

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

Date: 11 January 2023

Committee:
Health and Wellbeing Board

Date: Thursday, 19 January 2023
Time: 9.30 am
Venue: Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

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

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

Please click [here](#) to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel [Here](#)

Tim Collard
Assistant Director - Legal and Governance

Members of Health and Wellbeing Board

Kirstie Hurst-Knight – PFH Children & Education

Cecelia Motley – PFH Health (integrated Care System – ICS) & Communities

Rachel Robinson - Executive Director of Health, Wellbeing and Prevention

Tanya Miles – Executive Director for People

Laura Tyler – Assistant Director - Joint Commissioning

Laura Fisher – Housing Services Manager, Shropshire Council

Simon Whitehouse – Accountable Officer / Executive Lead Shropshire, Telford and Wrekin Integrated Care System

Claire Parker – Director of Partnerships

Patricia Davies - Chief Executive, Shropshire Community Health Trust

Zafar Iqbal - Non-Executive Director, Midlands Partnership NHS Foundation Trust

Nigel Lee - Interim Director of Strategy and Partnerships, Shrewsbury & Telford Hospital Trust

Sara Ellis - Robert Jones & Agnes Hunt Orthopedic Hospital NHS Foundation Trust

Lynn Cawley - Chief Officer, Shropshire Healthwatch

Jackie Jeffrey - VCSA

David Crosby - Chief Officer, Shropshire Partners in Care

Stuart Bills - Superintendent, West Mercia Police

Mark Docherty - Executive Director of Nursing and Clinical Commissioning WMAS

Your Committee Officer is Michelle Dulson

Tel: 01743 257719 Email: michelle.dulson@shropshire.gov.uk

AGENDA

1 Election of Co-Chairs

2 Apologies for Absence and Substitutions

3 Disclosable Pecuniary Interests

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

4 Minutes of the previous meeting (Pages 1 - 10)

To confirm as a correct record the minutes of the meeting held on 17 November 2022 (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 5pm on Friday 13 January 2023.

6 System Update (Pages 11 - 76)

ICS strategy update

Nicola Dymond, ICB Director of Strategy and Integration

Shropshire Integrated Place Partnership (ShIPP) update

Penny Bason, Head of Joint Partnerships, Shropshire Council and NHS Shropshire, Telford and Wrekin

Joint Commissioning Board/Better Care Fund (BCF)

Laura Tyler, Assistant Director, Joint Commissioning, Shropshire Council and NHS Shropshire, Telford & Wrekin, Penny Bason, Head of Joint Partnerships, Shropshire Council and NHS Shropshire, Telford and Wrekin

Healthy Lives Update - Paper for information

Val Cross, Health and Wellbeing Strategic Manager, Shropshire Council

7 Air Quality update

Report to follow.

Toby Pierce, PPO – Professional, Environmental Protection, Shropshire Council

8 Shropshire Safeguarding Community Partnership

Adults, Children and Community Safety Annual Report 2020-21

Report to follow.

Lisa Gardner, Development Officer and Sarah Hollinshead-Bland, Statutory Safeguarding Business Partner. Shropshire Safeguarding Community Partnership

9 Shropshire Drug and Alcohol Strategy (Pages 77 - 82)

Paula Mawson, Assistant Director – Integration & Healthy Population, Shropshire Council, Ian Houghton, Drug and Alcohol Strategic Commissioner, Shropshire Council

10 Healthwatch Update

Lynn Cawley, Chief Officer, Healthwatch Shropshire will give a verbal update.

11 Health Protection update - Paper for information (Pages 83 - 86)

Rachel Robinson, Director of Public Health, Shropshire Council

12 Vaping and young people update - Paper for information (Pages 87 - 92)

Berni Lee/Victoria Standford

13 Chairman's Updates



Committee and Date

Health and Wellbeing Board

INSERT NEXT MEETING DATE

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 17
NOVEMBER 2022
TIMES NOT SPECIFIED**

Responsible Officer: Michelle Dulson

Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present

Councillor (Chairman)

Councillors Robinson, Cawley, Cecilia Motley, Kirstie Hurst-Knight, Simon Jones and Parker

37 Apologies for Absence and Substitutions

Tanya Miles – Executive Director for People

Zafar Iqbal - Non-Executive Director, Midlands Partnership NHS
Foundation Trust

Patricia Davies - Chief Executive, Shropshire Community Health Trust

Jackie Jeffrey - VCSA

Stuart Bills - Superintendent, West Mercia Police

David Crosby - Chief Officer, Shropshire Partners in Care

Nigel Lee - Interim Director of Strategy and Partnerships, Shrewsbury &
Telford Hospital Trust

Substitutes:

Ben Hollands substituted for Zafar Iqbal (virtual)

Nina Grix substituted for David Crosby (virtual)

38 Disclosable Interests

None received.

39 Minutes of the previous meeting

The Chairman summarised the follow up action noted in the minutes which included the following:

- A request for an update on the ICP draft strategy – this was being presented to today's meeting
- A cost-of-living update had been requested and was being provided by Emily Fay at today's meeting

- With regard to the Severe Mental Illness (SMI) and Complex Need paper, the Chairman said he felt there was a role here for the NHS around integration and how to bring physical health services and mental health services together in a more equitable way, along with a role for the NHS and its broader partners e.g. social care, local authorities, voluntary/community sector in order to get a better outcome for the population that was served.
- Concern was expressed about how vaping was being made to look attractive to children, and that more work was therefore needed around this messaging. The Chairman confirmed that this was happening, and that a task and finish group had met to take this forward. Updates on action would be reported back to the Board.

RESOLVED:

that the Minutes of the previous meeting held on 8 September 2022 be agreed and signed by the Chairman as a correct record.

40 Public Question Time

A public question was received from Mike Richardson, Shrewsbury Friends of the Earth in relation to the Air Quality update.

The full question and the response provided by the Chairman is available from the web page for the meeting: [Agenda for Health and Wellbeing Board on Thursday, 17th November, 2022, 9.30 am — Shropshire Council](#)

41 System Update

ICS Updates

The Board received the report of the Director of Strategy and Integration, NHS STW – copy attached to the signed Minutes - which provided an update on the Integrated Care System (ICS) development programme, the Integrated Care Partnership (ICP) and the development of the Integrated Care Strategy (IC Strategy).

The Director of Partnerships, NHS STW introduced and amplified the report. She informed the Board that the first statutory meeting of the ICP had taken place on 5 October and that a strategy workshop had been held on 16 November which had been very well attended with discussions taking place around inequalities, how to shape the mission and vision and the values of the system and what delivery would look like.

The Executive Director of Health, Wellbeing and Prevention explained that a subgroup had been set up to ensure that the first draft of the IC Strategy was developed by the deadline of 5 December 2022. She drew

attention to the purpose of the strategy, which was to set out the vision for everyone in Shropshire, Telford and Wrekin to have improved quality of life, health and wellbeing. She explained that the workshop was only the start of the conversation as the Strategy continued to be developed and that wider engagement would continue. She confirmed that the final draft strategy would be shared with the Board.

A brief discussion ensued in relation to the workshop and the commitment across the Board to work together in partnership, to pool resources and to use resources more wisely. There had been a general agreement to take this work forward and a willingness to engage from all partners. It was hoped that the strategy would be able to articulate a sustainable health and care system and what that means for the local population.

RESOLVED:

1. to note the detail contained in the report;
2. to note the statutory requirements for ICBs and Local Authorities (LA), as core members of the system wide ICP, to develop an Integrated Care Strategy;
3. to note that this strategy must be informed by the work of the HWBBs and through engagement with local partners and communities; and
4. to note approval of the Terms of Reference of the Shropshire, Telford, and Wrekin ICP.

Shropshire Integrated Place Partnership (ShIPP) update

The Board received the report of the Head of Service, Joint Partnerships – copy attached to the signed Minutes – which gave an overview of the ShIPP Board meetings held in September and October together with the actions identified.

The Head of Service, Joint Partnerships assured the Board that work was under way to deliver both elements of the HWBB Strategies as well as that of the ICS and priorities within the system. She highlighted the priorities for ShIPP and explained that the report highlighted the key areas of focus over the last few months including some risks to the system, one of which was around the falls response. She reported that a specific piece of work was being undertaken within the system to deal with this. She also assured the Board that ShIPP were delivering on the actions and priorities.

RESOLVED:

to note the work underway to address the priorities of ShIPP as well as the risks to the system, highlighted by the Board.

Joint Commissioning Board / Better Care Fund (BCF)

The Board received the report of the Assistant Director, Joint Commissioning and the Head of Service, Joint Partnerships – copy attached to the signed Minutes – which provided an update from the Joint Commissioning Board and highlighted the BCF submission for 2022/23. It also provided an update on the BCF review being undertaken by the Joint Commissioning Board and the BCF Audit being conducted by the Integrated Care Board.

The Head of Service, Joint Partnerships introduced and amplified the report. She informed the Board that the BCF template had been submitted to NHSE for approval and that the regional NHSE team had recommended the plan for approval. She reported a mismatch around demand coming into the current year as demand continued to increase they needed to look carefully at the available funding for the expected demand, in particular for hospital services, admission avoidance and delayed transfer system flow.

The Head of Service, Joint Partnerships reported that this year they had been asked to produce a demand and capacity template however that template was not going to be assured and was more to support their demand and capacity modelling. Concern was raised that the profiling did not seem to reflect the winter period. In response, the Head of Service, Joint Partnerships stated that there was more work to do on this as it was new this year and was something that the Working Board would be picking up going forward.

The Director of Partnerships informed the Board that they had talked about using the Joint Commissioning Group to ensure they understood the detail of the BCF and to ensure that the metrics were being met along with some of the demand and capacity monitoring. The Head of Service, Joint Partnerships also made the point about the need for a collective focus on prevention to stop people going into hospital in the first place.

RESOLVED:

1. to approve the BCF Plan for 2022/23;
2. to agree a BCF working group as part of the governance arrangements, with membership from the Integrated Care Board, Shropshire Council, and members from provider organisations as needed.
3. to note the work of the BCF review and BCF audit, with a further detailed report to be submitted at the January HWBB.

Healthy Lives update

The Board received the report of the Health and Wellbeing Strategic Manager - copy attached to the signed Minutes - which provided an update on Healthy Lives, the multi-agency prevention programme of the Health and Wellbeing Board.

The Health and Wellbeing Strategic Manager highlighted the key priorities that Healthy Lives was looking at and informed the Board of an additional priority around access to health information for people who do not speak English as a first language. She then drew attention to the recent meeting activity set out at paragraph 2 of the report.

The Health and Wellbeing Strategic Manager informed the Board that there was currently a gap in membership from health partners on the Healthy Lives Steering Group and requested members of the Board to recommend who from their service could attend.

Turning to access to health information for people who do not speak English as a first language, the Health and Wellbeing Strategic Manager reported that a small group had met to discuss this and it had emerged that it was not clear what translation services were available across the system and how these could be accessed. Suggestions were made for moving this forward and it was hoped that this work could be picked up by a sub-group of the Quality and Diversity group.

A brief discussion ensued around the importance of translation services and the need to provide information in other languages. It was felt that any information provided for people who speak other languages, who have come to this country from others where their systems were different, would be useful to help them navigate the very complex system of health and social care in this country.

RESOLVED:

1. to note the contents of the report and consider who from their service could attend the Healthy Lives steering group (contact Berni Lee or Val Cross); and
2. to note that there are different translation services across the system, but it was not clear what these were or how people using the services would be able to access them. Leadership for this was needed and was a risk for the Board to discuss.

42 Inequalities Plan

The Board received the report of the Consultant in Public Health – copy attached to the signed Minutes – which provided an update on work around the Inequalities Plan. The Consultant in Public Health gave a

presentation – copy of slides attached to the signed Minutes - which covered the following areas:

- Plan content
- The overlapping dimensions of health inequalities
- Evidence for intervention
- Indicators of Inequalities across Shropshire
- Barriers to housing and services
- Underpinning principles
- Understanding and addressing inequalities
- Shropshire Plan
- NHS Healthcare Inequalities – core 20
- Over-riding priorities
- Key areas of focus
- Recommendations and Next steps

The Executive Director of Health, Wellbeing and Prevention thanked the Consultant for this significant piece of work that put the Shropshire Health and Wellbeing plan at its heart, and she informed the Board that there was systemwide commitment to tackle inequalities, not just health inequalities. It was a very comprehensive plan and the HWBB would hold everyone to account. It was felt that the thread through all of that morning's conversations had been around not creating further inequalities when designing delivery of services.

The piece of work around rural health inequalities was welcomed, and it was recommended that they keep in touch with the Rural Services Network. In response, the Consultant in Public Health informed the Board that she was in dialogue with the Rural Services Network on a potential proposal. A brief discussion ensued, and it was recognised that access to health care was one type of health inequality, and it was confirmed that each Trust Board should have an Inequalities Lead.

RESOLVED:

1. to note the contents of the report and the details included in the Inequalities Plan, including the recommendations made in section 17 (Appendix 1);
2. to endorse the Inequalities Plan;
3. to recognise that the success of the plan in reducing inequalities was a joint system responsibility that all partners were committed to delivering; and
4. to advise on timescales for reporting progress in reducing inequalities and health inequalities across Shropshire.

43 Cost of Living Crisis

The Board received the report of the Programme Manager, Public Health – copy attached to the signed Minutes – which provided a brief overview of the current situation in regard to the cost-of-living crisis, and a description of key areas of work to date. The Executive Director of Health, Wellbeing and Prevention introduced this item and took Members through the presentation – copy of slides attached to the signed Minutes - which covered the following areas:

- Cost of Living increases – inflation, food inflation and interest rates
- Government support – with cost of living and energy price ‘cap’
- Comparing increases in the cost of living for low-income families between 2021/22 and 2022/23 with Government policy support
- The direct and indirect health effects of winter weather
- An economic crisis with public health implications
- Cost of living vulnerability Index
- Key groups likely to be impacted
- A note on stigma
- Social Taskforce
- Key messages
- Available support

The Executive Director of Health, Wellbeing and Prevention highlighted the fantastic work being done by the Programme Manager and all members of the taskforce around cost-of-living help across Shropshire for Shropshire residents.

It was commented that there had been discussion at a meeting the previous day around the issue of stigma that had been very helpful. The meeting had been recorded and was available to view on YouTube. The key messages from that meeting were that people were not alone, there were some simple steps that could be taken to reduce costs and maximise income, and not waiting to get help as support was available.

In response to a query, it was confirmed that the information around available support was for single people with no children, as well as for families and households.

In response to concerns around the issue of stigma and how to tackle those conversations, the Executive Director of Health, Wellbeing and Prevention confirmed that there was a training resource that all partners could access, and she would ensure they were all sent the link.

RESOLVED:

1. to note the work underway to mitigate the impact of the cost-of-living crisis on our residents and to make any comments as appropriate.

2. to take this information on the cost-of-living back to partner organisations and consider how the cost-of-living crisis was impacting both their own workforces and the residents they support.

44 **JSNA update**

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

The Executive Director of Health, Wellbeing and Prevention reported that the Pharmaceuticals Needs Assessment had been published and she thanked the team for pulling this together. She informed the Board that both the Drug and Alcohol JSNA and Children and Young People JSNA would come back to a future meeting.

Turning to the Place-Based Needs Assessment, the Head of Service, Joint Partnerships and the Community Wellbeing Team Manager gave a summary of the work that had been undertaken on the high-level profile for Highley (set out in Appendix A of the report) and which had been used to gather the views of the public about the issues facing the area and would be used to create an Action Plan to address the main areas of focus. The Community Wellbeing Team Manager expanded on the engagement exercise that had taken place in Highley which included online and in person surveys along with interviews.

A brief discussion ensued in relation to GP Services in Highley following the medical practice giving 3 months’ notice to cancel its GMS contract. This was felt to be a great opportunity to inform the JSNA and to design the services provided in a different way to meet the needs of the community.

The Public Health Intelligence Manager then updated Members on the Web-Based Needs Assessment, the beta version of which had gone live and Members were able to explore it for themselves. He reported that further content and additional sections had been added so the information was available on-line, broken down by theme showing the latest available data.

RESOLVED:

to note the contents of the report.

45 **Health Protection update**

The Board received the report of the Consultant in Public Health – copy attached to signed Minutes – which provided an overview of the health

protection status of the population of Shropshire. It provided an overview of the status of communicable, waterborne and foodborne diseases.

The Consultant in Public Health drew attention to the immunisation cover for Shropshire for various vaccinations along with the uptake for both Antenatal and newborn and Breast screening before moving on to updates for communicable, waterborne and foodborne diseases.

She reported that the draft of the Shropshire, Telford and Wrekin Health Protection Strategy 2022-2025 had been updated with the final draft going to the Health Protection Assurance Board for agreement later in November following which it would be shared with the Board along with the Action Plan.

In response to a query, the Consultant in Public Health confirmed that once the backlog had been resolved, the breast screening service would return to normal. She agreed to check the situation with NHS partners and would let Board Members know when this was likely to be.

RESOLVED:

to note the contents of the report.

46 Air Quality update Paper for information

The Board received the report of the Public Protection Officer – copy attached to the signed Minutes – which was for information only and it was confirmed that a further update would be provided to a future meeting.

47 Chairman's Updates

The Chairman updated the Board as follows:

- Correspondence had been received from NHS England Primary Care Support about change of ownership for pharmacies in Church Stretton and Ellesmere. The correspondence would be attached to the minutes of this meeting.
- The Shropshire Pharmacy Needs Assessment was published following the last meeting.
- Telford & Wrekin Pharmacy Needs Assessment was out for consultation. The Health and Wellbeing Strategic Manager would circulate the document to Board members after this meeting, asking for any comments to be received by 7th Dec.

In the meantime, a response would be drafted and shared with the Board with any additional comments from members added, with a response date of the 14 Dec requested for the final submission. This would enable a response to be emailed back to Telford by the deadline of 21st December.

- The Safeguarding Annual Report had been deferred to the January meeting.

<TRAILER_SECTION>

Signed (Chairman)

Date:

SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19 January 2023			
Title of Paper	ICS Update on the development of and engagement with the draft Integrated Care Strategy (IC Strategy) for the Shropshire, Telford and Wrekin ICS			
Reporting Officer and email	Nicola Dymond – Director of Strategy and Integration – NHS STW nicola.dymond@nhs.net			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	x
	Mental Health		Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x
	Workforce	X	Reduce inequalities (see below)	
What inequalities does this paper address?				

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

Executive Summary

This report is an update on the development of the draft Integrated Care Strategy (IC Strategy) for the Shropshire, Telford and Wrekin ICS (since the last meeting of this board in November 2022) and next steps towards a final version due at the end of March 2023.

This paper is intended to provide an update on progress made on:

- the development of the Integrated Care Strategy (IC Strategy) for Shropshire, Telford and Wrekin (STW)
- the plan for communication of and engagement with the IC Strategy

Recommendations

The Committee is asked:

- to note the detail contained in the report

Report

Integrated Care Strategy (IC Strategy)

As a statutory committee, jointly formed between NHS Shropshire, Telford and Wrekin and the two local authorities, Shropshire Council and Telford and Wrekin Council, the Integrated Care Partnership (ICP) is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the local population.

The draft IC Strategy sets a vision for what the Integrated Care System wants to achieve through greater partnership and collaboration and is built on the health and wellbeing strategies in Place as well as Joint Strategic Needs Assessment (JSNA) data.

In this first and short year of development of the ICP, the Integrated Care Strategy will be considered an interim document, to allow more time to adequately shape the vision and assessment of need. The work, engagement and knowledge of the two STW Health and Wellbeing Boards will be consolidated as the foundation for further ICS development.

The IC Strategy development working group, comprised of ICB, Local Authority and local Health Watch members developed the required draft IC strategy which was presented to the ICP board at its meeting on 21 December 2022. The draft strategy was published as part of the meeting papers [ICP board papers](#). A copy is attached to this paper as appendix A.

Feedback from the ICP Board on the IC Strategy was positive; it was particularly appreciated that input from key stakeholders, gathered in a workshop in November 2022, had been reflected in the draft strategy.

Feedback from the ICP board on the IC strategy will be taken into consideration to further develop it and a final version will be brought back to the next ICP board meeting (anticipated to be held mid-March 2023).

Comms and Engagement for the draft IC Strategy

The outline proposal for public involvement and engagement activity, 'Shropshire, Telford and Wrekin's health and wellbeing conversation', was also presented to the ICP board and published with the [ICP board papers](#).

Activities are to take place from the beginning of 2023 through to early March 2023 to inform the IC Strategy and the system's Joint Five-Year Plan development and will include amongst others:

- development of a one-page summary of the IC Strategy (as suggested in the ICP meeting) to provide condensed information for interested lay members and voluntary organisations; Healthwatch organisations will be participating through their links to the community
- Partnership workshops to inform the consultation plan narrative, approach, methods, and key questions
- Cooperation with Equalities Involvement Committee which will guide and advise on inclusion of protected groups and seldom heard voices
- Ongoing dialogue, supported by developing a citizens panel, working local involvement networks, voluntary, community and social enterprise (VCSE), Healthwatch, and NHS/LA enabling workstreams.

Conclusion

The Board is asked:

- o to note the detail contained in the report

Risk assessment and opportunities appraisal

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

None identified

Financial implications (Any financial implications of note)	None identified	
Climate Change Appraisal as applicable	None identified	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Report included and attachments		
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130)		
Nicola Dymond – Executive Director of Strategy and Integration – NHS STW		
Appendices		
Appendix 1 – Draft IC Strategy document		

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Shropshire, Telford and Wrekin

Integrated Care Partnership Strategy

Interim (December 2022- March 2023)

Draft V 0.7

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Telford & Wrekin
Co-operative Council



Integrated
Care System
Shropshire, Telford and Wrekin

Executive Summary

Introduction

- How we will work and what is different

Chapter 1 - Overview of Our Integrated Care System

- Our System Partners
- Our Ten Pledges
- Our STW Integrated Care Partnership

Chapter 2 - Integrated Care Partnership Purpose and Vision

- Developing the ICP Mission and Vision
- Vision and Objectives
- Integrated Care Strategy: Purpose
- Integrated Care Strategy Priorities

Chapter 3 - Improve outcomes in population health and healthcare

- Improve outcomes in population health and healthcare
- JSNA and Population Health Data

Chapter 4 - Tackle inequalities in outcomes, experience and access

Chapter 5 - Support broader social and economic development

- Enablers

Chapter 6 - Enhance productivity and value for money

- The Left Shift – Preventive Approach

Chapter 7 - Performance Monitoring and Scrutiny

- Outcome Focus – potential high level outcomes
- Next Steps
- Comms and Engagement Plan for next steps



Executive summary

- The Shropshire, Telford and Wrekin ICP is responsible for the development of an Integrated Care Strategy, against which the ICB will reflect and respond in its development of the systems multi-year planning and commissioning response.
- It is acknowledged nationally, that in this first and short year of development, the Integrated Care Strategy will be considered an interim document, to allow more time to adequately shape the vision and assessment of need.
- The work, engagement and knowledge of the two STW Health and Wellbeing Boards will be consolidated as the foundation for further ICS development. We are not starting from a blank piece of paper, and neither are we concluding our activities to better understand the priorities for our system.
- The Health and Social Care Act outlines a statutory requirement for ICBs to undertake a 12 week consultation and engagement program with system stakeholders, to inform the development of a 5 year forward plan for STW by the end of March 2023.
- In progressing the engagement on the strategy development, STW ICB will include, amongst other priorities those identified in the interim ICS document and will continue to support its further development in partnership.



Introduction

- We know that more needs to be done to give everyone the very best start and every chance to live a long and healthy life. This includes working with partners in the wider economy to create good jobs and increase everyone's prosperity with investment in skills, housing, culture and infrastructure. To have the best chance of achieving this, we need to think and work differently with each other and with our communities.

Page 18 A greater emphasis on prevention is crucial, to improve the quality of people's lives and the time they spend in good health. We recognise that not everyone has an **equal** chance of a happy, healthy long life and therefore we need to do more to tackle inequalities, including health inequalities.

- As a Partnership we are embracing our communities and community partners in our conversations and are listening to what staff and local people have to say, so that everyone in Shropshire, Telford and Wrekin is part of our shared purpose.



How we will work and what is different

People First

- People are at the heart of everything we do
- Ensure community-centred co-production (with staff, partners, patients, carers, VCS and residents) underpins the development of services

Prevention and inequalities

- Act sooner to help people with preventable conditions
- Enable people to stay well and independent for longer by providing a greater emphasis on proactive prevention and self-care
- Tackle the wider determinants of health – homes, jobs, education
- Offer accessible, high quality health and care services, which are equitably targeted towards people in the greatest need

Proximate

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- Things should be done, services and decisions made at the level that is most relevant, effective and efficient
- These actions at every level work together to contribute to the overall ambition of the ICS.

Joint working

- Both in the way we commission and the way we deliver services, from shared funding, and collaboration to health and care teams designed around people and their lives.

Empowerment

- Enabling people to navigate our system when they need help. We will need every organisation to think harder about access, inclusion, cultural safety and health literacy in the services they provide.

Innovation, evidence and research

- Should be at the heart of our approach to the challenges we face and the opportunities to deliver
- Maximise innovation and digital opportunities
- Adopt an intelligence-led population health management approach



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

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Overview of Our Integrated Care System

Chapter 1

Our system partners

Shropshire, Telford and Wrekin Integrated Care System includes the following partners:

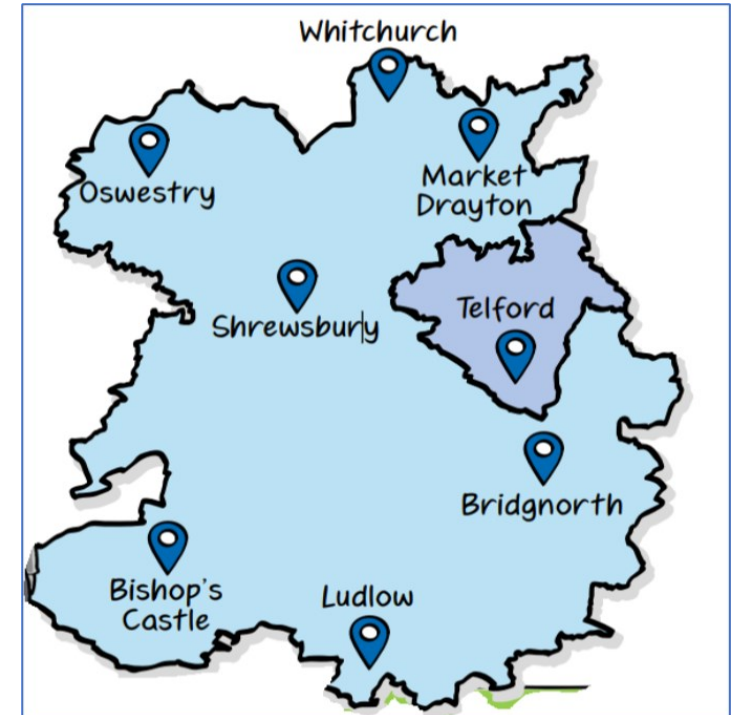
- NHS Shropshire, Telford and Wrekin
- Shropshire Council (our Shropshire Place)
- Telford and Wrekin Council (our Telford and Wrekin Place)
- Shrewsbury and Telford NHS Trust (SaTH)
- Shropshire Community Health NHS Trust
- Robert Jones and Agnes Hunt Orthopaedic NHS FT
- Midlands Partnership NHS FT
- West Midlands Ambulance Service NHS FT
- Primary Care Networks – 8 PCN's (4 PCN's Telford and Wrekin, 4 PCN's Shropshire) and General Practice
- Community and Voluntary Sector organisations

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We are an ambitious ICS and we want to make a real difference to the lives of local people.

We have previously engaged with our residents, patients, health and care staff, our local system partners and the voluntary, community and social enterprise (VCSE) sector and used this insight to develop ten pledges.

The pledges will be the golden thread through all the work we deliver.



Our ICS Pledges



We will improve **safety and quality.**



We will integrate services at **place and neighbourhood level.**



We will tackle the problems of **ill health, health inequalities and access to health care.**



We will deliver improvements in **mental health, learning disability and autism provision.**



We will support **economic regeneration** to help improve the **health and wellbeing of our population.**



We will respond to the threat of **climate change.**



We will strengthen our **leadership and governance.**



We will increase our **engagement and accountability.**



We will create a **financially sustainable system.**



We will make our ICS a **great place to work** so that we can attract and keep the **very best workforce.**

Our STW Integrated Care Partnership

- **Our Integrated Care Partnership (ICP)**, is responsible for bringing together our system partners to develop a plan to address the broader public health, health and social care needs of our local populations and tackle health inequalities.
- Our ICP wants to make home and the community the hub of care and aims to ensure that services are personalised and seamless; empower patients; promote health; and prevent illness, where possible.

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- The Integrated Care Partnership (ICP) provides a forum for NHS leaders and local authorities to come together, as equal partners, with key stakeholders from across the system and community.
- Together, the ICP is producing an integrated care strategy to improve health and care outcomes and experiences for the populations. This will be followed by a co-produced integrated 5 year plan to be in place by March 2023 which will inform the ‘how’ we deliver outcomes.





**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

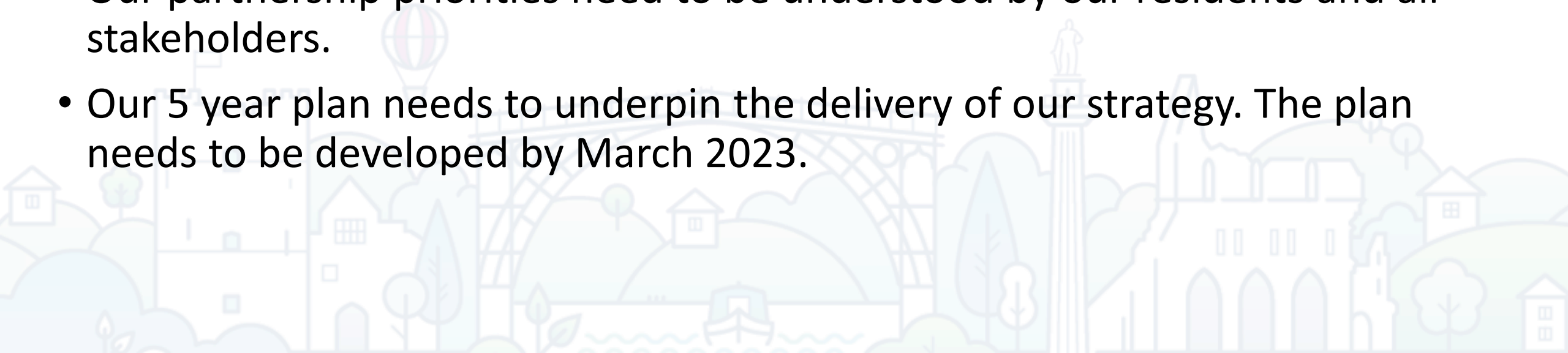
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Integrated Care Partnership Purpose and Vision

Chapter 2

Developing the ICP Mission and Vision

- Our ICP Vision and Mission statements are currently in draft as we co-produce, through a series of engagement events the further development of the ICP five year plan that supports our strategy document.
- Our partnership is developing the priorities from the two Health and Wellbeing boards across our places and listening to the voices of our partners and stakeholders as we develop our plan.
- Our partnership priorities need to be understood by our residents and all stakeholders.
- Our 5 year plan needs to underpin the delivery of our strategy. The plan needs to be developed by March 2023.



Integrated Care Strategy Vision and Objectives

We want everyone in Shropshire, Telford and Wrekin to have a great start in life and to live healthy, happy and fulfilled lives.

We will work together with our communities and partners to improve health and wellbeing by tackling health inequalities, encouraging self-care, transforming services and putting people at the heart of all we do.

Our ambition is to provide our communities across Shropshire, Telford and Wrekin with safe, high-quality services and the best possible experience from a health and care system that is joined up and accessible to all.

By transforming how and where we work, improving access to services and using our resources in the very best way for our communities, we will meet the needs of our population now and in the future.

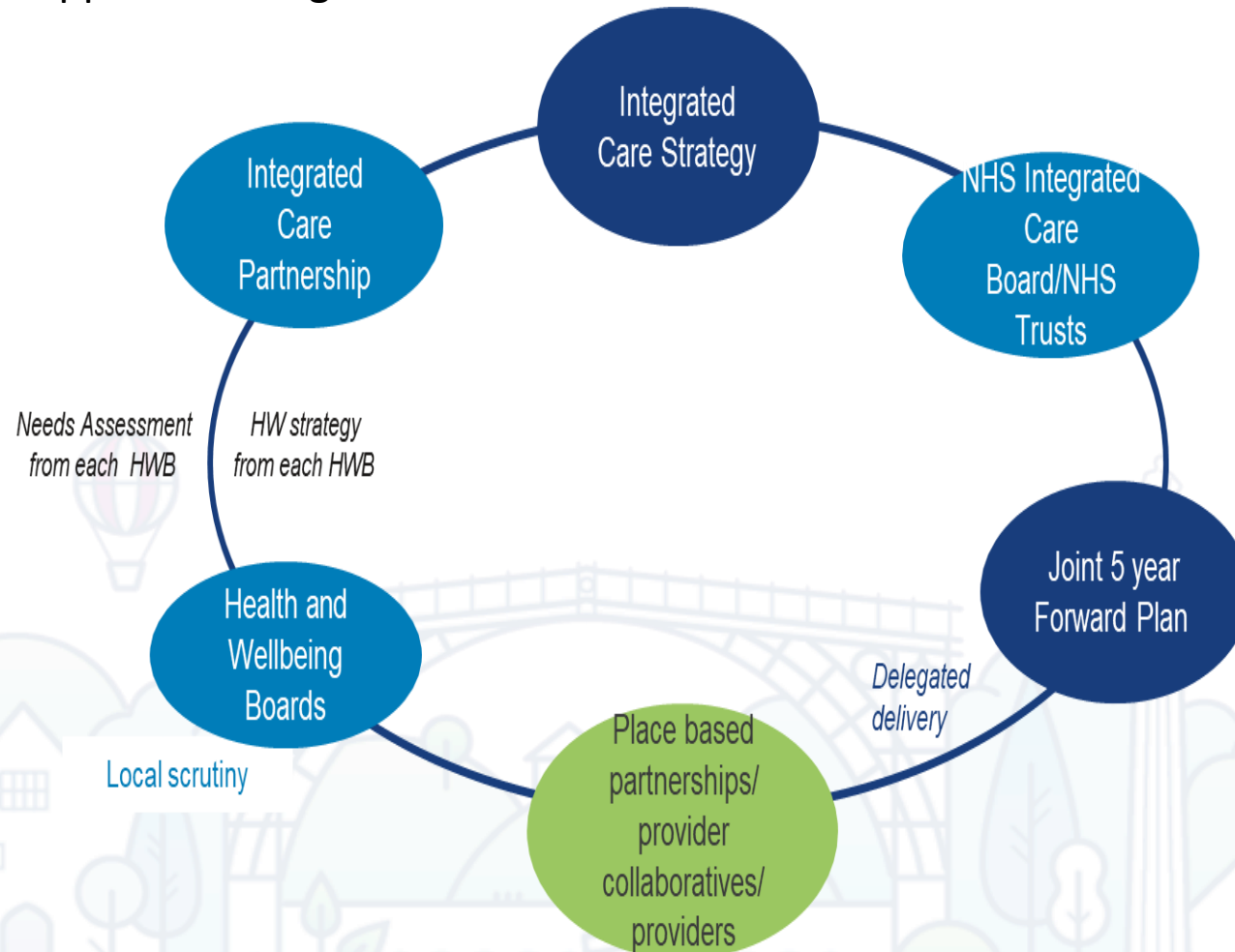
Joining up health and care is not new – a lot of work has already been done towards this and we will build on this work. This includes building on the positive joint working we saw in the system throughout the Covid 19 pandemic.

Our Four Strategic Objectives



Integrated Care Strategy: Cycle of development

This Integrated Care Strategy development through the ICP, is a key step in setting out the high level needs assessment and long term health and wellbeing priorities for Shropshire, Telford and Wrekin. A clear governance, planning and delivery cycle exists to support partnership working across the system. A comprehensive consultation and engagement process will wrap around this development cycle and support co-design.



Integrated Care Strategy Priorities

(from JSNA's to inform the HWB strategies and the interim integrated care plan)

Population Health Priorities

- Best start in life
- Healthy weight
- Mental wellbeing & Mental Health
- Preventable conditions – heart disease and cancer
- Reducing impact of drugs, alcohol and domestic abuse

Health Inequalities priorities

- Wider determinants:
 - homelessness
 - cost of living
- Inequity of access to preventative health care:
 - cancer
 - heart disease & screening
 - diabetes
 - Health Checks for SMI & LDA
 - vaccinations
 - preventative maternity care
- Deprivation and Rural Exclusion

Health and Care priorities

- Proactive approach to support independence
- Person – centred integrated within communities
- Best start to end of life (life course)
- Children and Young people physical and mental health and a focus on SEND
- Mental, physical and social needs supported holistically
- People empowered to live well in their communities
- Primary care access
- Urgent and Emergency care access
- Clinical priorities e.g. MSK, respiratory, diabetes



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Shropshire, Telford and Wrekin



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Improve Outcomes in Population Health and Healthcare

Consolidating Knowledge and Findings

Chapter 3

Improve outcomes in population health and healthcare

Content:

- **Joint Strategic Needs Assessments (JSNA)**
- **Population Health Intelligence**

• **Strategic Priorities**

- Health and Well Being Board Priorities
- What our residents have told us
- What our stakeholders have told us

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Improve outcomes in population health and healthcare

- Each Health and Wellbeing Board has a statutory duty to publish a Joint Strategic Needs Assessment (JSNA) to inform the development of the Health and Wellbeing Strategies for each HWBB.
- Telford & Wrekin Health & Wellbeing Strategy refresh proposals have been developed based on JSNA intelligence and informed by engagement with residents as part of the development of the Vision 2023 - Building an Inclusive Borough – including circa 3,000 residents contributing through a telephone survey and focus groups in 2022 and also the residents survey in 2020 completed by circa 5,500 residents. Further engagement and community consultation on the proposed health & wellbeing refresh priorities is planned for February 2023.

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Shropshire Health and Wellbeing Strategy is being developed at a community level by engaging with the residents and local Town Councils using the data from the JSNA.

- The ICP has brought together the available intelligence from the HWBB strategies the system to inform the priorities for the interim Integrated Care strategy.
- The JSNAs and population health intelligence and the interim Integrated care Strategy should inform system partners about where there are areas of need, such as, health and social need, and the inequalities gaps in our communities.
- The interim Integrated Care Strategy will inform the development, with stakeholders through engagement into a five year plan to support the commissioning and provision of services and support that meet the needs of the population.

The intelligence in this section shows the key themes and headlines from the JSNAs and the population health priorities for our places and our system.



Telford & Wrekin

- Fastest population growth in the West Midlands (2011-2021 = 11.4% growth). 2nd fastest growth nationally in 65+ population (35.7%)
- Population changing - becoming more diverse & ageing (median age now same as WMs at 39.6 years)
- 27% Telford & Wrekin residents live 20% most deprived areas in England – circa 45,100 people (= NHSE CORE20) significantly higher than the England average and just over a fifth (21%) of children and young people are living in poverty
- Life expectancy at birth & at age 65 for men and women significantly worse than England average and there are significant inequalities gaps

Shropshire

- 139,000 households - predicted to increase 28% by 2043
- 23% of the population +65 years (18.5% England Age)
- 26% increase in LAC 2019/20 to 2020/21
- 44,969 people are 30 minutes or more by public transport to the closest GP
- An estimated 3,740 people are currently living in care home settings in Shropshire, with this figure likely to increase in the future
- The relatively affluent county masks pockets of deprivation, growing food poverty, health inequalities and rural isolation, with the county overall having a low earning rate

STW Area

- Total Population in 2020 506, 737 (Shropshire 325,415 Telford 181,322)
- Male 49.5 % Female 50.5%
- Across a total Area 3,487 sq km
- Average Annual Births 4,600 and Deaths 4,920
- Shropshire is predominately 66% rural (101 people/sq km) Telford and Wrekin is predominantly urban (620 people/sq km)
- By 2043 there will be an estimated 589,330 people in STW - 30% will be over 65 (currently 21%)
- There are over 155 care homes in the area with more than 4,320 beds
- Across STW there are 88,000 people with a long term limiting illness (18%)



Population Health Priorities

Using evidence from our JSNAs and our two Health & Wellbeing Strategies the following shared priorities emerged:

- Give every child the best start in life (including healthy pregnancy)
- Encourage healthier lifestyles with a priority focus on unhealthy weight
- Improve people's mental wellbeing and mental health
- Reduce the impact of drugs, alcohol and domestic abuse on our communities



STW JSNAs – Key Headlines

- Trends show that overall life expectancy for males and females has stalled and inequalities are clear across both Places. Life expectancy at birth for both males and females is significantly worse than the England average in Telford & Wrekin and significantly better than the national average in Shropshire
- The inequalities gap in life expectancy (between the most deprived and least deprived areas within each local authority):
 - for men is 7.3 years in Telford & Wrekin, compared to 7.2 years in Shropshire
 - for women is 4.1 years in Telford & Wrekin, compared to 5 years in Shropshire
- The gap in life expectancy is driven by mortality from cardiovascular disease, followed by cancers
- Early death rates from preventable cardiovascular disease and cancer in Telford & Wrekin are significantly worse than the England average, and this contributes to the reduced life expectancy picture
- Excess weight is the most significant lifestyle risk factor in the population with the level of adult excess weight in both Telford & Wrekin and Shropshire are significantly higher than the England average
- The level of alcohol related-hospital admissions in Telford & Wrekin are also significantly higher than the England average
- Adult smoking rates in routine and manual groups in both Shropshire and Telford & Wrekin are a key driver of inequalities
- Smoking in pregnancy is a particular issue for Shropshire and Telford & Wrekin, with levels of maternal smoking at birth significantly worse than England overall, the highest levels are seen amongst younger mothers and those living in deprived communities
- Unhealthy weight in children & young people in Telford & Wrekin are also worse than the national average
- Mental Health is a key cause of poor health amongst our communities and levels of poor mental health in children and younger people is increasing. The physical health of adults with Serious Mental Illness is also a cause for concern with both Shropshire and Telford & Wrekin having high rates of excess mortality in this group compared to the national average

Deprivation, ethnicity & access to services

Deprivation

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

Ethnicity

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

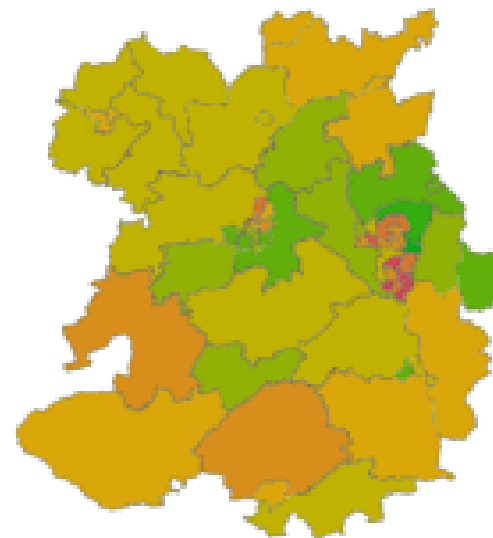
Access

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

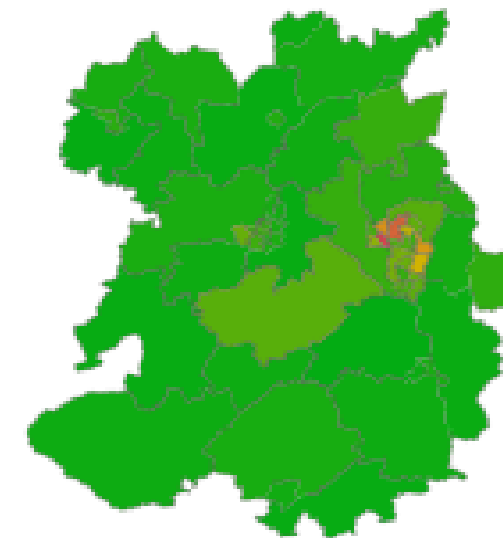
Cost of Living

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

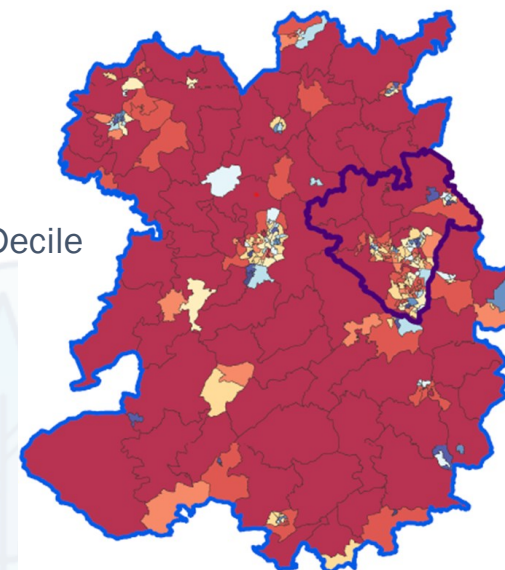
Deprivation - IMD 2019 Decile



Ethnicity - % BAME 2011 Census



Access - IMD 2019 Decile



Wider determinants of health

Public Health Outcomes Framework Indicator	Period	Telford & Wrekin	Shropshire
Children in relative low income families (under 16s)	2020/21	21.4	16.8
School readiness: percentage of children achieving a good level of development at the end of reception	2018/19	71.3	72.6
School readiness: percentage of children achieving the expected level of development in the phonics screening check in Year 1	2018/19	83.5	80.9
First time entrants to the youth justice system	2021	108.9	64.2
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2020	7.4	10.3
Adults with a learning disability who live in stable and appropriate accommodation	2020/21	77.8	85.6
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	59.0	71.0
Gap in the employment rate between those with a long-term health condition and the overall employment rate	2020/21	11.8	16.3
Gap in the employment rate for those with a learning disability and the overall employment rate	2020/21	70.2	70.8
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2020/21	63.9	67.4
Percentage of people aged 16-64 in employment	2020/21	72.9	76.4
Sickness absence – the percentage of employees who had at least one day off in the previous week	2018-20	1.7	1.6
Sickness absence – the percentage of working days lost due to sickness absence	2018-20	1.0	0.7
Violent crime – hospital admissions for violence (including sexual violence)	2018/19-20/21	27.8	20.0
Homelessness – households owed a duty under the Homelessness Reduction Act	2020/21	12.3	7.9
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	2019/20	40.8	51.4
Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)	2018/19	36.0	35.4



Population Health Outcomes

	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
Overarching	Life expectancy at birth (males)	78.2	80.2	<ul style="list-style-type: none"> Overarching Health Inequalities Outcomes
	Life expectancy at birth (females)	81.9	83.7	
	Healthy life expectancy at birth (males)	57.6	62.8	
	Healthy life expectancy at birth (females)	60.3	67.1	
	Life expectancy at 65 (males)	18.0	19.3	
	Life expectancy at 65 (females)	20.2	21.5	
Maternity & Early Years	Teenage pregnancy	16.8	11.5	<ul style="list-style-type: none"> HI 5 key clinical areas: maternity LTP NHS prevention priority health weight
	Obesity in early pregnancy	29.5	24.1	
	Baby's first feed breastmilk	63.8	70.8	
	Smoking at time of delivery	14.3	11.0	
	Children overweight (including obese) – reception	26.1	22.6	
	Children overweight (including obese) – year 6	40.0	29.7	

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Population Health Outcomes

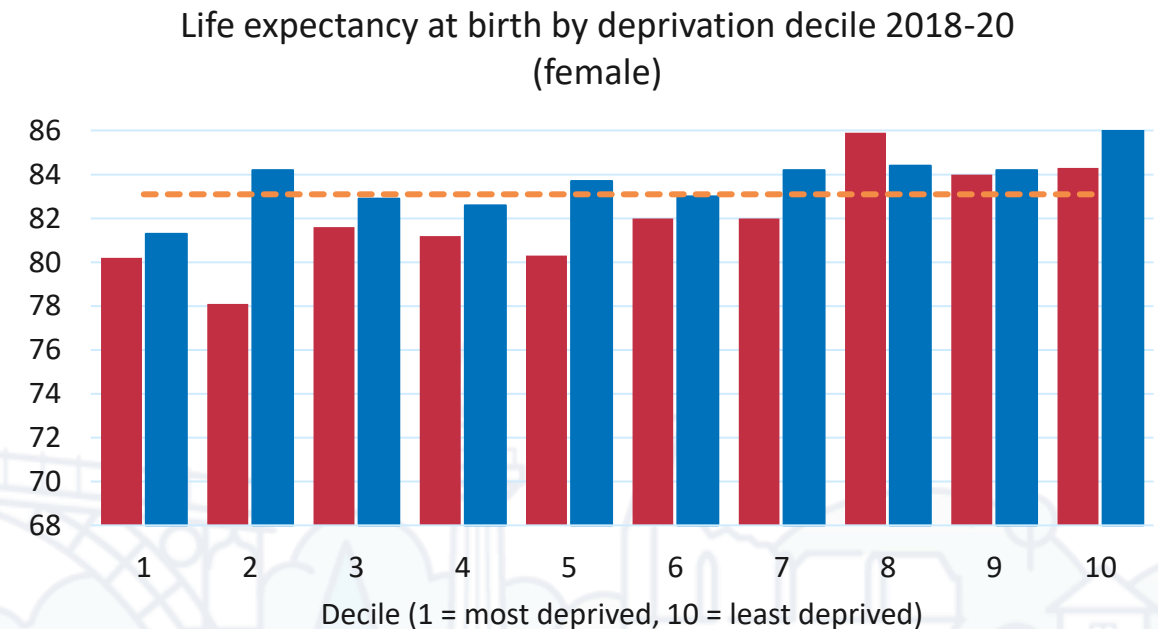
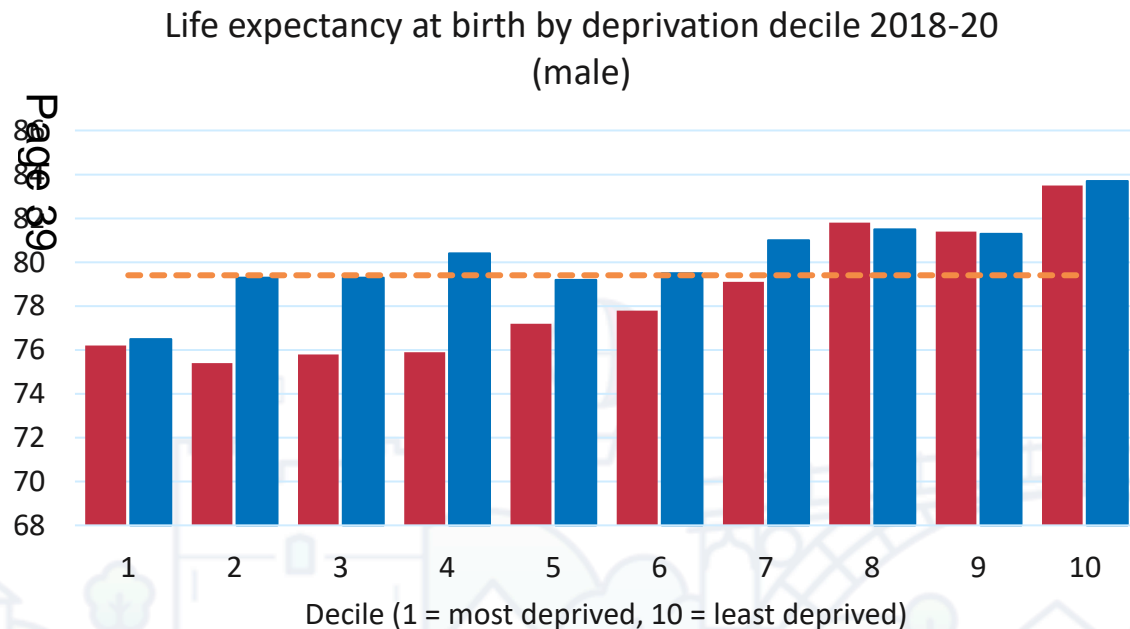
	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
Page 38 Prevention	Adults classified as overweight or obese	70.6	68.0	<ul style="list-style-type: none"> • HI 5 key clinical areas: hypertension case finding • LTP accelerate diabetes & CVD prevention programmes • LTP NHS prevention priority healthy weight
	Diabetes diagnosis rate (estimate)	85.6	71.4	
	Early mortality from preventable CVD	38.4	24.8	
	Early diagnosis cancer (stages 1 and 2)	50.3	53.3	<ul style="list-style-type: none"> • HI 5 key clinical areas: early cancer diagnosis
	Cancer screening coverage – cervical cancer	74.4	76.8	
	Cancer screening coverage – bowel cancer	65.1	69.4	
	Early mortality from preventable cancers	66.2	38.7	
	Early mortality from preventable respiratory disease	18.6	12.6	<ul style="list-style-type: none"> • HI 5 key clinical areas: chronic respiratory disease
	Flu vaccination coverage – at risk individuals	55.5	60.6	
	Early mortality in adults with severe mental illness	134.4	89.0	<ul style="list-style-type: none"> • HI 5 key clinical areas: severe mental illness
	Excess mortality in adults with severe mental illness	475.4	477.6	
	Emergency hospital admissions for self harm	182.4	146.8	
	Admissions for alcohol related conditions	512	460	<ul style="list-style-type: none"> • LTP NHS prevention priority: alcohol care team
	Early mortality from preventable liver disease	19.6	14.7	
	Smoking attributable mortality	246.1	173.7	<ul style="list-style-type: none"> • LTP NHS prevention priority: NHS tobacco dependency programme
	Smoking attributable hospital admissions	1,944	1,475	
Smoking prevalence routine & manual occupations	21.4	25.6		



Inequality in Life Expectancy

In both Shropshire and Telford and Wrekin life expectancy at birth is lower in the most deprived areas than in the least deprived areas and there are clearly inequalities gaps.

However life expectancy at birth in the most deprived parts of Telford and Wrekin is considerably lower than the national average and most deprived parts of Shropshire.



Telford and Wrekin

Shropshire

England average

Telford and Wrekin

Shropshire

England average

What our residents have told us

As an ICS we understand the importance of developing our health and care services based on the views of our local population, alongside the evidence on population health.

Our residents have said they wanted 'A person-centred approach to our care,' and this is central to all the work we are doing.

People are at the heart of everything we do and by delivering joined up services in both the acute and community settings we can give everyone the best start in life, creating healthier communities and helping people to age well.

The top 10 statements from all respondents for the Shropshire, Telford & Wrekin questionnaire which described the measures were the most **important** to our residents:

1. "Professionals that listen to me when I speak to them about my concerns"
2. "Access to the help and treatment I need when I want it"
3. "I want to be able to stay in my own home for as long as is it is safe to do so"
4. "I want my family and me to feel supported at the end of life"
5. "Choosing the right treatment is a joint decision between me and the relevant health and care professional"
6. "I want there to be convenient ways for me to travel to health and care services when I need to"
7. "Easy access to the information I need to help me make decisions about my health and care"
8. "Having the knowledge to help me to do what I can to prevent ill health"
9. "Communications are timely"
10. "I have to consider my options and make choices that are right for me"



What our residents have told us

what
would you do?
It's your NHS. Have your say.

March - May 2019

Those who had long term conditions told us to focus on:

- Getting help and communications
- Impact of having more than one conditions
- Waiting Times
- Access to ongoing care and support
- Transport and Travel

When asked what our residents would do to, to be supported to live a healthier life? What can services do to provide you with better care and support? What would make it easier for you to take control of your health and wellbeing?

People told us that a number of things are important and should be priorities:

1. Access and timely intervention e.g. local services that people know about, that are available when people need them (including 24 hour) and that they can get to easily, including services that can help people to live healthy lives such as affordable gyms and social groups
2. Tackling isolation and loneliness e.g. Making sure socially isolated people know what support is available to them and how to access it, including homeless people and people who do not have a named GP or relationship with services
3. Consistent and reliable information and education for all ages e.g. reducing confusion by giving clear and consistent information that can be trusted, including information about services such as available appointments and giving people a single point of contact to improve consistency, including appropriate signposting and offering information and advice (e.g. advice about medication)
4. Services working together, including information sharing and a flexible approach to working e.g. ensuring staff know what other services are out there and talking to each other, improved referral processes, social services and the NHS working together
5. Building strong communities and investment in local people e.g. supporting and promoting local groups to enable and encourage people to get together, e.g. walking groups, dementia groups



What our stakeholders have told us

Together with the views of our partners, clinicians, staff and service users we can identify what is working well, what can be improved and what is important to them. This will enable us to plan, design and deliver health and social care services that are right for our local population of Shropshire, Telford & Wrekin.

Our clinical priorities identified through the HWBB consultations and engagement:

- Cancer
- Cardiac
- Respiratory
- Urgent and Emergency Care
- Diabetes
- Orthopaedics
- Mental Health





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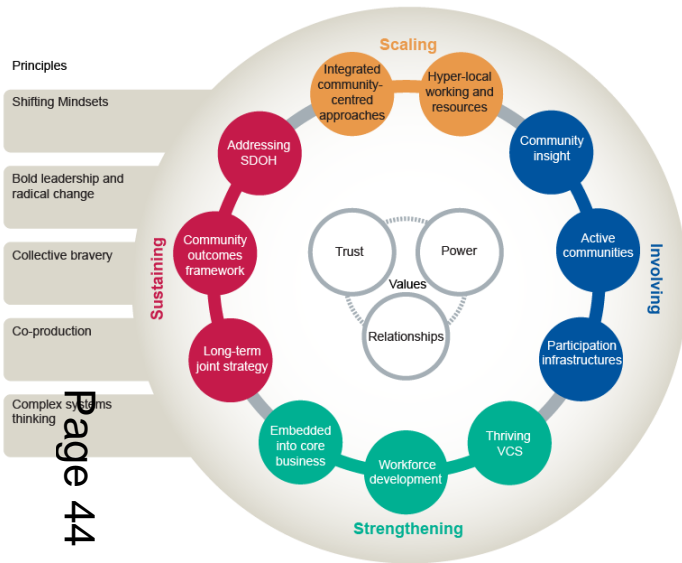
Tackle Inequalities in Outcomes, Experience and Access

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Consolidation of Knowledge and Findings

Chapter 4

Tackling inequalities – approach



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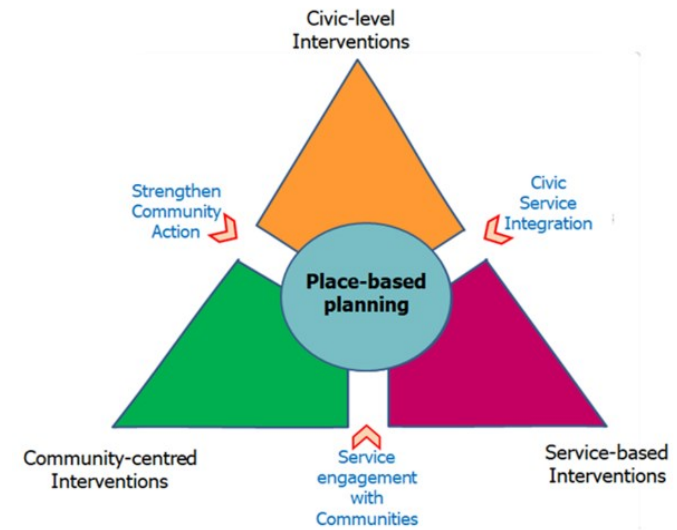
Intelligence-led population health management, including equity profiling for inclusion groups

Community focused co-production

Place-based system wide

Intelligence-led

Equitable targeting



Narrow the gap in service and support uptake and outcomes by proactively targeting people in inclusion based on equity profiling and engagement insight

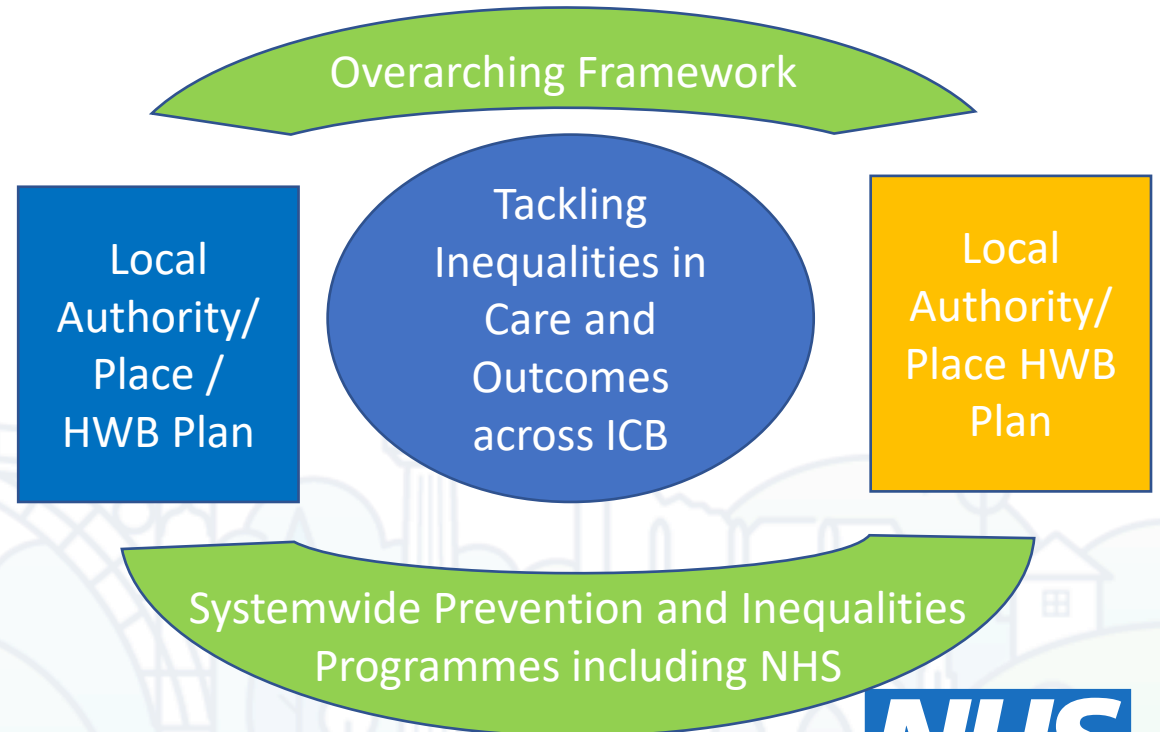
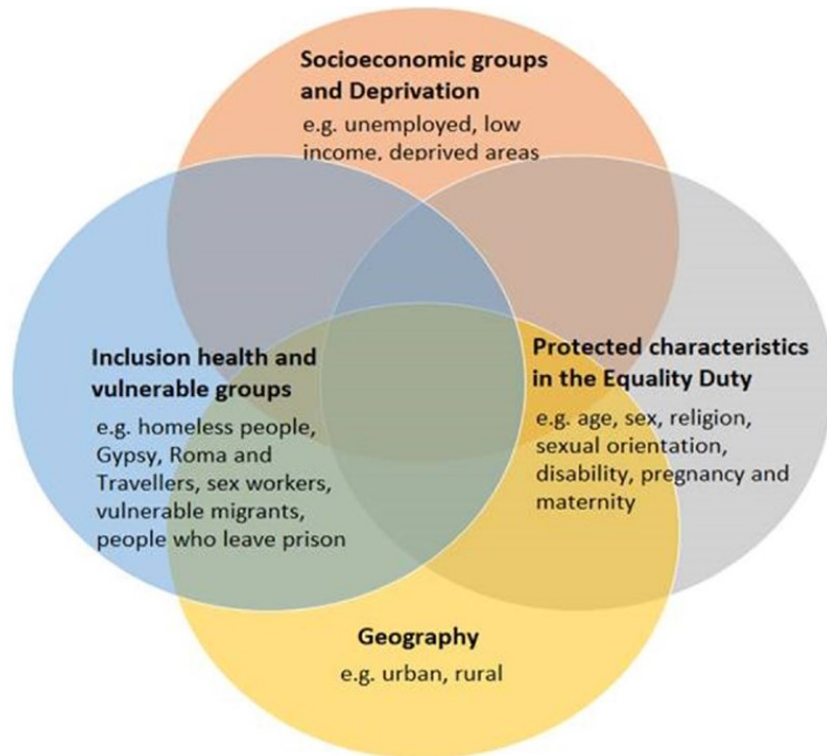
Inequalities and Health Inequalities

Health inequalities are unfair, systematic and avoidable differences in health.

Inequalities in the wider determinants of health (such as housing, education and access to green space) translate into health inequalities.

Therefore, action to reduce health inequalities requires action to improve outcomes across all the factors that influence our health. Approx 10% of our health is impacted by the healthcare we receive.

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Tackling inequalities – inclusion groups

Clear focus where outcomes are poorest for people and families who are:

- from black and minority ethnic groups
- living in deprived communities, including rural deprived
- affected by alcohol and other drugs
- victims and survivors of domestic abuse
- experiencing poor emotional and mental health
- living with physical, learning disabilities and autism
- within Equality Act protected characteristic groups
- at risk of exploitation
- LGBTQ+
- service personnel and veterans
- looked after children and care leavers
- asylum seekers and refugees

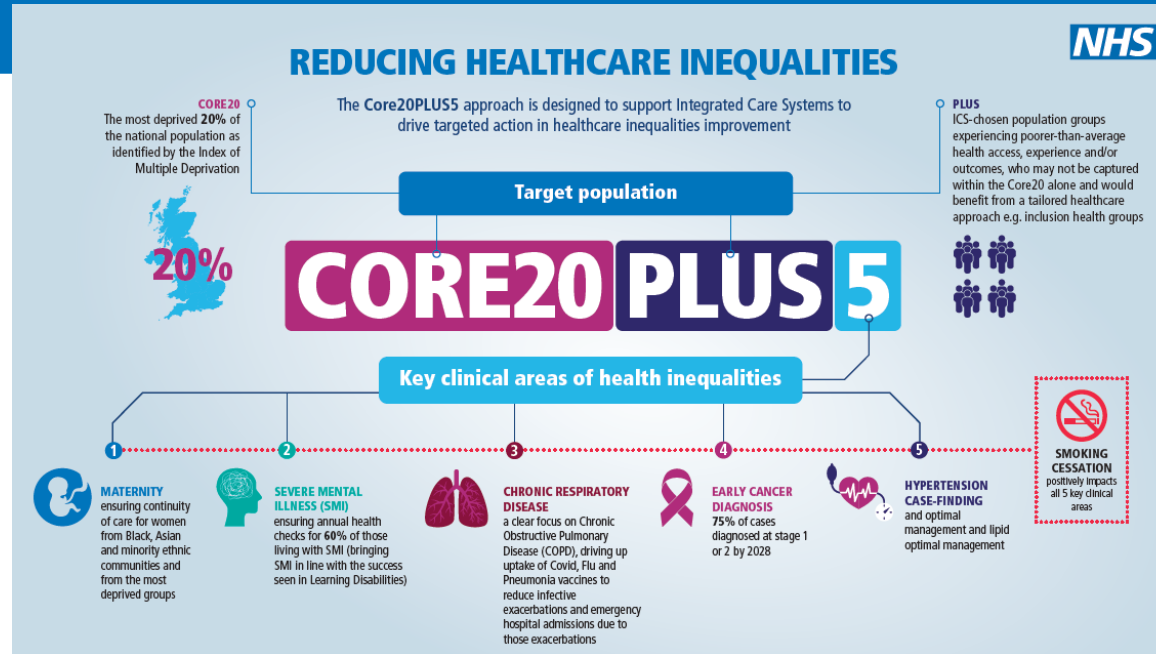
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Tackling inequalities - overview

Wider determinants
cost of living
crisis, housing,
employment

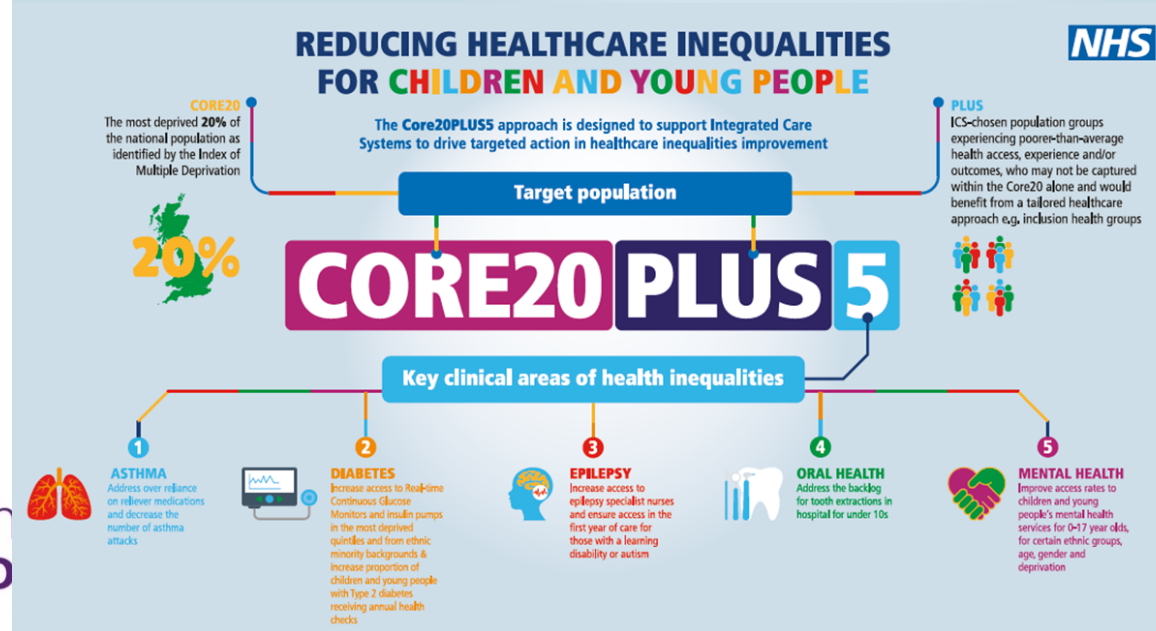
Inclusive,
connected,
healthy &
sustainable
communities

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Healthy behaviours & lifestyles
strengthening prevention

Best start in life for every child



Shropshire to

Health Inequalities

Health inequalities are widening, our partnership needs to focus on the root causes of health inequalities, the wider determinants, and address inequity of access to services for those most in need. We need to understand the multiple barriers people can face in accessing our services more fully.

We therefore commit to accelerate, targeted collaborative local action to reduce health inequalities, by the following priorities:

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Tackling the wider determinants of health

- homelessness, healthy homes, poverty & cost of living, positive work and employment
- Giving every child the best start in life – to influence a range of outcomes throughout people's lives
- Improving equity of access to healthcare for those living in our most deprived areas, including rurally excluded as well as other forms of exclusion (for example Core20 plus 5 programme and a focus on healthcare preventable diseases)
- for adults this includes hypertension, early cancer diagnosis, health checks for SMI and LDA, vaccinations, continuity of carer in maternity.
- For children this includes epilepsy, diabetes and asthma



Telford & Wrekin Health and Wellbeing Proposed Priorities

INTEGRATION PRIORITIES

	START WELL	LIVE WELL	AGE WELL
Population health & prevention	excess weight and obesity		
	mental & emotional health		
	impact of alcohol and other drugs		
	preventable diseases (e.g. CVD, diabetes, cancer, respiratory)		
Inequalities	Marmot Borough		
	cost of living crisis		
	barriers to access (transport & digital)		
	domestic abuse, alcohol, drugs and dual diagnosis		
	healthcare inequalities (NHS restoration/CORE20PLUS5)		
	homelessness, affordable housing & specialist accommodation		
Health & care	<ul style="list-style-type: none"> healthy and safe pregnancy parents/carers empowered to care for & nurture their children 	<ul style="list-style-type: none"> Community Mental Health Services Transformation 	<ul style="list-style-type: none"> proactive prevention to maximise independence control, choice & flexibility in care and support
	strong integrated model of community-centred care (e.g. local care programme)		
	integrated primary care in the heart of our communities		
Enablers			

Shropshire Inequality Plan

Wider Determinants		Healthy Lifestyles	Healthy places	Integrated Health and Care	
Marmot: (i) Create fair employment (ii) Ensure healthy living standard		Marmot: (iii) CYP and adults – maximise capability and control (iv.a) strengthen Ill-health prevention (lifestyles)	Marmot: (i)v Create healthy and sustainable places and communities	Marmot: (vi) Give every child the best start in life (iv.b) strengthen Ill-health prevention (transformation/disease programmes)	
Inequalities Work Programmes					
Embed Health in all polices		Smoking/tobacco dependency	Air Pollution	Restore NHS services inclusively	
Housing – affordable/specialist/supported		Healthy weight	Planning	Rurality	
Economy and skills		Physical Activity	Culture & Leisure	Mitigate Digital Exclusion	
Workforce			Licensing	Datasets complete	
Education incl. SEND			Food Insecurity	Strengthen leadership & accountability	
Page 50	Early Years			Population Health Management	
	Virtual School			Personalisation/ Personalised Care	
	Post 16			COVID and flu vaccination	
	SEND			Annual health checks for people with LD/SMI	
	Transport			Continuity of Carer (Maternity)	
				Chronic Respiratory Disease	
	Social Inclusion Groups		Social Inclusion Groups (Continued)	PCN Health Inequality Plans	Early Cancer Diagnosis
	Domestic Abuse		Drug and Alcohol Misuse		Hypertension Case-Finding
	Exploitation		Looked After Children		Diabetes
	Homelessness		Ethnic Minority Groups		Children & Young People
Learning Disability		Prisoners and their families		Trauma Informed Workforce	
Autism				Healthy Start	
Gypsy and traveller families				Oral Health	
Asylum seekers/ refugees				Best Start in Life	
Unpaid Carers				Children/Families in Need	
Physical disabilities				Complex Need	
LGBTQ+				Mental Health (MH Transformation Plan)	
Services personnel & (families & veterans)				Suicide Prevention	
				Social Prescribing	
				Integrated Impact Assessment (IIA)	

Shropshire Joint Health and Wellbeing Strategy priorities 2022-2027

Strategic Priorities		Key areas of focus	
Long-term aims and how we will achieve them		Identified areas of health and wellbeing need in Shropshire	
Joined up working		Workforce	
Working with and building strong and vibrant communities		Healthy Weight and Physical Activity	
Improving Population Health		Children & Young People incl. Trauma and ACEs (All-age)	
Reducing Inequalities		Mental Health	
Other – These form part of the Key Priorities			
Social Prescribing	Drugs and Alcohol	Smoking in Pregnancy	Housing
Suicide Prevention	Food Poverty	Killed and Seriously Injured on Roads	Air Quality
Exploitation			



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Support broader social and economic development

Chapter 5

Support broader social and economic development

As our Partnership develops the 5 year plan we need to take into account broader system working. Other programmes need to demonstrate how they will deliver against the integrated care strategy.

This includes:

- Local Planning and regeneration
- Climate and green planning
- Hospital Transformation Programme
- Local Care Integration Programme

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Enabling strategies need to support the integrated care strategy within the 5 year plan

- Workforce
- Digital
- Communications and Engagement
- Population Health Management



Workforce:

- Our local people plan outlines and supports our system response.
 - Looking after our people
 - Belonging in STW
 - New ways of working and delivering care
 - Growing for the future
 - Focus on Nursing and Health Care Support Workers (HCSW)

Communication and Engagement:

- Communication and Engagement Plan
- The STW 5 year Plan is the “How” element of delivering the ICP’s Strategy and its priorities. Partnership workshops are planned to inform the consultation plan narrative, approach, methods, and key questions
- Equalities Involvement Committee will guide and advise on inclusion of protected groups and seldom heard voices
- Ongoing dialogue will be supported by developing a citizens panel, working local involvement networks, VCSE, Healthwatch, and NHS/LA enabling workstreams

Digital:

- Our ICS Digital Strategy continues to develop.
 - Shared Care Record
 - Care Delivery systems
 - Remote monitoring
 - Population analysis
 - Artificial intelligence

Population Health Management (PHM):

- Development of a PHM Strategy to ensure accurate data, insights, and evidence to support system decision making
 - Development of an engine room
 - Grow analytical skills and capacity
 - Delivery of systemwide work programme
 - Ongoing development of JSNAs as foundation





**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

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Enhance productivity and value for money

Chapter 6

Enhance productivity and value for money

Our ICP will consider whether needs could be better met through arrangements such as the pooling of budgets, under Section 75 of the NHS Act 2006. Section 75 is a key tool to enable integration and will be part of delivery of the integrated care strategy.

The term “left shift” is used to describe a strategic direction that supports more care being provided in lower cost out of hospital settings (ideally at home) and prevention. The underlying premise is that acute care is often likely to be the most costly care setting and can become the default option where services that have the potential to prevent patients requiring acute care are not optimal in either capacity, capability or delivery.

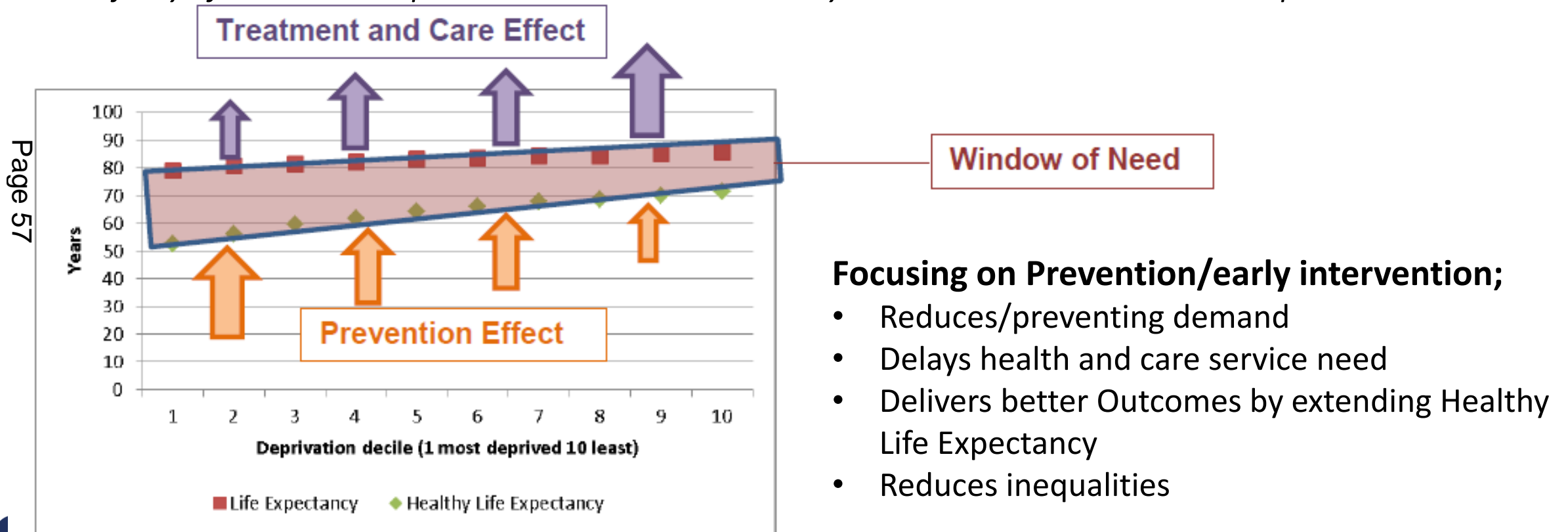
The point prevalence audit recorded that just under 20% of patients in acute care on the day of the audit could have been treated appropriately in “left-shift” settings such as community hospitals, care homes or in their own homes with additional primary care and social care support. However, this work needs to be further analysed and described in the 5 year plan to ensure that appropriate integrated primary and community services are being developed to support the ‘left shift’. ‘Left shift’ also applies to prevention and early support services that sit below primary, community and social care.

However, a move to left shift will not happen by default without a conscious effort by the system to support doing something different and recognising that costs and benefits of change will not fall consistently across the system.



The Left Shift – preventive approach

- **Closing the Care and Quality Gap** “To narrow the gap between the best and the worst whilst raising the quality bar for everyone”
- **Closing the Health Gap** “We are living longer lives but we are not living healthier lives. The overwhelming majority of ill health and premature death in this country is due to diseases that could be prevented”





**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

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Performance Monitoring and Scrutiny

Chapter 7

Performance monitoring and scrutiny

- High level outcomes for the system are broadly agreed but may develop during further consultation and co-production
- Interim Integrated Care Strategy will be further developed with residents, partners and stakeholders and a five year system plan for delivery will be in place by March 2023.

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Delivery of the five year plan will be overseen by the Integrated Care Board and developed closely with the ICP

- Scrutiny of the high level strategy and the subsequent five year plan will be overseen by the Joint Health Overview and Scrutiny Committee



Outcome Focus – potential high level outcomes

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The health of our population will be improve through a focus on....	Our Outcomes
The health of our RESIDENTS	<ol style="list-style-type: none"> 1. We will increase healthy life expectancy across STW and narrow the gap between different population groups 2. We will reduce early deaths from preventable causes – cardiovascular and respiratory conditions, cancers and liver disease – focussing on those communities which currently have the poorest outcomes 3. We will improve life expectancy of those with Serious Mental Illness 4. We will increase the proportion of people in STW with a healthy weight 5. We will improve self-reported mental wellbeing 6. We will reduce the number of children & young people who self-harm 7. We will reduce alcohol related hospital admissions 8. We will reduce the proportion of pregnant women who smoke 9. We will lower the burden and minimise the impact of infectious disease in all population groups
The health of our SERVICES	<ol style="list-style-type: none"> 1. We will increase the proportion of our residents who report that they are able to find information about health and care services easily 2. We will increase the proportion of our residents who report that they are able to access the services they need, when they need them 3. We will increase the proportion of our residents who report that their health and care is delivered through joined up services as close to home as possible

Outcome Focus – potential high level outcomes

The health of our population will be improve through a focus on....	Our Outcomes
The health of our STAFF	<ol style="list-style-type: none"> 1. We will improve our ability to attract, recruit and retain our staff 2. We will improve staff training and development opportunities across all our partners 3. We will improve self-reported health and wellbeing amongst our staff 4. We will increase Equality and Diversity workforce measures in all organisations
The health of our COMMUNITIES	<ol style="list-style-type: none"> 1. We will reduce the impact of poverty on our communities 2. We will reduce levels of domestic violence and abuse 3. We will reduce the impact of alcohol on our communities 4. We will reduce the impact of Adverse Childhood Experiences (ACEs) on our communities 5. We will reduce the number of young people not in education, training or employment 6. We will increase the number of our residents describing their community as a healthy, safe and positive place to live
The health and wellbeing of our ENVIRONMENT	<ol style="list-style-type: none"> 1. We will increase the proportion of energy used by the estates of our partner organisations from renewable sources 2. We will reduce the total carbon footprint generated through travel of patients using our services 3. We will increase the use of active travel, public transport and other sustainable transport by our staff, service users and communities

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Next steps

- Work continues to develop the Interim Integrated Care Strategy into a high level assessment of the systems challenges, needs and priorities, with broader stakeholder input.
- A comprehensive engagement plan has been drafted to guide our next step approach, reach and methodology and will be launched in January 2023 and run for 8 - 12 weeks.
- Key lines of enquiry with stakeholders, patients and the public will sense check the feedback received to date; check if the priorities are the right areas to focus on.
- *By listening to our stakeholders, and public and reflecting their feedback in our strategic and operational plans will enable a local ownership and buy in to change moving forward.*
- In conjunction with the engagement program, the ICB will start to shape the 5 year system plan, for completion March 2023 and the ICB commissioning response, ensuring to utilise the knowledge to date from the interim ICS document.

Outline strategy and plan development timeline

Strategy development & Five Year plan engagement set up – Sept to Dec 2022

ICP and ICB review existing data and outputs and agree strategy & plan development approach

Develop the Integrated Care Strategy

ICP sign off draft strategy
Submit strategy to NHS E

Begin planning for the broad public engagement to inform the Joint Five Year Plan and strategy

Map engagement & comms gaps & key groups

Warm up and engage partners on 'Big Conversation' and plan development

Comms & engagement – Dec – late Feb 2023

Begin engagement for Joint Five Year Plan and strategy

Launch STW 'Big health and care Conversation' engagement (8 weeks)

Provide regular updates to ICP & ICB and other key groups and partner stakeholders

Engagement with key system partner staff and groups with specific roles in the plan development and drafting (e.g. ICP, JOSCS, H&WBBs,)

Begin drafting plan informed by engagement feedback

Late Feb 2023 to mid March 2023

Progress drafting the plan informed by engagement outputs

Share strategy and plan with stakeholders for comments and input

Continue engaging ICP, ICB, key system groups and partners

Conclude the Big Conversation engagement and feedback 'you said, we've incorporated'

Prepare final strategy and plan for sign off

Sign off – End of March 2023

Strategy and plan signed off by ICB

Submit to plan NHS E

Share with key stakeholders and partners

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19 th January 2023			
Title of Paper	Shropshire Integrated Place Partnership (SHIPP) Update			
Reporting Officer and email	Penny Bason, Head of Service, Joint Partnerships Penny.bason@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	X	Joined up working	X
	Mental Health	X	Improving Population Health	X
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities	X
	Workforce	X	Reduce inequalities (see below)	X
What inequalities does this paper address?	As Inequalities is a priority of SHIPP, the Board and its programmes work to reduce inequalities and health inequalities in Shropshire.			

1. Executive Summary

As a reminder, 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 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.

SHIPP has adopted the key priorities of the HWBB as well as place-based priorities of the ICS. They are:

- Children's and Young People's Strategy
- Prevention/Healthy Lifestyles/Healthy Weight
- Mental Health, Workforce
- Community Capacity & Resilience with the VCSE
- Local Care and Personalisation (incl. involvement)
- Supporting Primary Care Networks
- Integration and One Public Estate
- Tackling health inequalities

This paper presents an overview of the Shropshire Integrated Place Partnership (SHIPP) Board meetings held in November and December 2022 and includes Chairs reports with actions, for assurance purposes.

2. Recommendations

This report is for information. The Health and Wellbeing Board is asked to recognise the work underway to address the key priorities of SHIPP, as well as the risks in the system, highlighted by the Board.

3. Report

This paper presents the Chairs reports for the Shropshire Integrated Place Partnership (SHIPP) Board held in November and December 2022 and highlights agenda items for the first quarter of 2023.

The November and December 2022 meetings reported on progress and actions on the following:
(Action logs can be seen in appendix A)

- Local Care Transformation Programme
- Working with the Voluntary and Community Sector and Voluntary Sector Prospectus
- Healthy Weight
- Children and Young People Integration
- Joint Strategic Needs Assessment
- Cost of Living Crisis

Agenda items for January and February include Local Care, Personalised Care, Social Prescribing Healthwatch report, Healthy Lives project (transition planning for those with additional needs), Falls response, System quality, Primary Care, Updated SHIPP Terms of Reference.

The Board is recognised as a very positive forum to connect and progress work programmes and has demonstrated good progress against priorities.

<p>Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>The work of SHIPP aims to reduce inequalities found in our community and to address variation in care across our services.</p> <p>SHIPP highlights key risks for system as discussed at the Board. These include:</p> <ul style="list-style-type: none"> - Voluntary and Community Infrastructure Funding that supports volunteer development and brokerage, fledgling voluntary organisation, and voluntary sector grant funding application support is not identified for 2023/24 	
<p>Financial implications (Any financial implications of note)</p>	<p>There are no direct financial implications as a result of this report.</p>	
<p>Climate Change Appraisal as applicable</p>	<p>Working to support people in local communities, reducing the need to travel is very important to the work and priorities of SHIPP.</p>	
<p>Where else has the paper been presented?</p>	<p>System Partnership Boards</p>	<p>Appendices reported to the ICS Board</p>
	<p>Voluntary Sector</p>	
	<p>Other</p>	
<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p>		
<p>Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr. Cecilia Motley, Portfolio holder for Adult Social Care, Public Health and Communities</p>		
<p>Appendices Appendix A Action logs for November and December 2022 meetings</p>		

Appendix A – Action logs

Agenda and Approval Sought and Agreements	Outcome (November)
Update on Local Care Transformation (LCT) Plan	<p>The update was noted</p> <p>Agreed actions:</p> <ul style="list-style-type: none"> • Involve Primary Care Networks (PCN)'s regarding the development of neighbourhood teams. • Determine appropriate level of reporting to the Board • Develop Joint Benefits Realisation work. • Review Terms of Reference and membership of LCT Board.
Working with the Voluntary Sector	<p>The update was noted</p> <ul style="list-style-type: none"> • Convene a system group to look at funding for the VCSE • Pass on thanks to vaccination programme volunteers
Children & Young People (CYP) Prevention & Integration Oswestry Integration Pilot Update	<p>The update was noted</p> <ul style="list-style-type: none"> • Required further report with recommendations to the Board.
Healthy Weight Update	<p>The update was noted</p> <ul style="list-style-type: none"> • Shropshire Community Health Trust (ShropComm) and Public Health to connect on the healthy weight strategy – connection to vaccine bus. • Share Healthy Weight Surveys with the STW Involvement Network and PCNs

Agenda, Approvals and Actions	Outcome (December)
JSNA	<p>The update was noted.</p> <p>It was requested that the JSNA process needs to be talked about in other meetings and forums to spread understanding and its importance to future planning.</p> <p>Action Agreed:</p> <ul style="list-style-type: none"> • Further develop and broaden attendees of the VCSE data and insight group • Share Place Plan boundaries
Children & Young People	<p>The Update on the Oswestry Test and Learn site was noted.</p> <p>The Board endorsed the following recommendations:</p> <ol style="list-style-type: none"> 1. That the Board is asked to note the contents of the report and to endorse the work, supporting the findings from the test and learn site. 2. The Board is asked to support the use of the learning from the test and learn site and endorse the expansion of the model to a further site. 3. The Board is asked to identify supportive and proactive nursing leads/heads of service within the Public Health Nursing Service, midwifery, mental health trust and SaTH, to work in partnership to progress the second site for the Integration Project. <ol style="list-style-type: none"> a. The Board is asked to endorse joint solutions to some of the workforce capacity issues seen in the integration project b. The Board is asked to support the wider ambition for a plan to scale up the model across the county and with system partners <p>Actions agreed:</p> <ul style="list-style-type: none"> • Co-ordinate joint comms around the Test & Learn Integration Project moving into North Shrewsbury.

	<ul style="list-style-type: none"> • ALL strategic leads need to identify senior leaders in the North Shrewsbury area and facilitate front line staff's participation in the Test and Learn Programme.
Voluntary Sector Prospectus	<p>The Board noted and endorsed the prospectus.</p> <p>Actions agreed:</p> <ul style="list-style-type: none"> • Develop commissioning intensions to in light of the work of the VCSE • Further develop and broaden attendees of the VCSE data and insight group
Cost of Living	<p>The Board noted the content of the presentation and agreed to share the resources amongst their organisations.</p> <p>Actions agreed:</p> <ul style="list-style-type: none"> • Share Cost of Living slides with the Board, Board members are asked to please cascade to all organisations and staff.



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19th January 2023			
Title of Paper	Joint commissioning: Better Care Fund (BCF) Update			
Reporting Officer	Penny Bason, Head of Joint Partnerships, Shropshire Council and NHS Shropshire, Telford and Wrekin/Laura Tyler, Assistant Director, Joint Commissioning, Shropshire Council and NHS Shropshire, Telford & Wrekin			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	x	Joined up working	X
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x
	Workforce	x	Reduce inequalities (see below)	X
What inequalities does this paper address?	All BCF programmes must take inequalities into account. The programmes work within the guidance of the Shropshire Inequalities Strategy and the NHS Core 20 Plus 5 local strategy.			

1. Summary

This report provides an update on the Better Care Fund, including the new Adult Social Care Discharge Fund. The fund and guidance were announced and published in November, with a deadline of 16th December for submission of a planning template (attached as Appendix A).

2. Recommendations

2.1 The HWBB is asked to:

- Approve the Adult Social Care Discharge Fund planning template.
- Note the significant pressure on the system and efforts across health and care to manage demand for services.
- Note that a further paper regarding risk around funding gaps for hospital discharge and social care placements will be brought to a future Board.

3. Report

In November 2022, the Minister of Care announced additional funding to support the discharge of patients from hospital, in order to reduce time people spend in hospital, improve system flow and improve individual outcomes.

It is expected that local areas pool the funding into the Better Care Fund (BCF). The funding will be provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data and have met the other conditions.

Attached as Appendix A is the Adult Social Care Discharge Fund Planning template. The plan was developed collaboratively across the system and agreed by senior managers prior to submission due to the short timescales.

The guidance highlights that the fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. It suggests that funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

The additional funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges, as well as a concerted effort on freeing up hospital capacity.

Fortnightly reporting is required describing how the money is being utilised in the system and robust metrics have been selected for reporting progress. These include:

- The number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected through a new template)
- The number of people discharged to their usual place of residence (existing BCF metric)
- The absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
- The number of 'bed days lost' to delayed discharge by trust (from the weekly acute sitrep)
- The proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust

Due to the nature of the fund allowing for flexibility to respond to local challenges, the national BCF team has not set overall targets for each of these metrics. Rather, these metrics should guide decisions on how systems spend the funding and will provide a picture during and after winter of the impact of that spend.

The funding is welcome as Shropshire's health and care system is under significant and continual pressure. In Shropshire, like much of the country, our ageing population, Covid and non-Covid related illnesses, system bed and domiciliary capacity, workforce issues and industrial action are all significant factors in driving our system unprecedented struggle to manage demand and flow through the hospital.

Shropshire recognises that it is crucial for our health and care systems to work together to meet the care needs of people and make best use of available resources. This includes coming together as joint teams including NHS, Council, social care providers and the voluntary and community sector, to manage demand.

In addition to the work highlighted in the planning template, partners are working together to respond to demand and industrial action. The actions include:

1. Attendance by senior managers to Gold meetings 7 days a week
2. Emergency planning team on standby in case of escalations
3. Transport - arrangements will be in place for strikes from Council transport team to support
4. Social prescribing team will be working in the hospital on strike days
5. Comms shared with providers to ensure they are fully aware of Strike actions/changes to Infection and Prevention Control/ Strep A management
6. Providers and discharges, Shropshire Partners in Care (SPiC) are liaising daily with all providers for any blocks to discharges and will contact commissioners daily for anything we need to unblock
7. Other actions:
 - Deploying additional staff into the bed hub to keep up with demand
 - Ensure that partner organisations are aware of the actions and arrangements at an operational, commissioning and strategic level.
 - Social Workers on identified wards to join Board/ ward rounds, Multi-Disciplinary Teams and carry out assessments
 - Establish daily meetings with operational staff.
 - Agreement with key providers to identify additional actions to support discharge (extended opening hours/ multiple admissions etc).

- Daily contact with bed hub and domiciliary care to ascertain level of capacity for discharge and/or admission avoidance.
- Implementation provider incentive schemes to continue.
- Flexible contract supports improved flow and forward plan discharges into block beds (review and flex contracts as needed including Reablement contracts as required).
- Continuous Review of all spot beds and domiciliary care to create additional capacity.
- Forward planning discharges, particularly through weekends to continue flow.
- Senior managers available for daily strike planning meetings as required.

It must be noted the enormous effort and support of the workforce across health and social care to support the health system and the residents across Shropshire.

It is also imperative that we highlight the risk to the system regarding current funding levels for hospital discharge and social care placements into 23/24. There is lack of certainty around the level of Adult Social Care Discharge Fund for 23/24 and the total combined spend for BCF/ Hospital Discharge Funding is well above BCF levels. Work is needed to agree a way forward as a system beyond the end of 22/23. Therefore, development with system partners on the BCF will continue over the coming weeks and months, and we propose a more detailed paper on this at a future Health and Wellbeing Board.

<p>Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>a. The Joint Health and Wellbeing Strategy (JHWBS) 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.</p> <p>b. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients</p> <p>c. Increasing demand for services in the system are highlighting the need for specific joint work on prevention and considered response to projected spending gap in 2023/24.</p> <p>d. Funding gap highlighted regarding hospital discharge and social care placements, with lack of clarity of the future of grant funds into the area.</p>	
<p>Financial implications (Any financial implications of note)</p>	<p>The BCF financial details are included in the Discharge Fund Planning Template, Appendix A.</p>	
<p>Climate Change Appraisal as applicable</p>	<p>All projects and commissioned services need to evaluate climate impact on all service delivery if applicable.</p>	
<p>Where else has the paper been presented?</p>	<p>System Partnership Boards</p>	
	<p>Voluntary Sector</p>	
	<p>Other</p>	<p>Joint Commissioning Group: Joint Commissioning Board Members</p>
<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p>		
<p>Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr Cecelia Motley, Portfolio Holder for Adult Social Care, Public Health and Communities Tanya Miles: Executive Director of People, Shropshire Council</p>		
<p>Appendices Appendix A BCF Discharge Fund Planning Template</p>		

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19 th January 2023			
Title of Paper	Healthy Lives update			
Reporting Officer and email	Val Cross, Health and Wellbeing Strategic Manager, Shropshire Council Val.cross@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	X	Joined up working	X
	Mental Health	X	Improving Population Health	X
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities	X
	Workforce	X	Reduce inequalities (see below)	X
What inequalities does this paper address?	Addressing inequalities is integral to the Healthy Lives programme and is reflected in all the work programmes.			

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

Executive Summary

This paper provides a brief update on Healthy Lives, which is the prevention programme of the Health and Wellbeing Board (HWBB). It summarises update reports which have come to the Healthy Lives meeting, and outcomes and actions from the discussions.

Healthy Lives has a focus on preventative health, which is key to stopping people becoming ill in the first place, or helping people manage their health condition and stop it from getting worse. Evidence base is used in all work.

Shropshire, Telford & Wrekin Integrated Care System (STW ICS), Shropshire Integrated Place Partnership (ShIPP) and Healthy Lives have several shared priorities, and Healthy Lives is the delivery arm of the HWBB and ShIPP, where partners come together to ensure the Joint HWB strategy is implemented. These preventative programmes include Social Prescribing, Healthy Weight and Physical Activity, food insecurity, Trauma Informed Approach, Mental Health, Killed and Seriously Injured (KSI) on Roads and Health Inequalities.

Access to health information for people who do not speak English as a first language is also a recent addition for an area of focus.

The Healthy Lives steering group meetings, which are held monthly, are not just a forum for providing updates. All members demonstrate genuine commitment in working together to progress the areas of focus above and help improve the lives of Shropshire people. Combining as a system to deliver upstream actions helps to make best use of resources in terms of, human - the skills mix and experience of its members, monetary - through prevention of disease and ill-health, and linking projects together to strengthen impact and avoidance of duplication of work.

Recommendations

- The HWBB are asked to note the contents of this report, and the work taking place to help progress the Shropshire HWBB priorities.

- The November Healthy Lives report highlighted that there are different translation services across the system, but it isn't clear what these are, and how people using the services would be able to access. Information for people who do not speak English as a first language in general, is also sporadic.
A full report with recommendations will come to a future HWBB meeting. In the meantime, the Board is asked to note that leadership for this work will be needed and thus remains an ongoing risk for the Board to consider.

Report

This paper provides a brief update on Healthy Lives Steering Group activity, following the last report to the Board in November 2022. This is tabulated for ease of reading.

Related HWBB priority/ies	Partner update	Outcome and action/s
Food Poverty Health Inequalities Joined up working Mental Health	<p>Shropshire Food Poverty Alliance (SFPA) provided a comprehensive update on their work, and group discussion followed afterwards.</p> <p>Key updates included: communication and outreach taking place; examples of work happening through great partnerships with local organisations and the sobering fact that all foodbanks are currently delivering at a record level.</p> <p>There are good links with Mental Health, (MH) with support in some foodbanks, with one MH practitioner working in Shrewsbury, 3 MH Practitioners linking up in the north of the county and 1 in the south.</p>	<p>Partners were reminded to publicise the cost-of-living website and the Worrying about money leaflets, which have been updated and over 30,000 distributed.</p> <p>The Steering Group was asked to share any advice or information they feel is helpful for the SFPA including SFPA's bid applications</p> <p>A request to influence greater membership from more health colleagues on the Food Poverty Steering Group, as this is currently a gap. Challenges on staff time to attend are recognised, however.</p> <p>Reported by MPFT that as part of Community MH transformation, debt and housing advisers are linking into mental health.</p> <p>This group was advised that health representation on the Healthy Lives Steering Group had been requested at the November HWBB meeting, both within the paper and verbally.</p> <p>An outcome of the meeting is that Health partner Board members have agreed to actively pursue this.</p> <p>The links to hunger and trauma were also cited, and attention to a new report "hunger trauma" was raised.</p>
Healthy Weight and Physical Activity Health Inequalities	<p>Public Health are gathering evidence around the determinants of healthy weight, looking at local data and assets available to help people maintain a healthy weight, and undertaking community and stakeholder engagement through surveys and direct face to face</p>	<p>Members to please complete and share the survey to groups and local communities. https://www.surveymonkey.co.uk/r/HealthyWeightPublic https://www.surveymonkey.co.uk/r/HealthyWeightStakeholders</p>

Joined up working	<p>conversations with colleagues across the system. Responses to the Public and Stakeholder survey are being analysed alongside engagement feedback and gathered evidence to inform Shropshire's forthcoming draft Healthier Weight Strategy which will be further consulted on.</p> <p>Presentation was made to the HWBB in November.</p> <p>Emerging findings will be shared at a future meeting.</p>	
Health Inequalities Joined up working	<p>Marches Energy Agency (MEA) reported that demand for their services continues to increase and as a result they have increased their staff.</p>	Group feedback requested on usefulness/ease of on-line forms for the community.
Healthy Weight and Physical Activity Joined up working	<p>Energize will be providing a full update at the January '23 meeting, but provided a brief update, and drew attention to their website.</p>	
Health Inequalities Improving Population Health Joined up working Children & Young People Workforce	<p><u>Shropshire Libraries</u> A Human Library equality and diversity training event for NHS Telford and Shrewsbury Hospital staff was run by the Human Library Organisation.</p> <p><u>The Human Library</u> ® is, in the true sense of the word, a library of people. Events are hosted where readers can borrow human beings serving as open books and have conversations they would not normally have access to. Every human book from a bookshelf, represent a group in our society that is often subjected to prejudice, stigmatization or discrimination because of their lifestyle, diagnosis, belief, disability, social status, ethnic origin etc. A Mini human library event is taking place in Stoke Heath prison.</p> <p>Other work includes; Grief Awareness Week - highlighting library resources, Online fraud/ financial fitness/ banking beyond the branch etc -giving support around debt.</p> <p>In terms of Children and Young People, training for Rhyme Time called 'Storycises' has taken place. The focus is on Foundation Strength and Co-ordination – which is hugely beneficial to children with Asthma.</p>	<p>"Your Health Admin" is where library staff show residents what health NHS resources are available online and how to download the NHS app. It also gives the public the ability and knowledge of how to contact medical practices digitally. There have not been many referrals from GPs as yet, and the information will be re-publicised as a reminder.</p>

	Improving literacy is key to reducing Health Inequalities – a key strand is encouraging Reading for Pleasure through increasing up-take of the Summer Reading Challenge. Figures just in show Shropshire Libraries have the joint highest uptake in the West Midlands regions and have the highest percentage of boys taking part.	
Health Inequalities Joined up working Workforce	Culture, Tourism and Leisure reported that staff have undertaken SEND training, which includes understanding autism. £500k has been secured – supporting young people and underrepresented audiences within museums and arts.	Steering Group advise Culture, Tourism and of any December activities, including those for people with SEND.

Future meetings will include a JSNA presentation to enable greater understanding for Steering Group members, and at the January meeting there will be an Energize update, Social Taskforce Action Plan update, and information on the Winter Support Plan

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	The November Healthy Lives report highlighted that there are different translation services across the system, but it isn't clear what these are, and how people using the services would be able to access. Information for people who do not speak English as a first language in general is also sporadic, and a fuller report with recommendations will come to a future HWBB meeting. The Board is asked to note that leadership for this work will be needed and is still a risk for the Board to discuss.	
Financial implications (Any financial implications of note)	There are no financial implications identified in this update report	
Climate Change Appraisal as applicable	Not applicable for this report.	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) None		
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr. Cecilia Motley, Portfolio holder for Adult Social Care, Public Health and Communities		
Appendices None		

SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19 th January 2023			
Title of Paper	Substance Misuse Strategic Programme Update			
Reporting Officer and email	Ian Houghton, Ian.Houghton@shropshire.gov.uk Drug & Alcohol Strategic Commissioner Paula Mawson, Paula.Mawson@shropshire.gov.uk Assistant Director – Integration & Healthy Population			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	
	Mental Health		Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X
	Workforce		Reduce inequalities (see below)	X
What inequalities does this paper address?	Tackles inequalities faced by vulnerable citizens who suffer from drug and alcohol dependency.			

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

1. Executive Summary

This report provides an update to the Health & Wellbeing Board on the substance misuse strategic programme for Shropshire. The report introduces the expectations and requirements of the 10-year national drug strategy, 'From Harm to Hope', and introduces the delivery mechanism for the national strategy, known as, 'Combating Drugs Partnerships'. An update on the Shropshire Substance Misuse Strategy and the Joint Strategic Needs Assessment (JSNA) for Substance Misuse is also presented. Finally, the report also updates on the drug and alcohol treatment misuse services delivered through the Shropshire Recovery Partnership, outlining key performance plans to continue to drive quality and efficiency through 2023-24, and key developments underway in line with successful grant funding bids.

2. Recommendations

Health and Wellbeing Board is recommended to:

- note the launch of a 10-year national drug strategy, 'From Harm to Hope' and the establishment of a Combating Drugs Partnership for Shropshire, Telford & Wrekin
- receive an update on the Shropshire Substance Misuse Strategy and Needs Assessment for Substance Misuse in Shropshire
- note the updates regarding Substance Misuse Services delivered through the Shropshire Recovery Partnership and launch of RESET – an externally grant funded multidisciplinary team to support people who are rough sleeping or at risk of rough sleeping with substance misuse issues
- provide support, suggestions and challenge to programme plans as presented to the Board.




3. Report

National strategy

In December 2021 the government published its national drug strategy 'From Harm to Hope' [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives) which sets out the government's ambitions to reduce drug related harm over the next 10 years. Building on the Dame Carol Black review recommendations and earlier strategy themes, (employment, recovery, crime, children and families) there are three strategic priorities:

- Break drug supply chains.
- Deliver a world class treatment and recovery system.
- Achieve a shift in the demand for recreational drugs.







Image 1: Our plan on a page

Priority	 Break drug supply chains	 Deliver a world-class treatment and recovery system	 Achieve a shift in the demand for recreational drugs
Why?	Drug supply chains are violent and exploitative, degrading neighbourhoods across the country and internationally	Drug addiction harms individuals and society: deaths have risen to record levels and almost half of acquisitive crime is linked to addiction	Use of recreational drugs has grown over a decade, particularly among young people, risking individual harm and fuelling dangerous markets
How?	We will continue to roll up county lines and strengthen our response across the drug supply chain, making the UK a significantly harder place for organised crime groups to operate	We will invest a further £780 million to rebuild drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency	We will strengthen the evidence for how best to deter use of recreational drugs, ensuring that adults change their behaviour or face tough consequences, and with universal and targeted activity to prevent young people from starting to take drugs
Who?	Home Office and MoJ, working with international and intelligence partners, NCA, Border Force, police, courts, prison and probation	DHSC, DLUHC, DWP and MoJ working with NHSE, local authorities, treatment providers and people with lived experience	DfE, DHSC, Home Office and MoJ, working with local authorities, police, education providers, secure facilities and youth services
What?	Within three years: close 2,000 more county lines, disrupt 6,400 OCG activities and deny more criminal assets	Within three years: prevent nearly 1,000 deaths, deliver 54,500 new high-quality treatment places and prevent a quarter of a million crimes	Reduce overall drug use to a new historic 30-year low over the next decade

Combating Drugs Partnership & Outcomes Framework

Underpinning delivery of the national strategy, guidance was issued by the Government to coordinate action from the range of partners required to successfully deliver the national strategy requirements. The guidance requires the establishment of Combating Drugs Partnerships, developed at local geographies, with defined memberships, whose work will focus on delivering priority actions to meet the National Combating Drugs Outcomes Framework.

Figure 1: National Combating Drugs Outcomes Framework

National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
What we will deliver for citizens (strategic outcomes)	Measured by:
 Reducing drug use	<ul style="list-style-type: none"> the proportion of the population reporting drug use in the last year (reported by age) prevalence of opiate and/or crack cocaine use
 Reducing drug-related crime	<ul style="list-style-type: none"> the number of drug-related homicides the number of neighbourhood crimes
 Reducing drug-related deaths and harm	<ul style="list-style-type: none"> deaths related to drug misuse hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	Measured by:
 Reducing drug supply	<ul style="list-style-type: none"> the number of county lines closed the number of moderate and major disruptions against organised criminals
 Increasing engagement in drug treatment	<ul style="list-style-type: none"> the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) continuity of care – engagement with treatment within three weeks of leaving prison
 Improving drug recovery outcomes	<ul style="list-style-type: none"> the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use <p>Key additional components integral to recovery include housing, mental health, and employment</p>

In line with the recommended process within the CDP guidance it was agreed that Shropshire Council shall participate in a Combating Drugs Partnership (CDP) in conjunction with Telford and Wrekin Council, led by the West Mercia Police Crime Commissioner as Senior Responsible Officer.

A key business function of the CDP is to ensure delivery of the business planning expectations included in the national drug strategy and guidance. A key set of activities and deadlines have been set, as shown below:

Action	Timeframe
Form the local drugs strategy partnership	By 1 August
Confirm the footprint for the partnership	By 1 August
Nominate the SRO	By 1 August
Agree terms of reference for the partnership and governance structure	By September
Conduct a joint needs assessment	By November
Agree local drug strategy delivery plan	By December
Agree local performance framework	By December
Report on progress	By April

Shropshire and Telford & Wrekin Public Health teams have been working closely to produce a joint needs assessment for substance misuse across the geographical footprint to meet the CDP target. The joint needs assessment has highlighted a number of issues that are very different across the two areas in relation to need, but there are some issues consistent across the footprint where joined up working across the ICS would be helpful to ensure progress. These include, for example, co-morbidity of mental health

issues and substance misuse, high prevalence of alcohol use and relative lack of recovery communities for residents to aspire to join.

The Shropshire, Telford and Wrekin CDP remains on target to meet all required deadlines as identified above.

Shropshire Substance Misuse Strategy & Substance Misuse Needs Assessment

In addition to the CDP Needs Assessment at ICS level, Shropshire's Public Health analysts are also producing a highly detailed area specific substance misuse Needs Assessment (NA) – this NA dives much deeper into local data for Shropshire with the aim of identifying what the needs of the population are in relation to substance misuse, and to make appropriate recommendations to improve provision and outcomes for people in Shropshire. A report on this NA will be presented to the HWBB for endorsement as part of the regular JSNA reports once completed.

The Shropshire Substance Misuse NA will then be used to refresh the Strategic Substance Misuse Programme Business Plan to ensure core recommendations are addressed, to include service developments to meet local need, and to ensure the NA is informing future commissioning and delivery decisions. The existing programme business plan continues to be driven through the Shropshire Safeguarding Community Partnership Drug and Alcohol Priority Group, chaired by Public Health, and current priorities include:

- Reestablishment of the Drug and Alcohol Death Review Panels
- Development of a Drug and Alcohol Policy toolkit for Schools
- Joint Multi-agency Case File Audit with the Neglect Priority Group

Health & Wellbeing Board members may recall that in December 2021 Shropshire published a refreshed drug and alcohol strategy for consultation. The final publication of this strategy has been delayed whilst national guidance on the national strategy was awaited and the needs assessment completed, so that the final version of the local strategy could be fully aligned to both. The final version of the Shropshire Substance Misuse strategy will be presented to the HWBB for endorsement during Spring 2023.

Local Service Delivery

Core substance misuse treatment service delivery in Shropshire is delivered by a single third sector treatment provider, known as We Are With You (WAWY). The initial contract was let for three years from 01/04/2019 expiring on 31/03/2022 with the option of an additional four individual yearly extensions. 2023/4 will be the second extension period.

In May 2022 the care quality commission independent inspection rated the service provided by WAWY in Shropshire as good overall, with outstanding for Care [We are With You - Shropshire - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk). This is positive and lends assurance to our local perception that services are safe and offer a suitable range of interventions. However, there are areas where performance could be improved, including, for example, waiting times to commence treatment are longer than the target of 3 weeks for some referrals, and successful completions for people with alcohol and non-opioid drug use are poor compared to regional authorities. There are complex reasons for these performance issues, and to mitigate a service development and improvement plan has been agreed with WAWY for them to demonstrate improved performance at least in line with national averages and raise our ranking in comparison to our statistical group by April 2023. Initial indications are that performance is improving in line with the development plan.

WAWY also deliver appropriate treatment services to children and young people. During 2020-21 84 young people received treatment services, and of these, 36% were new presentations. Cannabis and alcohol use are the most reported substances used. Hospital admissions for substance misuse among 15–24-year-olds is significantly lower in Shropshire compared to the national rates (2018/19 – 2019/20). However, WAWY are concerned about the levels of vaping in young people in Shropshire and the links to exploitation, and they are involved in the Task and Finish Groups set up to address Vaping in Shropshire, led by Public Health.

Further updates will be provided to the HWBB as the planned work with WAWY progresses.

Additional services

Alongside the main contract for drug and alcohol treatment services a number of other activities contribute to the Shropshire Recovery Service (SRP) offer. These include harm minimisation services such as needle exchange and observed consumption, which operate through a number of pharmacies across Shropshire. There are also a number of criminal justice projects, which supports those on rehabilitation orders, including accessing specialist staff within the courts. Shropshire Council also commissions a range of both inpatient detoxification services and residential rehabilitation placements for those assessed as suitable and requiring these interventions, with close work between Public Health & Adult Social Care in place to manage these individuals' needs. SRP continues to work with the third sector to ensure a comprehensive and cohesive service offer is available.

Additional funding

To support delivery of the national strategy, Public Health teams have been allocated additional funding, through an annual uplift known as the Supplemental Substance Misuse Grant (SSMTR). Plans for this spend must be submitted to and approved by the Office of Health Improvement & Disparities (OHID) on an annual basis, with strict criteria governing the spend, and robust monitoring of delivery to the plan on a quarterly basis. For Shropshire, this additional funding has enabled, for example, additional staff to be recruited by WAWY to support front line delivery, and additional commissioning and analyst resource to drive the business plans inline with the both the CDP and the local Strategy and plans.

Shropshire's Public Health team have also been successful in bidding for £1.4m external grant funding from OHID commencing on 01/10/2022 over 24 months, to support those individual rough sleepers or individuals at risk of becoming rough sleepers with their substance misuse. The Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG) will see the introduction of RESET, a new multi-disciplinary team to work with up to 200 individuals. The RESET team will consist of a range of workers including: substance misuse treatment staff, support and care outreach workers, mental health worker, social worker, social prescriber, domestic abuse worker and GP input. It draws together the statutory sector and the third sector in a unique project to change the lives of some of the most vulnerable members of our communities, alongside tackling anti-social behaviour on the streets, working in partnership with The Ark in Shrewsbury. The RESET team will launch softly during January 2023.

Conclusion

This report has presented an update on the Strategic Substance Misuse Programme for Shropshire to the Health & Wellbeing Board. Further updates on the progress in all areas as presented in this paper will continue to be presented to the Board, with the next planned updates to include formal requests to the Board to endorse both the Needs Assessment of Substance Misuse and the Shropshire Substance Misuse Strategy.

Risk assessment and opportunities appraisal

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

This paper presents an update on the strategic substance misuse programme focused on improving outcomes and lives for some of Shropshire's most vulnerable residents. In so doing, it will support delivery of the Shropshire Plan, ICP Strategy, HWBB Strategy, Shropshire Inequalities Plan and Safeguarding Partnership Priorities.

Financial implications (Any financial implications of note)

Maintain current investment in drug and alcohol treatment and recovery services. Note additional funding received through SSMTR and RSDATG. Public Health England conducted a value for money exercise which demonstrated every £1 invested in treatment generated between £3 and £7 of savings elsewhere.

Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130)		
Cllr. Cecilia Motley, Portfolio holder for Adult Social Care, Public Health and Communities		
Appendices		



SHROPSHIRE HEALTH AND WELLBEING BOARD				
Cover Sheet for submissions				
Meeting Date	19 th January 2023			
Title of Paper	Health Protection Report			
Reporting Officer	Susan Lloyd, Consultant in Public Health			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	<input type="checkbox"/>	Joined up working	X
	Mental Health	<input type="checkbox"/>	Improving Population Health	X
	Healthy Weight & Physical Activity	<input type="checkbox"/>	Working with and building strong and vibrant communities	
	Workforce	<input type="checkbox"/>	Reduce inequalities (see below)	X
What inequalities does this paper address?	Health inequalities specific to screening and vaccination.			
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	This paper is a summary of the health protection report for Shropshire.			
Financial implications (Any financial implications of note)	There are no financial implications			
Climate Change Appraisal as applicable	Not applicable			
Where else has the paper been presented?	System Partnership Boards	<input type="checkbox"/>		
	Voluntary Sector	<input type="checkbox"/>		
	Other	Health Protection Assurance Board		
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) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr Cecilia Motley Portfolio Holder for Adult Social Care, Public Health and Communities Rachel Robinson – Executive Director, Health, Wellbeing and Prevention				
Appendices	None			

Report to Health and Wellbeing Board

Health Protection Report

Recommendation: That the Board note the contents of this report

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Introduction

This health protection report to the Health and Wellbeing Board provides an overview of the health protection status of the population of Shropshire. It provides an overview of the status of communicable, waterborne, foodborne disease

Part one is an overview of health protection data and a summary of new risks, part two is an overview of new health protection developments relevant to the system.

Part One

Immunisation Cover Shropshire

A national call/recall for children aged 1-6 who have missed one or both doses of MMR was launched at the end of September 2022.

There is a national push to ensure children are fully vaccinated against polio.

A small number of GP's have a low uptake of pre-school booster at 5 years and this is being looked at to try to increase coverage including opportunistic vaccination in GP Practices.

[Cover of vaccination evaluated rapidly \(COVER\) programme quarterly data www.gov.uk](https://www.gov.uk/government/news/cover-of-vaccination-evaluated-rapidly-cover-programme-quarterly-data)

Flu vaccination programme for all eligible cohorts commenced October 2022. Uptake for 2-3 year old remains poor despite national promotional campaigns.

Uptake of shingles vaccinations remain lower than the England average in ages 71-73 and 80. It is anticipated that shingles vaccination in the over 70's will improve now that it is included in the Quality Outcomes framework.

[Vaccination uptake guidance and the latest coverage data -www.gov.uk](https://www.gov.uk/government/news/vaccination-uptake-guidance-and-the-latest-coverage-data)

Screening uptake Shropshire

Breast screening backlog clearance was on target to be completed by November 2022.

Bowel screening service is now fully recovered. They have implemented the roll out for screening for 56-year-olds.

Cervical screening – some delays reported for colposcopy and these are being reviewed.

Communicable disease

Flu- is at expected levels, we have seen some increase in numbers of cases as we move through autumn/winter.

Covid- recorded cases are decreasing in Shropshire. Outbreaks are still occurring in care homes and are being risk managed. The numbers of outbreaks increased slightly during December.

Government guidance for care homes was updated from 22nd December 2022. The full details are available [here](#)

[Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/infection-prevention-and-control-in-adult-social-care-covid-19-supplement)

Mask wearing is now required only in situations where there is a risk of transmission. The testing regimen remains in place, and unchanged.

Covid variants of interest continue to emerge, the situation is being monitored by WHO and includes UK partners.

Tuberculosis - A cross ICS TB meeting will take place 23 January 2023.

The agenda will include

- Terms of reference
- local service provision to individuals who are cases of TB and the management of outbreaks
- TB screening

Group A Streptococcus

Group A Streptococcus (GAS) is a bacterium which can colonise the throat and skin. It can present as illness in a number of ways:

- Tonsillitis
- Pharyngitis
- Scarlet Fever
- Impetigo
- Cellulitis
- Pneumonia

Very rarely it presents as a more serious illness invasive Group A Streptococcus (iGAS). All cases of GAS and iGAS are treatable with antibiotics.

Both GAS and iGAS are notifiable diseases

In line with the trend across the UK, Shropshire saw an increase in the number of cases of Group A Streptococcus. This was particularly the case during December 2022. Cases were mainly reported in school aged children.

Foodborne and waterborne disease

Campylobacter- numbers remain largest reported foodborne bacteria. The number of cases has decreased slightly in Q3.

Other foodborne and waterborne- case numbers remain low, with the exception of Salmonella. Salmonella cases have risen again in the third quarter compared to 2020/21 but are comparable with 2019. Numbers of cases remain relatively low.

Part two

Health Protection Developments

The Shropshire Telford and Wrekin Health Protection Strategy has been published. This was approved via the Health Protection governance pathway, signed off by the Shropshire, Telford and Wrekin Health Protection Board. Copy is attached. An implementation action plan has been developed. The implementation plan will be in place between 2022 – 2027, a regular progress report will be presented to the Health Protection Board. A summary update will be presented to the Health and Wellbeing Board at each board meeting.

An Avian Flu pathway for testing and antiviral prophylaxis have been agreed by the ICB. The service is in the process of being commissioned.

Multi-agency support has been set up to support migrant health.

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report				
Meeting Date	19/01/23			
Title of Paper	Vaping and young people update			
Reporting Officer and email	Victoria Stanford, Public Health Registrar Victoria.stanford@shropshire.gov.uk Paula Mawson, Assistant Director - Integration & Healthy Population Paula.Mawson@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	x	Joined up working	x
	Mental Health		Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	
What inequalities does this paper address?	Health inequalities related to smoking and the use of vapes			
Paper content - Please expand content under these headings or attach your report ensuring the three headings are included.				
<p>1. Executive Summary</p> <p>Based on the recommendations of the 'Khan Report: making smoking obsolete' presented to the Health and Wellbeing Board in September 2022, a workstream has been developed to address the issue of vaping among children and young people (CYP). This is because whilst the Khan Report recommends the use of vaping as a popular and effective smoking cessation tool which will reduce the preventable illness, death and inequality associated with smoking, the number of CYP taking up vaping is nationally measured to be increasing. Anecdotal evidence from Shropshire is that vaping among CYP is increasing, particularly in schools and there are concerns of a link with exploitation risk. In the short and medium term, evidence to date suggests that vaping poses only a small fraction of the risks of smoking. However, vaping is not risk-free and its long-term effects still unclear. It is not recommended for children and young people. Whilst a popular and effective quit tool for smokers, the advice is that those who do not vape should not smoke.</p> <p>In response, members of the Health Improvement team in Public Health have created two Task and Finish (T&F) groups to respond to the issue of vaping among CYP in Shropshire. These T&F groups focus on two core elements; i) local evidence of the scale and characteristics of the problem of vaping among CYP, and ii) the communication with CYP, parents, teachers and others who work with them around the risks of vaping. This is in the context of national and regional work which is progressing in this area and is expected to facilitate local efforts.</p> <p>This report is intended as an update for information to the Health and Wellbeing Board outlining progress with this workstream to date.</p>				

2. Recommendations

The HWBB is recommended to receive this report for information and recognition of work progress to date.

3. Report

- Rationale

In September 2022, a paper on the 'Khan Report: making smoking obsolete' and its implications for Shropshire was presented to the Health and Wellbeing Board. This paper, as well as outlining the burden of smoking and its effect on health inequalities for Shropshire, summarised the main recommendations set out by the Khan Report for achieving the government's goal of reducing smoking to 5% of the adult population by 2030. One of the major recommendations is the use of vapes (or e-cigarettes) as a proven effective smoking cessation tool. This raised the question of the risk of vaping among CYP, whereby local anecdotal experience describes a general increase among CYP who are vaping. The concern of the harms of vaping for CYP, and how this is affected by the message of the suitability of vapes for adult smokers, led to the development of a workstream within the Health Improvement Team to address vaping among CYP in Shropshire. This workstream focuses on two core elements; i) the local data of the problem of vaping among CYP, and ii) the communication with CYP, parents, teachers and others who work with them around the risks of vaping.

- Background

What is vaping?

Vaping is the use of a 'vape' which is a battery-powered device that heats a solution, usually but not always containing nicotine. This produces a vapour which is inhaled by the user. Vapes do not contain tobacco and do not involve burning, therefore do not produce tar or carbon monoxide-two of the most harmful elements of tobacco smoking. As a relatively new product, the long-term impacts of vaping are still unknown. In the UK, approximately 3.2 million adults use vapes, the vast majority of whom are smokers or ex-smokers (39.8% and 58.9% respectively)¹. Among current smokers who use vapes, the most common reasons for vaping are to cut down or quit smoking as well as to save money.

What is the problem among young people?

A national survey conducted by ASH (Action on smoking and health) published in 2022 monitored trends in vaping among young people aged 11-18 years between 2013-2022. The proportion of 11–17-year-olds who have ever used vapes has increased from 3.8% in 2013 to 15.8% in 2022². As of 2022, current use of vapes (including occasional and regular vaping) is 8.6% in 2022, compared to 4.8% in 2020. This is compared to tobacco smoking which is 6% in 2022 compared to 6.7% in 2020³. The use of vapes is considerably higher among those over the age of 16 years. The prevalence of vaping in 2022 is greater than the prevalence of smoking in young people for the first time.

Most young people who have never smoked are also not vaping-only 1.7% of non-smoking young people report at least monthly use of vapes². The reason for vaping among non-smokers is largely experimental, and among smokers more likely to be due to enjoyment, as a quit tool or because of vape addiction. The proportion of young people who perceive vaping to be equally or more harmful than tobacco smoking is increasing, with only 42% of young people believing they are less harmful than cigarettes².

What is the evidence for the benefits and harms of vaping?

Vapes are the most popular smoking cessation tool for tobacco smokers in England¹. Recent evidence shows with high certainty that people are more likely to stop smoking for at least 6 months when they quit using nicotine-containing vapes compared to standard nicotine replacement therapy (NRT, e.g., patches, gums)⁴.

Tobacco smoking is the most important cause of preventable illness and death as well as health inequalities in England and kills up to 2 out of 3 long term users. Vaping provides significantly lower exposure to harmful substances linked to cancer, respiratory and cardiovascular conditions than smoking. There is similar or higher (in the case of some cancer-causing chemicals) exposure to harmful substances from vaping compared to not using nicotine products at all³.

Whilst not risk-free, the latest research shows that in the short- and medium-term vaping carries a small fraction of the risk of tobacco smoking³. Given vaping is a relatively new phenomenon, there is still unclear evidence of its long-term effects on health. This means that, particularly for CYP, the precautionary principle should apply whereby caution should be applied where there is uncertainty of health risks. This means vaping is not recommended for children and young people and the general advice is that whilst it is an effective smoking quit tool, those who do not smoke should not vape.

- Objectives and Scope of Action

This paper outlines the action taken by the Health Improvement Team to bring together stakeholders from across the council and health services to address two main priorities identified for tackling the problem of youth vaping in Shropshire.

The first priority is related to the need for local data on the prevalence and pattern of vaping among young people in Shropshire. The main sources of evidence on the problem of youth vaping are from national data using a relatively small sample size (2,613 in 2022). Anecdotal evidence from those who work with CYP in Shropshire describe seeing many children using vapes especially at school. There are also concerns that vaping can act as a 'gateway' to exploitation. Local data will inform public health and partners of its scale and characteristics of the problem which will inform both communication and health promotion activities.

The second priority is to communicate with young people and those that work with CYP about vaping. This is particularly important given the often confusing or mixed messaging around vaping given the emerging and often uncertain evidence of its risks (particularly for long-term effects) and its contrasting benefits as a smoking cessation tool. The particular aim is to identify key communication messages as well as mechanisms for providing information and clarity around the absolute and relative risks of vaping in young people compared to smoking, without undermining the importance of vaping as a way to reduce smoking-related illness, death and inequalities. It is crucial that any key messages are evidence-based, particularly given the uncertainty around vaping and its long-term effects, and therefore we will be drawing on national and international best practice and guidance for local delivery.

- Action to date

Two Task and Finish groups (1) Local Data, 2) Communication) were established to address the two main priorities described above.

<u>Local Data Group</u>	<u>Communication Group</u>
Key stakeholders identified and invited to join, includes public health, CYP and substance use services, education, school nursing, public	Key stakeholders identified and invited to join, includes public health, CYP and substance use

health intelligence, research, trading standards & licensing	services, education, school nursing, trading standards & licensing
Established priorities, main aims and scope of work <ul style="list-style-type: none"> Review existing or emerging data collection/gathering efforts in the region to identify whether targeted local data collection is required Once need for local data is established, develop a research approach for Shropshire which builds on other methods, includes accessing survey questions and methodology from ASH Undertake data collection and report on findings as required Use local data and/or findings from local research to input into the work of the communication group 	Established priorities, main aims and scope of work <ul style="list-style-type: none"> Identify key communications messages based on evidence provided at regional and/or national level, including resources for communications Once key messages are identified, establish mechanisms for dissemination and engagement Implement a Communications Plan for Vaping across Shropshire
Existing evidence for vaping summarised and shared	Existing evidence for vaping summarised and shared
Identification of existing local and regional data sources, potential sources of routine/ad-hoc data sources within and out with public health (e.g., from drug and alcohol, policy, NHS services)	Identification and appraisal of existing resources for communications with children and young people, including national and international sources <i>NB: A national OHID vaping communications resource is currently in development-due January 2023 (delayed from November 2022)</i>
Identification of potential academic partners or academic project outputs	
Clarification and appraisal of existing national/international surveys (ASH, ITC) for potential local application	
Prioritisation of key data points from existing surveys thought to be most relevant to local context (e.g., prevalence of current use, source, reasons for use)	
<ul style="list-style-type: none"> Planned Action 	
<u>Local Data Group</u>	<u>Communication Group</u>
Undertake research on CYP vaping in Shropshire, to identify, collect, analyse and disseminate local data for informing the work of the Communication Group and other health promotion work	Identify key high-level messages from existing evidence and resources that will formulate the basis for communications to CYP and to professionals and practitioners. Examples could include: -If you smoke tobacco, vaping is far less risky. Vaping poses only a fraction of the risk of smoking in the short and medium term -Vaping is one of the most effective and popular tools for quitting smoking -Those who do not smoke should not vape -Vaping is not for children -There are known and unknown risks of vaping
Next meeting planned for February 2023	Identification of existing mechanisms for communications including for CYP, parents, schools, children's services etc

	Development of a communication strategy based on existing and new resources
	Next meeting to be confirmed in January pending communications regarding OHID resources

The work of the two T&F groups will continue but discussion to date has indicated the need to explore developments elsewhere within the region, nationally and internationally before taking 'next steps'. For example, it is understood that other authorities are planning to undertake population surveys and as such it makes sense to learn from their work before finalising local plans. In addition, a regional 'position statement' on vaping is being developed through the regional Directors of Public Health group and this too could be helpful in informing (and potentially standardising) communications across local authorities particularly with the awaited OHID resources.

In addition to this work undertaken by the T&F teams, it is important to also note the work of the council's trading standards team. The Council's Trading Standards Team has and continues to prioritise enforcement activities aimed at tackling the supply of illegal nicotine inhaling products (vapes) and to assess whether retailers who stock vapes (illegal or legitimate) are willing to sell to children. A number of enforcement visits and age restricted sales test purchasing operations have been undertaken across the county to a range of retail premises. This has led to the identification and seizure of 1044 illegal vaping products and 3 sales of vapes to children. The underage sales are the subject of further investigation to determine the appropriate level of enforcement and sanction. The enforcement visits and test purchasing operations were conducted following proactive intelligence gathering and implemented through the local Trading Standards tasking process in response to national, regional and local emerging trends, which had been identified through the Trading Standards tactical assessment. The work continues to enable the Trading Standards Team to develop a greater understanding of the local market, and this is ongoing.

Together, the ongoing work from the Data and Communications T&F groups as well as trading standards presents a multi-pronged approach to dealing with the issue of vaping in children and young people in Shropshire. A further update on progress on this work programme will be provided on the request of the H&WBB.

References

1. South East Tobacco Control Network; South East of England Position Statement on Electronic Cigarettes; 2021
2. ASH; Use of e-cigarettes (vapes) among young people in Great Britain; 2022
3. OHID; Nicotine vaping in England:2022 evidence update main findings [Nicotine vaping in England: 2022 evidence update main findings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/111111/Nicotine_vaping_in_England_2022_evidence_update_main_findings.pdf)
4. Hartmann-Boyce J, Lindson N, Butler AR et al. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews; 2022; 11(CD010216)

Risk assessment and opportunities appraisal

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

Tobacco smoking is the most important cause of health inequalities. Vaping and tobacco smoking are linked given vaping is a recognised and encourage smoking cessation tool. Reducing vaping among children and young people is important for reducing the impact of both known and unknown health risks of vaping (precautionary principal). Communicating the relative and absolute risks of vaping adequately are essential to minimising the significant risks of tobacco smoking in children and young people, as well as adults.

Financial implications

(Any financial implications of note)

There are no current financial implications to be noted. However, the progress of this work and final outcomes are as yet undefined and therefore financial implications continue to be under review

Climate Change Appraisal as applicable	Disposal vapes are a particular environmental pollutant and increasing in popularity. Action to reduce vaping, particularly of disposal vapes which are popular among young people, will reduce the environmental impact of these products.	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Councillor Cecilia Motley, Portfolio Holder for Adult Social care, Public Health and Communities		
Appendices		