



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

Date: 17 January 2025

**Committee:
Health Overview and Scrutiny Committee**

Date: Monday, 27 January 2025
Time: 10.00 am
Venue: Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk 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 Overview and Scrutiny Committee

Jeff Anderson	Heather Kidd (Vice-Chair)
Nicholas Bardsley	Pamela Moseley
Bernie Bentick	Peggy Mullock
Geoff Elner (Chair)	Ed Potter
Tracey Huffer	Edward Towers

Your Committee Officer is:

Ashley Kendrick Democratic Services Officer

Tel: 01743 250893
Email: ashley.kendrick@shropshire.gov.uk

AGENDA

1 Apologies for Absence

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 (Pages 1 - 8)

To confirm the minutes of the previous meeting held on 25 November 2024.

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. Deadline for notification is not later than 12 noon on Tuesday 21 January 2025.

5 Members Question Time

To receive any questions from Members of the Council. Deadline for notification is not later than 12 noon on Tuesday 21 January 2025.

6 Local Care Neighbourhood Working (Pages 9 - 26)

To receive an update on Local Care Neighbourhood Working.

Contacts:

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

Claire Parker, Director of Strategy & Development, NHS Shropshire, Telford and Wrekin

7 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

To receive a verbal update from Councillor Geoff Elner.

8 Work Programme (Pages 27 - 28)

To receive a verbal update from Sophie Foster, Overview and Scrutiny Officer.

This page is intentionally left blank



Committee and Date

Health Overview and Scrutiny
Committee

27 January 2025

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 25 November 2024

In the Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury,
Shropshire, SY2 6ND

10.00 am - 12.15 pm

Responsible Officer: Ashley Kendrick Democratic Services Officer

Email: ashley.kendrick@shropshire.gov.uk Tel: 01743 250893

Present

Councillor Geoff Elner

Councillors Jeff Anderson, Bernie Bentick, Tracey Huffer, Heather Kidd (Vice-Chair),
Pamela Moseley, Peggy Mullock, Ed Potter and Edward Towers

24 Apologies for Absence

Apologies were received from Councillors Nicholas Bardsley and Gerald Dakin (who attended remotely).

25 Disclosable Interests

There were no disclosable interests.

26 Minutes

RESOLVED: That the Minutes of the meeting held on 23 September 2024 be approved and signed as a correct record.

27 Public Question Time

There were no public questions received.

28 Members Question Time

There were no member questions received.

29 Serious Mental Illness Excess Mortality

Members of the People Overview and Scrutiny Committee were invited to join the discussion for this item.

Jackie Robinson, Senior Integrated Commissioning Lead, Shropshire, Telford & Wrekin ICB gave a presentation (a copy of the slides had been circulated with the agenda) which looked at various aspects of commissioning intentions, including building flexibility, ensuring efficiency, ~~Page 1~~ saving money, and focusing on outcomes.

National metrics and excess mortality rates for people with serious mental illness (SMI) were highlighted, with a focus on reducing premature deaths and tracking progress. The challenges in addressing health disparities in rural areas like Shropshire were also discussed, including the impact of delays in cancer treatment and cardiac assessments on mental health. Finally, the importance of using data to understand health patterns and the need for targeted interventions in areas with high deprivation were emphasized.

In response to a query about what was being done to address Shropshire not being in line with other Counties in terms of excess mortality for adults with SMI and whether Shropshire had been compared to other similar rural counties in terms of mortality rates, the Senior Integrated Commissioning Lead explained that the comparison had been done through NHS England/Public Health England but in terms of ICB to ICB, she thought that comparison had not been done to date, but she would check and let the Committee know.

Concern was raised that the prevalent diseases looked at could be applied to almost everybody in the older age groups and it was felt that it would perhaps be more useful to separate out the age groups as, for example, disease prevalence in the younger age groups would not be as great in the younger age groups. In response, the Senior Integrated Commissioning Lead felt that was a really interesting point and she would ask her colleagues in public health business intelligence if it was possible to break down those figures to share with the Committee. She confirmed that Public Health's fingertips toolkit had been used in developing their strategies.

In terms of rates of cancer, it was noted that in Shropshire, the Lingen Davies Cancer Centre was understaffed, and people were waiting up to six months to start treatment. There was also a six-week delay in MRI and CT scans for those who already had cancer. The Senior Integrated Commissioning Lead confirmed that this would impact upon the data however there was a dedicated cancer pathway in place to improve cancer outcomes and she would ask the cancer lead to attend a future meeting to discuss this along with the impact on patients' mental health of those delays. It was felt that these along with delays in assessments and treatment for other diseases ought to be measured in some way to get a fuller picture.

A brief discussion ensued in relation to the statistics for multiple deprivation which did not work well in rural areas, particularly in the farming industry, and whether the differences between the very rural dwellers and the more urban dwellers should be separated out. In response, the Senior Integrated Commissioning Lead confirmed that there was rural health pathway and strategy led by Claire Parker, Director of Strategy and Development and she would ask her to share this data with the Committee.

Paul Bowers, Head of Operations (Shropshire, Telford & Wrekin Care Group) MPFT assured Members that in terms of the NHS Talking Therapy Service, they were actively growing the interventions that they provide for people with long-term conditions including those with SMI. A brief discussion ensued in relation to the data, and the Executive Director for Health clarified that the figures they were looking at were often very small numbers, comparing the whole population who have a SMI to

those who did not and who also had eg cardiovascular disease etc. She also stressed the importance of the needs assessment which allowed them to build up a picture from different data sources.

The Chair of Healthwatch Shropshire highlighted a report from 2013 ('Lost in Space') which looked at the impact of austerity, especially for people living in rural communities and she felt it may assist with the discussion around rurality/isolated communities.

Concern was raised about the lack of targeted interventions in an area with a high degree of deprivation and it was queried how the JSNA could help. In response, the Executive Director of Health explained that the JSNA was only one of the tools used for getting down to the granular level to understand needs and to help develop action plans for each area where there might be gaps in service provision and any recommendations fed into the various commissioning intentions. This would not happen overnight and progress was resource-dependent but any actions would be developed with those communities. Further concerns were raised about the seemingly slow progress and lack of system-wide commitment. The Executive Director of Health discussed the ongoing work and promised to discuss this further outside the meeting. The Chair committed to obtaining an answer and following this up.

30 **Suicide Prevention Strategy**

Gordon Kochane, Consultant in Public Health, gave a presentation which provided a detailed overview of suicide risk factors, prevention strategies, and statistical data in Shropshire. He explained that suicide risk was influenced by multiple factors and societal challenges, and that no single reason could predict it at a specific point in time. Ensuring competence and timely access to support however was crucial.

He went on to report that Shropshire's suicide rate was 12.8 per 100,000, which was similar to the national average. The suicide audit highlighted that males aged 35-54 were most affected, with physical illness and high-risk occupations being significant factors. He informed the meeting that Shropshire had implemented various suicide prevention strategies, including dedicated workstreams for high-risk groups, community training, and resources like the GP/Primary care suicide prevention toolkit. There were also efforts to improve data collection and support for those bereaved by suicide.

The Chairman thanked the Consultant in Public Health for his very informative presentation, and he stated that he had not heard of Papyrus, the charity for the prevention of young suicide (under 35) and felt that this should be more widely publicised.

Queries were raised around rates amongst children and young people, the effects of gender and race, the effects of politics including conflicts around the world and the cost-of-living crisis and whether this had made a difference or caused a noticeable trend. In response, the Consultant in Public Health explained that they had to look at national research on this as the numbers locally were so small and although not a

cause and effect, anything that happened that could increase peoples' anxieties could compound risk.

For children and young people locally, the Consultant in Public Health informed the meeting that there had not been a recorded suicide death of a person under the age of 18 in the time period looked at. However, nationally, research undertaken by the Samaritans showed increased anxiety and mental health concerns of children and young people in the last few years including increased self-reporting thoughts of suicide. It was therefore important to understand the support that was available and ensuring that education, schools, parents/carers etc had access to the right information. The Consultant in Public Health discussed the common themes that had arisen when there had been a death by suicide of a younger person along with what was being done to protect younger people online.

In response to a query about reasons why Shropshire's rates of excess deaths for people with SMI had increased, the Public Health Consultant explained that he did not have the latest quarterly figures, as it looked at the three year average. He reported that the audit had not identified any significant reasons that would account for the increase.

A number of queries were raised around the effectiveness of training and whether more people could be trained. A brief discussion ensued, and the Consultant in Public Health explained that in terms of accessing the grant funded suicide prevention training they asked the teams/agencies if they could identify who would be best placed to impart that learning to the rest of the team. Bespoke training was also offered where necessary and a national two-day in-depth suicide prevention training offered by Assist was highlighted along with training targeted to those supporting children and young people and the Zero Suicide Alliance free online training.

In response to a query, the Public Health Consultant explained that efforts had been made to reach out to Powys and NHS Wales to ensure opportunities for training and support were connected. He also referred to a training needs document which outlined the teams/agencies that they hoped would have access to some form of suicide prevention training. Ideally, in his opinion, everyone who works in health and social care including the voluntary sector would have had some form of suicide prevention awareness training.

In response to a query, the Public Health Consultant explained that there were challenges in ensuring all GP surgeries and pharmacies participated in training, with some having already attended and others needing further encouragement. However, the toolkit had been produced with support from the safeguarding leads and they were looking to launch it through the GP Board and the broader primary care. It was also proposed that mandatory safeguarding training for teachers and educational leaders should include suicide risk training. In response, the Consultant in Public health referred to the 'Future's in mind' programme which focussed on the emotional wellbeing needs of children and staff in schools and colleges or those who work with children and young people in Shropshire.

In response to queries around the evidence base, the Consultant for Public Health explained that there was not one intervention that would work for everyone, and he highlighted the complexity of suicide prevention, the need for localized discussions, and the importance of addressing stigma and encouraging access to support. He went on to discuss the media strategy for the festive and new year period, which included posters and social media campaigns.

The Chairman brought in Paul Bowers, the Head of Operations, Shropshire, Telford and Wrekin Care Group MPFT who confirmed that their media strategy would be pushed out through their social media channels, and it was also on the ICB's agenda as well. The Head of Operations explained MPFT's role in providing mental health services and suicide prevention services. He discussed access to these services including self-referral, referral by families/carers or other services/professionals via telephone or email and also via NHS 111.

Claire Parrish, Service Manager, MPFT discussed the physical health services provided for individuals with severe mental illness and she highlighted several initiatives that were in place to support these individuals, including free tennis sessions, Couch to 5K programs, outreach clinics and the talking therapies service etc. She also discussed the links with the rough sleeper outreach team in providing physical health checks and the addition of a psychiatrist linked to the SMI clinics. In response to a query, it was confirmed that use of drugs and alcohol was one of the Core 6 checks and they worked very closely with the Drug and Alcohol Services.

Members felt that monitoring the effectiveness of interventions was crucial, and the Service Manager explained they were members of various forums where success rates were tracked to ensure positive outcomes and engagement. In response to further queries, the Head of Operations discussed the work of the outreach services to engage with those people who fall through the cracks. A brief discussion ensued in relation to monitoring the effectiveness of interventions and members felt that some kind of mapping exercise would help to focus resources where needed.

The Chairman requested responses to the outstanding questions be circulated to Members outside of the meeting and for this item to be discussed further at a future meeting along with a session on winter planning at the next meeting.

31 Update on the actions from the Rural Proofing in Health and Care Report

The Executive Director for Health provided an update on the actions from the Rural Proofing in Health and Care Report and confirmed that she would circulate a written update. At the last meeting it had been reported that the Rural proofing toolkit had been promoted widely to partners including the ICB and she went on to explain how the toolkit was being used within public health and by the outreach teams in rural communities. It was confirmed that the work would continue to be taken forward.

The Executive Director for Health also touched on the impact of digitisation along with communicating the importance of the work done by the Task and Finish Group with partners and the Chairman expressed his gratitude that the Rural Proofing Toolkit was being adopted and used and that its use continued to be monitored.

32 Update from the Health and Wellbeing Board

The Executive Director for Health provided an update from the Health and Wellbeing Board from their meeting on 21 November 2024 which had been held online due to the inclement weather and the decisions from that meeting would be ratified at its next meeting.

The Executive Director for Health reported that there had been a focus on digital health and wellbeing with a number of presentations from partners including the digital exclusion network and the digital skills programme which was working across the county to try and improve digital access. The Board had also received an update from the ICS in terms of their digital strategy including issues of rurality, access to digital technologies.

Other areas that were discussed included progress updates on the healthy weight strategy, trauma informed update and the pharmaceutical needs assessment work. The Executive Director for Health informed the Committee that work on updating the pharmaceutical needs assessment strategy would begin in the next few months.

33 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

The Committee received a verbal update from the Overview and Scrutiny Officer. She reported that since the last public meeting of the JHOSC in August, the Committee had been focussed, as agreed, on the outcomes of the SATH CQC report and the must dos and should dos which were stipulated within the report. A working group was underway with the ICB and SATH colleagues, as agreed in that public meeting and they had also been working with West Midlands Ambulance Service with support from Public Health to understand what work had been done in terms of excess mortality within the Shropshire, Telford & Wrekin system.

The Overview and Scrutiny Officer informed the Committee that the next public meeting of the JHOSC was planned for mid-December (date to be confirmed) the focus of which would be to invite officers from across the ICS to attend to allow further scrutiny on the outcome of the must dos and should dos specifically around the Urgent and Emergency Care aspects of the CQC report. The meeting would also look at winter preparedness.

34 Work Programme

Members noted the work programme. The Overview and Scrutiny Officer confirmed that the planned focus for the next meeting in January had been the local care programme. However, as the Committee's focus had been on Adult Mental Health with potentially more aspects to look at, she felt that the Committee may wish to revisit that in January.

She reported that as the Council would then be getting close to the pre-election period, January would likely be the last meeting of the Committee for this municipal year. The Committee may therefore wish to consider what it would want to recommend to take forward into the next council.

It was suggested that the People Overview Committee consider adding Adult Mental Health to their own work programme going forward along with a focus on Children and Young People with a briefing being planned for the New Year.

35 Date of Next Meeting

Members noted that the next meeting was scheduled to take place on Monday 27 January 2025.

Signed (Chairman)

Date:

This page is intentionally left blank



HOSC 27/01/2025

Item

Public



Neighbourhood Working in Shropshire

Responsible Officer:	Penny Bason		
email:	penny.bason@shropshire.gov.uk	Tel:	01743 252767
Cabinet Member (Portfolio Holder):	Cllr. Cecilia Motley		

1. Synopsis

This report provides a comprehensive overview of our Neighbourhood working in Shropshire. It includes the strategic context, the approach and a progress update.

2. Executive Summary

- 2.1. The report describes how this ambitious programme connects our prevention and front door offers across organisations, and it is built on developing our partnership with Public Services more broadly, including the NHS, the Voluntary and Community Sector and colleagues across the Local Authority and response services. The Vision for the work outlines how partners are working together to support people to live their best lives and centres around making it as easy as possible for people to stay happy, healthy and connected in their communities.
- 2.2. To date we have 5 Integrated Practitioner Teams delivering across Shropshire, 5 Community and Family hubs (and two in development), one Health and Wellbeing centre, and Women's Health Hub activity across our 5 Primary Care Network Areas. The hubs are also complemented with mini-hub support in smaller communities, where we have been able to connect with other local offers to provide extra support.
- 2.3. There is an all-age core offer at each of our hubs and this core offer is developed further depending on the needs of the local communities. As such the activity in the hubs is continuing to develop, improving our offers in local areas. The offer includes:
 - Open Access Health Visiting Clinics (approximately 490 children seen per quarter)
 - Early Help Drop-in, Stay and Play and Coffee and Chat sessions

- Support into work (DWP/ Enable)
- Let's Talk Local – Adult Social Care
- Family Learning Courses
- Housing Support
- Stop Smoking Clinics
- Blood Pressure Checks
- Pilot of an all-age Autism Hub
- Shropshire Recovery Partnership

2.4. The work is supported with cross cutting programmes to enhance our working practices through a workforce and culture change piece, alongside key activity to bolster our Voluntary and Community Sector.

3. Recommendations

- 3.1. HOSC is asked to review the report, note the progress made with Neighbourhood Working in Shropshire and note the significant amount of partnership working, and;
- 3.2. Discuss further opportunities for working with partners and communities to develop Neighbourhood offers in local communities.

Report

4. Risk Assessment and Opportunities Appraisal

4.1. There are a number of risks associated with the programme, namely regarding resource to sustainably group and deliver the programme. The Customer Portfolio Board holds the risk register which can be discussed on request.

4.2. Risk table

<i>Risk</i>	<i>Mitigation</i>
An infrastructure required to transfer the programme into BAU, post programme timeline currently phase 1 – March 2025. Business case highlighted a need for Area Managers to be introduced in phase 2/ year 2.	A plan to continue the drive of this programme moving forwards to breakdown silo working and work holistically in each area locality and continue the work of the neighbourhood working teams. Alignment with the Target Operating Model and restructuring of the organisation to include the delivery of the hubs in right sizing the council we need to be.

5. Financial Implications

5.1. Shropshire Council is currently managing an unprecedented financial position as budgeted for with the Medium Term Financial Strategy approved by Council on 29 February 2024 and detailed in our monitoring position presented to Cabinet on a monthly basis. This demonstrates that significant management action is required over the remainder of the financial year to ensure the Council's financial survival.

While all Cabinet Reports provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. Where non-essential spend is identified within the Council, this will be reduced. This may involve

- scaling down initiatives,
- changing the scope,
- delaying implementation, or
- extending delivery timescales.

- 5.2. Neighbourhood working is about prevention, integration and reorganising the way we work. To date investment has been largely through combining resources and working collaboratively. By integrating services (such as Early Help Hubs in Libraries) the programme has been able to release funding, particularly for our corporate estate.
- 5.3. The programme as highlighted in the Risk section that it needs to be embedded in Shropshire Council's Operating Model and within partner organisations strategic approach and operational delivery. In order to achieve the vision of Neighbourhood working, investment will be required by Shropshire Council and by partners. It is envisaged that this will be about aligning resource, as opposed to finding new funding.
- 5.4. Household Support Fund has provided a Warm Space offer through the hubs, but this is Central Government grant funding, with specific guidance for use.

6. Climate Change Appraisal

- 6.1. Neighbourhood working has a focus on providing services and support closer to where people live. Through the work, it is anticipated that people access support digitally and preventative services closer to home, reducing the amount of travel needed for local people.

7. Background

Strategy

- 7.1. The Shropshire Integrated Place Partnership (SHIPP) takes forward the work of the HWBB and the NHS STW Joint Forward Plan. The SHIPP Strategic Plan clearly articulates delivering health and care services in local communities, by working collaboratively and integrating approaches. Additionally, the Prevention Framework (endorsed in 2024) provides more context and detail for how Shropshire will deliver the Health and Wellbeing strategy and SHIPP strategic plans. The Framework includes the following key priority areas:
 - Priority 1: Access: Ensuring a well understood front door with access to information and advice, that focusses on self-care.
 - Priority 2: Integration: Enable communities and the voluntary and community sector to take more of central role in the development and delivery of prevention programmes, ensuring all age groups are at the centre of the implementation of the framework.
 - Priority 3: Person Centred Care: Embed Person Centred Care and approach across all organisations and partners.

- Priority 4: Communities: Bolster the voluntary and community sector to work with partners across the system to support those in need.
- 7.2. Aligning with these strategic imperatives are the Shropshire Plan 2022-2025, which sets out the strategic plan for the Council, as well as the Partnership Early Help Strategy. Through this work, partners are coming together to work collaboratively (across Public Services, the NHS and voluntary and community sector) to support people to live their best lives, making it as easy as possible for people to stay happy, healthy and connected in their communities.

Approach

- 7.3. The Neighbourhood working approach looks at providing multi-agency collaboration for all ages. The work has started with a family focus, ensuring families are at the core of the work being done, and early identification prevention and intervention are key elements of the work. The partnership is proactive aiming to offer support to local people as early as possible.
- 7.4. The work is about coming together as a system (system meaning working with multiple partners and the community and people who live in Shropshire), with an integrated, complementary offer that meets identified and prioritised local needs and fills any gaps in provision. Access to help should be as early as possible to benefit the community/individual so that their quality of life is improved or enhanced as soon as possible.
- 7.5. The Partnership has agreed principles, commitments and a way of working that aim to lead to improved outcomes for citizens and staff. Over a number of years partnership groups have developed the following principles for place-based, integrated working, which are adopted by this programme, and have recently been updated by ShIPP
- Work together to develop and deliver the ShIPP Strategic Plan.
 - Take a person-centred approach to all that we do; celebrating and responding to the diversity within our population.
 - Ensure all programmes involve local people and embed coproduction in all planning.
 - Take a Population Health Management approach to all transformation.
 - Recognise the importance of system thinking for all ages and families, ensuring that inequalities are addressed from pre-birth.
 - Highlight opportunities for system working, at scale, across STW.
 - Value and support the community and voluntary sector and consider how the voluntary sector can work alongside statutory services to reduce inequalities.
 - Make decisions that shift resources to preventing ill health and wellbeing and that work to reduce inequalities across our communities.
 - Use digital resources to remove geographical barriers to place based working.
- 7.6. Additionally, this partnership working has led to the development of commitments for prevention and integration, as part of the Prevention Framework.

Our commitments for prevention and integration

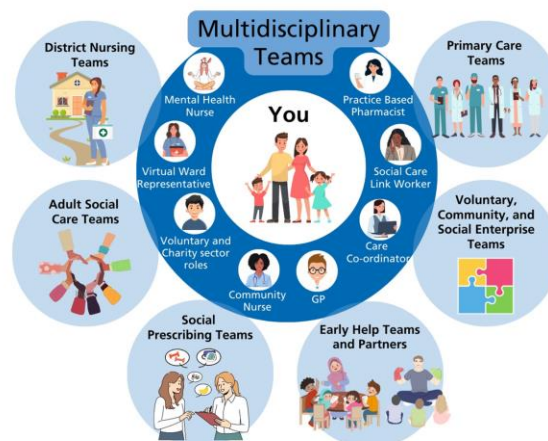
1. Proactively working with people of all ages, their families, and carers to improve wellbeing (eyes and ears on vulnerable people)
2. Ensuring that we take a person-centred approach, putting people at the centre of what we do
3. Work to develop a more comprehensive community-based prevention offer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



- 7.7. In neighbourhoods, we are committed to fortifying existing networks while forging new connections and fostering collaboration. By bringing together teams and services across health, care, the voluntary and community sector, businesses, and other key partners -including police, housing, and education - we aim to provide proactive, person-centred care.
- 7.8. Various teams, sometimes referred to as 'a team of teams,' will operate within neighbourhoods with a range of different remits, for example multi-disciplinary teams (MDTs) supporting people with specific needs, one example is an MDT approach for people with frailty and multiple long-term conditions, as well as specialist teams focused on supporting Children, Young People and Families as well as tackling local issues such as widening the range of activities available for local children. Through resource pooling and information sharing, these teams can streamline access to services and provide more proactive, preventative and personalised approaches.

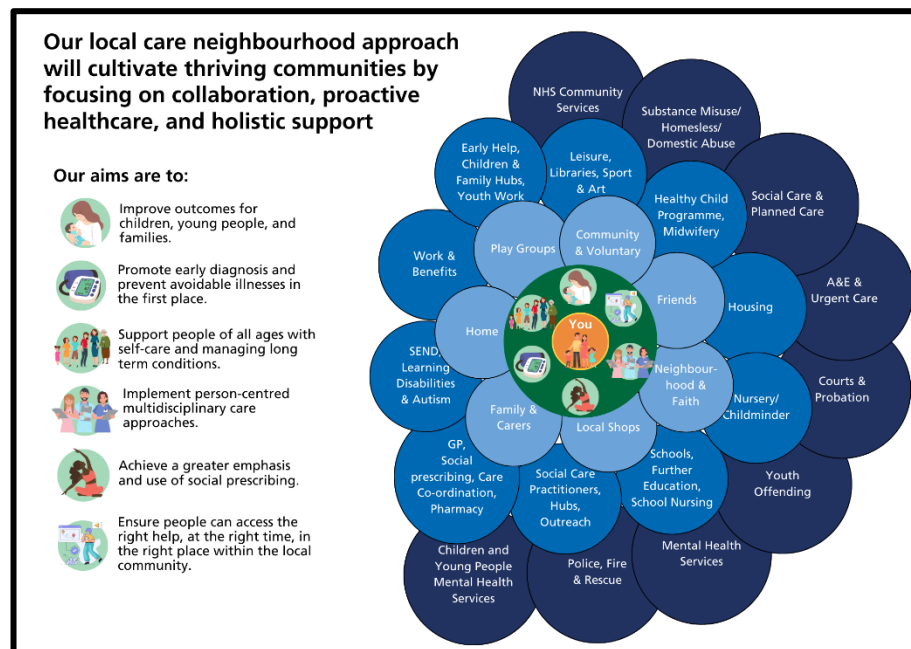
'Teams of teams' working in neighbourhoods

'Teams of teams' work in neighbourhoods, they are not restricted by geographical boundaries and link together providing personalised care, centred round individual needs.



- 7.9. The partnership has also worked collaboratively to develop a model for integrated delivery. The model, in pictorial form below, demonstrates that people are at the

centre, with holistic support and services available when they are needed. This model aligns with the national approach to Neighbourhood working, developed by the National Association for Primary Care as well as the National Early Help Systems Guide.



Work programme

7.10. The Key areas of focus for Neighbourhood working include the following areas:

7.10.1. Community and Family Hubs inclusive of:

- Integrated Practitioner Teams
- Proactive Care/ MDTs/ Team of Teams
- Women's Health and Wellbeing Hubs
- ASC and Early Help Transformation
- Library Transformation/ Shropshire Local

7.10.2. Digital Directory – easy way for local people and services to navigate the community offer,

7.10.3. Voluntary and Community Sector – working closely with our VCSE ensuring that commissioning intentions, grants and infrastructure spend align,

7.10.4. Workforce development and culture change – moving to a 'how can we help?' culture across all services. This will be delivered by further developing the 'Ask, Assist, Act' toolkit for internal and external partners.

Integrated Practitioner Teams:

7.11. The work of the integrated multi agency teams has been developing since June 2022 and consists of practitioners from across public health nursing (health visiting, school nursing, Family Nurse Partnership), midwifery, substance misuse, mental health support teams in schools, Early Help, Children's Social Care, Police, Fire & Rescue, Social Prescribing, Education Inclusion, Safeguarding and Housing. Developing a 'Team of Teams' approach, the multi-agency team meet fortnightly, face to face, in a community-based venue across Shropshire. The meetings are action focused with detailed recording of joint actions to support children and families. By May 2024 the approach was delivering in across Shropshire with meetings in North East, North West, Central, South East and South West localities.

- 7.12. The integrated Multi Agency Teams are aiming for positive outcomes, which include:
- Building awareness across the communities of Hub and Mini Hub existence and offer
 - Increased staffing efficiencies
 - Most appropriate level of support for individuals and families
 - Better understanding of family, individual and community needs
 - Reducing risk for individuals, families, and communities
 - Increased parenting offer
 - Increased support for those who are frail or who are entering frailty.

Community and Family Hubs:

7.13. The overall aim for the Community and Family Hubs project (as part of the One Shropshire transformation programme) is to provide easier access to help and support for residents in Shropshire via a single access point within their relevant community. This will follow a one “front door” model through building Hub and mini-hub centres offering key services and allowing the opportunity for Early Help for children, families and adults.

7.14. As part of achieving these strategic aims - and aligned with the Department for Education guidance on developing early help systems - there is already a model of place-based or hub-based working in the community in place in Shropshire. Partners work to a common footprint and are integrated either virtually or physically in e.g. family or community hubs. The model helps underpin the principles of whole- family working.

7.15. This project supports overall delivery of the existing Shropshire Early Help Programme along with the delivery of adult and children services front door. The Early Help Programme is based on several core principles that shape the way in which all partners work together to focus on early intervention and prevention, enabling families and individuals to build resilience and be empowered.

Mini-hubs

7.16. Mini-hubs (formerly known as Spokes), are being developed where the community hub offer is able to be delivered in a more limited capacity, that is specific to a community and can act as a landing platform for the community to access additional services.

Women’s Health and Wellbeing Hubs

7.17. Developing sustainable, community-based Women’s Health Hubs linking with our Community and Family hubs is the approach to developing our local Women’s Health hubs. The focus is on bringing together healthcare and other professionals (including the voluntary and community sector) and existing services to providing integrated women’s health services in the community. The hubs are centred on meeting women’s needs across all ages. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.

Working with Shropshire Council Libraries

7.18. The development of the hubs seeks to work, where possible with libraries. Working with libraries supports Shropshire Council savings across Libraries and Estate, but more importantly it pulls together the fantastic offer Library Services have developed, with Early Help prevention offers across Adults and Children’s

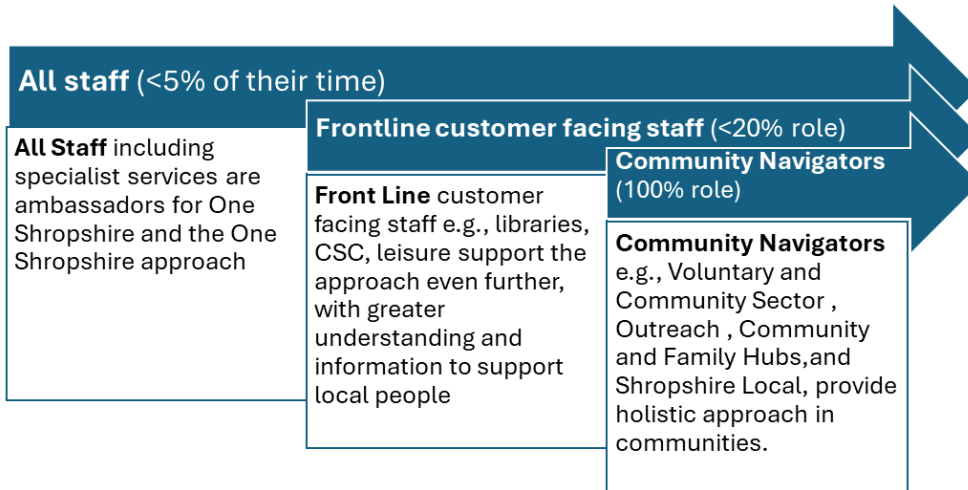
Services. Libraries are already established as trusted, accessible, and inclusive community spaces. They offer a wealth of resources and services that can be leveraged to support early intervention and prevention efforts. By working together, libraries and early help services can create a more comprehensive and integrated support system that reaches a wider audience.

One Digital Directory

- 7.19. The One Digital Directory aims to amalgamate the current directories the Council run or commission. This needs to be achieved whilst ensuring compliance with any statutory requirements and any specific needs from service areas. This directory will have the ability to signpost to services through one central database. The new directory will be easier to maintain, keep up to date and it will be easier for those working in and with communities to add new entries.
- 7.20. The directory is due to be fully functional by April 2025 and is also a key part of the Digital Transformation programme. In the build-up to the launch and following, there will be a communications and marketing plan drawn up and implemented to support those who currently use it in a professional capacity and the public who access it for themselves.
- 7.21. The new directory is an integral part of Neighbourhood working and will assist Public Sector staff, volunteers, and the public in signposting and finding activities and services that align with core the prevention approach.
- 7.22. The One Directory will become a system enabler for the Workforce and Culture Change that is required within the Community & Family Hubs, as it will form a part of the “Assist” category of the Ask, Assist, Act Toolkit, ensuring that all signposting and information provided to Customers is accurate, up to date and easy to locate.

Workforce and Culture Change

- 7.23. Shropshire Council and Partner led transformation programmes are signalling a new way of working, one that puts integration and partnership working at the heart of developments. At the core of integration, workforce taking an approach where services challenge themselves to ensure people have the support they need at the point of asking, is vital. This could be through a hub or mini hub or through an individual organisation, but the routes through to the right support must be clear and well understood.
- 7.24. The way of working, or model, proposes that all staff have the confidence and capability to support people to access support in their community at the time of asking, with a ‘how can we help’ approach. The model relies on enablers such as the community directory, good training and working closely with our partners in Health and the VCSE. The model also builds on good practice already developed by internal partners and through :
- Building on Early Help’s emerging ‘How can we help?’ approach, and embed across all Shropshire Council services, and work with partners to consider how this can be included in partner organisations;
 - Expanding the ‘Ask, Assist, Act’ Cost of Living Toolkit to support this culture change, rooted in compassion and kindness for each other and our public;
 - Embedding Trauma Informed approaches;
 - Further expanding the approach agreed at ERB to work collaboratively across Shropshire Local, Libraries and Estate, to offer a customer point at the Guildhall.
 - Building on Getting Leadership Right (GLR) to ensure dispersed leadership across Shropshire Council and partners.
- 7.25. The diagram below demonstrates how this approach can be used across all services and embedded in our overall delivery of services.



7.26. Developing this Culture Change piece will take time. We are proposing to take a stepped approach, where the learning can be part of transformation. We are also proposing to work with staff who are moving from Shirehall into Guildhall, to start conversations about values and working together that will inform the model.

Voluntary and Community Sector

7.27. Strategic planning across health and care has recognised the value and importance of the voluntary and community sector in our communities. The Shropshire Plan, Joint HWB Strategy, and the Joint Forward Plan all recognise that in order for people to stay healthy and well in our communities, Shropshire must have a vibrant voluntary and community sector.

7.28. The ways in which Council and Health services connect with the VCSE are outlined below. These connections ensure that local people have access to local community services, but there is more for us to do, to ensure this offer is vibrant and sustainable. The figure below demonstrates how Shropshire Council and Public Service Partners interact with the VCSE.



7.29. Although there is significant joint work taking place with the VCSE, the importance of the community sector is such that the One Shropshire must factor

significant work in this area, as part of its developments. Public services must consider how, despite significant financial challenges, the VCSE can be a significant part of transformation, particularly in preventing people poor health and wellbeing.

Summary of deliverables

	Year One	Year two	Year Three	Year Four
Community and Family Hubs	<p>Establish hubs and determine core offer. Initiate delivery & identify gaps in service delivery (including Women's health and wellbeing hubs)</p> <p><i>Identify mini-hub locations – phase 1</i></p> <p>Develop Branding Communicate offer</p> <p>Recruit partners to develop the offer</p> <p>Use available directories to signpost people to support people to access the right support at the right time.</p> <p>Use the JSNA and evidence to understand needs of local communities.</p> <p>- See hub offer below</p> <p>Initiate evaluation of core offer</p> <p>Data Sharing in place for services that operate from the hub. KPI's and Logic Model.</p>	<p>Develop hubs beyond the core offer</p> <p>Mini hubs - phase 1 delivery.</p> <p>Phase 2 development and delivery</p> <p>Initiate culture change training and development</p> <p>Support development of SC Front Door models</p> <p>Develop digital hub offer</p> <p>Data sharing in place for wider offer and mini hubs linking to logic model and KPI's</p> <p>Develop Area Manager role for 5 areas in the County</p> <p>Development of Advisory Boards</p> <p>Complete evaluation</p>	<p>Review evaluation & create improvement action for plan</p> <p>Move hubs into business as usual.</p>	<p>Continue to review, evaluate and expand/ updated the offer (depending on local need), working with partners.</p> <p>Continue to link with digital transformation to support people to access what they can digitally</p>

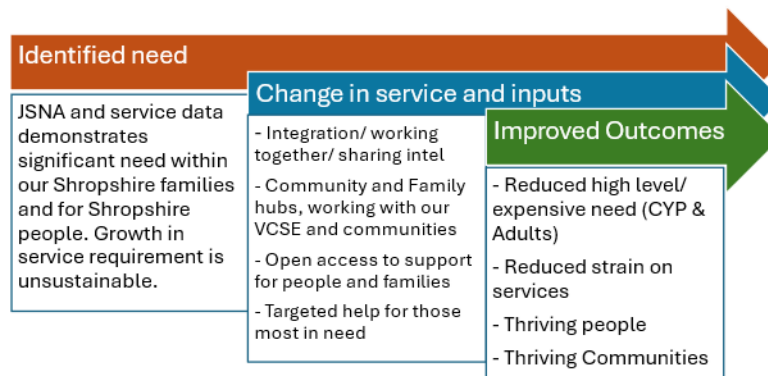
		Implementation and adoption of Area Manager		
Digital Directory	Develop specification Agree inputs (financial and human) Go out to procurement	Implementation plan & digital interface with Community Hubs webpages. Linking into AAA culture change.	Continue to develop Digital offer. Use digital offer as part of culture change training	Continue to develop Digital offer. Use digital offer as part of culture change training
Culture Change	Agree concept Work with Shropshire Council staff to develop programme Test programme	Phase 2 and 3 of delivery plan (see below) Roll out with partners	Work with HR to embed culture training in induction training and regular refresher training – this is the way we do things around here (the Council we need to be)	Culture change is now business as usual; and training is part of mandatory training and induction
Voluntary and Community Sector	Work with the VCSE to develop hubs where appropriate (e.g. Ludlow, Community Covenant in Market Drayton) Support joint approach to a strong funding model for the infrastructure support of the VCSE Support the adoption of the Accord	Develop strong linkages with the VCSE for the development of the hub model; where the VCSE does not have a presence at a hub, work to determine appropriate action. Continue to work on sustainable funding model (with NHS partners)	Work with the NHS to develop Provider Collaboratives to ensure longer term funding approach.	Make Provider Collaboratives business as usual.

Data:

7.30. Outcome monitoring is central to understanding the improvements made through our Neighbourhood working and the impact for people and services. A logic model summarises and supports the work to develop outcome measures (and can be found in Appendix A). Below is a simplified version of the logic model, demonstrating our approach.

Approach

Making it easier for people to stay healthy, happy & connected in their communities



7.31. Outcomes monitoring includes a long list of outcomes that also feeds into other system strategy including the Early Help Strategic Board and Shropshire Integrated Place Partnership (ShIPP). Dashboards are in development to track progress, based on the logic model and indicators listed below.

7.32. Key outcome indicators include: Preventing, delaying and reducing escalation of needs resulting in better quality of life for residents and reduced pressures on Early intervention, prevention, health and social care network

- number of children looked after, CP and CIN
- Smoking at time of delivery
- Breastfeeding at 6-8 weeks
- School readiness
- Hospital admissions non accidental injury
- Hospital admissions intentional self-harm (C14B)
- Reception aged Obesity
- Stepped down from Targeted EH to Level 2 or Universal
- Improved school attendance
- Reduce NEETs
- Increase in supporting families claims
- Shorter waiting lists to access support (ASC, Social Prescribing, BeeU)
- Reduction in exclusion (suspensions and permanent exclusions)
- Increase in use Free Childcare places
- Reduction in numbers of electively home education
- Delay adults needing packages of formal care
- Levelling out number of formal care act assessments
- Reduction in young people entering criminal justice for the first time
- Development of parent panels and community participation
- Domestic Abuse offer measures
- Social Prescribing measures
- Increased uptake of free school meals
- Increased uptake housing support and council tax benefits
- Increase in Brief Intervention (Drug & Alcohol)
- Reduction of individuals reaching crisis point:
- Reduced ambulance call outs
- Reduced hospital admissions due to a falls
- Reduced 999 call outs due to falls and other frailty

- Reduced pressure on GP (measured by improved satisfaction)
- Reduced carer breakdown

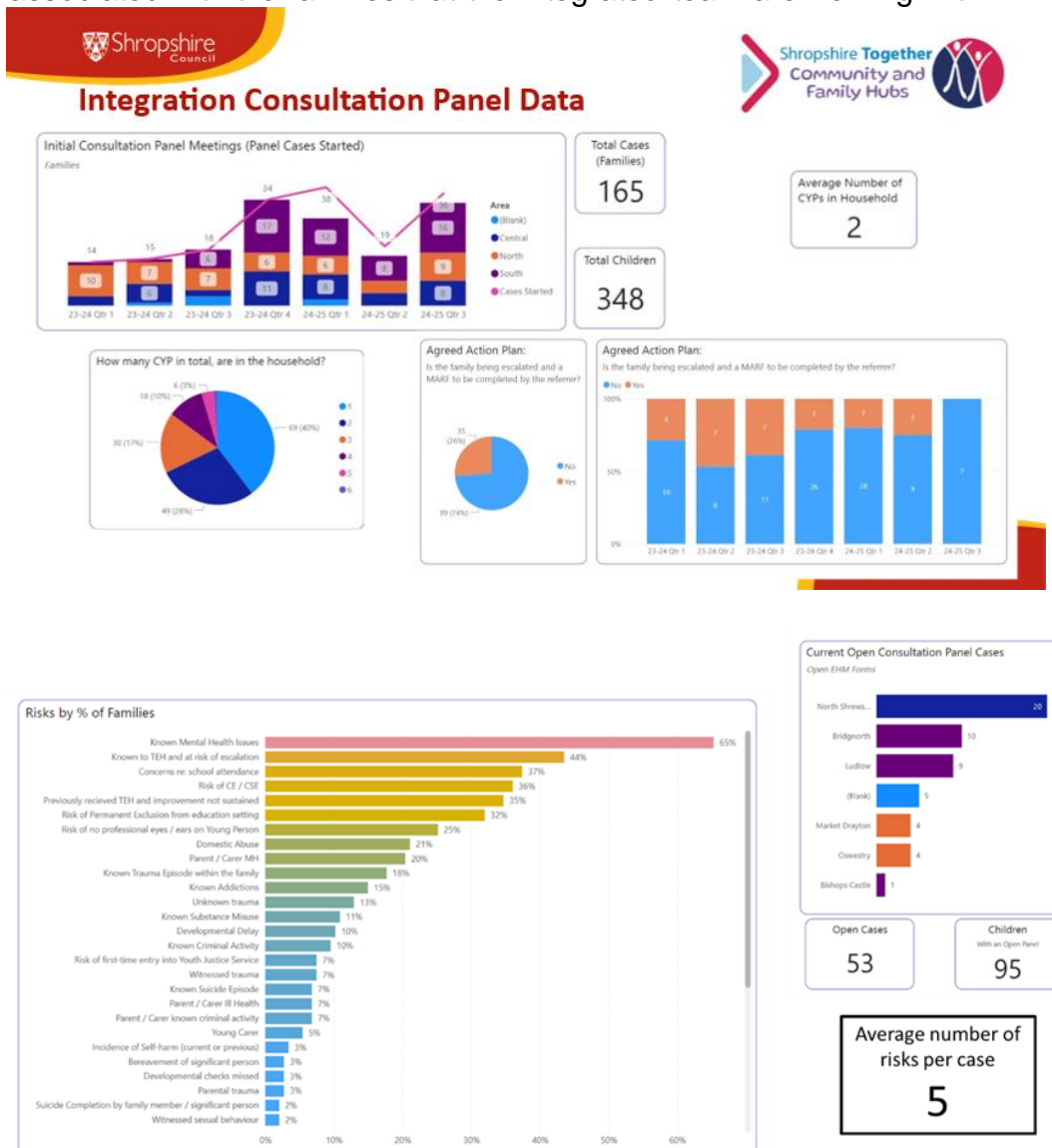
Update:

Integrated Practitioner Teams – Team of Teams

7.33. Developing a ‘Team of Teams’ approach, the multi-agency team meet fortnightly, face to face, in a community-based venue across Shropshire, with a weekly virtual meeting also taking place. The meetings are action focused with detailed recording of actions to support children and families. By May 2024 the approach was delivering in across Shropshire with meetings in North East, North West, Central, South East and South West localities. The terms of reference and guidance documents provide a guide the multi-agency approach and ensure consistency across the teams. Where they can, the teams meet in the Community and Family Hubs.

7.34. A dashboard has been developed to understand the impact on outcomes for local families. As the graph below indicates, key risks to families include Mental Health, escalation to Social Care, School Exclusion, and Child Sexual Exploitation.

7.35. The Dashboard also highlights the number of children and families discussed at the multi-agency group, as can be seen below. Also below is the risks associated with the families that the integrated team are working with.



Community and Family Hubs

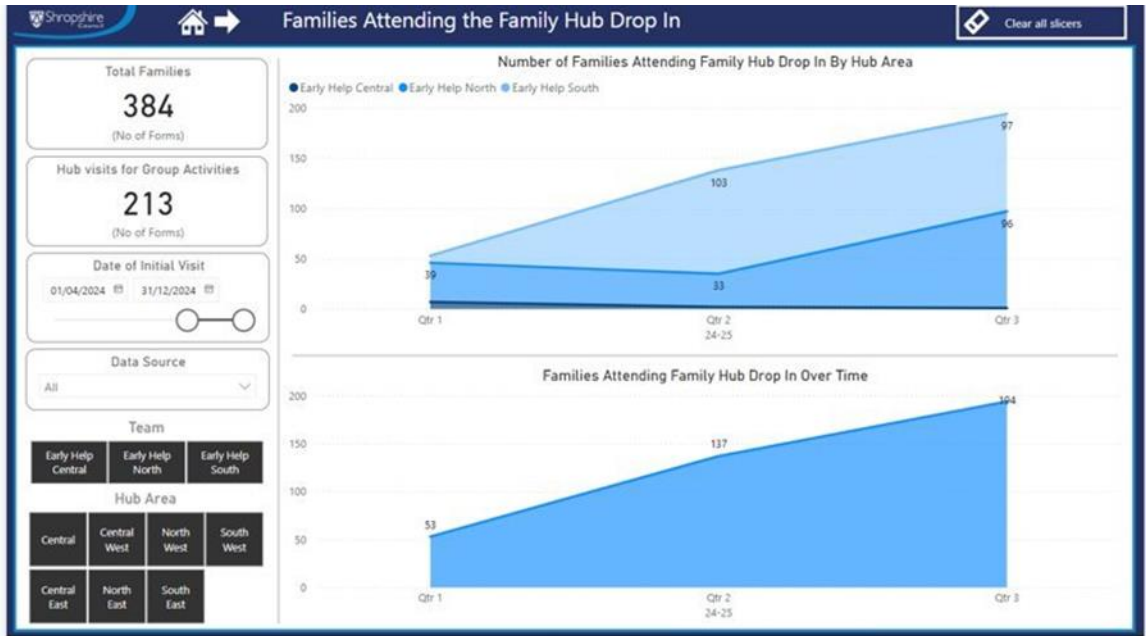
7.36. There is an all-age core offer at each of our hubs and this core offer is developed further depending on the needs of the local communities. As such the activity in the hubs is continuing to develop, improving our offers in local areas. The offer includes:

- Open Access Health Visiting Clinics (approximately 490 children seen per quarter)
- Early Help Drop-in, Stay and Play and Coffee and Chat sessions
- Support into work (DWP/ Enable)
- Let's Talk Local – Adult Social Care
- Family Learning Courses
- Housing Support
- Stop Smoking Clinics
- Blood Pressure Checks
- Pilot of an all-age Autism Hub
- Shropshire Recovery Partnership

7.37. Five Community and Family hubs are delivering a core offer, with 1 additional Health and Wellbeing Centre and 2 hubs in development.

- Oswestry – at Oswestry Library
- Market Drayton – at Raven House
- Shrewsbury North – at Sunflower House
- Ludlow – at the Ludlow Youth Centre
- Bridgnorth – at the Library
- Highley Health and Wellbeing Centre – at Severn Centre Highley
- Whitchurch – in development – town centre location
- South Shrewsbury – in development, partnering with Housing Plus to offer a mini-hub approach

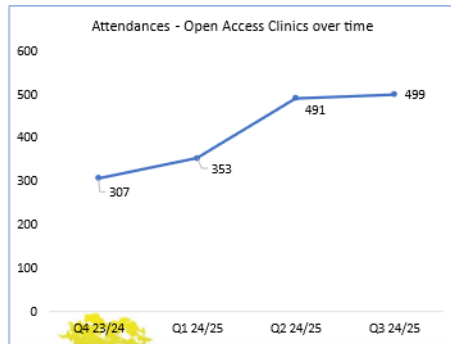
7.38. The hubs have given rise to additional Early Help activity, fulfilling our aspiration for eyes and ears to be on local children. Between Open Access Clinics and Early Help Services, this year, the offer has provided a total of 1727 contacts with families and children. Where the hubs are located in libraries, the activity is joined up together to make best use of resources and increase the offer (the data does not include separate library data or peer support networks). The increase in activity can be seen in the slide below. There has been a data quality issue with the Central Area, so the numbers will be even higher, once this issue has been ironed out.



7.39. Health Visitor Open Access Clinics have been gaining momentum throughout the year. The data is described in the graph below. The offer provides a visual health and wellbeing check, alongside advice and support for parents on a range of feeding, growth monitoring, breastfeeding, sleep, parenting and other support discussions.

Inputs - Early Help and Public Health Nursing Data

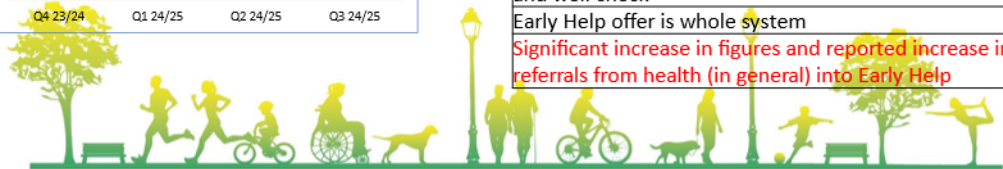
• Health Visiting Open Access Clinics



Early Help referrals	Q1 24/25	Q2 24/25	Q3 24/25
Not Required	253	491	499
Yes – Referred to person in clinic	1	0	1
Yes – Referred outside of clinic	1	0	1

Outcome:	Q1 24/25	Q2 24/25	Q3 24/25
Universal	251	484	491
Targeted follow up	4	7	8

Key Points
499 families in a quarter had eyes on children and a safe and well check
Early Help offer is whole system
Significant increase in figures and reported increase in referrals from health (in general) into Early Help



Women’s Health and Wellbeing Hubs

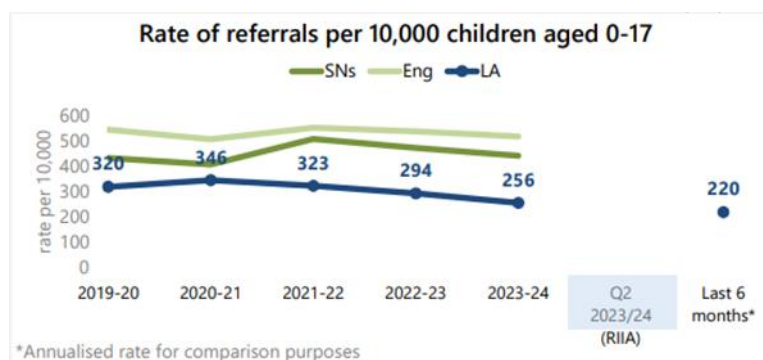
- Shropshire, Telford and Wrekin Delivery model is following national guidelines meeting all targets to date has also achieved the following:
- Workforce training plan has been rolled out to Primary Care following approval and includes an application process for more specialised training to support equity across the system as well as Women’s Health Red Whale licences for each practice across STW.
- To support delivering the ambition of STW to focus on the approach of sustainable, community-based Women’s Health Hubs all 9 STW Primary Care Networks have received funding following an Expressions of Interest process to support specific

focus on the NHSE core specification. Additional funding was given to support projects of work focusing on inequalities.

- Connection and delivery with PCNs, Community and Family Hubs (Shropshire) and Children & Family Hubs (T&W).
- Work is progressing with Shropshire European Organisation, Shropshire Supports Refugees and Bulgarian School to facilitate & host 'my story' talks to health care professionals. Hearing the stories of migrant and refugee women living in STW focusing on culture and health beliefs and challenges faced. One session is being planned in Shropshire and one in Telford & Wrekin.
- Proposal has been developed to run a monthly contraception outreach sexual health clinic in Ludlow with the SH Service working collaboratively with the South-West PCN & GP practices.
- Working with MPFT's Sexual Health Marketing and Communication team on creating SH comms focussing on STIs for 'women in menopause' incorporating statistics/risk factors (still prevalent and relevant for age group) and social content around menopause and STIs during October.
- Survey has been carried out by the ICB Communications & Engagement Team to understand how & where women and girls go to access information on Women's health.
- Discussions are ongoing in relation to digital solutions for both the workforce and public. Options are being considered including a digital off the shelf solution. Meeting diarised with Digital Transformation Lead, need to understand full costs before proposal will go to Clinical Design Group and then the Steering Group for decision.

Outcomes

- 7.40. As highlighted above, dashboards are in development to understand the outcomes of all of the activity. More will be available on this in the future, but for now, we are seeing a reduction in the number of referrals into Children's Social Care. This is good news but should be treated with caution. More work is needed to understand if this is a trend and then in turn determine the return on investment.



Communication and Engagement

- 7.41. The programme has recognised that we need a consistent way to let people know about the work and the service offers in communities, for both Communities and for staff. The Community and Family Hub Website will be launched on the 20th January and a new logo has been agreed by Shropshire Integrated Place Partnership and the Customer Portfolio Board. See logo below.

- 7.42. Additionally, work is underway to better articulate the Neighbourhood Working offer across the Integrated Care System, working with partners such as NHS providers, Pharmacy and others.



8. Conclusions

8.1. Neighbourhood Working in Shropshire has taken great strides over the last 2 years. Starting with the development of Integrated Practitioner Teams moving through to the development of Community and Family Hubs. Examples of developing multi-disciplinary teams (MDTs) are demonstrating great progress in this area. In 2025/26, learning from existing MDTs will be used to develop a consistent and scaled approach to integrated teams (MDTs). This work will be supported by the strategy team of the ICB. Additionally, more work is needed on the workforce and culture change element to embed system wide new ways of working. Working across organisations, including the VCSE will be required to really reap the benefits of this programme.

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

None

Local Member: N/A

Appendices: N/A

This page is intentionally left blank

Agenda Item 8

Date	Item	Responsible Officer	Briefing	Briefing and decision by Members to go to committee	Straight to committee
27 th January	Local Care Programme: Following on from the 24th April session with a focus on Neighbourhoods	PB and CP			✓
March	Public Health Provision Annual Update	RR	✓		

Other identified areas of interest from Committee discussions:

ESHIA-Impact of Medium-Term Financial Strategy (MTFS)
Review of prevention approach across health and LA
Dental Access
Housing and Health in conjunction with economy and environment
Monitoring of Shropshire Health and Wellbeing Outcomes
Impact on NHS and Social Care of Private Health Processes and Performance

This page is intentionally left blank