

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

Date: 10 January 2024

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

**Date:** Thursday, 18 January 2024  
**Time:** 9.30 am  
**Venue:** Shrewsbury/Oswestry 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](mailto:democracy@shropshire.gov.uk) to check that a seat will be available for you.

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

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

Tim Collard  
Assistant Director - Legal and Governance

## **Members of Health and Wellbeing Board**

Kirstie Hurst-Knight – PFH Children & Education  
Cecelia Motley – PFH Adult Social Care and Public Health (Co-Chair)

Rachel Robinson - Executive Director of Health, Wellbeing and Prevention  
Tanya Miles – Executive Director for People  
Laura Tyler – Assistant Director - Joint Commissioning  
Laura Fisher – Housing Services Manager, Shropshire Council

Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)  
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin

Patricia Davies - Chief Executive, Shropshire Community Health Trust  
Zafar Iqbal - Non-Executive Director, Midlands Partnership NHS Foundation Trust  
Nigel Lee - Interim Director of Strategy and Partnerships, SaTH / Director of Strategy ICB  
Paul Kavanagh-Fields – Chief Nurse and Patient Safety Officer, RJAH

Lynn Cawley - Chief Officer, Shropshire Healthwatch  
Jackie Jeffrey - VCSA  
David Crosby - Chief Officer, Shropshire Partners in Care  
Stuart Bills - Superintendent, West Mercia Police  
Dan Quinn - Assistant Chief Fire Officer, Shropshire Fire & Rescue Service

Your Committee Officer is Michelle Dulson

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

# AGENDA

## 1 Apologies for Absence and Substitutions

## 2 Disclosable Interests

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

## 3 Minutes of the previous meeting (Pages 1 - 8)

To confirm as a correct record the minutes of the meeting held on 16 November 2023 (attached).

Contact: Michelle Dulson Tel 01743 257719

## 4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 5pm on Friday 12 January 2024

## 5 Social Prescribing (Pages 9 - 28)

Claire Sweeney, Healthy Lives Team Manager, Shropshire Council

## 6 JSNA Place Plan Update (Pages 29 - 36)

Amanda Cheeseman, Project Development Officer, Public Health, Shropshire Council

## 7 Transport - including community transport

Verbal update to be given by Andy Evans, School & Public Transport Team Manager, Shropshire Council

**8 Health Protection update (Pages 37 - 42)**

Susan Lloyd, Consultant in Public Health, Shropshire Council

**9 Update on the Shropshire Substance Misuse Strategy and Action Plan (Pages 43 - 50)**

Paula Mawson, Assistant Director for Integration and Healthy Population, Shropshire Council and Gordon Kochane, Consultant for Public Health, Shropshire Council

Please contact Michelle Dulson (01743 257719; [michelle.dulson@shropshire.gov.uk](mailto:michelle.dulson@shropshire.gov.uk)) if you would like to receive a copy of Appendix A, Drug & Alcohol Strategic Action Plan spreadsheet by email.

**10 Director of Public Health's Annual Report (Pages 51 - 86)**

Rachel Robinson, Executive Director of Health, Shropshire Council

**11 Prevention Framework update (Pages 87 - 132)**

Rachel Robinson, Executive Director of Health, Shropshire Council

**12 Chairman's Updates**

**13 SHIPP Update (Pages 133 - 136)**

Penny Bason, Head of Joint Partnerships, Shropshire Council/STW ICB





## Committee and Date

Health and Wellbeing Board

18 January 2024

### **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 16 NOVEMBER 2023 9.30 - 11.30 AM**

**Responsible Officer:** Michelle Dulson

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

#### **Present**

Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford & Wrekin (Co-Chair)

Cecilia Motley – PFH Adult Social Care, Public Health & Communities (Co-Chair)

Kirstie Hurst-Knight – PFH Children & Education (Remote)

Rachel Robinson - Executive Director of Health, Wellbeing and Prevention

Laura Tyler – Assistant Director for Joint Commissioning

Laura Fisher – Housing Service Manager

Claire Parker - Director of Partnerships, NHS Shropshire, Telford & Wrekin

Nigel Lee - Interim Director of Strategy & Partnership SaTH / Director of Strategy, ICB

Carla Bickley – Associate Director of Strategic Planning and Partnerships, SaTH

Ben Hollands – MPFT (Remote)

Lynn Cawley - Chief Officer, Shropshire Healthwatch

Jackie Jeffrey - VCSA

Tracey Ryan – Chief Inspector, West Mercia Police (Substitute for Stuart Bills)

#### **30 Apologies for Absence and Substitutions**

Tanya Miles – Executive Director for People

Patricia Davies- Chief Executive, SCHAT

Paul Kavanagh-Fields – RJAH

Stuart Bills – Superintendent, West Mercia Police

Dan Quinn - Assistant Chief Fire Officer, Shropshire Fire & Rescue Service

David Crosby - SPIC

#### **31 Disclosable Interests**

None received.

#### **32 Minutes of the previous meeting**

##### **RESOLVED:**

that the Minutes of the previous meeting held on 14 September 2023 be agreed and signed by the Chairman as a correct record.

The Chairman reminded Provider Partner Board Members to provide an update on their organisation's progress on the access to information standard.

### 33 Public Question Time

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

The full question and the response provided by Shropshire Council is available on the web page for the meeting:

[Agenda for Health and Wellbeing Board on Thursday, 16th November, 2023, 9.30 am — Shropshire Council](#)

### 34 Healthwatch Shropshire Report - NHS & Social Care Complaints

The Board received the report of the Chief Officer Healthwatch Shropshire – copy attached to the signed Minutes – which set out people’s experiences and views of complaints handling across health and social care services in the last two years.

The Chief Officer gave a presentation which set out what they had done and why and drew attention to the recommendations. She explained that Healthwatch Shropshire had been providing the Independent Health Complaints Advocacy Service (IHCAS) since 2016 (but interestingly, there was no requirement to provide such a service for those who wished to make a complaint about social care). She reported that they had given 884 people information about how to make a formal complaint, including social care complaints along with providing 119 people with advocacy support and only a handful of people had reported that they were satisfied with the outcome of their complaint.

The Chief Officer discussed their reflections as providers of IHCAS which included poor communication, psychological distress, meetings to discuss complaints held in inappropriate/triggering areas etc. Finally, more work was needed to show the public the difference their complaint/feedback had made on the experiences of others. She felt that this piece of work fed into a lot of different workstreams happening across the system including the accessible information standard, advanced care planning, trauma informed workforce and personalisation.

She drew attention to the NHS Complaint Standards which had been published in December 2022 and which set out a single vision for what should happen when a member of the public makes a complaint about NHS services and explained that same areas of the country had now got one complaints procedure across the entire Integrated Care System (ICS). She explained that the purpose of this work was to highlight how the system was doing against the standards and she implored organisations to embrace the standards. It was an opportunity to demonstrate to the public all the work that was happening to try and improve people’s experiences of complaining.

A brief discussion ensued. It was felt that the idea of using a person-centred approach had not previously been considered in relation to complaints but that it may help the public in the way they view, use and consider health services. It was felt that the complaints process was not always the right thing for the public whereas

more investment in bereavement and psychological support would also assist including making TRIM available to the public.

The Chairman confirmed that himself and his chief nurse saw every single complaint and that he signed off all responses before they were sent back, and he also stated that his chief nurse took any learning through their quality committee, quality conversations and patient experience team to get their views on trends, where the delays were, what the challenges were etc, however, he recognised that this did not always resolve the issue for the person complaining.

CI Tracey Ryan informed the Board of the way in which complaints were dealt with by the Police Service. She explained that the key was not being defensive but being open and transparent, putting their hands up and admitting that a mistake had been made, there was learning to be had, this was the learning, and this was how it was being shared. She stated that West Mercia Police did something called 60 second learning whereby an infographic sheet was sent out which says this is what happened, this is what should have happened, and this is what could have made it better. Feedback was then given to the complainant telling them what had changed because of their complaint. Seeing that procedural justice was being done provided reassurance and had started to rebuild that confidence and trust and had improved their satisfaction levels in terms of complaints.

The Assistant Director - Integration & Healthy People agreed to take forward the link between bereavement provision and complaints.

#### **RESOLVED:**

To note the recommendations contained in the report and discussed in the meeting.

### **35 Strategic Housing Report**

The Board received the report of the Head of Housing, Resettlement and Independent Living – copy attached to the signed Minutes – which highlighted the importance of housing in supporting and improving the health of the population. It updated the Board on key areas of recent and current activity undertaken by the Council's strategic housing function as well as some of the frontline work ongoing at present to improve people's health and wellbeing. The report also asked how the system could better integrate housing within its decision making, strategic commissioning and delivery programmes.

The Head of Housing, Resettlement and Independent Living introduced and amplified her report. She stated that housing was the foundation of good health and if you did not have a stable, suitable and secure home you could not look after your health and wellbeing, and she highlighted the reasons why housing was an important determinant of health. Whilst recognising that there was a lot of work already taking place, there was however more that could be done and in order to explore those opportunities, a workshop for system colleagues was being suggested in order to develop closer working relationships and processes. An update report would be presented to the Board in six months times demonstrating the positive changes taking place.

A brief discussion ensued and partners drew attention to the work being undertaken by their organisations. The Assistant Director Integration and Healthy People agreed to pick this up later in the day at the Place Partnership Board meeting which she was chairing. She felt that a workshop would be valuable in terms of the whole pathway and the link between housing and the early intervention prevention framework. She felt there was some practical things that could be done if everyone started to think about housing and have housing at the forefront of their minds. The Chief Executive of Citizen's Advice Shropshire requested that the VSCA be involved in the workshop.

**RESOLVED:**

To note the recommendations contained in the report.

**36 Citizens Advice Shropshire report "When the Safety Net Fails"**

The Board received the report of the CEO Citizen's Advice Shropshire (CAS) – copy attached to the signed Minutes- which explored the learning from their research into the local support system in Shropshire during the cost-of-living crisis along with recommendations for how partner organisations could work together to best support residents facing financial crises.

The CEO Citizen's Advice Shropshire gave a presentation – copy of slides attached to the signed Minutes. She explained that when they were talking about the 'safety net', they were referring to systems of government programmes designed to support those facing financial hardship and that the voluntary sector was playing an increasing role in catching people when that 'safety net' failed. She reported that the number of people accessing CAS in crisis had increased and that the demographic of those in crises had changed.

She went through what they had learned including that the safety net system was difficult to navigate, there was a lot of stigma around those who struggle financially and not having access to enough support had far reaching implications. There was a lot of work to do around raising awareness of the support that was available. She informed the meeting that the cost-of-living crisis was hitting Shropshire hard because of its rurality. She briefly discussed the strain currently being put on food banks.

Finally, she drew attention to the four recommendations around partnership working, support system design, recognition of the value of the local voluntary sector and advocating for 'big picture' change.

A brief discussion ensued, and Councillor Hurst-Knight agreed to discuss free school meals with the CEO outside of the meeting and suggested that a link be included in the digital newsletter that went to all schools in relation to food poverty in order to raise awareness. It was also agreed to raise this issue with the social task force. The Executive Director of Health, Wellbeing and Prevention felt that the report was a difficult read but could be used as a platform for all partner organisations and frontline support workers to tell the public about the support that was available.

Councillor Motley explained that the 'warm welcome' initiative that had been promoted the previous year had really been welcomed, especially in rural areas and wondered whether it could be promoted again this year.

The Chairman felt that the challenge for the Board, as leaders, was to take the message back into their own organisations/networks. He endorsed the recommendations and welcomed the commitment of the Board to the actions that followed as a result.

**RESOLVED:**

To note the recommendations contained in the report.

**37 ICS update**

The Board received the report of the Director of Partnerships, NHS Shropshire, Telford and Wrekin – copy attached to the signed Minutes. She drew attention to the GP Access Recovery Plans which were being returned to the ICB for overview and she felt it would be good to bring this back to the next HWBB meeting to show what these plans looked like etc. She also drew attention to page 12 of the report which discussed Child and Infant Mortality in Shropshire, Telford and Wrekin which had been discussed at the last ICB meeting.

The Executive Director of Health, Wellbeing and Prevention explained that there had been a discussion at the development session where all of the data had been looked at in detail and it was felt that the system response needed to be looked at in order to develop a collective system-wide action plan that considered all of the evidence together. To that end, a workshop would be held with partners in December to bring those key stakeholders together and a report including an Action Plan would be taken back to a future ICB and the HWBB.

**RESOLVED:** To note the contents of the update.

**38 Smoking Cessation and Underage Vaping**

The Board received the report of the Consultant in Public Health – copy attached to the signed Minutes – which provided an overview of the national policy paper 'Stopping the start: our new plan to create a smokefree generation', along with an update on local activity.

The Consultant in Public Health drew attention to the consultation on the proposals set out in the policy paper which closed on 6 December and the Underage Vaping Task and Finish Group were collating a response on behalf of the Council. The Chairman felt that the HWBB should also respond to this consultation.

The Consultant in Public Health then drew attention to the work that was being undertaken locally, including a new web page resource on the Healthy Shropshire website called 'Stopping Smoking' which included a whole range of resources, tools and advice around how Shropshire residents can get support for quitting smoking, along with advice for adults on using vapes as part of their journey to quit smoking

and a dedicated page on youth vaping. The web page also included a toolkit of resources for anyone supporting a young person who was vaping. A parent/carer leaflet was also being developed.

**RESOLVED:**

To note the recommendations contained in the report.

**39 Healthy Weight Strategy**

The Board received the report of the Public Health Consultant and the Public Health Development Officer – copy attached to the signed Minutes – which sought the Board’s endorsement of the Shropshire Healthier Weight Strategy 2023-28 and for Board Members to present the Strategy for approval to their respective governing bodies.

The Public Health Consultant informed the Board that the Strategy now incorporated a high-level Action Plan which included the rationale for the actions and the indicators that would be used to monitor progress. She highlighted the crossover with earlier conversations that had taken place in the meeting.

The Health and Wellbeing Strategy Implementation Manager, MPFT updated the meeting on the work being doing in relation to the NHS National Standards for healthcare and food. He reported that MPFT had progressed this work and had a nutrition policy for the Trust and had just appointed a nutritionist to provide oversight/direction for improving food provision within their hospitals. He agreed to provide a contact for this work.

**RESOLVED:**

To note the recommendations contained in the report.

It was agreed to take Agenda Item 13 – Chair’s report next.

**40 Chair's Report**

The Chair updated the Board in relation to the following items (copy attached to the signed Minutes):

- Pharmacy Update
- Department for Health and Social Care visit
- Celebrating 10 years of Healthwatch Shropshire
- VCSE Event
- Child Mortality

Councillor Cecilia Motley took the Chair.

**41 Prevention Framework**

The Board received the report of the Executive Director of Health, Wellbeing and Prevention – copy attached to the signed Minutes.

The Executive Director of Health, Wellbeing and Prevention thanked the Public Health team in particularly Jessie Dixon the Public Health High Potential Scheme (HSP) placement for all their work in pulling this together and she explained that the Action Plan was a living document and would be developed as actions were developed through the HWBB, through ShIPP, through the healthy lives groups and these would be monitored. She drew attention to the considerable engagement that had been undertaken culminating in a stakeholder event where partners came together to develop some of the work. She explained that the framework would be signed off before the next HWBB meeting and the finalised Action Plan would be brought to the next meeting.

Jessie Dixon reported that two separate events had been arranged to allow primary care colleagues to attend. The two key areas that were highlighted as needing to be strengthened were sustainability and deprivation. A second event was scheduled for the following week, feedback from which would be included in the Action Plan.

**RESOLVED:**

To note the recommendation contained in the report.

**42 Joint Commissioning - Better Care Fund and Winter Planning update**

The Board received the report of the Assistant Director of Joint Commissioning and the Head of Joint Partnerships – copy attached to the signed Minutes – which detailed the recent submission of the quarterly BCF return which was the first quarterly return since prior to the pandemic and also provided an update on the work the system was doing in preparation for winter pressures.

The Assistant Director of Joint Commissioning informed the meeting that further work was being done as part of the BCF to see where the focus needed to be in terms of pathways and the resources that they currently had and were working through that with system partners and some of the things that came out of that work would need to be actioned. She reported that they were on track to meet most of the targets but were currently below the emergency admissions due to falls in people age 65 and over but it was hoped that the anticipated falls response that went live earlier that week would have an impact so they could get back on target for the next quarterly return.

The Assistant Director of Joint Commissioning highlighted the work being done around the winter response within the BCF. She informed the Board that a report would be presented to a future meeting around the virtual care support model that was currently being piloted but was hoped to be expanded.

**RESOLVED:**

To note the recommendation contained in the report.

**43 ShIPP Update**

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

The Head of Joint Partnerships requested that the Neighbourhood working part of local be presented to a future Board meeting for discussion.

**44 JSNA - Place based needs assessment (PBNA) and themed JSNA's**

The Board received the report of the Public Health Intelligence Manager – copy attached to the signed Minutes – which provided an update on Shropshire’s JSNA, progress to date, future direction and timescales, for information.

**45 Health Protection update**

The Board received the report of the Consultant in Public Health – copy attached to the signed Minutes – which provided an overview of the health protection status of communicable, waterborne and foodborne disease, for information.

The Executive Director of Health, Wellbeing and Prevention reminded everyone about the importance of getting their flu/covid jabs, especially for the workforce.

**46 Air Quality Update**

The Board received the report of the Public Protection Officer, Environmental Protection – copy attached to the signed Minutes – which provided a brief update on progress with the statutory Air Quality work and improvements in air quality in Shropshire, for information.

<TRAILER\_SECTION>

Signed ..... (Chair)

Date:





## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	18/01/24			
<b>Title of report</b>	Adult Social Prescribing Update			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	√	Approval of recommendations (With discussion by exception)	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Claire Sweeney <a href="mailto:claire.sweeney@shropshire.gov.uk">claire.sweeney@shropshire.gov.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	Children & Young People		Joined up working	√
	Mental Health	√	Improving Population Health	√
	Healthy Weight & Physical Activity	√	Working with and building strong and vibrant communities	√
	Workforce	√	Reduce inequalities (see below)	√
<b>What inequalities does this report address?</b>	Wider determinants of health, health behaviours and lifestyles, integrated health and care system, places and communities			

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

### 1. Executive Summary

- 1.1. Social Prescribing is an important programme in our system that supports people to take control of their health and wellbeing and improve their chances of preventing ill health. The Shropshire model described in this report is an integrated programme and a collaboration between Primary Care Networks, Public Health and the Voluntary & Community Sector (VCSE). Within the Health Wellbeing and Prevention directorate, the Healthy Lives Team delivers the service. The Voluntary and Community Sector deliver the Community Development element of the service, and some of the link worker time. The programme benefits a range of referral and delivery partners including Primary Care, Social Care, Job Centre Plus, the VCSE, Libraries, Sports and Leisure, self-referral and more.
- 1.2. This report provides an update on the offer and its development in Shropshire. It describes the programme and recent progress on the Adult Social Prescribing programme. Referral data can be found in Appendix A, Outcome data in Appendix B, a summary of comments from clients in Appendix C and a case study on Shrewsbury pain support group in Appendix D
- 1.3. This report also provides an update on:
  - 1.3.1. Demand management work focussing on reducing risk of falls, cardiovascular disease and supporting adult social care.
  - 1.3.2. New Simple Activation Question to demonstrate the increase in people being able to take action to improve their own wellbeing and in turn reducing healthcare utilisation.
  - 1.3.3. The Winter Support Service which is mobilised across Shropshire to support winter pressures across the system.
- 1.4. The Social Prescribing programme is achieving fantastic results and can demonstrate significant improvement in outcomes for people who take part (details in Appendix B below). We believe that the success of the programme is in large part due to the integrated approach we have taken with Primary Care, the Voluntary and Community Sector, Public Health and many other partners.

### 2. Recommendations

2.1 Note, provide feedback to and endorse the progress and improved outcomes for Shropshire people.

2.2 Note and provide feedback to the development areas, particularly working to reduce risk of falls and cardiovascular disease and discuss how system partners can support this work.

### **3. Report**

#### **3.1 Background**

##### **Adults Social Prescribing Programme**

Social prescribing is a programme of listening and working with people, often referring people to support in their community that empowers them to take control of their health and wellbeing.

Through non-medical 'link workers', (known locally as Healthy Lives Advisors), who give time, focus on 'what matters to me' and take a holistic approach, motivational interviewing and behaviour change techniques, a person is supported to connect to community groups, activity of interest, and, where required statutory services for practical and emotional support.

3.2 Social prescribing in its broadest sense has been happening in our communities for many years. Our vibrant voluntary and community sector working with public services support people in communities with non-clinical approaches with great success. In recent years the NHS and Local Authorities have been keen to recognise this work and encourage its development. By formalising social prescribing across services there will be a better offer of community support for people, as well as increased understanding and recognition of the work of our community and voluntary sector partners.

3.3 In Shropshire, Public Health, the Voluntary and Community Sector and Primary Care have been working collaboratively for over 7 years to develop and roll out a model that supports people in the community where they live. This model is preventative in its approach; it supports people with their emotional wellbeing as well as physical health and social issues and supports them to have the confidence and motivation to take positive lifestyle decisions. The model started in 3 practices in Oswestry and was soon joined by 8 additional practices; in 2020-21 the programme was rolled out across all Shropshire PCNs and GP practices.

3.4 Additionally, the system has invested in 'Winter Pressure Link Workers' who are employed by a range of providers including Shropshire Council, Age UK and Shropshire Mental Health Support Service. These Link Workers work through the winter months, primarily with those who are vulnerable (including the those discharged from hospital), offering help at home, befriending, shopping and a variety of other support offers to keep people well this winter.

3.5 Shropshire Council is also investing further in Social Prescribing to support our transformation programmes and our Demand Management work to reduce preventable demand on social care provision. The size of the team also means that Shropshire Council has invested in Team Leaders to ensure the fidelity of the programme and high-quality service delivery.

#### **4. Data**

4.1 A robust data set has always been collected and monitored as part of the programme. This has included referral (referral data from across the PCNs can be found in Appendix A), and outcomes data including Measure Yourself Concerns and Wellbeing (MYCAW), Office of National Statistics (ONS) wellbeing scale used for all people/ patients, and a loneliness scaling tool. These tools give before and after measures to show outcome data across the programme. This can easily be extracted and illustrated on Power Bi.

4.2 An activation measure has been introduced following connections made with the National Association of Primary Care (NAPC) through the recent system CARE programme. The introduction of the system wide measure has been endorsed by the ICB System Quality Board and has been trialled and developed by NAPC. Activation is the measure of a person's knowledge skills and confidence in managing their own health and wellbeing. People not able to manage their own health and wellbeing see their GP 10 more times a year – a 40% difference, but when people's knowledge skills and confidence improve, physical health improves, and GP contacts fall. This is one simple question that can be tailored to the individual to ask, "How would you rate your ability to manage your own health and wellbeing". Respondents assess their own level on a scale of 1 to 4 at the beginning and at the end of the programme. We will soon be able to

demonstrate outcomes in changes in Activation. The measure has been developed from the original 13 questions Patient Activation Measure

4.3 Data across Shropshire found that:

Across all practices **79% reported an improvement** in their Concern 1, with **63% voicing an improvement in their wellbeing**. Improvements for individuals across all 4 sections of the Office of National Statistics wellbeing scale.

Reasons for referral in order of most common are:

- Lifestyle risk factors (including smoking, weight and physical activity)
- Mental health
- Lonely or isolated
- Long term health conditions

Referrers include:

- GP practice
- Schools
- Self-referral
- Adult social care
- Job centres
- Mental health social work team
- Enable

4.4 Additionally, Appendix C provides a summary of comments made by clients after their follow up appointments.

## 5.0 Summary of key information:

- Shropshire Social Prescribing is an integrated service with the voluntary and community sector, Primary Care, Local Authority and partners.
- There have been over **9762 referrals to date**.
- **Increase in referrals of 73%** compared to 2021-22
- The service is up and running in all GP practices in the Shropshire Council area which are part of the Shropshire PCNs.
- The service is preventative in nature, and it works to improve wellbeing in order to prevent further issues
- The community development element is delivered by our VCSE colleagues, Qube and Community Resource.
- The Mayfair Centre in Church Stretton deliver social prescribing advising for the Church Stretton Practice.
- Outcome measures demonstrate improved health and wellbeing of those who participate in the programme.
- Additional to this model, the Winter Support Service is mobilised across Shropshire to support winter pressures across the system.

## 6.0 Development

6.1 All over age 65 asked about risk of falls and are having personalised discussion about the fall's prevention pathways, with ongoing partnership with Energize Elevate, Shropshire Community Health Trust Falls therapy and Shropshire Community Resource Functional Fitness MOTs.

6.2 Plan to roll out in 2024 opportunistic blood pressure check, where appropriate, to assist in finding undetected hypertension, following GP practice protocols alongside lifestyle support.

6.3 Dedicated member of the team liaising with Adult Social care teams to look at waiting lists, capacity and demand, and identifying where social prescribing would be an option to prevent issues escalating to a higher level of need.

6.4 Building on pain management support following the successful pain management support group in Shrewsbury (see Appendix D). Working with MPFT and MSK transformation lead to bring together training offers and wider support across the county.

6.5 Social Prescribing is working as part of the RESET multidisciplinary team project supporting those at risk of rough sleeping and substance misuse, this includes specific support for armed forces veterans.

6.6 Referral pathway to stop smoking support for those discharged from Redwoods Hospital and SaTH.

6.7 Work in development to increase the offer for stop smoking support.

7.0 Recognition in national publications or websites:

- Delivered national webinar on creative health and social prescribing delivered by Naomi Roche
- Delivered on national Children and Young People’s webinar delivered by Naomi Roche and Claire Sweeney
- Delivered on webinar for schools on our Social Prescribing for Children and Young People delivered by Naomi Roche and Claire Sweeney
- Delivered session to national personal health and social education (PHSE) group delivered by Claire Sweeney and Sharon Cochrane
- Highly commended in Local Government Chronicles Award 2023
- <https://www.kingsfund.org.uk/publications/social-prescribing>
- LGA Website – presentation by Jo Robins and Lee Chapman
- National Healthwatch website – report by Healthwatch Shropshire

<p><b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>As a health and care system we work to reduce inequalities in Shropshire. All decisions and discussions must consider reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health. All of our programmes abide by equalities act 2010</p>	
<p><b>Financial implications</b> (Any financial implications of note)</p>	<p>There are no financial implications at this time</p>	
<p><b>Climate Change Appraisal as applicable</b></p>		
<p><b>Where else has the paper been presented?</b></p>	<p>System Partnership Boards</p>	
	<p>Voluntary Sector</p>	
	<p>Other</p>	
<p><b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b></p>		
<p><b>Cabinet Member (Portfolio Holder) Portfolio holders can be found <a href="#">here</a> or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead</b> Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health &amp; Communities</p>		
<p><b>Appendices</b> <b>Appendix A: Social Prescribing Referral data</b> <b>Appendix B: Outcome data</b></p>		

Appendix C: Satisfaction statements

Appendix D: Case study report of Shrewsbury Pain Support Group

(PDF attached separately)

Appendix A Referral Data

Referrals:  
PCN profile

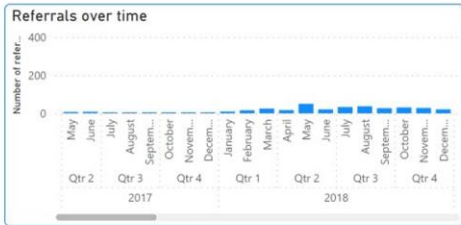
**4111**  
Referrals

Referrals by GPs  
**3104**

Referrals from Third Party Organisations  
**1007**

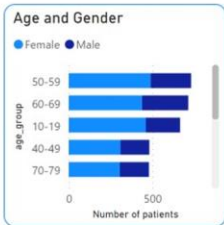
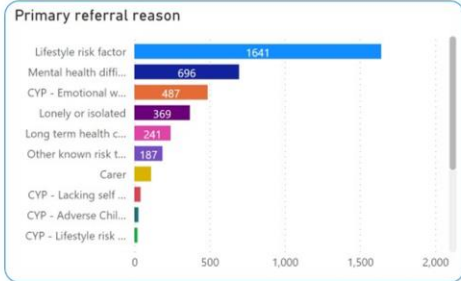
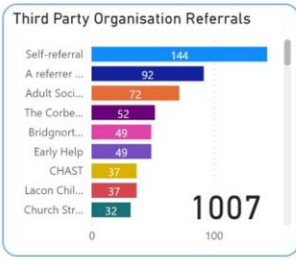
Attending school:  
All

Referral provision date  
01/12/2022  
30/11/2023



GP Referrals

GP.name	Count	%
WEM AND PRES MEDICAL PRACTICE	218	7
SEVERN FIELDS MEDICAL PRACTICE	174	5
MYTTON OAK MEDICAL PRACT.	160	5
CLEOBURY MORTIMER SURGERY	135	4
STATION DRIVE SURGERY	130	4
<b>Total</b>	<b>3104</b>	<b>100</b>



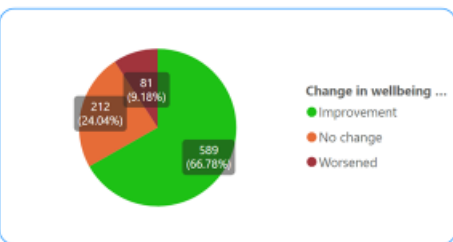
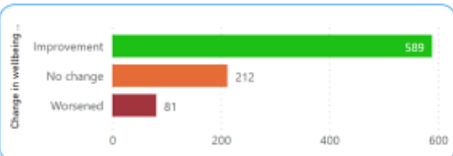
Third Party Organisation Referrals  
(Blan...)

- PCN.Name: All
- GP.name: All
- age\_group: All
- Gender: All
- CYPStatus: All
- InHIPProject: All
- ResetProject: All

# Appendix B Outcome Data

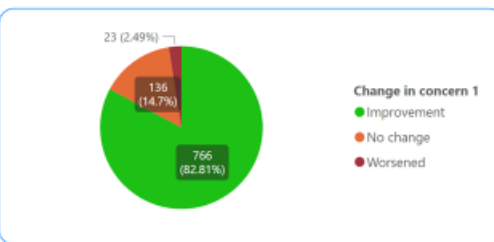
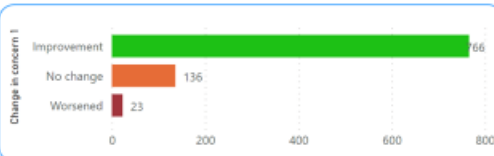
## Change in Wellbeing MYCaW score

Number of followup wellbeing scores collected	Number with both baseline and followup recorded	Number with improvement in wellbeing score
919	882	589



## Change in Concern 1 MYCaW score

Number of followup wellbeing scores collected	Number with both baseline and followup recorded	Number with improvement in score
935	925	766



Followup provision date

PCN.Name

GP.name

CYPStatus

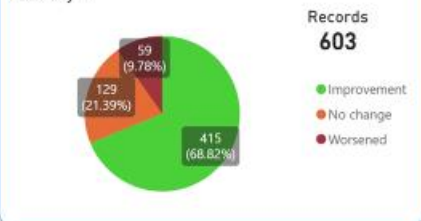
Attending school:

Note: this page shows patients who had a referral and a baseline consultation. PCN breakdown is therefore possible.

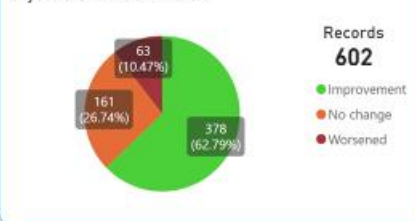
Note: this does not filter for services attended as recording is poor. These figures show patients who had a baseline and follow up appointment and reported an improvement in wellbeing.

## Change in ONS measures

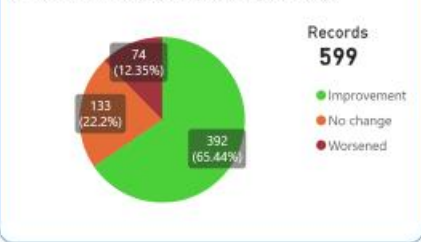
1. Overall how satisfied are you with your life nowadays?



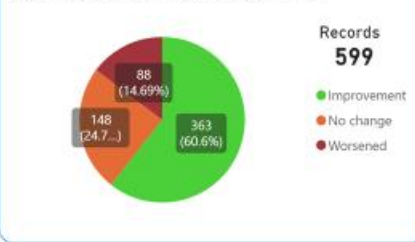
2. Overall, to what extent do you feel that things you do in your life are worthwhile?



3. Overall, how happy did you feel yesterday?



4. Overall, how anxious you feel yesterday?



Follow up provision date

PCN.Name

GP.name

CYPStatus

Third party referring organisati..

Note: this page shows patients who had a referral, baseline and follow-up consultation. PCN breakdown is therefore possible.

# Appendix C Satisfaction Survey Comments

I did not leave the house before receiving support from Tina. However, since speaking to Tina she has given me hope and I now enjoy my life and go out to various places. I was an alcoholic and since working with Tina and having been referred to We are With You, I have not had a drink for 10 months. Tina has been wonderful and brilliant, I will miss her support as she has done an amazing job.

Enjoyed it, found it beneficial, helped me through a difficult time, and it has been really good to talk to Hannah and everyone she connected me with

A friendly face was in this age a treat and a pleasure. The consultation times allowed me to focus on my eating habits and face some of my problems. I was able to get my work pension, get voluntary work and was guided in getting support. I applied for a job.

Katie was always helpful and full of really useful advice. She let me set my own parameters and with her encouragement, I achieved my target. Very friendly and relaxed style.

I found the consultations very helpful. Isobel listened to me, offered a range of practical suggestions/services and followed up. Isobel appeared very knowledgeable not just of available services but also had insight into my family situation illness. Really helped me overcome my anxiety and loss of confidence and has made me a lot happier.

I am now attending the gym regularly which helps me to feel better in myself.

## **Appendix D Shrewsbury Pain Support Group**

**(PDF attached separately)**

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# Social and Physical Exercise Support Group

Page 17  
For People Living with Chronic Pain

A Summary Of The Pilot Group, Shrewsbury: February – August 2023



# Organisational Profiles Involved:

Shropshire Community Leisure Trust runs 4 Leisure Centres in Shropshire;



- Quarry Swimming and Fitness Centre
- Shrewsbury Sports Village
- Market Drayton Leisure Centre and
- Oswestry Leisure Centre

The Trust has invested in a small Community Engagement Team to strengthen the links between the Leisure Centres and local communities - a priority of which is to support the Social Prescribing Programme with health partners. The Shrewsbury Sports Village hosts the group and is co-facilitated by Wendy Marston, Community Engagement Lead.

Community Resource is a charity that is committed to making life better for people and communities facing challenges in Shropshire, Telford & Wrekin. They deliver this work across three main areas:

- Wellbeing & Care
- Community & Support
- Funding & Advice

They help people stay active, keep connected and maintain their health and independence. They give grants to those in need and work with local groups offering advice and support so they can support their own communities. The community development aspect of the Social Prescribing Programme for Shrewsbury, is delivered from Community Resource and the group is co-facilitated by Natalie Jackson, Social Prescribing Community Development Officer.

Energize Shropshire, Telford and Wrekin is a charity and one of 43 Active Partnerships in England, funded by Sport England. They collaborate with local partners, organisations and the voluntary & community sector to help tackle inequalities through the benefits of physical activity and moving more. Their work includes developing and managing programmes within Health & Social Care, schools and education; distributing funds, developing people and infrastructure support and building resilience in the voluntary & community sector and creating a social movement to support their ambition to eliminate inactivity. Working in conjunction with Sport England, Energize supported the pilot to access £2716 through The Together Fund.



# Early-Stage Project Development:

- Gap in provision was recognised for chronic pain patients, identified by Healthy Lives Advisors (HLAs) within social prescribing programme
- Key stakeholders from VCS, Shropshire Council, Shrewsbury PCN involved from inception
- Location decided as Shrewsbury Sports Village (pictured) – accessible and easy to travel to. Available meeting room and quiet gym space to use as a combined approach to support those living with pain
- Official funding of £2716 from Sport England/Energize allocated for project costs – room hire, quiet gym use, Personal Trainer time, specific exercise equipment, refreshments and guest speakers
- Funding secured a project timeline of 22<sup>nd</sup> February '23 – 9<sup>th</sup> August '23
- Great example of community-based organisations coming together to provide support to this specific demographic – Community Resource charity, Shropshire Community Leisure Trust and Energize Shropshire Telford Wrekin.



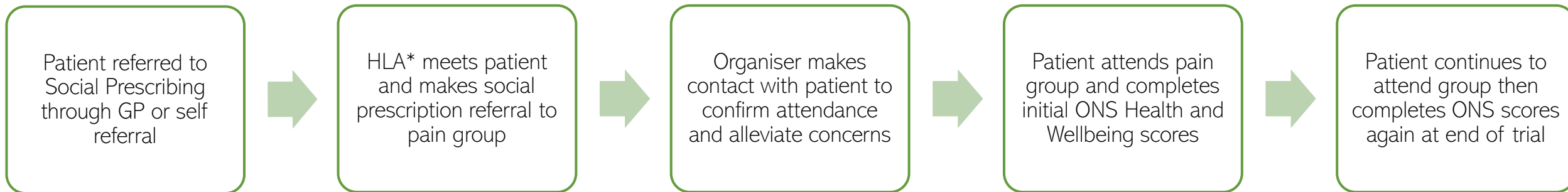


# Patient Profile Identified As:



- 90% referrals were women in their middle stage of life (approx. 40 – 60+)
- Low levels of mental health and overall wellbeing (ONS supported data)
- Prescribed multiple medications - including use of opioids
- Weight gain due to medication and lack of movement related to condition
- Lonely and isolated on a day-to-day basis
- Didn't feel seen or heard by both professionals and society - '*an invisible disability*'
- Lacked faith in clinical interventions after '*trying it all*'
- Been in pain for years with one or multiple conditions
- '*At end of tether*' with how to manage pain and live life

# Referral Pathway:



\*HLAs are based (mostly) out of GP Practices funded by PCNs and managed by Shropshire Council.

# Early Implementation Findings:

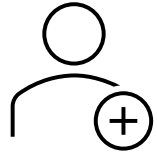
*Initial observations from the first few weeks of the trial*

- A 'test and learn' approach to the group worked well. Meeting structure was flexible based on their physical and emotional needs. They stated; "*We need a welcoming group which feels supportive, and a safe space to talk and share information*".
- 1.5 hours was an adequate amount of time for a loose agenda comprising of: welcome / subject matter discussion / gym time / close
- NS health and wellbeing questionnaire (undertaken at beginning) revealed low levels of life satisfaction and high levels of anxiety across all individuals
- Guest contributors were a welcomed addition to the group: e.g. Shrewsbury Town Foundation, HLAs, seated Pilates Instructor
- Wider interest has gathered from I.C.B Opioid Reduction Programme, West Midlands Academic Health Science Network and other local clinicians
- Clients expressed positive feedback right from the beginning and have valued being contributors to the evolution of the pilot with the intention for it to continue and spread across the county



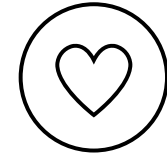
# Organically Defined Group Objectives:

*Derived from early findings, remained true throughout the trial.*

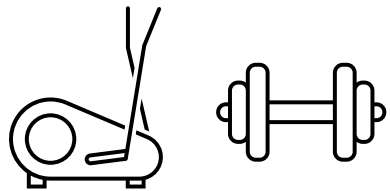


Build social support and friendships routed in a shared experience

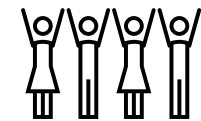
Page 22



Provide an encouraging and non-judgemental environment to discuss their pain



Provide the opportunity for gentle movement to ease pain symptoms and improve mental health



Empower individuals to take control of their pain and share strategies to help to manage their health



# The Group in Action:

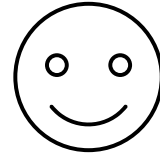
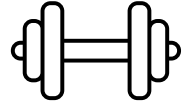
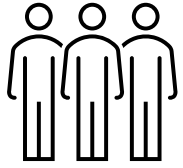


Patients embracing the information and handouts distributed as a result of the Live Well with Pain training that NJ and WM attended.

Patients taking advantage of the quiet gym area, to move their body under the careful supervision of WM. Patients returned to the rest of the group feeling proud that they'd moved their body.

Patients who didn't wish to participate in physical exercise stayed in the meeting room and chatted amongst each other with NJ. Hints and tips are often shared and noted.

# Group Outcomes:



- The group had a total of **13** regular attendees out of a population of 33 referrals from the social prescribing service.

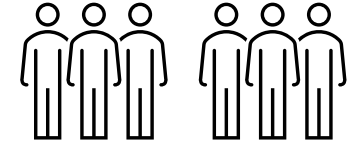
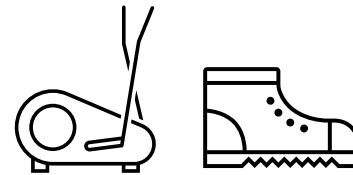
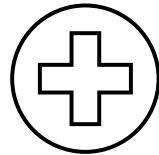
- **7** patients regularly used the quiet gym at the meeting to achieve (and even exceed) their movement goals. **4** became paying members of the Leisure Centre.

- Mental health improved after attending the group: suicide risk was overcome in one individual, hope and worth has increased in all and anxiety levels reduced.

- Friendships formed, e.g. sharing lifts to group, meeting up outside of the group and chatting on phone for support.

- Patients stopped displaying outward signs of pain as much as first weeks of the pilot, and mobility visibility improved across many of the patients

Page 24



- Implementing the *Live Well with Pain* patient information worked well as a resource to take away with the potential to use in clinical appts

- Patients reported a reduction in their medication as a result of attending the group and social prescribing overall. One patient halved Gabapentin prescription from 360mg to 180mg

- Referrals into other socially prescribed activities increased after promotion of the service: e.g. military hub, EoR at STFC, Attingham walks, buddy scheme at Community Resource

- Monthly attendance vs capacity increased over the months and always operated at least one third full. This is considered a success due to the nature of their conditions and number of medical appts to attend



# O.N.S Data Results – Before and After:

*Based on 7 key case studies*

ONS Data Questions	D			K			H			J			N			I			HP		
	Before	After	Result	Before	After	Result	Before	After	Result	Before	After	Result	Before	After	Result	Before	After	Result	Before	After	Result
Overall how satisfied are you with life nowadays? (0 lowest, 10 highest)	0	6	+6	0	9	+9	4	9	+6	1	6	+5	0	6	+6	3	7	+4	5	7	+2
Overall to what extent do you feel that the things you do in your life are worthwhile? (0 lowest, 10 highest)	2	4	+2	3	9	+6	4	9	+5	1	5	+4	1	6	+5	4	6	+2	8	9	+1
Overall, how happy did you feel yesterday? (0 lowest, 10 highest)	2	6	+4	0	9	+9	2	9	+7	0	5	+5	1	6	+5	3	5	+2	6	8	-2
On a scale where 0 is 'not at all anxious and 10 is completely anxious, overall how anxious did you feel yesterday? (reduction score is good)	5	3	-2	10	6	-4	10	2	-8	10	8	-2	4	0	-4	5	4	-1	2	0	-2

- All patients increased their satisfaction with life from attending the group
- All patients felt more sense of worth since they started attending the group
- Happiness levels have risen since the group started
- Anxiety levels significantly decreased from the initial data capture

# Patient Feedback:

“I have halved my prescription of Gabapentin from 360mg to 180mg since going through social prescribing and coming to this group”

“I am exercising and moving my body for the first time in years”

“Without social prescribing and this group, I wouldn't be here now. You have saved my life”

“I am agoraphobic, and I can't leave the house without someone, but I am determined to come to this group because I really enjoy it and it's important to me. *H (a fellow group member)* picked me up this week, and we came together”

“I come here and just think; go on, just give it a go, so I head to the gym and do a few minutes”

“I won't miss coming to the group, it is the highlight of my fortnight”



“This group has changed my life – I have made new friends as a result”

“I find that the group has been helpful to talk about pain experiences with others”

“I'm done with clinical interventions; we need groups like this for us to get better”

“I have come off my morphine since going through the social prescribing programme and coming to this group”



“I like sharing hints and tips with the other ladies of the group to help them”

“I don't want to exercise initially, but as soon as I get there, I feel like I can do it and want to go and do it, *for me*”

“Please keep this group going – it has really helped me and has made a big difference to my life by attending”

# What Next?



- Funding has officially ended for this phase and trial results have been collated
- Shropshire Community Leisure Trust have permitted the group members to continue to meet in the same place, at the same time, each fortnight and use the coffee shop without entry charge. Gym use will be at a concession rate if they wish to use it during that time.
- New referrals will still be accepted under the provision that the referred individual knows it is a social gathering with no facilitation.
- There is a desire to expand the peer support group model into Oswestry (as part of SCLT portfolio) and across the wider county (with CDO support)
- Members of the group have expressed they all want the Shrewsbury group to continue, and we are open to funding suggestions and opportunities to create a sustainable provision to support this demographic of people.



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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	18 January 2024			
<b>Title of report</b>	Place Based Joint Strategic Needs Assessment (JSNA) Update			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	<a href="mailto:Rachel.robinson@shropshire.gov.uk">Rachel.robinson@shropshire.gov.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x
	Workforce		Reduce inequalities (see below)	x
<b>What inequalities does this report address?</b>	Inequalities in health outcomes, service provision/access			

### 1. Executive Summary

This report presents to the Health and Wellbeing Board an update on Shropshire’s JSNA; progress to date, future direction of the JSNA and timescales.

### 2. Recommendations

The Health and Wellbeing Board:

- Note the update to work programmes and timescales

### 3. Report

#### 3.1 Joint Strategic Needs Assessment (JSNA)

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

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

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

As agreed by the Health and Wellbeing Board, Shropshire Council’s Public Health Team and partners are working together to understand the needs of local people through the Place Based needs assessment. This work is part of delivering our local vision for people to live their best life. As a sparsely populated rural population with 66% of the population living in hamlets and small villages, service design and delivery and limited resources pose unique challenges for reducing Shropshire’s hidden inequalities. Therefore, it is vital to understand the local needs of our residents for improving population health at a local and county level.

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

The Place Based JSNAs collect qualitative and quantitative information at a local level to let us know more about the local health and wellbeing picture of each area. This includes the wider determinants of health, as well as what is working well, things that need improving and where services and resources should and can be placed now and in the future. By looking at quantitative data as well as working with local people at each Place Plan area we can better support our residents at a local level with local issues that affect and matter most to them.

The Place based JSNA is centred around working in partnership with various partners and stakeholders as a whole system to have the greatest impact whilst reducing duplication and maximising our resources and outcomes. The programme involves working together with local organisations such as voluntary and community groups, schools and colleges, GP practices, local business, and Town and Parish Councils to gain local knowledge, insight, and connections. The work ensures that we connect with communities, especially those who are often not well heard and unrepresented with the most areas of unmet need and at the highest risk of worse outcomes.

The Place based JSNA aim is to better reach, engage and understand need in local communities which includes partnership working with experts with lived experience in specific place plan communities who are experiencing increased risk and health inequalities. This helps build trust and strengthen relationships and links in missing services to deliver targeted improvements to services in order to improve opportunities for increasing the health and wellbeing of all Shropshire residents.

Place plan partnerships utilise the strengths, capacity, and knowledge of all the partners involved, to develop actions and possible solutions. Our [Place Based JSNA web pages](#) demonstrate the local area profile with a data pack and emerging action plans for each area. The strength of this work is the recognition across the local authority and partner organisations that improving population health and reducing inequalities requires a combined effort across organisations and importantly with local people.

Each completed Place Based JSNA has triggered an action plan and activity to improve integration, partnership working and support for local people. The result of this work has included:

- The development of a Community Health and Wellbeing Hub in one of our most deprived communities, ensuring the sustainability of GP and broader health and wellbeing services to more than 5000 people. **Case study one.**
- The development of holistic Family and Community Hubs in partnership with Early Help, Adult Social Care, Primary Care Networks and Voluntary & Community Sector.
- Additional activities for children and young people in our most deprived areas. [See Place Based JSNA Action Plans](#)
- Work with our Muslim community and a local town council to develop an appropriate multi-cultural burial site.
- Project work to tackle smoking in pregnancy in our community with a 14% smoking at delivery rate.
- Better partnership working with NHS and Voluntary and Community Sector colleagues.
- Ludlow Community and Family Hub – **Case Study two**

- New Health and Wellbeing Group managed by the Oswestry Town Council, taking forward actions such as smoking in pregnancy, development of community hubs and more (**see Oswestry Action Plan**).
- Working with the Town Council in Whitchurch to develop social media communication on accessing pharmacy this winter.
- Support with data for the development of multidisciplinary teams working in Bishop's Castle.
- Support for the investment and development of community and family hubs in North Shrewsbury, including family stay and play, baby weighing, and investment in youth activities.

### 3.3 Case study one: Highley

In 2022 Highley, a small community in Southeast Shropshire, was the first area to test out our Place Plan JSNA approach. The approach has triggered a significant amount of partnership activity and improvement to services in Highley.

The combination of the JSNA, patient surveys and public meeting feedback highlighted local need ([Highley is the most effected Place Plan area in Shropshire by the Cost of Living Crisis](#)), and the importance of health and wellbeing within the Highley population.

The community was particularly concerned about the quality and availability of primary care services in the community.

From the perspective of the community, broader services, the GPs and Southeast Shropshire Primary Care Network, the development of a Health and Wellbeing Centre within a community facility at the heart of Highley, will address inequalities and wider needs.

The JSNA highlighted that these needs include children and young people (CYP) activities and mental health, adult mental health, maternal health and post-natal care, physiotherapy as well as more 'routine' GP services such as phlebotomy and wound care. These areas can be addressed through the GP service as well as through services provided by the Southeast Shropshire Primary Care Network and partner organisations, also providing a strong link to the broader community offer.

To respond to the JSNA a project group including the Primary Care Network (PCN) Clinical Director for the SE of Shropshire, the Shropshire, Telford & Wrekin Integrated Care Board (ICB), Halo Leisure (who operate Severn centre), the Highley Parish Council, Shropshire Council (including Public Health, Leisure, Children's Services), and Energize have been working collaboratively to develop a health and wellbeing hub with complimentary services in Highley. Working together, the following has happened:

- Recommissioning of GP services for Highley and surrounds
- Successful applications from 4 funding strands to retrofit the Highley Severn Centre to house the GP practice and create a Health and Wellbeing Centre
- Funding and implementation of additional activities for CYP
- Activity and organisation marketplace at the leisure centre
- Early Help development

### 3.4 Ludlow Community and Family Hub – Case Study two

Shropshire Public Health is leading an Integration Transformation Programme, and this programme is one way in which we will move towards achieving our aspirations for Shropshire residents living their best lives.

This exciting programme has begun to rollout across the county based on assessment of need and currently we have 4 integrated teams in operation, which have all been informed by the JSNA. The integrated teams consist of practitioners from right across the early help system for both children and adults with a focus on early intervention and prevention.

The team being developed in Ludlow builds on the experience and success of previous teams, and the introduction of the information from the Place Based JSNA, and therefore, we have been able to mobilise very quickly with both system partners and the community. Building on the JSNA, we have worked very closely with partners and the community leading us to co-design and develop a family and community wellbeing hub which will be open to the public from January 2024.

In January 2024, the Youth Centre, which is underutilised will become our first test and learn site for multi-disciplinary hubs in Shropshire, as part of the Shropshire Plan. The Southwest Primary Care Network will move into the Centre in January 2024, alongside CYP Early Help offer (including stay and play sessions, and other offers for CYP and families), Adult Social Care MDTs, and the Ludlow and Area Community Partnership – VCSE organisation. The vision is that by coming together, working in partnership and integrating where possible, we will provide an easy to access support offer for local people.

This work has seen improving outcomes for residents, and the family and community wellbeing hubs will see services and community initiatives being delivered in local towns and villages, with a focus on making it easier for local people to get the right service at the earliest opportunity to prevent escalation of need.

### **3.5 Additional actions that are being developed collaboratively following on from the JSNA in Ludlow:**

- Work with the Town Council to understand availability of burial sites for our Muslim Population (this is also happening in nearby Craven Arms as a result of this engagement work)
- Continued engagement with people and families in the Sandpits area of town (the most deprived area in Ludlow) to agree next steps for improved access to services.
- Evidence and support for the Ludlow Local Cycling and Walking Infrastructure Plan (LCWIP).
- Evidence and support for the development of the Shropshire Council Asset Management Plan for Ludlow.
- Evidence and support the broader Shropshire Council transformation programmes as part of the Shropshire Plan, delivering Healthy People Strategic aim.

The Place Plan data and profiles are supporting the development of integration and transformation work as part of the Shropshire Plan.

### **3.6 “Wave 1” priority Place Plan Areas**

All profiles for Highley, Oswestry, Bishop’s Castle and Whitchurch are now complete following engagement and stakeholder events. These are published on the Council website [JSNA Place Based Profiles](#) Following the local community stakeholder engagement events, an action plan for each area has been produced and are in the process of being implemented in partnership with system partners including community groups. The first and second profiles (Highley and Oswestry) have already been used by system partners to identify and address Health Inequalities in the South-East and North-West of the County.



### **3.7 “Wave 2” Place Plan Areas**

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

The final Ludlow Profile and action plan are currently in production following a community stakeholder event on 24th November 2023. The aim is to publish Ludlow profile and action plan by the beginning of 2024. The production of profiles for Market Drayton, Wem and Albrighton are now underway, with active community engagement to hear the needs of these communities by means of the resident survey and targeted events. The stakeholder events will be held in the new year. In early 2024 the production of Church Stretton, Craven Arms, Cleobury Mortimer and Bridgnorth (TBC) profiles will commence.

Our ambition is to publish all 18 Place Plan Area profiles by Autumn 2024. This work is supporting the development of Community and Family Hubs, Local Care, and transformation plans across the Local Authority and partners. More work is needed to embed evaluation and data collection across service and transformation development.

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

### **3.8 Web-Based Needs Assessment**

Substantial content has been added to WBNA. As well as the overview of key demographic data for Shropshire overall and (where available) its communities, several sections have been added taking a life-course approach focusing on particular cohorts and wider determinants of health. To date the following sections have been added:

- People – population, ethnicity, life expectancy and population density.
- Starting Right - conception, perinatal measures, and family environment/vulnerability at birth
- School Years - educational attainment, provision, SEND, FSM
- Adult Wellbeing - currently predominantly behavioural measures; obesity, physical activity, drug and alcohol
- Ageing Well – Health checks, outcomes associated with older populations
- IMD – Deprivation indices
- Employment and Economy – Activity, occupations, qualifications, business health, earnings.
- Quality of Life – Crime, measures of social fabric communities, franchise etc.

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

Further content and narrative sections are in the progress of being added, including updating data using the 2021 Census. Subsequent to these reports being developed and signed-off, the dashboard will be implemented into the Shropshire Council public facing webpage in a similar way to how traditional static reports have been published. This new way of presenting information will allow audience to explore and appropriate the information for their own uses beyond what traditional reporting allows. In addition, as part of developing these tools many of the underlying data retrieving has been automated, with the intention that the data that audience access in the web-based needs assessment is always the latest available independent of any need for manual updating.

### 3.9 Thematic Joint Strategic Needs Assessments

#### Pharmaceutical Needs Assessment (PNA)

The final PNA was published on 1<sup>st</sup> October 2022. Any substantial changes to the provision or need for pharmacy services will be brought to the Board and supplementary publications to reflect said changes considered.

#### Other ongoing and significant workstreams in the coming period

- Annual Public Health Report (APHR)- draft under review
- Children and Young People Needs Assessment (0-19s)- the survey and themes have been agreed and work has now resumed, with the aim to publish the 0-4s Early Years chapter by March 2023.

#### Summary of key milestones completed and forthcoming in Public Health Intelligence

October 2022 – Publication of Pharmaceutical Needs Assessment.

October 2022 – Profiling to support Dental Programme Targeting.

October 2022 – Alignment of WBNA and PBNA through initial high-level profile for Highley Place Plan

November 2022 – Refinement and initial publication of Web-Based Needs Assessment tool.

December 2022 – First stages of APHR initial development.

January 2023- Planning and commencement of the Comprehensive Children and Young’s People’s Needs Assessment

February 2023 – Autism strategy evidence review.

May 2023 - Publication of the Drug and Alcohol Needs Assessment

[Drug and Alcohol Needs Assessment \(shropshire.gov.uk\)](https://www.shropshire.gov.uk)

Summer 2023 - Ongoing refinement, data acquisition and analysis in relation to Place Plan indices for Place-Based Needs Assessments.

August 2024 – Publication of the Comprehensive Children and Young’s People’s Needs Assessment

Autumn 2024- Completion of all 18 Place Plan Area Profiles

#### Risk assessment and opportunities appraisal

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

A single, coordinated approach continues to be supported in the development of place-based profiles and needs assessments which in turn support place-based working. This will take time to develop and is intrinsically linked to the refresh of the HWB Strategy.

Therefore, this report seeks agreement to the approach and ongoing work programme in terms of the development of a coordinated evidence base for the whole system, delivered under the JSNA umbrella.

#### Financial implications

(Any financial implications of note)

No financial implications

#### Climate Change Appraisal as applicable

#### 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)**

**Place Plan JSNA's can be found on**

[Place-based Joint Strategic Needs Assessment | Shropshire Council](#)

**Cabinet Member (Portfolio Holder)** Portfolio holders can be found [here](#) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health & Communities

Rachel Robinson – Executive Director, Health, Wellbeing and Prevention

**Appendices**

(Please include as appropriate)

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	<b>18<sup>th</sup> January 2024</b>			
<b>Title of report</b>	<b>Health Protection Update</b>			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	Approval of recommendations (With discussion by exception)	<input checked="" type="checkbox"/>	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Dr Susan Lloyd, Consultant in Public Health <a href="mailto:Susan.Lloyd@shropshire.gov.uk">Susan.Lloyd@shropshire.gov.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	Children & Young People		Joined up working	<input checked="" type="checkbox"/>
	Mental Health		Improving Population Health	<input checked="" type="checkbox"/>
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	<input checked="" type="checkbox"/>
	Workforce		Reduce inequalities (see below)	<input checked="" type="checkbox"/>
<b>What inequalities does this report address?</b>	Health Inequalities specific to screening and vaccination.			

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

- Executive Summary**

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

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

- Recommendations (Not required for 'information only' reports)**

- Report**

**Part One**

- Overview of health protection data and summary of risks**

**1.1 - Immunisation Cover Shropshire**

- Immunisations Childhood.**

There is continued local push on Measles, Mumps and Rubella (MMR). GPs are being reminded to ensure current vaccine and dates are being recorded and to provide opportunistic vaccinations to individuals who have not received 2 doses of MMR.

All age groups are being encouraged to ensure that they have received 2 doses of MMR. Communications have gone out through organisational staff newsletters and websites and through social media for the general public. Further information is provided below.

- Immunisations Adolescent –.** The HPV vaccine is changing to one dose for eligible adolescents. Those that have already received one dose eligible academic year 2022 to 2023, will be considered vaccinated.

### **Autumn/Winter COVID-19 Vaccination Campaign**

- Care Homes were fully vaccinated for COVID-19 as of the end of October '23, Shropshire, Telford & Wrekin are the third best performing system in the country and performing well.
- Overall, 120,000 completed vaccinations on 1<sup>st</sup> December 2023. The national booking service programme ceased in mid-December 2023, walk ins will continue.
- Looking to improve uptake in known low uptake areas and particular cohorts.
- Target was 140,000. This will not be hit by the end of December but expect to get there by end of January. There appears to be vaccine apathy and a lack of urgency from the public on getting vaccinated.
- The Spring campaign will be subject to JCE guidance, care home, immune-suppressed, go live from April 2024 for 12 weeks, so almost identical to previous campaign. Funding to be confirmed, but there is a risk of provision to administer vaccinations if funding drops below current rate.

### **1.2 - Screening uptake Shropshire**

- Breast – breast screening service had difficulty recovery following the pandemic, particularly with staffing. Recovery is back on track and in a stable position. Ongoing work between service, local authority and other system partners.
- Bowel – Bowel screening had extended down to the age of 50, but the STW service were unable to extend on their 12-month deadline due to colonoscopy capacity. However, they are back to full invite rates and in a good position. The service cannot rely on the independent sector. Working with different colleagues and the system will be a focus. The service is looking at ways in which to build resilience and are training their own colonoscopists.

### **1.3 - Communicable disease**

- Flu – Indicators of Influenza A and Influenza B are low across the Midlands, but these will continue to be monitored as we progress through the winter season. Seasonal flu contract has now been finalised and due to be implemented in the near future.
- Covid - recorded cases are decreasing in Shropshire due to limited testing. Outbreaks are still occurring in care homes and are being risk managed.
- Tuberculosis - tuberculosis is the focus for review in-line with the Shropshire Health Protection Strategy 2023 further detail is provided below.
- Monkeypox cases nationally remain very low, but we are not complacent. There are currently no local implications. The JCVI has issued advice for these at highest risk [JCVI has issued advice to government on a routine vaccination programme against mpox](#)
- Group A Streptococcus - Group A Streptococcus (GAS) is a bacterium which can colonise the throat and skin. Since the last report the number of GAS and IGAS notified continues to be low.
- Avian Flu - The recent update from UKHSA and APHA. As of 06 November 23, H5N1 has been detected in one premises across the UK (0 in England) since 01 October 23, and in 8 wild birds across 8 locations in the UK – mainly in coastal locations. Wild bird risk level has been reduced from high (occurs often) to medium (occurs regularly). There remains considerable uncertainty due to the continued inward migration of wild birds. Strict approach is still being applied to humans. The current level of risk remains at Level 3. An Avian Influenza pathway for swabbing and prophylaxis for outbreaks has been approved by the ICB. The gap due to testing of symptomatic individuals has been added.
- Foodborne and waterborne disease – Campylobacter - numbers remain largest reported and most common foodborne bacteria.
- Other foodborne and waterborne - case numbers have increased slightly. Since the start of 2023, 8 cases of E Coli 0157 have been reported.
- Norovirus - Nationally cases are increasing, and we continue to see local outbreaks of suspected Norovirus both within care settings and the community.

## Part Two

- **Health Protection Developments relevant to the system**

### 2.1 – Measles

To mitigate against the impact of Measles in Shropshire, **STW** partners (Shropshire, Telford & Wrekin Council, ICB) are working jointly with **UKHSA** to ensure a pathway is in place to protect vulnerable individuals who are unvaccinated or under vaccinated, a vaccine catch up programme is also in place. Staff who have not been vaccinated are also being followed up on and offered.

**Prevention** is via vaccination. We know that individuals who are unvaccinated or incompletely vaccinated are at increased risk of contracting Measles if they come into contact with a case. In addition to this, they are also at an increased risk of having a severe illness as a result of the infection, particularly if they are young children.

Health and Wellbeing partners can support **prevention** by:

- **Communication:** Communicate externally and internally to increase uptake in vaccination. Externally to at risk groups e.g., children and unvaccinated individuals; internally, to at risk group e.g., unvaccinated staff.
- **MMR Vaccination catch-up programmes:** Support via School Aged Immunisation Service (SAIS) Support staff who are unvaccinated or who are under vaccinated to go for a Measles vaccine.
  - To mitigate against the impact of Measles in Shropshire, STW partners (Shropshire, Telford & Wrekin Council, ICB) are working jointly with **UKHSA** to ensure a pathway is in place to protect vulnerable individuals who are unvaccinated or under vaccinated, a vaccine catch up programme is also in place. Staff who have not been vaccinated are also being followed up on and offered.
- **Contain** is the process of containing a case or outbreak if one occurs in the community or in the NHS in Shropshire. In the community **UKHSA** will manage the case or outbreak and the **NHS** will manage internally.

Health and Wellbeing partners can support **contain** by:

- **Resources:** Both the **NHS** and **UKHSA** will require the use of manpower to support the Measles pathway particularly contact tracing including identification and treatment of un/under vaccinated individuals.
- **Infection Control:** All individuals who deal with a suspected case will need to awareness of the need to isolate the individual before examination. Also, that FFP3 masks and additional PPE should be work during examination.

The person who has a suspected Measles infection will need to exclude themselves until 4 days after the rash subsides. Vulnerable and immunocompromised contacts of a suspected case will require urgent post exposure prophylaxis (**PEP**). Within 6 days of exposure to measles and post risk assessment immunocompromised individuals, pregnant women and other vulnerable individuals including babies will require immunoglobulin. A pathway for administration has been written locally and is held by the Rapid Response to Infectious Diseases participants and shared with the NHS and Local Authority partners.

Measles is a notifiable disease and all suspected cases (included those seen by medical practitioners other than doctors e.g., nurse practitioners) should be reported urgently (by phone) to the local **UKHSA Health Protection Team** (<https://www.gov.uk/guidance/contacts-phe-health-protection-teams>). There is no need to wait for a result - **UKHSA** can support clinicians with a risk assessment.

## General Information

- <https://www.nhs.uk/conditions/measles/>
- **UKHSA** Guidance
  - <https://www.gov.uk/government/collections/measles-guidance-data-and-analysis>
- **ECDC**
  - <https://www.ecdc.europa.eu/en/measles>
- **WHO**
  - <https://www.who.int/health-topics/measles>

### 2.2 Tuberculosis

Discussions are ongoing to address the provision of TB services in Shropshire, Telford and Wrekin (STW) including a focus on migrant population. A network meeting STW, will be followed by a separate meeting to discuss TB service specification. Ongoing monitoring and review is now a standing item on the **HPQA** Board Agenda.

### 2.3 C. Difficile

C. Difficile has seen a sharp increase in most hospital systems across the county, due to the ongoing pressures within emergency care as reported in the media.

Outbreaks are being contained, and deep cleans are being completed when/where possible. A more joined up approach has come about as a result of these challenges, and the situation remains under control.

### 2.4 Health Protection Strategy (Annual Report)

The annual report for the Health Protection Strategy was presented to the **HPQA** Board in early December 2023. One of the key actions from this review was a cross-organisation (**SATH, UKHSA, Shropshire, Telford & Wrekin Councils**) progress checking system to be developed and implemented in the new year as a whole system approach for reviewing strategy progress. This remains a focus for implementation in early 2024.

It was agreed at the board that the report would move to a more in depth and major review every 3-5 years, rather than yearly, as well as this live system being implemented for all partners to see as/when needed.

### 2.5 Communications to the wider public

A press release, alongside national/regional communications have gone out to encourage residents to attend the most appropriate care setting for their issues in order to relieve pressure on the system. [Think which service? - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://www.shropshiretelfordandwrekin.nhs.uk)

<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)		
<b>Financial implications</b> (Any financial implications of note)	There are no financial implications	
<b>Climate Change Appraisal as applicable</b>		
<b>Where else has the paper been presented?</b>	System Partnership Boards	
	Voluntary Sector	
	Other	Health Protection Quality Assurance Board ( <i>HPQA</i> )



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

**Cabinet Member (Portfolio Holder)** Portfolio holders can be found [here](#) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Cllr Cecilia Motley – *Portfolio Holder for Adult Social Care, Public Health & Communities*  
Rachel Robinson – *Executive Director, Health, Wellbeing and Prevention*

**Appendices**

(Please include as appropriate)

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	18 <sup>th</sup> January 2024		
<b>Title of report</b>	Drug and Alcohol Strategic Programme Update		
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	Approval of recommendations (With discussion by exception)	x Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Gordon Kochane <a href="mailto:Gordon.kochane@shropshire.gov.uk">Gordon.kochane@shropshire.gov.uk</a> Public Health Consultant, Inclusion & Vulnerable People Paula Mawson <a href="mailto:Paula.Mawson@shropshire.gov.uk">Paula.Mawson@shropshire.gov.uk</a> Assistant Director, Integration & Healthy Population		
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	Children & Young People		Joined up working
	Mental Health		Improving Population Health <span style="float: right;">x</span>
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities <span style="float: right;">x</span>
	Workforce		Reduce inequalities (see below) <span style="float: right;">x</span>
<b>What inequalities does this report address?</b>	Tackles inequalities faced by vulnerable citizens who suffer from drug and alcohol dependency.		

**Report 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. This includes updates for:

- SSCP Tackling Drugs and Alcohol Misuse Partnership Strategic Action Plan
- The RESET project
- Improving outcomes for people with co-occurring needs
- Drug and Alcohol Death Review panels
- Drug Information System and Professional Information Network
- Drug and Alcohol Strategy
- Locally commissioned drug and alcohol service developments

### 2. Report Recommendations

Health and Wellbeing Board is recommended to:

- Note the updates regarding the substance misuse operational workstreams
- Review the attached draft Tackling Drugs and Alcohol Misuse Strategic Action Plan and to feedback comments
- Provide support, suggestions and challenge to programme plans as presented to the Board.

### 3. Main Report

#### Tackling Drugs and Alcohol Misuse Strategic Action Plan

The multi-agency Tackling Drugs and Alcohol Misuse Partnership Strategic Action Plan is currently being updated to align partner work programmes with local priorities identified from the substance misuse JSNA, ambitions within the Drug and Alcohol Strategy and wider regional and national outcomes and themes. It is delivered through the Shropshire Safeguarding Community Partnership priority group for Tackling Drugs and Alcohol.

The Strategic Action Plan structure is being developed based on the three key themes linked to the national strategy (From harm to hope: A 10-year drugs plan to cut crime and save lives) along with reference to the outcomes and metrics in the National Combating Drugs Outcomes Framework.

A draft copy of the Action Plan is attached to this paper for the Board's review and feedback prior to finalisation. The outcomes of the Strategic Action Plan are to:

1. Reduce drug use and the supply of drugs in Shropshire
2. Reduce drug related crime (including re-offending), drug offences and related violence
3. Reduce drug related harms and deaths
4. Increase engagement in drug and alcohol treatments
5. Improve drug recovery outcomes including long-term recovery
6. Prevent demand for drugs by children, young people & young adults to achieve a generational shift
7. Embed lived experience within the design, delivery and evaluation of the Action Plan

As a summary, the Plan includes themes around:

- **Breaking the drug supply chains** via
  - Measures to reduce drug use - including opiates and crack, alcohol dependency, supporting rough sleepers and homeless people with a drug dependency need and children & young people with drugs as an assessed factor
  - Reduced drug related crime - including links to drug related homicide, neighbourhood crime, trafficking and possession and drug related violence.
  - Reduced drug supply - through enhanced intelligence linked to County lines, measures to disrupt organised crime and enhancing intelligence to support drug seizures
- **Deliver a world class treatment and recovery system** via
  - Increased engagement in treatment – through reduced waiting times, inclusion of people with lived experience in development and implementation of the plan, enhancing links between substance misuse services and community teams as well as wider determinant risk offers (such as welfare support), further development of outreach support services, continuity of care for those linked to criminal justice and ensuring continued support from custody to community
  - Improved recovery outcomes – development of a lived experience forum to support commissioning and planning of services, improved joint working protocols to better safeguard individuals at high risk and with complex care needs, enhancing links with physical health support, measures to increase number of people completing treatment successfully and not re-presenting and increasing number of people diagnosed with Hepatitis C accessing treatment, programmes to promote stable accommodation to facilitate successful treatment, stronger links with employment and individual placement and support (IPS) and programmes to support young people to stop or reduce substance misuse
  - Reduced drug related deaths and harm – through utilisation of multi-agency learning from deaths and near miss overdose, embedding of a local drug information system (LDIS) and professional information network (PIN), enhancing pathways between acute settings and substance misuse treatment
- **Achieve a generational shift in demand for drugs** via
  - School based prevention – including design and implementation of a drug and alcohol toolkit to safeguard CYP from exploitation through multi-agency working and health awareness campaigns to raise awareness of drug/alcohol harms and promote healthy lifestyle choices
  - Support for young people and families most at risk – enhanced co-ordination of support for carers, promotion of early identification of harm risk related to drug/alcohol use, targeted support, exploration of dedicated training to support families and workforce education (particularly in community hubs and Early Help services) to increase knowledge and understanding of substance misuse and family impact.

To support monitoring of the impact of the drug and alcohol strategic plan a data dashboard is being developed which will align with the national drug strategy outcome's framework indicators for the drug strategy delivery. This data set will be reviewed at the bi-monthly partnership meetings and the key performance measures will be reported on as part of future updates to this board.

[Drugs strategy national outcomes framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-national-outcomes-framework)

Collectively the strategic action plan and the data dashboard will ensure that the recommendations of the drug and alcohol needs assessment completed in 2022 are achieved (link available below).

[Drugs and alcohol | Shropshire Council](#)

### **Supplemental Substance Misuse Drug and Alcohol Grant**

In line with delivery of the national drug strategy, public health services have received an additional allocation of ring-fenced funding to improve the drug and alcohol treatment and recovery services in their area. The current allocation has enabled us to fund a criminal justice team to improve referrals and treatment diversion for individuals in the criminal justice system. Discussions are now ongoing in relation to the next round of funding with draft plans to be submitted to OHID (Office of Health Improvement & Disparities) for approval in readiness for delivery during the 2024-25 financial year.

### **Regional Combating Drugs Partnership**

In addition to the Shropshire Tackling Drugs and Alcohol Misuse programme of work, the West Mercia Combating Drugs Partnership (CDP) is developing a regional delivery plan to drive local activity that aligns with the national outcomes' framework. The Shropshire priorities identified within the Tackling Drugs and Alcohol Misuse Strategic Action Plan will be fed into this group.

We recognise opportunities of the CDP to support with addressing wider challenges such as access to wider data sets (including from the Ambulance Service and Emergency Departments) to guide planning and review progress as well as working broader to address shared challenges.

### **RESET**

The RESET programme was launched in 2023 following a successful bid for funding via the Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG) to improve outcomes for rough sleepers and those at risk of rough sleeping with focus on a MDT approach to substance misuse, mental health, domestic abuse, housing support and adult social care. Rough sleeping is increasing at a national level, and this is being seen locally in Shropshire also, with many rough sleepers have a range of complex needs.

The team is made up of Shropshire Council, With You at Shropshire Recovery Partnership, Midlands Partnership Foundation University Trust, Shropshire Domestic Abuse Service, the Shrewsbury Ark and Intuitive Thinking Skills. The programme provides opportunities to improve access into treatment services for rough sleepers which otherwise can often be complicated by changes in their personal circumstances.

There have been 71 referrals into RESET between 1<sup>st</sup> April 2023 and 30<sup>th</sup> September 2023 with the majority accessing via substance misuse services and self-referral. The peak age range of RESET clients during 2023 is 30-34 years followed by 40-44 years.

Examples of impact to date include:

- Case Study 1: The person came to Shrewsbury a year ago and was living on the streets throughout that time whilst using crack and heroin. The person had limited contact with their daughter and parents had lost hope. They joined RESET in 2023 and everything changed, with the person accessing a methadone script and shortly was able to access buvidal injection to treat dependence for opioids. The person felt supported by the RESET team who were in constant contact and now has a roof over their head. They feel better, happier in

themselves and hoping to get their own place, a job and car. They now have a great relationship with their daughter and parents.

- Case Study 2: The person reported the RESET team helped get them off the streets into temporary accommodation and helped with mental health needs. The RESET team were always there when the person needed to talk and came to check on them when not seen for a few days. The RESET teams were always asking around to get proper accommodation and helped the person when they got a job, including access to a bike (along with funding to cover cost of a bike safety servicing) so the person did not have to walk 2 miles to work and back.

A learning event for RESET stakeholders is being organised for early 2024 to review the first year of operations and agree plans to progress delivery for 2024/25.

### **Improving care and outcomes for people with co-occurring needs**

It is very common for people to experience problems with their alcohol / drug use and mental health (co-occurring conditions) at the same time. Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol users (86%) receiving community substance misuse treatment. However, research indicates that people with co-occurring needs can find it difficult to receive the right care at the right time. Death by suicide is also common, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems (Public Health England, 2017). It is also common for domestic abuse, both as victims and perpetrators, to be an additional issue impacting on people's lives. To respond to this a Task Finish group has been established, led by Public Health, with representatives of substance misuse, mental health and domestic abuse providers to further enhance joint working between these providers to ensure clients receive the best possible care and outcomes. The Task Finish Group is currently reviewing evidence of good practice and guidance regionally and nationally to inform the development of joint working protocols between providers that will build on the good practice that is in place locally.

Ensuring the physical health needs and inequalities for people with drug and alcohol issues are addressed is a further area of focus for 2024-25. Discussions are ongoing with ICB colleagues and with Shrewsbury and Telford Hospitals NHS Trust to agree key actions to be moved forward as part of the strategic action plan.

### **Drug and Alcohol Death Review Panel**

A new drug and alcohol deaths review panel has been established to thematically review recent deaths and identify learning and recommendations for system improvements, to mitigate similar risks occurring in the future. The first test and learn panel was held in November 2023 and included partners who had signed and returned an ISA for data sharing. Further panels will be held bi-monthly until end of financial year to allow the panel to refine and adapt the process before plans to move to a quarterly panel in 2024/25.

The intention will be for the Panel process and identification of cases will be supported through the investment in a Real Time Surveillance system for recording drug and alcohol death information and suspected suicide information, which also provides an analytical tool to identify emerging themes and patterns. A new Real Time Surveillance post is being explored to manage this process and who would support DARD and suicide review work across both Shropshire and Telford & Wrekin.

### **Shropshire Drug Information System and Professional Information Network**

In line with the Drug Alerts and Local Drug Information guidance issued by Public Health England (now OHID) in 2016, Shropshire has been reviewing its own system in order to use consistent and efficient processes for sharing and assessing information and issuing warnings (or drug alerts) where needed. This can help to ensure high-quality, effective information rapidly reaches the right people, and subsequently reducing drug related death and harm. All communications are agreed with the police prior to issuing to ensure appropriate join up of messaging.

For example, this channel of communication has been used recently to inform local agencies of the national concerns around synthetic opioids (particularly nitazenes) identified in some supplies of



heroin and illicit tablets nationally, to be aware of potential local risk symptoms and response recommendations (including use of naloxone to temporarily reverse the effects of an opioid overdose). Nitazenes can have a high potency and substantially increase risk of overdose, hospitalisation and death. We have been working with partners to enhance surveillance and testing of samples as well as with our substance misuse provider to support with messaging and advice.

### **Drug and Alcohol Strategy**

It is noted that since the draft version of the Shropshire Drug and Alcohol Strategy was previously developed, a Substance Misuse JSNA has been undertaken and the national Strategy (From harm to hope: a 10-year drug plan to cut crime and save lives) has been published.

As such a refresh of the Shropshire Strategy is planned during 2024/25 which will reflect these priorities and recommendations. The draft of this Strategy will be presented to the Board for endorsement in due course.

### **Locally commissioned drug and alcohol services developments**

Drug and alcohol community treatment and recovery services are delivered across Shropshire by With You, working as part of the Shropshire Recovery Partnership with in-patient detox services, residential-rehab services, GPs, Pharmacies and a range of other services, including voluntary and community services. During the course of 2023, the community drug and alcohol service has particularly worked to:

- set up community hubs to see clients across Shropshire. This has enabled clients to have access to a nurse, prescriber and key worker without having to travel to Shrewsbury, with hubs available in Oswestry, Ludlow, Bridgnorth, Market Drayton and Whitchurch.
- develop integrated working with Enable, to deliver the Individual Placement and Support employment model for people with substance misuse needs. This provision is fully integrated into the core service, and supports clients back into work, available across the services in Shropshire. Additional funding for this provision was provided to Enable a year ahead of schedule by OHID (Office of Health Improvement and Disparities) as part of national roll out of the IPS model for substance misuse inline with the national drug strategy ambitions.
- strengthen the focus on involving people with lived experience with a service user forum established providing clients with opportunities to influence how their service is run.
- enhance the recovery community across Shropshire with three group workers delivering a full timetable of group provision offered across Shropshire. This includes friends and family support groups. Group work includes a focus on wellbeing and developing skills to move forward positively with their lives post treatment, including supporting clients to make stronger connections with their local community and developing links with a wide range of organisations covering a whole range of topics including fishing, cycling, leisure, natural heritage and local allotments. For some clients the focus on recovery has included undertaking training and qualifications which has boosted their confidence and self-belief. Groups are offered in-person and virtual with a mix of times during the day and evenings to maximise access, covering topics such as Smart Recovery, Maintaining Change, Relapse Prevention, Friends and Family Group Art, & Walking amongst others.
- review the distribution and training for Naloxone. This has exceeded set targets and has risen from an average of 15 distributions per month to 80 per month. Partners have also received training on how to give out naloxone with the right advice.
- Achieved stretch targets for successful completions for opiates placing the service within the top quartile regionally.
- Continued to deliver the Young People's service, offering under 18s the space to consider their drug and alcohol use and to get advice, and set goals to reduce or stop. Support is also offered to anyone concerned about another's drug or alcohol use.
- During Quarter 2 of 2023-25, 50 young people were engaged in treatment, with the service achieving 100% attendance rate for appointments, and no waiting list. Cannabis remains the drug of choice for young people.
- Partnership work to ensure our young people are safeguarded from the harms of drug use is continuing to strengthen. This includes joint working with Shrewsbury College's Group where, for example, With You have attended student induction days, and provided training on the

drug and alcohol service for the college's designated safeguarding lead staff. With You also regularly attend the Cleobury Mortimer Family Information Drop-In service. There is a member of the With You team working one day per as part of the Trees Exploitation team. Alcohol use is particularly the significant drug used by young people who present to Emergency Departments across Shropshire.

For information about With You services in Shropshire, please see:

[Shropshire - With You \(wearewithyou.org.uk\)](http://wearewithyou.org.uk)

Telephone 01743 294700

### Hepatitis C micro-elimination

NHS England implemented a national hepatitis C (HCV) elimination programme to eliminate HCV before 2030. HCV is one of the main causes of liver disease in England. In December 2023, our local provider With You reported Shropshire has achieved micro-elimination of the hepatitis C virus. This means:

- 100% of clients in structured treatment have been offered a hepatitis C test
- 100% of those with a history of injecting have been tested
- 90% of current and previous injectors (at risk) have a hepatitis C test date within the last 12 months
- 90% of clients who've tested positive for hepatitis have completed or commenced treatment

Further work is still planned to include monthly Q&A drop-in surgeries for staff and to reach clients in rural locations through outreach programmes as well as continuation of the testing programme to sustain the micro-elimination status and strive towards complete elimination of HCV.

### Inspiring Team Award

The With You Shropshire Drug and Alcohol team have been awarded the Inspiring Team Award from the National With You Recognition Awards – this means they go above and beyond for service users, have increased successful completions and hit targets over the last 3 months. The Awards highlighted the team are open to change and happy to discuss solutions and new ideas, and they are seen as a model of good practice for the With You nationally.

<p><b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>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.</p>	
<p><b>Financial implications</b> (Any financial implications of note)</p>	<p>Current investment in drug and alcohol treatment and recovery services to be maintained. 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 in the system.</p>	
<p><b>Climate Change Appraisal as applicable</b></p>		
<p><b>Where else has the paper been presented?</b></p>	<p>System Partnership Boards</p>	
	<p>Voluntary Sector</p>	
	<p>Other</p>	

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

**Cabinet Member (Portfolio Holder)** Portfolio holders can be found [here](#) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Rachel Robinson – Executive Director, Health, Wellbeing and Prevention

Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health & Communities

**Appendices**

Appendix A - Drug and Alcohol Strategic Plan January 2024

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	18 <sup>th</sup> January 2024			
<b>Title of report</b>	Director of Public Health Annual Report 2022/2023 Rural Health in Shropshire			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	Approval of recommendations (With discussion by exception)	X	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Rachel Robinson <a href="mailto:rachel.robinson@Shropshire.gov.uk">rachel.robinson@Shropshire.gov.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	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
<b>What inequalities does this report address?</b>	The report has rural health and wellbeing inequalities at its core			

### 1. Executive Summary

This report provides a summary of the content of the Director of Public Health’s Annual Report. Directors of Public Health have a statutory duty to write an annual report on the health of their population and the Local Authority a requirement to publish it. The Director of Public Health’s Annual Report is an evidence-based vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services, authorities and communities on health gaps and priorities that need to be addressed.

This year’s report includes: an overview of patterns and variation of health and wellbeing of the Shropshire population, the report then has a focus on rural health and wellbeing in Shropshire and particularly the often-hidden inequalities in rural communities. Over the past three years, I have become increasingly aware that we need to more fully understand impact of living in rural areas on the health and wellbeing of our communities if we are to both embrace the strengths and work with communities to tackle some of the real challenges faced on a daily basis. Finally, the report includes a reflection of progress against previous recommendations and throughout emphasizes the continued shared responsibility partners, communities and individuals play in improving outcomes for residents.

### 2. Recommendations

That Board members read this report and support the recommendations which require a concerted joint effort if they are to be achieved to help improve the health and wellbeing of Shropshire people, particularly those living in more rural areas.

### 3. Report

This report represents my third annual report since becoming Shropshire’s Director of Public Health in 2019. Public Health, working with partners and residents continue to strive towards the ambition articulated in the County’s Motto Floreat Salopia or “May Shropshire Flourish”, that is to achieve improved health and wellbeing for all. This report is set against another challenging 18 months as we emerged from the COVID pandemic into a Cost-of-Living Crisis, alongside ongoing health and care challenges and pressures and yet, progress continues to be achieved.

This report firstly describes the current Patterns of Health and Wellbeing across Shropshire in Chapter one and the priorities for 2023 and beyond. It shows improved and/or positive outcomes in areas such as early preventative mortality and health life expectancy in females, screening and immunisations overall, However, within Shropshire emergency admissions for under 4's remains significantly high, as does excess mortality in those with a serious mental illness. Smoking and alcohol use are leading to significantly high levels of hospital admissions compared to the England average and dementia diagnosis remains lower than national rates. There are areas highlighted also that we will need to continue monitor closely during the next 12 months including obesity, infant mortality and suicide. It is worth noting that considerable variation and inequalities of outcomes persist, including across our 18 place plan areas and within our most vulnerable groups.

Chapter Two, highlights some of the specific strengths and challenges posed by living in one of England's most rural Counties. While recognising the positive opportunities and outcomes from rural living, this section will provide more information about the drivers behind rural inequalities and exclusion which are often more hidden for Shropshire including a focus on employment, housing and fuel poverty, transport and access exclusion, digital exclusion, mental health and wellbeing and rural communities as well as reviewing the impact of the cost of living. Each section highlights the challenges, opportunities, and current/future actions.

Chapter 3 provides an update on the previous recommendations and continued progress to address health and wellbeing concerns with key services collectively. Finally, during 2022 England celebrated 175 years since the first Directors of Public Health came into post and so at the beginning of the report, we have taken the opportunity to review the first "DPH" annual report for the County and draw together experiences of our current Public Health professionals.

The report concludes with five key recommendations:

**Recommendation 1 – Rural Proofing**

That all partners take account of and assess the Governments rural guidance for policy makers and analysts of the effects of policies on rural areas.

**Recommendation 2 - Prioritise and develop community-based interventions**

That all statutory partners with health and wellbeing responsibilities, recognise the essential role communities play in delivering improved outcomes across Shropshire and specifically in our rural population. That partners develop a co-ordinated, comprehensive, asset-based and sustainable/resilient approach to wellbeing in our communities, ensuring the voluntary sector is central to this approach. Continuing to develop and mainstream effective tailored interventions to meet the needs of our more rural population including social prescribing, shaping places and farming health checks.

**Recommendation 3 - Place Based/Neighbourhood Working**

Given the variety and variation of villages, hamlets and towns across Shropshire, partners renew their commitment to Local Place Plan/Neighbourhood Based Working, to improve health and wellbeing. That HWBB partners promote and engage with Local Government assets such as housing and infrastructure to develop a healthy places approach.

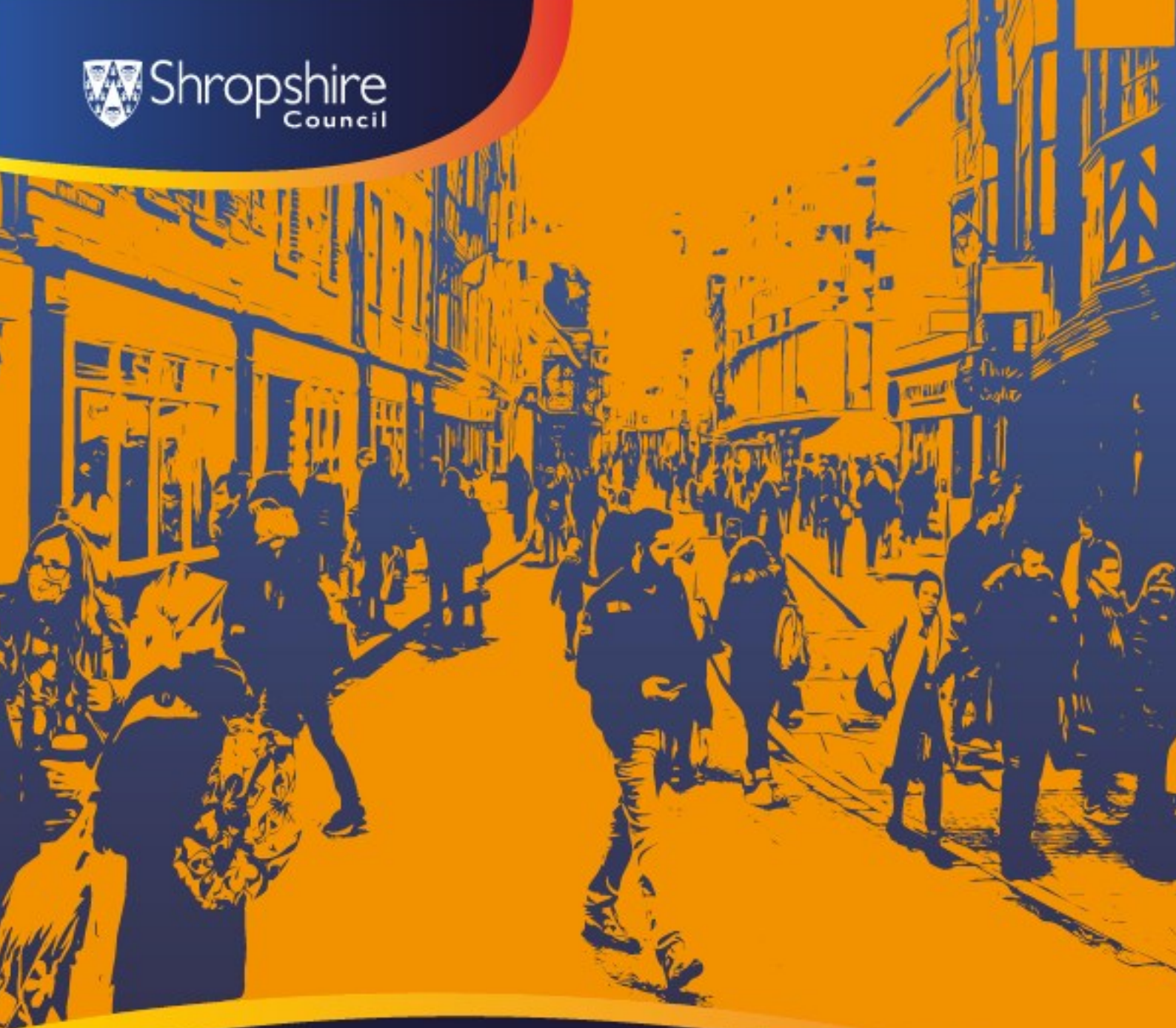
**Recommendation 4 – Intelligence Led**

Improving the evidence base to understand and monitor rural outcomes is essential to underpin all our decision making across HWBB partners. This includes the continued role out and use of the Joint Strategic Needs Assessment (JSNA) by all partners as the foundation of that evidence base. In addition, where gaps in the evidence around rural outcomes exist, these should seek to be plugged locally and nationally with the development of more rural sensitive data sets and measures enabling assessment of access rates and consider using rural data into our monitoring dashboards for parity with more urban metrics.

<b>Recommendation 5: Infrastructure solutions</b>	
Continue to recognise and support the transport and infrastructure challenges in rural areas and develop innovative solutions to address these needs. To continue to focus on reducing digital exclusion through strong plans and strategies that build up the infrastructure and respond to the challenges of digital connectivity through digital solutions that work in more excluded areas such as low bandwidth solutions.	
<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	The Annual Report seeks to address inequalities and rural inequalities in Shropshire. It challenges all our partners to take a Person-Centred approach when working with Shropshire people and highlights the need to come together and work collaboratively to reduce inequalities and improve outcomes for local people.
<b>Financial implications</b> (Any financial implications of note)	None directly associated with this paper.
<b>Climate Change Appraisal as applicable</b>	None directly associated with this paper
<b>Where else has the paper been presented?</b>	System Partnership Boards
	Voluntary Sector
	Other
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<b>Appendices</b> Appendix A – Director of Public Health Annual Report 2022/2023	



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*“Floreat Salopia” – May Shropshire Flourish*

# Director of Public Health Shropshire

## Annual Report 2022 / 2023

Marking 175 Years of Public Health

### Rural Health in Shropshire

## Contents:

<b>Foreword</b> (including 175 Years of Public Health)	<b>3-5</b>
Section 1: <b>Patterns of Health &amp; Wellbeing across Shropshire</b>	<b>6-9</b>
Section 2: <b>Rural Health in Shropshire</b>	<b>10-20</b>
Section 3: <b>Previous Recommendations Progress Review</b>	<b>22-29</b>
<b>Conclusions and Recommendations</b>	<b>30</b>

## Acknowledgements:

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With thanks to: Nat Stevenson (Shropshire Archives)

Designed by: David Hall Salter, Shropshire Council's Communications Team

Data sources: This report utilises the most recently available published information from a variety of data sources. If you would like this information in a different format, please contact 0345 678 9000

Published December 2023

## Foreword

I am very pleased to share with you, this my third annual report since becoming Shropshire's Director of Public Health in 2019.

Public Health, working with partners and residents continue to strive towards the ambition articulated in the County's Motto *Floreat Salopia* or "May Shropshire Flourish", that is to achieve improved health and wellbeing for all. This report is set against another challenging 2 years as we emerged from the COVID pandemic into a Cost-of-Living Crisis, alongside ongoing health and care challenges and pressures and yet, progress continues to be achieved.

My Annual Report provides a vehicle for informing people about the health and wellbeing of our communities as well as providing information for local and national decision makers on health gaps and priorities that still need to be addressed. The report highlights specific achievements and challenges, while making recommendations for how these can be tackled. The report also provides us an opportunity to pause and reflect on the changes and improvements that can be made when we work collaboratively.

This report firstly describes the current Patterns of Health and Wellbeing across Shropshire in chapter one and the priorities for 2023 and beyond. Chapter two, highlights some of the specific strengths and challenges posed by living in one of England's most rural Counties. Chapter three provides an update on the previous recommendations and continued progress to address health and wellbeing concerns with key services collectively. Finally, during 2022 England celebrated 175 years since the first Directors of Public Health came into post and so at the beginning of the report, we have taken the opportunity to review the first "DPH" annual report for the County and draw together experiences of our current public health professionals.

I hope you enjoy reading this report.

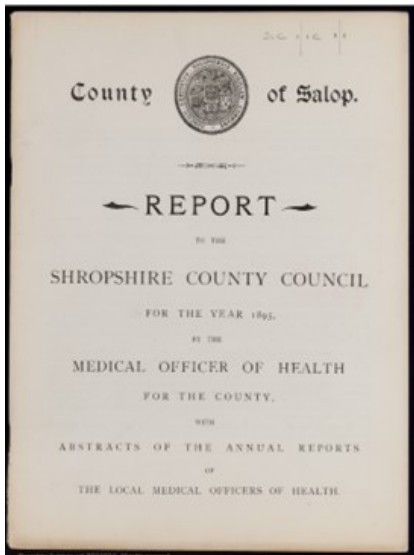
**Rachel Robinson,**

Executive Director of Health, Wellbeing and Prevention  
(Director of Public Health for Shropshire)

# 175 years of public health in Shropshire – Salop

The history public health is built on a long tradition of innovation, compassion, curiosity and the relentless push for progress with the aim of improving the public’s health and wellbeing. In 2022 we celebrated the achievements of Public Health, marking 175 years since the first Directors of Public Health came into post. It started in 1847, when Liverpool became the first city in the world to appoint an Officer of Health; Dr William Henry Duncan.

*“Duncan challenged the commonly held conception that it was the fault of the poor themselves that they became ill; he viewed social poverty as the cause, not individuals, and looked into things like improving sanitation and housing to help improve people’s health”.*



## Public Health in Shropshire in 1895

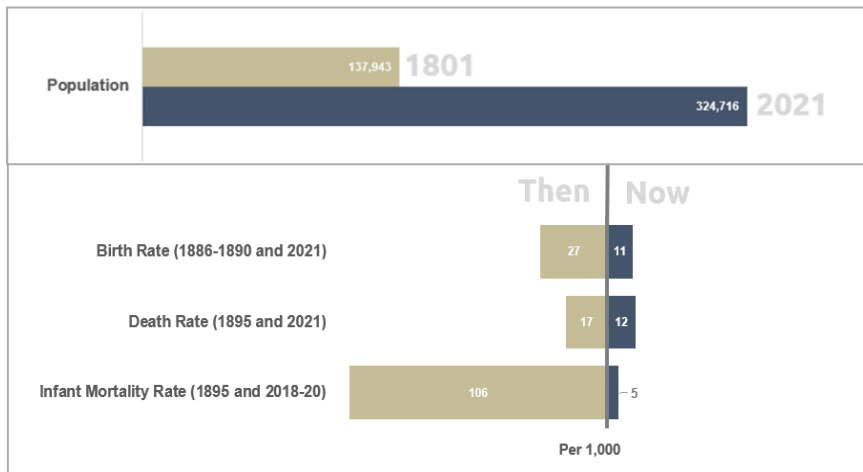
To mark the 175th anniversary of the first Medical Officer of Health (now known as a Director of Public Health - DPH), we reviewed the first “DPH” annual report for the County and drew together experiences of our public health team. Some of those reflections are shared with you below.

In 1895 in the County of Salop, WN Thursfield MD, published the first annual report for Shropshire County Council of the Medical Officer for Health.

Improving health in Victorian times concentrated on developments in sanitation, living and working conditions, and tackling infectious diseases. While the scale of some of the above challenges may have changed, they still exist in modern times, albeit in a different way. Table 1 illustrates this. Infants under 1 had the highest death rate and the report flagged

Zymotic (infectious disease) deaths. A number of outbreaks were detailed, resulting in training for midwives.

**Chart 1: Comparison of Key Public Health Outcomes 1895 to 2021**



The report also highlighted the variation in death rates and births across the major places within Shropshire. These were grouped together by the Sanitary Authority at the time. There were notable variations in death rates, with Ellesmere Urban being the highest and Newport rural the lowest. The highest causes of death reasons

were Zymotic (infectious diseases) – dysentery and cholera. Overall Shropshire reported lower rates of TB deaths compared to England, while cancer deaths were similar.

Other areas looked at were waste in the river, contamination of wells and the impact of cold and damp homes leading to diseases. Other themes the report highlighted are still relevant 100 years later, including migration of young people to towns (and mining) – leaving the rural districts with often and “abnormal” proportion of old people and young children.



## Public Health in Shropshire 2022

Today, the COVID pandemic and cost of living crisis have shown the importance of continuing work in these areas not just to improve health but also the economic wellbeing of our population. Outcomes and programmes today focus on addressing the impacts of climate change, poor mental health, preparing for future epidemics and the potential of new technologies to revolutionise our ability to prevent, diagnose and treat many illnesses. However, the challenges around inequalities in outcomes especially amongst the poorest, most vulnerable and disadvantaged remain.

When DPHs returned to local government in 2013 there was an ambition and ethos to advocate and use evidence to encourage all parts of their council to actively promote health and wellbeing, creating a public health council and council-wide public health team working across one organisation and system. In Shropshire I am proud to say this ethos has been thoroughly embraced and to this end I would invite you to read the Health and Wellbeing Strategy updated in 2022 and the Shropshire Plan, Living the Best Life. And Public Health constantly changes and responds to emerging challenges, for example in the pandemic two new teams were established to respond to local need: the community outreach team and the health protection cell.

The Shropshire Public Health team are enthusiastic and passionate about making a positive difference to the lives of Shropshire people in the best way they can.

The current team has a wide range of skills and experience and have a varied route into public health. This includes environmental health, public health professional routes, policing, adult social care, and life sciences. Others have trained as dietician, nurses, midwife, and community development workers. The team are all passionate about making a difference to improve the outcomes of Shropshire's residents, helping to meet their ambitions. Just some examples are provided below of the range of support and work across the team from environmental health, health improvement, healthcare evidence-based practice, epidemiology and health protection:

"[I want to] continue to make a positive difference to people's lives; help them to be the best they can".

"To be as effective as possible and support local people to navigate their own journey based on their wishes and what's important."

"Reduce stigma preventing people coming forwards for support. Raising awareness of support services available" "getting the message out to the public as to the support we can offer" and "Support communities struggling with the cost-of-living crisis".

"Advising businesses on their legal responsibilities - ensuring that I help as many businesses as possible." "Encourage change/helping animals"

"Help and provide advice to the farming community" "responding to the avian flu outbreaks."

And at the end-of-life Public Health also arranges funerals for those who have no-one.

"To continue to do everything I can to identify living relatives for those who have died alone and to give the deceased the funeral that each and everyone deserves (if that was their wish) and to allow their friends and family the opportunity to grieve, say goodbye, to remember and celebrate the life of their loved one".

Looking forward the team continue to focus on getting back on track with programmes that have been delayed due to the covid pandemic including visits to food businesses, weight management and inequalities plans, having a strong role in providing information and sharing, refocus and align, community assets, supporting communities, developing our mental health offer.

# Section 1: Patterns of Health & Wellbeing across Shropshire

This chapter contains a small number of tables and figures to inform people about the health and wellbeing of our communities as well as providing information for local and national decision makers on health gaps and priorities that still need to be addressed.

## Key Outcomes

Shropshire achieves several key outcomes that are better than compared to England, most notably significantly higher than average life expectancy at birth for male and females and Healthy Life Expectancy for females, nevertheless there are a number of indicators where outcomes need to remain an area of focus/monitoring moving forward.

Colours compare Shropshire to the national average

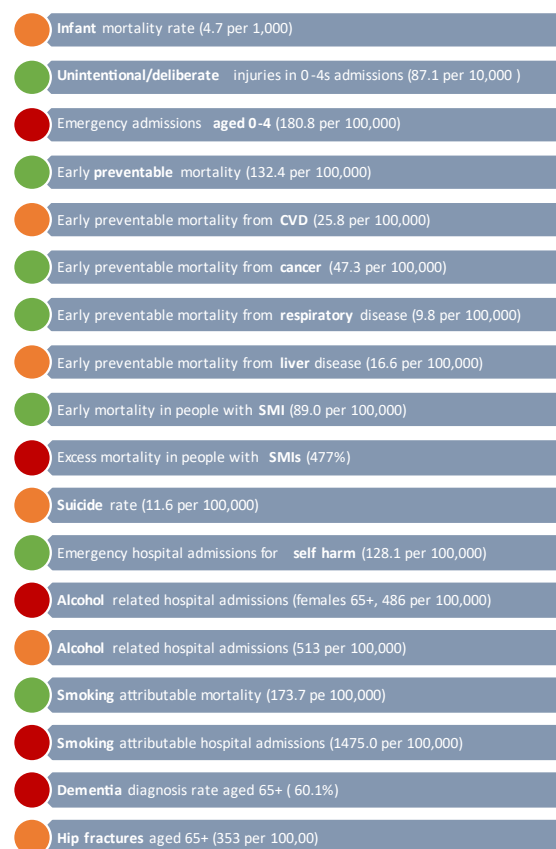
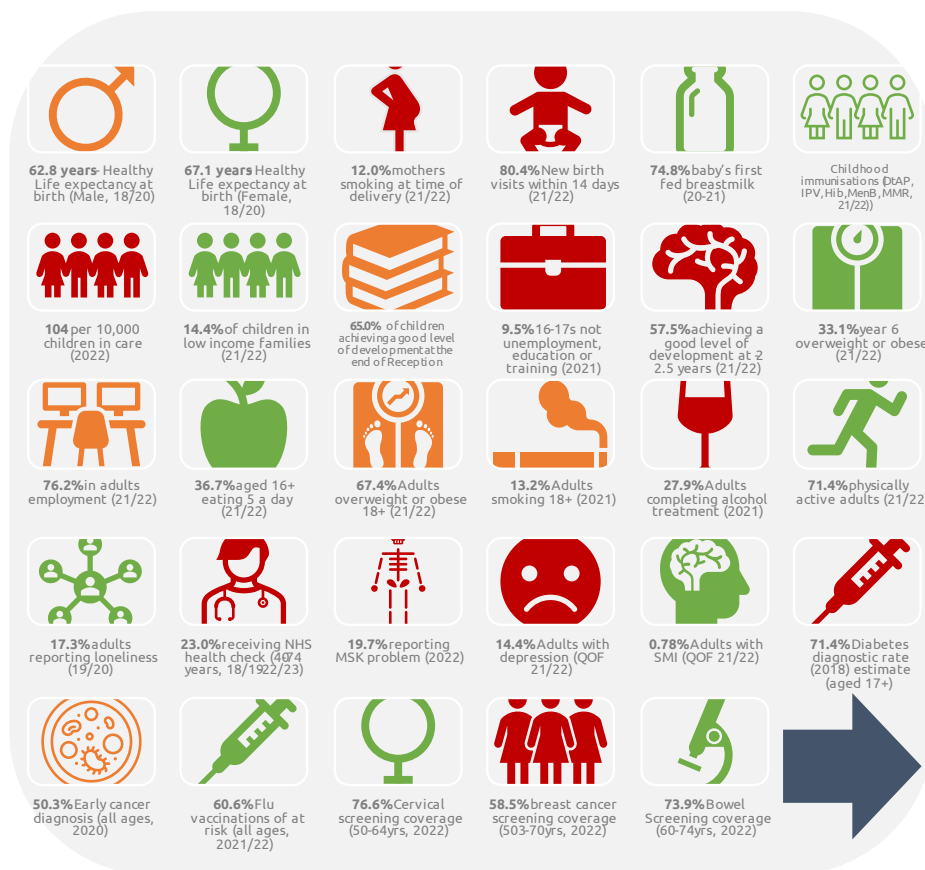


Table 1 shows where Shropshire's rates are worse compared to the England average across measures relating to the wider determinants of health, health improvement, health protection and premature deaths. For example, 5.7% of Shropshire's 16-17-year-olds are not in education, employment or training, a higher rate compared to 4.7% nationally.

## Table 1: Health and wellbeing outcomes for Shropshire

Source: Public Health Outcomes Framework



## Inequalities

Our focus also needs to remain on reducing inequalities and difference in outcomes between people and communities from different backgrounds. Specifically, table 2 presents the prevalence of health conditions across the county, with some Place Plan areas experiencing higher rates of disease compared to the Shropshire average, for example, Albrighton and Ludlow. From this, we can identify areas with the highest rates of disease, for example: Albrighton has the highest rate of Atrial Fibrillation in the county, followed by Church Stretton. These measures are monitored annually to identify inequalities between populations across Shropshire and drive preventative action.

**Table 2: Health Profile of Shropshire by 'Place Plan' areas. (18 areas across Shropshire)**

INDICATOR	AF %	CHD %	Heart Failure %	Hypertension %	Peripheral arterial disease %	Stroke and transient ischaemi	COPD %	Asthma (6+) %	Obesity (18+) %	Osteoporosis (50+) %	Rheumatoid arthritis (16+) %	Cancer %	Palliative care %	Diabetes mellitus (17+) %	Chronic kidney disease (18+) %	Dementia %	Learning disabilities %	Mental health %	Depression (18+) %	Epilepsy (18+) %	Non-diabetic hyperglycaemia
Albrighton	4.6%	5.5%	2.6%	20.7%	1.2%	3.9%	2.4%	8.5%	15.8%	1.1%	1.0%	6.8%	0.6%	8.7%	5.7%	2.1%	0.4%	0.5%	10.0%	0.8%	5.6%
Bishop's Castle	3.1%	4.1%	1.0%	17.9%	0.8%	2.9%	1.8%	7.8%	8.8%	1.4%	1.0%	5.1%	0.6%	6.5%	8.0%	1.1%	0.7%	0.9%	12.2%	0.7%	4.5%
Bridgnorth	3.5%	4.5%	1.5%	16.3%	0.9%	3.0%	2.2%	6.6%	6.8%	0.9%	0.9%	5.6%	0.5%	7.4%	6.0%	1.4%	0.4%	0.7%	11.9%	0.8%	5.5%
Broseley	3.0%	4.3%	0.8%	16.0%	0.7%	3.2%	2.1%	6.8%	4.5%	0.4%	0.9%	4.7%	0.2%	6.9%	5.1%	0.6%	0.3%	0.5%	13.7%	0.9%	3.3%
Church Stretton	4.0%	4.8%	1.1%	24.4%	0.8%	3.5%	1.5%	7.4%	8.0%	0.9%	1.2%	5.5%	0.7%	6.4%	9.5%	1.5%	0.4%	0.7%	11.8%	0.9%	7.6%
Geobury Mortimer	2.9%	3.9%	1.5%	17.1%	0.7%	2.7%	1.8%	7.1%	6.8%	1.5%	1.2%	5.5%	0.4%	7.7%	5.6%	1.2%	0.2%	0.4%	14.0%	0.7%	7.8%
Graven Arms	3.1%	4.4%	1.0%	18.5%	0.8%	3.2%	2.2%	7.4%	9.7%	1.4%	1.2%	4.9%	0.6%	7.1%	7.5%	1.1%	0.5%	1.0%	15.6%	1.0%	4.6%
Ellesmere	2.9%	3.8%	1.3%	17.0%	0.9%	2.8%	2.3%	7.3%	10.8%	0.6%	1.0%	4.3%	0.6%	7.2%	7.2%	1.1%	0.4%	0.7%	13.9%	0.9%	4.2%
Highley	3.2%	3.9%	1.2%	17.9%	0.9%	2.7%	2.4%	6.1%	4.5%	0.7%	0.8%	5.1%	0.3%	7.9%	5.4%	0.9%	0.4%	0.5%	15.8%	0.8%	4.8%
Ludlow	3.6%	4.6%	1.5%	20.2%	1.0%	3.1%	2.4%	7.3%	8.1%	2.4%	1.2%	5.5%	0.8%	7.2%	7.6%	1.4%	0.6%	0.9%	17.8%	1.2%	4.3%
Market Drayton	2.9%	3.6%	1.0%	16.0%	0.8%	2.5%	1.9%	6.6%	7.4%	0.3%	0.7%	4.0%	0.4%	7.3%	5.1%	1.0%	0.4%	0.7%	9.4%	0.9%	2.6%
Much Wenlock	3.4%	4.4%	1.4%	18.2%	0.8%	2.8%	1.4%	6.7%	6.1%	1.8%	1.1%	4.9%	0.4%	6.6%	8.5%	1.2%	0.3%	0.6%	14.1%	0.6%	4.6%
Oswestry	2.7%	3.4%	1.0%	16.9%	0.8%	2.5%	2.1%	7.2%	6.6%	1.9%	1.0%	4.0%	0.5%	7.1%	6.7%	1.0%	0.6%	0.8%	16.0%	1.0%	5.6%
Pontesbury and Minsterley	3.0%	3.9%	1.2%	17.0%	0.8%	2.6%	2.4%	8.0%	7.1%	2.2%	1.0%	5.4%	0.5%	6.8%	7.8%	1.2%	0.6%	0.7%	17.7%	0.9%	5.0%
Shifnal	2.2%	3.1%	0.8%	13.8%	0.7%	2.0%	1.3%	6.6%	6.6%	1.2%	0.8%	3.6%	0.1%	6.5%	3.5%	0.7%	0.3%	0.4%	10.9%	0.6%	3.0%
Shrewsbury	2.6%	3.4%	0.8%	15.0%	0.8%	2.4%	1.7%	7.7%	6.9%	1.1%	0.8%	4.0%	0.4%	6.4%	6.0%	1.0%	0.6%	0.9%	14.2%	1.0%	3.7%
Wem	2.9%	3.9%	0.8%	17.1%	1.0%	2.9%	1.8%	7.6%	7.9%	0.7%	0.9%	4.3%	0.3%	7.6%	6.0%	0.8%	0.5%	0.5%	12.4%	0.8%	3.2%
Whitchurch	2.9%	3.9%	1.2%	16.9%	1.0%	2.8%	2.4%	7.3%	11.0%	0.6%	1.0%	4.2%	0.6%	7.3%	6.8%	1.1%	0.4%	0.7%	13.5%	0.9%	3.9%
Shropshire	2.5%	3.5%	0.9%	15.6%	0.8%	2.4%	2.0%	7.1%	7.3%	0.9%	0.9%	4.0%	0.4%	7.3%	5.7%	0.9%	0.5%	0.8%	14.5%	0.9%	4.6%

Source: Quality Outcomes Framework

## Deprivation

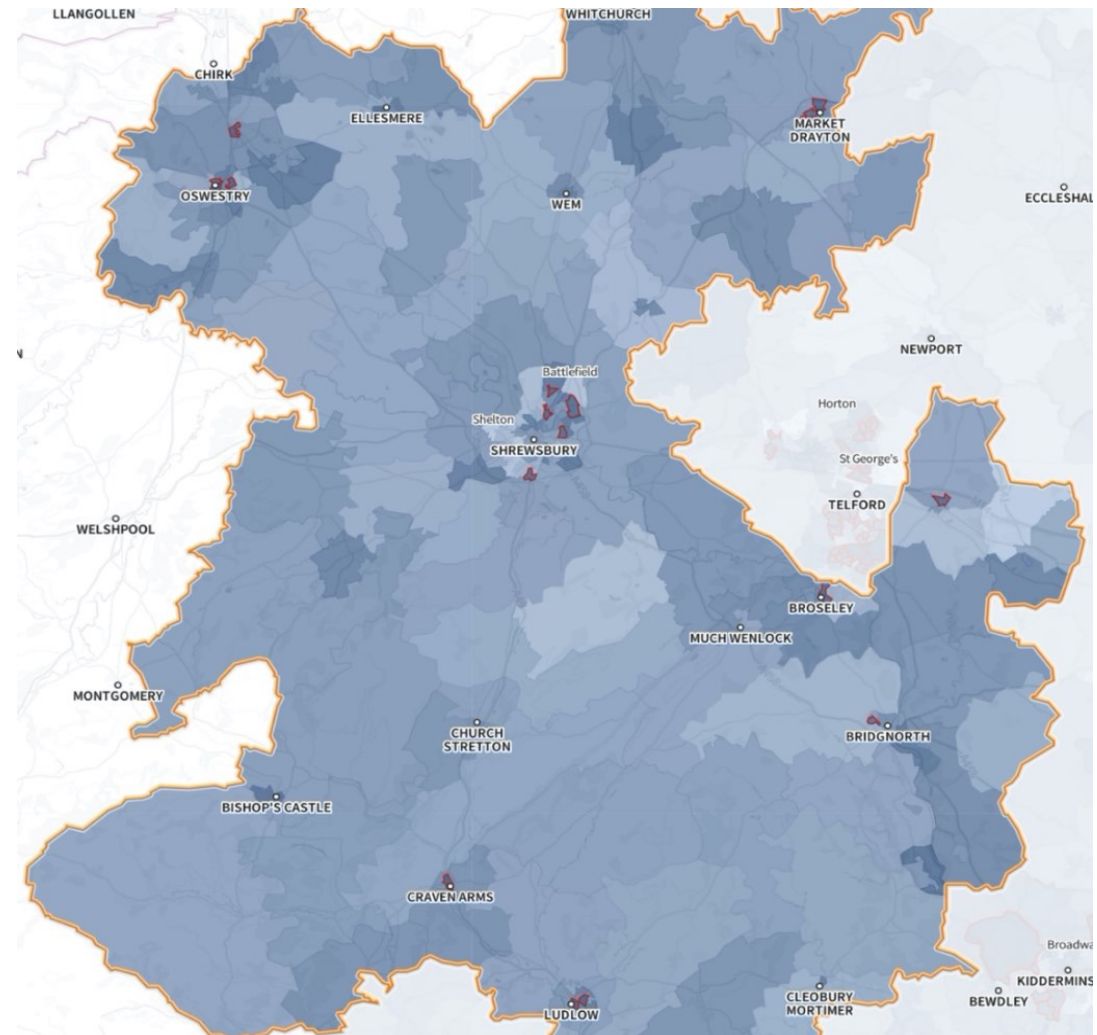
Understanding levels of deprivation is important within an area in order to understand local needs and help planning service provision. In Shropshire there are 15 out of 193 small areas (known as LSOAs) in Shropshire in this category and are located in parts of Oswestry, Shrewsbury, Market Drayton, Craven Arms, Ludlow, Bridgnorth and Broseley. Red bordered areas highlight areas which fall into the 10% most rurally deprived areas nationally.

### *Index of Multiple Deprivation (IMD)*

This tool can be effective in identifying the most deprived populations in England which can be used to assist in service planning and assessing the demand for health and social care at a local level. This method can be problematic for rural areas, as it can mask small and dispersed pockets of deprivation within a smaller rural area. This makes using place-based (local area) approaches to identifying health inequalities that exist within rural areas is important, and an approach which Shropshire uses, therefore in a rural County such as Shropshire, understanding the scale of rural deprivation is critical

A **Lower Layer Super Output Area (LSOA)**, is a geographical area, designed to improve the reporting of small area statistics in England and Wales. We will use these where we can through the report to give a more granular understanding of our communities however, we recognise that in rural areas – even this can mask significant variation.

**Map 1: Rural Deprivation Index for Health** Source: SHAPE  
<https://www.sciencedirect.com/science/article/pii/S0277953618305094>



The *Rural Deprivation Index for Health (RDI)* looks to quantify deprivation more accurately in rural areas where darker blue areas on the map indicate more disadvantaged areas in Shropshire (low Rural Deprivation Index score).

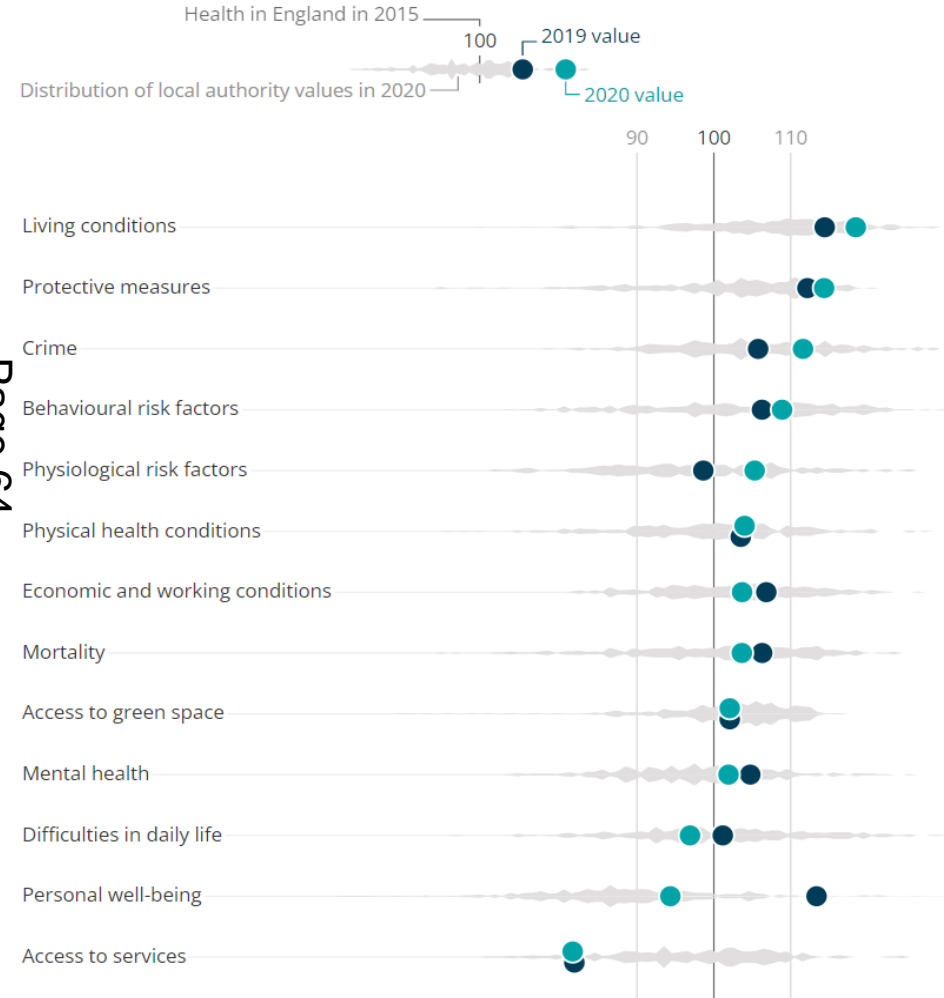


The RDI score is made up of four dimensions, each with a selection of measures. The principal domain is 'Relative household deprivation' which consists of indicators widely

acknowledge to be associated with deprivation, such as income and education. The two other domains take into account the effect of specific environments or populations on deprivation; these are the 'Locality deprivation dimension and 'Population' domain, which also accounts for differing population structures in different geographies. Each Lower Layer Super Output Area in the country is allocated a Rural Deprivation Index score. A Lower Layer Super Output Area (LSOA), is a geographical area, designed to improve the reporting of small area statistics in England and Wales.

**Health in Shropshire is strongest among measures relating to the "living conditions" subdomain**

Health Index values for each subdomain, Shropshire, 2020



The Health Index provides a single value for health that can show how health changes over time. It can be broken down to focus on specific topics to show the factors that influence these changes.

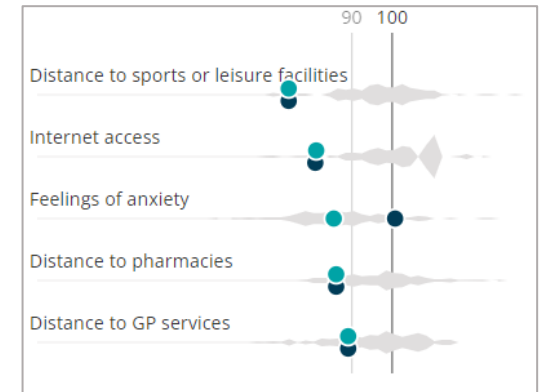
The Health Index score has a baseline of 100, which represents England's health in 2015. A score higher than 100 means that Shropshire has better health for that measure than was average in 2015, lower than 100 means worse health than the 2015 average.

Shropshire has an overall Health Index score of 108.1 (2020), which is down 0.8 points compared with the previous year, meaning Shropshire's overall health in 2020 is better than the England average in 2015.

The overall Health Index score can be broken down into three areas of health, known as domains, which are: Healthy People; Healthy Lives and Healthy Places. Each domain contains several subdomains which contains measures.

The charts show the measures within the Healthy Places domain: "living conditions". Shropshire's best score across all subdomains of Healthy Places is 118.5 for health relating to "living conditions", a rise compared to the previous year. "Living conditions" looks at air pollution, household overcrowding, noise complaints, road safety, and rough sleeping.

The second highest scoring subdomain is "protective measures" (cancer screening and vaccinations), while Shropshire's worst score is for "access to services" (distance to GP practices, pharmacies, sports and leisure facilities and internet





# Section 2: Rural Health and Inequalities in Shropshire

Shropshire is the second largest inland county in the country and is well known for its rolling hills and beautiful rural landscape. There are three people for every football pitch-sized piece of land in England – in Shropshire there is one. For many, Shropshire is a fantastic place to live and work and has a strong sense of community within its towns and villages. *Overall, health outcomes are better in rural areas than in urban areas, however indicators mask small pockets of significant deprivation, rural exclusion and poor health and wellbeing.*

While recognising the **positive opportunities and outcomes from rural living, this section will provide more information about the drivers behind rural inequalities and exclusion which are often more hidden for Shropshire**, providing local data on outcomes, the challenge but importantly what we action is and can be taken to improve issues and outcomes for residents. The case studies provide examples of specific work happening to help address inequalities. The report then concludes with recommendations around next steps to improve outcomes

It is well-documented that the budget required by rural households for a minimum acceptable standard of living is considerably higher than elsewhere in the UK. Rising living costs in the past 18 months has put extreme pressure on rural households in addition to those other rural health inequalities outlined below. In addition, funding is also an issue; rural areas received less funding per resident under NHS allocations commissioners and receive less Public Health funding per head of population compared to our urban Local Authorities impacting on service delivery particular when we know that the population in our more rural areas is overall older and ageing requiring more support from health and care services; **in urban areas, 23.3% of the population are aged 65+. In Rural areas of our County 26.2% of the population are aged 65+.**

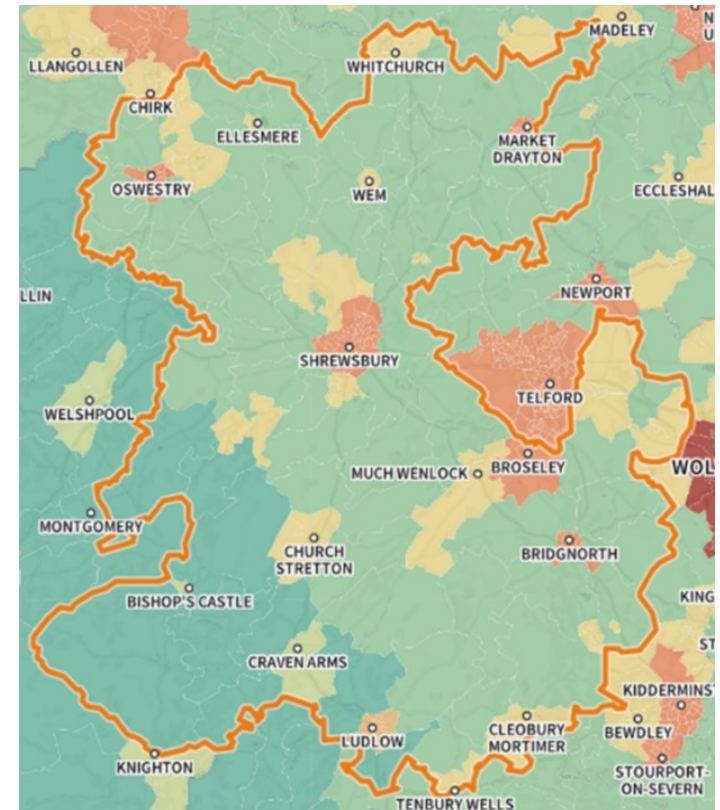
**Rural Inequalities:** Health inequalities can be defined as; *‘avoidable differences in health outcomes between groups or populations- such as differences in how long we live, or the age at which we get preventable diseases or health conditions’* However, inequalities experienced by those in rural areas can differ; a report published in 2022 by the University of Central Lancashire (UCLAN)<sup>6</sup> utilised a variety of measures to identify the inequalities experienced by rural populations in England. The report highlights the significance of rural health inequalities, often linked to hidden deprivation and the barriers that are unique to rural living groups in accessing essential services. Contributing factors to rural health inequalities were identified as:<sup>6</sup>:

- Deprivation
- Unemployment
- Suicide rates (male farmers)
- Workforce and recruitment challenges
- Road accidents

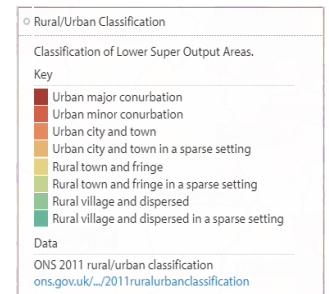
- Poor access to services
- Mental Health
- Substance use
- Poor living conditions
- Obesity

- Poor access to healthcare
- Limited transport
- Digital connectivity
- Ageing population
- Loneliness & Social isolation

Map 2: Shropshire Rural/Urban Classification 2011



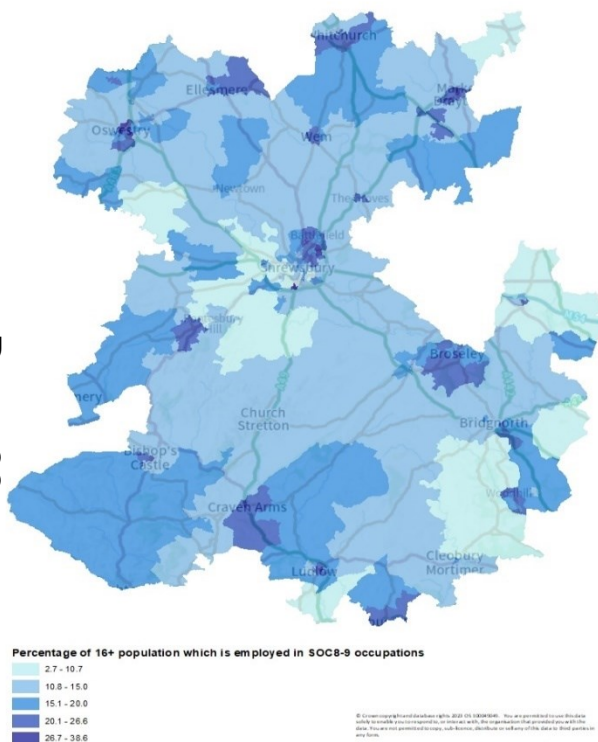
Source: ONS  
**186,658 (57%)** people classified as living in a “rural” setting (green/yellow) in Shropshire  
**103,310 (37%)** classified as living in “rural village and dispersed or in sparse setting”  
**127,800 (24%)** classified as living in “rural town and fringe”



# Employment

Map 3: Percentage of the Population in Lower Skilled Occupations

Page 66



Source: DWP

Map 3 shows where there is higher numbers of people employed in lower skilled occupations in Shropshire. Illustrating areas of focus to create improved employment opportunities.

Compared to nationally, Shropshire has a higher rate of Managers, directors, and senior officials (13.9%), skilled trades occupations (13.8%) and caring, leisure and other service occupations (10.0%).

## Challenges

Shropshire is a low wage economy with 1 in 6 (16.6%) aged 16+ working in lower skilled occupations, and 10% in caring, leisure and other service occupations.

A lack of public transport to access work can also be a barrier, with a reliance on cars to travel to work, particularly in lower paid occupations. Shropshire also often loses its young people due to lack of opportunity to progress, or lack of employment sector/industry which they wish to enter.

There is a need to create improved employment prospects through local economic policy and enabling infrastructure, education, skills, lifelong learning and labour market programmes. These need to be targeted to maximise opportunities to reduce health inequalities, improve health across the County and to seize opportunities to create economic growth

## Opportunities and Action

Workforce and economic growth feature in several strategic plans within Shropshire, which include actions to implement.

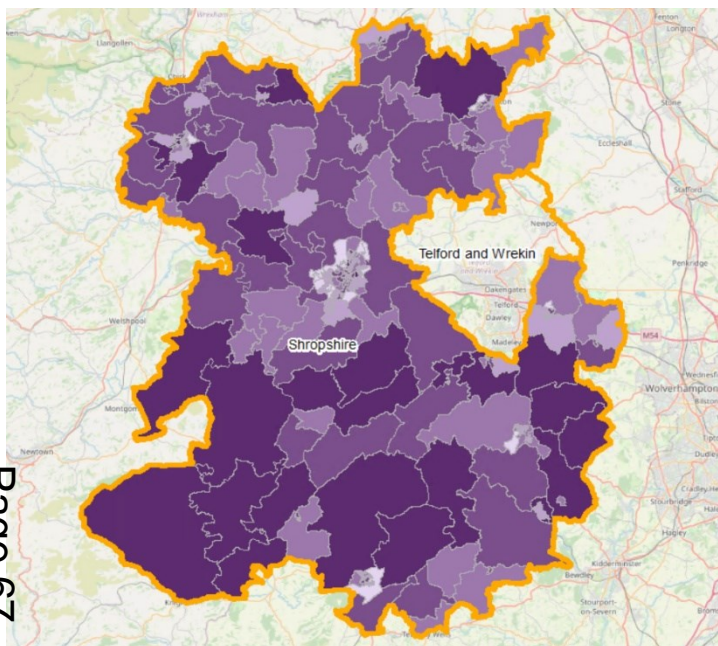
These plans include the Shropshire Inequalities Plan, the Shropshire Plan – Healthy Economy, The Economic Growth Strategy and Shropshire Health and Wellbeing Board’s Joint Health and Wellbeing Strategy.

Collective actions include:

- Adoption of the Economic Growth Strategy with wellbeing & health embedded as a core value.
- Improving overall employment rate/average earnings
- Supporting employment among those with Learning Disabilities (LD)/Mental Health (MH)/Long-Term Health Conditions (LTCs)
- Targeting UKSPF programmes to support 16–24-year-olds who are Not in Education, Employment or Training (NEET), the unemployed and those needing upskilling in work.
- Provide careers advice and guidance.
- Support transition arrangements into education, employment or training

# Housing and Fuel Poverty

Map 4 Fuel Poverty in England 2021 or IMD Access



Page 67

In 2021 18% (ranging from 16-21%) of Shropshire's households were experiencing fuel poverty in 2021, a rise from 16.4% in 2020. The map shows the variation in fuel poverty across Shropshire. This data while published in 2023, relates to information in 2021 prior to fuel costs rises.

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

## Challenges

Living rurally means many homes in Shropshire are off-grid, and rely on heating oil for example, which is more expensive and does not attract the savings that being on a mains supply offers.

Good housing is an essential part of good health. Housing costs, availability and quality can vary throughout the county, which can mean some people are unable to remain in their community.

## Opportunities and Action

Housing as well as fuel poverty feature in several strategic plans within Shropshire, which include actions to implement.

These plans include the Shropshire Inequalities Plan, The Shropshire Plan – Healthy People, Shropshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy and Housing strategies.

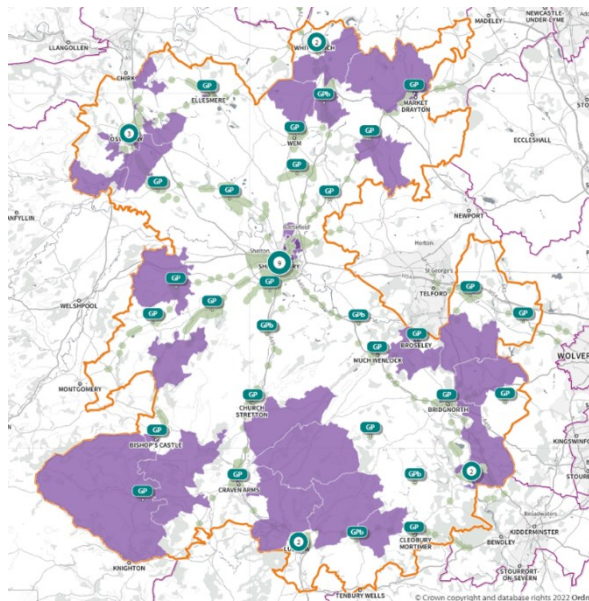
Collective actions include:

- A strategy which sets out initiatives to tackle fuel poverty, whilst providing a road map for homes becoming net zero carbon.
- Ensure all relevant domestic private rented property meets the Minimum Energy Efficiency Standard (MEES)
- Develop a sustainable affordable warmth strategy
- Distribute the £11million of funds awarded as part of the Sustainable Warmth Programme to assist local people to improve their homes and reduce harm caused by fuel poverty to local households following expressions of interest.
- Reduce number of households living in fuel poverty
- Delivery of the private housing assistance policy
- Raising public awareness of support available through the Cost-of-living website pages [Cost of living help | Shropshire Council](#) on the Council website
- Sufficient affordable and supported accommodation to meet identified need through the production of a housing need and demand position statement. This maps current provision and evidences current and future need for all tenures of housing,
- Increase Numbers of additional affordable housing
- Increase numbers of additional specialist / supported accommodation
- Integrated Care Strategy priority - homelessness



# Transport and Access Exclusion

Map 5: Access to General Practice within 15 mins



Access to services provides a particular challenge in rural areas. The index of multiple deprivation contains a measure for the physical and financial accessibility of housing and key local services. In 2019 Shropshire has an average score of 25.4 and is ranked 68th most deprived local authority in England out of a total of 317 lower tier local authorities. In addition, Map 5 specifically identifies those who cannot access a GP practice within 15 mins using public transport

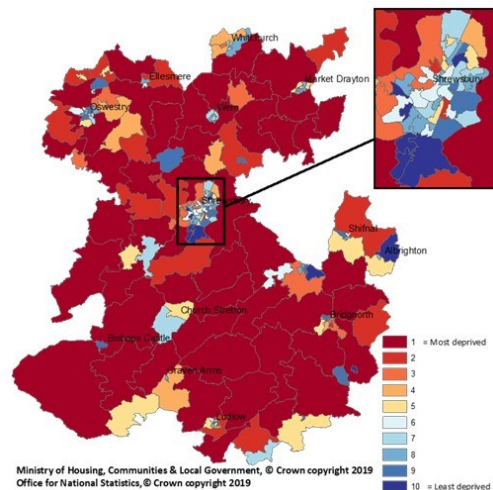
## Challenges

Rural populations in Shropshire may experience barriers to accessing health care services due to distance, transport and waiting times. Data identifies that 37% of Shropshire's population cannot access a GP within a 15-minute journey on public transport. This may be more detrimental for more deprived populations which make up 1.6% of the total 37% figure.

## Opportunities and Action

Transport and access to services features in several strategic plans within Shropshire, which include actions to implement. Collective plans include:

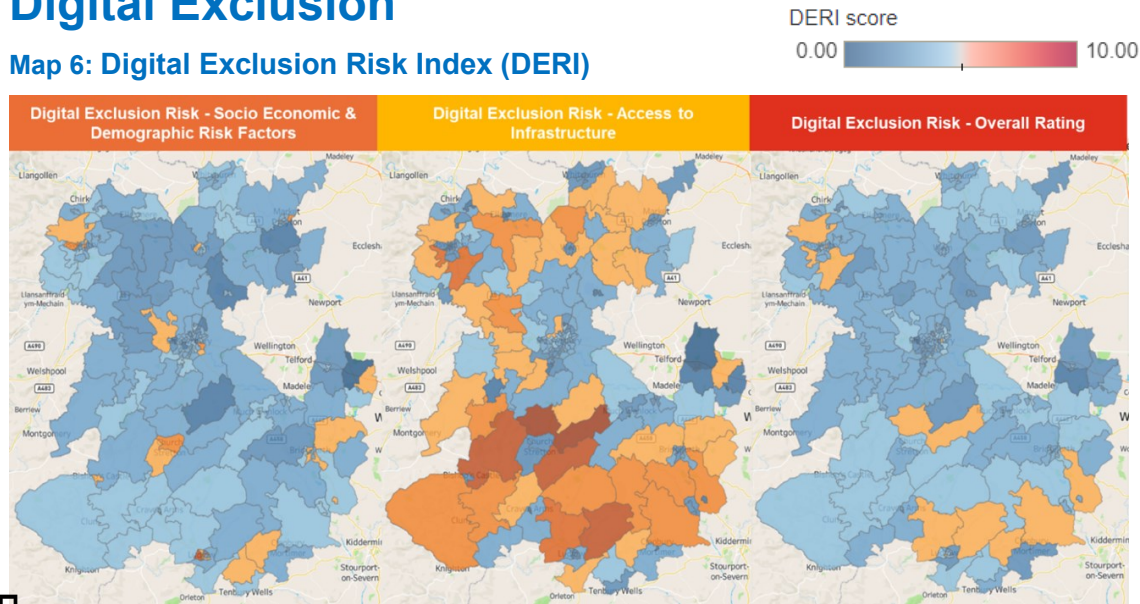
- The Shropshire Inequalities Plan
- The Shropshire Plan – Healthy People
- Shropshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy
- The Local Transport Plan (LTP4) which considers and prioritises the mobility needs of people, places, and activities in promoting and maintaining healthy, equitable and sustainable communities. This includes the Local cycling and walking infrastructure plan (LCWIP) to encourage and enable sustainable physical activity in daily life for all population groups
- Integrated Care Strategy priority – Primary Care access, Urgent and Emergency Care access, inequality of access to preventative care.



Source: IMD 2019 and SHAPE

# Digital Exclusion

Map 6: Digital Exclusion Risk Index (DERI)



**Digital Exclusion Risk Index or DERI** visualises the risk, or likelihood, of digital exclusion for every Lower Layer Super Output Area in England. DERI shows where digital exclusion is most likely to occur and uses 12 different indicators, covering demography, deprivation and broadband access to create an overall DERI score for each area. The DERI score is between 0 (low risk) and 10 (representing high risk) Source: [Good Things Foundation](#)

Map 6 shows the Digital Exclusion Risk Index (DERI) overall and the separate domains which mask different challenges in Shropshire. A low DERI score = lower risk of digital exclusion and the **Darker blue** areas on the map indicate areas with a **lower risk** of digital exclusion in Shropshire, with **red** highlighting areas in Shropshire at **higher risk** of digital exclusion. Across the county, 10,614 residents are at a higher risk of digital exclusion overall, however there are some significant challenges around **access to higher speed broadband connections where certain often** rural or remote areas, lack the necessary technological infrastructure to provide reliable and high-speed internet connections. This limitation hinders residents' ability to access online information, services, and communication platforms and requires digital service that work well with low bandwidth for example. The **Demographic & Socio-Economic factors** such as age, income and socioeconomic status, geographic location, digital literacy all contribute significantly to digital exclusion and require a different engagement and service offer in these communities to support digital inclusion

## Challenges

Challenges include poor access, connectivity, and confidence, or skills of people using technology. With increased use of digital services there is a danger of increased inequality. Digital services could address issues around. Poor connectivity in rural areas is a barrier that could be addressed to improve access to many digital healthcare services for rural populations.

## Opportunities and Action

Digital Exclusion features in several strategic plans within Shropshire, which include actions to implement. These plans include the Shropshire Inequalities Plan, The Shropshire Plan – Healthy People and Shropshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy

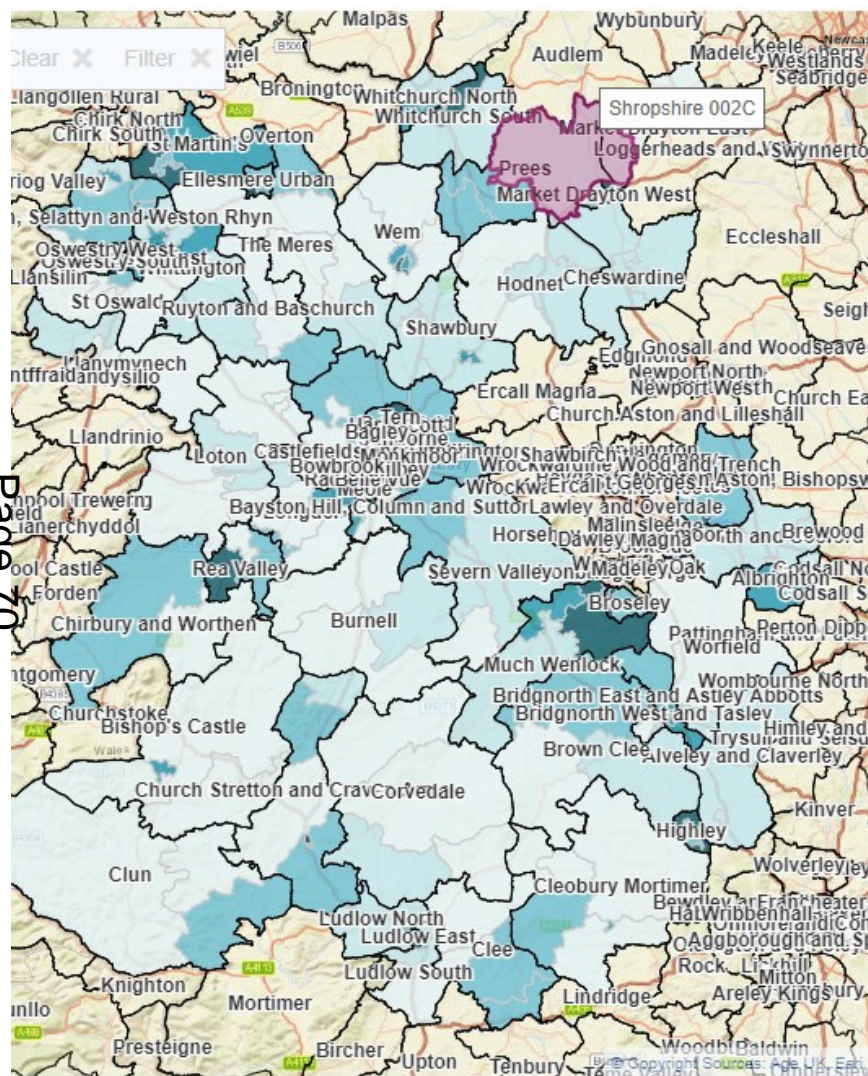
Collective actions include:

- The customer Programme, as part of the delivery of the Shropshire Plan will include work to both recognise and mitigate digital exclusion, including an impact assessment of the programme as it develops
- Contractual requirements to ensure providers are collecting and monitoring the impact of digital access in relation to service provided and evidence of alternatives for those who cannot access via digital means including evidence of safeguarding considerations.
- work collaboratively with partners to increase digital inclusion
- Work with Partners to establish a Digital Inclusion Network for Shropshire
- Voluntary sector and library partners digital literacy courses



# Mental Health and Wellbeing

Map 7: Age 65+ Risk of Loneliness



## Challenges

The evidence shows that involuntary social isolation and loneliness can be more prevalent in rural areas, where there is a reliance on private road transport to access services and, increasingly, a lack of places to meet, such as community centres, pubs, or village halls. Older people and those with disabilities are particularly at risk if in those places without an engaged or active community. Another community that is at high risk is often agricultural communities. While overall Shropshire has a relatively strong sense of communities it is still estimated that there are areas of the County where loneliness is more prevalent. Shropshire has the largest number of farm holdings of all county and unitary authorities in England with a total 3,686 farm holdings in 2021. For many agricultural workers, farming is a way of life that provides a wealth of reward and opportunity. It is however important to recognise that farmers often work in isolation and can experience increased levels of stress and physical injury due to the unique and demanding nature of the farming occupation. With suicide rates in agricultural communities amongst the highest of any occupation in the UK there is a need to identify ways of addressing loneliness and social isolation for this community.

## Opportunities and Action

Mental Health features in several strategic plans within Shropshire, which include actions to implement. These plans include the Shropshire Inequalities Plan, The Shropshire Plan – Healthy People and Shropshire Health and Wellbeing Board’s Joint Health and Wellbeing Strategy

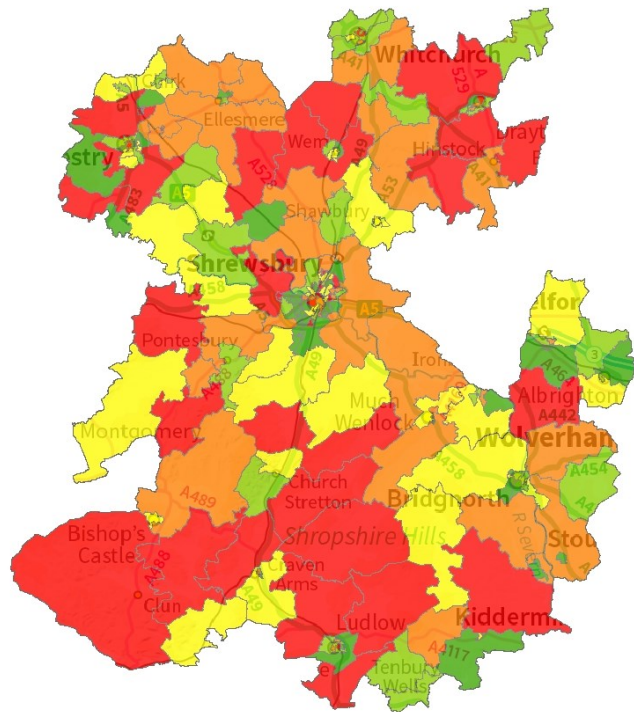
Collective actions include the need to reach and support rural communities through innovative approaches which can be seen from a recent project that aims to support agricultural communities. The wellbeing outreach team are providing free health checks at livestock markets across Shropshire to reach local agricultural communities. Initial findings from the pilot identified that whilst Health Checks aim to identify early signs of health conditions such as cardiovascular disease, undertaking the checks can help to identify where other support may be needed such as identifying social isolation and loneliness.

- See also page 25 and 26

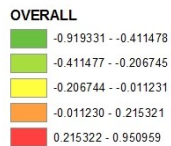
Source: Age UK

# Cost of Living

Map 8: Cost of Living Risk Score



Cost of Living Risk score - preliminary quintiles



## Challenges

We know that the rising cost of living has had an enormous impact on our residents, many of whom may be experiencing financial hardship for the first time in their lives. By working together, we can pool our resources, experience and knowledge so we can provide a safety net to as many people as possible, including our most vulnerable residents

Map 8 is a local index developed evenly weighted across 15 measures to demonstrate those areas at highest risk from the rising costs of living. This highlighted risks in some of our most rural areas, where poor homes, access to transports and low wages create extreme challenges.

## Opportunities and Action

Shropshire brought together a social taskforce, comprised of a wide range of organisations from across the public, community, and voluntary sector, as well as business representatives to create a joint local response to the cost-of-living crisis.

The taskforce has met monthly since March 2022, building on the partnerships established and learnings gained in response to COVID. Membership of the Taskforce and Sub-groups incorporates representatives from over 20 organisations including Shropshire Council, Citizen's Advice Shropshire, Age UK Shropshire Telford and Wrekin, Marches Energy Agency, Community Resource, Shropshire Food Poverty Alliance, Shropshire Mental Health Support, Shropshire Voluntary and Community Sector Assembly, DWP (Department for Work and Pensions), Shropshire Association of Local Councils and local NHS trusts.

The taskforce has been working to deliver a co-produced local action plan:

- Strategic use and sharing of existing resources and assets to build capacity.
- Workforce training to over 650 staff to support conversations with residents about the cost-of-living crisis
- Joint communications to ensure residents know where to get support with energy, food, money and debt
- Using data and insight to target communications and support to the most vulnerable and to monitor and evaluate effectiveness.
- Warm welcome sites at more than 80 venues offering social activities, CoL and energy help and support in a warm and safe space
- Cost of Living Helpline - targeted proactive outbound calls to support households identified as high risk – Since October 2022 over 25,000 residents were contacted using outbound calls and messages



# Rural Communities

## Challenges

There is extensive evidence that connected and enabled communities are healthier communities. Those who are engaged in decision making, are supportive of neighbours and well linked have positive impact on health and wellbeing outcomes; this is especially true in rural communities including Shropshire. As well Community Development has a positive and lasting impact on wellbeing of individuals and communities. The Voluntary and Community Sector Assembly in Shropshire has highlighted these opportunities and challenges and there is a call to action for Shropshire including its partners to give parity to the role of the sector but also ensure sustainability for the future.

The voluntary and community sector, community leaders and volunteers are critical to empowered communities and a significant asset within Shropshire and its rural areas; their role is core to our shared ambition of tackling rural exclusion and inequalities. However, for several reasons, the community and voluntary sector including its local leaders, volunteers and local champions are very vulnerable at this time particularly post COVID and rising costs of living leading to increased demand and financial pressures. This is alongside an aging profile of the population, workforce including volunteers; there is a real risk around the capacity and sustainability of the sector.

## Opportunities and Action

The Voluntary and Community Sector Assembly for Shropshire Annual Report 2022/23 Highlights the value of the community and voluntary sector to Shropshire (see above).

Collective actions and recommendations to support the sector moving forward included:

- Key strategic documents acknowledge the critical role our communities and the community and voluntary sector play in health and wellbeing and actions and approaches to improving health and wellbeing, this includes the health and wellbeing strategy, Shropshire Integrated Partnership, the Shropshire Plan and Prevention Framework, Joint Forward Plan and Inequalities Plans. We will continue to increase and strengthen existing opportunities for collaboration in the sector, including through the delivery of key plans, strategies, and their key actions.
- Ensure that communities have a strong voice and the opportunities for concerns from the community are heard equally, recognising the frontline role of our residents, as well as those working in the communities as well as continuing to promote the work of the sector at every opportunity.
- Support the sector to have a robust infrastructure support offer that helps to increase numbers of members, volunteers and funding including exploring the development of community champions and succession planning for the sector.
- Work with a wider range of professionals, including frontline staff who are in communities to recognise their role and link up as part of a One Shropshire approach. For example, the role of our local business, bin collectors, faith communities and others in recognising safeguarding concerns.
- Work with the people in communities to ensure that support is available for those dealing with increasingly complex situations such as those in mental health crisis including signposting advice, trauma informed training and support for those in crisis and supporting those in crisis.
- Continue to develop and commit to working with the voluntary and community sector. For example, the Council make clear commitments through the Compact Agreement, as well as the joint delivery, and commissioning of the sector, and recognising the sectors role in on going scrutiny/co production of services and policies.

Facts and Figures 2022



920+

Current VCSA newsletter subscribers

70+

VCSA newsletter bulletins sent annually



1,130



@VCSvoice Twitter followers

27+

Partnership boards and groups with VCSA representatives

£38m+

Weekly Social Value of Average Volunteer Hours in Shropshire this year

£608m

Annual charity expenditure in Shropshire, Telford & Wrekin

1,179



Registered charities and social enterprises in Shropshire

£17m+

In external grants awarded to VCSE orgs in Shropshire

# Summary of actions and opportunities

It is important to also recognise the strengths and asset living in rural areas brings to a population's health and wellbeing and acknowledge the opportunities that innovation, integration and digital transformation have to improve service delivery in rural areas. Below is a summary of some of the national and local strategic opportunities and activity that build on the strengths of rural communities while addressing some of the challenges outlined earlier in the report.

National Strategic Actions	
<p>The 2019 inquiry into the rural economy by the House of Lords Select Committee, <a href="#">Time for a strategy for the rural economy says Lords Committee - UK Parliament</a> identified the following challenges to delivering health and social care in rural areas: Older populations; funding challenges; access to services; poor connectivity and isolation and loneliness</p>	<p>In response to the inquiry, the Department for Environment Food and Rural Affairs (DEFRA) published the 'Rural proofing in England 2020' <a href="#">Rural Proofing Report 2020 (publishing.service.gov.uk) report</a>. It provides clear recommendations to policy makers on 'Rural proofing' to reduce health inequalities in rural areas in England. It was updated in 2022 to focus on health care in rural areas and align to 'Levelling up'</p>
Local Strategic Actions	
<p><a href="#">Community and Rural Strategy for Shropshire 2020</a>  <a href="#">Shropshire Health and Wellbeing Board strategy</a>  <a href="#">Shropshire Inequalities Plan</a>  <a href="#">Shropshire Economic Growth Strategy</a></p>	<p><a href="#">Shropshire Plan</a>- is the key strategic plan for the council with 4 key priorities: Healthy people, Healthy economy, Healthy environment, Healthy organisation. Delivery of the plan includes a firm commitment to tackling inequalities, including rural inequalities, and poverty in all its forms. Programmes underpin the delivery</p>
<p><a href="#">Integrated Care Strategy</a> including the '<a href="#">Core 20+5</a>' A national NHS England approach to inform action to reduce healthcare inequalities The approach defines a target population, the 'Core20PLUS', and identifies '5' focus clinical areas requiring accelerated improvement. Rurality is a Shropshire addition.</p>	<p><a href="#">Joint Strategic Needs Assessment (JSNA)</a> Good quality data underpins everything we do. Our Community Wellbeing Outreach Team goes out and finds out what is important to people in different areas of our Shropshire communities. (The 18 'Place Plan' areas</p>
<p>Health in All Policy and Equality, Social Inclusion and Health Impact Assessment (ESHIA) the assessment encompasses consideration of social inclusion so that we think as completely as possible about all Shropshire groups and communities, including people in rural areas and people we may describe as vulnerable</p>	<p>Health Overview and Scrutiny Committee – Rural Proofing in Health and Care Services, Task and Finish Group agreement to establish in March 2023</p> <p>Social Task Force – Letter to ministers raising awareness of the cost-of-living crisis and its impact on rural communities in particular</p>

Page 73

## Local Actions

Social Prescribing (see Section 3 recommendation 1). Social prescribing provides a non-medical solution to addressing loneliness and social isolation by providing early and preventative support to children, young people and adults. Shropshire Council is leading the way since the introduction of its social prescribing services has helped more than 800 local residents referred to the service due to reporting experiences of loneliness.

Community Outreach including health checks in livestock markets (see also Section 3 recommendation 2 and 5) to reach our local agricultural communities who often experience poorer health outcomes including concerns around higher rates of mental health problems. The team provide free health checks at livestock markets. Initial findings identified that whilst Health Checks aim to identify early signs of health conditions such as cardiovascular disease, undertaking the checks can help to identify where other support may be needed such as identifying social isolation and loneliness and potential family problems.

Shropshire Local - Shropshire Local customer service points offer a place for residents to talk to council staff face to face and get support. This service point gives information on council services together with a wide range of community information. These are located at various sites across the County often delivered by the local library service

Our voluntary and Communities play an important role in addressing loneliness from hosting local community-based activities to identifying neighbours who may need a helping hand to attend an activity<sup>1</sup>

Developing the evidence base including a cost-of-living index and a public health rurality and inequalities network to share best practice and fill gaps in the evidence around health outcomes

Commissioned services – providing support to meet rural needs, including NHS funded Blood Pressure Case Finding

Shaping Places – see case study on page 17



## Case Study: Shaping Places for Healthier Lives – solving food insecurity in south-west Shropshire, including work on the Cost of Living



Shaping Places for Healthier Lives is a three-year programme funded by the Health Foundation in partnership with the Local Government Association. Shropshire was one of five council areas in England to win the funding after a three-stage application process. In Shropshire our focus is on reducing food insecurity in South-West Shropshire.

The objectives of the Shaping Places programme are to:

- mobilise cross-sector action on the wider determinants of health through sustainable system change at a local level
- support local authorities to facilitate and enable local partnerships for system change on the wider determinants of health
- learn how to make changes that impact on the wider determinants of health.

Shaping Places for Healthier Lives: Solving Food Insecurity in South-West Shropshire

Our vision: In 10 years' time: *Statutory and voluntary services will be working together with communities to ensure everyone in Shropshire has access to the help and support they need to prevent food insecurity. Our population will have sufficient income, access to enough healthy, affordable food and the knowledge and skills needed to prepare it. As a consequence, the population will enjoy good health and wellbeing and inequalities will be reduced.*

Our vision	Strengthen the system: Creating a learning and feedback structure which brings partners together from across the system	Economic: Enabling individuals to maximise their income	Social: Reframing food insecurity	Community: Build on local assets to develop sustainable community led solutions
Goal	<ul style="list-style-type: none"> <li>Strategic leaders from the statutory and community sectors recognise the importance of addressing food insecurity as a health inequality issue and adopt whole systems working when thinking about complex problems.</li> <li>Key organisations adopt a whole systems approach to addressing complex problems like food insecurity.</li> <li>Public and community sectors work together to co-design asset based sustainable approaches to ensure those who need support are kept at the centre of the system.</li> </ul>	<ul style="list-style-type: none"> <li>Everyone has access to sufficient income to enable them to afford a healthy diet.</li> <li>People in rural areas are able to access support and services.</li> <li>Proactive early intervention reduces food insecurity.</li> <li>People are supported to navigate the system.</li> <li>Redesign the system to work around the individual to address multiple needs.</li> </ul>	<ul style="list-style-type: none"> <li>Reduced stigma and increased dignity.</li> <li>People struggling financially come forwards for support.</li> <li>Food insecurity recognised by health professionals as a health issue and practice changed to provide advice and make referrals.</li> </ul>	<ul style="list-style-type: none"> <li>Develop community solutions to food insecurity</li> <li>Help available locally and without stigma</li> <li>Increased access to food and food skills</li> </ul>
How?	<ul style="list-style-type: none"> <li>Develop a three-year learning plan</li> <li>Test and pilot solutions identified in the following columns</li> </ul>	<ul style="list-style-type: none"> <li>Review how services and local support is delivered in rural areas.</li> <li>Explore if cash first approaches can be used to support people in financial crisis.</li> <li>Help for people at risk of food insecurity to maximise their incomes.</li> <li>Pilot frontline staff training.</li> <li>Explore ways to improve navigation of the system to assist people with multiple areas of need.</li> </ul>	<p>Trial communications:</p> <ul style="list-style-type: none"> <li>to reframe food insecurity and reduce stigma</li> <li>around caring for our community</li> <li>to health professionals around food insecurity &amp; health inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>Place based meetings to harness local passion and build on local assets</li> <li>Co-produce local community project pilots which build food skills or increase access to food</li> <li>Evaluate and learn from projects and give voice to the community</li> </ul>



Partnership working between Shropshire Council, the Shropshire Food Poverty Alliance, Citizens Advice Shropshire and Healthwatch Shropshire has been very productive and included:

- **System wide working across 12 groups including: The Hardship & Poverty group, Cost of Living Communications group, Shropshire Food Bank Network Meetings, and the Money Advice Forum**
- Healthy Start campaign (see image)
- Cost of living briefing sessions
- Cost of living comms campaign (Website, social media, Videos, Leaflets, Self-help checklist)
- Worrying About Money Leaflet developed
- Cash First Approaches –Shropshire Council taking cash first approach via Household Support Fund
- Proactive outreach – Cost of living helpline (25,000 residents contacted since Oct 22)
- Stigma Video – to reframe food insecurity
- Building an evidence base - Foodbank Surveys, basket costs
- Building relationships with the community – talking to and learning from those with lived experience

Shaping Places for Healthier Lives – Plan on a page [Shaping Places for Healthier Lives | Shropshire Council](#)

## Section 3:

# Previous Recommendations Progress Review

### Recommendations from the 2021-22 Annual Report

#### Recommendation – Prevention as a Shared Responsibility

I recommend Health and Wellbeing Board (HWBB) members acknowledge their individual organisational and our collective shared responsibility, to focus on prevention and early intervention. In addition, that HWBB members develop plans to seek to address variation in health and wellbeing outcomes. We want everyone to have a good quality of life no matter where they live.

**Progress - Local Authority working alongside our Health partners and the Community and Voluntary Sector:** In April 2022, Clinical Commissioning Groups (CCG)s ceased, and were replaced by [Integrated Care Systems \(ICS\)](#). Shropshire Council continues to work closely with our health partners and Voluntary and Community Sector (VCS) to focus on prevention and early prevention and to seek to address variation in health and wellbeing outcomes. The Local Authority is a [member](#) of the Integrated Care Board (ICB) and has influence on decision making.

**Shropshire Joint Health and Wellbeing Board Strategy (JHWBS) and developing Shropshire, Telford & Wrekin ICS Strategy (STWICSS) :** The [Shropshire Joint Health and Wellbeing Strategy 2022-2027](#) was brought to the Health and Wellbeing Board meeting in March 2022, and the recommendation that the Board agreed the final Strategy and takes joint ownership for progression and implementation was accepted. This strategy sets out the long-term vision for Shropshire, identifies the immediate priority areas for action and how the Health and Wellbeing Board (HWBB) intends to address these. The strategy was developed through consultation with Shropshire people and our stakeholders; a series of structured workshops with the HWBB, to discuss and agree priorities which meet the needs of Shropshire people, scrutiny of national and highly localised data which identifies areas of health need and is a collaborative approach across all health and care organisations to improve health in our communities and local and national Post Covid-19 report recommendations. The priorities of the JHWBS and the STWICSS have been aligned where possible, and Prevention and Early Intervention feature strongly in both. [Integrated Care Strategy](#)

**Shropshire Inequalities Plan 2022-2027:** Health inequalities are unfair, systematic and avoidable differences in health. Only around 10% of our health is impacted by the healthcare we receive. To create a society where everybody can thrive, we need all of the right building blocks in place: stable jobs, good pay, quality housing and good education. To help address this; Shropshire's Health and Wellbeing Board (HWBB) requested the development of an [Inequalities Plan](#) that recognises the importance of both health inequalities and these missing building blocks, and inclusion of action being taken to address these. NHS Shropshire Telford & Wrekin also have an Inequalities Plan, which is being developed and aligns with the Shropshire Inequalities Plan.

**Shropshire Plan** The vision of the [Shropshire Plan](#) is 'Shropshire – Living the best life' This sets the direction for the next three years up to 2025 within the framework that our longer-term plans and strategies, like our Local Plan and our Cultural Strategy, underpinned by our health and wellbeing plans, set out for the next 10 to 20 years. The challenges and experiences that we've shared over recent years put us in a strong position to step up and move forward together and adapt our plans to meet the changing situations we face.

The HWBB are currently developing and delivering an all-age prevention plan which will include a prevention framework and key systemwide as well as organisational actions to bolster existing services and embed prevention not just in everything both the council and our system partners do.

## Recommendation – Community Wellbeing and Social Prescribing

I recommend that all statutory partners with health and wellbeing responsibilities across Shropshire, develop a co-ordinated, comprehensive, asset-based approach to wellbeing in our communities. That the HWBB ensure the Voluntary and Community Sector (VCS) is central to this approach, and we join up with other 'community assets' - families, friends and local people who have the ability to support each other.

### Communities

Communities are integral to our wellbeing. Shropshire has overall high levels of community cohesion and a strong VCS who are an equal partner on the Health and Wellbeing Board.

Image: SP Team



### Social Prescribing in Shropshire

Social Prescribing is a non-medical approach designed to help people with a wide range of social, emotional, physical or practical needs e.g. caring, long-term conditions, lifestyle (smoking or weight), mental health, loneliness and isolation.

It uses a person centred, preventative approach by intervening early, or by working alongside health and care practitioners in more complex cases. Clients have the space to talk one to one with a trained Link Worker (known locally as Healthy Lives Advisors) and come up with a plan of action together, to help resolve health and wellbeing concerns and help put the person back in charge of their life. Advisors are fully trained in motivational interviewing; behaviour change and health coaching.

Working closely with our valued partners in the voluntary and community sector, the programme connects people to services or activities in their community. In the last year referrals to the service have increased 104%, and people have been supported by over 60 local organisations.

### How do we know it works

#### People say...

*"I had not heard of social prescribing till the GP offered it to me. It is a tremendous support when you are feeling very low and vulnerable - just knowing someone is there for you and knowing they will ring you at a specific time. Thank you"*

*"I felt listened to and heard. I felt valued and respected. I never felt pressured"*

*"It has been an effective tool in taking steps to improve my health. It is good that the conversations do not exert pressure which can be counterproductive. I felt able to talk freely. Also, I appreciated the decent amount of time allowed for talking."*

**Children and Young peoples' Social Prescribing** A successful pilot started in south-west Shropshire and has grown successfully. It is now available to all young people across the county.

### Personal Care and Support Plan

- o Co-produced with Children & Young people in the service
- o Key elements are what matters to me, my action plan and my safety plan
- o Celebrating success is important

### How do we know it works?

- o 'Majority of students have engaged fully after being referred. This has led to positive discussions with students opening up about their wishes and feelings.'
- o Increase in wellbeing scores
- o I feel heard and understood'



## Community Wellbeing Outreach Team

The Community Wellbeing Outreach Team is continuing to focus on inequities, locality Joint Strategic Needs Assessment (JSNA) support, community health checks, health promotion, campaigns, and improving the understanding of our communities for decision making purpose.

Working together with community organisations, the voluntary community sector, and town and parish councils, the team has spent a significant amount of time in the community encouraging the completion of the JSNA survey. We have supported five locality JSNAs to date and will continue to engage with the community for the other 18 place plans.

Alongside this, the team has been busy undertaking blood pressure checks in settings such as foodbanks, rural areas, veteran groups, and events, but particularly in the farming community, where they have conducted 63 interventions to farmers in Shrewsbury and the surrounding area. Applying the MECC principle of Making Every Contact Count, the offer of a health check has created a conduit for farmers to discuss any subject of their choice. This has happened naturally as individuals have disclosed a number of challenges. Anecdotally, the three most prevalent subjects are blood pressure-related stress, cancer, and bereavement.

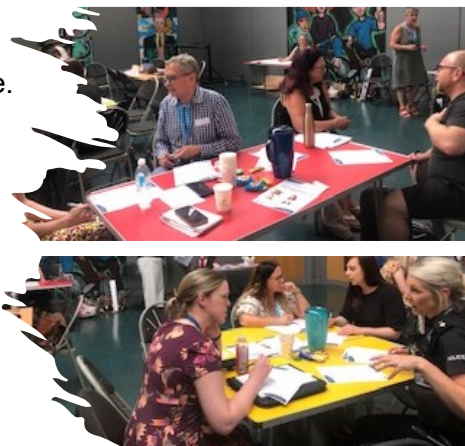
The team have recently begun working in collaboration with other professional services, such as Cancer Awareness and Dental Care, since the importance of this has been brought to our attention. Along with Shropshire Rural Support and Regulatory Services, we intend to expand this service across Shropshire's six largest markets.

## Integration Test and Learn sites

The aim of Integration Test and Learn sites are the creation of multi-disciplinary teams to support Children, Young People (CYP) and families in different sites across Shropshire. The first site is in Oswestry. These teams include Early Help practitioners, school nurses, social care practitioners, Voluntary and Community Sector partners and schools and cover the antenatal period, school years and teenage years.

There is also a development of a community led offer that supports CYP and families, initially starting with the most vulnerable. This community led 'collaborative' links schools, general practice, social services, police, fire and rescue, community, the local voluntary sector, and hospital services more closely.

Work is now commencing in North Shrewsbury and will be rolled out to more areas during 2023/24.



## Shropshire NHS Health checks

The NHS Health Check is a national prevention programme for adults aged 40 – 74 years who are not currently diagnosed with a cardiovascular-related health condition. The health check can spot early signs heart and kidney disease, type 2 diabetes, vascular dementia, and help identify people at risk of a stroke. Shropshire Council Public Health have been working in partnership with general practice since 2013 to provide the NHS Health Check to eligible residents.

Working together enables an increasing number of people to benefit from an NHS Health Check. As with many services, the Health Checks were stood down during the Covid pandemic in line with national guidance, and work is continuing to reinstate the service.

**Recommendation – Place Based/Neighbourhood Working** I recommend HWBB partners renew their commitment to Local Place Plan/Neighbourhood Based Working, to improve health and wellbeing. That HWBB partners promote and engage with Local Government assets such as housing, transport and planning, to develop a healthy places approach.

### Shropshire Integrated Place Partnership (ShIPP)

The purpose of ShIPP is to act as a partnership board of commissioners, providers of health and social care and involvement leads, to ensure that the outcomes and priorities agreed at ICS and Programme boards are implemented at place level in Shropshire.

The Board takes into account the different communities and people we work with, the individuals/ citizens (including carers) that we serve, the different delivery models needed, and our focus on reducing inequalities.

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

### Housing

Housing Influences health inequalities through the effects of housing costs, housing quality, fuel poverty and the role of housing in community life.

Work to address this over the next few months will include undertaking an authority-wide housing needs survey, producing a specialist accommodation and independent living strategy, producing an affordable and intermediate housing options strategy, review and revision of the allocations policy and a revised Housing Supplementary Planning Document (SPD). The outcomes of this will be increased numbers of additional affordable housing and additional specialist / supported accommodation.

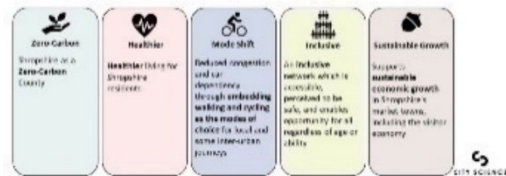
### Transport

Transport impacts on health. Enabling active travel such as walking and cycling, and use of public transport should result in healthier living for Shropshire residents and reduced congestion and car dependency.

The Local Transport Plan (LTP) 4 considers and prioritises the mobility needs of people, places, and activities in promoting and maintaining healthy, equitable and sustainable communities.

This includes the Local Cycling and Walking Infrastructure Plan (LCWIP) which encourages and enables sustainable physical activity in daily life for everyone. It also aims to increase the proportion of the county with access to good quality cycleways and walking in areas of deprivation and low physical activity.

The LCWIP has the following cross-discipline objectives which align with the emerging Local Transport Plan (LTP4)



### Planning

Planning decisions impact on health equity. For example, through accessible good quality green spaces. As well as creating healthy environments this also supports and enables stronger communities.

SP6 is a new Health and Wellbeing policy within the [Local Plan](#), which relates to the provision of quality green space and infrastructure in planning conditions. It will be ensured that staff are trained and understand the SP6 policy and its requirements and monitor the number of planning consents which reference SP6 in planning conditions.





Co-ordinated access to **community support for anyone struggling with bereavement**, grief or loss. This pathway provides an easy to access connection via our Customer Services team with local voluntary providers including Cruse Bereavement Support, Severn Hospice, Samaritans and Crane Counselling.



The Shropshire Council [mental health webpage](#) has a range of resources, information and useful links including online information to self-manage concerns, links to support in the community and details of additional specialist mental health offers.

- **Future in Mind Shropshire** is a multi-disciplinary, interagency working for all schools, upskilling the workforce to identify, support and improve the mental health of children, their families and staff on a daily basis. It is based on the England Transformation Plan, NHS England Future in Mind and Government Green Paper for mental health.



**Mental Health School Support Teams (MHSTs)** are a new service designed to help meet the mental health needs of children and young people (5 to 18) in education settings. MHSTs deliver evidence-based interventions for mild to moderate mental health issues and support a whole school approach to ensure mental wellbeing is a priority. This will be available in all schools as the national programme expands.



A **bereavement, loss and grieving guidance document for schools** has been designed along with an outreach bereavement support offer for children and young people via the bereavement pathway in partnership with schools.



**Funded license for TogetherAll**, a free, secure and anonymous online mental wellbeing site that can be accessed for free by any Shropshire resident aged 16+ or anyone working within a postcode covered by Shropshire Local Authority.



A **Farmers Health Check Offer** delivered on site at livestock market locations in Shropshire, was launched in 2023. This offers farmers and those who live and work in rural communities a blood pressure check, ability to discuss any physical or mental health concerns and be connected to appropriate support based on identified need. This is a partnership between Shropshire Council, Shropshire Rural Support, and the National Farmers Union.



Pilot of mental health community champions through key business sectors (including hairdressers), in partnership with Samaritans to provide learning sessions on active listening and signposting to local services where a concern of a client or member of staff is identified.



## Healthier Weight

Reducing obesity is a priority for Shropshire's Health and Wellbeing Board as well as Shropshire's Integrated Care Board (ICB). Healthy weight and physical activity also represent a key area of focus within the Health and Wellbeing Strategy 2022-2027 and is linked closely with food insecurity and children and young people's health and wellbeing.

Unhealthy weight is a complex problem. It is about more than simply an imbalance between the amount of energy we consume and the amount we expend. Both evidence and expert opinion points to changes in the wider environment, including both the food and physical environment as the main drivers of the dramatic increase in overweight and obesity seen in recent decades. These drivers have an impact on weight throughout the life course. When unhealthy weight occurs during childhood, it mostly persists into adolescence and adulthood. This means that preventing the occurrence of unhealthy weight in the first place is critical.

### Healthier weight strategy

For the reasons given in the 'fact file', the Healthier Weight Strategy for Shropshire will focus on preventing unhealthy weight across the life course by using a whole-system approach to tackle its wider determinants.

- ✓ Public and Stakeholder engagement has taken place. Key findings include:
  - Healthy weight is a complex, emotional issue which people care about
  - There is a strong sense that people want to consider healthy weight more broadly, in the context of poverty, work/life pressures and wider wellbeing
  - Particularly among young people, weight is considered to be too narrow and there is a sense that overall happiness is a priority regardless of weight i.e., body positivity
  - There is an awareness of the harms caused by stigmatisation of unhealthy weight. Among young people there are concerns and fears around underweight and eating disorders
  - Need for an inclusive approach for e.g., those with mental health conditions, physical and learning disabilities, children and young people, women in menopause and older adults
  - Top healthy diet barriers: the amount of unhealthy food available, too many opportunities to eat high sugar/fat snacks, having time to prepare healthy food, and motivation and affordability of healthy food
  - Top barriers to being more physically active: finding time, having local access and ability to travel to facilities and cost
- ✓ Local and national assets which can support a healthier weight have been mapped
- ✓ Based on the rich evidence collated through this process (called a Health Needs Assessment), the following high-level priorities for the whole-system approach to healthier weight in Shropshire have been identified:
  1. Improve the health of Shropshire's population by reducing the scale of unhealthy weight and reducing inequalities in unhealthy weight
  2. Improve the environment in which Shropshire residents live so it is more conducive to healthy living
  3. Increase actions aimed at preventing unhealthy weight across the life course – focusing on infants, early years, children, and families
  4. Increase awareness of and uptake of existing universal support, available services and assets – targeting those most at risk
  5. Enable Shropshire's community, voluntary and public sector workforce in confidently and capably delivering information, support and advice to those at risk of, or already living with the consequences of excess weight - building understanding and confidence to reduce weight-related stigma and discrimination.

## Trauma Informed Approach

### Moving from 'what's wrong with you?' to 'what happened to you?'

Adverse Childhood Experiences (ACE) and Trauma are a priority of the Health and Wellbeing Board (HWBB) for 2022-2027. The aim is to have a trauma informed workforce across Shropshire.

Adverse Childhood Experiences (ACE) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life.

Childhood trauma isn't something you just get over as you grow up. Evidence shows it has lasting adverse effects on a person's mental **and** physical health.

Trauma is costly in both human and economic terms, and the real impact being on people and society.



### There is always hope, and there are things we can do

- Safe, stable, nurturing child-adult relationships and environments help children to develop strong cognitive and emotional skills and resilience
- For adults who experienced trauma in their childhood, it is possible and important for us to help minimise the impact of this on their health, relationships and lives in general
- Using a Trauma Informed approach in services makes no assumptions about who may have experienced trauma and offers consistency for all.

### Using a Trauma Informed Approach Includes simple things....



Listening



Person centred - not just the presenting disease or issue



Building trust

## What is happening in Shropshire?

### Multi-agency Trauma informed steering group

A Multi-agency Trauma informed steering group, led by Public Health, meets monthly and is chaired by the elected members with a portfolio for children and education.

The group is passionate about creating a trauma informed approach in services and raising awareness in the community to aid recovery and understanding for those affected. Use of a common language to describe trauma and identifying different levels of training for all services is being identified, which will include evidence of implementation afterwards.

It is evident some services are Trauma Informed, but this is fragmented. Consistent training and implementation of the approach is good for everyone, including staff working within services who may be holding their own trauma or be affected by the trauma of those they are supporting/coming into contact with.

### Film - Resilience – the biology of stress & the science of hope,

700 + workforce staff including Shropshire Cabinet, Shropshire Integrated Place Partnership, HWBB, Primary Care, Community Health Trust, Hospital Trusts, Adult and Children's' Social Care, Public Health and the Voluntary and Community Sector have attended screenings of this film, with a facilitated workshop, so far. The film provides a solid introduction and evidence base for using a trauma informed approach. Monthly screenings are taking place throughout 2023.

Senior leadership commitment across the whole health and care system is needed, and this is gaining momentum. We continue to work hard to influence this in conjunction with our colleagues at Telford & Wrekin Council.

### Drugs & Alcohol

Drug and Alcohol misuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status.

The following is taking place:



#### RESET

Following a successful grant funding application, £1.4m has been awarded by OHID to support individual rough sleepers or individuals at risk of becoming rough sleepers, with their substance misuse. This has enabled 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. The RESET launched January 2023.

#### Contracted 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.

#### Shropshire Substance Misuse Strategy & Substance Misuse Needs Assessment

This highly detailed area specific Substance Misuse Needs Assessment (NA) provided a deeper into local data for Shropshire to make appropriate recommendations to improve provision and outcomes for people in Shropshire and has being used to refresh the Strategic Substance issue

# Conclusions and Recommendations

Living in rural Shropshire provides residents with many opportunities; Shropshire's beautiful countryside and strong sense of community provide a strong foundation for achieving health and wellbeing outcomes which are better than many of the Countries more urban areas. However, while overall outcomes are good, there are hidden inequalities in our rural communities and specific challenges that are made worse by living rurally. For example, the deprivation around physical factors such as the infrastructure including digital broadband, housing stock, access to services and rising vulnerability through the cost-of-living crisis. The dispersion of deprivation hidden between more affluent homes within very small geographies adds to the complexity of the challenge of recognising and meeting local needs.

We need to continue to strive as both a Council and wider system to prevent and reduce inequalities, whether they arise from rurality or other determinants of wellbeing. This report provides the context to understand these issues that impact on health and wellbeing in rural areas, the inequalities these can generate in Shropshire and how we can continue to address them and seeks to shift the conversation to a more balanced one, with urban and rural challenges equally understood and addressed appropriately. The recommendations seek to highlight specific areas of action and further action identified by the current overview of health and wellbeing in Shropshire provided within the report.

## **Recommendation 1 – Rural Proofing**

That all partners take account of, and assess the Governments rural guidance for policy makers and analysts of the effects of policies on rural areas and use the Rural Proofing Toolkit when introducing or adapting a new service or policy.

## **Recommendation 2 – Prioritise and develop community- based interventions**

That all statutory partners with health and wellbeing responsibilities, recognise the essential role communities play in delivering improved outcomes across Shropshire and specifically in our rural population. That partners develop a co-ordinated, comprehensive, asset-based and sustainable/resilient approach to wellbeing in our communities, ensuring the voluntary sector is central to this approach. Continuing to develop and mainstream effective tailored interventions to meet the needs of our more rural population including social prescribing, shaping places and farming health checks.

## **Recommendation 3 – Place Based/ Neighbourhood Working**

Given the variety and variation of villages, hamlets and towns across Shropshire, partners renew their commitment to Local Place Plan/Neighbourhood Based Working, to improve health and wellbeing. That HWBB partners promote and engage with Local Government assets such as housing and infrastructure to develop a healthy places approach.

## **Recommendation 4 – Intelligence Led**

Improving the evidence base to understand and monitor rural outcomes is essential to underpin all our decision making across HWBB partners. This includes the continued role out and use of the Joint Strategic Needs Assessment (JSNA) by all partners as the foundation of that evidence base. In addition, where gaps in the evidence around rural outcomes exist, these should seek to be plugged locally and nationally with the development of more rural sensitive data sets and measures enabling assessment of access rates and consider using rural data into our monitoring dashboards for parity with more urban metrics.

## **Recommendation 5 – Infrastructure solutions**

Continue to recognise and support the transport and infrastructure challenges in rural areas and develop innovative solutions to address these needs. To continue to focus on reducing digital exclusion through strong plans and strategies that build up the infrastructure and respond to the challenges of digital connectivity through digital solutions that work in more excluded areas such as low bandwidth solutions.

## References

WN Thursfield MD, County of Salop, Annual report for Shropshire County Council of the Medical Officer for Health.

House of Lords Select Committee 2019 inquiry into the rural economy by the Rural Proofing Report 2020 ([publishing.service.gov.uk](https://publishing.service.gov.uk)) report. It provides clear recommendations to policy makers on 'Rural proofing' to reduce health inequalities in rural areas in England.

Commission for Rural Communities. Social isolation experienced by older people in rural communities. 2012

[www.basw.co.uk/system/files/resources/basw\\_111815-1\\_0.pdf](http://www.basw.co.uk/system/files/resources/basw_111815-1_0.pdf)

2022 (Defra, 2022) Rural proofing ([publishing.service.gov.uk](https://publishing.service.gov.uk))

*"Floreat Salopia" – May Shropshire Flourish*

**Director of Public Health,  
Shropshire**

**Annual Report 2022 / 2023**





## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	18 <sup>th</sup> January 2024			
<b>Title of report</b>	Prevention Matters: Shropshire’s Prevention Framework			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	X Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Rachel Robinson <a href="mailto:rachel.robinson@Shropshire.gov.uk">rachel.robinson@Shropshire.gov.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	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
<b>What inequalities does this report address?</b>	Prevention and Early Intervention has reducing inequalities at its core. All health, care and wider determinants of health (housing, education, infrastructure)			

### 1. Executive Summary

This Prevention Framework will support the development of a vibrant community that has future resilience and independence in both the medium and long term. It will support the delivery of more sustainable services that meet people's needs and deliver better outcomes. Shropshire people are our future, and we need strong, healthy, well communities and people, for Shropshire people to thrive and live their best life.

This Framework is a first for the Health and Wellbeing Board and it spans the life course with a true focus on the promotion of health and wellbeing and the prevention ill health and inequalities. It takes a holistic approach to health and wellbeing and prevention activity across all ages and signals change in practice across teams and services at scale. This framework has been developed through working with system partners on new ways of working and the delivery the framework will involve listening to our residents, including children and young people.

This framework document highlights the needs of our communities (our case for change), our vision and our plans to embed prevention activity across all our services as a system; cultivating a holistic community offer that supports people to take charge of their own health and wellbeing.

The Framework has been developed in partnership with stakeholders, internally at Shropshire Council and across the system, through one-to-one discussions, meetings and culminating in a stakeholder event in October and engagement in November.

### 2. Recommendations

That the Board note the development of the framework and support the next steps as outlined in the paper.

### 3. Report

We believe in the potential of Shropshire people and our communities to remain healthy and well, enjoying and participating in the communities where they live. We also know that some people in Shropshire are not able to reach this potential and the divide between those who can and those who can’t has been growing in recent years.

We know that prevention is the most cost-effective approach that delivers the best outcomes for our residents- ‘an ounce of prevention is worth a pound of cure’. Our approach is driven by the desire for better, more person centred and joined up services that deliver better outcomes. Our ambitious approach outlined in



the framework, builds on the innovative and effective work already taking place and to upscale the impact and scale through system working.

The Prevention Framework builds on the existing place-based offer, creating one approach to put the lives and health of community and people at the heart of everything. This will be done by providing support and sign-posting for access to self-help, expanding targeted support through brief interventions and referrals into appropriate specialised services which ultimately will minimise demand on wider health and local authority services.

Under this Framework residents will have access to a community that supports them to thrive, including work, physical, green-blue and life-long activities, social networks, information and access to local support. This Framework will enable us to achieve our ICS ambitions of taking a person-centred approach to prevent ill health; empowering individuals to lead healthy lives, giving them greater choice and control where they need it. It is also about identifying and providing effective early support to all age groups and targeting those most in need and those at risk of poor outcomes. It is a shift from a reactive approach to a more holistic, early response or intervention, with some clear systemwide preventions that add value to those already being undertaken by organisations and allows a more

Our challenges in Shropshire and Case for Change:

- Significant demographic and social pressures, exacerbated by the pandemic with ongoing affects (children and adults)
- A relatively affluent county masking pockets of high deprivation, growing food poverty, rural isolation, and geographic disparities in the health and well-being of children and young people.
- The rurality issue with 66% of the population living in villages, hamlets and dispersed dwellings, makes delivering services difficult, but more importantly makes accessing services difficult as well.
- The ageing population - we need to keep people well for longer.
- Children and families with complex needs are large numbers of looked after and children in need.
- The potential for prevention on Shropshire's health and care population and the wider population is huge.

Our Vision:

Focus on developing strong communities where we can reduce inequalities, build the resilience of vulnerable people and families, and concentrate on driving system change so that every area has joined up, efficient local services which are able to identify people and families in need and provide the right support at the right time.

Our Priorities and Actions:

**Access** – Ensuring a well understood front door with access to information and advice, that focusses on self-care.

**Integration** – Enable communities and the voluntary and community sector to take more of central role in the development and delivery of prevention programmes, ensuring all age groups are at the centre of the implementation of the framework.

**Person Centred Care** – Embed Person Centred Care and approach across all organisations and partners.

**Communities** – Bolster the voluntary and community sector to work with partners across the system to support those in need

Next Steps:

It is recognised that the Framework is and will be a living document. We will continue to develop the action plans which have been updated and will monitor through ShIPP with routine reporting to the HWBB. We will look to formally launch the framework later in the year, where we will share best practice and outcomes from the actions, many of which are being taken forward already alongside the development of the framework, priorities and action plan.

**Risk assessment and opportunities appraisal**

The Prevention Framework seeks to address inequalities and rural inequalities in Shropshire. It challenges all our partners to take a Person-Centred approach when working with Shropshire people and highlights the

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	need to come together and work collaboratively to reduce inequalities and improve outcomes for local people.	
<b>Financial implications</b> (Any financial implications of note)	None directly associated with this paper.	
<b>Climate Change Appraisal as applicable</b>		
<b>Where else has the paper been presented?</b>	System Partnership Boards	ShIPP, SEND Partnership Board
	Voluntary Sector	Voluntary and Community Sector Assembly
	Other	Housing Executive, multiple stakeholder meetings across health, care, the local authority and the voluntary and community sector
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<b>Cabinet Member (Portfolio Holder)</b> Portfolio holders can be found <a href="#">here</a> or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead		
Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health & Communities		
<b>Appendices</b>		
<b>A. Prevention Matters: Shropshire’s Prevention Framework</b>		

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# Prevention Matters: **Draft V 6.0**

## Shropshire's Prevention Framework and System Action Plan

Working with and supporting people in Shropshire to live longer and healthier lives by taking a preventative approach to improving health and wellbeing outcomes.

# Table of contents

1. **Foreword**
2. **Introduction and Overview - Plan on a Page**
3. **Context – Challenge and Opportunities**
4. **Case for Change**
5. **One Vision, Approach and Commitment**
6. **Opportunities and Journey So Far**
7. **System-wide Priorities 2023 – 2027 Steps to delivery**
  - Action Plan**
  - Monitoring Delivery of the Strategy and Plan Outcomes**
8. **Appendices**

Page 92





# Foreword

## Foreword from Cllr Motley and Simon Whitehouse as HWBB Chairs

The Health and Wellbeing Board (HWBB) members acknowledge their individual organisational and our collective shared responsibility, to focus on prevention and early intervention to achieve sustainable and improved outcomes and enhance for people in Shropshire, while seeking to address variation in health and wellbeing outcomes.

This document provides our collective commitment to do just this, and the framework agrees our approach. The action plan outlines where our joined-up approach to prevention will accelerate and enhance our current work, recognising the opportunities in working together, reducing duplication and adding value for our people and communities.

Page 93  
Endorsement from all Partners through HWBB and SHIPP (tbc November 2023)

This framework and action plan adds detail to local and national high level strategy documents including:

STW NHS Integrated Care Strategy (2022) The Shropshire Plan (2022) , Priority for Shropshire's Health and Well Being Board – Healthy People (2022) Shropshire Council People Making a Difference (2022), Statement of Intent – joint vision for a model of integration across CYP Early Help/Prevention, Health Inequalities Plans and Health in All Approach, Targeted Shropshire Together Programmes and Major Conditions Strategy, NHS England Prevention Programme



# Introduction and Overview

Evidence shows that **prevention is better than cure** leading to improved outcomes for people, better demand management on services and long-term cost effectiveness for commissioners.

Our ambitious approach to prevention builds on the effective work already established across the County and the Integrated Care System, recognising that all key partners, communities and individuals have a role in improving the quality of lives and health of our population.

The Prevention Framework builds on the existing place-based offer, creating one brand to put the lives and health of community and people at the heart of everything. This will be done by providing support and sign-posting for access to self-help, expanding targeted support through brief interventions and referrals into appropriate specialised services which ultimately will minimise demand on wider health and local authority services.

Under this Framework all residents will have access to a community that supports them to thrive, including work, physical, green-blue and life-long activities, social networks, information and access to local support. This Framework will enable us to achieve our ICS ambitions of taking a person-centred approach to prevent ill health; empowering individuals to lead healthy lives, giving them greater choice and control where they need it. It is also about identifying and providing effective early support to all age groups and targeting those most in need and those at risk of poor outcomes. It is a shift from a reactive approach to a more holistic, early response or intervention.

The Framework recognises the existing work to also improve the environment in which Shropshire communities live, improving their access to healthy, affordable food and housing, opportunities to be physically active and access to good work and the benefits they are entitled to.



# What is prevention and how can services support this?

People being as healthy and well as possible at all stages of life; all services can help with this

## Primary Intervention - Pre Risk/At Risk

### Community Services and Support

Identifying and targeting people at risk and supporting them to reduce lifestyle risks and their causes before it's too difficult to reverse.

### Universal Services

Active across the population to prevent or delay risk, maintaining health; not demand management.

## Tertiary Prevention

### Specialist Services

Maximises wellbeing and resilience, reducing dependency on services for those with more specialised/complex health and care needs.



## Secondary Prevention/ Early Intervention

### Multi Disciplinary Teams

Help stop or delay progression, risk factors or early stages of disease, intervening before full symptoms develop, particularly in those who already have substantial risk(s) and multiple needs.



## Protective Factors

### Wider Determinants

Support at all levels of need and includes access to good housing, education, outdoor spaces, social prescribing and the voluntary and community sector (VCSE).



## Our Vision

Focus on developing strong communities where we can reduce inequalities, build the resilience of vulnerable people and families, and concentrate on driving system change so that every area has joined up, efficient local services which are able to identify people and families in need and provide the right support at the right time.

## Case Study:

# Social Prescribing – tackling anxiety and isolation

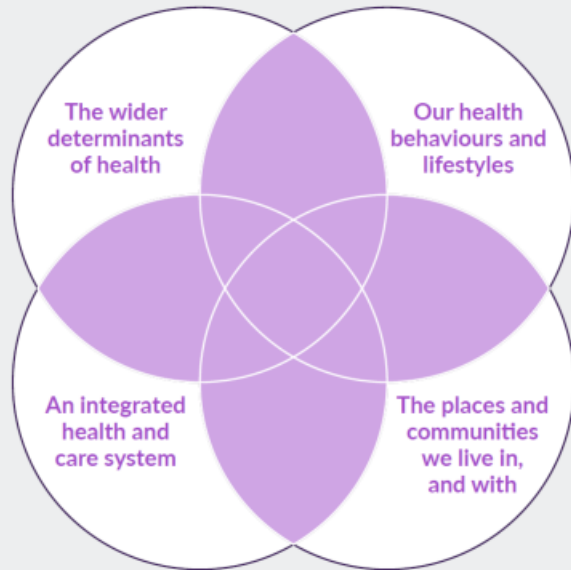
Page 96

**“I get out more now**, I meet up with family, I find it hard to manage my life, I do still feel overwhelmed and isolated, but I have found the confidence to be myself, **I go quite often to an outdoor green space now**, I go to look at the spring flowers.

“It’s been good to talk to someone, **someone to listen to me**, I tried to talk to other people and it’s not as beneficial as talking to a professional. You get reasonable conversations with a Social Prescribing Advisor, **honest conversations that have allowed me to think more deeply about my situation and environment.**

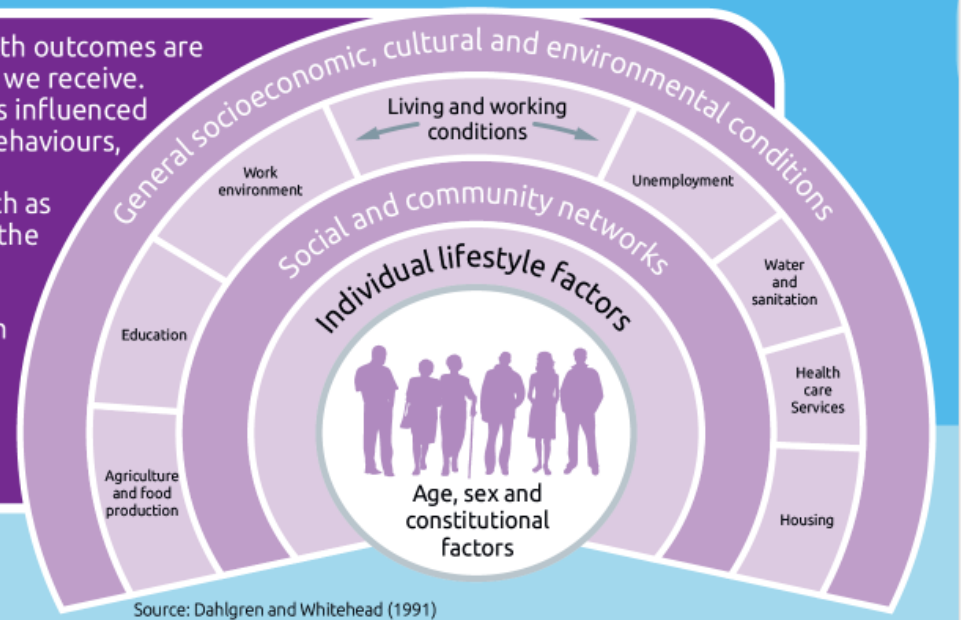
“I was sign posted to an **ICT course**, **I’ve been loaned a tablet to learn**, and there are volunteers and they are encouraging. **I feel motivated.**”

# Case for Change - What makes us healthy



As little as 10% of our health outcomes are affected by the healthcare we receive. Our health and wellbeing is influenced by not only genetics and behaviours, but importantly, the wider determinants of health such as housing, employment and the environment. In fact, the wider determinants have a greater influence on health than health care, behaviours or genetics.

This diagram shows how these factors interact.



Source: Dahlgren and Whitehead (1991)

“The best way of ensuring a long healthy life is to have the best start in life, a decent education, a warm and loving home and sufficient income to meet our needs. Or to put it more simply - a job, home, family and friends are the things that matter most to our health and wellbeing.”



# Context– Challenges and Opportunities

Reduced workforce and ability to recruit (lack of trained staff nationally)  
how are we going to address this gap?

Demand outstripping capacity need to look at different models to achieve  
outcomes

Increased complexity of caseloads and safeguarding issues (42% school  
nurse caseload currently is safeguarding)

Reduction of prevention / early intervention historically

Impact of Pandemic and increase in mental health issues for young people  
and families including access to specialist service for CYP's mental health

Schools left 'Holding the Baby'

Shropshire is a relatively affluent county masking pockets of high deprivation, growing food poverty, rural isolation, and geographic disparities in the health and well-being of children and young people.

It's a mostly rural county and the largest inland county in England with 66% of the population living in villages, hamlets and dispersed dwellings.

Funding across the Shropshire, Telford and Wrekin system is an ongoing challenge seeing significant reductions over time

In Shropshire, children and adults have poorer outcomes for people with mental health issues, than its statistical neighbours. The County has the third lowest NHS investment in the country in mental health services.

There is a system wide agreement that both children and mental health in children and adults, is a system priority.



# Case Study:

## Rural Art Hub

Joseph lives rurally and has an agreement on the farm where he is a tenant, to use their old diary parlor for community-based art activities.

Joseph was referred to the voluntary and community support team by partners at the Qube so he could receive governance and legal structure advice, funding support and skill-based training.

Joseph's aim was also to eventually become a social prescribing intervention once his new community interest company had formalised and had the necessary health and safety requirements in place.

The Rural Art Hub now enables people, including children and young people from all walks of life to meet and socialise in a creative and welcoming local rural space.

The organisation is soon to be used as a social prescribing intervention to increase people's health and wellbeing and reduce social isolation.

# Case for Change

3 main reasons that the **evidence consistently shows Prevention is Better than Cure:**

Page 100

1. **Improve outcomes** (quality and length of life) - live longer healthier lives increasing time spent in healthy life expectancy
2. It is the most **cost-effective** approach to improving outcomes - ‘an ounce of prevention is worth a pound of cure’  
Prevention works – A review of international studies suggests investment in prevention have a significant long term social return on investment – **Around £14 Social benefit for every £1 across a broad range of areas**
  - Mental Health nationally costs £105bn a year. In Shropshire cost to health and social care for depression or similar common mental illness is an estimated £1,350 per adult per year. This includes treatment, loss of productivity, human costs and impacts on relationships
  - Diabetes costs an estimated £5,500 per person for health and care costs; which increases where people experience complications
  - Alcohol misuse costs £4.4billion nationally a year relating to alcohol related hard and anti-social problems
3. **Manages demand** – on specialist and more expensive services

Intervention	Return on Investment for every £1 invested to the wider health and social care economy
Teenage Pregnancy	£11 in healthcare costs
School Based: Smoking	£15
Parenting Programmes	£8 (over 6 years)
Keeping active: free use of leisure centres	£23 in quality of life, reduce NHS use and wider
Housing investments: warm safe homes	£70 (over 10 years to NHS alone)
Disadvantaged groups in work	£3 (reducing crime, homelessness and care)
Social Support: Befriending	£3.75 (mental health spend)
Motivational Interviewing	£5
Drug Treatment	£2.50
Mental Health Interventions	Between £1,26 and £39
Falls prevention	Between £1.37 to 7.34
Social Prescribing in Shropshire	£2.29
Smoking in Pregnancy	£5

# Case for Change

## The local picture: Health behaviours, early interventions and preventable deaths and admissions

Page 101

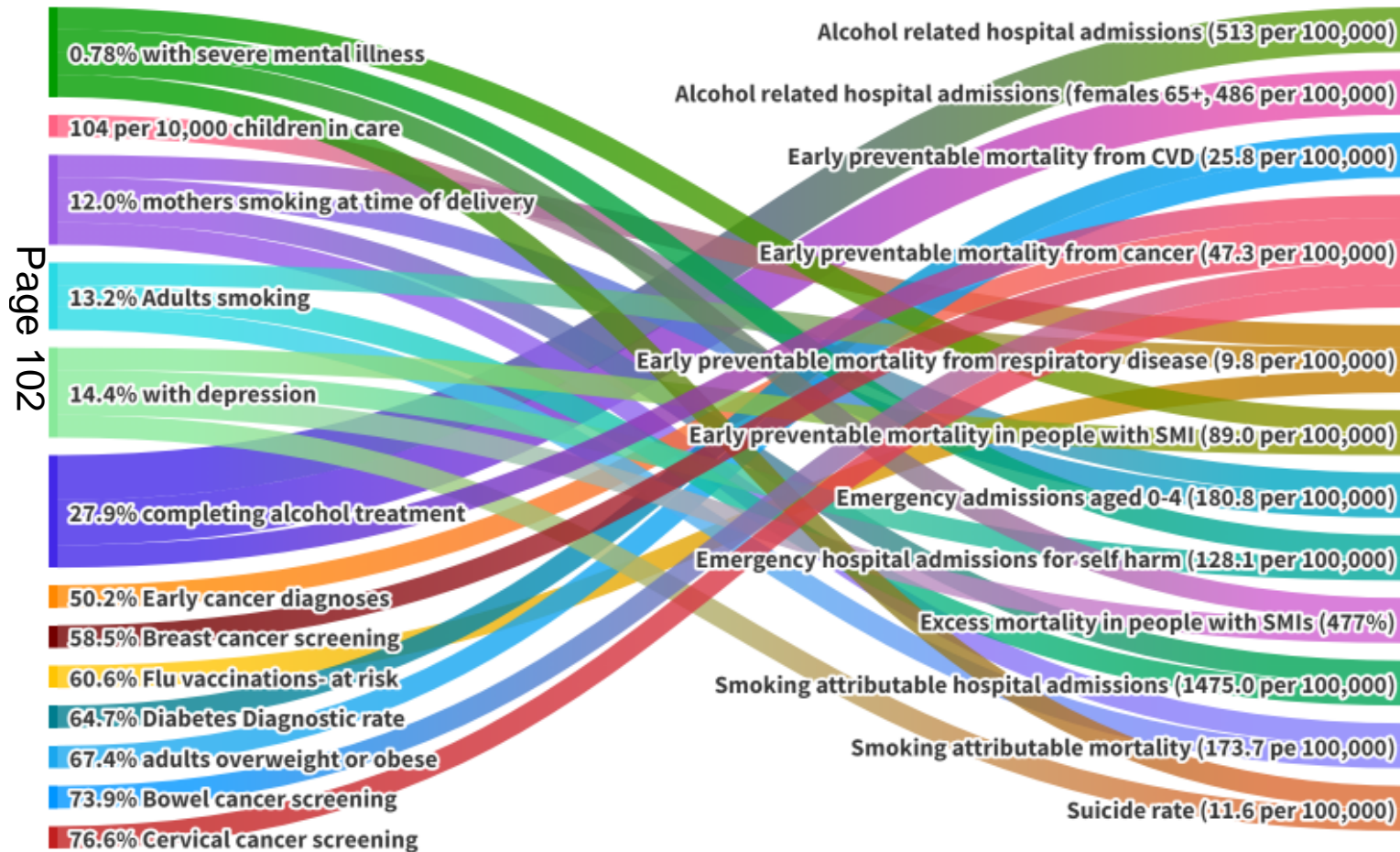


Compared to national average:  
**Red = worse**  
**Orange = similar**  
**Green = better**



- Early preventable mortality (132.4 per 100,000)
- Early preventable mortality from CVD (25.8 per 100,000)
- Early preventable mortality from cancer (47.3 per 100,000)
- Early preventable mortality from respiratory disease (9.8 per 100,000)
- Early preventable mortality from liver disease (16.6 per 100,000)
- Early mortality in people with SMI (89.0 per 100,000)
- Excess mortality in people with SMIs (477%)
- Suicide rate (11.6 per 100,000)
- Emergency hospital admissions for self harm (128.1 per 100,000)
- Emergency admissions aged 0-4 (180.8 per 100,000)
- Alcohol related hospital admissions (females 65+, 486 per 100,000)
- Alcohol related hospital admissions (513 per 100,000)
- Smoking attributable mortality (173.7 per 100,000)
- Smoking attributable hospital admissions (1475.0 per 100,000)

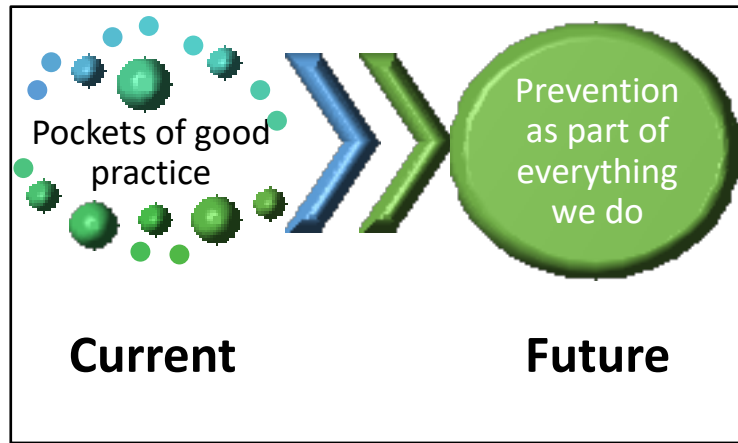
The chart below demonstrates that health behaviours lead to many adverse outcomes and put strain on health and care services.



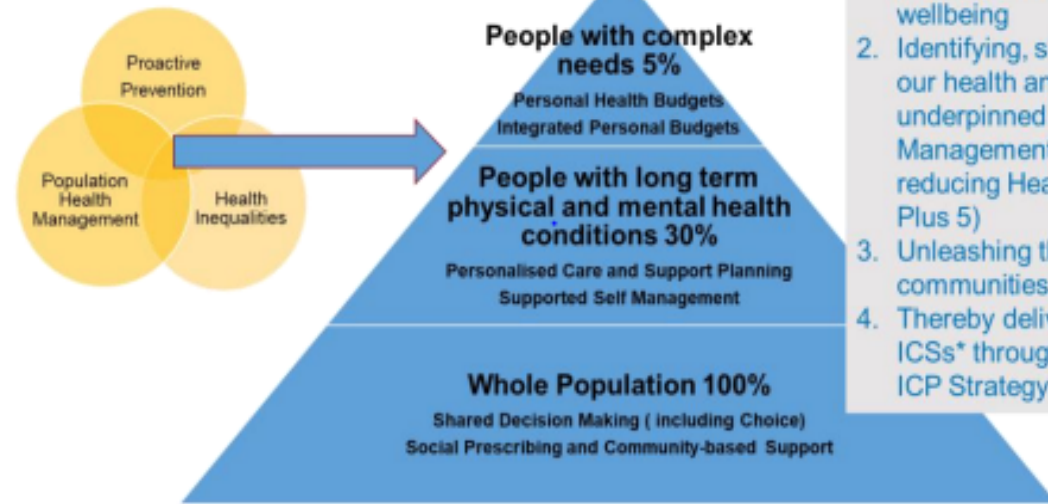
[Click here to view the interactive version to view specific relationships.](#)

# Case for Change - Addressing Inequalities, taking a person-centred approach

Page 103



We have lots of good work already underway in Shropshire and pockets of good practice/test and learn evidence-based approaches delivering benefits, but we need to resource and deliver universal services at a scale and intensity proportionate to the degree of need.



1. Reframing our relationship with the public – taking a whole person, preventative approach to health and wellbeing
2. Identifying, shaping and delivering our health and care priorities underpinned by Population Health Management, Proactive Prevention & reducing Health Inequalities (Core 20 Plus 5)
3. Unleashing the full potential of our communities to enable this
4. Thereby delivering the 4 aims of ICSs\* through co-production of our ICP Strategy with delivery of Place

\*Integrated Care Systems exist to achieve 4 aims:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development





## Case Study:

### Leisure and Tourism

The Muddy Boots Club, funded by the Veolia Envirogrant scheme and jointly organised by Market Drayton Library and its Friends group, aims to encourage pre-school children, who are confident walkers, to get out and about in nature, playing, creating and discovering

In addition to the animal encounters, the children have also engaged in several other eco-friendly activities, such as making bird feeders, leaf rubbings, bug spotting and seed planting.

Thanks to the Muddy Boots Club, many children and their parents have discovered new areas of the town, met new people, enhanced their well-being and developed new skills.



# Our Approach -

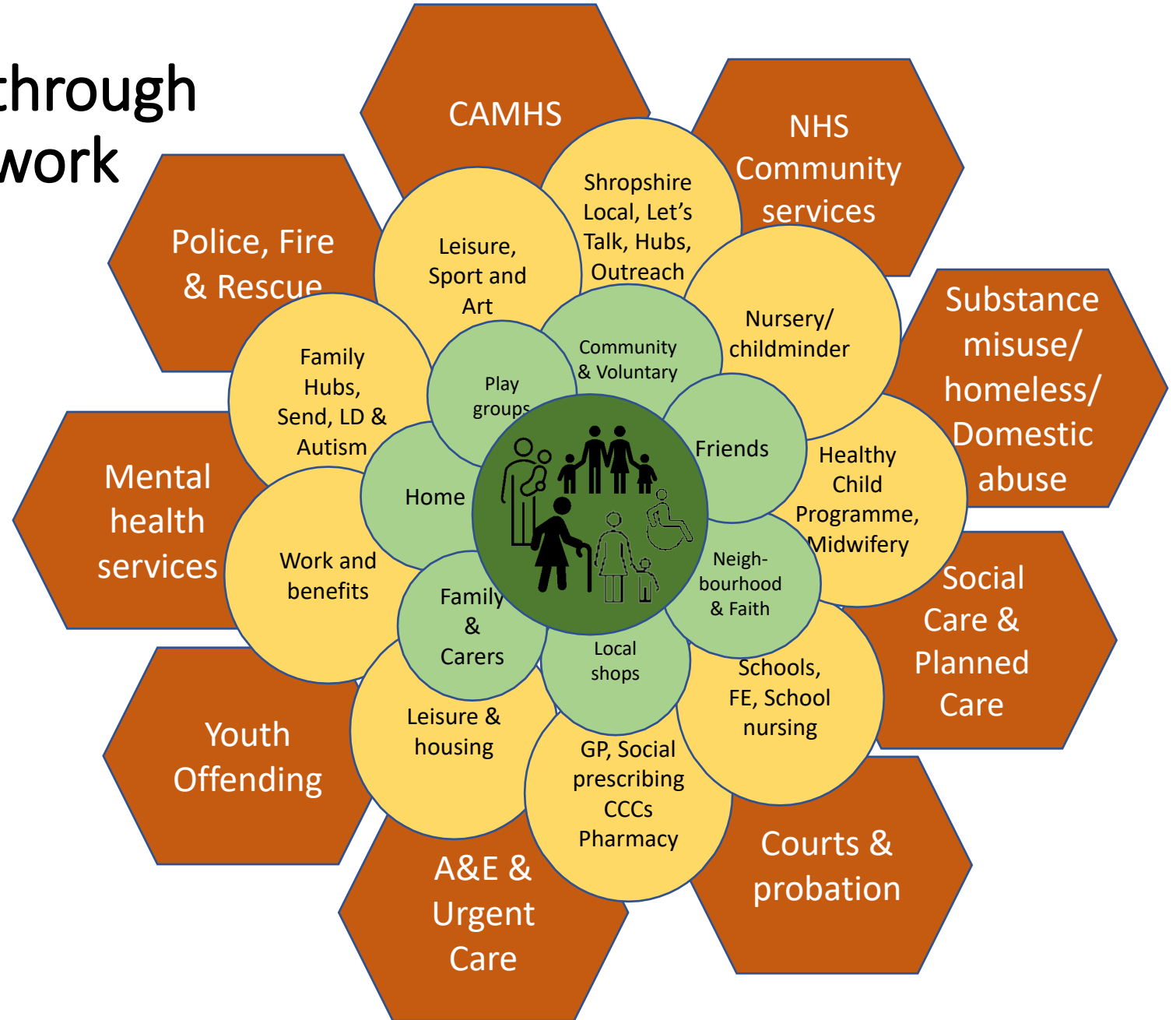
Developed in partnership through integration test and learn work

## Person-Centred Care

People and communities are the cornerstone of how we will work.

Our programmes will focus first on supporting people to help themselves, followed by ensuring there is high quality, integrated, easily understood universal services for people to access, where they need it, when they need.

If further intervention is needed our approach will ensure high quality, integrated, easily understood specialist services are available.



## Case Study:

# Bolster community and VCSE - Age UK Activity Groups

Page 106

“I love the Women's Walking Football in Shrewsbury. I have met new friends, my mental and physical health have improved greatly with the team camaraderie. The group leader is great and we all have a say in the direction of the group. More team sports for over 55 women please! I know everyone else in the group feels the same - it's good exercise, and competitive and great fun. Thank you for this opportunity.”

“Thanks to Madelaine and Paul our teachers, our line dancing group is amazing. Claire Fishlock is wonderful, she is friendly efficient and brings our club together socially. it is extremely good for those who otherwise would be alone at home. BRILLIANT!”

# Our commitments

1. Proactively working with people of all ages, their families, and carers to improve wellbeing (eyes and ears on vulnerable people)
2. Ensuring that we take a person-centred approach, putting people at the centre of what we do
3. Work to develop a more comprehensive community-based prevention offer which includes universal, early help and targeted and specialist system services – One Shropshire
4. Work across service areas, integrating where possible, embracing partnership and collaborative working, creating a culture of working jointly across professions, organisations and teams for the benefit of our communities
5. Ensure evidence-based activity, population health data and other insight data (from services, locality JSNA, local consultations and the community) is used to inform planning and delivery; using data to find those most in need, focussing on inequalities
6. Adopting a test and learn approach, allowing projects time to evolve and deliver outcomes, embedding evaluation in all development programmes from the start



# Opportunities - Journey so far best practice

1. Agreed strategic support for a preventative approach
  - Integrated Care Partnership (ICP) Strategy, Health and Wellbeing Board Strategy, Partners Key Corporate Plan e.g. Shropshire Plan, West Mercia Police Prevention Strategy, Fire and Rescue, VCSE
2. Preventive Programmes are in place already across the County just some of the examples are included below:
  - Early Intervention (adults and children's), Let's Talk Local, Housing support, outdoor activity and green Spaces, culture Leisure and Tourism, Best Start in Life, Finding Dave
  - Wellbeing and Independence Partnership, Warm Welcome, Elevate, Enable, Social Prescribing
  - Problem Solving Hubs, Safe and Well Checks
  - Targeted Shropshire Together Programme – Healthy Lives including trauma informed, wellbeing campaign
  - Lifestyle programmes: sexual health, drugs and alcohol, healthy lives team, 0-19 service, health checks
  - Alcohol care teams, tobacco dependency teams, NHS digital weight management, annual health checks for people with learning disabilities, physical health checks for those with SMI, early diagnosis cancer programmes
  - Further development of pathways/integration
  - MSK, falls, Mental Health, CVD, Trauma informed approaches, vaccination, screening
  - Identification of six key projects across the pathway
3. Health in all approach embedded into policies and planning
4. Inequalities Plans

# Case Study:

## Shropshire Local

Shropshire Local Mobile aims to provide assistance to residents in rural areas where accessing council services and support can be challenging.

Throughout the past year, Shropshire Local has received nearly 17,000 enquiries and provided support to numerous residents on various matters, including concessions, blue badges, council tax, housing and other services. This figure encompasses all enquiries handled at Shropshire Local permanent drop-in points in Shrewsbury and Ludlow, in addition to the mobile service.

During the winter, Shropshire Local Mobile was stationed at libraries across the county, and due to the high footfall experienced in Bridgnorth and Oswestry, the service continued to operate from these libraries.

Shropshire Local Mobile offers a vital link to residents, helping them access advice and support from council services and partner organisations, as well as providing guidance on accessing services online.

Friendly and experienced staff are always available to listen and offer advice, guidance and information to residents.

# Case Study:

## People Living with Chronic Pain

Community based organisations in Shrewsbury came together to provide physical exercise and social support to people living with chronic pain after a gap in provision was identified by Healthy Living Advisors. Sessions were monthly and combined a mix of discussion and time in a quiet gym for exercise.

The group had a total of 13 regular members from 33 referrals with all reporting improvements in either mental health; reduction in medication and regular attendance to the gym.

All patients increased their satisfaction with life from attending the group; felt happier and had more sense of worth and said anxiety levels had decreased.

***“I find the group has been helpful to talk about pain experiences with others.”***

***“I’m done with clinical interventions, we need groups like this for us to get better.”***

***“Without social prescribing and this group, I wouldn’t be here now. You have saved my life.”***



# Delivering the Priorities

## System-wide priorities 2023 – 2027 Steps to delivery

- Action Plan
- Monitoring Delivery of the Strategy and Plan Outcomes

Page 111



# Priority 1: Access and One Shropshire

Ensuring a well understood front door with access to information and advice, that focusses on self-care.

P = Primary  
S = Secondary  
T = Tertiary

Activity	Action	Indicator of Progress	P	S	T
Develop a strong community directory that is used by the community and other services	Develop an online digital directory for signposting services so that there is one resource for all information (NHS and VCSE). Easy for public to be signposted and supported by a communications and training programme for staff (not just health and social care staff but fire, police, volunteers etc) at front door (physical and every contact)	Directory available and kept regularly updated			
Promote physical activity and reduce social isolation	Expansion of Healthy Lives	Number of referrals into social prescribing			
Page 112	Expansion of Healthy Lives to include specialist services e.g. Swap to Stop/ Stop Smoking	Reduction in number of smokers in targeted areas			
	Improve access to Early Help through awareness raising of SPOC and through	Creation of teams to support level II referrals into COMPAS - speed and response			
	Better identification and support for carers and self-care in order provide better outcomes for carers and may prevent, reduce or delay needs for requiring services. Links with Community Resource Good Neighbour Schemes.	Improved support for carers and reduced uptake of crisis services			
	Communications/ promotional campaigns with frontline health and social care staff to better improve awareness of Make Every Contact Count (MECC)	Joined up campaigns such as Community Resource dementia support, sight loss support, group for physically disabled) up awareness events with VCSE and access to VCSE led support groups Increased referrals into services			
Provide better work opportunities and workplace health	Support workplace health initiatives for example Shropshire Wildlife Trust works with businesses through corporate membership and supported development of grounds for lunch walks and provide volunteering opportunities	Increased referrals into services such as screening programmes and social prescribing, including green social prescribing project			
Provide better built environment and outdoor spaces	Increase use and access to Assistive Technology to support people living independently at home	Number of people living at home independently			
	Improve access to outdoor spaces by progressing against Natural England's Natural Greenspaces standards; using Natural England's Green Infrastructure Framework during planning processes.	Progress against the Natural England Framework and standards and Governments Environment Improvement Plan and commitment the public should be able to access green space or water within a 15-minute walk from their home.			
	Work with housing to enhance housing and health initiatives				

## Priority 2: Integration and One Shropshire

Enable communities and the voluntary and community sector to take more of central role in the development and delivery of prevention programmes, ensuring all age groups are at the centre of the implementation of the framework.

P = Primary  
S = Secondary  
T = Tertiary

Activity	Action	Indicator of Progress	P	S	T
Develop integrated approaches	Continue to roll out integration sites to include e.g. community mental health transformation, better integrated virtual working of agencies and teams around people with SMI and multi-disciplinary team working at PCN level.	Roll out of additional sites			
Maximise place-based approach "One Shropshire"	Use existing pockets of good practice to learn from - develop community/family hubs in line with statutory requirements but as an opportunity more effective co-location and integration	Roll out of family/community hubs to include schemes already in place and avoid duplication e.g. housing and debt advice provided to adults with severe mental illness (SMI) and Enable to support people with common mental health conditions into employment.			
	Development of Neighbourhood teams. Co-production and "teams of teams" approach within PCNs to provide proactive, person-centred care with support from multidisciplinary team of professionals and VCSE.	Number of Neighbour teams established. Use Highley has an example model of PCN / neighbourhood level holistic health and wellbeing integrated services			
	Closer working with social landlords	More people living independently			
Establish network of Health Champions	Support community leaders as health champions; continued programme of young health champions via SYA;	More health champions in each neighbourhood			
Resource community and voluntary health groups to enable the growth of solutions	Stepping Stones expansion	Business case modelling and service expansion			
	Better Care Fund to enhance Wellbeing at Home Advice and Advocacy Service	Numbers accessing advice and advocacy			
Build on local businesses role of social corporate responsibility	Healthy Workplace	More awareness of self-care and services available			
	Utilise the employer supported volunteering policy to link work being developed on social value and volunteering				
	Virtual wards	Less hospital admissions/ better hospital discharges			
	1001 Best Start - Programme of activities across health, care, education, nursery, dental	implementation of the six key action areas as part of integration initiatives in CYP			
	Proactive Prevention	Roll out of similar pilots such as the SWS PCN project with Age UK which identifies high frequency attendees in A&E and those with high hospital admissions to target services and avoid hospital attendance			
	Using prevention framework toolkit identify areas where small businesses can support local communities e.g. through social prescribing	More businesses requesting resource pack/ toolkit			

### Priority 3: Person Centred Care

Embed Person Centred Care and approach across all organisations and partners.

P = Primary  
S = Secondary  
T = Tertiary

Page 14

Activity	Action	Indicator of Progress	P	S	T
Embed the Prevention Framework, putting early intervention, prevention and person centred approached at the heart of all that we do	Develop and train workforce in order to identify prevention intervention in every contact (MECC) e.g. Shropshire Fire and Rescue Service to review safe and well visits to create opportunity to deliver MECC	Development and training of staff in areas such as parent conflict, Make Every Contact Count (MECC)			
	Develop a Framework Toolkit (resource pack) for all colleagues (professionals, communities, VCSE) to provide case studies and practical examples to embed prevention in everything we do	Pack produced and available to all			
Develop and embed person-centred approach the system	Provide opportunities for shared decision making, strength-based conversations and behaviour change conversations and training	Number of people (workforce and voluntary sector) trained, and number of people referred into social prescribing			
Embed early intervention and trauma informed approach while connecting with people	Embed the trauma informed steering group activity across the system, including improved and co-ordinated offer across schools	Number of trauma informed practitioners across the system			

## Priority 4: Communities

Bolster the voluntary and community sector to work with partners across the system to support those in need.

**P** = Primary  
**S** = Secondary  
**T** = Tertiary

Activity	Action	Indicator of Progress	P	S	T
Embed voluntary sector data and intelligence in the JSNA planning and delivery	Better information sharing and co-design of JSNA. Avoid duplication and harness expertise when setting up schemes across the system/ shared resource to co-ordinate and facilitate best practice	Easier access to client information and insight e.g. North Shropshire PCN project to make mental health practitioners available at foodbanks in Whitchurch, Oswestry and Market Drayton. Opportunity to roll out and target with those seeking help for fuel poverty/affordable warmth			
	Better integrated and shared learning from Falls Prevention programmes. e.g. Community Resources runs falls prevention events including functional fitness MOT . Use JSNA information on need as to where to target similar programmes	Number of people accessing prevention services			
	Core 20 Plus 5 Cancer Screening Programme	Number of people accessing cancer screening services. Better opportunities to work joined up using Cancer Champions?			
	Core 20 Plus 5 CVD Risk	Number of people having blood pressure checks			
	"System-wide Prevention Awareness Campaigns Health Promotion (mental health, drugs, weight, alcohol, sexual health)Neglect-in conjunction with VCSE health awareness events - Targeted to carers, inequalities groups"	Increased self-referrals into services			
	Each place and community will have different demand and needs and the CYP Needs Assessment will help inform what services are needed to support children, young people better.	Better understanding and targeted support			
	As above, the JSNA will help inform and target the support and required need for prevention intervention	Better understanding and targeted support			
Develop the culture and practice across the system to implement new ways of working across adults and children's services, whereby everyone has a responsibility for preventing ill health – physical and mental health	Preconception				
Better support community activity and VCSE infrastructure to unleash power of communities	Working collaboratively across health and care to identify resource	Increased volunteering and community activity			

# Monitoring Delivery and Governance

The Prevention Framework brings together the aims and ambitions of the Health and Wellbeing Board and SHIPP to take a person-centred approach to prevent ill health and empower people to lead healthy lives.

Therefore, all activities and aims will be brought together, monitored and measured through both these forums.





# Appendices



# Glossary

- **Tertiary Prevention 5% of population**

Maximises wellbeing and resilience reducing dependency on services for those with more specialised/complex health and care

- **Secondary Prevention 30% of population**

Prevention in those who already have substantial risk(s). Often multiple needs DELAY and or DIVERT, MANAGE DEMAND. TARGETED EARLY HELP

- **Early Intervention with Risk**

Identifying people at risk and supporting them to tackle the risks before it's too difficult to reverse. PREVENT OR DELAY

- **Prevention/ Pre-Risk 100% Population**

Some might be at risk or disease reduction at a population level. Maintaining health. Not demand management. PREVENT UNIVERSAL

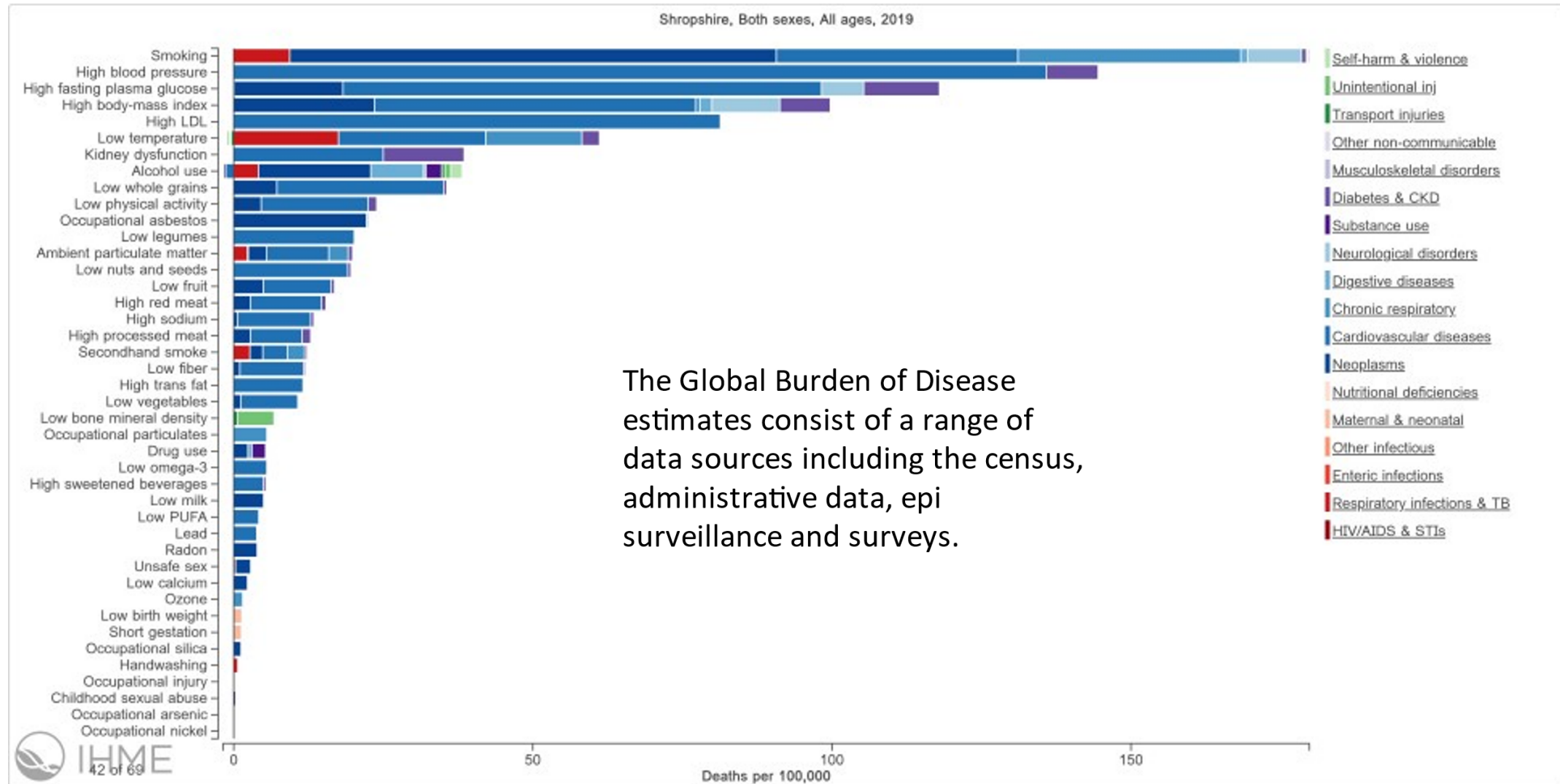


# Evidence base: Scale of the Opportunity



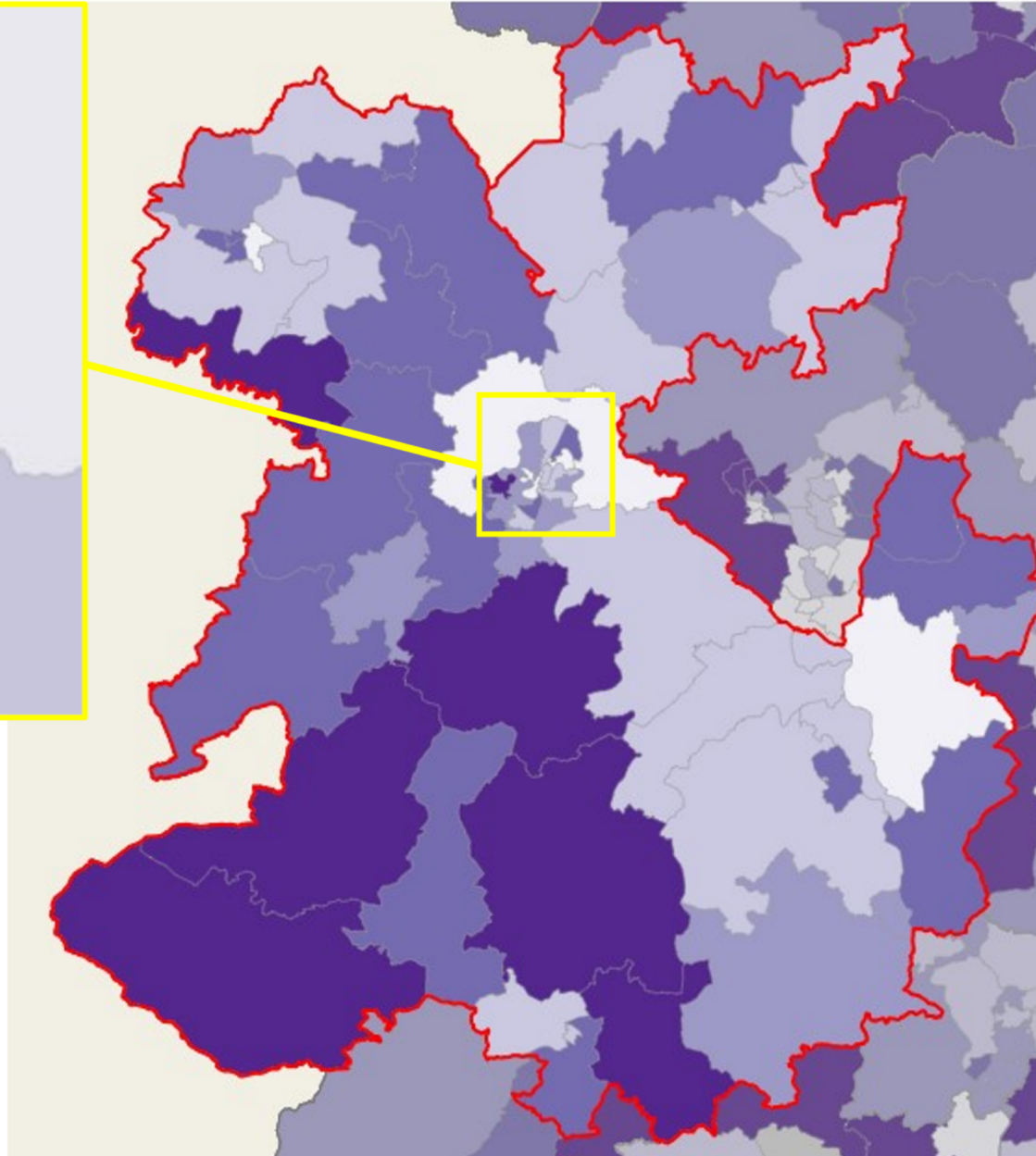
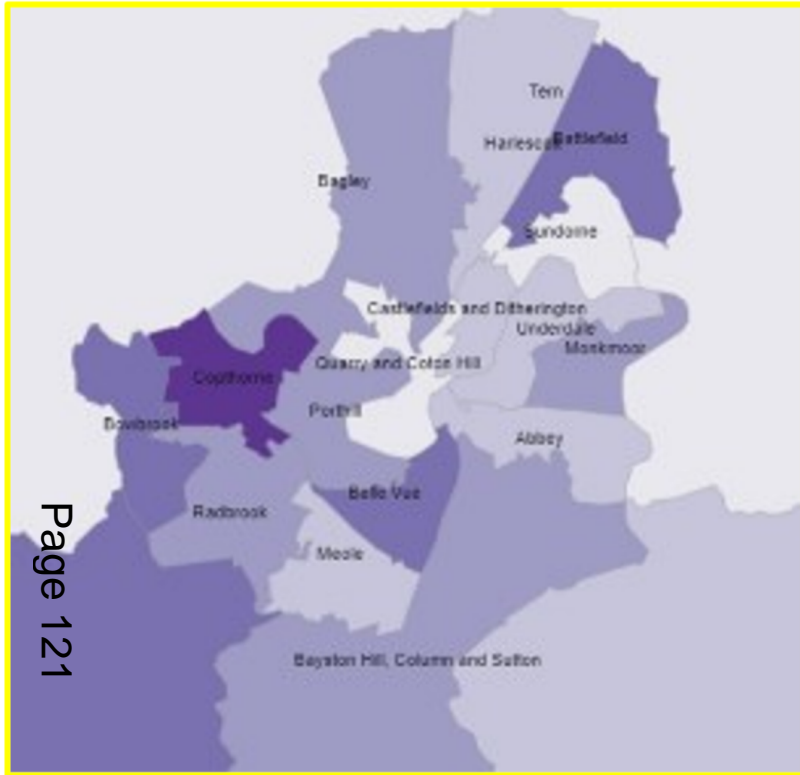
# Evidence base: Scale of the Opportunity

Burden of disease in Shropshire and contributing risk factors



The Global Burden of Disease estimates consist of a range of data sources including the census, administrative data, epi surveillance and surveys.

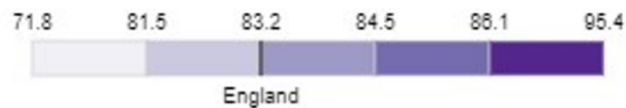
# Life expectancy at birth (Females) - 2016 to 2020 - Shropshire



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

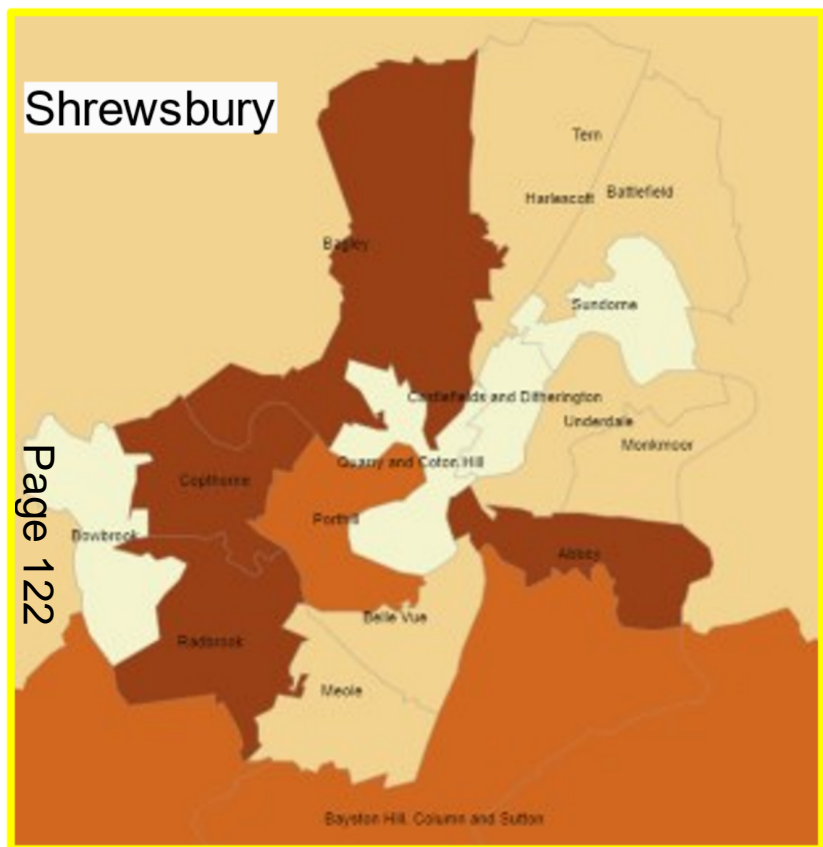
Page 121

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

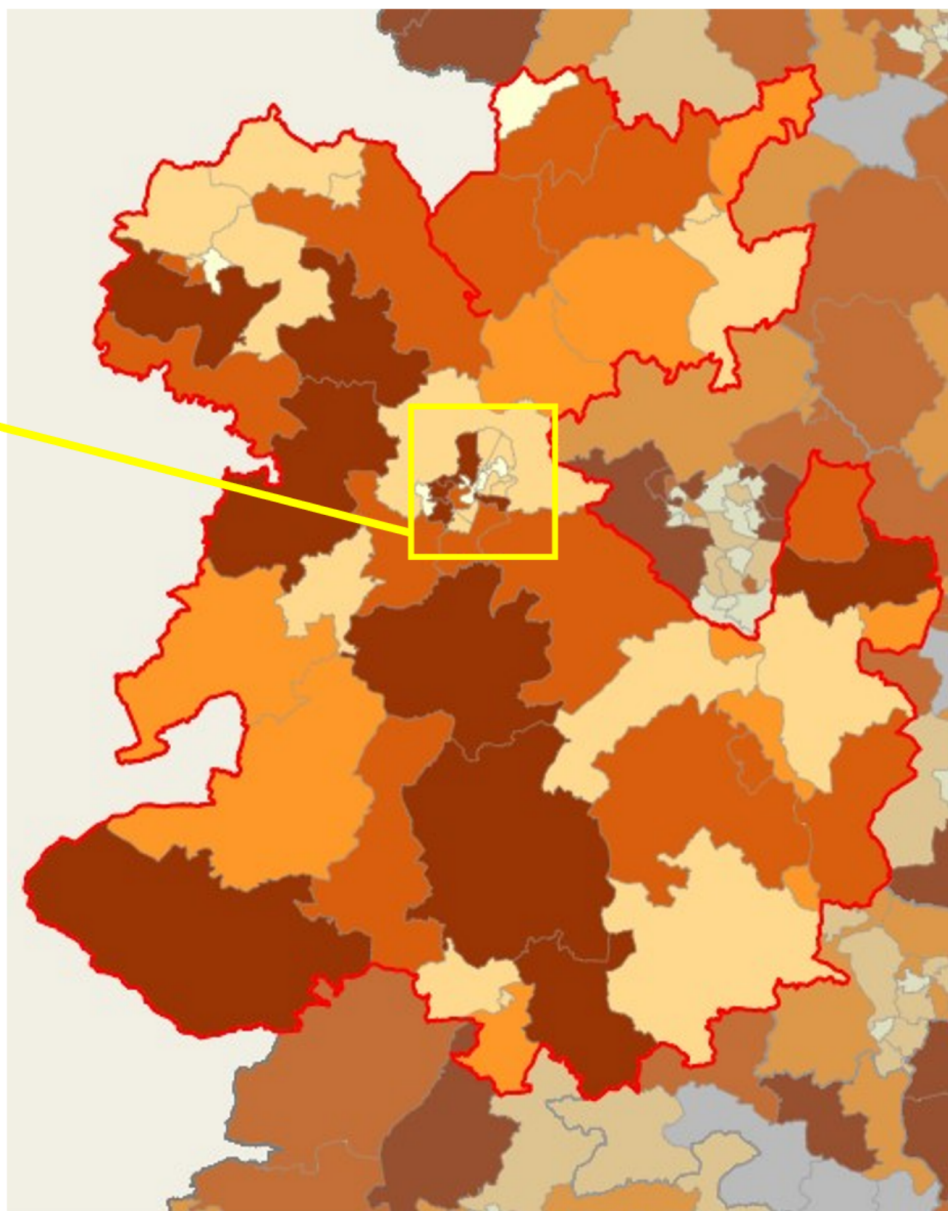




# Life expectancy at birth (Males)- 2016 to 2020- Shropshire

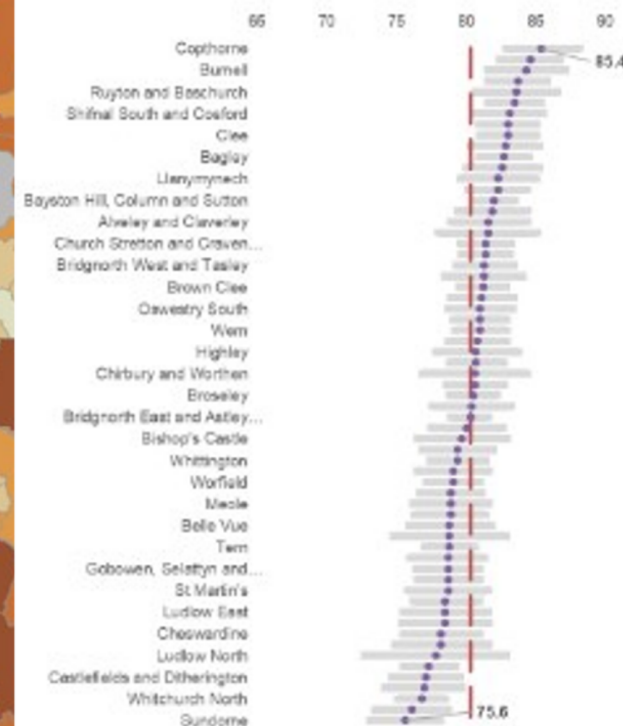


Males living in Coptthorne **live 9.8 years longer** than males living in Sundome, which is ~4 miles apart within the Shrewsbury area.



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

Life expectancy- Males (years)





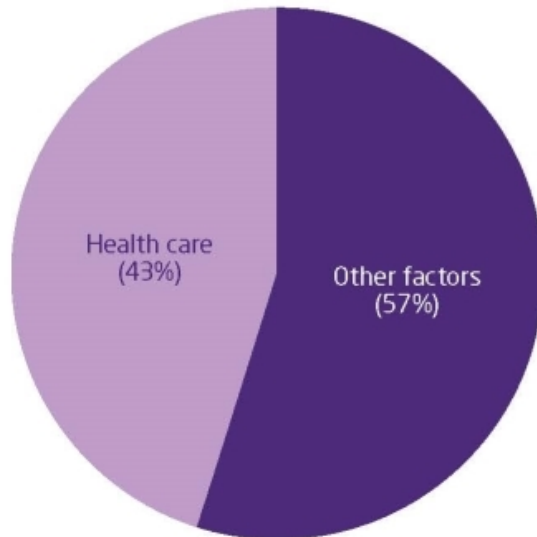
# Evidence base: Return on investment



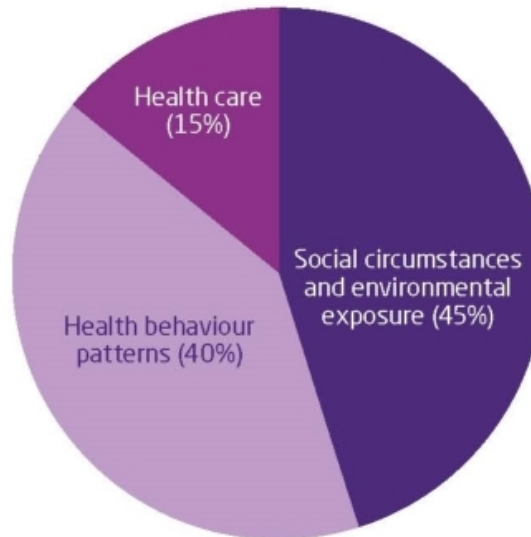
## The importance of public health

Our health is determined by our genetics, lifestyle, the health care we receive and our wider economic, physical and social environment. Although estimates vary, the wider environment has the largest impact.

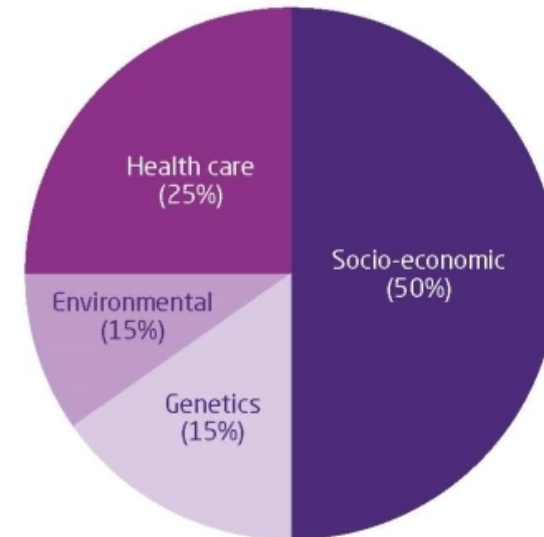
**Bunker et al (1995)**



**McGiniss et al (2002)**



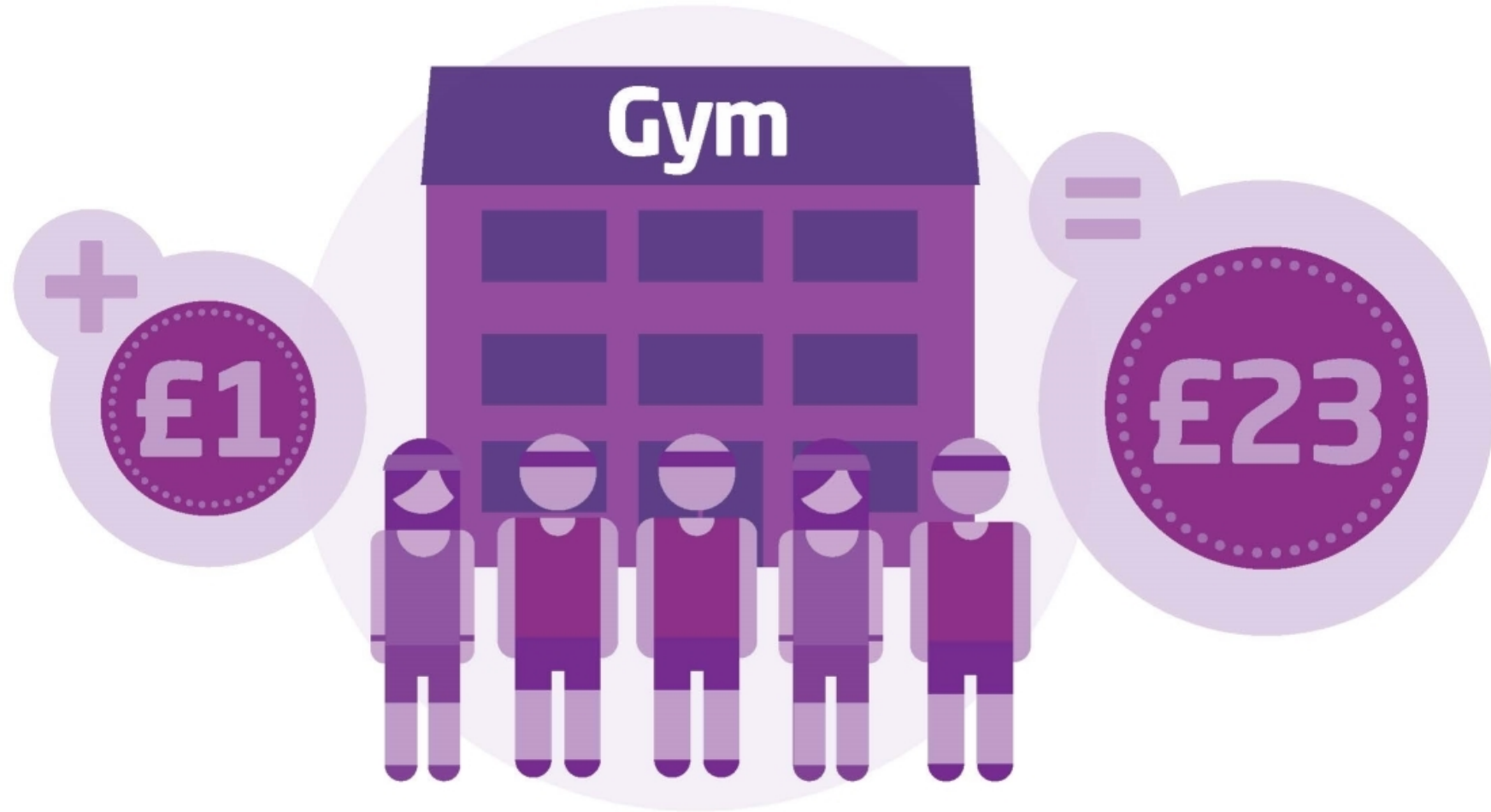
**Canadian Institute of Advanced Research (2012)**





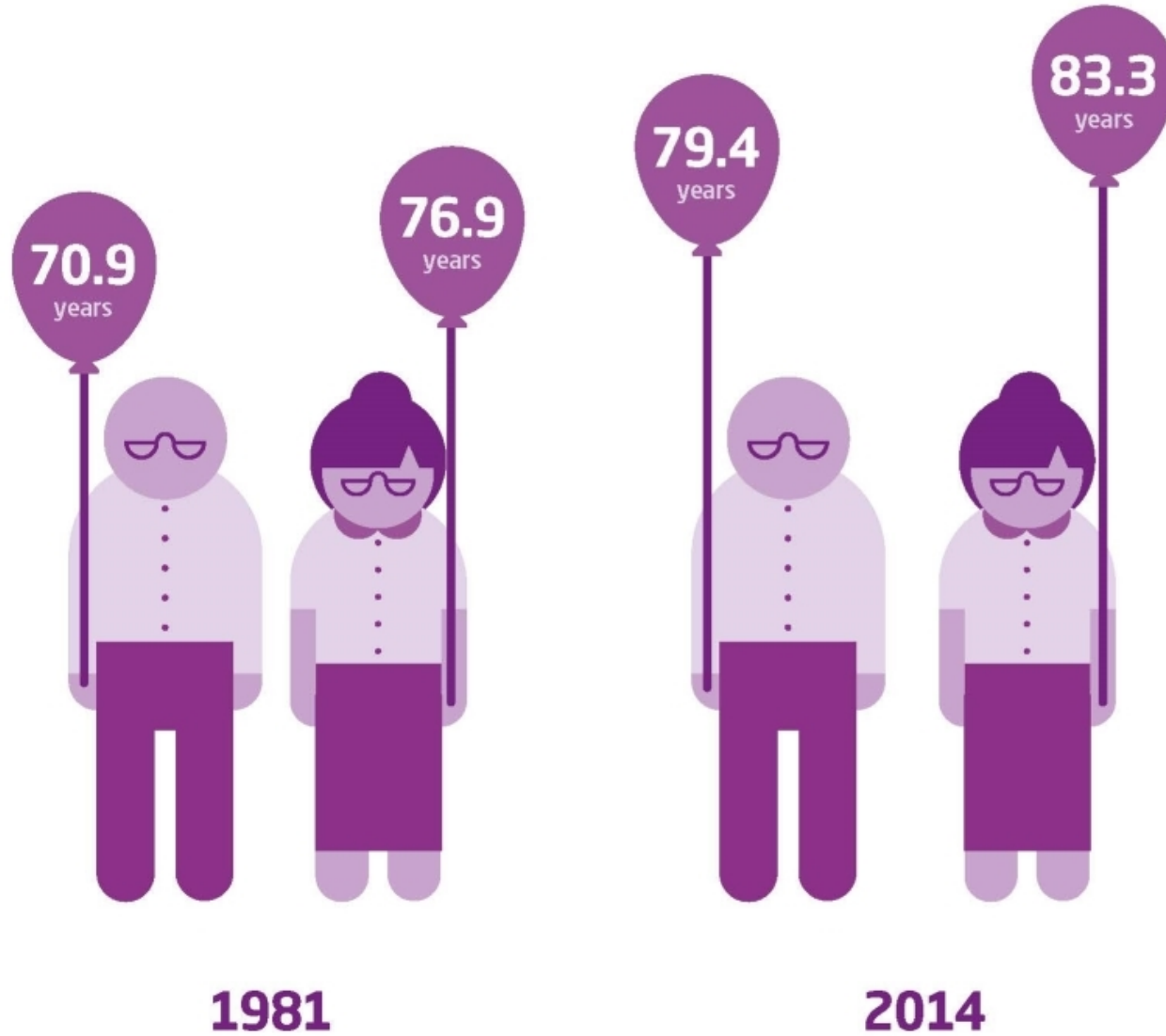
### Return on investment

Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.



### Return on investment

Birmingham's Be Active programme of free use of leisure centres and other initiatives returned an estimated £23 in quality of life, reduced NHS use and other gains for every £1 spent.



**Life expectancy**  
The average life expectancy in England has been increasing. In 1981 it was 70.9 years for men and 76.9 years for women. In 2014, it is expected to be 79.4 years for men and 83.3 years for women.



### Healthy life expectancy

People living south and west of London have a far higher healthy life expectancy than people in the north, Midlands and parts of east London. In 2010-12, the healthy life expectancy for women ranged from 52.6 years within Bradford Clinical Commissioning Group to 71.3 years within Guildford and Waverley Clinical Commissioning Group.



## Spending and costs

The costs of health and care services are not widely known. Some costs can be avoided or reduced through cost-effective public health interventions.





### Return on investment

Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.



### Health and behaviour

Forty per cent of the UK's overall disability-adjusted life years lost are caused by tobacco, high blood pressure, overweight and obesity and low physical activity (2010 figures). This is through their contribution to diseases such as heart disease, stroke and lung cancer.

**40% of disability-adjusted  
life years lost**

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	<b>18.01.24</b>				
<b>Title of report</b>	<b>Shropshire Integrated Place Partnership (ShIPP) Update</b>				
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	Information only (No recommendations)	x
<b>Reporting Officer &amp; email</b>	Penny Bason <a href="mailto:Penny.bason@shropshire.gov.uk">Penny.bason@shropshire.gov.uk</a>				
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	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	
<b>What inequalities does this report address?</b>					

### 1. Executive Summary

The purpose of Shropshire Integrated Place Partnership (ShIPP) is Shropshire's Place Partnership Board.

It is a partnership with shared collaborative leadership and responsibility, enabled by ICS governance and decision-making processes. Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities.

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

### 2. Recommendations – NA.

### 3. Report

The ShIPP Board meeting 21.12.23 was well attended and there was good discussion and engagement across the membership, Tanya Miles chaired the meeting.

#### **Primary Care Access Update** - Janet Gittins, Nicola Williams

Janet and Nicola updated the group on the STW ICB system-level primary care improvement plan. She updated on:

- Digital workstream – we are aiming for digital telephony in all practices that can accommodate it
- Reducing bureaucracy in primary/secondary care services interface – setting up a group with representation from deputy Chief Medical Officers from each of the provider trusts to streamline processes.
- Improving access and empowering patients: Pharmacy First Scheme will mean that more services can be accessed through pharmacies where people can self-refer or be referred from GP.
- National Care Navigation Training – national offer, designed for one person per practice to engage with.
- General practice improvement plan – 13/26-week package to support practices to move toward modern approach.

- Pharmacy data includes blood pressure enhanced service, oral contraception and referral into the community consultation service.
- PCN capacity access improvement plans includes the Shrewsbury Winter Illness service as well as other improvements

### **ICS Governance** - Claire Parker

The draft of the ICS governance will be ready for circulation in January, I will send to Louisa who will circulate to group (if ready before next meeting).

Headlines:

- SHIPP & TWIPP will report directly into the ICB, this will give place-based working and Integrated Neighbourhood Teams a much stronger voice at the ICB Board, through Chief Execs.
- The Place partnerships will not be reporting into the Integrated Delivery Committee (IDT). We will be reviewing the IDT and thinking about how in future the delivery goes through provider collaboratives and place.

### **Local Care Update Workshop** - Claire Parker, Lisa Keslake, Penny Bason

Claire set the scene around local care. Anything termed “out of hospital care” is becoming known as local care but really that involves integrated teamwork. How does local care fit with place-based working and delivery? The NHS needs to take the lead from local authorities who know about place-based prevention work. Developing local care and developing governance around place needs to be one conversation – what do we want next? How do we use the prevention framework and include a sustainable community and voluntary sector?

Lisa shared some elements of the CEO’s workshop that took place in early December. There was a strong desire for the next phase of local care to be all age, rather than focussed on frailty, we need to make sure that children and young people are sufficiently prioritised. Place and local care should be synonymous, with a focus on prevention, proactive care and integrated ways of working. When the ICS governance changes, we need to look at what falls within local care. Identifying priorities that health and care need to work on together will be the focus of local care. Penny is the key contact for facilitating input from SHIPP.

Penny reflected that in March 2023 SHIPP agreed the strategic approach for the year. She detailed the enormous amount of work that has been undertaken to deliver the plan. This included:

- Children & Young People’s Integration work rolling out through the county.
- Development of a Family Hub in Ludlow
- Bishop’s Castle – development of a test & Learn hub and proactive prevention to connect with hub approach
- North Shrewsbury – transformation of Early Help – including baby weigh and family drop in at Sunflower House
- Women’s Health Hubs (WHH) – integration of WHH into community and family hub planning; programme support for the development of WHH.
- Delivery of Grant fund – Thriving Community and Family into a number of communities through Town and Parish Councils.
- Highley Health and Wellbeing Centre – Retrofit to start first week January 2024. Recommissioned General Practice offer for the community. Additional activity for children and young people. Further hub development in discussion
- Considering winter planning and Shropshire Council demand management wanting to support the system, focus initially on frailty, including falls. This would support Admission Avoidance and Discharge and delivered by the voluntary and community sector across Shropshire. Additional winter pressure funding has been received for the expansion of wellbeing and independence contract with the VCSE – to provide additional support in communities. Additional winter pressure funding received for falls response and is being delivered by EMED from November 2023 to March 2024.
- Social prescribing focus on falls and CVD – significant improvement in referral rates into Elevate falls service and improved joint working with the Falls Service.
- Local Care programme, Rapid Response and Virtual Ward – moved into business as usual.
- Regular workshops to enhance joint working, adoption of the Prevention Framework.



<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	The ShIPP Board works to reduce inequalities and encourage all programmes and providers to support those most in need.	
<b>Financial implications</b> (Any financial implications of note)	There are none associated directly with this report.	
<b>Climate Change Appraisal as applicable</b>		
<b>Where else has the paper been presented?</b>	System Partnership Boards	An update has been given to ICS CEO Group
	Voluntary Sector	
	Other	
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<b>Cabinet Member (Portfolio Holder)</b> Portfolio holders can be found <a href="#">here</a> or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead  Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health & Communities Rachel Robinson – Executive Director, Health, Wellbeing and Prevention		
<b>Appendices</b> (Please include as appropriate)		

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