that these are based on Council Place Plan Areas to align to other strategies and data collection. This will be agreed by partners.

5.4 Pool analytical resource - The most effective way to deliver intelligence which is useful for health, wellbeing and social care, indeed all stakeholders who would draw from a shared intelligence base, is to commit analytical resource from individual partners to a collaborative

exercise and create a truly joint approach to working towards joint outcomes. This will involve conversations with partners and internally.

1. Invest in Modelling expertise - To understand future needs, demands and potential savings areas through scenario modelling. This would include modelling for future demographic, planning and economic changes and their impact on workforce planning and service provision. The minimum could be a desktop exercise using readily available data, with limited engagement and basic interactive modelling tools. The more complex models could involve significant engagement and development of bespoke locally adaptive model tool for the stakeholders. This might be an area of work that would require additional support externally and links to conversations already taking place in Shropshire, utilising external expertise and methodologies.

2. JSNA work programme - Develop an annual work programme driven by place-based need, which has the ability to scale up and show community, PCN, locality county wide need. Profiles are then developed over the next 1-2 years, building up detail and content over time.

6.0 Progress Update and Revised Timescale 2021/22

6.1 Due to the COVID-19 pandemic, resources were diverted to deal with the emerging issues and capacity pressures from February 2020. By March 2020 Public Health was operating in full business continuity mode with other service areas following in April 2020 resulting in the pausing of the JSNA place based work programme, however, mapping and monitoring of vulnerable communities and services has taken place to support the COVID-19 response.

6.2 An update on progress prior to COVID and the next steps is described below:

- The Initial focus of addressing the resetting strategic priorities was complete in November 2019 to January 2020 and presented back to the HWBB.

- The urgent MSK, Older People and SEND Health Needs Assessments were partially complete. The first two reports were finalised, and a structure agreed for the SEND report, however due to the pandemic further work was paused. As at December 2020, it has been agreed to restart the SEND JSNA bringing in resources from business intelligence and commissioning an external provider to complete the needs assessment report and engagement. The aim is to complete this now in the Spring 2020.

- April 2021 onward – The ambition is to restart the JSNA place based programme to have in place the new place-based approach, ready to launch by September 2021 with full delivery within 18 months to two years. The pace of the place JSNAs will depend on resource capacity; delivery of each need's assessment requires a small team. The ambition will be to prioritise the County's 18 Place Plan areas and divide the County into 3 waves of JSNAs. In parallel developing a new online profiling tool led by the Business Intelligence team to enables users to profile a variety of different geographical areas but was developed particularly with the JSNA in mind.

- Leadership will remain with the Director of Public Health while working closely with system partners in the CCG to align the Population Health Management Needs and the Associate Directors for Business Intelligence, Communities and Head of Partnerships to align to the data infrastructure and community engagement elements. Engagement and leadership from local members, the community and voluntary sector and key stakeholders are critical to the process and will be a key element of Governance Structures.

- This is a shared responsibility and joint programme of work and as such resources and support from across the system will be required to deliver the programme.

- Additional resources to support the role out of the programme will be brought in, this includes through the new Head of Information and Insight and his Team within Shropshire Council and a new Joint Population Health Post sitting within Public Health and the CCG.

- The Covid-19 pandemic and response to prevent and mitigate the harm that it can cause radically changed how society functions. Whilst much harm from Covid-19 has been prevented, it is important to develop a shared understanding of the impact of the events associated with the pandemic on inequalities, to support and sustain a recovery. Therefore, as part of the JSNA moving we will seek to incorporate the health and wellbeing impacts of COVID-19 adding to the work already undertaken to consider those vulnerable and the social and economic impacts of COVID-19.

6.3 Key timescales*

- January 2021 - Restart the SEND JSNA
- January 2021 - March 2021 – Planning and detailed resource mapping. Update of Prioritisation matrix (appendix 2). Development of profiling tool.
- March 2021 - Update and prioritisation matrix to the HWB Board
- April 2021 - Formal restart of the JSNA Place Based Programme

*subject to change in agreement with HWB

7.0 Interlinkages to other programmes of work

1. Population Health Management
2. Transforming Insight Function
3. Health and Wellbeing Board
4. Business Intelligence Function Shropshire Council
5. Community and Rural Strategy

8.0 Risk Assessment and Opportunities Appraisal

8.1 It is proposed that a single, coordinated approach is taken to 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.

8.2 Therefore, this paper seeks agreement to the approach and the sets out the anticipated direction of travel for the development of a coordinated evidence base for the whole system, delivered under the JSNA umbrella.

9.0 Financial Implications

To deliver needs assessments at scale across the place plan areas, additional project support would be required, upskilling of analysts across the system (currently being rolled out through the CSU academy and analyst network) and the support of colleagues in planning and partners in local communities. The support of these will impact the scale and pace of delivery.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) Appendix 1: HWB Workshop report January 2020 Appendix 2: JSNA Draft prioritisation framework March 2020
Cabinet Member (Portfolio Holder) Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing Cllr. Ed Potter, Portfolio Holder for Children's Services

Health and Wellbeing Board
Meeting Date: 16th January 2020

HWBB Joint Commissioning Report – Health & Wellbeing Board 'Place Based Working and Priority Setting.' Second Workshop report

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

Email: val.cross@shropshire.gov.uk

1.0 Summary

1.1 Following a half-day Health & Wellbeing Board (HWBB) workshop held on the 22nd October 2019, for which the focus was 'Place Based Working and Priority Setting', a further workshop to discuss, agree and conclude the interventions and outcomes was held on the 5th December 2019.

1.2 The workshop was well attended with 20 people represented from; the Voluntary and Community Sector, Adult and Childrens' Services, Shropshire CCG, Shropshire Community Health Trust, Shropshire STP, Education, Elected Members and Public Health.

1.3 Participants were mixed across three tables, to enable a good cross section of discussion and balance of views.

1.4 This report provides the findings from that workshop.

2.0 Recommendations

Based on the evidence and workshop outcomes, the Health and Wellbeing Board is asked to endorse the key identified key priorities of;

- Adverse Childhood Experiences
- Workforce
- Healthy Weight and Physical Activity

The board is also asked to recognise the ongoing prioritisation and work happening which includes; Smoking in Pregnancy, Social Prescribing, Domestic Abuse, Dementia, Alcohol, Mental Health - wellbeing support, suicide prevention, County Lines and Air Quality.

REPORT

3.0

3.1 The aims of the workshop remained the same as the October workshop:

- To discuss and agree the role of the Health & Wellbeing Board in place based care/working, drawing in the 10 areas of the STP, Long Term Plan and cross-pollinating good practice happening across both
- Use intelligence from the JSNA to agree ongoing priorities

- Embed agreed priorities from the workshop in the refreshed Health & Wellbeing Strategy

3.2 The outcome of the workshop was that the role of the Board in place based care/working and priorities would be agreed, and embedded in the refreshed Health & Wellbeing Strategy

3.2.1 A recap of the previous session was provided including key themes which had emerged;

- *Workforce:* including elements such as: a healthy informed workforce, who have an awareness of prevention and looking at embedding behaviour change (a technique which help to put people back in control of their own lives, through making positive choices around their own health and wellbeing).
- *Children and young people:* Adverse Childhood Experiences (ACE); starting early and building ambition.
- *Weight Management/Diabetes*

also

- *Wider determinants of health* - use of green spaces, planning policy and housing etc.
- *Role of the VCSE* as a core element of our system
- *meeting the needs of seldom heard groups* and those of the nine protected characteristics
- *How Place Based Working and Priority Setting* is part of developing our integrated working, trusting, developing and designing collectively.

3.2.2 As requested at the October workshop, more data and detail from sources was provided which included;

- Public Health England (PHE) Fingertips data
- Draft JSNA prioritisation matrix (see appendix 1) which: evaluates level of need and strength of evidence; attempts to be more transparent, robust and objective on a subjective issue; has criteria outlined based on information available and has weighting for level of need and economic cost. This had started to be populated with the different priorities including; weight management, smoking in pregnancy, ACE, school readiness and alcohol. The draft, which will need to be discussed and ratified by the Joint Commissioning Group (JCG) can be seen in appendix 2.
- The PHE 2019 Prioritisation Framework process for health and wellbeing "interventions" (see appendix 3) which supports making the most of budgets and reviews programmes that could offer the greatest value. Use of this framework links to work with the Commissioning Support Unit (CSU) and to the STP System Design and Prioritisation and Quality Assurance Groups.
- Shropshire Council data, Place based data, Office of National Statistics (ONS), and specific sources such as www.adversechildhoodexperiences.co.uk.

3.2.3 Following the presentation of data, workshop participants were asked to work in smaller groups to answer the following;
'Based on the evidence and our organisational/own knowledge, do we agree these are our priorities'? Information which included; HWBB strategy and priorities, ACORN and place based data was placed on the tables to aid discussion.
Participants were also asked to consider:

- A life course approach - Starting Well, Living Well, Ageing Well
- The needs of our vulnerable communities
- Using a Place Based approach
- The Wider determinants of health

3.2.4 The PHE 2019 Prioritisation Framework (appendix 3) was provided, and participants were invited to score the priorities against this, and discuss potential enablers for change.

3.3 The table below provides a summary of the table discussions:

Scoring for key priorities **N.B. two of the three groups specifically scored the criteria as below. The third group did not. The discussion captured however, demonstrates a similar scoring to the other groups and can be considered as valid.**				
Adverse Childhood Experiences (ACE)				
Criteria	**High score – 10**	**Medium Score 6**	**Low Score 3**	**Weighting**
Strength and quality of evidence	(Score from 2 groups) - good evidence of importance of work - good evidence that supports need for trauma informed workforce			
The size of the health benefit	(Score from 2 groups) - Potential to address 50% of the population -Opportunity to support specific families			
The prevention of future illness	(Score from 2 groups) - Good evidence to support prevention -Intervening early can break the cycle - Life course approach			
Addresses health inequality or inequity	(Score from 2 groups) Good evidence to support this			
Delivers national or local priorities or targets	(Score from 1 group) STP Mental Health, Early Help, HWBB	(Score from one group)		
The financial costs and benefits	(Score from 2 groups) Significant return on investment			
Potential enablers for change				
<u>System wide approach</u>	Champions, informed about trauma, holistic approach			
<u>Prevention</u>	• Using opportunities throughout a person's life journey, and intervening earlier to break the cycle. • Pilot interventions to enable measurement • Understand why children are behaving as they are and put in place appropriate support			
<u>Targeting</u>	Consider if prioritisation should be on poor outcome areas, or on impacts/actions that could improve outcomes across multiple areas.			
<u>Training</u>	Develop trauma informed workforce			
<u>Data</u>	• Understand the data – risk stratify • Identify parents – work with troubled families and all services			

Policy development	• Should be firmly in the HWBB strategy
Involving everyone	• Create peer support (like compassionate communities but for younger people) • Consider role of grandparents and friends • Understand what is needed in communities that will help • Connect schools (including nursing service), voluntary and community sector and families together

Workforce

Criteria	High score – 10	Medium Score 6	Low Score 3	Weighting
Strength and quality of evidence	(Score from 2 groups) - Good evidence. Skills, lower employment, sufficient workforce			
The size of the health benefit	(Score from 2 groups)			
The prevention of future illness	(Score from 2 groups) Healthy workforce. THRIVE model.			
Addresses health inequality or inequity	(Score from 2 groups)			
Delivers national or local priorities or targets	(Score from 1 group)	(Score from 1 group)		
The financial costs and benefits	(Score from 2 groups) Immediate; wellbeing day, Couch25K, digital			

Potential enablers for change

Healthy workforce	• Leading by example in our organisations • Targeting our workforces • Adopting the THRIVE model across sectors. https://www.wmca.org.uk/what-we-do/thrive/thrive-at-work/ • Wellbeing Days, Couch25K, use of digital • Evaluating impact of interventions
Workforce improvement – influencing factors	• skills • lower unemployment • income and better wages • career progression • Terms and Conditions of employment
Using workforce as an influence on others	• Voluntary and Community Sector • Nudges/opportunity for stimulating change

Weight and Physical Activity

Criteria	High score – 10	Medium Score 6	Low Score 3	Weighting
Strength and quality of evidence	(Score from 2 groups) - More work to do around this. Varies by age, GP locality - good evidence of importance of work			
The size of the health	(Score from 2 groups)			

benefit	- Estimated over 73% of Shropshire adults are overweight or obese Type 2 diabetes increasing – estimated prevalence 9.4 % of the population			
The prevention of future illness	(Score from 2 groups) - Obesity linked to diabetes, cancer, heart disease			
Addresses health inequality or inequity		(Score from 2 groups) - Tends to cross the all sectors of society, but prevalence higher in deprived wards		
Delivers national or local priorities or targets	(Score from 1 group) LTP priority (national and local), HWBB	(Score from 1 group)		
The financial costs and benefits	(Score from 2 groups) - Significant return on investment attributable across future illness			

Potential enablers for change	
Communication	• Consistent health messages for the public, shared by organisations to avoid confusion and misinterpretation • Different evidenced messages for different audiences
Education	• Level of importance given to Physical Activity and Home Economics in the curriculum – national issue. Support schools to help staff, pupils, and parents with e.g. roll out the Daily Mile, support schools to teach nutrition.
Increasing knowledge of nutrition and cooking skills	For everyone, particularly young people and families. • Connect with private, VCS or not for profit organisations such as the National Trust or Acton Scott Farm – for healthier eating • Support parents to understand nutrition and food prep
Behaviour change	Nudges/reminders/rewards to support behaviour change for a healthier lifestyle
Regulation	Fast food outlets – managing the environment proactively
Increasing access to green spaces for all	• Encourage physical activity and love of the outdoors • Look at barriers to access, through cost.
Food poverty	• Continue to work in partnership to tackle food poverty in Shropshire • Connect to Food Poverty Action Plan
Workforce (links to the 'Workforce' priority)	• Workforce a key ally and group to support • Support the workforce to have a healthy lifestyle • Offer behaviour change and motivational interviewing training opportunities for more staff across the system • Gather more evidence about what works, including what works for workforce health (does mobile/ agile work help? how can physical health support mental health, what can employers do to best support their staff?) • Connect with the right influencers – connect with employers,

		create examples of good practice and support for people through their working lives • Ensuring a good work/ life balance, peripatetic or agile working doesn't necessarily help on its own, more information needed
Data	3.0 4.0	Understand the data and insight to know the causes (e.g. Mental Health and Poverty) Access people / risk stratify using data and information
Research	5.0	What's not working for adults – why is the over-weight and obese population growing? Conduct some ethnographic research to understand attitudes, beliefs and knowledge about weight
Other priorities needing consideration based on the evidence (not scored)		
		• Domestic Abuse • Smoking in Pregnancy • Social Prescribing • Dementia • Alcohol • Mental health - wellbeing support, suicide prevention • County Lines • Air quality

4.0 Conclusions

4.1 The two workshops have enabled a sound decision making process based on evidence and consensus, to recommend the Health and Wellbeing Board priorities. Provision of data has provided the evidence and prioritisation tools have been used to rank the priorities and to start to consider the potential enablers for change.

4.2 These workshops have now facilitated a prime opportunity to; refresh the Health and Wellbeing Strategy and Action Plan, formalise the Joint Strategic Needs Assessment – including governance of this and revisit and formalise the Health and Wellbeing Board Terms of Reference (TOR). All will be carried out with appropriate ratification.

4.3 Working groups formed from Board members and/or their representatives, will be arranged to carry out this work, and progress will be reported at the next HWBB meeting.

5.0 Risk Assessment and Opportunities Appraisal

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

Equality and equity elements were included in the prioritisation process and the development of the HWBB strategy will include an opportunity for broader stakeholder engagement to build on the ideas generated through the HWBB workshops

6.0 Financial Implications

There are no direct financial implications that need to be considered with this update, however the development of a new HWBB strategy will aim to support strategic planning and commissioning for the system.

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) Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing
Appendices **Appendix 1 – JSNA Prioritisation Matrix** **Appendix 2 - Draft Prioritisation Matrix** **Appendix 3 – What to consider when prioritising the provision of health improvement programmes**

Appendix 1

Figure 3: JSNA Prioritisation Matrix

	Criteria	High 10 points	Medium 6 points	Low 4 points	Zero 0 points	Weight-ing
Estimated Level of Need	**Level of need – Volume**	Topic covers an estimated large 'in need' population (>25,000 people).	Topic covers an estimated medium sized 'in need' population (10,000 – 24,999).	Topic covers an estimated small 'in need' population (<10,000).	-	1.5
	Level of need – Severity	The population concerned have 'severe' needs.	The population concerned have 'considerable' needs.	The population concerned have 'moderate' needs.	-	1.5
	Level of need – Trend	Available evidence suggests rapidly worsening situation over time.	Available evidence suggests worsening situation over time.	Available evidence suggests situation has remained stable over time.	Available evidence suggests improving situation over time.	1
	Level of need – Benchmarks	Available evidence suggests very high prevalence relative to comparator areas (the County is a clear statistical outlier).	Available evidence suggests above average prevalence relative to comparator areas.	Available evidence suggests prevalence in-line with comparator areas.	Available evidence suggests relatively low prevalence relative to comparator areas.	1
Early Intervention	**Does the topic have early intervention implications? Is it an emerging issue which is likely to cause further problems in the future?**	Clear, demonstrable evidence that there is a strong case for early intervention.	Some evidence which highlights areas suitable early intervention.	Weak evidence that the topic has areas suitable early intervention.	No evidence to suggest that the topic contains areas suitable early intervention.	1
Inequalities	**What is the scale of inequality?**	Persistent, wide scale geographic and population-based inequalities are clearly apparent.	Some notable geographic or population-based inequalities are apparent.	Some minor inequalities exist.	Little or no evidence of inequalities.	1
Cost Implications	**Estimated economic cost associated with tackling the topic in Warwickshire**	High levels (multi-millions of £s) of both direct and indirect estimated economic costs both now and in the future.	Medium levels (c. £5 million) of direct and/or indirect estimated economic costs both now and in the future.	Low levels (<£1 million) of estimated economic costs either now/and or in the future.	-	1.5

Appendix 2 – Draft Prioritisation Matrix

Priority / Criteria	Level of Need Volume 1.5	Level of Need Severity 1.5	Level of Need Trend	Level of Need Comparison	Need responsive to intervention	Inequalities	Cost/Economic 1.5	Local or national priority	Total
Education outcomes for vulnerable young people	NEET 488 LAC SEN Priority familes CPP	considerable			Not achieving Level 4+ at KS4 means considerable amount of ground, NEET	Gap in disadvantaged communities	Investing in Ed will save millions to economy		
School readiness	2,884	moderate	Improving but level off most recent	Mid West Midlands table, 69.9 same as WM, Eng 71.5	Curiosity corner, FNF, Early Education, Perry Preschool Programme	SEN, gender, FSM	RoI K1 = K13	Local CYP	
LD and Autism		considerable							
Oral Health		moderate							
Alcohol	Low absence rates, harmful levels	severe to moderate	Increasing hospital adm	Middle of DPFA	Risks early identifiable, links to stroke, cancer, RTAs etc	Homelessness links, MH, all groups	Links to	National and Local	80
Diabetes	Low diagnosis rates, 7% of the population	considerable	Significantly High	Outlier treatment					
Smoking Cessation	55,000 estimate	considerable	Leveling	Middle of DPFA	Quitting has impact on health,	Biggest preventative case of health inequalities and case CVD, Cancer respiratory	188 million	National	69
Weight Management	73.2 %	considerable	Inc in Adults and Reception	Highest of stat neighbours	School based interventions, national policies, PA	Strong link with obesity and deprivation but all, place plan	In direct costs 27 billion, direct 84 million	National and Local	88
Smoking in Pregnancy	247 per year	considerable mother & baby	Increasing	Remain high	Stop smoking services, in hospital, leadership, community support	MD, younger mothers	Impact on NHS and Social Care	Local and LTP	79
Cancer	1 in 3 1,200 under 75 mort	considerable	Falling	Comparison to DPFA	% thought to be preventable	Age, men generally greater risk, place plan	5% of NHS budgets, could increase by 1/3	National, LTP, Targets	69
CVD		considerable	Falling	Comparison to DPFA	NHS health check, smoking, weight	Place plan,	14 billion costs nationally	National, LTP, Stroke	69
Road Traffic Collisions	600	severe	Remains High	higher	20 is plenty, speed watch, alcohol			Local	64
Mental Health and Suicde	Adults mental health 11,858 1 in 4 pop	severe to moderate	Increasing	Life Expectancy Outcomes Poorest qtile	Symptoms identified possible to reduce severity	Life Expectancy 20 years less	21 billion costs to NHS and Social Care	Both	
Dementia	Diagnosis 3,616 diagnosed (71%)	Severe to moderate	Growing with aging pop	Good diagnosis rates	Undiagnosed, early diagnosis impact on quality of life	Prevalence among women	Cost pp: Mild £14,568, mod £28K, Severe 28,500 care home 31K	National input, local?	
Falls and MSK		severe to moderate						Local	
End of Life		severe							
Loneliness and Isolation	54% of carers and ASC less contact	moderate							
Carers	11% of people are carers	moderate				Varies across the County but all areas	Largest cost if unpaid carers need support	Local Strategy	
Frailty		considerable							
Youth Unemployment		considerable							
Low Workplace Earnings									
Food Poverty									
County Lines		severe						National, Local	
Domestic Violence		considerable							
ACES		severe							

Appendix 3 – What to consider when prioritising the provision of health improvement programmes

Factors to consider	Scale of the factor			Weighting
	High Score 10	Medium Score 6	Low Score 3	
Strength and quality of evidence. Is the evidence base robust and is it appropriate to the topic in question?	There is peer reviewed evidence available. For example, a meta-analysis of multiple well-designed trials. There is high confidence that the proposed programme will have the expected and measurable effect.	There is some evidence and there is a moderate level of confidence that the evidence reflects the true effect.	Evidence is either unavailable or does not permit a conclusion. There is only low confidence that the proposed programme will have any measurable effect.	1
The size of the health improvement benefit. To what extent does the programme improve the health status for the population over a suitable comparator?	We can expect measurable improvements in health status from the proposed programme, affecting 1,000s of people.	There is a moderate benefit expected from the proposed programme. The proposal may lead to a measurable effect for 100s of people	The benefit from the proposed programme is negligible or there is no discernible improvement in health status.	1
The prevention of future illness Does this intervention support 1º or 2º prevention of future health conditions	There is a high level of measurable prevention benefit expected from the programme.	There is a moderate degree of measurable prevention benefit	The prevention benefit is nil or negligible	1.5
Addresses health inequality or health inequity Does this service reduce or narrow identified inequalities or inequities in the local population	There are multiple direct associations between the health state in question and a specific demographic / socioeconomic group. The proposal deliberately and specifically addresses the identified inequality or inequity	There is a direct association between the health state in question and a specific demographic / socioeconomic group and evidence that the proposal can tackle this issue	The proposed programme does not address any inequality or inequity issues.	1
Delivers national and/or local priorities and targets Does this intervention support deliver identified national or local requirements or targets	The proposal addresses the target and/or requirements directly and the evidence suggests the impact will be clearly measurable.	The evidence suggests that the proposal can address certain key elements of a targets or requirement.	The proposal does not clearly address one target or requirement	1
The financial costs and benefits. To include the costs of preparedness and delivery, along with a suitable measure to describe current and future benefits and discounting	The proposal requires new delivery infrastructure; health gain is inconclusive, according to the evidence	Some infrastructure is available; health gain is moderate; impact on population health status is sizeable with economies of scale	The infrastructure for delivery is already available; the unit cost is low; health gain measure is high	1.5

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Key

High	Medium	Low
8-10 points	5-7 points	1-4 points

Priority	Criteria	Level of Need: Volume (weighting 1.5)	Level of Need: Severity (weighting 1.5)	Level of Need: Trend	Level of Need: Comparison	Need responsive to intervention	Inequalities are evident	Cost and return (weighting 1.5)	Local or national priority	Total
Education outcomes for vulnerable young people and School Readiness		10	10	6	6	8	8	12	8	68
LD and Autism		Being completed								
Oral Health		Being completed								
Alcohol dependency		13	13	9	9	8	8	12	9	81
Diabetes		12	12	7	7	9	8	12	8	75
Smoking Cessation		13	13	8	8	8	9	13	9	81
Obesity and Weight Management		13	13	9	8	7	8	12	9	79
Smoking and smoking in Pregnancy		13	13	8	7	8	9	13	9	80
Cancer		Being completed								
CVD		14	13	9	8	9	8	13	10	84
Road Traffic Collisions		9	12	5	6	6	6	12	6	62

Priority	Criteria	Level of Need: Volume (weighting 1.5)	Level of Need: Severity (weighting 1.5)	Level of Need: Trend	Level of Need: Comparison	Need responsive to intervention	Inequalities are evident	Cost and return (weighting 1.5)	Local or national priority	Total
Vaccination and immunisation.		12	12	7	7	11	8	14	8	**79**
Domestic Violence		13	13	9	7	8	9	13	9	**81**
Mental Health		13	12	6	6	8	8	12	13	**78**
Suicide prevention		13	12	8	7	8	10	11	10	**79**
Dementia		12	12	8	7	8	5	12	8	**71**
Falls and MSK		12	11	7	8	7	10.	12	12	**79**
Adverse Childhood Experience		12	12	8	8	8	8	12	8	**76**
Carer support		12	7	8	6	8	7	10	7	**65**
Food Poverty		10	13	10	3	10	10	13	6	**75**
'County Lines'		To be completed								
End of Life		To be completed								
Loneliness and Isolation		To be completed								
Frailty		To be completed								
Youth Unemployment		To be completed								

Priority	Criteria	Level of Need: Volume (weighting 1.5)	Level of Need: Severity (weighting 1.5)	Level of Need: Trend	Level of Need: Comparison	Need responsive to intervention	Inequalities are evident	Cost and return (weighting 1.5)	Local or national priority	Total
Low Workplace Earnings		To be completed								
Transport		To be completed								
Air Pollution		To be completed								
Homelessness		To be completed								
NEET		To be completed								

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Committee and Date	Item
Health & Wellbeing Board 14 January 2021	Public

LOCAL AREA SEND INSPECTION – UPDATE ON WRITTEN STATEMENT OF ACTION

Responsible Officer Karen Bradshaw
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1. Summary

1.1 The Children and Families Act 2014 requires that all English local authorities and CCGs work together to identify need and deliver a coordinated offer across education, health and social care for children and young people (aged 0 – 25) who have a special educational need and/or disability (SEND).

1.2 Shropshire Council works in partnership with the CCG and other key stakeholders including parents and carers to develop a co-produced SEND offer meets the needs of children and young people; supporting them to achieve their full potential and prepare for life as an adult.

1.3 A joint SEND CQC and Ofsted Inspection took place in Shropshire across education, health and social care between 27 January and 31 January 2020. The final letter, published on 6 May 2020, identified many strengths but also highlighted those areas that required further development as well as some areas of significant concern.

1.4 As a result of the findings of this inspection and in accordance with the Local Area Inspection Framework the Chief Inspector determined that a Written Statement of Action (WSoA) is required because significant areas of concern were identified.

1.5 A report on the inspection was presented to the Performance Management Scrutiny Committee on 29th July 2020 when it was agreed that the People Overview Committee would monitor the implementation of SEND within Shropshire. The People Overview

Committee considered this in a closed session at their meeting on 30th September 2020.

1.6 The WSoA was agreed to be fit for purpose by Ofsted/CQC in November and is now presented to the Health & Wellbeing Board for their information and consideration.

1.7 In addition to the WSoA the SEND strategy has also been refreshed, this is attached at Appendix C. This strategy is co-produced and reflects the aspirations of the Shropshire SEND community. The strategy will support the Local Area to focus on those aspects that are important to children and young people with SEND and their families. The Strategy aspires to eradicate inequalities and support Shropshire children and young people with SEND to live the life that others have come to expect.

2. Recommendations

2.1 That Health & Wellbeing Board endorse the actions contained within the WSoA and the priorities contained within the SEND Strategy

2.3 That the Health and Wellbeing Board agree to review progress against the actions, and to receive periodic updates including holding organisations to account as necessary.

2.2. That the Health & Wellbeing Board acknowledge and endorses the priority that this work needs to be afforded across the system in order to make the necessary improvements.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

3.1 Disability is one of recognised characteristics of the Equality Act 2010.

3.2 Children and young people with special educational needs and disabilities (SEND) experience a range of health and social care

inequalities. A robust EHC process should assist with improving the co-ordination of services and enhancing their life chances

4. Financial Implications

4.1 Whilst there are no direct financial implications arising from this inspection, in order to address the issues identified it is likely that investment will be required. This has not been quantified at this point in time and will be developed as the -WSoA is further developed.

4.2 The high rate of school exclusions does impact significantly on the High Needs Block of the Dedicated Schools grant, and reductions in the rate of exclusions will reduce the high costs placed on this budget.

4.3 In order to realise long term savings in the high needs block it is likely that short term investment will be required in order to provide effective support services to schools as part of a multi-agency response to early identification and meeting need. This will be further developed within the WSoA.

5. Background

5.1 The Children and Families Act 2014 required local areas to introduce significant reforms with regard to Special Educational Needs and Disability (SEND) and placed requirements on local authorities and CCG's to work together to implement Education, Health and Care Plans (EHCP) for children and young people with special educational needs and/or disabilities up to the age of 25.

5.2 Currently within Shropshire the implementation is overseen by the SEND Strategic Board, which feeds into the Health and Wellbeing Board.

5.3 A joint SEND CQC and Ofsted Inspection took place in Shropshire across health, social care and education between 27 January and 31 January 2020. The inspection is therefore not just of the work of Shropshire Council, but also of the CCG and its commissioned health providers and other key stakeholders. The final letter was published on 6 May 2020 (attached Appendix A).

5.4 As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, the Chief Inspector determined that a Written Statement of Action is required because of the areas for improvement identified. Ofsted have agreed

via a joint meeting with LA and CCG meeting that the date of publication of the Written Statement of Action is September 25th 2020.

5.5 The findings of the inspection were discussed in detail at the meeting of the Performance Management Scrutiny Committee held on 29th July 2020, which was attended by the Health lead.

5.6 The Performance Management Scrutiny Committee agreed at their meeting on 29th July 2020 that the People Overview Committee should oversee the implementation of SEND in Shropshire. The People Overview Committee considered the WSoA (attached at Appendix B) at a closed session at their meeting on 30th September 2020.

5.7 A strategic board has been established of key partners, who will meet at regular intervals to monitor and implement the WSoA.

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

Report to Performance Management Scrutiny Committee 29th July 2020 ("Update on the Special Educational Needs and Disability (SEND) Local Area Inspection") and minutes of that meeting.

Cabinet Member (Portfolio Holder)

Councillor Ed Potter

Local Member

All Members

Appendices

Appendix A – Ofsted inspection report

Appendix B – Written Statement of Action (WSoA)

Appendix C – Draft Shropshire Local Area SEND Strategy

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25 March 2020

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

Dear Mrs Bradshaw and Mr Evans

Joint area SEND inspection in Shropshire

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

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

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

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

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

Main findings

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

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

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

Strengths

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

Areas for development

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

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

Strengths

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

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

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

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

Areas for development

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

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

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

Strengths

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

Areas for improvement

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

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

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

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

Yours sincerely

Lesley Yates
Her Majesty's Inspector

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

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

Shropshire Local Area
Written Statement of Action

Contents:

Introduction:

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

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

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

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

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

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

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

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

Karen Bradshaw DCS (Shropshire Council)

David Evans (CEO Shropshire Telford and Wrekin CCG)

Claire Parker DoP (CCG)

Zara Bowden (PACC)

Councillor Ed Potter

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

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

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

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

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

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

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

Our progress:

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

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

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

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

Parent Carer Engagement and Co-production

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

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

Progress against our priorities:

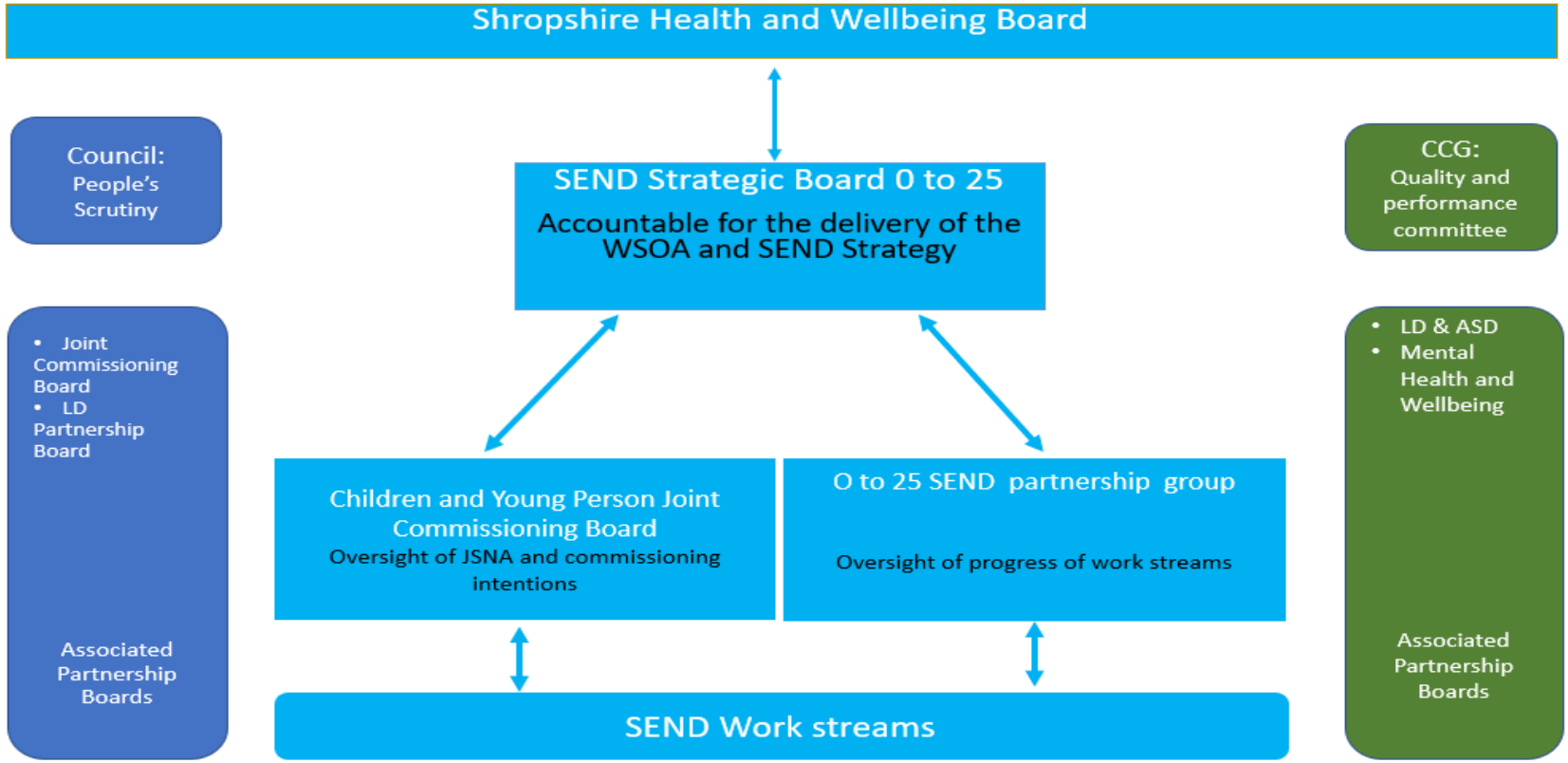
Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
Reviewed and revised the governance of SEND to provide increased scrutiny, challenge and accountability. Director of Partnership role created within the CCG to deliver the WSoA and the SEND Strategy. Joint oversight is more robust with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

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

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

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

Shropshire Local Area SEND Governance



Our priorities:

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

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

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

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

Priority 1
Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services

Outcomes:
1.1 The local area SEND governance structure secures equal partnerships across the LA, CCG and PACC that embrace change; support innovative practice and drive improvement through appropriate and effective challenge based on a thorough understanding of the needs of the SEND community (0 to 25). **1.2 Co-production is embedded within the SEND governance structure** **1.3 The local area SEND specific JSNA provides accurate data to enable leaders to understand the needs and resources of the SEND community and informs effective commissioning for SEND across all agencies.**
Impact measures:
• *Feedback from annual survey will demonstrate an average of 15% year on year increase in the proportion of the SEND community that agree that they are included in decisions regarding the provision that is available across the local area, this will include provision to meet their specific needs as well as those decisions that influence the strategic direction of SEND across the CCG and LA.* • *The SEND community representatives will report that they have been fully involved in the co-production of their local area priorities.* • *Targeted feedback will demonstrate that the JSNA provides an accurate understanding of the needs of the SEND population, 0 to 25, across the local area; this will enable the local area to use data effectively to accurately plan and commission services and therefore achieve the local area strategic vision identified within the SEND Strategy. This will be evidenced through:* ✓ *at least 70% of children and young people with SEND will report that they are able to access the services and support that they need in a timely and joined up way.* ✓ *70% of young people agree, that housing, employment and leisure opportunities to support the preparation for adulthood (PFA) outcomes, are accessible across the local area.*

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

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

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

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

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

Priority 2

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

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

1.3 All action plans and impact measures across health relating to SEND are referenced within the local area SEND Self Evaluation.
1.4 There are clear CCG strategic priorities to reduce health inequalities for C/YP with SEND

Impact measures:

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

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

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

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

Priority 3
Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways

Outcomes:
3.1 Efficient neurodevelopmental pathways are coproduced supporting early and effective assessment and support. **3.2 There will be an effective, transparent and accessible system wide support offer in place for C/YP with neuro developmental conditions and their families** ***3.3* There will be robust system wide performance management systems in place**
Impact measures:
• All children and young people (CYP) following the pathway, who are referred for a specialist neurodevelopmental assessment, will access a neurodevelopmental assessment within 12 months • Monthly increase in the % of C/TP assessed for ASD/ADHD in Shropshire is at least in line with the average for statistical neighbours by July 2021 • 100% of children referred to ND pathway are seen within 18 weeks by April 2022 • Ongoing increase (at least 15% pa) in the percentage of parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity • At least 70% of C/YP on accessing the pathway will report that they have access to effective and appropriate support both pre and post diagnosis • Over 70% of CYP and their families will report that they are satisfied with the service they receive and qualitative feedback will demonstrate that more than 50% of experiences reported are positive. • All schools will report improved access to support for pupils and improved ability to meet the needs of pupils locally. • Year on year increase of at least 15% in the number of C/YP and families reporting access to services • There will be reported improvement in mental health and wellbeing for this cohort of at least 20% from established baseline using agreed survey. • There will be a 20% reduction in the number of hospital admissions linked to poor mental health • There will be increasing variety of services commissioned to support positive mental health for this cohort that will be measured through increase in the number of personal budgets and increase in the availability of social prescribing and increase in use of therapeutic intervention and alternative strategies such as PBS. This will be measured through the development of specific data dashboards. • Feedback form SEND community reps will evidence more than 70% satisfaction with transition to adult mental health services by 2022

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

3.1.5	Create a co-produced transformational ND diagnosis pathway, delivering early identification and interventions and providing a focus on meeting the needs of c/yp, compliant with NICE guidelines.	Apr 21	CC	PACC SM MPFT NO	NHSE funding to support project management Additional resource to be identified across the area to support long term functioning of pathway with existing resources redirected where necessary	There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs Prevalence rate of ASD across Shropshire population (0 -25) will be in line with that reported nationally. Parents carers and young people and other stakeholders including schools and GPs will report that they know and understand the ND pathway and that the pathway is effective and transparent. Reduction in waiting list to be at least in line with other areas (12 months) with a longer aim for all C/YP to wait no longer than 18weeks to be achieved within 2 years. Updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway Assessment waiting times within nationally accepted timescales (3 months) C/YP and families will report that they are accessing support within 8 weeks of referral being made	Request made for support with project management through NHSE

3.2	**ND Support Offer**						
3.2.1	Review current neurodevelopmental pathways to identify pre and post diagnostic support access pathways and gaps in provision	Dec 20	CC/NO	PACC and YP Representative groups	NA	Partnership wide pre and post diagnostic support map in place and access pathways identified and published	
3.2.2	Establish and publish revised multi-agency ND pathway including pre and post diagnosis	Mar 21	CC/NO	PACC and YP Representative groups	NA	Revised pathway published and shared with all stakeholders	
3.2.3	Develop, map and share the range of pre and post diagnostic support available	Mar 21	CC	Workstream members	TBC	There will be a planned reduction in the use of medication to support C/YP with autism and ADHD in line with STAMP NHS initiative supported by greater use of alternative models of support e.g. therapies/ education	
3.3	**Performance Management Systems**						
3.3.1	Robust PM system in place	Mar 21	CC	SEND community reps	Existing resources	There is a good understanding of service needs and capacity.	
3.3.2	Establish KPis for contract monitoring Multi agency and service user approach to review	Mar 21	CC		Existing resources	Partners demonstrate a good understanding of service usage, need and activity	
3.3.3	Monitor data to understand the needs of the local population and inform commissioning of all-age SEND services across the STP	Mar 21	CC	Workstream members	Existing resources	Data will inform JSNA and commissioning of targeted services. Regular reporting to children's joint commissioning board PHB's will increase by 50%.	

Priority 4
Significant waiting times for those needing assessment and treatment from the speech and language therapy service

Outcomes:
4.1 There is a clear and accessible assessment and intervention pathway that is published on the local offer **4.2 There is an effective, transparent and accessible system wide support offer in place for C/YP and families** **4.3 There is a robust system wide performance management system in place**
Impact measures:
• *100% CYP triaged within 2 weeks or less of referral to service* • *92% CYP seen within 18weeks or less from referral to service* • *Ongoing increase of at least 10% in parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity)* • *Annual increase in the percentage (of at least 10% pa) of parent carers and C/YP reporting that they feel engaged and listened to about their priorities.* • *There will be a year on year increase in the use of personal budgets and social prescribing to support personalised approach to delivery of services* • *The majority of parent and YP feedback (above 60%) will demonstrate satisfaction of the service offer and understanding of how to access; this will increase year on year to demonstrate sustained and ongoing improvement* • *Over 70% of Shropshire families using the service will report that the assessment process is timely and results in action being taken e.g. service offered and/or advice, support and signposting.*

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

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

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

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

Priority 5
Inconsistency in the quality of input from education, health and care into EHC assessment and planning
EHC plans will be informed by high quality assessment advice across education, health and care

Outcomes:
5.1 All EHC plans are of consistently high quality informed by thorough assessment with input from relevant education, health and social care practitioners.
Impact measures:
• *Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the EHCP process. Satisfaction rates will be consistently at 90% or higher which will demonstrate an improvement on the current average of 80%.* • *Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the content within an EHCP. We will consistently see 90% or higher satisfaction rates which will be an increase on the current average of 80%* • *90% of all advice and information will be returned within timescale to inform the writing of high quality EHC plans* • *Updated advice from all relevant agencies is provided at least annually to ensure EHC plans remain relevant and up-to-date.* • *Dip sampling will demonstrate that 90% of all new plans will be graded good against agreed quality standard framework* • *EHCPs will explicitly evidence PFA outcomes for c/yp from KS4*

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

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

Priority 6

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

Outcomes:
6.1 The rate of exclusions of Shropshire children and young people with SEN will be in-line with the comparable national rate or below for their specific cohort.
Impact measures:
• There will be no permanent exclusions for children with an EHCP from Sept 2021. • There will be a reduction in the rate of fixed term exclusions for children with an EHCP so that this is in line with national rate for this cohort • There will be a reduction of at least 30% in the number of repeat fixed term exclusions for children at SEN Support by Sept 2021.

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

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

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

Key roles

SC and CCG representatives:

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

Health Provider representatives:

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

SEND Community Representatives:

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

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NHS Shropshire Clinical Commissioning Group

Shropshire Council

PACC unlocking doors together

Shropshire Local Area SEND Strategy

2020 to 2025

Forward:

Photo Karen/Claire

‘SEND, our priority and everybody’s business’.

Our refreshed 5 year strategy for children and young people with special educational needs and/or disability (SEND) aims to eradicate inequality and realise the collective aspiration of the Shropshire SEND community to live a life that others have come expect. We want…

‘’Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people.’’

To achieve this we will:

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

Our strategy has grown from the collective voices of our SEND community and sets out our priorities over the next 5 years providing direction and challenge to ensure that we collectively invest in the Shropshire SEND community to ensure positive outcomes and provide effective preparation for life as an adult.

We are proud to…..

Signatures

Context

In 2014 the Children and Families Act provided an overhaul of the system of support for children and young people with SEND nationally. These reforms required local areas across England to make significant changes to the way that children and young people with SEND are supported. These changes included:

- Giving children and young people with a special educational need and disabilities, as well as their parent carers, greater control and choice over how their needs are met.
- Ensuring that education, health and care plans (**EHCPs**) and annual reviews are used effectively to describe assessed needs and agreed support, for children and young people with complex and significant SEN.
- Providing an option for parent carers and young people to use a **personal budget** to personalise provision detailed in the EHCP.
- Producing a '**Local Offer**' website to provide information about education, health and social care services available in the area for children and young people with SEN/D.
- Requiring the local authority (LA) and clinical commissioning group (CCG) education, health and care providers and the voluntary sector to work in partnership to improve outcomes for children and young people aged 0 to 25 with SEND

Since the introduction of the reforms in 2014 much work has taken place across Shropshire to achieve change.

We have worked successfully with our parent carer representatives to replace Statements of Special Educational Needs and introduce a co-produced integrated Education Health Care needs assessment.

We have used data to better understand our SEND population so that we commission the right health and care services.

We have worked with our schools and other education providers to identify the changing needs of our SEND population and put in place the support that is required to reduce inequality and breakdown the barriers to learning. We are proud to have been successful in securing excellent outcomes for children and young people with an EHCP in comparison with their peers nationally.

We have introduced a 'Local Offer' of SEND services available across the local area which also enables us to share information and receive feedback to identify what is working and what we still need to do to secure further improvement.

We have sought to ensure that these developments have been co-produced with parent carers and young people.

Despite the good progress we have made we recognise that there is still much work to do to achieve our vision.

Our recent SEND inspection (January 2020) has highlighted some areas of weakness that we are now working to address within our **Written Statement of Action (WSoA)**. In response to this we have strengthened our partnerships in recognition that we cannot

achieve our vision in isolation and to ensure that all partners prioritise SEND so that SEND is everybody's business.

We are continuing to change the way that we work across the local area to gather and analyse robust data and to work closely with children and young people and those who support them so that **we understand where our focus and actions should be**.

We will work together so that **we commission and deliver the right services at the right time**, and to ensure that **our services support children and young people with SEND to achieve their aspiration of living a 'dream life'.**

How we have produced this new strategy

Our previous strategy, created in 2016, made a clear commitment to the person-centred principles within The Children and Families Act 2014, namely that:

- the views, wishes and feelings of children and young people must be taken into account
- their parents/carers views must be taken into account
- children, young people and their parents/carers must be supported to participate as fully as possible in decision making, and be provided with the necessary information and support to make decisions
- children and young people must be supported to effectively prepare for adulthood

However, a fundamental oversight in our previous strategy was our failure to co-produce it with children and young people, or their parents and carers. This meant that our strategic objectives did not necessarily reflect the aspirations of children and young people. Therefore, our starting point when drafting this strategy was to go to children and young people with SEND directly and ask what a 'dream life' meant to them. A 'dream life', they told us was:

- having a job or vocation
- having friends and being able to play a full part in their community
- being independent and living in their own home
- having a voice on how they live their lives
- having access to good and consistent support, especially in times of transition

We believe that these aspirations should be expected and not be something that our children and young people with SEND are limited to dreaming about achieving. Our success in delivering these outcomes for children and young people will be central to how we measure the impact of our strategy.

How we organise ourselves to achieve our vision

To achieve our vision for children and young people to be healthy, happy, safe and able to achieve their full potential, we need to ensure that:

- we identify children and young people who have special educational needs or disabilities as early as possible
- we are effective in accurately assessing and meeting the needs of children and young
- we work together to plan and coordinate our work to assess need in Shropshire and to provide necessary and effective support
- we provide a local offer of education, health and social care services to support children and young people who have special educational needs or disabilities, as well as their families
- we engage children and young people, and their parents and carers in informing decisions about the strategic commissioning of services
- we continually assess our success in delivering the key elements of a “dream life” for children and young people with SEND, and what we need to do further to improve, through continual feedback from children and young people, and their parents and carers.

Working together to achieve our vision

At the centre of our work is our refreshed SEND governance structure. Our governance is organised to ensure strong strategic leadership providing challenge and support to drive improvement and effect change where necessary. At the centre of SEND governance is the SEND Strategic Board. It works across organisations to understand, develop and coordinate services to support children and young people with special educational needs and disabilities and their families with a focus on the continuous improvement of outcomes. Parent carer representatives are integral to SEND governance and we have nominated SEND champions to ensure that SEND is a priority within all partnership boards and strategies.

We do not ask children and young people to represent their sector within the strategic boards and workstreams but instead seek input from them in developing strategy and practice in ways that are appropriate to them.

Measuring Success

We will measure our success based on what children and young people with SEND have told us are the crucial elements of a “dream life” for them. To this we have added a further crucial element of a fulfilling life: good health. We will monitor progress of the strategy by evaluating data collected from a range of sources and which will include the views and experiences of children and young people with SEND and their families.

We have the developed the following outcomes that we will use as measurements of success:

1. **More young people with SEND with an EHCP will be in paid employment and/or undertaking a voluntary role**

Our Vision:

Is to work with young people local businesses, training providers, colleges and schools to create opportunities to experience the world of work with the long-term aim of securing employment and/or meaningful work related activity

Why is this important:

Participating in a work environment can benefit individuals by providing a sense of self-esteem, opportunities for social interaction, mental health benefits and economic security and independence.

2. **Young people with SEND will report that they have access to appropriate opportunities which enable them to be active in their community and spend quality leisure time in friendship groups**

Our Vision:

Is to support young people to develop a network of friends and be part of a community that enables young people with SEND to be confident to socialise and enjoy their recreational time

Why is this important:

Being able to participate in leisure activities contributes to good quality of life, supporting both physical and mental health.

3. **YP aged 16 to 25 with an EHCP or who have previously had an EHCP are able to make a choice about where they live and with whom, ensuring it is suitable, safe and meets the young person's needs.**

Our Vision:

To support young people's choices so that they can live in sustainable, safe and appropriate accommodation throughout their life and, where possible, live independently.

Why is this important:

Being able to exercise choice about their home environment will have a positive impact on quality of life and emotional health and wellbeing of young people with SEND.

4. **Children and young people with SEND and their parent carers have the opportunity to actively participate in decision making both on an individual and strategic level.**

Our Vision:

Children and young people with SEND will have the skills needed to influence decisions on the support they receive as an individual. The SEND workforce will have the skills to co-produce with young people and their families so that they influence commissioning and support decisions.

Why is this important:

Evidence demonstrates that the involvement and engagement of the SEND community delivers better outcomes. It motivates people to achieve their goals and develop personal self confidence in their abilities.

5. **Children and young people with SEND, and their families, report that they receive good quality support, at the earliest opportunity, and particularly to support them to prepare for adulthood.**

Our Vision:

Children and young people with SEND are provided with personalised support at all stages of need and at key transition points.

Why is this important:

SEND can be challenging for both the individual and their families. Personalised support from the earliest point of need will reduce barriers and challenges to enable young people to achieve the best possible outcomes for their 'Dream Life'.

6. **There will be a reduction in health inequalities experienced by children and young people with SEND**

Our Vision:

Children and young people with SEND will experience equitable opportunities to lead healthy lives. There will be full access to health services and support to maintain good physical and mental health.

Why is this important:

Being fit and healthy will contribute to achieving the outcomes that are important to key elements of the "dream life" – access to employment, active social life and to living independently.

Other Measures

Each of the above outcomes have a series of specific measures which form part of the overall performance framework. The SEND Strategic Board will establish A performance workstream reporting to the SEND Strategic Board will be responsible for further development of the framework and ensuring key process, progress and additional outcome measures are developed and tracked as our children and young people progress towards adulthood.

Health and Wellbeing Board
Meeting Date 14/1/21
Paper title: Shropshire Information, Advice and Support Service

Email: lesleyperks@cabshropshire.org.uk

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1. Summary

As part of the Children and Families Act 2014 it is a legal requirement that all local authorities ensure children and young people with Special Educational Needs and/or Disabilities (SEND) and their parents have access to an impartial Information, Advice and Support Service.

Shropshire Information, Advice and Support Service (IASS), part of Citizens Advice Shropshire, provides information, advice and support to children and young people and their parents, around education, health and social care, by telephone, email and online e.g. Teams. Our support includes preparing for meetings such as Annual Reviews, appealing decisions and we support to develop good communication between clients and services and organisations. Cases vary from simple enquiries for information to complex cases.

2. Recommendations

Discussions of how health and social care leaders can make best use of the statutory service, within IASS capacity.

REPORT

As part of the Children and Families Act 2014 it is a legal requirement that all local authorities ensure children and young people with Special Educational Needs and/or Disabilities (SEND) and their parents have access to an impartial Information, Advice and Support Service.

Shropshire Information, Advice and Support Service (IASS) your statutory service, provides information, advice and support to children and young people and their parents, around education, health and social care. We take a solution focused approach and our advice is based on law. We receive intensive training on the law from IPSEA, which is equivalent to CPD points for solicitors, but predominantly our role involves trying to mediate and negotiate with parties at the lowest possible level. Often clients call us around provision being provided at school, whether that is educational needs, pastoral support, equipment, health services, or enquiries about social care and respite. We signpost to other services, particularly the Local Offer.

Our service is now provided by telephone, email and online e.g. Teams. Our support includes preparing for meetings such as Annual Reviews, appealing decisions and we support to develop good communication between clients and services and organisations. Cases vary from simple enquiries for information to complex cases, involving complaint procedures, LGO, and SEND Tribunals. It is an achievement of the IASS team and Shropshire SEND team that we maintain a good mutually respectful working relationship as part of the role of the IASS can include challenging the Local Authority, the very organisation that provides its core funding.

We provide useful data to the Shropshire SEND team and termly reports, highlights of which are available on the Shropshire Local Offer.

Last year we averaged nearly 50 new referrals / enquiries a month, but this drastically reduced during the first lockdown in March 2020. We took the opportunity to become a more proactive rather than reactive service and have learnt new skills to offer training to parents on line via narrated slides.

https://www.youtube.com/watch?v=hRJU3xNi4vM&feature=youtu.be

https://www.youtube.com/watch?v=LtnlCUj3cWI&feature=youtu.be

Feedback about the service is positive, 95% – 100% of people would recommend the service to others. Most recent feedback includes ““This is a vital service”, “Excellent service and would not hesitate to recommend” and “IASS are the first people I contact”.

Question:	Previous Term	Current Term	Clients responded:
1. How easy was it to get in touch with us?	95%	92%	Very easy.
2. Was the information about Education, Health and Social Care accurate and up to date?	97%	100%	Quite or Very.
3. How helpful was the information, advice and support we gave you?	92%	96%	Helpful or Very helpful.
4. Did the information, at that time, help you to make well informed decisions?	95%	96%	Quite or Very much so.
5. How neutral, fair and unbiased do you think we were?	98%	96%	Quite or Very.
6. Was the information, advice and support tailored to your individual needs?	95%	100%	Quite or Very.
7. What difference do you think our information, advice or support has made for you?	95%	96%	Some or Great deal of difference.
8. Overall how satisfied are you with the service we gave?	95%	96%	Satisfied or Very Satisfied.
9. How likely is it that you would recommend the service to others?	95%	100%	Likely or Extremely likely.

A member of our team is a qualified Youth Worker and we worked in colleges directly with young people. Unfortunately, our work with Young People was severely disrupted at the start of lockdown in March 2020. We would welcome discussions around further joint working with young people.

Prior to the pandemic we offered a presence at e.g. coffee mornings in schools, parents' evenings, transition events and spoke at SENCO Network meetings etc. We have spoken to health professionals and social worker teams, but this remains an area for development. Please contact us if you have an online event that you feel would benefit from our presence.

We provide daily up to date information via our Facebook page, please like and share us!
https://www.facebook.com/IASSShropshire

And do please visit our website where you'll find information sheets on a variety of information
https://www.cabshropshire.org.uk/shropshire-iass/

We are proud, and benefit, from being a part of Citizens Advice Shropshire and the wealth of knowledge and support it provides to the County. We also work in partnership with A4U to provide advice on welfare benefits and finance matters.

Our national body, IASS Network (IASSN) sits within the Council for Disabled Children and they work closely with the DFE. Most recently the focus of their work has been joint funding of services, by Health and Social Care as well as Education, in accordance with the Children and Families Act 2014.

	Last year	This year
Joint funded with Health only	4	15
Joint funded with Social Care only	0	9
Joint funded with both Health and Social Care	7	26
Total	11	50

There are some significant regional differences in the level of joint commissioning

Region	**(rounded) Percentage of joint funded services in region**
West Midlands	20 % of services are joint funded
South West	40 % of services are joint funded
South East	40 % of services are joint funded
North West	30 % of services are joint funded
North East	10 % of services are joint funded
Yorkshire and Humber	30 % of services are joint funded
London	30 % of services are joint funded
East Midlands	60 % of services are joint funded
East of England	60 % of services are joint funded
Average	30 % of services are joint funded

Shropshire IASS was one of the first services to be jointly commissioned and we are working towards joint funding as we are the IASS service for both health and social care in Shropshire. We would welcome discussions about how we can be of most use in these areas.

IASSN also provide Minimum Standards that we must work to. These sit under the Children and Families Act and SEND Code of Practice 2015.
https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/Minimum%20Standards.pdf

For further information please do contact us directly for further information or discussions.

https://www.cabshropshire.org.uk/shropshire-iass/

Health and Wellbeing Board
14th January 2021

HWBB Joint Commissioning Report – Social Prescribing

Responsible Officer
Email: Penny.bason@shropshire.gov.uk Tel: Fax:

1. Summary

1.1 This report provides an update on the Social Prescribing offer and development in Shropshire. It describes the programme and recent progress, as well as progress in developing the Children and Young People's Social Prescribing Programme. Referral data can be found in Appendix A.

1.2 Social Prescribing is an important programme in our system that supports people to take control of their health and wellbeing and improving their chances of preventing ill health. It is a collaboration between Primary Care Networks, Public Health and the Voluntary & Community Sector (VCSE). The programme benefits a range of referral and delivery partners including Primary Care, Social Care, Job Centre Plus, the VCSE, Libraries, Sports and Leisure and more.

2. Recommendations

2.1 The HWBB note and endorse the progress.

REPORT

3. **Risk Assessment and Opportunities Appraisal**
(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board 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 due to Covid 19.

3.2. The schemes of the BCF, including Social Prescribing and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups and ethnographic research.

4. Financial Implications

There are no financial implications as a result of this report.

5. Background

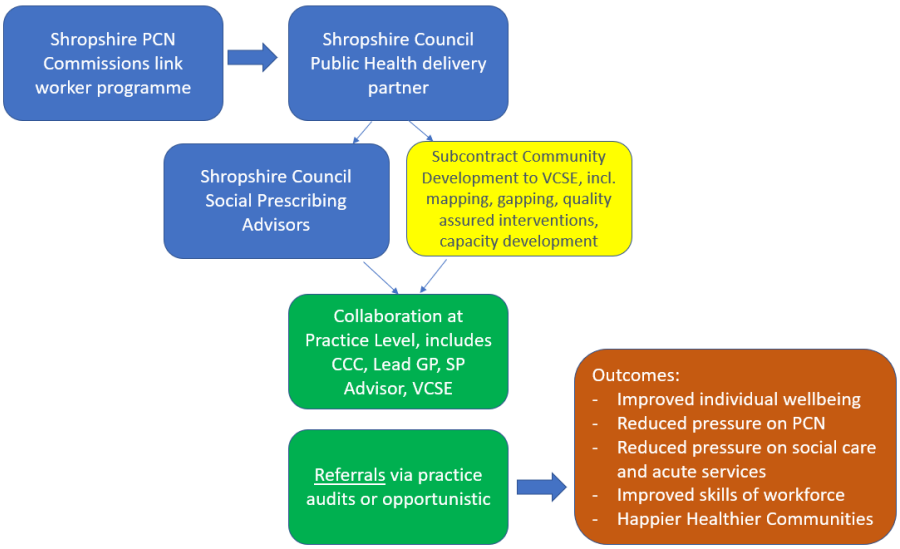
Adults Social Prescribing Programme

5.1. Social Prescribing is a programme of referring people to support in their community that empowers them to take control of their health and wellbeing.

5.2. Through non-medical 'link workers' who give; time, focus on 'what matters to me' and take a holistic approach, motivational interviewing and behaviour change techniques, a person is supported to connect to community groups, activity of interest, and statutory services for practical and emotional support.

5.3. Public Health, the Voluntary and Community Sector and Primary Care have been working collaboratively for 3 years to develop and roll out a model that supports people in the community where they live. This model is preventative in its approach as supports people with their emotional wellbeing and supports them to have the confidence and motivation to take positive lifestyle decisions. The model started in 3 practices in Oswestry and was soon joined by 8 additional practices; the programme is currently being rolled out across all Shropshire PCNs.

5.4. The diagram below describes the delivery model:



5.5. During Covid, the programme has made adjustments to support people on the telephone or online. Primary Care has worked alongside Public Health to make the changes needed to continue to support people through Social Prescribing and the offer has been extended to support the Clinically Extremely Vulnerable.

5.6. Additionally, the system has invested in Winter Pressure Link Workers who are employed by Age UK. These Link Workers work primarily with those who are vulnerable (including the Clinically Extremely Vulnerable), offering help at home, befriending, shopping and a variety of other support offers to keep people well this winter.

Data

5.7. A robust data set has always been collected and monitored as part of the programme. This has included referral (referral data from across the PCNs can be found in Appendix A), and outcomes data including the Patent Activation Measure (PAM), used for people/ patients with long term conditions; Measure Yourself Concerns and Wellbeing (MyCaw), used for all people/ patients; and the Dejong Gierveld loneliness scale.

5.8. The 2018/19 Westminster University Evaluation found that:

- The service is aligned to national best practice identified by the Social Prescribing Network and NHS England
- 134 people recruited into the evaluation, 105 completed pre & post

- **A reduction of 40% in GP appointments**
- Improvements in Measure Yourself Concerns and Wellbeing (MYCaW) concerns
- Support included behaviour change and motivation
- Changes translated into improvement in weight, Body Mass Index, Cholesterol, blood pressure, levels of smoking and physical activity
- **High patient satisfaction – suitable times, venue and ability to discuss concerns with the Adviser**
- Unmet needs were supported beyond the remit

5.9. A more recent look at the data for the South East and South West PCNs found that: Across all practices in Shropshire there are 133 SP clients with baseline and follow-up data for the MYCaW concerns. 71% reported an improvement in their Concern 1 and 67% reported and improvement in their Concern 2; with 51% voicing an improvement in their wellbeing; and 55% with an improvement on their loneliness score.

5.10 Additionally, where the service has audited patients for pre-diabetes, the service has captured data on HBA1C. The details and results are as follows:

- ❖ Baseline measure = HbA1c recorded by surgery and identified in audit prior to invitation to Social Prescribing
- ❖ Follow-up measure = HbA1c recorded by surgery at follow-up – falling between 3 and 12 months after baseline measure
- ❖ 64 Social Prescribing clients with before and after HbA1c measures by Feb 2020 of whom:
  - 56 showed a reduction in HbA1c of between 1 and 7 mmol/mol
  - 40 patients reduced their HbA1c to within normal range

NB: it's important to note that some patients will have also accessed the National Diabetes Prevention Programme – the two programmes work hand in hand.

<u>Development</u>

5.11 Since the implementation of PCNs across Shropshire, the service has worked with the SE and SW PCNs, and subsequently the North and Shrewsbury PCNs to embed the service across the Shropshire Council area.
Key information:

- ❖ It is an integrated service with the voluntary and community sector
- ❖ Over 1100 referrals to date
- ❖ The service is up and running in all practices in the SE and SW
- ❖ Recruitment for additional social prescribing advisors is complete for the North and Shrewsbury PCNs and roll out has started in both areas
- ❖ Additional practices have started the service in the North and additional practices to start in January for the Shrewsbury PCN
- ❖ The community development element is delivered by Qube, RCC and Ludlow Hands Together
- ❖ The Mayfair Centre in Church Stretton deliver social prescribing advising for the Church Stretton Practice
- ❖ Additional to this model, Winter Pressure Link Workers are being trialled across Shropshire to support winter pressures and the impact of Covid.

<u>Recognition in national publications or websites</u>

- https://www.kingsfund.org.uk/publications/social-prescribing
- LGA Website – presentation by Jo Robins and Lee Chapman
- National Healthwatch website – report by Healthwatch Shropshire

6.0 Social Prescribing. Children and Young People – Update

6.1 We are working on a project to bring social prescribing to the children and young people of Shropshire, starting with the South West of Shropshire in Ludlow and Bishops Castle.

6.2 This will look at events and activities that would enable young people to engage, motivate, gain confidence, grow as individuals, set and achieve goals, manage their mental health and inspire.

6.3 The project will rely on us engaging with young people on the right level and with the right technology to ensure we reach the young people that need the project and getting them to participate so that the programme is designed to meet their needs.

Engagement

6.4 Engagement has been made with organisations across Shropshire who will be key in providing a wide range of interventions to work with this project as it is not a one size fits all approach we are looking to provide.

6.5 We have planned engagements in the diary to increase the activities and this will be an ongoing programme to capture as wide a range of interventions as possible.

6.6 Further work is in progress to capture programmes and activities to ensure that the offer remains relevant.

6.7 Engagement with young people is currently taking place to ensure that we can communicate to understand their current needs, wants and what is missing from their life to help them achieve and move forward, this engagement has already shown us the impact that COVID has had over the last six months.

Mapping

6.8 Mapping of the interventions and activities is being produced to enable us to see at a glance what is available and where in the county this will fit and how we can use this for the children and young people's needs on going.

Specification

6.9 We have prepared a specification for the pilot of the social prescribing project. This works as a grant funding document to gather correctly the information about organisations and their proposals.

6.10 The specification also sets out what we know so far and what we are looking to achieve and our expected outcomes.

Next Steps

- Continue engagement with young people and professionals
- Appoint CYP Link Worker
- Publish specification/ tender

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) Cllr Dean Carroll, Adult Social Services and Climate Change
Local Member n/a
Appendices **Appendix A – Social Prescribing Referral data**

Appendix A

Social Prescribing Update – 15 December 2020 by Katy Warren, Social Prescribing Project Lead

Data at 08/12/20 with increase since 03/11/20. New referrals since last update in red. Please note: GP Practices have started their Social Prescribing service at different times, which is reflected in referral numbers.

Total number of referrals across all Shropshire Social Prescribing services: **1157** (**increase from 1071)**

North Shropshire

Referrals Total = 426 (increase from 406)

Breakdown of referring organisations:	**Age ranges:**	**Reasons for opportunistic referral** *(can be referred for more than one reason)*
105 Plas Ffynnon (31 opportunistic + 74 CVD audit)	18-19 10	Lifestyle risk factors- 76
132 Cambrian (31 opportunistic + 101 CVD audit)	20-29 25	Long term conditions – 41
4 Caxton	30-39 31	Mental health difficulties – 103
20 Ellesmere medical practice	40-49 39	Risk of loneliness / isolation – 75
19 Dodington Surgery (6 opportunistic + 13 CVD audit)	50-59 73	Carer – 5
12 Wem & Prees (1 opportunistic + 1 pre-diabetes audit + 10 diabetes audit)	60-69 126	Other – 9
23 Adult Social Care	70-79 96	Frequent attender – 9
6 Pre-diabetes session (delivered by H2C)	80-89 25	NHS Health Check - 1
1 Age UK	90-99 1	
2 Mental Health Access Team		
1 Mental health Social Work team		
3 Early Help		
5 Library		
7 Help2Change/Public Health Team		
48 Job Centre Oswestry		
2 Job Centre Whitchurch		
1 Qube		
5 Enable		
10 Oswestry Outpatients Physiotherapy		
1 Designs in Mind		
2 FPOC		
2 Care Closer to Home		
11 Shropshire Council calls to the shielded		
1 Shropshire Council Covid-19 helpline		
3 other		

People seen:
367 people seen (increase from 350)

Final follow ups (at 3-6 months):
184 people have had final follow-up appointments (no increase)

Shrewsbury

Referrals

Total = 299 (increase from 285)

Breakdown of referring organisations:	**Age ranges:**	**Reasons for opportunistic referral** *(can be referred for more than one reason)*
38 Claremont Bank Surgery (all opportunistic) 97 Marden Medical Practice (all opportunistic) 30 Radbrook Green Surgery (all opportunistic) 58 Severn Fields Practice (39 opportunistic; 19 pre-diabetes audit) 13 Shrewsbury Job Centre 13 Help2Change/Public Health team 7 Adult Social Care 5 Enable 7 Other 2 FPOC 1 Leaving Care Team 3 Shropshire Council Community Reassurance team 20 Shropshire Council calls to the shielded 1 Shropshire Council Covid-19 helpline 3 Shropshire Council follow-up befriending calls 1 Shropshire Council Food Hub follow-up calls	18-19 2 20-29 31 30-39 28 40-49 43 50-59 79 60-69 58 70-79 35 80-89 15 90-99 8	Lifestyle risk factors - 94 Long term conditions – 29 Mental health difficulties – 127 Risk of loneliness / isolation – 56 Carer – 6 Other – 9 Frequent attender – 1 NHS Health Check - 6

People seen:

278 people seen (increase from 268).

Final follow ups (at 3 to 6 months):

158 people have had final follow-up appointments (increase from 146)

South-East Shropshire

Referrals

Total = 278 (increase from 257)

Breakdown of referring organisations	**Age ranges:**	**Reasons for opportunistic referral** *(can be referred for more than one reason)*
86 Albrighton Medical Practice (40 Opportunistic, 4 CVD audit, 42 prediabetes audit) 3 Alveley Medical Practice (opportunistic) 105 Bridgnorth Medical Practice (17 opportunistic, 88 prediabetes audit) 4 Broseley Medical Practice (opportunistic) 2 Brown Clee Medical Practice (opportunistic) 14 Cleobury Mortimer Medical Practice (opportunistic) 20 Highley Medical Centre (opportunistic) 5 Ironbridge medical Practice (opportunistic) 15 Much Wenlock Medical Practice (14 opportunistic, 1 prediabetes audit) 5 Adult Social Care 2 Care closer to home MDT 10 Shropshire Council calls to the shielded 1 Shropshire Council Food Hub follow up calls 1 Shropshire Council Welfare Benefits team 1 Shropshire Council calls to those with assisted bin collections 1 Enable 2 Help2Change/Public Health Team	18-19 1 20-29 10 30-39 16 40-49 19 50-59 61 60-69 70 70-79 72 80-89 24 90-99 5	Lifestyle risk factors- 35 Long term conditions – 8 Mental health difficulties – 80 Risk of loneliness / isolation – 29 Carer – 12 Other – 12 Frequent Attender - 2

1 Rhodes Pharmacy, Albrighton		

People seen:
243 people seen (increase from 227)

Final follow ups (between 3 & 6 months):
93 people have had final follow-up appointments (increase from 90).

South-West Shropshire PCN

Referrals
Total = 149 (increase from 118)

Breakdown of referring organisations	**Age ranges:**	**Reasons for opportunistic referral** *(can be referred for more than one reason)*
62 Bishop's Castle Medical Practice (53 Opportunistic, 9 CVD audit)	18-19 3 20-29 14	
14 Church Stretton Medical Practice (opportunistic)	30-39 9	Lifestyle risk factors- 42
7 Craven Arms Medical Practice (opportunistic)	40-49 20	Long term conditions – 27
29 Portcullis Surgery (opportunistic)	50-59 20	Mental health difficulties – 73
11 Station Drive Surgery (opportunistic)	60-69 29	Risk of loneliness / isolation – 38
6 The Meadows 5 opportunistic, 1 letter sent to patient)	70-79 35	Carer – 5
6 Shropshire Council calls to the shielded	80-89 15	Other – 4
7 Enable	90-99 4	Frequent attender - 1
2 Job Centre Shrewsbury		
5 Other		

People seen:
121 people seen (increase from 98)

Final follow ups (between 3 & 6 months):
49 people have had final follow-up appointments (increase from 42).

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Health and Wellbeing Board

Meeting Date: January 2021

COVID-19 update, and Flu Immunisations update

Responsible Officer: Rachel Robinson – Director of Public Health - Shropshire

Email: Rachel.robinson@shropshire.gov.uk

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1. Summary

1.1 This report provides a COVID-19 update and Flu immunisations update which describes; flu vaccination national targets, the communications campaign to raise awareness of eligibility and increase uptake, flu vaccination uptake data and Local Authority flu vaccination progress. COVID-19 updates include latest data, the local response to rising cases, lateral flow testing and the COVID-19 vaccination.

2. Recommendations

2.1 That the Board notes the contents of the report.

REPORT

3.0 Flu Vaccinations

3.1 Flu vaccination is one of the most effective interventions we have to reduce pressure on the health and social care system this winter. We are currently seeing the impact of COVID-19 on the NHS and social care, and this coming winter we may be faced with co-circulation of COVID-19 and flu. Whilst the seasonal flu vaccine will not protect against COVID-19 infection, it is an effective way to protect those at risk from flu, prevent ill-health and minimise further impact on the NHS and social care. Increasing flu vaccinations uptake is more important than ever this year.

3.2 Table 1 shows vaccination uptake ambitions in 2020/21 for eligible groups. Whilst ambitious, this reflects the need this year to help protect as many qualifying groups as possible. More people are eligible this year including Household contacts of those on the NHS Shielded Patient List and children in year 7. The full list can be found in appendix A.

Table 1: Vaccine uptake ambitions in 2020 to 2021

Eligible groups	Uptake ambition
Aged 65 years and over	**At least 75%**
In clinical at risk group	**At least 75%**
Pregnant women	**At least 75%**
Children aged 2 and 3 year old	**At least 75%**
All primary school aged children and school year 7 in secondary school	**At least 75%**
Frontline health and social care workers	**100% offer**

3.3 Flu vaccination uptake in Shropshire County

3.3.1 Providers have worked exceptionally hard to deliver the flu programme in challenging times this year, and with high targets. All should be congratulated for their efforts.

3.3.2 The table below shows GP Practice flu immunisation uptake at week 52 in Shropshire. Shropshire CCG has exceeded the 75% target for the 65 year and over group with a rate of 83.3%, and is the regionally highest for pregnant women at 53.8%. There has been an increase across all eligible age groups in 2020, compared to 2019.

Eligible group	**Take up 2020 (%)**	**Take up 2019 (%)**	**% increase 2020 compared to 2019**
65 years and over	83.3%	71%	+12.3%
Total Combined - 6 months to under 65 years: At-risk	59.8%	44.5%	+15.3%
All pregnant women	53.8%	48.4%	+4.9%
All age 2	66.4%	45.8%	+20.6%
All age 3	69.7%	45.4%	+24.3%
Age 50-64 years (eligible from December)	31.5%	N/A	N/A

3.3.3 All schools have been visited for school flu immunisations. (Primary schools and year 7 children) with a 72% uptake. ‘Mop up’ school visits and clinics will take place in January. It has been a challenging time for the team with school ‘bubbles’ and staff isolating.

3.3.4 Eligible groups can also attend Community Pharmacies to receive their flu immunisation, and in Shropshire, 12,975 vaccinations had been given by pharmacists at the 27th December. The total figure for the 2019/20 period was 7,505 vaccinations. Although eligibility for a flu vaccine has been expanded in the 2020 flu period, a significant increase in vaccinations being given is evident.

3.4 Communications

3.4.1 A communications campaign to raise awareness of eligibility, and increase uptake of the free flu vaccination has been in place throughout the ‘flu season.’:

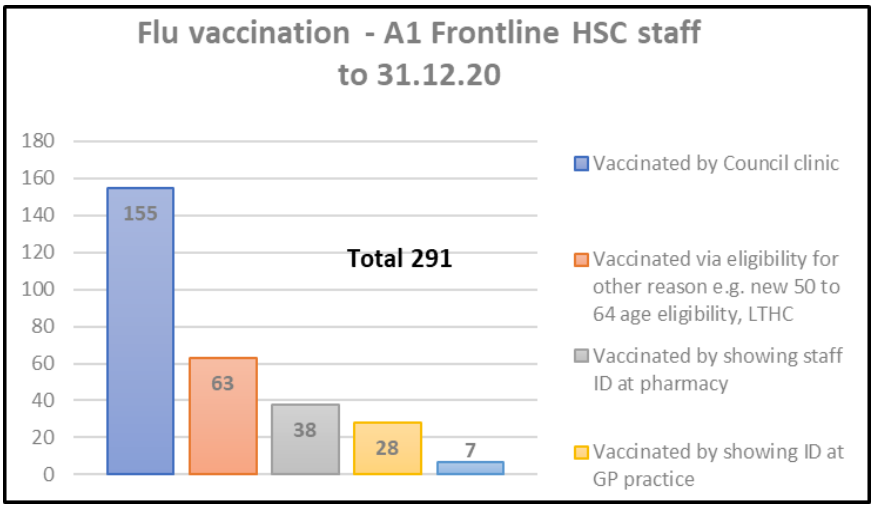
- The System Communications Task and Finish Group continues to meet weekly, with winter wellness and promotion of flu vaccination reporting being a standard agenda item
- Scheduled social media messages promoting the flu vaccine to eligible groups, were issued via the Council and CCG

- Press releases were issued via the STP, which included messages of the importance of the vaccine from GPs, pharmacies and the Shropshire and Telford & Wrekin Directors of Public Health
- The Shropshire Council website https://shropshire.gov.uk/stay-safe-and-well-this-winter/advice-to-help-you-stay-well/ contains information and links to the public flu leaflets including different formats and languages, and is updated regularly

3.5 Local Authority staff flu vaccination

3.5.1 Flu vaccination is a national priority, especially this year in light of the COVID-19 pandemic, and the potential co-circulation of COVID-19 and flu. A national ambition figure of a 100% offer for frontline health and social care workers, has been given for 2020/21.[1]
The Local Authority workplace offer and uptake has been scrutinized and reported through regional and local (Shropshire and Telford & Wrekin) flu groups of which Public Health is a member.

3.5.2 A total of 291 frontline Health and Social care staff are known to have been vaccinated at the 31.12.20. A breakdown can be seen in the table below.



3.5.3 A further 140 eligible staff have also received their flu vaccination either through the voucher scheme or by eligibility such as being part of the new 50-64-year age group. Some data is still to be captured.

4.0 COVID-19 Updates
This section provides a brief update on COVID-19

4.1 During the 7-day period from 25.12.20 to 31.12.2020 in Shropshire:

- There were 770 confirmed cases reported
- The 7-day infection rate was therefore at 238.3 per 100,000.
- This records a significant upwards trend from last week's position.
- This compares to 420.1 per 100,000 for the West Midlands and 517.2 per 100,000 for England.
- It is an increase from 101.2 for the week to 24th December.

4.2 To respond to rising cases:
- The local 'Step-Up Shropshire' campaign has been in force, with social media, press releases and interviews on local radio taking place

[1] PHE (2020) Delivering the flu immunisation Programme during the COVID-19 pandemic

- Mobile Testing Units (MTU) are deployed to areas that have seen an increase in case numbers
- The local Health Protection Team with PHE West Midlands is responding to local outbreaks in settings such as schools, care homes and businesses, and provides support and guidance, contact tracing and advice to help prevent further outbreaks
- The Community Response Team continues to work with the public and businesses
- The Council website is updated regularly https://www.shropshire.gov.uk/coronavirus/ and includes; information for the public and businesses, resources, and sources of further support and information including mental health and wellbeing
- The COVID-19 helpline and bereavement support line: 0345 678 9028 continue to offer support and advice for Shropshire people

4.3 Lateral flow testing

4.3.1 One in three people who have coronavirus never show any symptoms but that does not mean they are not infectious. Lateral flow (rapid) devices (LFDs) are one of the tools being used to help to detect and fight COVID-19. The tests can rapidly turn around results within an hour without the need for processing the swabs in a lab.

4.3.1 Frontline and key workers living Shropshire will be able to take rapid COVID-19 testing, as part of the Council's strategy to identify more positive cases, reduce the spread of infection and protect lives and livelihoods.

4.3.2 Although the country is in lockdown, there will be people who can't work from home. Those individuals, who do not have symptoms, are encouraged to have Lateral Flow Rapid tests up to 2 times per week (or once every 4 days).

4.3.3 The test, which has already been rolled out to select groups including university students, social care staff and care home visitors, is for people who do not have symptoms.

4.3.4 The sites are in Shrewsbury and shortly also in Craven Arms. More information can be found in the Council press release.

4.4 COVID-19 vaccinations

4.4.1 The NHS COVID-19 vaccination process has started, with the first vaccination in the county having taken place on the 8 December 2020 at the Royal Shrewsbury Hospital Hub. This hub is vaccinating people aged 80 and over, as well as care home workers and frontline healthcare staff at risk, identified as priority groups.

4.4.2 The vaccine will be offered to more people and at other locations as soon as possible. A Local Vaccination Centre is now operating at Bridgnorth Medical Centre being delivered by GPs from the South East Shropshire Primary Care Network.

4.4.3 Care home residents are also now receiving the vaccine in Shropshire, with the ambition that all older person care home residents and staff will have had the vaccination by the end January.

4.4.4 The public are being asked 'please don't contact the NHS to seek a vaccine, we will contact you.' The priority for vaccination can be seen in the table below:

Table 1: Priority groups for vaccination, recommended by JCVI

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline Health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including pregnant women and those aged under 16 years)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (Appendix 4)
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

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.

6.0 Financial Implications

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

7.0 Additional Information

None

8.0 Conclusions

The will between all local providers to work closely together and increase uptake of the flu vaccination for eligible groups this year, is evidenced through the increase in uptake figures, and all involved should be commended for their efforts.

Covid-19 continues to be a changing and challenging situation for everyone, and work will continue in response to this including; the ‘Step up Shropshire’ campaign, testing availability, the response of the Health Protection Team and support for those who need it through the COVID helpline.

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) Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing
Local Member
Appendices None

Appendix 1 – **Eligible groups for free flu vaccination**

Usual groups	Additional groups for 2020/21
Pregnant women	
Children aged 2-3 (on 31 August 2019) and all primary school aged children	Children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020)
Those aged six months to under 65 years in clinical risk groups	Household contacts of those on the NHS Shielded Patient List. Specifically, individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable
Those aged 65 years and over	Aim to further extend the vaccine programme in **November and December** to include the 50-64-year-old age group subject to vaccine supply
The main carer of an older or disabled person	Those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
Those living in a residential or nursing home	People living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence, or boarding schools (except where children are of primary school age or secondary school Year 7).
	Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
.	Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza