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

Date: 30 June 2021

Committee:
Health and Wellbeing Board

Date: **Thursday, 8 July 2021**
Time: **9.30 am**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

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

Members of the public will be able to access the live stream of the meeting by clicking on this link:

https://www.shropshire.gov.uk/healthandwellbeingboard8july2021/

There will be some access to the meeting room for members of the press and public but this will be very limited in order to comply with Covid-19 regulations. If you wish to attend the meeting, please e-mail democracy@shropshire.gov.uk to check that a seat will be available for you.

Tim Collard
Interim Assistant Director – Legal and Democratic Services

Members of Health and Wellbeing Board

VOTING
Shropshire Council Members
Dean Carroll – PFH ASC, Public Health and Assets including; Population Health & Integration
Kirstie Hurst-Knight – PFH Children & Education
Cecelia Motley – PFH Communities, Place, Tourism & Transport

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

Shropshire, Telford & Wrekin CCG
Claire Skidmore – Interim Accountable Officer
Dr Julie Davies – Director of Performance & Delivery
Dr John Pepper, Chairman

Lynn Cawley – Shropshire Healthwatch
Jackie Jeffrey – VCSA

NON-VOTING (Co-opted)
Megan Nurse – Non-Executive Director Midlands Partnership NHS Foundation Trust

Chris Preston, Director of Strategy and Planning, Shrewsbury & Telford Hospital Trust

Denise Porter – Interim Chief Officer, Shropshire Partners in Care

Mark Brandreth – CEO, Robert Jones & Agnes Hunt Orthopedic Hospital NHS Foundation Trust / Shadow ICS Executive Lead

Laura Fisher – Housing Services Manager

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

AGENDA

1 Election of Chair

2 Apologies for Absence and Substitutions

3 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 meeting prior to the commencement of the debate.

4 Minutes of the last meeting (Pages 1 - 6)

To confirm as a correct record the minutes of the meeting held on 4 March 2021 (attached).
Contact: Michelle Dulson Tel 01743 257719

5 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 9.30am on Tuesday 6 July 2021.

6 System update (Pages 7 - 24)

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

Shropshire Integrated Place Partnership (SHIPP)

Report attached.
Contact: Tanya Miles, Executive Director of Adult Services, Housing & Public Health, Shropshire Council or Penny Bason, Head of Service, Joint Partnerships, Shropshire Council, Shropshire, Telford & Wrekin CCG

Better Care Fund (BCF) update

Report to follow.
Contact: Penny Bason, Head of Service, Joint Partnerships, Shropshire Council, Shropshire, Telford & Wrekin CCG

Integrated Care Systems (ICS) Update

Report attached.
Contact: Nicky O'Connor, Shropshire, Telford & Wrekin CCG

7 Health and Wellbeing Board Workshop report (Pages 25 - 30)

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

8 Joint Strategic Needs Assessment (JSNA) Update: SEND Needs Assessment (Pages 31 - 40)

Page update attached for Information.
Contact: Rachel Robinson, Director of Public Health, Shropshire Council

9 Highlighting Inequalities ICS system work (Pages 41 - 72)

Report attached.
Contact: Rachel Robinson, Director of Public Health, Shropshire Council or Berni Lee, Consultant in Public Health, Shropshire Council

10 COVID-19 update

A verbal update will be given.
Contact: Rachel Robinson, Director of Public Health, Shropshire Council

11 Spotlight report - remote appointments (Pages 73 - 88)

Report attached.
Contact: Lynn Cawley, Chief Officer, Healthwatch

12 Chairman's Updates

Shropshire Council

Committee and Date

Health and Wellbeing Board

8th July 2021

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 4 MARCH 2021
9.30 - 11.47 AM

Responsible Officer: Shelley Davies
Email: shelley.davies@shropshire.gov.uk Tel: 01743 257718

Present

Councillor Lee Chapman (Co-Chair)	PFH Organisational Transformation and Digital Infrastructure
Councillor Dean Carroll	PFH for ASC and Public Health
Councillor Ed Potter	PFH for Children's Services
Rachel Robinson	Director of Public Health, Shropshire Council
Karen Bradshaw	Director of Children's Services, Shropshire Council
Tanya Miles	Executive Director Adult Social Care /Housing and Public Health, Shropshire Council
David Evans	Accountable Officer Shropshire CCG
Dr Julian Povey	Clinical Chair, Shropshire CCG (Co-Chair)
Jackie Jeffrey	Chief Executive CAS, VCSA
Lynn Cawley	Chief Officer, Shropshire Healthwatch
Zafar Iqbal	Associate Medical Director Public Health, MPFT
Chris Preston	Interim Director of Strategy and Planning, Shrewsbury & Telford Hospital Trust
Ben Holland	MPFT
Laura Fisher	Housing Services Manager, Shropshire Council

Also in attendance:
Penny Bason, Nicky O'Connor, Sean McCarthy and Simon Ross.

114 **Apologies for Absence and Substitutions**

The following apologies were reported to the meeting by the Chair

Louise Barnett, Chief Executive, Shrewsbury & Telford Hospital Trust
Mark Brandreth, CEO, Robert Jones & Agnes Hunt Orthopedic Hospital NHS Foundation Trust
Nicky Jacques, Chief Officer, Shropshire Partners in Care
Megan Nurse, Non-Executive Director MPFT
Ros Preen, Director of Finance and Strategy (Shropcom)

The following substitutions were also notified:

Ben Hollands, substituted for Megan Nurse.
Chris Preston substituted for Louise Barnett.

115 **Disclosable Pecuniary Interests**

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

Jackie Jeffrey Chief Officer, Citizens Advice Shropshire, representing VCSA declared a pecuniary interest, as she held a contract under the Better Care Fund.

116 **Minutes of the last meetings**

RESOLVED

That the minutes of the meeting held on 12th November 2020 and 14th January 2021 be approved as a correct record.

117 **Public Question Time**

None received.

118 **System update**

STP Update

Nicky O'Connor, Shropshire STP, presented an update, drawing out the key points of the report that had been circulated focussing on the development of the Integrated Care System (ICS). It was reported that a white paper setting out proposals for health and care integration had been published by the Government on 11th February 2021 setting out the legislative framework. The purpose of the proposals and the delivery plan including the ten pledges were outlined by Nicky O'Connor.

Julian Povey, Shropshire CCG, felt that more detailed discussion was needed regarding the White Paper stressing that the Health and Wellbeing Board needs to know role of the different Boards and also further detail regarding the AQP list to be able to feed back into this issue. The Chairman agreed that an item be scheduled for a future meeting to look at the issues raised and added that the Health and Wellbeing Board would need to have an input into the ICS and contribute to the shaping of the proposals.

The Chairman reported that Councillor Dean Carroll had joined the meeting. Councillor Carroll confirmed that he did not have any disclosable pecuniary interests to declare.

The Chairman agreed that as there was a separate item later on the agenda in relation to Covid-19, this part of the update would be picked up at this point.

David Evans, Shropshire and Telford and Wrekin CCG provided an update in relation to the implementation of the NHS 111 programme noting that there had been a positive impact with lower rates of attendance of patients at Accident and Emergency Departments.

RESOLVED: That the STP Update be noted.

Better Care Fund

Penny Bason provided an update in relation to the Better Care Fund (BCF), noting that guidance was received in December to confirm that there was no requirement to submit plans for assurance in 2020-21 and that the funding would be placed in a section 75 agreement with appropriate governance. Penny Bason added that the scheme, BCF spend and Partnership Agreement still required approval from the Board.

RESOLVED: That the final Section 75 Partnership Variation Agreement be noted and the BCF spend for 20/21 be endorsed by the Health and Wellbeing Board.

119 **Armed Forces Legislation**

Sean McCarthy, Armed Forces Covenant Lead, presented the Armed Forces legislation report. He explained that the key principle of the Armed Forces Covenant was to remove disadvantage to Armed Services Personnel and Families who have little or no choice in where they live and work.

It was reported that the Armed Forces Covenant was working its way through parliament and the new legislation will require all public authorities, when exercising its public functions relating to Education, Healthcare and Housing, to have due regard to a number of factors, as outlined in the report.

Penny Bason noted that she would act as a link from the Board with the Armed Forces Covenant.

RESOLVED:

1. That the HWBB note and consider the impact of the proposed legislation.

2. That the Armed Forces Covenant Lead will update the HWBB when further information about the legislation is released.

120 Joint Strategic Needs Assessment

Rachel Robinson, Director of Public Health gave an update on the Joint Strategic Needs Assessment (JSNA) noting the four key elements: Best Practice, Geographies, Delivery Model and SEND.

Karen Bradshaw, Director Children's Services noted that she welcomed the focus on SEND and the appointment of a full-time analyst post as this had been identified as a key priority in the local area.

In response to a comment regarding the use of the voluntary sector for grants, Rachel Robinson clarified that this was for the voluntary sector to hopefully use the evidence in the JSNA to support accessing grants, and that the knowledge and work of the voluntary sector in understanding the needs of the population was crucial to developing the JSNA.

Councillor Dean Carroll stated that this was an intensive piece of work completed alongside the challenges of Covid-19 and thanked all officers involved.

RESOLVED: That the contents of the report be noted.

121 Warm Homes

Simon Ross, Marches Energy Agency gave a presentation in relation to Healthy Homes Shropshire Project (copy attached to the signed minutes) and explained that a funding bid worth £210,954 had been submitted to support 1200 extra households in Shropshire struggling with a cold home.

In his presentation, Simon Ross outlined the key aims of the project and detailed previous case studies from the Keep Shropshire Warm project. He added that the project was seeking a trustee who could help develop this more strategically.

The Chairman wished Simon Ross well with the bid and welcomed an update at a later date.

RESOLVED: That the presentation be noted.

122 Covid-19 update and Flu Immunisations update

Rachel Robinson, the Director of Public Health for Shropshire provided an update on flu immunisations reporting that the uptake within Shropshire was very good and the increased uptake of the vaccine and social distancing measures had impacted on the rates.

Rachel Robinson, the Director of Public Health for Shropshire provided an update on Covid-19 within Shropshire. It was reported that rates had fallen since the January meeting, however, Shropshire was still above the national average. It was explained that Shropshire had one of the highest rates of testing in the West Midlands and

there were a variety of local testing sites operating for those who were asymptomatic which was part of the Governments Road Map.

Rachel Robinson, in response to a question from the Chairman in relation to asymptomatic testing and whether businesses will be able to have staff tested as more people return to the workplace explained that this was to be rolled out gradually and she would welcome support from the Board to get a strong message out about the need for asymptomatic testing to reduce rates in Shropshire.

In response to a question concerning the wider impact of Covid-19, Rachel Robinson explained that they were starting to look at this by developing a long-term plan to address next 2 – 3 years which was due to be circulated soon with the Board involved in the process.

Responding to comments regarding the need for increased accessibility to lateral flow testing, Rachel Robinson, noted the challenge due to rural nature of the county and there were some pop up sites where walk in was available, but most sites need appointments to be booked in advance.

David Evans, Accountable Officer for Shropshire and Telford and Wrekin CCG, provided an update on the roll out of the Covid-19 vaccination noting that in less than two months over 175,000 people had been vaccinated. He thanked all that had been involved to make this happen which had been a significant achievement with Shropshire listed as 8th in the ranking for over 65s vaccinated and Telford listed first.

The Chairman thanked Rachel Robinson and David Evans for their updates.

RESOLVED: To note the report and updates given.

123 **Chairman's Updates**

It was noted that this would be the last meeting for Joint Chairman Dr Julian Povey and Councillor Lee Chapman. On behalf of the Board Councillor Dean Carroll thanked both for their involvement with the Board and wished them well for the future.

Signed …… (Chairman)

Date:

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Health and Wellbeing Board
Meeting Date
Paper title: Shropshire Integrated Place Partnership Board
Responsible Officer: Penny Bason, Head of Joint Partnerships, SC & STW CCG

Email: penny.bason@shropshire.gov.uk

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1. Summary

1.1 This report introduces the Shropshire Integrated Place Partnership (SHIPP) Board to the Health and Wellbeing Board. It updates the Board on the Terms of Reference (ToR), which can be found in Appendix A, and proposed governance arrangements for SHIPP, described below.

1.2 The report also highlights the draft priorities for the SHIPP and the Board is asked to reflect and provide comment on the priorities in light of HWBB priorities.

2. Recommendations

2.1 That the HWBB endorse the Terms of Reference of the SHIPP
2.2 That the HWBB provide comment and endorse the draft priorities of the SHIPP
2.3 That the HWBB receive regular reports from the SHIPP

REPORT

(Include the body of your report here)

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 As a health and care system we work to reduce inequalities in Shropshire. All decisions and discussions must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health due to Covid 19.

4. Financial Implications

4.1 There are no direct financial implications as a result of this report, however the development of integrated working and the programmes of SHIPP will have financial implications in the future.

5. Report

5.1 The HWBB has set our direction as an area with an aspiration for people locally to be the healthiest and most fulfilled in England. The Board has also long recognised the importance of joined up working and prevention, with a focus on improving healthy life expectancy, at the core of our strategy.

5.2 The NHS Long Term Plan (LTP) (2018) recognised that health and social care commissioning and delivery systems often appeared to be fragmented, resulting in organisations competing with each other rather than working together, and uneven quality of care which exacerbated inequalities. The LTP proposed a move to a new way of providing care which is more joined up and coordinated, more proactive in the services it provides and more differentiated in the services it offers to individuals. This new model of care, through Integrated Care Systems (ICSs), focusses on population health and local partnerships, aiming to expand the care developed provided outside hospitals, to remove divisions between secondary, primary and community services, and to work with people so they have more control over their health, with more personalised care when they need it.

5.3 Shropshire people and communities are central to developing new ways of working. Ensuring that we understand our population, their needs, assets and aspirations are all key to developing the SHIPP priorities and work programmes.

5.4 Developing our partnerships in which providers and people work together to deliver shared ambitions and outcomes with the population, is vital to delivering the Long-Term Plan.

5.5 The NHS England (NHSE) New Models of Care programme has been central to the development of integrated working in England. It has been able to build on pre-existing partnerships between local services in some parts of the country and has encouraged the development of partnerships in others. Such partnerships are using flexibilities within the current legislative framework to form alliances and deliver services and have agreed to collaborate rather than compete.

5.6 The purpose of SHIPP is to act as a partnership board of commissioners, providers of health and social care and involvement leads in Shropshire, to ensure that the system level outcomes and priorities agreed at ICS and Programme boards are implemented at place level in Shropshire. The Board will take into account the different communities and people we work with, the individuals/ citizens (including carers) that we serve, the different delivery models needed, and our focus on reducing inequalities.

5.7 The Board focusses on objectives and outcomes, not organisations. It is a partnership of equals with shared collaborative leadership and responsibility, enabled by Shadow ICS governance and decision-making processes. People in Shropshire who make use of our services form a central part of the design and implementation of our new approaches; part of this approach is to consider the assets in a community (human and physical) and how these assets are part of our solutions.

5.8 Clinical/care and Primary Care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities.

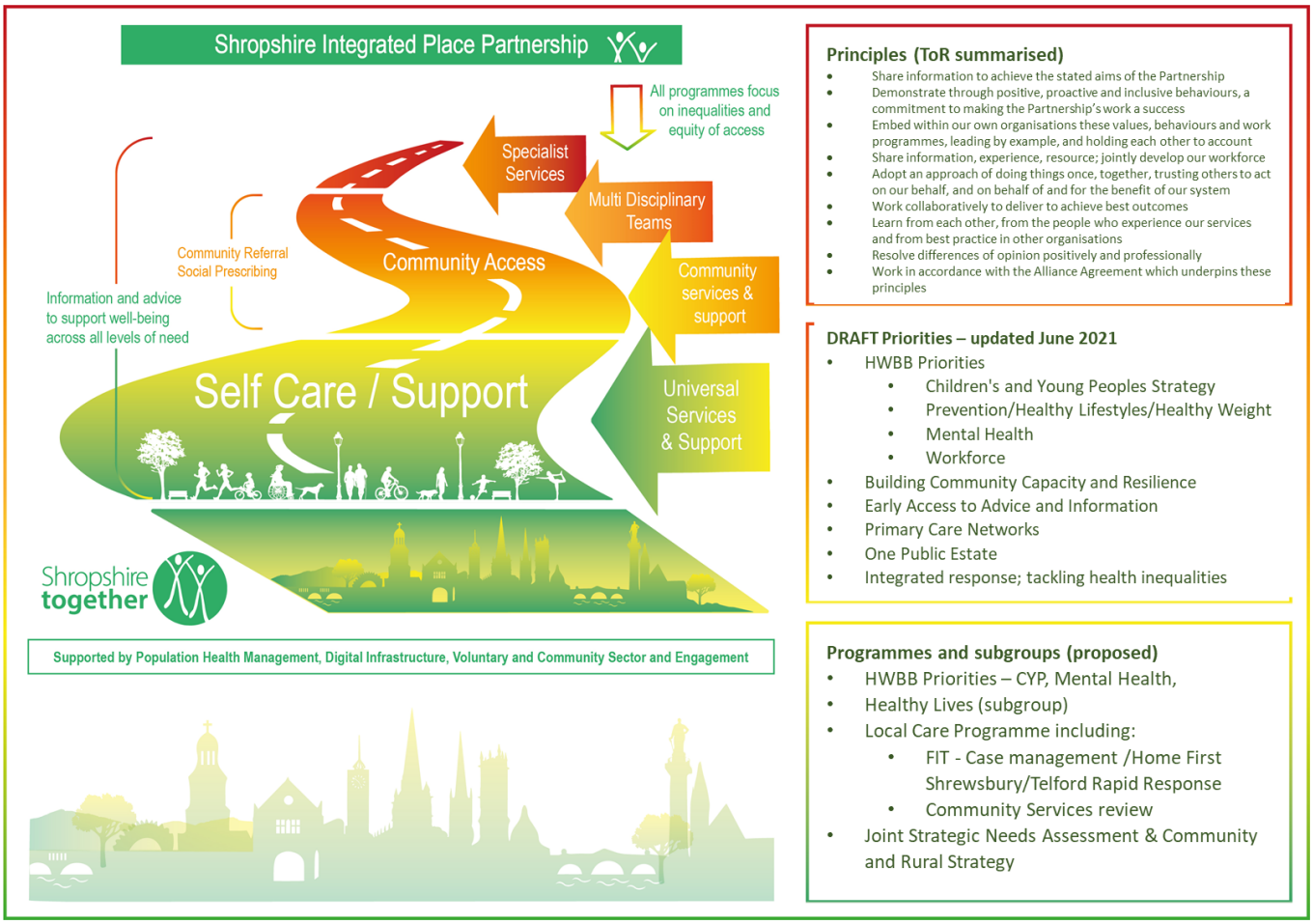
5.9 It is expected that through the programmes of SHIPP, and routine involvement and coproduction, local people and workforce can feed ideas and information to inform and influence system strategy and priority development.

5.10 The Shropshire Council Executive Director of Adult Services, Housing and Public Health and the Chief Officer of Shropshire Community Health Trust are Co-Chairs of the SHIPP, working collaboratively with partners and stakeholders to drive the programmes forward.

5.11 The Draft Priorities of the Board have been developed to include in the STW Long Term Plan and the ICS designation, however more work has been done recently to agree priorities, and they have been updated in the diagram below. Diagram 1, SHIPP Summary, below highlights these Draft Priorities and Principles for working.

5.12 The SHIPP diagram attempts to pictorially represent how the system must invest in decision making and support at a community level, while working collaboratively to deliver services at all levels, striving to reduce inequalities.

5.13 We have many opportunities across all our services to connect with people, understand what is important to them, and where necessary, influence how people can improve health behaviour. We also recognise that our people in Shropshire are our greatest assets and allies in improving the health of the population. We have an abundance of volunteering, good will, and neighbourliness in Shropshire. Evidence (A guide to community-centred approaches for health and wellbeing (publishing.service.gov.uk)) demonstrates that by recognising and supporting our communities at a grassroots and voluntary and community sector level, we will be able to make great progress.

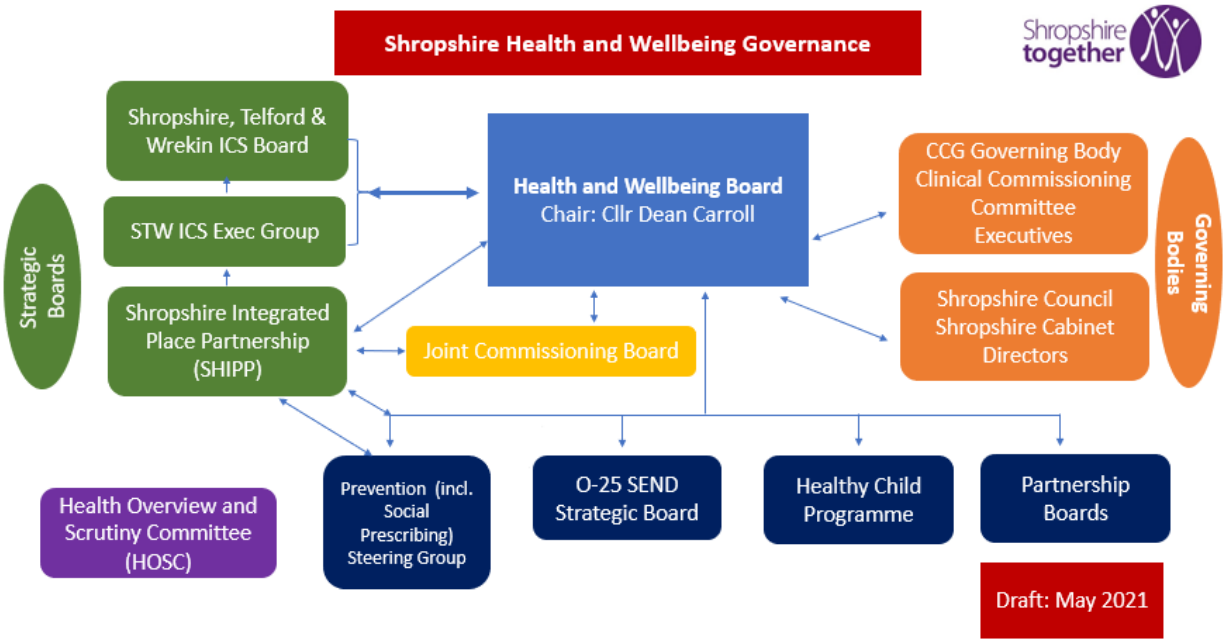


5.14 The key areas of delivering for the SHIPP include:

- Children and Young People (mental and physical health)
- Case Management, Rapid Response, and Hospital at Home
- End of Life Review
- Personalisation (including Prevention and Social Prescribing)
- Community Services review
- Supporting Primary Care
- Joint Strategic Needs Assessment

5.15 The governance for the ICS is still developing, and the governance described in the SHIPP Terms of Reference (Appendix A) needs to be updated. However, the key elements are highlighted in the HWBB Governance diagram below, where SHIPP reports to the HWBB, as well as through the ICS reporting structure. Integrated place boards will hold significance in how ICSs deliver at place in the future, and more work is underway within the ICS to enable integrated place partnerships to be most effective. It is also proposed that our Prevention

Group (formerly Healthy Lives) reports to the SHIPP with responsibility for the prevention, healthy lifestyles and personalisation.



5.15 Additionally, the SHIPP will work hand in hand with the Urgent and Emergency Care Board and the Local Care Programme Steering Group. The Local Care Programme Steering Group is responsible for driving the delivery of the Alternatives to Hospital Admission (A2HA), one of the ICS's key deliverables for the next year.

6. Additional Information

N/A

7. Conclusions

7.1 The SHIPP has great potential, through working with the HWBB and ICS Boards and programmes, to drive forward integrated working. It has the potential to ensure that local people are at the heart of decision making and through the HWBB provides public accountability. Like all programmes and boards, SHIPP must now have a key focus on inequalities, to ensure that we are able to reduce the impact of Covid and improve outcomes for local people.

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, Chair of HWBB and Cabinet Member for Adult Service, Public Health, and Assets– including Population Health and integration
Local Member **N/A**
Appendices **Appendix A – SHIPP Terms of Reference**

Appendix A

Shropshire Integrated Place Partnership

Terms of Reference

Version Control			
Version	**Date**	**Description**	**Owner**
V1	**14/01/2021**	**Final version of Draft drawn up collaboratively to be collectively agreed and signed off SHIPP on 28/01/2021**	**Deborah Shepherd Medical Director Shropshire, Telford and Wrekin CCGs**
V2	**20/05/2021**	**Updated draft following agreement at SHIPP to consider language Updates include: - Language throughout the document, to reinforce our commitment to work with our communities and to replace patient to individual or citizen, as well as acknowledging carers - Additions to the membership (including System Finance Lead, comms lead, roles to ensure appropriate seniority)**	**Penny Bason**

Shropshire Integrated Place Partnership

Terms of Reference

Our Vision

HWBB Vision: *For Shropshire people to be the healthiest and most fulfilled in England*

SHIPP vision:
"Working together to ensure people in Shropshire are supported to lead healthy, fulfilling lives."

Background

The NHS Long Term Plan (2018) (LTP) recognised that health and social care commissioning and delivery systems often appeared to be fragmented, resulting in organisations competing with each other rather than working together, and uneven quality of care which exacerbated inequalities. The LTP proposed a move to a new way of providing care which is more joined up and coordinated, more proactive in the services it provides and more differentiated in the services it offers to individuals. This new model of care, through Integrated Care Systems (ICSs), focusses on population health and local partnerships, aiming to expand the care developed provided outside hospitals, to remove divisions between secondary, primary and community services, and to work with people so they have more control over their health, with more personalised care when they need it.

Shropshire people and communities are central to developing new ways of working. Ensuring that we understand our population, their needs, assets and aspirations are all key to developing the SHIPP priorities and work programmes.

Developing our partnerships in which providers and people work together to deliver shared ambitions and outcomes with the population, is vital to delivering the Long Term Plan.

The NHSE *New Models of Care* programme has been central to the development of integrated working in England. It has been able to build on pre-existing partnerships between local services in some parts of the country and has encouraged the development of partnerships in others. Such partnerships are using flexibilities within the current legislative framework to form alliances and deliver services and have agreed to collaborate rather than compete.

Purpose

The purpose of Shropshire Integrated Place Partnership (ShIPP) is to act as a partnership board of commissioners, providers of health and social care and involvement leads, in Shropshire, to ensure that the system level outcomes and priorities agreed at ICS and Programme boards are implemented at place level in Shropshire. The Board will take into account the different communities and people we work with, the individuals/ citizens (including carers) that we serve, the different delivery models needed, and our focus on reducing inequalities.
The Board focusses on objectives and outcomes, not organisations. It is a partnership of equals with shared collaborative leadership and responsibility, enabled by Shadow ICS governance and decision-making processes. People in Shropshire who make use of our services form a central part of the design and implementation of our new approaches; part of this approach is to consider the assets in a community (human and physical) and how these assets are part of our solutions.

Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities.

It is expected that through the programmes of ShIPP, and routine involvement and coproduction local people and workforce can feed ideas and information to inform and influence system strategy and priority development.

Principles of Working

Our ICS sets our system strategies and priorities, based on an overview of our whole health and care system. ShIPP then uses our place-based knowledge and information to determine how these priorities are best delivered at place level in our communities. These are described in a separate document as they are subject to change as the needs of our population evolve and new services are developed and delivered.

We take a holistic approach to supporting our population's health and wellbeing. This involves recognising the way in which communities can support themselves, through skills, knowledge, volunteering, social connection and will require new ways of working for health and care organisations and the communities with which they work. Models of care will focus upon the wider determinants of people's health and care needs; a vital role for communities and the voluntary sector in addressing those needs; and support for the population, in terms of the knowledge and skills which will provide people with the skills and confidence to protect and manage their own health.

Following insight gained through speaking to Shropshire people and the workforce, we aim to deliver the following with our communities:

- More community-based non-clinical initiatives, such as social prescribing
- Support and services available closer to home, based on the health and care needs of the person
- Support and services address the needs of all age groups, including children and families as well as older people.
- Mental health and wellbeing have parity of esteem with physical health conditions
- There will be a greater focus on prevention
- People will be enabled to make healthy lifestyle choices
- People will stay healthy for longer
- Health inequalities will be identified and addressed
- People will have a more active role in their care
- People will feel that they have control of their health and care and are supported throughout their lives, when they need it
- Integrated care records will facilitate seamless, joined up care, without repeated assessments
- Services will be responsive and innovative, putting people at the heart of transformation, making use of technology where appropriate.
- Local communities will feel like they are central to the support offer for local people and services will make best use of local resources and adapt to meet the needs of local communities and populations.

A strategic plan and community outcomes framework based on these principles will provide a framework for delivery of our objectives, and this will be reviewed at least annually.

The Partnership is responsible for ensuring that:

- Assuring that locally designed and delivered services deliver the agreed outcomes

- Programme activities are delivered within agreed timescales
- Requirements for additional activities are highlighted
- Risks are discussed and mitigations sought
- Progress reports are provided to the Health and Wellbeing Board, and to the Integrated Care System Shadow Board via the Community and Place-Based Care Board and other Programme boards

Our way of working builds on and develops further the joint ways of working we have started to develop in delivering projects such as the Care Closer to Home programme, and embeds this into our future working relationships. It enables integration of care delivery teams and services, removing organisational boundaries and ensuring a seamless service is received by care recipients.

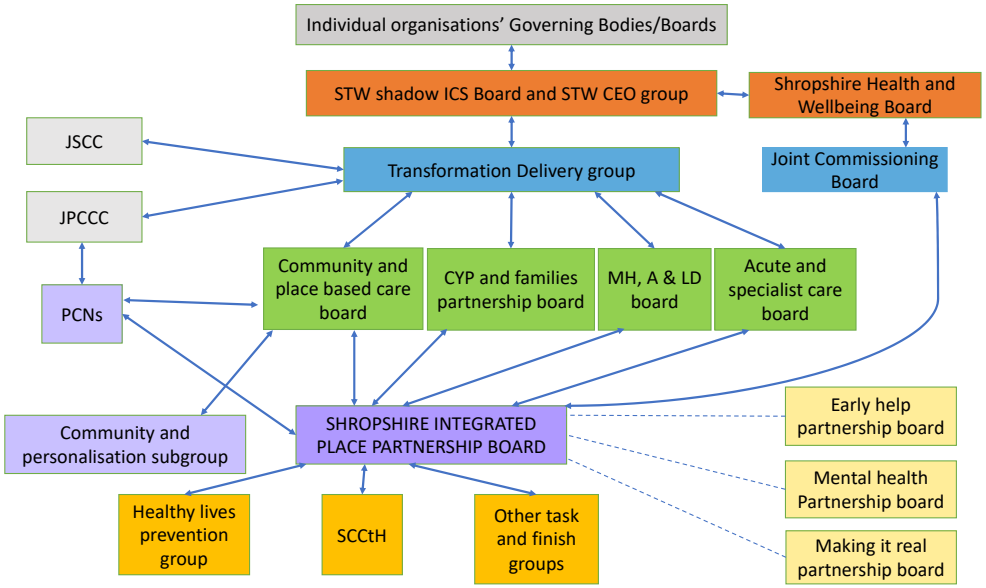
To this end SHIPP members will:

- Share information to achieve the stated aims of the Partnership
- Demonstrate through positive, proactive and inclusive behaviours, a commitment to making the Partnership's work a success
- Embed within our own organisations these values, behaviours and work programmes, leading by example, and holding each other to account
- Share information, experience and resource to work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce costs to our system, releasing resource to allow focus on transformation
- Adopt an approach of doing things once, together, trusting others to act on our behalf, and on behalf of and for the benefit of our system
- Work collaboratively to deliver our statutory duties to achieve best outcomes
- Learn from each other, from the people who experience our services and from best practice in other organisations, and seek to develop as a Partnership to achieve the full potential of the relationship
- Resolve differences of opinion positively and professionally
- Collaborate to jointly develop our workforce
- Work in accordance with the Alliance Agreement which underpins these principles

Accountability and Governance

SHIPP is accountable to the Shropshire Health and Wellbeing Board through the Joint Commissioning Board, and the Shropshire, Telford & Wrekin Integrated Care System Shadow Board through the Transformation Delivery Group and the Programme Boards which report to it (Community and Place-Based Care Board, Mental Health Board, Children, Young People and Families Partnership Board and Acute and Specialist Care Board).

This is illustrated in the diagram below: To be updated when the ICS governance is finalised and agreed – SHIPP replaces Community and Place Board



Where appropriate the ShIPP will also report into the Joint Health Overview and Scrutiny Committee which has responsibility for scrutinising the health services within Shropshire, Telford and Wrekin.

A number of task and finish groups will support ShIPP to deliver its strategic priorities and will report to the Partnership Board, for example, the Shropshire Care Closer to Home working group. These groups will be agreed by the Partnership and may meet regularly, for example to scrutinise and deliver assurance on quality and performance of services, or as required, for example to oversee the piloting or implementation of a specific service.

Membership

- Public/service user representative
- Healthwatch Shropshire – Chief Officer
- Shropshire Council – Adult Social Care Director
- Shropshire Council – Children's Social Care Director
- Shropshire Council – Public Health Head of Service
- Shropshire Council – Housing/ Place Directorate – Assistant Director
- Shropshire Telford and Wrekin CCG/ICS – Exec Director Partnerships, Exec Director Transformation, Clinical Lead
- All Shropshire Primary Care Network Directors
- Shropshire Community Health Trust – Chief Executive
- Midlands Partnership Foundation Trust
- Shrewsbury and Telford Hospital Trust
- Voluntary and Community Sector Assembly

- West Midlands Ambulance Service
- System Finance Lead
- System Comms and Engagement Lead
- One Public Estate Rep

Other members may be co-opted by the Partnership as required.

Each member organisation will determine the most appropriate persons to represent them. Commissioning and provider members will nominate both clinical/care delivery representatives and managerial/operational representatives, who are of sufficient seniority to be able to make decisions on behalf of their organisation. Where possible, the same individuals should attend the Board meetings consistently. However, when unable to attend they should endeavour to send an appropriate deputy.

Chair

There will be joint Chairs of the Partnership Board.
One Chair will be nominated by Shropshire Council And the co-chair will be the Chief Executive of Shropshire Community Health Trust
This arrangement will be reviewed at least annually.

Meetings

The Partnership will meet monthly on dates and times agreed in advance. Additional meetings may be held as necessary and agreed by the Partnership.

Any member may propose items for the agenda.

The meetings will be considered to be quorate if there is a minimum of one representative from each of: Shropshire Council, Shropshire CCG/ICS, a Shropshire PCN, Shropshire Community Health Trust, Midlands Partnership Foundation Trust, Shrewsbury and Telford Hospitals, VCSA rep, public representative. Each representative should have authority to make decisions on behalf of their organisation.

If a meeting is not quorate but an urgent decision needs to be made, the membership may agree to allow Chair's actions outside the meeting to determine the absent member's views and make a decision.

Programme Team

Delivery of the Partnership's programmes of work and meetings will be supported by a programme team made up of individuals from each of the main member organisations.

Review

In view of the rapidly evolving nature of our health and social care system, these Terms of Reference will be reviewed in six months (December 2021).

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Shropshire, Telford & Wrekin
Integrated Care System

Weekly Stakeholder Briefing

Shropshire Health and Wellbeing Board
Meeting Date: 8th July 2021, 9.30am to 12pm
Paper title: Shropshire, Telford & Wrekin Integrated Care System update
Responsible Officer: Nicky O'Connor
Email: nicky.oconnor@nhs.net

1. Summary
This paper provides an update from Shropshire, Telford and Wrekin Integrated Care System (ICS). It covers updates on Integrated Care System Development, Covid 19 vaccination programme, Covid-19 restoration and recovery, Community Diagnostic Hubs, and the VCSE MOU.

2. Recommendations
The Health and Wellbeing Board is asked to receive the update which will be accompanied by a brief presentation at the HWBB meeting to provide up to date information on the ICS and provide an opportunity for questions and discussion.

REPORT

Integrated Care System development

Introduction

We continue to work closely with health and care partners, in-line with national policy and local plans for health and care to support people to stay as healthy as possible and achieve the best possible health outcomes for the communities we serve.

The update follows publication of the Government White Paper, Integration and Innovation: working together to improve health and social care for all, in February which outlines plans to support the development of Integrated Care Systems (ICSs) as statutory organisations.

The white paper proposals build on the NHS Long Term Plan. They aim to:

- Remove the barriers that stop the system from being truly integrated, help integrated care systems play a greater role, delivering the best possible care, with different parts of the NHS joining up better; and the NHS and local government forming partnerships to address some of society's most complex health problems.

- Use legislation to remove transactional bureaucracy that has made decision making harder setting out a more joined-up approach built on collaborative relationships, so that more strategic decisions can be taken to shape local health and care. It's about

population health: using the collective resources of the local system, NHS, local authorities, the voluntary sector and others to improve the health of local areas.

- Ensure a system that is more accountable and responsive to the people that work in it and the people that use it.

Shropshire, Telford and Wrekin Integrated Care System progress

Shropshire, Telford and Wrekin Integrated Care System was established following approval by NHS England on 1 April 2021. This recognises the good progress that has already been made in working together as a partnership of NHS, local government organisations and other colleagues, to join up the planning, transformation and delivery of health and care services for our population. As part of this assurance process, Shropshire, Telford and Wrekin Sustainability and Transformation Partnership [STP] had set out both its proposed development priorities, ICS governance arrangements and operating model.

The proposals set out in the Shropshire, Telford & Wrekin ICS submission are broadly in-line with the Government White Paper, which reflects the work we are already progressing locally across the county to build on our existing partnerships to meet the needs of our population, further joining up health and care services for the benefit of the communities we serve.

Further to this, an ICS System Development Plan has evolved bringing together several existing plans to form one system plan which details the ICS footprint, the vision for the future, the progress and plans towards becoming a statutory ICS, the development of our System Sustainability Programme, the progress of Shrewsbury and Telford Trust Getting to Good Programme and at its core our the ten ICS pledges:

1. Improving safety and quality
2. Integrating services at place and neighbourhood level
3. Tackling the problems of ill health, health inequalities and access to health care
4. Delivering improvements in Mental Health and Learning Disability/Autism provision
5. Economic regeneration
6. Climate change
7. Leadership & Governance – renewed emphasis on place, neighbourhood and provider collaborative arrangement
8. Enhanced engagement and accountability
9. Creating system sustainability
10. Making our system a great place to work

On 16 June 2021 NHS England and NHS Improvement published an Integrated Care Systems Design Framework which sets out the consistent requirements for systems and defines the parameters for the tailoring of ICSs to local circumstances which is key to success. It goes

beyond likely minimum statutory requirements and sets out the ambition from NHS England and NHS Improvement on what will be necessary for systems to be successful as they continue to work on recovery from the pandemic and the wider delivery of the Long Term Plan.

In addition to the national requirement for all ICSs to produce such an System Development Plan, Shropshire, Telford & Wrekin ICS is also taking the key opportunity to expand this plan and collate the system's approach to facing its challenges head on and in a joined-up way. In doing so, Shropshire, Telford & Wrekin is going one step further by creating a 'one system plan', encompassing in one singular document both the system's progress towards becoming a statutory ICS, alongside the varied and diverse key system plans in place and in development.

The timeline for the implementation of future arrangements remains 1 April 2022, with a further development programme envisaged for a period thereafter to ensure the full opportunities presented to the local health and care system are realised.

Meanwhile Shropshire, Telford & Wrekin Clinical Commissioning Group has been in existence since 1 April 2021 following the success merger of Telford & Wrekin Clinical Commissioning Group and Shropshire Clinical Commissioning Group.

For 2021/22 the ICS is a non-statutory body that brings together NHS providers, local authorities and commissioners to provide collective leadership to the Shropshire, Telford and Wrekin health and care system.

The Government's proposals set out an ambitious legislative programme that seeks to accelerate the development journey that health and care in Shropshire, Telford and Wrekin have been on for more than years. The proposals are founded on the core principle that health and care must be based on collaboration and partnership working – and the legislative programme is designed to enable this at local levels.

Covid 19 Vaccination Programme

The vaccination programme continues to be successfully delivered across Shropshire, Telford and Wrekin delivering vaccine to the priority JCVI cohorts in line with national guidance.

As of 24th June 2021, 597,882 vaccine doses (including second doses) had been given in Shropshire, Telford and Wrekin. **Overall of those aged 25 and over 86.3% have had at least one dose** of the Covid-19 vaccine, this breaks down into the following percentages by age group:

- 25-29 – 55.4%
- 30-34 – 71.2%
- 35-39 – 76.9%
- 40-44 – 83.9%
- 45-49 – 82.6%
- 50-54 – 91.0%
- 55-59 – 97.5%
- 60-64 – 99.5%
- 65-69 – 94.5%
- 70-74 – 97.9%
- 75-79 – 100%
- 80+ - 98.9%

On average of those aged 50 and over, 93.8% have had both doses of the Covid-19 vaccine. By age group this breaks down as follows:

- 50-54 – 86.2%
- 55-59 – 93.3%
- 60-64 – 96.3%
- 65-69 – 93.0%
- 70-74 – 96.7%
- 75-79 – 100%
- 80+ - 97.3%

We are currently vaccinating all adults (people aged 18 and over), while continuing to remind people in cohorts 1-11 to come forward for their vaccination if they haven't already, particularly people in their thirties and forties and those who are clinically vulnerable.

We continue to promote the importance of attending 2nd dose appointments through our communications channels and through our system partners.

Walk-in Covid-19 vaccination clinics have opened across the Shropshire, Telford and Wrekin with more planned for July. This is to make vaccination easier and more convenient, aiming to boost vaccine uptake across the county as the Government has started a race to vaccinate the nation in order to lift restrictions. There are currently two types of walk-in clinics in Shropshire, Telford and Wrekin:

- **Walk-in AstraZeneca vaccination clinics (first and second doses available) for people aged 40 and above**
- **Walk-in Pfizer vaccination clinics (first dose only) for 18-39 years olds**

The walk-in AstraZeneca clinics differ from the Pfizer clinics as they are offering first and second doses, not just first doses.

For further details about walk-in clinics, opening times and eligibility, visit our website: https://www.stwics.org.uk/our-priorities/covid-19-vaccination-programme/walk-in-clinic-times

Last weekend, we supported the national "**Big Walk-in Weekend – Grab a Jab**" campaign and we have been working closely with further and higher education institutions across the

county to promote Covid-19 vaccinations and the walk-in clinics to their staff, students and families. We have also been promoting our walk-in clinics via local sports clubs, targeting, the younger male cohort that we know is more prone to vaccine hesitancy. Supermarkets and shopping centres have also been helpful in promoting the walk-in clinics to their staff and customers.

We have started work on our **targeted marketing campaign for 18-29-year olds** to improve vaccine uptake. As part of the campaign we will photograph and video local young people talking about why the vaccination is important to them. We are currently working with system partners to identify six young people from across the county to be the faces of the campaign, "We can do this. Get vaccinated."

We continue to work with local communities and businesses where vaccine uptake is low. We have set up mobile vaccination clinics at Avara Foods in Telford twice this week and have further visits planned to ABP in Ellesmere next week. Over 40 people have been vaccinated at Avara in the first visit this week. We are also in the process of organising mobile vaccination clinics at Muller in Market Drayton, Minsterley and Donnington in Telford and are having discussions about how we can support the vaccination of the workforces at Denso Manufacturing and i2r packaging solutions in Telford. All of these companies have a high proportion of their workforce from different ethnic communities.

Covid-19 Restoration and Recovery

We have been working with system provider partners and communications teams across the region to amplify messaging aimed at trying to reduce attendance through the front door, with demand for urgent care having gone up rapidly, impacting on the ability to do elective work. This has included messaging about NHS111, local videos for social media, as well as a media release to highlight that primary care is open for business and people should feel comfortable accessing their GP surgery. We've also co-ordinated with provider partners to ensure consistent messaging over the scale of the recovery challenge – managing expectations about how quickly we might be able to reduce waiting lists.

Community Diagnostic Hubs

We have had to be agile in responding to an immediate and urgent request to support with engagement work, following the successful bid by the ICS for more than £6 million to run a pilot Community Diagnostic Hub (CDH) in Telford. We now have out in the field a comprehensive survey being delivered by a research company, Influential, to help us understand what our populations think about the plans for dedicated elective diagnostic centres and what else they would want to see

provided in community health and care hubs. The survey is being targeted as specific demographics to ensure we are hearing from the so-called 'hard to reach' groups – and the analysis of this survey will be key to help us shape further engagement work as the CDH programme evolves.

VCSE Memorandum of Understanding

Following a successful collaboration workshop with VCSE colleagues across Shropshire, Telford and Wrekin in May, a Memorandum of Understanding is now in draft between the STW ICS and the VCSE sector. This document will set out the role of both in improving health, social care and wellbeing in the area and will explain why a partnership is being created on shared ambitions. These ambitions will include improving health outcomes and reducing health inequalities, maximising value from financial resources, building successful partnerships, and effectively engaging with people and communities in STW. The draft is being co-produced between the ICS communications team and the Chairs of Shropshire and Telford and Wrekin VCSE and will be available for review in July.

Further information

For further Shropshire, Telford and Wrekin ICS updates, please sign up to our new Stakeholder Bulletin "Collaborate" by emailing the STW Comms Team: shrccg.communicationsteam@nhs.net

Health and Wellbeing Board

Meeting Date: 8th July 2021

Paper title: Health and Wellbeing Board workshop summary

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

Email: Val.cross@shropshire.gov.uk

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1. Summary

This report is a summary of the Health and Wellbeing Board workshop, which took place on the 10th June 2021. The purpose of the workshop was: to bring the new Board together; provide an overview of the Health & Wellbeing Board – Purpose, statutory duties, member responsibilities and current priorities; and discuss if the priorities agreed in January 2020 (Workforce, Weight and Physical Activity, Adverse Childhood Experiences (ACE's)) were still the right ones, following the impact of COVID-19.

Up to date, localised health data and findings from the draft Shropshire COVID-19 impact report were provided to allow understanding of the current health picture. Discussion then followed to determine if the key priorities from January 2020 should remain.
Board members agreed the following:

Key focus priorities (Specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA))
Workforce: Agreed to remain a key focus priority. ***Weight and Physical Activity:*** Agreed this should remain a key focus priority but strengthen this to broader aspects of lifestyle such as alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk. ***ACE's:*** should be part of a wider key focus priority expanded to '***Children and Young People'*** (CYP). ***Mental Health:*** moved to become a key focus priority.
Strategic priorities (These are the long-term aims and how we will achieve them) were agreed as:
Joined up working; ***Improving population health***; ***Working with and building strong and vibrant communities***; and ***Reduce inequalities***.

Next steps will be to draft the 2021-2026 Health and Wellbeing Strategy based on the agreed priorities then engage stakeholders and the public with this draft. The strategy launch date is planned for January 2022. A draft timeline of activity can be seen in section 3 of this report.

2. Recommendations

That the Board agrees the content of this report as an account of the workshop and are active participants in the work going forward to develop and implement the strategy.

3. Report

At the end of 2019, Health and Wellbeing Board members met at two workshops to agree the Board priorities for 2021 to 2026. Not long afterwards, the world changed with the arrival of the global COVID-19 pandemic. As recovery started in Spring 2021, it was apparent that the identified priorities needed reconsideration. The health and wellbeing need of Shropshire people had changed. Many people for

example, had experienced financial hardship and or mental distress for the first time, and for others already experiencing difficulties, COVID had made this even worse.

On the 10th June, HWBB members came together for a short workshop which brought the new Board together, provided an overview of the Health & Wellbeing Board – Its purpose, statutory duties, member responsibilities and current priorities and to understand the health picture post COVID-19 in Shropshire.

The Governance structure of the Health and Wellbeing Board was explained in relation to other Boards, and this can be seen in appendix 1. The aims, vision and proposed principles of the HWBB were also provided and can be seen in appendix 2.

The workshop then looked in more detail using data from the Joint Strategic Needs Assessment (JSNA), Public Health Outcomes Framework data (Figure 1) and the draft COVID-19 in Shropshire report which had shown the risk level as 'high' for: Mental Health – anxiety and depression; Increase in low income families, child poverty and food insecurity; and Financial – provisional ONS data from December 2020 showed there had been more than 10,000 claimants for Universal Credit between March and December in Shropshire.

Better in Shropshire than England ✓	Worse in Shropshire than England X
Male life expectancy at birth	Smoking in early pregnancy
Violent crime – hospital admission rates for violence including sexual violence (all ages)	The percentage of adults who are overweight and obese Amber 64.6%
Prevalence of obesity in year 6 children	Obesity in early pregnancy
Mortality rate from cancer (under 75 yrs)	Child development 2.5 years
New STI diagnoses rate 15-64 years (excluding chlamydia aged <25)	The number killed and seriously injured on our roads
Under 75's Mortality rate from all cardiovascular diseases	Estimated diabetes diagnosis rate for people aged 17+
Breastfeeding initiation	Statutory homelessness rate – eligible homeless people not in priority need
Under 75's Mortality rate from all causes	Excess under 75's mortality rate adults with severe mental illness
Teenage Pregnancy Under 18's conception rate	Age 16-25 Not in Education, Employment or Training (NEET)
% of children achieving at least the expected level in communication and language skills at the end of reception.	Successful alcohol treatment

Inequalities
It is important to consider inequalities when looking at 'better than' or 'worse than' data. Although this provides an important measure, it can hide inequalities that exist within specific communities.
For example, life expectancy is 5.4 years lower for men and 2.1 years lower for women in the most deprived areas of Shropshire than in the least deprived areas. Addressing inequalities will underpin this strategy so our more vulnerable population have a fairer chance to access to vaccinations, mental health support and other health and care services.

Figure 1: PHE Fingertips data (2020)

Discussion followed with the key question: "*Based on the information you have heard, and insight from your own organisation, are the current priorities the right ones"?*

From the key focus priority areas, comments from the discussion included;

Workforce: Agreed workforce should remain a key focus priority area. Discussion points included: whether a new economy would come out of the pandemic; the effect of people losing their job during COVID, and some being affected more than others with their employment situation; and the effect of the 'gig* economy. (* instead of a regular wage, people get paid for the 'gigs' they do, such as deliveries)

Children and Young People (CYP): Complete agreement with a broader focus on Children and Young People and that this should be wider than the originally priority of ACE's/ Trauma. Discussion points included: CYP have not all had the same level of support at home during COVID; rising numbers of looked after children; and the effect of COVID on the mental health of CYP. (Linked to the 'Mental Health' key focus area)

Mental Health: Discussion and agreement the impact of impact of COVID had accelerated this to a key focus priority area, particularly for Children and Young People.

Healthy Weight and Physical Activity: Agreed this should remain a key focus priority area. Discussion points included: strengthening the Healthy Weight priority to broader aspects of lifestyle such as alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk; widen this priority to food inequality/poverty; and consideration of the broader reasons around obesity.

It is proposed that the 'Healthy Lives' steering group is renamed the 'Prevention' steering group and oversees Healthy Weight and Physical Activity and broader aspects of lifestyle detailed in the priority above.

Strategic priorities were agreed. Discussion points included;

Inequalities: Important to have a clear and focused approach to health inequalities work, and make impact by population health management targeted interventions, not generic ones.

Joined up working: Joint understanding of health being social and economic, not just absence of disease.

Working with and building strong and vibrant communities: Pooling information and resource to support people in our communities.

Improving population health Importance of primary prevention as well as support (secondary prevention) for those currently on long waiting lists for procedures

Other focus priorities remain as agreed at the 2019 workshop: Social Prescribing, Domestic Abuse, County Lines, Alcohol, Smoking in Pregnancy, Food Insecurity, Suicide Prevention, Killed and Seriously Injured (KSI) on Roads and Air Quality. Although these are listed, they should not be considered as 'separate' priorities and will form part of the key and strategic priorities above.

Next steps

Next steps will be to draft the 2021-2026 Health and Wellbeing Strategy based on the agreed priorities then engage stakeholders and the public with this draft. The strategy launch date is planned for the January 2022. A draft timeline of activity can be seen below.

Draft Timeline summary						
July 2021	**Aug. 2021**	**Sept. 2021**	**Oct. 2021**	**Nov. 2021**	**Dec. 2021**	**Jan. 2022**
08.07.21 Workshop report to HWBB 12.07.21 Draft strategy to HWBB and SHIPP members 26.07.21 HWBB Responses deadline	02.08.21 0nward. Create communication materials 31.08.21 Comms. materials printed 31.08.21 All comms materials ready	**06.09.21 Consultation period begins** 06.09.21 Consultation info disseminated 13.09.21 CYP consultation starts	11.10.21 CYP consultation ends	**08.11.21 Consultation period ends** 11.11.21 Draft Consultation response report to HWBB	Write up of final strategy with findings	13.01.22 Final draft to HWBB **14.01.22 Strategy launch** with press release. Published on SC and partner websites

Conclusions

The workshop was a worthwhile event, which achieved its purpose. The key and strategic priorities were agreed by Board members and will now enable the strategy to be drafted and go out to public and stakeholder consultation.

4. Risk Assessment and Opportunities Appraisal

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

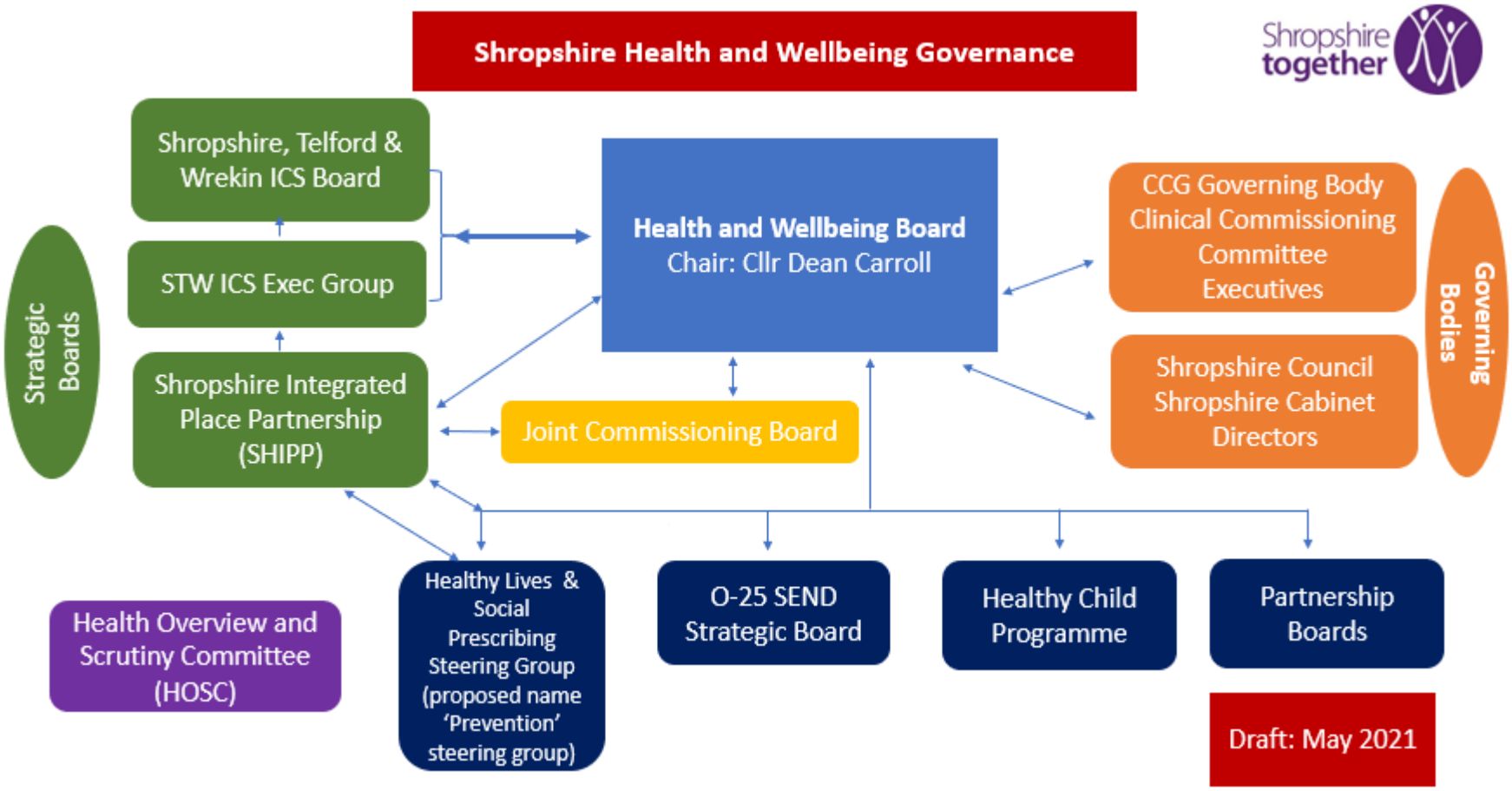
Equality and equity elements were included in the prioritisation process, and the development of the HWBB strategy will include broader public and stakeholder engagement and consultation.

5. 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 Social Care, Public Health and Assets – including Population Health and integration
Local Member
Appendices Appendix 1 HWBB Governance Structure Appendix 2 Shropshire Health and Wellbeing Board proposed Aim and Vision

Appendix 1 HWBB Governance Structure



Appendix 2

Shropshire Health and Wellbeing Board

Proposed Aim and vision

Our Vision:
For Shropshire people to be the healthiest and most fulfilled in England

Our Aim:

- To improve the population's health and wellbeing across Shropshire
- To reduce health inequalities that can cause unfair and avoidable differences in people's health
- To help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life
- Ensuring that prevention is at the heart of improving health and well-being and reduce ill health and the associated demand on health and care services
- Providing democratic input into the Integrated Care System
- To work with our communities and population to lead their role in improving their own health and wellbeing

Proposed Principles

To drive a genuinely collaborative approach to the commissioning and delivery of services which improve the health and wellbeing of local people, the Board will abide by the following principals:

- The Health & Wellbeing Board will work primarily to improve the health and wellbeing of the citizens of Shropshire;
- The Health & Wellbeing Board will work collaboratively and consensually;
- The Health & Wellbeing Board will add value over and above our current arrangements to really tackle key priorities and delivery outcomes for our communities.
- Transparency in decision making, representing the views of local populations and allowing people to have their say and opportunity to influence decisions.

Health and Wellbeing Board

Meeting Date: 8th July 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 an update on Shropshire's JSNA; progress to date, future direction of the JSNA and revised timescales.

2. Recommendations

2.1 The Health and Wellbeing Board:

- Review the preliminary data and information list for the Place Based JSNA and consider any additions **appendix 1**
- Note the proposed work programme and resourcing
- Consider and approve the proposed wave 1 place based JSNA areas

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;
- Deliver better health and wellbeing outcomes for the local community;

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

- 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 Progress Update and Revised Timescales 2021/22

4.1 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.

4.2 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.

- In December 2020 it was agreed to restart the **SEND JSNA** bringing in resources by commissioning an external provider to complete the needs assessment report and engagement and this resource was added in April 2021. A preliminary draft has been completed and the aim is to complete this in Summer 2021.

- The **Pharmaceutical Needs Assessment (PNA)** has been identified as a priority by the Health and Wellbeing Board. Despite the suspension of publishing requirements to October 2022 by DHSC, Shropshire Council (SC) have approached and agreed in principle to deliver the PNA as an STP in partnership with Telford and Wrekin Council. This will allow efficiency around the process of undertaking primary research and wider evidence gathering and analysis whilst still leading to the production of two distinct PNA products reflecting the specific needs of those populations.

- Draft content and evidence resource plans have been created for the PNA deriving from a review of previous PNA products and discussion with PSNC. This review will be widened to incorporate further best practise examples over the coming months.

- An initial meeting with the preliminary PNA Stakeholder Board is scheduled for 7th July. Project timelines have been developed by SC and will be proposed for group approval.

- April 2021 onward – The **JSNA** place-based programme has been restarted and planning initiated to put in place the new place-based approach Planning commenced in May 2021 with a ready to launch date of 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. There are two key strands to the new JSNA:

1. **The Place-Based Need Assessments (PBNA**) - Needs assessments covering the County's 18 Place Plan areas. The plan remains to divide the County into 3/4 waves of JSNAs. 3 Place Plan area have been identified as potential priority areas subject to stakeholder agreement based upon wider determinants, health needs, rurality and that in aggregate they cover a wider geography of the County. Those areas are:
    a. Whitchurch – due to the work around health facilities in the area, this would give us an opportunity to match with the health and wellbeing needs of the population and other assets within the area.
    b. Oswestry – as an area with historically poorer health and wellbeing outcomes and inequalities, vibrant VCSE to work with and useful to explore cross boarder working
    c. Highley – an area often included within the Bridgnorth figures and therefore some of the specific local issues are not always visible, a smaller community with strong local groups to work alongside

2. **The Web-Based JSNA** - In parallel will be the development of a new online profiling tool produced by Public Health in conjunction with the Business Intelligence team. This will enable users to profile a variety of different geographical areas with the priority focus being on traditional JSNA content, but also eventually incorporating wider measures allowing a more comprehensive viewing of the wider determinants of health and facilitating place-based approaches to be taken across the system. A proof of concept using Power BI, a ubiquitous and PHE endorsed business intelligence tool, is currently in progress.

    Currently each Place-Based Needs Assessment will be broken down into logical navigable dashboards aligned with the expectations of a traditional JSNA;
        - Local population demographic – who lives there
        - Households – by type
        - Health indicators
        - Social Care indicators – users of SC
        - Economic indicators – local deprivation, employment etc
        - Education – achievements and inequality indicators
        - Crime
        - Environment

    The dashboard would be implemented into the Shropshire Council public facing webpage similar to how existing reports have been such as the Shropshire Snapshots and forthcoming *electoral ward* information. Each data set would be accompanied by a narrative that updates depending on the place selected.

    As well as quantitative data it is also under consideration how qualitative feedback will be captured and presented should we wish to include as part of this phase of the online dashboard development e.g. use of a word maps describing certain responses, specific embedded responses etc.

    A draft scope in terms of critical information is attached in Appendix 1 for review.

- The Strategic JSNA group continues to meet to align the data infrastructure and community engagement elements and drive forward the delivery of the JSNA 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 roll out of the programme have been brought in, including the new Head of Information and Insight and his Team within Shropshire Council and a new Joint Population Health Management post sitting within Public Health and the CCG.

- Development of a survey tool to capture feedback from local residents and key stakeholders on issues and needs within their communities will also be developed

- 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 on 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.

Key milestones

- August 2021 – Delivery of SEND JSNA.
- July 2021 – establishment of Wave 1 Place Based Steering Group and Programme Plans and development of survey tool to capture local issues and needs
- August 2021 – scoping of quantitative and quantitative data for place based JSNAs
- September 2021 – Development of preliminary Web-Based JSNA/Place-Based Profiling Tool with core data
- September 2021 – Initial Consultation for Pharmaceutical Needs Assessment (PNA) begins
- November 2021 – PNA Service Mapping
- February 2022 – First draft of PNA
- March 2022 – Formal Consultation on PNA (90 days statutory period)
- July 2022 – Redraft and submission of PNA to HWBB for final approval.
- Summer 2023 – Full transition to Place-Based and Web-Based JSNA products.
  *subject to change in agreement with HWB

5.0 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

6.0 Risk Assessment and Opportunities Appraisal

6.1 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.

6.2 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.

7.0 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: Proposed data and information requirements for Place Based Needs Assessments.
Cabinet Member (Portfolio Holder) Cllr. Dean Carroll Portfolio Holder for Adult Services, Health and Housing and Assets

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Appendix 1 JSNA Structure: Place-Based and Web-Based Needs Assessments

Draft Online Dashboard Intelligence Scope

Category	Type of Information/Description
Population	Phase 1 • Population density Mid-Year pop estimate (age/gender) - ONS • Population projections • Ethnicity profile - ONS • Country of birth - Census • English not first language - Census • Religion – Census • Sexual orientation • Births and Deaths - ONS • Life Expectancy – PHE • Deprivation - IMD Phase 2 • Population change and migration - ONS • Fertility rate • Mortality rate • National identity (e.g. British/English/Welsh/Scottish/Cornish/Irish/Other etc) - Census • Main language spoken by household - Census • Year/age of arrival in the UK (where applicable) - Census
Households	Phase 1 • Average household size • No. of households/dwellings • Household spaces/accommodation rooms – ONS • Household composition – single, family, dependent children etc • Dependency ratio (how many dependents) • Household projection by year • Properties not connected to gas network - Department for Business, Energy & Industrial Strategy • Fuel poverty - Department for Business, Energy & Industrial Strategy • Housing affordability – household income/house prices -CACI & ONS Phase 2 • Access to garden space by housing type • Energy performance - Energy Performance of Buildings Data • Domestic Gas Consumption - Department for Business, Energy & Industrial Strategy • Heat maps by address • Flooding/air quality • Licenced HMOs • Student private landlord accreditation scheme • Long term vacant properties • Social housing stock • Lettings • Social housing register • Homelessness and temporary accommodation • People sleeping rough • Care Homes

	• Extra Care/Retirement living • Housing supply completions, commitments, allocations and planned monitoring • Affordable homes other than new build • Gypsy and Traveller accommodation Phase 3 • Build period dwellings • Current/future housing need by community group • Cost of private rented accommodation by dwelling group • Households in council tax arrears • Tenants in arrears – local authority managed/owned • Repossessions by Courts • Households in receipt of Council tax discounts • Household in receipt of housing related benefits • DWP benefits • Planned building of households
Health	Phase 1 -Accessible by Information team • Limited day to day conditions by age (frailty indicator?) • Unpaid carer provision • Not in employment or with health problem/disability • Life Expectancy Additional information required from NHS/health partners/PHE • Prevalence of health conditions • Low birth weight • Teenage pregnancy • Children obesity – NCMP • Children hospital attendance • Adult obesity • Smoking prevalence • Alcohol related hospital admissions • Emergency admissions for self harm • Screening coverage (cancers – bowel, breast, cervical) • Older person emergency hospital attendance • Emergency admissions for Hip fracture for 65+ • Dementia diagnosis for 65+ • Emergency admissions for heart attack (MI) • Mortality rates
Social Care	Phase 1 • Would need to consider period reporting or frequency of refresh for this information • Adult active users of social care (and by package) • Children social care by type of package • Referrals to Early Help • Referrals to Safeguarding Phase 2 • Care home availability • Specialist housing availability

Economy	Phase 1 • People economically active (full/part time, retired, student apprentice, volunteer) • Number of businesses – IDBR/ONS • Employment sectors and number of jobs – BRES • Occupations – Census • Earning – ASHE • Fuel poverty • IMD HEAT Map • Children living in Benefit receipt households./low income households • Universal credit claimant/Job seekers • Broadband speed access (download/upload speed median)/4G or 5G signal from all operators Phase 2 • Unemployment by gender and age • Food poverty • Children in absolute/low income families • Proportion of people of working age in employment • 16-17-year-old NEETs • Gap in employment rate between those with a long-term health condition and wider employment rate • Gap in employment rate between those with a learning disability and wider employment rate • Gap in employment rate between those with a secondary mental health condition and wider employment rate • Apprenticeships Phase 3 • Sickness absence proportion of working days lost to sickness • Long term unemployment • Jobseeker U/C claimants by age/gender
Education	Phase 1 • Free school meal eligibility by age/year group • Pupil numbers (school type/gender/ethnicity) • SEND primary need (age/year group) • Reception years achieving good development • Key Stage 2 achieving expected standards in reading/writing (Q. based on school address or home address if different place?) - NCER • Key stage 4 achieving expected standards in reading/writing (Q. based on school address or home address if different place?) - NCER • Pupil absence during academic year • Population qualification levels – Census Phase 2 • Free school meal attainment gap (including at reception age) • Type of school (LA, academy/independent, college, private, boarding) Phase 3 • Adult education – vocation/recreational

Crime and Safety	Phase 1 • Crime type • Crime rate • Youth offending • Anti-social behaviour Phase 2 • Domestic abuse incidents • Reoffending rates Phase 3 • Street lighting • Neighbourhood watch
Environment	Phase 1 • Air quality/ CO2 omissions • Vehicle ownership • Travel to work method • Distance travelled to work • Time spent travelling Phase 2 • Place plan map of access to core local services (including GP, pharmacy, voluntary sector support, libraries etc) • Noise complaints • Killed or seriously injured casualties on roads Phase 3 • Map of green spaces and public parks • Map of public walkways, paths, bridleways, cycling paths • Heritage sites or places of interest • Allotment spaces Public transport accessibility and availability to main travel routes • Frequency of public transport to main travel routes • Cost of public transport to main travel routes

Health and Wellbeing Board
8th July 2021

HWBB Report on Inequalities

Responsible Officer Rachel Robinson, Director of Public Health
Email: Rachel.Robinson@shropshire.gov.uk Tel: Fax:

1. Summary

1.1 The purpose of Health and Wellbeing Boards is to oversee and set the strategic direction regarding the health and wellbeing of a population. The Boards must focus on narrowing health inequalities in their area by facilitating informed and collaborative decision making between the local authority, NHS partners, the Voluntary and Community Sector and local people.

1.2 The COVID-19 pandemic, and the wider governmental and societal response, has highlighted existing health inequalities and exposed multiple disadvantage and discrimination faced by some communities. Furthermore, the consequences of measures to control the spread of the virus risk exacerbating health inequalities. Additionally, the NHS, through the Long-Term Plan (pre-pandemic) and the post pandemic eight urgent actions (detailed below), has pledged to urgently tackle inequalities.

1.3 Considering this and together with a changing health and care landscape, it is a key subject matter for the Shropshire Health and Wellbeing Board (HWBB) to consider and discuss priority areas of work to reduce inequalities locally.

1.4 The report below is a highlight report, which describes a combination of strategic imperatives and local activity on inequalities. The report highlights the role of the JSNA in supporting our work; what it means to take a 'whole system approach' to tackling inequalities; it describes the NHS imperative in more detail, our work on mental health, complex need, lifestyles, and the wider determinants of health; and It asks the Board to consider its role in influencing this work and for ongoing input as a board.

2. Recommendations

2.1 The HWBB is asked to note the contents of the report and consider receiving regular updates in more detail on each area presented;
2.2 The HWBB is asked to discuss the Board's role in promoting the system work on population health and inequalities.

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.

4. Financial Implications

4.1 There are no financial implications as a direct result of this report, however the work to tackle and reduce inequalities requires ongoing investment.

5. Background

Population Health

Population health has been defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population.

Shropshire Council, and our system partners are committed to improving population health and in order to do so has recognised that there are four interconnected pillars/areas of action or pillars of population health that need to be addressed. These are:

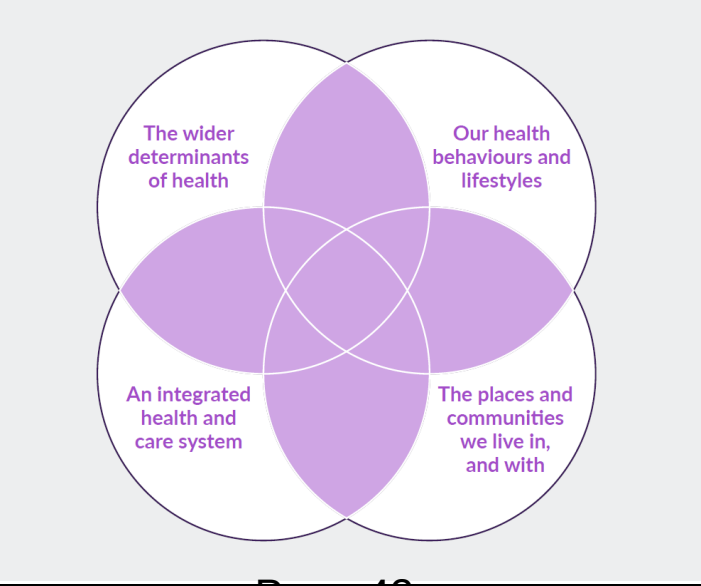
1. The Wider Determinants of Health
2. Health Behaviours and Lifestyles
3. The Places and Communities Where we Live
4. Integrated Care System

Improving population health requires targeting action on all four of the pillars and, crucially, the interfaces and overlaps between them, this starts with understanding our population, the inequalities that exist and their needs, assets and what works at an individual, community and service level. By taking this approach, activity is focussed on keeping people well for as long as possible, preventing or delaying poor health and wellbeing.

To achieve population health, we must reduce health inequities among different population groups due to, among other factors, the social or wider determinants of health.

Figure 1. Working in partnership to address issues within each of the four domains is essential in promoting health and in reducing health inequalities.

Figure 1: Population Health Model



Inequalities report

5.1 Whole System Approach

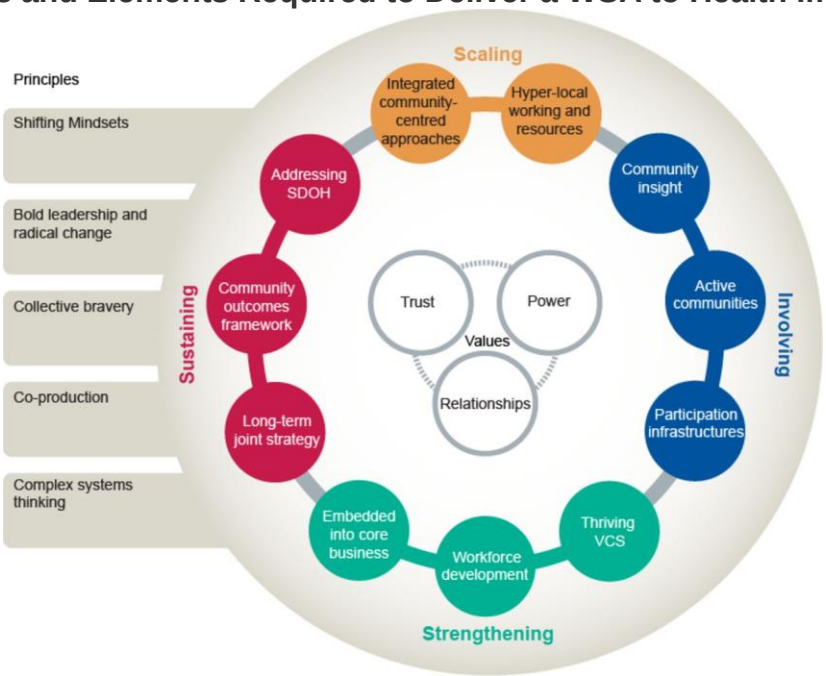
Inequalities in health are borne out of a complex array of factors relating to individuals and the communities/wider environment within which they live. As such health inequalities cannot be addressed effectively unless the complexity of the factors underpinning them are understood and tackled. A whole system approach (WSA) works with communities and stakeholders to both understand the problems and to support the identification and testing of solutions.

There are a number of elements or activities that are undertaken as part of a WSA, including the following:

- Engagement of a wide range of stakeholders and stakeholder mapping, including Children and Young People (CYP)
- Community engagement - in particular including those with 'lived experience' of the problem to be addressed
- System mapping so that the complexity of the problem can be understood, and complex system theory can be applied
- Identification of community assets to be deployed in co-producing place-based solutions

Across Shropshire a WSA has been adopted in understanding the factors that underpin Food Insecurity (in SW Shropshire) and the forthcoming development of a Healthy Weight Strategy will likewise adopt a WSA. Depending on the outcome of a recent bid to the LGA/Health Foundation there may be an opportunity for dedicated resource to assist partners in Shropshire in understanding and embedding WSAs in tackling complex problems, based on the learning associated with reducing Food Insecurity.

Figure 2: Principles and Elements Required to Deliver a WSA to Health Improvement



Whole system approach to community-centred public health. (source: Public Health England, 2020, Community-centred public health: taking a whole system approach. Briefing .https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach).

5.2 NHS Imperative

A central part of responding to COVID-19 and restoring services must be to increase the scale and pace of NHS action to tackle health inequalities to protect those at greatest risk.

NHS England (NHSE) commissioned a national advisory group of leaders from within and beyond the NHS to advise on how to achieve this aim. The group identified eight urgent actions, building on the measures to implement the NHS Long Term Plan. These are:

- Protect the most vulnerable from COVID-19
- Restore NHS services inclusively
- Develop digitally enabled care pathways in ways which increase inclusion
- Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
- Particularly support those who suffer mental ill-health
- Strengthen leadership and accountability
- Ensure datasets are complete and timely
- Collaborate locally in planning and delivering action

5.3 Joint Strategic Needs Assessment (JSNA) and Director of Public Health Annual Report

JSNAs are vital to reducing health inequalities. The 2012 Health and Care Act placed additional importance on the role of the JSNA in being core to local decision making. JSNAs are the means by which local leaders work together to understand and agree the needs of all local people. Supporting the development of the Joint Health and Wellbeing Strategies and ICS plans, focussing leaders on the priorities for action and providing the evidence base for decisions about local services.

Core to developing the JSNA is working with and understanding the needs, aspirations and assets that exist in our communities. Covid 19 has highlighted to this system that we have a wealth of good will, volunteering and neighbourliness, through which our population has been supported through the pandemic. It is vital that we understand how public services can support our communities and their approaches to wellbeing; working more closely with our communities to understand need and facilitate positive health outcomes.

The DRAFT Impact of Covid report, produced by the Shropshire Council Insight Team and found in **Appendix A,** provides a clear picture of the impact of Covid on our population. The document highlights key elements for us to consider as we recover from Covid; particularly regarding the mental health of our population, the financial impact and impact on low income families, food insecurity and child poverty.

Nationally, Public Health England report, Disparities in the risk and outcomes of COVID-19 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf) has confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. Professor Kevin Fenton from Public Health England suggests that The unequal impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities may be explained by a number of factors ranging from social and economic inequalities, racism,

discrimination and stigma, occupational risk, inequalities in the prevalence of conditions that increase the severity of disease including obesity, diabetes, CVD and asthma.

In Shropshire a new process for designing a place based joint strategic needs assessment (JSNA) is currently being progressed by a dedicated strategic group comprised of representatives from Public Health, the Information and Insight team, CCG and voluntary sector colleagues.

The intention is to have a mixture of intelligence including statistical data, projection modelling of future need and community engagement to understand experiences of what life is like in different parts of the county. This will help determine detailed understanding of health and wellbeing needs across the County and inequalities across and within communities and identify future priorities and any gaps in services.

Alongside the place-based needs assessment, a number of themed health needs assessments are also being progressed which currently include the SEND assessment and commencement of a Pharmacy Needs Assessment.

Directors of Public Health in England have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities and recommendations for priorities to address and improving population health. The report for 2021 will focus on inequalities across Shropshire and its communities.

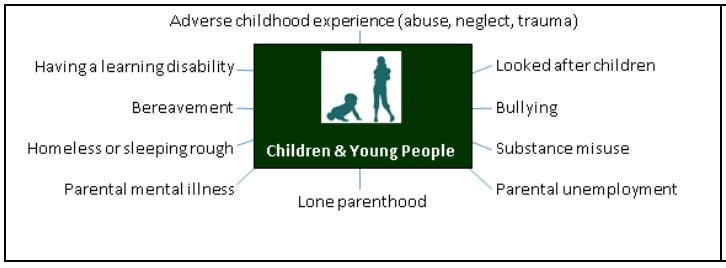
5.4 Mental Health

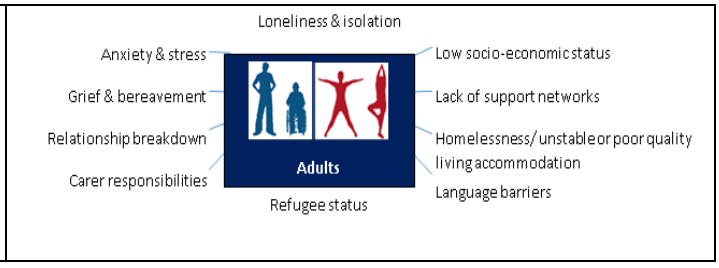
Our mental health is a key determinant of life expectancy In Shropshire. Locally, the gap between life expectancy of those with serious mental illness and those without is approximately 20 years. This gap has been widening in recent years, highlighting a major concern for Shropshire.

Good mental health is also a key component in nurturing community development and can therefore be seen as the responsibility of individuals, families, friends, employers and the wider community to enable people to develop and maintain good mental health.

There is much evidence of inequality for the development of mental health problems, particularly between people from different socio-economic groups, genders, ages and ethnicities. This is demonstrated through the lower average life expectancy and poorer physical health outcomes for people who have a mental health illness, compared to those that do not. Although in recent times there has been greater awareness to address these inequalities across society, it is recognised that there are still many groups who have different abilities to access support and to engage within their community as a result of their social, physical and economic environment. This can make some people more susceptible to mental health problems.

The following images identify some of the key factors with greatest influence on emotional wellbeing for children & young people and adults.





COVID has brought mental health awareness to forefront with reports that many first-time requests for mental health support have been made by people of ages as well as the disruption to usual support for those who are already connected with services. In addition, Age UK have published a

report finding that older people who have been self-isolating at home for long periods of time during COVD are at much greater risk of loneliness and isolation, loss of usual function and mobility and fear of going out post lockdown. Young people have had their education disrupted along with the uncertainty with exams and connecting with friends and peers. Nationally and locally, there is growing concern regarding eating disorders in young people along with self-reported suicidal thoughts and self-harm. (more information in **Appendix A** – Impact of Covid)

We also know that as a cohort, men are less likely to actively seek out support for mental health concerns or suicidal thoughts but have a far greater burden of suicide, particularly in the 45 to 64 age group.

Shropshire Council recognise these risks and are leading and assisting partners with a range of interventions aimed at mental ill health prevention and wellbeing promotion.

This includes investment in universal offers aimed at keeping well and includes;

- The Shropshire Bereavement pathway (connecting our Customer Services offer with local voluntary providers Cruse, Severn Hospice, Samaritans and Crane Counselling) and linking with social care/social prescribing support

- A license for TogetherAll, for any Shropshire resident to access the confidential, secure and nationally recognised online wellbeing platform for peer support of low level mental health or wellbeing concerns, self-guided learning to improve mental health literacy as well as themed courses (including managing sleep, anxiety, depression, procrastination etc).

- Leading the suicide prevention agenda with dedicated funds made available through a network bid for monies to invest in establishment of a new suicide bereavement offer across Shropshire and Telford, free to user suicide awareness training and soon to launch suicide real time surveillance system to provide enhanced insight about local suicides for learning on missed opportunities, to target preventative resources more effectively and to prevent future suicide.

- Social Prescribing for low level emotional, mental health and isolation and loneliness for adults; and for children and young people (in the south west currently).

In addition, there are many opportunities to promote wellbeing including national programmes such as the 5 Ways to Wellbeing, resources on the NHS Every Mind Matters site and the Shropshire Council mental health webpages. Targeted approaches for higher risk cohorts continue to progress through multi-disciplinary groups (such as the work progressed via our suicide prevention network, children and young people focused programmes linking with schools and older adults mental health mental health prevention groups) and continues to explore opportunities for shared ambitions with other existing services.

The Prevention Concordat for Better Mental Health programme aims to facilitate local and national action around preventing mental health. The Board had begun exploring opportunities around this prior to COVID, now is the right time to revisit the approach.

5.5 Lifestyles

Individual lifestyle choices are influenced by wider physical, social and economic factors and these in turn can affect health behaviours. Lifestyle-related conditions such as obesity and Type 2 diabetes are largely preventable, shorten life expectancy and can severely impact on quality of life. Those living in poorer, more deprived communities are disproportionately affected, and managing behavioural risks to health and their consequences places considerable demands on health and care services.

There is clear evidence that changing lifestyle-related behaviours including, for example, smoking, poor diet, physical inactivity and alcohol misuse, through effective, evidence-based approaches can have a real impact on mortality and morbidity. These behaviours should be considered through all ages, with a focus on maternal health and child development, to gain maximum benefit.

The Coronavirus pandemic has highlighted the importance of a healthy lifestyle to physical and mental health and wellbeing. Evidence shows that being overweight increases the risk of serious illness or death from Covid-19, with risk increasing with degree of obesity.

Shropshire's mandated NHS Health Check programme supports eligible 40-74-year olds to identify early signs of stroke, kidney and heart disease, type 2 diabetes or dementia, and supports management of identified lifestyle risk through brief opportunistic advice and active signposting.

Social Prescribing is well-established in Shropshire and work is ongoing to further expand its reach. The programme is delivered by Shropshire Council in collaboration with voluntary and community sector partners, on behalf of Shropshire's Primary Care Networks, and offers a non-medical solution for people with a wide range of social, emotional or practical needs. A Children and Young People's (CYP) Social Prescribing service has been launched in the south west of the county, providing a link worker for young people to connect with, as well as additional activity to support the emotional, mental and physical health of CYP.

Trained advisors, skilled in behavioural support, provide person-centred, goal-oriented support including active signposting/referral to resolve health and wellbeing concerns. A common reason for referral into the programme is a desire to make a lifestyle change, such as stopping smoking, becoming more physically active or losing weight.

As part of the government's commitment to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles, local authorities in England have been allocated one-year's funding (2021-22) through Public Health England's Adult Weight Management Services Grant. Shropshire has been allocated £168k to deliver an evidence-based adult behavioural weight management service and there is current commitment to develop a localised model that optimises existing skills and knowledge within social prescribing. The grant will support the Council to develop local systems and increase capacity to deliver a targeted weight management programme.

Taking a whole system approach promotes healthy lifestyle behaviours, prevents ill-health and reduces inequalities through multi-level intervention. This approach supports individuals to take control of their health and wellbeing by creating conditions in which they feel empowered to make healthy lifestyle choices. It also recognises and builds on training previously delivered to support front-line staff with the knowledge and information needed to make every contact count and to confidently deliver brief opportunistic advice, including active signposting to further information and support, to encourage healthy lifestyle choices.

5.6 Complex Need

Complex need is often used interchangeably with the term multiply disadvantage and describes having two or more co-morbidities that overlap and exacerbate each other, affecting people's physical, mental, financial or social wellbeing:

- substance misuse
- homelessness
- domestic abuse
- learning disability
- history of offending
- poor physical health
- experiencing a mental health condition

In addition to the above conditions, a large proportion of those people will have been exposed to sexual and physical abuse, neglect, loss of custody of a child and other traumas which in turn can affect their ability to cope and self-regulate. Yet whilst there is a plethora of mainstream services to support these issues, the fact is many services have difficulty engaging people which means they often come into contact with police, health and local authority services without receiving the support they need to break the cycle.

There is a gap in how we engage and support people who are facing multiple issues, which not only translates into poorer outcomes and premature death it also means as a system what we are doing is having little impact. Drug and alcohol misuse is both a cause and consequence of health inequality. Latest data from the Office of National Statistics (ONS) has found alcohol related deaths have increased by nearly 20% between 2019 and 2020, drug related deaths also continue to rise year on year. Closing the gap will require different thinking, not just about what services we commission but how they are delivered and developed with people of lived experience.

In order for us close this gap and to better understand the extent of complex need, Shropshire, Telford and Wrekin have jointly been successful in winning funding to appoint a Population Health Fellow. This person will spearhead a new project that will focus on making best use of local resources, targeting a population who have low, moderate or serious mental illness, who experience multiple disadvantage and have complex lives.

The benefits of the project would be the development of an evidence based, joined up approach to supporting people with complex needs through coproduction to create a greater understanding of how the current system responds and where the gaps are. The key outcomes would include:

- improved individual emotional and mental health and wellbeing
- improved physical health of those with complex needs
- reduced homelessness
- better joined up services, and service offer
- improved asset-based approaches to supporting people in local communities
- Reduce impact on services (health, social care)

5.7 Wider Determinants of Health

Accelerate preventative programmes which proactively engage those at risk of poor health outcomes

Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. The physical, social and economic environment are the wider determinants of health.

Shropshire Council have taken the following actions to improve health through the wider determinants of health.

Health in all Policies: It is a Cabinet approved requirement that the health impact of all policy and strategy documents taken to Shropshire Council committees be assessed and recorded. Where any policy is assessed as having significant impact on the health of residents of Shropshire the impact is assessed, and action taken to enhance positive impacts and reduce negative impacts.

Core Plan: The planning team have worked very closely with public heath colleagues to assess the impact of specific aspects the core plan on the health of the population. In particular the focus includes housing conditions and sustainability, particularly mitigating the impact of climate change.

Currently the actions described above are all at a Shropshire Council level, however we recognise the importance the Health in All approach being embedded across the actions of systems partners.

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 Social Care, Public Health and Assets – including Population Health and integration
Local Member n/a
Appendices **Appendix A – Shropshire Council Impact of Covid**

Appendix A

Impact of the pandemic: Shropshire

Evidence gathering February 2021, Shropshire Council's Feedback and Insight Team (all Feedback to 30 March 2021)

The impacts of the Covid-19 pandemic have been felt widely across Shropshire. Some of those impacts are easy to evidence whereas others will rely on longer term monitoring and local research. This report draws together available information to look broadly at the impacts that have, and may, be experienced and impact on individuals, households and local service providers. Included within the paper are the wider health, social and economic impacts of the pandemic. A section is also included to highlight the emerging and known inequalities that have arisen, or become more evident, as a result of the pandemic. It is recommended that this is a working document, reviewed and updated as more information becomes available. The sections covered are:

- Health
- Wellbeing
- Adult social care and support
- Housing and homelessness
- Shopping and mobility
- Employment and business
- Debt and hardship
- Safeguarding and community safety
- Children and families
- Food insecurity
- Environment and climate change
- Volunteering and the voluntary sector
- Workforce and organisational pressures
- Inequality

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Health				
Infection and transmission	13,942 people have tested positive in Shropshire (reported to 13 February 2021). The rate per 100,000 population of all positive test for the pandemic is 6,112.9 for the United Kingdom and for 4,314.6 for Shropshire. Source: https://coronavirus.data.gov.uk	Rachel Robinson	Negative	High – upward trend
Increase in people with long-term conditions (long-covid)	The Office for National Statistics (ONS) has announced plans for estimating the prevalence of, and risk factors for, "long COVID" symptoms and health complications following infection. An initial set of results suggest 1 in 10 may experience symptoms for 12 weeks or longer following a positive test. So, Shropshire's current estimate could be 1,394.2 people, and rising. Current research shows that patients in hospital with COVID-19 experienced elevated rates of metabolic, cardiovascular, kidney and liver disease compared with patients of similar demographic and clinical profiles over the same period. Source: https://www.ons.gov.uk/theprevalenceoflongcovid	Rachel Robinson and Tanya Miles	Negative	Medium – A concern but numbers not yet fully understood
Excess Deaths	According to PHE between 27/3/20 and 11/6/21, there have been 4,735 registered deaths, it is expected we would have had 4,421 deaths – this is based on the	Sherry Woolgrove/Mark Trenfield	Negative	Medium

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	previous 5 years of data (2015-2019). So in total we have had 314 excess deaths than expected in this period.646 of the actual deaths had COVID mentioned on the death certificate.			
Covid-19 Deaths	SATH Hospital deaths reported daily via Rachel Robinson – data up to 27/6/21 showed a total of 621 COVID deaths at SATH, RJAH or Shropshire Community hospitals, since start of March 2020. Shropshire death registrations where COVID is mentioned on the death certificate, data for registrations up to 25/6/21, a total of 601 deaths mentioning COVID – could be primary or secondary.		Negative	Medium
Hospital admissions	Total admissions to hospital for Shropshire Community Health NHS Trust as at 14 February 2021 were 249 (14 people were in hospital at the time). ADD to form TOTAL All Hospital data SaTH, Neighbouring acute trusts and Shropcom's community hospitals. On 29/6/21 there are 3 COVID positive patients in SATH beds, 36 more with suspected COVID. 1 of the COVID patients is in a mechanical ventilation bed, 2 more in oxygen beds. 1 COVID positive patient is in ITU/HDU.	TBC	Negative	Medium
Delayed Treatment	It is estimated that the delay in treatment due to COVID could take 12-36 months to catch up for some services, this will have an impact on social care and other sectors. Figures from SATH suggest that in February only 26% of elective cases have been restored creating significant demand.	Tanya Miles/Rachel Robinson linking to NHS	Negative	High
Delivery of testing	Number of people who had had a lateral flow device test in Shropshire to 17 February 2020 was 78,640 (1,600 daily). Source: https://coronavirus.data.gov.uk	Rachel Robinson/Penny Bason	Positive	Reduces risk
Delivery of vaccinations	The Shropshire vaccination line has handled 24,000 inbound and outbound calls relating to vaccinations (to March 2021), The impact of vaccination delivery is positive but links to the section on workforce and organisational pressures later in this table.	Chris Westwood	Positive	Reduces risk
Seasonal illnesses	Reductions in flu and other seasonal illness have occurred as a result of local improved performance in flu vaccinations, pandemic measures and improved hygiene.	Rachel Robinson	Positive	Reduced
Unhealthy	The proportion of the adult population in Shropshire estimated to be overweight or	Berni Lee	Negative	Medium - Long

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
eating and excess weight	obese is 72.4%, statistically higher than both the West Midlands (65.6%) and the England averages (62.3%). Source: Health & Wellbeing Board November 2020 The UK COVID Symptom Study app, with 1.6 million users, reported in July 2020 that 29% of those surveys had gained weight since March 2020. Weight gain was caused by increased snacking (35%), decreased levels of physical activity (34%), increased alcohol consumption (27%) and a less healthy diet (19%). The survey has shown that those who are obese (BMI over 30) are at least 20% more likely to hospitalised with symptoms of COVID-19 compared with those in lower BMI categories. Source: https://covid.joinzoe.com/lockdown-weight-gain			term impact and risk
Reduction in physical activity	The impact in Shropshire is not yet fully understood, with local authority level data not available, but Sport England has reported that Activity levels for adults had been increasing until coronavirus restrictions were introduced in March. This led to unprecedented drops in activity during the first few weeks of full lockdown between mid-March and mid-May. The proportion of the population classed as active dropped by 7.1%. The proportion classed as inactive rose by 7.4%. Source: Sport England Active Lives	Berni Lee, Chris Child, Energize STW	Negative	Local level data not available
loss of mobility among older people	Age UK are concerned about inactivity and loss of mobility among older people locally and this has been evidenced through national research. In August 2020 a survey of 569 people found one in 5 felt less steady on their feet, one in 3 had less energy and one in 4 were unable to walk as far. Source: Age UK Impact of Covid-19	Heather Osborne, Age UK STW	Negative	High
Problem drinking	The Royal College of Psychiatrists estimates that in June 2020, more than 8.4m people in England were drinking at higher-risk levels, up from 4.8m in February. Shropshire data to December 2020 as reported by NDTMS does not show any increase in clients in treatment for alcohol (18 and over) compared to 2018 and 2019 data. Numbers remain relatively stable. Sources: https://www.ndtms.net/Monthly/PHOF and https://www.ndtms.net/Monthly/Adults	Jayne Randall	Negative	Low – monitored regularly
Wellbeing				
Mental health and suicide among older people	Nationally there is evidence from Age UK that the proportion of over 70s experiencing depression has doubled since the start of the pandemic. This is a concern locally because Shropshire's rates of suicide for people over 65, and females (all ages) are higher than the England averages. Source: https://fingertips.phe.org.uk/profile/suicide The July 2020 Mental Health report to the Health and Wellbeing Board reported no change in suicide numbers to the end of April 2020 (compared to the same period the previous year) this will continue to be monitored. Source: Health and Wellbeing Board	Gordon Kochane	Negative	Low – data not showing an upward trend and risk mitigated by action plan

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Increase in self harm and mental health concerns among young people	The Task and Finish Group for Children and Young People's Resilience and Prevention has highlighted a number of concerns about mental health and wellbeing impacts of the pandemic. In particular there appears to have been an increase in cases of intentional self harm overdoses, particularly in the 15-year-old group. The joint action plan and work with other agencies is in place to mitigate these risks.	Gordon Kochane	Negative	Medium – Mitigating actions planned
Social isolation due to shielding	16,500 were on Shropshire's list of people shielding in February 2021 and 71,808 were considered at higher risk (source Health and Wellbeing Board). Customer Services made 9,000 outbound calls to those shielding. A further 6500 Shropshire residents were added to the shielded list and all those requesting support have been contacted and advised of the range of support available. All those previously contacted have the support number should needs arise. Source: Customer Services data	Penny Bason and Chris Westwood	Negative	Medium - Essential to reduce risk but could have longer term impacts
Changes in loneliness	Some people may have experienced a reduction in loneliness since the start of the pandemic, particularly if they have been able to access increased support from community volunteers, neighbours, friends and family. However, for some, lockdowns and social distancing will have significantly increased loneliness (Age UK STW). During the first month of lockdown (to 3 May 2020), the 7.4 million people (14.3% of the entire UK population) said their wellbeing was affected through feeling lonely. 5% said they felt lonely often or always. Source: ONS Coronavirus and loneliness in Great Britain 2020	Heather Osborne, Age UK	Mixed	Low – but may lead to other issues and poor health
Depression and anxiety	According to the Office of National Statistics (November 2020) 19% of adults experienced some form of depression (almost doubling from 10% prior to the pandemic), while 17% of adults experienced some form of anxiety, this increased with those people who were suffering from financial hardship. 48% of adults reported that their wellbeing had been impacted by the pandemic. The Healthwatch Shropshire May 2020 survey of 568 people 64% reported a slight or significant impact on mental health (of the 64% total, 13% indicated a 'significant' impact). Source: https://www.healthwatchshropshire.co.uk/report	Gordon Kochane, STP, Lynn Cawley, Healthwatch	Negative	High – impact can be felt across public and VCS services in Shropshire
Bereavement	The total number of deaths with Covid-19 on the death certificate in Shropshire (LA) reported to 17 February 2020 was 522 (505 within 28 days of a positive test). The impact on friends/family and wellbeing is significant. Source: https://coronavirus.data.gov.uk/	Gordon Kochane	Negative	Medium – risks being mitigated through action plan
Anxiety about travel away from home	National surveys have shown that some people have become anxious about future travel away from homes (older people are shown to have particular concerns). The Visitor Intention Survey 2020 highlighted that 50% feel cautious about making permitted trips and 5% won't be making any trips in the near future.	Clare Featherstone	Negative	Low – but secondary impacts on wellbeing and

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	The long-term impact on wellbeing and the local economy is a concern. Source: Culture, Leisure and Tourism, libraries research			the economy
Increase in chronic health conditions due to unemployment	Janke et al. have modelled the impact of economic shocks on chronic health conditions in the UK, finding that employment changes during and after the 2008 financial crisis had a strong adverse effect on chronic health for five broad types of health conditions, with the strongest effects being for mental health conditions. They estimate that a 1% fall in employment leads to a 2% increase in the prevalence of chronic illness. Source: https://www.ljmu.ac.uk/2020-07-direct-and-indirect-impacts-of-covid19	Mark Barrow and Rachel Robinson	Negative	Medium – longer term impact not yet understood
Adult Social Care and Support				
Impact on care providers	The short-term impact on residential and domiciliary care has been well documented and managed but the longer-term impact on care providers and the workforce is not yet fully known and could be significantly influenced by national policy as well as economic influences and future demand for care home places. Market fragility and support reviews are regularly taking place and clear information sharing processes with the system partners on market stewardship and management. Market and commissioning intentions to support future of the market are being reviewed and update on MPS.	Deb Webster	Not fully known	Medium – action in place
Impact on carers	Some people have supported their own family members to avoid carers coming into their homes. This has for some resulted in stress factors increasing within the home, carers feeling tired and for some unwell and the cared for person feeling trapped and in some situations a burden as they can see the impact on the family member providing their care and support. Source: Shropshire Council Adult Social Care	Kate Garner	Negative	Medium
Loss of social support leads to increased need	Lack of outside activities and social contacts has for some people increased physical and mental health concerns and of increased need. When funded care is assessed as required to meet eligible need the cost of support has increased as people may have left things too long to seek support or due to impact on their health and wellbeing their needs have increased or there is family/carer break down. Evidence is now emerging that older people with dementia in their own home or in placements due to reduced social stimulation have mentally declined through the pandemic, resulting in previous networks of support and or commissioned support no longer being able to meet their needs. The strength based model of support that befitted from community based networks and social groups for some people for example Church going, libraries, hair dresser appointments, gym membership, bowls clubs, golf etc. having closed for significant periods has impacted on many individual's wellbeing which longer term	Kate Garner	Negative	Medium

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	is likely to result in greater need for services.			
Infection control – discharges into the community	Significant support has been given to the market in regards infection control information, advice, welfare support and practical advice as well as PPE. Infection control grants have been issued and 32 designated settings have been commissioned to facilitate hospital discharges for people who have tested positive. This essential support is important but should be considered within this impact list. There is a risk that such support may be required on a longer term or annual basis (depending on whether vaccinations can reduce the risk of Covid-19 being transmitted or whether there will be seasonal or long-term infections to manage). Source: Adult Social Care Business Team	Deb Webster	Mixed	Medium – risk depends on effectiveness of vaccines and control
Increase in FPOC contacts	Calls to FPOC have increased over the last few quarters but do not represent a significant increase on January 2020 data (pre-pandemic). There were 1,977 adult FPOC calls in January 2021 compared to 2,220 in January 2020. Call rates fluctuate and are monitored as part of the Shropshire Safeguarding Community Partnership Covid-19 dataset.		Mixed	TBC
Access to mental health services	COVID led to a review of the pathway for those wanting to access mental health services. A 'virtual front door' is being established to reflect Social Care and Health. The aim is to ensure those who need to access mental health support will not have to tell their story repeatedly and experience increased coordination and streamlined support. In partnership with the CCG the community mental health support service was extended to respond to the emerging needs. Social Care the Voluntary Sector and Shropshire, Telford and Wrekin STP have worked collaboratively to agree a number of schemes which benefit the population of Shropshire and Telford and Wrekin focusing on Adults and Older Adults primarily. A number of these schemes are an expansion of pre-existing schemes to create extra capacity as a result of anticipated increased demands. Working in partnership with Shropshire Mind contract taxi service to support the transport of service users, directly to Sanctuary (Crisis support service) for direct one to one support from Section 136 suite and A&E departments.	Gordon Kochane, Kate Garner, CCG	Positive	TBC
Housing and homelessness				
Repossess-ions and evictions	Nationally, mortgage possession claims, orders, warrants and repossessions have dropped by 95% in comparison to September 2019 due to the Government actions designed to prevent homelessness. Quarter 4 2019 data for Shropshire	Laura Fisher and Jackie Jeffrey, CAS	Mixed	High risk – delayed impact

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
paused	(pre-pandemic) shows that there were 78 possessions (inc. claims, orders etc.) similar to previous quarter totals in 2019. However, once restrictions are lifted, there is significant concern within Shropshire among Citizens Advice and Housing leads, that significant numbers of local people facing repossessions and eviction will increase significantly. Under normal circumstances private landlords can seek mandatory repossession if tenant is 8 weeks in arrears. Source: MPJ Mortgage and Landlord Possession Statistics			
Increased levels of housing need	The number of households presenting to Shropshire Council in housing need from September 2019 to September 2020 was 3,369. There are concerns that this could increase significantly over time as a result of the economic impact of the pandemic. Source: https://shropshire.gov.uk/committee-services/Scrutiny/RoughSleepers	Laura Fisher	Negative	Medium – possibly increasing over time
Homelessness and rough sleeping	There are concerns that homelessness may increase as a result of the social and economic changes caused by the pandemic. Shropshire Council's Customer Services have handled 8,228 calls providing support to people concerned about homelessness since the start of the pandemic (data to 18 February 2021). In Shropshire (January to the end of March 2020) 307 households were assessed as needing homelessness prevention or relief duty. The number of households to whom the Council accepted a full homeless duty (Sept 2019-Sept 2020) was 177. Top 3 reasons for homelessness locally are relationship breakdown, family eviction and loss of private rented accommodation. On 5th October there were 22 verified rough sleepers on the streets of Shropshire (17 in the Shrewsbury area). Source: https://www.gov.uk/statutory-homelessness-in-england Source: https://shropshire.gov.uk/committee-services/Scrutiny/RoughSleepers Restrictions on Housing Benefit subsidy due to continued and increased use of B and Bs and Temporary Accommodation forecast a loss of £2 mil for 2020-21	Laura Fisher and Chris Westwood Phil Weir	Negative	Medium – significant concerns but mitigating actions in place
Increase in fuel poverty	Pre-covid fuel poverty was impacting on nearly 17,000 households in Shropshire (12.3% and more than the 10.9% national average). Enquiries to Marches Energy Agency have increased with new callers concerned about low wages, redundancies, or loss of household income. More people in debt or with complicated billing issues are being supported and closer working with food banks has been important. Source: Marches Energy Agency	Simon Ross, MEA	Negative	Medium – risk likely to increase with economic impact of pandemic

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
House prices continue to rise	House prices in Shropshire continue to rise. In December 2020 the average house price was £231,851. This was an increase of 7.3% from December 2019. Volumes of sales have decreased slightly with 443 transactions in October 2020 compared to 511 in October 2019. With wages not increasing in line with house prices there is a risk that people will find themselves unable to cover the cost of mortgages leading to repossessions. Source: https://www.gov.uk/government/uk-house-price-index-england		Negative	Low – a long term trend not caused by the pandemic (could start to change)
Shopping and mobility				
Shopping habits – reduction in sales	On 31 March 2020 all sales in Shrewsbury were considered -59% (-3% grocery and -74% non-grocery) compared to the same week the previous year. By 5th October the data shows a slight recovery 8% for all sales, 22% grocery sales and 4% non-grocery sales compared to however figures fluctuate weekly. Overall increased grocery sales are now keeping overall sales at average levels, but non-grocery spending has been significantly impacted. Ludlow and Oswestry show fairly similar patterns. Ludlow has the 4th worst recovery of towns in the West Midlands, Shrewsbury 7th. Of all 172 towns nationally, Ludlow is ranked at 71st most impacted, Shrewsbury is 84th (just after Hereford), and Oswestry is at 92. Source: https://www.tortoisemedia.com/corona-shock-tracker/		Negative	Medium - may be temporary
Changing patterns of community mobility	On 12 February 2021 Google data highlights that mobility trends for supermarket and pharmacy were -9% on the baseline (5 weeks 3 Jan to 6 Feb 2020) in Shropshire with the same for parks (-9%). Retail and recreation is -53% compared to the baseline, public transport -56% and workplaces -40%. Residential (places of residence) is +17%. Source: https://www.google.com/covid19/mobility/ The longer-term impact on the economy, local businesses and local services (e.g. public transport providers) is not yet fully understood and may include positive impacts – e.g. reduction in air pollution.		Mixed	Medium – not yet fully understood
Reduction in road traffic deaths and serious injuries	The number of people Killed or Seriously Injured (KSI) on the roads in Shropshire is calculated using a rolling 3-year average. At the end of 2008 there was an annual average of 162 people killed or seriously injured on the roads of Shropshire. As at the 31st December 2020 the rolling three-year average reduced to show a provisional result of 143.6. The low levels of traffic during lockdown appear to have contributed to an in-year reduction in accidents and numbers of killed or serious injuries, resulting in a further improvement in the 3 year average. Source: Shropshire Council performance portal		Positive	Low – risk that improvement will not be sustained.
Employment and business				
Rise in	December provisional data saw an increase of more than 10,000 Universal Credit	Emma Smith	Negative	High

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Universal Credit claimants	claimants in Shropshire since March. Overall universal credit claimants in Shropshire in December: 21,094 Ludlow*: 5,132 North Shropshire*: 7,504 Shrewsbury & Atcham*: 7,527 *Parliamentary constituencies. Total 21,094. Source: DWP/ Claimant Counts ONS			
Rise in Claimant Count	December provisional data saw an increase of 4,495 total claimants (+112%) since March for those who are not in work and claiming out of work benefits including Universal Credit and Job Seekers Allowance. Numbers stand 8,505: Ludlow 2,250, North Shropshire 2,855 and Shrewsbury & Atcham 2,975.	Emma Smith	Negative	High – more unemployed
Worry about redundancy	Quarter 2 2020/21 data for Advice, Advocacy and Welfare Benefits Services (led by Citizen's Advice Shropshire) highlighted a return to near average levels of demand following an earlier reduction. However, enquiries about employment issues were significantly increased with a 56% increase from quarter 1 and an additional 35% increase in quarter 2. Employment issues remain greater than pre-pandemic levels. Source: Commissioning performance reporting AAWB	Neil Evans, Jackie Jeffrey	Negative	High
Furloughed employees	It was reported to Cabinet in January 2021 that 42,800 Shropshire employees were furloughed in July 2020 falling to 13,000 in August 2020. The introduction of furlough is positive in that people have retained an income, but the concern will be what happens when support comes to an end. There is a significant risk of higher level of redundancies. Source: Shropshire's Economic Response, Cabinet, January 2021	Emma Smith	Mixed	Medium/High - impact after furlough not yet understood
Increase of remote/ home working	At December 2020, the Shropshire Business Impact Tracker Results (141 responses) highlighted that 39% would continue to work remotely for the foreseeable future, and 23% would allow their workforce to continue remote working as long as targets were met. 40% would be investing in new IT software. Source: Economic Impact Task Force December 2020	Mark Barrow	Mixed	Not yet fully understood
Business losses	At December 2020, the Shropshire Business Impact Tracker Results (141 responses) highlighted that 35% of businesses reported cash flow problems, 44% reported a lack of sales/ orders and 26% had had to implement reduced employee working hours. 21% had made between 1-25% of workforce redundant and 5% had made 26-50% redundant. 12% thought the need to make redundancies was likely (however 34% may recruit). Source: Economic Impact Task Force December 2020	Mark Barrow	Negative	Medium – not ye understood and mitigating actions e.g. business grants
Developer Confidence and Housing Market	Planning Services can track developer confidence and housing market buoyancy through income and application monitoring for planning, building control and land charges teams. Source: Planning Services	Ian Kilby	Mixed	Medium

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
impacts				
Businesses have moved to digital	Since 2014 'superfast' broadband coverage (defined as 30 megabits per second) has increased in Shropshire from only 24% to over 94% in 2020. Connecting Shropshire has delivered a wide range of programmes that mean local businesses were less impacted by the pandemic than they may otherwise have been if digital infrastructure had not been in place. Source: Economic Recovery report Cabinet January 2021	Chris Taylor	Positive	Significant progress achieved
Debt and hardship				
Low wage economy with cost of living	Gross weekly pay for full time workers (2020) in Shropshire remains below the national and regional averages at £532.9 (compared to Great Britain average £586.7 and West Midlands £552.5). Source: Labour Market Profile - Nomis February 2021 UK cost of living calculations are £3,614 per month for a family of four and £2,017 (approximately 504.25 a week) for single person households. Source: https://expatistan.com/cost-of-living/country/united-kingdom This suggests only less than £30 spare income a month for single people.		Negative	High
Increased hardship and debt	Citizen's Advice Shropshire as lead for VCS Advice, Advocacy and Welfare Benefit services are reporting significant increases in requests for debt advice. Shropshire Council's Welfare Support has handled 3,689 calls since the start of the pandemic and paid £230,000 in grant support for the most vulnerable families. There is emerging evidence of a change in those presenting in need towards working families with larger levels of debt and need and there is associated risk of this situation escalating when central government support such as furlough, debt relief and benefit concessions, is withdrawn. The Benefits Team presented data to Cabinet in July 2020 to highlight that 3,622 new working age claims were assessed between 1 April 2019 and 31 March 2020. Estimates suggested that an additional 3,000 working age claimants may become eligible between 1 April 2020 and 31 March 2021.	Neil Evans, Chris Westwood, Phil Weir	Negative	High
Financial abuse	Shropshire Safeguarding Community Partnership's monitoring of financial abuse has not seen a significant change as a result of the pandemic (very small increase from q2 to q3).	Emma Harding	Steady	Low – no change
New financial scams	Scams related to Test and Trace and the pandemic have been identified (a well-known one asked for £500 for a test) but there is not yet data to quantify the numbers impacted.	Frances Darling	Negative	Low

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Impact of hardship and debt on Tax and Benefits	The Council Tax collection rate for 2020-21 is forecast to reduce by between 0.5% and 1%.£1.1 mil awarded to working age council tax support claimants in hardship relief council tax discount. Over 7,000 council taxpayers deferred payment of their council tax instalments in April/May 2020. Increase of 434 working age council tax support claimants against a forecast reduction (pre Covid) of 450 claims. 90,000 phone calls answered in Revs and Bens since April 2020 providing advice and support. Source: Shropshire Council	Phil Weir	Negative	Medium
Safeguarding and community safety				
Increases in referrals for statutory case reviews	Shropshire Safeguarding Community Partnership has seen an increase in statutory case reviews in 2020/21 compared to the previous financial year. Although numbers are still very small, increases have been seen across every type: rapid review/children's, adult review, domestic homicide and anti-social behaviour. Source: Shropshire Safeguarding Community Partnership, Business Unit	Sarah Hollinshead-Bland and Emma Harding	Negative	High
A mixed impact for domestic abuse (Adults)	Shropshire Safeguarding Community Partnership's Multi-Agency Domestic Abuse Dataset monitors the safeguarding impact of the pandemic (from quarter 1 2020). Data is currently available to the end of quarter 3 2021. West Mercia Police data does not show increase in domestic violence incidents (a slight reduction has been seen). Domestic violence crimes have reduced by 6.8% over the year, following a previous upwards trend. Multi-Agency Risk Assessment Conferences have reduced by 20% compared to the same period in 2019 (q1- q3). Source: Shropshire Safeguarding Community Partnership The Shropshire Domestic Abuse Service (SDAS) has reported a 118% increase in referrals when compared to 3 years ago. The increase is reflected in the Multi-Agency Domestic Abuse Dataset (showing an overall upwards trend in referrals since June 2020). Source: https://www.shropsdas.org.uk/news/item/domestic-abuse-support-and-lockdown	Sarah Hollinshead-Bland and Emma Harding	Mixed	Medium – robust partnership monitoring mitigates risk
Impact of domestic abuse (Children)	Over 67% of all children subject to Child Protection Plans had domestic abuse identified as a risk factor from July 2020 to December 2020. This proportion fluctuated month on month; with the highest proportion being 79% in December 2020. For quarters 1-3 2020/21 there was a 42.2% decrease in the number of MARAC cases involving children in comparison to the same period in 2019. Numbers of contacts received through Domestic Abuse Triage for children's social care remain similar compared to 2019. Quarter 1-3 saw a 13.25% increase in the number of domestic violence referrals to Compass. Although small numbers could	Sarah Hollinshead-Bland and Emma Harding	Negative	Medium – possible upward trend for some measures a concern

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	have meant this was a natural fluctuation rather than a trend, some concerns regarding increased risks are reported by social care staff. Source: Shropshire Safeguarding Community Partnership, Business Unit			
Impact on crime	National ONS data in August 2020 highlighted a 32% total reduction in crime (excluding fraud and computer misuse) during April and May 2020. Source: https://www.ons.gov.uk/crimeandjustice/coronavirusandcrimeinenglandandwales For Shropshire In June 2020 all crime per 1,000 population was 11.11 down from 12.7 in March. Source: https://www.police.uk/west-mercia-police/compare-your-area/		Positive	Low
Use of drugs/ drug crime	Drug crime rose in Shropshire between March 2020 and June 2020 to 0.54 crimes per 1,000 population (up from 0.39 in March 2020). Performance is in line with other similar areas and West Mercia averages.		Negative	Low – not yet seeing any long-term upward trend
Children and families				
Increased number of Looked After Children	Shropshire has seen as increase in Looked After Children from 399 pre-pandemic to approximately 480 (Feb 2021). The rate per 10,000 showed a noticeable increase in quarters 2 and 3 2020/21 (above national and statistical neighbour average rates). The number of children in need was also greater in Q3 2020/21 than it has been for the last 6 quarters and above the average level for statistical neighbours. National data highlights that other local authorities have seen the same increases as a result of the pandemic. This could be partly due to a reduction in exits from care (court delays) but the data suggest that there has been an increase in the number of children becoming looked after. Source: Shropshire Council performance reporting Children's Social Care Nationally the total number of children looked after was 6% higher on 11-13 January 2021 than at the same time in 2018/19. Source: DfE Vulnerable children and young people survey Waves 1 - 17 Feb 21	John Foster	Negative	Medium – suggesting an upwards trend but closely monitored
Increase in referrals to Children's Social Care	In 2020/21 to date, there have been 1453 children referred to social care, which is 7.3% higher than the 1354 referrals received in the same period last year. Referrals in October and November were above the 19/20 monthly average of 156, while December was slightly below. Latest available benchmarking data indicates that Shropshire's referral levels are below most of its statistical neighbour (SN) group. There is a concern that referrals will increase when schools	John Foster	Negative	Low – May become more of a concern but currently still below statistical

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	re-open following the lockdown period. Source: Shropshire Council performance reporting Children's Social Care			neighbours
Child Criminal Exploitation	Although not caused by the pandemic, there have been concerns that, because lockdown has inhibited opportunities for face-to-face safeguarding and risk assessment, children may face more online harms and grooming while young people while confined to their homes. Court and school closures, and delays to CPS processes, may further exacerbate risk to vulnerable young people. Estimates within a report published in August 2020 indicate there could be around 10 county lines operating within Shropshire (Boddington, 2019) and around 30-50 children to implicated in any single county line (Children's Society, 2018), this equates to around 300-500 children being at risk of CCE within Shropshire. Source: Child Criminal Exploitation Report - We Are With You	Sonya Jones, Sarah Hollinshead-Bland	Negative	Medium – significant concern but not necessarily increased due to pandemic
Impact of lost learning	The Institute of Fiscal Studies has estimated that children could lose £3350billion in lifetime earnings unless action is taken to lessen the impact of the pandemic on lost learning. By February 2021's half-term holiday, British children are estimated to have lost at least half a year of classroom time since March 2020. There is a concern that from the mid-2030s the workforce will be lower-skilled and lead to a period of lower growth. The range of impacts such as inequality and wellbeing are also explored. Locally the impact is not yet fully understood. Source: Institute of Fiscal Studies	Phil Wilson, Steve Compton	Negative	Not yet known
Increase in low income families and child poverty	Shropshire has seen an upward trend in both primary and secondary school children claiming free school meals since 2018. The 2020 data saw Shropshire ranked 32 nationally with the percentage of pupils compared to the previous year increasing by 1.90% for primary and 2.20% for secondary. Source: Local authority interactive tool (LAIT)	John Foster	Negative	High
Increased inactivity among children	Interim results from the Shropshire Schools Nutrition and Wellbeing Survey carried out October to December 2020 highlighted that, on average, during lockdown 1 (when the weather was good) approximately 47% of children were physically active for 60 minutes or more on 5 or more days a week, 28% were active 3-4 days a week, 26% were active 2 days a week or less (6% were not active on any days). When back in school results were similar. Source: Interim report Nutrition and Wellbeing Survey (not published)		Negative	Medium – impact could be short term

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Concerns about child and adolescent mental health *see wellbeing section	NSPCC reports that the amount of counselling for loneliness provided by its Childline service has risen by 10% since the pandemic started. NHS Digital surveyed 3,570 children in 2017 and July 2020 and the results highlighted a 5.2% increase in children and young people with a mental disorder (levels were higher in 17-22 year olds). Source: NHS Digital Mental health of Children and Young People 2020 Interim results from the Shropshire Schools Nutrition and Wellbeing Survey carried out October to December 2020 highlighted that approximately 21% of children had concerns over wellbeing. Source: Interim report Nutrition and Wellbeing Survey (not published)	Gordon Kochane	Negative	High
Digitally excluded children	School closures during COVID-19 have necessitated home-schooling and online distance learning but not all children have access to the devices and internet connections needed for remote schooling. An Ofcom survey from Jan–March 2020 found that 9% of households containing children did not have home access to a laptop, desktop PC or tablet. The estimate of the number of households in Shropshire (based on 2018 household data) would be 3,044 households containing children. Source: https://post.parliament.uk/covid-19-and-the-digital-divide/ Source: https://www.ons.gov.uk/peoplepopulationandcommunity/householdprojections		Negative	Low – schools have taken action to provide equipment and access
Food insecurity				
Increase in food insecurity	Trussell Trust food banks in Shropshire saw an increase of 72% from 2,935 parcels distributed 1 April to 30 September 2019 compared to 5,039 in the same period 2020. Source: https://www.trusselltrust.org/mid-year-stats/ Shropshire Food Poverty Alliance has reported the same significant increases in demand across Shropshire's independent foodbanks and projects. New food schemes were established in many communities as a response to the project. Source: https://www.shropshirefoodpoverty.org.uk/	Emily Fay, Shropshire Food Poverty Alliance	Negative	High
Need for food support	Commissioned VCS providers (e.g. Age UK) have reported an increasing need for older people to be supported to have a hot meals. Increased demand from clients for a regular delivered hot meal has been seen and providers are currently delivering to around 100 people. A national survey by Age UK highlighted that, of the older people who already had difficulty preparing food before lockdown, more than one in three (35%) reported that this was more difficult by August 2020.	Neil Evans and Heather Osborne, Age UK STW	Negative	Low – support in place

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	Source: Age UK Impact of Covid-19			
Environment and Climate Change				
Air pollution and carbon emissions reduced	Local data is not available, but the pandemic initially had a positive impact on climate change. Lockdown saw a 7% reduction in global emissions, equivalent to the level of reduction needed per annum to deliver net carbon zero ambition – indicating not only the scale of behaviour change needed, but also how this will need to be sustained year on year. Source: Economic Recovery report Cabinet January 2021	Adrian Cooper	Positive	High – Risk of climate change: reduction not sustained
Illegal waste disposal	The impact of fly tipping in Shropshire could not be obtained for this report. Some parts of the country reported significant increases at the start of the pandemic (partly due to closure of local tips) but research by the University of Leeds has shown that across all councils the expected impact has not been seen and numbers of incidents have remained static. Source: Covid-19 and fly-tipping		Unknown	Data not available
Increased need for access to green space	Access to green space has been mapped for all areas of Shropshire (as part of the Community and Rural Strategy evidence base). A surprising finding was that, despite Shropshire being a very rural county, access to public and open green space is surprisingly limited in many areas (a high proportion of land is in private ownership). This issue has been highlighted by Public Heath England in its work to prompt action to address health inequalities. Source: Public Health England Improving access to green spaces and Community and Rural Strategy Evidence Base	Clare Featherstone	Mixed	Low
Increases in ASB and misuse of public spaces	Shropshire Council's outdoor partnerships service saw a 131% increase in issues on right of way, compared to last year (with 2 months of the year remaining; January 2021). Many members of the public reported damage to green spaces and environmental resources, concerns about anti-social behaviour and inappropriate use of vehicles and parking. Damage and cost have been significant and involved Police enforcement in some cases. Source: Outdoor Partnerships performance measurement	Clare Featherstone	Negative	Low – not a risk to people but a significant service pressure
Increased online and paperless interactions	New online Housing Benefit applications increased from 55% average in 2019-20 to 86% average for 2020-21 due to face to face sites being closed and more claimants having to apply via the online solution. Paper benefit form is over 30 pages long meaning a reduction in printing and postage. Council tax e-bills increased from 12% 2020-21 annual bills to 19% 2021-22. Many new e-mails captured whilst administering instalment deferrals	Phil Weir	Positive	Medium – need to ensure online applications becomes the new normal for those claimants that can apply online

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Volunteering and the voluntary sector				
New community action/groups	The start of the pandemic saw some new community groups and voluntary action being established as a community response and to ensure those most at risk within communities received the support they needed (e.g. shopping, prescriptions). This was a positive development but research by Shropshire Rural Communities Charity (and feedback via the VCS Assembly and Food Poverty Alliance) have highlighted an increased need for infrastructure support (e.g. governance advice etc.). More recently, the Be Part of History campaign attracted over 1,400 new volunteers.	Sarah Nelsey, Julia Baron, RCC	Positive	Low - risk is that community-based support will be short term without infrastructure support
Loss of fundraising activity and VCS income generation	Local VCS groups and organisations are very concerned that they have been unable to fundraise through traditional methods during lockdown restrictions. Many have lost considerable income. Age UK have had to close their shop in Oswestry. Other organisations are concerned about longer term sustainability post-pandemic. Source: VCS Assembly Survey and feedback	Sarah Nelsey	Negative	Long term impact likely
Loss of older volunteers	Many VCS organisations reported that their volunteer force was made up of people who fall into higher risk categories due to age. This led to volunteer capacity reducing steeply at the start of the pandemic. Source: VCS Assembly feedback. The NCVO Covid-19 Voluntary Sector Impact Barometer has shown (February 2021) that 40% of the 710 respondents have experienced a decrease in the amount of unpaid time contributed by volunteers since March with just 27% reporting an increase. 35% of organisations noted a decrease in the number of people volunteering during the covid-19 pandemic. 45% saw no change while only 20% benefited from an increase. Source: NCVO Covid Barometer	Sarah Nelsey, Neil Evans	Negative	Medium
Increases in younger volunteers	New volunteers came forward as a result of the pandemic. Many were students and furloughed workers. Some volunteers will be lost as people return to work and university, but it is hoped that a good proportion may be retained. Source: VCS Assembly feedback	Sarah Nelsey, Neil Evans	Positive	May be temporary
Impact on VCS – changing demands and sustainability concerns	Local VCS services have identified changing demands for support. At the start of the pandemic support needs were help accessing essential food and medicine, social isolation and digital exclusion and financial concerns and uncertainty. Other needs are mental health (a significant concern for a range of VCS groups and organisations), transport, support for carers, bereavement/ feelings of loss. It is possible that demand for support will continue to vary over time (and grow) and require some flexibility in response and commissioning arrangements. Research by NCVO and partners has highlighted in February 2021 that 40% of VCS organisations reported a deteriorating financial position in the last month, and 37%	Sarah Nelsey and Neil Evans	Negative	Low but future implications

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	expected this to get worse over the next four weeks. In addition, 47% expect demand for their services to grow over the next month. The results reflect the local VCS Assembly survey results. Source: NCVO Covid Barometer and VCS Assembly			
Loss of face to face local support as VCS services moved online	Changes to local support as VCS virtual/digital services have developed The preventative services commissioned by Shropshire Council and delivered by VCS organisations service provision have replaced most of their face to face contact to online or phone contact. This includes advice, advocacy and welfare benefits services, along with friendship support services. Community based day service buildings have been closed for much of the pandemic and innovative ways of connecting people and engaging with them virtually or remotely to help people keep active both physically and mentally have been developed. Citizens Advice Shropshire have mapped their client addresses pre- and post-pandemic and have found that there has been a significant change, away from the town centres (Shrewsbury, Ludlow and Oswestry) to more rural locations or towns such as Bridgnorth. This demonstrates that the change in service delivery from face to face to virtual has resulted in more equality of access.	Neil Evans, Kate Garner	Mixed	Not yet known
Workforce and organisational pressures				
Change in focus, working environments, methods	Staff and workforce issues are not covered in any detail here but are an important issue for all employers in Shropshire, particularly within the public sector, which will lead much of the work to address the impacts set out in this paper. Considerable changes in focus and service delivery have already occurred but more will be necessary to respond to the widespread and longer-term impacts of the pandemic within Shropshire.	Multiple	Mixed	Not yet known
Changed workforce pressures (multiple issues including burnout and stress)	Findings from the two Shropshire Council's Covid staff surveys (May 2020 and January 2021) regarding staff responses in relation to mental wellbeing, indicate that since May 2020, there has been a 7% increase in the number of employees stating that their mental wellbeing is 'poor' or 'very poor'. In May 2020, 11% described their mental wellbeing as being 'poor' or 'very poor' whilst in January 2021, this increased to 18%. There has been a 6% increase in the number of employees who described their physical wellbeing as being 'poor' or 'very poor' in the 2021 survey. In May 2020, 11% described their physical wellbeing as 'poor' or 'very poor' and this had increased to 17% in January's survey. In terms of employees' overall wellbeing, in May 2020, 8% described their overall wellbeing as being 'poor' or 'very poor', with 57% stating their overall wellbeing was 'good' or 'very good'. However, in January 2021's survey, 15% of staff described their	Sam Williams, Sarah Dodds	Negative	Medium – could be a growing risk

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	overall wellbeing as 'poor' or 'very poor'. Comments from the most recent staff survey indicate that those experiencing a decline in their overall wellbeing may be feeling this way due to such factors as feeling isolated, missing colleagues, heavy workloads, stress, long hours, and work pressures. During April 2020 and October 2020, the Occupational health Team saw a 115% increase in management referrals compared to the same months in the previous year. This increase is attributed to clinically vulnerable staff shielding and anxiety about COVID 19 about returning to work. It is likely other local public sector organisations are experiencing very similar issues. Indeed, NHS partners have highlighted the same concerns. Source: Shropshire Council staff surveys 2020,2021			
Workforce changes	Shropshire Council has experienced a 44% decrease in staff turnover (Corporate and schools-based staff) compared with previous year, suggesting with the uncertainty of the pandemic moving organisations wasn't an employee's consideration. Within Schools there is little change in terms of the absences pre Covid to now for Stress/Anxiety and Mental Health illnesses (22.85% to 22.30%) and also Bereavement (4.51% to 3.30%). There has been a reduction in the number of lost days for each of these reasons however there has been a reduction overall in terms of the number of lost days due to sickness absence in the last 12 months (from April 2020 to date). In terms of Corporate figures there have been increases in both Stress/Anxiety and Mental Health illnesses (28.60% to 34.66%) and also Bereavement absences (1.26% to 3.65%) in the last 12 months. However overall, as with Schools the total number of days lost due to sickness absences does appear to have reduced. It is also important to note that whilst the increase in percentage of all absences due to stress has increased quite substantially this is because absences in other areas have reduced. Source: Shropshire Council, Human Resources	Sam Williams	Mixed	Mixed – ongoing monitoring
Loss of service income	The financial impact of the pandemic is significant and includes concerns over loss of income. Taking just one of Shropshire Council's service areas as an example, it is possible to see that within Culture, Leisure and Tourism services there has been a 69% reduction in income in 2019/20. Consider that across all service areas, the wider public sector in Shropshire, and the pre-pandemic financial situation, and the risk of multiple impacts on workforce, organisations and members of the public/ service users is high.	Multiple	Negative	High
System working	Teams and services within health and social care have reported more collaborative and joined up system working. This is largely anecdotal evidence, but it was a positive impact highlighted within Shropshire Council's Coronavirus	Multiple	Positive	Low - Positive

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	staff survey in May/June 2020.			
New working policies and practices	The adoption of more agile and flexible working approaches is viewed as one of the more positive impacts of the pandemic on the workforce. Greater flexibility has been seen across many local employers in all sectors but has been particularly evident within the public sector as a means of enabling the workforce to respond to challenges outlined above.	Multiple	Positive	Low - Positive
Inequality				
Inequalities in children's experiences and concern for children with SEND	Ofsted has carried out studies into the impact of covid-19 and found children, of all ages and backgrounds, have lost some basic skills and learning as a result of school closures and restrictions on movement. Findings were children's experiences weren't necessarily determined by privilege or deprivation. Those coping well had good support and benefited from quality time spent with families/carers. This includes those within the care system, some of whom who saw relationships with carers improve. Those more impacted were children whose parents were unable to work more flexibly, those who experienced less time with parents and other children, those who lost progress (e.g. back into nappies, forgotten how to eat with a knife and fork, lost skills with numbers and words). Others have shown of mental distress, an increase in eating disorders and self-harm. Ofsted has particular concerns about the impact on children with SEND who missed out on speech and language services. Source: Ofsted studies The Institute of Fiscal Studies found that children of low-income families were less likely to attend school when schools reopened after the first lockdown and were less likely to have the resources to allow effective home learning. Source: https://www.ifs.org.uk/15302	Phil Wilson, Steve Compton	Negative	Medium – could be high risk but not enough information yet.
Younger people more significantly impacted by unemployment	Claimant rates are significantly higher amongst younger age bands. In Shropshire, 8.1% of the 18-24 cohort is on the claimant count. This reduces to 4.9% for the 25-49 population and again to 3.4% for the over 50s. Source: ONS Claimant Count As reported to Cabinet in January 2021 apprenticeships reduced to 600 a 25% reduction on the year before (800).	Emma Smith	Negative	Medium – mitigating actions including Kickstart Apprenticeships etc.
Younger people being vaccinated last	The vaccination programme may cause some inequality (e.g. inequality of opportunity) by protecting those who are older, and most at risk first. For example, older working people may have more employment opportunities, because following vaccination, they are more able to take on customer facing roles.		Negative	Low
Loneliness among young	Those aged 16 to 24 years were more likely to have experienced lockdown loneliness (50.8%), while those aged 55 to 69 years were less likely (24.1%) to		Negative	Low – but likely to lead to other

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
people	have done so. This echoes previous research exploring chronic loneliness showing that people in younger age groups were most likely to report loneliness, while those in older age groups were less likely. However, the oldest age band, those aged 70 years and over, were no less likely than average to report lockdown loneliness. Source: ONS Coronavirus and loneliness in Great Britain 2020			issues and impacts
BAME communities more impacted	The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. Source: PHE, Beyond the Data Shropshire's demographics will not be fully understood until the Census 2021 data becomes available, but historically Shropshire hasn't had large BAME communities experiencing deprivation (as reported elsewhere in the UK). Anecdotal evidence suggests some clusters of people/ families of Eastern European concentrated around particular employment opportunities.	Lois Dale	Negative	High
Impact on Gypsy and Traveller families	Many of the gypsy and traveller families seen in Shropshire are self-employed and the manner of their work (tree surgery, window plastics, building driveways) has had a major financial impact generally. However, the Liaison Officers have provided considerable support to try and reduce impact including benefit application support, health and wellbeing advice and other forms of support. Source: SC Equalities report May 2020	John Taylor	Negative	Low – lots of support provided
Rural locations more impacted by unemployment	Within Shropshire, growth in the number of claimants has been particularly high in rural wards, especially in the south. The claimant rate is highest in parts of Shrewsbury, Ludlow and Highley (as a % of the population). Source: Data report for Economic Impact Task Force January 2021	Emma Smith	Negative	High
Impact on people providing care	The Heathwatch Shropshire May 2020 survey of 568 people found 20% of people caring for an adult experienced a significant impact on their health and wellbeing as a result of the pandemic (loss of informal and formal respite care was on example). Source: https://www.healthwatchshropshire.co.uk/report	Lynn Cawley, Healthwatch	Negative	Medium – mitigating actions include carer support services

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Impact on women	Women have been disproportionately affected by furlough, accounting for 54.3% of all those furloughed in Shropshire (but form less than half of those employed). In addition, women traditionally take on caring roles and have been more significantly impacted by school closures. The Institute for Fiscal Studies (IFS) and University College London (UCL) interviewed 3,500 families. They found that mums were only able to do one hour of uninterrupted work, for every three hours done by dads. Source: Equality report Shropshire Council May 2020 and Institute of Fiscal Studies	Lois Dale	Negative	Medium – may be short term
Impact on pregnancy and maternity	Studies have shown that there is a two to three times increased risk of giving birth prematurely for pregnant women who become very unwell with COVID-19. However, the risk of Covid-19 in pregnancy is not yet fully understood. National guidance has been provided. Impacts have included increased worry, restrictions in visitors/partner involvement, impact on some services and appointments but maternity services have made every effort to mitigate risk and reduce impacts. Source: RCOG		Negative	Low – health needs met
Impact on older people	Covid-19 deaths have been shown to increase significantly with age but there are also a number of other concerns. A national survey by Age UK (August 2020) found 45% of people aged 70+ said that they are either uncomfortable or very uncomfortable leaving their house because of the coronavirus pandemic; 31% said they felt unsafe or very unsafe when outside of their home; and 1 in 20 people aged over 70 had not left their home at all. One in five (17%) felt less confident leaving the house by themselves. Source: Age UK Impact of Covid-19	Tanya Miles, Heather Osborne, Age UK	Negative	High
Greater impact on people within some employment sectors	The tourism industry is most likely to have staff furloughed as of 31/12/2020. Other sectors more impacted by furlough include accommodation and food services, arts entertainment and recreation, other service activities. In the West Midlands, 60% of cultural organisations and 53% of individuals are expecting to earn less than 25% of what they generated in the same period last year. Source: Culture Central, 2020	Clare Featherstone	Negative	Medium – some mitigating action e.g. grant schemes
People who are digitally excluded	People may be digitally excluded for multiple reasons, including not having access to the required infrastructure and/or devices, lack of skills, or lack of motivation to use technology. The main factors that influence the digital divide in the UK include age, region, socioeconomic status and whether a person has a disability. In 2016 it was estimated that 25% of Shropshire people were digitally isolated (above the national average of 21%). A quarter were aged 65+. Although national data shows	Andrea Miller	Mixed (reduction in numbers)	High for those digitally excluded

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	more people are now online (87% of over 16s in 2019) 13% of people never go online. Source: Ofcom One Nation 2020 Report			
Households without reliable broadband	The Office for National Statistics (ONS, 2020b) found that 46.6% of people were working from home in April 2020. The closure of schools has also meant children have needed reliable broadband to continue with their schooling but also to connect with friends online. Source: ONS	Chris Taylor	Mixed	Medium
Impact on religious celebrations and observations	Pandemic social restrictions have had a considerable impact on faith communities and on the practising of religion or belief, with people unable to congregate together in churches, synagogues, temples, etc. Local research by Shropshire Council's Rural and Equalities Specialist has been important in better understanding the impact locally. Source: Shropshire Council briefing note May 2020, Covid-19 impacts on religion or belief (Lois Dale).	Lois Dale	Negative	Low – Mitigating action has included online methods
Service closure impact on low income households	Indigo's 2020 cultural and leisure survey found an unequal impact on customers. Those with long term health conditions, and those with financial concerns have been impacted more significantly by the impact of the pandemic on their access to culture and leisure services. Source: https://www.indigo-ltd.com	Clare Featherstone	Negative	Low – may be short term

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Health and Wellbeing Board

Meeting Date: 8th July 2021
Paper title: Healthwatch Shropshire Spotlight report – Phone, video and on-line appointments during the Covid-19 Pandemic
Responsible Officer: Lynn Cawley, Chief Officer, Healthwatch Shropshire
Email:

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1. **Summary**

2. **Recommendations**

REPORT

(Include the body of your report here)

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

4. **Financial Implications**

5. **Background**

6. **Additional Information**

7. **Conclusions**

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)
Local Member
Appendices

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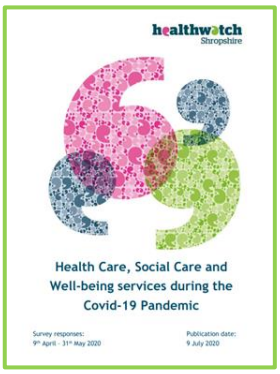
Healthwatch Shropshire Spotlight Report

Phone, video and on-line appointments during the Covid-19 Pandemic

The context of the report



The work of Healthwatch Shropshire during the Covid-19 Pandemic

From 9th April to 31st May 2020, Healthwatch Shropshire ran a public survey to find out what impact the Covid-19 pandemic and national lockdown was having on their health care, social care and general wellbeing. We received 568 responses:

> **'40% of people told us that their healthcare had been affected by the pandemic. 62% of these were concerned about secondary care (e.g. hospital services), 23% primary care (e.g. GPs) and 17% wanted dental services.**
>
> **While many people understood why appointments had been cancelled, delayed or changed to a phone or video appointment during lockdown those people requiring check-ups, diagnostic tests or treatment were upset and worried, many reporting a deterioration in their condition or increased pain. This was made worse by the fear some people were experiencing about leaving the house or going to the hospital because they were concerned about catching the virus. Some people who were offered a face-to-face appointment had refused.'**[1]

The report highlighted that many people believed that only a phone appointment was available, and some people had decided not to contact their GP at all believing that was the case, for example one person told us:

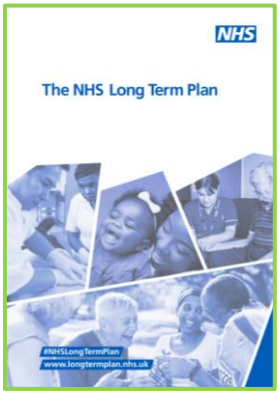
> **'I have not followed up on recurring symptoms requiring further investigation at present as I don't think this could be done without a face to face GP appointment.'**

[1] Healthwatch Shropshire report: 'Health, care and well-being services during the Covid-19 pandemic' https://www.healthwatchshropshire.co.uk/report/2020-07-07/health-care-and-well-being-services-during-covid-19-pandemic

We made five recommendations to the health and social care system, including:

> **Recommendation 1: 'Provide the population with clear information about the services available and what is being done to make sure services are safe to ensure people feel confident to use them (e.g. GP practices – people will be offered a face-to-face appointment if necessary).'**

The Shropshire, Telford & Wrekin Sustainability & Transformation Partnership (STP) response to the NHS Long Term Plan



As the country moved out of lockdown the NHS and social care was tasked with working towards returning to delivering 'normal' services as far as possible within the national restrictions, e.g. social distancing. This has coincided with health and care systems across the country being tasked with starting to implement the NHS Long Term Plan published in 2019 by producing their own local long-term plan and starting to make changes to how services are delivered.

This has been difficult because the Shropshire, Telford & Wrekin Long Term Plan has not yet been published. Despite this the local STP decided that when bringing back services they would return to the 'normal' way of delivering services *if* that was best for the population and in-line with the priorities of the long term plan. When things had already changed to a way of working that supported the national NHS and local plan it would be kept or allowed to continue to develop, for example changing the way people access appointments.

The NHS Long Term Plan states:

> **'GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year. Over the next five years, every patient will have the right to online 'digital' GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments - saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted.'**[2] (p.6)

The ambition being that:

> **'Digitally-enabled primary and outpatient care will go mainstream across the NHS - Digital technology will provide convenient ways for patients to access advice and care. [] Then, building on progress already made on digitising appointments and**

[2] NHS Long Term Plan: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

prescriptions, a digital NHS 'front door' through the NHS App will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations. Patients will be able to access virtual services alongside face-to-face services via a computer or smart phone.

New digital-first primary care is proving convenient and popular and is bound to grow.' (p.25-26)

When the country went into lockdown the need to quickly move towards 'virtual' appointments became one way that health and social care services could continue to try to meet the needs of the population. For example, all GP practices moved to offering phone, video or online appointments as a way of triaging[3] patients and making sure only those patients who needed to be seen face-to-face would come into the practice. However it was also acknowledged that at this time, in this rural county with an ageing population, not everyone has reliable access to the internet and a mobile phone signal and many people do not have the necessary technology (e.g. a smart phone) or want to use it. Despite this the NHS Long Term Plan and local plan means there is pressure to continue with the 'digital first'[4] approach as we move out of the Covid-19 restrictions.

What we did

We decided to ask the public to share their views and experiences of phone, video and online appointments during the pandemic. We expected to receive a range of responses including positive experiences and hear about some of the barriers that people face when moving to virtual appointments. We hoped that by highlighting this issue we could also help to make people aware of how these appointments should be being used by services, e.g. not replacing face-to-face appointments when a person needs to be seen.

The responses we report on here were received between 18th June and 1st October 2020.

The full comments will be shared with providers.

If you have a view or experience of phone, video or online appointments that you would like to share with Healthwatch Shropshire please go to our website at:

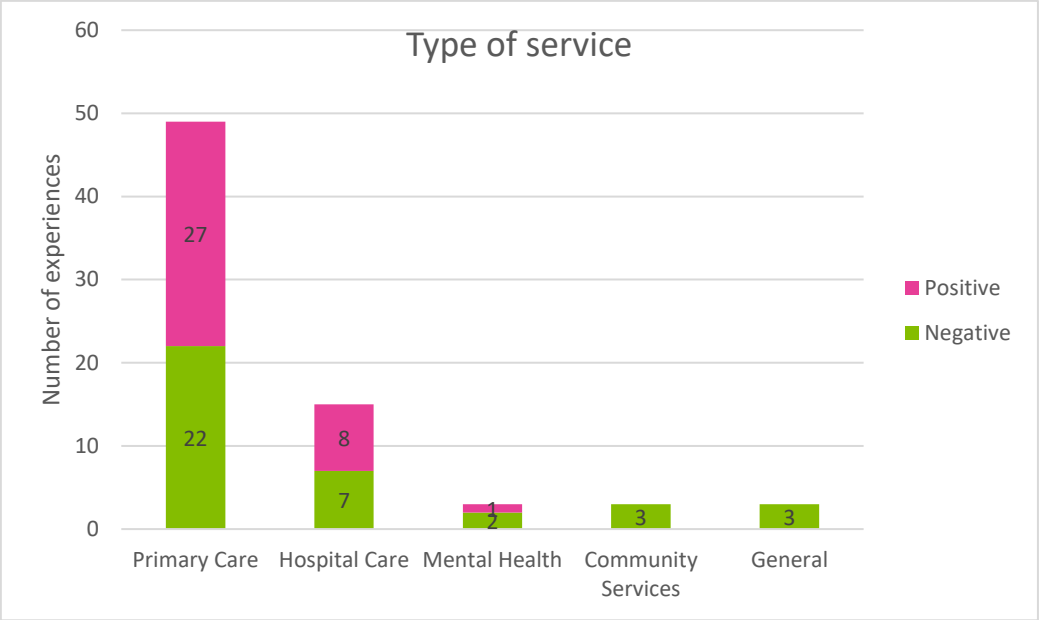
https://www.healthwatchshropshire.co.uk/telephone-and-online-appointments-here-stay *Or* see the Contact details on page 14 of this report.

[3] 'Triage is the process of quickly examining sick or injured people [] so that those who are in the most serious condition can be treated first.' https://www.collinsdictionary.com/dictionary/english/triage

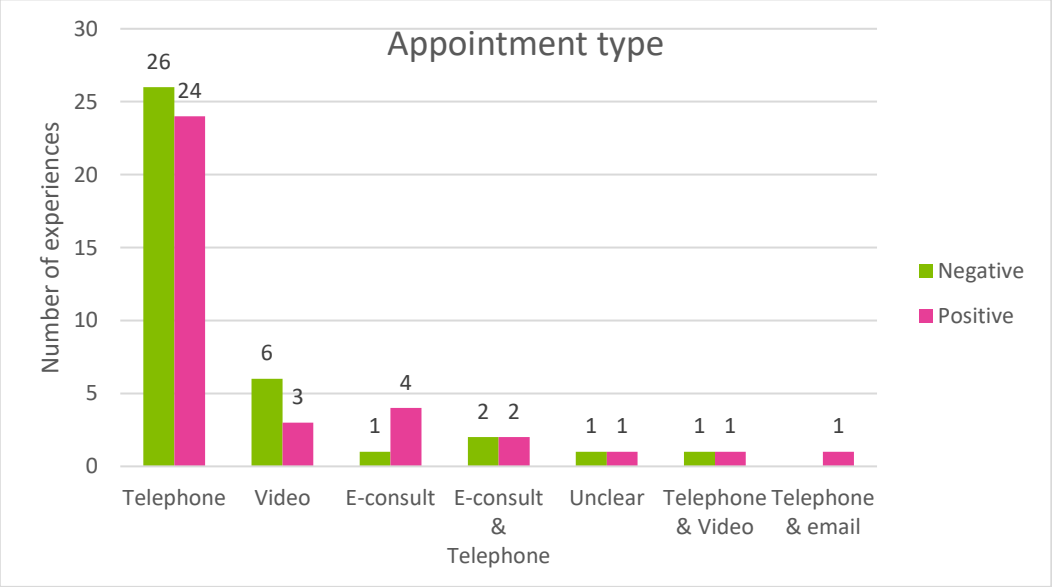
[4] NHS Long Term plan, p.26

What people told us

This report summarises 73 experiences from 61 people. The experiences relate to primary, secondary and community services with the majority (67%) relating to GP practices.



People shared views and experiences of different types of 'virtual' appointment. The majority (68%) had been telephone appointments. Nine experiences related to when people had spoken to a doctor, nurse or other professional using more than one method, e.g. e-Consult[5] followed by a telephone call.



[5] 'e-Consult is a way to contact your own NHS GP practice online' https://econsult.net/nhs-patients

Phone appointments

- **The positives**

People reported a number of advantages to being able to speak to a Dr/Consultant or other specialist over the phone, including:

- ✓ Avoiding an unnecessary appointment (including follow-up outpatient appointments)
- ✓ Avoiding a long or difficult journey
- ✓ Saving time (more efficient)
- ✓ Being referred to the most appropriate professional
- ✓ Reduction in anxiety
- ✓ Avoiding going into an environment where you might catch Covid-19 or another disease

Sample positive comments:

- **'The telephone appointment with the doctor before an appointment at the surgery resolved if there was a need to see a doctor without wasting time and also immediately put my mind at rest. Excellent service when you really don't feel well.'**
- **'I had a consultation and MRI just before lockdown. Because of the lockdown I had a telephone appointment booked with the consultant and he talked me through the outcome of the MRI. This saved me a two hour round trip and was excellent.'**
- **'Physio was great. Spent 30 minutes on the call and great videos sent by email to follow. Had a fall, initial telephone assessment then a visit to the doctor – very thorough.'**
- **'I had to have two telephone consultations with my GP for my children. It was fast and very efficient. Living rurally, it was good not to drive and wait days for an appointment.'**
- **'GP call back via phone calls has been positive and resolved issues. Obviated need for visit to the surgery as I am shielding.'**

- **The concerns**

People expressed a range of concerns about the move to phone appointments, including:

- Difficulties getting through on the phone, including the cost of the phone call when waiting in a queue

- Difficulty in getting to speak to a doctor or receive appropriate treatment
- Difficulty in arranging an appointment at a convenient time/not knowing when the call will happen
- Receptionists being seen as 'gate keepers'
- Concern that some patients do not want to discuss symptoms over the phone, with the receptionist (e.g. worries about confidentiality) but also the doctor or nurse due to embarrassment
- Concerns that receptionists do not have the experience or training to respond appropriately to patient concerns, particularly around mental health, or take down patient information correctly
- Concern that some patients would be disadvantaged because of their lack of access to the internet and technology, particularly older patients
- Difficulties that some people have with using the phone, including people with hearing impairments or communication difficulties
- Concerns that staff do not have the skills to have an effective telephone consultation
- Lack of time, feeling rushed and unable to ask questions
- Concerns about making a diagnosis without seeing the patient and relying on the information given by the patient
- Patients not receiving the support of a family member, friend or carer when the appointment is over the phone, e.g. to explain symptoms

Sample comments about difficulties getting an appointment or speaking to a GP:

- **'The receptionist said that they would get the doctor to call me back. I had to phone again three times as I heard nothing, and the doctor still wouldn't speak to me. The next day I had to call an ambulance.'**
- **'Every time I ring I have to wait about 20 minutes to get through. When I do get through the receptionists are a little terse and sound stressed (understandably) and they say I have to go through e-Consult to get an appointment. I tried to do this but I couldn't do it. I rang back and they agreed to arrange a phone call but they asked an awful lot of questions which I feel is overstepping the mark for triaging, they are the things I want to talk to my GP about, not the receptionists. I asked to speak to a GP but didn't get a call back. I ended up in hospital with a life-threatening condition.'**
- **'It was hard to get an appointment before the pandemic, now it's nearly impossible having to ring every morning to get an appointment is hard if you have to work for a living. How can a GP diagnose your condition over the phone?'**

Some people described their anxiety about having to explain symptoms over the phone and not being seen and the impact of this on their confidence in the treatment given:

- **'Hard to express over the phone how ill someone is when they are so ill they haven't got the energy.'**
- **'You explain best you can but you should have an investigation, they should say 'pop in to put your mind at rest'. Examination is not just verbal should be physical as well for my problems.'**
- **'Needed physical therapy during Covid, they were polite and helpful, but I feel they are unable to diagnose properly and effectively to target treatment. My information given may not be correct in diagnosing. I am assuming I'm doing it correctly. Confidence level low to medium.'**

A number of people who had not needed to use services since the start of the pandemic were concerned that the move to phone, video or on-line appointment would put people off contacting their GP at all and increase the risk that conditions will become more serious before people seek treatment, for example:

- **'There are issues I might have made an appointment to discuss if I was assured of a face-to-face appointment, as in the past. Many people have various worries and concerns about something which is not acute, and consequently are reluctant even to contact a GP for fear of the issue being deemed "trivial". Of course the problem is that many trivial symptoms may have an underlying more serious cause. There will be many serious health problems missed if there is no alternative to "virtual" consultations.'**
- **'I don't like the idea of telephone and online appointments as I feel it shuts out the elderly patients. I have a neighbour who is 92 and she is too afraid to phone the doctor and have an appointment over the telephone so if she gets ill then she has isolated herself from the doctor.**

- **The challenges for people with communication needs and mental health difficulties**

We heard from people with a range of communication needs including hearing impairment and Autism who described how challenging phone appointments can be. These experiences highlight the need for

services to meet the requirements of the NHS Accessible Information Standard[6] and ask all patients and carers about their communication needs and preferences, record these and take them into account when offering appointments.

Sample comments from people who are deaf or have a **hearing impairment**:

- **'I am concerned that as a deaf person it is difficult enough having to contact services you require as I can't hear on the phone unless there is a mobile number you can text to or email address at the very least. I feel that deaf people and others with any type of disability are being forgotten. People are not Deaf Aware. I'm one of the lucky ones but my confidence is slowly being worn down. I speak for my deaf peers, those that can't speak, those that sign, those that only lipread, what about our rights, what about our mental health – this will get worse and the sad thing is no one really cares.'**
- **'I am deaf and even with two hearing aids telephone conversations are very difficult. I ended up writing to my doctor so I could mention all the things I wanted to know. The outcome was satisfactory eventually.'**
- **'I don't like to speak over the phone because I'm hard of hearing. I tried to get a GP appointment they said I would have to have a phone appointment but my son rang and told them that it would not be suitable for me and they agreed to give me a face-to-face. It would be better if my son didn't have to call about it.'**

A person with **Autism** told us:

- **'As I am autistic I don't like using the phone, this matter caused me major problems in getting to see a doctor. It took a long time to have access to the medical practice NHS email address then they did not respond, just kept sending me to 'askmyGP'[7] without giving any help to set up.**

  I am learning disabled, things that I would like to see – all doctors, consultants and nurses to have public NHS email accounts and have a NHS directory of email addresses (controlled by the NHS), have a learning disabled ambassador (single point of contact, primary, community and hospital care) that will help to get the

[6] 'The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs by NHS and adult social care service providers.' (p.14) https://www.england.nhs.uk/wp-content/uploads/2017/08/accessilbe-info-specification-v1-1.pdf
[7] https://askmygp.uk/

disabled person the right care or the right response, have an open marker[8] on all NHS files to say how a person wishes to be contacted, marker to say the person has extra medical needs when contacting the person (me).'

We also heard from people whose anxiety or mental health means they find using the phone difficult putting them at risk of not asking for help when they need it, for example:

- **'Very hard to ring because of anxiety. Subsequently put it off for ages and have also ignored other issues to avoid the phone.'**
- **'A family member has been suffering with her mental health for a number of months now and today gained enough courage to call for an appointment with a GP to start getting help she desperately needs. After the way [they] were spoken to and made to feel by the receptionist it is making seeking help hard for someone who is already struggling with their mental health. When you are faced with barriers such as unhelpful receptionists who are untrained it can actually cause harm to patients, make them feel like there is no help available to them or even that they are not worthy of help, which in turn could lead to undesirable consequences.'**

- **The views of carers**

A number of carers described the challenges their loved one faces when only being able to have an appointment over the phone and their own frustrations and concerns, including:

- **'She said she is not happy about having a doctor's appointment over the phone, she wants to sit and see her doctor face to face, she cannot read someone's facial expression or body language over the phone.'**
- **'My parents are both in their 90s; Dad has terminal lung cancer and Mum is partially sighted with mild dementia and a history of falls. They have had very little input from their GP during lockdown and it has all been done over the telephone – as they are both hearing impaired this has not been easy. I appreciate that telephone / video appointments are much more convenient for GPs but I don't feel they always meet the needs of frail, elderly patients.'**

[8] For more information about the NHS Accessible Information Standard please see the Healthwatch Shropshire report about how it has been implemented in GP practices published in 2018: https://www.healthwatchshropshire.co.uk/report/2018-10-01/accessible-information-standard-summary-enter-view-report-2018

- **'Absolutely shocking that my daughter who suffers from anorexia and has lost over 18kgs in under 4 months has not been seen face to face or monitored properly. Just a phone call a week telling her to weigh herself and check her BMI on the NHS website. No care plan, no bloods forms sent even though she is meant to have weekly blood tests. Given a number to ring if daughter is desperate but informed it might not be answered as there might not be anyone there.'**
- **'My husband is diabetic. As the consultant can't see the patients how does he know they are being honest when asked about their weight, etc.? Surely half the diagnosis is a doctor picking up on things he sees when he has a face-to-face consultation with someone. How much is being missed because it's all done over the phone?'**

Some carers highlighted the importance of them being able to take part in the consultation to support their family member or loved one:

- **'My daughter had a telephone appointment with her Psychiatrist and it was an unmitigated disaster. The psychiatrist wouldn't speak to me although he has met me before. My daughter can't do talking on the phone, she has communication difficulties. There was no information sharing on the phone. I felt that she needs her medication altered but he refused to do this. I feel that there is a training need in how to have an effective consultation on the phone – it is a different skill.'**
- **'Another dreadful experience for my adult daughter with complex needs. I am a carer. GP triage appointment very difficult. Daughter does not do well on the phone. Most people are not trained to be experts at detailing all their symptoms clearly. Often the first cause is not the real issue. Phone/video triage may work for some but less helpful for the vulnerable.'**
- **'Patients unable to convey how bad symptoms are. Need someone with them.'**

Video and on-line appointments

- **On-line appointments**

Very few services give the public access to the email addresses of professionals and instead they might give them a general email address (e.g. for the GP practice) or permission to use a piece of software that allows them to message the service (e.g. e-Consult, askmyGP). The message is then passed on to

the appropriate professional (e.g. physiotherapist, GP, social worker) who will arrange either to phone the person back or offer a video appointment.

People reported a range of experiences of using this technology, mostly positive.

Positive comments were around the speed in which a GP responded to a message, while negative comments were around lack of familiarity with the technology, or lack of access or necessary permission to use the service.

Examples of positive comments:

- **'e-Consult is excellent – quick and efficient and much better than waiting for an appointment to get a question answered.'**
- **'I used e-Consult and got a phone call from my GP later that say and had an appointment with him in the car park a few hours later. Very efficient.'**
- **'A bit long winded forms to complete and navigate to get onto the site for the not so regular user or non-smartphone/internet users. Very good that the doctor rang back promptly within 24 hours but you need to keep your phone on you and about you as it is not time specific when they call.'**
- **'e-Consult worked well. If I was unfamiliar with IT this would not have been possible.'**
- **'I used the online consultation facility. I received a phone call from a GP within 15 minutes of me submitting the form which led to blood tests and an ultrasound scan. I would certainly have waited longer without the option of the online/phone consultation.'**
- **'I used e-Consult to inform my doctor about a skin problem. I was able to attach a photo and answer a range of questions which narrowed down my condition. I was informed I would be contacted within 48 hours. I was given an appointment to visit a GP within 2 days.'**
- **'Doctor called and asked me to take a photo, said he would email me the link with a data sharing agreement form for the picture. Email arrived in 5 minutes with clear instructions about how to email the surgery back securely. 10 minutes later doctor phoned me back. Nothing to worry about. Really efficient and quick.'**

Example of a negative comment:

- **'Upon trying to book an e-Consult it became apparent the permissions or account setting weren't in place, even if I wanted to I could not (and cannot) book through this system.'**

- **Video appointments**

Video appointments need both the doctor or other professional and the patient to have access to a computer, laptop, tablet or mobile phone with a camera and sound so they can see and hear each other. The equipment also needs to be able to connect to the internet and have a strong signal so the connection does not break or become too slow. They will need access to the same software, e.g. Zoom, MS Teams, Skype, FaceTime.

The main concern we heard from people, including professionals, was that many people do not have the technical skills necessary to make use of these kinds of appointments, e.g.:

- **'There seemed to be a massive gap between those who could use technology and those that could not. The lack of technical skills came to the forefront. There is a need for assistance to use remote appointments and a need to help someone learn the skills. We often found that as volunteers visited so these situations were identified and people assisted.'** (Shropshire Council Food Parcel Coordinator)
- **'I'm over 90 and I don't like it. I do not like Zoom it doesn't feel suitable for older people. I don't like to speak over the phone because I'm hard of hearing. Face-to-face is better. They wanted me to take a picture of my nose. I can't do that myself, no phone or camera. I can't do digital and computers without the help of my family so it's not suitable for older people like me.'**
- **'Many elderly who are managing alone are unable to use email or websites. Many find it difficult even to get through on the telephone. True, some 90-year old's are computer literate but the majority I believe are not. Not only the elderly are having problems, I know off many younger people who are just giving up contacting their local surgeries. I hope the planned way forward is not just a huge cost cutting exercise.'** (Age UK Volunteer)

We also heard that video appointments can be particularly challenging from people with a cognitive impairment such as Dementia or other disability and staff would appreciate training into how best involve them in these discussions:

- **'I have been helping to run Zoom meetings for people living with Dementia and their carers. I have noticed that carers have to work particularly hard to help their loved one engage with a screen. We need to understand how to facilitate involvement. Some people are disadvantaged by the use of technology while others can benefit.'** (Professional from The Alzheimer's Society).

A deaf professional told us:

- **'I work in social care and I have to do video calls to clients – let me tell you what it is like for me. I have to put up with fuzzy pictures, tell the client to lift their head so I can lipread, tell them to stop walking around, etc. You are now looking to see whether this is a way forward for future appointments? Not only do we have to struggle with technology that is at best poor quality, but users are not Deaf Aware.'** (Social care worker)

Some people who had received a phone appointment told us a video appointment would have been better to help with their diagnosis if the technology had been available and the necessary arrangements made, for example:

- **'I love the idea of video consultancy, but I would need to have a fixed time and date, so the doctor, nurse would need to prearrange this by email.'** (Person with Autism)

Some recognized they would need help to make this work for them, e.g.:

- **'RSH Dermatologist did outpatient clinic reviews by phone. Video calls in future might be helpful to see skin conditions. Would be able to use video contact as long as technology was compatible and clearly explained, e.g. apps to download, etc.'**

We heard from one person who felt that systems were not yet in place for 'virtual' appointments to work well:

- **'I think the triage process loses things in translation and the system is not quite there yet.'**

Recommendations to health and social care services:

1. Inform the public that phone, video and on-line appointments are being used to triage patients and make sure people receive a face-to-face appointment if it is necessary and with the most appropriate professional, e.g. doctor, nurse, social worker.
2. Fully implement the NHS Accessible Information Standard to make sure the communication needs and preferences of all people and their carers (if relevant) are known, recorded, shared across services and acted upon.
3. Provide the public with clear information and instructions about how to set up and use the software needed to access video appointments and electronic consultations (e.g. e-Consult, the NHS App). This information should also be available in Easy Read.
4. Provide training for professionals about how to manage a phone or video consultation/meeting to make sure people have the opportunity to share any concerns and ask questions.
5. Share the Healthwatch England guidance on 'Getting the most out of the virtual health and care experience' which gives tips for the public and professionals. The guidance is available at https://www.healthwatchshropshire.co.uk/advice-and-information/2020-08-03/getting-most-out-virtual-health-and-care-experience

About Healthwatch Shropshire

Healthwatch Shropshire is the **independent health and social care champion for local people**. We gather people's experiences of services and share them with local providers, the organisations who pay for services (e.g. Shropshire Council, Shropshire Clinical Commissioning Group) and regulators (e.g. the Care Quality Commission, NHS England/Improvement) to highlight where things are working well and ensure **your voice counts** when it comes to shaping and improving services.

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