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

Date: 13 November 2024

Committee:
Health and Wellbeing Board

Date: **Thursday, 21 November 2024**
Time: **9.30 am**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

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

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

Please click here to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel Here

Tim Collard
Assistant Director - Legal and Governance

Members of Health and Wellbeing Board

Kirstie Hurst-Knight – PFH Children & Education
Cecelia Motley – PFH Adult Social Care and Public Health (Co-Chair)
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention
Tanya Miles – Executive Director for People
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
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT
Nigel Lee - Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW (ICB)
Paul Kavanagh-Fields – Chief Nurse and Patient Safety Officer, RJAH
Nick Henry – Paramedic & Patient Safety Director WMAS
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care
Stuart Bill - Superintendent, West Mercia Police

Your Committee Officer is Michelle Dulson
Tel: 01743 257719 Email: 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 - 10)

To confirm as a correct record the minutes of the meeting held on 19 September 2024 (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 9.30am on Tuesday 1 March 2022.

5 Digital Health & Wellbeing (Pages 11 - 42)

a. Digital Exclusion – David Baker, Head of Service - Automation & Technology, Shropshire Council

b. Digital Skills Programme – Andrea Miller, Digital Skills Lead, Customer Services, Shropshire Council

c. STW Digital Strategy Update – David Maruta, Head of Digital NHS STW ICB

6 Annual Report 2024/5 Shropshire Safeguarding Community Partnership (Pages 43 - 136)

Report attached
Contact: Jane Rose, Safeguarding Community Partnership Business Manager Shropshire Council

7 Integrated Care Board Update (Pages 137 - 150)

Report attached
Contact: Claire Parker, Director of Strategy & Development, NHS STW ICB

8 **Better Care Fund, Quarter 2 Report** (Pages 151 - 152)

Report attached
Contact Laura Tyler, Assistant Director, Joint Commissioning, Shropshire Council

Please contact Michelle Dulson, Committee Services (michelle.dulson@shropshire.gov.uk) if you require a copy of Appendix A BCF Q2 Reporting template.

9 **Healthier Weight Strategy progress report - update** (Pages 153 - 212)

Report attached
Contact: Cathy Levy, Public Health Development Officer, Shropshire Council

10 **Trauma Informed Update** (Pages 213 - 346)

Report attached
Contact: Caroline Chioto, Mental Health Prevention Programme Lead Manager, Shropshire Council

Please contact Michelle Dulson, Committee Services (michelle.dulson@shropshire.gov.uk) if you require a copy of Appendix B Trauma Informed Workshop 24.10.24 – group discussions

11 **Housing & Health Workshop Update** (Pages 347 - 372)

Report attached
Contact: Laura Fisher, Head of Service - Housing, Resettlement and Independent Living, Shropshire Council

12 **Chairman's Updates**

Simon Whitehouse, CEO NHS STW ICB

13 **ShIPP Update** (Pages 373 - 376)

Report attached
Contact: Penny Bason, Head of Joint Partnerships, STW ICB & Shropshire Council

Shropshire Council

Committee and Date

Health and Wellbeing Board

21 November 2024

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 19 SEPTEMBER 2024
9.30 - 11.45 AM

Responsible Officer: Michelle Dulson
Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present
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 Fisher – Head of Housing, Resettlement and Independent Living, Shropshire Council (remote)
Nigel Lee - Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW (ICB)
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care

Also present: Penny Bason, Gordon Kochane, Laura Tyler (remote), Mel France (remote), Tracey Jones, Naomi Roche, Phil Northfield (remote), Councillor Heather Kidd, Councillor Geoff Elner, Councillor Peggy Mullock (remote)

12 **Apologies for Absence and Substitutions**

Apologies had been received from:
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
Nick Henry – Paramedic & Patient Safety Director WMAS
Zafar Iqbal - Associate Medical Director Public Health, MPFT

13 **Disclosable Interests**

None received.

14 **Minutes of the previous meeting**

RESOLVED:

That the minutes of the previous meeting held on 16 July 2024 be agreed and signed by the Chairman as a correct record.

15 Public Question Time

None received.

16 Suicide Prevention Strategy Update

The Board received the report of the Public Health Consultant which updated the Board on the local response to the recently published data indicating an increase in the local suicide rate and progress with delivery of the objectives within the Shropshire Suicide Prevention Strategy.

The Public Health Consultant thanked partners for supporting the recent World Suicide Prevention Day. It was important to get the messages out there, to raise awareness of risk and the support that was available and to encourage more people to be confident and comfortable speaking about suicide and suicide risk in order to address the stigma that was often associated with it.

The Public Health Consultant introduced and amplified his report. He took Board Members through the latest data which indicated that the suicide rate for Shropshire had increased above the England Average (although more recently published data indicated that the rate had decreased slightly but was still high compared to previous years). The Action Group were keen to understand the reasons behind this and recognised that it occurred during the covid/lockdown period.

In response, an exceptional meeting was held of the Shropshire Suicide Prevention Action Group and the Public Health Consultant explained the activities that were then undertaken which included an audit of coroner inquests with a verdict of death by suicide, enhancement of real time suspected suicide surveillance system and a new Suicide Death Review Panel in order to identify themes or trends happening in our communities that could benefit from a more immediate preventative or targeted response.

The initial message from the audit was that there was nothing different to what the national evidence documented in terms of suicide and suicide risk. They looked at 114 inquests and, similar to the national data, the majority were male, the most common age group being 35 to 54 with no difference by deprivation, half were in paid employment and a quarter of retirement age. Of those in employment, the following sectors feature heavily; agriculture, forestry and fishing, manufacturing, building and construction, professional, scientific/technical and the health sector, which also aligns with what was being seen nationally. He explained that there was no data around suicide attempts or thoughts of suicide and that the Action Group were exploring how to capture that data.

The Public Health Consultant drew Board Members' attention to the risk and life events prior to death data along with data around contact with services. He reported that a GP suicide prevention toolkit was being developed for launch in October which would support GPs in having those conversations if someone did present with thoughts of suicide including the use of language and how to have that conversation. He went on to discuss progress with delivery of the Suicide Prevention Strategy, details of which were contained in the report.

In conclusion, the Public Health Consultant reported that a Real Time Surveillance Co-ordinator had been appointed to work across, Shropshire, Telford and Wrekin on the expansion of the surveillance system. He reminded the Board that Shropshire, Telford and Wrekin were one of the first local areas to establish a suicide bereavement service and had recently appointed a new bereavement officer who was keen to connect with all services, teams and offers throughout Shropshire, Telford & Wrekin. He also drew attention to the counselling offer for those bereaved by suicide along with two survivors of bereavement by suicide peer support groups. Finally, he highlighted the training that was available in order to promote a suicide risk aware workforce and enhanced offers that mitigated suicide risk and targeted higher risk groups.

Concern was raised that very rural areas tended to have higher rates of suicide especially amongst retired members of the farming community who perhaps felt there was nobody around who was interested or would listen to their concerns and although the work being done to engage with the farming community through the Shropshire Rural Support Network, which included visits to the livestock markets , was a good starting point but a lot of people just did not know where to go for support. In response, the Public Health Consultant explained that this was something that they were exploring with those who work with the farming and rural communities, eg suppliers to farms, vets and others who they would engage with on a regular basis to explore how to promote offers and training and understanding better what would be helpful.

A brief discussion ensued around information sharing for other areas of the community who may also be in need of support, including those living with a cancer diagnosis, women going through the menopause and men on release from prison. The Chief Officer, Shropshire Healthwatch drew attention to the Health and Wellbeing Champions within Stoke Heath prison who were trained to support other prisoners and wondered if they could be made aware of the training offers available. Members agreed to contact the Public Health Consultant outside of the meeting with any links that they may feel would be useful.

The Executive Director of Health, Wellbeing and Prevention stated that it was critical that suicide awareness be owned by each member of the Board and suggested a recommendation be added that Board Members were committed to undertaking and refreshing their suicide awareness training and to take this through to their relevant boards. The Public Health Consultant drew attention to bespoke training in the form of an online webinar being offered to Members, senior officers and members of the HWBB on 26 September at 5.30pm to 7pm.

Board Members **RESOLVED** to:

- endorse the activities presented within this update
- contribute and support the continued delivery of the Suicide Prevention Strategy and evolution and delivery of the Action Plan
- support the recommendation that system partners continue to prioritise suicide prevention actions and promote the workforce to access suicide prevention training to help contribute towards efforts in reducing local deaths
- receive regular updates on progress with suicide prevention activity

- undertake and refresh their suicide awareness training and to take this through to their relevant boards.

17 **Inequalities Plan, Progress update**

The Board received a report and presentation from the Public Health Principal, Public Health Development Officer and the Head of Health Inequalities at Shropshire, Telford & Wrekin ICS which updated the Health & Wellbeing Board on the ongoing work undertaken by health, local authority and voluntary and community sector agencies to reduce inequalities within the County, as outlined in the Shropshire Inequalities Plan (2022-2027), and the delivery of the plan to date.

The Executive Director of Health, Wellbeing and Prevention introduced the report and the Public Health Principal who gave some context around the Shropshire Inequalities Plan which targeted inequalities using a population health model approach, focusing on various determinants and specific vulnerable groups. The Public Health Principal reported that significant work had been completed or was on track regarding wider determinants, healthy places, and lifestyles, with many social inclusion groups showing substantial progress.

The Head of Health Inequalities at Shropshire, Telford & Wrekin ICS discussed the Core 20 Plus 5 strategy which targeted the 20% most deprived areas and specific groups such as the homeless, immigrants and sex workers etc, focusing on five clinical areas where data showed the most significant differences in health outcomes, along with smoking status which impacted all 5 key clinical areas. It was explained that the Core 20 plus 5 for children and young people was less developed.

The Head of Health Inequalities highlighted the NHS 5 key lines of enquiry which formed part of the programmes of work that the NHS report against. She then took members through the overview of progress against the 2023-24 Healthcare objectives in the implementation plan. Results from Q1 and Q2 of the current year were now being collated and would be brought back to the Board along with an update on work being done to develop a metrics dashboard.

In conclusion, the Public Health Principal drew attention to the Plans and Priorities for 2025 which involved place-based early intervention and continuous development to meet population needs and a refresh of the Inequalities plan. She thanked everyone who had contributed to the report and for the enormous amount of work that was taking place and confirmed that updates would be presented annually to the Board.

A brief discussion ensued. The Executive Director of Health, Wellbeing and Prevention emphasized the importance of collaboration, regular updates, and monitoring metrics. She also mentioned the need to keep the programme high on the agenda. The Chair highlighted the strength of bringing agencies together and working collaboratively and would wish to see regular updates coming to the Board. In response to concerns that the report did not show the impact of all these programmes on inequalities, the Executive Director of Health, Wellbeing and Prevention explained that there was a full detailed plan that could be shared with the Board, but that today's report summarized the direction of travel/progress against the action plan.

The Executive Director for People discussed advocacy for Shropshire because nationally counties like Shropshire were not well understood, and so neither was the impact on residents of living in a county like Shropshire and she suggested that Board members write to various Secretaries of State highlighting Shropshire's unique issues.

Board Members **RESOLVED** to:

- note the progress made in delivery of the Shropshire Inequalities plan to date, and for the HWBB partner agencies to continue to work together to deliver the Plan commitments.
- approve the forward plan and priorities outlined for the next 12-month period listed in this report.
- receive six monthly updates on the continued progress of the Inequalities plan.

18 Rural Proofing - approval and progress

The Board received the report of the Health Overview and Scrutiny Committee Rural Proofing in Health and Care Task and Finish Group which reported on its findings and recommendations following its investigation looking at the options to effectively 'rural proof' the amendment or introduction of strategies, plans, policies and service design and provision in health and care in Shropshire which had been adopted by the Health Overview and Scrutiny Committee (HOSC).

Councillors Heather Kidd and Geoff Elner introduced and amplified the report. Councillor Kidd, who chaired the Task and Finish Group explained that rural proofing in health and care was important because residents' outcomes and experiences were not great and wished to produce a report that would give equitable outcomes for everybody. She thanked all officers, partners and witnesses for their evidence which was all available within the report.

Some of the key issues discussed were notable inequalities in provision between rural and urban areas, higher transport costs, poor digital activity, and challenges in recruiting and retaining staff in rural areas. Fourteen recommendations had been made in the report with the first being the full adoption of the rural proofing toolkit into an integrated impact assessment process. Other recommendations included ensuring that rurality and accessibility factors were key considerations when adapting and considering new services or policies, evaluating the impact of digitalisation and recognising the role of the voluntary sector.

Councillor Elner emphasised the lack of understanding of local issues by those outside the county, his frustration around decisions about where to locate and deliver services being generally based on finance instead of some system of weighting to evaluate alternative methods of delivery. Councillor Kidd stressed the importance of measuring the impact on residents. Some recommendations had already been adopted, and the HOSC would monitor the effectiveness of service delivery.

The Chief Officer of Healthwatch Shropshire explained that health inequalities and rurality were big issues for them but, being a very small team, did not have capacity

to engage with rural communities in the way in which they would like to, but would be happy to work in partnership with other parts of the system to get this lived experience from residents. She was concerned that there were a number of demographics where people's voices continued to be unheard.

A brief discussion ensued and the Director of Strategy & Partnerships SATH/Chief Strategy Officer NHS STW (ICB) mentioned planning for the next year and looking at refreshing commissioning intentions and would use this report to inform their priorities. The VCSA representative thanked both Shropshire Council and the Task and Finish Group for recognising the value of the voluntary sector and the challenges it faced. The importance of addressing lived experiences and digital exclusion was also discussed.

The Board **RESOLVED** to:

- Note the report and recommendations of the Task and Finish Group attached at Appendix A.
- Endorse those recommendations outlined in the report which relate to the Board which were included in section 7 of the report.
- To receive an update on progress next year.

19 **CYP JSNA update**

The Board received the report of the Public Health Intelligence Manager which presented the final drafts of two out of five chapters of the Children and Young People JSNA:

• Population and Context for children and young people
• Early Years (0-4 years)

The Public Health Intelligence Manager introduced and amplified her report and explained that progress against the actions and recommendations would be reported to the Board. Three more chapters would be presented to the November meeting of the Board, with each chapter having a focus on rurality and inequalities.

The Board **RESOLVED** to endorse the recommendations contained in the report.

20 **Cost of Living Dashboard update**

The Board received the report of the Public Health Intelligence Manager which presented an update on Shropshire's Cost of Living dashboard, progress to date, future direction, and timescales.

The Public Health Intelligence Manager introduced and amplified her report. She explained that the dashboard would not be static, it would be published on the website and promoted as a tool for all partners to use to guide their needs and decision making around cost of living. This sat alongside an employment JSNA dashboard which contained information around the job sector and employment and used together were a helpful suite of tools especially for the social task force group to use to inform their delivery and action plans.

The Board **RESOLVED** to note the contents the report.

21 ICP Dashboard update

The Board received the report of the Executive Director of Health, Wellbeing and Prevention which provided an overview of the approach to Population Health Management across the Integrated Care System. It provided an update of the KPI and Performance Monitoring element of the work programme and specifically those metrics that relate to the Integrated Care Strategy which built on the Health and Wellbeing Board and SHIPP Metrics.

The Executive Director of Health, Wellbeing and Prevention introduced and amplified the report. She explained that the dashboard was one of the developments to try to pull together at a high level some of the outcomes and various indicators which sit beneath it to monitor whether they were making a difference.

The Director of Strategy & Partnerships SATH / Chief Strategy Officer NHS STW (ICB) thanked colleagues for their work on this and he discussed the need for a refresh of the Integrated Care Strategy and requested feedback on the draft strategy document.

It was suggested that there may be an opportunity through the strategy and through the KPIs to really embed the inequalities and rurality issues that had been discussed by the Board throughout the meeting.

In relation to the CYP JSNA, the Executive Director for People felt that the Board really needed to look at some of the statistics contained within it because Shropshire's children and young people were below their statistical neighbours, below the West Midlands and below even the England average in many areas and the Board needed to look at the actions being taken to improve the health outcomes for the children and young people of Shropshire. She suggested that this be looked at as a future Agenda item.

A brief discussion ensued around the Darzi report which addressed the challenges faced by the NHS.

The Board **RESOLVED** to:

- Note the outcome metrics included in this report
- Note the progress to date against the Integrated Care Strategy and Health and Wellbeing Board Strategy Outcomes and consider any additional or amended outcomes for consideration within the framework

22 Women's Health Hub Progress report

The Board received the report of the Public Health Principal - Healthy Population Lead & Women's Health Hubs Lead STW which provided an update on the work being done around women's health and wellbeing hubs

The Public Health Principal - Healthy Population Lead & Women's Health Hubs Lead STW introduced and amplified her report. She highlighted four key areas including

the opening of the first health hub in Highley. An invitation for expressions of interest had been issued to all the Primary Care Networks (PCNs) to support the development of this work, with two core elements being around the expectation for collaborative community focus from GP Colleagues, along with a specific piece of work and additional funding being made available focusing on inequalities. She then drew attention to the final page of the report which highlighted the programme enablers and gave a good insight into how this work was cross cutting across the system.

The Chief Officer, Shropshire Healthwatch drew attention to the work she had undertaken some time ago around menopause information for Muslim women in Craven Arms for whom English was not their first language and who lacked transport. The Public Health Principal felt it would be useful to raise this at the Women's Health Steering Group. She also reassured the Board that some of the initial responses to the expression of interest was very much around talking to more isolated communities within already isolated communities and felt that the outcomes and recommendations of that report should be shared with the associated PCNs.

The Board **RESOLVED** to:

- Note the content and programme updates and the progress to date.
- Note that the first programme delivery milestone had successfully been met.
- Note that the work reflects the delivery area of Shropshire, Telford, and Wrekin.
- Endorse the approach set out in the report.

23 **Chairman's Report**

The Chairman reported that the pharmacy updates would be published on the website after the meeting.

Concern was raised that community pharmacies were struggling. The Chief Officer, Shropshire Healthwatch reported that they were doing a piece of work in relation to access to pharmacies and wished to promote the survey on the Healthwatch Shropshire website. The Executive Director of Health, Wellbeing and Prevention reported that the pharmacy JSNA would be starting in January 2025.

24 **ShIPP Update**

The Board received the report of the Head of Joint Partnerships, Shropshire Council/STW ICB which provided an overview of the ShIPP Board meeting held in July 2024 and included actions, for assurance purposes, for information.

25. **AOB**

It was agreed for the Chief Officer, Shropshire Healthwatch to bring a cancer report to the next meeting.

Signed …… (Chair)

Date:

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**21st November 2024**					
Title of report	**Digital Exclusion**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	X	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
Reporting Officer & email	David Baker, Head of Automation and Technology david.baker@shropshire.gov.uk					

Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	X
	Mental Health	X	Improving Population Health	X
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities	X
	Workforce	X	Reduce inequalities (see below)	X
What inequalities does this report address?				

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

1. Executive Summary

Digital exclusion remains a significant challenge both nationally and locally, with barriers including lack of access to technology, insufficient digital skills, and socio-economic factors. Shropshire faces unique challenges due to its rural landscape and demographic profile. The Digital Inclusion Network (DIN), co-chaired by Robert Smith from Age UK Shropshire Telford & Wrekin and David Baker from Shropshire Council, has been established to address these challenges. The network includes representatives from local government, NHS, community organisations, and businesses, and aims to raise awareness of digital exclusion, engage stakeholders, conduct research, and propose solutions to reduce the digital divide.

Over the past year, the DIN has made progress in identifying barriers and promoting digital inclusion across the community. The Digital Skills Programme, launched in 2020, has been instrumental in improving digital literacy among Shropshire residents. Significant progress has also been made in improving digital infrastructure. In Shropshire, 98% of premises can get broadband, but uptake is only around 70%. Efforts should continue to enable the remaining 2% of premises to access broadband and help those not yet accessing the internet to do so.

In conclusion, efforts in addressing digital exclusion through the Digital Inclusion Network and the Digital Skills Programme have made significant strides, but there is still work to be done. Continued investment and collaboration with local government, NHS, community organisations, and businesses are essential to further reduce the digital divide and ensure that all residents can benefit from digital services and access the digital resources they need.

2. Recommendations

Endorse the Expansion of Digital Infrastructure: Continue to invest in improving broadband connectivity, especially in rural areas, to reduce digital exclusion.

Endorse Enhancing Digital Skills Training: Continue and expand the Digital Skills Programme to reach more residents, particularly the elderly and those in low-income brackets.

Endorse the Promotion of Collaborative Efforts: Strengthen partnerships with local organisations, businesses, and national bodies to address digital exclusion comprehensively.

Monitor and Evaluate: Regularly assess the impact of digital inclusion initiatives and adjust strategies based on data-driven insights; HWBB receive a further report in one year to monitor progress.

3. Report

Digital Exclusion

Digital exclusion remains a significant challenge both nationally and locally. Across the UK, barriers to digital inclusion include lack of access to technology, insufficient digital skills, and socio-economic factors. Shropshire is no exception, facing unique challenges due to its rural landscape and demographic profile.

Digital exclusion in the UK is influenced by a range of factors:

- **Access to Technology:** Many individuals lack access to the necessary devices and internet connectivity, particularly in low-income households.
- **Digital Skills:** A significant portion of the population lacks basic digital skills, which are essential for accessing online services and opportunities.
- **Socio-Economic Barriers:** Economic disparities contribute to digital exclusion, with marginalised communities being disproportionately affected.
- **Geographical Disparities:** Rural areas often face connectivity issues, leading to a digital divide between urban and rural populations.

Shropshire faces its own set of challenges in addressing digital exclusion:

- **Rural Landscape:** The rural nature of Shropshire presents connectivity challenges, with some areas lacking reliable broadband access.
- **Aging Population:** A significant proportion of Shropshire's population is elderly, and many older residents struggle with digital literacy.

Digital Inclusion Network

The Digital Inclusion Network (DIN) was established to address these challenges. Co-chaired by Robert Smith from Age UK Shropshire Telford & Wrekin and David Baker from Shropshire Council, the network includes representatives from local government, NHS, community organisations, and businesses. The network's objectives are to raise awareness of digital exclusion, engage stakeholders, conduct research, and propose solutions to reduce the digital divide.

Over the past year, the Digital Inclusion Network has made progress in addressing digital exclusion in Shropshire. Our efforts have focused on setting up the network, identifying barriers and promoting digital inclusion across the community.

- **Awareness and Understanding:** We have raised awareness and understanding of digital exclusion and its implications for the community.
- **Stakeholder Collaboration:** Engaged and promoted working with stakeholders, including local government, integrated care systems, service providers, community organisations, local businesses, and residents.
- **Research and Data Collection:** Conducted research and gathered data to assess the current state and trends of digital exclusion in Shropshire.
- **Task and Finish Group:** Established a task and finish group to review and refine triage questions to identify and support digitally excluded individuals.
- **Infographic Creation**: Discussed creating a Shropshire-specific infographic to signpost people to relevant schemes and services.
- **Digital Voice Switchover (PSTN switch off):** Had a representative from BT/EE update stakeholders on the digital voice switchover, address questions and outline the available support for vulnerable residents.

Future Plans:

- **Continued Collaboration**: We will continue to work closely with stakeholders to address digital exclusion and promote digital inclusion.
- **Ongoing Research:** We will conduct ongoing research to monitor trends and assess the impact of our interventions.
- **Policy Advocacy:** We will continue to advocate for policies that support digital inclusion at both the local and national level.

Digital Skills Programme

The Digital Skills Programme (detailed in a separate paper), launched in 2020, has been instrumental in improving digital literacy among Shropshire residents. The programme offers free digital support through one-to-one sessions and digital drop-ins, benefiting over 1,800 residents to date. It operates from 26 learning locations across Shropshire, including libraries and community centres. The programme's success has been recognised, and it continues to receive funding until March 2026 to expand its reach. The Digital Skills Programme in partnership with Shropshire ICT and Kier has distributed over 120 repurposed devices to people in need.

Digital Infrastructure

While digital infrastructure remains a challenge in some areas, there has been significant progress in improving the digital infrastructure. In Shropshire 98% of premises are able to get broadband, but uptake is only around 70%. Clearly, efforts should continue to enable the remaining 2% of premises to access broadband, while helping those not yet accessing the internet to do so.

- Project Gigabit Contracts: Two Project Gigabit contracts are in delivery and progressing well in North Shropshire and Mid-west Shropshire.

- Superfast Broadband Access: 99% of premises in the Shropshire Council area now have access to a superfast broadband connection (30 megabits per second), and 65% have access to gigabit-capable broadband (1,000 megabits per second), a rapid increase from 37% last year.

- Full-Fibre Broadband: 640 premises have been connected to full-fibre broadband, thanks to £1,243,254 of Shropshire top-up voucher funding.

- Mobile Phone Coverage: Indoor 4G mobile phone coverage from all four providers in the Shropshire Council area has risen from 64% to 67%.

- Consortium Involvement: Shropshire Council is actively involved in a consortium awarded £9.9m to install and test improved mobile connectivity in Bath, Cardiff, and Shrewsbury.

- Funding Success: A funding bid for £3.75m submitted by Shropshire Council for the River Severn Partnership Advanced Wireless Innovation Region was successful.

In conclusion, efforts in addressing digital exclusion through the Digital Inclusion Network, and the Digital Skills Programme have made significant strides but there is still work to be done. Continued investment and collaboration with local government, NHS, community organisations, and businesses are essential to further reduce the digital divide and ensure that all residents can benefit from digital services and access the digital resources they need.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental	This work seeks to reduce inequalities and the digital divide.

consequences and other Consultation)		
Financial implications (Any financial implications of note)	None as a result of this report	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	N/A
	Voluntary Sector	N/A
	Other	N/A
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** Councillor Robert Macey, Culture and Digital		
Appendices (Please include as appropriate) None		

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**21 November 2024**					
Title of report	**Shropshire Digital Skills Programme**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	X	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
Reporting Officer & email	Andrea Miller, Digital Skills Lead andrea.miller@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	X		
	Mental Health	X	Improving Population Health	X		
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities	X		
	Workforce	X	Reduce inequalities (see below)	X		
What inequalities does this report address?	Digital exclusion and its negative impact on Shropshire's most vulnerable citizens.					

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

1. Executive Summary:

   Launched in 2020 the Digital Skills Programme (DSP) is now in its 4th successful year and is funded until March 2026.

   To date, more than 1,800 Shropshire residents have benefitted from either a free 8-week programme of one-to-one digital support (955 people), or a Digital Drop-in (888 people) where a one-off technical issue can be resolved.

   The programme now operates from 26 learning locations across Shropshire. Council locations include 13 library settings, and the Enable service that helps those seeking employment to improve their work-related digital skills. More VCS organisations are involved with delivery than ever before. Ten charities/voluntary groups now deliver free digital support at the heart of their communities, mainly in areas where populations live within the area's lowest IMD – areas 1 and 2.

   The programme has 78 Digital Volunteers supporting the service, contributing more than £55,000 of in-kind resource annually to the programme.

   The programme is managed digitally and is 100% outcomes based. Each participant is assessed pre and post learning to measure the improvement in digital skills attained. On average, the digital skills level for participants at commencement of their digital support is 28%. The average digital skills level on completion of digital support is 60%.

   Due to its success, the programme has established close links with UK's leading national digital exclusion charity The Good Things Foundation. Through this, free SIM cards containing 12 months of free calls, texts and data are obtained and distributed to people experiencing digital poverty.

2. Recommendations: that the board notes the content of this report and attached paper, and the work taking place to address digital inequality for Shropshire residents.

3. Report:

Health, Wellbeing and Digital Inclusion

The programme's providers are encouraged to work with local PCN Leads from the NHS to embed health-related digital support into participant's learning.

Some providers work with their local GP practices to generate referrals for digital support. All participants are encouraged to download the NHS App and/or order medication digitally to better manage their health online.

Participant research shows that as a result in taking part in the Digital Skills Programme, 71% feel better about life in general, 46% made new friends and 34% go on to manage their health digitally after learning ends.

Supporting people to bank digitally is another aspect of the DSP, as more high street banks close across the area, leading to worry and stress for digitally excluded customers. The programme aims to increase the number of participants banking online (currently 30%) and is working with Barclays and HSBC to bring digital banking workshops into provider locations.

The Digital Skills Programme in the Community

Within the Shropshire community, the DSP team works with Community Connector networks to spread the word about the programme to support organisations across the area. A series of presentations promoting the programme has taken place to raise awareness and generate referrals from vulnerable communities.

The team has recently established extensive links within 70 local village, community and parish newsletters to produce information in print about the programme and its benefits to digitally excluded communities.

In October, the national digital exclusion initiative Get Online Week was a huge success in Shropshire, with 13 events co-ordinated across the area and digital pop-ups at Shropshire Local and within Shrewsbury Market Hall. Events included: the NHS App and Managing Your Health; Safety and Security Online; Digital Banking with Barclays; Lunch and Learn sessions and specialist Tech Talks for visually impaired participants.

The Digital Skills Programme and Council services

Within the Council, the DSP team works closely with Adult Social Care, Healthy Lives and Community Reassurance Teams, Carers Support, Shropshire Local and Welfare Support to generate referrals to the service.

A new digital process is available for teams to refer individuals directly to the DSP. Presentations promoting the service have been given across the Council to teams working to support vulnerable communities.

A recent print of 12,000 information leaflets and printable posters encouraging people to sign up for free digital support have been distributed across Shropshire. These are available at locations such as Food Banks, the Friendly Bus, Theatre Severn, Old Market Hall in Shrewsbury, as well as supplied to providers and Council teams referring people to the programme. They have also been distributed digitally to the Shropshire Association for Local Councils.

Social Value Fund Success

The DSP's recent success in applying for the Social Value Fund has resulted in a positive partnership with the Council's ICT service. The project involves the DSP and ICT working together to distribute repurposed ex-Council digital devices such as laptops and mobile phones. Council contractor Kier has also contributed free devices to the programme. To date, more than 120

repurposed devices have been distributed to DSP providers to allocate to people in need.

National Support for the Digital Skills Programme

All DSP providers are Network Members of the national digital inclusion charity The Good Things Foundation. Through this organisation, free bundles of SIM cards containing 12 months of free data, messages and calls can be accessed. These are allocated to people experiencing data poverty. To date, more than 250 people have benefitted from a free SIM card.

The Shropshire DSP is a founding member of the LGA's national Digital Inclusion Network and helped establish valuable shared learning resources for the benefit of other local authorities seeking to set up digital support in their areas.

Please see Appendix A attached report for more facts and a series of case studies.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	This work seeks to reduce inequalities, working with Shropshire people in the heart of their communities.	
Financial implications (Any financial implications of note)	None as a result of this report.	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	N/A
	Voluntary Sector	N/A
	Other	N/A

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

See attached paper entitled Shropshire Digital Skills Programme 2023 to 2026

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

Councillor Robert Macey, Culture and Digital, Shropshire Council

Appendices

Appendix A: The Digital Skills Programme Report

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The Digital Skills Programme

free help to get online and make the most of the internet

Case study: Tony Sydenham

"When I read about this offer of free digital help at Qube, I jumped at the chance. I was not happy using the internet, and my lack of knowledge restricted me," said Tony Sydenham.

Although he's lived in Oswestry for 16 years, Tony had never visited Qube before. "It's such a wonderful place with a lovely, friendly atmosphere. I felt at home from the start, and Bee (pictured right) is a wonderful teacher with so much patience and kindness. Thanks to this free service, I'm going online every day. I can email, shop and bank digitally, pay my bills and even play retro online games, which is great fun."

"It's never too late to learn," said 77-year-old Tony. "More people need to know about the online world and how it can make your life easier. For me, improving my digital skills has been a very uplifting experience and I am grateful that I've been able to benefit from the programme."

Community-based digital support at 26 learning locations delivered by 78 Digital Volunteers

Digital Exclusion

Research by the Good Things Foundation, the UK's leading digital inclusion charity, shows that 10 million UK adults lack basic digital skills, and 2 million households cannot afford the internet.

Digital inclusion is a social issue - 83% of people participating in digital inclusion programmes are socially excluded (Good Things Foundation 2022). The pandemic changed how people work and live – leaving many behind.

The Good Things Foundation reports these negative impacts of digital exclusion:
1. poorer health outcomes and lower life expectancy
2. increased loneliness and social isolation
3. less access to work and learning
4. paying more for essentials
5. financial exclusion
6. increased risk of poverty
7. lack of a voice in the modern world.

The latest Census shows there are 82,000 over 65s living in the Shropshire Council area – an increase of 18,700 since the 2011 Census. Right now, 29.5% of our population is over 65, the national average is 20.1%.

Shropshire Council was awarded LGA funding for the Digital Skills Pilot in 2020 because local research showed that approximately 25% of Shropshire residents are digitally excluded, ranking above the national figure of 21%. Of these, a quarter are over 65, reflecting the ageing population of the county.

The Government's Digital Service has developed a digital inclusion scale which maps individuals' digital capability on a scale from 1 to 9, from those who don't use the internet at all to digital experts.

NHS England has produced helpful information detailing What Is Digital Inclusion?

The NHS reports that some sections of the population are more likely to be digitally excluded than others. These are:

- older people
- people in lower income groups
- people without a job
- people in social housing
- people with disabilities
- people with fewer educational qualifications/excluded/left school before 16
- people living in rural areas
- homeless people
- people whose first language is not English.

The council is driving citizens online to reduce costs and improve outcomes. Our citizens must have, or be supported to have, mid-range digital skills, devices, and connectivity to be able to interact and transact with us online and benefit from the

digital resources available to them to live at home, or care for a loved one at home, for longer using technology.

The Digital Skills Programme 2023 to 2026

The Digital Skills Programme commissions providers across north, central and south Shropshire. Each is closely connected to their communities and experienced in delivering digital support to excluded/marginalised groups. These include a mix of 10 voluntary sector organisations and CICs, 13 Libraries and the Council's Enable service. Support is delivered through an extensive network of 78 Digital Volunteers.

The programme links closely to the Shropshire Plan and Shropshire Economic Growth Strategy's Key Values: *recognising the vital role and contribution of the voluntary sector and strengthening connectivity and partnerships.*

Healthy People/Wellbeing and Health:
Digital skills help people manage their health online, connect with services, reduce isolation, and live at home longer. For people on low incomes, digital skills improve learning, employment/better employment, and increase income. Supporting disabled people with digital confidence increases independence, job skills, health management and access to support services.

Inclusivity:
The Digital Skills Programme is inclusive, with specialist digital support for people with sight loss and/or learning difficulties as well as people receiving means tested benefits and/or support into employment through Enable. DSP provider locations are targeted to areas where communities live in the lowest Indices of Multiple Deprivation.

Healthy Economy/Sustainability:
Each provider meets their local communities' needs, bringing Digital Volunteers and learners together for support and learning. Interacting online saves time, resources, and money, reduces travel and expense, reducing carbon.

Digital confidence enables employment options for individuals, empowering them to apply for work and/or work digitally, building resilience in the workforce, and supporting the Economic Growth Strategy.

Healthy Organisation:
The programme is managed transparently. Supporting the drive to digital, outcomes are reported quarterly; performance e-monitoring is closely managed with problems mitigated early. E-feedback systems allow issue identification through participant surveys. The programme enables people to feel confident about transacting online, supporting the Shropshire Plan's digital county ambitions.

The Marches Local Skills Report Key Need is:
Enabling digital across generations: digital skill needs span all skill levels and sectors. Continued, increasing and responsive support could unlock the potential of the Marches' workforce.

Our programme provides core digital support for those in greatest need and likely to be digitally excluded. It meets the needs of Driving Digital: *30% of employers asking for basic digital skills for workers,* and the need identified in the Covid19 Impact Reflections: *that the drive to digital has increased the opportunity for the Marches to harness and strengthen the core digital skills.*

In 2023, Council funding was awarded to the programme deliver to following outcomes over 3 years:

- 1500 eligible people to receive 8 weeks of one-to-one digital support.
- 750 additional eligible people to receive free one-off digital support at a Digital Drop-In.
- 20 people in greatest need provided with free devices and connectivity.

Staff: Digital Skills Lead – 0.6 FTE and from April 2024 a Digital Skills Assistant – 0.6 FTE Fixed Term to 31 March 2026.

Eligibility has broadened to support a wider range of known digitally excluded groups. Criteria is for individuals is to meet <u>one or more</u> of the following (stats Oct 2024):

1. aged 65 and over (30.5% of participants)
2. a health condition or disability (14.5% of participants)
3. live alone (19% of participants)
4. an unpaid carer (3% of participants)
5. in receipt of care, paid or unpaid (8% of participants)
6. in receipt of a means tested benefit or on a low income (25% of participants).

Free digital support is delivered by the programme through structed learning that links 7 basic learning outcomes to the Good Things Foundation's Learn My Way digital learning platform. Learners are supported one-to-one each week by trained and experienced Digital Volunteers.

Participants receive a minimum of 8 hours of one-to-one digital support. Each person is assessed pre and post learning to ensure they have progressed in a minimum of 5 of the 7 learning outcomes.

Providers are key to the success of the programme. They recruit, train, and support Digital Volunteers, market the programme and attract eligible learners to sign-up for support. Their teams undertake the pre and post learning assessments with participants, produce monitoring reports on a quarterly basis for the programme, and ensure that progress in the delivery of their target outcomes is achieved through a bespoke Council digital performance monitoring system.

Each provider agrees, and receives funding, to deliver a set number of "completed learners" during the length of the programme. A "completed learner" is one who has received a minimum of 8 hours of one-to-one digital support and made progress in 5 of the 7 learning outcomes.

Strong, supportive and resilient working relationships have been developed by the programme lead with providers.

Achievements in Year 1 of the 2023 to 2026 Digital Skills Programme

421 participants have completed a free programme of one-to-one digital support
695 additional individuals have accessed a free Digital Drop-In
21 people given a free device
8 hours of free digital support provided on average per person
28% average digital skill level on commencement of digital support
60% average digital skills level on completion of digital support
32% increase in digital skills after participation in the Digital Skills Programme
26 learning locations across Shropshire
95% of participants responded "yes" or "maybe" when asked if they would access support from Shropshire Council via their website
90% is the rating given by participants of their overall experience of the Digital Skills Programme.

Shropshire Council funded free digital support is available at:

North
Qube, Oswestry; Oswestry Library; BizEd Projects, Whitchurch; 4 All Foundation at Market Drayton and Cockshutt; G.O.A.L. Wem; Market Drayton Library; Wem Library.

Central
Barnabas Community Projects, Shrewsbury; The Roy Fletcher Centre, Shrewsbury; 4 All Foundation at Ditherington Community Centre, Shrewsbury; Shrewsbury Library; Library at the Lantern, Harlescott. Shrewsbury; Bayston Hill Library; Pontesbury Library.

South
Mayfair Community Centre, Church Stretton; Enterprise House, Bishops Castle; Craven Arms Library; Ludlow Library; Bridgnorth Library; Broseley Library; Much Wenlock Library; Shifnal Library.

Specialist digital support
Enable: for people receiving support into employment and/or training
Taking Part: for people with learning difficulties
Sight Loss Shropshire: for people with visual impairment.

Recent initiatives for the Digital Skills Programme address the following issues:

Worklessness – helping those unemployed and needing help to build digital confidence to apply for work online and carry out basic tasks at work online.

Free School Meals – helping eligible families gain digital skills to apply online for free school meals for their children, helping improve outcomes for children from low-income families.

Health – working with NHS PCN Leads, to support people to learn how to better manage health digitally through health apps, online GP appointments and medication ordering.

Increased Financial Support – helping people to gain the skills to apply for Pension Credit (1/3 of eligible people in Shropshire do not claim this benefit) and support to apply for other means and non-means tested financial support where appropriate i.e. Attendance Allowance.

New relationships with Barclays and HSBC will bring online banking workshops to locations across the area to enable people to access digital banking and be supported to manage finances digitally.

Digital Poverty and Free Devices – the programme will provide long-term results by providing 120+ free repurposed devices for participants and their families to keep via its successful application to the Council's Social Value Fund.

Digital Poverty and Free Connectivity – free SIM cards via the Good Things Foundation, containing 1 year of free calls, texts and data, are distributed by providers to participants in greatest need.

Case study: The 4 All Foundation, Market Drayton

More than 100 free SIM cards have been distributed to Market Drayton residents through the Digital Skills Programme's links with The Good Things Foundation, providing vital connectivity to those experiencing digital poverty. Free SIM cards help people to access online resources and stay connected with friends and family, pay bills, and access essential services.

As well as helping people to improve their digital confidence through weekly learning sessions, the 4 All Foundation has delivered a series of digital workshops focused on e-safety, online bill support, and other relevant topics. These have equipped community members with the knowledge and tools needed to navigate the digital landscape safely and confidently.

"We are thrilled to see the positive impact of the Digital Skills Programme on the north Shropshire community," said George Hounsell, Director of Sport and Community at the Marches Academy Trust. "Access to digital resources and skills is more important than ever, and we are grateful for the support of Shropshire Council in making this initiative possible."

Case study: Chris and Paul, Digital Volunteers

Since 2020, Shrewsbury's Roy Fletcher Centre has supported more than 400 people to increase their online confidence through the Digital Skills Programme - thanks to their dedicated team of 10 tech-savvy volunteers.

Chris (pictured left) volunteers while he looks for work. "I'm trained as an IT support engineer, but finding work when you are disabled is very difficult. Each week I come to the Roy Fletcher Centre and help people to use their mobile phones and laptops. It gives me a sense of purpose to be part of such a friendly team of supportive people."

"There is so much digital know-how amongst the team here," said Paul (pictured right), who has been a digital volunteer for 4 years. "It's sociable and fun and benefits the community too. The atmosphere in the weekly learning sessions is really uplifting. If you want help to get online, you couldn't come to a warmer or more welcoming place."

In October 2024, the High Sheriff of Shropshire, Brian Welti JP, presented awards to all 10 Digital Volunteers at the Roy Fletcher Centre, after they were nominated by the DSP programme lead. He said: "It gives me great pleasure to make these High Sheriffs' Awards to the amazing team of Digital Volunteers here at The Roy Fletcher Centre. In this ever-evolving world of digital technology, the time and dedication put in by this team, to enable so many digitally excluded members of our Shropshire society become more integrated with our ever-increasing reliance on having to carry out so much of our daily lives on-line is inspirational. The relationships they establish and the confidence building they achieve must be so reassuring to recipients of this help. Congratulations to all of you."

Case study: Tonia Roberts

Wistanswick resident Tonia has taken part in the Digital Skills Programme and is enjoying her new-found digital confidence. She now banks online, uses email and WhatsApp to keep in touch with friends, and shares photos using her iPad.

Tonia signed up for free digital support after reading about it in her local newspaper. "It was great fun to learn something new and I'm no longer worried by my lack of knowledge," she said. "My digital volunteer was patient and friendly, and I enjoyed the company of the centre's

team each week."

Tonia added: "People who aren't on board with the internet are missing out. I recommend the Digital Skills Programme to everyone – it's free, and you meet some lovely people while you are learning."

Conclusion

The aim of the programme is to upskill Shropshire's digitally excluded citizens, but it delivers far more than this.

One of the most powerful results of the digital know-how achieved by participants is their increase in well-being, independence, and overall confidence. They are more in control of their lives and their future.

Here are just some of the additional benefits the programme brings:

- 46% made new friends.
- 93% were satisfied with their overall experience.
- 93% said their digital volunteer was friendly and patient.
- 94% said they enjoyed their digital support sessions.
- 96% would recommend the programme to others.
- 85% learned more than they expected to.
- 71% say their experience had made them feel better about life in general.
- 30% are now online banking.
- 34% are now ordering medication digitally or accessing the NHS App.

The programme's 78 Digital Volunteers are gaining life skills, employability skills, problem solving skills and meeting new people. Research shows that helping others reduces stress, boosts self-esteem, and helps people to feel happier.

Andrea Miller. Digital Skills Lead, Shropshire Council
18 October 2024

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**18 November 2024**					
Title of report	**STW ICS Digital Strategy Progress**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	**X**	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
Reporting Officer & email	David Marutha, Head of Digital, NHS STW ICB david.maruta1@nhs.net					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working		X	
	Mental Health		Improving Population Health		X	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities			
	Workforce	X	Reduce inequalities (see below)		X	
What inequalities does this report address?						

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

1. **Executive Summary**

This report provides a comprehensive update on the progress of the Shropshire Telford, and Wrekin (STW) Integrated Care System (ICS) Digital Strategy. Since its approval in March 2024, the strategy has been driving digital transformation across health and care services to enhance outcomes, optimise operational efficiencies, and promote digital inclusivity. Key accomplishments include the rollout of Electronic Patient Records (EPR) across acute, community, and primary care settings, advancements in digital diagnostics, and initiatives to support local care transformation through virtual care delivery and remote monitoring solutions.
However, challenges remain, particularly in securing sustainable funding, improving system interoperability, and ensuring digital inclusivity for all citizens. This report outlines critical next steps to address these challenges, including enhancing digital infrastructure, expanding workforce training, and leveraging data integration for improved care coordination. By addressing these areas, STW ICS aims to achieve its vision of a digitally enabled, equitable health and care system by 2028.

2. **Recommendations**

- **Expand Digital Inclusivity and Access**
  Strengthen partnerships with local councils and community organisations to address digital inequalities. Prioritise digital literacy programmes and device distribution to underserved populations, ensuring equitable access to digital health and care services, especially in rural areas.
- **Secure Sustainable Funding for Digital Programmes**
  Actively pursue additional funding streams and collaborative bids with NHS England to support the expansion of frontline digitisation projects, including EPR systems, digital diagnostics, and integrated care solutions. This is critical to maintaining the momentum of current initiatives and scaling new projects.
- **Enhance System Interoperability and Data Integration**
  Focus on achieving seamless data sharing between EPR systems across acute, community, and primary care settings. Invest in solutions that standardise data formats and promote

interoperability, enabling clinicians to access comprehensive patient information for better clinical decision-making.

- **Strengthen Cybersecurity and Infrastructure Resilience**
  Continue to invest in cybersecurity measures and infrastructure upgrades to ensure the safety of patient data and the resilience of digital health systems. This includes enhancing protections for medical devices and addressing potential vulnerabilities across the network.
- **Drive Engagement for Integrated Care Records Adoption**
  Launch a targeted awareness campaign to increase the adoption of the Shared Care Record among clinicians and care providers. Provide training and resources to promote the benefits of integrated care records, ensuring that data-sharing supports proactive care and improved patient outcomes.
- **Optimise Workforce Digital Skills Development**
  As technology evolves rapidly, it is vital that our health and social care workforce is confident, capable, and motivated in its use. To achieve this, we aim to cultivate digital literacy across all staff groups. We will streamline existing training resources into a cohesive system-wide approach, enhancing digital skills and competencies. To support this, we seek to offer digital skills assessments, enabling staff and managers to identify training needs and develop personalised learning plans.
  By aligning our training initiatives with education partners, it will be possible to standardise learning frameworks, ensuring consistency and responsiveness to evolving workforce needs. This approach will empower our staff to effectively leverage digital tools in their roles.
- **Evaluate and Scale Virtual Care Solutions**
  Following the successful pilot of GenieConnect and the upcoming trials of CareBuilder's lifestyle monitoring sensors, conduct thorough evaluations to determine scalability. Focus on expanding virtual care solutions to rural and underserved populations to increase access to remote care and reduce pressures on hospital services.
- **Reassess the Virtual Wards and Remote Monitoring Strategy**
  Given the decommissioning of the *Docobo* solution and the lack of demonstrable benefits, the ICS should reassess its approach to remote monitoring. This includes exploring alternative solutions and re-prioritising investments to focus on areas where digital tools can have a proven impact on patient care.

3. Report

See report attached.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	The implementation of the STW ICS Digital Strategy is progressing, but several risks need to be managed to achieve its objectives. Key risks include limited progress in remote monitoring capabilities, challenges with system interoperability, and potential funding gaps that may impact the scalability of digital transformation initiatives. Cybersecurity remains a critical concern, particularly as digital infrastructure expands across care settings. Opportunities exist to optimise digital inclusion by partnering with local authorities to address digital inequalities, particularly in rural areas. Additionally, leveraging integrated data systems can enhance patient outcomes through better-informed decision-making and streamlined care pathways. Further investment in workforce digital skills and cybersecurity measures will support the long-term resilience and efficiency of the healthcare system. By addressing these risks and capitalising on identified opportunities, the ICS can continue to advance its digital strategy, improve people's outcomes, and enhance operational efficiency across the health and care system.
Financial implications (Any financial implications of note)	

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)		
Cabinet Member (Portfolio Holder) Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead**		
Appendices Appendix A. Health and Wellbeing Board Report on STW ICS Digital Strategy Progress		

Contents

Health and Wellbeing Board Report on STW ICS Digital Strategy Progress

Executive Summary

This report provides an update to the Health and Wellbeing Board on the progress of the Shropshire Telford, and Wrekin (STW) Integrated Care System (ICS) Digital Strategy. Developed to guide digital transformation across the ICS until 2028, this strategy aims to create a connected, inclusive, and people-centred health and care environment. This report highlights achievements, addresses ongoing challenges, and outlines next steps across the strategy's core programmes.

Key areas covered include digital inclusion, electronic patient records (EPR), integrated care records, local care transformation, infrastructure optimisation, and leadership in digital governance. The report also details critical future actions required to ensure continued alignment with strategic objectives and effective digital transformation across the ICS.

1. Introduction

The STW ICS Digital Strategy, approved in March 2024, establishes a roadmap for digitally enabling the health and care system. Its goals are to enhance the outcomes for our population, improve operational efficiency, and support workforce capabilities across STW ICS.

The Digital Strategy was developed in alignment with the UK Government's published plan for digital health and social care which defines the What Good Looks Like (WGLL) framework and the measures of digital success for organisations.

This report provides a structured overview of progress, challenges, and future directions across the primary programme areas, demonstrating our commitment to an inclusive digital-first health and care system that serves all stakeholders effectively.

2. Digital Strategy Objectives

The Digital Strategy is structured around agreed key objectives, each aimed at advancing healthcare delivery through digital transformation:

2.1. **Safe Practice and Governance**: Implement frontline systems that support safer clinical practices and establish robust digital foundations.
2.2. **Cybersecurity and Resilience**: Strengthen cybersecurity and ensure infrastructure resilience to safeguard patient and organisational data.
2.3. **Digital Inclusivity**: Design all digital services with inclusivity in mind, ensuring equitable access to healthcare resources.
2.4. **System Integration and Collaboration**: Foster a unified system that encourages collaboration and digitally empowers our population.
2.5. **Resource and Workforce Optimisation**: Address workforce challenges by promoting resource sharing, building digital skills, and embedding good digital practices across the ICS.
2.6. **Care Quality and Patient Experience**: Leverage digital tools to enhance care quality and improve the patient experience.
2.7. **Staff Productivity**: Enhance staff efficiency and satisfaction by streamlining workflows and reducing manual tasks through digital solutions.

3. Digital Transformation Programmes

The Digital Strategy establishes seven strategic areas of focus, each addressing key objectives through specific digital transformation initiatives. These areas guide the ICS in meeting its digital priorities and are outlined in Table 1 below.

Table 1: Strategic Areas of Focus

Leadership, Collaboration and model for digital

Aims to strengthen governance, collaboration, and resource management across the ICS to support a cohesive digital transformation:

- ICS Digital Portfolio Management and Demand Management, Risk Register: maintains alignment with strategic goals.
- Finance Alignment: Coordinates budget allocations, manages funding bids, and ensures financial accountability across digital initiatives.
- ICS Digital Lead and PMO Functions: Provides dedicated digital leadership and project management to facilitate smooth delivery of digital projects.

Digital Inclusion – Citizen, Community and Workforce

Ensures digital initiatives are inclusive and accessible, minimising digital inequality among citizens and staff:

- Reasonable Adjustment Digital Flag: Identifies and accommodates accessibility needs to support equal access for all citizens.
- Digital Consent Programme: Empowers citizens by allowing them to manage their health data with transparency and control.
- Patient Engagement Portal: Centralises citizen access to health services, fostering engagement and ease of use.

Local Care Transformation

Focuses on improving access and quality of care within local communities, leveraging digital solutions for remote and virtual care:

- Virtual Wards & Remote Monitoring: Provides care at home for eligible patients through digital monitoring tools.
- Digital Social Care Records: Enhances continuity of care through digitised social care records.
- Virtual Care Delivery System: Expands virtual healthcare options, improving patient experience and accessibility.
- Primary Care Access: Streamlines primary care access via digital platforms, enhancing efficiency and patient satisfaction.

Integrated Care Transformation

Aims to integrate care delivery across services to improve outcomes and productivity:

- MSK Phase 2/HTAAF: Enhances digital capabilities in musculoskeletal care, increasing access and coordination.
- EeRS Programme: Facilitates electronic referrals, making patient transitions smoother and reducing wait times.
- Medwise Primary Care Clinical Productivity Pilot (HTAAF): Pilots digital tools in primary care to improve clinical productivity and patient outcomes.

Infrastructure Optimisation and Cyber Security

Strengthens the digital infrastructure to ensure security, reliability, and resilience:

- Infrastructure Upgrades/Optimisation: Modernises and optimises the digital infrastructure across STW.
- Infrastructure Convergence: Aligns and consolidates systems to reduce redundancy and improve interoperability.
- Cyber Security Strategy and Cyber Operations Group: Establishes comprehensive cybersecurity protocols and manages ongoing security operations.
- Medical Device Cyber Security: Protects medical devices from cybersecurity threats to ensure patient safety and data security.

EPR (Electronic Patient Records) and Digital Diagnostics

Focuses on digitising patient records and diagnostic services to streamline care and improve accuracy:

- EPR Implementation at RJAH and SaTH: Deploys electronic patient records at the Robert Jones and Agnes Hunt Orthopaedic Hospital and Shrewsbury and Telford Hospital.
- Orders Communications & Reporting: Enhances communication and reporting around patient orders to improve coordination.
- Laboratory Information Management Systems and Imaging: Digitises laboratory and imaging workflows, supporting faster diagnostics and better care delivery

Integrated Care Records

Leverages data insights to support health outcomes and informed decision-making:

- Shrewd: A data analytics platform offering real-time insights to support patient care and operational decisions.
- Population Health Analytics: Uses data to identify and address community health trends and support proactive care.
- Integrated Care Records (One Health & Care) Reset: Refreshes the integrated care records system, improving data sharing and accessibility across care providers.

3.1 Leadership and Collaboration in Digital Transformation

Progress Overview:

Effective leadership and collaboration are core measures of success within the NHS's *What Good Looks Like* (WGLL) framework for digital maturity assessments (DMA). Under the "well-led" standard, the focus is on strong, strategic leadership for digital transformation and collaborative initiatives across the ICS. Significant progress has been made toward these objectives, aligning leadership and governance with the ICS's broader digital transformation goals:

3.1.1 **Digital Leadership**: The establishment of strong digital leadership across the Integrated Care Board (ICB) and all provider organisations has been instrumental. With the Chief Medical Officer (CMO) and Digital Lead roles now in place within the ICB, all system partners are equipped with Chief Information Officer (CIO) or equivalent roles, along with dedicated programme leads. Each partner has developed a clear digital transformation strategy that aligns with the overarching ICS objectives. This distributed yet cohesive leadership structure demonstrates the system's capability to leverage data technology to transform healthcare delivery, ensure people-centric services, and enhance operational efficiency.

3.1.2 **ICS Digital Portfolio and Demand Management**: The ICS has established a Digital Delivery Group (DDG) to provide central oversight and coordination of digital initiatives. This group plays a critical role in ensuring that digital programmes and projects align with the ICS's strategic goals, managing demand through a rigorous framework that includes a risk register. This governance structure provides a comprehensive view of project priorities, resource requirements, and potential risks, enabling agile responses to emerging needs across the system.

Challenges and Next Steps:

Achieving the ICS's digital transformation goals requires strategic alignment, a robust foundation of governance, resource alignment, and ongoing communication. Addressing the following challenges will be essential for continued progress:

3.1.2. **Securing Funding for Digital Initiatives**: The expansion and sustainability of digital capabilities across the ICS depend heavily on securing dedicated resources and financial support. Engaging with NHS England (NHSE) to secure funding remains a priority. This includes advocating for targeted investments that support both foundational and innovative digital projects, enabling the ICS to expand its digital portfolio and meet the WGLL standards effectively.

3.1.3. **Strengthening Financial and Resource Coordination**: In line with organisational targets, the ICS has initiated cost-saving measures aimed at reducing overall spend while maintaining the quality and safety of digital services. Collaborative procurement strategies are under continuous development to ensure the best value for digital investments across the ICS. This includes refining operational processes to maximise cost-effectiveness and ensuring that priority digital transformation projects receive adequate support without compromising service standards.

3.1.4. **Enhancing Stakeholder Communication**: A key challenge for digital leadership has been maintaining consistent communication and engagement with stakeholders across transformation programmes. To address this, the ICS is revisiting its stakeholder engagement approach to ensure that user-centred design and co-production principles are prioritised. Enhancing communication channels will keep stakeholders well-informed of programme developments and achievements, fostering transparency, adoption, and alignment with ICS objectives. Engaging stakeholders through regular updates and

feedback mechanisms will also support a culture of shared ownership and active participation in the ICS's digital transformation journey.

3.2 Digital Inclusion – Citizen, Community, and Workforce

Progress Overview:

Digital Inclusion is focused on ensuring that healthcare services are accessible to all citizens by addressing digital inequalities and enhancing digital literacy among patients and healthcare staff. This initiative aims to bridge gaps in digital access and equip individuals with the skills and support needed to effectively engage with digital health and care services.

3.2.1. **Reasonable Adjustment Digital Flag (RADF)**: The RADF programme remains a central component of our commitment to equitable digital access. This initiative helps identify patients requiring specific adjustments to access digital services effectively. By flagging these needs, the system can tailor digital interactions, ensuring that all patients receive accessible and personalised digital care. This step will ensure that all digital health services remain accessible to individuals with diverse needs, reinforcing our commitment to inclusivity.

3.2.2. **Patient Engagement Portal Integration with NHS App**: Improving patient access to health records, appointments, and notifications is a key goal, and plans are underway for PEP implementation across partner organisations. The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) and Shrewsbury and Telford Hospital (SaTH) are progressing with the implementation of the *Doctor Doctor* portal, while Shropshire Community Health NHS Trust (SCHT) will use the Patient Knows Best portal together with Midlands Partnership Foundation Trust (MPFT). Although these portals are not yet live, once implemented, they will be instrumental in promoting health equity by enabling all citizens to access their medical records conveniently.

3.2.3. **Workforce Training**: As technology continues to advance at a rapid pace, it is essential that our health and social care workforce remains fully capable, confident, and motivated in leveraging these tools effectively in their roles. To achieve this, we are committed to fostering a digitally literate workforce across all staff groups, ensuring that everyone is equipped with the necessary skills to thrive in a digitally enabled healthcare environment. To support this goal, we will consolidate existing training resources to create a cohesive system-wide approach for developing digital literacy skills, competencies, and confidence. This includes offering tailored training programmes that align with current technological needs, thereby empowering our workforce to use digital tools efficiently and effectively. Additionally, we will introduce digital skills assessments to help both individuals and their managers identify specific training needs. This targeted approach will enable personalised learning plans that are aligned with professional development goals. To further enhance this initiative, we will collaborate with our education provider partners to establish a standardised learning and development framework. This will ensure consistency in training delivery, support adaptability to evolving workforce requirements, and enhance our capability to respond swiftly to the digital training needs of our staff.

Challenges and Next Steps:

To ensure the Digital Inclusion programme benefits all citizens and staff, addressing both digital literacy and access remains a priority. Key actions include:

3.2.4. **Digital Literacy and Access**: Digital literacy varies widely across the population, impacting engagement with digital services. Financial constraints limit the distribution of devices and the reach of digital literacy programmes. Connectivity remains an ongoing barrier to

access, especially in our rural communities. Collaborations with council partners have improved access to digital devices, yet more effort is needed to bridge gaps.

3.2.5. **Finalising Patient Engagement Portal Integration**: Completion of the PEPs and their integration with the NHS app is essential for providing patients with seamless access to appointments, health records, and notifications. This step will significantly improve convenience, promote engagement, and empower patients to take an active role in personal health management.

3.2.6. **Public Awareness, Security and Confidence**: Educating citizens about available digital health and care services is essential. Engaging patient groups in the design and development phases of these services will foster trust and promote greater engagement with digital healthcare platforms. Adopting a patient-centred design approach across digital services will improve accessibility, while ensuring that these platforms are user-friendly, secure, and compliant with Web Content Accessibility Guidelines (WCAG) to instil confidence. Security protocols must be rigorously maintained to protect patient data, further building public confidence in the digital healthcare ecosystem.

3.3 Local Care Transformation

Progress Overview:

The Local Care Transformation programme focuses on improving access to quality care within local communities by deploying digital solutions that support remote and virtual care, enhance social care services, and streamline primary care operations. These initiatives address the diverse needs of patients, care providers, and primary care staff, leveraging technology to increase care efficiency and accessibility across Shropshire.

3.3.1. **Digital Social Care Records:** A system-wide programme led by Telford and Wrekin Council, phase 1 of the Digital Social Care Records programme helps care providers - care homes and domiciliary care services, transition from paper-based records to digital care planning systems. The programme successfully met its target to engage 75 care providers over three years, assisting them with Expressions of Interest (EOIs), supplier contracts, and access to match funding. This shift to digital care planning in the community enhances care continuity, data accuracy, and service quality, ultimately improving care delivery for residents.

3.3.2. **Virtual Care Delivery:** Through the CareTech fund, Shropshire Council is pioneering Virtual Care Delivery, leveraging technology to support social care for adults within their homes. The programme includes the deployment of digital devices that provide task reminders, enable connections with family members, and serve as directories for essential services. In 2024/25, the programme successfully piloted *GenieConnect*, a platform designed to alleviate the burden on caregivers by automating daily reminders and wellbeing prompts, facilitating family communication, and supporting remote care for individuals in rural areas. With care worker shortages and the need for efficient home-based care, *GenieConnect* bridges gaps by empowering individuals with greater independence. Following the pilot, GenieConnect will undergo an evaluation to determine its potential for wider rollout. Looking ahead to 2025/26, the programme aims to pilot *CareBuilder*'s lifestyle monitoring sensors, which use advanced algorithms to monitor residents' daily activities, detect anomalies (e.g., prolonged inactivity or night-time restlessness), and provide wellbeing alerts to care providers, improving safety and response times.

3.3.3. **Primary Care Digital Improvements**: This programme focuses on advancing digital capabilities within primary care to streamline workflows, improve clinical productivity, and enhance patient care. Significant milestones have been achieved, with all GP practices

across the ICS now successfully implementing the *EMIS* Electronic Patient Record (EPR) system. This system allows for secure, comprehensive patient record management, supporting seamless data sharing across primary and secondary care.

In addition to *EMIS*, the *DocMan* document management system has been rolled out, simplifying correspondence processing within practices and reducing administrative workloads by automating document workflows. The Electronic Referral System (EeRS) has also been deployed to facilitate more efficient patient referrals, enhancing patient flow and alleviating administrative pressures on primary care staff.

Efforts to upgrade critical network infrastructure are ongoing, with improvements to firewalls and routers underway across GP practices. These upgrades are essential for enhancing both security and connectivity, ensuring that practices have a robust digital foundation capable of supporting current and future technologies.

A key innovation initiative in this programme is the introduction of *Medwise*, funded through the Health Tech Adoption and Acceleration Fund. *Medwise* is a sophisticated search platform that allows clinicians to quickly access up-to-date medical guidance, policy documents, and best practice resources directly at the point of care. This tool not only boosts clinician productivity but also minimises errors in referrals and promotes adherence to best practices by making critical information readily available during consultations. Currently, *Medwise* is being piloted in collaboration with selected GP practices, with plans for wider rollout across primary care pending a successful evaluation of its impact on clinical workflows and care quality.

Challenges and Next Steps

To ensure the Local Care Transformation portfolio's objectives are met, addressing current challenges and focusing on key expansion efforts will be essential.

3.3.1. **Virtual Wards and Remote Monitoring**: SCHT initially piloted the nationally funded Docobo remote monitoring solution to enhance Out-of-Hospital patient care by providing real-time health monitoring for patients who would otherwise require hospitalisation. However, the pilot is now being decommissioned due to inconclusive results regarding its effectiveness. The recent acquisition of Docobo by Graphnet presents new opportunities for integration and enhancement, particularly in merging remote monitoring data with Electronic Patient Records (EPRs) and the Shared Care Record. This development creates a timely opportunity for the ICS to reconsider its options and potentially re-evaluate the use of this solution in its Virtual Wards and Remote Monitoring strategy.

3.3.2. **Integrating Remote Monitoring with EPRs**: The Digital Delivery Group (DDG) is working to define a roadmap for supporting virtual wards through Digital Remote Monitoring solutions. This includes completing evaluations of current tools, selecting optimal solutions, and ensuring seamless data integration between remote monitoring systems and EPRs to enable more effective in-home care and real-time monitoring.

3.3.3. **Strengthening Primary Care Digital Infrastructure:** Continued infrastructure upgrades are planned across GP practices to optimise connectivity and security, ensuring that primary care providers can fully leverage digital tools. These upgrades, particularly to firewalls and routers, will enhance the robustness of primary care digital systems, allowing for secure, high-quality service delivery.

3.3.4. **Scaling Virtual Care Solutions**: Pending the successful evaluation of *GenieConnect*, the programme will focus on expanding its reach to a broader patient population, particularly targeting rural and underserved areas. Additionally, in 2025/26, the introduction of *CareBuilder's* lifestyle monitoring sensors will further support in-home care by providing

real-time wellbeing checks for vulnerable individuals, enhancing the capacity of care providers to respond promptly to potential issues.

3.3.5. **Supporting Digital Social Care Record Adoption**: Continued engagement with care providers will be crucial in promoting the adoption of Digital Social Care Records. The ICS will provide guidance, assistance with EOIs, and explore additional match funding options to help more providers transition from paper-based systems to digital care planning, supporting high-quality and accurate care delivery.

3.4 Integrated Care Transformation

Progress Overview:

The Integrated Care Transformation programme is designed to enhance clinical pathways across key service areas, including musculoskeletal (MSK) services, diabetes management, and urgent and emergency care. By implementing digital solutions, this programme aims to improve patient outcomes, streamline referrals, and optimise care delivery across the ICS.

3.4.1. **MSK Pathway Transformation**: The MSK pathway transformation initiative, led by the ICB, has introduced several digital tools to enhance patient engagement and streamline referral processes. The *MyRecovery* app, a comprehensive pathway companion for STW MSK patients, supports end-to-end engagement, allowing patients to actively manage their care and improve outcomes through self-guided support. The ICB has also deployed *StrataPathways* for referral management, which automates the transfer of referrals from the NHS e-Referral Service (e-RS) to SCHT's *RIO* system, creating a unified user experience (UX) for clinical triage at the STW MSK Single Point of Access. The platform also enables self-referrals through MyRecovery, enhancing accessibility and convenience for patients. Additionally, the *Goodboost* system offers AI-guided exercises both in swimming pools and on land, supporting patients in self-managing MSK and population health-related conditions with safe, accessible exercise options.

3.4.2. **Electronic Eye Referral System (EeRS) Implementation**: Launched in STW on 1st November 2023, the Electronic Eye Referral System (EeRS) is a secure digital platform that enables optometrists to electronically refer patients for further investigation or treatment of eye conditions. As part of an NHS Midlands regional rollout, two-thirds of optometry practices in STW are now live on EeRS, streamlining referrals and enabling optometrists to access advice and guidance directly. Benefits include faster more convenient referrals without the need for email, post, or fax; the ability to attach documents and eye scans; reduced administrative burdens on GP practices; and improved communication between optometrists and secondary care providers, who can now track referral status and outcomes. This system is anticipated to enhance referral efficiency, improve patient experience, and support continuity of care across services.

Challenges and Next Steps

As the Integrated Care Transformation programme progresses, the focus will remain on expanding digital pathways and adopting proactive care solutions. Key next steps include:

3.4.3. **Digital in Women's Health**: The ICB is developing an online Women's Health information repository, which will provide both the public and clinical staff with easy access to the latest information on women's health issues. There is potential to leverage the *Healthier Together* platform for this purpose, ensuring accessibility and inclusivity in alignment with the digital inclusion agenda. Additionally, the team is exploring the possibility of using *Medwise* to help clinicians quickly navigate the information repository of women's health information, making evidence-based guidelines more accessible and actionable.

3.4.4. **Exploring Digital Solutions in Diabetes management**: In line with the ICS Diabetes Strategy, efforts are underway to explore how digital solutions can support proactive diabetes care. The ICS is assessing the role of Remote Monitoring and Population Health Management (PHM) to help patients manage diabetes more effectively and to enable clinicians to monitor patient progress. This approach is anticipated to improve patient outcomes by facilitating early intervention, reducing complications, and optimising resource allocation in diabetes care.

3.4.5. **Exploring Digital Solutions in Urgent and Emergency Care**: The ICS is investigating how population health data can be used to enhance urgent and emergency care services. By analysing PHM data, the ICS aims to predict demand, allocate resources more effectively, and optimise response times for urgent and emergency cases. This data-driven approach will allow for improved service delivery, enhance patient outcomes, and increase operational efficiency across emergency care settings.

3.5 Integrated Care Records and Population Health Management

Progress Overview:

The implementation of the Shared Care Record through the Graphnet contract has laid a critical foundation for data-sharing across the ICS, enabling clinicians and care providers to access real-time patient information and fostering collaborative care. This step marks a significant advancement toward a unified, integrated care system that supports continuity of care, better decision-making, and improved patient outcomes.

3.5.1. **Data Feed Integration:** A major achievement has been establishing a data feed across the ICS, allowing seamless integration into the One Health & Care (OHC) Shared Care Record. This capability enables healthcare providers across the ICS to access vital patient information directly within their Electronic Patient Record (EPR) systems through the OHC interface. As a result, clinicians now have access to comprehensive patient history when delivering care, which enhances clinical decisions, reduces duplication, and minimises the risk of error. This integration allows for better-informed and more personalised care delivery across different healthcare settings.

3.5.2. **Collaborative Solution Development with Regional ICS Partners:** In partnership with neighbouring ICSs—Staffordshire and Stoke-on-Trent, and Black Country—we have established a unified platform for the Shared Care Record. This collaborative approach has been instrumental in standardising data-sharing protocols, harmonising patient record formats, and improving interoperability across systems. By aligning our systems regionally, the Shared Care Record now supports cross-boundary care delivery, allowing for a smooth flow of patient information across organisations and ensuring that clinicians have consistent, reliable access to critical health data. This collaboration is paving the way for a more integrated, patient-centred healthcare experience across the Midlands, fostering a proactive, preventative approach to care.

Challenges and Next Steps:

To fully realise the potential of the Integrated Care Records and Population Health Management programme, several challenges need to be addressed. These challenges are closely tied to resource allocation, stakeholder engagement, and the enhancement of system functionality.

3.5.3. **Contract Renewal and Funding for Ongoing Development**: The One Health & Care contract for STW is set to expire in 2026. To ensure the continuity and expansion of integrated care record capabilities, securing funding for contract renewal will be essential. Renewing this contract will not only maintain our alignment with other ICSs but also sustain the critical infrastructure required for seamless data-sharing across the region.

This funding will enable us to continue to support the integration of care records, develop additional functionalities, and remain responsive to evolving healthcare needs.

3.5.4. **Awareness and Engagement Among Clinical Staff and Stakeholders**: A significant challenge remains in raising awareness and promoting adoption of the Shared Care Record among clinical staff and stakeholders. Due to limited awareness about the Shared Care Record's potential, adoption rates have been suboptimal. Furthermore, the absence of key features—such as Care Planning and Population Health Management (PHM) functionalities—as well as intermittent data feeds, have limited clinicians' engagement with the OHC. To address this, we will launch an extensive awareness campaign targeting clinical staff, administrative teams, and decision-makers across the ICS. The campaign will aim to highlight the benefits of the Shared Care Record, provide hands-on training, and promote success stories from neighbouring ICSs to encourage engagement and consistent use of the platform. By improving understanding and usability, we anticipate a substantial increase in adoption rates, which will enhance care coordination and patient outcomes.

3.5.5. **Acquiring Programme Resources:** To drive engagement, communications, and Information Governance (IG) compliance, reinstating the support agreement with the Midlands and Lancashire Commissioning Support Unit (MLCSU) is essential. MLCSU resources will provide critical IG guidance, ensuring adherence to regulations surrounding data-sharing and secondary use of patient information. Furthermore, MLCSU support will enhance communication efforts, providing a structured approach to promoting the Shared Care Record's benefits and ensuring that clinicians and support staff receive the guidance they need to adopt this system effectively. MLCSU's involvement will be key in overcoming barriers to adoption and building a sustainable engagement model across the ICS.

3.5.6. **Expanding Care Planning Capabilities:** Compared to neighbouring ICSs, STW lags in deploying the Care Plan module within the OHC platform. Other ICSs have successfully implemented modules that provide access to care plans, End-of-Life care plans, Learning Disabilities and Autism (LDA) registers, pathology and radiology results, ReSPECT forms, frailty management tools, and comprehensive clinical correspondence. Expanding these capabilities within STW's Shared Care Record will enhance care coordination, provide clinicians with a holistic view of patient health, and support data-driven decision-making. Securing additional funding to implement these functionalities will bring STW in line with best practices, enabling our clinicians to access detailed patient information, anticipate care needs, and improve care continuity.

3.5.7. **Enhancing Information Governance (IG) Compliance**: Compliance with Information Governance regulations, particularly for secondary use of data, is a critical step for leveraging the Shared Care Record for Population Health Management. IG standards for data usage are stringent, especially when data is used for analytics beyond direct patient care. To address this, we will allocate resources specifically to IG compliance efforts, ensuring that PHM applications adhere to regulatory standards while enabling the use of health data for broader population health insights. This compliance will empower the ICS to leverage data effectively for proactive care planning and to identify population health trends while maintaining patient confidentiality and trust.

3.5.8. **Implementing Population Health Management (PHM) Solutions**: Addressing the IG hurdles surrounding the secondary use of OHC data will allow for the full implementation of digital PHM tools, including a PHM dashboard and an enhanced case-finding tool. These functionalities will enable the ICS to conduct predictive analytics, identify at-risk populations, and target interventions for chronic disease management, such as diabetes. With PHM, clinicians and care managers can access population-level insights and proactively address long-term conditions, leading to improved outcomes and reduced healthcare costs. Funding for these tools will facilitate data-driven, preventative care that

is responsive to population health trends and enables the ICS to better manage healthcare resources.

3.5.9. **Engaging with Care Homes, Domiciliary Care Services, and Hospices**: To ensure comprehensive participation in the Shared Care Record, we need to support care homes, domiciliary care services, and hospices in transitioning from paper-based to digital records. These providers, often limited in resources, face barriers to adopting digital solutions, which impacts the overall integration of care records across the ICS. Providing technical assistance, facilitating training, and exploring funding options will be critical to overcoming these barriers. By including these care providers in the Shared Care Record, the ICS can create a more robust and interconnected network of healthcare providers, ensuring that all patient information is readily accessible across care settings, which will improve the quality and continuity of care for vulnerable populations.

3.6 Electronic Patient Records (EPR) and Digital Diagnostics

Progress Overview:

The goal of this programme is to ensure that frontline patient systems across the ICS are fully digitised, enabling real-time access to patient information and facilitating seamless integration across care settings. This approach not only improves care delivery and operational efficiency but also supports safer, data-driven clinical decision-making. Substantial progress has been made in the rollout and integration of Electronic Patient Records (EPR) systems, with additional strides in digital diagnostics to enhance coordination, accuracy, and efficiency across primary, community, and acute care.

3.6.1. **System C Careflow EPR Implementation at Acute Trusts:**
The implementation of the System C Careflow EPR is advancing well within acute settings. SaTH went live with Careflow in April 2024, marking a significant milestone in the digitisation of patient records within the ICS. This system enables clinicians to access comprehensive patient information in real-time, improving workflow efficiency, clinical decision-making, and patient care coordination. RJAH is scheduled to go live with System C Careflow in November 2024, further expanding digital integration across acute trusts. RJAH's adoption of the System C EPMA (Electronic Prescribing and Medicines Administration) module will also enhance medication management, supporting safer prescribing and administration practices.

3.6.2. **Access Group's RIO EPR Implementations at Community Trusts:**
Both SCHT and MPFT have achieved mature implementations of The Access Group's RIO EPR. These systems provide robust support for patient management in community and mental health settings, ensuring that clinicians and care teams have access to accurate, up-to-date patient information. RIO's integration supports continuity of care by enabling information-sharing between community-based services and acute or primary care providers, streamlining workflows and improving patient outcomes.

3.6.3. **EMIS EPR Rollout Across Primary Care:**
EMIS EPR has now been fully deployed across all primary care practices within the ICS, enabling GPs to securely access, update, and share patient records within the broader healthcare network. This implementation strengthens data accessibility, enhances patient care continuity, and reduces duplication of patient data entry, thereby improving the overall efficiency of primary care services.

3.6.4. **Electronic Prescribing and Medication Administration (EPMA):**
The CLEO EPMA system, which supports electronic prescribing and medication administration, has been successfully implemented at MPFT and is now fully integrated with the RIO EPR. This integration facilitates safe and efficient medication management within community care settings, reducing the likelihood of medication errors and enhancing

patient safety. SCHT and SaTH are actively exploring the suitability of CLEO EPMA for their environments to achieve similar efficiencies, while RJAH is on track to implement the System C EPMA module in alignment with its Careflow EPR rollout.

3.6.5. **OrderComms Solution (Clinisys ICE) for Pathology and Radiology:**
To improve diagnostic processes and coordination between primary and acute care providers, the ICS is exploring the implementation of Clinisys ICE as an OrderComms solution. This platform would facilitate electronic orders and results management for pathology and radiology tests, streamlining diagnostic workflows between primary care practices and acute trusts. Clinisys ICE integration will allow GPs and hospital-based clinicians to access test results directly, improving diagnostic accuracy and enabling faster, more informed treatment decisions.

Challenges and Next Steps:

While progress has been considerable, the successful deployment and integration of EPR systems and digital diagnostics across the ICS face several key challenges. Addressing these challenges is essential to maximise the potential of digital solutions in enhancing care quality and operational efficiency.

3.6.6. **Bed Management System Integration within EPRs:**
One of the primary limitations within current EPR implementations is the absence of an integrated bed management system. This restricts our ability to optimise bed allocation, track patient flow accurately, and fully realise our bed capacity potential. Implementing a bed management module within existing EPR systems would allow real-time tracking of bed occupancy, streamline patient admissions and discharges, and improve overall hospital efficiency. Exploring and investing in bed management solutions that can integrate with the existing EPR infrastructure remains a key next step for the ICS.

3.6.7. **Uncertain NHS Frontline Digitisation Funding:**
Future funding for NHS frontline digitisation initiatives remains uncertain, which presents a significant risk to the continuation of EPR development and the expansion of ancillary digital systems. Securing sustained funding from NHS sources or alternative streams is critical to advancing the functionality of EPRs, supporting the rollout of OrderComms solutions, and achieving complete digital integration. Contingency planning and proactive engagement with funding bodies are necessary to ensure that financial constraints do not hinder the progress of digital transformation initiatives within the ICS.

3.6.8. **Ensuring EPR Interoperability Across Systems:**
With different EPR platforms in use across primary, acute, and community care settings, ensuring interoperability between these systems is essential. The ICS must continue to work closely with EPR vendors to enable seamless data-sharing and to standardise data formats across platforms. This will support comprehensive patient records that follow patients across care settings, reducing information silos, improving continuity of care, and enabling clinicians to make fully informed decisions. Ensuring interoperability also supports future enhancements, such as integrated diagnostic tools and predictive analytics, which require access to unified patient data.

4. Conclusion

4.1. The progress made by the STW Integrated Care System (ICS) in advancing the aims of its Digital Strategy highlights significant strides in establishing a people-centred, data-driven, and digitally inclusive health and care environment. Through dedicated focus areas, the ICS has laid a solid

foundation for improving healthcare delivery, enhancing operational efficiencies, and empowering citizens and staff to engage meaningfully with digital health services.

4.2. Key achievements include the deployment of Electronic Patient Records (EPR) across primary, community, and acute care, which is transforming patient data accessibility and clinical workflows. Additionally, innovative tools such as *DocMan* and *Medwise* in primary care are streamlining correspondence and enabling clinicians to access critical guidance at the point of care. The integrated OrderComms solution and EPMA systems further enhance diagnostics and medication safety, supporting a cohesive digital ecosystem that prioritises quality and efficiency.

4.3. In parallel, initiatives under Digital Inclusion are bridging the gap in digital access, while Local Care Transformation is empowering citizens with virtual care solutions like *GenieConnect*, enhancing in-home care through remote monitoring and support systems. Collaborative partnerships with regional ICSs and the expansion of Integrated Care Records underscore the ICS's commitment to interoperability and cross-boundary data sharing, strategically positioning STW for integrated care delivery.

4.5. However, several challenges remain, including the need for sustained funding, expanded functionality in care records, and enhanced interoperability across diverse digital platforms. Addressing these challenges will be critical to maintaining the momentum of transformation and fully realising the strategy's goals. Continued investment in digital infrastructure, workforce training, and stakeholder engagement will be essential to overcoming these barriers.

4.6. As STW ICS moves forward, the focus on scalable, secure, and inclusive digital solutions will drive sustainable improvements in patient care and operational resilience. By building on the accomplishments of each digital programme and addressing the outlined challenges, the ICS is well-positioned to achieve its vision of a digitally enabled, equitable healthcare system by 2028.

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**21 November 2024**					
Title of report	**Annual Report – Shropshire Safeguarding Community Partnership (SSCP)**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	X	Information only (No recommendations)	
Reporting Officer & email	Jane Rose, Business Manager – Shropshire Safeguarding Community Partnership					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working		x	
	Mental Health	x	Improving Population Health		x	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		x	
	Workforce		Reduce inequalities (see below)		x	
What inequalities does this report address?	Improving the lives of all vulnerable populations in Shropshire, including those with protected characteristics					

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

1. Executive Summary

This report fulfils the statutory duty to produce an annual report for both Adult and Children's safeguarding arrangements and the needs assessment for the Community Safety Partnership. Whilst there is no requirement on the Community Safety Partnership to publish an annual report about its activity, Shropshire Safeguarding Community Partnership (SSCP) chooses to ensure its community safety work is reflected in this publicly available report. It provides an opportunity to report to the public and all partners about decisions made and actions taken, by the Responsible Authorities for Community Safety.

The Annual Report has been approved and signed off by all SSCP strategic partners, submitted to the DfE and published on the SSCP website, as per legislative requirements. Deadlines of 30th September were met.

2. Recommendations

HWB endorses the SSCP Annual Report detailed in appendix 1.

3. Report

The purpose of this report is to provide assurance that Shropshire Safeguarding Community Partnership has plans in place to address the county's priorities to safeguard our communities and to meet the requirements set out in Working Together 2023.

Working Together 2023 came out in December 2023 and contains new requirements for children's safeguarding activity and annual reports. These requirements have been met where we can, and any not met, will be covered in next year's report. Guidance on annual reports stated all changes must be made by the completion of the next annual report, so we are currently progressing work to meet these changes.

The report explains what has been achieved in the financial year 2023-24 and what is planned for 2024-25.

Achievements included:

- Development of Strategic Plan & Priorities for 23 – 26
- Progressing work to implement changes within Working Together '23 to safeguard children, including the establishment of a Lead Safeguarding Partners Group at Chief Exec level working across the ICB footprint area; identification and development of Delegated Safeguarding Partners at a senior manager level to embed the 'joint responsibility' of children's safeguarding; work with Education partners to embed them within the work of the SSCP and the role of safeguarding within the new Education Partnership
- Launched self-neglect guidance and toolkit for workers, with awareness sessions to embed improvements into practice
- Delivery of all statutory case reviews and embedding all identified learning points, to include: Children's Safeguarding Practice Reviews (CSPRs), Adult Practice Reviews (APRs), Domestic Homicide Reviews (DHRs) and Anti-social Behaviour Case Reviews (ASBCRs). Also completed a review of all fire deaths with actions agencies need to take to reduce this.
- Joint workshops held with providers of domestic abuse, mental health and substance misuse to improve integrated working and develop joint working protocol
- Hate crime sessions delivered in schools
- Work completed around understanding better the risks for people that die by suicide, as a result of experiencing domestic abuse
- Details our implementation of national reforms such as Working Together '23; Serious Violence Duty; Domestic Abuse Act 2012 and Mental Capacity Act Code of Practice.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	Demand and capacity will continue to be a key area of focus and monitoring.	
Financial implications (Any financial implications of note)	The SSCP is funded through a multi-agency budget detail within report appendix 1	
Climate Change Appraisal as applicable	All commissioned activity takes into account climate considerations.	
Where else has the paper been presented?	System Partnership Boards	SSCP Strategic Governing Group
	Voluntary Sector	
	Other	

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

Cabinet Member (Portfolio Holder)

Appendices

Appendix A. SSCP Annual Report 2023 - 2024

Shropshire Safeguarding Community Partnership

Community Safety Needs Assessment and Safeguarding Annual Report

2023-2024

Contents page

Foreword by Key Partners

How we contribute to this partnership and our safeguarding arrangements

Ivan Powell, Independent Chair & Scrutineer

As the Independent Chair and scrutineer of the Shropshire Safeguarding Community Partnership (SSCP), I am pleased to present the Annual Report for the period April 2023 to March 2024.

This is the third Annual Report under the new tri-partite governance arrangements which include children, adults and community safety.

This report is published in line with the statutory responsibilities under the new requirements in Working Together to Safeguard Children 2023 (WT23) and the Care Act 2014 statutory guidance. This report covers April 2023 to March 2024 and provides the opportunity to review progress in delivering on our priorities, assess our training activities and consider how agencies work together across the portfolios of children, adults and community safety.

The SSCP has a really important role in coordinating and ensuring the effectiveness of what is done by each and every person involved in protecting children, adults and communities in Shropshire. The SSCP monitors how all agencies work together to provide services for children and adults and ensure they are protected.

The revised Partnership has now been in place for three years and is between Shropshire Council, West Mercia Police and the Shropshire and Telford and Wrekin Integrated Care Board.

The partnership has also responded to the new guidance Working Together to Safeguard Children 2023, published in December 2023. In delivering independent scrutiny I have ensured that the partnership has undertaken the necessary work to develop a delivery plan and framework to implement fully WT 2023, including the necessary leadership through

the identification of lead and designated safeguarding partners and the engagement with and of education representatives.

The partnership has also developed a framework for the delivery of future independent scrutiny and is actively working on strengthening the multi-agency data sharing and analysis, including multi-agency case file audit framework.

I have pressed the partnership to ensure it is effectively resourced to meet the new requirements under Working Together 2023 and duties under the Care Act 2014.

I continue to engage with The Association of Safeguarding Professionals (children) and am a member of the executive group of the National Network of Independent Chairs Safeguarding Adults Boards which enables me to bring national policy and procedural developments and learning from case reviews into the work of SSCP in a timely manner.

Lastly, I would like to thank the Partnership staff, for their continued support in the smooth functioning and promotion of the SSCP. I would also like to thank our Stakeholders from across the partnership and all the frontline practitioners and managers for their commitment, hard work, and effort in keeping children, adults and communities safer in Shropshire.

Tanya Miles, Executive Director of People, Shropshire Council

During 2023/24, Shropshire Council continued to make a significant contribution to the functioning and structure of the multi-agency safeguarding arrangements, through co-chairing the partnership, chairing and leadership of two of our oversight groups (children and adults) and two of the priority themes (drug and alcohol and domestic abuse). In addition, officers from the council actively support each group and groups in the partnership to ensure oversight and action to implement appropriate safeguarding responses.

The council also hosts the business unit that independently and proactively supports the functioning of the partnership.

This year, following concerns around the number of serious cases of non-accidental injury of babies in Shropshire, the Director of Childrens Services asked the Partnership to call a summit to take action. We met within ten days of the discussion and a systemwide, co-ordinated approach was taken recognising that safeguarding is everyone's responsibility. Four summits took place between May and November chaired by the Director of Children's Social Care and facilitated by the Council with support from the business unit.

Guy Williams, Head of Service Delivery, Shropshire Fire and Rescue Service

To support this partnership Shropshire Fire and Rescue Service recognises its unique ability to reach part of the community that many of our partner agencies cannot reach.

Shropshire Fire and Rescue personnel undertake a wide range of public facing roles on a daily basis. This includes education and engagement with all members of our communities including children, young people, and adults with complex needs and vulnerabilities. These teams have a legal and moral obligation to recognise and report concerns about abuse or neglect, they are also provided with the necessary skills and training to ensure that they are safe and effective practitioners. We also have a responsibility to safeguard and protect those that represent their service, and it is therefore imperative that they are provided with guidance and support in order to effectively safeguard themselves and others. This duty underpins how we support this Partnership and other safety initiatives, and the level of energy and competence that we can bring to support the reduction of community risk.

The value and importance of partnership and inter-agency working is key to ensuring that children, young people and adults at risk have that risk mitigated wherever reasonably possible. This partnership is vital in leading and providing the strategic direction to ensure that resources are not wasted

nor duplicated, and skill sets can be applied by the most appropriate agency.

Stu Bill, Superintendent, West Mercia Police

Strong, joined-up leadership and clear accountability is critical to effective multiagency safeguarding, bringing together the various organisations and agencies that serve Shropshire. As the demands and complexities of our society evolve, so too must our strategies and partnership.

West Mercia Police are proud to be members of Shropshire Safeguarding Community Partnership and, as a statutory partner, it is important that we play an active role in ensuring that the service the partnership delivers to our communities is effective and keeps people safe. As such, we work collaboratively to provide multi agency safeguarding arrangements for children and adults in Shropshire.

Policing remains committed to adapting and responding to emerging threats, ensuring that our practices remain effective, and our communities protected.

Over the past year, West Mercia Police has continued to work diligently alongside our partners in health, social services, the fire service, probation and many others, including in the voluntary sector. Through a combination of preventative measures, timely interventions and support systems, we have aimed to ensure the safety and wellbeing of the most vulnerable in our communities.

During the latter part of the year, we have worked to introduce a trial of Pitstop. Pitstop (Partnership Integrated Triage) is a multi-agency process designed to support with triaging information shared by the police where the level of need for direct referral for urgent safeguarding and a statutory social care response is not met at that time, but there is vulnerability identified relating to a child, young person or adult to warrant further information sharing. This includes promoting and safeguarding the welfare of children and adults through a multi-agency approach, to improve outcomes by enhanced information sharing and

robust decision making to ensure appropriate intervention is offered at the earliest opportunity to meet the needs of the child, adult or family.

The trial is set to run through 24/25 and will be evaluated as it progresses.

This Annual report serves as a great point to pause and reflect on the work of the partnership, outlining what we have done well and identifying where we should focus our collective effort, over the coming year, to enhance our service to the public. It reinforces our pledge to continuous improvement and working in partnership to safeguard the vulnerable.

Vanessa Whatley, Chief Nursing Officer, NHS Shropshire Telford and Wrekin Integrated Care Board

The Integrated Care Board is pleased to be part of the Shropshire Safeguarding Partnership and actively collaborates with partners to improve the safety of children and young people and adults in the community it serves. This year there has been a particularly challenging piece of work to be done following an increase in young children admitted to care. The series of summits that resulted brought partners together to support the common goal and successful drive improvements in Early Help referrals. The ICB has supported on going proactive approaches through ensuring all health partners are appropriately engaged, sharing best practice and strengthening the health input to the front door in strong collaboration with statutory safeguarding partners.

It is pleasing to see the number of safeguarding adult conversions have decreased and an increase in referrals into the hub, with the majority of people supported to be safe.

We note the increase of 4% in children going into care and have contributed to ongoing conversations to implement Working Together to Safeguard Children 2023 guidance. The ICB looks forward to seeing the potential that this has on improving outcomes for children and young people.

I would like to thank colleagues in the partnership for their support and collaborative working this year and look forward to further joint working in 2024/5.

George Branch, Head of Service, West Midlands Probation Region, Hereford Shropshire and Telford Probation Delivery Unit

The role of the Probation Service is to protect the public, support victims and reduce reoffending.

Reducing reoffending and public protection so that there are fewer victims is a critical priority of the Shropshire Safeguarding Community Safety Partnership. The Probation Service continues to work in partnership to tackle the drivers for reoffending and help people live decent law-abiding lives by improving access to employment, accommodation, substance misuse treatment and addressing anti-social behaviour. As an agency we recognise the importance of people and other organisations working together to prevent and stop both the risk and experience of abuse and neglect, whilst at the same time making sure an individual's well-being is being promoted with due regard to their views, wishes, feelings and beliefs.

During the year the Shropshire team was inspected as part of His Majesty's Inspectorate of Prisons domestic abuse thematic inspection. Though the report highlighted concerns across the 6 areas that were inspected about the overall quality of practice in the management of domestic abuse, Shropshire practitioners did receive recognition for working collaboratively with police and partners. The inspection reported Shropshire as having effective information sharing with other agencies:

'*Shropshire probation practitioners are able to share the list of cases they are concerned about with West Mercia Police, and they will then be provided with any arrest or incident information about those individuals.'*

We have used effectively commissioned rehabilitative services across employment, and well-being which has improved the rate of employment

for prison leavers, as well as the number of individuals able to access mental health services. Shropshire is piloting the Continuity and Resettlement Integrated Board which will monitor and discuss the continuity of care for prisoners being released from His Majesty's Prison Hewell. It is hoped this will provide improve outcomes across all areas of the reducing reoffending pathways.

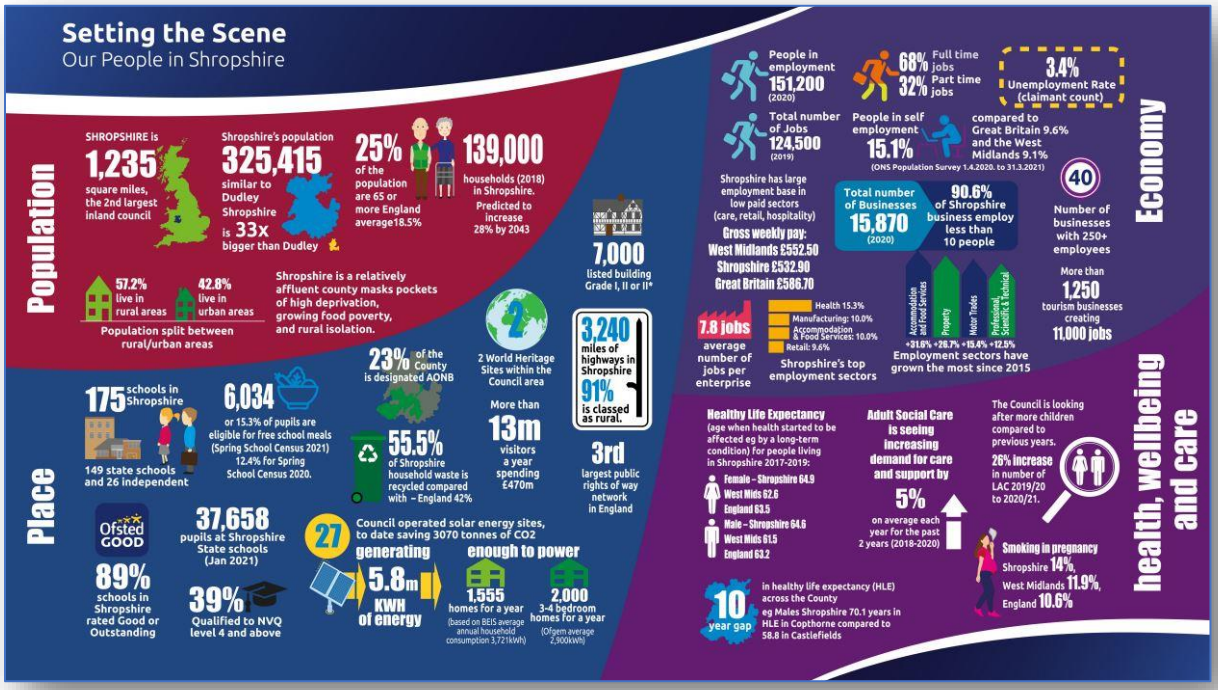
We have also ramped up our support to those who need drug and alcohol recovery work by improved protocols with drug and alcohol recovery teams.

However, it is around mental health where we have with the help of Midland Partnership University Foundation NHS Trust**,** made considerable progress. The employment of Integrated Offender Management Mental Health Nurses has assisted offenders to meet their mental health needs. We have commissioned a mental health clinical psychologist in court which has improved the appropriate sentencing of those whose offending behaviour is linked to their poor mental health. This has seen a marked increase in Mental Health Treatment Requirements[1] from courts.

There is still more work to be done to tackle the drivers for reoffending, to protect communities and help people live decent law-abiding lives. This cannot be done without a dedicated and valued workforce and our partners across the area. We look forward to making more improvements together.

[1] This is a community sentence which the court can sentence defendants to.

Information about Shropshire



Introduction

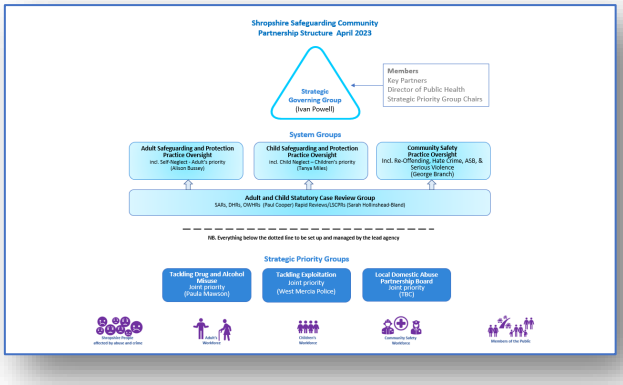
This report fulfils the statutory duty to produce an annual report for both Adult and Children's safeguarding arrangements and the needs assessment for our Community Safety Partnership. Whilst there is no requirement on the Community Safety Partnership to publish an annual report about its activity, Shropshire Safeguarding Community Partnership chooses to ensure its community safety work is reflected in this publicly available report. It provides an opportunity to report to the public and all partners about decisions made and actions taken, by the Responsible Authorities for Community Safety.

The purpose of this report is to provide assurance that Shropshire Safeguarding Community Partnership has plans in place to address our priorities to safeguard our communities and to meet the requirements set out in Working Together 2023.

Working Together 2023 came out in December 2023 and contains new requirements for annual reports. We have met those requirements where we can, and any we have not been able to meet, will be covered in next year's report.

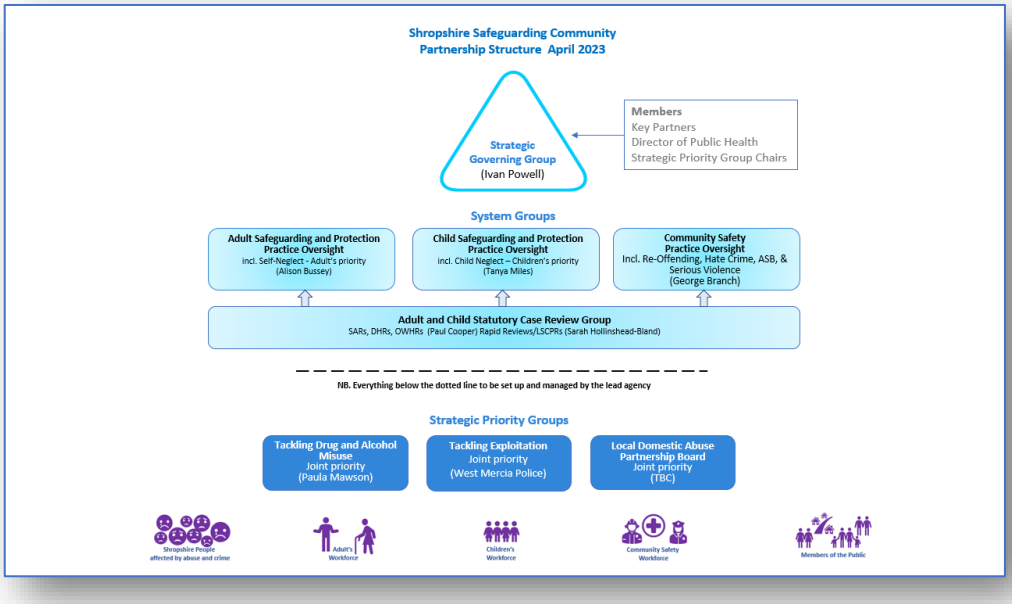
The report explains what has been achieved in this financial year and what we plan to do in 2024-25.

In our last report …….

We said we would…….	We did (or was not able to do) …….
Implement our new structure as a result of reviewing our priorities discussed on 3rd February 2023	This was done successfully, and the new structure is fully operational. Partners were informed in March 2023 about the new structure. 
Ensure that each group has a Strategic Action Plan in place with success statements agreed	This has been achieved. The Strategic Plan and Priorities 2023-26 document was signed off on 14th March 2024 and can be found on our website here.
Respond to the consultation on the new Working Together 2023 to Safeguard Children document and begin our	This was achieved. Our preparation for understanding what would be required from the new version of Working together, began in August 2023 when a

preparation for implementation	presentation of the draft guidance was on our agenda. We continued to discuss this at our meetings and agreed that partners would share their responses to the consultation with each other. In January 2024, a workshop was held with Delegated Safeguarding Partners to explore the implications of the newly published guidance. A number of decisions were made at that workshop including: • A meeting of Lead Safeguarding Partners would be held to make further decisions about how the guidance would be implemented in Shropshire. • A specific workshop would be held to discuss chapter 3 of the guidance which would focus discussion on how agencies would work differently together to meet the requirements of the new guidance. In March 2024, we agreed that it would be beneficial to recommend to Lead Safeguarding Partners that we link with Telford & Wrekin at this level. The reason for this is the two local authority areas share a police force and Integrated Care Board.

We are structured in line with our priorities, and this is what our structure looks like:



In our document Strategic Plan and Priorities 2023-26, we set our priorities as:

- Adult Safeguarding and Protection Practice Oversight
- Child Safeguarding and Protection Practice Oversight
- Community Safety Practice Oversight
- Undertaking Statutory Case Reviews
- Domestic abuse
- Tackling exploitation
- Tackling drug and alcohol misuse

What each group achieved this year

Adult Safeguarding and Protection Practice Oversight Group

We said we would…….	We did (and was not able to do) …….
Increase the number of S42 enquires about self-neglect beyond 3% of total S42 enquires	We have achieved this and concluded enquiries for self-neglect are at 4%. We anticipate that this number will continue to increase following the launch of the revised self-neglect policy.
We expect at least 75% of Multi-Agency Case File Audits where self-neglect is factor, shows clear evidence of the application of the Working with Self-Neglect Guidance	Unfortunately, we cannot comment on this, as no multi-agency self-neglect case file audits have been undertaken, due to capacity issues.
Evidencing that the self-neglect guidance is embedded in practice, multi-disciplinary meetings are taking place when required, and action plans are developed for the individual	Multi-Agency Risk Management meetings are now held regularly. These are hosted by Adult Social Care and are open to all partner organisations. They provide a central place for staff to come together to consider individuals who are self-neglecting and/or hoarding. Work is underway to develop system guidance on how to call and run multi-disciplinary meetings. The Adult Safeguarding and Protection Practice Oversight Group is following a real, anonymised example of one adult who is self-neglecting and presents as high risk. This will provide some insight into how partners are working together. We need to develop a method to count multi-disciplinary meetings across the partnership.

Have a strategic use of the Multi-Agency Case File Audit process to address areas of adult abuse which require scrutiny and improvement	As a result of a number of care homes closing and/or receiving an inadequate rating from the Care Quality Commission this year, we agreed to undertake an audit with a focus on care homes in this situation. The group was keen to understand how professionals going into the home identified and responded to quality and safeguarding issues. This work is ongoing.
Embedding the learning from SARs and DHRs	A safeguarding leaflet 'Safeguarding is everybody's business' designed for the public has been developed and will be launched next year. All learning briefings have been published and shared across organisations following the publication of Safeguarding Adults Reviews. A learning event was held in October 23 for all staff across the system following the publication of three Safeguarding Adult Reviews. A programme of learning for safeguarding adults' week was put together and delivered in November 23. Individual organisations within the system held their own internal learning meetings for staff. Our current Domestic Homicide Reviews have not yet been published but a learning briefing was developed on

	identifying and supporting carers as it was recognised from the reviews that this was an emerging theme.  A task and finish group was held to consider fire deaths in Shropshire and the actions that all agencies could take to reduce these. In addition to individual agency action plans a fire death learning briefing has been written and will be published next year.

Child Safeguarding and Protection Practice Oversight Group

We said we would…….	We did (and was not able to do) …….
Achieve a reduction in the number of under 5's referred due to significant harm	We saw a rise in cases of non-accidental injury of babies and those under 1 year in Shropshire, so we held four summits to take action to reduce these cases. All actions were tracked and monitored. We saw an increase in referrals from partners

	into the front door; this is progress as we started from a low referral rate.
Get evidence of more prevention activity taking place and more direct work with families	We are still seeing high numbers of cases coming to Children's Social Care who are not known to Early Help, however, there has been a significant increase in referrals to Early Help following the new front door system. This new approach involves the council's Targeted Early Help and Children's Social Care teams being based together where decisions are made about calls coming in. There has been a corresponding reduction in referrals to children's social care, however there is no material difference yet, to those that have had effective early help intervention. The restructuring of the Early Help front door was based on feedback from partner agencies and a pilot project which commenced September 2023. We produced a prevention campaign which signposted families to advice and support. Public Health colleagues undertook a systematic review of the research evidence of best practice to prevent harm, abuse and neglect. This was presented to the summit and used to inform action planning. We escalated the pace of transformation programs: including Early Help System; Integrated Practitioner Teams (who have consultation panels to consider children and their families) in three sites; Community & Family Hubs; and the Best Start in Life program.

	We have seen improved throughput in Early Help.
Ensure learning is embedded and there is a reduction in repeated points of learning	We continue to work to make sure all staff across partner agencies receive safeguarding training. This applies not just to those in direct roles with vulnerable children and adults. Joint workshops were held with providers of domestic abuse, mental health and substance misuse services to improve integrated working and develop joint working protocols. Partners produced learning briefings for example, Shropshire Community Health NHS Trust put in place 7-minute briefings and 'permission to pause' sessions for practitioners to review safeguarding learning; and Midland Partnership University NHS Foundation Trust used safeguarding children awareness week in June 2023 to raise awareness across its whole workforce reaching 400 staff. We held a practitioner learning event on 13th November about professional curiosity, where practice and examples were shared.
Demonstrate evidence that the voice of child has influenced outcomes	Learning and Skills shared the learning and recommendations from the summit with all schools and early years settings, including policy and safeguarding training for all staff. An audit carried out in Children's Social Care shows that the voice of the child is heard in

	child protection planning and there is evidence of it informing plans.
Ensure ongoing review of local data to understand patterns and trends in our children and ensure our actions are achieving positive outcomes	There is continued surveillance of the data on contacts and referrals of 0-4s into the front-door. Public Health are developing a Children and Young People's needs assessment which will include a focus on the early years of children's lives.

Community Safety Practice Oversight Group

We said we would…….	We did (and was not able to do) …….
Gather and share hate crime resources with schools in Shropshire	Schools across Shropshire are offered hate crime session delivered by the Youth Engagement Team, however not all schools took this up, but those that have, report that they have been happy with the input.
Convened a task and finish group to develop a multi-agency crime and disorder profiles for anti-social behaviour, offending behaviour (including reoffending) and hate crime; that goes beyond the core Community Safety core dataset and specifically identifies: • What types of anti-social behaviour, offending	Work is still ongoing in this area however we have agreed what partnership data we'd like to use on offending from Probation and youth justice, Integrated Offender Management and Anti-social behaviour case reviews (numbers and themes). Office of the Police and Crime Commissioner analysts have provided an overview of Shropshire crime profiles on a quarterly basis.

behaviour and hate crime are happening • Who is experiencing this • Who is causing this • Where in Shropshire this is happening • How Shropshire performs against other authorities.	

Children's Statutory Case Review Group

We said we would…….	We did (and was not able to do) …….
Provide learning resources to authors of initial scoping forms, chronologies and agency reports particularly around analysis of practice and identifying learning, to include the rapid review process.	Changes have been made to the scoping forms and a good practice example of how to complete a scoping form has been shared with partners. There is a webinar under development but due to the number of on-going case reviews there is not currently the capacity in the Business Unit to complete the webinar. The quality of scoping forms has improved.
Monitor action plans from statutory case reviews through action planning meetings with the aim of completing them within 3 months.	All rapid reviews and Local Child Safeguarding Practice Reviews undertaken in 2023-2024 have had action planning meetings arranged. Action planning meetings were also arranged for previous reviews and old action plans have now been closed. Our action planning template has been revised to ensure actions are smarter and impact can be evidenced more effectively. We still struggle to close

	action plans down within our target of 3 months due to operational pressures faced by partners having an impact on their ability to attend meetings fully prepared. This is being addressed to ensure the plans can be completed within the time frame. We hope to be able to report our progress in our next report.

Adult's Statutory Case Review Group

We said we would…….	**We did (and was not able to do) …….**
Need to ensure the risks for people affected by suicide as a result of experiencing domestic abuse are better understood (https://www.vkpp.org.uk/vkpp-work/domestic-homicide-project/recommendations-domestic-homicides-and-suspected-victim-suicides/)	The group reviewed the research and the risk factors for suicide by those exposed to domestic abuse. This has led to a learning briefing being produced and a series of learning events, including one held by Midlands Partnership University NHS Foundation Trust where front-line staff have been asked to help identify when any of their service users are living with these risk factors. It has also been used to inform the new suicide prevention strategy.
Look at ways to ensure there is real learning and genuine change as the result of statutory case reviews	The Business Unit that supports the Partnership has developed a new approach to embedding the learning having received the recommendations following a statutory case review. The new process involves a meeting with all the agencies involved facilitated by the Business Unit. The agencies meet

	together, question their own and each other's practice and report how their actions have changed their practice.

Local Domestic Abuse Partnership Board

We said we would…….	We did (and was not able to do) …….
Re-look at our Domestic Abuse Local Partnership Board membership to make it more effective, so we worked on this during 2023/2024. This was a recommendation from the Domestic Abuse Needs Assessment which was completed in 2022	We revamped our Domestic Abuse Group and re-launched as the Domestic Abuse Local Partnership Board and created a new Terms of Reference. We set up a new level of strategic membership. We held monthly meetings until September 2023 to establish a foundation for the group which looked to be effective in making the change and agreeing a new direction. However, the Boards effectiveness has not been sustainable as members are now delegating the responsibility further down their organisation or service, so representatives are not able to make decisions. Rarely are the right level of statutory partner in the room and as such, strategic decision making has become more difficult.
Write a Domestic Abuse strategy.	The draft Domestic Abuse strategy was ready to go out for consultation, but it was felt as the Needs Assessment was

	due to be updated in 2024, we would launch it after this review. It will be a priority for 2024-2025.

Tackling Drug and Alcohol Misuse Group

We said we would…….	We did …….
Produce a refreshed Tackling Alcohol and Drugs Action Plan with new success statements in line with the national *From Harm to Hope* Drugs Strategy	Partners worked together to develop a new strategic action plan and to agree success statements and performance measures around three key themes linked to the national strategy: • Breaking the Drugs Supply • Delivering a world class treatment and recovery system • Achieving a generational shift in the demand for drugs. We made sure the plan also addressed the recommendations from the Joint Strategic Needs Assessment for drugs and alcohol. We deferred updating our local strategy until 2024-25. We ensured that the voice of lived experience is present in our partnership meetings to aid the development and delivery of our action plan, and Shropshire Recovery Partnership established a lived experience forum. We worked with the Office of the Police Crime Commissioner to support the work of

	the Combatting Drugs Partnership across Shropshire, Telford & Wrekin.
Continue to work together to reduce the availability of drugs in our communities, and reduce the harms associated to our communities by drug supply.	West Mercia Police continued to work hard to disrupt County Lines and Organised Crime Groups across Shropshire leading to significant reductions in the number of County Lines and arrests of criminals. We have jointly purchased a surveillance system with Telford & Wrekin local authority, to monitor drug or alcohol deaths and suicide deaths. This allows a more immediate review of potential risk within the community related to specific groups of people, emerging themes or geographical areas to undertake appropriate preventative action through our partnership groups. We monitored our communities access to new or emerging drugs, or drugs presenting significant harm to our population based on local and national intelligence and local and national alerts. During the year, partners worked together to respond to incidents including the national threat in relation to nitazenes. We re-established the process for reviewing deaths due to drug use to help us to identify themes and trends so that actions and learning for the health, social care and criminal justice system could be identified. We continued to strengthen partnership working to protect children and young

	people from harms through drug and alcohol use, and from exploitation. We engaged in the consultation for the Statement of Licensing Policy 2024-29.
Further enhance and improve our drug and alcohol treatment and recovery system for Shropshire, in line with the aspirations of the national strategy to deliver a world class treatment and recovery system.	We secured over £1.5m of additional funding from Office for Health Improvement and Disparities[1], to develop a multidisciplinary team to work with people who are homeless, rough sleeping, or are at risk of homelessness with drug and alcohol needs. We also received an additional grant from the Office for Health Improvement and Disparities, which enabled us to strengthen our criminal justice drug and alcohol treatment team. It has helped to enhance our commissioning and intelligence function and work towards improving our engagement of people with lived experience. We want to continue to develop our recovery offer to support people to maintain their recovery, post treatment. Drug Intervention Programme funding from the Office of the Police and Crime Commissioner continues to contribute to the local criminal justice team within Shropshire Recovery Partnership[2]. The team enhances the engagement of offenders where drug and alcohol misuse is a factor in their

[1] Working to improve the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.

[2] An organisation supporting people who have drug and alcohol misuse issues.

	offending behaviour. Services offered include arrest referral, assessments for community sentencing, continuity of care and integrated offender management, working closely with probation, police and prison services. Shropshire Recovery Partnership continued to deliver positive outcomes for children and young people receiving treatment services. They worked proactively with Shrewsbury College throughout this year. We secured new premises for our community drug and alcohol services in Shrewsbury that will provide an improved experience for clients using these services. We re-established treatment hubs across the county improving access for people. Following additional funding from Office for Health Improvement and Disparities, Enable[3] was able to offer individual placement and support services to people with substance misuse, to help them into paid employment as part of their treatment and recovery plan.

Tackling Exploitation Group

We said we would…….	We did (and was not able to do) …….

[3] A specialist mental health employment service, Enable has since expanded to include employment services for all disability groups.

Develop a multi-agency profile that: · Identifies what types of exploitation are happening · Who is harmed by exploitation · Who is posing a risk of exploitation · Where in Shropshire exploitation is happening · Benchmarks Shropshire against other authorities	Numerous reviews of the data sets contributing to this were carried out with task and finish groups set up. This work has now been picked up as part of a system wide review of data collation aligned to success statements and while not complete is in progress.
Set up a serious youth violence task and finish group to work on what could be included to contribute to West Mercia Wide Serious Youth Violence Strategy, specifically: data and awareness raising to multi-agency partnership (inc. schools), young people, families and the public.	Key partners engaged in the West Mercia Serious Violence Duty consultation.
Conduct a multi-agency case file audit on adults experiencing exploitation.	This is in the planning stage but has not progressed due to capacity issues.
Set up a task and finish group to explore transitional safeguarding and ensure there is an adequate local response to transitional safeguarding in the context of exploitation; taking into consideration the Bridging the Gap report.	We have lost traction on this due to changes in personnel. It is superseded by work being progressed in Shropshire Council by their learning and development lead.
Produce an electronic learning resource to raise awareness of	This has been done and can be found on our website here.

right-wing extremist activity including symbols to be aware of and give the clear message it is all to be taken seriously.	
Arrange a series of focus groups with children and adults (including those with care and support needs) who have been involved in Exploitation to find out from their point of view, what works for them.	This has been completed with children but is still in the planning stages for adults, due to changes in staffing within adult social care.
Ask Statutory Partners to ensure their PREVENT training is mandatory.	All partners have been tasked with this, but establishing this in training regimes has proved challenging. It has been raised at a senior level for resolution and is underway.
Set up a simple local reporting pathway, so that staff can report Prevent intelligence incidents and submit (if available) photographs to local counter-terrorism police. This pathway should be circulated across relevant agencies. The issue can be tracked by the standing agenda item at each meeting for Problem Solving to identify and track any such reporting.	Pathway is in existence and awaits confirmation from counter terrorism police prior to adding to website.
Use our Prevent standing agenda item to encourage key partner agencies to report any emerging concerns or issues about emerging narratives or influencers.	This is complete and was reinvigorated following our Counter Terrorism Local Profile presentation. This now happens at every other meeting.

Strategic Governing Group

Our senior Key Partners met 11 times during this year. The achievements and decisions of this group include:

- Early preparation for implementing Working Together 2023.
- Undertaking an audit about our compliance with our Community Safety Partnership statutory duties. We were not compliant in one area only, *'The Partnership reports at least once a year to a Crime and Disorder Committee to review or scrutinise decisions made.'*
- Discussing the implications of West Mercia Police bringing in its Most Appropriate Agency Policy. As it could have significant impact on partners, we agreed there would be regular meetings between the police and council's Delegated Safeguarding Partners.
- Discussing concerns about agency responses to people in mental health crisis. This has resulted in us undertaking a multi-agency case file audit to better understand what needs to be done to improve the response people are getting.
- Worked with the Police and Crime Commissioner to jointly agree and fund a Safer Communities Project for Shropshire which includes strengthening our response to child exploitation and anti-social behaviour.
- Having a presentation from Shropshire Fire and Rescue Service about a thematic review of fire deaths in 2022-23. This resulted in agreeing the production of a learning briefing to help the workforce to understand more about to prevent fire deaths.
- Receiving regular updates about Serious Organised Crime.
- Convening urgent multi-agency operational meetings to respond to:
    - The River Severn dangers for young people - During the summer the warmer weather saw young people using substances at the riverside in Shrewsbury placing them at

risk, particularly those who chose to use areas that are more difficult for emergency services to access. Detached youth workers and other partners worked with young people about harm reduction messages to keep our young residents safe from preventable harms.

- Local intelligence regarding drug use by adults with concerns about overdoses and hospitalisations – these concerns were managed by partners in line with incident management protocols, with an increase in:
  - safe and well outreach visits,
  - targeted promotion of harm reduction messages and harm reduction packs across the County, and
  - promotion and delivery of naloxone training in line with national guidance.
- Concerns about refugees potentially being exploited at The Lion Hotel - An action plan was developed and overseen by Shropshire Council's Head of Housing.

We called a Children's Safeguarding Summit in May 2023 due to concerns that in the previous two months there were five serious cases of non-accidental injury of babies in Shropshire leading to three Rapid Reviews. Our aims included:

- Improve the outcomes for our children and young people across Shropshire.
- Explore what individual agencies can do differently to prevent serious and significant harm in a timely way.

Four meetings were held in total, with between 30-45 partners at each meeting. Some of our achievements include:

- A higher proportion of referrals from health resulting in s47 enquiries.
- A pilot between the Early Help Team and Public Health Nursing Service working to develop a targeted 0-4 years early help offer.
- Improved discharged planning guidance from the neonatal unit.
- A prevention campaign which signposts families to advice and support.

- A health triage meeting leading to an increase in health contacts noted for 0–4-year-olds from midwifery.

The areas we have not been able to progress are:

- Our partnership budgetary decisions and the funding. Whilst we recognise our business management function is currently not sufficiently resourced to fully support our single governance structure, we hope that we will be able to resolve this during the next financial year.

  Due to our budgetary position, we have commissioned fewer independent authors and asked our Development Officers to take on writing some of our statutory case reviews. This additional responsibility has meant they have not been able to provide support to our practice oversight groups.

- Having oversight of regular data reports. In August, we had data on our agenda and recognised that there were significant problems gathering the data we wanted. We had two presentations from:

  - council colleagues about PowerBi and how that can help us understand our data.
  - West Mercia Police analyst colleagues about how producing multi-agency problem profiles can help us understand what is happening.

  We agreed two things:
  - we want to use both approaches
  - we want to start again with our data collection and asked the chairs of all groups in our structure, to agree what their minimum data sets should be.

  We hope that we will be able to report more positively in our next report.
- We have had to make the difficult decision to stop providing a training programme under the banner of the partnership due to budget pressures. The Partnership's focus will be on providing

multi-agency learning events that will take place focusing on the lessons we learn from our statutory case reviews. We will keep this decision under review.

Our budget

The total budget for the partnership is £410,240.00. Our Key Partner contributions are outlined in the table below.

Description	2022/23 % of expected income	2022/23 value	2023/24 % of expected income	2023/24 value
Council contribution	51%	£234,580.00	57%	£234,580.00
Shropshire, Telford & Wrekin Integrated Care Board	21%	£96,420.00	23%	£96,420.00
West Mercia Police & Crime Commissioner	14%	£63,543.00	15%	£63,540.00
West Mercia Police & Crime Commissioner (additional grant for CSP function)	N/A	N/A	2%	£10,000
Shropshire & Wrekin Fire Authority	1%	£3,070.00	1%	£3,070.00
National Probation Service	0%	£868.00	0% (.2%)	£870.00
Total Key Partners' Contributions	**87%**	**£398,481.00**	**98%**	**£408,480.00**

We also have other sources of income from:

- Local colleges
- Dedicated Schools Grant
- West Mercia Youth Justice Service
- Income from running training sessions

This amounts to approximately £19,180.00.

Anything above what we require, goes into our reserves pot. This pot of money is predominantly used for commissioning independent authors for statutory case reviews.

What we know about crime in Shropshire, children at risk and adult safeguarding

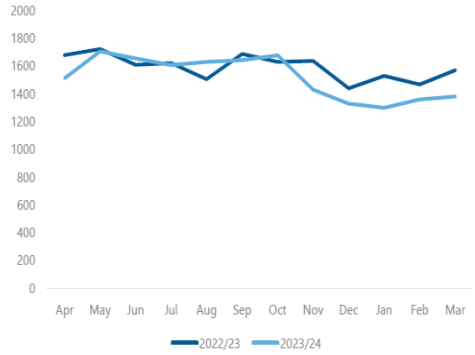
The information below explains crime and safeguarding in Shropshire. When reading this information, it's important to remember that Shropshire remains a safe place to live.

The information about crime comes from a report produced by partnership analysts working with the Police and safeguarding information is provided by Shropshire Council. We thank them for allowing us to share their work.

Total Recorded Crime

Total Recorded Crime

Total recorded crime 12-month trend 2022/23 vs 2023/24



Ten wards with the highest volume of total recorded offences in 2023/24

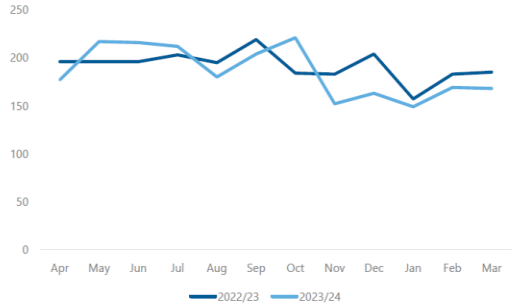
Ward	Total	Percentage
Quarry and Coton Hill	1,459	8%
Oswestry South	860	5%
Bayston Hill, Column and Sutton	744	4%
Harlescott	623	3%
Castlefields and Ditherington	612	3%
Battlefield	592	3%
Whitchurch North	560	3%
Ludlow North	546	3%
Oswestry East	497	3%
Wem	460	3%

- There were 18,216 offences, a 5% (n=864) decrease compared to the previous year. The greatest volume of offences were in violence without injury (15%, n=2,701), this was a 1% (n=32) decrease when compared to the previous year. 10% (n=257) of these offences were committed in Quarry and Coton Hill Ward.
- Stalking and harassment had the second greatest volume (13%, n=2,294) however this was a 17% (n=457) decrease when compared to the previous year.
- Shoplifting offences increased by 46% (n=718) compared to the previous year, the largest numerical increase of all offence types. This is a trend seen nationally and therefore is not unique to Shropshire.

Violence with Injury

Violence With Injury

Violence with injury offences 12-month trend, 2023/24 vs 2022/23



- 2,228 violence with injury offences were recorded in 2023/24. This was a 3% (n=73) decrease compared to the previous year.
- The greatest volume of offences were recorded as assault with injury (91%, n=2,028), a decrease of 5% (n=96) compared the previous year.
- 11% (n=226) of all assault with injury offences in Shropshire were committed in Quarry and Coton Hill Ward.

Ten wards with the highest volume of violence with injury offences in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	248	11%
Oswestry South	103	5%
Market Drayton West	77	3%
Wem	71	3%
Oswestry East	70	3%
Church Stretton and Craven Arms	66	3%
Whitchurch North	66	3%
Castlefields and Ditherington	64	3%
Harlescott	57	3%
Sundorne	54	2%

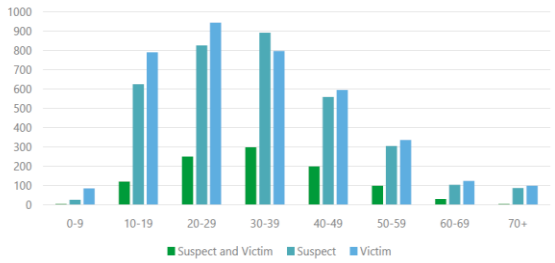
Violence with injury offence type breakdown with % change, 2023/24 vs 2022/23

Offences	2023/24	2022/23	Numerical Change	% Change
Assault with injury	2,028	2,124	-96	-5%
Assault with intent to cause serious harm	123	118	5	4%
Assault with injury on a constable	31	24	7	29%
Race or religiously aggravated assault with injury	16	13	3	23%
Death or serious injury by dangerous driving	12	9	3	33%
Endangering life	6	6	0	0%
Attempted murder	5	5	0	0%
Assault with injury on an emergency work	4	1	3	300%
Death by careless or inconsiderate driving	2	0	2	N/A
Death by careless driving drink and drugs	1	0	1	N/A
Causing death by aggravated vehicle taking	0	1	-1	-100%
Grand total	**2,228**	**2,301**	**-73**	**-3%**

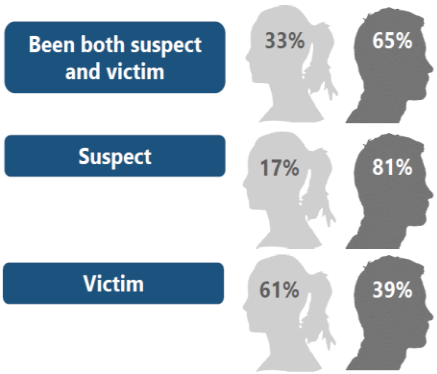
Serious Violence

Who is at Risk of Serious Violence?

Nominal Role and Age



	Suspect and Victim		Suspect		Victim	
Age	Female	Male	Female	Male	Female	Male
0-9	42%	58%	50%	50%	40%	60%
10-19	41%	59%	14%	86%	62%	38%
20-29	34%	66%	18%	82%	45%	55%
30-39	24%	76%	12%	88%	36%	64%
40-49	22%	78%	11%	89%	30%	70%
50-59	30%	70%	16%	84%	44%	56%
60-69	46%	54%	40%	60%	50%	50%
70+	43%	57%	16%	84%	63%	37%
Total	34%	66%	15%	85%	48%	52%



- Men are nearly twice as likely as women to be a victim of violent crime and among children, boys are more likely than girls to be victims of violence. *Source: Men and Boys Coalition*
- However, Shropshire crime data shows that suspects and those who have been a suspect and a victim are most likely to be male, and victims are most likely to be female. This is highly likely due to the presence of domestic abuse. When domestic abuse offences were removed from the data, females still accounted for the majority of victims (53%, n = 1,012).
- Male victims of serious violence including domestic abuse and sexual violence may be less likely to come forward due to the stigma within society and this under reporting leads to an under representation of the issue.
- Suspects, victims and those who have been both a both suspect and a victim are most likely to be aged between 10 and 19 years old (35%).

Who is at Risk of Serious Violence?

Nominal Role and Self Defined Ethnicity

17% of offences (n = 1,520) had no ethnicity stated and have been removed from the table

Ethnicity - Self Defined	Suspect and Victim	Suspect	Victim	Total
White British	782	2,516	2,448	5,746
Any Other White Background	13	50	49	112
Any Other Black, Black British or Caribbean Background	4	13	4	21
Any Other Asian Background	5	15	15	35
Indian	4	19	12	35
Gypsy or Irish Traveller	3	12	9	24
White Irish	3	8	7	18
White And Black Caribbean	5	9	6	20
Any Other Mixed or Multiple Background	0	13	0	13
Black Caribbean	1	3	6	10
Any Other Ethnic Group	5	7	7	19
Black African	5	3	5	13
Bangladeshi	0	5	3	8
Pakistani	1	5	4	10
Chinese	1	4	4	9
White And Asian	1	3	5	9
White And Black African	5	2	2	9
Arab	1	1	0	2
Total	**833**	**2,688**	**2,586**	**6,107**

Ethnicity is under recorded within police data and may not reflect the true picture of the victim and suspect demographics in relation to serious violence. In this instance 17% of offences (n = 1,520) had no ethnicity stated and have been removed from analysis.

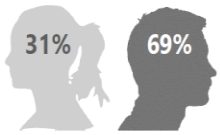
Overall, 3% (n = 200) of victims, suspects and those who had been a suspect and a victim were of a BAME (black, Asian, and minority ethnic) background. 4% (n = 102) of all suspects were from a BAME background and 3% of victims (n = 73). This compares to 3.2% of Shropshire overall population being from a BAME background as of the 2021 census.

Source: Shropshire Serious Violence Needs Assessment 2023. Data date range 01 September 2020 – 31 August 2023

Who is at Risk of Serious Violence? – Accident & Emergency Data

According to Shrewsbury Royal A&E data between 01 September 2022 and 31 September 2023, there were 352 attendances at Accident & Emergency where individuals have been the victim of an assault.

Gender breakdown



A gender breakdown shows that mostly males attended Accident & Emergency (69%, n = 244) vs 31% identifying as female (n = 108).

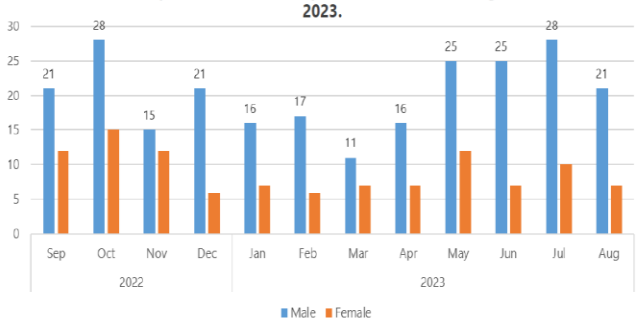
This shows a different picture to police data where victims are most likely female.

Age breakdown

Age band	Female %	Male %
0-9	0%	1%
10-19	7%	13%
20-29	8%	19%
30-39	6%	16%
40-49	7%	11%
50-59	2%	7%
60-69	0.5%	3%
70+	1%	0.2%
Total	**31%**	**69%**

An age breakdown shows that mostly individuals who attended Accident & Emergency were between 20 and 29 years old (27%, n = 95). This is also reflected within the police victim data.

Accident & Emergency attendances for alleged assaults in Shropshire between 01 September 2022 and 31 August 2023.



Offences fluctuated throughout the year with no key identifiable trend.

October 2022 recorded most attendances (n = 43), followed by July 2023 (n = 38) and May 2023 (n = 37).

The most frequent method of violence was punch with a fist 39%, (n = 136). 7% (n = 24) of cases involved stabbing with a sharp object.

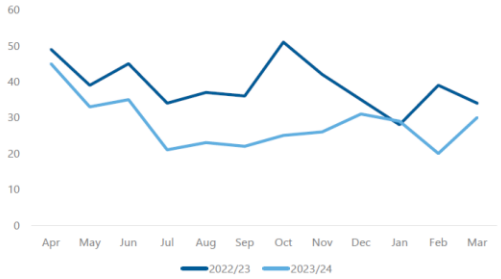
Just under half of admissions stated that alcohol or drugs were involved (48%, n = 168).

113 incidents took place on a road or pavement (32%). This was followed by living room (21%, n = 75).

Hate Crime

Hate Crime

Hate Crime offences 12-month trend, 2023/24 vs 2022/23



Between 01 September 2020 – 31 August 2023, **9%** of serious violence was hate related.

Source: Shropshire Serious Violence Needs Assessment 2023.

Ten wards with the highest volume of hate crime offences in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	33	10%
Bridgnorth East and Astley Abbotts	18	5%
Whitchurch North	15	4%
Battlefield	14	4%
Oswestry South	14	4%
Castlefields and Ditherington	14	4%
Bayston Hill, Column and Sutton	12	4%
Monkmoor	12	4%
Sundorne	10	3%
Broseley	9	3%

- 340 hate crime offences were committed in 2023/24. This was a 28% (n=129) reduction compared to the previous year.
- All motivations for hate other than transgender had a reduction in volume compared to the same period the previous year. Transgender hate had a 10% (n=2) increase in offences when compared to the previous year.
- The greatest volume of hate crime offences were racially motivated (58%, n=196). 13% (n=25) of these offences were committed in Quarry and Coton Hill Ward, the highest amongst all wards.

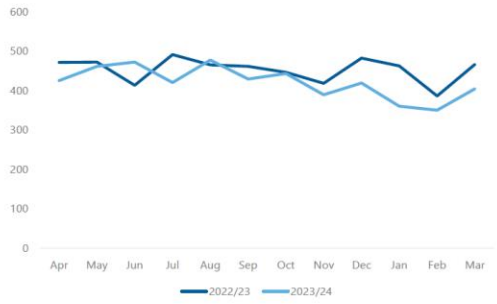
Hate strand breakdown and change, 2023/24 vs 2022/23

Offences	2023/24	2022/23	Numerical Change	% Change
Race	196	253	-57	-23%
Sexual Orientation	75	97	-22	-23%
Disability	33	49	-16	-33%
Transgender	22	20	2	10%
Faith	10	13	-3	-23%
Age	1	1	0	0%
Alternative Sub-culture	0	4	-4	-100%
Grand Total	**337**	**437**	**-100**	**-23%**

Domestic Abuse in Shropshire

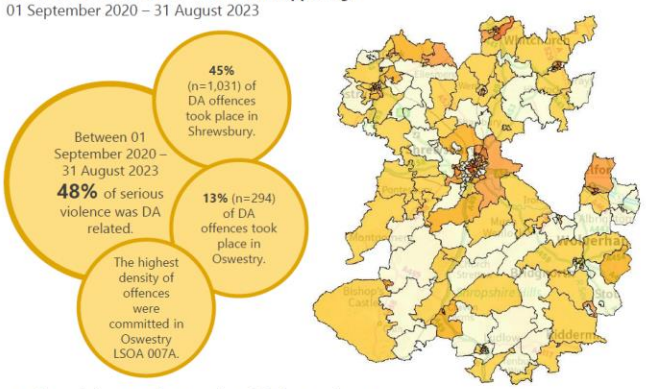
Domestic Abuse (DA)

DA 12-month trend, 2023/24 vs. 2022/23



DA change, 2023/24 vs. 2022/23

Serious violence and DA – where is it happening?
01 September 2020 – 31 August 2023



Serious violence and DA – where is it happening?
01 September 2020 – 31 August 2023

Town	2020/2021	2021/2022	2022/2023	Change 2022/2023 vs. 2020/2021
Shrewsbury	326	356	349	7%
Oswestry	89	113	92	1%
Market Drayton	52	34	45	-13%
Whitchurch	48	42	57	19%
Bridgnorth	23	60	58	152%
Ludlow	40	31	33	-17.5%

Source: Shropshire Serious Violence Needs Assessment 2023.

Serious violence and Domestic Abuse (DA)

01 September 2020 – 31 August 2023

DA related serious violence offences between 1 September 2020 and 31 August 2023

Offence Group	2020/2021	2021/2022	2022/2023	Change 2022/2023 vs. 2020/2021
Violence with injury	609	723	704	16%
Rape	47	71	48	2%
Other sexual offences	28	18	25	-11%
Robbery – personal	2	6	6	200%
Homicide	2	2	2	0%
Possession of weapons offences	0	2	10	300%
Violence without injury	0	0	0	0%
Burglary – residential	0	0	2	200%
Robbery – business	0	1	0	N/A
Total	**688**	**823**	**797**	**16%**

Source: Shropshire Serious Violence Needs Assessment 2023.

Ten wards with the highest volume of DA offences in 2023/24

Ward	Total	Percentage
Oswestry East	211	4%
Castlefields and Ditherington	190	4%
Wem	184	4%
Whitchurch North	179	4%
Quarry and Coton Hill	165	3%
Bayston Hill, Column and Sutton	149	3%
Harlescott	149	3%
Market Drayton West	146	3%
Church Stretton and Craven Arms	140	3%
Shifnal North	123	2%

Source: West Mercia Police crime dashboard, 2024

- 5,049 domestic related offences were recorded in 2023/24. This was a 7% (n=384) reduction compared the previous year.
- The greatest volume of offences were recorded as domestic abuse investigation (32%, n=1,604). Outside of this offence category, the greatest volume of domestic related offences were assault without injury (18%, n=897).
- Oswestry East Ward had the greatest volume of domestic related offences overall (4%, n=211) in 2023/24. The Serious Violence Needs Assessment 2023 showed Oswestry as having the second highest volume of serious violence offences involving DA (13%, n=294).
- Shrewsbury town had the highest overall volume of domestic-related serious violence amounting to 45% (n=1,031) of all domestic offences in Shropshire between 01 September 2020 – 31 August 2023.

Domestic Abuse (DA)

Domestic Violence Protection Notices (DVPNs) escalated to Domestic Violence Protection Orders (DVPOs)

01 March 2023 to 29 February 2024

	DVPNs	DVPOs	% Escalated to DVPO
South Worcestershire	17	16	94%
North Worcestershire	47	40	85%
Herefordshire	39	33	85%
Shropshire	27	22	81%
Telford & Wrekin	73	51	70%
West Mercia	203	162	80%

Source: DA Deployment Performance Report Monthly Report-SPI/2024/037.

West Mercia Police Domestic Homicide Reviews January 2018 to August 2023 by calendar year

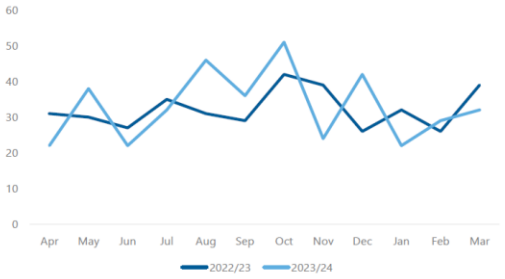
Domestic Homicides	2018	2019	2020	2021	2022	2023 (Jan - August)	Total
Shropshire and Telford	2		1	1	4	7	15
Herefordshire	2		1	1	2		6
North Worcestershire		1	1	4	1	1	8
South Worcestershire		2		3	3	1	9
Total	**4**	**3**	**3**	**9**	**10**	**9**	**38**

Source: Shropshire Serious Violence Needs Assessment 2023.

Drug Offences in Shropshire

Drugs Offences

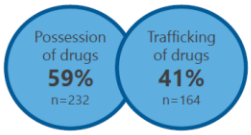
Drugs offences 12-month trend, 2023/24 vs 2022/23



- 396 drugs offences were committed in 2023/24. This was a 2% (n=9) increase compared to the previous year.
- The greatest volume of offences were trafficking of drugs (40%, n=160). This was a 6% (n=6) increase compared to the previous year.
- 15% (n=61) of drugs offences were committed in Quarry and Coton Hill Ward, with 6% (n=10) of trafficking of drugs offences occurring in this ward. This was the greatest volume of this offence type committed within a ward.

Ten wards with the highest volume of drugs offences in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	61	15%
Monkmoor	20	5%
Castlefields and Ditherington	18	5%
Bayston Hill, Column and Sutton	17	4%
Battlefield	14	4%
Shifnal South and Cosford	14	4%
Oswestry South	12	3%
Harlescott	12	3%
Whitchurch North	12	3%
Sundorne	11	3%



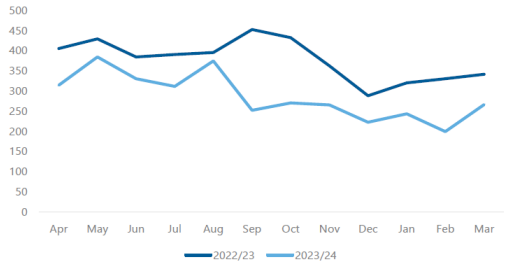
Drugs offence type breakdown and change, 2023/24 vs 2022/23

Offences	2023/24	2022/23	Numerical Change	% Change
Trafficking of drugs	160	151	9	6%
Possess of control drugs (cannabis)	141	151	-10	-7%
Possess of control drugs (ex cannabis)	90	78	12	15%
Trafficking in controlled drugs	4	6	-2	-33%
Other drug offences	1	1	0	0%
Grand Total	**396**	**387**	**9**	**2%**

Anti-Social Behaviour in Shropshire

Anti-Social Behaviour (ASB)

Anti-Social Behaviour incidents 12-month trend, 2023/24 vs 2022/23



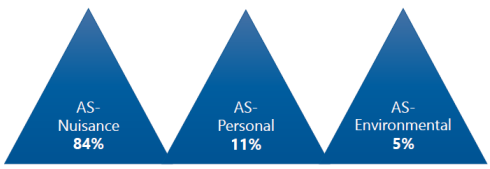
Ten wards with the highest volume of ASB incidents in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	439	13%
Bayston Hill, Column and Sutton	179	5%
Oswestry South	164	5%
Sundorne	132	4%
Harlescott	129	4%
Monkmoor	112	3%
Bridgnorth East and Astley Abbotts	106	3%
Whitchurch North	106	3%
Battlefield	104	3%
Broseley	92	3%

- The highest volume of ASB was committed in Quarry and Coton Hill Ward (13%, n=439), with 14% (n=390) of AS-Nuisance offences committed in this ward.
- The greatest volume of all AS types were committed in Quarry and Coton Hill Ward in 2023/24 (AS-Environmental 13%, n=22; AS-Personal 7%, n=27).

Anti-Social Behaviour type breakdown

Offences	2023/24
AS-Nuisance	2,885
AS-Personal	369
AS-Environmental	176
Grand Total	**3,430**



Prevent and Channel Panel

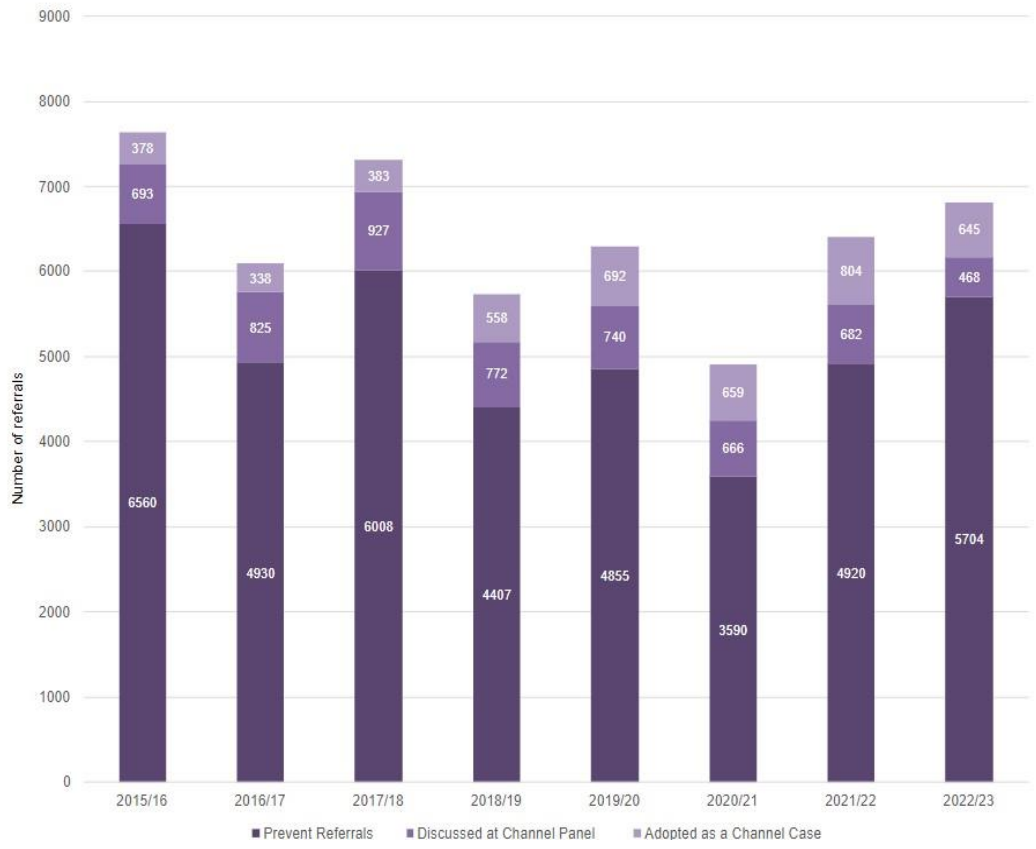
Prevent plays an important role in protecting the public from the threat of terrorism. Multiagency Channel meetings are an important part of

Prevent and the meeting is a vital tool for early intervention to prevent individuals of all ages being drawn into terrorist activity.

Nationally, in the year ending 31 March 2023, there were 6,817 referrals to Prevent. This is an increase of 6.4% compared to the year ending March 2022 (6,406). There were 645 referrals adopted as a Channel cases in the year ending March 2023. This is 159 fewer cases compared with the previous year (804).

The table below compares the activity between regions in England in Wales.

Figure 3: Proportion of Prevent referrals adopted as a Channel case, years ending 31 March 2016 to 2023



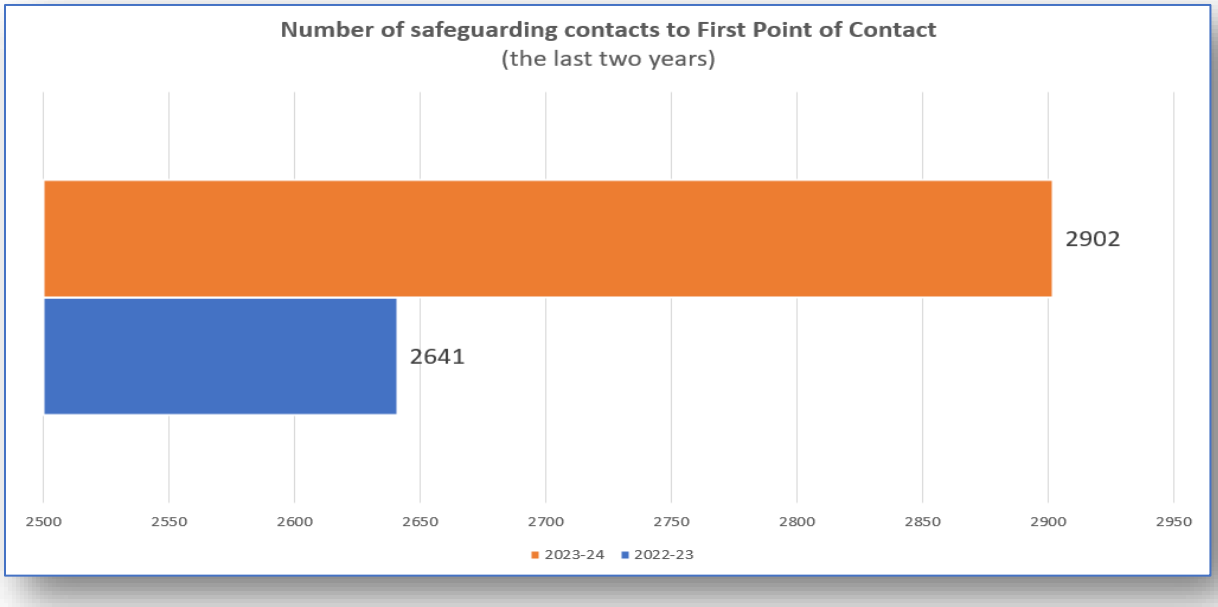
The ACT Early campaign seeks to raise awareness of the signs of radicalisation and where to go if you need support about someone you know. You can visit the Act Early website for more information and support (https://actearly.uk/).

Islamist ideology remains the most serious terrorist risk to the national security of the United Kingdom. The ideology held by Islamist extremists, and the crimes committed by Islamist terrorists, are completely distinct from Islam and are overwhelmingly rejected by Muslims around the world. It is also important to note that having an Islamist ideology is not the same as following the faith of Islam.

The majority of people discussed in Channel in Shropshire have an extreme right-wing ideology. Most people are discharged from Channel when there is no identified terrorist threat.

Adult Safeguarding

Using our local data, we can see there has been a **10% increase** in the number of safeguarding contacts to Shropshire Council's First Point of Contact Team.

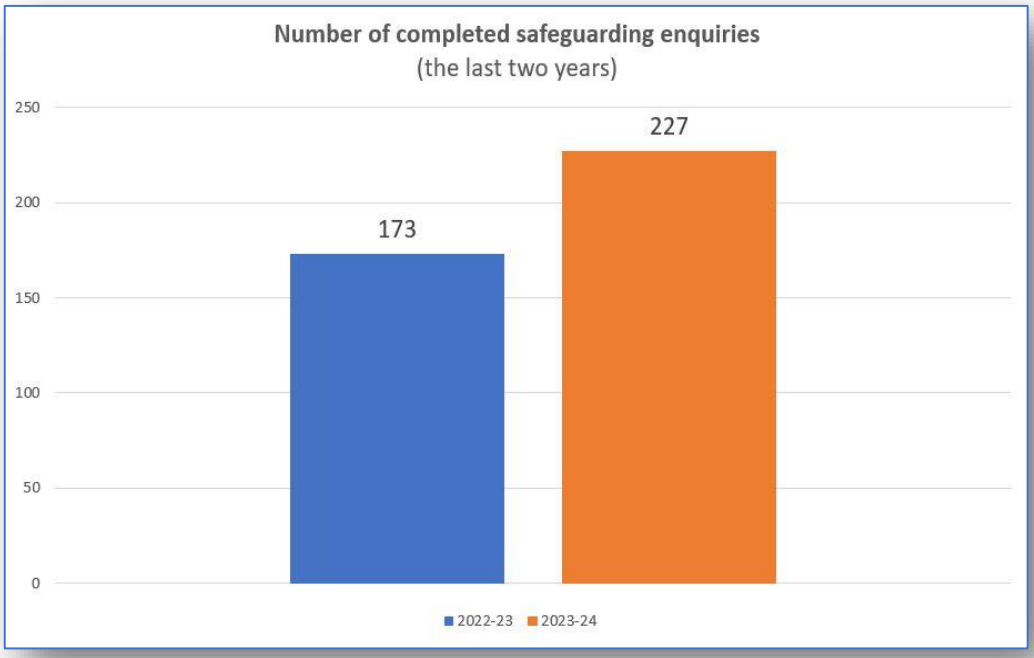


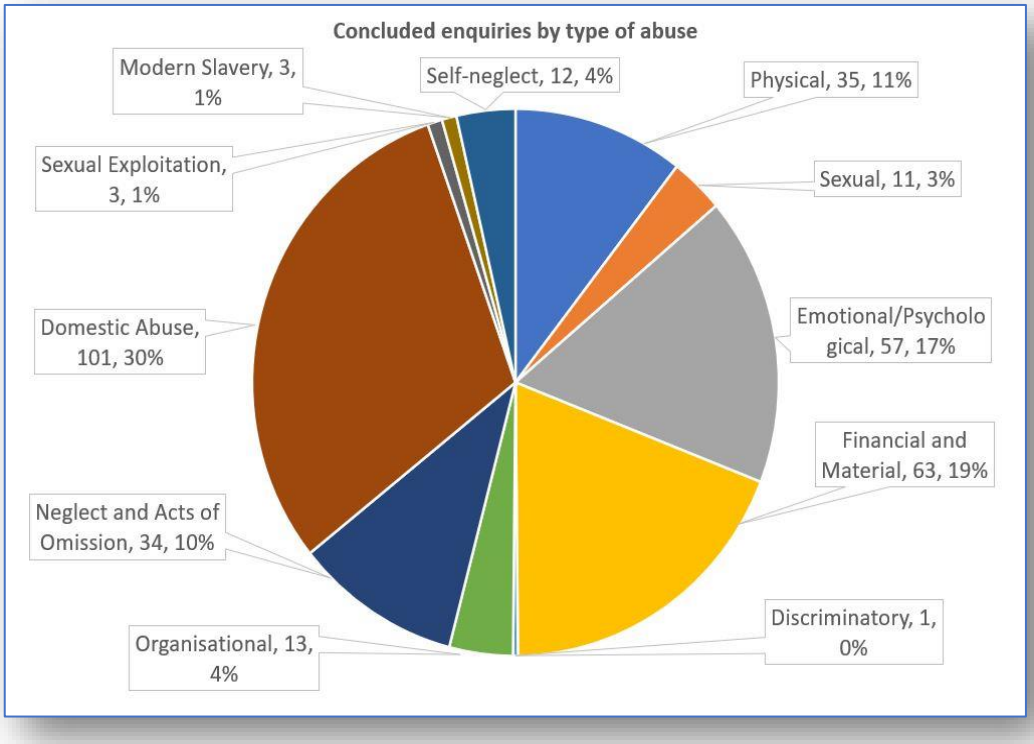
Despite an increase in the number of safeguarding contacts this year as opposed to last, the conversion rate to safeguarding concerns has **reduced by 12.2%**. This indicates that work is done at First Point of Contact to make sure that contacts are dealt with accurately and

proportionately, to ensure that people receive the appropriate help from the service best placed to help them.

The above contacts turned into 684 safeguarding concerns. Safeguarding concerns are then assessed by the Adult Safeguarding Team and 227 safeguarding enquiries were completed. This is a **31% increase** for concluded enquiries on the previous year.

The chart overleaf shows the types of adult abuse where the enquiries have been completed.



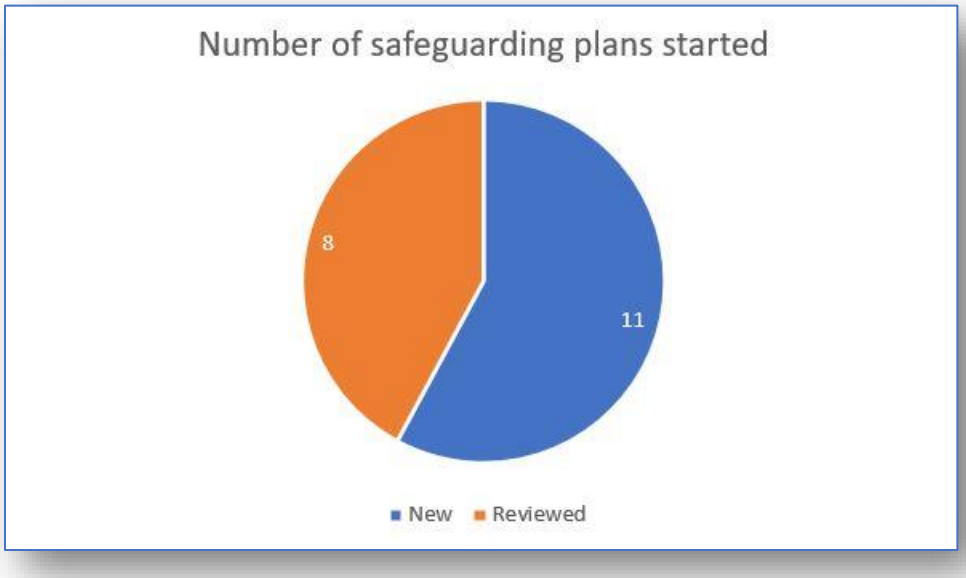


N.B. The higher number of types of abuse (in the chart above) than concluded enquiries shows that more than one type of abuse was happening to someone.

171 concluded enquiries related to abuse in people's own homes;21 concluded enquiries related to abuse that happened in residential homes.

Safeguarding plans are set up if it has not been possible to make the adult safe during the safeguarding enquiry process. They are ended when the abuse or risk of abuse has ended or been reduced because of the enquiry process. Some of these plans will have started in the previous financial year.

A total of 19 safeguarding plans were started in this year; 11 were new and 8 were on-going plans where people remained unsafe.



What this tells us is, most people in the safeguarding process are helped to stay safe. The evidence for this comes from the very small number of people who end up on safeguarding plans.

216 (93%) people (or their representative) were asked what outcomes they wanted to be achieved by the enquiry. This indicates a strong emphasis on Making Safeguarding Personal which includes seeking the person's (or their representative's) views. 200 people (96%) were identified as having those outcomes achieved.

Children in Education

Encouraging and enabling access to Early Years education provision remains a key priority to support positive social interaction, encourage communication and language skills, and wider developmental milestones at such a crucial age. We also recognise that accessing education provision is a protective factor for children and young people of any age, but particularly those with the greatest vulnerabilities.

Our high levels of Free Early Years education for 2-year-olds has been sustained at around 83% throughout the year, which is above the national average.

We have also sustained high levels of education for 3 and 4 year olds at around 96%, again above the national average. As we look towards the expansion of Early Years provision to younger ages of children in the next financial year, we look forward to enabling even more children to experience high quality early years education.

Over 98% of our providers registered on the Early Years Register are graded 'good' or 'outstanding' by Ofsted.

Work continues as a multi-agency partnership to support children and young people who are struggling to access education for various reasons, including anxiety, wider emotional, mental or physical health needs or special educational needs or disabilities.

95% of all primary schools had 0 exclusions during the Autumn and Spring term of 2023/24.

Through focussed work with school leaders and multi-agency partners, we have recently started to see an overall stabilising and decrease of permanent exclusion numbers during the Autumn and Spring term 2023/24 across the county. This also includes a reduction in exclusions for children and young people at SEND Support. We remain fully committed to reducing the suspension and exclusion rates at all phases, particularly secondary.

Work is also underway to support children and young people to successfully reintegrate back into mainstream education following permanent exclusion. The Fair Access Protocol was updated during the Autumn term 2023 to bring all secondary leaders together from January 2024, so that all secondary Headteachers were involved in the decision-making process for placing children and young people via this protocol. We encourage a greater focus on early intervention and prevention to

avoid exclusion. This work is still underway but is showing positive signs as school leaders are directly involved in developing different approaches with partners.

Whilst we continue to see higher numbers of families choosing to Electively Home Educate their child or young person, Shropshire remains broadly in line with the comparative rates for this nationally and is lower than statistical neighbours. Robust monitoring and tracking arrangements are in place to ensure statutory duties are delivered to ensure children and young people who are educated at home receive suitable education, which includes supporting and challenging families to re-access school based education provision where appropriate.

We have strengthened our approach to monitoring children and young people whose education provision is less than full time. New reporting arrangements include the expectation that all education providers confirm their use of reduced timetables, including confirming where they have no children or young people placed on a reduced timetable.

We also continue to operate strong arrangements to monitor and intervene for Children Missing Education to ensure their safety and enable them to swiftly access education provision. Our rates in Shropshire are lower than national averages and in line with statistical neighbours.

We have also seen an improvement in the percentage of 16 and 17 year old (year 12 and 13) young people Not in Education or Training (NEET). During 2023/24 we have seen these indicators reduce to their lowest levels for many years, with our numbers much better than national figures and statistical neighbours.

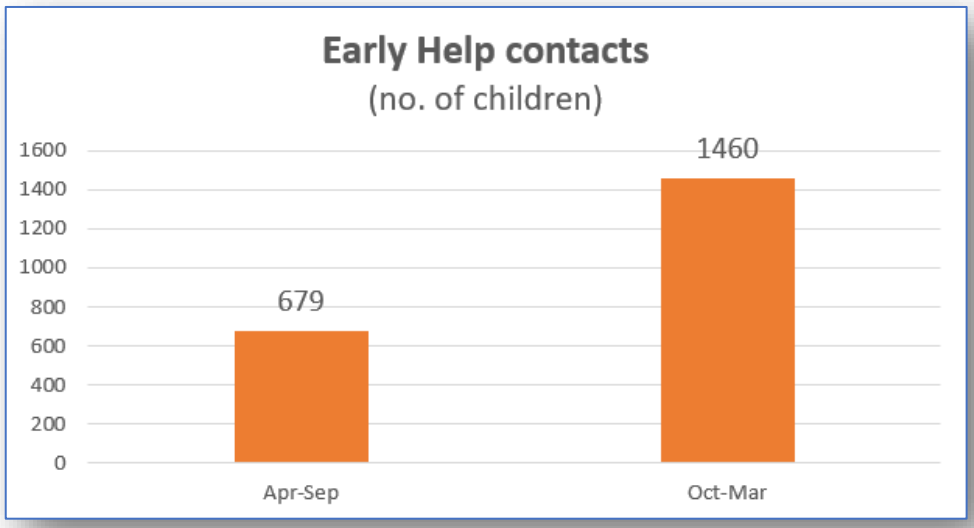
We would also like to recognise the hard work, dedication and commitment to keep children safe and improve their outcomes demonstrated by education settings and schools across Shropshire.

We all remain committed to further enhancing our focus on early intervention and prevention activity to increase stability for every child or young person accessing education, particularly those with the greatest vulnerabilities, as we recognise the protective factor education provides.

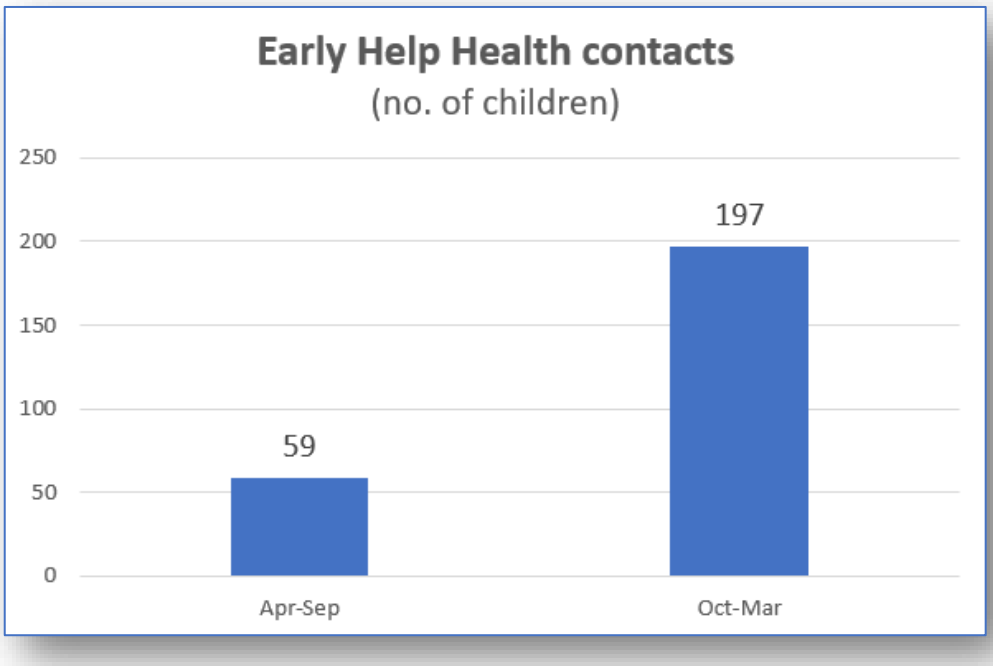
Early Help

Due to the changes to the Early Help front door, it isn't possible to make direct comparisons with what was happening in 22/23. What remains the same is that we would prefer to see an increase in contacts to Early Help and a decrease to Children's Social Care, which would demonstrate involvement with children and families before crisis point is reached. We are pleased to report this has been achieved this year.

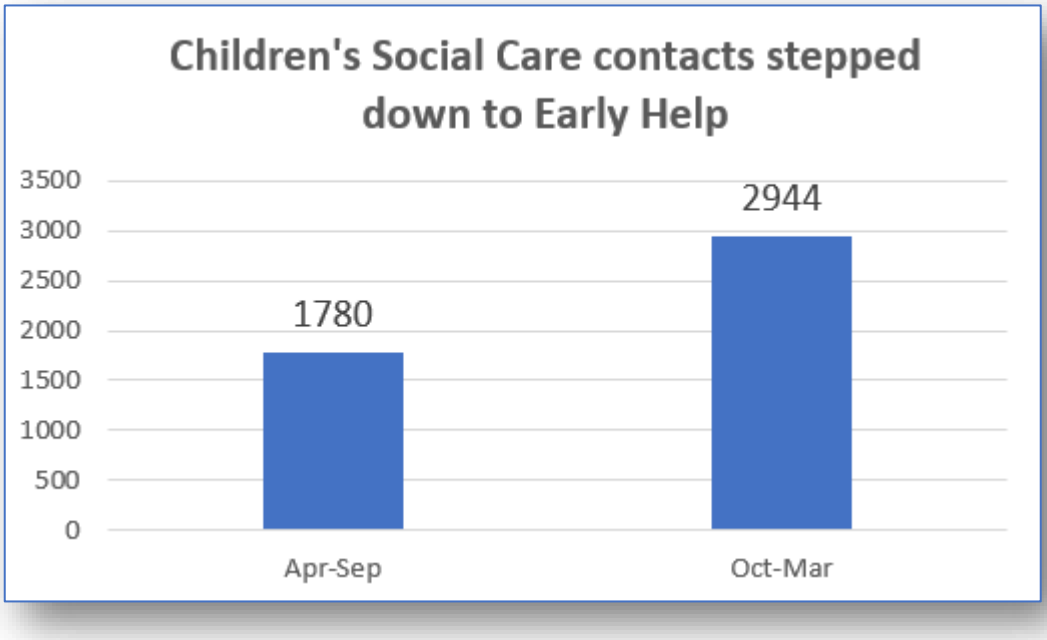
The most **significant change was in the second half of the year** following the launch of the new Early Help front door in August 2023.



In addition to the overall increase in Early Help contacts, contacts from Health providers in the second half of the year were **higher than the previous six months by over 230%.** As well as the launch of the Early Help Front door, we think this is also due to the Children's Safeguarding Summits which started in May 2023.

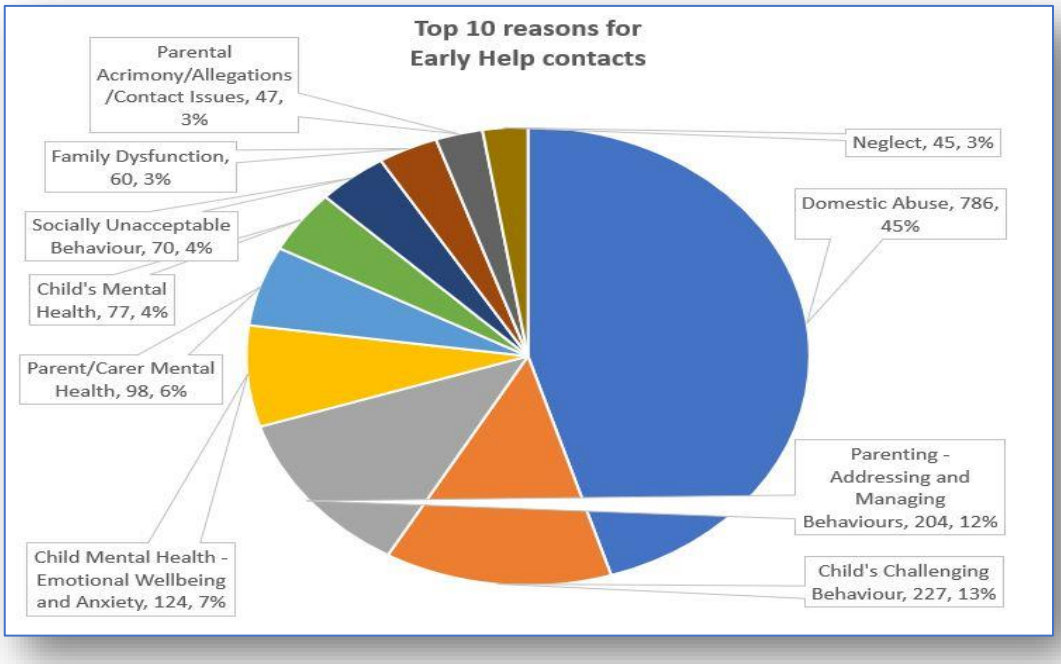


Alongside the increase in contacts to the Early Help service, the Children's Social Care front door has seen a parallel change in contacts that have been stepped down.

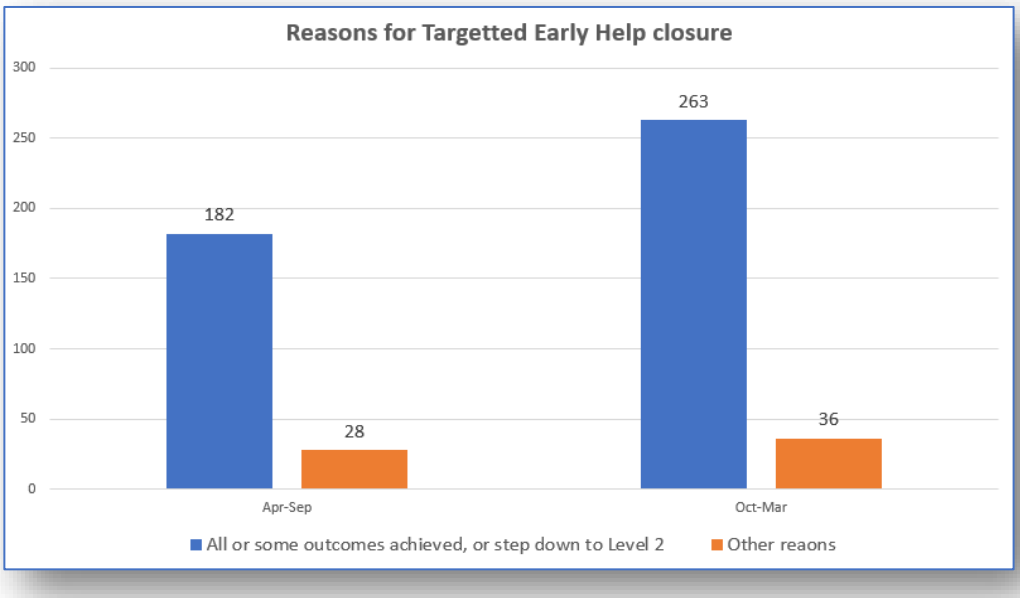


The increase in Early Help contacts have led to a decrease in Children's Social Care contacts having an outcome of 'No Further Action', meaning that while a child may not reach the threshold for Social Care intervention, the child/carer is still able to receive support at a level appropriate to their needs.

The top 10 reasons for Early Help contacts shown below account for 80% of the total contacts received in the year 2023-24.



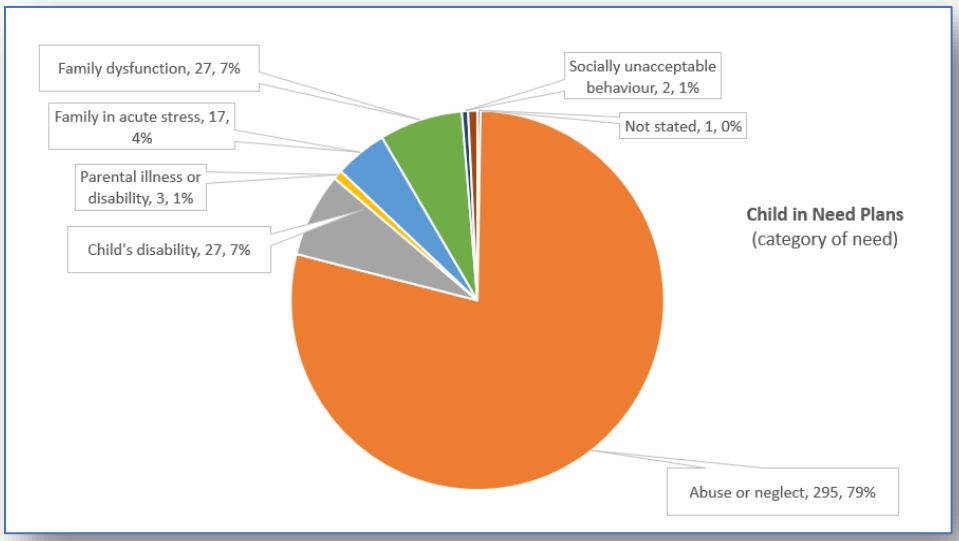
The reasons for Early Help closure is a new measure for the year 2023-24. Following the launch of the Early Help front door, the increase in positive Targeted Early Help episodes can be seen across the two halves of the year, as shown below. This is good news for children and their families as their outcomes have been met.



Children in Need

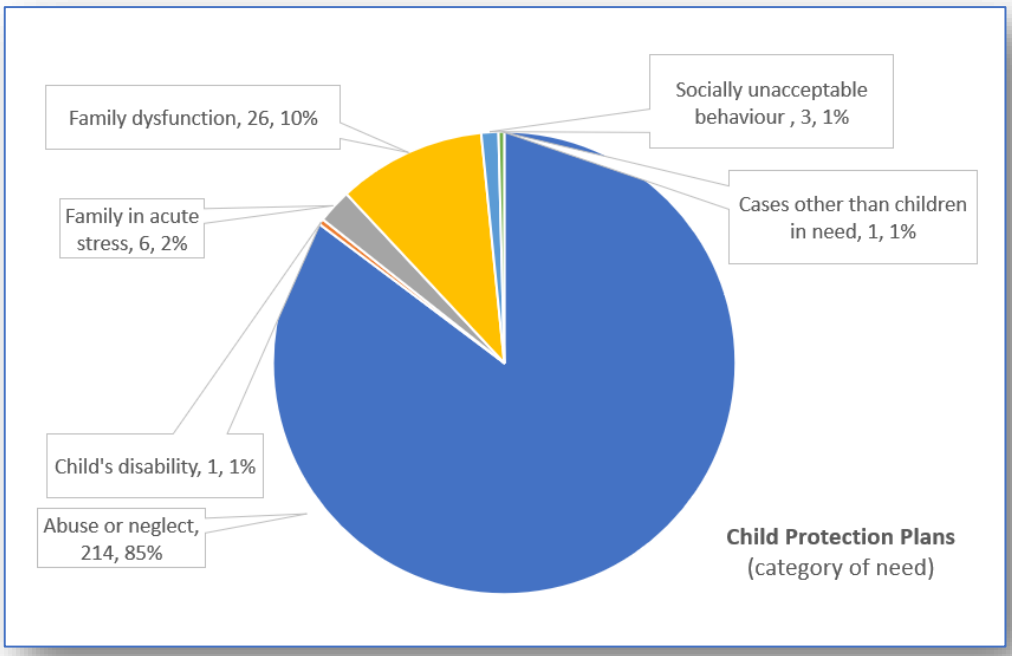
There were 11,585 contacts made to Compass this year. This is a **10% decrease** on what was reported in last year's report.

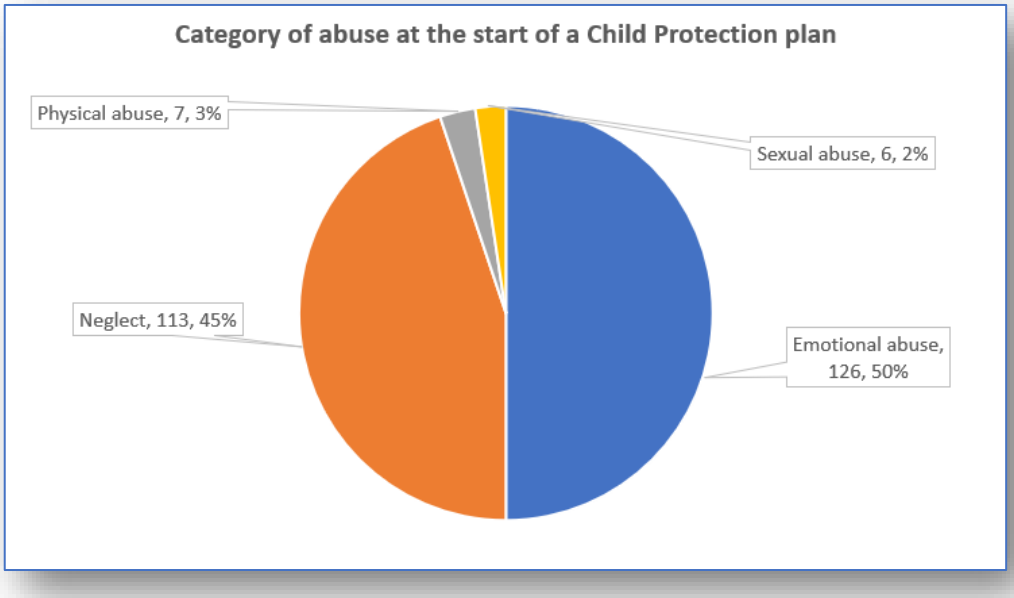
The number of children on a Child in Need Plan has **decreased by 12%** compared to the previous year. The main reason for children being on this type of plan is because a child has experienced abuse or neglect.

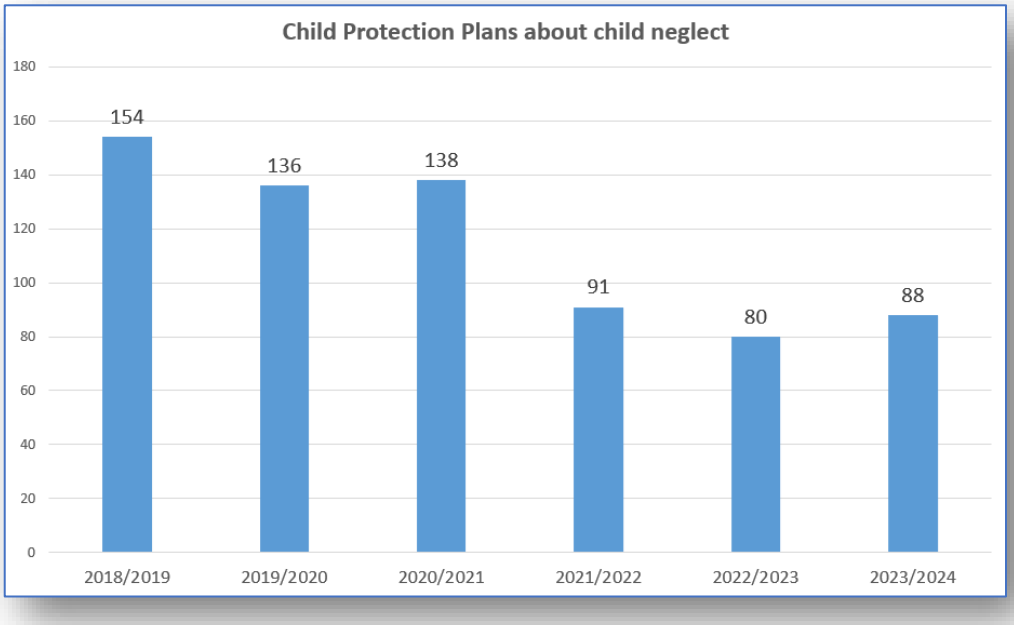


Child Protection

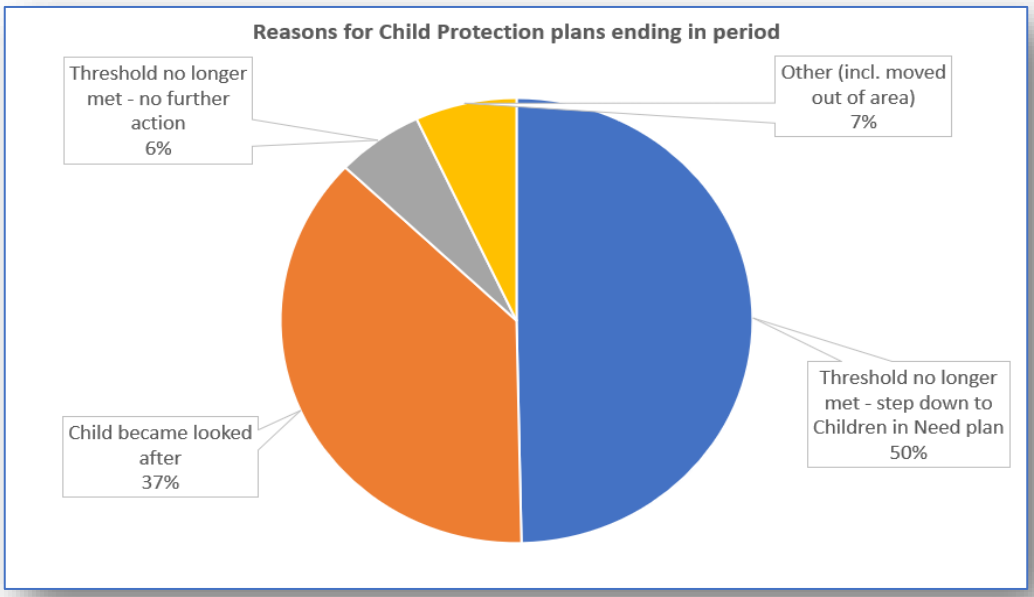
The numbers of children needing a Child Protection Plan has **decreased by 24%** on the previous year. As with Child in Need Plans, the main reason for being put on a Child Protection Plan is because a child has experienced abuse or neglect, as shown in the first chart below.







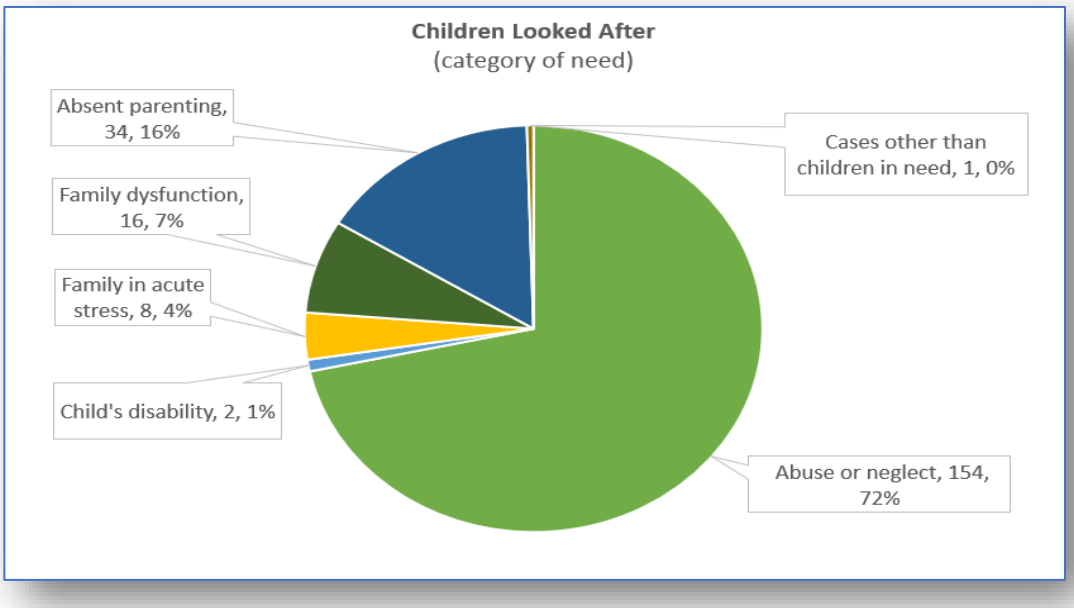
The reasons Child Protection Plans came to an end are identified in the chart below.



There were 255 Child Protection conferences (data obtained from Liquid Logic Children's Social Care system) held last year.

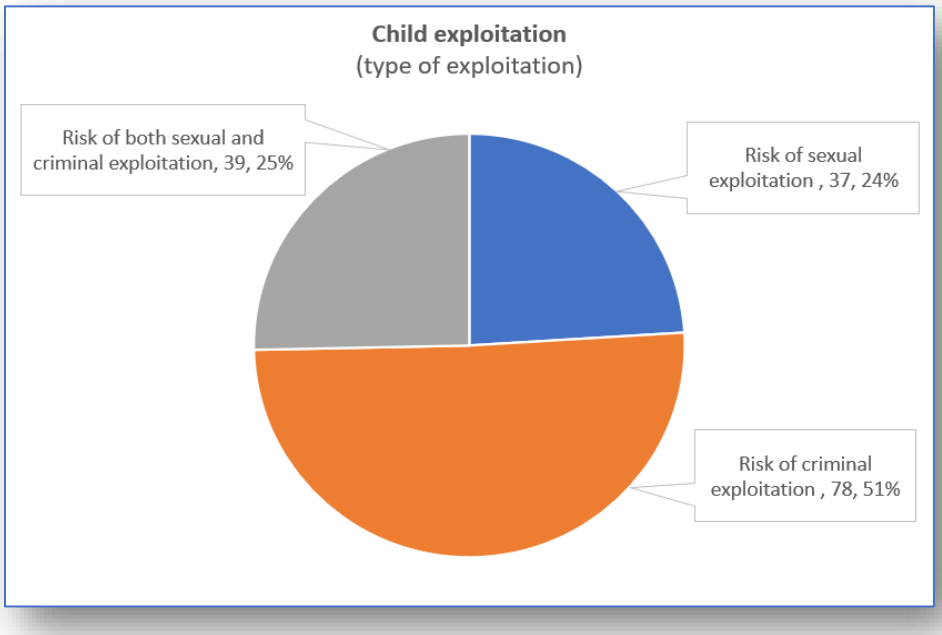
Looked After Children

215 children became looked after during 2023/24. This is an **increase of 4%** on the year before. The reasons children become looked after is explained in the chart below, but as with Child in Need and Child Protection Plans, the main reason for a child becoming looked after is because they have experienced abuse or neglect.



Child Exploitation

In total, there were 154 referrals relating to child exploitation during the year. This is a **reduction of 40%** compared to the previous year.

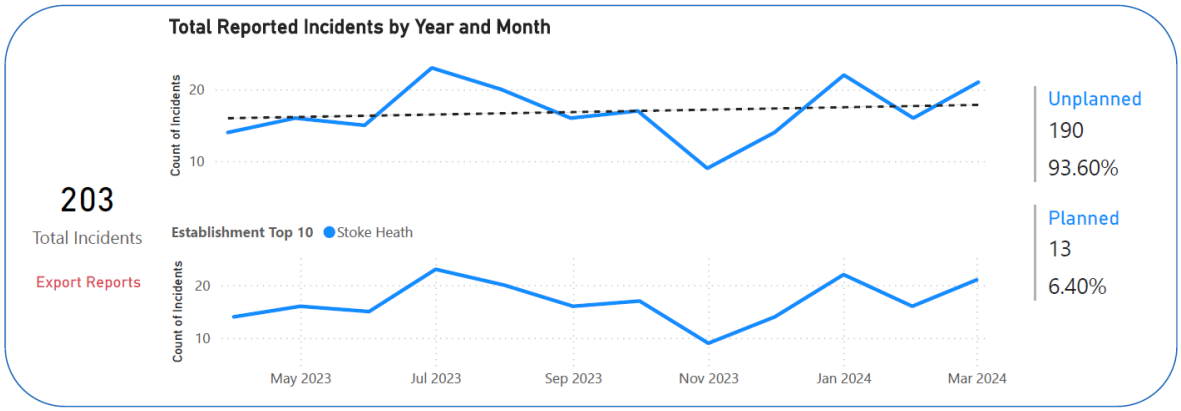


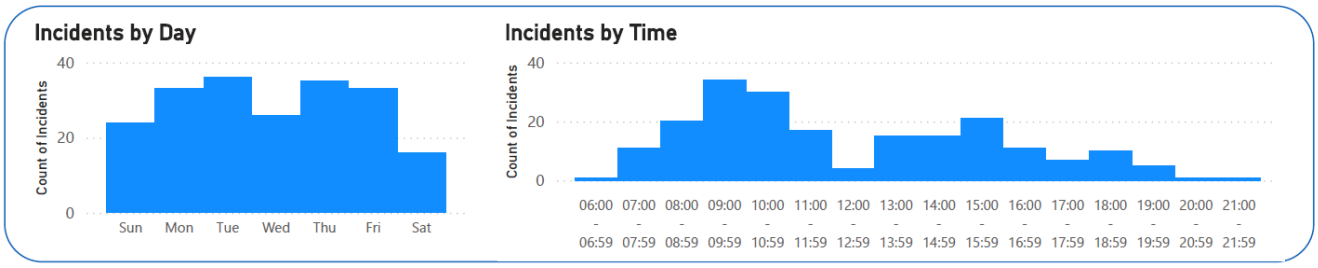
Whilst the gender split is very similar to what we reported last year, there was a **7% decrease in young males** and a **7% increase for young females,** affected by exploitation.

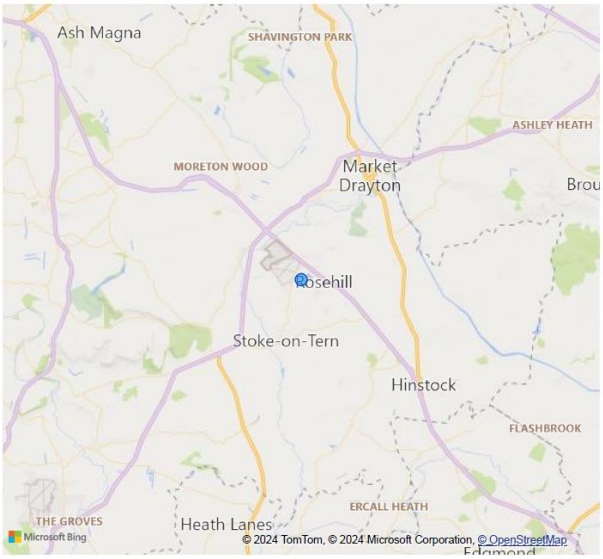
- 51% of referrals were males
- 48% of referrals were females

Stoke Heath Prison

Stoke Heath is a men's prison and young offender institution in Shropshire. Working Together 2023 requires our partnership to report how many times restraint was used in their young offender institution.







Establishments Ranked by Incidents per 1,000 Population

Establishment	No. of Incidents	Incidents per 1,000 prisoners
⊞ Stoke Heath	203	264

Note: Incidents per 1,000 prisoners correct at establishment level only

95.6%
Positive Communication Utilised

19.2%
Personal Protection Utilised

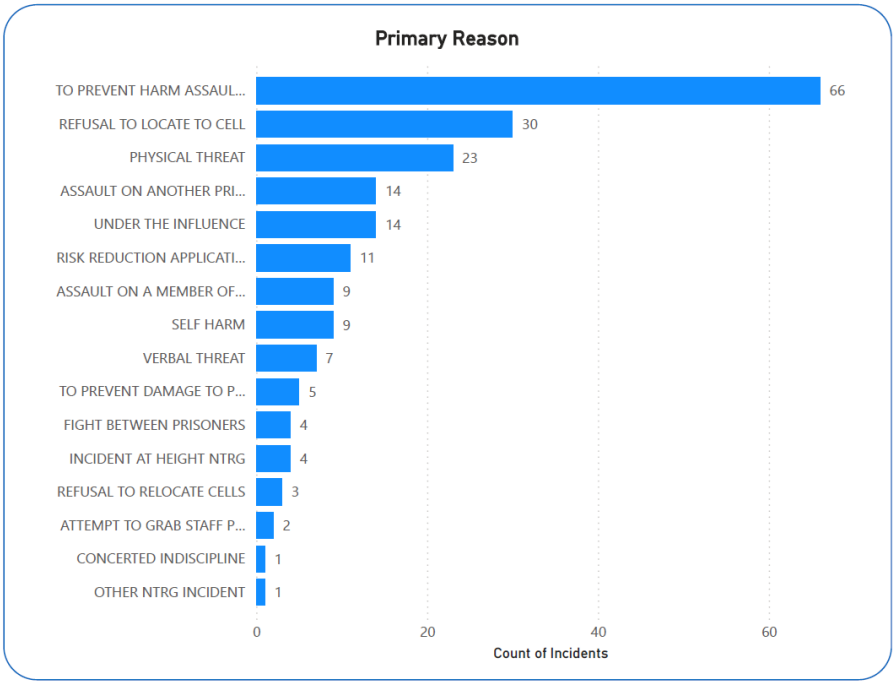
43.8%
Guiding/Escorting Hold Applied

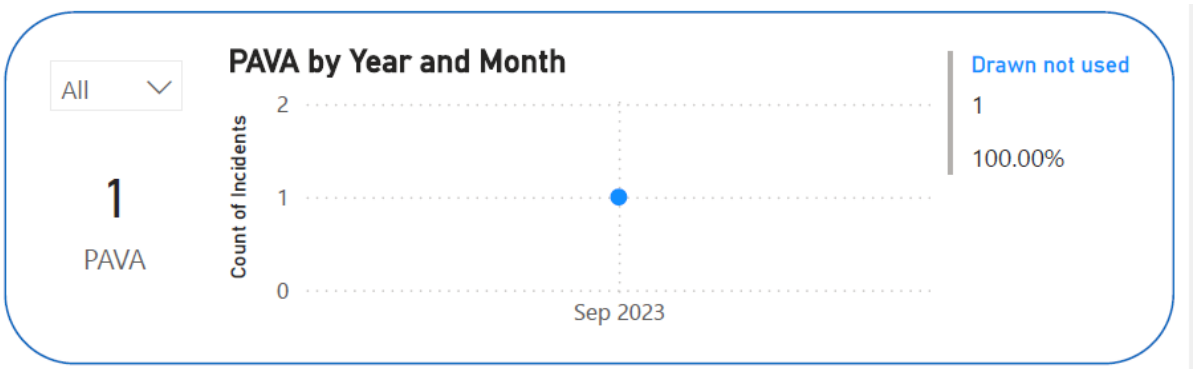
63.5%
Restraint Applied

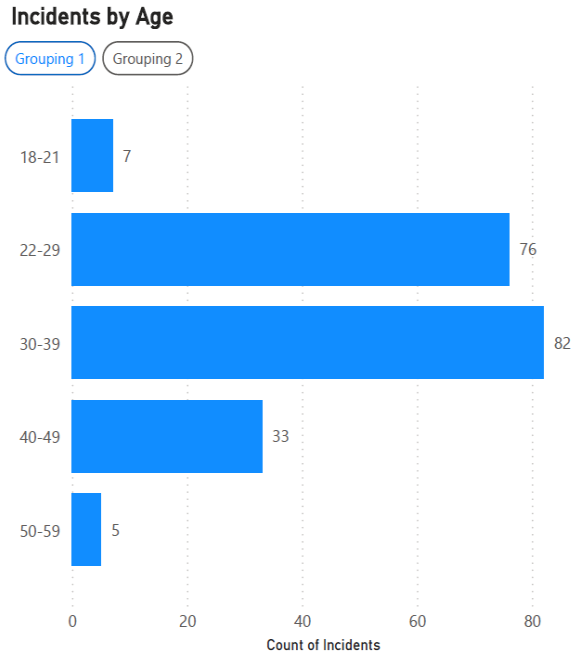
73.4%
Handcuffs Applied

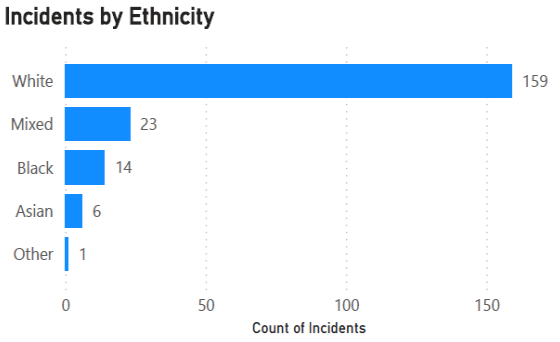
8.4%
Pain Inducing Technique Appli...

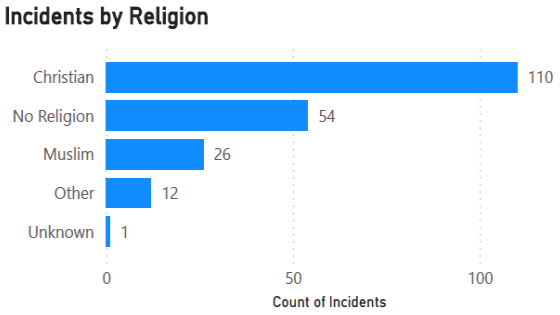
100.0%
Bodyworn Video Camera









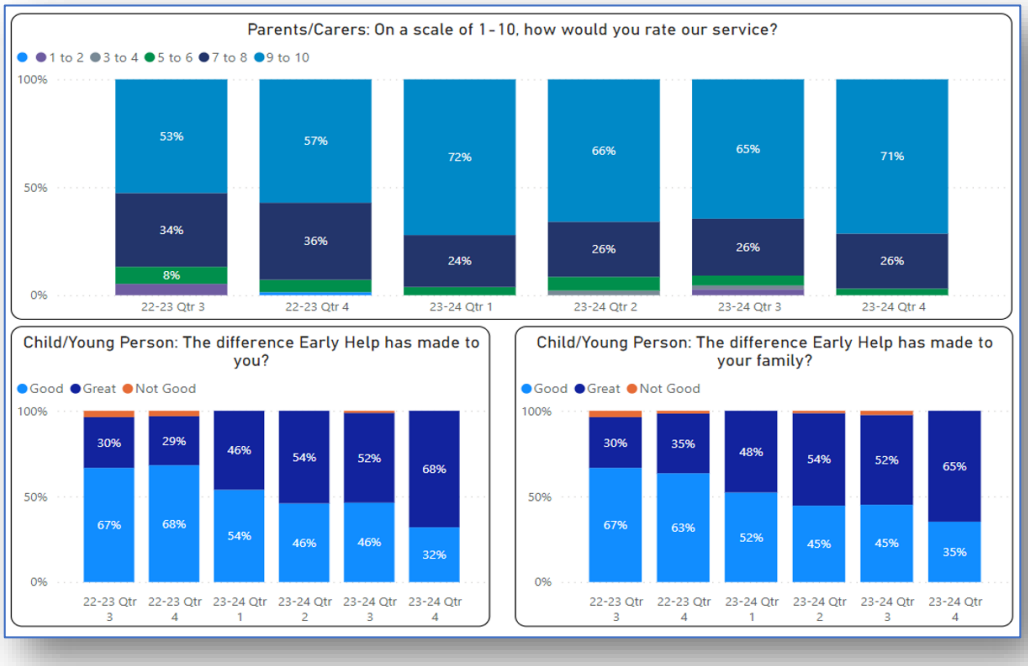


Impact on Adults and Children and their Families in Practice

Having listened to feedback from people in the community about a published case review, we have changed the format of and analysis of statutory case reviews, to ensure that we more fully capture the voice of the community when doing the reviews. An example has been asking agencies to share the views they received from the community and using this to better understand what the individual was experiencing.

Work is underway to support the Early Help provision for children and their families to explore how health partners can contribute to this. This helps children and their families get the support they require and identify risks and challenges at an earlier stage.

Feedback from children, young people and their families shows an increase in positive feedback during the transformation programme. The table below compares the results over the last two years.

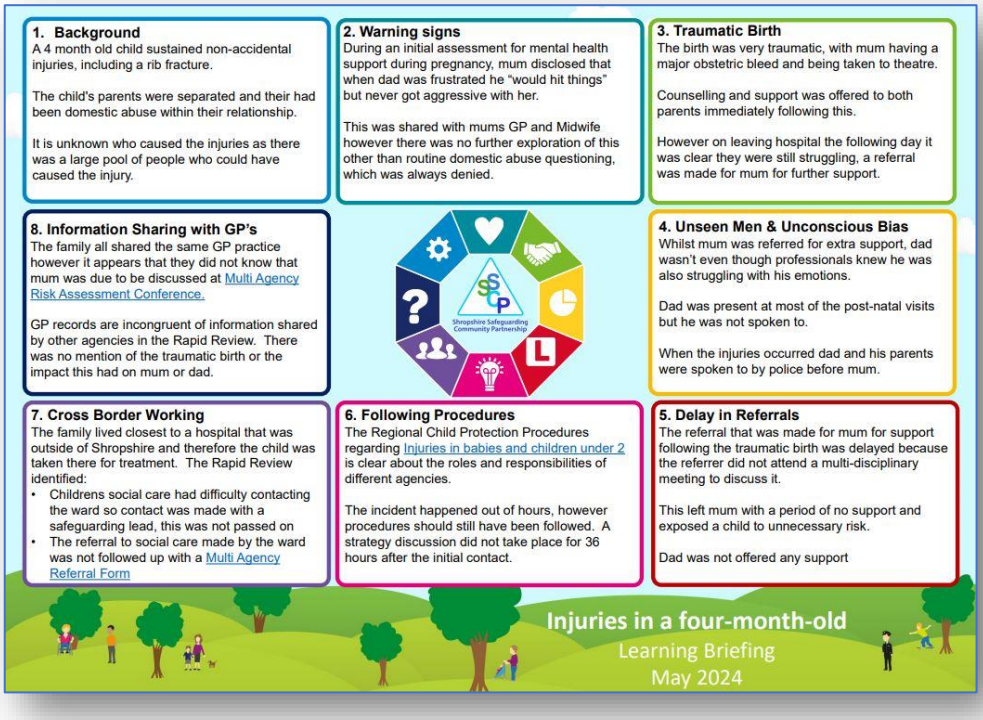


Serious Incident Notifications for Children and Analysis of Learning

We received 8 notifications which led to 9 Rapid Reviews being undertaken. 5 progressed to full Local Child Safeguarding Practice Reviews and we are waiting for National Panel's view on one more, as we are recommending a national review.

For the three that did not become full reviews, 2 learning briefings have been produced (below). Each child experienced different types of abuse including:

- Physical abuse
- Neglect
- Sexual abuse



Statutory Case Reviews

There are four types of review that must take place. They are:

- Rapid Reviews/Child Safeguarding Practice Reviews[2]
- Safeguarding Adult Reviews[3]
- Domestic Homicide Reviews[4]
- Anti-Social Behavior Case Reviews

Local Child Safeguarding Practice Reviews

Children M & N

[2] A multiagency process undertaken when a child dies or the child has been seriously harmed and there is cause for concern as to the way organisations worked together

[3] A multi-agency process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place

[4] A multi-agency review of the circumstances of the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person who they were related or they were an intimate partner with

This review is about two siblings, one of whom died. Due to the on-going criminal investigation at the time, it was not appropriate to comment further on the review. The review was completed in 2022/23 and has not been published as waiting for a press release.
The learning will be published in next year's report.

Jasmine

A referral was received at the end of the financial year 2022 for a 16-year-old child who is looked after and at risk of exploitation.

The review remains ongoing, and the learning will be published in next year's report.

Child U

A referral was received in August 2022, for a four-week-old baby with a head injury, which was suspected to be non-accidental. The statutory partners felt that all learning had been identified during the rapid review, however after discussion with the Child Safeguarding Review Panel, it was agreed that a Local Child Safeguarding Review should be undertaken.

The learning will be published in next year's report.

Ivy

Ivy is a 4-month-old baby who was taken by her mother to see the doctor in April 2023. Her mother was seeking advice about a lump on Ivy's back. The doctor noticed a lump on the left side of her rib cage and noted that her mother smelt of alcohol. The doctor called an ambulance to take Ivy and her mother to Princess Royal Hospital. An x-ray was taken, and it was confirmed that Ivy had a fracture to the seventh rib on her left side and a fracture to her left clavicle. Ivy was a premature baby who was born by caesarean section due to slow growth, weighing only 1kg.

The learning will be published in next year's report.

Darren

In October 2023, Darren's mother collected him from his father's home (they live separately) and noticed some bruising under his chin and bruising on both of his legs. His mother contacted 111 and Shropshire Emergency Social Work team, who advised her to take Darren to a hospital to be reviewed. The consultant paediatrician noted multiple injuries. Given his age and mobility, the doctor thought these injuries were likely to be inflicted, rather than accidental.

The learning will be published in next year's report.

The Powell children

In January 2024, Children's Social Care referred these children for a Rapid Review after receiving information from West Mercia Police. The children's father/stepfather was arrested under the Obscene Publications Communications Act 2003.

The Police found the family home in a poor state; overcrowded, dirty and cluttered. None of the older children are in further education, work or training. The two younger children are electively home educated, however there was no evidence of any educational materials or structure.

There are concerns that all the children have been exposed to significant emotional harm and neglect and some (if not all) of the children have been exposed to or suffered physical and sexual harm, over a prolonged period. Several of the children have also expressed mental health difficulties.

The learning will be published in next year's report.

A Shropshire School

Children's Social Care were contacted by the Designated Safeguarding Lead at the school who shared information regarding peer bullying and abuse.

The learning will be published in next year's report.

Alison

Alison is a 12-year-old Child Looked After, subject to a Full Care Order, who is placed with family members as Connected Carers. Alison went to the local shop at around 4pm and didn't return home.

Her carers searched the local area and posted on social media that Alison was missing. She was reported missing 10pm. West Mercia Police undertook enquiries and located Alison's mobile phone at an address in Walsall.

Alison was located at this address the following morning, in the company of a 19-year-old male, and an 11-year-old child who was a friend of Alison's. The 19-year-old was arrested and taken into Police custody.

The learning will be published in next year's report.

Peter

On the 11th of March, the Police made a referral for a Rapid Review, after a visit to his home following reports of shouting and screaming coming from the house. Police witnessed Peter's mother letting him out of a wardrobe; he had visible injuries. Peter was asked how he got the injuries, and he said he had fallen off his bike.

The learning will be published in next year's report.

Safeguarding Adult Reviews

Arthur

Arthur's referral was received in August 2022. He was deaf and found deceased at home. There were significant concerns around self-neglect, alcohol misuse and his mental capacity to manage his own needs.

The learning will be published in next year's report.

Sophie

A referral for Sophie came in January 2023, having been found deceased at home. She was 35 and had a history of mental health and alcohol misuse issues.
The learning will be published in next year's report.

Patrick

Patrick was a 69-year-old man, who had three hospital admissions since January 2023. He attended the Royal Shrewsbury Hospital Emergency Department on 9th June, having been found sitting in his armchair for 3 days, drinking alcohol. He was soiled, unkempt and was alcohol dependant.

His care company and neighbours had raised concerns about him, with both his doctor and the council. Patrick had refused input from both over the years they were supporting him.

He was admitted to a medical bed the same day and stayed in the hospital until his death on 12th June 2023, only 3 days later.

The learning will be published in next year's report.

Lucy

Lucy sustained a significant injury following a motorbike crash in 1984 leaving her tetraplegic. She was cared for by her parents until her father's death in 2008 and then by her mother until she was admitted to hospital on 7th June 2023.

When community nurses visited, they found Lucy to be in very poor physical health. Lucy was admitted to Princess Royal Hospital on 12th June 2023 and died at the hospital.

The learning will be published in next year's report.

Joint Safeguarding Adult and Child Safeguarding Practice Reviews

Family Pugh

This referral was received in December 2022, following the death of the children's mother. Concerns were raised about significant self-neglect of the mother and the impact of this on her two children who were caring for her.

The learning will be published in next year's report.

Family Jones

In the middle of May 2023, West Mercia Police were contacted by a member of the public reporting a young boy running in the street naked. Police attended and located the child. He was identified as Mrs Jones's 11-year-old son.

He was taken back to his home address. On arrival, officers discovered his mother had been taken seriously ill and she later died. Officers recorded that the property was in an abysmal state. The learning will be published in next year's report.

Domestic Homicide Reviews

Ms A

Ms A was a 65-year-old woman who was unlawfully killed by her 38-year-old daughter. This review has been completed and the report is currently with the Home Office for quality assurance.

The learning will be published in next year's report.

Mr C

Mr C was an 80-year-old man who was killed by his 31-year-old grandson, following an argument about money. Mr C was pushed by his grandson and fell, banging his head. This is currently with the Home Office for quality assurance.

The learning will be published in next year's report.

Laura

This referral was received in September 2022, following her taking her own life. She was 40 years old and there was a history of domestic abuse in multiple relationships and concerns about substance misuse.

The learning will be published in next year's report.

Ms E

A referral was received in July 2022 for a deceased 48-year-old female who took her own life, following a domestic incident with her ex-partner. It was subsequently found, there was no evidence of domestic abuse in her most recent relationship and so a Safeguarding Adult Review was recommended. However, the Home Office requested that a Domestic Homicide Review be undertaken.
The learning from this joint Safeguarding Adult Review and Domestic Homicide Review will be published in next year's report.

Elizabeth

Elizabeth's husband attended the care home, where his wife lived, to take her out for the day; this was a regular occurrence. On this occasion however, they failed to return to the care home at the agreed time of 6pm.

The care homeowner contacted police as she was concerned for the couples' safety. She and her family attended the couple's family home and found Elizabeth and her husband deceased.

The learning will be published in next year's report.

Kathryn

West Mercia Police were contacted by her mother stating she had attended her address and found Kathryn deceased. There were no suspicious circumstances. The referral for a Domestic Homicide Review was made because records on West Mercia Police systems suggested possible issues of domestic abuse.

The learning will be published in next year's report.

Rachel

In the middle of October 2023, West Midlands Ambulance Service contacted West Mercia Police to inform them that Rachel, a 26-year-old female, was in cardiac arrest having hung herself. There were no suspicious circumstances.

Rachel had a history of mental health issues and suicide attempts. Her mental health may have been affected by her living conditions and her lack of contact with her son. There was also a history of reports that suggest she was a victim of domestic abuse.

The learning will be published in next year's report.

Emma

Emma and her partner were known to have been in a relationship for approximately 10 years. They both had issues with drug and alcohol misuse. They had a daughter together, who was removed from their care at birth.

Shropshire Safeguarding Community Partnership's Business Unit received a referral for a Domestic Homicide review from The Ark[5]. A further referral was received from another local police force where Emma's body had been found in a river. Emma's partner is currently on Police bail until a cause of death can be established.

The learning will be published in next year's report.

Sally

Sally was a 53-year-old woman with multiple health conditions who lived at home with her long-term partner, who was also her full-time carer. On the 18th December 2023, West Midlands Ambulance Service contacted the police after attending their property. They had been contacted by her

[5] The Shrewsbury Ark is an independent charity dedicated to helping homeless and vulnerable people in our community to turn their lives around.

partner that morning. When they arrived, they found Sally in a very poorly condition. Her partner told paramedics that she had fallen out of bed two days before, and he had called an ambulance that day.

Sally died in hospital later that day.

The learning will be published in next year's report.

Ian

West Midlands Ambulance Service attended Ian's address and found he was in cardiac arrest, after having fallen to the floor following attempting to take his own life. The call to the ambulance service was made by a friend of Ian. Ian's daughter received a message from him saying 'goodbye I love you'; this is what prompted his friend to attend the address to check on Ian's welfare. Ian died that evening.

There were reports that Ian was a victim of domestic abuse.

The learning will be published in next year's report.

Rory

Rory (aged 78) lived in north Shropshire with his wife and son. The police attended the property having received a call from a family friend who had found Rory on the floor with a swollen face.

Rory was taken to the Royal Shrewsbury Hospital as he was experiencing pain in his neck, had a head injury and injuries to his face. Rory told police officers he had slipped, and this is when his injuries were caused.

Police then found Rory's son, who had attempted to take his own life. He died later that day.

The learning will be published in next year's report.

Anti-Social Behaviour Case Reviews[6]

There were 8 requests to conduct Anti-Social Behaviour Case Reviews during this year, the same as the previous year. 3 requests did not progress to review; 4 had action plans developed in response to the concerns raised and 1 person did not want to follow up the referral.

All referrers were raising concerns about the behaviour of their neighbours.

What was evident in all the reviews undertaken, was the detrimental impact that Anti-Social Behaviour can have on the individuals that live with it. Victims reported loss of sleep, high levels of anxiety, feeling nervous to be at home alone and wanting to move from their home.

Themes from our Statutory Case Reviews and other forms of scrutiny including multi-agency case file audits

Themes in Shropshire include:

- Lack of professional curiosity
- Lack of information sharing between agencies
- Practitioners not using guidance produced by the partnership
- Agencies/teams not calling multi-disciplinary meetings
- Lack of assessments for carers
- Lack of child and adult safeguarding concerns being raised by a number of agencies

National Safeguarding Case Reviews

Safeguarding children with disabilities and complex health needs in residential settings

[6] This is a multiagency process set up to respond to concerns about how agencies have responded to reported Anti-Social Behaviour

The report was circulated to partners.

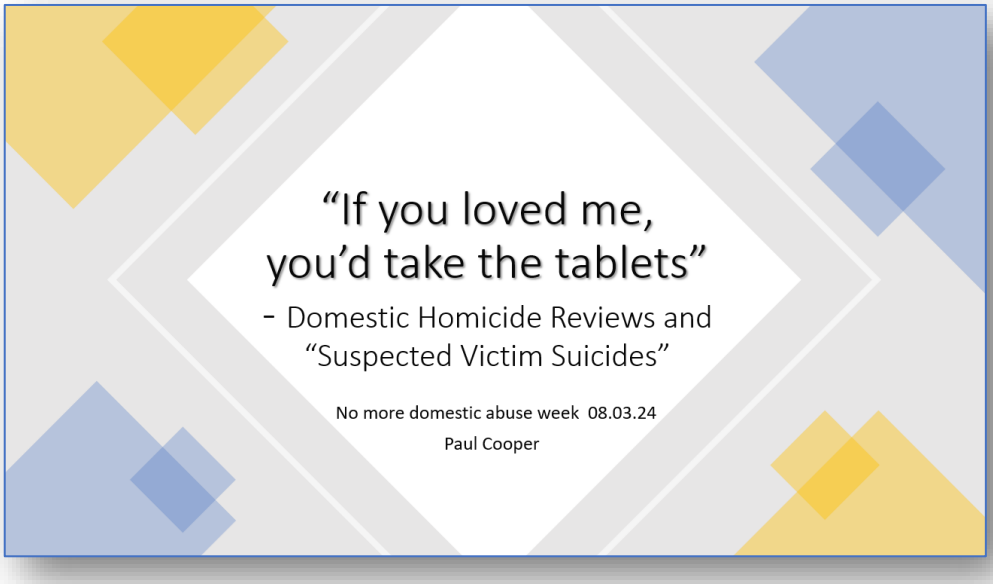
Vulnerability Knowledge and Practice Programme Domestic Homicides and Suspected Victim Suicides 2020-2023

Given the significant increase in the numbers of Domestic Homicide Reviews undertaken in Shropshire, it was necessary to ensure a full understanding across the workforce in social care, health and the criminal justice system.

As a result of this research:

- The chair of the Adult Statutory Case Review Group has raised awareness of the research with Multi-Agency Risk Assessment Conference chairs.

- Midland Partnership University NHS Foundation Trust organised a 'No More Domestic Abuse Week' which sought to improve their response to domestic abuse and build knowledge and confidence amongst their staff. They have also appointed a specialist mental health lead for the Trust, in recognition of the prevalence of domestic abuse as a driver of poor mental health. There was also a presentation by the chair of the Adult Statutory Case Review Group about the research.



- Produced a learning briefing.

Hearing the voice of children and families, adults with care and support needs and victims of crime

We currently capture the voice of our communities in a number of ways including through:

- Our data collection process
- Conducting statutory case reviews to give people the opportunity to share information about their family member and their experience which led to the review
- Undertaking multi-agency file audits
- Policy development
- A lived experience consultee has been recruited to be part of the domestic abuse team within Shropshire Council. They are part of several partnership groups to share their lived experiences and to help develop pathways which will actively help families
- Co-production of resources
- Our health trusts have identified a number of ways that they seek to ensure they hear the voices of the people who use their services.

  These include:
  - Working with Healthwatch Shropshire when they undertake Enter and View visits, which includes seeking the views of those who use the service.
  - Listening and responding to the Patient Advice and Liaison Service when they have been contacted by people who use the service.
  - The Independent Mental Health Advocate service listen to the feedback provided by patients and share this with the Trust and the Council, who use this to help identify patient concerns.
  - Health Trusts give information to people about 'Making Safeguarding Personal' to ensure practice focuses upon the outcomes people want to achieve. This is reinforced by the Council's adult safeguarding team, who report on actions they

have taken to ensure enquiry work is person-centred and focuses upon on how the person wants to be kept safe.

- The Together Reducing and Ending Exploitation in Shropshire team (TREES) work tirelessly to ensure the voice of the child and young person is listened to and heard. They do this in several ways including:
  - Ensuring that case notes are captured accurately
  - Promoting their strengths and voice in meetings, no matter what their level of engagement
  - Pushing back on professionals to ensure child exploitation risk assessments have the voice of the child and their views within it
  - Enhanced training in conducting Return Home Interviews to better capture the child and young person's reality and truth
  - The child and young person in their safety plans, detailing what they want to achieve and what is achievable
  - Listening and taking on onboard criticism to learn from how we can do better
  - Ensuring we are seeing children and young people within a timely manner, listening to what, where and when suits them
  - Communicating in the child and young person's preferred method for example by phone, text, WhatsApp, pictures etc.
  - Avoiding jargon and abbreviations to make sure they have the same understanding as us
  - This is an example of our work ……. We have put in place the approach of not blaming the child or young person for their 'lack of engagement'. This young person identified that he struggled seeing multiple professionals, wanted to have his freedom, wanted to work towards having a better future but also wanted to have control of this. The team made sure they made minimal referrals, and professional involvement was at his pace. There was flexibility where possible, with professionals identified who could do multiple aspects of the work. The team were mindful that 'today might just not work today' and did not give up on him. The impact of this was an improvement in trust with professionals, a consistency in approach, an improvement in attending physical and sexual health appointments, and a reduction in substance misuse and harm reduction.

- The Together Reducing and Ending Exploitation in Shropshire team along with partners have organised several community awareness events across the county including Market Drayton, Ellesmere and Whitchurch.

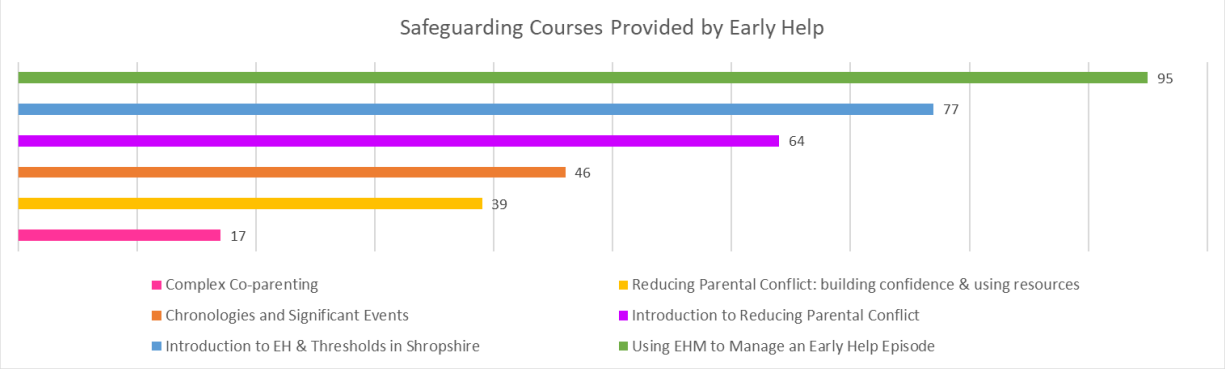
Our approach to learning and development

Shropshire Safeguarding Community Partnership Business Unit do not directly deliver a training programme. Multi-agency training courses continued to be delivered by some members of the training pool within Joint Training, Partners in Care and Shropshire Council Strengthening Families Team. A blended approach to multi-agency training delivery was used, including online learning webinars, and in-person classroom delivery to meet the needs of attendees.

Training delivered is informed by the findings of local and national reviews; emerging themes, trends and guidance, and workforce needs, that are identified through multi-agency case file audits.
Training Pool members continued to be supported by the Learning and Development Co-ordinator. This enabled consistent and up to date safeguarding training to be delivered effectively to multi-disciplinary staff.

Shropshire Safeguarding Community Partnership Learning and Development Co-ordinator delivered online learning briefings to embed learning from local statutory safeguarding case reviews, where learners' engagement was maintained using online platforms which operate in real-time to support learning and collaboration.

Early Help through Strengthening Families (Shropshire Council)



Total number of attendees **338** Total number of training sessions **40**

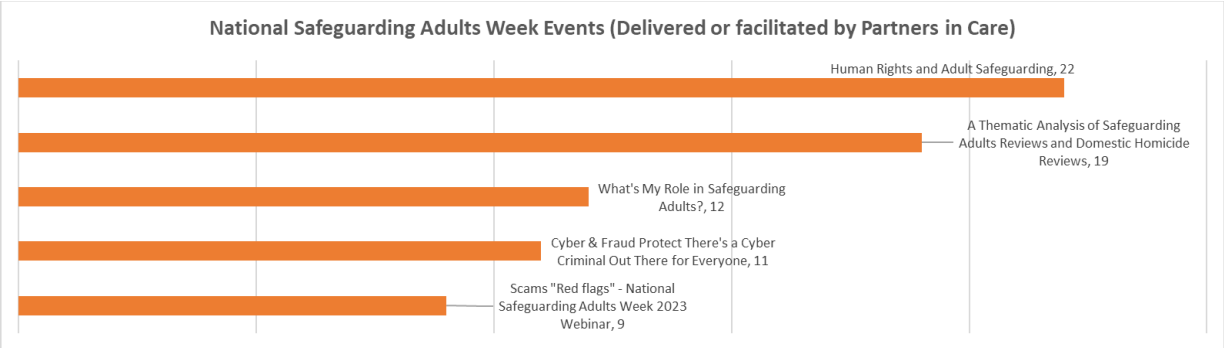
What difference has this made? Participants told Strengthening Families:

'I have been able to access and contribute information for a family who have an Early Help plan raised for an oldest sibling at primary school the younger sibling attends our preschool.'	*'I sat with a family and completed a whole family assessment with parents and children from start to finish.'*	*'I have been working with the family and the father was quite structured in his ways and he couldn't see how this was impacting the rest of the family we spoke about his upbringing and now he can see why he is the way he is and has adapted some different approaches to his parenting.'*
Early Years Setting	Primary School	Early Help Practitioner

Shropshire Partners in Care

Partners in Care have also delivered training for the Joint Training Team in Shropshire Council.

Total number of attendees **844** Total number of training sessions **57**



Total number of attendees **73** Total number of training sessions **5**

In addition,

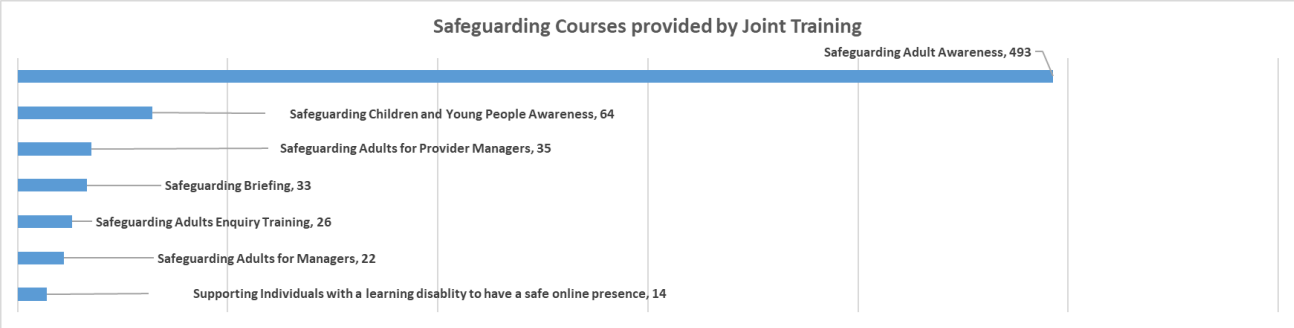
Safeguarding Adults Forum
75 practitioners attended 4 sessions.

Mental Capacity Webinars
65 practitioners attended 4 sessions.

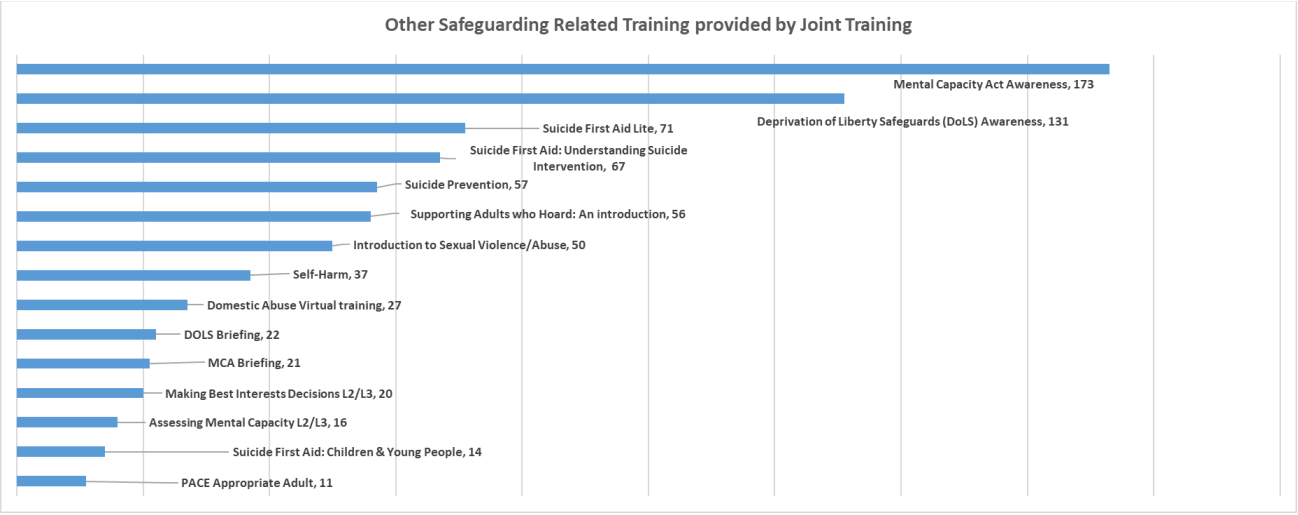
What difference has this made? Participants told Shropshire Partners in Care:

'To always involve those we support in what we do I should not assume they don't have capacity.'	*'To always use my professional curiosity - picking up on things that are unsaid.'*	*'Provides a greater understanding of what is seen as a safeguarding concern so we can ensure they are recorded and reported.'*

Joint Training (Shropshire Council)



Total number of attendees **687** Total number of training sessions **52**



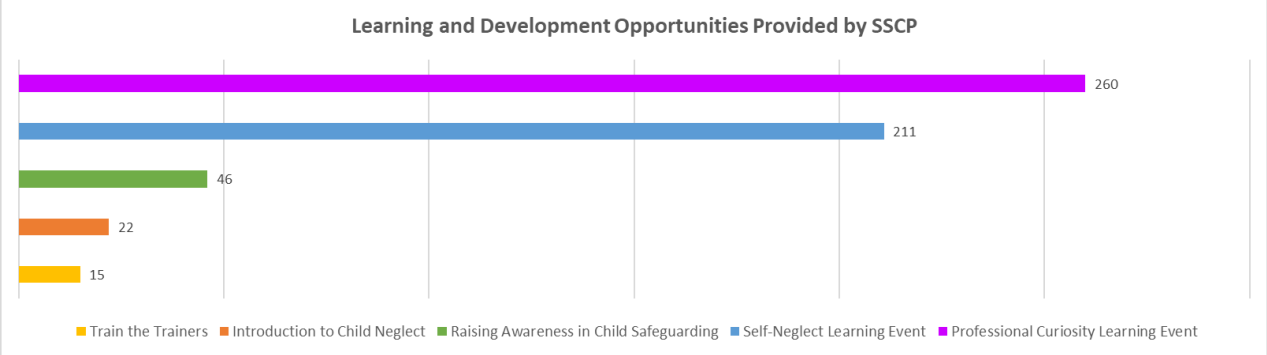
Total number of attendees **773** Total number of training sessions **55**

What difference has this made? Participants told Joint Training:

'The training will make me not worry about speaking up about things that I feel are not correct, to enable others to be protected and helped.'	*'Ensure to maintain 'professional curiosity' when clients bring up subject matter/ issues that could signal safeguarding concerns.'*	*'The training will help me to support individuals to access the resources shared, it underpins my practice and has given me insights to manage what is a very difficult process when balancing people's rights Vs staying safe and/or not becoming a perpetrator themselves.'*

Shropshire Safeguarding Community Partnership Business Unit

Staff from across our safeguarding system attended various learning events and training during this financial year. Unfortunately, the booking system that was being used for learning events introduced a charge, which meant that it could no longer be used. At the point of publishing, other options are being explored, to ensure future learning events can be provided at no cost to the attendees.



Total number of attendees	**83**	Total number of training sessions	**7**
Total number of attendees	**471**	Total number of learning events	**2**

What difference has this made? Participants told the Business Unit:

'The most important thing I'm taking away is not to wait. If something doesn't sit right, get all professionals together ASAP. Share information and get plans in place.'	*'This learning event was very interesting and eye opening, I will be able to take all that I have learnt into daily work.'*	*'It has made me reflect on how I have helped/assessed service user in the past and it will broaden my observation skills in the future.'*

Shropshire Safeguarding Community Partnership's Training Pool

The impact and reach of the Partnership to raise awareness about Safeguarding and Child Protection Training across Shropshire is only possible because of the dedication and enthusiasm of the professionals who make up the Training Pool.

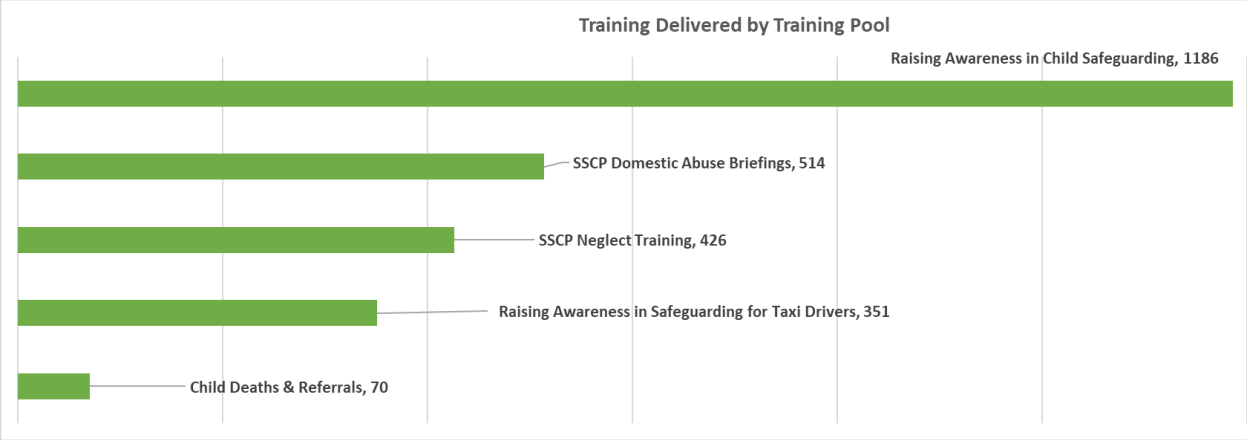
Trainers are invited to 1 hour Training Pool updates each month. There are consistently between 20 and 30 attendees, who share information and collaborate to ensure consistency of safeguarding messages.

The Training Pool provide training not only within their own agencies but to multi-agency participants using the Raising Awareness in Safeguarding and Protecting Children package of resources, supplied by the Shropshire Safeguarding Community Partnership Learning and Development Coordinator.

The ambition of the partnership is to expand the number of people in the Training Pool to deliver training in other areas such as Adult Safeguarding and Community Safety.

Examples of the agencies that make up Training Pool include: Shropshire Council Fostering Service; Connexus housing; Education Improvement Service; Education settings (Early Years; Primary; Secondary; Academy; Maintained; Independent;

Special schools; and Further Education Colleges); Enhance; Family Information Service; Independent Care Providers; Joint Training; Learning and Skills; Public Protection; Shire Services; Shrewsbury and Telford Hospitals NHS Trust; Shrewsbury Town Council; Shropshire Community Health Trust; Shropshire Council (Targeted and Early Help Children's Services); Shropshire Partners in Care (SPIC) Shropshire Youth Association; Strengthening families through Early Help team and Shropshire, Telford and Wrekin Integrated Care Board.



What difference has this made?

Attendees consistently feedback that they appreciate the knowledge of trainers, and the interactive methods used to engage them with the content and the resources that they have access to.

Changes to published arrangements

There are no changes to our published arrangements at this point, but we will be amending them to reflect the requirements in Working Together 2023. We will report more fully on this in our next report.

Implementation of National Reforms

Working Together 2023

Our preparation for understanding what would be required from the new version of Working Together, began in August 2023, when a presentation of the draft guidance was on our agenda. We continued to discuss this at our meetings and agreed that partners would share their responses to the consultation with each other.

In January 2024, a workshop was held with Delegated Safeguarding Partners to explore the implications of the newly published guidance. A number of decisions were made at that workshop including:

- A meeting of the Lead Safeguarding Partners would be held to make further decisions about how the guidance would be implemented in Shropshire.

- A specific workshop would be held to discuss chapter 3 of the guidance, which would focus on how agencies would work differently together, to meet the requirements of the new guidance.

In March 2024, we agreed that it would be beneficial to recommend to Lead Safeguarding Partners that we join with Telford & Wrekin at this level, as the two local authority areas share a police force and Integrated Care Board.

Serious Violence Duty

Shropshire has proactively worked with the Police and Crime Commissioner and colleagues across the police force area of West Mercia, to develop a joined up strategic approach. The following funding decisions have been made:

- To appoint a partnership manager and administrator to work across West Mercia

- To appoint a performance analyst work across West Mercia specifically focusing on serious violence

- To share the remainder of the funding between the 5 community safety partnerships to spend on their priority areas.

Shropshire's money was spent on setting up a service (Trac Psychological[7]) that aims to support Dads and other male role models to enhance their own psycho-social skills so that they can support young males on the cusp of aggressive and violent offending.

The programme is 12 sessions long and delivered virtually on a one-to-one or small group basis. It is arranged so that core skills are taught and practiced early in the programme. The first eight sessions are about identifying, labelling, moderating, managing and accepting emotions. The remaining 4 sessions are about putting these skills into practice with the client's real-life challenges.

Mental Capacity Act Code of Practice

There is a national plan for enhanced guidance on executive capacity to be included in the new draft Code of Practice. However, as this has now been delayed, we undertook our own review of the Shropshire Mental Capacity Act policy and have made specific changes and held a training event for general practitioners. One of our Safeguarding Adult Reviews identified the need to ensure all partners understood the concept of executive capacity. This is described as a mismatch between what someone says they will do, against their actual ability to put their words into action, often owing to frontal lobe damage which effects their capacity. It was therefore important to undertake this work before the new Code of Practice was published.

[7] Trac Psychological

The effectiveness of these arrangements in practice

Guy Williams, Head of Service Delivery, Shropshire Fire and Rescue Service
The partnership continues to learn and share best practice. The Fire Service recognises its role, not just in community engagement and risk reduction but in being a critical friend to other partners in this Partnership. We have and will continue to ask the difficult questions and will always offer the community full candour and transparency. We are committed to the fundamentals of the proposed "Hillsborough Law[8]" and we will continue to ensure that we share our learning to ensure the community is always put first. As a Strategic Governing Group member, we will encourage all other members to do likewise. Working together in a spirit of transparency and learning, this Partnership will continue to develop both safeguarding and community safety for the benefit of the people of Shropshire.

Tanya Miles, Executive Director of People, Shropshire Council
We know that working together in effective partnerships and collaboration is critical to achieving the best outcomes for our children, families and adults with care and support needs here in Shropshire. The effectiveness of the arrangements continues to be monitored through the oversight groups, up to Strategic Governing Group. As a Partnership, we demonstrated our collective commitment as a system to working together to improve outcomes for our residents in Shropshire, reflecting our shared values that safeguarding is everybody's business and that intervention and support at the earliest opportunity delivers the best outcomes.

In addition, the children's safeguarding summit was reviewed for impact and effectiveness making future recommendations to be taken forward through the Children's Safeguarding and Protection Practice Oversight Group. We delivered on the commitments made through the summit and are continuing to track the benefits for our children and families to improve our collective understanding of the issues, intelligence and

8

evidence surrounding our 0–4-year olds. We have enhanced our collective understanding of our system services and transformation programmes, and the role integration plays within the safeguarding context. We also recognised areas where we need to continue to develop further and commit to embedding those within existing programmes and safeguarding governance routes, to ensure the progress of the summit is sustained and embedded.

Through our partnership working, we have continued to strengthen and build our joint approach to safeguarding and community safety; to challenge where needed and focus on learning and improving performance and outcomes.

We continue to constructively challenge ourselves to review, refine and find solutions to areas where we need to improve. We do still have more work to do to share learning and embed this in our practice and raise awareness in our communities, but we will continue with passion and determination in our Partnership to deliver improved outcomes for our population.

Vanessa Whatley, Interim Chief Nursing Officer, NHS Shropshire Telford and Wrekin Integrated Care Board

The Integrated Care Board in Shropshire, Telford and Wrekin continue to support the partnership as a statutory partner through leadership in the system, convening colleagues and contribution to the actions following the learning from investigations. We are proud of the contribution of health and care staff to keep adults, children and young people safe and secure in Shropshire and look forward to continuing the positive partnership in the year ahead.

Stu Bill, Superintendent, West Mercia Police

Every day I see evidence of police officers, staff, partner agencies and members of the public doing exceptional work to improve the lives of children, young people and adults in Shropshire. Reflecting on the last 12 months, it reminds me how much we care and why we do what we

do. Through collaboration, the partnership has dealt with some horrific incidents but has done so with a determination to make the lives of those involved better. No single agency has the answer, but I have observed how collectively we have overcome challenges and delivered.

It is important however to continuously reflect and try to improve. There remain too many incidents of harm involving adults with care and support needs, children and young people. Domestic abuse is a significant challenge and continues to cause generational harm to our communities. I recognise the efforts of all to try to close these gaps, but we must not waiver in this mission and continue to seek new and innovative ways to be preventative rather than reactive.

I am proud to have been involved in the Partnership for the last 12 months. We still have significant challenges to overcome, however the determination I have seen makes me believe collectively we are up for this challenge.

George Branch, Head of Service, West Midlands Probation Region, Hereford Shropshire and Telford Probation Delivery Unit

I must firstly express my gratitude to all probation staff and partners who turn up for work to protect the public, prevent harm and keep people safe. Safeguarding and public protection work is challenging but rewarding. Throughout the year despite considerable financial constraints, it has been evident that SSCP arrangements have been proactive in developing strong relationships with partners to ensure appropriately integrated services were being developed at the same time taking a proactive approach to several complex and challenging issues. Despite the limited resources the board worked tirelessly on ensuring people especially women, children and vulnerable adults were kept safe.

There is a great amount of work continually being progressed amongst all agencies, but I must highlight our impressive steps to embed information sharing amongst agencies.

Information sharing arrangements with the police and local authority in relation to domestic abuse and safeguarding children from harm is working very well across Shropshire. This has meant Probation risk assessments and management plans were of good quality ensuring effective steps to protect victims and the public. Domestic abuse and safeguarding information were sufficiently analysed to inform the quality of assessment, planning and management of people on probation or on release from custody. Good intelligent sharing at the pre -sentence report stage also meant the quality of our reports were effective in protecting victims especially women and children.

With increased numbers in Multi- Agency public protection Arrangements (MAPPA) it is pleasing to note MAPPA meetings are well attended by agencies, however further work is required to ensure this is effectively woven into SSCP arrangements at a strategic level.

We have high standards to maintain but working in collaboration with our partners we have the skills and mind set to meet the challenges.

What we want to achieve in 2024-25

Tackling Drug and Alcohol Misuse Group

We will continue to work on:

- Breaking drugs supply chains through reduced drug use, reduced drug related crime and reduced drug supply.

- Delivering an improved treatment and recovery system through increased engagement in treatment, improved recovery outcomes and reduced drugs related deaths and harm.

- Achieving a generational shift in demand for drugs through preventative and early help offers.

Local Domestic Abuse Partnership Board

We will:

- Write a domestic abuse strategy

- Re-look at our Domestic Abuse Local Partnership Board membership to make it more effective

Tackling Exploitation Group

We will:

- Develop a multi-agency profile that:

    - Identifies what types of exploitation are happening
    - Who is harmed by exploitation
    - Who is posing a risk of exploitation
    - Where in Shropshire exploitation is happening
    - Benchmarks Shropshire against other authorities

- Conduct a multi-agency case file audit on adults experiencing exploitation

- Arrange a series of focus groups with adults (including those with care and support needs) who have been involved in Exploitation to find out what works for them.

Adult Safeguarding and Protection Practice Oversight Group

We will:

- Expect at least 75% of Multi-Agency Case File Audits where self-neglect is factor, to show clear evidence of the application of the Working with Self-Neglect Guidance

- Have a strategic use of Multi-Agency Case File Audits process to address areas of adult abuse which require scrutiny and improvement.

Children's Safeguarding and Protection Practice Oversight Group

We will:

- Review our Escalation Policy and Threshold document

- Develop the role of multi-agency Lead Practitioner, as per Working Together '23

- Embed the Voice of the Child

- Build on the Launch of Early Help to develop multi-agency working further

Community Safety Practice Oversight Group

We will:

- Develop and share hate crime resources for schools

- Embed multi-agency ASB management across the county
- Deliver local activities to tackle Serious Violence

Children's Statutory Case Review Oversight Group

We will:

- Manage all Children Safeguarding Practice Reviews
- Embed identified learning across the safeguarding system
- Implement all relevant recommendations from the Independent Case Review report

Adult's Statutory Case Review Oversight Group

We will:

- Manage all Safeguarding Adult Reviews and Domestic Homicide Reviews
- Embed identified learning across the safeguarding system
- Implement all relevant recommendations from the Independent Case Review report

Closing Scrutiny statement

Finally, I would like to place on record my thanks to all who work to safeguard children and adults and protect communities across Shropshire.

Working Together to Safeguard Children 2023 requires scrutiny to provide safeguarding partners and relevant agencies with independent, rigorous, effective support and challenge at both a strategic and operational level.

During the reporting year whilst being the Independent Chair of the partnership it has also afforded the opportunity for me to undertake the following scrutiny activity.

I have supported the development of the delivery plan to ensure the partnership is effectively constituted to meet the requirements of Working Together 2023.

I supported the partnership to hold a development event and to agree its strategic priorities based on learning from data and analysis, including varying needs assessments. The tri-partite arrangements with Safeguarding Children, Community Safety and Safeguarding Adult leads to the identification of commonality, thereby providing opportunities for improved efficiency, this work is being continued by the partnership business manager.

I challenged the partnership to revise the content of the multi-agency dataset which whilst laudable had become too complex to be unachievable. The partnership is now actively engaged in exploring with police and health partners how they can better contribute to data and analysis.

I prepared a number of reports, including drawing on comparator information, for consideration of the lead and designated safeguarding partners on what level of resourcing is required to ensure the partnership is effective. This remains a live issue.

Ivan Powell
Independent Chair and Scrutineer

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Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Health and Well-Being Board

Claire Parker

30th October 2024

National and Local Policy Updates

Government:
Build an NHS Fit for the Future

Build an NHS fit for the future, that is there when people need it

3 changes:

- Change so that more people get care at home in their community
- Change so that we have the workforce of the future, with the technology they need
- Change so we focus on prevention

Once in Government, commissioned Lord Darzi to conduct a review

Developing the 10 Year Health Plan

- 21st October – DHSC and NHSE launch of “Change NHS: help build a health service fit for the future: a national conversation to develop the 10-Year Health Plan”.
- Built on 3 ‘shifts’ - providing more care in the community so hospitals are able to treat the sickest patients, make better use of technology, and do more to prevent ill health
- Seeking feedback from public, and experts from across the health and care landscape
- ICB will coordinate events with the public, staff and stakeholders, alongside organisation responses. Vital that all ICS partners are invited to contribute

Alignment with STW Integrated Care Strategy & Joint Forward Plan

- Emerging national priorities and framework aligns well with the STW Integrated Care Strategy
- Initial cross-reference exercise carried out to compare JFP with Darzi themes
- Impact of national work is unknown at present (for 25/26 onwards) but all systems will undoubtedly need to prioritise investments and workstreams. STW has developed a Strategic Decision- making document to aid this process

Integrated Care Strategy 2022-2027

- Initial approval and publication in December 2022
- Update of narrative to reflect current position- keep strategy relevant
- No substantial changes
- Outcome data updated for 23/24
- Updated executive summary from DPH's

Next steps for integrated strategy

- Needs to align to the Government's 10 year plan to be published Spring 2025
- Review of outcome metrics to demonstrate impacts on our populations- the 'so what'
- Strategic prioritisation framework to applied to list of priorities to inform workplans more comprehensively

Joint Forward Plan

- Joint Forward Plan is a rolling 5-year system plan created to deliver the Integrated strategy set out by the Integrated Care Partnership (ICP)
- The JFP still focusses on these areas:
  - Person Centred care
  - Local care programme-Integrated neighbourhood approach and integrated pathways
  - Hospital Transformation
  - Enablers- Finance, digital, workforce and estates
- The Place plans are key to the delivery of the system strategy.
- The JFP will need to align to the Governments 10 year plan from Spring 2025.
- JFP and Darzi plan alignment work in progress to identify gaps

Person Centred Care

- Person Centred Care:
  - Integrated Neighbourhood work continues across STW, projects in Highley, Oswestry, Telford and South Shropshire with health, care and Voluntary and Community Sector
  - Women's Health Hubs – with focus on perinatal care, sexual health and menopause based on a national core service specification
  - Building on the development of children's and family hubs to access a range of services where people live
  - Multidisciplinary team development at Bishops Castle Hospital- services to support people in their own community to access health and care- expanding the drop-in service- next steps to look at outpatient services
  - Consideration in service design to ensure reduction in travel for people in rural communities where possible
  - Healthy weight strategies for Telford and Wrekin and Shropshire approved at respective Health and Wellbeing Boards as priorities reflected in the system strategy.
  - Population Health Management board and Health Inequalities board utilise the JSNA(Joint Strategic Needs Assessment) and other available data to inform the INT work and SHIPP/TWIPP strategies
  - PCN (Primary Care Networks) development with innovative working with other partners and stakeholders- further development being led by PCN's input is critical to future steps
  - Proactive care model in place across STW- impact evaluation to support the acute beds designated in the HTP plan

Local Care

- Virtual ward and sub acute wards are business as usual- but assurance on utilisation is crucial to the system and HTP
- Two strands – Integrated neighbourhood approach aligned to Place strategies
- Integrated pathways (NHS integration) but including prevention- first focus Diabetes
- Cardiovascular prevention and CYP Asthma both priorities- programme initiation in development
- Framework of VCSE involvement being developed around sustainability and support, resource to support
- Focus on prevention
- Focus on communities
- Development of Community hubs (physical and virtual)
- Joint working with HTP programme on health and care models to commence November 24

Neighbourhood Approach (Team of teams)

Hospital Transformation

- Agreement to join the Local Care Transformation Programme and HTP models of care work into one meeting to develop the right community, primary care and neighbourhood models to align with the plans for HTP- capital project sits separately.
- Assurance that system transformation is supporting the bed model that forms the HTP plans in collaboration and informs the JFP and future system architecture and ambition.
- Ongoing work between SATH (HTP) and STW ICB with Powys Teaching Health Board on planned developments in Newtown. NB – aligns with Shropshire's support for the 'Marches Forward Partnership' work (work between Shropshire, Powys, Hereford & Worcester and Monmouthshire Local Authorities).

Enablers

- Estates strategy for NHS, including primary care, is developing further from the current JFP and will be a focus for 25/26 – will need further alignment with 10 year plan
- ICS Clinical strategy – improved cancer diagnosis, progress with MSK service, diabetes and mental health
- ICS Digital strategy actions commenced- SATH new Patient Admin System completed Apr 24. RJAH new Patient Admin System due late Autumn 24. Digital to be developed in the JFP during 25/26.
- Workforce strategy developed, aligned to NHS long-term Workforce plan commenced- workforce challenges improving in some areas. Planning needs to align with year 5 ambition for the system.

JFP development for 2025/26

- The JFP and the future 10 year plan work will be overseen by the ICB Strategy and Development Group involving system strategy leads and system partners.
- Jointly monitored and developed (e.g. working with Integrated Place Partnership Committees and Health & Wellbeing Boards)
- Some early positive signs of progress and impacts (see case studies)
- Further development of health inequalities as a ‘golden thread’ through the plan.
- Further strengthening of Prevention through the strategy and planning

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**21 November 2024**					
Title of report	**Better Care Fund (BCF) Quarter 2 report**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	X	Information only (No recommendations)	
Reporting Officer & email	Laura Tyler Assistant Director Joint Commissioning Laura.tyler@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working		x	
	Mental Health	x	Improving Population Health			
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		x	
	Workforce		Reduce inequalities (see below)			
What inequalities does this report address?	Access to services, carers, rurality, older residents and people who need support from health and social care.					

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

1. Executive Summary

This report provides a summary of the quarter 2 submission for the BCF return for Shropshire. As part of the national conditions the Health and Wellbeing Board for Shropshire must formally approve the quarterly submissions as well as the annual plans. The deadline for the quarter 2 submission was 31st October.

2. Recommendations;

HWB approves the Quarter 2 Better Care Fund submission detailed in appendix 1

3. Report

The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time.

The requirements of the BCF require quarterly templates are completed and submitted to the Better Care fund Team and approved by the local HWB.

Shropshire submitted quarter 2 reporting template on the 31 October.

We have noted within the report that the data that is extracted to support the metrics; the data from SATH 24/25 data is inaccurate/incomplete due to the implementation of a new ERP system, therefore this narrative has been reflected in the report.

System partners have been working together as previously discussed to increase pathway 1 discharges to support more people to go home, lower numbers of people are going into pathway 3 into a short term residential or nursing care home placement which has meant that budget to do date

has been sufficient. Winter pressures may result in a budget pressure by the end of quarter 3 which all partners are monitoring.

In addition to the BCF return it's important to note that Shropshire has revised its terms of reference for the BCF meetings which will be co-chaired jointly by Shropshire LA and Shropshire, Telford and Wrekin ICB. This will also include joint sessions with Telford and Wrekin LA to enable joint commissioning discussions at scale where appropriate.

Through the new Commissioning structure within the ICB, a new role to support the BCF across both health and social care has been recruited to and will commence in role in mid December; they will be a welcomed role to co-ordinate more integrated work using the BCF as an enabler to facilitate more joint and integrated working.

System partners are continuing to review the current plans in readiness for the new templates and planning requirements which will be expected. At this stage we have not received confirmation of timelines and whether they will be received within the next few months; it is important to note we have contracts which are being reviewed and will be risk assessed to ensure continuity of services if appropriate.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	Demand and capacity will continue to be a key area of focus and monitoring as we head into the winter months with demand likely to increase. Given the changes to SATHs systems we will monitor the metric targets however they will not accurately reflect performance.	
Financial implications (Any financial implications of note)	Financial updates are included in the quarter 2 return appendix 1	
Climate Change Appraisal as applicable	All commissioned activity takes into account climate change considerations.	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

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

Cabinet Member (Portfolio Holder) Cllr Cecilia Motley Cabinet Member Adult Social Care and Health

Appendices

Appendix A. BCF quarter 2 return

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**21st November 2024**						
Title of report	**Healthier Weight Strategy for Shropshire**						
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	X	Information only (No recommendations)		
Reporting Officer & email	Anne-Marie Speke, Head of Service - Healthy Population Anne-marie.speke@shropshire.gov.uk Cathy Levy, Public Health Development Officer Cathy.e.levy@shropshire.gov.uk						
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	X	Joined up working	X			
	Mental Health	X	Improving Population Health	X			
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities	X			
	Workforce	X	Reduce inequalities (see below)	X			
What inequalities does this report address?	Health Inequalities associated with living with excess weight, in addition to the social and environmental factors which contribute to obesity.						

Report content.

1. Executive Summary

The number of people classified as overweight and obese, otherwise known as 'excess weight,' has risen over recent decades as a consequence of changes in the way we eat, live and work, and interact with our environment. It is both a major cause and consequence of inequality and is associated with significant impacts on health and wellbeing. In Shropshire, two-thirds of adults live with excess weight and children are also affected, with almost 1 in 3 leaving primary school overweight or very overweight.

In November 2023, the Health & Wellbeing Board endorsed Shropshire's Healthier Weight Strategy 2023-2028 and high-level action plan, developed with system partners, and informed by stakeholder engagement and consultation. Shropshire Healthier Weight Strategy 2023 -2028 | Shropshire Council

The Strategy adopts a recommended whole system, preventive approach to tackling the drivers of unhealthy weight. It sets out system-wide priorities to improve health and promote healthier weight for people of all ages, acknowledging pregnancy and infancy as key opportunities for prevention. These together with underpinning principles inform a series of identified actions structured under three key delivery themes: Healthy environment; Prevention in early years; and Empowering system partners.

The high-level action plan is iterative and sets out key initial actions to deliver on the strategic objectives, with a focus on removing the barriers and maximising the opportunities for Shropshire residents to live well with a healthy weight. It involves

aligning priorities and actions across Shropshire's integrated care system to improve and promote healthier weight.

The purpose of this report is to present an update to the Health and Wellbeing Board outlining examples of progress made to date with Shropshire's Health & Wellbeing Strategy 2023-2028, for Members to note the progress.

2. Recommendations

The HWBB is recommended to:
- Note the report content and reflect on the progress made to date.
- Note the work undertaken to support a whole system approach to obesity and align with existing system priorities.
- To explore with system partners regarding what interventions can be put in place to decrease the number of children becoming overweight or obese between reception and year 6.
- Endorse the next steps approach and discuss opportunities for future exploration.

3. Report

The Healthier Weight Strategy has been presented at a wide range of meetings to ensure its information and priorities are being communicated recognising partners' important contribution towards healthier weight and its links to the wider system priorities and strategies.

The Healthier Weight Strategy adopts a whole system approach and aligns with key programmes and activities, including but not limited to:
- The Shropshire Plan 2022-2025
- Shropshire Health & Wellbeing Strategy 2022-27
- Shropshire Inequalities Plan 2022-2027
- Shropshire Community & Family Hubs
- Shropshire, Telford & Wrekin Women's Health Hubs
- Shropshire Primary Care Network (PCN) priorities, prevention of excess weight is a strand that runs through all of the PCN priorities
- STW Transformation programmes for example MSK, cancer, diabetes, respiratory COPD, dementia
- Shropshire, Telford & Wrekin Long Term Conditions Strategy 2024
- Local Maternity and Neonatal System (LMNS) priorities
- Integrated Cancer Strategy for Shropshire, Telford & Wrekin 2022-2027

<u>Key updates, highlights, and activities:</u>

The following summarises progress and key activities, arranged under each of the three key delivery themes:

Theme 1: Healthy Environment (food and physical environment)
- Work undertaken with key partners to increase awareness and uptake of the NHS Healthy Start (HS) Scheme which supports families on low incomes to buy fruit, vegetables, milk, and access free vitamins. System partners working with pregnant people and young families have been playing a key role by talking about HS and promoting the offer

- The Shaping Places for Healthier Lives (SPHL) programme has facilitated valuable learning around tackling food insecurity in rural areas including through undertaking research comparing food prices in rural areas, creation of valuable links between key community organisations and development of training and resources to support frontline workers and volunteers
- Robert Jones & Agnes Hunt Hospital (RJAH) hold exemplar status for catering
- Access to free water bottle refills in Bridgnorth across a range of businesses, as an illustration of local towns leading by example in promoting and supporting heathier nutrition
- Shropshire Holiday Activities & Food (HAF) Programme team incorporating learning from oral health training to support delivery of important healthy eating messages to children and young people attending HAF activities across Shropshire; Healthier eating has been embedded across the Shropshire HAF programme
- Supporting voluntary sector organisations in various funding bids with a focus on promoting and enabling healthier eating. These include for example; piloting 'Good food communities', upskilling and supporting care staff's understanding and awareness of the benefits of healthy eating, and supporting health education sessions in youth clubs; awaiting the outcome of the funding applications
- Good Boost classes are being delivered in partnership with community, leisure and health across Shropshire, Telford and Wrekin, providing aqua rehab as part of the ICS Musculo-skeletal (MSK) transformation work and land-based rehab as part of Social Prescribing pain management with South-East Shropshire PCN. The programme supports with personalised, therapeutic exercise and self-management support, helping build peer support and confidence in movement
- Shropshire's Social Prescribing programme is continuing to support Shropshire residents with person-centred support to address a wide range of health and wellbeing issues including support with managing weight and becoming more physically active
- Exploring with Energize Shropshire, Telford & Wrekin opportunities to further enhance physical activity awareness amongst frontline practitioners and wider stakeholders
- Refresh of Shropshire's Physical Activity Guide for Healthcare Professionals to promote knowledge and resources for supporting physical activity with individuals in their care
- Shropshire schools have been supported to increase their active travel to and from school in the form of small grants for active travel initiatives using Active Travel England grant funding

Theme 2: Prevention in Early Years

- Women's' Health hubs are being developed across Shropshire and these include an emphasis on women's health including preconception and menopause information. This provides the opportunity to incorporate healthy weight conversations and support healthy eating and physical activity prior to, during and beyond pregnancy
- Implementation of Badgernet notes for use during pregnancy which encompass healthy lifestyles information for parents
- Introduction of Mama passport for all pregnant women - the passport contains all the Department of Health's official safer pregnancy messaging including information of healthy eating and physical activity
- Bump Boost classes are being piloted in Shrewsbury to provide physical activity during pregnancy
- Continued support and development of breastfeeding and responsive bottle feeding through STW Infant Feeding Strategy
- Healthy Lifestyles is a key priority within the Health Pregnancy, Healthy Families Local Maternity & Neonatal system (LMNS workstream

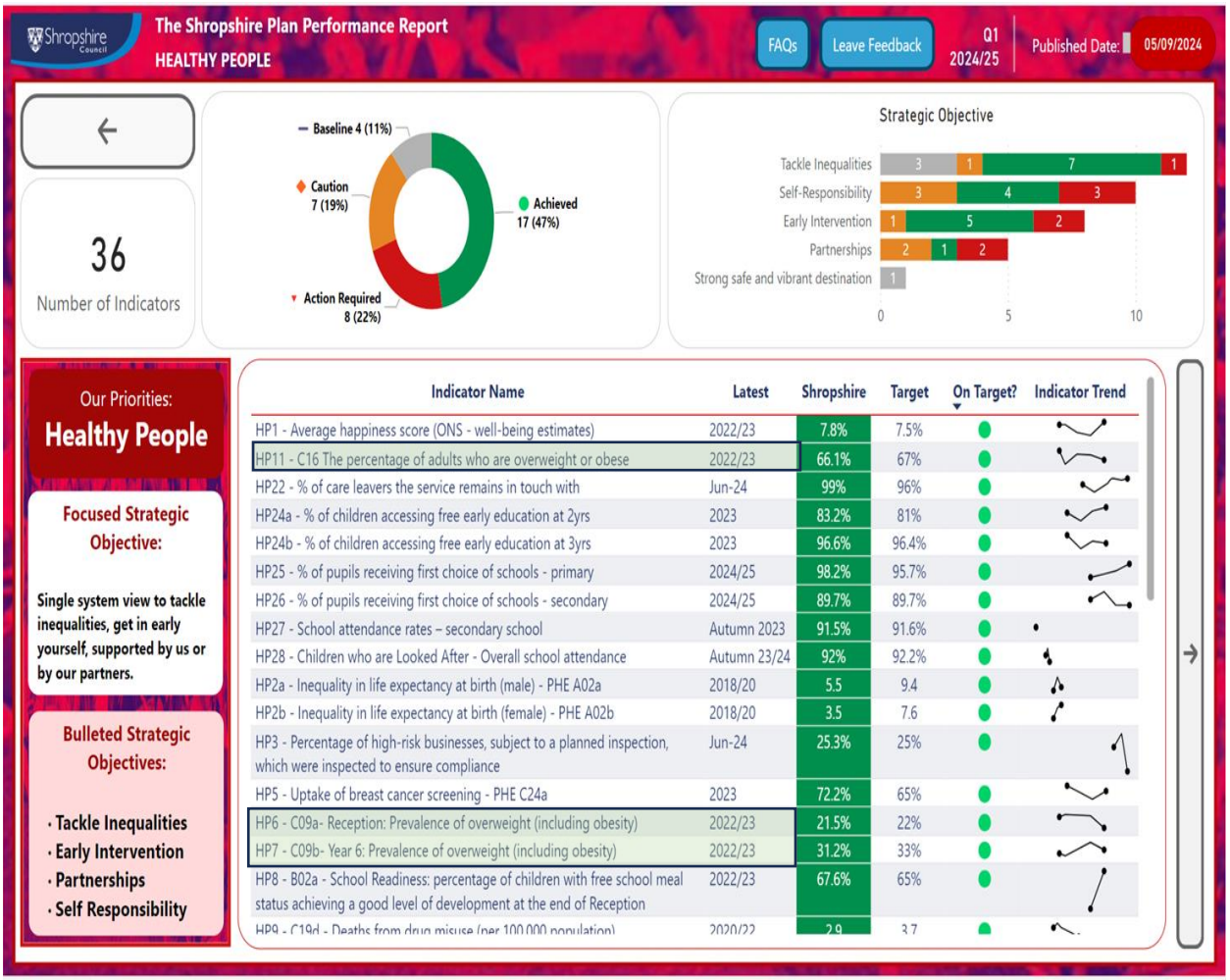
- Increasing uptake of Healthy Start vouchers and emergency welfare support through the Council's customer service team to support with food insecurity
- All parents are being asked to consent by maternity for their information to be shared with Shropshire Council to enable information about Best Start in Life support - this includes information on how to access Healthy Start
- Best Start in Life published offer is in progress which encompasses healthy eating during pregnancy alongside infant feeding (bottle/breast), healthy weaning, and is supported by information published on the Shropshire, Telford and Wrekin Healthier Together website
- STW-wide child mortality workshops are exploring reduction in modifiable risk factors contributing to child deaths, including obesity
- Health Visitors have introduced open access clinics across the county that provide additional opportunities to discuss breastfeeding, responsive bottle feeding, healthy weaning as well as healthy eating for the wider family
- Continued development of Community and Family hub provision that facilitate support to families around a variety of concerns, including opportunities for provision of information on healthy eating and physical activity

Theme 3: Empowering System Partners

- Shropshire and Telford have jointly presented their Healthy Weight Strategies to the Integrated Care System Prevention & Health Inequalities group and Primary Care Network (PCNs) Development meeting - highlighting key areas for NHS organisations including early work to support training of frontline health and care professionals following feedback received through the strategy engagement process
- A system-wide Task & finish group is being established to understand what training is required for front-line workers to ensure effective healthy weight conversations take place, and identify support required. This will help facilitate greater understanding of the drivers of obesity, the impact of weight stigma and resources and support available to support those living with unhealthy weight
- Shropshire Council was successful in bidding for DHSC grant funding to deliver workplace cardio-vascular disease (CVD) health checks. These are being delivered through workplaces across Shropshire with the aim of reaching people who are at increased risk of CVD but less likely to take up an NHS health check or do not meet the eligibility criteria for an NHS health check. This provides the opportunity to have a healthy weight conversation and onward signpost to relevant support; and to have conversations with employers on how they can support healthier lifestyles within the workplace
- As a result, employees at one major employer have highlighted accessibility to physical activity as an issue. Work is now underway in partnership with Energize STW to explore how physical activity can be supported for this cohort of people
- RJAH are working on a Waiting Well project which aims to ensure that patients are signposted to services to support for example weight management and physical activities which may help support with symptoms and reach optimal health prior to surgery or other interventions this includes the My Recovery App. myrecovery app - NHS Shropshire, Telford and Wrekin
- A summary slide set to increase understanding and awareness of current adult weight management support options available and aid signposting has been developed and shared across organisations
- Current work with PCNs to support the navigation to appropriate weight management services

3.4 Monitoring of impact:

The action plan includes a range of metrics to monitor the impact of the work. These include routinely reported Public Health Outcomes Framework (PHOF) indicators relevant to excess weight, specific programme measures for example take up of Healthy Start vouchers and vitamins, and data reflecting annual estimates of number of adults and children living with excess weight in Shropshire.
The Shropshire Plan Performance Dashboard also tracks the metrics and shows the current status against the national average and the local trend.



Although both reception and year 6 indicators Shropshire are below the England average, the ambition is to decrease the rates of children becoming overweight or obese further.
It is recommended that although we have a focus on early years which will impact the data going forward, what we also need to do is have a focus on primary schools and the work that is being undertaken there to support healthy weight in order to stem the increase in children becoming obese or overweight between reception and year 6.
Similarly, whilst the prevalence of overweight and obese adults is below the national average, almost two thirds of the adult population in Shropshire are overweight or obese therefore the ambition is to continue to decrease this further.
Progress on delivery of the strategy and its impact on population health will be regularly reported to SHiPP and HWBB.

3.5 Next steps

- To continue to develop and expand on the action plan across all priorities

- Set up a systemwide task and finish group to map and develop training offer for frontline professionals on healthier weight and how to instigate supportive, effective conversations - To continue to engage with system partners and support them to develop their preventative offer for healthier weight	
Risk assessment and opportunities appraisal **(**NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	There is an acknowledgement that due to competing priorities and pressures, partner organisations may not be able to prioritise all of the actions required to deliver the Healthier Weight Strategy. However, regular reporting on progress will be made to the H&WBB and to SHiPP; this will note both progress made and challenges. The strategy presents a number of opportunities: • Strengthening the approach to obesity prevention, reducing future disease burden and the need for treatment • Assists in embedding a 'Health in All Policies Approach' across the council through raising awareness of the impact of wider council policies and services on our residents' health and wellbeing • Strengthening current multi-agency work focused on reducing food poverty • Alignment with carbon reduction strategies (e.g. through promoting active travel) • Raising awareness of the drivers of obesity among the population in general and among staff groups, reducing stigma and discrimination Excess weight is related to inequalities and implementing an effective strategy should lead to a reduction in health inequalities
Financial implications (Any financial implications of note)	There are no current direct financial implications to be noted. However, the iterative nature of the high-level action plan and outcomes mean that financial implications continue to be under review. In the long term, preventing obesity and reducing the scale of excess weight in the population will provide significant spending reductions associated with the health and care of people living with obesity-related health conditions, as well as by mitigating the wider socioeconomic impact of unhealthy weight in the population. The financial resources required to deliver the Healthier Weight Strategy will need to continue to be discussed with strategic leads as the Strategy and Action Plan are developed. Partner agencies are being asked to review and consider their spending allocations to support delivery of the strategy as budgets for the forthcoming financial years are developed. Alongside this, opportunities to bid for external funding to support delivery of the Strategy will continue to be considered and appropriate funding bids made during the lifetime of the Strategy.

	Support will also be given to partner organisations when bidding for funding that will align with the Healthier Weight Strategy priorities.	
Climate Change Appraisal as applicable	Interventions which reduce overweight and obesity within the population have climate change co-benefits such as the impact of active travel in reducing vehicle associated emissions.	
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)

November 2023 HWBB: Healthier Weight Strategy for Shropshire
June 2023 HWBB: Shropshire's Healthier Weight Strategy

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

Appendices

Appendix A. Healthier Weight Strategy for Shropshire 2023-4

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Shropshire together

Healthier Weight Strategy for Shropshire

2023-2028

Healthier Weight Strategy for Shropshire 2023-2028

Contents

Introduction

This 2023 –2028 Healthier Weight Strategy sets out our system-wide approach and priorities to improve health and promote healthier weight among the Shropshire population. Our ambition is to ensure Shropshire residents have the opportunity to eat healthy, nutritious food and enjoy physical activity in a way that best suits them. Evidence indicates this will reduce levels of excess weight and weight-related illness in Shropshire.

We urgently need to respond to the problem of overweight and obesity, otherwise known as 'excess weight', in Shropshire to improve the health and wellbeing of the population. Levels of excess weight have been rising relentlessly over recent decades and are predicted to rise even further - particularly among children and more deprived populations.

The rise in excess weight is a consequence of dramatic changes in the way we eat, live and work. Our shops are filled with unhealthy, highly processed food options, and many of us are not moving enough. For an increasing number of people, a healthy lifestyle is not the easiest or most affordable option and enabling our residents to eat healthily and be physically active can only be achieved through changing our environment from one which drives the development of excess weight to one which promotes health.

We know excess weight is both a major cause and a consequence of inequality. Our strategy coincides with a time of unprecedented financial hardship for many as a result of the UK cost of living crisis. This has worsened problems such as food and fuel poverty which together make healthy living less affordable. Added to this are the challenges Shropshire faces in being a rural county.

Within the context of healthier weight, personal responsibility for health and weight is an important consideration, whilst also acknowledging the significant impact that barriers such as financial hardship have on individuals' ability to make healthier choices. We know that with busy and stressful lives, keeping a healthy weight can often seem like one priority too many. Our aim is to empower Shropshire residents with the knowledge, information and support needed to enable a healthier lifestyle as a way to improve their overall physical and mental wellbeing.

We know that 'prevention is better than cure'. Children who grow up with excess weight are more likely to be overweight or obese as adults. Treating obesity once it has occurred is not a long-term solution. It is essential that future action focuses on preventing the development of excess weight across our life course, especially from pregnancy, during infancy and early childhood.

Appropriate messaging around healthy weight is important in reducing any potential unintended harm to those at risk of underweight or eating disorders such as anorexia. The impact of stigma and discrimination experienced by those living with excess weight is well recognised, and an empathetic and inclusive approach is needed so we can focus on what matters most to the individual in terms of overall health, well-being, and weight.

The task ahead is complex and requires action by everyone. We will therefore work across the system in a co-ordinated way making reducing excess weight everyone's business. This means working with all those who support Shropshire residents, including the public and voluntary sector, local businesses and employers, schools, NHS organisations and communities themselves. A whole system approach will engage leaders across these sectors to use their levers to maximise opportunities and remove barriers to achieving a healthier weight. This means improving access to healthy, nutritious food and increasing levels of physical activity to support physical and mental wellbeing.

This strategy builds on a comprehensive needs assessment which describes the scale of excess weight across Shropshire and its consequences on health. It also includes the findings of public and stakeholder consultations that document the perceptions, values, challenges, and opportunities to improve the weight profile of the population from the perspective of those who live and work in Shropshire. Alongside this, a separate engagement exercise was undertaken with young people to capture their views within the Strategy.

The Healthier Weight Strategy together with a high-level action plan sets out our commitment to work with partners across the system including health, education, transport, planning and businesses, to support our population to live in a way which allows them to enjoy the physical and mental wellbeing benefits of eating healthily and moving more.

Healthier weight in Shropshire

Excess weight, and in particular obesity, is associated with significant impacts on health and wellbeing. For example, those living with obesity are over 3 times more likely to develop colon cancer, 2.5 times more likely to develop high blood pressure and 5 times more likely to develop type 2 diabetes[2]. Living with excess weight can harm people's self-esteem and their mental health, particularly when they suffer from weight stigma.

There is a disproportionate impact of excess weight and its consequences on the most deprived individuals and families.

Scale of excess weight in Shropshire

of adults are overweight or obese (more than 180,000 people)[1]

of adults are obese, higher than the UK average[1]

More than 1 in 5 children aged 4-5 years is overweight or very overweight[1]

Almost 1 in 10 are very overweight[1]

Nearly 1 in 3 children aged 10-11 years are overweight or very overweight[1]

Almost 1 in 5 are very overweight[1]

of pregnant women are overweight or obese in early pregnancy[3]

of pregnant women are obese in early pregnancy[1]

Rates of unhealthy weight in children are highest among more deprived groups [2,4]

What drives unhealthy weight

Being active and eating healthy, nutritious food are key to achieving and maintaining a healthy weight as well as improving our wider emotional and mental wellbeing.

Weight status is determined by many different and interacting factors. These range from individual biology and psychology which can be impacted by physical or mental health conditions as well as stressful life events and include the economic and political environment which affect income and prices.

The genetic and environmental causes of excess weight are not widely understood by the population in general and a misplaced belief that weight is solely due to individual choices often leads to stigma and discrimination.

Drivers of excess weight in Shropshire

Almost **2/3** of adults and almost **1/2** of children are not eating enough fruit and vegetables a day[5]

Over **1/2** of children and a **1/4** of adults aren't physically active enough[6]

of households are struggling with food poverty[7]

Shropshire is amoung the highest-risk areas nationally for cost-of-living vulnerability[7]

The number of children living in poverty is increasing[8]

There are important differences in food prices and accessibility to food shops[9]

What we were told through our engagement and consultation

Through our engagement and consultation, we learned the following:

- Healthy weight is a complex, emotional issue which people care about. Experiences and drivers of excess weight vary broadly across the population
- There is a strong sense that people want to consider healthy weight more broadly, in the context of poverty, work/life pressures, mental health and wider wellbeing
- Particularly among young people, the focus on weight is considered to be too narrow and there is a sense that overall happiness is a priority regardless of weight with many stating the importance of 'body positivity'
- There is an awareness of the harms caused by stigmatisation of excess weight. Among young people there are concerns and fears around underweight and eating disorders
- Some groups are more affected than others, and an inclusive approach would consider their specific needs, including those with mental health conditions, certain physical health conditions, those with physical and learning disabilities, children and young people, women in menopause, and older adults
- Those working in the system want to work in a more joined-up way, making best use and raising awareness of current support options as well as integrating priorities to strengthen their impact

Our vision, priorities, and principles

Our vision is a future where every Shropshire resident has the opportunity to eat well, be physically active and enjoy good health, including being a healthier weight.

This strategy reflects the evidence and insights documented through the Healthy Weight Health Needs Assessment (HNA). This includes the views, needs, experiences, and values expressed through engagement and consultation with those living and working in Shropshire. These, together with an assessment of the evidence indicating which interventions are most effective have been used to inform our vision, key priorities, and underpinning core principles.

Our key priorities

Through this strategy we will strive to:

1 Improve the health of Shropshire's population by reducing the scale of excess weight and reducing inequalities in excess weight

2 Improve the environment in which Shropshire residents live so they enjoy a healthier lifestyle

3 Increase actions aimed at preventing excess weight across the life course - focusing on infants, early years, children, and families

4 Increase awareness of and uptake of universal support, available services, and resources - targeting the most vulnerable, including those with learning disabilities, special educational needs and disabilities, and those living with severe mental illness

5 Enable Shropshire's community, voluntary and public sector workforce to confidently and capably support Shropshire residents living with excess weight in a way which reduces stigma and discrimination

Our core principles

These key priorities will be delivered through applying a set of core principles aligned with the experience, needs and perspectives of the Shropshire population, and will guide our delivery and actions:

Through this strategy we will strive to:

1 Change Focus

Think about weight differently, no longer considering it in isolation and instead seeing it in the context of overall health and wellbeing. We will focus on what drives excess weight, moving away from the individual and towards the environment in which we live

2 Include

Recognise the need for greater support for those experiencing health inequalities, including those living with disabilities and people with physical and mental health conditions, so they enjoy a healthier lifestyle

3 Support

Support those whose health and wellbeing could be improved through healthier eating and physical activity. This means adopting an empathetic approach that also recognises the importance of appropriate messaging around weight and the harms of weight stigma and discrimination

4 Work together to join the dots

Make healthier weight everybody's aspiration. We recognise the importance of joining the dots to maximise the opportunities that Shropshire already has to support its population to live a healthy lifestyle. We want to be innovative in the way we connect, collaborate, and strengthen existing work

5 Lead by example

Public services should work in a way that exemplifies our approach by committing to changes and improvements that enable our workforce to live a healthier lifestyle

6 Use our Influence

Recognise the importance of our voice in influencing the wider-reaching policies at national level which prevent us from enjoying a healthier lifestyle, recognising the limitations of local levers

Governance

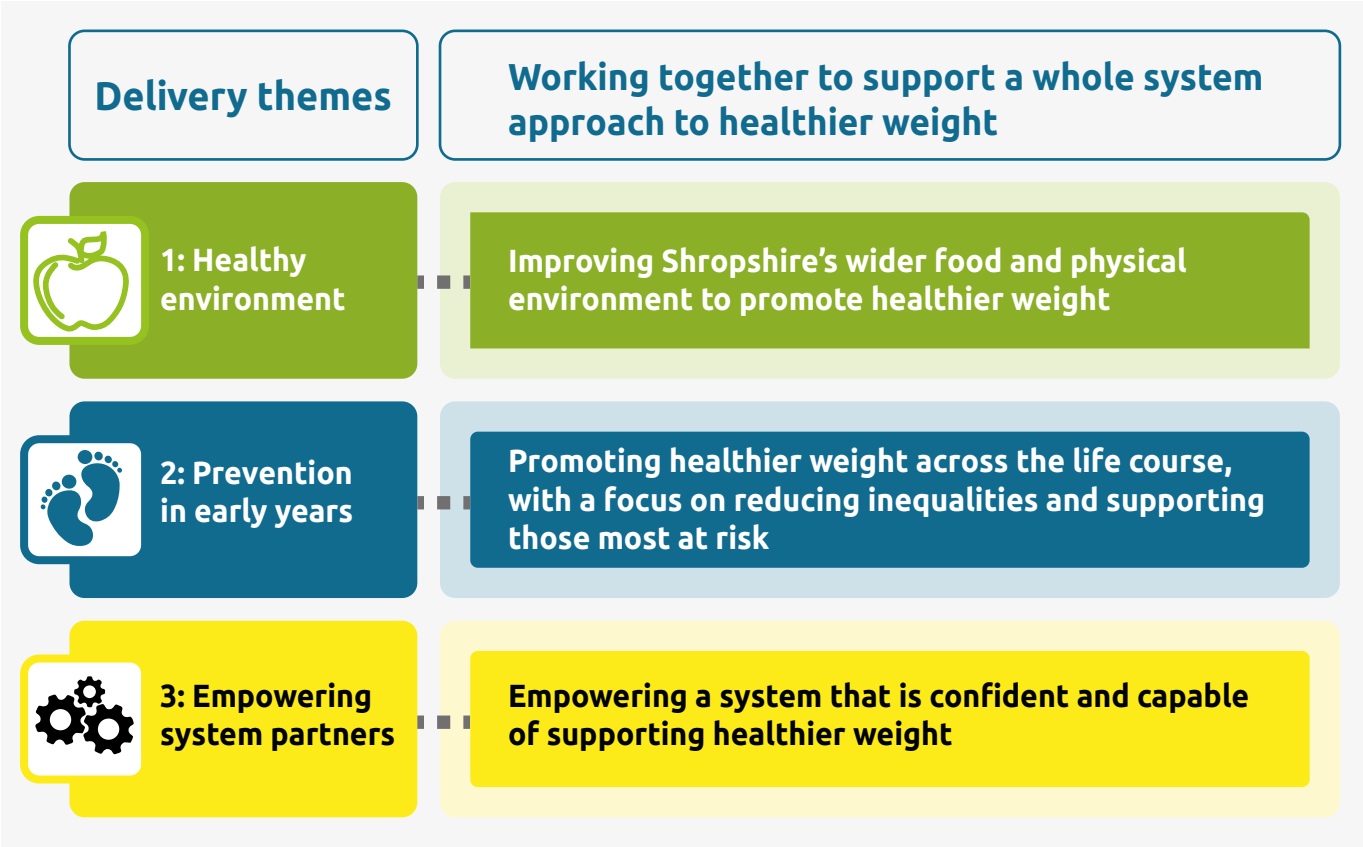
This strategy is supported and informed by our local Healthy Weight Health Needs Assessment (HNA), which forms part of Shropshire's Joint Strategic Needs Assessment (JSNA). The strategy also reflects the feedback from stakeholders and the public received through consultation on the draft strategy. This strategy includes a high-level action plan which has been co-produced with our partners across the system. The action plan describes how the strategic priorities and objectives can be achieved and includes the indicators that will be used to monitor progress.

Once this strategy has been approved by the Health & Wellbeing Board (HWBB), the action plan will be further developed to include milestones and more precise timescales for delivery.

Implementation of the action plan will be monitored with reporting of progress, or otherwise, to the HWBB at regular intervals, as determined by the Board.

Key delivery themes and strategic objectives

The Healthier Weight Strategy priorities will be delivered through 3 key delivery themes. Each theme identifies strategic objectives needed to achieve our vision, supported by high level actions and key indicators that will be used to monitor progress.



1 Healthy environment

Improving Shropshire's wider food and physical environment to promote health

Why is this important?

The environment within which we live, learn, work and play dictates the lifestyles we can adopt.

Food environments shape what food we buy and eat. They are influenced by what foods and drinks are available, affordable, accessible, and also how they are promoted and advertised. Our diets are also impacted by our access to cooking and storage facilities, equipment, knowledge, and affordable energy. With rising living costs and increasing numbers of children living in food poverty – ensuring healthy eating for all in Shropshire is a challenge.

Physical environments are those natural and man-made spaces that shape how we move around. They are influenced by how places are planned, the activity of businesses and public services and how well we conserve nature. Our physical activity levels are also determined by the type of work we do, how much time we spend on screens and how easy it is to access opportunities to be active in a way that we enjoy.

Importantly, we know that it is those who are most deprived who are more exposed to unhealthy environments. This contributes to the health inequalities we see whereby those in more deprived areas are more likely to have excess weight than those in least deprived areas.

Whilst much of what influences our food and physical environment is often decided at a national level, we have many local levers that can contribute to positive change. Settings such as schools, workplaces, hospitals and public buildings or facilities can create opportunities which increase healthier eating and physical activity and avoid making unhealthy diets and sedentary behaviour the 'default'.

As a rural, food-producing county with beautiful countryside we have so much potential to shape our environment in a way that supports healthy weight and our general health and wellbeing.

What is the evidence?

Access to and affordability of healthy foods is a barrier to healthier diets, particularly for those in low-income groups

of people feel 'priced out' of buying healthy food[10]

More healthy foods are nearly **3x** more expensive per calorie than less healthy foods[11]

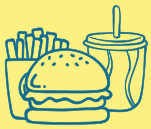
The least wealthy fifth of households need to spend **47%** of their disposable income on food to meet government nutrition guidelines, compared to **11%** for the wealthiest households[11]

Even where basic ingredients are affordable, the time and equipment needed as well as fuel costs can be a barrier to cooking healthy food

The availability and promotion of unhealthy food dominates our food options, especially in more deprived areas

Ultra-processed food now account for over **50%** of UK diets[12]

In 2017, over **£300 million** was spent in advertising unhealthy food and drink, compared to **£16 million** on fruits and vegetables[13]



In the most deprived areas, almost **1/3** of food outlets are for fast food, compared to just over **1/5** in the least deprived areas[11]

Daily life is becoming increasingly sedentary for everyone

1 in 2 women and **1 in 3** men are not physically active enough for good health[14]

There has been a 30% reduction in physical activity at work since the 1960's. Todays office workers spend around **66%** of their working lives sitting[15, 16]

Only **9%** of people walk to work in Shropshire, and only **2%** take the bus or cycle[17]

What we were told through our engagement and consultation

- There's too much unhealthy food available and too many opportunities to eat high sugar/fat snacks
- It can be a struggle to have enough time and motivation to prepare healthy food
- Eating and preparing healthy food is unaffordable, particularly for those experiencing poverty and deprivation
- It's hard to find the time to be more physically active
- Cost of physical activity options are a barrier, as well as needing to travel far to facilities
- Caring responsibilities as well as living with illness and disability can prevent people from being active
- Safer streets, roads, cycle spaces as well as accessible green space are needed
- Top barriers to being more physically active: finding time, having local access and ability to travel to facilities and cost

Strategic objective 1

Enable a food environment for Shropshire which promotes and provides access to healthy, nutritious, and sustainable food for all

What will be needed to achieve this?

- Reducing food poverty across Shropshire
- Increasing the availability of healthy food in public places
- Strengthening the local food system
- Reducing exposure to unhealthy food in the wider environment

What are we already doing to achieve this?

- We are working on a programme to increase the uptake of Healthy Start food vouchers
- Our Shaping Places Programme is generating learning about how we can tackle food poverty in rural areas
- The Holiday Activities and Food Programme (HAF) has been helping children in Shropshire to eat healthily over the school holidays
- Shropshire is home to brilliant community food initiatives such as OsNosh, the Shrewsbury Food Hub, Hands Together Ludlow and more

What more will we do to achieve this? In the first instance, we will be exploring:

- The feasibility of moving to auto-enrolment for free school meals
- The scope for further improving healthy eating education through the HAF programme
- Ways to incorporate the learning from the Shaping Places Programme to reduce food poverty for populations across Shropshire
- The scope to maximise household incomes by increasing awareness of the level of unclaimed benefits, and how individuals can apply for them
- Opportunities to work with schools and academies to ensure healthy, sustainable food provision in schools as well as ensuring education about healthy eating is embedded in the curriculum

- Working with hospitals to provide sustainable and healthy food to patients, visitors and staff
- The potential to ensure food that is provided in public places is healthy and sustainable, including an increase in the availability of water
- Ways to work effectively with Shropshire Good Food Partnership to improve the quality, strength, and accessibility of Shropshire's local food system, including opportunities for improved community food initiatives
- Opportunities to work with planners to reduce exposure to unhealthy food in the wider environment
- Opportunities to work with planners to improve access to healthy food options through new development planning, including improving access to healthy food shops and facilitating community growing initiatives

Strategic objective 2

Support development of a physical environment that allows Shropshire residents to enjoy the benefits of active living

What will be needed to achieve this?

- Decreasing daily sedentary behaviour among the Shropshire population
- Increasing opportunities to be physically active throughout the work and school day and during leisure time, particularly for those with unfair barriers to access
- Increasing public and active travel opportunities

What are we already doing to achieve this?

- Shropshire's Physical Activity Guide for Healthcare Professionals resource provides healthcare professionals in Shropshire with knowledge and resources for supporting physical activity among their patients
- Shropshire's Social Prescribing service provides person-centred support to enable a wide range of health and wellbeing issues to be addressed, including supporting an increase in physical activity
- Enabling active travel through the improved walking and cycling plan, or LCWIP
- Promoting Shropshire's opportunities for outdoor recreation as a rural county

What more will we do to achieve this? In the first instance, we will be exploring:

- Opportunities to increase access, proximity and use of recreational spaces that enable physical activity in the planning of new developments
- Enabling schools and early years settings to maximise opportunities to increase physical activity before, during and after the school or nursery day
- Ways to support employers to promote a way of working that increases opportunities for physical activity for employees
- Promoting and optimising the use of existing physical activity opportunities in Shropshire universally and for those with less access, including green space, leisure centres and community physical activity groups and initiatives

Further details relating to these actions and how progress will be monitored are included in appendix 2.

2 Prevention in early years

Promoting heathier weight across the life course, with a focus on reducing inequalities and supporting those most at risk

Why is this important?

The prevention of obesity is key to reducing its prevalence. Supporting pregnant women and families in understanding the importance of giving children the best start in life is key to prevention, as infancy provides a critical window during which the foundations for a healthy life are set.

Infants are at increased risk of excess weight if their mother is obese prior to pregnancy, if there is rapid weight gain during pregnancy or if a baby has a birthweight greater than 4.5kg. Receiving good nutrition in the early years is vital to a healthy start whilst recognising that many children are born into poverty putting them at higher risk of a poor-quality diet and subsequent obesity. Breastfeeding can protect infants against childhood obesity, whilst excessive or rapid weight gain in the first 2 years of life is a risk factor for future overweight or obesity.

Children's earliest experiences of food and their opportunities for active play can shape lifelong habits and consequently lifelong health. Establishing a good sleep pattern can also help in protecting against excess weight. The current healthy child programme and other related work programmes present many opportunities to enable all children to have a healthy start in life.

What is the evidence?

Excess weight in pregnancy, infancy and childhood increases the risk of adult obesity

The risk of obesity in children is higher among children whose mothers are obese[18]

of overweight children age 4-5 will remain overweight or become very overweight by aged 10-11years[19]

Overweight children are more likely to become overweight adults[20]

Many children are already experiencing unhealthy weight from an early age, with the highest risk among the most deprived

of infants in England are overfed[21]

1 in 4 infants have already gained excess weight by 18 months[21]

The most deprived children are 2-3x more likely to be very overweight than the least deprived[22]

What we were told through our engagement and consultation

- Receiving support for breastfeeding and early feeding is often limited
- Informal support as well as midwife and health visitor input for early years nutrition is key
- Sources of information for parents vary widely and messaging can feel judgmental
- Understanding that breastfeeding is not achievable for everyone is important
- Any information or support needs to be relevant to the individual's specific situation and needs, for example those living with disabilities
- Feeding children healthy food at home and at school is expensive

Strategic objective 3

Ensure there is opportunity for all pregnancies to be healthy

What will be needed to achieve this?

- Providing lifestyle information and support for pregnant women, particularly those most at risk of unhealthy weight

What are we already doing to achieve this?

- The Local Maternity & Neonatal System (LMNS) is transforming maternity care to ensure pregnancies are healthier and safer
- Providing women with access to online antenatal exercise videos to encourage physical activity
- Maternity staff have been MECC trained to enable them to sensitively and effectively empower women to make lifestyle changes
- Providing access to healthy lifestyle support through the Shropshire Telford & Wrekin (STW) Healthy Pregnancy Support Service (HPSS)

What more will we do to achieve this? In the first instance, we will be exploring:

- How to ensure recommended healthy pregnancy information is available before and throughout pregnancy including information on healthy diet, physical activity, appropriate weight gain and good mental wellbeing
- If there are any further training needs of staff that will enable them to better support women in making lifestyle changes
- How to target those most at risk of maternal obesity – providing access to the HPSS and potentially additional antenatal support as/when this becomes available. In order to provide on-going support, the pathway between the HPSS and Social Prescribing will be strengthened

Strategic objective 4

Support parents and families to provide infants with the best start in life

What will be needed to achieve this?

- Promoting and supporting an increase in breastfeeding, particularly for younger and more deprived groups
- Promoting and supporting the introduction of healthy solid foods
- Supporting parents and families to live healthily and introduce healthy eating, physical activity and good sleeping and screen time habits from early infancy
- Enabling early years professionals and early years settings to promote and support healthy eating, physical activity, and good sleep habits

What are we already doing to achieve this?

- Providing access to the 'Solihull Approach' online antenatal parenting support programme
- STW's Infant Feeding Strategy has been developed and approved
- Promoting the uptake of Healthy Start food vouchers and vitamins
- Shropshire's Healthy Child Programme provides universal services and support to families from pregnancy to 19 years and is inclusive of maternity, health visiting, Family Nurse Partnership, school nursing and schools-based programmes
- Shropshire's Family Information Service provides information, advice, and support on all aspects of family life for parents and carers of 0–19-year-olds and for the practitioners supporting them
- Shropshire's Oral Health Programme is being delivered to reduce preventable tooth decay
- Adopting the UNICEF Baby Friendly Initiative across the LMNS to support an increase in breastfeeding

What more will we do to achieve this? In the first instance, we will be exploring:

- How local action plans to support delivery of the Infant feeding strategy can be developed enabling increased breast-feeding support
- The feasibility of developing a pathway for the provision of baby formula for families experiencing food poverty
- How to promote awareness of the importance of introducing infants to healthy solid foods, through the provision of recommended national resources for both the public and practitioners
- Opportunities through the LMNS and Best Start for Life work programmes to strengthen and improve the targeting of healthy eating and physical activity advice and resources for infants through antenatal education and onward parenting support
- The feasibility of developing a standardised approach towards identifying infants at risk of obesity and a pathway for onward support for those at greatest risk
- How, as part of our support to infants at risk of obesity, we develop a bespoke family-based healthy lifestyle support offer interfacing with existing services including the HPSS, health visiting and social prescribing. The service will also be inclusive of NCMP follow-up
- How to work with early years settings and professionals to enable them to (i) support healthy eating and physical activity, and (ii) identify parents and families in need of healthy lifestyles support and facilitate their access to existing services and offers

Further details relating to these actions and how progress will be monitored are included in appendix 2.

3 Empowering system partners

Enabling a system that is confident and capable of supporting healthier weight

Why is this important?

Local action to promote healthy weight across the life course requires a coordinated, collaborative approach with alignment of priorities across organisations so that preventing excess weight and promoting healthy weight becomes everybody's business.

Across all organisations, the workforce needs to be equipped with the necessary knowledge and skills to promote healthy weight. They need to be able to confidently provide empathetic, current and accessible information and support to those, at risk of, or living with excess weight and its health consequences, recognising the impact of trauma, stigma and discrimination. Evidence-based national and local resources are available to support those living with excess weight and frontline staff need to be able to connect these to those who would benefit (appendix 1).

As part of a 'whole system approach' it is important that a wide range of organisations play their part – considering the levers they have to make their environment healthier and the opportunities available to them to support those living with excess weight. This includes early years settings, schools, all public sector organisations, local employers, and voluntary and community groups, amongst others.

What is the evidence?

Systems can work well together to reduce excess weight across populations

A whole system approach to obesity has been shown to **reduce** overweight and obesity amongst young children, particularly in the most deprived groups, as well as **increase** breastfeeding rates, fresh fruit intake and exercise levels[23]

Efforts to improve obesity rates are more effective when they **combine approaches** to eating healthily, increasing physical activity and improving the environment for health[24]

Systems **work together better** when similar language and messages are used across organisations and when action is rooted in local needs and experience[25]

Frontline staff have an important role in promoting healthy weight

Identifying those at risk of obesity and signposting them appropriately to support services can lead to **individual weight reduction**[26]

of people with obesity have felt stigmatised, including in healthcare settings. Only **1 in 4** felt they were treated with dignity when seeking support for their weight[27]

Some healthcare staff lack the confidence to discuss weight, but using the right language can be acceptable to patients and effective for supporting weight management[27]

What we were told through our engagement and consultation

- Knowledge about what services and support are available to people is one of the best ways staff can help people
- Those working with children and families often do not know about schemes such as Healthy Start
- Being joined up across the system will make lighter work for everyone
- It can feel uncomfortable and stigmatising to bring up people's weight when it is relevant to their health and wellbeing - knowing how to do this would be beneficial

Strategic objective 5

Ensure staff have the knowledge and skills to be confident and competent in promoting healthy weight and in supporting those living with obesity

What will be needed to achieve this?

- Support staff knowledge and skills development, specifically to promote understanding of the causes of obesity and its prevention and increase the use of resources and available support

What are we already doing to achieve this?

- Working to create a trauma-informed workforce that understands the impact of trauma on physical and mental health outcomes, supported by a system-wide training offer
- Embedding a personalised care approach to enable staff across STW Integrated Care System to deliver personalised care and have person-centred conversations with those they support
- Sharing a locally developed Physical Activity in Shropshire Guide for Healthcare Professionals to aid frontline practitioners in discussing, encouraging, and promoting physical activity

What more will we do to achieve this? In the first instance, we will be exploring:

The training needs of staff to understand and ensure they:

- have the knowledge, skills, and confidence to engage in sensitive conversations about healthy weight
- understand the root causes of obesity and the impact of stigma and discrimination
- feel confident and able to inform and educate those they are in contact with about the causes of obesity and how to prevent it
- are able to sign-post individuals at risk of unhealthy weight to resources, services and available support

Recognising also the nature of certain roles means some staff groups can benefit from a greater understanding of the psychological factors driving unhealthy weight and support individuals in maximising their income by raising awareness of benefits entitlement and how to access them.

Strategic objective 6

Enable organisations across the system to prioritise healthy eating and active living in their specific settings

What will be needed to achieve this?

- Establish a healthy settings approach across the system

What are we already doing to achieve this?

- Implementing the Creating Active Schools Framework as part of a national pilot led by Energize Active Partnership
- Creating Workplace Wellbeing Champions who support Shropshire Council employees by signposting to wellbeing resources and promoting access to available support
- Shropshire Council Thrive at Work Workplace Wellbeing Accreditation that focuses on creating a workplace that promotes employee mental and physical health and wellbeing including healthy lifestyles
- The NHS are likewise prioritising staff wellbeing post COVID-19
- Promoting access to weight management support for NHS staff living with obesity and weight-related conditions through the NHS Digital Weight Management Programme (DWMP) staff offer

What more will we do to achieve this? In the first instance, we will be exploring:

- How we and partners work together to develop a whole-settings approach to healthy eating and physical activity that involves schools, workplaces and early years settings and focuses on:
    - o increasing access to and provision of healthy food
    - o maximising opportunities for physical activity
    - o developing staff knowledge, education, and skills to support healthy lifestyles
    - o promoting and signposting individuals to the available services and support

Strategic objective 7

Ensure the system is working together in a co-ordinated way to maximise existing assets, resources, and best practice

What will be needed to achieve this?

- Ensure existing resources and assets are visible and shared across the system
- Align messaging and communications about healthier weight across the system

What are we already doing to achieve this?

- Promoting access to universal and evidence-based information and resources aimed at the public and those supporting them
- Keeping stakeholders updated with information from local NHS providers, Local Authorities, and other ICS partners through Collaborate, STW Integrated Care System's regular bulletin
- Promoting NHS STW's Healthier Together website as a trusted, local source of healthcare advice for parents, carers, young people, and professionals
- Expanding Shropshire's integration test & learn work to develop local family and community wellbeing centres. Using a preventive approach that recognises the importance of communities and health professionals working together to understand local needs and maximise existing assets and universal support available to enable people to access the right support at the right time for them

What more will we do to achieve this? In the first instance, we will be exploring:

- How to ensure evidence, guidance and existing assets and services are included in health and social care pathways, especially for more vulnerable groups including SMI, LD, SEND, physical disability and other key groups such as older people or women experiencing the menopause
- Development of key universal and targeted communications including key messages for the public, key messages and underpinning evidence for staff, and opportunities for sharing key messages

Further details relating to these actions and how progress will be monitored are included in appendix 2.

Glossary of Terms

Terms used within this strategy are explained below:

A

Active travel

Active travel refers to modes of travel that involve a level of activity. The term is often used interchangeably with walking and cycling, but active travel can also include trips made by wheelchair, mobility scooters, adapted cycles, e-cycles, scooters, as well as cycle sharing schemes. The use of public transport normally means travelling more actively than by car, e.g., walking to and from the bus stop.

B

Best Start for Life programme

Shropshire Council's Best Start for Life programme is supported by national guidance and recommendations and includes projects and programmes which aim to promote positive outcomes for children and families from conception until a child starts school. The programme brings together partners from across health, social care, early years, education and the wider community and voluntary sector to support initiatives with a strong focus on prevention and early intervention.

Body Mass Index (BMI)

BMI measures a person's weight in relation to their height. A person's weight in kilograms is divided by the square of their height in metres (kg/m^2).

BMI has a number of limitations when assessing an individual's weight status. It cannot distinguish between muscle mass, bone mass, and body fat. It also cannot provide information about body fat content and distribution, with central body fat increasing the risk of weight-related disease including heart disease. BMI should not be used to diagnose obesity however it can be a useful general indicator of weight status. BMI should be used in conjunction with other measures such as waist size and weight to height ratio. Whilst there are other definitions of excess weight, BMI is the only population level measure of weight available in the UK, and is the measure used to monitor the prevalence of excess weight through the Public Health Outcomes Framework (PHOF).

C

Creating Active Schools (CAS) Framework

The Creating Active Schools framework promotes a whole systems approach to school improvement and provides a structure for embedding physical activity at the heart of a school's ethos.

E

Excess weight

Excess weight refers to overweight or obesity.

F

Family Nurse Partnership (FNP)

FNP is a home visiting programme for first-time young mothers and families and is aimed at supporting a healthy pregnancy and improving child health and development.

Food environment

The food environment is the collective physical, economic, social, cultural, commercial surroundings, opportunities, and conditions which influence food consumption. It encompasses availability, price, promotion, accessibility, affordability, convenience, and desirability of food choices.

Food poverty

The inability to afford, or to have access to, food to make up a healthy diet.

Fuel poverty

A household is said to be fuel poor if it has above-average energy costs, and if paying those costs would push it below the poverty line as far as its remaining income is concerned. A house that spends at least 10 percent on its fuel costs is considered to be in fuel poverty.

H

Health and Wellbeing Board

Health and Wellbeing Boards (HWBB) bring key leaders from the health and care system together to improve the health and wellbeing of local residents. Board members collaborate to understand their local community's needs, agree priorities, and work together to plan how best to deliver services.

Health Inequalities

These are unfair and avoidable differences in people's health across the population and between different groups in the population. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. Inequalities exist across a number of dimensions e.g., age, sex, ethnicity, socio-economic status. The cost of health inequality can be substantial for individual health but also for population health.

Healthy Child Programme

The Healthy Child Programme (HCP) is a framework for the delivery of a wide range of universal services for families from pregnancy to age 19 years, including maternity, health visiting, the Family Nurse Partnership, school nurses and schools-based programmes.

Healthy Pregnancy Support Service (HPSS)

The Shropshire Telford & Wrekin Healthy Pregnancy Support Service offers healthy lifestyle support including support to stop smoking and advice and support about healthy weight gain and lifestyle choices in pregnancy for those with a BMI of 30 or more.

Healthier weight

Evidence indicates that individuals who are overweight or obese can achieve health benefits through losing 5% to10% of their body weight. However, despite weight loss an individual's weight may still not fall within the internationally defined healthy weight range of 18.5-24.9 kg/m^2 (i.e., not a healthy weight based on a measure of BMI only). Such individuals may still be overweight or obese but can be considered to be a healthier weight because their weight has moved towards the healthy weight category, and they could be experiencing other benefits such as improved mental wellbeing or an ability to be more physically active.

This strategy favours the term 'healthier weight' over 'healthy weight' because we recognise that weight is about more than only the numbers given by BMI and instead includes overall mental and physical wellbeing. For most people, being more physically active and eating a healthy and balanced diet will incur health and wellbeing benefits. Reductions in excess weight which occur as a result of this will very likely benefit our health. The term 'healthier weight' indicates our aspiration to focus less on the numbers and more on the way we can live healthy and happy lives. Consequently, our strategy is built on the concept of achieving a 'healthier weight' whilst striving for a 'healthy weight'.

Healthy weight

Healthy weight refers to those with a BMI between 18.5 kg/m^2 and 24.9 kg/m^2.

L

LCWIP

The LCWIP is the Local Cycling and Walking Infrastructure Plan which is a long-term plan covering many towns in Shropshire and aims to improve the safety, comfort and attractiveness of walking and cycling in Shropshire.

Local Maternity and Neonatal System (LMNS)

The Local Maternity and Neonatal System (LMNS) is a partnership of organisations and people involved in maternity services, making them safer and more personal to people who use them. The LMNS develops and implements a locally owned plan overseen by a board including commissioners, providers, service users and other stakeholders.

M

MECC

Making Every Contact Count (MECC) is an established national initiative in which 'public-facing workers' are encouraged to make contact with patients, service users or the public as an opportunity to support, encourage or enable them to consider health behaviour changes such as becoming physically active or eating more healthily.

N

NHS Better Health

The Better Health campaign provides a wide range of free NHS tools and advice to support healthier habits, including suggestions on how to increase physical activity, make healthier food choices, lose weight, improve mental health, and quit smoking.

National Child Measurement Programme (NCMP)

The programme involves annual monitoring of children's height and weight in Reception Year (4-5-year-old) and Year 6 (10-11-year-old) pupils.

NHS Digital Weight Management Programme (DWMP)

NHS free 12-week online behavioural and lifestyle programme which supports adults aged 18 years and over with BMI ≥30 kg/m^2 (adjusted to BMI ≥27.5 kg/m^2 for people of black, African, African-Caribbean, and Asian origin) who also have a diagnosis of diabetes, hypertension, or both, to manage their weight and improve their health.

O

Obesity

Obesity is defined as a BMI ≥30 kg/m^2.

Obesity and overweight in children

A child's BMI is given as a 'centile'. This compares them to other children of a similar height, age, and sex. Overweight is defined as the 91st centile or above, and very overweight (favoured term over obese) is defined as the 98th centile or above.

OHID

OHID refers to Office for Health Improvement and Disparities.

Overweight

Overweight is defined as a BMI of between ≥25 kg/m^2 and 29.9 kg/m^2.

P

Personalised care approach

The Personalised care approach means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs.

Physical environment

The physical environment is the built and natural places where people live, work, move and play. Built places are man-made and include offices, houses, roads, shopping centres and other building types, as well as facilities such as transport and leisure centres. Natural places include parks, forests, rivers, and other places where there is exposure to the living world.

Physical Activity

Physical activity is any movement of the body that uses up energy. It includes activities such as walking, running, dancing, housework, gardening, or other leisure time activities that use the body's energy stores. It also includes 'active travel' for example where people walk to work, cycle to work or walk to and from the bus-stop in order to get to work. For children, physical activity includes walking, cycling, and running but also play activities that require physical movement and the use of energy.

PHOF

PHOF refers to Public Health Outcomes Framework.

S

SEND

SEND refers to special educational needs and disabilities.

Shropshire Good Food Partnership

Shropshire Good Food Partnership brings together local food producers, retailers, and consumers to make Shropshire's food system more resilient, sustainable, and fair. The Partnership support the work of organisations across the county, catalyse new initiatives, and enable joined-up innovative thinking to improve access to good food and reimagine land stewardship.

SMI

SMI refers to severe mental illness experienced by individuals with psychological problems that can be so debilitating that their ability to engage in functional and occupational activities is severely impaired.

Social Prescribing

Social prescribing uses a person-centred, preventative approach by intervening early, before problems start to escalate. In Shropshire, people referred have the space to talk one-to-one with a trained Social Prescribing Advisor 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.

Solihull online antenatal support

The Solihull Approach is an evidence-based parenting programme with the aim of improving emotional health and wellbeing through relationships from the antenatal period through childhood into adulthood.

T

The system

The stakeholders, partners, organisations, and communities that work and support everyone who lives and works in Shropshire. This includes Shropshire Council, Shropshire, Telford & Wrekin Integrated Care System (NHS), the voluntary sector, charities, community groups, employers & businesses.

Trauma-informed workforce

A workforce that adopts trauma-informed practice that seeks to reduce the negative impact of traumatic experiences and supports physical and mental health outcomes. Trauma results from an event, series of events, or set of circumstances experienced by an individual as harmful or life-threatening.

U

Ultra Processed Foods

Ultra-processed foods typically have five or more ingredients. They tend to include many additives and ingredients that are not typically used in home cooking, such as preservatives, emulsifiers, sweeteners, and artificial colours and flavours. These foods generally have a long shelf life. They often contain high levels of fat, salt, and sugar. They include biscuits, some breakfast cereals, mass-produced bread, crisps, and others.

Underweight

Underweight is defined as a BMI<18.5 kg/m^2.

Unhealthy weight

Unhealthy weight refers to those who are underweight, overweight, or obese as defined by their BMI.

UNICEF Baby Friendly Initiative (BFI)

The UNICEF Baby Friendly Initiative supports breastfeeding and parent-infant relationships by working with public services to improve standards of care. Baby Friendly accreditation is based on a set of interlinking evidence-based standards which services implement in stages over a number of years.

W

Whole system approach

A whole system approach responds to complexity through an ongoing, dynamic, and flexible way of working. It enables stakeholders, including communities, to come together, to share an understanding of the challenge, consider opportunities for change, agree actions, and work together in an integrated way to bring about sustainable, long-term systems change.

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Appendices

The Healthier weight strategy includes:

Appendix 1 Example of available services and support

Appendix 2 High-level Action Plan

The following supporting information is available on request.
Please contact: cathy.e.levy@shropshire.gov.uk

Healthy Weight Health Needs Assessment Summary

Shropshire Healthy Weight Research report January 2023

CYP Engagement Report

Healthier Weight Strategy for Shropshire 2023 to 2028
Consultation Report September 2023

Appendix 1

Example of available services and support

The following provides a list of some of the lifestyle programmes, services and support available to support healthy weight in Shropshire.

Shropshire Family Information Service (FIS)	Shropshire Family Information Service (FIS) provides free information, advice, and support on all aspects of family life. The FIS online directory features local and national organisations and services that support children, young people and families. For more information, visit Shropshire Family Information Service (0-19 years) | Shropshire Council
NHS Shropshire Telford and Wrekin Healthier Together	Healthier Together provides advice for parents, young people and pregnant women, as well as clinical resources to support healthcare professionals. For more information, visit Home (stw-healthiertogether.nhs.uk)
The Shropshire Local Directory	The Shropshire Local Directory has been developed in partnership between Shropshire Council and QUBE and gives information on support organisations and groups in the towns and villages in Shropshire. For information, visit Find local support in Shropshire - Shropshire's Local Directory (shropshire-directory.co.uk)
Shropshire, Telford and Wrekin Energize Active Partnership	Energize is a local charity and part of Active Partnerships network working collaboratively with local and national partners to create the conditions for an active nation using the power of sport and physical activity to transform lives. For more information, visit Energize Shropshire, Telford & Wrekin (energizestw.org.uk)
Shropshire Council Leisure Services	Information on a wide range of activities for all ages and levels of ability, including a leisure time app to help with choosing and booking activities at your local leisure centre, and information on other partner leisure provision. For more information, visit Find a leisure centre or activity in Shropshire. | Shropshire Council

Shropshire's Great Outdoors	Information on outdoor activities in Shropshire including walking, cycling and other outdoor experiences, including Shropshire's country parks. For more information including how to become a member of Shropshire's Great Outdoors, visit Shropshire's Great Outdoors (shropshiresgreatoutdoors.co.uk)
NHS Better Health programme	Designed to help people improve their health, lose weight, boost mood, get active and quit smoking. Free 12-week NHS weight loss plan to help with healthier eating habits, physical activity and weight loss. Includes free tools and support, BMI calculator, easy meals app, tips on healthy food swaps and eating well for less. For more information and to download free app, visit https://www.nhs.uk/better-health/
Healthy Lives (Social Prescribing & Health Coaching) behavioural support	Shropshire's Healthy Lives (Social Prescribing and Health Coaching) programme is a non-medical approach designed to help people aged 18 years and over who are experiencing a wide range of social, emotional, or practical needs. Skilled Healthy Lives Advisors can offer free behavioural weight management and stop smoking support, as well as support with a wide range of issues such as loneliness and isolation, low level mental health concerns or long term conditions. For further information, visit https://www.shropshire.gov.uk/public-health/healthy-shropshire/social-prescribing-in-shropshire/

Healthier You NHS diabetes prevention programme	Free 9-month, evidence-based lifestyle change programme for adults at risk of Type 2 diabetes. The programme supports with making positive changes to your diet, weight, and physical activity to reduce risk of developing type 2 diabetes and is available both as face-to-face peer group and as a digital service. You can find out if you are at risk of developing type 2 diabetes by: · Answering a few simple questions on the Know Your Risk tool via https://riskscore.diabetes.org.uk/start · Taking up offer of free NHS Health Check (available to eligible 40-74 year olds) to assess your risk of type 2 diabetes, cardiovascular disease and other conditions such as high blood pressure · Asking your GP Practice to check if you are at risk For more information, visit NHS England » NHS Diabetes Prevention Programme (NHS DPP)
Structured diabetes education	Free X-Pert structured education for adults diagnosed with type 2 diabetes and free DAFNE structured education for adults diagnosed with type 1 diabetes delivered by Community Diabetes Specialist Nursing Service (Diabetes education team). For more information, visit Diabetes care to adults (shropscommunityhealth.nhs.uk)
NHS Healthy Living for people with type 2 diabetes	Free online NHS programme that can be used alongside other diabetes programmes or education. NHS Healthy Living supports people aged 18 years and over to live well with type 2 diabetes, or people who care for someone with type 2 diabetes. Includes a range of helpful information and advice, with no limit to access to allow individuals to learn at own pace. For more information, visit https://healthyliving.nhs.uk/

NHS digital weight management programme (DWMP)	NHS free 12-week online behavioural and lifestyle programme which supports adults living with obesity who also have a diagnosis of diabetes, hypertension or both, to manage their weight and improve their health. For more information, visit NHS England » The NHS Digital Weight Management Programme
NHS digital weight management programme for NHS staff	NHS staff can find out more and self-register via https://www.england.nhs.uk/supporting-our-nhs-people/support-now/digital-weight-management-programme-for-nhs-staff/
Healthy Pregnancy Support Service (HPSS)	The Shropshire Telford & Wrekin Healthy Pregnancy Support Service offers healthy lifestyle support including support to stop smoking and advice and support about healthy weight gain and lifestyle choices in pregnancy for those with a BMI≥30 kg/m^2
The Shrewsbury and Telford Hospital NHS Trust (SaTH) **Integrated Tier 3/Tier 4 service** (multi-disciplinary management of complex obesity)	The SaTH integrated Tier 3 and Tier 4 service is based at Royal Shrewsbury Hospital and provides specialist, multi-disciplinary medical and surgical management of complex obesity, via GP referral. Tier 3 support includes individual consultations and group sessions, psychological strategies to address long term unhelpful eating behaviours, dietary modification, emotional eating peer support and specialist interventions to support weight loss including medications e.g., Semaglutide (Wegovy). Tier 4 support includes bariatric (weight loss) surgery undertaken by the Bariatric and Upper Gastrointestinal Service.

Appendix 2
High-level Action Plan

This action plan is an iterative document that will be developed and refined as the delivery progresses through the lifetime of the strategy. Alongside refinement of the actions, the measures for delivery will also be further developed to demonstrate progress, impact, and outcomes.

Delivery theme 1: Healthy environment		
Strategic Objective 1: **Enable a food environment for Shropshire which promotes and provides access to healthy, nutritious, and sustainable food for all**	**What will be needed to achieve this?** • Reduce food poverty • Increase the availability of healthy food in public places • Strengthen the local food system • Reduce exposure to unhealthy food in the wider environment	**What are we already doing to achieve this?** • Increasing the uptake of Healthy Start food vouchers • Shaping Places Programme • HAF Programme • Community food initiatives e.g., OsNosh
What more will we do? Key priority actions:	**Why?**	**Indicators of progress (data source)**
Review the feasibility of moving to auto-enrolment for free school meals	Not all eligible children are currently receiving free school meals. Free school meals can help families with the cost of living, helping alleviate food poverty, that is associated with obesity	Number and proportion of eligible children taking up school meals (Department for Education)
Review the scope for further improving education around healthy food through the Holiday Activities and Food (HAF) Programme	HAF is already in place (pending government funding renewal), and there are good examples where healthy food has been provided. There is potential to improve nutrition education for participating families	Proportion of Reception and Year 6 children overweight and very overweight, by deprivation decile or Place Plan Area (NCMP/PHOF)
Consider ways to incorporate learning from the Shaping Places Programme to tackle food poverty across Shropshire	Shropshire has a higher-than-average proportion of families struggling with food insecurity and hunger. The Shaping Places Programme is a grant-funded programme which aims to understand how to tackle food poverty in rural areas. Learning from this Programme can be used to tackle food poverty in other areas across Shropshire	Proportion of households in food poverty; % experiencing hunger, % experiencing food insecurity (Local Government Association)

What more will we do? Key priority actions:	Why?	Indicators of progress (data source)
Maximise household incomes by increasing awareness of the level of unclaimed benefits in Shropshire and how individuals can apply for them	Obesity rates are higher in more deprived groups. More deprived groups spend proportionately more on food and often find unhealthy options more affordable. There is evidence of large-scale under-claiming of benefits. Increased uptake of unclaimed benefits can increase household income, increasing spending on healthier food	Number of households receiving Universal Credit (UC) and other benefits not included in UC, e.g., Council Tax Support, Personal Independence Payment etc (Department of Work & Pensions), Shropshire Council) Healthy Start uptake (Shropshire Council)
Identify opportunities to work with schools/academies to ensure healthy food provision in schools	Rates of overweight and obesity increase in school-aged children from Reception to Year 6. Whole school approaches to healthy weight can be effective in improving healthy eating when they combine intervention types	Proportion of Reception and Year 6 children overweight and very overweight, by deprivation decile or Place Plan Area (NCMP/PHOF)
Work with hospitals to provide sustainable and healthy food to patients, visitors and staff	Healthy food provision in hospitals is in line with NHS National standards for healthcare food and drink (2022) and NHS Long Term Plan commitment. It is important for the NHS to lead by example by providing healthy choices and minimising the provision of sugar sweetened beverages and foods high in sugar salt and fat	Proportion of Reception and Year 6 children overweight and very overweight and proportion of adults overweight and obese, by deprivation decile or Place Plan Area (NCMP/PHOF) TBC-NHS Food Standards indicators Proportion of adults meeting recommended 5-a-day fruit & vegetable consumption on a usual day (OHID)
Explore the potential to ensure food that is provided in public places is healthy and sustainable, including increasing water availability	Healthy food and water availability in public places will improve exposure to healthy food and allow public places to be 'exemplars'	Proportion of Reception and Year 6 children overweight and very overweight and proportion of adults overweight and obese, by deprivation decile or Place Plan Area (NCMP/PHOF) Proportion of adults meeting recommended 5-a-day fruit & vegetable consumption on a usual day (OHID)

What more will we do? Key priority actions:	Why?	Indicators of progress (data source)
Work effectively with the Shropshire Good Food Partnership	Shropshire has a higher than national average level of food poverty. It is also a food-producing county. We want to improve the local food system to improve i) supply and access of healthy food, ii) support local economy and local food growers, iii) support community development around healthy food, e.g. community food hubs/sharing and community growing	Proportion of Reception and Year 6 children overweight and very overweight and proportion of adults overweight and obese, by deprivation decile or Place Plan Area (NCMP/PHOF) Proportion of households in food poverty; % experiencing hunger, % experiencing food insecurity (LGA) Proportion of adults meeting recommended 5-a-day fruit & vegetable consumption on a usual day (OHID)
Explore planning opportunities to reduce exposure to unhealthy food in the wider environment	There are opportunities within the planning system to enable the provision of healthier food, for example through incorporating 'growing spaces' within new developments or through limiting the proliferation of unhealthy food and drink, including alcohol	Proportion of Reception and Year 6 children overweight and very overweight and proportion of adults overweight and obese, by deprivation decile or Place Plan Area (NCMP/PHOF) Proportion of adults meeting recommended 5-a-day fruit & vegetable consumption on a usual day (OHID)
Opportunities to work with planners to improve access to healthy food options through new development planning, including improving access to healthy food shops and provision of community growing initiatives	There are opportunities within the planning system to enable the provision of healthier food, for example through incorporating 'growing spaces' within new developments or through limiting the proliferation of unhealthy food and drink, including alcohol	Proportion of Reception and Year 6 children overweight and very overweight and proportion of adults overweight and obese, by deprivation decile or Place Plan Area (NCMP/PHOF) Proportion of adults meeting recommended 5-a-day fruit & vegetable consumption on a usual day (OHID)

Strategic Objective 2: **Support the development of a physical environment that allows Shropshire residents to enjoy the benefits of active living**	**What will be needed to achieve this?** • Decrease sedentary behaviour and increase opportunities to be physically active throughout the work and school day as well as during leisure time with particular emphasis on those vulnerable to health inequalities and for whom access is not equitable • Increase public and active travel opportunities	**What are we already doing to achieve this?** • Shropshire's Physical Activity Guide for Healthcare Professionals resource • Social prescribing • Enabling active travel through improved walking and cycling plan (LCWIP)
What more will we do? Key priority actions:	**Why?**	**Indicators of progress (data source)**
Identify opportunities to increase access, proximity and use of recreational spaces that enable physical activity into new development planning	Planning has a key role in influencing the healthy physical environment and has the potential to make it healthier	Proportion of physically active/ inactive children and adults (OHID) Proportion of residents visiting natural environment for health or exercise (OHID)
Enable schools and early years settings to maximise opportunities to increase movement and physical activity before, during and after the school day	Whole school approaches to healthy weight can be effective in improving physical activity levels when they combine intervention types	Proportion of physically active/ inactive children (OHID)
Support employers to promote a way of working that increases opportunities for physical activity during and around the working day for employees	Workplace interventions can increase healthy eating and physical activity among employees whilst noting that more than 20% of Shropshire's working population Work From Home	Proportion of physically active/ inactive children and adults (OHID) Proportion of adults walking or cycling for travel for at least 3 days per week (OHID)
Promote and optimise use of existing assets which support physical activity, including open green space, leisure centres, community physical activity options and initiatives. Access for those most vulnerable and with most barriers to access should be prioritised	Shropshire has a number of assets that support physical activity including the natural environment, rivers, parks and sports and activity clubs and classes. There needs to be more awareness of these opportunities and more equitable access/use of these resources	Proportion of physically active/ inactive children and adults (OHID)

Delivery Theme 2: Prevention in early years

Strategic Objective 3: **Ensure there is opportunity for all pregnancies to be healthy**	**What will be needed to achieve this?** • Provide lifestyle support for pregnant women, particularly those most at risk of unhealthy weight or its consequences	**What are we already doing to achieve this?** • Local Maternity & Neonatal System (LMNS) • Solihull online antenatal support • Shropshire Telford & Wrekin Healthy Pregnancy Support Service (HPSS)
What more will we do? Key priority actions:	**Why?**	**Indicators of progress (data source)**
Local Maternity & Neonatal System (LMNS) to ensure recommended healthy pregnancy information is available before and throughout pregnancy including information on healthy diet, physical activity, appropriate weight gain and good mental wellbeing	Access to up to date, consistent information is key to supporting the knowledge of frontline practitioners enabling them to better advise families. Providing information to families through nationally and locally produced resources can help families adopt healthier behaviours that protect against unhealthy weight	Proportion of women obese at early pregnancy i.e., at booking by deprivation decile/Place Plan Area (OHID, Shropshire Council)
Target those most at risk of maternal obesity – providing access to Healthy Pregnancy Support Service (HPSS) and potentially additional antenatal support as/when this becomes available. In order to provide on-going support, the pathway between Healthy Pregnancy Service and Social Prescribing needs to be strengthened	The HPSS provides additional weight management support to pregnant women with a BMI≥30. Referrals to Social Prescribing can be made from the HPSS through which more sustained support for families can be accessed	Proportion of women obese in early pregnancy i.e., at booking by deprivation decile/Place Plan Area (OHID, Shropshire Council) Number of referrals to HPSS and from HPSS to Social Prescribing

Strategic Objective 4: **Support parents and families to provide infants with the best start in life**	**What will be needed to achieve this?** • Support and promote an increase in breastfeeding, particularly for younger and more deprived groups • Support and promote healthy weaning • Support parents and families to live healthily and introduce healthy eating and physical activity habits from early infancy • Enable early years professionals and early years settings to promote and support healthy eating and physical activity	**What are we already doing to achieve this?** • Shropshire's Healthy Child Programme • Shropshire's Oral Health Programme • Shropshire, Telford & Wrekin Infant Feeding Strategy
What more will we do? Key priority actions:	**Why?**	**Indicators of progress (data source)**
Explore through the LMNS opportunities to develop local action plans to support delivery of the Infant Feeding Strategy	A STW-wide Infant Feeding Strategy has been developed and delivery needs to be supported through the development of local action plans. There is evidence of the positive relationship between breastfeeding and subsequent obesity risk. Evidence indicates that rapid weight gain in infancy may predict later obesity and parent-reported infant food intake exceeds infant energy needs	Proportion of mothers breastfeeding at first feed and 6-8 weeks, by deprivation decile or Place Plan Area (OHID)
Explore feasibility of developing a pathway for provision of baby formula for families experiencing food poverty e.g., via the welfare support team	Healthy Start vouchers don't reflect the cost of infant formula. There is some national (and perhaps local anecdotal) evidence of formula feed being diluted and/or fortified with other foods so that infant appetites are sated. Early introduction of foods other than breast milk/formula is associated with obesity risk. Formula poverty raised by LMNS as an area of concern	TBC

What more will we do? Key priority actions:	Why?	Indicators of progress (data source)
LMNS to promote awareness of the importance of a healthy introduction to solid foods for infants, including dissemination of recommended national resources for both the public and practitioners (links to Healthy Child Programme/Best Start for Life)	Evidence indicates that formula fed infants introduced to solid foods before 4 months of age are significantly more likely to be obese at 3 years. National reports indicate that parents are also under pressure to purchase unnecessary processed foods based on misleading industry marketing	Proportion of Reception and Year 6 children overweight and very overweight, by deprivation decile or Place Plan Area (NCMP/PHOF)
Explore opportunities through LMNS and Best Start for Life work programmes to strengthen and improve the targeting of healthy eating and physical activity advice/ resources for infants through antenatal education and onward parenting support	Rapid weight gain and overweight during infancy are consistently associated with a higher risk of obesity in childhood and adult life. There is evidence that infants are overfed and that some gain weight too rapidly. There is also evidence that infants/toddlers do not meet physical activity recommendations. Information and support provided in the antenatal period can be effective in providing infants with a better start in life, as can on-going parenting support	Proportion of Reception and Year 6 children overweight and very overweight, by deprivation decile or Place Plan Area (NCMP/PHOF)
Explore feasibility of developing a standardised approach towards identifying infants at risk of obesity and a pathway for onward support for those at greatest risk	Currently there is no standardised approach to identifying infants at risk of obesity. However, research has shown that rapid weight gain in infancy is the strongest predictor of a child becoming overweight. Crossing just one centile for weight during the first year of life is associated with fourfold increase in the risk of overweight or obesity in childhood	Proportion of Reception and Year 6 children overweight and very overweight, by deprivation decile or Place Plan Area (NCMP/PHOF) Other specific indicators TBC

What more will we do? Key priority actions:	Why?	Indicators of progress (data source)
As part of support to infants at risk of obesity, develop bespoke family-based healthy lifestyle support offer interfacing with existing services including the Healthy Pregnancy Support Service (HPSS), Health Visiting and Social Prescribing. Links to pathway development for infants at risk of obesity. The service will also be inclusive of NCMP follow-up	Current gap for families in securing Healthy Weight 'support', as a continuation of support provided through HPSS, HV services and/ or following NCMP measurement. Evidence supports the provision of advice in understanding feeding cues, the need for active play and adequate sleep in promoting healthy weight. Healthy Lives Team currently trained in behavioural support strategies and techniques and able to signpost/refer. Consistent with personalisation agenda. Interventions to promote responsive feeding/responsive parenting have been shown to be effective in supporting a healthy pattern of early growth	Proportion of Reception and Year 6 children overweight and very overweight, by deprivation decile or Place Plan Area (NCMP/PHOF) Service-specific indicators TBC
Identify ways of working with early years settings and professionals to enable them to (i) support healthy eating and physical activity, and (ii) identify parents and families in need of healthy lifestyles support and facilitate their access to existing services and offers	The Scientific Advisory Committee on Nutrition (SACN) report for infant feeding aged 1 to 5 years highlights that larger portion sizes of snacks and meals provided in preschool settings are associated with higher food and energy intake	Proportion of Reception and Year 6 children overweight and very overweight, by deprivation decile or Place Plan Area (NCMP/PHOF)

Delivery Theme 3: Empowering system partners

Strategic Objective 5: **Ensure staff have the knowledge and skills to be confident and competent in promoting healthy weight and in supporting those living with unhealthy weight**	**What will be needed to achieve this?** • Support staff knowledge and skills development	**What are we already doing to achieve this?** • Trauma-informed approach: workforce training offer • STW Personalised Care approach • Physical Activity in Shropshire Guide for Healthcare Professionals
What more will we do? Key priority actions:	**Why?**	**Indicators of progress (data source)**
Identify the training needs of staff ensuring they: (i) have the knowledge, skills, and confidence to have sensitive conversations about healthy weight (ii) have an understanding of the determinants of obesity and the impact of stigma and discrimination (iii) have competence in educating colleagues, patients, service users, parents, families about the causes of obesity and how to prevent it (iv) are able to sign-post individuals at risk to the available resources, services, and support Some staff groups in particular will benefit from: (i) an enhanced understanding of the psychological factors driving unhealthy weight (ii) being able to support individuals in knowing their entitlement to benefits and how to access them To include NHS (LMNS, Health Visitors, School Nurses), staff in early years settings social care staff: children's social care (Looked After Children (LAC), foster parents), learning disabilities support staff, mental health staff, staff in schools	Making Every Contact Count (MECC) approach. Well-trained staff can better support individuals in achieving healthier weight and increase access to services and resources. Having well-trained staff can also reduce stigma and discrimination experienced by those with obesity. Frontline staff (especially those working with families) would benefit from a deeper understanding of the psychological factors that influence eating behaviours and those working with more vulnerable groups need to be able to support patients/clients in accessing advice/support to claim benefits	Proportion of Reception and Year 6 children overweight and very overweight and adults overweight and obese, by deprivation decile or Place Plan Area (NCMP/PHOF) Proportion of physically active/ inactive children and adults (OHID) Proportion of adults meeting recommended 5-a-day fruit & vegetable consumption on a usual day (OHID) Number of referrals to NHS digital weight management programme Referrals, take-up, and completion of Diabetes Prevention Programme Referrals, take-up and various outcomes of Social Prescribing

Strategic Objective 6: **Enable organisations across the system to prioritise healthy eating and active living in their specific settings**	**What will be needed to achieve this?** • Establish a healthy settings approach across the system	**What are we already doing to achieve this?** • Energize Active Partnership - Active Schools • Shropshire Council Workplace Wellbeing Champions • Digital Weight Management programme (DWMP) for NHS staff • Shropshire Council Thrive at Work Workplace Wellbeing Accreditation Award
What more will we do? Key priority actions:	**Why?**	**Indicators of progress (data source)**
Work with partners to develop a whole-settings approach to healthy eating/physical activity, including schools, workplaces, and early years settings. This should include: • Increase in access and provision of healthy food • Increase and optimisation of opportunities for physical activity • Development of education & skills for healthy lifestyles • Appropriate signposting to support services	The settings in which people live, work, learn and play affect their health and well-being. Venues such as schools, colleges, workplaces, and early years settings present an opportunity to enhance actions aimed at the prevention of ill-health. They can ensure that there are opportunities for physical activity and healthy eating as well as, where appropriate, having staff well-trained and able to provide support and/or sign-post individuals to services	As above - see Strategic Objective 5

Strategic Objective 7: **Ensure the system is working together in a co-ordinated way to maximise existing assets, resources and best practice**	**What will be needed to achieve this?** • Ensure existing resources and assets are visible and shared across the system • Align messaging and communications about healthier weight across the system	**What are we already doing to achieve this?** • Shropshire, Telford & Wrekin Personalised Care approach • NHS Shropshire, Telford & Wrekin system collaborative networking Collaborate Newsletter
What more will we do? Key priority actions:	**Why?**	**Indicators of progress (data source)**
Ensure the inclusion of evidence, guidance and existing assets and services within health and social care pathways especially for more vulnerable groups (SMI, LD, SEND, Physical Disability etc) and other key groups including older people	There are national resources and nationally and locally commissioned services that are universally available that are aimed at either preventing or treating obesity. In addition, Shropshire has a range of different assets and support services that are likewise universally available. Front-line staff and the public in general are not all aware of what is available and hence access to these resources is inequitable	As above - see Strategic Objective 5
Work together to develop key shared communications (universal and targeted) the scope of which will include: • key messages for public • key messages/evidence for staff • opportunities for sharing messages	Conflicting messages relating to food, physical activity and weight in general are unhelpful, creating confusion and can ultimately lead to disengagement. Furthermore, messages relating to overweight and obesity can further reinforce stigma and discrimination. In addition, staff are not always aware of the services and support that are available and consequently resources are under-used and there is inequitable access reflecting the differences in staff knowledge	As above - see Strategic Objective 5

Healthier Weight Strategy for Shropshire 2023-2028

If you would like this information in a large print version, telephone 0345 678 9000.

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**21st November 2024**					
Title of report	**Trauma Informed Approach for Shropshire**					
This report is for	Discussion and agreement of recommendations		Approval of recommendations (with discussion by exception)	X	Information only (No recommendations)	
Reporting Officer & email	Caroline Chioto- Public Health MH Programme Lead Manager caroline.chioto@shropshire.gov.uk Gordon Kochane- Consultant in Public Health Gordon.kochen@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working	x		
	Mental Health	x	Improving Population Health	x		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x		
	Workforce	x	Reduce inequalities (see below)	x		
What inequalities does this report address?	People experiencing socio-economic disadvantage, women, minoritized ethnic groups, and the LGBTQ + community are disproportionally affected by violence and trauma.					

1. Executive Summary

Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma experiences and supporting mental and physical health outcomes. They build on evidence developed over several decades.

In Shropshire, in 2021 the HWBB agreed to develop a trauma informed approach in Shropshire. On 23rd April, 2023, Shropshire's HWBB were asked to endorse the following recommendations:
Making Shropshire a trauma informed county cannot happen unless our system collectively agrees to commit to this work going forward. The recommendations below were formulated and agreed by the Trauma Informed Steering Group:

- The Board is asked to support a recommendation to make their workforces Trauma Informed in principle
- Focus on Early Years and Primary Education; working with partners to develop support for a 'Miss Kendra' approach in early years and primary school, where children feel valued and safe
- Production of a simple resource, that provides 'how to' information for different parts of the system (Public Sector, Voluntary sector, all services) with key trauma informed messages and tips
- Continued work to develop a consistent training offer for the system (including evidence of implementation) which consists of:
    - o Induction Tier - mandatory online training module developed as soon as possible, available to all across the Integrated Care System (ICS)

o Awareness and Universal tier (Practitioner level)
o Advanced and specialist tier (Train the trainer) Delivering the practitioner level for sustainability

- Work with system leadership and commissioners to determine how we embed trauma approaches in commissioning and service delivery.

Our current action plan set out the continuing actions to deliver on the agreed recommendations, with a goal to making Shropshire a Trauma Informed Place. This involves a system approach across the ICS to achieve our goal, via the multi-agency steering group.

Progress on this continuing work of the Trauma Informed Steering Group and the importance of continued support at a system level.

- 700 + workforce staff including Cabinet, ShIPP, HWBB, Primary Care, Community Health Trust, Hospital Trusts, Adult and Children's Social Care, Public Health, VCS attended 'Resilience – the biology of stress & the science of hope,' film & facilitated workshop. Monthly screenings between 2021 and 2023
- Examples of good practice compiled (communication plans still needed)
- Successful, well received 'Miss Kendra' (right of child) PSHE pilot. Progress made on developing a Miss/Mrs/Mr Kendra resilience toolkit for schools - a codesigned therapeutic universal offer that aims to address trauma with all children creating emotionally safe environments. The toolkit is now at design stage and there are plans to disseminate it via education forums, the VCSE, Health social care forums.
- The development of a trauma informed resource for organisations
- Multi-agency TI bi-monthly meetings. The group is in process of exploring priorities and new ways to monitor impact.

There is important connectivity to many strategic priorities and plans across the system, such as:

- ICS Joint Forward Plan Person-Centred Approach
- Shropshire Suicide Prevention Strategy
- Armed Forces Covenant
- ICS Children and Young People Mental Health Transformation Plan
- Shropshire Council Inequalities Plan
- Priority of Shropshire Joint Health and Wellbeing Strategy

The purpose of **this** report is to provide the HWBB with outputs and recommendations from a recent workshop, led by our Trauma Informed Steering Group, to further develop our approach and to ensure continued commitment to making Shropshire a trauma informed place.

It has been recognised that an updated action plan with SMART objectives is needed so that we can track progress and hold each other to account for delivering the HWBB vision for improving our approach to trauma.

2. Recommendations

This report recommends that the HWBB:

- Continue to endorse the development of a trauma informed place
- Endorse the priorities of (i) learning and development across all services, (ii) commissioning and (iii) awareness raising
- Endorse the adoption of an additional priority regarding a trauma informed culture, taking into account compassion, psychological safety and working together
- Request an updated action plan, agreed by the TI Steering Group, at the next HWBB in February
- Recognise the risk associated to delivering this ambition, with lack of investment.

3. Report

The steering group have been working on reviewing priorities to decide our plan and to make sure that the work continues to move forward.

Shropshire is an active member of the West Midlands Trauma Informed Coalition which is facilitated through the West Midlands Combined Authority and informed by the evidence of work developed and implemented in Scotland, Wales and Northern Ireland over the past few years. The overarching goal for the WM Coalition is to see a trauma-informed, emotionally safe West Midlands for all. The Coalition offers members a Community of Practice, insight into locality-based network activity and opportunities to share practice, learning and successes. The coalition have recently launched two frameworks- the learning and development framework and commissioning framework. The Steering group agreed to utilise the frameworks in our work as a system and within our individual organisations. The group will be exploring a model on how to localise the frameworks and what this may involve, how and when.

Workshop:
On 24th October 2024, the Trauma Informed steering group hosted an in-person workshop at Shirehall as a starting point with partners to re-establish the ambition and priorities for Shropshire. The workshop was well attended by organisations across the Shropshire, which highlights the level of commitment to making Shropshire a Trauma Informed Place among system partners. The workshop utilised the guidance from the learning and development frameworks to guide us in our priority setting review. (see Appx)

Workshop themes

- The learning and development and embedment of trauma informed approaches
- Embedment of trauma approaches in commissioning
- Measuring impact

We asked partners 'how are we going to treat each other in a trauma informed way'? Kindness, emotional safety, active listening, respect, good supervisions and transparency are among the many ways suggested by Partners.

Summary of the Key areas that Partners suggested to be included in the action plan

- Culture and workforce

At an organisation level, partners highlighted the importance of the values of the organisation, the need for culture change, and leaders leading by example. Help people to understand the importance of making these changes and the benefits, using a top-down approach. This includes how organisation support staff with secondary trauma; it also includes how we have and demonstrate kindness and compassion.

- Policies and procedures	There is a shared ambition to embed TI in all policies and procedures
- Learning and Training	Organisations and teams are training staff to be trauma aware/informed, however partners recognise that the offer is dis-jointed and inconsistent; the Coalitions development and training framework could help with this.
- Commissioning	there is a shared ambition to embed the TI in our policies and commissioning utilising the Coalition's framework
- Communication and dissemination of knowledge	agreeing tools and resources and developing a communication plan
- Lived Experience	embedding lived experience throughout our programmes and transformation will significantly support developing our trauma approaches

Next steps:

- The findings/suggestions from our workshop are now going to be taken to the steering group and a task and finish group for further discussion and priority setting to form SMART actions. This will involve aligning the priorities and actions across the system to embed trauma approaches in all services across health, social care and voluntary sector.
- Future update to the Health and Wellbeing Board on the action plan, the agreed priorities and how we will measure impact moving forward

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	Commitment from system senior leaders to enable all their staff to be trauma informed, through training, practice and implementation is essential. While acknowledging that there is good work and progress in Shropshire, the risk of fragmented understanding and practices remains. This programme has been developed by drawing together willing staff resource who have demonstrated significant commitment to developing a trauma informed place. Given the lack of dedicated financial investment, great strides have been made, however, progress is limited and will remain limited without total commitment and investment in the approach.	
Financial implications (Any financial implications of note)	Financial implications from the cost of training.	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

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

June 2023 HWBB - Healthy Lives - Trauma Informed Approach September 2023 HWBB - Healthy Lives - Trauma Informed Approach
Cabinet Member (Portfolio Holder) Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead** Cllr Cecelia Motley, Portfolio Holder for Adult Social Care, Public Health & Communities
Appendices A. Trauma Informed Workshop 24.10.24 - presentation B. Trauma Informed Workshop 24.10.24 – group discussions (excel spreadsheet) C. West Midlands Trauma Informed Workforce: Learning and development framework

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Trauma Informed Shropshire

PRIORITY SETTING WORKSHOP- October 24th, 2024

Caroline Chioto

Penny Bason

Naomi Roche

Lived Experience Voices

Shropshire Telford and Wrekin Integrated Care System

Shropshire Domestic Abuse Service

Midlands Partnership University NHS Fo

The Shrewsbury and Telford Hospital NHS Trust

Shropshire together

Probation Service

Severn Training & Schools Alliance

Workshop Structure

1. Background, Purpose of the workshop, Introductions, Stats/evidence and knowledge, progress so far, today's focus…
2. Group discussion on the overarching ambition
3. The West Midlands Coalition framework- summary
4. Facilitated group discussions – based on our agreed overarching ambition and WM TI framework
5. Large group Feedback and agreement of key areas to include in an action plan.
6. Closing remarks and thanks

Introductions & pre-evaluation

1. How are you feeling today?
2. Have you completed a trauma awareness training (any level)?
3. Does your team or organisation have access to fully funded trauma awareness training?
4. Did you see film ‘Resilience – the biology of stress the and science of hope,’ in 2023?

Mentimeter

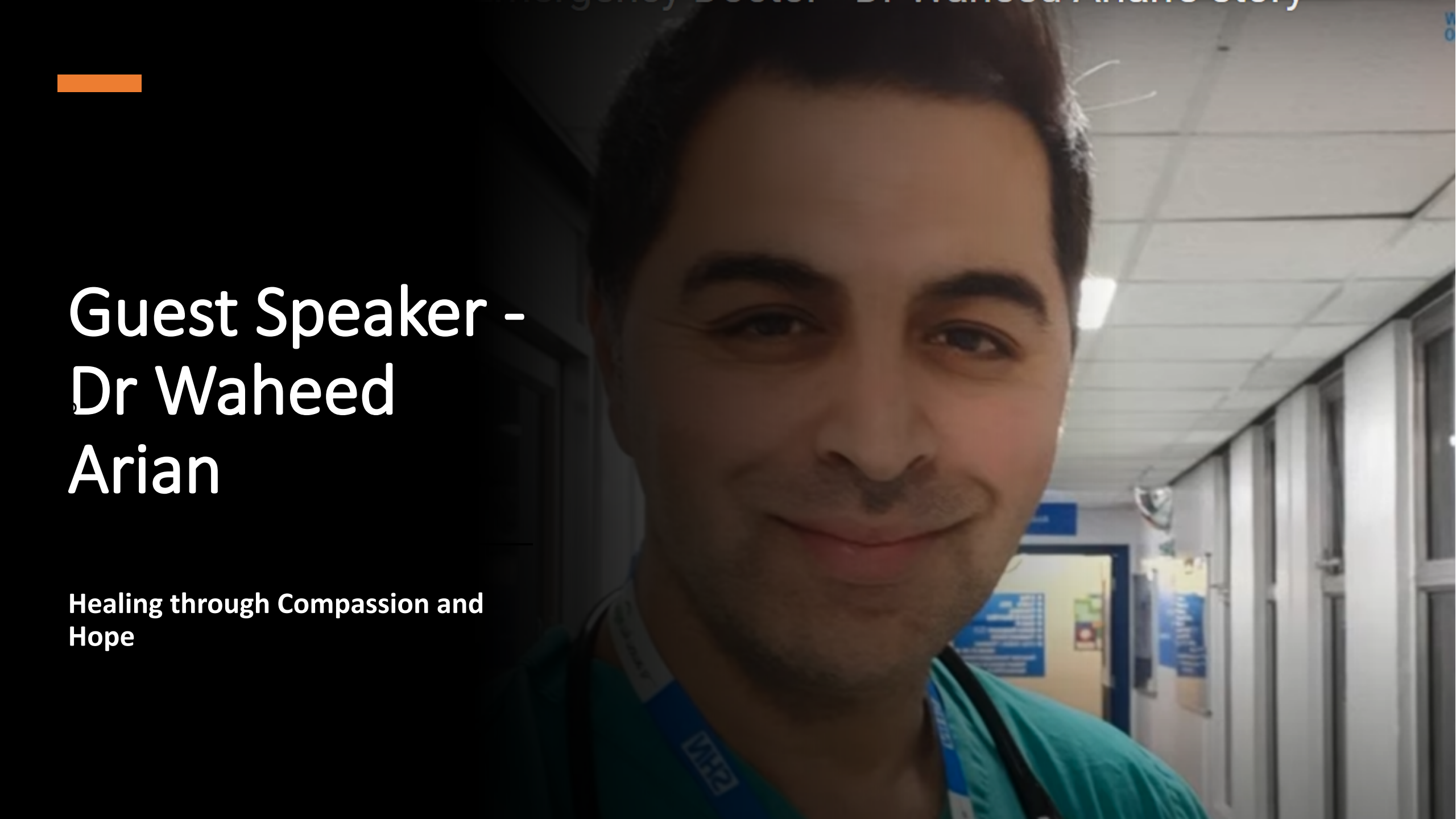
QR Code Here

Go to menti.com.

Enter code: **25923600**

Guest Speaker - Dr Waheed Arian

Healing through Compassion and Hope



Trauma Informed work -Alignment with system plans

ICS Joint Forward Plan
Person-Centred Approach

Shropshire Council Target Operating Model (TOM) ‘’Breaking generational cycles’

ICS Children and Young People Mental Health Transformation Plan

Shropshire Suicide Prevention Strategy

Armed Forces Covenant

Shropshire Council Inequalities Plan

Shropshire Integrated Place Partnership Strategic Plan

Shropshire Integration and Transformation work

Priority of Shropshire Joint Health and Wellbeing Strategy

Shropshire prevention framework

The Shropshire Plan - Healthy People:
Tackle inequalities, Early intervention, Partnerships Healthy Organisation: *Best workforce, align our resources*

National statistics – Impact & inequalities

- Around **1** in **3** adults in England report having experienced at least one traumatic event. These include road accidents, violence/prolonged abuse, natural disasters, serious illnesses [1]
- In England, a household survey found that **nearly half** of adults had experienced at least **one** ACE, including childhood sexual, physical or verbal abuse, as well as household domestic violence and abuse (DVA) [1]
- In the household survey in England and Wales, adults who had experienced four ACEs were **twice as likely** to attend their general practice repeatedly, compared with those with no ACEs history, and incidence of health service use **rose** as the ACEs increased [3]
- People experiencing socio-economic disadvantage, women, minoritized ethnic groups, and the LGBTQ + community are disproportionally affected by violence and trauma [3]
- In a systematic review and meta-analysis of 37 observational studies of health behaviours and adult disease, patients with four or more ACEs were at higher risk of a range of poorer health outcomes including cardiovascular disease and mental ill health, versus those with no ACEs history. [2]

Reminder of 8 recommendations to progress- 2023

- Through agreement at the HWBB, the system has been working together towards making Shropshire a trauma informed place

  As a starting point, our core priorities for TIA are:

  - ✓ Training
  - ✓ Raising Awareness
  - ✓ Developing our Commissioning Approach
  - ✓ Developing resources

Focus on Early Years and Primary Education; working with partners to develop support for a 'Miss Kendra' approach in early years and primary school, where children feel valued and safe

Production of a simple resource, that provides 'how to' information for different parts of the system (Public Sector, Voluntary sector, all services) with key trauma informed messages and tips

Continued work to develop a consistent training offer for the system (including evidence of implementation) which consists of:

Induction Tier - mandatory online training module developed as soon as possible, available to all across the Integrated Care System (ICS)

Awareness and Universal tier (Practitioner level)

Advanced and specialist tier (Train the trainer) Delivering the practitioner level for sustainability

Work with system leadership and commissioners to determine how we embed trauma approaches in commissioning and service delivery

Trauma Informed integral for staff too (TRIM)

Progress so far…

- **Priority** of the Health and Wellbeing Board (HWBB) 2022-2027
- **700 + workforce staff** (incl. Cabinet, ShIPP, HWBB, Primary Care, Community Health Trust, Hospital Trusts, Adult and Childrens' Social Care, Public Health, VCS) attended 'Resilience – the biology of stress & the science of hope,' film & facilitated workshop so far. Monthly screenings in'23
- **Multi-agency TI group** meets bi-monthly. Aim to create trauma informed workforce across the system. 4 levels of training identified. Needs to be consistent and implemented afterwards. Mapped training and TI practice. Good practice in place, but inconsistent and fragmented.
- Successful, well received 'Miss Kendra' (right of child) PSHE pilot. Progress made on developing a Miss/Mrs/Mr Kendra resilience toolkit for schools
- Examples of good practice compiled (communication plans still needed)

How do we help people to live in bodies that feel fundamentally safe?

[How the body keeps the score on trauma | Bessel van der Kolk for Big Think+]

How can we support people who have experienced Trauma? From the Body Keeps Score, Bessel Van der Kolk

- These experiences leave traces on people's biology and identity and have devastating social consequences–medical illnesses, problems with school and work performance, drug addiction and a variety of psychiatric illness. In fact, the Centers for Disease Control and Prevention calculate that childhood trauma is our single largest public health issue—more costly than cancer or heart disease—and one that is largely preventable by early prevention and intervention.
- In order to overcome trauma people need to feel safe enough to open up their hearts and minds to others and become engaged with new possibilities. This can only be done if trauma survivors, and their communities, are helped to confront and confess the reality of what has happened and are helped to feel safe again. In many non-Western cultures this involves communal rhythmical activities, such as dancing, athletics, and collective prayer. Communal rituals of acknowledgment, support, and repentance can play a substantial role in healing from trauma.
- Treatments that focus solely on decreasing a few PTSD symptoms, or on drugs to obliterate feelings, ignore the importance of integrating the traumatic experience in the overall arc of one's life, and they fail to help survivors reconnect with their communities. The scientific evidence for the efficacy of these therapies, while widely promulgated and practiced, is, in fact, quite disappointing.
- Probably the most important challenge in recovering from trauma is learning to regulate oneself. We can activate this innate capacity by utilizing breath, touch, movement, and rhythmical engagement with one's fellow human beings, such as yoga, tai chi, and dancing, methods that are not widely utilized in medical settings or in school systems.

Today's focus

Have a quick look at **our achievements**

Agree our **collective ambition** going forward

Understand what we need to do to achieve our ambition

Agree key areas for an **Action Plan**

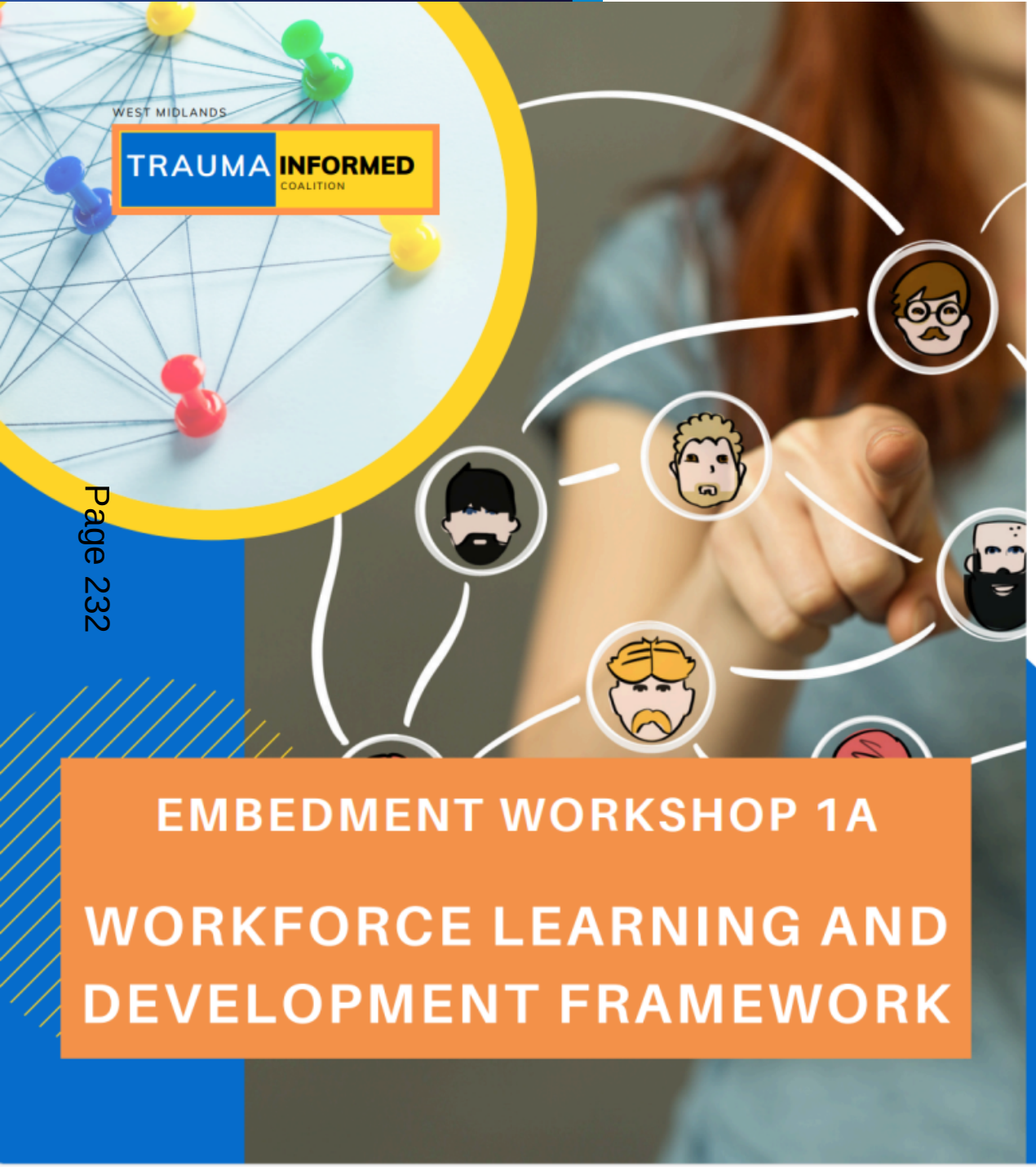
Discuss and Gain **commitment** for delivery

Group discussion 1

Building on the HWBB ambition of Shropshire being trauma informed system, what does this mean for Shropshire?

Shropshire Council

Comfort Break- 5 minutes



EMBEDMENT WORKSHOP 1A

WORKFORCE LEARNING AND DEVELOPMENT FRAMEWORK

THE WEST MIDLANDS

Trauma Informed Coalition

Transforming the West Midlands Together

West Midlands Combined Authority | west midlands police and crime commissioner | BARNARDO'S

WEST MIDLANDS

TRAUMA INFORMED COALITION

200+ members

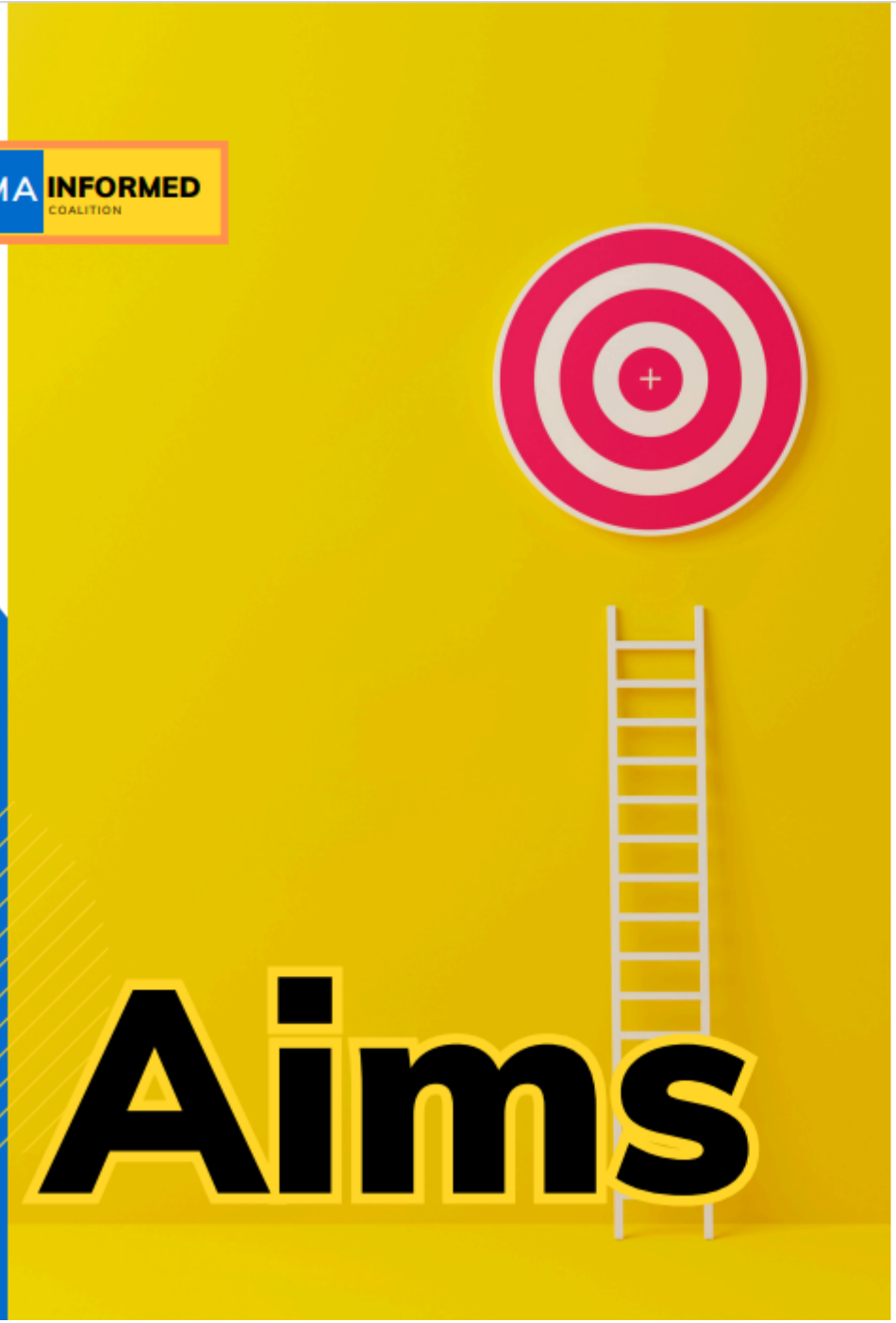
Senior leaders representing the breadth of the West Midlands Public and Voluntary sectors.

Standing together, with one common aim:

To see a trauma-informed, emotionally safe West Midlands for ALL.

Workforce Learning and Development Framework *(100 consultants)* | Commissioning Guidance | Community of Practice *(200 members)* | Cost and Benefit Analysis

WEST MIDLANDS TRAUMA INFORMED COALITION



- A shared understanding of trauma prevalence, trauma, potential impact and recovery.

- A shared language and terminology around trauma, potential impact and recovery.

- A shared understanding of what learning and development and good practice might look like while allowing for innovation and flexibility on a sector-by-sector basis.

- A regional understanding of the process of adopting whole organisational approaches to trauma and adversity.

- A shared understanding of the potential impact of secondary traumas and protective factors for those supporting trauma-experienced individuals and groups.

WEST MIDLANDS TRAUMA INFORMED COALITION

HOW WAS THE FRAMEWORK DEVELOPED?

- 35 Specialised named reference group members
- 65 Public Consultation participants
- Young voices consultation

WEST MIDLANDS TRAUMA INFORMED COALITION

WHO IS THE FRAMEWORK FOR AND HOW CAN IT BE USED?

Use	By who?
The framework helps professionals identify strengths, weaknesses, and find training to improve trauma-informed practice.	Professionals working in the West Midlands statutory, private, public and third sector organisations. Organisations seeking to adopt a whole organisational approach.
The framework helps design trauma training programs, and supports the wellbeing of staff who may be exposed to the potential impact of secondary traumas.	Senior and strategic leads Managers, supervisors and those with decision-making responsibility Training providers delivering content around trauma and emotional safety. Organisations seeking to adopt a whole organisational approach.

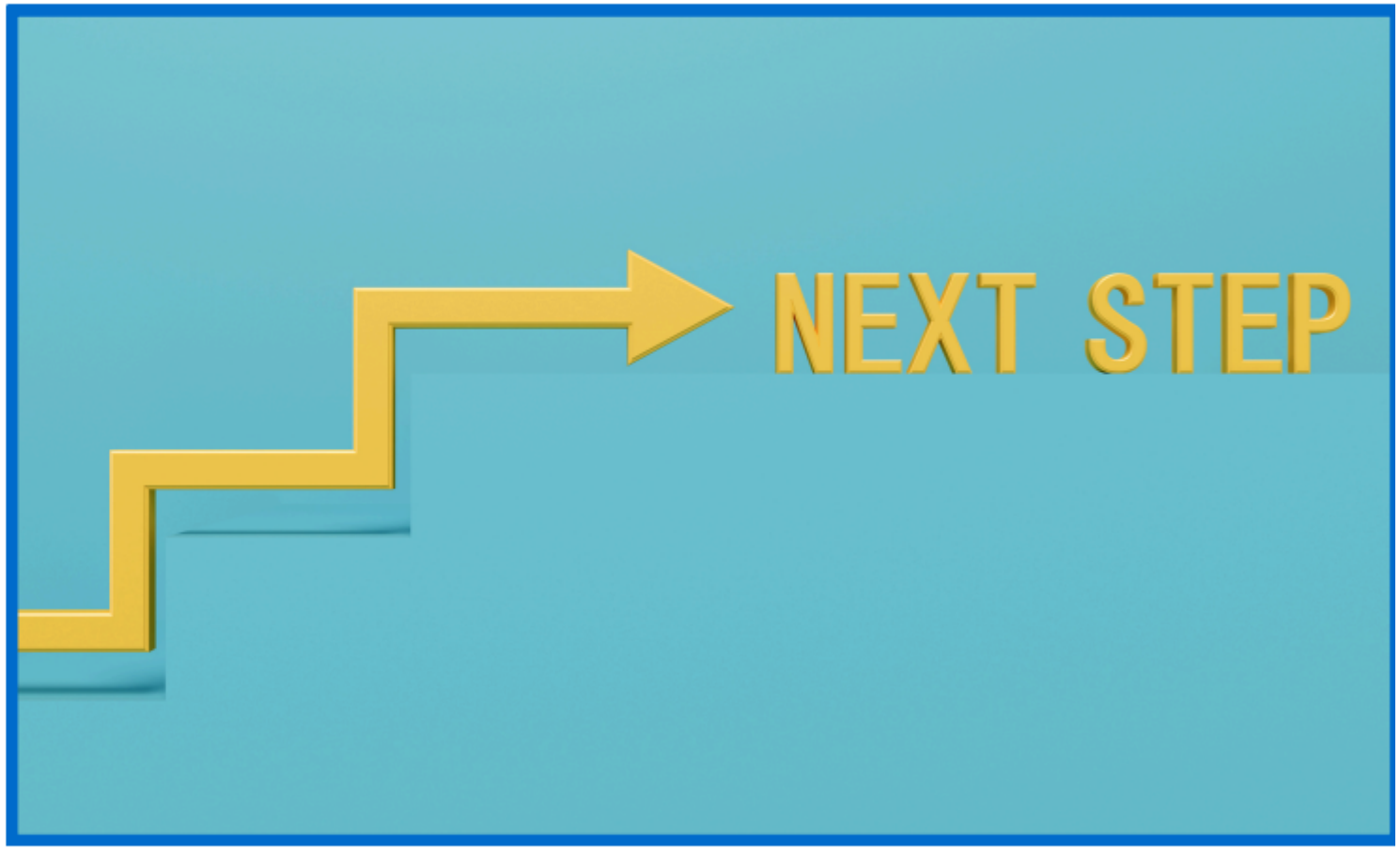
WEST MIDLANDS TRAUMA INFORMED COALITION

STRUCTURE

Levels

- Trauma Aware
- Trauma Informed
- Trauma Responsive

Trauma Specialist



WEST MIDLANDS TRAUMA INFORMED COALITION

Themes

- Knowledge and Awareness
- Infusing Trauma Informed Language
- Creating Emotionally, Physically, and Psychologically Safe Environments
- Listening to and Supporting Those with Lived Experience
- Cultural Humility and Context
- Staff and Organisational Wellbeing

THEME: Knowledge and Understanding

Level	Guidance Point: Workers are expected to...
Trauma Aware	Understand that people's behaviour or responses can be affected by previous experiences of trauma.
Trauma Informed	Recognise that due to the correlating feelings of powerlessness associated with experiences leading to trauma, some people will seek a sense of control through other outlets, such as food control, which may result in presentations of disordered eating behaviours.
Trauma Responsive	Understand social determinants of health that could influence outcomes, including the conditions in which people are born, grow, work, live, and age, and the broader set of forces and systems shaping the needs of daily life. These forces and systems include economic and political policies and systems, development agendas, social norms and social policies.

THEME: Infusing Trauma Informed Language

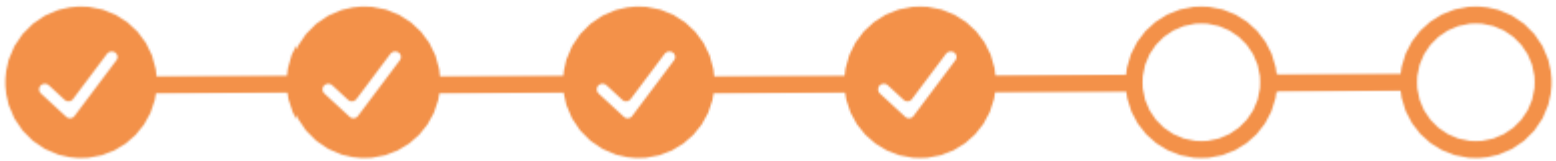
Level	**Guidance Point:** Workers are expected to...
Trauma Aware	Understand the importance of inclusivity, equity and accessibility within all lines of communication.
Trauma Informed	Understand the benefits of embedding trauma-informed language into service information, policies, processes, strategies and systems across organisations so they become routine terminology focussed on strengths and recovery.
Trauma Responsive	Understand how utilising common language across service and systems can support effective research and evaluation. Promoting this by capturing consistent understanding to support the regional understanding representing baseline positionality, progression and goal setting.

THEME: Creating Emotionally, Physically, and Psychologically Safe Environments

Level	**Guidance Point:** Workers are expected to...
Trauma Aware	Understand what welcoming, inclusive and accessible spaces look, sound and feel like and how these environments can create emotional safety and enhance wellbeing.
Trauma Informed	Know that an expectation to build immediate trust can be challenging and/or harmful to those who have experienced or continue to experience ongoing threats. Building trust can be particularly complex when breaches of trust have occurred within the contexts of interpersonal relationships, perceived trusted positions, or systems.
Trauma Responsive	Understand how to facilitate and design psychologically safe and accessible physical environments and services across all spaces, while incorporating understanding of how physical spaces can cause re-traumatisation or distress.

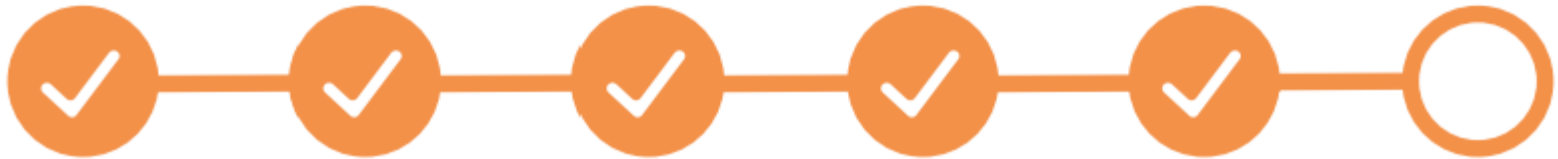
THEME: Listening to and Supporting Those with Lived Experience

Level	**Guidance Point:** Workers are expected to...
Trauma Aware	Understand what lived experience is and the benefits of including lived experience' voice and influence' in creating and designing services and support.
Trauma Informed	Have clarity on how they listen to individuals and groups with lived or living experiences and should consider accessibility and methods of wisdom sharing to ensure that those who would like to partake in conversations can feel fully supported to do so.
Trauma Responsive	Have a robust understanding of accompanying services that can contribute towards post-traumatic growth outcomes, such as trauma specialist services, domestic abuse refuges, social housing support, drugs and alcohol services, physical and mental health services and debt management services.



THEME: Cultural Humility and Context

Level	**Guidance Point:** Workers are expected to...
Trauma Aware	Understand that racialised, underrecognised, or other discriminated against groups experience trauma in disproportionate ways.
Trauma Informed	Recognise how intersectionality related to identity and protected characteristics (Including, but not limited to, age, religion, gender, income, marital status, geographical location, race, recreational activities, disability, and sexual orientation) plays a significant role in how an individual might experience trauma, impact and recovery.
Trauma Responsive	Understand that many current systems are designed in ethnocentric ways, which predominantly prioritise a white, global minority, male, heterosexual and neurotypical perspective. Professionals should be able to acknowledge this as a barrier to forging resilient systems and proactively seek to identify and implement solutions.



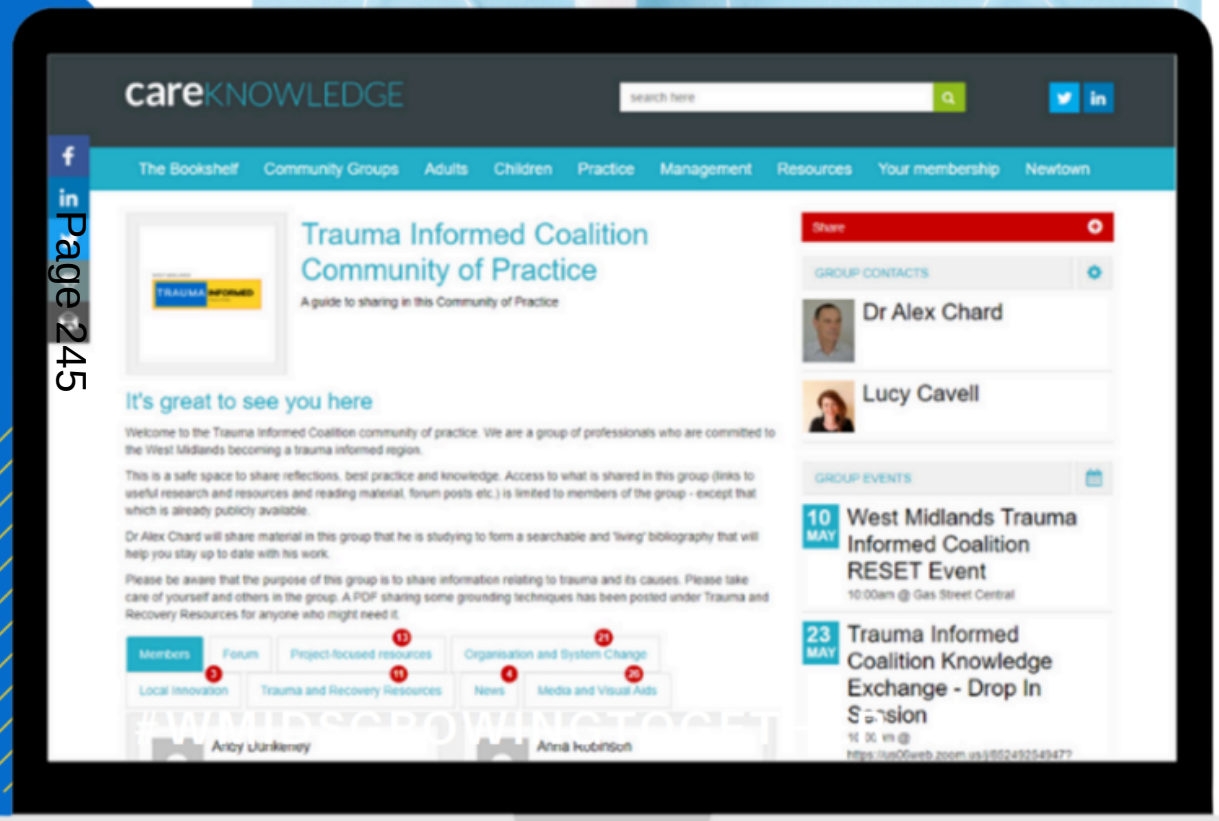
THEME: Staff and Organisational Wellbeing

Level	**Guidance Point:** Workers are expected to...
Trauma Aware	Recognise compassion satisfaction as a significant outcome for many professionals working within the context of trauma.
Trauma Informed	Understand the potential warning signs and symptoms of secondary traumas, including Compassion Fatigue, Secondary Trauma, Transference, Vicarious Trauma, and Burnout.
Trauma Responsive	Understand how collective traumas such as unexpected loss of funding, episodes of staff misconduct, times of transition, bereavement, severe or sudden challenges for those under an organisation's care or support, staffing restructures, redundancies and sudden changes can impact teams and organisations, and know the protective factors that can support wellbeing during these times.

WEST MIDLANDS

TRAUMA INFORMED COALITION

Community of Practice



Online resource bank

Forum

Networking

Shropshire Council

Comfort Break – 5 minutes

Group discussion 2- Learning and Development

Based on our agreed overarching ambition and WM Learning & Development Trauma Informed framework

I. How are we going to treat each other in a trauma informed way?

II. What needs to happen for our organisations and for the system to make a commitment to delivering trauma informed approaches with our communities? And how is your organisation/team going to make a commitment to the system work?

III. What can you do in your organisation to embed our trauma informed approach and what support do you need?

IV. How do we monitor progress?

Group discussion 3- commissioning embedment

What steps do we need to take to introduce & embed the Commissioning Guidance across the system?

Large group feedback

Based on today's discussions, what are the key areas to include in an action plan?

Shropshire Council

Closing remarks and thanks.

WEST MIDLANDS
TRAUMA INFORMED WORKFORCE:

LEARNING AND DEVELOPMENT FRAMEWORK

WEST MIDLANDS
TRAUMA INFORMED COALITION

WELCOME!

ACKNOWLEDGMENTS

The completion of the West Midlands Trauma Informed Workforce Learning and Development Framework would not have been possible without the invaluable contributions of a wealth of individuals and organisations across the West Midlands. We would like to express our sincere gratitude to all who played a role in its development from conception, through to consultation and publication. The collective belief in this work has been essential to its progress.

We are grateful for the financial support provided by the West Midlands Combined Authority, the West Midlands Office of the Police and Crime Commissioner, The West Midlands Violence Reduction Partnership and Barnardo's, whose generous funding has made this Framework possible.

We are indebted to our collaborators, those who represented the West Midlands population and workforce, who brought their expertise, lived experience, wisdom and dedication to the project. Their insights and hard work have been instrumental in shaping the final outcome.

Prepared and authored by: L. Cavell, Senior Trauma Informed Practitioner, Barnardo's and Ben Curtis, Trauma Informed Team Manager, Barnardo's.

REFERENCE GROUP

We would like to thank our reference group, who took the time to share their experiences and perspectives with us. Their willingness to participate was essential to our understanding of trauma, impact and recovery across the many diverse contexts of the West Midlands public and third sectors.

- Dr Alex Rouse: Specialist Senior Educational Psychologist, Birmingham Educational Psychology Services
- Alexander Urka: Community Safety Partnership Manager, Reducing Offending Thematic Lead. Birmingham City Council
- Andy Wright: Chair Of Attachment Research, Community Trustee of WMVS CiC Foundation and ASCL Council Member
- Dr Asha Patel, Clinical Psychologist, CEO at Innovating Minds
- Balbir K Sohal: Community Advocate, Coventry
- Beckie Richards: West Midlands NHSEI Vanguard (Positive Directions) Practice Educator, Trauma Vanguard Project
- Revd Dr Carver Anderson: Co-Chair, West Midlands Faith Alliance and Executive Director, Bringing Hope
- Claire Martin: Head of Youth Justice and Interventions, Sandwell Children's Trust
- Claire Tate: Senior Transformation Lead for Emotional Wellbeing and Mental Health Children's Commissioning, Partnerships and Improvement, Sandwell Council
- Emma Cholawo: Trauma Informed Practice Educator Positive Directions, West Midlands Trauma Vanguard Project
- Emma Pinnock: Founding Director, SEND Consultant and Educator: Essential Education Group
- Dr Geoff Debelle: Associate Professor Geoff Debelle, University of Birmingham and Consultant Paediatrician, Birmingham Women and Children's Hospital
- Harpal Bath: Head of Multiple Disadvantage, Birmingham Voluntary Service Council
- Hayley Walton, Child Friendly Dudley Programme Lead, Children's Services, Dudley Council
- Hugh Sherriffe: Director Children's Services, Barnardo's Central England region
- Jade Busby: SEMH Lead and Previously Looked After Children Advisor, Worcestershire Virtual School
- Katy Willitts RNCB RHV: Designated Nurse Children in Care and Care experienced young people, Birmingham and Solihull Integrated Care Board
- Jon Grant: Chair of Sandwell Early Help Partnership, Strategic Lead, Sandwell Council of Voluntary Organisations and CEO, Krunch UK
- Joseph Leppington: Virtual School Education Adviser, Telford & Wrekin Virtual School
- Chief Superintendent Kim Madill: West Midlands Police
- Lara Timms: Head of education programmes, Social Work England
- Dr Lindsay Balfour, PhD, Coventry University
- Marc Radley, Strategic Director, CACI, Advisory Board, Peer Power
- Dr Marie Kershaw: Clinical Psychologist & Head of Psychologically Informed Practice, Birmingham Children's Trust
- Naomi Roche: Personalised Care Programme Manager, STW ICS, Leading Shropshire's Health & Wellbeing Board Trauma Informed Approach
- Nikki Holmes: Director, Safer Together
- Pete Wilson, Head of Prevention, West Midlands Fire Service
- Rebecca Mpanza BSc (Hons) MRCSLT HCPC MASLTIP: Speech and Language Therapist and Founder, Seen & Heard
- Sandra Gibson: West Midlands Deputy Safety Lead, Care Experienced, Safeguarding and Wellbeing Lead, Her Majesty's Prison and Probation Service
- Dr Sara Willott: Clinical Psychologist, Learning Disabilities Division, Birmingham Community Healthcare NHS Trust
- Sean Monaghan: Founder and Director, Safer Now
- Talha Ikhlaq: West Midlands Combined Authority Youth Board member
- Dr Tamryn Renwick: Clinical Psychologist, Learning Disabilities Division, Birmingham Community Healthcare NHS Trust
- Dr Usha Jayarajan, Consultant Clinical Psychologist, Lead for Children and Care and Care Leavers, Forward Thinking Birmingham, Birmingham Women's and Children's NHS Trust
- Zoë Clark-Coates MBE, Global CEO of the Mariposa Trust and Co-Chair and Author of the Pregnancy Loss Review on behalf of the Prime Minister.

FOREWORD

Dr Marie Kershaw | Clinical Psychologist & Head of Psychologically Informed Practice, Birmingham Children's Trust

Trauma, in its various forms, has touched the lives of many in our region, leaving an indelible mark on individuals, families, communities and professionals. The echoes of these experiences can reverberate through our lives, impacting child development, shaping our perceptions, relationships, overall wellbeing and day to day functioning.

While some individuals may have access to protective factors such as strong social connections, relational security, financial stability, access to services, and trust in support systems around them to mitigate potential long-term effects of trauma; others navigate their experiences without these essential safeguards. It is these individuals and communities who are often at the most significant risk from the impact of trauma across the lifespan.

Research shows us that whilst trauma can create additional vulnerabilities; as services, systems and society at large, we can also work pro-actively work with individuals, families and communities, to create the 'counter-conditions' needed to support people to recover and to thrive.

As we work together across sectors and disciplines, this Framework serves as a common language that connects us, enabling us to approach trauma with empathy, compassion, and shared understanding. It provides a platform for continuous improvement, enabling us to learn, grow, and adapt to the evolving needs of those we serve.

FOREWORD

Claire Dhami | Founder of the West Midlands Trauma Informed Coalition and Head of Systems Change and Inclusion, West Midlands Combined Authority

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The West Midlands Trauma Informed Coalition is a testament to the power of collaboration and shared purpose. We are a collective of professionals from diverse contexts across the public and third sectors, united by our unwavering commitment to create a trauma informed, emotionally safe West Midlands for all.

The West Midlands Trauma Informed Coalition is committed to fostering a community where trauma recovery is not a privilege but a fundamental human right.

Our mission is to transform the West Midlands into a place where trauma awareness and understanding of trauma, impact and recovery are embedded into everything we do. Where every individual has access to trauma-informed, emotionally safe support, where their experiences are validated, and where they have the opportunity to heal and flourish.

This vision is not merely an aspiration but a call to action. We invite all professionals, services, volunteers and organisations representing the breadth of the West Midlands to join us in this collective endeavour. We each have a role to play in developing and sustaining systemic resilience.

As we embark on this journey, we are proud to introduce the West Midlands Trauma Informed Workforce Learning and Development Framework. Developed alongside the voices of those it seeks to represent, is a vital tool providing a unified approach for trauma informed learning and development within our region's diverse workforce. It seeks to ensure consistency of best practice across sectors, empower individuals and organisations to recognise the impact of trauma, create safe and supportive environments, and foster collaborative approaches.

Together, we can create a trauma-informed, emotionally safe West Midlands for all.

INTRODUCTION

Throughout recent years, there has been a rapidly increasing understanding of the widespread reach of trauma and adversity and how these experiences can go on to have a profound impact on individuals and families, across generations, and within collectives and whole communities.

Trauma can occur when a person is exposed to an event or a series of events that present a serious physical or psychological threat to life to us or others. When this occurs, it can overwhelm our capacity to cope, making us feel helpless and scared (Office for Health Improvement and Disparities, GOV. UK., 2022; SAMSHA, 2023). This experience can leave a lasting impact on a person's life.

Some people may have experienced a one-off frightening event, others may have been through multiple traumatic events across their lives, and some people may have witnessed something distressing. Trauma is multifaceted and multidimensional in nature and is felt uniquely from person to person. The potential impacts of trauma are vast and cannot be viewed deterministically. Where one person may experience minimal implications, others may experience ongoing effects across their life course. Sadly, these impacts can often be experienced disproportionately by racialised, under-recognised, or other discriminated against groups. (Gillespie et al., 2009; Pumariega., Jo., Beck and Rahmani., 2022)

Research shows us that many professionals also experience traumatic stress in the context of their work, either due to first-hand experiences or through the secondary impacts of trauma accrued within their professional roles (Eikenaar., 2022; Foley & Massey., 2021; Lanyado, 2016; McNicholas et al., 2020). These experiences can be further complicated by the potential for collective trauma, which can be felt by organisations, adding a layer of complexity within organisational contexts and care.

Trauma can impact a person across multiple domains of a person's development, physical health and social wellbeing. Many people will go on to experience significant post-traumatic growth and recovery following their experiences of trauma. However, for some people, these impacts can increase the risk of adverse outcomes.

In the West Midlands, services across the breadth of the public and third sectors are crucial in creating the emotional safety required to best support opportunities for healing. Some people affected by trauma and adversity may require specific clinical interventions carried out by those with advanced specialist skills who may work as part of a multidisciplinary team to support potential pathways to recovery (The Department for Levelling Up, Housing and Communities, 2023). However, everyone can play an essential role in creating a safe, empathetic system.

The more a collective and solution-focused approach to understanding the prevalence and impact of trauma is embraced, the more services and systems can be developed in ways that will support sustainable changes to allow people the best possible opportunities and outcomes (Han, 2021; Chung et al., 2009; Sweeney et al., 2016).

WHY A FRAMEWORK?

Imagine a West Midlands where everyone speaks the same language about trauma and adversity, where each professional representing the breadth of disciplines supporting individuals and communities across our region has a shared understanding of these experiences and knows how to respond effectively. This is the vision behind the West Midlands Trauma Informed Workforce Learning and Development Framework.

Trauma, in its many forms, can leave a profound impact on individuals, families, and entire communities. But there is hope. By building a shared foundation of knowledge and best practices, we can foster positive change on both personal and communal levels.

In light of this context, there is a need for our region, representing 2.9 million people, to adopt a collective responsibility for developing a more consistent and coherent, recovery and solution-focused approach to trauma across the system. An approach that can be adaptable to the diverse strengths and needs represented within both system-wide and hyper-local contexts to ensure those accessing and providing services receive the best support possible.

In a UK context, Scotland, Wales, Northern Ireland and a few select regions of England have led the way in developing system-wide models around trauma. Here in the West Midlands, we have seen a range of positive approaches utilised within services and an increasing interest in formulating region and system-wide responses to the issue.

The primary purpose of the West Midlands Trauma Informed Workforce Learning and Development Framework is to provide regional guidance for workforce development. Building on our learning and that of other areas and nations, we understand that differing organisations and representing professionals will vary in their knowledge and ability to access resources. Therefore, this Framework has been designed to support organisations across systems and sectors to design, develop, and equip services to recognise better and respond to people's needs.

Acknowledging existing efforts and diverse trauma informed practice models, this Framework is not a prescriptive tool. Instead, it provides guidance that can support innovation and flexibility, tailored to the needs of different sectors based on core trauma informed values and principles.

This Framework aims to bring about a regional shift, a collaborative effort across all sectors to equip the workforce with the knowledge and skills needed to recognise and support those impacted by trauma through a unified commitment to understanding trauma, its potential impact, and possible pathways towards supporting healing. This Framework is a shared journey towards a West Midlands where everyone affected by trauma can find the support they need to thrive.

AIMS

The Framework aims to support:

- A shared understanding of trauma prevalence, trauma, potential impact and recovery.
- A shared language and terminology around trauma, potential impact and recovery.
- A shared understanding of what learning and development and good practice might look like while allowing for innovation and flexibility on a sector-by-sector basis.
- A regional understanding of the process of adopting whole organisational approaches to trauma and adversity.
- A shared understanding of the potential impact of secondary traumas and protective factors for those supporting trauma-experienced individuals and groups.

WHO IS THE FRAMEWORK FOR AND HOW CAN IT BE USED?

Trauma informed practice is a journey, not a destination. Learning often happens through non-linear pathways and can take time and resources. While remaining conscious of pressures on organisations and being mindful of resource limitations, the tiered structure aims to avoid overwhelming individuals by offering entry points at accessible levels and acknowledging each step as valuable. The Framework has been designed to allow and encourage individuals and organisations to progress at their own pace, within their own professional boundaries.

The Framework offers a set of values and principles to guide learning and development in trauma informed practice. All professionals and training providers use these principles to develop an understanding of what is meant by a trauma informed approach. These values can support clarity across the system and align trauma informed initiatives with related practices.

The Framework includes a spectrum of knowledge and skills development, which can be used as follows:

HOW CAN THE FRAMEWORK BE USED?	BY WHOM?
To indicate areas of strength and areas for growth in continuous professional development. To support identification and access to quality learning and development programmes, which are based on a secure knowledge of what effective trauma informed practice might looks, sound and feels like within a variety of professional contexts.	• Professionals working in the West Midlands statutory, private, public and third sector organisations. • Organisations seeking to adopt a whole organisational approach.
To plan or review learning and development programmes for workforces around trauma, adversity and emotional/ psychological safety to ensure they match the ambition of the framework. To plan or review workforce wellbeing provision to ensure it provides adequate support for professionals exposed to the potential impact of vicarious and secondary traumas.	• Senior and strategic leads working in all statutory, public and third sector organisations in the West Midlands. • Managers, supervisors and those with decision-making responsibility in statutory, public and third sector organisations in the West Midlands. • Training providers delivering content around trauma, adversity and psychological safety or related areas of practice. • Organisations seeking to adopt a whole organisational approach.

HOW WAS THE FRAMEWORK DEVELOPED?

To support the regional aim to see a trauma informed, emotionally safe West Midlands for all, a design sprint was undertaken by the West Midlands Trauma Informed Coalition. This activity focused on early intervention and prevention to glean the best collaborative, action-based evidence from research and practice. Based on this evidence and the reflections of Coalition members representing Criminal Justice, Charity and Voluntary Services, Policing, Education, Faith communities, Fire and Rescue, Health, Local Authorities, Prison Services and Social Care, a Trauma Informed Workforce Learning and Development Framework was commissioned.

To effectively develop a shared language and promote a system-wide approach that could be adaptable to the diverse contexts represented in the West Midlands, several activities were undertaken, including:

- An extensive review of literature relating to trauma, impact and pathways to recovery.
- The careful consideration of existing development frameworks relevant to trauma and emotional safety.
- Extensive stakeholder consultation and engagement.
- A three-month public consultation period: Using a trauma informed approach to capture the voices of organisations, communities, and individuals representing the diverse demographics of the West Midlands. This research included perspectives from adults, young people, children and those with lived experience of trauma.
- An intersectional approach to data collection to ethically capture the voices of marginalised communities, enduring to be poverty-aware and anti-racist at every opportunity
- An expert reference group comprised of researchers, clinicians, practitioners and community representatives.

WHAT DO WE MEAN BY TRAUMA?

Definitions of psychological trauma and its potential impact have evolved over recent history. Historically, much more emphasis has been placed on the common and dominant construct of trauma impact: Post-Traumatic Stress Disorder (PTSD). However, we now understand that this is not the only lens through which the impact of trauma can be experienced and understood.

We are becoming increasingly aware that the impact of trauma can be wide-ranging and, while significant to the individual, may not reach a formal diagnosis for PTSD. It is, therefore, important that we widen our lens to understand the many ways in which trauma can have a significant impact on a person's function and wellbeing.

One recently developed national definition that is widely recognised is that trauma can:

Result from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life-threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual wellbeing.

- Office for Health Improvement and Disparities, GOV. UK., 2022

The potential impacts of trauma do not exclusively emerge as a result of something happening to us directly but can also occur through witnessing or hearing about something that has been perceived as traumatic. In addition, the impact of trauma can also be experienced in the absence of nurturing environments. Although difficult to categorise, traumatic impact is often subdivided across a continuum that ranges from Acute Trauma to Complex trauma:

Acute Trauma – Often associated with single incident events such as assaults, serious road traffic accidents, or other types of major emergencies or critical incidents, which can be experienced as extremely stressful by a person or a community/collective.

Complex Trauma – Can occur when experiences of trauma are prolonged, multiple in nature, or repeated, often in early childhood and within the contexts of interpersonal or intrafamilial harm. This might include abuse, neglect, experiencing or witnessing domestic abuse or significant attachment disruption, as well as other experiences such as war and conflict, human trafficking and refugee experiences, which can also profoundly compromise feelings of safety and security (DSM-5, 2013).

Traumatic events are not always experienced as isolated incidents. For many, there can also be contributing traumas that can influence how a singular or series of adverse events might affect them:

- Attachment trauma can occur when a child does not experience consistency in physical and emotional support from caregiving or other nurturing relationships.
- Developmental trauma can occur when a child experiences early exposure to repeated traumas (including in utero). Often experienced within the context of significant caregiving relationships, these experiences can lead to high activation of the stress response system. As a result, developmental trauma can impact all aspects of development, which may leave lasting effects across the life course.
- Medical trauma can be experienced as an emotional and physical response to an experience of injury, pain, severe illness, or medical procedures that a person might have experienced to be frightening.
- Cultural/Identity and Insidious Trauma include systemic injustices, structural inequalities, racism, and prejudice.
- Historical Trauma can occur following an event or series of events, where the effect and impact can be felt intergenerationally.
- Secondary traumas can be experienced by those playing a supportive role in the life of trauma-experienced individuals and collectives. This can include vicarious trauma, compassion fatigue, burnout, or experiences of moral distress and moral injury regarding the way systems operate in practice in relation to a person's own values and beliefs.
- Collective traumas are where the impact of an event or series of events has been felt across collective demographics, such as communities, schools, or organisations.
- Mass trauma affects large numbers of people.

Trauma is a unique experience. For every individual, there can be a whole range of protective factors or risk factors which can mitigate or induce trauma and influence the way that a person might experience an event or series of events (Thabet, 2017). It can be helpful to remember that it is not always the event itself that can be traumatic; rather, it is the correlating impact of that event or events across a number of domains in a person's life.

1 ENVIRONMENT

2 EVENT

3 EXPERIENCE

4 EFFECT

We now understand that we cannot be deterministic about how an event might affect a person or what outcomes might occur. Instead, we can think about identifying trauma in relation to the 4 Es (Adapted from SAMSHA, 2023).

Environment: **The environmental context in which an event has taken place.**

Determined by:

- The physical space where an event has taken place
- How a person feels within the presenting space and context

Linked to:

- Historical experiences within the presenting space
- Collective or generational connotations of the environment

Event: **Exposure to a stressful or traumatic event or series of events. This occurrence could be a one-off event, something that happens repeatedly over time, or an absence of something happening.**

Experience: **How did that person experience the event? If it was perceived as threatening or dangerous, this may have caused levels of stress hormones to rise in the body.**

Determined by:

- How a person perceives and assigns meaning to what happened
- How someone is physically, psychologically and emotionally impacted

Linked to:

- A person's identity, cultural beliefs, and intersectionality
- Collective, community and historical contexts and experience
- The availability of social supports
- A person's developmental stage

Effect: **How exposure to a stressful or traumatic event or series of events affects a person.**

This effect may occur immediately or have a delayed onset, and traumatic impact could have short or long-term effects.

ADVERSITY AND IMPACT

Many people may have experienced adversity in various forms over the course of their lives during childhood and/or adulthood. Lots of people who have experienced trauma will go on to experience significant healing or recovery from their experiences, leaving few or no lasting effects. However, research demonstrates that for others, trauma can leave a significantly challenging impact on their lives and the lives of those around them. (Xiaou et al., 2023; SAMSHA, 2014)

If a person is repeatedly exposed to threatening, unsafe situations, the brain learns to keep them safe by adapting its responses to the environment around them. Although these adaptations can be critical to survival in the short term, the prolonged activation of the stress response system can lead to traumatic stress (sometimes referred to as toxic stress), which may cause long-term difficulties that can continue to impact a person across the life course. (Centre on the Developing Child 2007)

Although sometimes associated with extreme events, traumatic stress can also emerge as a result of exposure to more common adversities, for example, medical procedures, sickness, separation, relationship breakdown and ambiguous loss. Traumatic stress may also occur when the impact of the repeated activation of the stress response system, due to constant perceived threats or psychological triggers linked to past trauma, compound over time (Murray, Grey, Wild et al., 2020; McCrory, Foulkes & Viding 2022).

Research shows us that the potential impact of trauma and traumatic stress is vast and is often a 'whole-body' experience that can profoundly impact a person across multiple domains (Van der Kolk., 2014), including:

- Physical health
- Psychological and cognitive development
- Language development
- Emotional wellbeing
- Relationships
- Behaviour*
- Sleep
- Memory
- Sense of self

(Anderson, 2017; Benjet et al., 2016; Cook et al., 2003; Clarke et al., 2019; Levine & Kline, 2006; Lum, et al., 2018; National Institute for the Clinical Application of Behavioural Medicine., 2017; Perry, 2006; Siegal, 1999; Sylvestre, et al., 2015; WHO, 2020)

**It is important to note that some behaviours indicative of trauma responses may be attributed to other explanations, and therefore, it is critical to view behaviour through a position of curiosity, with trauma being one possible explanation.*

For some people, the adaptations associated with traumatic stress and coping responses to trauma can lead to an increased risk of outcomes relating to:

- Experiences of multiple disadvantage related to outcomes of homelessness, substance misuse, domestic abuse, contact with the criminal justice system and mental health issues.
- The use of substances or risk-taking behaviours: Where maladaptive coping mechanisms may be used to manage feelings of distress relating to past or ongoing trauma or to stimulate hormones to a level that feels most familiar.
- Negative impact on relationships and relationship-building: Where relationships have been violated, unpredictable, or absent, forming healthy and safe relationships can be difficult. Research also shows that people who have experienced abuse and neglect at a younger age are more likely to have poor language and social communication skills. These outcomes can result in feelings of isolation and exclusion and add additional risks of re-victimisation, for example, exploitation.
- Misunderstood trauma responses such as persistent hypervigilant or hypovigilant behaviours and dissociation can lead to inappropriate medical intervention and/or diagnosis and/or punitive sanctions, leading to increased vulnerability of outcomes such as school exclusion, online harm and criminal activity.
- Challenges in the context of multi-agency and cross-discipline responses, where undetected vulnerabilities can lead to missed opportunities for appropriate support and early intervention.
- Increased feelings of shame and a reduced sense of belonging and mattering.

(Copeland et al., 2018; Ministry of Housing, Communities and Local Government, 2023)

Although neurobiological data can evoke a deterministic view of the heightened risks towards negative trajectories for those who have experienced some types of trauma, it is essential to highlight that for many people, the experience of trauma and recovery will lead to positive outcomes such as greater empathy and resilience alongside skills of advocacy and developed expertise in their own experiences, which can go on to enrich the lives of those around them.

RECOVERY

The healing process towards post-traumatic growth and recovery is complex and non-linear in nature. Some people may experience the impacts of trauma in varying degrees across their life course. However, many people also go on to experience hopeful outcomes following trauma, such as:

- A regained sense of self due to the development of an integrated and compassionate self-narrative.
- Trauma responses no longer impinge on the felt quality of day-to-day life.
- A sense of belonging and hope for the future is established and experienced.

These outcomes may develop quickly or over a long period and do not need to be present simultaneously, consistently, or in full to be acknowledged as significant for a person. At any point following on from trauma, we can support the best possible chance for people to experience positive outcomes by facilitating opportunities to:

Develop a felt sense of safety and trust through safe and supported relationships.

Co-regulate and self-soothe the nervous and sensory systems.

Create and co-create meaning out of experiences.

Leamy et al., 2011

WHAT IS TRAUMA INFORMED PRACTICE?

According to an internationally recognised definition taken from the Substance Abuse and Mental Health Services Administration in the United States (SAMHSA, 2023), Trauma Informed approaches can be thought of as the 4 Rs.

1 REALISE

2 RECOGNISE

3 RESPOND

4 RESIST

Trauma Informed approaches are those that:

Realise: **Realising the significant effect that trauma can have on individuals, groups and communities, and understanding the potential pathways to recovery.**

Recognise: **Recognising the signs, symptoms and widespread impact of trauma for all.**

Respond: **Responding by fully integrating knowledge and understanding of trauma and impact into all aspects of service through a whole-organisation approach.**

Resist: **Intentionally resisting re-traumatisation**

A trauma informed approach realises the potential impact trauma exposure can have on people's neurology, development, physical and mental wellbeing. Understanding that this can negatively impact a person's ability to connect with others, sense of safety and belonging, ability to form and maintain trusting relationships and social development, whilst also recognising potential pathways to healing and recovery.

A trauma informed approach recognises the prevalence of trauma and the possible indicators of trauma in behaviour. It understands that behaviour is communication and acknowledges the importance of seeing beyond presenting behaviours, using professional curiosity to predict but not presume underlying causes related to trauma and adversity.

A trauma informed approach responds to trauma by ensuring a whole organisational approach within which leaders and professionals are skilled in providing supportive, psychologically safe contexts and environments for staff and those using services. This approach aims to improve the inclusivity, accessibility and cultural humility of services, ensuring people are empowered to have choice and control over their health and wellbeing and have barriers to seeking support reduced or removed.

A trauma informed approach resists the possibility that people are re-traumatised when interacting with services by, wherever possible, reducing the likelihood of people being reminded of past trauma or re-living feelings, sensations, or thoughts associated with past events.

WHAT VALUES DO WE NEED TO LIVE BY TO BE TRAUMA INFORMED?

Trauma informed practice can be considered a philosophical or cultural position on delivering effective services. This derives from an in-depth understanding of trauma and adversity and their potential impacts, recognising that systems may need to adapt to the unmet needs of the people they represent.

Due to the rise in the use of terminologies relating to trauma and the increase of readily available introductory training, the concept of trauma informed practice has become more widely known but can sometimes be oversimplified. Although initial training might bring essential foundational understanding, trauma informed practice promotes a much deeper understanding of trauma, impact, and recovery alongside a commitment to ongoing learning and action.

At the heart of this approach lies a deep understanding of how individuals and communities navigate challenging experiences and a commitment to fostering safe and supportive environments. To ensure that all of our services can promote access to the most effective support possible, the following trauma informed values can be acknowledged throughout every facet of service delivery:

Person-centred approach: Every individual's journey through trauma is unique. Trauma informed practice emphasises flexibility, personalised care, and tailors interventions wherever possible to meet the specific experiences and circumstances of each person.

Behaviour as communication: A trauma informed approach views behaviour as a form of communication, understanding that challenging behaviours and feelings of shame can often stem from unmet needs or attempts to cope with past trauma or immediate overwhelming events. A trauma informed approach meets these behaviours with empathy and curiosity in order to foster safe spaces and opportunities for authentic connection, free from judgment, while actively challenging potentially stigmatising narratives.

Contextual understanding and safeguarding: Trauma informed practice recognises that safety encompasses more than just physical security and seeks to establish an in-depth understanding of context wherever possible. Contextual safeguarding acknowledges the complex factors that can contribute to vulnerability, such as family context, history, and structural positionality related to aspects such as poverty, social exclusion, and access to education and services. It takes proactive steps to address potential threats and minimise risk to emotional, psychological, and social wellbeing, considering multiple domains of life, from a person's home and community to online spaces and social connections.

Do no harm: At the heart of trauma informed practice lies the fundamental principle of ensuring our actions and interactions contribute to healing, not cause further harm. This means creating safe spaces and acknowledging the potential triggers that certain situations might present.

Recognises every interaction as a potential intervention: Trauma informed practice understands that every encounter can contribute to a supportive and healing experience and is, therefore, intentional about how words, actions and spaces might be experienced.

Resilience, recovery and strengths-focused: A trauma informed approach focuses on individual strengths, capacities, and potential for growth, fostering hope and empowerment, acknowledging that even amidst adversity, individuals can possess resources and be supported towards outcomes of healing and recovery.

Supported reflection and meaning-making: Trauma informed practices understand the crucial benefit of providing opportunities for individuals to reflect on their experiences within safe and supported environments, which can help them find meaning and reclaim hope.

Centring lived experience: Individuals with lived experiences of trauma and adversity hold invaluable knowledge and wisdom. Giving their voices, choices, and perspectives prominence is crucial for building effective support systems and ensuring services truly cater to the needs of those they aim to help in a trauma informed way.

Cultural humility and equity: While recognising and addressing the diverse experiences and intersecting challenges faced by individuals from different backgrounds, a trauma informed approach places a high value on the ability to provide culturally sensitive care and advocates for equitable access to support for all. Trauma informed practice embraces cultural sensitivity and humility, acknowledging the limitations of one's own knowledge and continually commits to actively seeking to learn from and understand diverse perspectives.

Collaboration and shared responsibility: A trauma informed approach recognises that cultivating effective and coherent trauma informed systems requires collective and ongoing effort. Everyone, from individuals to organisations, across all disciplines, has a role to play in advocating for change. This can be best supported when we work together to challenge systems of oppression and power imbalances that perpetuate trauma, while simultaneously seeking to build supportive environments where healing can flourish.

WHAT DOES A TRAUMA INFORMED ORGANISATION LOOK LIKE?

Services across the breadth of the public and third sectors are crucial in creating the emotional safety to best support opportunities for healing. Healing and post-traumatic growth are unique experiences for each individual, but for many people, positive interactions and supportive relationships can contribute. Due to the widespread impact and prevalence of trauma, professionals and organisations often step into the role of representing these supportive interactions. The West Midlands workforce forms this support network and their responsiveness matters. When their responses are sensitive and attuned, these interactions can improve outcomes for trauma survivors and professionals. Conversely, an unresponsive organisational environment towards trauma-experienced individuals can risk re-traumatisation, which can create significant barriers to service access and exacerbate existing social justice and equity issues.

Trauma can impact everyone, from individuals to entire organisations. Working in contexts marked by adversity can be both deeply rewarding and challenging. Many professionals working across the West Midlands will carry their own experiences of trauma or adversity. This can shape their roles in unique ways, both enriching their contributions whilst also presenting possible psychological triggers and trauma responses that they may find challenging. In addition, other professionals might encounter secondary impacts of trauma as a result of the vital work that they do. These impacts may include compassion fatigue, vicarious trauma, secondary trauma, burnout, and moral injury. Organisations can also experience traumas as a collective. This experience may affect how an organisation operates, impacting both staff and those the organisation supports.

These services are most effective when staffed by professionals working within supportive environments that promote and prioritise wellbeing. Working with this understanding can help to support positive outcomes and continuity for those under their care.

Believing that implementing trauma informed values has the potential to support positive change, both organisationally and throughout the wider community, a trauma informed organisation seeks to embed trauma informed values across all aspects of service and delivery (Hopper et al, 2010; Moreton et al. 2018). By promoting a deeper understanding of the far-reaching impacts of trauma on individuals, families, and communities and incorporating these values, services can encourage positive outcomes relating to improved staff retention, increased wellbeing, and greater confidence, better equipped to support those facing adversity. This approach has the potential to allow us to foster stronger, trust-based relationships between service users and practitioners, facilitating more effective interventions and contributing to more accessible care (Treisman, 2021).

A process of trauma informed organisational change seeks to infuse trauma informed values across all aspects of their service by adopting the 4Rs across their policies, procedures and practice. Realising the effects of trauma and potential pathways to recovery, recognising the signs of trauma and its impact, responding to trauma by integrating knowledge of its effect into a whole organisation approach, and resisting the possibility that someone is re traumatised through their interactions with services. (SAMSHA, 2023)

To establish a trauma informed, emotionally safe culture across an organisation, we can look to consider how trauma informed guiding principles could be translated and experienced within an organisational context by both staff and those who are using our services.

WHAT ARE THE PRINCIPLES OF TRAUMA INFORMED PRACTICE?

While understanding that a trauma informed, emotionally safe organisational approach can be beneficial for both those using services and the professionals representing them, rather than seeking to create separate initiatives for different groups, we can look to translate guiding principles of trauma informed practice into tangible experiences by permeating them into every aspect of an organisation.

In developing this Framework, we have drawn upon the work of other nations and regions (Public Health Wales., 2022; Scottish Government and NHS Scotland., 2021). Each has suggested similar values and principles when articulating what it means to be trauma informed. While slight differences may exist in how these ideas have been categorised or expressed in lists of principles and values, the themes are commonly shared and often reflect regional priorities. The West Midlands Framework has opted for seven fundamental principles that reflect the values important to our communities. These principles can be equally applied to service users, staff, systems, organisations and partnership working.

TRAUMA INFORMED PRINCIPLES:

1 SAFETY

2 TRUSTWORTHINESS

3 CHOICE

4 COLLABORATION

5 EMPOWERMENT

6 CULTURAL CONSIDERATION

7 CONNECTION

HOW CAN THESE PRINCIPLES BE APPLIED TO INDIVIDUALS AND ORGANISATIONAL CONTEXTS?

PRINCIPLE	INDIVIDUAL UNDERSTANDING	ORGANISATIONAL UNDERSTANDING
Safety	The trauma informed principle of safety recognises and prioritises the physical, psychological, and emotional wellbeing of both residents and professionals in the West Midlands. This approach includes creating environments and interactions that minimise the risk of re-traumatisation and promotes a sense of security for all.	Every policy, process, practice, and physical space is designed to foster physical, psychological, and emotional safety for both staff members and those accessing services. The organisation prioritises minimising unnecessary stress and the risk of re-traumatisation for all individuals. Additionally, staff feel equipped and confident, through training and support, to deliver responsive and individualised care that meets the diverse needs of those they serve.
Trustworthiness	The trauma informed principle of trustworthiness encourages transparency, where decisions, actions, and communication are open and honest, recognising the importance of following through on commitments and keeping people informed. Ensuring that explanations are clear, accessible, and tailored to individual needs, ensuring everyone feels understood and respected.	Organisations meaningfully seek to foster trust among staff, service users, and the wider community. They ensure that all policies and practices are accessible, understandable, and readily available. Consistent and clear boundaries are set and communicated, offering predictability and comfort for all. There is a culture of respect for difference where organisations encourage healthy dialogue and act on authentic feedback when trust has been broken.

Choice	The trauma informed principle of choice promotes the process of shared decision-making and self-agency within decisions, goal setting and action plans. Conferring with individuals and respecting their choice and voice allows individuals to feel respected, in control, and more confident as they move forward on their unique healing journeys.	Opportunities for choice are ethically facilitated wherever possible. The impact of power dynamics is carefully considered, and there is an active ambition to create safe spaces where individuals can authentically reflect, choose, and exercise autonomy. Informed consent is prioritised, informing every interaction from referrals to service delivery. There is an active encouragement of personal agency, in order to encourage individuals to feel in control and confident as they make choices that are right for them.
Collaboration	The trauma informed principle of collaboration values both staff and service user experiences as important contributions to overcoming challenges and improving the system as a whole to collectively shape a more supportive and effective system for everyone.	Organisations ensure that staff and service user voices are represented in dialogue and are meaningfully considered when overcoming challenges and maintaining and improving the service and systems as a whole. They promote opportunities to collaborate with those representing all aspects of service partnership, including staff, those supported through services, community members, stakeholders and cross–discipline networks to collectively learn, reflect, and effectively disseminate collective insights to support continuous improvement.
Empowerment	The trauma informed principle of empowerment ensures that efforts are made for sharing power, encouraging those using services and staff to have agency and influence in decision-making at both individual and organisational levels. People feel empowered and encouraged in the process of healing from their experiences.	A commitment to ensuring that everyone feels respected and empowered is modelled, celebrating strengths-based policies that share power and amplify the voices of residents and professionals in the West Midlands at every level, from individual decisions to organisational strategy. Dignity is promoted through strengths-based language within record keeping, assessments, cross-service communication, and every interaction across services.

Cultural Consideration	The trauma informed principle of cultural consideration seeks to strive towards understanding and respect towards individuals' diverse cultures and backgrounds. Moving past harmful cultural bias and stereotypes based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity. (UK government 2022)	Organisations demonstrate an ongoing commitment to long-term learning and active implementation of culturally sensitive practice across all aspects of policy and practice. They are committed to identifying and addressing cultural stereotypes, biases, inequalities and disparities. Policies are reflective and responsive to the needs of different communities, acknowledging historical, collective and community traumas while being aware of intersectionality in relation to experience.
Connection	The trauma informed principle of connection ensures that both the West Midlands residents and those representing the professional workforce feel connected to themselves, their peers and their communities by promoting a high sense of belonging.	Supporting both staff and those accessing services to feel a sense of connection. Trauma informed organisations promote the value of belonging across their services. This deliberate focus helps individuals to feel valued and connected with themselves, their peers, and the broader community, fostering a sense of safety, shared understanding, and reciprocal support. This principle of connection also translates across services, prioritising effective cross-disciplinary and cross-service collaboration while cultivating practices of empathy and hope.

These guiding principles can help organisations to consider how each aspect of a service is experienced and encourage responsiveness to the dynamic needs of those represented within.

Knowledge about trauma, adversity, and psychological safety is continuously developing. As such, organisational change requires an ongoing long-term commitment from all levels of seniority to continual reflection and re-evaluation of position, processes and outcomes.

EMPOWERMENT FEELS LIKE...

- by Alan (age 5)

CULTURAL CONSIDERATION FEELS LIKE...

"Acceptance. There may be bad days and really good days but no matter what kind of day it is you still shine through, even if you will never see it there is this little thing inside of you that shines so bright. Your voice should be accepted, Your voice is important and I'm so sorry if your voice hasn't been heard, hasn't been listened to or has been silenced. Your voice matters, no matter how big or small the situation may be, your voice should always be accepted and listened to. Everyone is unique in their own incredible ways. People should be accepted for whoever they are. People should be accepted for their skin colour, beliefs, religion, how they look and their sexuality. Everyone is deserving of happiness. Never lose sight of who you are and never apologise for being you. You should be accepted for who you are... the best thing you can ever be is Yourself."

- by Caitlin (age 14)

WORKING IN PARTNERSHIP

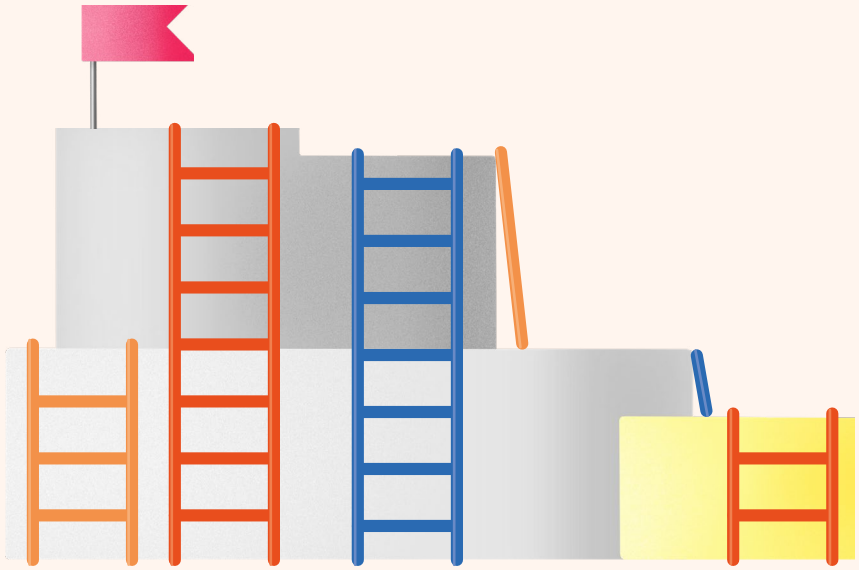
Many of the values and principles promoted within trauma informed practice are not new. In one form or another, similar and related ideas have existed and have been championed within different professional sectors over recent decades.

Many positive examples of practice across the West Midlands share the central values and principles of trauma informed practice and, most importantly, a prevailing set of goals focused on creating supportive, safe, and healing environments and services.

We believe that to live the values of trauma informed practice is to have regard for the right of each locality, organisation and community to develop contextually appropriate practices that work for those they represent when addressing the challenge of trauma and adversity.

Rather than considering alternate approaches as siloed and isolated ladders chasing unique and distinct goals, we can conceptualise a climbing frame instead. There are many ladders, connected and overlapping, with many routes to the same summit, a shared goal to create emotional safety and promote positive outcomes for all.

Consequently, in the spirit of collaboration and mutuality, this Framework is designed to work to complement a breadth of existing and upcoming work represented across the West Midlands, including, amongst others, the West Midlands Serious Violence Duty, the Change for Children and Young People Strategy, UNICEF Child-Friendly Cities and Communities, Connections Count, Birmingham Children's Trust, Psychologically Informed Environments model, St Basils, Trauma Informed Attachment Aware Schools programme, the Birmingham Coproduction Charter, Birmingham's Reducing Offending Report, Birmingham's Inclusion Strategy, the Making Every Adult Matter approach and the West Midlands Faith Alliance Strategy.



This Trauma Informed Workforce Learning and Development Framework provides guidance and a route map toward a shared set of outcomes and is not intended to be binding or prescriptive.

WHAT DOES A TRAUMA INFORMED SYSTEM LOOK LIKE?

Trauma informed systems support reflections in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than silo-ed structures.

- Epstein. K., et al., 2014

The impact of trauma and adversity can be felt more profoundly when social and economic determinants of health, such as structural inequality, inequity, discrimination, and financial and emotional poverty, are left unaddressed and intersectionality not considered (Subica & Link 2022). When policy and practice do not reflect the impact of these broader socio-economic factors, there is a risk of repeated and further harm, pathologisation and reduced opportunity to access long-term support. Therefore, to prevent the risk of systemic trauma, ongoing and cumulative high harm and high financial and social cost, a collective, regional response to trauma and adversity is required, which must keep both the individual impact and underpinning systemic and structural factors in mind. A collective responsibility towards systemic resilience aims to understand, prevent, identify, and heal trauma while doing no harm. A trauma informed system recognises the importance of building on the developing evidence base to support effective and ethical engagement opportunities.

A trauma informed, resilient system works in collaboration and not in competition to form a coherent integration of services and disciplines, promoting clear and consistent pathways of support, which can better meet the needs of those affected by trauma and adversity. Trauma informed systems are developed and sustained when all representing services take an active responsibility in understanding and reducing the impact of trauma and re-traumatisation, recognising that each individual, organisation and sector can play an essential role in supporting positive outcomes for all.

While prioritising a deep understanding of cultural, community and historical contexts, resilient systems model the model of safe, supported, and trusted relationships, working intentionally with humility and authenticity to cultivate psychologically safe spaces to allow for diversity of thought, mistakes and forgiveness, compassion and learning between services and sectors. This multi-directional learning, enabled through meaningful, collaborative, and co-produced practice models, can promote creativity, inclusivity, courage and collective resilience across sectors.

Collective resilience: 'A community's capacity, hope and faith to withstand major trauma and loss, overcome adversity and to prevail, usually with increased resources, competence and connectedness.'

- Landau and Saul, 2004

Building a trauma informed system requires a collective commitment, where all parts of a system aspire to model the guiding principles and values of trauma informed practice within all interactions and behaviours, at all levels, and in all spaces. Having grace for imperfections and ongoing opportunities to learn and develop while remaining hopeful for change.

HOW IS THE FRAMEWORK STRUCTURED?

While 'trauma informed' has become a prominent term in various workforce development frameworks, its interpretation and application within levelling categories can differ across regions, with some opting to use 'trauma informed' as either an umbrella term or as the highest level to be achieved. Due to its familiarity with a broad audience, this Framework utilises the term trauma informed as an umbrella term, which refers to the approach as a whole, whilst also incorporating it into the levelling categories as a level organisations can progress towards.

Recognising professionals' diverse responsibilities regarding trauma across the sectors and even within organisations, the West Midlands Framework offers a non-prescriptive pathway for practical skill development and knowledge acquisition. To support our shared understanding of progression, the Framework adopts a distinct four-level structure along a spectrum of developing knowledge and skills: Trauma Aware, Trauma Informed, Trauma Responsive and Trauma Specialist (The Department for Levelling Up, Housing and Communities, 2023).

To promote best outcomes across the West Midlands, in line with our understanding of trauma, impact and recovery, all staff and volunteers are encouraged to seek to develop their knowledge and skills to a Trauma Aware level (Gerber., 2019). This fundamental understanding lays the foundation for compassionate and sensitive interactions with everyone. Most workers are then encouraged to progress their practice to the Trauma Informed level, where they gain deeper insights into trauma's impact and learn practical strategies to create safe and supportive environments. Those with enhanced responsibility for supporting individuals directly affected by trauma are encouraged to further develop

their knowledge and skills to the Trauma Responsive level of this Framework. This progression involves advanced skills, understanding and commitment to creating comprehensive support systems.

While trauma informed approaches have been applauded for their potential for restorative outcomes (Han, 2021; Chung et al., 2009; Sweeney et al., 2016), it is essential to note that they do not replace or seek to replicate trauma specialist /trauma specific services, including clinical interventions and psychotherapy, particularly in the context of complex trauma or resulting dissociated states. Therefore, the Trauma Specialist level is reserved for those responsible for these specific and specialist interventions.

The ambition of this Framework is that every individual and organisation can embrace continuous learning along this spectrum, whether navigating towards Trauma Aware or striving for Trauma Responsive, within the boundaries of professional competency, remit and what is psychologically safe for the staff and users of services.

The Trauma Aware level is for all staff and volunteers working across sectors in the West Midlands. While this Framework focuses on workforce development, all people in the region can benefit from being trauma aware.

Trauma awareness means a knowledge of trauma and its impacts and the fundamental principles of trauma informed approaches.

The Trauma Informed level outlines the knowledge, skills and values needed by all staff and volunteers who have direct contact with people who may have experienced traumatic stress, regardless of whether their experience is known. This knowledge will be relevant to people working in all organisations providing care and support, for example, those working within education or undertaking other public duties, such as criminal justice staff, emergency and mental health services, faith settings, health and social care, housing and homelessness services, prison and probation services, social services, statutory education settings, early years, private or further education settings, substance misuse services and third sector organisations.

Trauma informed means that a professional or organisation has built upon their awareness and has begun to act and behave in ways that provide better relational support for those who have experienced traumatic stress within the current processes and structures of their organisation/system.

The Trauma Responsive level outlines the knowledge, skills and values needed by all staff working across the range of organisations who deliver, lead and manage regular and enhanced support for children and adults affected by trauma. It will be particularly relevant to: all organisations with statutory responsibilities for safeguarding children and adults, those working in prison and probation, housing and homelessness, third sector organisations, substance misuse, and mental health services. It could also include but is not limited to those working in education, health and social care, emergency services and justice staff, or any professional who wishes to enhance and deepen their knowledge and skills around trauma-responsiveness.

Trauma responsive means that a professional or organisation has developed enhanced awareness of trauma, complex trauma and its impacts and is acting to transform the processes and structures of their organisation and system. Trauma responsive services provide enhanced relational support, stability and safety for those with experiences of traumatic stress. Organisations at this level engage in robust evaluation, demonstrating that the values and principles of trauma-informed practice are embedded into every aspect of the organisation.

The Trauma Specialist level indicates the knowledge, skills and values required by professionals providing acute, direct, recovery-focused therapeutic services to people affected by trauma. Trauma specialist is also sometimes referred to as trauma specific. All professionals qualified to provide specialist interventions would benefit from the guidance according to the full Framework categories.

Trauma specialist or trauma specific services are services run by professionals with specialist knowledge, expertise and qualifications to provide psychotherapeutic interventions where both the conscious and unconscious impact of trauma can be safely explored to aid post-traumatic growth and recovery.

Sometimes, individuals, families or communities may require specialist support above the level provided by trauma informed or even trauma responsive care. These trauma specialist interventions and therapies, developed explicitly within the evidence base to support trauma processing and recovery, should only be undertaken by professionals with appropriate knowledge, skills, qualifications and clinical supervision.

The evidence base for specific clinical or psychotherapeutic interventions to support trauma recovery is still developing.

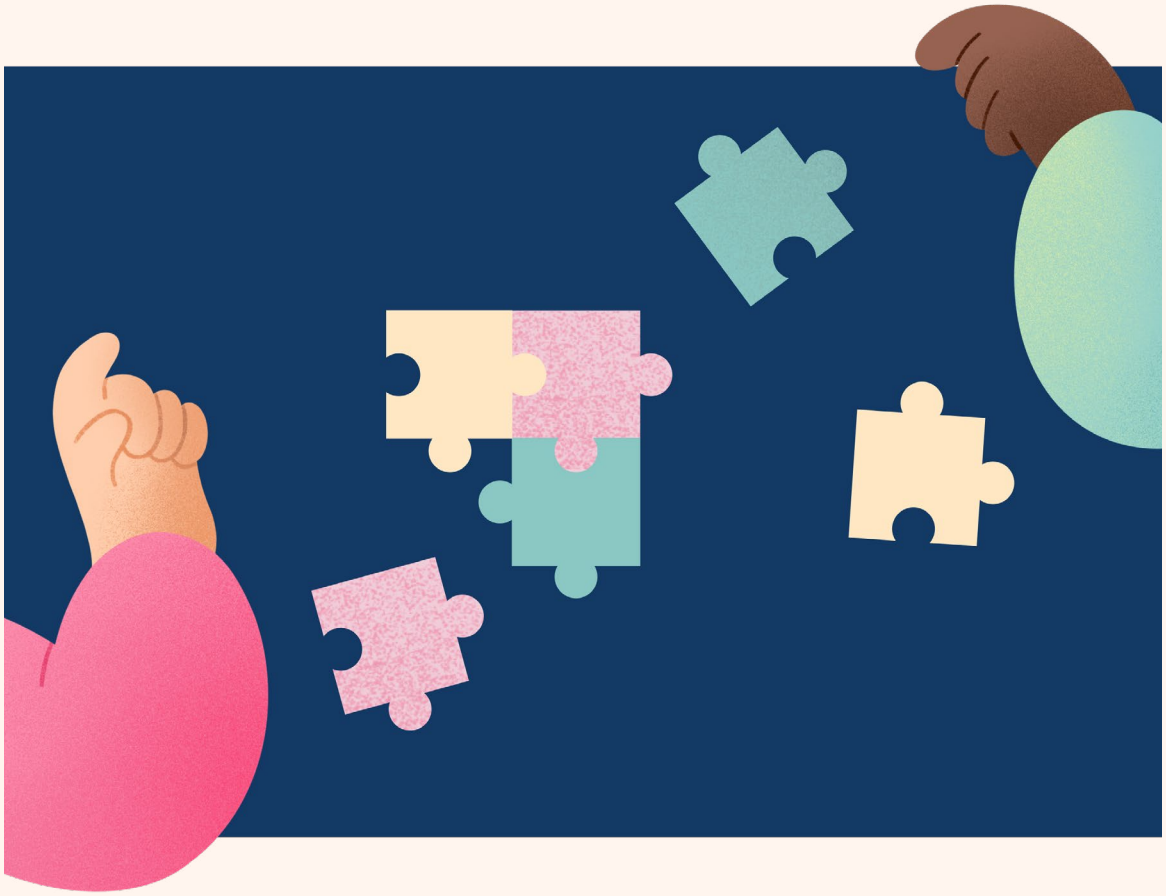
In recent years, there has been growing recognition of the limitations of Post Traumatic Stress Disorder (PTSD) as the dominant construct to explain the myriad of difficulties associated with the impact of traumatic stress across the lifespan. Whilst the recent addition of complex PTSD was a welcome development, it could be argued that this too, still does not go far enough in supporting services to understand the full range of presenting difficulties associated with trauma, particularly in relation to very early developmental trauma that occurs in the context of early attachment or other interpersonal relationships (Van der Kolk, 2010). As such, within this Framework, it is recognised that depending on the nature, type and extent of trauma impact on an individual, family, or group, a range of interventions may be clinically indicated in addition to the current NICE guidelines (2018) for PTSD.

This Framework does not seek to advise on specific therapeutic interventions, as this decision should be made by the appropriate responsible clinician or therapist depending on comprehensive assessment and formulation of the presenting issue(s). However, there are some common features across therapeutic models that should be considered in providing trauma specific services and interventions. These features have been noted within the Trauma Specialist section of the Framework.

Within the Framework levelling categories, repeating themes develop as the continuum from Trauma Aware to Trauma Responsive progresses. These themes are:

- Knowledge and Awareness
- Infusing Trauma Informed Language
- Creating Emotionally, Physically, and Psychologically Safe Environments
- Listening to and Supporting Those with Lived Experience
- Cultural Humility and Context
- Staff and Organisational Wellbeing

No single theme should be held in isolation from another as they overlap and complement each other to support best practice and positive outcomes for all. Each theme is required to be represented to form a holistic approach to trauma informed practice within roles, services and systems.



CONNECTION FEELS LIKE...

"I want to take a picture of my little brother because he plays a very important role in my life physically and mentally. My brother is called Alfie... He showed me that one little thing can change your whole life but to never give up and always be kind no matter what."

- by Tiegan (age 13)

Photography:
Jaskirt Dhaliwalboora, A Place Called Home.

LEVEL 1 – TRAUMA AWARE

KNOWLEDGE AND AWARENESS	
Knowledge and understanding	*Workers are expected to:*
	Know how widespread and common experiences of traumatic stress and adversity are for both those supported through services across the West Midlands and those representing the workforce.
	Understand how the brain's nervous system might respond to stress, including the 5Fs of protective survival responses (Fight, Flight, Freeze, Friend/Fawn and Flop). Have an awareness that these responses can be activated during both immediate or perceived risk of danger, or when consciously or subconsciously reminded of a historical physical or emotional harm.
	Know the range of types of trauma and adversity. This includes but is not limited to Acute and Single Incident Trauma, Post Traumatic Stress Disorder (PTSD), Complex Trauma, Early Developmental Trauma, Attachment Trauma, Collective Trauma, Mass Trauma, Intergenerational Trauma, Cultural, Identity and Insidious Trauma, 'Historical' Trauma, Systemic Trauma, Secondary Trauma and Vicarious Trauma.
	Have an awareness of how the Es of trauma: Event, Experience and Effect can help to understand how a person has experienced an event and the effect that it has had on them both physically and psychologically, which can enable ethical and effective subsequent support and treatment.
	Understand that there is disproportionality in how different communities or groups experience trauma due to existing social, cultural, economic and systemic factors.
	Understand that people are not defined by their experiences of trauma. With supportive factors in place, many people who experience traumatic stress and adversity go on to experience significant post-traumatic growth and healing, leading to happy, healthy, successful and fulfilled lives. Experiencing trauma does not determine the outcome of a person's life, and many people are supported to create meaning from their experiences in ways that can enrich them and those around them.

Knowledge and understanding	Be aware that sometimes traumatic reactions are hidden and may not be obvious.
	Understand that for some people, the impacts of trauma and traumatic stress may have lasting impacts across the life course. This may include but is not limited to effects on physical health, psychological and cognitive development, emotional wellbeing, behaviour, sleep, memory and sense of self.
	Understand that in the absence of protective factors, impacts of trauma can lead to increased risk of adverse outcomes. This can include but is not limited substance misuse, health-harming behaviours, disordered eating, contextual harm, online harm, serious violence, exploitation, criminal activity, school exclusion and inappropriate medicalisation and/or diagnosis.
	Understand that people use different strategies to adapt to, survive, and cope with trauma. Many of these could appear confusing or self-defeating unless viewed as responses to an overwhelming sense of threat, danger, or unmet need.
	Understand that people's behaviour or responses can be affected by previous experiences of trauma.
	Understand that people who have experienced trauma and adversity still benefit from, and are subject to, consistency, consequences, and compassionate accountability.
	Know what a trauma informed approach can be based on the 4 Rs (SAMHSA, 2023): • Realise how trauma can impact communities, families, individuals, groups and organisations, and understand the potential pathways to recovery. • Recognise the signs of trauma in behaviour, including understanding re-traumatisation and the ways it may occur, such as through triggers. • Respond to trauma by integrating trauma informed principles into all aspects of the way systems and organisations operate. • Resist the possibility that someone is re-traumatised by their interaction with professionals or services. This can be done by reducing potential triggers associated with traumatic experiences across practice or by creating psychologically informed environments.

Knowledge and understanding	Know the 7 core principles of trauma informed practice and the importance of their roles within safe, supportive and empathetic relationships and environments that are conducive to supporting trauma prevention and post-traumatic growth: **Safety - Trust - Choice - Collaboration - Empowerment - Cultural Consideration - Connection**
	Understand the window of tolerance model and its use in normalising and de-stigmatising a broad spectrum of hypovigilant (such as isolation, withdrawal, unusual fatigue and dissociation of awareness) and hypervigilant (such as anxiety, irritability, restlessness and intrusive thoughts) related behaviours that may present when a person experiences stress.
	Understand the importance of relationships, belonging and connection as a possible protective factor that can contribute towards to a person's process of recovery.
	Understand that the stages of progression through trauma informed practice (Trauma Aware, Trauma Informed and Trauma Responsive), everyone can play a part in cultivating more trauma informed, emotionally safe environments within their own professional remit.
	Understand the role of Trauma Specific services and how they differ from the stages of trauma informed practice progression from Trauma Aware to Trauma Responsive.
	Understand that while the process of trauma recovery is unique to each individual and is not a linear process, outcomes of post-traumatic growth can and should be recognised. Post-traumatic growth can result in: • The presence of an integrated self-narrative, where self-compassion becomes easier. • A reduction in the presence of 'no-longer-needed' trauma adaptations or unhelpful coping tools that can hinder a person's day-to-day quality of life. • An increased ability to recognise and communicate a wider spectrum of emotions. • A regained sense of hope or future perspective.

Skills and capabilities	*Workers are expected to:*
	Be able to effectively communicate their understanding of trauma and impact.
	See behaviour as communication and utilise every interaction as an intervention.
	Understand trauma informed practice as an ongoing journey. Therefore, commit to continued training to refresh and enhance their awareness and understanding of trauma and impact.
	Understand when circumstances go outside of their professional remit and signpost accordingly.
	Recognise and celebrate outcomes of post-traumatic growth.

INFUSING TRAUMA INFORMED LANGUAGE	
Knowledge and understanding	*Workers are expected to:*
	Understand trauma informed language and how it can include, support and empower people.
	Understand the benefits of language based on strengths, dignity and hope.
	Understand how language can upset, offend or psychologically trigger people.
	Understand the importance of both effective verbal and non-verbal communication in creating a sense of safety and reflecting our values and principles.
	Understand the importance of inclusivity, equity and accessibility within all lines of communication.
	Understand that exposure to trauma and adversity, particularly in the context of developmental or early attachment trauma, can increase a person's risk of being vulnerable to experiencing speech, language and communication needs.
	Understand the benefits of ensuring that accessible language is utilised across all communications and publicity represented within a service.
	Observe the differing terminology between Trauma Awareness, Trauma Informed, Trauma Responsive and Trauma Specialist (specific) levels, to ensure ethical practice and coherent regional understanding (see this Framework).

Skills and capabilities	*Workers are expected to:*
	Be able to use language that is accessible and person-centred.
	Be able to incorporate trauma informed language into verbal and non-verbal communication and behaviour.
	Avoid the use of professional jargon, buzzwords and acronyms.
	Clarify and confirm understanding throughout any communication process.
	Use language in ways that empower and support people to feel included, dignified, and respected.
	Utilise formal or informal interpreter support if needed, wherever available to do so.

CREATING EMOTIONALLY, PHYSICALLY, AND PSYCHOLOGICALLY SAFE ENVIRONMENTS	
Knowledge and understanding	*Workers are expected to:*
	Know that trauma and adversity can occur outside the home in community, environmental and online contexts.
	Understand that in the event of an acute, single incident or critical incident, psychological first aid involves paying attention to basic needs such as safety, shelter, acute medical needs, food and water as a priority before focussing on longer-term processing needs.
	Understand that in the event of an acute, single incident or critical incident, it is important to consider any contextual and historical factors that may contribute towards a person's experience of an event (such as trauma history, SEND needs, religious or cultural contexts, age and cognitive stage), and provide further insight into appropriate follow-on support.
	Understand how the physical and digital environment can be adapted to reduce the likelihood of re-traumatisation or soften its impact.
	Understand what welcoming, inclusive and accessible spaces look, sound and feel like and how these environments can create emotional safety and enhance wellbeing.
	Understands that abuse and experiences of trauma can occur within online or digital contexts and that impacts can be felt similarly to incidents of traumatic stress experienced in person.
	Recognise that positive experiences facilitated through safe environments can promote health and wellbeing and support continued service engagement.
	Understand how helping people to recognise, express and put language to a broad spectrum of feelings can support feelings of safety, validation and the communication of needs.

Knowledge and understanding	Know how to appropriately record and report trauma disclosures by adhering to safeguarding practices.
	Understand the role 'non-experts' can play in creating supportive contexts after disclosures of trauma, without needing to probe for information relating to details of experiences.
	Know the reasons why traumatic experiences may not be disclosed or be concealed, such as fear of abusers and other factors.
	Understand the role and importance of professional curiosity within safeguarding.
	Know the factors that may lead to people withdrawing from support or treatment related to safety, trust, collaboration, choice, empowerment, cultural considerations, connection, physical safety and re-traumatisation.
	Understand the importance and role of connection to space within cultivating safe environments.
	Understand how, experiences of trauma can further compromise an individual's sense of agency and control, thereby amplifying their challenges in identifying and exposure to potential risks and harm in the context of online environments.
	Know that people often experience trauma as an event outside of their choice or control where they may have felt powerless or lacking in agency. As a result, understand that a trauma informed approach includes being conscious of ways to soften power imbalances and create a sense of certainty, predictability and control where appropriate, proportionate and reasonable.

Skills and capabilities	*Workers are expected to:*
	Utilise clear signage across all environments, ensuring clarity and direction to amenities such as exits, toilets, and drinking water.
	Be able to consider foundational factors of safety such as to basic needs such as security, shelter, acute medical needs, food and water in relation to acute or critical incidents of trauma.
	Work effectively to contact or signpost to appropriate emergency service/s and support in the event of a critical, single incident it or acute trauma.
	Ensure that next steps are communicated clearly effectively, transparently and where possible decided in collaboration between professionals and those effected by a traumatic incident.
	Consider private spaces, which enable optional safe spaces for activities such as prayer, breastfeeding, or contemplation.
	While ensuring their own wellbeing, cultivate compassion and empathy for others' experiences of trauma and adversity.
	Be able to facilitate and maintain supportive relationships with others within their professional parameters.
	Consider how contextual and emotional safety planning tools can support someone's sense of safety both within an environment and once leaving.
	Consider softening power imbalances where possible and appropriate by mitigating dominating body language and making physical adaptations, such as keeping exits clear.
	Ensure that the buildings and technology used within services work for all those using them.

LISTENING TO AND SUPPORTING THOSE WITH LIVED EXPERIENCE	
Knowledge and understanding	*Workers are expected to:*
	Understand how recovery and healing can be advanced by acknowledging, validating and including lived experience perspectives.
	Understand what lived experience is and the benefits of including lived experience' voice and influence' in creating and designing services and support.
	Recognise that lived experiences of trauma do not always equate to negative results. Acknowledging that many people who suffered trauma can go on to experience positive outcomes, such as but not limited to the significant ability to empathise with others, advocate for others, and discern behaviours, needs and threats within presenting circumstances.
	Recognise the importance of building trust and psychological safety when collaborating and co-producing with those with lived experience.
	Understand the importance of active listening in helping people feel seen, heard and understood.
	Understand the importance of ensuring someone's time is compensated, ensuring a person's participation and time spent on a project is appropriately acknowledged.
	Acknowledge that lived and living experience perspectives are vast and intersectional. Recognising that the expectation or responsibility to 'fix' should not fall on one person or group but instead, be seen as a collective and ongoing pursuit of understanding where we all have a responsibility to play our part.
	Understand the importance of communicating hopeful messages when working with those who have experienced trauma. Validating feelings of current distress while holding onto hope for a positive future and the potential to lead a happy, healthy and fulfilled life.

Knowledge and understanding	Know the importance of encouraging people to recognise, reflect, and build on their strengths, skills, protective factors and resources.
	Understand how building a strong practice of transparency to encourage trust between people and services is essential in helping to support the emotional safety of those with lived experience of trauma.
	Know the importance of communicating that 'it's what happened to you, not what's wrong with you'.
Skills and capabilities	Workers are expected to:
	Be able to create opportunities for those with lived experience to influence services and their delivery routinely.
	Be able to provide meaningful activities for participation and inclusion routinely.
	Be able to respond with empathy, kindness and compassion through active listening approaches when engaging with those with lived experience.
	Be able to act upon feedback from those with lived experience through identifying ways to improve services.
	Remain curious to avoid defining someone's experience by choosing terminology such as 'victim' or 'survivor' and instead offer curiosity on how people choose to define themselves.
	Be able to protect those sharing experience and wisdom by offering choices around anonymity and ensuring the right to consent and withdraw are clearly communicated.
	Consider why they are pursuing the perspectives of those with lived experience to ensure that 'tokenistic' activities that could cause harm are avoided.

CULTURAL HUMILITY AND CONTEXT	
Knowledge and understanding	*Workers are expected to:*
	Understand that communities and groups can experience structural and systemic abuses perpetrated against individuals, such as under-recognition, racialisation, prejudice and discrimination based on their cultural or community identity.
	Understand that racialised, underrecognised, or other discriminated against groups experience trauma in disproportionate ways.
	Understand the importance of anti-racist practice and cultural humility when supporting those with experiences of trauma and adversity and how these practices benefit everyone, not solely those who represent underrecognised communities.
	Understand that the over-recognition or underrecognition of any demographic can act as a barrier to inclusive practice and access to services.
	Recognise that poverty is a form of structural abuse that can be experienced as traumatic by individuals, families, groups and communities.
	Understand that other forms of stress and adversity related to housing, living with health problems, finance, employment, or prejudice can compound experiences of trauma.
	Understand that culture is not defined solely by things that we can ordinarily note, such as clothing, religious literature, or celebrations, but can be represented across a wide range of elements such as self-concept, expectations, values, beliefs, body language, ideologies and religion.
	Understand that culture is not fixed or static in nature and is continually evolving.
	Understand that people will bring different cultural perspectives on trauma, mental health and social norms around help-seeking behaviours.

Knowledge and understanding	Understand that direct or indirect experiences of historical traumas and injustice, whether collective or individual, can have a long-term or ongoing impact and can be felt across generations.
	Recognise that the impact of trauma (collective and individual) can stem from spiritual abuse and cohesive control from a person or system of perceived trust.
	Understand that children and adults need to be protected irrespective of religious or cultural beliefs. Professionals must be aware that it is never acceptable to harm a child or adult, no matter what beliefs a person or collective might uphold.
	Understand that with those for whom English is not their first language appropriate interpreters and support may be required to effectively provide access to appropriate assistance and facilitate disclosures of trauma. Taking into consideration regional dialects and understanding that it is not appropriate to ask children to interpret for their parents or caregivers at these times.
	Understand that with those for whom language, speech or hearing is impaired, appropriate interpreters and support may be required to effectively provide access to appropriate assistance and facilitate disclosures of trauma.
	Understand the benefits of connection to culturally relevant social networks, which are a source of safe relationships.
	Understand that resilience resides within communities as well as individuals.
	Acknowledge that conscious and unconscious bias can impact the way that a person is treated.
	Understand why culturally sensitive practice is beneficial for staff, teams and organisations, as well as for the families and individuals they support.
	Recognise the benefits of working collaboratively with as diverse and wide a range of partner organisations as possible to support the cultivation of authentically representational, reflective, connected and responsive environments.

Skills and capabilities	*Workers are expected to:*
	Be committed to the ongoing learning process of anti-racist practice and cultural humility.
	Be able to challenge the social norms that allow structural abuses and inequities such as poverty and discrimination to become normalised.
	Be able to challenge approaches that do not grant equity of access, support, or inclusion.
	Consider where the presence of power, positionality and privilege, historically and presently, can impact supporting robust culturally sensitive practice.
	Understand the value of authentic and ethical opportunities for voice and influence practice across services and systems.

STAFF AND ORGANISATIONAL WELLBEING	
Knowledge and understanding	*Workers are expected to:*
	Have an awareness of how secondary traumas, including Secondary Trauma, Vicarious Trauma, Moral Injury and Burnout, can be experienced by those playing a supportive role in the life/s of trauma-experienced individuals and collectives.
	Understand that impacts of secondary trauma can occur following exposure to a single incident or when supporting people through their experiences over long periods of time.
	Recognise compassion satisfaction as a significant outcome for many professionals working within the context of trauma.
	Understand that there is a significant representation of the West Midlands workforce demographic with personal experience/s of trauma.
	Understand the importance of supporting the wellbeing of ourselves and those we work with.
	Understand that to effectively support emotional coregulation by helping someone stay within their widow of tolerance, we need ourselves to be regulated.
	Understand that the concept of 'behaviour as communication' is equally applicable for professionals as those they support and how the window of tolerance can support our understanding of this.
	Understand that teams and organisations can experience collective experiences of trauma.
	Understand the 5Fs in relation to protective survival responses (Fight, Flight, Freeze, Friend/Fawn and Flop), which can be activated during both immediate perceived risk of danger or when consciously or subconsciously reminded of historical physical or emotional harm, as a natural response for professionals encountering adversity.

Knowledge and understanding	Understand the significance of replicating strengths-based and solution-focused practices within and across staff teams.
	Know how the 7 core principles of trauma informed practice (Safety, Trust, Choice, Collaboration, Empowerment, Cultural Consideration and Connection) can contribute towards cultivating relationships and environments conducive to trauma prevention and post-traumatic growth for professionals.
	Understand that trauma is a unique experience and, as a result, adversity will be felt differently across teams.
	Recognise the importance of colleagues' sense of connection to self and the culture or cultures they represent.
	Understand the role of human connection to people in creating outcomes of belonging and mattering.
	Understand that professional resilience is a collective responsibility, requiring awareness and action from self, colleagues, organisation and systems to support the best possible outcomes.
Skills and capabilities	*Workers are expected to:*
	Understand how to promote self-care and wellbeing within workplace communications, practices and policies.
	Be able to cultivate self-awareness and identify self-care strategies and regulation techniques that work for them.
	Be able to recognise behaviour as communication for self and other colleagues.
	Understand the importance of reflective practice and regular supervision.
	Be able to recognise signs and symptoms of secondary traumas such as compassion fatigue, transference, burnout, secondary trauma, vicarious trauma and moral injury.

Skills and capabilities	Promote a regular check-in process with colleagues who have returned from leave or absence.
	Feel accepted and safe to bring any or all aspects of themselves to work.
	Be aware of available support for themselves and colleagues who might need it.
	Have opportunities to engage in peer support and optional social interactions with colleagues and broader teams regularly to promote connection and belonging.
	Be able to recognise and celebrate positive steps towards trauma informed practice within personal, team and organisational practice.
	Be able to recognise signs and symptoms of secondary traumas such as compassion fatigue, transference, burnout, secondary trauma, vicarious trauma and moral injury.

LEVEL 2 – TRAUMA INFORMED

KNOWLEDGE AND AWARENESS	
Knowledge and understanding	*Workers are expected to:*
	Understand the importance of early attachment relationships and their potential impact on individuals across the life course, including attachment relationship dynamics in contexts such as school, workplace and social/family settings.
	Understand how experiencing emotional and physical neglect can impact a person across a life course and present challenges in building secure attachments.
	Understand that traumatic incidents do not have to be experienced first-hand to cause a profound impact on a person. Bystander experiences, community, collective and mass trauma can affect individuals and collectives in a variety of ways.
	Understand the potential impact of traumatic stress across a range of domains including sensory systems, polyvagal systems, brain development, social emotional and cognitive development.
	Understand the increased risk of those who have experienced trauma to becoming re-victimised and the factors that impact this, such as exploitation, mental health, or experiences of relational trauma.
	Understand that trauma occurs in the body through specific physical health impacts.
	Understand how psychological triggers can be created through traumatic experiences, which can be activated at any point where a person is consciously or subconsciously reminded of a threat. Recognising where factors such as sight, sound, smell, touch, taste, feelings, times and dates can cause a person to become dysregulated.

Knowledge and understanding	Recognise that due to the correlating feelings of powerlessness associated with experiences leading to trauma, some people will seek a sense of control through other outlets, such as food control, which may result in presentations of disordered eating behaviours.
	Understand that some behaviours that may indicate an individual has a history of trauma could be explained by, or overlap with, other health factors.
	Understand that in the event of an acute single or critical incident, basic biological factors and needs such as safety, shelter, security, acute medical needs food and drink, take priority over de-briefing immediately after traumatic events.
	Understand the importance of 'watchful waiting' or monitoring over the weeks following a traumatic experience to ascertain whether support needs to be provided to people who continue to experience mental ill health or significant distress.
	Understand how trauma can impact on a persons': • Semantic memory: The memory of general facts and knowledge. • Episodic memory: The autobiographical memory of an occurrence, such as who was there, where they were and the linear understanding of the timeline of events. • Emotional memory: The memory of emotions and senses experienced during an event. • Procedural memory: The subconscious memory which supports automatic responses and behaviour patterns within experiences
	Know that complex trauma cannot be fully verbalised through speaking therapies as much of the traumatic imprint is stored subconsciously. Integration through Trauma Specialist services is often required to provide the necessary integration of memory, subconscious and body to support recovery.
	Know practical steps that can be taken to prevent re-traumatisation.

Knowledge and understanding	Understands that a wide spectrum of behaviours can present in people who have experienced trauma and those experiencing the same or similar events may respond in different ways.
	Understand the risks of pathologising normal human responses to trauma, remaining cautious not to unethically or inappropriately label trauma responses as mental health illness.
	Understand that resilience is the capacity to withstand and overcome adversity using internal and external resources. As a result, resilience can mean asking for help and taking the time needed to process and heal before returning to regular activities. The development of resilience can be supported individually, collectively and systemically.
	Be aware that pathways towards recovery can be supported through opportunities to: • Develop a felt sense of safety and trust through safe and supported relationships. • Co-regulate and self-soothe the nervous and sensory systems. • Create and co-create meaning out of experiences.
	Be aware that people will experience post-traumatic growth in varying degrees. Understanding that some people may go on to experience no lasting effects of trauma, others may experience live with the effects of trauma in varying degrees across their life course.
	Understands how trauma informed and responsive values and principles can be embedded into systems, processes and structures and the benefits this can have for all.
Skills and capabilities	*Workers are expected to:*
	Be able to sensitively discuss experiences of trauma and adversity, where appropriate to role and remit, and know how to respond helpfully.
	Be able to recognise potential signs and symptoms of trauma and respond accordingly.
	Be able to recognise signs that children, young people, families, or colleagues could be at risk of harm, and know how to follow safeguarding procedures.

Skills and capabilities	Be able to work collaboratively to identify protective factors and strengths for individuals and families, and are able to build upon these skills, resources and positive roles (e.g.: parent/carer, employee, neighbour etc.) in ways that align with everyday life.
	Be able to advocate for others when trauma responses are unacknowledged or misunderstood.
	Understand emotional risk and apply caution when engaging in activities that could trigger semantic memories and associated emotions for a person who has experienced trauma, such as sandbox exercises, sensory activities, or life story work.
	Know how to support and advocate for those who have experienced trauma in accessing local resources which promote wellbeing, such as sports provisions, spiritual and religious organisations, artistic provision, education or training provision and volunteer networks.

INFUSING TRAUMA INFORMED LANGUAGE	
Knowledge and understanding	*Workers are expected to:*
	Understand the benefits of embedding trauma-informed language into service information, policies, processes, strategies and systems across organisations so they become routine terminology focussed on strengths and recovery.
	Understand how to embed culturally sensitive values within the use of language into service information, policies, processes and strategies to create responsive, safe and trusted practice.
	Know the kinds of language that may offend, psychologically trigger or upset.
	Be aware that feelings of shame can often correlate with direct or indirect exposure to trauma and adversity and how our language can either mitigate this impact or fuel it.
	Understand the importance of language in reducing stigma, labelling, othering and victim-blaming, which can create unnecessary barriers to people accessing support.
	Understanding the potential impact that language used within media and publicity surrounding events can have on individuals and communities' sense of dignity or shame.
	Understand that preferences of language and terminology regarding identity may differ across individuals and groups. Not presuming that one terminology will fit all individual preferences (This includes the terminology used within this Framework).

Skills and capabilities	*Workers are expected to:*
	Use inclusive, person-first language that is accessible, balanced and strengths and hope-based.
	Use their knowledge of cultural humility to ensure language is sensitive to diversity, belief and culture.
	Reflect on and develop an awareness of own conscious/unconscious bias concerning terminology as our understanding grows.
	Avoid victim-blaming language or language that others, labels or stigmatises people.
	Advocate for language that promotes dignity and contextual understanding where the reporting of events occurs, avoiding terminology that could insight further trauma through feelings of guilt, fear, anger or shame.
	Incorporate creative and multi-modal forms of communication, such as imagery and visual aids, where written language may present as a barrier to understanding.
	Complete recording, documentation and assessments in collaborative, first-person, strengths-based and hopeful ways that are proportionate and fair.
	Work collaboratively to create culturally accessible and relevant materials.
	Ensure that there are clear lines of communication wherever possible across services and sectors to avoid the need for repeated statements or clarifying conversations.

CREATING EMOTIONALLY, PHYSICALLY, AND PSYCHOLOGICALLY SAFE ENVIRONMENTS	
Knowledge and understanding	*Workers are expected to:*
	Understand that non-trauma specialists should prioritise creating psychological safety over probing for details of experiences in their routine interactions with those who have experienced trauma. This includes removing pressure and judgment from environments and focussing on empathy and validation.
	Recognise the importance of preparation related to critical, single and acute incidents of trauma. Ensuring that policies, resources and training are current and relevant to the context and community to support effectively.
	Be aware that only trauma specialist professionals, such as those with expertise in clinical or therapy settings, can sensitively and safely enquire about the details of trauma experiences. These conversations should be set within the context of ongoing psychological support. Where professionals are required to make inquiries about past or recent experiences of abuse or trauma for evidence-gathering or safeguarding purposes, such as in a criminal justice context, this should be done in a sensitive way by trained staff who offer support and care and who are equipped and ready to signpost or refer to other relevant, specialist support.
	Understand the importance of creating emotionally and psychologically safe contexts and environments around those who have experienced trauma to mitigate its impacts, encompassing self, family, peers, school/work, community an online spaces.
	Know the importance of attunement in relational interactions between professionals and those accessing services to feel properly empathised with and supported.
	Understands how building positive relationships can create the right conditions for discussing and disclosing trauma and adversity.

Knowledge and understanding	Understand how emotions can be communicated and supported through a broad range of mediums including but not limited to speech, music, art, drama, prayer, meditation, literature, sport and play.
	Understand why and how emotional coregulation can contribute towards supporting someone to stay within their window of tolerance.
	Understand that experiencing repeated or long periods of enforced solitude can be psychologically harmful, particularly where existing experiences of trauma and adversity are present.
	Be aware that due to neuroplasticity, positive, repetitive interaction can rewire the brain and promote post-traumatic growth and recovery.
	Know that an expectation to build immediate trust can be challenging and/or harmful to those who have experienced or continue to experience ongoing threats. Building trust can be particularly complex when breaches of trust have occurred within the contexts of interpersonal relationships, perceived trusted positions, or systems.
	Understand how emotional literacy and psychoeducation can support a person to feel able to communicate their needs and remain in their window of tolerance.
	Understand that adapting digital spaces to incorporate inclusive design that considers factors such as colour, fonts, imagery, audio and accessibility can support the emotional regulation of those using an online space.
	Understand that adapting physical environments to incorporate changes that consider factors such as regulating elements, access to nature, and use of colour, light, sound and space can support the emotional regulation of those using a space.
	Know the ways that resources, materials and physical environments may cause re-traumatisation due to the multi-sensory nature of triggers.

Knowledge and understanding	Acknowledge that changes to physical environments are only effective in supporting trauma-recovery when incorporated into a more comprehensive trauma informed approach, encompassing policies, procedures and practice.
	Understand how power dynamics can be a barrier to a person's sense of safety.
	Understands the benefits of including people with lived experience in the design or review of physical and digital environments.
	Understand the importance of not placing an expectation for those who have transitioned out of a threatening environment to feel immediately safe. Recognising that there may remain behaviours that continue to demonstrate feelings of fear, powerlessness and overwhelm in new environments and relationships that are free from harm.
	Understands how to undertake daily activities in ways that limit the risk of re-traumatisation and reduce the impact of traumatic stress and adversity.
Skills and capabilities	*Workers are expected to:*
	Work with a comprehensive understanding of their critical incident policies and procedures and practice. Ensuring they are familiar with their role and are well trained undertake their responsibilities.
	Advocate for safety and support from media sources. Recognising that each person has a right to privacy, along with a right to decide if, how and when their story is told.
	Be able to work in a way that mitigates power imbalance wherever possible and appropriate.
	Have a diverse understanding of emotional regulation and grounding 'tools' that (on a person-by-person basis) might support this.
	Identify some aspects of a physical environment that could hinder a person's sense of safety.

Skills and capabilities	*Consider fixtures, fittings, furniture and resources, to ensure inclusivity and physical, psychological and emotional comfort.*
	Be able to identify needs and adapt digital spaces to incorporate inclusive design and safeguarding understanding to promote accessibility and safety for all users.
	Be able to support someone in their journey of recognising, understanding and communicating a wide range of emotions.
	Use age and stage-appropriate communication to support emotional literacy for those they are supporting.
	Be able to work in a non-probing way that offers professional curiosity.
	Be able to design accessible, person-centred processes and systems.
	Be able to identify where someone's personal space might be a place of emotional safety and recognise where conducting challenging conversations, interviews or interventions could risk tarnishing the ongoing sense of safety for the individual involved and cause potential harm.

LISTENING TO AND SUPPORTING THOSE WITH LIVED EXPERIENCE	
Knowledge and understanding	*Workers are expected to:*
	Understand the importance of collaborating with people accessing support to develop person-centred, specific, time-framed plans to establish a sense of trust and predictability.
	Understand how to signpost to relevant trauma specialist services.
	Know how to work with individuals or families to empower them to make decisions about the help and support they are offered so they feel a sense of safety.
	Understand that those who have experienced trauma may present with various needs such as healthcare, advocacy or emotional and social support.
	Understand how to identify ongoing support needs throughout the recovery journey and treatment process.
	Understand that for many people, support or therapeutic intervention may not be needed as any distress linked to the memory of traumatic events may resolve over time. For others, a 'watchful waiting' process may reveal that further support and therapeutic support is needed.
	Understand that individuals may continue to experience distress, impact and intrusions following a traumatic event or ongoing complex trauma. Where this continues to occur beyond one month after the experience, evidence-based psychological therapy can be considered an option.
	Understand key strategies for mitigating the impact of trauma, such as emotional regulation, reducing avoidance and increasing activity.

Knowledge and understanding	Understand that some behaviours that raise safety concerns may arise as a means to cope with trauma, threats and harm, such as substance misuse, suicidality and self-harm.
	Understand that people who have experienced trauma, should never be defined by their experiences.
	Understand the importance of preparing for and sensitively and safely ending or closing interactions with people accessing support, recognising that this may be experienced as a form of loss.
	Understand that experiences of trauma may impact the ability to regulate and cope with expressing difficult emotions, particularly within relationships.
	Understand the importance of listening to children, young people and families and widely publicising insights from these conversations in order to influence services and systems.
Skills and capabilities	*Workers are expected to:*
	Be able to create opportunities for people to have their voices and insights heard in ways that are most suited to the individual.
	Have clarity on how they listen to individuals and groups with lived or living experiences and should consider accessibility and methods of wisdom sharing to ensure that those who would like to partake in conversations can feel fully supported to do so.
	Be able to consider accessibility, equity, diversity and inclusion when arranging opportunities to give feedback.
	Be able to use Lundy Model principles to create voice and influence opportunities, focussed on space, voice, audience and influence.
	Consider how learning and outcomes can be disseminated to those who have shared their experiences to further progress and understanding.

Skills and capabilities	Consider the importance of sustainability and succession when promoting meaningful activities over time between professionals and those with lived experiences to support emotional safety.
	Be able to communicate change, transitions and endings in an effective and timely manner to ensure there is as much warning as possible.
	Avoid placing expectations on those with lived experience of trauma and adversity to drive advocacy or change.
	Make room for those with lived experience to speak for themselves. Drive to speak with a person of lived experience rather than speaking on behalf of them wherever possible.
	Be able to remain curious rather than presumptuous about a person's trauma-recovery journey.

CULTURAL HUMILITY AND CONTEXT	
Knowledge and understanding	*Workers are expected to:*
	Understand the importance and benefits of feeling comfortable and able to bring as much of 'your whole self' to services as desired to support inclusion and wellbeing.
	Recognise that collective or community traumas are based on social and cultural interactions. Collective traumas are also based on what is implied by the amount of investment in social, educational, infrastructure and economic opportunities within communities.
	Understand that incidences of social, political and structural inequalities, such as prejudice and discrimination, can be perceived as traumatic, whether singular or repeated. This may compound previous traumas experienced and can influence perspectives and trust of statutory interventions and institutions.
	Understand that those with experiences of migration, asylum or transition away from one context of adversity, does not mean their trauma will necessarily be 'over,' as people may face ongoing stress, uncertainty and may receive a hostile response from people within the new environment or relationship.
	Understand how groups and communities can face barriers to accessing and seeking support from services due to inequity and discrimination and how these barriers can be addressed.
	Understand the prevalence and impact of adultification bias for children and young people who represent global majority demographics.
	Understand the importance of ongoing reflective practice to identify, address, and mitigate microaggressions and conscious and unconscious bias.

Knowledge and understanding	Understand the sensitivities that may exist around cultural identities and the importance of allowing individuals to define themselves in the language they are most comfortable with, respecting the intersectionality of identity.
	Recognise how intersectionality related to identity and protected characteristics (Including, but not limited to, age, religion, gender, income, marital status, geographical location, race, recreational activities, disability, and sexual orientation) plays a significant role in how an individual might experience trauma, impact and recovery.
	Understand that different groups and communities have differing norms, views and behaviours around support, interventions and the duties of public and statutory organisations such as healthcare, education, policing and the courts. These variations may also include contrasting expectations and views on the role and manner in which statutory institutions provide these services and interventions. A trauma informed A trauma informed approach acknowledges and respects these differences and incorporates this understanding.
	Understand the benefits of considering local contexts when developing systems, processes and structures, particularly emphasising the gender, cultural and historical context.
	Understand that promoting an ethnocentric perspective, where a global minority understanding of 'best practice' is presumed as the best form of support or solution for individuals or communities across differing contexts, could result in harmful or inappropriate interventions.
	Understand that those with learning disabilities, intellectual disabilities and those with neurodiversity may not be able to communicate feelings of distress verbally and might use behaviour as both communication and/or as a means to support emotional regulation.

Knowledge and understanding	Understand that those with learning disabilities, intellectual disabilities and those with neurodiversity may face a potentially greater risk of exposure to trauma and adversity. These groups may also experience increased difficulty in recognising and/or disclosing abuse or trauma.
	Understand that some people may not be literate in their first language and be able to work collaboratively to consider whether spoken or written translations are of most support.
Skills and capabilities	*Workers are expected to:*
	Promote the right to have an ongoing connection to oneself, community, culture, and history.
	Be mindful of inclusive language, considering individual preference for person-first and identity-first language.
	Be able to effectively and ethically support and facilitate safe spaces to promote cross-cultural understanding and connection.
	Deliberately seek out alternative perspectives to ensure a broad representation of experience and understanding.
	Be able to act upon feedback from those who represent historically marginalised and underrecognised communities.
	Understand that the onus of driving and advocating for culturally sensitive, inclusive, and anti-racist practices does not fall to those who identify as one specific demographic but rather a collective responsibility.
	Be able to incorporate important cultural dates, festivals, and celebrations into practice.

STAFF AND ORGANISATIONAL WELLBEING	
Knowledge and understanding	*Workers are expected to:*
	Understand the potential warning signs and symptoms of secondary traumas, including Compassion Fatigue, Secondary Trauma, Transference, Vicarious Trauma, and Burnout.
	Be aware that acute and critical incidents can occur within the contexts of the workplace as well as within the public and external spaces.
	Understand how wellbeing can be impacted by systems, processes, and structures within organisations, multi-agency networks and pathways of support.
	Have an awareness of the ways in which transference and countertransference can occur between professionals and those they are supporting.
	Understand the significant impact of moral distress and moral injury on individuals and collectives working in environments and systems that are not conducive to supporting the quality of care that correlates with their personal values.
	Understand that compassion fatigue can act as a protective response to repeated or ongoing exposure to others' adversity. If experienced over a prolonged time, compassion fatigue can lead to outcomes related to reduced empathy and feelings of desensitisation, numbness and detachment, which can make it difficult to engage with the needs of others fully.
	Understand the importance of being able to tune up or tune down empathy to support positive outcomes for both professionals and those they are supporting.
	Understand what vicarious trauma is and be aware of how signs and symptoms might present within self and colleagues.

Knowledge and understanding	Understand that due to the role of affect regulation, a range of emotions, whether verbalised, or not, can often be felt and experienced across teams and collectives.
	Understand that trauma informed workplace cultures prioritise wellbeing and provide the support and supervision required to reduce the risk of workers who experience trauma in the workplace from developing vicarious trauma or other long-term mental health impacts.
	Acknowledge that the frontline worker demographic includes many professionals who are experts by experience and understand the ways in which to listen and support them (Please see the Listening to and Supporting Those with Lived Experience theme).
	Understand the protective factors that can mitigate adverse outcomes of secondary impacts of trauma, such as reflective practice, clinical supervision, compassionate accountability, boundary setting, 'de-rolling' practices (the proactive transition between work and home settings), rest, connection and fun.
	Understand the benefits of reflective practice for recognition and awareness of wellbeing and acknowledge when additional support may be required.
	Understand how to use trusted relationships to support individual reflection.
	Promote the option to personalise working spaces to encourage a sense of connection to space, self and context.
	Understand the importance of workers feeling valued and how this outcome can be supported through an organisation's practices, policies and procedures.
	Understand the importance of recognising the different ways different people like to receive praise and recognition to promote a sense of value.

Knowledge and understanding	Understand how cultivating safe, supported and trusted relationships through person-centred approaches can benefit professionals, teams and organisations.
	Understand how media and public perception can add additional pressure on individuals and organisations, and how this can act as a barrier to hopeful contagion and celebrating professional successes and achievements.
	Recognise the importance of facilitating clear lines of communication, management and organisational structure.
Skills and capabilities	*Workers are expected to:*
	Be able to work collaboratively when making decisions or solving problems.
	Be able to create a team ethos and culture that is inclusive and prioritises connection, the building and maintenance of relationships, and a sense of belonging.
	Be able to use one-to-one meetings or supervision contexts to connect with the team/service and feel integrated.
	Be able to use supervision to share ideas, concerns, hopes, feedback, reflections and strengths and to discuss aspects of their work that are important to them personally.
	Understand how to access opportunities to be supported through appropriate debriefing and reflection to support meaning making and positive action before reconnecting to their responsibilities following on from supporting within the context of acute or critical incidents.
	Know how to sensitively discuss the impact of traumatic stress on colleagues and those accessing support through services.

Skills and capabilities	Be able to access and engage in reflective practice with other professionals to support knowledge development through a diverse set of perspectives.
	Regularly access one-to-one supervision with a source of trusted support.
	Promote a regular check-in process with colleagues following exposure to adverse incidents to an effective method of debriefing and reflection if desired.
	Feel able to share positive stories of success and joy, promoting hopeful contagion between colleagues and across teams.
	Have the ability to access focused exit interviews to support healthy closure and ongoing organisational learning once a role has come to an end.
	Be able to engage with and consider equity, diversity, inclusion and cultural humility (See Cultural Humility and Context theme).
	Organisations should have the ability to hold hope for staff during times of challenge.

LEVEL 3 – TRAUMA RESPONSIVE

KNOWLEDGE AND AWARENESS	
Knowledge and understanding	*Workers are expected to:*
	Understand that children and young people rely on adults to provide stability and safety and how direct workers may be required to facilitate this stability when secure attachment figures are not present.
	Know the importance of promoting safe and nurturing relationships between children, carers and parents as a crucial protective factor to the contribution of trauma recovery, particularly in instances of attachment and developmental trauma.
	Be aware that attachment patterns are not deterministic in nature. Some people might sit more prominently within one particular style, while others might move fluidly between attachment styles based on their response to connection and safety themes at any given moment.
	Understand social determinants of health that could influence outcomes, including the conditions in which people are born, grow, work, live, and age, and the broader set of forces and systems shaping the needs of daily life. These forces and systems include economic and political policies and systems, development agendas, social norms and social policies.
	Understand how historical trauma experienced individually and collectively can link to current coping strategies as presenting trauma responses. For both individuals and collectives.
	Understand the role in which epigenetics can play a part in how someone might experience trauma and adversity.
	Understand that a person does not need to see violence or aggression to be impacted by it. If someone is hearing, feeling, or aware of adversity, trauma can be felt and internalised.

Knowledge and understanding	Know the critical importance of a whole-family and intergenerational approach to supporting positive outcomes for those who have experienced trauma.
	Understand how loss, leading to trauma, can be experienced within multiple contexts, including, but not limited to, bereavement and ambiguous loss, the removal of home settings, routine, anchor points, communities, cultures, friendship groups, possessions, freedom, and professional roles.
	Have an awareness of how complex trauma can result in dissociated states, derealisation, depersonalisation and Dissociative Identity Disorder, which can leave someone with a profound sense of estrangement from self and others.
	Understand how an integrated and compassionate self-narrative can be developed over time to support someone's sense of hope for the future, ability to set goals and reimagine and reset core beliefs.
	Understand how neuroplasticity can be a protective factor to support trauma recovery, recognising how positive interactions and experiences can support the development and strengthening of neural pathways.
	Understand the dynamic and evolving nature of research around best evidence on trauma, impact and recovery and how this impacts practice.
	Understand how trauma informed practice sits within a public health approach, which requires multidisciplinary understanding and action.
	Understand that alongside a broad public health approach perspective, trauma informed practices should be designed to support the prevention of and recovery from trauma with local and hyper-local contexts in mind.

Skills and capabilities	*Workers are expected to:*
	Understand that recovery work can be supported by facilitating an understanding of impact, emotional regulation and social skills.
	Be able to incorporate accessible and appropriate forms of psychoeducation into support programs and interventions.
	Be able to utilise whole-family, solution-focused support to enable best outcomes and prevent intergenerational experiences of trauma.
	Understand how to consider trauma history and present contexts in the process of identifying effective interventions, that can best support a person's individual needs.
	Be able to identify trauma responses and coping strategies that no longer support or serve the safety or wellbeing of a person. Discussing this observation sensitively and collaboratively to form goals and solutions.
	Support a person to recognise the strengths, skills and potential that they carry to promote hopeful outcomes.
	Prioritise ongoing learning to support critical thinking and knowledge development around the growing evidence base in relation to practice and lived experience perspectives of trauma and recovery.
	Endeavour to remain informed on local, regional and national political and economic contexts that can either help or hinder positive outcomes, particularly concerning access to support for trauma-experienced people.

INFUSING TRAUMA INFORMED LANGUAGE	
Knowledge and understanding	*Workers are expected to:*
	Acknowledge that individuals can and have the right to access personal data both in the near and far future. Therefore, the implications of any unethical or inappropriate terminology used within the report writing process could cause repeated or ongoing harm.
	Understand how speech and language needs can be captured to ensure someone is able to access support to meet their full language and literacy potential.
	Understand how policies, processes and strategies can acknowledge and take steps to address structural and systemic abuses such as discrimination, underrepresentation and inequity that create disproportionality in the way trauma and adversity are experienced.
	Understand how policies, processes, strategies and resources can be written in ways that avoid triggering, victimising, victim blaming, labelling and underrecognising language and terminology.
	Understand how utilising common language across services and systems can support consistent and coherent care for those who have experienced trauma and positive outcomes for all.
	Understand how utilising common language across service and systems can support effective research and evaluation. Promoting this by capturing consistent understanding to support the regional understanding representing baseline positionality, progression and goal setting.

Skills and capabilities	*Workers are expected to:*
	Be able to complete assessments and reports that demonstrate a clear understanding of potential risk while promoting strengths-based, whole context language.
	Where possible, write reports and records in a style that speaks to the future adult.
	Ensure opportunities for effective reciprocal communication and feedback are readily available.
	Ensure that reflective spaces to listen to those representing lived experience and under-recognised groups are facilitated to continually capture a diverse understanding of trauma and language, which promotes dignity and recovery.
	Work intentionally to create and promote space for collaboration across services and disciplines to share learning.
	Seek to identify and collaborate on regionally recognised terminology around trauma, impact, recovery and trauma informed practice, to support a system-wide approach to understanding.

CREATING EMOTIONALLY, PHYSICALLY, AND PSYCHOLOGICALLY SAFE ENVIRONMENTS	
Knowledge and understanding	*Workers are expected to:*
	Recognises the different presentations of shame and understands the importance of embedding shame-sensitive practices across all areas of service delivery.
	Understand how to facilitate and design psychologically safe and accessible physical environments and services across all spaces, while incorporating understanding of how physical spaces can cause re-traumatisation or distress.
	Understand how agency and autonomy around decision making can support a person's sense of safety and trust.
	Recognises the importance of collaborating with others to gain a diverse understanding of how physical spaces should be designed.
	Understand the importance of restoring public confidence if required, through engagement, resolution and inquiry, following on from critical incidents where community trust may have been harmed.
	Understand the importance of incorporating personalised hopeful practices to support meaningful, culturally appropriate and strengths-based goal setting and outcome evaluation into intervention programmes.
	Understand the importance of a whole team, whole organisational understanding of a trauma informed approach to ensure a consistent and coherent model of top-down, bottom-up practice is being modelled.
	Understand the importance of an ongoing and robust audit and evaluation process that take into consideration the 7 principles of trauma informed practice within each aspect of a service including communication, voice and influence, physical spaces, policies and procedures, staff and organisational wellbeing and access to learning.

Knowledge and understanding	Recognise the importance of being able to hold the physical, psychological and emotional needs in mind at all times.
	Understand the local, national and organisational policies around risk-management and safeguarding around all aspects of service including data storage and safeguarding.
	Understand the value of having a clear strategy of progression towards the development of emotionally, psychologically and physically safe services.
	Understand that cultivating emotional safety is a significant attribute across all stages in the non-linear journey from trauma to recovery.
	Understand how impactful intervention and relationship endings can feel to someone who has experienced trauma, particularly within interpersonal contexts, and know how to support effective exit plans that mitigate risk of psychological harm.
Skills and capabilities	*Workers are expected to:*
	Be able to recognise the psychological and physical aspects and elements of service provision.
	Work with the understanding that trauma history can result in a person or a collective feeling unsettled or deregulated during a process of change and communicating plans and process of changes to spaces with this in mind.
	Be able to effectively facilitate the stability and safety of a person.
	Understand how privacy, personal space and the use of boundaries can support someone's capability of feeling safe.
	Be able to promote self-agency agency and perceived control for individuals in order to support a sense of safety.

Skills and capabilities	Be able to recognise and respond to signs of trauma, gender-based violence and coercive control and intervene or signpost accordingly within the parameters of professional remit.
	Be able to facilitate choice in gender of worker where appropriate and possible.
	Be able to incorporate flexibility into services where possible when the timing and delivery of a supportive service becomes a barrier to access.
	Be able to collaboratively determine effective and personalised trauma-recovery-focused care plans that consider emotional safety, planning and contextual safeguarding.
	Be able to advocate for and support a stable home environment that can act as a protective factor from harm.
	Be able to support a clear understanding of timescales and expectations through transparent and collaborative discussion.
	Be able to ensure that service spaces are appropriate, accessible, non-stigmatising and safe for all using them.
	Prevent re-traumatisation by identifying and responding to mitigate potential triggers in a space.
	Know when targeted therapeutic interventions and trauma specific services should be accessed for those experiencing ongoing or complex trauma impacts.
	Know how to decrease support when appropriate to meet the needs of an individual in line with their own non-linear journey of post-traumatic growth.
	Utilise best practice and evidence-based approaches to develop and implement targeted interventions that promote trauma prevention, identification and recovery.

LISTENING TO AND SUPPORTING THOSE WITH LIVED EXPERIENCE	
Knowledge and understanding	*Workers are expected to:*
	Understand that the desire to disclose and/or discuss trauma and adversity at any point or repeatedly during a person's recovery journey can support the process of making meaning and sense of past experiences.
	Understand the importance of enabling access to training and learning to nurture interpersonal skills, self-regulation strategies, and emotional intelligence.
	Understand the importance of the continued connection to existing sources of formal and informal sources of support where appropriate for those who have experienced trauma.
	Understand how to identify and access more comprehensive support systems built of trusted and safe relationships within the community to promote resilience and a regained sense of belonging for individuals and families.
	Acknowledge the importance of timely access to trauma recovery-focussed interventions.
	Have a robust understanding of accompanying services that can contribute towards post-traumatic growth outcomes, such as trauma specialist services, domestic abuse refuges, social housing support, drugs and alcohol services, physical and mental health services and debt management services.
	Acknowledge the value and worth of incorporating and amplifying expert by experience voices to support learning and improvement for services, systems, and the wider public.
	Understand that how, whether or when an individual might want to use their experiences to educate or advocate around trauma and recovery is an entirely individual decision that should not be expected, presumed, or taken for granted.

Knowledge and understanding	Understand how professionals can work with those who have experienced trauma to gain an informed understanding of the message they would like to communicate to advocate on their behalf, with consent, where unable to do so themselves.
	Understand the differences between the value of promoting cultures conducive to empathy as a positive response to testimonies of experiences rather than sympathy or pity, which can be unwelcome or harmful responses for those receiving it.
	Understand why people should never be seen as 'projects'. Professionals should avoid presumptions of a person's positionality within the trauma-recovery process, instead prioritising the ability to notice the existing resilience, individual capabilities and strengths already held.
	Understand the importance of working with partner organisations, professionals, and community members who hold existing relationships when seeking to gain the perspective of others where a relationship is not already existing to support consistency, trust and safety.
Skills and capabilities	*Workers are expected to:*
	Be able to discuss and identify avenues of support that are informed by the views of the affected individuals, families, or collectives.
	Be able to accept and adhere to a person's wishes on how they would like to be defined in relation to their experiences and what support they feel would benefit them.
	Provide advocacy support where existing support is lacking or when a person is unable to or is not present to speak on behalf of themselves. The outworkings of advocacy should occur with consent and in collaboration wherever possible.
	Be able to design and implement research projects and coproduction activities that adhere to ethical practices of informed consent, informed choice, accessibility, accountability and feedback.

Skills and capabilities	Be able to facilitate emotionally, physically and psychologically safe environments to support a person before, during and after sharing their experiences and perspectives.
	Be able to help someone to remain within their window of tolerance through co-regulation strategies and an extensive understanding of appropriate grounding tools that could meet the needs of the individuals involved.
	Understand how listening to lived experience perspectives might impact or re-traumatise others in the space, and how to keep everyone's emotions safe when views are shared.
	Be able to listen to, value and act upon the learning from those with lived or living experiences of trauma.
	Be able to forge strong connections partner organisations, professionals, and community members to work collaboratively to maintain consistency, trust and safety when exploring the perspectives of others.
	Be accountable to those who have shared their experiential views to support organisational or system development by providing timely and accessible feedback on what learning, and actions have occurred due to their input and expertise.

CULTURAL HUMILITY AND CONTEXT	
Knowledge and understanding	*Workers are expected to:*
	Understand the importance of fostering good relationships with community members, community leaders and those who represent longstanding anchor points for communities (such as places of worship, barber shops, local shops, cafes and community centres).
	Understand that many current systems are designed in ethnocentric ways, which predominantly prioritise a white, global minority, male, heterosexual and neurotypical perspective. Professionals should be able to acknowledge this as a barrier to forging resilient systems and proactively seek to identify and implement solutions.
	Have an extensive understanding of how cultural, insidious, collective, historical, intergenerational and mass trauma can impact whether or to what extent someone feels able to access and engage with services, support and interventions.
	Have an extensive understanding of how discrimination, underrepresentation, inequality and inequity can contribute to a person's ability to access and engage with services, support and communities. Furthermore, proactively responding to prevent any such (further) occurrences.
	Understand how determinants of health, health inequalities, and health disparities play a role in transitioning from a positionality of systemic trauma into one of systemic resilience.
	Understand the importance of having global majority representation within leadership positions as genuine contributors who hold power. Recognising that authentically promoting and engaging with differences through all service, organisation, or system aspects can transform cultures to enable more equitable, inclusive and accessible spaces.
	Understand the importance of advocating, promoting and amplifying the voices of underrecognised people groups.

Knowledge and understanding	Understand the importance of commitment to supporting continuous, genuine, trustworthy and purposeful practices of inclusivity and equity but also facilitating, acting on and disseminating learning.
	Understand that the responsibility of developing, promoting and educating anti-racist and inclusive practice falls on everyone. While gaining the expertise of those with experience is crucial, there should be no expectation or pressure for them to carry the weight of establishing change.
Skills and capabilities	*Workers are expected to:*
	Be able to identity the need for and support access to service that specialise in offering culturally specific therapeutic services and psychological support.
	Be able to promote access to a range of person-centred therapeutic options for someone needing support, considering identity, learning, developmental and linguistic needs.
	Be able to utilise best practice and evidence-based approaches to develop and implement targeted interventions that promote the prevention, identification and recovery of trauma for underrepresented people groups.
	Recognise that pursuing anti-racist and inclusive practice includes practicing vulnerability and grace for mistakes. Therefore, professionals should understand the critical role of cultivating psychological safety and wellbeing practices, which can support the facilitation of environments that enable people to ask questions, collaborate, reflect, and learn in safe ways.
	Share learning and successful outcomes in internal and external contexts to promote organisational understanding and cross-discipline knowledge development.
	Recognise the importance of being agile to meet needs. Organisations should consider differing culture-related responsibilities, expectations, traditions, and rituals (such as cross-continent financial responsibilities, mourning practices and travel times), ensuring that this understanding is reflected within the policies and procedures of an organisation.

STAFF AND ORGANISATIONAL WELLBEING	
Knowledge and understanding	*Workers are expected to:*
	Understand the need to reduce the impacts of secondary traumas and build workforce resilience. Recognising how observing trauma informed practice principles across an organisation, within every area of service, benefits the staff, teams and volunteers represented within.
	Understand the benefit of having a physical safe space for colleagues that promotes a sense of belonging and connection.
	Understand where power dynamics can hinder a person's ability to be authentically able to speak and be listened to in all aspects of their professional setting.
	Understand how collective traumas such as unexpected loss of funding, episodes of staff misconduct, times of transition, bereavement, severe or sudden challenges for those under an organisation's care or support, staffing restructures, redundancies and sudden changes can impact teams and organisations, and know the protective factors that can support wellbeing during these times.
	Understand why and how organisational and collective trauma can contribute to moral injury and distress, which can impact upon staff resilience, retention and responsiveness.
	Understand the importance of assessing and preparing organisational readiness as a vital process to support sustainable trauma informed practice and changes across a service.

Knowledge and understanding	Have a comprehensive understanding of how each aspect of the 4 Rs outwork within the organisational context of services for staff, volunteers and those supported through the organisation: • Realise how trauma can impact communities, families, individuals, groups and organisations. • Recognise the signs of trauma in behaviour, including understanding re-traumatisation and the ways it may occur, such as through triggers. • Respond to trauma by integrating trauma informed principles into all aspects of the way systems and organisations operate. • Resist the possibility that someone is re-traumatised by their interaction with professionals or services. This can be done by reducing potential triggers associated with traumatic experiences across practice or by creating psychologically informed environments.
	Understand the importance of correctly identifying a trauma informed practice's baseline position, utilising the levelling terminology of Trauma Aware, Trauma Informed and Trauma Responsive.
	Understand why access to timely and appropriately distributed finance is essential to supporting adequate and sustainable person-centred trauma informed practices.
	Understand the importance of developing robust quality assurance methods when delivering messages around trauma impact, recovery and trauma informed practice to ensure that messages are not diluted, unethically monetised, or misrepresented.
	Be aware that resilient systems need built-in margins for inefficiency to allow for relationship-based, person-centred values that incorporate the ongoing need to allow space for flaws, forgiveness and repair.
	Understand how blame and shame can present and be transferred across disciplines and professions. Recognising the importance of 'modelling the model' to build systemic resilience by demonstrating empathetic and affirming interactions across services and systems.

Skills and capabilities	*Workers are expected to:*
	Feel confident in their ability to authentically share and feel listened to in all aspects of their professional role, including within meetings, service design, supervision and social engagements, while encouraging and empowering others to do the same.
	Have an awareness of how to implement protective solutions to combat moral injury across services to mitigate this such as reflective practice, clinical supervision and positive story sharing.
	Be able to use their understanding of the levelling categories of Trauma Aware, Trauma Informed, and Trauma Responsive, to set ambitious goals to develop individual and organisational trauma informed practice further.
	Be able to hold the tension between hope for change and any righteous frustration towards systemic flaws and injustices in a ratio which protects the wellbeing of themselves and others from emotional harm and moral injury. Recognising where additional support or changes are required to prevent negative outcomes and support resilience.
	Be able to identify and advocate for trauma informed practice within commissioning and funding process.

LEVEL 4 – TRAUMA SPECIALIST LEVEL

Common features across therapeutic models that should be considered, in addition to the full framework guidance for those providing trauma specialist services and interventions are:
Have specialist knowledge, skills, training, qualifications and clinical supervision in understanding the impact of different types of trauma (single incident, complex, developmental, intergenerational etc) across the lifespan (appropriate to client group) along with pathways to recovery. Only working within their level of training and competency to avoid risk of further re-traumatisation.
Pro-actively work in collaboration with the service user 'doing with, not to', recognising people are often the experts of their own experience, and ensuring informed consent, choice and agency wherever possible.
Undertake or review comprehensive assessments of the client group (children, young people, families, groups, &/or adults as appropriate) presenting issues, considering developmental history, trauma history, inter-generational factors, current context, risk increasing / decreasing factors, strengths and hopes.
Consider or seek specialist advice re: issues of differential diagnosis between impact of adversity, trauma, and other mental health and neurodevelopmental difficulties (e.g. PTSD, ADHD, ASD, conduct disorder, personality disorder, substance misuse etc); including consideration of trans-diagnostic presentations.
Develop co-created and shared psychological formulations of current distress and impact on functioning; drawing on evidence based psychological theories/models, relevant developmental and trauma history, strengths and considering a full range of neuro-bio-psycho-social-sensory and contextual factors (including protected characteristics).
Understand a variety of evidence-based models and theories relating to therapeutic interventions. Be able to appropriately select an intervention to meet current needs. Recognising the full spectrum of trauma impact across a number of domains of functioning (e.g. neuro-bio-psycho-social-relational-sensory-developmental-cognition-learning) as potential areas for intervention.
When working with children & adolescents, recognise that regardless of specific therapeutic intervention utilised, trauma interventions may need to be graded / sequential in nature (to meet developmental needs) and may need to include key attachment figures. Recognising that full trauma recovery may not be possible in one period of therapy, and people may need to return for further support at different life stages / trigger points.

Understand the crucial importance of psychological and physical safety as an important precursor for trauma processing, whilst not making this a barrier to accessing support. For example, recognising that working together with the individual or key partner agencies to secure these pre-requisites can, in itself, be an important focus for therapeutic intervention.
Understand that the development of relational safety, security and consistency can, in itself, be an important and necessary part of the work to enable clients to engage in further trauma focused therapeutic support.
Recognise that although specific therapeutic models vary; key ingredients to trauma recovery include some combination of opportunities to; build relational safety & trust, develop self/co-regulation, make meaning about the experience, integrate a coherent trauma narrative, develop adaptive skills and coping, develop a sense of agency, choice, and mastery, develop a sense of hope for the future.
Understand how to recognise, work with and safely integrate dissociative aspects of a trauma presentation.
Understand common barriers to accessing services (shame, mistrust, avoidance, hypo-arousal, power imbalances, difficulties sequencing / 'time-stamping', more disorganised functioning, physical access, cultural or language barriers) and pro-actively scaffold around these to pro-actively enable access.
Understanding the importance of working collaboratively in a multidisciplinary and inter-agency context (where appropriate) to support holistic assessment, formulation and intervention planning to best meet presenting needs.
Understand or seek appropriate advice re: appropriate pharmacological treatments available to support the process of recovery.
Understand the importance of consistency, predictability and continuity of care within therapeutic provision, including during periods of transition or in preparing for and managing endings.
Work collaboratively with service users, regularly and routinely seeking feedback, monitoring impact and actively listening to the voices of those with lived experience in evaluating services and in new service development.
Identify when an individual is not responding to support or finding support beneficial and provide knowledgeable advice on alternative intervention recommendations.

RECOMMENDATIONS

The West Midlands Trauma Informed Coalition represents over 160 professionals and incorporates perspectives from many organisations representing the diverse contexts of the West Midlands workforce. Therefore, the West Midlands Trauma Informed Workforce Learning and Development Framework is a shared and working document.

The West Midlands Trauma Informed Coalition recommends that the Trauma Informed Workforce Learning and Development Framework is continually revised in accordance with current research and best evidence on trauma, impact and recovery. Revisions should be considered alongside the dynamic nature of the socio-economic and political landscape of the West Midlands.

In addition, The West Midlands Trauma Informed Coalition recommends that regular consultation be facilitated to ensure that the Framework remains fit for purpose and beneficial and that it continues to represent the richly diverse population of the West Midlands workforce and those it seeks to support. Consultation should consider the voices of those with lived experience of trauma, and ethical co-production should be prioritised accordingly.

What next?

The West Midlands Trauma Informed Coalition recommends that the West Midlands aspire to develop accompanying resources to the Trauma Informed Workforce Learning and Development Framework. These resources should support accountability, progression, embedment, and evaluation. They should also offer practical examples and case studies demonstrating how these approaches can be implemented in various contexts.

Additionally, further work is needed to bolster Trauma Informed Commissioning processes across the region through appropriate guidance.

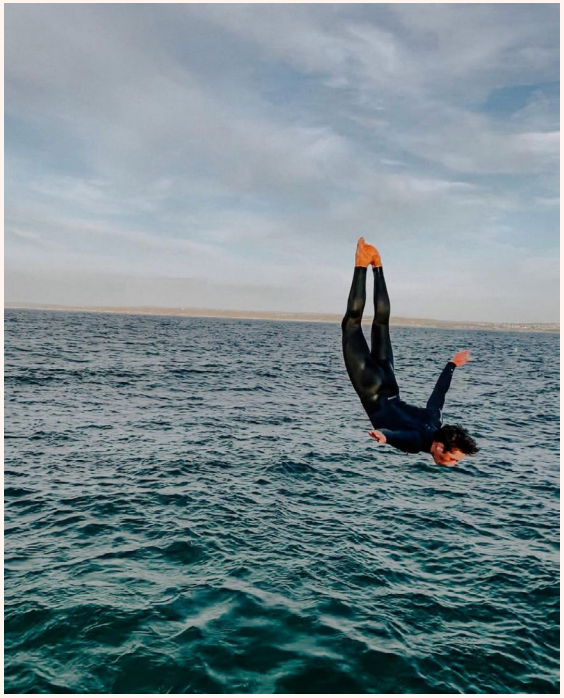
COLLABORATION FEELS LIKE...

"On my darkest days, I felt invisible; I felt dirty, and I felt like I was only valuable when complying with people who would hurt me. On the outside, my behaviour screamed broken; on the inside, my heart cried hurt. Today, I sit in a role where I get to be a small part of helping systems to support change for positive outcomes for people like me. My journey of trauma recovery cannot be attributed to one individual, one profession, or one sector.

My story of hope is built upon countless mini miracle moments, where people representing healthcare, education, faith organisations, third sector, family and beyond chose to see the gold that was hidden and call it back into action. They may never remember those small interactions, but I do. Together, they saved my life."

- West Midlands Trauma Informed Coalition member

TRUST FEELS LIKE...



"The tide has to be at the perfect and the height has to be safe before you jump."

- Life as a Photo (age 14)

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GLOSSARY

Adultification bias – Is a form of racial prejudice where children of minority groups are perceived as older than their white counterparts. This can result in more punitive sanctions and fewer opportunities for innocence and childlike behaviour.

Anti racist practice – Ensuring inclusivity and accountability for addressing instances of racism. Intentional and proactive efforts to eliminate racism by addressing issues at individual, institutional and societal levels. Actively challenging bias, raising awareness, promoting policy change, advocating, engaging with underrepresented groups and communities and a commitment to continuous learning.

Attachment trauma – Can occur when a child does not experience consistency in physical and emotional support from caregiving, or other nurturing relationships.

Burnout – Is a state of mental, emotional and physical, exhaustion caused by an excessive or prolonged exposure to stress.

Coercive control – A harmful pattern of behaviour, intended to harm, punish, or frighten an individual. It includes acts of assault, threat, humiliation, and intimidation with the goal of creating dependency by isolating, exploiting, depriving the person of independence, and regulating their behaviour. Recognised as a criminal offence.

Collective trauma – Where the impact of an event or series of events has been felt across collective demographics, such as communities, schools, or organisations.

Compassion fatigue – Often experienced in the context of caring professions, compassion fatigue can arise due to repeated exposure to suffering. It can lead to outcomes related to reduced empathy and feelings of desensitisation, numbness and detachment, which can make it difficult to engage with the needs of others fully.

Complex trauma – Complex trauma refers to repeated, prolonged exposure to traumatic events, often interpersonal, during childhood or adolescence, resulting in lasting emotional, psychological, and relational difficulties.

Contextual safeguarding – To consider and address potential risks to a person's wellbeing within the broader environmental and social context, rather than focusing solely on individual factors. This approach recognises and responds to risks that may arise from various settings, such as family, school, community or online, to ensure safety and protection.

Coproduction – A collaborative process in which individuals with diverse perspectives work together to jointly create, design, develop and deliver services, outcomes, or solutions ensuring the inclusivity of multiple viewpoints and expertise.

Coregulation – A process where individuals learn to recognise their emotions and regulate their arousal levels through interaction with nurturing and supportive caregivers. It involves providing a warm and calming presence, verbal acknowledgment of distress, modelling of behaviours that self soothe and the creation of an emotionally and physically safe environment.

Cross-discipline approach – A cross-discipline approach integrates ideas and methods from different academic areas, promoting collaboration to address complex issues or explore a specific topic. It aims to blend diverse insights for a more comprehensive understanding and innovative solutions, leveraging the strengths of various disciplines for holistic outcomes.

Cultural/Identity and Insidious trauma – Includes systemic injustices, structural inequalities, racism, and prejudice.

Cultural sensitivity – Cultural sensitivity – Involves recognising, accepting and welcoming cultural differences. Refraining from judgment, culturally sensitive workers adopt a position of humility, acknowledging the limitations of their own knowledge and continually committing to learn from and understand diverse perspectives. This practice can result in a deeper understanding of cultural nuances and enhanced cross-cultural relationships and communication.

Developmental trauma – Developmental trauma can occur when a child experiences early exposure to repeated traumas (including in utero). Often experienced within the context of significant caregiving relationships, these experiences can lead to high activation of the stress response system. As a result, developmental trauma can impact all aspects of development, which may leave lasting effects across the life course.

Dissociation – A state where you may feel disconnected from yourself and your surroundings, often as a coping mechanism during times of stress or trauma. It can manifest in numerous ways, from everyday experiences (like getting absorbed in a book) to more prolonged and profound experiences. Dissociation may occur briefly during traumatic events or can become a learned coping strategy developed over time.

Emotional safety- The profound sense of being accepted for one's authentic self and emotions. It involves feeling secure in expressing true feelings and needs without fear of judgement or harms. It is a fundamental human need and a crucial foundation for healthy relationships.

Ethnocentric -Belief or attitude that one's own group, ethnicity or nationality is superior to others, often leading to a biased view of other cultures based on one's own interpretation of cultural norms and values.

Gender based violence – Involves harmful acts directed at individuals based on their gender. It includes physical, sexual, emotional, or psychological harm and can manifest in various contexts like intimate partner violence, sexual harassment, human trafficking, and harmful traditional practices. Rooted in gender power imbalances. It is a violation of human rights.

Health disparities/ Health inequalities – Health differences closely linked to social, economic and environmental disadvantage, adversely affecting groups that face systematic barriers to health, contributing to avoidable variations in health. The terms health "disparities" and "health inequalities" are sometimes used interchangeably. The complex causes of these disparities are associated with factors influencing individual health-related behaviours, such as smoking, diet, access to services, social deprivation, work access, education levels, social networks, and the perceived level of control over one's life.

Historical trauma – Can occur following an event or series of events, where the effect and impact can be felt intergenerationally.

Intersectionality – The recognition that various forms of discrimination, such as racism, sexism, and classism, intersect and overlap, especially impacting marginalised individuals or groups. It emphasises that everyone experiences unique forms of discrimination and the interconnected nature of social categorisations, creating overlapping systems of oppression.

Lived experience – Personal knowledge about the world acquired through direct, firsthand involvement, emphasizing the unique understanding obtained through personal encounters as opposed to information constructed by others.

Mass trauma – When an event affects large numbers of people.

Medical trauma – Can be experienced as an emotional and physical response to an experience of injury, pain, severe illness, or medical procedures that a person might have experienced to be frightening.

Moral injury – The psychological distress resulting from actions or witnessing events that conflict with a person's moral or ethical beliefs, leading to emotional suffering and inner turmoil.

Person centred approach – Places the person at the core of the service emphasising their identity as a person first. This approach involves collaboration across sectors to identify and understand the person's needs. Prioritising psychological and physical safety by offering choice, transparency, collaboration, and autonomy in the support provided.

Psychoeducation – Therapeutic approach that educates people on mental health, emotional wellbeing, and psychological issues. The aim is to support emotional literacy through providing knowledge and skills to understand, manage and cope with mental health challenges.

Psychological safety – The shared belief within a group or organisation that individuals can express themselves, take risks and share thoughts and ideas without fear of negative consequences. It creates an environment where people feel comfortable being themselves, foster creativity, innovation, and effective collaboration.

Secondary trauma – Refers to the emotional and psychological stress experienced by people indirectly exposed to the trauma of others, often associated with helping professions or support roles.

Self-agency – The ability of people to take intentional actions, make independent choices and exert control over their lives.

Shame sensitive practice – Adopting approaches that consider and respect a person's feelings of shame, emphasising empathy, understanding, and fostering a supportive environment to address and alleviate shame-based experiences.

Social determinants of health – The external factors such as socio-economic status, education, environmental conditions, that can significantly influence an individual's overall wellbeing and health outcomes.

Strengths-based | Solution-focused approaches – A therapeutic method that emphasises identifying and building on an individual's strengths and resources, while collaboratively developing practical solutions to address specific challenges and promote positive change.

Stress response system - The stress response system is a complex network of bodily reactions that activates when threat is detected, signalling the release of stress hormones, which trigger physiological changes through the body for the purpose of survival.

Supervision – Involves overseeing and guiding individuals or processes, typically within a professional or educational context, to enhance wellbeing, skills, ensure effective performance and development, and adherence to standards. Clinical supervision is where a psychological process of reflection is facilitated by a clinical specialist.

Systemic trauma – Refers to widespread and interconnected adverse events or experiences that impact entire communities, societies, or systems, causing collective psychological and emotional distress.

Systemic resilience – Is a multifaceted concept based on the ability of a system to anticipate, absorb, adapt to, withstand and recover from adversity while maintaining its essential functions and overall integrity.

Systems – Refer to organised and interconnected structures, processes or institutions that work together to achieve a common purpose, for example referral pathways, multiagency safeguarding boards and communities of practice.

Traumatic/toxic stress – Severe and prolonged physiological and psychological strain resulting from exposure to adverse experiences, often disrupting development and negatively impacting overall wellbeing and outcomes.

Trauma – Resulting from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life-threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual wellbeing.

Trauma specialist – An expert who helps people cope with and overcome the emotional and psychological effects of distressing or traumatic experiences.

Transference – When feelings and attitudes from past relationships or experiences get redirected onto someone in the present, particularly within a therapeutic setting.

Vicarious trauma – Occurs when an individual is indirectly exposed to another person's trauma, often through hearing or witnessing firsthand accounts. This can lead to adverse emotional and cognitive changes, impacting the individual's mental health.

Workforce – A workforce refers to the number of people employed by a business, organisation, industry, or sector, collectively engaged in work or employment activities.

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**21 November 2024**					
Title of report	**Strategic Housing Update – Housing and Health**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	X	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
Reporting Officer & email	Laura Fisher; laura.fisher@shropshire.gov.uk Penny Bason; Penny.bason@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	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)	✓		
What inequalities does this report address?	This paper demonstrates the importance and approach to reducing inequalities through housing and good quality housing.					

1. Executive Summary

This six-month update builds on the housing and health strategic initiatives discussed in the previous report submitted to the board. The framework for this work has been shaped by the LGA's October 2022 publication, *Improving Health and Well-being Through Housing: A High Impact Change Model*, which has been guiding much of the council's strategic direction.

This model encourages integrating housing delivery with health and care commissioning and service provision, directly aligning with Shropshire Council's strategic objectives to support population health and independent living. This update reports on the work done to realise the five high-impact changes recommended by the LGA and how these are integrated into the Independent Living and Specialist Accommodation Strategy and other statutory strategies which align strategically with the Local Plan, https://www.shropshire.gov.uk/media/8503/samdev-adopted-plan.pdf and Shropshire Local Plan, Adult Social Care Strategy and the People Plan (People Directorate strategic plan 2023-2025) supported by a detailed analysis coming through a social care review.

Following the HWBBs request for further joint working, 2 workshops and a number of task and finish group meetings have resulted in a joint action plan, **Appendix A**. Additionally, further explanation of these actions and next steps are described in the body of this report.

2. Recommendations

- Following the HWBB request for action on housing and health, the Board note the partnership work to develop an action plan for improving aspects of health and housing in Shropshire.
- The Board endorse the action plan and next steps.
- The Board receive a progress report in one year.

3. Report

In Autumn 2023, the Health and Wellbeing Board (HWBB) and the Shropshire Integrated Place Partnership (SHIP) received a report outlining the critical links between health and housing. In

response, the HWBB requested that system partners collaborate to develop joint actions aimed at improving health outcomes through housing. In April 2024, partners held two sessions to better understand the housing challenges in Shropshire and to formulate actionable steps to address these issues. While Shropshire already demonstrates many areas of good practice, further actions are necessary to enhance housing quality and ensure earlier planning across the system to better meet housing needs.

The LGA report proposed two main goals:

- **Goal 1:** Improving population health through good quality housing.
- **Goal 2:** Supporting people to live independently in the community.

To achieve these goals, five high-impact changes were recommended:

1. Provide a wide range of housing types and choices.
2. Influence and improve local housing markets.
3. Improve and adapt existing homes.
4. Tackle housing and associated health inequalities.
5. Use technology to support people to live independently at home.

These changes are embedded within Shropshire Council's strategies, particularly the Independent Living and Specialist Accommodation Strategy, which aligns with and supports the housing strategy to address these goals.

Following two workshops with key stakeholders, actions, progress and key next steps have been identified and described below (and in Appendix A). The timeline for delivery of the next steps will vary (some elements will take a number of years) and it will be important that partners and stakeholders commit to supporting the work.

Progress on Key Areas of the LGA Model

Change 1: Provide a Wide Range of Housing Options and Related Services

Promote the adoption of HAPPI design principles for both new-build, mainstream, and specialist housing in order for it to be attractive to older people and people with disabilities.

The promotion of HAPPI design principles, while not specifically mentioned, is reflected in the emerging Shropshire Local Plan, which focuses on the delivery of specialist housing in appropriate locations to support inclusive and multi-generational communities. The emerging Shropshire Local Plan includes draft policies which:

a. Prioritise the delivery of forms of specialist housing that support independent living, aligned with the priorities in the People Plan (People Directorate Strategic Plan).

b. Require specialist housing to be integrated into communities with good access to services and facilities.

c. Seek to 'protect' existing specialist housing provision.

d. Identify expectations for specialist housing provision within larger development schemes, specifically:

i. On developments of 250 or more dwellings, at least 20% of houses must constitute a form of specialist housing for older people and/or those with disabilities and special needs.

ii. On developments of 150-249 dwellings, at least 15% of houses must constitute a form of specialist housing for older people and/or those with disabilities and special needs.

iii. On developments of 50-149 dwellings, at least 10% of houses must constitute a form of specialist housing for older people and/or those with disabilities and special needs.

e. Identify other opportunities for specialist housing provision, including:

i. On appropriate sites within the identified settlement development boundaries.

ii. Adjoining settlement development boundaries where the specialist housing is meeting an identified local need and constitutes 100% local needs affordable specialist housing.

iii. Where the specialist housing represents Use Class C2 as a secondary use on employment sites, where such provision complements the existing and planned wider employment uses of the site; is served by appropriate infrastructure; and facilitates the delivery of the wider employment site, including through the provision of accesses, servicing, and other infrastructure.

These principles ensure that housing developments are attractive and accessible to older people and individuals with disabilities.

The emerging Shropshire Draft Local Plan: The plan outlines that 20% of housing on larger developments (250+ or more) should cater specifically to older people. The policy references site thresholds above 50 dwellings to deliver specialist accommodation. The plan also emphasises balanced communities, ensuring older adults and people with disabilities are not segregated but integrated within intergenerational settings.

Promoting the adoption of HAPPI design principles for both new-build mainstream and specialist housing, particularly for older people and people with disabilities, is recognised as a complex task, especially as we move into the review phase of the Local Plan. The challenge remains that as a standalone item in the housing strategy, it lacks support from the Local Plan and is not integrated into any other cited strategies.

Next steps

There will need to be careful coordination between the **planning team, health, and care services** to effectively integrate this data into forward planning.

→ Since a multi-disciplinary group with representatives from planning, health and social care already exists and attends the Housing Executive Board, this group is well- positioned to drive the integration of HAPPI principles in the People Plan (People Directorate Strategic Plan). Utilising this existing team can provide a streamlined approach to promoting HAPPI by focusing on coordination, setting direct and goals and identifying policy conflicts and gaps

Involve housing associations, social care, and specialist voluntary sector organisations to bring their perspectives and those of the people they support to better understand the housing needs of those with learning disabilities and complex support needs.

One of the key action points in the Independent Living Specialist Accommodation Strategy is fostering broader engagement with housing associations, social care, and voluntary sector organisations. This collaboration is essential to gaining a deeper understanding of, and more effectively responding to, the housing needs of individuals with learning disabilities and those with complex support requirements.

Mechanisms for these conversations are already in place through several established forums and partnerships, such as the Social Housing Forum, the Marches Forward Partnership, the Housing Executive Board, the Housing Portfolio Meeting and Shropshire Homelessness Forum. Additionally, a dedicated Client Manager at Shropshire Council works closely with STAR, and the Housing Enablement Team plays a critical role in cross-departmental and cross-partnership collaboration.

While these structures provide valuable opportunities for dialogue, to achieve greater impact, there is a need to integrate these conversations more fully within existing frameworks. Strengthening coordination across these platforms will help ensure that housing and care solutions are developed in alignment with the diverse needs of vulnerable populations.

Integrated Commissioning between social care, health, and housing is prioritised, to address issues like falls prevention and ensure that housing developments align with health and social care needs of residents. This joint approach promotes better outcomes for older people and people with disabilities.

Next steps

- → Consider each step in the service user journey, from initial contact through to finding suitable housing and ongoing support. This will identify any gaps or challenges they face within the housing process – Housing Commissiong Officer, and the Commissioning and Governance Community Services Team
- → Actively involve carers and support workers, family etc in consultations, focus groups or feedback sessions. These individuals often have unique insights into the day-to-day needs of the service user and provide valuable perspectives on housing design, accessibility and support services – Adult and Social Care and Housing Commissioning
- → A priority of action in the Independent Living and Specialist Accommodation strategy is to undertake a housing needs survey, using an easy read questionnaire for people with learning disabilities and/or neurodiverse conditions which could be extended to those with complex support needs – Housing Services
- → Housing Options to produce an easy read housing options booklet – Housing Services

Individual needs – person centred approach but planning for housing can take a broad range of needs, proportionate to funding and needs.

A person-centred approach is essential to ensuring housing solutions meet the diverse and evolving needs of individuals. While planning must account for a broad range of needs, this must be balanced with available funding and strategic priorities. By focusing on individual needs within a broader framework, we can deliver housing solutions that are flexible, sustainable, and responsive to varying support requirements, from individuals with learning disabilities to those with complex health needs.

Existing governance mechanisms, such as the Housing Executive Board, the Social Housing Forum, and the Marches Forward Partnership, offer opportunities to embed a more individualised approach into housing planning. These forums enable collaborative, cross-sector discussions, but to drive this forward effectively, we may need to integrate a stronger focus on person-centred planning within current governance structures.

Next steps

- → Create working groups or task force to integrate a stronger focus on person-centred planning that specifically focus on aligning individual needs with housing development plans. However, if the current governance mechanisms are not fully equipped to address the increasing complexity of individual housing and care needs, establishing a new group or enhancing the role of existing forums may be necessary. This group could focus on ensuring that housing solutions are proportionate to both the unique needs of individuals and the financial realities faced by the system – Commissioning and Governance Team, Community Services

Work with housing funders such as Homes England to identify and secure capital funding to develop specialist housing, including SEND, domestic abuse, mental health, and substance misuse.

The Independent Living and Specialist Accommodation Strategy prioritises the development of supported housing for various vulnerable groups, including individuals with SEND, victims of domestic abuse, and those with mental health or substance misuse issues.

Specific action points include delivering additional emergency and self-contained units of dispersed, move-on supported accommodation for victims and perpetrators of domestic abuse.

The strategy also focuses on securing capital funding through organisations like Homes England to support the development of specialist housing schemes.

Next steps

- → The council will continue to bid and secure funding to support specialist accommodation – Housing Strategy Team
- → Deliver additional emergency and self-contained units of dispersed and move –on supported accommodation for victims and perpetrators of domestic abuse – Housing Services and Housing Strategy

Ensure accessible homes for those with multiple disadvantages, including mental health, substance misuse, domestic abuse, and SEND, with early future planning for those with additional needs.

The Independent Living Specialist Accommodation Strategy aims to deliver supported housing schemes that offer 24/7 management and support for vulnerable individuals, including those at risk of homelessness or living with complex needs. Additionally, Housing First models are being prioritised to provide dispersed, housing-led accommodation for single vulnerable people who are homeless or at risk of rough sleeping, ensuring their housing needs are met within an integrated and supportive environment.

While the housing strategy is still being developed, there is already recognition that more structured forward planning is necessary, particularly for new developments and for meeting the needs of those requiring general accommodation with added support. However, much of this will be shaped by the emerging Local Plan, which will guide future housing provision across Shropshire.

Governance of this work currently resides within groups such as the Housing Executive Board, where these issues are regularly discussed. Moving forward, it may be valuable to formalise next-step planning within existing strategy frameworks to ensure that housing for vulnerable populations remains a central focus of future developments.

Next steps

- → Since the local plan is still under examination and has not yet been implemented, the next step is to await its adoption. This will allow us to align future planning for accessible homes for individuals facing multiple disadvantages including mental health issues, substance misuse, domestic abuse, and special educational needs and disabilities (SEND) with the finalised policies and frameworks outlined in the plan – Planning and Enablement

Change 2: Influencing and improving local housing markets

Use data from the local joint strategic needs assessment and demographic data to assess the future housing needs of older people and working age adults with health and care needs which can be referenced in the council's local plan and other forward planning activity.

Although a Housing Needs Survey was completed in 2022, the response rate was relatively low and did not sufficiently capture the needs of underrepresented communities. Therefore, it may be more effective to rely on the Local Joint Strategic Needs Assessment (JSNA) and Place Plans, which offer a more comprehensive understanding of local needs and demographics. By incorporating these data sources, future housing developments can be better tailored to support local populations, particularly

those with health and care needs, ensuring that the housing strategy remains responsive and inclusive.

As part of our ongoing commitment to assess the future housing needs of older people and working-age adults with health and care needs, Shropshire Council has commissioned Housing LIN to undertake a comprehensive Supported Accommodation Needs Assessment. This assessment will provide a detailed analysis of the current provision across various models and accommodation types, ensuring that our housing market can meet the evolving needs of the population.

The commissioned work will forecast the number of units required, the type of supported accommodation, and the most appropriate locations, using demographic data and best practice benchmarks from other regions. This approach will refine and enhance the data gathered through the Strategic Housing Market Assessment (SHMA), informing future iterations of the Local Plan and other forward planning activities. By aligning housing development with both population projections and the council's strategic priorities, we can ensure that Shropshire is well-prepared to meet the needs of its diverse and ageing population.

Next steps

→ The next step is to await the Housing LIN report, which will provide a comprehensive summary and baseline of current provision across supported accommodation models and types, along with comparisons to best practices and insights from other localities. This report will include recommendations to guide our future strategic direction. While the findings will inform the overarching Housing Strategy; it may be more relevant to integrate specific accommodations into the action plan for the Independent Living and Specialist Accommodation Strategy where they will align more closely with targeted objectives for independent and specialist housing options – Housing Strategy

Work with council planning policy colleagues to ensure that the council's local plan includes explicit reference to evidence the housing needs of older people and working age adults with health and care needs.

Promoting the importance of open market house building to meet the needs of older people is an integral part of the Independent Living Specialist Accommodation Strategy. Intergenerational settings, such as age-restricted flats and bungalows, are being actively promoted to create integrated communities that cater to these needs. These settings offer flexibility for care and support, allowing residents to age in place as their needs evolve over time.

Collaborating closely with planning policy colleagues will ensure that these priorities are explicitly incorporated into the Local Plan, thereby acknowledging the housing needs of older adults and working-age individuals with health and care requirements. This alignment will help ensure that Shropshire's housing market can effectively support its diverse and ageing population.

As part of the Independent Living Specialist Accommodation Strategy, one of our key priorities is to produce an easy-read housing needs survey. This survey will be designed to capture the housing preferences and needs of individuals with learning disabilities, autism, or those who are neurodiverse.

Additionally, in line with the Preventing Homelessness and Rough Sleeping Strategy, we are calling for a detailed operational service review to analyse the customer journey and service delivery model. This review aims to achieve positive prevention and relief outcomes and to better support individuals facing homelessness, allowing us to better understand our demographics. Another priority is to conduct a strategic needs assessment of supported housing and develop a supported housing strategy. Through this process, we aim to create a coordinated approach to increase the provision of supported accommodation and facilitate transitions to meet identified needs. We also recognise the value of involving clients with lived experience to shape our services and will continue to develop coordinated pathways to accommodation in partnership with key stakeholders.

Next steps

- → Produce an easy read housing needs survey – Housing Options/Housing Strategy
- → Involve clients with lived experience to shape services – Housing Services
- → Develop coordinated pathways to accommodation in partnership with stakeholders – Housing Options/Housing Strategy

Work with providers of existing specialist housing and accommodation about how some of these properties could be remodelled or the sites redeveloped, such as outdated care homes or sheltered housing to meet the future housing needs of older people and working age adults with health and care needs.

Engaging with providers of existing specialist housing and accommodation, particularly outdated care homes or sheltered housing, is essential to explore opportunities for remodelling or redevelopment to meet the evolving housing needs of older people and working-age adults with health and care requirements. A key focus is supporting housing associations in delivering modern, affordable, and aspirational housing tailored to age-specific needs, while maintaining flexibility to adapt to changing care and support requirements as residents age. While the Housing Enablement team currently facilitates this work for new developments, expanding these efforts to existing stock remains a significant opportunity for improvement.

Additionally, close collaboration with providers of specialist accommodation is critical to ensuring the current housing stock is updated or repurposed to best serve the needs of vulnerable populations. By focusing on modernisation and redevelopment, we can ensure that older adults and individuals with care needs have access to appropriate and adaptable housing options that support independent living and evolving care needs.

Next steps

- → Subject to funding would determine what options are available to the local authority – Housing Options/Housing Strategy

Change 3: Improving and adapting existing homes

Consider how to develop and offer an enhanced home improvement and adaptations service that may include access to telecare/care technology, handyperson services, falls prevention services, information/advice about housing adaptations, or housing services related to hospital discharge systems.

The Independent Living and Specialist Accommodation Strategy outlines several priorities for future action, including the development of an online self-assessment tool, collaboration with housing developers, monitoring of new equipment, feasibility studies for a private Handy Person scheme, and evaluation of the grant funding process for home adaptations; additionally, further actions for consideration to discuss cross-departmentally could include understanding what is currently available regarding telecare integration and existing partnerships with telecare providers to implement remote monitoring systems, exploring how smart home solutions are being utilised and promoted to enhance safety and independence through technologies such as smart lighting and voice-activated systems, evaluating the potential for expanding the Handy Person service to include more extensive home modifications for accessibility, establishing a rapid repair team to address urgent issues swiftly, and enhancing falls prevention initiatives through comprehensive home safety assessments and workshops for residents and caregivers; furthermore, there may be opportunities to further develop the Shropshire Choices Portal with detailed information about housing adaptations, funding options, and local service providers to ensure ease of navigation, while also linking with discharge planning teams to secure seamless support for individuals transitioning from hospital to home, including collaborating with local housing providers to create temporary accommodations for those awaiting

home modifications, thereby enhancing the current strategies and addressing the diverse needs of the community.

Next steps

- → Consider further development of the Shropshire Choices portal in relation to housing adaptations, funding options and local service providers – Home Adaptations Team/Housing Strategy/Housing Services
- → Determine the viability of the Handy Person service – Handy Person Service/Housing Services

Support safe and timely hospital discharge and joint work to improve housing, by including local authority housing/housing provider colleagues in early discharge planning and streamlining referral processes between health, care and housing colleagues (see Managing Transfers of Care High Impact Change Model).

ICS are now live in participating in a Care Transfer Hub which invests all partners (related to discharge from hospital and community admission avoidance) to provide a multi-agency approach to discharge planning. This is not led by the local authority but is commitment that we alongside Telford LA, NHS trust and community trust work closely to ensure client journey is effective from hospital and we are all working within the same model.

Reablement, Hospital Discharge and Sensory Service report that they are currently working through the practical process with weekly Care Transfer Hub Sessions to conclude the process for when clients become medically fit or when discharge plans can become to be worked up. This is the Transfer of Care documentation currently.

Next step

- → Further collaboration with the Care Transfer Hub – Social Care Services

Change 4: Tackling housing and associated health inequalities

Establish a wide range of referral pathways that enable frontline health, housing and social care professionals and community groups to refer vulnerable people for energy efficiency and home improvement programmes.

We commission our independent energy advice service, Keep Shropshire Warm, who undertake a number of these functions. This is currently delivered by Marches Energy Agency (local charity).

Recognise where early support can address inequalities through housing, joint working to improve information and advice and access to support. Provide accessible information and advice, in person and online, about improving housing conditions and access to any grants/funding to tackle cold homes. Raise awareness among frontline health and care staff of what is available locally to improve housing conditions, such as warm homes/energy efficiency grants. Consider joint training of these services for health and care staff, to ensure a consistent understanding.

Our team work collaboratively with housing enforcement, social services and cross departmentally to raise awareness of the work of the team and schemes and grants available to residents in Shropshire, this includes informal briefings at team meetings and regular bulletins on the intranet and externally. Part of the current keep Shropshire Warm contract includes provision of awareness raising training to

a wide range of relevant stakeholders e.g. local third sector partners (for example briefing Age UK etc) to effectively signpost and provide up to date and relevant information.

Change 5: Use of technology to support people to live independently at home:

Ensure that the approach to the use of technology used to support older people and other people with health and care needs to live independently at home, is tech 'agnostic', i.e. enable access to a wide range of mainstream technology as well as specialist care-enabled devices. Use technology to complement rather than wholly replace staff-based support. Trusted relationships are important.

We currently supply all types of falls alarmed, motion sensor, bed and chair sensors to enable people to remain independently on their own home. This has enabled us to look at all areas of support we provide and update equipment and client support where necessary including monitoring. As telecare is developing at a rapid rate, where possible we will accommodate this to support the community.

There are two TEC projects in place to support in this area:

Let's Talk TEC - deploying advanced TEC devices into people's homes to support them to meet their care and support needs in creative ways and having less reliance on others to meet their needs. More information about the project, case studies and TEC devices can be found here:
https://shropshirecouncil.sharepoint.com/sites/LTTEC/SitePages/Home.aspx

Develop a care technology service offer for older people and other people with health and care needs that provides social work practitioners, community nursing staff, occupational therapists and other frontline professionals new ways to support people to live independently in their own homes. Consider integrating this with a home adaptations service offer.

The development of the TEC Toolkit supports practitioners in this area, which they can access to understand the process, the devices that are available, view case studies and be clear on how the devices can meet care and support needs:
https://shropshirecouncil.sharepoint.com/sites/LTTEC/SitePages/Home.aspx

Plan for an effective transition from analogue telecare systems to digital compatible systems by 2025 for all people accessing care technology, within specialist housing schemes. Note that the transition may occur prior to 2025 so check with your telecommunication provider the dates they will transition.

There are currently 2700 residents being monitored across Shropshire, digital transformation is now 2027. We are liaising with BT who are leading the way in community inclusion to enable a seamless transition. We have forwarded names and address of people using monitoring service, who will potentially be put at some risk when this happens. Other digital providers are also included. Al

The new telecare equipment is digital friendly when full transition takes place. All old equipment used for monitoring is being changed to the new digital friendly equipment.

Next steps

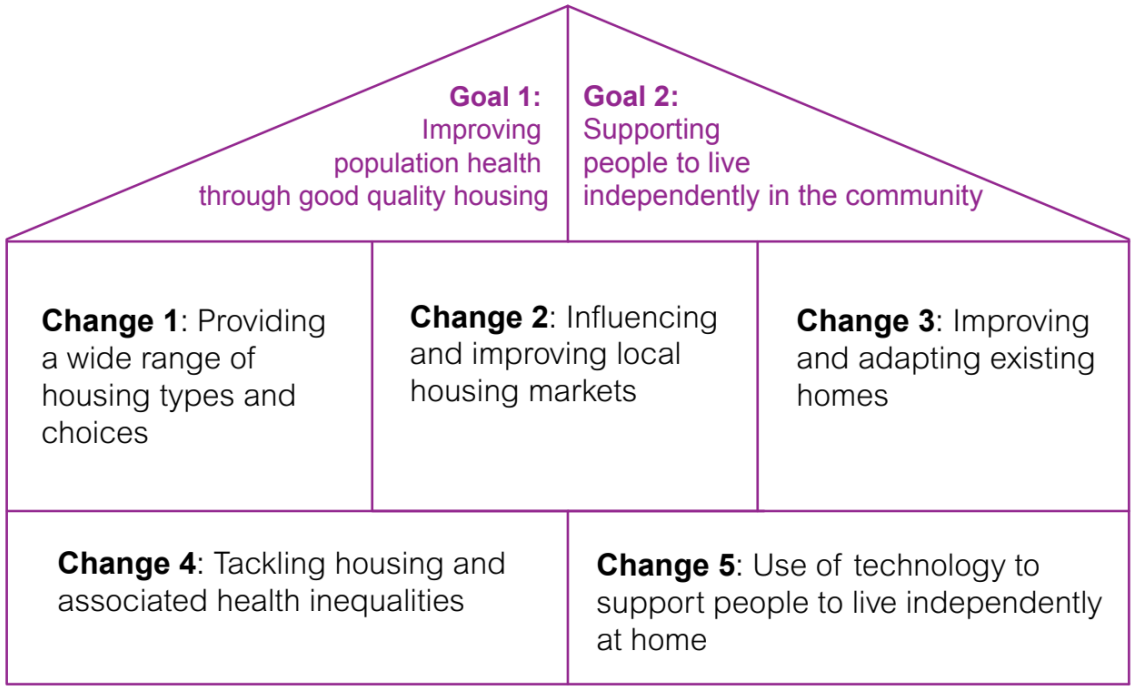
- → Letters will be sent to all clients receiving monitoring support in Jan 2025. They will have the opportunity to contact FPOC for reassurance and guidance around their own personal circumstances.
- → We are also liaising with the WIFI team in Shropshire Council, Finance and Tunstall – Digital Transformation Team

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	Inequalities and the most vulnerable should always be prioritised in the consideration of housing and work to support people to access and thrive in good quality housing.	
Financial implications (Any financial implications of note)	There are no financial implications as a direct result of this paper.	
Climate Change Appraisal as applicable	Housing policy must comply with appropriate legislation.	
Where else has the paper been presented?	System Partnership Boards	Shropshire Integrated Place Partnership
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead**		
Appendices (Please include as appropriate) Appendix A – Housing and Health Action Plan		

Appendix A

Improving health and wellbeing through housing

A High Impact Change Model



Local Government Association

Housing LIN

Connecting people, ideas and resources

Actions highlighted in yellow , are priority year one actions.

Change 1: Providing a wide range of housing options and related services:

RECCOMENDATION **How does Person Centred approach feature through these actions?**	**COMPLETED / IN PROCESS / FUTURE ACTION? Is this a year 1, 2 or 3 action? Please star priority actions**	**Theme/ highlights from first workshop**	**LEAD**	**How can we take this forward and who else should be involved?**	**Additional Notes**	**What existing governance/ groups could take this forward? Or do need something new?**
Ensure the delivery of additional mainstream housing which caters for people who need an accessible home and/or wheelchair adapted homes, for rent and for sale, by adhering to mandated standards.	Future action	Links to longer term planning for those with LD and Autism, considering needs through childhood, transition and into adulthood	LA Housing LA planning RP's	Look at community of need Speak to communities capital funding needed for direct development	- Planning Policy - Data from Social Care and other departments needed - Ensure included in Place Plan	-
Promote the development of 'care ready' forms of mainstream housing for rent and for sale; care ready housing is a home that is capable of adaptation over time to meet people's changing needs. Through good design homes can be built to be better suited to possible future requirements such as the need to have an overnight carer, storage for mobility scooters and space to retain independence.	Future action	As above. Those who need to be involved include education, social care, health, (this could be a range of NHS partners), social housing (and potential housing options).	LA Housing LA OT service LA planning ASC Health	- Need to be identified - Data about projected need is very poor for the disability community – this needs to be improved to inform housing provision	How can we make existing housing stock fit for the need?	
Provide examples of 'care ready' housing to private and social housing developers as 'exemplars' to follow and emulate.	Future action	What is in place already? Can we highlight?	LA Housing RP's	- Need examples from all		

				parts of the county		
Promote the adoption of HAPPI design principles for both new-build mainstream and specialist housing in order for it to be attractive to older people and people with disabilities.	Future action Year 1 action	Wasn't discussed at the first workshop	LA Housing LA planning RP's	Drive the integration of HAPPI principles in the People Plan (People Directorate Strategic Plan)		Housing Executive Board
Consider and assess the demand for multi-generational homes that promote supportive neighbourhoods for older people and people with health and care needs. Draw on notable practice, for example, healthy new towns for guidance and exemplars.	Future action	Wasn't discussed, but a good opportunity to add into a housing themed JSNA	LA Housing LA planning RP's ASC		- Good in urban areas but might not work in rural - Must consider domestic abuse - those with disability are more likely to be victims	
Work with housing associations and private housing developers to specify and develop specialist housing with care schemes for rent and for sale for older people and other people with health and Care needs that include integrated community and health facilities, such as GP practices or pharmacies.	In process (Highley and Whitchurch)	As above and links with Community and Family Hub development	LA Housing LA OT service LA planning RP's ASC Health		Integrated community and health facilities should be involved in all cases not just homes in certain areas	
Involve housing associations, social care, and specialist voluntary sector organisations to bring their perspectives and those of the people they support to better understand, for example, the housing needs of those with learning disabilities and complex support needs.	Future action Year 1 Action	As above	LA Housing LA planning RP's ASC Health	Definitely needed - Need care providers involved - Making it real board	Wider data needed Use good practice Create space for joint conversations	Through the VCSA Housing Forum Housing Executive Board and Shropshire

Individual needs – person centred approach but planning for housing can take a broad range of needs, proportionate to funding and needs				- Social Care		Council DMT/ Scrutiny
Work with housing funders such as Homes England to identify and secure capital funding to develop specialist housing. – including SEND, DA, MH, Substance misuse **Follow on from above action**	In process Year 1/2 Action and ongoing	Link to providing more suitable housing	LA Housing RP's	Essential Really needs to look at existing and what works well or not and assessed need	Once clear on need, then work with funders	Housing Executive Board
Work with local organisations that support people living with dementia to ensure that specialist housing with care provides an environment that is suited to people living with dementia to help avoid unnecessary or premature moves to care homes.		Link to providing more suitable housing				Age UK
Commissioning housing with care that enables people to 'step down' from hospital or people with serious mental ill health to step down from psychiatric inpatient settings increases post-discharge options and capacity.	Future action	Work more closely with Children's services, Adult's services, NHS CHC and commissioning colleagues	LA Housing LA planning RP's ASC Health			
Commission housing providers to develop housing-related services to support hospital discharge, for example providing rapid home adaptations, ensuring heating systems are functioning and 'decluttering' homes where hoarding is an issue.	In progress and further development for Future action	As above Specific actions to include pathways 0-2 Work has already taken place to connect housing and health in some circumstances	LA Housing RP's ASC Health			

Involve local housing providers to ensure that housing services for older people and other people with health and care needs are designed to be sensitive to specific needs, such as people from ethnic minority backgrounds and people who are LGBTQ+, for example by ensuring a diverse workforce with access to equality and diversity training.	Future action	Link to providing more suitable housing	LA Housing LA planning RP's		Create a culture where people who are ageing move to smaller more practical age proof homes and see their assets as part of their future proofing	Safe Ageing No Discrimination
Ensure accessible homes for those with multiple disadvantage including Mental Health, Substance Misuse, Domestic abuse, SEND – including early future planning for those with additional needs – transition	In process Year 1 Action		LA Housing LA planning RP's Specialist orgs.	Not enough next steps planning	Need to forward plan with new developments and with people General needs accommodation for people with support needs	Recognised in housing strategy Housing Executive Board
Develop housing for essential workers including the care sector			LA Housing LA planning RP's	Housing policy	Learn from where works well	

Change 2: Influencing and improving local housing markets:

RECCOMENDATION **How does Person Centred approach feature through these actions?**	**COMPLETED / IN PROCESS / FUTURE ACTION?** **Is this a year 1, 2 or 3 action? Please star priority actions**	**Theme/ highlights from first workshop**	**LEAD** **And who should be involved**	**Additional notes**	**What existing governance/ groups could take this forward?**
Use data from the local joint strategic needs assessment and demographic data to assess the future housing needs of older people and working	Has happened to some extent	Housing and health theme based JSNA would be useful	Public Health Housing	Housing needs survey (completed 2022)	HWBB and SHIPP Housing Executive Board

age adults with health and care needs which can be referenced in the council's local plan and other forward planning activity.	Year 1 action			Existing developments are not supportive of local need and local populations	
Work with council planning policy colleagues to ensure that council Local Plan include explicit reference to evidence of the housing needs of older people and working age adults with health and care needs.	In process Year 1 action	Link to providing more suitable housing	LA planning Planning Policy	Lack of insight and info about people living with additional needs	Housing Executive Board Planning Policy Function
Work with council planning policy colleagues to develop supplementary planning documents which provide more detail of the types, location, and design of housing required by older people and working age adults with health and care needs.	In process	Link to providing more suitable housing Preparing for Adulthood	LA planning	Ensure that local people can influence policy and decision making Needs assessments required Availability not currently meeting demand	Housing Executive Board
Set out to housing providers expectations in terms of the percentage of homes to be built to national accessible housing standards including wheelchair user standard dwellings.	In process	Link to providing more suitable housing	LA planning	Housing not currently supporting independent living	Social Housing Forum
Use these council planning documents to show housing developers from the private and social housing sectors the intentions of commissioners to support housing development that meets these identified needs.	In process	Link to providing more suitable housing Preparing for Adulthood	LA planning	Existing PFA insight and SEND understanding needs to influence housing development and planning	Housing Executive Board

Set out the local need for housing among older people and working age adults with health and care needs, for example as a local housing investment plan, as a means of attracting housing providers to develop the housing required.	In process	Housing and health theme based JSNA would be useful	LA Housing RP's	SaTH and health colleagues need to contribute to needs analysis	HWBB and SHIPP Housing Executive Board
Incentivise housing providers to develop specialist housing, for example through providing access to potential sites and providing pre application planning advice at no cost.	Future action	Link to providing more suitable housing	LA Housing LA planning RP's	Where does the CIL and other housing development funds go?	Social Housing Forum
With council housing strategy colleagues identify opportunities for the development of mainstream accessible housing for rent and for sale, and specialist housing, within general mainstream housing programmes and sites.	In process	Links to longer term planning for those with LD and Autism, considering needs through childhood, transition and into adulthood	LA Housing RP's ASC Health		Social Housing Forum
Work with housing providers already operating in the local area and a sample of housing providers that are yet to invest in the local area, to identify potential sites for housing and what individual housing providers can offer.	In process	Links to longer term planning for those with LD and Autism, considering needs through childhood, transition and into adulthood	LA Housing RP's	Local investment to be rooted to communities needs; supporting people to stay in their communities for longer; ensure investment is also focussed on areas of greater need	Social Housing Forum
Work with providers of existing specialist housing and accommodation about how some these properties could be remodelled, or the sites redeveloped (such as outdated care homes and/or sheltered housing), to better meet the future	In process Year 1 action	Links to longer term planning for those with LD and Autism, considering needs through childhood,	LA Housing LA OT service RP's Preparing for Adulthood	Influence Develop through council owned property	Social Housing Forum Theme in discussions

housing needs of older people and working age adults with health and care needs.		transition and into adulthood			

Consider the use of town centre sites and re-purposing existing commercial building – especially large retail spaces such as those formerly occupied by department stores – to provide housing for older people and other people with health and care needs and the role this can have in revitalising high streets.	Future action	Link to providing more suitable housing	LA Housing LA OT service RP's		Social Housing Forum

Change 3: Improving and adapting existing homes:

RECCOMENDATION How does Person Centred approach feature through these actions?	COMPLETED / IN PROCESS / FUTURE ACTION? Is this a year 1, 2 or 3 action? Please star priority actions	Theme/ highlights from first workshop	LEAD And who else should be involved?	Additional notes	What existing governance/ groups could take this forward?
Consider how to develop and offer an enhanced home improvement and adaptations service that may include access to telecare/care technology, handyperson services, falls prevention services, information/advice about housing adaptations, or housing services related to hospital discharge systems.	In process Year 1 action	Earlier planning could take place that includes Primary Care Community Coordinators, Social Prescribing, others Early planning needed in hospital	LA Housing LA OT service RP's VCSE Proactive Care INTs PCN CDs SaTH ShropCom	Connect to assistive tech Connect to commercialisation of handyperson Digital Transformation Connect with Laura Tyler and BCF	HWBB, SHIPP ICB Housing Independent and specialist housing strategy Better Care Fund
Audit existing local home improvement and adaptations services to assess whether the current service offer is comprehensive in meeting the needs of older and disabled people and whether it could be improved.	Future Action	Link to providing more suitable housing	LA Housing LA OT service RP's DAs	Information governance needs improving	
Develop a specification that provides a comprehensive home improvement and adaptations service offer including minor adaptations, major adaptations funded by Disabled Facilities Grants (DFGs) and access to aids and equipment as a minimum baseline service offer.	In process	Link to providing more suitable housing	LA Housing LA OT service RP's	Work with Ots and ASC to look at what is needed for discharge MDT approach to discharge – housing needs to be involved	
Pool funding for home improvement and adaptations through the Better Care Fund, or other local joint funding agreements, and develop a local	Completed	Better understanding and communication	LA Housing LA OT service RP's		

action plan to provide a consistent baseline and enhanced home improvement and adaptations service.		of approach with partners needed	ASC Health		

Consider setting up a non-injurious falls response service, provided by, for example, housing providers/community alarm providers, to deliver an out of hours response services to minimise ambulance call outs and unplanned hospital admissions.	Completed	This action is in train, a business case for 24/25 has been approved and a joint commissioning approach, proposed for future	ICB Pilot with Emed Rapid Response Public health (falls prevention)	Need to make sure that people know about this DA training needed for front line workers	
Establish local occupational therapy staff resources within housing improvement and adaptations teams, both at councils and commissioned home improvement agency services, to provide a more seamless service for older and disabled people who need to access adaptations, particularly DFG funded adaptations.	Completed	The Council OT's are already based in the Housing Service and work alongside the team delivering Disabled Facilities Grants	LA Housing LA OT service RP's ASC Health	Integrated approach needed across ASC OT, Housing	
Support safe and timely hospital discharge and joint work to improve housing, by including local authority housing/housing provider colleagues in early discharge planning and streamlining referral processes between health, care and housing colleagues (see Managing Transfers of Care High Impact Change Model).	In process	Ensuring safe and timely hospital discharge	LA Housing LA OT service RP's ASC Health DA Substance misuse	All of the focus is on physical issues – what about those with MH issues and other disadvantage Link to Virtual Ward and Proactive Care	Shropshire Integrated Place Partnership
Ensure that the type and range of home adaptations offered are as attractive as possible to avoid any stigma associated with having adaptations at home; draw on examples of home adaptations that are designed to be 'non stigmatising'. Motionspot and Invisible Creations offer good examples.	Future Action	Link to providing more suitable housing	LA Housing LA OT service RP's ASC Health	Need to be trauma informed and support a culture of tolerance	

Undertake a local publicity campaign to promote the existence of home improvement, adaptation and related services to ensure these services are easily accessible to older people and other people with health and care needs.	Future Action	Link to providing more suitable housing	LA Housing LA OT service RP's ASC Health LA Comms LA Councillors	Agree	

Ensure that there is clear and comprehensive information, targeted to the local demographic, for older people and other people with health and care needs about how to access home improvement and adaptations, equipment and aids.	Future Action	Link to providing more suitable housing	LA Housing LA OT service RP's ASC Health		

Change 4: Tackling housing and associated health inequalities:

RECCOMENDATION How does Person Centred approach feature through these actions?	COMPLETED / IN PROCESS / FUTURE ACTION? Is this a year 1, 2 or 3 action? Please star priority actions	Theme/ highlights from first workshop	LEAD And who else needs to be involved	Additional notes	What existing governance/ groups could take this forward?
Draw on a range of evidence to review the condition and standards of social and private housing in the local area, for example by using housing condition surveys that may be available to councils, estimating the level of fuel poverty using government-collected data and evidence from councils regarding housing standards in the private rented sector.	Future Action	Link to providing more suitable housing	LA Housing AWEE team RP's ASC Health Private landlords Tenants	Overarching database to map housing provision and standardise responses – overlayed with evidence of who lives in the properties to determine how they might be affected by the condition and standard of their home	Social Housing forum Housing Executive Board Some areas well understood and JSNA will pick up some of this Specific work could diarised in future years, funding allowing
Establish a wide range of referral pathways that enable frontline health, housing and social care professionals and community groups to refer vulnerable people for energy efficiency and home improvement programmes. **Recognise where early support can address inequalities through housing, joint working to improve information and advice and access to support**	In Process	Better connections needed across services, Transformation and community directory will support	LA Housing AWEE team RP's ASC Health Voluntary and Community Sector	Document and publicise Ensuring capacity for referral pathway e.g. health Focus on supporting health and care colleagues to fully understand offer	ShIPP Local Care Subgroup – Comms and engagement task and finish to make it a regular item/ issue discussed and publicised
Provide accessible information and advice, in person and online, about improving housing conditions and access to any grants/funding to	Future Action	Better connections needed across services,	LA Housing AWEE team RP's, ASC		Shropshire Council Sustainable and

tackle cold homes. Raise awareness among frontline health and care staff of what is available locally to improve housing conditions, such as warm homes/energy efficiency grants. Consider joint training of these services for health and care staff, to ensure a consistent understanding.		Transformation and community directory will support	Health Marches Energy Agency Citizen's Advice Residents Age UK Healthwatch		affordable warmth strategy Include in the development of Community and Family hubs ShIPP subgroup
Develop and expand local programmes that provide grants and other funding to improve energy efficiency and/or help to provide warmer homes for lower income older people and other people with health and care needs.	Future Action and In progress	Household Support Fund (1-5) as an example has provided funding for housing and warm homes and this has leveraged additional funding into the system	Marches Energy Agency Citizen's Advice LA Housing AWEE		
Set up a 'Warm and Well' service to improve people's homes through interventions such as cavity wall insulation through to the installation of central heating, to avoid and/or minimise the likelihood of health issues arising from people living in cold and/ or damp homes.	In progress	Keep Shropshire Warm	Marches Energy Voluntary and Community Sector Agency LA Housing AWEE team RP's ASC NHS Fire Service		Keep Shropshire Warm delivers this HSF 5
Make use of the local council's mandatory house in multiple occupation licencing scheme to ensure shared accommodation, including specialist housing, is safe and identify opportunities to	Future Action		Private Housing Enforcement Fire Service Public Health		

improve housing standards and access to warm home programmes as appropriate.					
Consider Passivhaus certification for new builds, particularly for specialist housing. Appoint a Passivhaus 'designer' to design from concept stage and carry out Passivhaus Planning Package modelling.	Future Action Cost vs impact		LA planning	Evaluate success before going forward	
Sharing information between services – communication and engagement	Future Action	Action from the workshop	All Services Transformation – Community Directory		

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**21.11.24**					
Title of report	**Shropshire Integrated Place Partnership (ShIPP) Update**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)		Information only (No recommendations)	x
Reporting Officer & email	Penny Bason Penny.Bason@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working	x		
	Mental Health	x	Improving Population Health	x		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x		
	Workforce	x	Reduce inequalities (see below)	x		
What inequalities does this report address?	The ShIPP Board works to reduce inequalities and encourage all programmes and providers to support those most in need.					

Report content

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.
The new governance of the ICB has named ShIPP as a formal subcommittee of the ICB Board.
This report provides an update of discussions in September and October 2024.

2. Report

The ShIPP Board meetings in September and October 2024 were well attended and there was good discussion and engagement across the membership, Andy Begley chaired the meetings.

Alert - *Matters of concern, gaps in assurance or key risks to escalate:*

New Terms of Reference for ShIPP were approved:

- **Revised Terms:** the revised terms of reference were presented, noting the alignment with the Integrated Care Board and the inclusion of new members such as the Deputy Director of Quality from the ICB and Dr. Deborah Shepherd as GP partner member. The terms also included representatives from primary care networks and the strategy team within the ICB.
- **Meeting Frequency:** The group discussed the meeting frequency, deciding to move to bimonthly meetings starting from November.
- **Approval:** The terms of reference were approved by the board, with the understanding that

they are live documents and will be revisited as needed, at least within six months.

Voluntary and Community Sector Infrastructure Support

Community Resource shared a presentation on VCS infrastructure that detailed support, training and capacity building activities and the threats to the sector posed by possible funding withdrawal in 2025.

It was highlighted the history of supporting infrastructure came through covid, a recognition that those networks were crucial to community services. The funding to support this work has come through grants and the UK Shared Prosperity funding, however now there is a risk to this work continuing. ShIPP have priorities around vibrant communities and working and supporting the voluntary sector and therefore ShIPP was asked to consider how we can support the continuation of this work.

Assure - *Positive Assurances and highlights of note:*

System Quality Group and Quality & Performance Committee

There are currently 7 live system risks, though group reviewing others to add to the list.

- 2 extreme risks: Urgent and Emergency Care, Diabetes
- 4 red risks – C-difficile, adult ADHD, Shared Care, acute paediatric care is improving,
- Amber risk: CYP mental health
- Maternity & continuing healthcare have been de-escalated due to demonstrable improvements.

Currently looking at alignment with quality improvement and community-based options like social prescribing to the risk register. Also a project plan emerging Integrated care system risk principles, around shared language and risk appetite. Sharon will share related documents.

Healthwatch Update

There is a challenge around system plans being much longer in scope, it's hard to isolate yearly priorities are.

This year's broad priorities are:

1. Access - to GP's dentists, waiting times and adult social care assessments
2. The support available to carers and young carers and impact of all other themes on carers
3. Inequalities - including rural inequalities, ageing population, women's health, digital, mental health, neurodiversity
4. Prevention - awareness raising campaigns, impact of support for health and wellbeing
5. Quality - which includes sharing information we get from the public to inform quality improvement across the system.

Hearing and Sight Loss Service Presentation: Community Resource presented the support provided by Community Resource for people with sensory impairments, including hearing loss hubs, home visits, and site loss groups. The presentation highlighted the impact of the service and the need for sustainable funding. A fruitful discussion was had regarding commissioning and provider collaboratives, with specific actions.

Integrated Neighbourhood Teams and Community and Family Hubs

Head of Partnerships and Intelligence Lead provided an update on the development of integrated multi-agency teams and community and family hubs. They discussed the core offer, financial and non-financial benefits, and the importance of data and outcomes to measure success.

Healthwatch update:

Healthwatch described the important work of Healthwatch in listening to and understanding need within vulnerable populations in Shropshire, including Stoke Heath Prison. Lynn described the social prescribing offer and requested that the system consider the needs of those in the judicial system, particularly on discharge from prison.

Children's Mental Health Update

ICB provided an update on the recommissioning of children's mental health services, including the needs assessment, engagement with professionals, and the market engagement event. It was outlined that the next steps and the establishment of a CYP Mental Health Partnership group.

Rachel Robinson highlighted that Shropshire Council would provide a response to the commissioning specification and that it would focus on prevention.

Actions - *to be considered*

In relation to developing provider collaboratives with the VCSE the actions were:

- **Provider Collaborative:** Coordinate the provider collaborative work and outcomes piece with Gemma Smith and other relevant stakeholders. (Claire Parker)
- **Inequalities funding** - Discuss with Tracy the health inequalities element and funding for the hearing and sight loss service. (Claire Parker)
- **Voluntary Sector Contracts**: Review the process for voluntary sector contracts to ensure timely planning and support for continuity. (Claire, Rachel Robinson, partners)

In relation to the INT and C&F Hubs

Actions

- **SEND Community Involvement:** Ensure the SEND community is involved in the integration work and clarify how they can contribute as partners. (Penny Bason)
- **Social Care Prevention Paper:** Prepare and bring a paper to SHIPP Committee on the work needed to prevention children and young people entering social care in Shropshire. (Tanya Miles)

In relation to involvement update

Actions

- **Cancer Care Report:** The Healthwatch Cancer Care report will be published by Monday next week, and will come to the next ShIPP Committee meeting. (Lynn Cawley)

Recommendations**:**

- Approve the Terms of Reference as endorsed by the ShIPP Board (item attached)
- Note the contents of the report
- Consider Provider Collaboratives with regard to the VCSE

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	N/A	
Financial implications (Any financial implications of note)	There are none associated directly with this report.	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	ICB
	Voluntary Sector	
	Other	

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

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 None