Shropshire Council
Legal and Democratic Services
Guildhall,
Frankwell Quay,
Shrewsbury
SY3 8HQ

Date: 11 June 2025

Committee:
Health and Wellbeing Board

Date: **Thursday, 19 June 2025**
Time: **9.30 am**
Venue: **Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury SY3 8HQ**

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
Service Director - Legal and Governance

Members of Health and Wellbeing Board

Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)
Councillor Heather Kidd – Leader, Shropshire Council
Councillor Ruth Houghton – PFH Social Care
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
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
Jamie Dunn - 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 13 February 2025 (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 12 noon on Friday 13 June 2025.

5 Domestic Abuse (Pages 11 - 184)

Report attached.
Wendy Bulman, Domestic Abuse Strategic Lead, Shropshire Council

6 Draft Pharmaceutical Needs Assessment (PNA) (Pages 185 - 410)

Report attached.
Mark Trenfield, Public Health Intelligence Analyst, Shropshire Council
Jess Edwards, Business Intelligence and Insight Manager, Shropshire Council

7 The RESET Programme (Pages 411 - 416)

Report attached.
Gordon Kochane, Public Health Consultant, Shropshire Council

Shaun Morris, Drug and Alcohol Strategic Commissioning Lead, Shropshire Council

8 **Better Care Fund - 2024-5 End of Year Template** (Pages 417 - 420)

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

If you would like a copy of Appendix A (BCF End of Year Template 2024-25) to be emailed to you, please contact Michelle Dulson on 01743 257719.

9 **Better Care Fund - 2025-26 Plan** (Pages 421 - 456)

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

If you would like a copy of either Appendix B (2025-26 BCF Planning Template) and/or Appendix C (2025-26 Capacity & Demand Template) to be emailed to you, please contact Michelle Dulson on 01743 257719.

10 **ICB Update**

A verbal update will be given.

Claire Parker, Director of Strategy and Development, NHS STW
Nigel Lee Chief Strategy Officer NHS STW/ Director of Strategy and Partnerships SaTH

11 **Health Protection Update inc. immunisations, vaccinations and sexual health** (Pages 457 - 462)

Report attached.
Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council

12 **ShIPP Update** (Pages 463 - 468)

Report attached.
Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council

Shropshire Council

Committee and Date

Health and Wellbeing Board

19 June 2025

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 13 FEBRUARY 2025
9.30 AM - 12.00 PM

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

Present
Kirstie Hurst-Knight – PFH Children & Education - remote
Cecilia Motley – PFH Adult Social Care and Public Health (Co-Chair)
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)
Claire Parker – Director of Strategy & Development, NHS Shropshire, Telford and Wrekin
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care
Jamie Dunn - Superintendent, West Mercia Police

38 **Apologies for Absence and Substitutions**

Tanya Miles – Executive Director for People
Patricia Davies - Chief Executive, Shropshire Community Health Trust
Nigel Lee - Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW (ICB)
Zafar Iqbal, Associate Medical Director Public Health, MPFT
Carla Bickley, Associate Director of Strategy & Partnership, SaTH
Claire Horsfield, Director of Operations & Chief AHP, Shropshire Community Health Trust
Penny Bason, Head of Joint Partnerships, Shropshire Council/ICB
Laura Tyler, Assistant Dir. of Joint Commissioning, Adult Services, Shropshire Council
Laura Fisher, Head of Service - Housing, Resettlement and Independent

39 **Disclosable Interests**

No interests were declared.

40 **Minutes of the previous meeting**

RESOLVED:

1. That the minutes of the meeting held on 19th September 2024 be approved and Signed as a correct record.

2. That the minutes of the meeting held on 21st November 2024 be approved and signed as a correct record.

41 Public Question Time

No public questions were received.

42 CYP JSNA update

The Public Health Intelligence Analyst, Shropshire Council and the Senior Public Health Intelligence Analyst, Shropshire Council introduced and amplified the following Chapters of the CYP JSNA:

- Maternity chapter
- School aged children chapter
- Young People chapter

The Public Health Intelligence Analyst presented an overview of the pregnancy and birth chapter of the Children and Young People JSNA. He drew attention to the publicly available Child and Maternal Health Profile Indicators on the Fingertips website, which was produced by OHID, and which enabled a comparison of all authorities against England across a range of indicators. He then highlighted those areas where Shropshire was doing better than the national average along with those areas where Shropshire was doing worse than the national average. He explained that the full report included deep dives into each of the areas where Shropshire was doing worse than the national average.

The Public Health Intelligence Analyst discussed one of the areas that Shropshire was doing really well in which was low birth weight of term babies for which Shropshire had less of than the rest of the West Midlands and was significantly below the England average.

Finally, he drew attention to the eleven recommendations contained within the report which had been developed in conjunction with the Early Health and Prevention Partnership Board and with the Children's Safeguarding Children Board.

The Chair commented that the Board recognised that for a good start in life, one of the main Marmot principles in terms of what then predetermines an individual's opportunity to have a healthy life, to prosper and do well, the factors that were being raised and highlighted at this Board became a responsibility for everyone in every interaction, both from a commissioner perspective and in all incidental interactions that took place, to think about these areas when delivering some of those wider services in order to bring the JSNA to life both in the areas they work in and when they go back to their organisations and the messages being taken forward.

The Executive Director for Health, Wellbeing and Prevention emphasised the importance for the Board to track progress against the recommendations and she confirmed that regular updates would be brought to the Board, and she would look at the frequency and confirm timescales. The Chairman suggested that future papers demonstrate the link with the JSNA, and the contribution being made towards it.

In response to a query around the access to folic acid metric and whether this had led to higher rates of spina bifida, the Assistant Director Integration & Healthy People

explained that more work was needed on the collection of preconception data to more robustly monitor what the level was and what the action was going forward. There was a strong link with the Women's Health Hub work to ensure that preconception information went out to mothers to be about the importance of taking folic acid. It was therefore incumbent upon all members of the Board to think about how to weave this into their work going forward.

The Senior Public Health Intelligence Analyst presented a quick overview of the school aged children (5-16) chapter. She drew attention to the key findings and recommendations and showed a snapshot of what was included in this chapter. She reported that most of the indicators were sourced from the children and maternal profile on Fingertips and that the indicators had been split based on school age year. She drew attention to data around the safe spaces project and that from stakeholder engagement.

She went on to discuss those areas where Shropshire was doing significantly better than the England average along with those areas where Shropshire was doing worse than the England average and she highlighted the areas of need for 5–16-year-olds living in Shropshire before moving on to the draft recommendations.

Turning to the Young People's (16-19) chapter, the Senior Public Health Intelligence Analyst drew attention to the key findings, and she explained that the recommendations were currently in development and would hopefully be presented to the next Health and Wellbeing Board meeting for approval. Again, most of the indicators were sourced from the children and maternal profile on Fingertips and again, those areas where Shropshire was doing significantly better than the England average along with those areas where Shropshire was doing worse than the England average were highlighted along with those areas of need for young people.

Board Members felt this work would be very helpful in highlighting where the need was when it came to the recommissioning of services eg CAMHS and BeeU Service along with informing the work around the Youth Justice system. In response, the Executive Director for Health, Wellbeing and Prevention explained that in terms of the community safety work and children's safeguarding, this data would be part of the presentation to those groups.

The Portfolio Holder for Children & Education thanked officers for the huge amount of work that had been undertaken including the work going on behind the scenes and in addressing the recommendations. The Chair added his thanks to the team for the amount of work that sat behind all this data and stressed the need for Board members to distil that information down into intelligence to influence their work and take it forward.

RESOLVED:

To approve the recommendations detailed within the reports.

43 **Youth Strategy**

The Assistant Director for Services to Children and the Youth Support Team Manager, Shropshire Council gave a presentation which covered the following areas:

- Youth work;
- Statutory guidance;
- Youth offer; and
- Shropshire Youth Strategy

The Youth Support Team Manager explained that the golden thread running throughout all of this was prevention and health and wellbeing, which was critical to all those bits of work. She went through each piece of work and explained how each piece informed the others and how they got to the need's strategy. She explained what youth work was and highlighted the statutory guidance that came out in September 2023 for local authorities to co-ordinate services and activities to improve young people's wellbeing (for those aged 13-19 and up to 25 with SEND). She drew out the key points from the Guidance and the 9 'essentials' of a local youth offer.

The Youth Support Team Manager informed the Board that the government had recently announced that universal youth provision was going to feed into driving down some of the issues being faced by young people today and she drew attention to the four government missions (Opportunity, Take back our streets, NHS and Economic Growth) and to the national updates, which included publication of 'Today's Youth, Tomorrow's Nation' Report which was due in the spring before the launch of the National Youth Strategy in the summer.

She went on to highlight what young people were telling them that they wanted in terms of a youth offer and what was important to them, and she shared a draft Participation Structure which focused on community-led partnership working and linked into each place based JSNA area so that young people could manage their own plans within their localities.

Finally, the Assistant Director for Services to Children updated the Board in terms of where they were at with the Participation Strategy which had been refreshed and was going to Full Council in March.

The Chier Officer for Healthwatch was pleased that the Local Authority were taking back responsibility for youth work, and she was keen to work with them to see how young people were being given a voice and had a couple of reports she could share with them, one about Young People and Social Prescribing.

From a Police point of view, the Superintendent, West Mercia Police explained that the geography of Shropshire was a challenge and that the county needed a consistent offer. Once the funding for neighbourhood policing was understood, they hoped to be involved in locality hubs. Turning to Shropshire Fire and Rescue, the Chief Fire Officer felt there was some correlation with prevention activities along with links to apprenticeship and cadet opportunities and wished to get involved and see where this fits within the strategy.

The Portfolio Holder for Children and Young People reflected on the progress that had been made over the last four years and was proud that young people were now front and centre in the decisions that were being made and in all the collaborative working being undertaken, and to that end, she informed the meeting that a young

member of the Youth Council had presented a report to Cabinet earlier that week as well as, for the first time ever, a young person had co-presented a paper at Council, really demonstrating how young people's voices were being heard.

The Chair thanked the Assistant Director for Services to Children and the Youth Support Team Manager for bringing this to the Board and although he was interested in listening to the national context, he was reassured that they would do the right thing for Shropshire.

RESOLVED:

To approve the recommendations detailed within the report.

44 **Shropshire Neighbourhood Working**

The Director of Strategy and Development, NHS Shropshire, Telford and Wrekin and the Assistant Director for Integration and Healthy Population introduced this item which was based on the work undertaken by the Head of Joint Partnerships who was unable to attend.

The Assistant Director for Integration and Healthy Population drew attention to the key points and brought neighbourhood working to life in terms of some of the delivery. She highlighted the four key priority areas included within the Prevention Framework (access, integration, person centred care and communities), and she drew attention to some of the approaches being taken to enable people to live their best lives and to stay happy, healthy and connected within their communities. She went on to give examples of some of the work that had already taken place, including five integrated practitioner teams being up and running across the county, and the community and family hubs, information for which was now live on the Council's website, and she encouraged all partners to promote that link through their networks. Finally, she discussed the progress of the women's health hubs and touched on how data would be captured to ensure that the desired outcomes were achieved and how this linked back to the JSNA.

The Director of Strategy and Development informed the meeting that there were five broadly geographical neighbourhoods across Shropshire and similar across Telford & Wrekin and there had been a lot of collaborative work around how to develop the needs-based approach in each of those neighbourhoods. She explained how the Highley health hub had come about when the GP had ended their contract which had provided a real opportunity to think about what could be delivered based on the Highley JSNA. That project had been a test bed for the Women's Health Hub which had been rolled out across all the neighbourhoods as well. Work was currently underway with Community Trust colleagues about what the district nursing and allied health professional teams that deliver into those hubs would look like to deliver that wraparound care and that needs-based approach.

Finally, the Director of Strategy and Development then touched on the NHS planning guidance and some of the core components of that which would feed into the work that was being undertaken going forward.

The Chief Officer for Healthwatch Shropshire offered to be a part of this work and to regularly attend the hubs to speak to people about their experiences of the benefits that the hubs were bringing, but also to better understand the barriers that people were facing when accessing them. The Chair of the VSCA also welcomed the opportunity for the voluntary and community sector to take a more central role but questioned what that role was, and how they would be supported to do so. She felt that a lot more collaborative work was needed around these issues, and she raised concerns about how the voluntary sector had been impacted by the creation of the hubs. In response, the Director of Strategy and Development explained that some of those issues were being addressed and would be fed into the shared Framework document. It was agreed to discuss the issues raised by the VCSA outside of the meeting.

The Portfolio Holder for Adult Social Care and Public Health felt that as Shropshire was a very large rural county, she was concerned that it was always the people who had to go to the hub, rather than the hub going to the people. There appeared to be no recognition that there were facilities within rural areas, village halls for example, that could participate in this kind of activity. Thought needed to be given as to how to reach those people who found it difficult to get to the hubs. Further developments were needed so that some services could be delivered directly to those rural communities.

The Chair proposed that the Board accept the recommendations but also to note the points made by Board members to further develop that work and to move it forward and recognise that that afternoon's workshop would also build on that work.

RESOLVED:

- To note the progress made with Neighbourhood Working in Shropshire and the significant amount of partnership working;
- To recognise how HWBB priorities were being delivered through the Integrated approaches of Neighbourhood Working;
- To endorse the continuation of this approach and recommend its continuation to Shropshire Integrated Place Partnership;
- To recommend the inclusion of the work and approach in the Joint Forward Plan and to recommend for Local Authority and ICB Commissioners to review and support through Commissioning Intentions.

45 Better Care Fund 2024-25 quarter three report

The Senior Integrated Commissioning Lead introduced the new ICB Commissioning Team Officer who had been appointed in January and whose role it was to support the BCF program along with local authority colleagues. Her role would involve keeping everyone to deadlines and collating all responses on behalf of the team and had indeed pulled together the quarter three report which was due to be submitted the following day.

The Senior Integrated Commissioning Lead reported that, at the time of writing the report, the new plan and framework had not been published although it has since,

and the three key headline metrics were around emergency admissions for people over 65, average length of discharge delay for acute adult patients and long-term admissions for people in care homes and nursing homes. These three headline metrics were accompanied by three subsets of indicators, so there was more to report on than before with exceptionally tight time scales which was a lot of work for a one-year plan.

Data and a narrative report need to be submitted by 3 March, along with a second set of information that had to be signed off and submitted by 31 March. Herself and the Assistant Director of Joint Commissioning, Adult Services would be writing out to those officers who needed to sign it off to make them aware that it was coming their way.

The Senior Integrated Commissioning Lead agreed to circulate a summary of the guidance which explained what was required and she agreed to attend a future meeting to answer any questions.

RESOLVED:

To approve the BCF 2024-25 quarter three template.

46 **Cancer Care Report - Healthwatch**

The Chief Officer for Healthwatch Shropshire introduced and amplified the report. She thanked the 390+ people who had spoken to them about their experiences of having and living with cancer in Shropshire and was a real example of the need to go out to people in their communities to listen to their views and to gain their trust to share their experiences.

There was a range of experiences including very positive experiences but also some less positive. She drew attention to the Executive Summary which set out what people had told them would help, which highlighted the need for a personalised approach to really meet needs. There was a lot of work to be done to raise awareness of the support that was available in Shropshire, and she went on to discuss the need for a Shropshire cancer network to provide support to those very small community groups, ensuring that every type of cancer had the support needed. More work was also required to understand the impact on children and young people living with a cancer diagnosis.

The Chairman thanked the Chief Officer for presenting this very powerful report and the Board expressed broad support for a Shropshire Cancer Network to be set up.

RESOLVED:

To note the recommendations contained within the report.

47 **Shropshire Dental Access update**

The Public Health Principal - Healthy Population, Shropshire Council, introduced and amplified this item. She informed the board that the report was based on the dental services equity audit undertaken by NHS England and explained the phased

approach being taken in Shropshire to encouraging and facilitating access to dental care. She drew attention to those areas in Shropshire where additional dental access had been commissioned, and she highlighted a number of those areas which had the highest deprivation. She explained the work that had been done with the dental practices in those areas and with NHS England colleagues, including the introduction of a referral system to protect access for those more vulnerable members of our communities whereby professionals working with these people in the community could put them and their families forward (with their consent) for the dental practice to contact them and register them for routine dental care.

The Senior Commissioning Manager, Primary Care Commissioning Team, Office of the West Midlands NHSE discussed the plan to reduce inequalities and get every part of Shropshire back to 53% NHS dental access which was the case prior to covid. £1.1m was being invested and was enough to commission activity for 14,000 extra patients.

A brief discussion ensued and in response to a query, it was confirmed that the approach being taken was access for all people and to that end there was an advice line that enabled eg care homes to access advice and support and, wherever possible get the individual to a dentist where they can get the most appropriate care. The Care to Smile programme was also highlighted which would provide support to carers to provide good mouth care.

The Chair thanked the officers for the work which he felt was exactly the right approach.

RESOLVED:

- To note progress being made taking a whole system approach to inequalities through commissioning & facilitating access to units of dental activity in Shropshire;
- To note challenges surrounding access to dental treatment;
- To note the synergy between NHSE Dental Services Equity Audit & commissioning and the local feedback on dental services through the JSNA.

48 **Winter Resilience Plan - update**

The Chief Delivery Officer for the ICB introduced this item and drew attention to the headlines. He explained that preparedness for winter had begun at the start of the previous year when plans across the system had been around how to support people to stay out of emergency departments and hospitals, supporting processes within the hospitals to allow for timely and appropriate care and then supporting people in their discharge ideally back to their original place of residence.

He went on to say that additional winter mitigations had been put in place in October around community provision including avoiding the need for patients needing emergency departments wherever possible. December and January were always the most challenging months, with a particular spike in the number of viruses around in December, that resulted in a number of patents requiring acute admissions to hospital, far higher than in recent years.

The main area of concern was the number of ambulances with patients inside waiting to access the emergency department along with the length of time patients have been waiting in the emergency department for treatment or particularly a bed within the hospital. He then drew attention to some of the areas where improvements had been seen in order to really mitigate winter.

The Chair stated that although demand has been significant, the response from system partners had been better and the focus remained very much on being clear about the work that needed to happen including the improvement work required. Winter planning would roll on from now as they start to plan for 2025/26.

RESOLVED:

To note progress and plans in relation to resilience and management of risk for the coming winter.

49 **Chair's Report (including Pharmacy updates)**

It was noted that the pharmacy updates would be available on the website after the meeting. The Chairman drew attention to the following updates:

- Turning the Curve Workshop on 6th March at the Barnabas Centre, Shrewsbury.
- The imminent launch of the Pharmaceutical Needs Assessment consultation.
- The HWBB/ShIPP Workshop that afternoon in the Council Chamber.

50 **ShIPP Update**

Members noted the ShIPP update as circulated.

AOB

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

The Chairman, on behalf of the Board, thanked Penny Bason, the Head of Joint Partnerships for all her fantastic work, her energy and enthusiasm and the difference that she had made to residents' lives across Shropshire, and he wished her well for the future. The Co-Chair endorsed those sentiments.

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Signed …… (Chair)

Date:

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19 June 2025**					
Title of report	**Domestic Abuse in Shropshire**					
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	Wendy Bulman, Domestic Abuse Strategic Lead, Shropshire Council Wendy.bulman@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?	Mental Health Disparities, Gender Based Inequality Access to Support Services, Systemic and Structural Inequalities Workforce and Training Gaps					

Report content -

1. Executive Summary

This report presents key findings from the Shropshire Domestic Abuse Needs Assessment (2022–2024), with a focus on the role of the Health and Wellbeing Board in addressing domestic abuse. The data underscores the widespread prevalence of domestic abuse across the county and highlights the urgent need for coordinated, health-informed responses.

2. Recommendations

The Board are asked to note these recommendations and to task the Domestic Abuse leads from across the Health Partnership/Workforce to come to the Domestic Abuse Local Partnership Board to collaborate. The aim will be to strengthen the local response to domestic abuse and reduce its long-term impact on individuals and services.

3. Report

Key insights include:

- Mental health issues were the most common disability among victims and survivors.
- **114** suspected suicides occurred in the context of domestic abuse between 2020–2022, with 85% of those who died being **women**.
- Survivors consistently called for **improved mental health support**, tailored services, and better awareness among professionals.

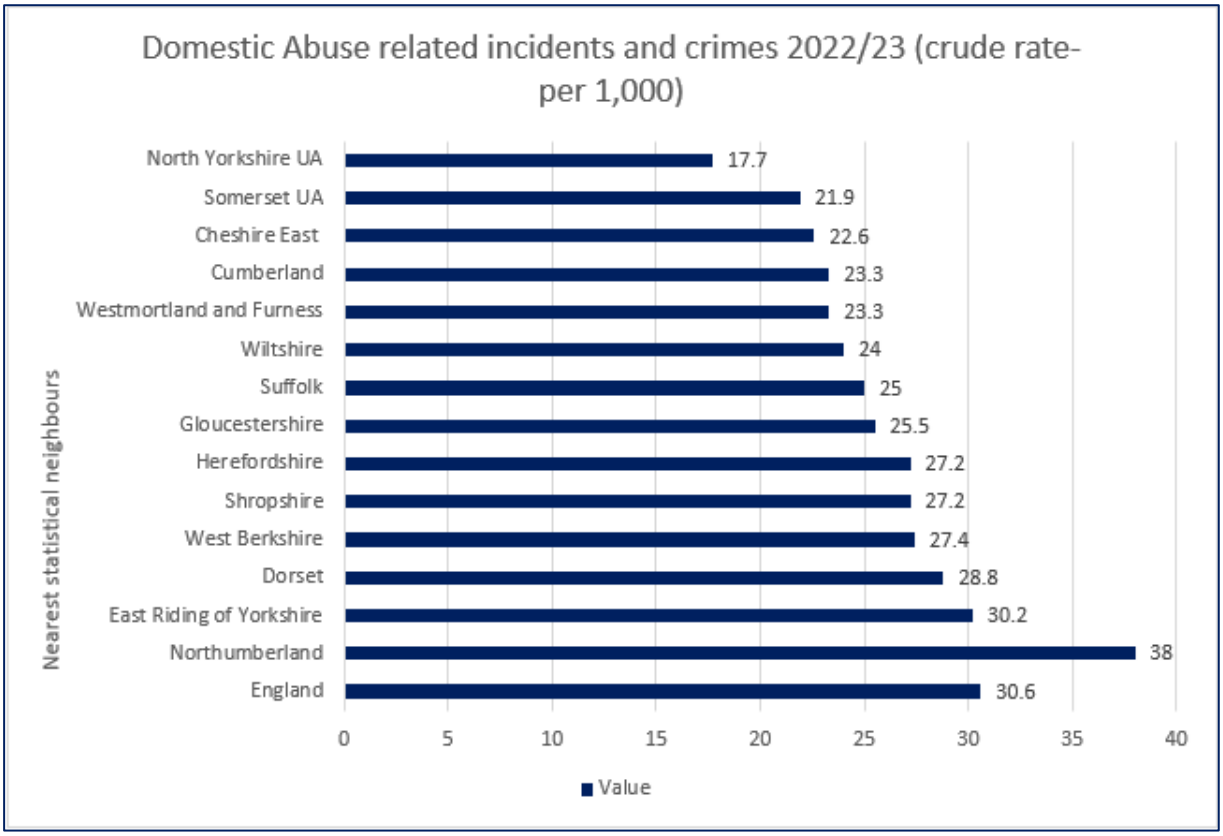
It also presents the Crossing Pathways project and IRISi interventions as mentioned in the DA Act 2021 statutory guidance.

Cost Benefits identified as:

- The estimated annual cost of domestic abuse to Shropshire's health services is **£11.13 million**.
- National research shows that every **£1 invested** in specialist domestic abuse services could yield a **£9 return** in public sector savings.
- Crossing Pathways Project cost-benefit estimates for every **£1 invested in health services**, a saving of **£50** could be achieved.(Appendix 1)

Prevalence, reporting, and referrals

The chart below displays the rates of domestic abuse related incidents and crimes recorded in 2022/23 for Shropshire and nearest statistical neighbours that have a similar demographic and/or geographic profile to Shropshire, (OHID Fingertips 2024).



For Shropshire, this rate was 27.2 incidents per 1,000 people. This rate is joint 5th highest out of 14 statistical neighbour local areas (range 17.7 per 1,000 to 38 per 1,000) but is observationally lower than the England average rate of 30.6 domestic abuse related incidents and crimes per 1000 over the same period.

Across West Mercia, all 4 local authority areas shared the rate of 27.2, which across the West Midlands was comparatively low with the norm being 41.0 incidents per 1,000 people.

Our **needs assessment** were provided with the following relevent health services information, noting that data was unable to be provided by: SARC (Sexual Assault Referral Centre) – The Glade, because they transferred from G4S to Mountain Healthcare from the 1st of May 2024, and as a result they did not have access to any figures/data for 2022/23 and 2023/24.

Disclosures, reporting or referrals for adult victims/survivors 2022-2024	
• Midlands Partnership Foundaion Trust (MPFT)	: 19
• Shrewsbury and Telford Hospital NHS Trust (SaTH)	: 197
• SaTH Maternity	: 47
• West Mercia Women's Aid Hospital IDVA (WMWA)	: 142
• Shropshire Recovery Partnership (SRP)	: 778
• Adult social care (records open with DA recorded)	: 500

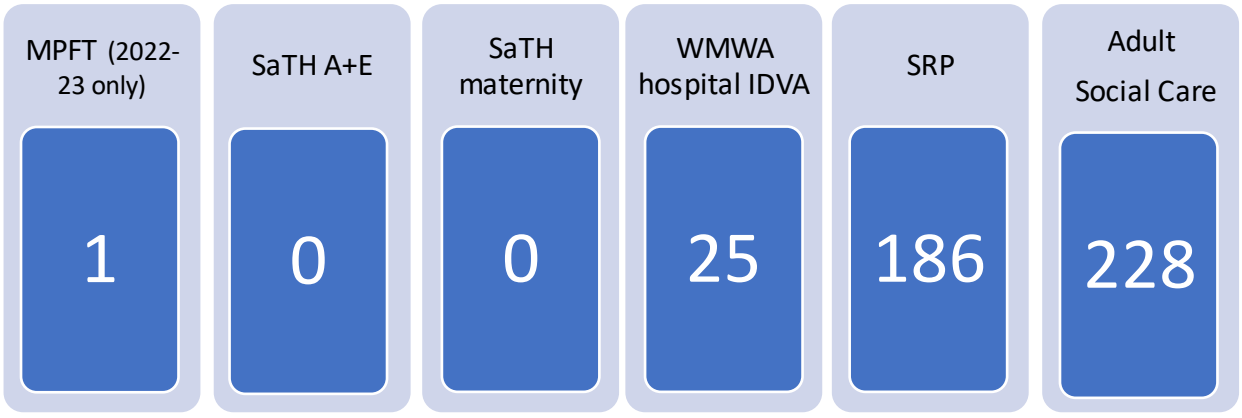
In terms of repeat referrals we found 27.5% of the Hospital IDVA referrals were repeats.

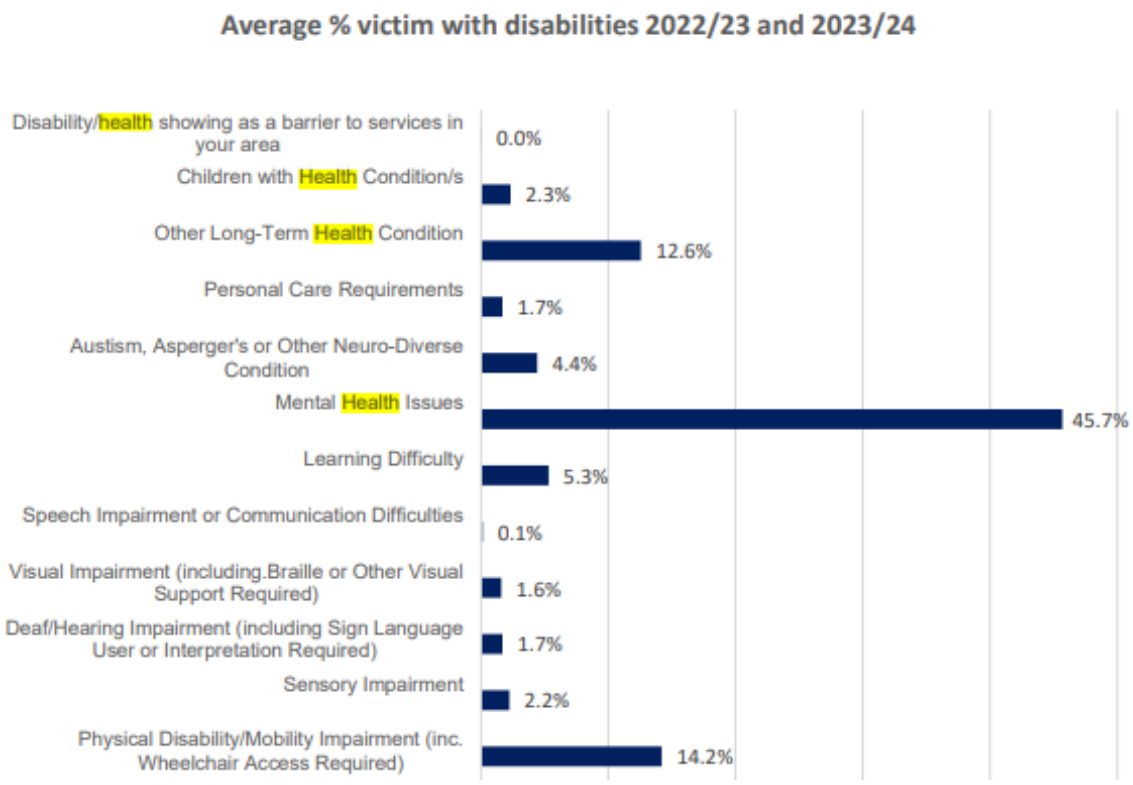
A Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on victims at the highest risk of serious harm or murder due to domestic abuse.

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24 (N=577)
Health - A&E	7.1%
IDVA (West Mercia Women's Aid)	5.0%
Mental Health - Midlands Partnership Foundation Trust	1.4%
Health – GP	0.5%
Local Authority Adult Social Care	0.3%

This is the only area of the needs assessment where we have been able to capture any domestic abuse related data from GP practices.

Patients reporting Disabilities across the listed services:





The table above shows the reported disabilities from all the data provided across all services that took part in the needs assessment. The most common disability of victims and survivors between 2022/23 and 2023/24 was mental health issues.

Domestic abuse can have a devastating and long-lasting impact on the mental health of survivors and their children. Tailored support is essential, especially for disabled individuals fleeing domestic abuse. A buddy service can aid the transition to independence.

The Shropshire Safeguarding Community Partnership (SSCP) reported:

The SSCP learning briefing showed between 2020-2022				
114 people died of suspected suicide in the backdrop of domestic abuse	Thats 5 people a month	85% of those who died were women	15% men	In year 3, there was a 7% decrease (17 people less) in the recorded number of deaths compared with year 2.

Dr Christine Christie, presented to the Domestic Abuse Local Partnership Board the findings from the report Domestic Abuse links to Suicide - which recommended the creation and testing of an assessment tool that aims to identify the predictors of suicide by gathering information from the survivor drew attention to the destruction of the victim's homeostasis (self-regulating of physiological and psychological system to maintain the stability necessary for wellbeing) by the abuser which may diminish the victim's ability to cognitively respond to the situation, feeling every option for support has disappeared or not work resulting in them taking their own life, sometimes without warning.

We are working with the Suicide Prevention Group to look at ways we can respond more effectively to reduce the likelihood of people ending their lives by suicide as a result of the impact domestic abuse has had on them.

Survivor Input

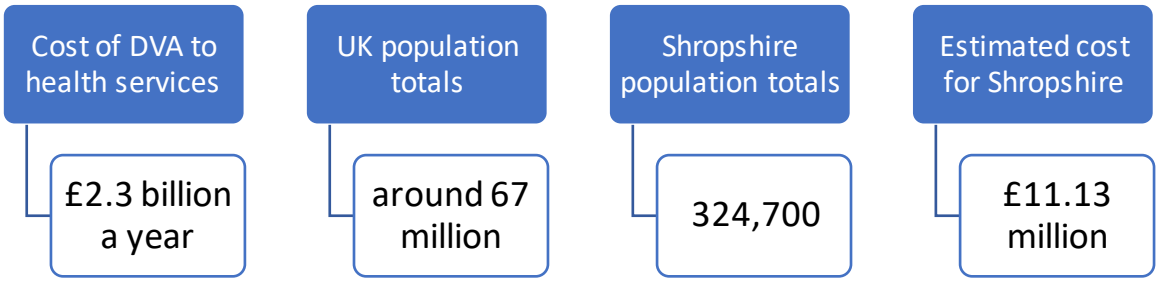
Survivors who took part in the needs assessment provided valuable insights into the barriers faced when seeking help and the types of support that are most effective. Participants of the survey were asked 'How can we improve the domestic abuse response in Shropshire?'. They mentioned things such as:

- Improving Understanding and Awareness
- Enhancing Service Responses
- Funding and Support Provision
- They also shared the need for Tailored Support and Mental Health Services

Some participants shared that having a designated mental health support worker, for domestic abuse survivors in Shropshire would be beneficial. One participant shared that having a mental health worker would create stability. Therefore, in order to improve domestic abuse response in Shropshire, designated mental health support workers, along with routine appointments would enhance the overall domestic abuse response.

We are working together with domestic abuse, mental health and substance use services (commissioned and non-commissioned, statutory and community groups) to strengthen and create protocols aimed at a more co-ordinated response to those presenting as a victim or perpetrator of domestic abuse.

Cost of Domestic Violence & Abuse (DVA) to Health services as found during the national Crossing Pathways project.



This in turn translates to potential savings of around £115 billion nationally and **£556.5 million** in Shropshire **annually**.

Recommendations from the Needs Assessment:

Multi-Agency Collaboration:

Action: Adopt the Whole Health Co-ordinated Community Response (CCR) Framework
Align local commissioning with the Whole Health approach developed by STADA, ensuring that domestic abuse is recognised as a health issue and embedded across all levels of service planning and delivery.

Outcome: Ensures domestic abuse is recognised and addressed as a public health issue, embedding a trauma-informed, multi-agency approach across all levels of service planning and commissioning to improve outcomes for individuals and communities.

Whilst this is something that will take time to plan and align, we should look to achieve the following in the medium to short term period:

Integrated Health Services:

Action: Develop IRISi or a similar model across GP practices in Shropshire, with training and referral pathways embedded.

Outcome: Earlier identification of abuse, especially in hidden or high-risk cases.

Action: Pilot a co-located mental health practitioner within SDAS or WMWA to support survivors with complex trauma.

Outcome: Reduced crisis presentations, improved recovery outcomes, and better integration of care.

For all services to be involved in guiding the development of enhanced data collection:

Action: Create a shared dashboard to track referrals, outcomes, and service use across health, social care, and DA providers.

Outcome: Better commissioning decisions, real-time monitoring, and accountability.

Training and Awareness:

Action: Commission a rolling programme of domestic abuse training for all frontline NHS and social care staff in Shropshire.

Outcome: Improved identification, referral, and support for survivors across primary care, A&E, maternity, and mental health services.

Risk assessment and opportunities appraisal (*NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental*	**This has yet to be completed fully.** **Associated risks to be completed:** Strategic partnership breakdown Ensure services are accessible to all with a focus on the protected characteristics Consider the needs of perpetrators as well as victims How to actively engage with young people under the age of 16; consider barriers related to consent from a person with parental responsibility

consequences and other Consultation)	**Opportunities:** Duty to collaborate Lived Experience/Co-production models in place Crossing Pathways model IRISi – response in GP practices model, researched and evidenced and being considered across the ICB in Herefordshire.	
Financial implications (*Any financial implications of note)*	Re-organisation of systems and processes to enable an investment in training and resources without additional budget, to be considered Lack of government funding for community based domestic abuse services	
Climate Change Appraisal as applicable	Not considered	
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)

Crossing Pathways Key Findings Report – March 2025 – Standing Together Against Domestic Abuse
Domestic Abuse links to Suicide – April 2023 - Christie, C. Rockey, J. C., Bradbury-Jones, C., Bandyopadhyay, S. & Flowe, H. D. (2023)
IRISi Interventions

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Cllr Ruth Houghton, Portfolio Holder for Social Care, Shropshire Council
Billy Webster, Assistant Director – Transformation, Efficiency & Programme Management, Shropshire Council

Appendices
(*Please include as appropriate*)

Appendix A. IRIS Cost Effectiveness
Appendix B. Domestic Abuse Needs Assessment - Exec Summary
Appendix C. Domestic Abuse Needs Assessment 2024

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IRISi interventions

THE COST EFFECTIVENESS OF IRIS PROGRAMMES

ABOUT IRISi

IRISi is a social enterprise established to promote and improve the healthcare response to gender based violence. We are a not-for-profit organisation that provides areas with the IRIS model, training package, updates to the training, and support.

THE IRIS PROGRAMME

IRIS (Identification and Referral to Improve Safety) is a general practice based domestic abuse training, support and referral programme for female patients aged 16 and above experiencing abuse from a current partner, ex-partner or family member.

NUMBERS

From November 2010 to March 2020, IRIS programmes have received referrals for 20,544 women and fully trained more than 1,000 general practices.

REACH

IRIS is commissioned across areas of England, Wales, the Channel Islands and Northern Ireland.

THE COST OF DOMESTIC VIOLENCE AND ABUSE

£66 BILLION PER YEAR

This is the estimated cost of domestic violence and abuse, including physical and mental health costs. (*Home Office*, 2019)

THE EFFECTIVENESS OF IRIS PROGRAMMES

30x MORE LIKELY

Most recent research shows that practices with IRIS are 30 times more likely to make a referral to specialist support for their patients than those without IRIS. (*Panovska-Griffiths et al*, 2020)

COST EFFECTIVENESS

The cost effectiveness of the model was assessed in a study and it found that the IRIS programme saved

£14 FOR EACH WOMAN

aged 16 or older registered in general practice. (*Barbosa et al*, 2018)

The societal perspective takes a wider view considering how the IRIS programme affects costs to the healthcare system, the legal system (civil and criminal), costs of housing, social care, personal costs, costs of specialised services and loss of productivity due days lost at work.

This tool was used in the recent study of six IRIS sites running in north east London for over two years.

FROM AN NHS PERSPECTIVE, IRIS WAS COST SAVING AND COST EFFECTIVE IN 4 OUT OF 6 SITES.

JUST TO COMPARE

IRIS IS AT LEAST 4.8 TIMES BETTER VALUE FOR MONEY THAN THE ANNUAL FLU JAB.

From an NHS perspective, the net monetary benefit "*for increasing vaccination by 5% for adults in clinical risk groups is £4.00 per targeted person, for pregnant women is £4.50 per targeted person, and for children in clinical risks groups is £2.40 per targeted person*".

CONCLUSION

The IRIS programme is not only **effective** from an NHS perspective, but also **cheaper** than not implementing IRIS to the public pocket, if other services such as justice, housing and social care are considered. As such, it should be considered an **effective health intervention** that is worth **investing in at the primary care level**.

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Shropshire Domestic Abuse Needs Assessment Executive Summary

Survivor Journey

Linda had experienced psychological and emotional abuse, and controlling and coercive behaviour, from her partner, for many years. She had 'dipped in and out' of Shropshire Domestic Abuse Service (SDAS) but never felt able to leave due to her children, and her fear of her partner. Having 'spotted the signs' that her partner's behaviour was escalating she decided to leave. Linda was not being supported by any service at that time. She had not heard of refuges and did not know that she could get support with housing, having been told some years previous that she would not be eligible for help.

Linda found a private rental property on her own but did not feel safe there because the family court had forced her to tell her ex-partner where she was living. Her ex-partner had made false allegations against her to Children's Social Care; these were not progressed, and Social Care never contacted her about them, but it made her scared to call the service for help.

Linda called the West Mercia Women's Aid helpline and was referred to SDAS, and with them and the Children's Centre was able to get support to move again. After this Linda was on a waiting list for SDAS one-to-one support and accessed group work programmes. Her children were referred to the SDAS Children and Young People's Service and received support through their school.

Linda was diagnosed with Post Traumatic Stress Disorder in January 2021 and placed on a waiting list for specialist treatment, which she has not yet received, 18 months later. She has been provided with Cognitive Behavioural Therapy for one hour a month, but this is not helping.

The SDAS group work programme "has been great" and given her more confidence to deal with her situation. Speaking with other survivors means that she doesn't feel alone because other people don't understand what she has been through. Now Linda is getting one-to-one support, which is open ended, and this is "very helpful".

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1. Introduction

1.1. This report presents a summary of the findings of a needs assessment completed by Standing Together Against Domestic Abuse (Standing Together) on behalf of Shropshire Council. Standing Together is a national charity bringing communities together to end domestic abuse through supporting organisations to work in partnership to identify and respond effectively to domestic abuse and to ensure survivors receive the best possible support to live free from abuse.

1.2. While prompted by the Domestic Abuse Act 2021 requirements (see next section), this needs assessment is not restricted to safe accommodation support. We sought to build a comprehensive picture of domestic abuse in Shropshire: need, demand for services, service provision, and the response of all partners to domestic abuse individually and in partnership.

1.3. The needs assessment was informed by the Coordinated Community Response model[1] of partnership responses to domestic abuse and the Whole Housing Approach[2] to domestic abuse (WHA), both of which have been recognised as examples of best practice in the Domestic Abuse Act 2021 Statutory Guidance[3].

1.4. The partnership approach and response to domestic abuse is governed by the Shropshire Safeguarding Community Partnership. Domestic abuse was identified as a priority in the partnership's Strategic Plan and Priorities 2020-23, and the priority group is administered by the SSCP Business Support Team. There is currently no partnership domestic abuse strategy, although a business plan is in place.

1.5. The needs assessment was commissioned and supported by Wendy Bulman, the Domestic Abuse Development Officer (Shropshire Council), who was instrumental in ensuring the smooth delivery of the whole process.

2. Domestic Abuse Act 2021

2.1 The needs assessment enables Shropshire Council to meet the statutory requirements of the Domestic Abuse Act[4] (the Act), which received Royal Assent in April 2021. Part 4 of the Act places duties on Shropshire Council to:

- Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions.
- Assess the need for domestic abuse support in their area for all survivors and their children who reside in relevant safe accommodation, including those who come from outside of their area.

[1] STADA In Search of Excellence: https://www.standingtogether.org.uk/blog-3/in-search-of-excellence
[2] DAHA Whole Housing Toolkit: https://www.dahalliance.org.uk/who-we-are/whole-housing-approach/whole-housing-toolkit/
[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf
[4] https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

- Develop and publish a Safe Accommodation Strategy having regard to the needs assessment.
- Implement the strategy through commissioning / de-commissioning decisions.
- Monitor and evaluate local delivery and effectiveness of the strategy.
- Report back to central government annually.

2.2 Shropshire Council was awarded new burdens funding from government to implement the Statutory Duty in 2021 (£578,549) and 2022 (£580,151). Future levels of funding depend on the national government Spending Review. This funding is explicitly provided to ensure the new burdens of the Act can be implemented and to meet the gaps identified through the needs assessment. New burdens funding does not replace existing funding for core services and there is no guarantee over future levels of government funding.

2.3 Domestic abuse support is defined in the Act as support, in relation to domestic abuse, provided to victims of domestic abuse, or their children, who reside in relevant (safe) accommodation[5]. In Shropshire, safe accommodation support is in the form of refuge (provided by SDAS, see 6.1) and Sanctuary Scheme (see 6.4).

2.4 Annex B of the Part 4 Statutory Guidance outlines the Department for Levelling Up, Housing and Communities (DLUHC) Quality Standards for provision of support within safe accommodation. The Guidance states commissioners should ensure services "meet agreed and recognised quality standards". In addition to the DLUHC standards the guidance points to Women's Aid Quality Standards, Imkaan's Accredited Quality Standards and DAHA Accreditation Framework for Housing Providers as relevant to incorporate into commissioning.

2.5 In July 2022 the government published the Domestic Abuse Act 2021 Statutory Guidance. Issued under s.84 of the Act[6] it aims to "increase awareness and inform the response to domestic abuse. It also conveys standards and promotes best practice." S.84 (4) states "A person exercising public functions to whom guidance under this section relates must have regard to it in the exercise of those functions." The Statutory Guidance provides a framework for the response of all partnership agencies, as well as commissioners and should be referred to alongside this needs assessment.

2.6 The Government published its Domestic Abuse Action Plan in March 2022, with the following priorities, which can also be found in the Government's National Violence Against Women and Girls Strategy 2021-24: Prioritising prevention; Supporting victims; Pursuing perpetrators; A stronger system.

2.7 Shropshire does not have a partnership response to violence against women and girls, although work is ongoing at a West Mercia level, led by police. A needs assessment on sexual violence was commissioned by the Office of the Police and Crime Commissioner and

[5] https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services
[6] https://www.legislation.gov.uk/ukpga/2021/17/section/84/enacted

the police sexual violence lead is exploring the establishment of a partnership sexual violence strategic group. Other forms of violence against women and girls ('honour'-based abuse, forced marriage, female genital mutilation, stalking and harassment) require urgent attention. Recommendation: A partnership approach and response to violence against women and girls must be developed alongside, and connected with, the domestic abuse strategy, to ensure all forms of VAWG are understood and responded to, including how they intersect and overlap with each other.

2.8 Shropshire domestic abuse safe accommodation commissioning should also have reference to the Government National Statement of Expectations (2016), which set out the actions local commissioners need to put in place to ensure their response to VAWG is collaborative, robust, and effective.

3. Commissioning Priorities

3.1 Combining what we could establish from the quantitative data analysis (with limitations) with qualitative feedback from the stakeholder review and the voice of lived experience, the following were established as areas of unmet need in relation to safe accommodation and the domestic abuse response more broadly.

3.2 All services must prioritise working towards a true trauma informed approach that recognises multi-victimisation and how trauma impacts people's interactions with services. The accessibility of services must also be considered for those in rural areas, including where telephone reception and/or internet connection are poor and exacerbate existing issues caused by rural isolation and additional barriers such as disability, care and support needs, and language.

3.3 The Sanctuary Scheme needs urgent attention to ensure it meets the definition of a Sanctuary Scheme and offers provision to all victims/survivors who may need it. Specific recommendations are made at the end of this report.

3.4 The core community specialist domestic abuse service needs to be adequately funded to meet the current demand and remove the need for a waiting list. Once the service can operate effectively to meet this demand, longer term therapeutic support needs to be commissioned alongside research to understand and work to meet the needs of those who face additional barriers to accessing support due to their ethnicity, LGBTQ+, age or disability (not an exhaustive list, see section eight).

3.5 Specialist domestic abuse support for children and young people is urgently required. This needs to be across all areas: children who are victims/survivors of abuse by a parent/carer or parent's partner, or by a sibling; children who are victims/survivors of intimate partner violence; children using harmful behaviours against family members or intimate partners.

4. Methodology for Needs Assessment

4.1 The needs assessment is grounded in the voices of those with lived experience of domestic abuse, who should become part of a feedback loop in which the partnership provides information on what has changed and seeks further views and collaboration in the development of services and support provision.

4.2 The process of this needs assessment was gender and trauma informed. It encompassed those who harm and use abusive behaviours, to ensure they are held accountable for abuse and the consequences of their abuse, while being offered support to change their behaviours. The needs assessment recognises children and young people as victims in their own right, not 'witnessing' or 'indirect victims', to ensure they are included as a group requiring services in addition to adult victims/survivors/perpetrators.

4.3 The needs assessment was completed using the following methods:

- Gathering the views of those with lived experience: 21 survivors were interviewed, and nine case studies were received. An additional case study was provided for a person causing harm and accessing support for this. As with any research, there were gaps and limitations to the survivor consultation. We would have liked to see greater diversity in the sample in relation to ethnicity, immigration status, and sexual orientation.
- Data requests to all services: 34 services were approached, and 28 provided data. Data was unavailable from probation, Shropshire Community Health NHS Trust, and Shropshire and Telford Hospital NHS Trust Midwifery.
- Meetings with strategic and operational leads from statutory, voluntary and community services/departments to understand the current Shropshire response within services and in relation to partnership working and gather qualitative feedback on need, demand, barriers, and gaps. Meetings with 72 practitioners and leaders, and a further five involved via email. The only gaps were engagement with looked after children services, armed forces, adult social care teams, and the courts.
- Visit to Shropshire to view refuge accommodation.
- Observation of the Shropshire Daily Domestic Abuse Triage meeting.
- Reference to national research and data.

5. Voice of Lived Experience

5.1 Feedback from survivors has been integrated into the needs assessment. This section provides the headlines.

5.2 Victims/survivors, first and foremost, want to be believed, to be treated with compassion and not judged, and to be provided with information about their options. Most survivors are not asking for a great deal when they seek support; and many do not know what is available or what their rights are. They are therefore reliant on the professionals they speak to, and in many cases heard by the needs assessment, this information was not forthcoming.

5.3 Once victims/survivors reached a specialist service such as Shropshire Domestic Abuse Service, West Mercia Women's Aid or the police Domestic Abuse Risk Officers, they received a high-quality response that they valued and were grateful for. Survivors also valued the ongoing peer support available through SODA.

"[The SDAS worker] was "my hero ... I couldn't pick any faults at all … I don't think I could have got through it mentally ... she met me at my lowest, and every week she said to me you will get through it ... they were brilliant, amazing."

5.4 All participants except one had separated from the abuser. While many wanted to leave and were relieved to have the opportunity to do so, separation was the focus of professionals. No participant had experienced any service attempting to engage with the abuser or to work with them to change their behaviour.

Kim, a victim at high-risk, fled Shropshire to her family, while there the perpetrator threatened to kill her and her family if she stopped him seeing their child. The West Mercia Women's Aid IDVA supported the victim to contact Shropshire Council Children's Social Care, who stated that they could support the victim to move to refuge with the child but that they did not have the capacity to speak with the perpetrator to help to manage the risk he posed.

5.5 Where survivors had been provided with information about fleeing their abusive partner, not all were provided with all available options. Some were only offered refuge, and if this was not appropriate, no other options were explored. Some were not offered refuge, only a move via HomePoint, without being placed on a high enough banding to move quickly. Victims/survivors have very good reasons for not wanting refuge, which must be respected. They must be provided with all available options, and ongoing support to make decisions that are right for them.

5.6 All participants had experiences of contact with non-specialist services about domestic abuse. In some cases, particularly relating to health (midwifery, health visiting and GPs), this was where disclosures took place due to the perceived 'safe space' they offered. Yet, following disclosure, victims/survivors experienced a loss of control over their situation as processes such as MARAC, and police involvement, took over, regardless of their wishes.

5.7 A common theme was a lack of awareness or understanding of controlling and coercive behaviour, and a lack of compassion and empathy in response to the trauma victims/survivors had been through and understanding how this would impact their interactions with professionals.

5.8 In addition, feedback on the specific services encompassed the following:

- Police: participants described not being believed, and officers not understanding how the abuse led them not to report or to retract their statements. There was a lack of

awareness of Clare's Law, and a lack of understanding of technology-based abuse. Positive experiences included visits from local neighbourhood officers to 'check in' and being supported by a Domestic Abuse Risk Officer.

- Children's Services: participants described not being believed or being told their situation was not sufficiently serious and therefore there was no help available for them. Despite seeking help, and wanting support for their children, mothers were blamed for the abuse they had been subjected to and blamed for the impact on their children. In some cases, this led directly to the removal of children into care, while professionals did not attempt to engage with the abuser. If they were involved with Children's Services, the domestic abuse was seen as a separate issue from concerns around children, rather than the abuser directly harming the children: this was particularly evident where there was post-separation abuse, where the children were seen as not at risk from the abuser, because the abuse was directed to the adult victim, and therefore of less concern.
- Shropshire Housing and Registered Social Landlords: participants described not being believed, and when seeking help, not being provided with information or the available options to them, and not being referred to specialist services. In cases where they needed to flee, they were not consistently offered support with this, although some were able to move quickly, others experienced very long waits due to not being placed on a high enough banding or not being seen as a priority. One participant was positive about the response they had received, had been offered different options, and had been placed on the correct banding.
- Mental health services: feedback was less about the response of these services, than about the lack of availability of specialist therapeutic support. All participants talked about needing support with their mental health and wellbeing. Not all needed support from secondary mental health services, although some did, due to post-traumatic stress disorder. In some cases, victims/survivors had mental health diagnoses, which led to some support, but this was not always appropriate as it focused on the diagnosis, not on how this may intersect with / have been impacted by the trauma of the abuse.

5.9 Survivors shared stories of having multiple services to interact with, which they found overwhelming as well as it being hard to keep track of which service was which. This was the case even when a MARAC had occurred, where coordination should have taken place, but survivors still received, or were required to make, multiple contacts.

6. Accommodation-Based Services

6.1 Safe accommodation in the form of refuge is provided by Shropshire Domestic Abuse Service (SDAS), part of Connexus Homes. It is commissioned by Shropshire Council and currently managed by the Housing service. A 'main' refuge providing space for ten women and their children, and seven units of dispersed accommodation, one of which is exclusively for male

victims. Staff work office hours and provide one-to-one needs led support to residents. Children and Young People's workers can support children in all units.

6.2 Two thirds of referrals to SDAS did not result in individuals/households being accepted into refuge provision, for both men and women. The main reason refuge was not provided was due to it being declined by the victim/survivor, following by needs being too high to be accommodated given the current staffing and accommodation.

6.3 SDAS are in the process of opening a new refuge service named Acorns, that aims to meet the needs of women facing multiple disadvantage, including drug and alcohol use. This service, if started and fully involving substance misuse and mental health services, should address the issues of unmet need found in the needs assessment relating to this cohort of victims/survivors in need of safe accommodation.

6.4 A process operates in Shropshire called 'Sanctuary Scheme' but is not widely known about and may not fit the government definition. West Mercia Police have a process for high-risk victims who have reported an incident or crime: following an assessment the works are carried out by the registered Social Landlord, or by Shropshire Council, through referral to an officer in the Housing Options Team (which is then passed to the Council Handy Person team). This process is not accessed by other agencies. Many victims will be receiving support from police Domestic Abuse Risk Officers, but this cannot be known for sure for all referrals.

6.5 There is no data on unsuccessful referrals to the Sanctuary Scheme, therefore this may be an area of unmet need. Additionally, without a demographic breakdown we cannot identify if there are additional barriers for some victims/survivors. There is very low usage of the Council Sanctuary Scheme. We can therefore only conclude that those victims who report to police, and are identified a high risk, are the most likely to receive this provision. A small number of medium risk victims who have reported to the police may also receive a service.

6.6 The Housing Options Team respond to and manage all homelessness applications including those from people fleeing domestic abuse. If temporary accommodation is required, this is passed to the Temporary Accommodation team to facilitate, following which individuals will be supported by the Housing Support Team.

6.7 If an application is made to HomePoint, and the applicant mentions being a victim/survivor of domestic abuse in their information, this will be passed automatically to the Housing Options Team, who will contact the individual to progress a homelessness application. Applicants are not informed by HomePoint that their information is being passed across and consent is not sought. HomePoint will not classify a case as domestic abuse unless there has been a report or evidence of violence, and it will be named relationship breakdown. Both categories are passed to the Housing Options Team.

6.8 The data for homelessness applications as a result of domestic abuse (348 across the two years) was not felt to be accurate based on the experience of the team.

6.9 Most homelessness applicants were responded to under the relief duty[7], compared with the prevention duty[8], although the data is not complete for all 348 records. In all cases a personalised housing plan will be developed to inform all actions taken. A Main Duty was accepted in 97 cases[9] (seven men and 90 women).

6.10 In 2020/21 and 2021/22, 57% of men accepted a Housing Act 1996 Part 6 social housing offer. The remaining 43% either withdrew or contact was lost (all in 2020/21). For women the outcomes were also high for those accepting a social housing offer, although the number went down from 38 in 2020/21 to 28 in 2021/22. This reflected an overall decrease in Main Duty discharges, with the numbers of those withdrawing/contact lost or ceased to occupy temporary accommodation also reducing. One person accepted private rental sector.

6.11 Only 34 (of 348) applicants had applied to Shropshire Council while living in refuge.

6.12 There was an increase in applicants accessing refuge or temporary accommodation from 2020/21 to 2021/22. In 2020 SDAS opened more bedspaces with support from Shropshire Council Housing leading to an increase in families moving in which may have previously gone into temporary accommodation. More women than men were accommodated in refuge and temporary accommodation in both years, similar to refuge referral data and in line with national data. Feedback provided to the needs assessment suggests that the numbers of domestic abuse victims/survivors (and their children) being housed in temporary accommodation is likely to be higher than the data available here, which means it is not possible to provide an accurate picture of unmet need.

7. Non-Accommodation Based Domestic Abuse Provision

7.1 Shropshire Domestic Abuse Service (SDAS) outreach (community) services are commissioned by Shropshire Council. The service received 1,476 referrals in 2020/21 and 2021/22, with a slight increase from one year to the next. An IDVA role began in 2021 to respond to internal clients identified as at high risk. A Children and Young People's worker supports children in refuge and the community, and there is a group work programme for adult clients.

7.2 At the time of the needs assessment 88 outreach referrals were awaiting triage, and 48 referrals had completed the triage process and were on the waiting list. Clients can wait up to six months for support. The support workers operate a rota to ensure all clients on the waiting list are contacted once a fortnight. Clients are offered group work, and peer support through SODA, in the meantime, but for those who are not ready for group or peer support, or have more immediate practical needs, this may not be sufficient.

7.3 West Mercia Women's Aid deliver the IDVA service for high-risk victims across the West Mercia area, commissioned by the Office of the Police and Crime Commissioner. A 24/7

[7] The local authority is satisfied the applicant homelessness and eligible for assistance.
[8] The local authority is satisfied the applicant is threatened with homelessness and eligible for assistance.
[9] The local authority is satisfied the applicant is homeless, eligible for assistance, in priority need, and not intentionally homeless.

helpline for the whole region including Shropshire. This provides immediate, one-off support to those calling, with onward referrals to Women's Aid or SDAS depending on need.

7.4 The service received 515 referrals for Shropshire in 2020/21 and 2021/22, with a slight increase from one year to the next. Women's Aid also provide hospital IDVAs in Shropshire.

One survivor had called police, been assessed at high-risk and then contacted by West Mercia Women's Aid IDVA service. She received good support from local police, and from the DARO team, but once she dropped the charges, police support ended. She was also informed that her risk had been "downgraded" and therefore did not continue to receive support from the IDVA. She was on the SDAS waiting list and has accessed group work which has been "amazing. But it hasn't been easy to wait, it made me feel I had overreacted, it's [her experiences] not that serious. I felt I wasn't a priority because I had no children, I hadn't been beaten up."

7.5 The MARAC process is coordinated by West Mercia Police and chaired by the Detective Inspector of the Shropshire Protecting Vulnerable People unit. The MARAC Coordinator role is funded internally by the police. It is part-time, 2.5 days per week, which is not felt to be sufficient for coordinating the Shropshire MARAC.

7.6 Meetings are monthly and held on a group telephone call (since Covid). Once 30 cases are listed on the agenda no more are accepted, and any additional cases are held over to the following month. The MARAC is well supported and attended across the partnership, but many practitioners struggle with the meeting being over the phone, and there are concerns that this hampers relationship building and a lack of involvement during a long meeting. Discussions on each case are very brief, and this means that action planning can feel rushed.

7.7 Victim Support is a national charity supporting victims of all crime types. Victim Advocates support standard and medium risk victims of domestic abuse. Advocates carry out risk assessments and support clients with safety planning, emotional support and practical needs through Safety and Support Plans. The service received 787 referrals or Shropshire in 2020/21 and 2021/22, referral rates did not change significantly between the two years.

7.8 The Victim Advice Line is funded by the Office of the Police and Crime Commissioner and delivered within West Mercia Police. The team receives all referrals internally from police via auto-transfer for all crime types, and dedicated workers carry out domestic abuse work.

7.9 Axis Counselling provides specialist sexual violence support for children and adults, whether the violence/abuse is recent or non-recent. The Independent Sexual Violence Adviser (ISVA) service works with children over the age of five and with adults. Around three-quarters of Axis clients have experienced both sexual violence/abuse and domestic abuse.

7.10 In 2020/21 and 2021/22, Axis received 176 referrals for counselling where the client had also experienced domestic abuse. There was a significant increase from 2020/21 (62) to 2021/22 (114). There is a significant waiting list for the counselling service.

7.11 PEGS (Parental Education Growth Support) provide support to parents and carers who are experiencing abuse/violence from their children (including those who are adults). 238 referrals were received in 2020/21 and 2021/22, with a significant 101% increase from one year to the next: the service began in early 2020, and therefore the increase may be due to increasing knowledge of the service over that time. Parents/carers are able to stay with the service for as long as they need it, through peer support and drop-in sessions.

7.12 Richmond Fellowship is a national charity providing domestic abuse services. In Shropshire it is commissioned to deliver a Respect-Accredited[10] domestic abuse behaviour change programme to men who have abused their heterosexual partners. Funding was accessed from the Home Office, match funded by the Office of the Police and Crime Commissioner, for 18 months (August 2021 to end of January 2023). Only men with children can currently receive the service, and they must be assessed as posing medium or standard risk to their partner/ex-partner, not high risk. As a result, nearly all referrals (90%) to the service are from Children's Social Care or Early Help. Partners/ex-partners of men working with Richmond Fellowship are supported by SDAS. 21 referrals were received from August 2021 to end March 2022, and 20 were accepted into the programme. Anecdotally (not shown in the data), some attempted referrals were not accepted for men who posed too high a risk to their partner/ex-partner and children.

[10] https://www.respect.uk.net/pages/109-respect-accredited-members

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Phoebe left her abusive partner several years ago, without any issues. She contacted Children's Services for help relating to child contact issues with her ex-partner.

"I phoned them I said look, I need help, I said, you know, this is the situation, my ex-husband is playing games with them [the children] all time saying he's going to kidnap them. Taking them from school without me knowing. He was awful. And she [from Children's Services] was just, 'that's not our department, we can't do that. There's no signs of harm, they don't live with him'. And I was like, but it's a form of abuse, you know, the things that he's doing. And like, they [the children] would come in absolute tears, honestly, I was dragging them out the car just so he could see them and she said, 'well if the solicitor', the woman actually said 'if the solicitors have put that in place there's not much you can do'. And I, it wasn't helpful at all. It was actually my kids' school that pulled me to one side and said look, 'in the five visits they've had with their dad', she said, 'all through lockdown they've been thriving happy children'. She said, 'in the five visits they've seen their dad, they're nothing but traumatised children'. And she said, 'and if you carry on sending them, we're gonna, we're gonna, you know, we're thinking about your parenting, and how that's affecting the kids by you making them go'. So it was the school that give me the wake-up call … But I didn't want to be seen as a mum playing god with their children … I didn't want to be that mum [who stops her children seeing their dad]."

Since separating, she has received support from SDAS for herself and her children. Two of her children have had a very positive experience with the Children and Young People's Support Worker, and it has made a great difference to their overall wellbeing. Phoebe has also had positive support from a Support Worker. One of Phoebe's children needs more support than can be offered by the Support Worker due to displaying aggressive and violent behaviour at home, which was present before the split but has become significantly worse since then.

Phoebe desperately wants help for her child and herself so that she can help her child and protect their siblings. She will not contact Children's Services again due to her previous experience. While the support from SDAS has been "amazing" it is not enough. The needs assessment put Phoebe in contact with PEGS, which she had not heard of before.

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8. Non-Accommodation Based Support Unmet Need

8.1 The Domestic Abuse Commissioner, and the Victim's Commissioner, are both campaigning to ensure a statutory duty to provide community-based services is included in the Victim's Bill[11]. This would likely mirror the Domestic Abuse Act 2021 Part 4 statutory requirements relating to safe accommodation support.

8.2 Overall, the needs assessment found that, outside of specialist teams and services, there are persistent cultures and cultures of victim-blaming and narratives centred on 'why don't they leave?' or 'why do they put up with it?' rather than recognising the behaviour and impact of abusers and holding them to account – changing the question to 'why don't they stop?'[12].

8.3 Practitioners are aware that the trauma of abuse experienced in childhood can lead to children growing up to become abusers or victims, but this is not seen in the context of a 'cycle' of abusers moving from one victim (and child/children) to the next, and adult and child survivors are not offered the long-term therapeutic support they need to fully recover.

8.4 This extends to the survivors involved in the needs assessment, many of whom were unaware that what they were experiencing was domestic abuse, because they had not experienced physical violence. Nevertheless, the impacts on their own and their children's wellbeing was significant and long lasting, meaning services need to be available when people need them, not just at times of crisis.

Adult Victims/Survivors

8.5 Increase the capacity of the outreach provision to ensure waiting lists are not required.

8.6 Domestic Abuse Priority Group to ensure referral pathways to PEGS are well publicised, and work with PEGS to monitor referral routes to identify gaps and take action locally to ensure parents and carers are offered appropriate support.

8.7 Establish specialist therapeutic support for survivors to enable their long-term recovery.

8.8 Understand and address the needs of victims/survivors with additional or multiple barriers to support due to their rurality; protected characteristics; complexity of need due to, e.g., mental health, substance use. Explore where services are only delivered remotely, not face to face, and whether this creates barriers for those with poor internet access/phone reception, with English as a second language, and the barriers caused by trauma and challenging in trusting professionals.

8.9 The below recommendations relating to specific characteristics need to be developed using an intersectional perspective, i.e., one that recognises the multiple oppressions and discrimination people may experience (for example, older LGBTQ+ people may experience

[11] https://domesticabusecommissioner.uk/the-domestic-abuse-commissioner-welcomes-draft-victims-bill-but-says-there-must-be-more-funding-for-community-based-services-and-by-and-for-services/

[12] SafeLives Whole Picture Approach: https://safelives.org.uk/sites/default/files/resources/The%20Whole%20Picture%20-%20SafeLives%27%20Strategy.pdf

discrimination due to heterosexist assumptions made by staff in services for older people such as supported housing).

- Learn from specialist providers, and national research, on responding to domestic abuse that does not follow the most common pattern of men abusing female partners: specifically, that the DASH will not identify risk in these situations (e.g., same sex relationships, family abuse, heterosexual male victims) and professional judgement is required.
- Raise awareness that specialist services are inclusive of men and women. Integrate into training how practitioners must respond appropriately to male survivors.
- Conduct research locally to better understand the needs of older victims/survivors, and the barriers they face in accessing services.
- Learn from the services that have supported Trans and non-binary people, as well as from research[13] and national services[14] to inform local services and responses. Feedback from the Under-Represented Communities Group working group regarding minoritized ethnicities and LGBTQ+ people to be provided to the Domestic Abuse Priority Group, with further actions identified as appropriate with reference to research and national specialist organisations, as well as local expertise, e.g., SAND.
- Ensure specialist services gather and collate data on immigration status, and that the categories used align with each other. Data should also be gathered on those accessing specialist services when they have no recourse to public funds, to understand the extent and type of need. Data gathering must not jeopardise victims'/survivors' access to support[15]. Develop the cultural competence of practitioners across services to respond appropriately and dispel myths and stereotypes.
- Responses to disabled victims/survivors need to encompass the full range of impairments, not just focusing on physical accessibility but considering 'hidden' disabilities including health conditions, learning disabilities and autism. Recognise that disabled people will experience abuse for a long time before seeking help, and this can make them vulnerable to multiple forms of abuse and exploitation. This should be integrated into training, awareness raising, and service design, drawing on the lived experiences of victims/survivors in Shropshire.

Children and Young People

8.10 Establish therapeutic support for child survivors to enable their long-term recovery. Ensure the support is available at any stage of a child's journey.

8.11 Establish specialist support for children and young people causing harm, providing support to the whole family at the earliest stage of intervention.

[13] https://www.stonewall.org.uk/resources/supporting-trans-women-domestic-and-sexual-violence-services
[14] http://lovingme.uk
[15] https://domesticabusecommissioner.uk/wp-content/uploads/2021/10/Safety-Before-Status-Report-2021.pdf

8.12 Establish links with responses to other concerns relating to children and young people, most importantly, sexual, and criminal exploitation as well as youth engagement, youth offending, and Prevent/Channel.

8.13 Map existing universal primary prevention (healthy relationships) provision, including what has been outlined in this report, and act to ensure this is providing to all children and young people, across all education settings.

Those Causing Harm

8.14 Expand the existing perpetrator provision to make it available for men without children, and for men who wish to self-refer. Outcome data to be gathered from partners/ex-partners/family members (adults and children). Explore partnership commissioning from relevant (referring) services to enable expansion.

8.15 Explore how women who harm can be held accountable and supported to change their behaviour, and what service provision and capacity is required to meet this need, as well as those who harm same-sex partners.

8.16 Explore the implementation of DRIVE in Shropshire.

8.17 Identify barriers to referrals/access to the existing Richmond Fellowship programme.

8.18 This work must consider the responsibilities of every partner agency in this response.

9. Partnership Responses and Provision

9.1 This section in the main report presents the needs assessment findings on the response to domestic abuse across the partnership, encompassing strategic and operational response and identifying within each section any areas of unmet need.

- West Mercia Police
- Shropshire Council Children's Services (COMPASS, assessment, longer term Child in Need and Child Protection teams, Looked After Children services including residential care and support in the community, Stepping Stones, and the Leaving Care service)
- Daily Domestic Abuse Triage Meeting
- Shropshire Council Adult Social Care (safeguarding and community team)
- SSCP Business Support Team
- Shropshire Council Human Resources and Staff Wellbeing
- Shropshire Council Public Health
- Shropshire Council Gypsy, Roma, Traveller Team
- Shropshire Recovery Partnership / We Are With You
- NHS Shropshire, Telford & Wrekin Integrated Care System

- Midlands Partnership NHS Foundation Trust (mental health services and sexual health services)
- Shrewsbury and Telford Hospital NHS Trust (acute hospital and midwifery)
- Shropshire Community Health NHS Trust (community and public health nurses and Family Nurse Partnership)
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- West Midlands Probation
- West Midlands Crown Prosecution Service and Telford Magistrate's Court
- Armed Forces
- Citizen's Advice
- SARC – Adults and Paediatric
- West Mercia Youth Justice Service
- YSS Chrysalis Project
- A4U
- Age UK
- Ask for ANI (Action Needed Immediately)
- SAND (Safe Ageing No Discrimination)
- Shrewsbury Ark
- Shropshire Disability Network
- Shropshire European Organisation
- Shropshire MIND
- Shropshire Supports Refugees

10. Coordinated Community Response

10.1 The Coordinated Community Response (CCR)[16] is a multi-agency partnership model for keeping survivors safe and holding abusers to account. A key principle is that no one agency can effectively deal with domestic abuse on its own; it requires a coordinated effort by all agencies in a local community. Most public services were not designed with domestic abuse in mind, and they often struggle to keep people safe. The CCR is a mechanism designed so that domestic abuse does not fall off the radar.

10.2 Running through the whole of the CCR should be an awareness and understanding of domestic abuse as trauma, as well as the part trauma plays in abusers' journeys.

10.3 Survivor Engagement and Experience: In addition to other requests, the needs assessment was supported by SDAS's SODA service to gain feedback from those with lived experience of

[16] https://www.standingtogether.org.uk/blog-3/in-search-of-excellence

domestic abuse. SODA is not, however, a survivor network or consultation group. It offers support groups to those currently experiencing domestic abuse and those recovering from it, including support from a paid member of staff and peers. The role and function of SODA within the SDAS service needs to be clearly defined, with exploration of how it can be accessed by survivors who have not been supported by other SDAS services.

10.4 Intersectionality: The needs assessment enables a more detailed understanding of domestic abuse in Shropshire, with data available across some but not all protected characteristics. How these characteristics, and other aspects of life in Shropshire such as rurality, and poverty, intersect for victims/survivors and those who harm, needs to be more fully understand through survivor engagement and experience, and through enhanced data collection, collation, and analysis at a strategic level.

10.5 Shared Vision and Objectives: These are not in place due to the lapsing of the domestic abuse strategy; an action plan was developed by the SSCP Business Support Team, but the origin of the actions is not clear, and do not flow from a shared vision and set of objectives.

10.6 Structure and Governance

10.7 : The Domestic Abuse Priority Group is not an effective partnership structure for Shropshire. The attendance is too large, and many attendees do not represent their services at the level required to make strategic and resourcing decisions. A Local Partnership Board is a statutory requirement of the Domestic Abuse Act 2021.

10.8 Strategy and Leadership: Further to the previous paragraph, the needs assessment found that there is wide commitment to the domestic abuse partnership at an operational level (albeit not encompassing all relevant services), but strategically, involvement is delegated down and there is a lack of leadership and accountability. No strategy is in place, but this is planned to be developed following the needs assessment.

10.9 Representation: As stated in the previous paragraph, responsibility for domestic abuse is often delegated down, leading to a lack of scrutiny, and strategic decision making within the partnership. The Chair of the Domestic Abuse Priority Group is seen as responsible for the domestic abuse response, which is inappropriate given the scope of what is required by the partnership.

10.10 Resources: A more robust strategic structure, with appropriate representation, should support the development of a shared picture of the resources available for domestic abuse, and develop a partnership commitment to increase the sharing of resources rather than remaining with one department.

10.11 Coordination: All the above requires coordination, and this would most appropriately be delivered by the Domestic Abuse Development Officer, with the support of the SSCP Business Support team in relation to servicing meetings. The Development Officer must not be responsible for delivery or gaining the commitment of partners for resources or decisions, but they can support the Strategic Group with expertise, national knowledge and good practice, and information about new legislation and funding opportunities. To ensure

accountability and leadership, in addition to coordination, a strategic role is also needed that can operate across Council Directorates, and other SSCP partners. A data analyst is also needed, potentially working with the Public Health intelligence team, to collate, analyse and present data to the partnership, identify gaps and to develop consistency across the partnership.

10.12 Training: There is a commitment to developing training within the SSCP, and developments have been made by this team working with the Domestic Abuse Development Officer. The needs assessment also found that some organisations and services are independently accessing their own training, without liaising with the Priority Group or speaking with local specialist services. This potentially takes work away from local providers, when only national providers are approached for delivery. While in some cases national providers can be the most appropriate, there is a risk that this leads to multiple training offers being made to practitioners, key local messages being missed, and local services not being offered opportunities to develop their offer.

10.13 Data: Services' data systems are not equipped to gather the breadth of data required by this needs assessment, or the Part 4 safe accommodation needs assessment (this has also been found by many local authorities nationally). There are inconsistencies in the data gathered, and it does not allow the needs assessment to see the journeys of victims/survivors through the whole system. Partnership outcomes need to be established.

10.14 Policies and Processes: Many organisations have specific domestic abuse policies and procedures in place to guide staff in responding to the members of the public they encounter; some also have policies (or are developing them) to respond to the needs of staff experiencing domestic abuse. The strategic partnership has a role in ensuring policies and procedures across partner services are aligned, supported by training and supervision, and regularly reviewed.

11. Whole Housing Approach

11.1 The Whole Housing Approach (WHA)[17] is a framework for addressing the housing and safety needs of victim/survivors in a local area. It brings together under one umbrella all the main housing tenure types alongside the housing options and support initiatives needed to help people subject to domestic abuse to either maintain or access safe and stable housing[18].

11.2 The WHA complements the requirements of the Domestic Abuse Act and broadens the focus for local areas to ensure a full picture can be gathered of the housing needs of, and response required to, those subject to domestic abuse. This is particularly important when considering Part 7 of the Domestic Abuse Act, which extends homelessness priority need to all eligible victim/survivors of domestic abuse by removing the vulnerability test, which will enable more victim/survivors to access housing and prevent homelessness.

[17] https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/
[18] https://www.dahalliance.org.uk/media/11066/whole-housing-project-report_year-two_final.pdf

11.3 This main report sets out the current picture in Shropshire, and where further development is needed. Central to the effective provision of a WHA is the role of a WHA Coordinator who ensures these initiatives are delivered in a safe, consistent, and coordinated way, alongside the role of experts including specialist domestic abuse services providing critical advocacy and support for victim/survivors in accessing these options and initiatives.

- Refuge
- Sanctuary Scheme
- Registered Providers Private Rental Sector
- Privately Owned Sector
- Supported and sheltered housing
- Domestic abuse mobile or co-located advocacy
- Flexible funding
- Housing First
- Managed reciprocals
- Perpetrator management

12. Report Recommendations

12.1 This section brings together the recommendations for Shropshire on improving services overall that have been included through the report. Main report paragraph numbers are added in brackets for reference.

Needs assessment recommendations

12.2 The partnership must include in future action plans the statutory requirement to refresh the needs assessment annually and conduct a new one every three years. (2.3)

12.3 A partnership approach and response to violence against women and girls must be developed alongside, and connected with, the domestic abuse strategy, to ensure all forms of VAWG. (2.15)

12.4 Explore how a service like the Soteria Project can be developed in Shropshire, potentially connected with the new Acorns service. (10.43)

12.5 The domestic abuse partnership must develop a communications strategy and action plan to raise awareness across all communities of controlling and coercive behaviour, including economic abuse. It must challenge prevailing myths and stereotypes outlined in this report and provide information on the support available. (11.6)

Survivor involvement recommendations

12.6 Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes.

12.7 Involve those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.

12.8 SDAS's SODA group is not a survivor network but does provide an opportunity to involve the voice of lived experience of domestic abuse, if done appropriately and ethically given that many receiving support from SODA continue to experience abuse and therefore their participation may not be appropriate. The long-term nature of the support also means that in some cases the feedback may relate to interactions several years earlier.

12.9 To ensure the diversity of survivor involvement, work with voluntary and community services including 'by and for' services working with or representing (not an exhaustive list) minoritized ethnic groups, older people, LGBTQ+ people, e.g., A4U, SAND, the Gypsy, Roma Traveller Team, and others.

12.10 Adequately resource the involvement of those with lived experience in the partnership through relevant specialist services. Some years ago, SDAS undertook a process to develop a survivor network similar to SEEdS in Cornwall[19] (supported by the then Shropshire Council Domestic Abuse Coordinator). West Mercia Women's Aid operate an online Survivor's Network and have a network of 'Ask Me' Ambassadors in the community (outside of Shropshire). The experience of SDAS and Women's Aid, and expertise from organisations such as SEEdS, should be used in the development of survivor consultation in Shropshire. This will ensure involving survivors is done ethically, confidentially, in a trauma informed way and adequately compensating survivors for their involvement. (5.26-5.30)

Coordinated Community Response recommendations

12.11 A trauma informed approach is being developed in Shropshire, and this must fully involve appropriate responses to domestic abuse victims/survivors (children and adults) and those who cause harm (children and adults). (13.2)

12.12 Data (4.15): Use the data collection templates developed through this needs assessment to guide the development of enhanced data collection across the partnership. Add to the data collection with requests for outcomes data gathered by all services and identify key indicators to measure the impact of the partnership, e.g., fewer families places in B&B/hotel temporary accommodation; fewer children being removed from parental care due to domestic abuse.

12.13 Data (6.42): Ensure services collect data across the full range of demographic information, and this is collated and analysed by the partnership to identify gaps.

12.14 Survivor Engagement and Experience (13.4): define the parameters of SODA in relation to survivor involvement in the partnership; establish a separate survivors' network if required.

[19] https://seedscornwall.org

Identify ways to include children and young people's voices in the partnership, as well as those who harm, and other community groups / voluntary sector for under-represented groups (e.g., A4U for disabled people; SAND for LGBTQ+ people; Age UK for older people).

12.15 Shared Vision and Objectives (13.6): Develop a shared vision across all partners and in consultation with survivors; the vision and consequent objectives to be owned by the strategic partnership. All organisations (statutory, voluntary and community) to be held to account through the DA Partnership for having the following in place, encompassing the voice of survivors:

- Role-appropriate, mandatory, domestic abuse training for all staff, provided internally or accessed externally as required, with data collection that tracks training accessed.
- Domestic abuse policy and procedure/guidance for staff responding to the public.
- Domestic abuse policy and procedure/guidance for how the organisation will respond to employees who are victims/survivors, or perpetrators, of domestic abuse.
- Appropriate data gathering, collation, analysis and sharing, informed by the needs of the DA Partnership and strategy (see separate recommendation below).

12.16 Structure and Governance (13.7): A Strategic Group should be established, reporting to the SSCP but not within the 'priority' framework (and connecting with the Health and Wellbeing Board in a robust way). An Operational Group should be established to report to, and receive direction from, the Strategic Group. A wide domestic abuse 'forum' should be established to enable any practitioner to be involved in the partnership: this is essential to maintain the commitment of the wide range of partners currently attending the Priority Group. Consideration should be given for sub-groups focusing on the Whole Housing Approach, responses to children and young people, and victims/survivors who face additional barriers to accessing services: to understand provision, need, and actions required to improve responses.

12.17 Strategy and Leadership (13.8): Leadership and accountability for the partnership approach and response to domestic abuse to be established across partner organisations and communicated throughout those organisations.

12.18 Representation (13.9): When establishing the new structure described above, representation must be at the right level for the strategic group, which means individuals who can make strategy and resourcing decisions and hold others accountable for implementation of the new strategy. This will also be reflected in the operational group, which should comprise individuals who will take direction from the strategic group and have the capacity and responsibility for delivery. The specialist domestic abuse sector in Shropshire must be represented and have an equal voice at the strategic group.

12.19 Resources (13.10): Commissioning of services should build in an approach in which it is not expected that 'one size fits all', and work with other specialists to facilitate accessibility. The domestic abuse partnership should work towards partnership commissioning in which the relevant organisations contribute resources / funds (Local Authority Public Health, Children's

Social Care, Adult's Social Care, Housing; Clinical Commissioning Group; Police and Office of the Police and Crime Commissioner). Services should be sustainably funded, drawing on resources from across the partnership, with no short-term contracts and resourced to meet demand, recognising the high level of experience and expertise of specialist services.

12.20 Coordination (13.13): The Domestic Abuse Development Officer post needs to be made permanent, and the purpose and remit of the role to be clearly communicated to the whole partnership. A strategic role should be created to lead the domestic abuse partnership response. A data analyst role is needed to support the partnership.

12.21 Training (13.14): In line with the changes outlined above, this development must continue beyond domestic abuse being a 'priority'. All training delivered across the partnership should be mapped, to understand the range of provision and providers, and to ensure core messages and local information are shared. Establish a partnership training strategy to develop the workforce response at different levels of intervention, increasing the knowledge, capability, and confidence of professionals to support adult and child victims/survivors, and hold perpetrators to account, in appropriate, safe, and supportive ways.

Service/organisation recommendations

12.22 Refuge:

- Urgently renovate and redecorate the main refuge to make it more comfortable and welcoming for residents, including older children. Develop a plan for a new main refuge to be built, that enables each household to be self-contained (own bathroom), with appropriate shared facilities and communal areas, and storage and office space. (7.16)
- Monitor the move on options offered and taken up, including the tenancy the survivor had before entering refuge compared with what they have now, to enable monitoring related to Part 4 and Part 7 Domestic Abuse Act 2021 duties. (8.36)

12.23 Sanctuary Scheme (7.24): All practitioners and services involved in the current provision of Sanctuary Scheme, as well as SDAS, to form a short-term working group to map the pathways in place. Following this, for the Domestic Abuse Priority Group to agree the design of a Sanctuary Scheme that meets national definitions, and for data to be gathered and collated that enables the partnership to understand the ongoing use of, and short/long term effectiveness of the Scheme.

12.24 Shropshire Council Housing Services (7.39):

- Shropshire Council should progress with the Whole Housing Approach (WHA), including gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.
- Specialist, targeted, mandatory training is urgently required for all staff across Shropshire Council housing-related services, across both the People and Place Directorates (listed above).

- With reference to the section on Registered Social Landlords, encourage DAHA accreditation where this is not already in place/development. In addition, support the Landlords and HomePoint to develop a Managed Reciprocals process as outlined in the WHA.
- Clear pathways when responding to domestic abuse are needed between all teams listed here, as well as connecting with housing-related teams located in other parts of the Council. With reference to the WHA, look to commission mobile and/or co-located advocacy (e.g., within the Housing Support Team) to ensure victims/survivors receive specialist support regardless of their housing type.
- Ensure responses to Anti-Social Behaviour across the housing system do not conflate this with domestic abuse, and ensure specialist responses that do not hold victims responsible for the behaviour of abusers.
- With reference to the WHA, develop a partnership approach to those needing support due to domestic abuse who are homeowners. This should include an understanding of economic abuse and the legal and financial support victims/survivors require.
- The work of the Housing Strategy and Development Manager and the development of a new Housing Strategy must reference, and ensure compliance with, the Domestic Abuse Act 2021 Parts 4 and 7 as well as have reference to the WHA.
- In all areas of development, attention must be paid to all forms of housing. This includes sheltered and supported accommodation, to ensure responses in these settings are appropriate and safe, with training and referral pathways, and reviewing allocation criteria to ensure victims/survivors with additional, or care and support needs, are able to access appropriate housing.
- Amend the process by which HomePoint automatically pass on domestic abuse victims to the Housing Options Team without consent: consent must be sought, appropriately and safely, by the HomePoint team, as well as providing information on alternative options, and what the homelessness process will entail.
- Ensure those fleeing domestic abuse are accurately recorded, including a review of the categories available to remove any confusion. Enable their journeys through Housing to be recorded, including outcomes and whether this met the survivors' wishes. (9.27)

12.25 SDAS community services (10.24): Complete a review of the types of support provided to all clients, and how the service is delivered, to identify potential changes in service design to enable more clients to be supported more quickly. Consider the level of intensity of support provided, and whether this is needed by all clients, or whether alternative models could be adopted.

12.26 MARAC (10.58):

- Move the meeting to face to face, or if this is not feasible, to Teams. Identify the barrier to moving to Teams within West Mercia Police and work to overcome this; learn from other forces and MARACs if needed.

- Meetings to take place fortnightly to enable all cases to be heard, and to facilitate a shorter meeting to support the wellbeing of attendees and the effectiveness of all case discussions.
- Establish a MARAC Steering Group that reports to the domestic abuse strategic partnership, to discuss data, trends, pathways, and partner engagement with the process.
- In a rural area such as Shropshire, and with the high number of armed forces in the area, the occupation of alleged perpetrators is important and should be included in the MARAC referral process (e.g., farmers may have access to firearms).

12.27 Police (12.18):

- Specialist training is urgently required for responding officers that develops an in-depth understanding of controlling and coercive behaviours, and the impact of trauma on victims'/survivors' interactions with services. One example of this type of training is SafeLives' Domestic Abuse Matters[20], although other national services do offer training for police. The emphasis must not be only on processes or tools (although it should cover why the DASH is completed, why the questions are important, and how to ask them), but on understanding domestic abuse through the eyes of victims and survivors, to facilitate a non-judgemental and non-blaming culture within police.
- Processes and procedures should be reviewed to ensure the repeat and cumulative risk of domestic abuse can be recognised and appropriately responded to, even if all incidents have been assessed as standard risk.
- Work with the domestic abuse partnership to identify how data can be gathered on the outcomes of DVPOs and the DVDS, including hearing from those with lived experience. Review these processes to understand what support is provided to victims/survivors and others involved and ensure they receive appropriate specialist support.
- Partnership to receive and analyse data on the use and outcomes of DVPO/Ns and DVDS.

12.28 Shropshire Council Children's Services (12.37):

- Specialist training for those working with children and families should be implemented, with attendance mandatory and monitored. Refresher training should be planned, and induction training for all new staff. Shropshire Council to consider developing this in line with a nationally recognised approach such as the Safe and Together Model[21], but also draw on local domestic abuse expertise.
- Work in relation to parents' histories, and trauma, must incorporate recognition of the trauma of experiencing domestic abuse for adult and child victims, the impact of this

[20] https://safelives.org.uk/training/police
[21] https://safeandtogetherinstitute.com

trauma on non-abusive parents' ability to parent, and the role trauma plays in abusers' histories, without condoning current abusive behaviours.

- Processes and procedures should be reviewed to: integrate understandings of the significant harm caused to children of living with an abuser using controlling and coercive behaviours, even when there is no physical violence; ensure the repeated and cumulative impact of domestic abuse on children is recognised and appropriately responded to, even if all incidents have been assessed as standard risk / Level 1; and to reflect the new statutory definition of domestic abuse from the Act.
- All teams across Children's Services should have a connection with the domestic abuse partnership, and the Service should be represented by a more senior member of the department to ensure all areas of the service are accountable in relation to their response to domestic abuse.

12.29 Domestic Abuse Daily Triage Meeting (12.47): Process to be fully set out, step by step. Including how 'virtual' partners are involved and how their information is accounted for in decisions. Ensure that health is fully represented at meetings. Identify leads from the Domestic Abuse Priority Group to conduct an in-depth review of the function and outcomes of the DAT, focusing on the outcomes for children and families.

12.30 Shropshire Council Adult Social Care (12.51): Specialist training for those working with adults with care and support needs should be implemented, with attendance mandatory and monitored. Refresher training should be planned, and induction training for all new staff.

12.31 Shropshire Council (12.58): The teams listed in this section to be appropriately involved in the domestic abuse strategic and operational partnership.

12.32 Clinical Commissioning Group / Integrated Care System (12.70): Explore, with the domestic abuse partnership, how Social Prescribing can be connected with the wider response to domestic abuse. Consider what can be learnt for the Shropshire health system from the Pathfinder Approach.

12.33 Crown Prosecution Service and Her Majesty's Courts and Tribunals Service (12.124): the domestic abuse partnership should identify how best to involve CPS and court partners, as it will not be appropriate or possible for them to attend every meeting. Shropshire to work with Telford and Wrekin to map available support to victims/survivors attending court; identify needs; and take action to meet those needs.

12.34 Armed Forces (12.125): The needs assessment attempted to understand the range of services in place to support serving personnel and veterans. The Army Welfare Service and SSAFA (the Armed Forces Charity) are both listed in the MARAC membership. In Shropshire Council there are dedicated roles working with these services: an Armed Forces Covenant Lead and an Armed Forces Outreach Support Coordinator. They work with: Royal British Legion, Combat Stress, Operation Courage (NHS), Walking with the Wounded, Help 4 Heroes, and The Ripple Pond, some of which are national services. There are also likely to be equivalents for the Army Welfare Service in other parts of the Armed Forces based in

Shropshire. Recommendation: a thorough mapping to be completed of all services operating in Shropshire in relation to the armed forces and veterans, to effectively involve them in the domestic abuse partnership, and ensure guidance is provided[22].

12.35 SARC (12.127): Shropshire domestic abuse partnership to support the development needed regionally to ensure there continues to be an adults' SARC after October 2023.

12.36 Youth Justice (12.128): Map the practitioners in Shropshire who received this training and identify where the programme could be run.

12.37 Ask for ANI (Action Needed Immediately) (12.132): understand the current situation in Shropshire including who the lead is, what training is provided, and how effective the scheme has been in supporting Shropshire residents.

12.38 Registered Social Landlords (14.12): Domestic abuse partnership to encourage all providers to work towards DAHA Accreditation if not already doing so. Ensure separate domestic abuse policies and procedures are in place, not contained within ASB; supported by training and information for residents.

[22] Armed forces domestic abuse: a handbook for civilian support services: https://www.gov.uk/government/publications/armed-forces-domestic-abuse-a-handbook-for-civilian-support-services?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=e3fba331-f1bd-4e7c-9f9c-9ffde442fd71&utm_content=weekly

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2024

Shropshire Domestic Abuse Needs Assessment

Research and reporting undertaken by Shropshire Council

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1. Introduction

1.1. Domestic abuse has a profound impact on the lives and well-being of individuals and communities across Shropshire, and its effects can be long-lasting, in some cases tragically, resulting in loss of life. Domestic abuse is recognised as a key area for action in Shropshire.

1.2. This report provides a summary of the findings of a domestic abuse needs assessment, completed by the Domestic Abuse Prevention Team at Shropshire Council.

1.3. This needs assessment has been initiated in response to the requirements of the Domestic Abuse Act 2021 (see next section). While it focuses on evaluating the need for support within safe accommodation in Shropshire and addressing any identified gaps, its scope is broader. To create a comprehensive understanding of domestic abuse in Shropshire, the assessment examines the overall need, demand for services, service provision, and the responses of all partners, both individually and collaboratively. Additionally, it incorporates ongoing engagement and feedback from individuals with lived experience of domestic abuse in Shropshire. This combined data will inform decision-making, service planning, and strategy development.

1.4. The partnership approach and response to domestic abuse in Shropshire, is governed by the Shropshire Safeguarding Community Partnership (SSCP)[1]. Domestic abuse has been identified as one of the joint priorities for the Shropshire Safeguarding Community Partnership, due to the impact on children, adults with care and support needs and our communities. The Domestic Abuse Local Partnership Board (DALPB) reports to the SSCP Community Safety Board.

1.5. The findings of this needs assessment will inform the design of Shropshire's Domestic Abuse Strategy and will enable us to update our "Support in Safe Accommodation Strategy" as per our Statutory Duty.

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2. Domestic abuse Act 2021

2.1. The Domestic Abuse Act[2] received Royal Assent in April 2021, introducing a range of measures to:

- Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families
- Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice

[1] Shropshire Safeguarding Community Partnership (2024) Strategic Plan and Priorities
[2] Domestic Abuse Act (2021)

- Strengthen the support for victims of abuse by statutory agencies.

Domestic abuse Act 2021 Statutory Requirements

2.2. The needs assessment enables Shropshire Council to meet the statutory requirements of Part 4 of the Domestic Abuse Act 2021, which places duties on Shropshire Council to:

- Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions.
- Assess the need for domestic abuse support in their area for all survivors and their children who reside in relevant safe accommodation, including those who come from outside of their area.
- Develop and publish a Safe Accommodation Strategy having regard to the needs assessment.
- Implement the strategy through commissioning / de-commissioning decisions.
- Monitor and evaluate local delivery and effectiveness of the strategy.
- Report back to central government annually.

2.3. The Domestic Abuse Act 2021 Statutory Guidance[3] outlines specific requirements for authorities regarding the review and updating of their strategies and policies. Authorities are required to refresh their domestic abuse strategy annually to ensure they remain relevant and effective in addressing the current needs and circumstances of domestic abuse victims and perpetrators. In addition to the annual refresh, authorities must conduct a comprehensive review and develop a new domestic abuse strategy every three years. This allows for a more in-depth evaluation and adjustment of policies and practices to better tackle domestic abuse. These measures are designed to ensure that the response to domestic abuse is continuously improved and adapted to changing situations and insights.

2.4. **Recommendation:** To include the requirement for the Local Authority, Shropshire Council to refresh the domestic abuse needs assessment annually, in future action plans.

2.5. Shropshire Council has been awarded funding from government to implement the statutory duty highlighted above, from the Department for Levelling Up, Housing and Communities (DLUHC). Future levels of funding are dependent on the national government Spending Review.

2.6. The prevention of domestic abuse and the protection of all victims lies at the heart of the Domestic Abuse Act 2021. The measures within the Domestic Abuse Act seek to:

- Promote awareness by introducing a statutory definition of domestic abuse and recognising children as victims in their own right.
- Protect and support victims by establishing in law the office of Domestic Abuse Commissioner, introducing new domestic abuse protection notices and domestic abuse protection orders, and placing a new duty of local authorities to provide support to victims in refuges and other forms of safe accommodation.

[3] https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version

- Hold preparators to account by extending the definition of some existing offences and creating a new offence of non-fatal strangulation.
- Transform the justice response by helping victims to give their best evidence in the criminal court by through the use of video evidence, screen etc and ensuring that victims are abuse do not suffer further trauma in family court proceedings by being cross-examined by the perpetrator.
- Improve performance – driving consistency and better performance in the response to domestic abuse

2.7. Following implementation of the Act, Shropshire Council carried out the previous Shropshire Domestic Abuse Needs Assessment in 2022[4] and published its Safe Accommodation Strategy, which informed the commissioning of accommodation-based support. The service commenced in April 2023 providing support to all victims aged sixteen and over, who access any form of safe accommodation and support to children and young people living in safe accommodation with their parent. The Local Authority Domestic Abuse Prevention Team with partners from the DALPB are leading this work.

2.8. A new wider strategy will be developed using the data from this needs assessment. The strategy will be supported by an action plan that is driven forward by Shropshire's DALPB; a multi-agency board established to ensure there is a joined-up approach to tackling domestic abuse.

2.9. This report refers to those who have been subjected to domestic abuse as "victims" or "survivors" as these are widely understood terms and used in many of the data sources. It is recognised that this terminology can be controversial and different people may have preferences for other terms. The decision to use these definitions is purely for clarity and not an indication that other terms are not valid. Data from the different sources do not necessarily relate to the same victims, although there will be some overlap.

2.10. The Domestic Abuse Act 2021 provides the following definition:
"Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive".

Abusive behaviour is defined as any of the following:
- Physical or Sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, Emotional, or other abuse

Personally connected is defined in the act as parties who:

- are married to each other
- are civil partners of each other

[4] Shropshire Domestic Abuse Needs Assessment 2022

- have agreed to marry one another (whether the agreement has been terminated or not)
- have entered into a civil partnership agreement (whether the agreement has been terminated or not)
- are or have been in an intimate personal relationship with each other
- They each have, or there has been a time when they each have had, a parental relationship in relation to the same child are relatives

However, there are alternative definitions of domestic abuse such as Women's Aid[5] which define domestic abuse as "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality." This definition recognises the cyclical nature of domestic abuse, whereas the full legal definition indicates that domestic abuse can be a one-off incident.

2.11. Insight into the prevalence of domestic abuse can be found from The Crime Survey for England and Wales (2023) shown below. However, it must be considered that the current number of crimes recorded against everyone for this survey is capped at five. Findings from the Office for National Statistics Crime Survey for England and Wales, year ending March 2023 were as follows:

2.12. According to the Office for National Statistics census data provided in 2021[6], 323,619 people lived in Shropshire, with 163,927 being female and 159,692 being male.

Taking the nationally recognised statistic that 1 in 3 females are subjected to domestic abuse in their lifetime and 1 in 6 men, it could be assumed that:

- 54,000 women in Shropshire are subjected to domestic abuse in their lifetime
- 27,000 males in Shropshire are subjected to domestic abuse in their lifetime

[5] Women's Aid definition of domestic abuse accessed via: https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/ (accessed July 2024).
[6] Office for National Statistics (ONS) 2021 Census

3. National Government Response to Domestic Abuse

3.1. The Government published its Tackling Domestic Abuse Plan in 2022, and set the following priorities:

- Prioritising Prevention
- Supporting Victims
- Stronger System
- Pursuing Perpetrators

These priorities were created to drive down the prevalence of domestic abuse and domestic abuse homicide and provide victims and survivors with the support they need.

3.2. The Domestic Abuse Commissioner (2023)[7] released a strategic plan which centres around prevention of domestic abuse, protection of survivors as well as provision of services and working in partnership.

Violence against women and girls (VAWG)

3.3. The Government launched a call for evidence in 2020 [8] to gain understanding of the true scale of violence against women and girls' crimes and its impact, to help determine which measures may help identify and prevent these crimes. As well as the extent to which current legislation and services are being used effectively to tackle them, and to identify examples of best practice. The findings of this call for evidence, helped to shape and inform the National Violence Against Women and Girls (VAWG) Strategy 2021-24[9] which outlines there is an identified need to increase support for victims and survivors, to build on increases in reporting to the police for these crimes and to reduce the prevalence of violence against women and girls.

3.4. The National Police Chiefs' Council (NPCC)[10] released a call to action in 2024. The National Policing Statement for VAWG, commissioned by the NPCC and College of Policing, found:

- Over one million VAWG related crimes were recorded during 2022/23, accounting for 20% of all police recorded crime.

- Police recorded VAWG related crime increased by 37% between 2018-23.

3.5. The NPCC states that not only is Violence Against Women and Girls increasing, but there have been more complicated types of offending being seen, which causes significant harm to victims and society. One in every six murders was domestic abuse related during

[7] Domestic abuse commissioner (2023) strategic plan
[8] Violence against women and girls' strategy 2021-24: call for evidence
[9] Tackling violence against women and girls' strategy (2021)
[10] National Police Chiefs' Council 2024 Call to action as VAWG epidemic deepens

2022/2023, with suspected victim suicides following domestic abuse rising year-on-year

3.6. In terms of Shropshire's response to Violence Against Women and Girls, there is strong multi-agency attendance at boards including Multi Agency Risk Assessment Conference (MARAC), however the systemic response to the wider violence against women and girl's agenda in Shropshire is still very much silo led.

3.7. **Recommendation:** For the Domestic Abuse Local Partnership Board to extend its reach to include Violence Against Women and Girls.

3.8. In 2022, The West Mercia Office of the Police and Crime Commissioner (OPCC) set up a Joint Strategic Sexual Abuse and Assault Board, including various stakeholders within Shropshire. In 2023, West Mercia Police appointed specialist officers to tackle Violence Against Women and Girls across policing areas.

3.9. Following the recommendations made in the Domestic Abuse Act 2021 Statutory Guidance, Standing Together was awarded a three-year contract by the Home Office to identify and understand domestic abuse interventions across healthcare settings. The project is named 'Crossing Pathways - Integrating Best Practise within Health and Domestic Abuse'[11]. In Shropshire, meetings are in development and will take place county-wide with partners from the Integrated Care Board (ICB), Health Trusts, Local Authority, and other VAWG/domestic abuse leads as it becomes established.

3.10. At the time of writing this needs assessment, Shropshire has published two Domestic Homicide Reviews (DHRs)[12]. The SSCP (2024) rationale for carrying out domestic homicide reviews includes ensuring that agencies are responding appropriately to victims of domestic abuse by offering and putting in place appropriate support mechanisms, procedures, resources, and interventions with an aim to avoid future incidents of domestic homicide. This rationale is in line with The Home Office (2016)[13] rationale around domestic abuse homicide reviews.

3.11. The Shropshire Community Safeguarding Partnership (SSCP) have released a Domestic Abuse Homicide Learning Briefing as a way of outlining what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.

4. Commissioning priorities

4.1. The areas of unmet need in relation to safe accommodation and the domestic abuse response more widely, has been established by combining qualitative data analysis (with limitations) from the voice of lived experience and the stakeholder review.

[11] https://www.standingtogether.org.uk/crosspath
[12] SSCP (2024) Shropshire Domestic Abuse Homicide Reviews
[13] Home Office (2016) Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews

4.2. The safe accommodation provision urgently requires attention in relation to the high number of people declining or not being accepted into the current provision.

4.3. Shropshire Council housing options team to urgently look at their prevent duty in relation to domestic abuse to ensure more victim/survivors are prevented from becoming homeless.

4.4. To evaluate the benefit of continuing the co-location of specialist domestic abuse officers currently in Shropshire Council Housing Service and Shropshire Council Children's Services (Stepping Stones).

4.5. To evaluate Shropshire Council's Domestic Abuse Prevention Team and assess the benefit to the wider partnership.

4.6. The following priorities from the previous Shropshire Domestic Abuse Needs assessment are still relevant for this needs assessment:

- All services must prioritise working towards a true trauma informed approach that recognises multi-victimisation and how trauma impacts people's interactions with services. The accessibility of services must also be considered for those in rural areas, including where telephone reception and/or internet connection are poor.

- The core community specialist domestic abuse service needs to be adequately funded to meet the current demand and remove the need for a waiting list. Once the service can operate effectively to meet this demand, longer term therapeutic support needs to be commissioned alongside research to understand and work to meet the needs of those who face additional barriers to accessing support due to their ethnicity, LGBTQ+, age or disability (not an exhaustive list, see section eleven).

- Specialist domestic abuse support for children and young people is urgently required. This needs to be across all areas: children who are victims/survivors of abuse by a parent/carer/parent's partner, abuse from a sibling (including where that behaviour is directed against a parent); children who are victims/survivors of intimate partner violence; children using harmful behaviours against family members.

5. Methodology for Needs Assessment

5.1. The needs assessment is shaped and informed by the voices of those with lived experience. The Partnership must provide those with lived experience of domestic abuse continual opportunities to have first-hand involvement to share their views on service provision and to play a role in the development of services.

5.2. The process of this needs assessment was gender and trauma informed recognising whilst anyone can be a victim of domestic abuse 'women are considerably more likely to

be subjected to repeated and severe forms of abuse, including sexual violence'[14]. Male victims of domestic abuse are largely invisible to society and to public services. In effect, they are not "in the system"[15]. Domestic abuse responses must be shaped considering differing experiences due to intersectional characteristics such as ethnicity, sexual orientation, age, disability, and experiences such as mental ill-health, use of substances and poverty.

5.3. The needs assessment includes those who harm and use abusive behaviours, to ensure they are held accountable for abuse and the consequences of their abuse, while being offered support to change their behaviours. The needs assessment avoids language such as 'domestic abuse relationships' to ensure responsibility is placed where it belongs, with those causing harm, and avoids any victim-blaming language.

5.4. The needs assessment also recognises that children and young people are victims in their own right and ensures that they are included as a group requiring services, in addition to adult victims/survivors and perpetrators.

5.5. The needs assessment was completed using the following methods:

- Gathering the views of those with lived experience
- Reference to national research and data
- Data requests to all services (see details below) Meetings with strategic and operational leads from statutory, voluntary and community services/departments to understand the current Shropshire response within services and in relation to partnership working and gather qualitative feedback on need, demand, barriers, and gaps.

Stakeholder involvement

5.6. Shropshire Council held meetings with 46 practitioners and leaders from a variety of services and organisations across statutory and voluntary sector including the local authority, health, and the criminal justice system. A further four were involved via email.

5.7. Meetings or email contact was attempted but unsuccessful with colleagues from: YSS Enhance Project, Shropshire Disability Network, Bright Star Boxing and Shropshire Supports Refugees.

Data collection

5.8. For the previous Shropshire Domestic Abuse Needs Assessment (2022)[16] a set of data requests were created, which were not restricted to safe accommodation. For this Shropshire Domestic Abuse Needs Assessment, a similar data request was sent but for the financial year 2022/23 and 2023/24. This was to gather a broad range of data, which could be comparable to the findings from the previous needs assessment to help spot patterns and trends. For services who did not provide a data return in 2022, a new set of

[14] Women's Aid (2023) Domestic abuse is a gendered crime
[15] ManKind (2021) Making-Invisible-Men-Visible-Guide-Final.pdf (mankind.org.uk)
[16] Shropshire Domestic Abuse Needs Assessment (2022)

data requests were created.

5.9. Appendix 1 identifies all services/departments who were contributors to the needs assessment, who were contacted via email to provide a data return and/or spoken to, to provide verbal feedback. The data requests were service specific, but Appendix 2 provides an example of the general data requested. Many of the services/departments were unable to provide the level of detail requested and this is discussed in more depth later in this report.

5.10. **Recommendation:** For all services to be involved in guiding the development of enhanced data collection around domestic abuse in Shropshire.

5.11. The majority of data utilised within this needs assessment is based upon data collected from April 2022 to March 2024. This is to build upon the data collected in the previous needs assessment which covered April 2020 to March 2022.

5.12. Throughout this process, it was highlighted that some services data systems are not able to gather some of the data requested. Therefore, there are anomalies in the data obtained, and it does not allow the needs assessment to see the paths of victims/survivors through the system. To fill this gap, qualitative data has been collected for the needs assessment from practitioners and those with lived experience.

5.13. In addition to the quantitative data collected, this needs assessment includes qualitative data which has been gathered from practitioners and people with lived experience of domestic abuse in Shropshire. This data is incorporated throughout the needs assessment with recommendations provided at the end of each section. Qualitative data has been provided via the Lived Experience Advisory Group and a variety of stakeholders who were asked to feedback via discussion or email in relation to this needs assessment.

5.14. We would like to express our sincere thanks for the data and feedback provided.

6. Voice of Lived Experience

6.1. ‘Lived experience’ relates to things a person has experienced directly which gives them expertise and understanding that others do not have. This needs assessment recognises the importance of capturing the voices of those with lived experience. The feedback obtained from individuals with lived experience of domestic abuse, provides valuable insight into the current responses to domestic abuse in Shropshire and ways in which support of victims/survivors and perpetrators in Shropshire can be improved.

6.2. This section provides an overview of the actions taken in this needs assessment to capture the voice of those with lived experience.

Survey 1– Homelessness lived experience and domestic abuse.

6.3. The Domestic Abuse Act (2021) statutory guidance highlights that the experiences, needs and voices of victims and survivors must be considered when developing responses to both adult and child victims.

6.4. To capture the voices of victims of domestic abuse who are currently homeless, a survey was created to gather their feedback around their journey towards safe accommodation, independent living and/or seeking community support for domestic abuse.

6.5. Between the 20th of June and the 8th of July, the survey was available via Microsoft Forms for anyone aged 16 or over who were currently homeless in Shropshire, supported by Shropshire Council Housing Service and who has had lived experience of domestic abuse.

6.6. This survey was sent to the following teams at Shropshire Council housing service to circulate to their clients/customers:

- Temporary accommodation and Housing Support
- Homelessness Operations – including HomePoint, Rough Sleeper, Affordable Warmth and Energy Efficiency teams
- Housing Options
- The Ark

6.7. It was recognised that this survey was an online survey. To ensure anyone could complete the survey, a printable copy was circulated with the online survey to all housing teams. This allowed any Housing Officer to print they survey out for their client and return to the Domestic Abuse Prevention Team once completed if required.

6.8. This survey received no responses. However, Housing Options Team confirmed they circulated a link to their team and the survey was sent out to applicants. The reason for the survey receiving no responses is unknown.

Contacting individuals with open homelessness applications

6.9. On the 3rd of June 2024, Shropshire Council had 156 open homelessness applications where domestic abuse was stated as the primary or secondary reason for homelessness.

6.10. To further involve individuals with lived experience in the needs assessment, Shropshire Council's Lived Experience Project Officer attempted to reach out to 33 clients whose housing needs were due to domestic abuse. These clients were randomly selected from a dataset comprising 156 open cases and 317 closed cases, all of whom received housing support between 2022 and 2024.

6.11. The Lived Experience Project Officer separated the lists into male and female applications and then randomly selected 1 case in every 20-30 cases for females and 2 out of every 10 for males. This process resulted in contacting only 1 non-UK national and 1 unknown gender, a point to consider for future selection.

6.12. The Lived Experience Project officer contacted 33 people. Please see their demographics below:

Demographics of people with homelessness applications contacted by the Lived Experience Project Officer	
Gender - Female: 21 people - Male: 11 people - Unknown: 1 person	**Disability** - Yes: 7 people - No: 10 people - Unknown: 16 people
Age - 19-24: 6 people - 25-34:9 people - 35-44:11 people - 45-54:5 people - 55-64: 2 people	- **Marital status:** Single: 18 people - With a partner- 3 people - Married (but fleeing domestic abuse): 2 people - Separated: 5 people - Unknown: 5 people (but all marked as breakdown of relationship or fleeing DA/DV)
Ethnicity - Welsh/English/Scottish/Northern Irish/ British: 26 people - Any other White background (Polish): 1 person - Irish: 2 people - Not stated- 4 people	**Access to public funds** - Yes: 32 people - Unknown: 1 person
Sexual orientation - Heterosexual: 19 people - Bisexual: 1 person - Gay: 1 person - Prefer not to say: 9 people - Unknown: 3 people	**Do you have children?** - No: 18 people - 1 child: 6 people - 2 children: 7 people - 3 children: 2 people

6.13. The Lived Experience Project Officer was able to engage with 5 of the 33 people contacted. Please see their demographics below:

Demographics of participants	
Gender - Female: 2 participants - Male: 3 participants	**Disability** - Yes: 2 participants - No: 3 participants
Age - 19-24: 1 participant - 25-34: 1 participant - 35-44: 1 participant - 45-54: 2 participants	**Marital status** - In a relationship:1 participant - Single: 3 participants - Declined to answer: 1 participant
Ethnicity - White British: 5 participants	**Access to public funds** - Access to public funds: 5 participants

Sexual orientation	Do you have children?
- Heterosexual/Straight: 4 participants - Prefer not to say: 1 participant	- No: 3 participants - Yes: 2 participants have one child

6.14. It is also important to state that the Lived Experience Project Officer also went to The Ark on Friday 5th July. They spoke to 1 male at the Ark, but they did not provide any other details.

General feedback from participants contacted:

6.15. Participants discussed a range of experiences with Shropshire Council housing officers and housing service. Some participants shared that they faced challenges with communication, lack of support plans, and transparency issues. The inconsistency in support officers' approaches was a common theme as was the need for a better understanding of the dynamics of domestic abuse and “retaliation”.

6.16. One participant disclosed that:

> “It feels there is no help until you are on the street, until the worst has happened if you have the right words and say the right things you get support but if it was prior to the desperate need, little support is given”.

6.17. Another participant shared that they were placed in temporary accommodation:

> “The first hotel was lovely but wasn’t entirely suitable as there was no cooking facilities which meant it was costly to eat. the hotel was near a pub, where some people would approach and be suggestive ask for sex”.

6.18. Another participant said about the response they received:

> “I felt like I needed to find work, but I was managing PTSD and other triggers from trauma and self-harm”.

Survey 2- Lived Experience Domestic Abuse Survey

6.19. In order to capture the voices of individuals with lived experience of domestic abuse, a general online survey for those over sixteen and residing in Shropshire with lived experience around domestic abuse was created (see Appendix 3 for overview of survey).

6.20. This survey was released from the 1st of June 2024 to the 27th of June 2024 and was circulated by the following specialist local domestic and sexual abuse services to their clients inviting them to take part:

- West Mercia Women’s Aid
- Shropshire Domestic Abuse Service
- PEGS (Parental Educational Growth Support)

- Axis Counselling.

6.21. Shropshire Council's Lived Experience Domestic Abuse Project Officer also circulated the survey to the Lived Experience Advisory group. This group consists of individuals who have been subjected to domestic and sexual abuse in Shropshire.

Overview of Lived Experience Domestic Abuse Survey Participants

6.22. There were forty-four responses to this survey in total.

6.23. Each participant was provided with a participant information sheet and were asked to provide consent to answering the survey. Some questions in the survey were not mandatory, enabling participants to skip any questions they may have found triggering or harmful to them. This must be considered when looking at total number of responses.

6.24. Demographic details were gathered for all forty-four participants:

Participant demographics	
Gender - Female: 38 participants - Male: 3 participants - Not answered: 3 participants	**Disability** - Yes:11 participants - No: 31 participants - Prefer not to say: 2 participants
Age - 25-34: 7 participants - 35-44: 14 participants - 45-54: 14 participants - 55-64: 6 participants - 65-74 :2 participants - 75-85+:1 participant	**Marital status** - Married/Civil partnership: 2 participants - With partner: 3 participants - Single: 18 participants - Separated: 11 participants - Divorced/ legally dissolved: 9 participants - Prefer not to say: 1 participant
Ethnicity - White/White British: 42 participants - Asian/ Asian Mixed: 1 participant - Mixed: 1 participant	**Access to public funds*** - Yes: 7 participants - No: 21 participants - Don't know: 16 participants
Sexual orientation - Heterosexual/Straight:43 participants - Other: 1 participant	**Do you have children?** - Yes: 38 participants - No: 5 participants - Prefer not to say: 1 participant

*The survey did not define public funds, which must be considered as some survivors may have interpreted the question differently than others.

6.25. The 38 participants who disclosed they had children were asked to share the ages of the children. They were able to select more than one age.

Age of children	Number of children
Pregnant	0

0-4 years	10
5-10 years	11
11-14 years	13
15-17 years	11
Adults	17

6.26. It is important when looking at the survey results to consider the survey was not completed by:

- Anyone whose gender was Transgender, nonbinary, or other.
- Anyone whose ethnicity was Gypsy/Roma/Traveller or Black/Black British.
- Anyone whose sexual orientation was gay/lesbian or bisexual.
- Anyone who was aged between 16-24 years old or aged 85+.

6.27. It is also recognised that a question was not asked in relation to the participants socio-economic status. Identifying this is important for developing appropriate resources and interventions.

6.28. **Recommendation:** If surveys are used for the next Shropshire Domestic Abuse Needs assessment, ensure the survey collects information around participants socio-economic status.

Tenure Type of participants when fled from/seeking support

6.29. To help shape and inform the domestic abuse needs assessment, it was important to capture responses from those with lived experience of domestic abuse around their journey towards safe accommodation. Participants were asked what type of housing tenure they were residing in before they fled/when seeking support:

Tenure Type (fled from/when seeking support)	Number of participants
Co- Homeowner with abusive Partner	13
Lived with abusive partner who was the homeowner	7
Homeowner (alone, not with abusive partner)	3
Private Rental tenant	12
Living with family since fleeing	1
Council tenant	3
Housing association tenant	3
Street Homeless/Sofa Surfing	0
Other: Army Accommodation	1

6.30. The most common tenure type was a co-homeowner with abusive partner, followed by private rental tenant. There were no participants with a tenure type of street homeless/sofa surfing.

6.31. **Recommendation:** To consider how we can improve our engagement with victims of domestic abuse who are street homeless/sofa surfing for future needs assessment work,

to ensure we are gaining their feedback to help shape and inform the needs assessment.

6.32. According to Domestic Abuse Housing Alliance (2020)[17] Victim/survivors need access to a number of pathways to secure stable and safe housing. They may also need options for both remaining in their existing home and relocating to new accommodation.

6.33. Participants were asked whether they needed to leave their home to flee domestic abuse:

Participants who had contact with Shropshire Council Housing support

6.34. There were 8 participants of the survey who identified that they had been supported by Shropshire Council's housing service, 3 identified that they have been supported by the Shropshire Sanctuary Scheme. In terms of participants who accessed Shropshire Council Housing Service, they were asked to identify which service they used.

- 5 participants used HomePoint
- 1 participant used Housing Options.
- 1 participant used housing support
- 1 participant used Temporary Accommodation.

6.35. Two participants had positive experiences with Housing Teams and felt they were guided in the right direction. One participant suggested that housing teams could improve by assisting in finding temporary homes.

6.36. Feedback from participants supported by HomePoint highlighted the need for quicker allocation of safe homes to domestic abuse survivors. Despite supporting letters, the HomePoint process took 9-10 months, during which the perpetrator was aware of their location.

Participants Feedback for Shropshire Council Housing Support:

- Clear information on domestic abuse support should be easily accessible on the website.
- Staff should increase awareness and understanding of domestic abuse beyond physical violence.
- A trauma-informed approach is essential, avoiding repeated explanations from survivors.
- Housing teams should recognize fleeing individuals as homeless due to safety concerns.
- Housing Staff must listen to survivors earlier to any disclosures of domestic abuse and provide greater support, taking domestic abuse more seriously.
- Exploring more appropriate, low-cost accommodation options for survivors of domestic abuse is essential, considering the high cost of rent even in refuge settings.

[17] DAHA (2020) Whole Housing Approach Year One Report

6.37. **Recommendation:** For the Shropshire Council Housing Service to review their domestic abuse pages available to the public to ensure that it is easily accessible and includes all necessary information

6.38. **Recommendation:** For a domestic abuse training plan to be put together that all Shropshire Council Housing Teams must complete. Part of the plan will be to undertake regular refresher training once all modules have been completed.

Seeking Domestic Abuse Support – Specialist Services

6.39. To design policy and commission services that meet the needs of victims of domestic abuse, it is vital to understand how the victims in our sample sought support and which organisation they sought help from.

6.40. It is important to consider this when looking at the survey results. Participants of this survey were asked which domestic abuse service they accessed for support; in the first instance they were only able to select one service:

Domestic abuse service	Number of participants who accessed support
West Mercia Women's Aid	2
Shropshire Domestic Abuse Service	36
PEGS	0
Axis Counselling	0
Other: SAFFA Axis Independent Sexual Violence Advisor New Era None	 1 1 1 1

6.41. Participants were then asked a series of questions in relation to the support they received from the identified service.

6.42. Participants were then asked to identify any other service they have been supported by, which can be shown in the blank survey template (see Appendix 3).

6.43. The table below shows any other domestic abuse service participants accessed support from:

Domestic abuse service	Number of participants who accessed support
West Mercia Women's Aid	9
Shropshire Domestic Abuse Service	15
PEGS	0
Axis Counselling	2
Not applicable	8
Other	2

Support Participants Received From Domestic Abuse Services

6.44. All participants were asked the type of support they are/have accessed from the domestic abuse services which is shown in the table below

Domestic abuse service	Support received with numbers of participants
West Mercia Women's Aid	- IDVA service – 4 participants - Children and Young People – 1 participant - 24-hour helpline - 5 participants
Axis Counselling	- Trauma Focused Counselling – 1 participant
Shropshire Domestic Abuse Service	- Refuge- 3 participants. - Outreach Support- 11 participants - Groups – 21 participants - Phone Support – 1 participant

6.45. Participants who identified they were supported through refuge were asked their current situation regarding refuge

- 2 participants of the survey were currently being supported in refuge
- 1 participant left refuge due to purchasing a house.

6.46. Participants were asked if they are currently being supported by a domestic abuse service.

- 11 participants shared that they were being supported at the time of completing the survey
- 7 participants disclosed that they were not currently being supported
- 25 participants did not answer.

Overview of Participant Feedback Around Specialist Services

6.47. Feedback from participants is incorporated in this report, the headlines are included in this section. It is important to note, that there are gaps and limitations to the survey, we would've liked to have seen a greater diversity and sample in relation to ethnicity, sexual orientation, gender, and immigration status for example.

6.48. The findings from the voices of those with lived experience align with our findings elsewhere, most importantly participants said that they want to be provided with all the available options.

Overview of Participant Feedback Around Accessing Support

6.49. **Accessing Help from Agencies:**

- 43% of participants (19) answered that accessing help from agencies was "easy".
- The remaining 25 participants shared their experience of getting help from agencies. Many participants stated that once they knew what help was available, accessing support became easier. One participant mentioned that reporting to the police facilitated their access to agency support.
- However, some participants have found the process time-consuming and challenging. One participant initially found accessing support daunting due to the multitude of support numbers available.

- Some participants prior to leaving their home, found accessing support difficult. One participant shared that:

> "I found it extremely difficult to tap into the agencies due to the fact that I was serving military and didn't require the help of additional services such as housing"

6.50. **Support Plans and Reviews:**

- 23 participants felt that their support plans and ongoing reviews met their needs.
- 21 participants provided feedback around their support plans and ongoing reviews. Whilst some participants shared, they felt their support plans were adequate, they emphasized the need for more follow-up. For instance, one disabled participant said:

> "In some ways it (the support plan) met my needs but as I am disabled there were lots of things, I required further support with but had no one to help me for quite some time."

- Some participants felt that their support plans fell short. One participant reported not having a support plan.
- Another participant highlighted the absence of available counselling, which would have been beneficial.

Feedback from participants- support services

Shropshire Domestic Abuse Service:

6.51. 9 participants shared they found it easy to access help from Shropshire Domestic Abuse Service. However, some participants provided feedback around the wait to receive outreach support.

6.52. There were a number of positive comments around the support participants received by Shropshire Domestic Abuse Service with one participant sharing that their support worker was dependable and always got back to them when they needed support. One participant said that Shropshire Domestic Abuse Service were "easy to understand" and showed "immeasurable kindness and empathy" whilst another participant shared that they finally felt heard after 19 years. One participant highlighted that Shropshire Domestic Abuse Service helped connect them with counselling services and helped them to get a diagnosis for Post Traumatic Stress Disorder.

> "Shropshire Domestic Abuse Service have been brilliant, but it took me years to find that they existed. As a middle-aged white male victim of Domestic Abuse and the perpetrator being a teacher in Telford and Wrekin, most authorities/support services were not interested in listening to my case. SDAS did, they have helped and supported me enormously, they continue to do so. I genuinely believe that without the support of SDAS, I would've succeeded in taking my own life in 2023 after 19 years of domestic abuse at the hands of my ex-wife. Thank you SDAS, they are brilliant"

6.53. A number of participants who attended Shropshire Domestic Abuse Service groups were complimentary, sharing that attending groups has been helpful to them, enabling them to build confidence and make friendships with others. One participant found attending groups helped to tackle the feeling of isolation.

> Groups have "given me a new perspective of my experiences, helping me understand what domestic abuse is and how I had experienced more than I thought. At the end of my support plan, I was left feeling educated and motivated to use my experience to help others."

6.54. However, one participant shared that accessing outreach support was difficult as support ran through normal working hours and the participant couldn't afford time off work, due to supporting themselves and their child.

6.55. A common theme was around the lack of staff in refuge and staff being stretched**.** One participant shared that accessing refuge was a straightforward process and received a lot of support however, they shared that there is not enough staff in refuge and staff are "stretched too thin, you can see the impact on them".

West Mercia Women's Aid:

6.56. One participant provided feedback that their first contact was with West Mercia Women's Aid when they fled from another area. They shared the support they received from West Mercia Women's Aid was provided quickly and was efficiently.

6.57. Another participant shared that West Mercia Women's Aid and Shropshire Domestic Abuse Service made a positive impact on their life in terms of leaving a 30+ years, very dangerous situation safely and has helped their recovery.

West Mercia Police:

6.58. One participant shared that the police signposted them to domestic abuse support services. Another participant highlighted that once they reported the crime to the police, they found it easier to access support but prior to that it was hard to get support before leaving. However, one participant shared that they did not find it easy at all as they shared, they did not find the police very proactive.

Axis Counselling:

6.59. One participant shared that their Axis worker was "amazing" and that they couldn't ask for someone more supportive.

Participants were asked if any of the support they are receiving/have previously received made a positive difference to their lives

6.60. Many participants disclosed that they have come a long way due to the support they received. Participants also shared that through accessing support, they felt heard which

has been extremely positive.

6.61. Participants also shared that the support they have received changed their life, with one participant sharing that having someone listen and advise how to navigate through the process of divorce and cope with child contact through post separation abuse, has kept them alive.

> "The support I received, although not always at the most crucial points, was also completely invaluable. I was so brainwashed when I first came away, I really didn't understand the scale of the abuse I had endured…I felt so much stronger for putting my case out there and hope that if nothing else it can be used in the future to help any future victims of my abusers"

6.62. A number of participants have shared that the support they received has helped with their mental health. One participant shared the support they received has helped with their self-confidence, depression, and post-traumatic stress disorder. Another participant shared that the support they have received has "been instrumental" and as a result they have been able to move back into their family home. They have been able to have a non-molestation order put in place and received a ring doorbell which helps them to manage their anxiety and Post Traumatic Stress Disorder.

Participants were asked if any of the support they have received, had a negative impact on their life

6.63. 72% of participants shared that the support they have received has not had a negative impact on their lives.

6.64. Some participants however, shared there had been a negative impact. Examples of participants negative experiences include, key worker not attending court sessions, appointment scheduling errors and language used by professionals. One participant shared that a professional used derogatory language around their parenting, which triggered them to have panic attacks and depression.

6.65. One participant shared the lack of support they received within the Army had a negative impact on their life. Not knowing how to leave or access support meant they stayed for longer.

6.66. One participant mentioned there will be a negative impact on their life when support sessions end. Another participant shared that the length of time it takes to get the support needed, can have a negative impact.

6.67. Another participant shared that the Police not arresting their ex-partner after breaking the restraining order and police bail conditions, had a negative impact on their life.

Participants were asked 'How can we improve the domestic abuse response in Shropshire?'.

6.68. The feedback from participants around how we can improve the domestic abuse response in Shropshire is summarised below.

6.69. **Improving Understanding and Awareness:**

- Enhance understanding of domestic abuse within Shropshire. This includes training staff on cultural nuances and how abuse manifests across different forms, not just physical violence.
- Everyone involved in a supporting role should understand the processes of each service to improve the domestic abuse response.
- More emphasis on raising awareness and breaking stigma around domestic abuse in Shropshire.
- Needs to be better responses to families, ensuring safety and providing accommodation options.

6.70. **Enhancing Service Responses:**

- Services offering support must ensure that main numbers and helplines are always answered promptly.
- Larger teams of domestic abuse support workers so they can distribute workloads effectively.
- Collaboration between police and domestic abuse services is crucial to provide comprehensive support and information at every step of the process.
- Addressing waiting times for support is essential to ensure timely assistance for victims of domestic abuse.
- Consider having a family court support worker, specialising in domestic abuse in Shropshire.

6.71. **Funding and Support Provision:**

- Increased funding and longer contracts for service providers. Continuity is vital, especially when survivors must repeatedly recount traumatic events.
- Access to support should extend beyond major towns like Shrewsbury and Telford.
- Improving refuge provision involves assessing survivor compatibility and considering bedsits with communal spaces as an accommodation option.

6.72. **Tailored Support and Mental Health Services:**

- Some participants shared that having a designated mental health support worker, for domestic abuse survivors in Shropshire would be beneficial. One participant shared that having a mental health worker would create stability. Therefore, in order to improve domestic abuse response in Shropshire, designated mental health support workers, along with routine appointments would enhance the overall domestic abuse response.
- Tailored support is essential, especially for disabled individuals fleeing domestic abuse. A buddy service can aid the transition to independence.
- Providing funds to victims can boost confidence and empowerment.

6.73. At the end of both surveys' participants were provided with the Lived Experience Project Officers contact number and email and were given an opportunity to share their details for the project officer to contact them to discuss them joining the Lived Experience Advisory Group' and helping to shape the services that are there to support them. 25 participants expressed interest in joining the group.

Focus Groups.

6.74. As part of capturing the voice of lived experience, Shropshire Council carried out two focus group sessions with survivors residing in refuge.

Overview of Participants:

6.75. Five participants were interviewed, recruited by Shropshire Domestic Abuse Service (SDAS). All five participants, at the point of the focus groups, were residing in refuge.

6.76. Demographic details were collected for all five participants shown below:

Participant demographics	
Age: - 20-23: 1 participant - 25-34: 3 participants - 45-54: 1 participant	**Disability** - No: 5 participants
Gender - Female: 5 participants	**Marital status** - Single: 3 participants - Separated: 1 participant - Divorced/ legally dissolved: 1 participant
Ethnicity - 4 White/White British: 4 participants - Gypsy/Roma/Traveller: 1 participant	**Access to public funds*** - Yes: 4 participants - Don't know: 1 participant
Sexual orientation - Heterosexual/Straight: 5 participants	**Do you have children?** - Yes: 3 participants - Prefer not to say: 2 participants

6.77. Before entering Shropshire's refuge, 4 participants were living out of county and 1 shared they were previously a tenant of a Connexus property in Shropshire.

Overview of feedback from focus groups:

6.78. **Understanding Available Support:**

- One participant emphasised that while available support options were discussed with them, it can be challenging to absorb all the information.
- Another participant emphasized the need for greater awareness about what a refuge is and how to access support.

6.79. **Issues with Temporary Accommodation:**

- Participants shared their experiences of being placed in B&B accommodation when fleeing domestic abuse. They found these environments unsuitable. One participant shared that they witnessed sex work and encountering unsavoury characters can be

distressing for survivors and their children. Participants highlighted that Safer housing options are crucial to protect vulnerable individuals and families.
- Hotels where survivors are placed should prioritize family-oriented settings.

6.80. **Isolation and Keeping Children Occupied:**
- Participants shared that they felt isolated in temporary accommodation.
- Feedback included managing children's entertainment in cramped spaces with limited funds is challenging.
- Suggestions included ensuring those fleeing domestic abuse, who are placed in temporary accommodation could receive vouchers for soft play areas and providing breakfast.

6.81. **Positive Experiences with Shropshire Domestic Abuse Service:**
- Two participants praised the support provided by Shropshire Domestic Abuse Service. With one participant sharing that they were helped with medication prescriptions and supported mental health needs.

6.82. **Challenges in Refuge Settings:**
- Participants highlighted the difficulties of navigating refuge rules and parenting in shared facilities with multiple families.

6.83. **Recommendations in Light of Focus Groups:**
- When a victim/survivor (and any accompanying children) is placed in temporary accommodation, an appropriately trained Housing Support Officer is assigned to provide support within 48 hours. The support should be focused on reducing isolation, access to food, improving awareness of local amenities, and should be delivered in a trauma informed way.
- Before placing a victim/survivor in temporary accommodation, the local authority must carry out necessary checks to assure itself of the suitability and safety of the building and its surrounding environment.

6.84. **Recommendations on Involving Those with Lived Experience:**
- Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes.
- Involve those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.
- To ensure the diversity of survivor involvement, work with voluntary and community services including ‘by and for’ services working with or representing (not an exhaustive list) minoritized ethnic groups, older people, LGBTQ+ people, people with disabilities e.g., A4U, SAND, the Gypsy, Roma Traveller Team, and others.

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7. Needs Assessment Findings

7.1. This section presents findings from the quantitative data gathering described in the methodology section above. It needs to be read with reference to the gaps and limitations outlined in section four.

7.2. Following this section, data is presented specifically on safe accommodation (sections seven, eight and nine). Sections ten and eleven present data on access to non-accommodation-based specialist domestic abuse services (ten), and partner responses and provision (eleven), including any additional data available from those services.

7.3. When highlighting gaps in provision, it should be noted that in 2023 the Domestic Abuse Commissioner[18] presented key findings around specialist services in England and Wales. These included:

- Specialist services are effective in enabling victims and survivors to feel safer and more in control of their lives following abuse.
- Support provided for victims/survivors from minoritized communities varied, with services least likely to have specialist provision for Deaf victims/survivors or victims/survivors with learning disabilities.
- A considerable injection of long-term funding is needed for services to meet the demand for support from survivors.
- Proactive outreach by domestic abuse services and by wider public services was critical in enabling victims and survivors to access support.

Shropshire Population Data

7.4. The statistics provided below in relation to Shropshire population data were sourced from the Office for National Statistics (ONS)[19] census data, which was captured in 2021 unless otherwise specified. It is important to note that there may have been changes in relation to Shropshire's population since the data was released.

7.5. In 2021, Shropshire had a population of 323,619. The population is distributed across most of the county.

7.6. Appendix 4[17] shows the proportion of Shropshire residents by gender and age groups in Shropshire. There are a total of 163,927 females and 159,692 males. The highest percent age band was 55-59 years at 7.9% with the lowest percent age band being 90 and over.

7.7. Therefore, within Shropshire there are more females than males. The age of Shropshire's population is not distributed evenly across the county, with higher numbers of children and young people in central Shropshire.

7.8. In relation to the Ethnicity of Shropshire residents 96.7% of Shropshire residents identified their ethnic group as 'White'. Asian, Asian British or Asian Welsh were the second largest ethnic group at 1.3% of the population.

Barriers to Accessing Support in Shropshire Due to its Rurality.

7.9. Shropshire is a large predominantly rural inland County situated in the West Mercia region. It is the second largest inland rural county in England. Approximately 52.7% of the

[18] Domestic abuse commissioner (2023) A Patchwork of Provision How to meet the needs of victims and survivors across England and Wales
[19] Office for National Statistics (ONS) 2021 Census

population live in rural areas. According to the Rural Crime Network (2019)[20] abuse lasts, on average, 25% longer in the most rural areas.

7.10. The rural crime network reports that rural victims are half as likely as urban areas to report their abuse. It could be argued that the more rural you live, the more challenging it is to access services to get support. Therefore, when considering Shropshire's domestic abuse service provision, the rural nature of Shropshire must be considered.

8. National Prevalence of Domestic Abuse

8.1. Understanding the national prevalence of domestic abuse can be challenging due to domestic abuse often being hidden and many incidents are not reported. However, data from the Crime Survey for England and Wales (CSEW (2023)) provides some insight into the issue.

8.2. The CSEW (2023) [21] estimated that 2.1 million people aged 16 years and over (1.4 million women and 751,000 men) experienced domestic abuse in the year ending March 2023.

8.3. It should be noted that the CSEW (2023), in line with the statutory definition of domestic abuse, counts 'any incident' of domestic abuse. This has the potential to capture one-off conflict situations in relationships that do not have an underlying dynamic of control and coercion from one party to another, which is more likely to lead to victims needing services.

8.4. The data provided by the CSEW (2023) is based on eight months of data collection because of an error in the survey, which resulted in missing data. Caution should be taken when using this data because of the impact of the reduced data collection period on the quality of the estimates.

9. Local prevalence of domestic abuse

9.1. Domestic abuse related incidents and crimes in those aged 16 or over are recorded by the police. The Office for Health Improvement and Disparities (OHID)[22] collect this metric and include it in their Public Health profiles.

9.2. For this metric, domestic abuse related offences and incidents are defined as threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) between people aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. Offences have been recorded as a crime,

[20] National rural crime network (2019) Capital and Controlled, Domestic Abuse in rural areas
[21] Crime Survey in England and Wales (2023)
[22] The Office for Health Improvement and Disparities (OHID) Fingertips data

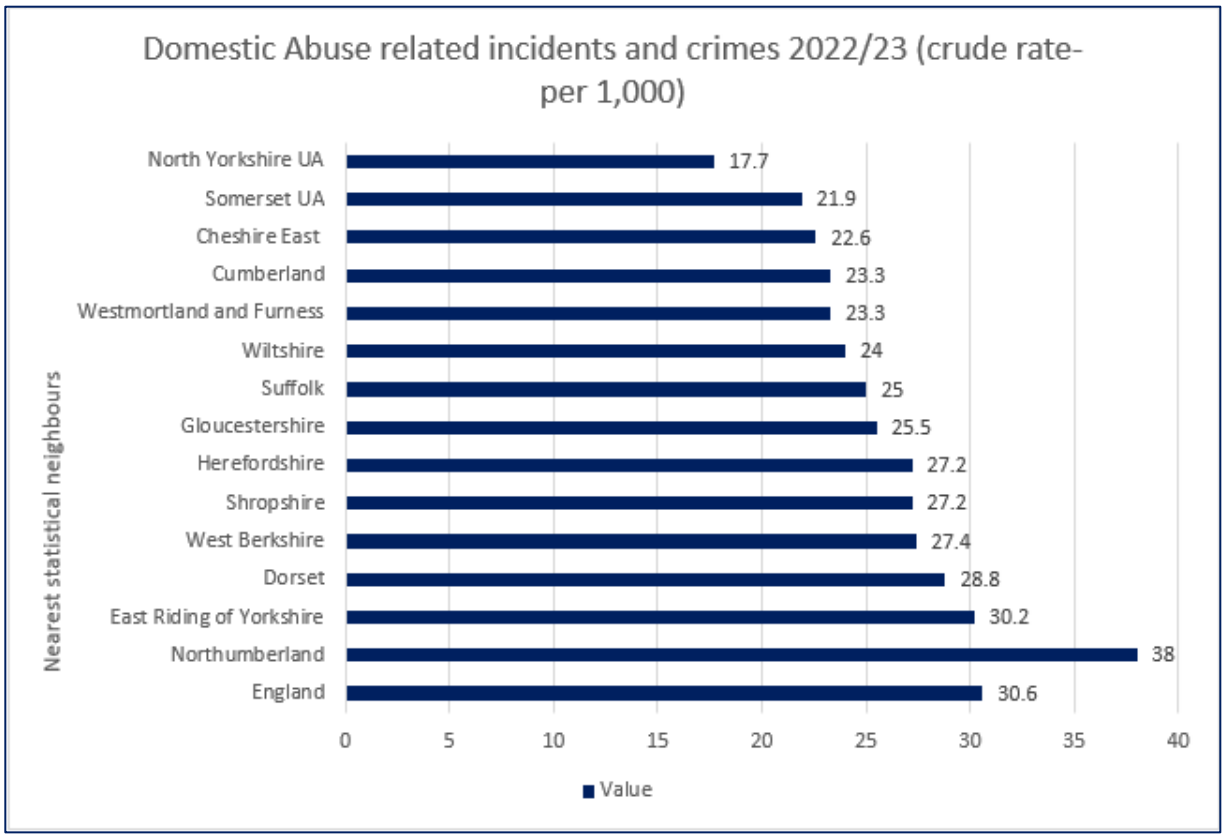
whereas the number of incidents refers to those that were not recorded as a crime and the two categories are mutually exclusive to avoid duplicate counting.

9.3. The table below displays the rates of domestic abuse related incidents and crimes recorded in 2022/23 for Shropshire and other local authorities in the West Midlands region (OHID Fingertips 2024). The Shropshire rate of 27.2 per 1,000 population. Therefore, for every 1,000 people aged 16+ in Shropshire during 2022/23, almost 27 domestic abuse related incidents and crimes were reported. The Shropshire rate is joint 2nd lowest in the West Midlands region out of 14 local authority areas (range from 24.5 per 1,000 to 41.0 per 1,000) and observationally lower than the West Midlands average domestic abuse related incidents and crime rate of 35.1 per 1.000 population.

Area	Recent trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	1,365,149	30.6	30.6	30.7
West Midlands region (statistical)	↑	169,002	35.1	35.0	35.3
Wolverhampton	-	-	41.0	-	-
Walsall	-	-	41.0	-	-
Solihull	-	-	41.0	-	-
Sandwell	-	-	41.0	-	-
Dudley	-	-	41.0	-	-
Coventry	-	-	41.0	-	-
Birmingham	-	-	41.0	-	-
Stoke on Trent	-	-	41.0	-	-
Staffordshire	-	-	25.6	-	
Worcestershire	-	-	27.2	-	-
Telford and Wrekin	-	-	27.2	-	-
Shropshire	-	-	27.2	-	-
Herefordshire	-	-	27.2	-	-
Warwickshire	-	-	24.5	-	-

9.4. The chart below displays the rates of domestic abuse related incidents and crimes recorded in 2022/23 for Shropshire and nearest statistical neighbours that have a similar

demographic and/or geographic profile to Shropshire, (OHID Fingertips 2024).



9.5. For Shropshire, this rate was 27.2 incidents per 1,000 people. This rate is joint 5th highest out of 14 statistical neighbour local areas (range 17.7 per 1,000 to 38 per 1,000) but is observationally lower than the England average rate of 30.6 domestic abuse related incidents and crimes per 1000 over the same period.

9.6. In turn, Shropshire is one of the lowest rates in 2022/23 for the West Midlands, but is the 5th highest compared to statistical neighbours out of 14 local authority areas. This highlights an issue for Shropshire and conversations as to why this rate may be higher than statistical neighbours despite being lower to the region.

10. Prevalence of Domestic Abuse – West Mercia Police Force Area

10.1. According to the National Police Chiefs' Council (NPCC)[23] domestic abuse remains one of biggest demands on policing, with arrests for domestic abuse related offences increasing by over 22% in the year ending March 2023, compared to the previous period. The NPCC recognises that this is a positive shift but acknowledges that this is only the

[23] https://news.npcc.police.uk/releases/call-to-action-as-violence-against-women-and-girls-epidemic-deepens-1

start and there is still more to do.

10.2. Below presents the findings from the CSEW (2023)[24] and includes the number of domestic abuse-related crimes recorded by the police and percentage of offences that were domestic abuse-related, by police force area.

Area	Geography	Total number of domestic abuse-related crimes Apr 2022 to Mar 2023	Percentage of all crimes that were domestic abuse-related Apr 2022 to Mar 2023
England and Wales excluding Devon and Cornwall	Country	889,918	16.2
West Midlands	Region	112,607	18.7
West Mercia	Police force area	17,204	18.1

10.3. The percentage of all crimes that were domestic abuse related between April 2022 to March 2023 for West Mercia was 18.1%. This was 1.9% higher than England and Wales (excluding Devon and Cornwall).

10.4. West Mercia Police provided a breakdown of domestic abuse incidences and offences- Shropshire 2022-2024

Total for 2022/23	Total for 2023/24
Offences 3,360	Offences 3,019
Incidents 4,116	Incidents 4,161

Data Provided by West Mercia Police

10.5. To better understand the prevalence of domestic abuse in Shropshire, the needs assessment requested data from West Mercia Police for the same timeframe as all other data requests. However, they only provided summary reports for domestic abuse in Shropshire for **quarter four (January - March) of 2022/23 and 2023/24** unless otherwise stated. This means that offences that were committed outside this period are not included.

10.6. This data is limited by the quality and consistency of information input by officers at the time of recording. Not all causation factors are recorded and therefore not known for all offences, which causes this data to be limited.

10.7. It is important to consider that crime data is reliant on public reporting of offences. Some offence groups are known to be under reported. Also, victim to suspect relationship is not always recorded and volumes for this are therefore lower than the recorded number of

[24] Crime Survey for England and Wales (2023) Domestic abuse prevalence and victim characteristics

offences.

10.8. The data provided shows there was a slight decrease in the volume of domestic abuse offences and incidences between 2022/23 and 2023/24. However, when looking at statistics around domestic abuse, it is important to consider under-reporting. Women's Aid (2022)[25] suggest that survivors may not report abuse to police due to reasons such as; uncertainty around what is a crime, fear of not being believed and concerns about the impact on any children.

10.9. It is also vital to consider the changes made in how police recorded domestic abuse crimes in 2023. As a result of the Policing Productivity Review (2023)[26], recommendations by the National Police Chiefs Council and the Home Office, changes have been implemented to the Counting Rules, the mechanism used by police forces across England and Wales to record crime. The Domestic Abuse Commissioner[27] explains that previously most police forces recorded a maximum of two crime incidents when a victim made a report to the police, regardless of whether more than two different crimes had taken place. As a result of these changes, only one incident - that is deemed to be the most serious crime - is recorded by the police due to the implementation of the 'Principal Crime Rule'. Additional changes to the rules have also allowed the police to stop counting malicious communication crimes –crimes of threatening or abusive messages – and public order offences. More officers than before are also permitted to remove a crime from the record if evidence suggests no crime took place.

10.10. **Recommendation:** For West Mercia police to increase awareness raising around domestic abuse in terms of how to report and how to spot the signs of abuse.

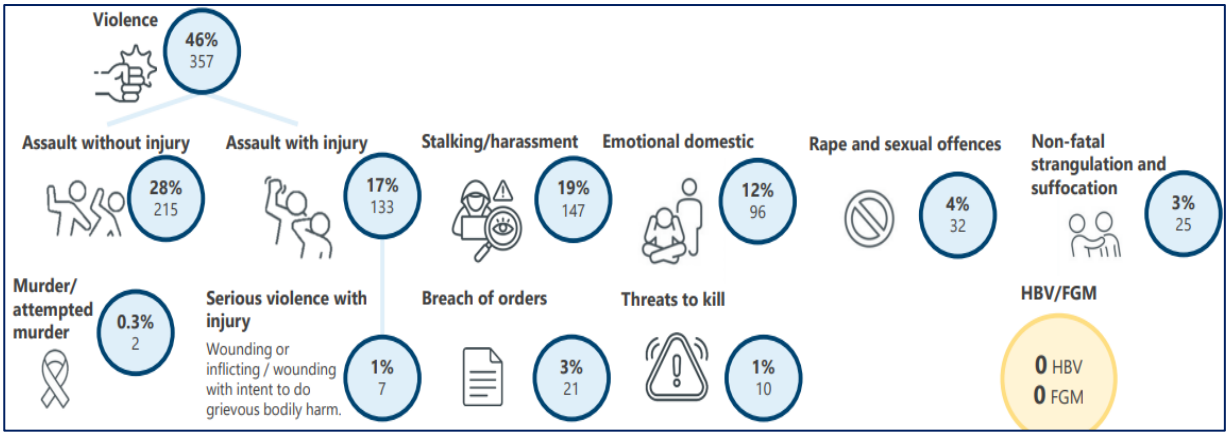
10.11. **Recommendation:** West Mercia Police to be specific on how domestic abuse is recorded on their system, to improve data recording and data collection.

Domestic Abuse Offences in Shropshire

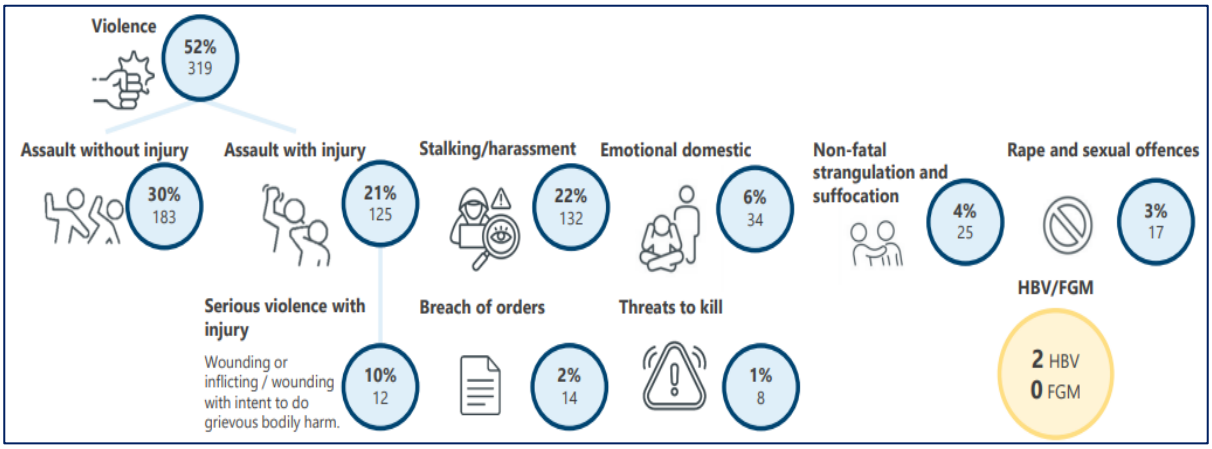
10.12. West Mercia Police provided a domestic abuse offence type breakdown for quarter 4 of 2022/23 and quarter 4 of 2023/24 shown below:

Q4 2022/23*

[25] Women's Aid (2022) Come Together to End Domestic Abuse: a survey of UK attitudes to domestic abuse 2022
[26] Home Office (2023) Policing Productivity Review
[27] Domestic abuse Commissioner (2024) briefing from the domestic abuse commissioner for England and Wales Home Office Counting Rules



Q4 2023/24*



10.13. The findings from Q4 2022/23 and Q4 2023/24 suggest that the most common domestic abuse offence in Shropshire is assault without injury. This is followed by assault with injury. There has been a noticeable increase in serious violence with injury and a slight increase in stalking and harassment offences. However, not all offence types are covered and those presented involve offences with greatest volume and harm.

10.14. When discussing offences, we note that in Q4 2022/23 there were no offences recorded for Honour Based Abuse (HBV) or Female Gentile Mutilation (FGM). However, in Q4 2023/24 there were two offences of Honour Based Violence recorded.

10.15. It is unknown as to whether the victim/survivors identified by West Mercia Police, accessed, or were referred or signposted to any specialist support around Honour Based Abuse in Shropshire.

10.16. **Recommendation:** To understand the scope of honour-based abuse and female gentile mutilation in Shropshire.

10.17. **Recommendation:** Consider commissioning services to support victims of stalking/harassment

Victim and Suspect Demographics – West Mercia Police

10.18. The police provided victim and suspect demographics for quarter four 2022/23 and quarter four 2023/24, shown below. Unfortunately, gender is not always recorded by those inputting offence details to the system, and therefore the gender breakdown won't always be complete. Anything outside of this will be 'unknown', 'unspecified' or 'blank' and has not been included.

Victims of domestic abuse			
Snapshot	**Female**	**Male**	**Total number of victims in time period**
Q4 2022/23	347	99	449
Q4 2023/24	303	109	415

Suspects of domestic abuse			
Snapshot	**Female**	**Male**	**Total number of suspects in time period**
Q4 2022/23	108	326	434
Q4 2023/24	63	155	220

10.19. In line with national figures, during Q4 2022/23 and Q4 2023/24, the majority of victims in Shropshire were female, and the majority of suspects in Shropshire were male.

10.20. Below shows a breakdown of repeat victims and suspects of domestic abuse for Q4 2022/23 and Q4 2023/24, with a breakdown of gender.

Repeat victims of domestic abuse			
Snapshot	**Female**	**Male**	**Total number of repeat victims in time period**
Q4 2022/23	47	5	52
Q4 2023/24	48	10	58

Repeat suspects of domestic abuse			
Snapshot	**Female**	**Male**	**Total for number of repeat suspects in time period**
Q4 2022/23	16	11	27
Q4 2023/24	10	21	31

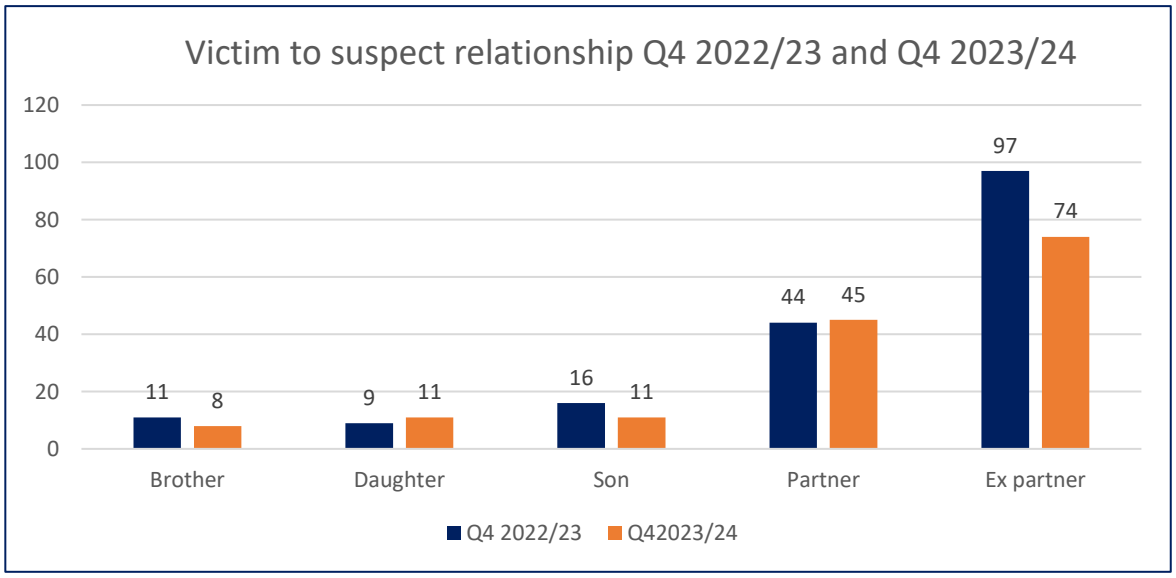
10.21. The number of repeat suspects and victims was higher in quarter 4 2023/24 than quarter 4 2022/23. It is noteworthy that female repeat suspects were higher than males in 2022/23.

10.22. **Recommendation:** For all services, as well as police, to look at how they record domestic abuse, to ensure that demographics such as gender of victim/survivors and gender of suspects can be reported on.

10.23. **Recommendation:** A need to review intervention methods of domestic abuse within Shropshire, to reduce the number of repeat victims and suspects.

Victim to Suspect Relationship

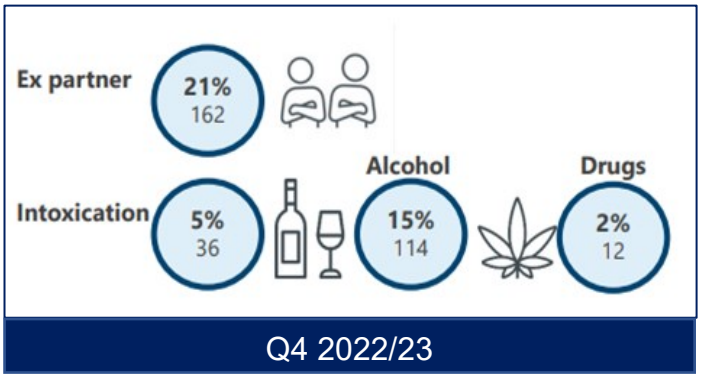
10.24. The Police provided data around the victim to suspect relationships for Q4 2022/23 and Q4 2023/24 shown below:

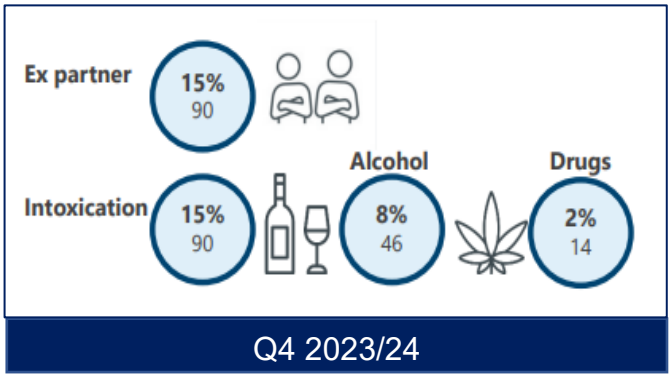


10.25. The data highlighted that the most common victim to suspect relationship is ex-partner. Nationally domestic abuse is recognised as behaviour, in many cases, by a partner or ex-partner, but also by a family member or carer. It should be noted that the data provided was only around the highest volume recorded victim to suspect relationship types and does not reflect all victim to suspect relationship types

Impact/Causation Factors of Domestic Abuse Incidents

10.26. West Mercia Police provided the impact/causation factors for domestic abuse incidents in Shropshire for quarter four 2022/23 and quarter four 2023/24 shown below: These factors above have been identified through key word searching.





10.27. The findings show an increase from Q4 2022/23 and Q4 2023/24 of intoxication levels and drugs as an impact or causation factor and a decrease in alcohol as a causation/impact.

10.28. However, in crime reports it is not always stated what type of intoxication is present at the incident and therefore will only state 'have intoxicate' or similar. Therefore, the different use of key words used can impact the comparison of these impact/causation factors. In turn, it could be assumed that the increase in intoxication between Q4 2022/23 and Q4 2023/24, may be due to a change in language from alcohol to intoxication.

10.29. **Recommendation:** to be able to spot patterns and trends in relation to the impact/causation factors of domestic abuse, those completing crime report must consider using the same key words, so there can be a direct comparison of causation/impact factors.

10.30. **Recommendation:** To consider how the influencing factors of domestic abuse are identified by West Mercia Police through risk assessments.

DASH (Domestic Abuse, Stalking and Honor Based Violence) Risk Levels

10.31. According to Safe lives[28] each year more than 75,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse.

In 2018, Dr Jane Monkton Smith[29] reviewed domestic abuse homicides in the UK and showed an eight-stage timeline of events before a homicide takes place. The 8 stages were as follows:

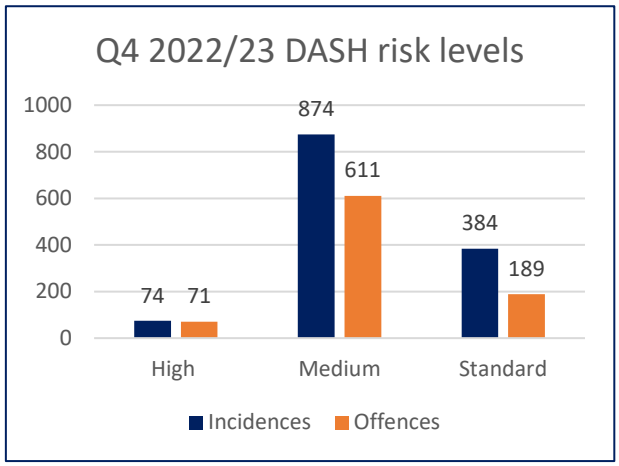
- A pre-relationship history of stalking or abuse by the perpetrator
- The romance develops quickly into a serious relationship

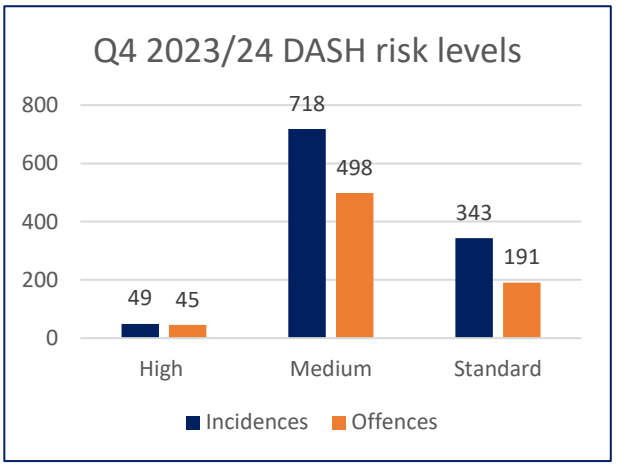
[28] Safe lives (2023) Marac National Dataset
[29] Monckton-Smith, Jane (2018) Intimate Partner Femicide Timeline. Accessed via: https://eprints.glos.ac.uk/6273/1/Intimate%20Partner%20Femicide%20Timeline.pdf (Accessed on 6.8.24)

- The relationship becomes dominated by coercive control
- A trigger threatens the perpetrator's control - for example, the relationship ends, or the perpetrator gets into financial difficulty
- Escalation - an increase in the intensity or frequency of the partner's control tactics, such as stalking or threatening suicide
- The perpetrator has a change in thinking - choosing to move on, either through revenge or by homicide
- Planning - the perpetrator might buy weapons or seek opportunities to get the victim alone
- Homicide - the perpetrator kills his or her partner and possibly hurts others such as the victim's children.

10.32. Risk is often identified and assessed by frontline professionals through completing a DASH (Domestic Abuse, Stalking and Honour based violence Risk Assessment Tool).

10.33. West Mercia Police record the DASH risk levels of victims and provided data to the needs assessment around the number of incidences and offences with DASH risk levels high, medium, and low for Q4 2022/23 and Q4 2023/24 shown below:



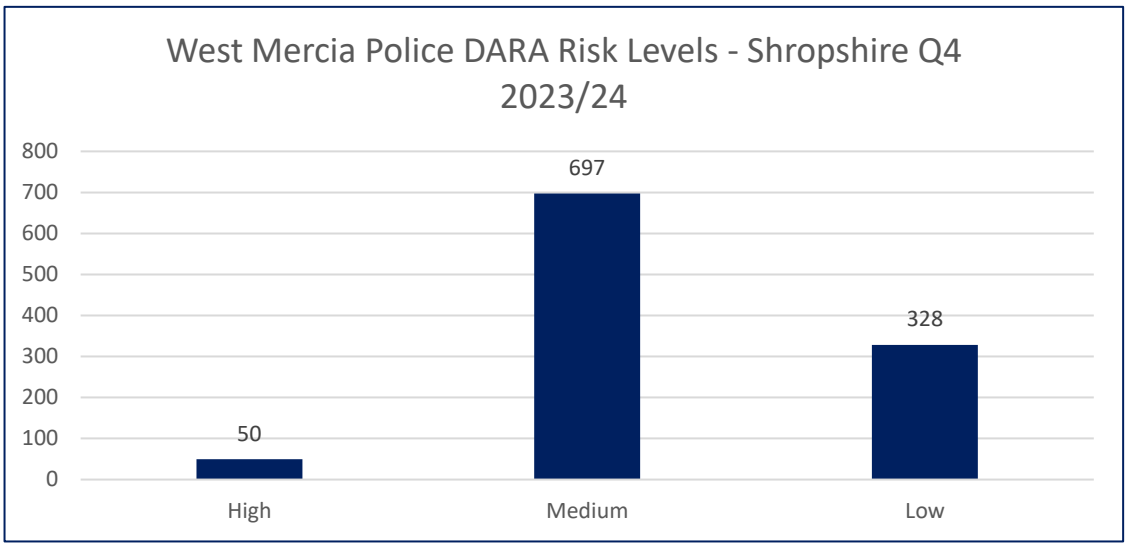


10.34. From the data provided, the number of incidences and offences recorded as a high-risk level and a medium risk has decreased between Q4 2022/23 and Q4 2023/24.

10.35. The standard risk level has seen a slight reduction in number of incidences recorded and an increase in the number of offences. However, as previously mentioned in the needs assessment, West Mercia Police have changed the way in which they are reporting crimes, therefore the reduction in numbers, may be explained by this change.

10.36. As of October 2023, West Mercia Police replaced the DASH with the Domestic Abuse Risk Assessment (DARA), which is intended to be completed by police first responders. This is discussed further in section 20.

10.37. The DARA volumes for offences have been provided for Q4 2023/24 only, as in Q4 2022/23 DASH was still in place.



10.38. The most common DARA risk level identified in Q4 2023/24 was medium risk.

West Mercia Police – Domestic Violence Orders, Notices and Disclosure

10.39. Below shows the number of domestic abuse protection orders, protection notices and disclosure scheme

West Mercia Police	Q4 2022/23	Q4 2023/24
Domestic Violence Protection Orders (DVPOs)	0	5
Domestic Violence Protection Notices (DVPNs)	0	5
Domestic Violence disclosure scheme Claires Law (DVDS)	44	75

10.40. The data provided shows an increase in the number of Domestic Violence Orders, Notices and Disclosure schemes between the two quarters. It is unclear why this is the case however a potential explanation for the increase in "Claire's Law" applications could be as a result of the Government releasing statutory guidance in 2023[30].

10.41. **Recommendation:** for West Mercia Police to increase the use of DVPN/DVPOs in appropriate cases.

10.42. **Recommendation**: For West Mercia Police to consider using the Dr Jane Monkton Smith Homicide timeline in their training around domestic abuse.

11. Reporting Points

11.1. This section exhibits domestic abuse data from all services who provided a data return for the needs assessment. The data presented is where victims/survivors have disclosed or reported and must not be considered a full indication of prevalence of domestic abuse within Shropshire.

11.2. Shropshire Council requested data from 31 services/departments and received it from 30 services/departments. Data was unable to be provided by: SARC – The Glade. The reason for this is that they have transferred from G4S to Mountain Healthcare from the 1st of May 2024, and as a result they did not have access to any figures/data for 2022/23 and 2023/24.

11.3. The range of services receiving referrals or disclosures of domestic abuse from victims/survivors and/or their children is evidence of the need for a whole system approach through the Coordinated Community Response. This requires all services to have in place: policies, procedures, mandatory training, routine/selective enquiry, well-known and clear referral pathways, case management recording with data collection and sharing with the Partnership, and active involvement with the MARAC.

Disclosures, Reporting or Referrals for Adult Victims/Survivors

Disclosures, reporting or referrals for adult victims/survivors*	2022/23	2023/24	Total 2022-2024
Axis Counselling (where DA is a factor)	294	218	512
Axis ISVA (where DA is a factor)	113	77	190
MARAC	290	287	577
Midlands Partnership NHS Foundation Trust	3	16	19
PEGS	107	184	291
SDAS- Accommodation based support	165	142	307
SDAS- Community based support	848	1069	1917
Shrewsbury and Telford Hospital NHS Trust Accident and Emergency	109	88	197
Shrewsbury and Telford Hospital NHS Trust Maternity	27	20	47
Shropshire Council Adult Social Care (records open with DA recorded)	271	229	500
Shropshire Council Housing Options Team (Homeless applications)	241	304	545
Victim Support	61	64	125
We are with you	344	434	778
West Mercia Women's Aid IDVA	293	303	596
West Mercia Women's Aid Hospital IDVA	72	70	142
West Mercia Women's Aid Helpline (Shropshire)	220	299	519

West Mercia Women's Aid Online contacts (Shropshire)	136	212	348
Cranstoun – Male IDVA	0	7	7
Willowdene	221	237	458

*This is taken from the breakdown of victims by gender, totalled across male and female, crimes, and incidents.

11.4. In addition, Citizens Advice Bureau provided the total number of domestic abuse issues, shown below

Number of domestic abuse issues – Citizens Advice Bureau	2022	2023	2024
	204	190	132

11.5. Also, SDAS non accommodation service received a number of "short term work" calls, in 2022/23 they received 40 calls and in 2023/24 they received 52.

11.6. Referrals, cases, or disclosures across nearly all services have increased since the last needs assessment. For example, Axis Counselling received 366 more referrals in this period and SDAS non accommodation services received an increase in referrals of 481.

11.7. The notable exception is Victim Support. There were 662 fewer referral cases or disclosures since the last needs assessment. Victim Support have shared that this might be a reporting error from the last needs assessment.

11.8. When analysing the data from where survivors report domestic abuse, it must be considered that this does not show the overall levels of domestic abuse. Safe Lives[31] highlight that domestic abuse "…is much bigger than shown in official statistics, as many victims and children don't tell anyone about the abuse, and they are not recorded as crimes".

Repeat Referrals

11.9. Repeat referrals recorded by some specialist services, police, and MARAC

Repeat referrals for adult victims/survivors 2022/23 & 2023/24	Total number of referrals	% repeats
Axis Counselling	512	10.5%
Axis ISVA	190	11.1%
MARAC	577	40.2%
SDAS – Community based support (repeats into service not organisation)	1917	28.7%
Victim Support	125	1.6%
WM WA IDVA	596	60.6%
WM WA IDVA (Hospital)	142	27.5%

11.10. The service with the highest percentage of repeat referrals was West Mercia Women's Aid IDVA service. Both SDAS and WMWA have shown an increase in number of repeat referrals since the last needs assessment.

11.11. It is crucial to better understand the reason for repeat referrals to domestic abuse services in Shropshire.

11.12. **Recommendation:** For domestic abuse services to assess the reasons for repeat referrals into their service.

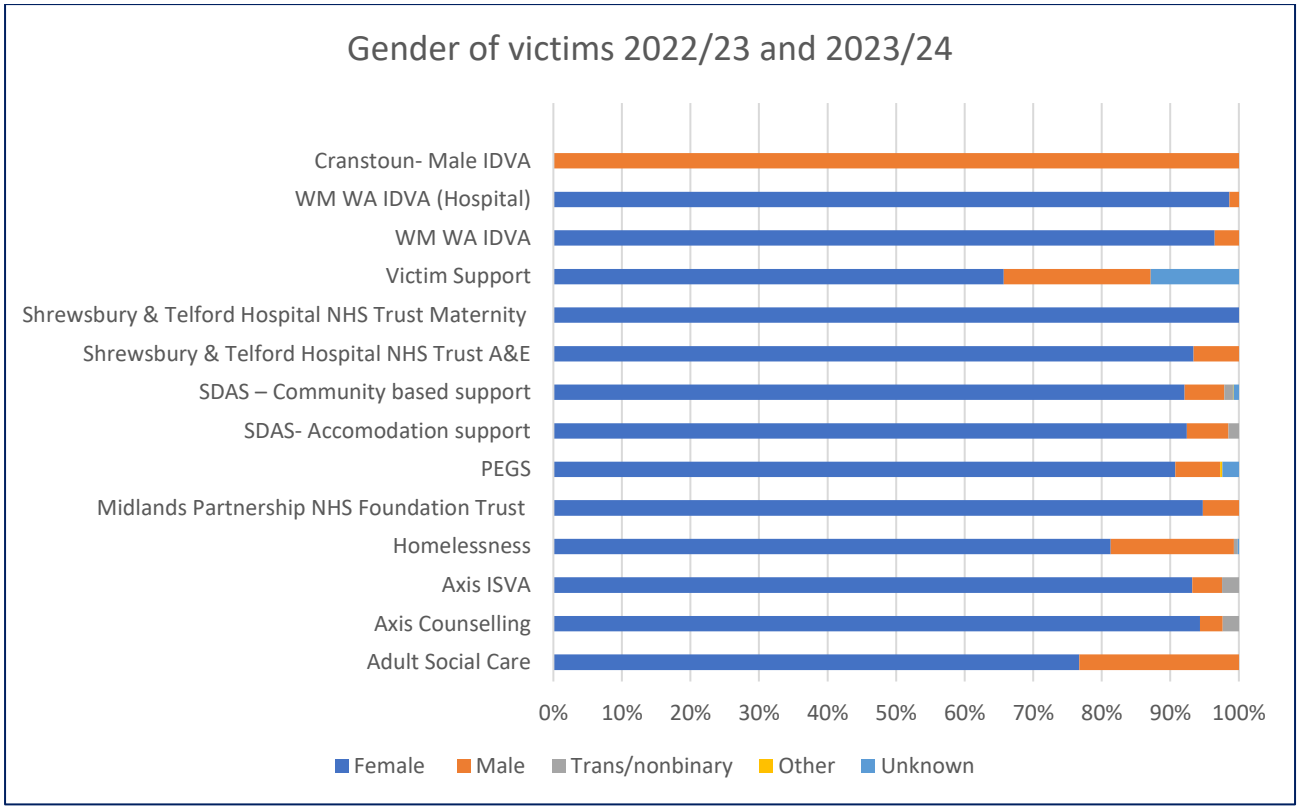
12. Adult Victim/Survivors

12.1. This section presents a summary of the data about adult victims/survivors accessing services. Included in this section are recommendations, which do not relate to service provision, but data collection.

12.2. Please note, gender, age, and ethnicity were recorded by almost all services that submitted data to the needs assessment; for the remaining characteristics the needs assessment only has partial data.

[31] Safe lives (2024) Facts and Figures

Gender



12.3. Whilst anyone can be a victim of domestic abuse, regardless of their gender, the majority of victims disclosing, reporting or being referred to services in Shropshire are female.

12.4. Only six services shared data on Transgender and nonbinary people being referred or reported: PEGS, Axis Counselling and ISVA service, Shropshire Council Homelessness, SDAS refuge and SDAS outreach community support.

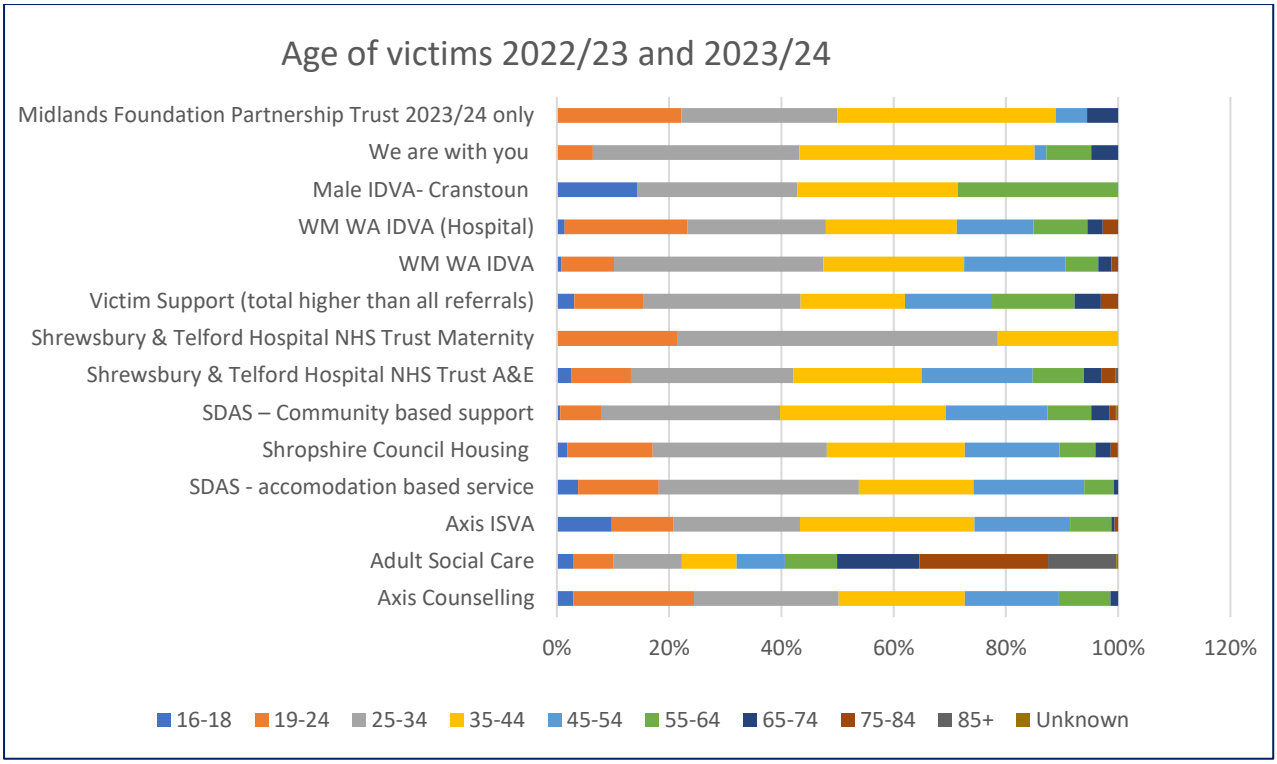
12.5. Research has shown that Transgender victims/survivors of abuse are unlikely to report their abuse to the police or to contact domestic abuse services directly (Safelives, 2020)[32]. This suggests that reports of domestic abuse are likely to be lower than the number of Transgender people who actually experienced abuse.

12.6. There was also a proportion of victim/survivors whose gender was unknown.

12.7. **Recommendation:** All services to collect victim/survivors' gender in order to help better understand domestic abuse in Shropshire and assess unmet need.

Age

[32] Safe Lives (2020) Transgender Victims' and Survivors 'Experiences of Domestic Abuse



12.8. The data provided, suggests that in Shropshire the majority of victims/survivors supported by domestic abuse services are aged between 25-44 years old. The data provided also shows that there are very few people aged 85+ in Shropshire who are being referred to domestic abuse services.

12.9. The Crime Survey for England and Wales (CSEW)[33] for the year ending March 2023 showed a higher percentage of people aged 16 to 19 years were victims of domestic abuse in the last year than those aged 45 to 54 years and 60 years and over.

12.10. For the purpose of this needs assessment, in line with AgeUK[34] and NHS England[35] an older person is defined as 65+ unless otherwise stated.

12.11. According to Age UK[36] older people are just as likely to be abused by an adult child or grandchild as they are a spouse or partner – this also means that men become at increased risk of being subjected to domestic abuse as they age. Many older people subjected to abuse have a health condition or disability, which may mean they rely on their abuser for care and support. Older people may face several barriers to seeking and accessing support. For example, Age UK state that older people with disabilities, or those from LGBTQ+ and ethnic minority backgrounds, may face further barriers to leaving an abusive relationship – this may be due to a lack of appropriate services, community barriers, discrimination, or a reliance on carers.

12.12. Several services provided feedback in relation to the older age population. This feedback included that there is a need for an increased understanding around domestic abuse and

[33] Crime Survey for England and Wales (2023) Domestic abuse prevalence and victim characteristics
[34] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf
[35] https://www.england.nhs.uk/ourwork/clinical-policy/older-people/improving-care-for-older-people/
[36] https://www.ageuk.org.uk/discover/2022/december/new-data-on-domestic-abuse-in-older-people/

dementia within Shropshire.

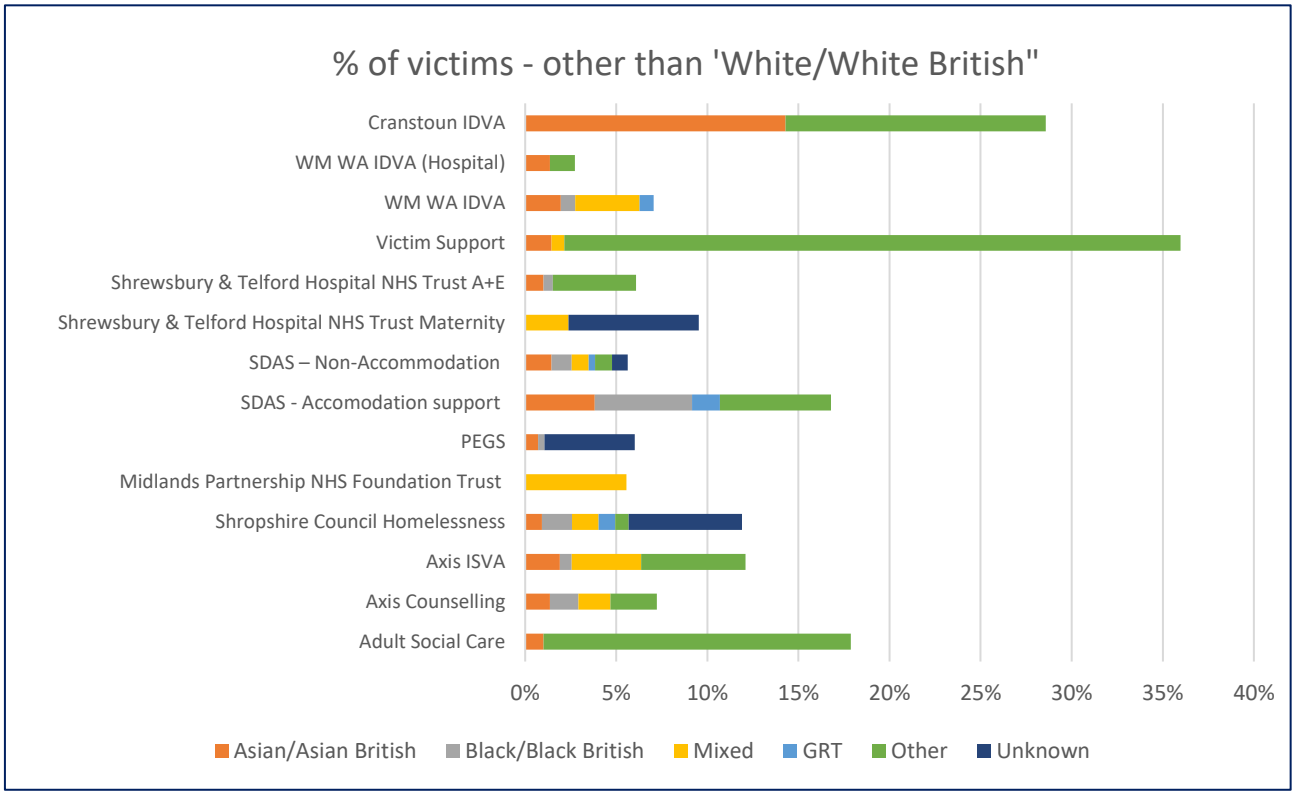
12.13. **Recommendation:** As a Partnership, explore how to reach all age groups in regard to domestic abuse support services.

12.14. **Recommendation:** To explore what is needed within Shropshire to assist those working with families where there is a link between domestic abuse and dementia.

Ethnicity

12.15. 14 services provided data around ethnicity. The most common ethnic group was White/White British.

Below presents a chart on the breakdown of ethnicities of survivors who did not identify as White/White British:



12.16. A large number of ethnic groups provided were identified as ‘other with no further clarification. This identifies a need for more detailed ethnicity classifications wherever possible.

Immigration Status

12.17. 5 services recorded immigration status of victims/survivors: SDAS Refuge and SDAS community-based service, Shropshire Council Housing Service, West Mercia Women's Aid (WMWA) IDVA and WMWA Hospital service.

2022/23 & 2023/24 total number of victims whose immigration status has been identified	Housing	SDAS refuge	SDAS Community based support	WMWA IDVA	WMWA Hospital IDVA
Family Visa (e.g. partner or parent)	0	2	7	2	0
Work/Student/Visit Visa	19	0	0	0	1
Asylum Seeker (public funds not accessible but asylum support available)	0	0	1	0	0
Refugee (public funds accessible)	0	16	21	0	0
No immigration leave/expired leave	0	4	5	0	0
EEA National			4	1	
UK National			3		
Other/Unknown/Prefer not to say	9	1	7	0	1
Indefinite Leave to remain				1	
Pre-settled status				1	
Settled status				2	

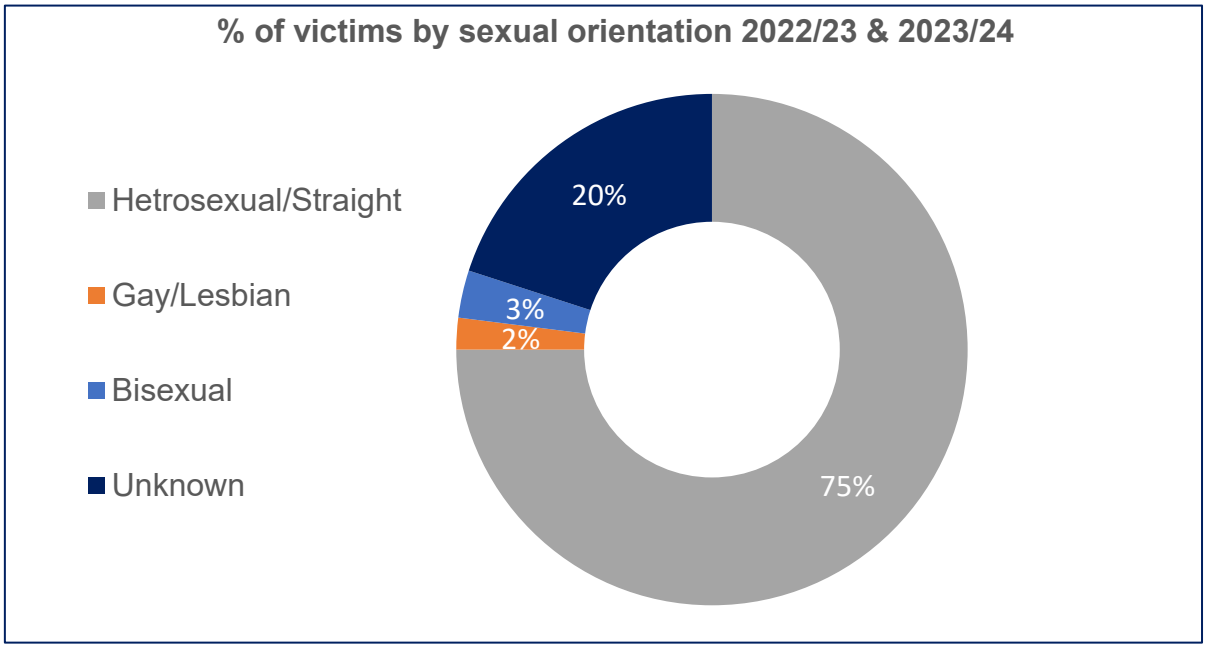
12.18. The most common immigration status of victim/survivors was refugee followed by work/student/visit visa.

12.19. In 2020, the Domestic Abuse Commissioner released 'Safety Before Status'[37] a report around improving pathways to support for migrant victims of domestic abuse. The report highlights the challenges survivors with insecure immigration status face when seeking safety and security and highlighted that "…without recourse to public funds, too many are unable to access life-saving refuge, if they are forced to flee their homes".

Sexual Orientation

12.20. 13 services collected the sexual orientation of victims and survivors in 2022/23 and 2023/24:

[37] Domestic Abuse Commissioner (2020) Safety before status: Improving pathways to support for migrant victims of domestic abuse



12.21. The majority of victim/survivors were heterosexual/straight. However, LGBT+ survivors of domestic abuse are disproportionally underrepresented in domestic abuse services. This is often a result of specific barriers existing on a personal and systemic level, which prevent LGBT+ survivors from getting the help and support they need (Galop, 2019[38]).

12.22. **Recommendation:** To explore potential barriers which may be preventing LGBT+ survivors from accessing domestic abuse support within Shropshire.

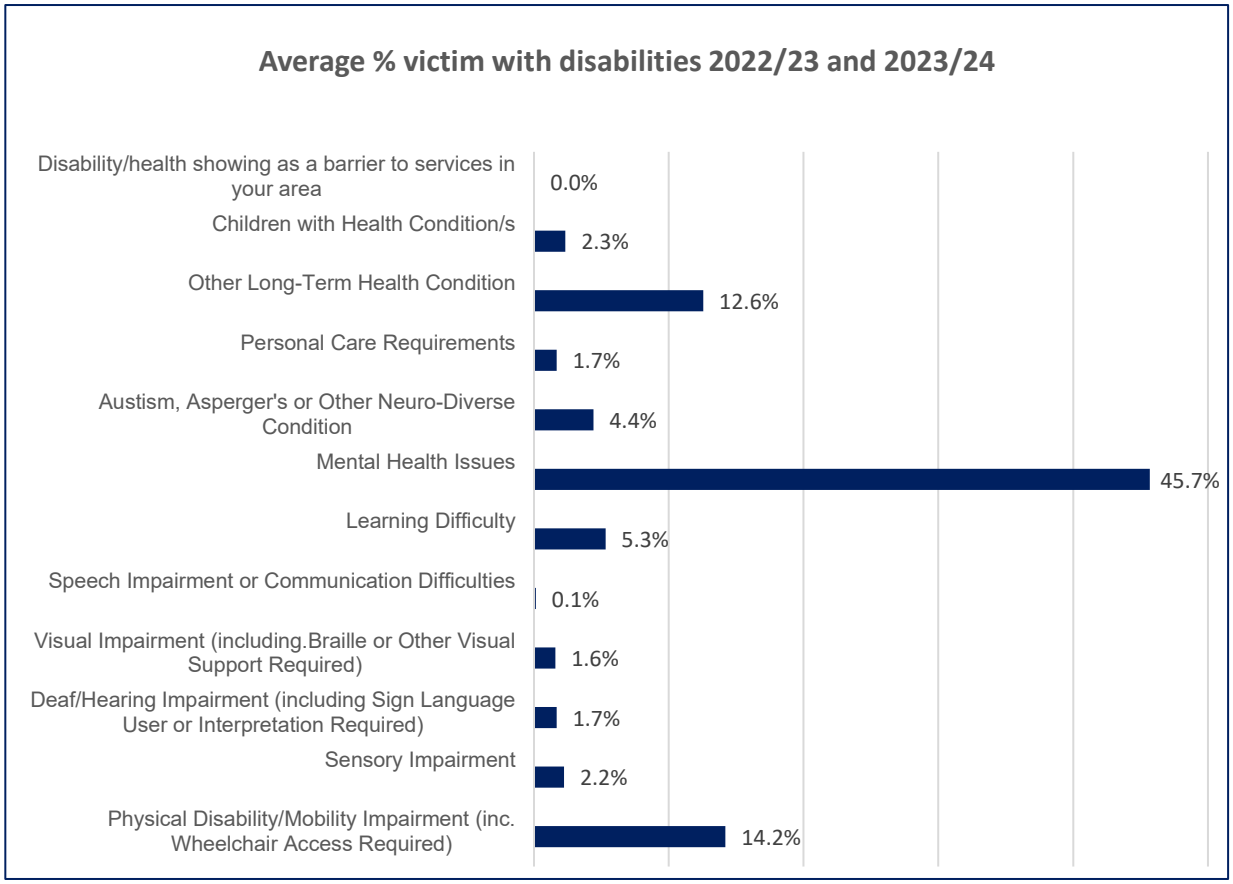
Disability

12.23. 15 services provided data around victim/survivor's disability in 2022/23 and 2023/24 shown below:

Service	Number of clients with a disability 2022/23 & 2023/24
Axis Counselling	258
Axis ISVA	123
Shropshire Council – Homelessness	164
PEGS	98
SDAS – non-accommodation	354
SDAS- Refuge accommodation	53
Shropshire Telford Hospital Trust Maternity	0
Shrewsbury Telford Hospital Trust A+E	0
We are with You	186
Victim Support	28
WM WA IDVA	111
WM WA IDVA (Hospital)	25
Shropshire Council Adult social care	228
Cranstoun - Male IDVA	5
Midlands Partnership Foundation Trust (2022/2023 only)	1

[38] Galop (2019) Barriers faced by Lesbian, Gay, Bisexual and Transgender+ (LGBT+) people in accessing non-LGBT+ domestic abuse support services

12.24. Out of the 15 services recording disability, 10 services recorded some detail of the nature of disability of victim/survivors in 2022/23 and 2023/24 shown below:



12.25. The most common disability of victims and survivors between 2022/23 and 2023/24 was mental health issues. It is important to note that domestic abuse can have a devastating and long-lasting impact on the mental health of survivors and their children.

12.26. In 2015, Public Health England[39] published a report on disability and domestic abuse which reviewed published evidence and statistical information about domestic abuse affecting disabled people. It highlighted that disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people

12.27. **Recommendation:** to continue to map the pathway for access to mental health support, to better understand the need for mental health support in Shropshire for domestic abuse survivors

12.28. **Recommendation:** For all services to consider revising how they record disability to include a breakdown of the nature of disability.

[39] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

Additional Support Needs

12.29. 6 services provided data around victim/ survivor's support needs in 2022/23 and 2023/24 shown below:

Additional support needs	WMWA Hospital IDVA	WMWA IDVA	SDAS-refuge	SDAS community-based service	Shropshire council - housing	Cranstoun Male IDVA
Care Leaver	0	0	4	18	12	0
Service Personnel/Armed Forces	0	0	0	6	5	0
Offending History	1	9	12	37	13	1
Homeless	0	4	77	175		1
Rough Sleeper	0	0	12	23	14	0
Alcohol Misuse	6	18	19	92	23	0
Drug Misuse	6	17	16	70	18	0
Sex Work			1	12		0
Legal Support	67	238	87	645		0
Financial Support	61	224	89	466		0
Other- mental health	32	87	90	589		
Other – physical health	8	27	83	255		

12.30. The most common reported additional support needs were legal and financial support. Mental health was also identified as one of the most common additional support needs.

12.31. Domestic abuse can have a severe and long-lasting impact on mental health for victim/survivors of domestic abuse. Women's Aid[40] highlight being subjected to domestic abuse can have devastating and long-term consequences for mental wellbeing.

12.32. The Shropshire Safeguarding Community Partnership (SSCP)[41] states, "between 2020-2022 a total of 114 people died of suspected suicide in the backdrop of domestic abuse. That is 5 people a month. 85% of those who died were women and 15% men. In year 3, there was a 7% decrease (17 people less) in the recorded number of deaths compared with year 2." (Learning Briefing 2024).

12.33. In turn, there is a need for further exploration into the additional needs of victims and survivors of domestic abuse.

12.34. **Recommendation:** For all services, to collect and report on data around the additional support needs of victim/survivors of domestic abuse who access their services. This will to help to better understand the additional support needs of survivors in Shropshire.

[40] https://www.womensaid.org.uk/the-reality-of-the-barriers-to-mental-health-support/
[41] https://www.shropshiresafeguardingcommunitypartnership.co.uk/media/tcwkqpnb/domestic-abuse-and-suicide-learning-briefing.pdf

Marital Status and Household Structure

12.35. 11 services collected data on marital status and 6 on household structure. Out of the six services that provided data. The most common household structure was single adult with children, followed by single with no children and partners with no children.

Employment Status

12.36. 7 services recorded employment status of victim/survivors in 2022/23 and 2023/24:

Occupation 2022/23 & 2023/24	% of total victims where services have recorded their occupation
Employed	23%
Unemployed	22%
Student	1%
Looking after	2%
Retired	9%
Economically inactive	13%
Unknown	29%

12.37. The highest occupation type, apart from 'other' was employed (23%), followed closely by unemployed (22%). Domestic abuse can have a significant impact on employment and therefore, it is vital that workplaces in Shropshire consider if they have domestic abuse policies and procedures for their workforce.

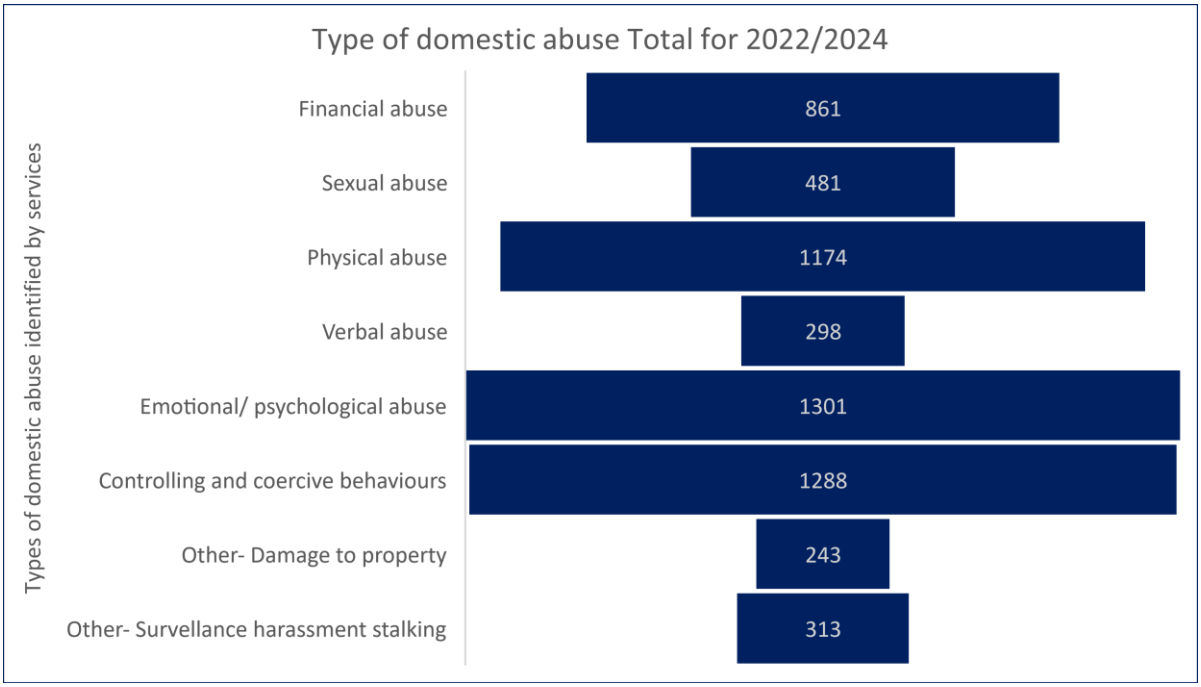
12.38. Workplaces can provide valuable support for employees who are being subjected to domestic abuse. In 2021, the Department for Business Energy and Industrial Strategy[42] published a report on improving workplace support for domestic abuse victims, including raising awareness and sharing best practice among employers. This report suggests that to support victims of domestic abuse organisations should, wherever possible, have a domestic abuse policy in place which are easily accessible as well as embedding support to victims of domestic abuse into wider organisational frameworks, especially diversity and inclusion, but also health and wellbeing and relevant HR policies and practices.

12.39. **Recommendation:** To raise awareness to businesses within Shropshire, around the importance of having a domestic abuse policy in place to help to ensure that victim/survivors of domestic abuse, who are employed are supported by their employer.

Types of domestic abuse

12.40. 7 services provided data around the type of domestic abuse their clients were subjected to between 2022/23 and 2023/24 shown below.

[42] https://www.gov.uk/government/publications/workplace-support-for-victims-of-domestic-abuse



12.41. The most common type of domestic abuse was emotional/pyschological abuse. Followed by controlling and coercive behaviours.

12.42. It is important to note, as highlighted by Victim Support[43] that domestic abuse can take many different forms and is not limited to psychological, physical, sexual, financial, emotional abuse.

12.43. **Recommendation:** For all services to record where appropriate, the type of domestic abuse their clients are being subjected to.

13. Children and Young People Victim/Survivors

13.1. In the UK, over 105,000 children live in homes where there is high-risk domestic abuse and 78% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others (Safe Lives MARAC national dataset, 2023[44]).

13.2. Services available for children and young people are provided by SDAS and Victim Support and provided in section 19 around non accommodation based domestic abuse provision, and the response of Shropshire Council Children's Services are included further on in this needs assessment.

[43] Victim Support 'Domestic abuse' accessed via: https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/#:~:text=Domestic%20abuse%20can%20take%20different%20forms,
[44] Safe lives (2023) Marac National Dataset

13.3. Due to the limited specialist service provision, there is limited data on children and young people's needs relating to domestic abuse. It should also be noted that most of the data available refers to children and young people who have had concerns raised about them, not, as with adult victims, reporting issues for themselves.

13.4. Please note, the data provided by Shropshire Council Childrens Services was a snapshot as of 31st March 2024 which should be considered when analysing the data provided.

Disclosures, Reporting or Referrals

Disclosures, reporting or referrals for child victims/survivors (including unborn)	2022/23	2023/24
SDAS Accommodation-based services *number of CYP accommodated with a parent*	45	77
SDAS Community-based CYP service	43	37
SDAS Community-based service (outreach and idva) *number of adult victims/survivors with involvement in Children's Social Care, including those with Care Orders (snapshot as of Q4 2022/23 and Q4 2023/24)*	113	112
Shropshire Council Early help services *Under 19s with open early help episode at end of each year with domestic abuse identified as issue in most recent assessment*	365	317
Shropshire Council Children's Social Care Services *Open Cases where DV identified on Referral/Social Work Assessment*	6436	6663
Shropshire Council Child Protection plans with DA as primary issue (as at the 31st of March each year)	122	101
Shropshire Council Children in Need plans with DA as primary issue (as at 31st March each year)	61	77
Shropshire Council Children's Social Care Services *Open Looked After Children cases where domestic abuse was identified on the referral/social work assessment (31st March 2024 snapshot)*		309
Victim Support (Young people aged 16 -18)	0	4

13.5. There is an absence of data relating to the nature of the domestic abuse children and young people have experienced: living in a family with an abuser, being abused by an intimate partner, multi-victimisation or being a child or young person causing harm to family members or intimate partners.

Level of Domestic Abuse (DV) Contacts

13.6. It is important to consider the safeguarding threshold levels across the Partnership when analysing the DA contacts. These can be shown below. It is important to highlight that the threshold is currently under review. To view the threshold in full please see Shropshire

Safeguarding Community Partnership Children Threshold document[45]

13.7. Below are the list of DV contacts with Level outcomes for 2022/23 and 2023/24

Childrens services	Level	2022/23	2023/24	Total
DV Contacts in period outcome Level 1	LVL1	3682	3677	7359
DV Contacts in period outcome Level 2	LVL2	516	681	1197
DV Contacts in period outcome Level 3	LVL3	337	382	719
DV Contacts in period outcome Level 4	LVL4	276	244	520
DV Contacts in period outcome Allocated Social Worker	SW	1625	1679	3304

13.8. The most common level of domestic abuse contacts in 2022/23 and 2023/24 was Level 1. However, all Levels, apart from Level 4 showed an increase in DV contacts in 2023/24.

Age and Gender

13.9. Shropshire Council services work with children across the whole age spectrum, including unborn babies through to those turning 18 years. Children's services provided the needs assessment with a snapshot of Open Cases, where domestic abuse was identified on Referral/Social Work Assessment. As part of this, they provided a snapshot of the age and gender of children in Children Social Care Services as of 31st March 2024:

Age Band	All open cases where domestic abuse identified on referral/social work assessment snapshot (March 31st 2024) (N=812)	Open children looked after where domestic abuse identified on referral/ Social work assessment (March 31st, 2024) (N=309)	Open leaving care where DV identified on referral/social work assessment (March 31st, 2024) (N=21)
0 – 4	268	92	
5 – 9	229	97	
10 – 14	196	78	
15+	119	42	21
Total	**812**	**309**	**21**

Gender	All Open cases where domestic abuse identified on referral/social work assessment snapshot (March 31st, 2024) (N=812)	Open children looked after where domestic abuse identified on referral/ Social work assessment (March 31st, 2024) (N=309)	Open leaving care where DV identified on referral/social work assessment (March 31st, 2024) (N=21)
Female	373	139	9
Male	436	170	12
Unborn	3		
Total	**812**	**309**	**21**

[45] https://www.shropshiresafeguardingcommunitypartnership.co.uk/procedures/threshold-documents/

Ethnicity

13.10. Shropshire Council Children's Services' data collection on ethnicity for children

Ethnicity	All Open cases where domestic abuse identified on referral/social work assessment snapshot ((N=812)	Open children looked after where domestic abuse identified on referral/ Social work assessment (N=309)	Open leaving care where DV identified on referral/social work assessment (N=21)
A1 - White British	723	290	19
A2 - White Irish	1	1	
A3 - Any other White background	13	3	
A4 - Traveller of Irish Heritage	4		
A5 - Gypsy / Roma	2		
B1 - White and Black Caribbean	7	2	2
B2 - White and Black African	4	4	
B3 - White and Asian	9	3	
B4 - Any other mixed background	13	5	
C1 – Indian	9		
C2 – Pakistani	2		
C4 - Any other Asian background	1		
D1 – Caribbean	2		
D2 – African	3		
D3 - Any other Black background	4		
E2 - Other background	5	1	
E4 - Information not yet obtained	10		
Total	**812**	**309**	**21**

13.11. **Recommendation:** To explore if children and adults services are referring into domestic abuse support services within Shropshire. Where referral rates are low, teams to be directed to the internal Shropshire Council Wellbeing Pages to access the Domestic Abuse directory which includes local and national domestic abuse support services information.

Shropshire Domestic Abuse Service – Children and Young People

13.12. Below provides a summary of the accepted and repeat referrals to the Shropshire Domestic Abuse Children and Young People service:

SDAS CYP	2022/23	2023/24
SDAS Community based CYP service referrals accepted	36	23
SDAS Community based CYP service repeat referrals	5	2

Operation Encompass

13.13. Data was provided by Shropshire Council's Operation Encompass lead. Operation Encompass is a nationally recognised scheme that provides notifications to schools of domestic abuse incidents reported to police in which children are in the household. Please note the MARAC notifications began in 2023/24.

Notifications	2022/23	2023/24
Operation Encompass	1617	1682
MARAC	N/A	57

Prevalence of the 'toxic trio'

13.14. The Shropshire Drug and Alcohol Needs Assessment[46] included the Childhood Local Data on Risks and Needs (CHLDRN) produced by the Children's Commissioner for England[47]. Parental mental ill-health, domestic abuse and substance misuse have been identified in this data as commonly present in the lives of many vulnerable children.

13.15. The Shropshire Drug and Alcohol Needs Assessment includes an analysis of this data which looks to measure, the prevalence of this "toxic trio" and victimisation of children where these factors are present in the household in Shropshire.

13.16. The toxic trio rate in Shropshire, where children are in households with all three issues (co-occurring parental substance misuse, mental ill health and domestic abuse) was 9 per 1,000 0-17 year olds, similar to the benchmark and national rate. The rate of children in households with any of the three issues was below the national and benchmark rates at 151 per 1,000 0-17s.

13.17. Of all three issues (parental mental ill-health, domestic abuse and substance misuse) the highest rate was among children in households where a parent had a severe mental health problem at 106 per 1,000 0–17-year-olds, a trend also seen nationally and among benchmark areas.

Shropshire Council

13.18. A comprehensive Children and Young People Needs Assessment is being created by Shropshire Council, which includes the risk factors and wider determinants of health and wellbeing relating to domestic abuse in the home. (see population and context chapter).

[46] Drug and Alcohol Needs Assessment (shropshire.gov.uk)
[47] https://www.childrenscommissioner.gov.uk/chldrn/

West Mercia Police data – Children and Domestic Abuse

13.19. West Mercia Police provided a breakdown of child roles in domestic abuse for Quarter 4 2022/23 and Quarter 2023/24 shown below:

Snapshot	Q4 2022/23	Q42023/24
Involved party	404	388
Victim	18	13
Witness	10	8

13.20. This shows that in the snapshot provided for both quarters, children were most commonly the involved party.

13.21. **Recommendation:** To consider how West Mercia Police record children as victims of domestic abuse in their own right and explore where this data is collected, how it is reported on, the frequency of the reporting and who receives the report.

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14. Perpetrators of Abuse/Those Causing Harm

14.1. Probation collected data on people on probation who are domestic abuse perpetrators they provided the number of people in Herefordshire, Shropshire and Telford & Wrekin and shared the overall number within Shropshire.

Probation Data

14.2. Probation shared a snapshot of the number of people on Probation in Herefordshire, Shropshire and Telford & Wrekin combined, as well as Shropshire individually.

Number of Domestic Abuse Perpetrators (registration or order)

Area	Community	Custody	Total
Herefordshire, Shropshire, and Telford & Wrekin	495	196	691
Shropshire	153	60	213

Age category of People on Probation, in the community, who are Domestic Abuse Perpetrators

Area	18-21 yrs.	22-25 yrs.	26-35 yrs.	Over 35 yrs.	Deceased
Herefordshire, Shropshire, and Telford & Wrekin	24	37	177	256	1
Shropshire	8	9	58	78	

Gender of People on Probation, in the community, who are Domestic Abuse Perpetrators

Area	Female	Male
Herefordshire, Shropshire, and Telford & Wrekin	35	460
Shropshire	11	142

Ethnicity of People on Probation, in the community, who are Domestic Abuse Perpetrators

Area	Asian	Black	Mixed	White	Other	(blank)
Herefordshire, Shropshire, and Telford & Wrekin	9	14	11	450	2	9
Shropshire		1	2	144	1	5

15. Disclosures, Reporting or Referrals for Those Causing Harm

15.1. The table below shows the number of disclosures, reporting or referrals for those causing harm, to services that work with domestic abuse perpetrators in Shropshire between 2022/23 and 2023/24.

Disclosures, reporting or referrals for those causing harm	2022/23	2023/24
Drive – Cranstoun	N/A	24
Men and Masculinities- Cranstoun	N/A	55
We are with you	117	114
West Mercia Police (suspects) (snapshot of Q4 both years)	434	218
Richmond fellowship (snapshot of quarter 3)	43	N/A

West Mercia Police Data

15.2. West Mercia Police provided a breakdown of the percentage of male and female perpetrators in quarter 4 2022/23 and quarter 4 2023/24.

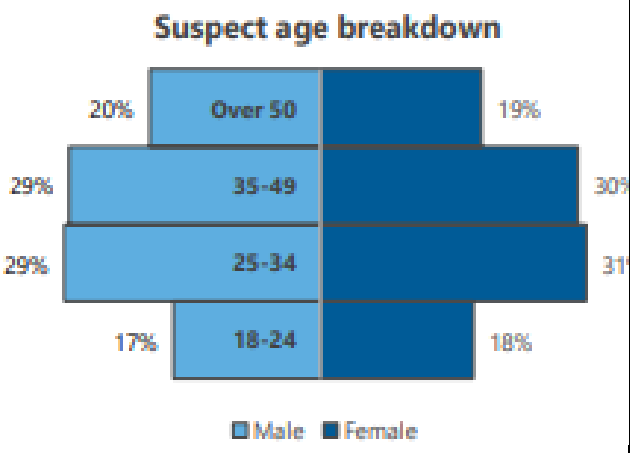
Offenders	Police Q4 2022/23	Police Q4 2023/24
Male perpetrator	74%	70%
Female perpetrator	25%	29%

Age of Suspect

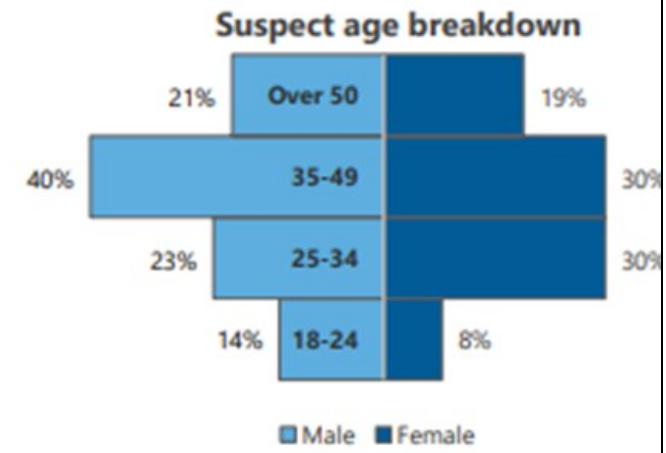
15.3. West Mercia Police also provided a breakdown of suspects age, for Q4 2022/23 and 2023/24 which is shown in the graphs below

Police suspect breakdown by age

Q4 2022/23



Q4 2023/24



15.4. Services within Shropshire, that work with domestic abuse perpetrators also provided a breakdown of service users by age shown below:

Age	16-18	19-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Drive – Cranstoun (2023/24)	0	5	8	8	3	0	0	0	0
Men and Masculinities- Cranstoun (2023/24)	0	7	21	18	6	3	0	0	0
We are with you (2022/23 and 2023/24)	0	14	103	84	42	12	5	0	0
Richmond fellowship (2022/23)	0	1	21	18	2	1	0	0	0

15.5. There was an identified gap in response to high-risk perpetrators and those who do not accept a referral / do not engage with the behaviour change programme. For this reason, the DRIVE Programme has been implemented in Shropshire, offering a multi-agency response to high-risk, high-harm perpetrators that has been shown, in other areas, to be effective in reducing harm to adult and child victims.

15.6. **Recommendation:** To continue to raise awareness to professionals on what is available locally for domestic abuse perpetrators and to include the information in the domestic abuse pathway for professionals.

16. Accommodation Provision: Safe and Other

16.1. This section presents the overall response across refuge and sanctuary scheme which are the only provisions in Shropshire within the definition of safe accommodation. Following that, the response of Shropshire Council Housing and Homelessness, and other accommodation and accommodation-based support are listed.

Refuge

16.2. Refuge provision within Shropshire is delivered by Connexus; a registered social landlord since 2017 who provide the service involved in the delivery of refuge, Shropshire Domestic Abuse Service (SDAS). The refuge properties are owned by Connexus and Shropshire Council commission the accommodation-based support to adults and children as well as some additional funding towards outreach services, provided by Shropshire Domestic Abuse Service.

16.3. At the time of writing the needs assessment, there are a total of 22 units of refuge accommodation in Shropshire. The accommodation provision includes

- One 10-bed female only refuge known as 'main refuge', which includes space for 15 children. 4 rooms have individual use of bathroom facilities, but all rooms share kitchen facilities
- Seven units of dispersed refuge accommodation, this includes space for 8 children. One property includes two units for female survivors including space for three children; one property providing three units for female survivors including space for three children; and one property with two units for male survivors, one of these units can accommodate two children, and the units are wheelchair accessible with a wet room. All dispersed properties have shared living space, kitchen/dining area, and bathrooms.
- Finally, there are 5 self-contained units in a shared complex which meet the needs of women facing multiple disadvantages. No children are accepted in these units. The majority of support is offered to women fleeing domestic abuse who also have drug and alcohol misuse and mental health related needs, though other complex needs such as prison leavers are accepted.
- All dispersed refuge accommodation is located in confidential areas that feel safe to residents, and the properties themselves are well managed and maintained.

16.4. The 'main refuge' is in an old building, which means the layout is not ideal for residents who have access requirements. The lack of storage space means that communal and staff areas are used for storage, leading to many residents not using the communal spaces available to them. The location is safe, despite being well known in the area, with a sense of community and protectiveness, as well as a welcoming approach to residents and those who move on from refuge to reside in the area.

16.5. Referrals for those with no recourse to public funds can be accepted provided they are already receiving the Migrant Victims of Domestic Abuse Concession, or there is an

agreement that another agency will fund the space until the adult has access to benefits. Connexus have also supported this in the past on an ad hoc basis, but this is not contained in policy.

Shropshire Sanctuary Scheme

16.6. Accommodation provisions such as refuges and other forms of emergency and temporary accommodation can provide a safe and supportive environment for households fleeing violence and abuse. However, there is a need to enable households at risk of violence and abuse, to remain in their own homes when it is safe to do so.

16.7. A Sanctuary Scheme is 'a multi-agency victim/survivor centred initiative which aims to enable households at risk of domestic abuse to remain in their own homes and reduce repeat victimisation through the provision of enhanced security measures (Sanctuary) and support.[48] Therefore, a Sanctuary Scheme is a means of preventing homelessness. The scheme also gives victims/survivors a choice to remain in their property.

16.8. Historically, in Shropshire, West Mercia Police Design Out Crime Officers (DOCO) have carried out crime risk assessments on client's properties, who have been identified as high risk by the Domestic Abuse Unit (DAU). However, if a client is not on a high-risk management plan with them, then they would not have received a crime risk assessment.

16.9. In response to this, Shropshire introduced a Sanctuary Scheme on the 3rd of April 2023. In October 2023, a decision was made to employ a former DOCO to carry out Sanctuary Scheme assessments. Therefore, survivors who are standard or medium risk (as assessed by West Mercia Police) or are not involved with the police and are at any risk level, are now eligible to be referred for a crime risk assessment, as suggested by the Whole Housing Toolkit[49].

Shropshire Sanctuary Scheme Process

16.10. The Shropshire Sanctuary Scheme is available to all households and individuals, regardless of tenure or gender, at risk of domestic abuse. Referrals to the Sanctuary Scheme are made by specialist service professionals. In order to be eligible for the scheme:

- The client must want to remain in the property.
- The perpetrator must no longer be living at the property or have the right to remain in the property.
- If the property is rented, there must be Landlord permission obtained.

16.11. If eligible, the Sanctuary Assessor will carry out a sanctuary scheme assessment, which can be explained as a thorough assessment of the household's security. The Assessor will consider ways to increase physical safety of victim/survivors by preventing or delaying perpetrators from gaining access to the property and/or the Sanctuary Safe

[48] Standing Together (2020) Sanctuary Scheme Toolkit
[49] https://www.dahalliance.org.uk/innovations-in-practice/whole-housing-approach/whole-housing-toolkit/

Room. It also intends to increase the victim/survivor's perceived safety.

16.12. The Sanctuary Scheme assessor will recommend the addition of security measures where required. As a minimum, the security measures applied must be to recognised British Standards and must comply with means of escape from fire requirements.

Data 2023-2024

16.13. The data for Shropshire Sanctuary Scheme provided below, refers to the data collected from the Domestic Abuse Prevention Team in relation to clients referred by specialist services. This data does not include data from West Mercia Police DOCOs. In turn, the data provided does not provide the full scope of Sanctuary Scheme works within Shropshire.

16.14. **Recommendation:** For Shropshire Sanctuary Scheme Coordinators to work with West Mercia Police, to gather data in relation to clients receiving assessments in Shropshire to create a comprehensive picture on the delivery of the Scheme.

16.15. Below shows the referrals to the Sanctuary Scheme in April 2023 to March 2024.

Sanctuary scheme measure	April 2023- March 2024
Number of referrals received	50
Number of referrals accepted	39
Unsuccessful referrals/accessed denied	11
List of reasons for unsuccessful/denied:	
Referral closed after attempts made to assess property	1
Referral closed after no response	3
Inappropriate referral by referrer	1
Client out of area (Shropshire) so declined	2
Not eligible	2
Client declined	2

16.16. Below presents the top referrers to the sanctuary scheme

Referral source	Percentage of referrals April 2023- March 2024 (N=50)
Shropshire Domestic Abuse Service	52.9%
West Mercia Police	25.5%
Local Authority- housing and homelessness	5.9%
IDVA- West Mercia Women's Aid	3.9%
Local Authority- adult safeguarding	2%

16.17. The Shropshire Sanctuary Scheme provided clients demographics for those clients that were accepted to the Sanctuary scheme shown below:

Sanctuary Scheme accepted clients' demographics April 23 to March 2024	
Gender	**Disability**

- Female: 37 clients - Male: 2 clients	- Yes:5 clients - No: 10 clients - Prefer not to say: 2 clients - Not provided/did not answer: 22 clients
Ethnicity - White/White British/White Other: 30 clients - Mixed Caribbean: 1 client - Eastern European: 1 client - Arabic: 1 client - Prefer not to say: 1 client - Not answered: 5 clients	**Sexual orientation** - Heterosexual/Straight:32 clients - Gay woman- 1 clients - Prefer not to say – 1 client - Not provided/did not answer- 5 clients

16.18. The Sanctuary Scheme requires any clients referred to be supported by a specialist service. It is important to note, some clients may have been supported by more than one specialist support service. The following services were identified as providing support between 2022/23 and 2023/24

Domestic Abuse Specialist Support*	Number of accepted sanctuary scheme clients accessing support
SDAS	27
West Mercia Women's Aid	6
Domestic Abuse Risk Officer	11
PEGS	1

*It is important to note that these are the support services identified by the referrer to the Scheme and clients may be supported by other services.

16.19. The needs assessment was informed that having a designated Shropshire Sanctuary Scheme Assessor has been beneficial for professionals.

Shropshire Fire Service

16.20. Between 2022/23 and 2023/24, 14 clients of the Shropshire Sanctuary Scheme were referred to The Shropshire Fire Service.

16.21. Shropshire Fire and Rescue Service operates from 23 strategically located sites across Shropshire. They provide emergency response services for the whole of Shropshire and Telford & Wrekin, operating with 46 vehicles plus specialist appliances. Their prevention and protection activities also help educate and protect communities they serve and businesses within the area to avoid fires happening in the first place.

16.22. Since 2001, Shropshire Fire and Rescue Service have carried out Home Fire Safety visits. In 2017, they expanded these visits to include a discussion on health and wellbeing. Most referrals for a fire risk assessment come from West Mercia Police, where the level of risk would be shared, and the fire service will act accordingly.

16.23. The Shropshire Fire Service also works with the Shropshire Sanctuary Scheme, to ensure that when risk of fire or arson is identified by the Sanctuary Scheme assessor, a referral is passed to the Shropshire Fire Service to carry out a fire assessment of the property.

Shropshire Council Housing Response

16.24. Shropshire Council Housing service includes several different teams. This section provides a breakdown of all Shropshire Council Housing Teams and a short summary of their response.

The Housing Options Team:

16.25. Housing Options Team respond to and manage all homelessness applications, including those from people fleeing domestic abuse. If temporary accommodation is required, this is passed to the Temporary Accommodation team to facilitate. The Housing Support Team will then support individuals. All these teams (and the Rough Sleeper Team) are managed by the Homelessness Operations Manager, who is new in post (June 2022). As part of their response, Shropshire Council Housing teams are encouraged to signpost perpetrators to relevant support such as Respect, Drive and Rise.

The HomePoint Team:

16.26. If an application is made to HomePoint, and the applicant mentions being a current victim of domestic abuse, this will be passed to the Housing Options Team, who will contact the individual to progress a homelessness application. HomePoint can classify a case as domestic abuse where there is currently coercion or physical violence.

The Private Sector Housing Team:

16.27. This Private Sector Housing Team is located within the Place Directorate. In addition to managing moves as indicated by Occupational Therapy assessments (working with the Housing Options Team through a ‘homeless at home’ pathway), this team also works alongside Adult Social Care and mental health services in responding to homeowners in relation to home conditions, this is often due to hoarding and self-neglect.

The Housing Enforcement and Environmental Health Teams:

16.28. Housing Enforcement is in the Place Directorate, managing the enforcement of property conditions for tenants and landlords where complaints have been made and issues not resolved. They are also responsible for HMO (Houses with Multiple Occupancy) licencing and enforcement. Environmental Health is in the People Directorate and, in relation to residents, manages noise related complaints, pest control and other related matters.

Customer Services, Benefits Service and Welfare Support Team:

16.29. They have connected with the work led by Staff Wellbeing (see Shropshire Council) but are not otherwise connected with the Domestic Abuse Partnership, which is a gap. The Revenues and Benefits Service can provide financial support to victims/survivors, including covering rental costs for up to 52 weeks if there is intention to return; and they administer Discretionary Housing Payments in support of rent and housing costs. The

Welfare Support Team can support survivors who have fled through providing funds for essential items such as food, energy, or furniture, as well as help with removal costs, rent in advance or deposits if these cannot be met through Discretionary Housing Payments (administered by the Benefits Service). Staff signpost to Shropshire Domestic Abuse Service and West Mercia Women's Aid but there is no specific policy or procedure in place, and no staff training.

16.30. Shropshire Councils housing stock is managed by Shropshire Towns and Rural Housing (Star Housing), an arms-length management organisation. They advertise the available properties, on Shropshire HomePoint.

16.31. In 2023, The Shropshire Council Allocations policy[50] and scheme was launched. This housing allocation policy and scheme seeks to meet the following aims:

- Ensure people in the greatest housing need have the greatest opportunity to access suitable housing that best meets their needs.
- To prevent and relieve homelessness.
- To make best use of the Council's and housing association stock.
- To help the Council meet statutory and strategic aims.
- To help contribute to the development of sustainable communities.
- To allow for the greatest degree of choice possible in the allocation of affordable housing

16.32. Shropshire Council are updating the IT system, this will improve the ability to better enable accurate and necessary data collection.

16.33. Shropshire Council has a draft Homelessness and Rough Sleeping Strategy that is out for consultation currently. The previous strategy entitled 'Shropshire Council Homelessness Strategy' was dated 2015 – 2017.

Shelter audit – Shropshire Council Homelessness File Assessment

16.34. Between 28th May 2024 and 4th June 2024, Shelter's Consultancy Service and Systems Practice Team carried out an audit on a sample of 20 case files where decisions had been reached by Shropshire Council on:

- Prevention duty
- Relief duty
- Main duty
- Not homeless
- Not eligible
- Not in priority need
- Intentional homelessness

16.35. The audit assessed the following activities: Homelessness Assessment, Concluding Duty and Record Keeping.

50 Shropshire Council Allocations policy (2023)

16.36. Part of the assessment involved looking at the suitability of Temporary Accommodation. Shelter shared that this was difficult to assess as all cases are initially booked into hotel accommodation. As there is no comprehensive suitability assessment or housing needs assessment on some files, clear information about the client's needs is not always obvious. In the cases that were able to be commented on, the overall score in this area is Poor (39%).

16.37. One case assessed by Shelter, involved a client who was a care leaver with high and complex needs, multiple physical and mental health problems. The client also has been subjected to domestic abuse and violence. The client's case is outlined below:

> The client was offered interim accommodation however the client abandoned this after one hour of arriving and went to stay with family. The client did not stay at the interim accommodation offered as said it was triggering and was also expecting staff to be able to monitor her medical needs and was under the impression that it was a form of supported housing. No further offers of accommodation have been made thereafter and an intentional homelessness decision has been issued. B&B accommodation was not a suitable offer.

16.38. Shelter feedback around this case is that Shropshire Council must assess whether the interim accommodation was the correct environment for the client, considering their background as a care leaver who had been subjected to domestic abuse and their high complex support needs.

16.39. As part of this work, Shelter's Consultancy Service and Systems Practice Team carried out a telephone and email-based mystery shopping exercise for Shropshire Council Housing Options service. The exercise assessed the standard of initial contact handling for people who contact the authority for assistance with their housing problem.

16.40. A total of 25 telephone and 10 email shops were undertaken throughout March and April 2024. Shoppers used a range of scenarios with varying levels of support needs.

16.41. There were two domestic abuse scenarios and below shows feedback in relation to the advice they received:

> Case 1- shopper was advised that their friend (victim of DA) should call the domestic abuse helpline and was informed that they may be able to offer a refuge.

> Case 2- There was an absence of signposting to domestic abuse charities which was of concern.

16.42. These findings inform the needs assessment that there is a need to revise what suitable temporary accommodation is available for victims of domestic abuse, which accommodate their needs. There is also the need to ensure that housing options teams are signposting to local and national domestic abuse support.

16.43. The DAPT team consists of a Strategic Lead, Project Officer, Lived Experience Officer, Training Lead and a Sanctuary Scheme Assessor.

16.44. The Domestic Abuse Strategic Lead is responsible for ensuring the Local Authority meets all of its statutory duties as laid down by the DA Act 2021. They are also responsible for partnership working and understanding the national and local landscape for both vicitm and perpetraror work across Domestic & Sexual Abuse and Violence, plus any wider Violence Against Women and Girls (VAWG) issues.

16.45. The Domestic Abuse Project Officer works on domestic abuse projects, working with partners both internal and external to the Council to enable the projects to run in a truly collaborative way and is responsible for supporting the Domestic Abuse Strategic Lead in gathering and collating of data to inform current and future projects.

16.46. The Lived Experience Officer leads a Lived Experience Advisory Group (LEAG), to ensure the voice of lived experience is heard at the DA Local Partnership Board and other Boards as appropriate. The LEAG is working towards being an integral part of the creation of new procedures, processes, research, training, or new services, to ensure Shropshire's response to domestic abuse is informed, considerate and effective.

16.47. The Training Lead, provides bespoke training both internally, to council employees, and externally, to build on existing knowledge and skills and strengthen the response given to both survivors and perpetrators of domestic abuse.

16.48. The Sanctuary Scheme Assessor carries out sanctuary assessments, assessing the level of risk faced by the household, identifying vulnerable areas within the home and making recommendations around appropriate safety measures. They also collaborate with other agencies involved in the scheme, such as local authorities, housing providers, private landlords, police, fire service and support services.

Recommendations for Housing Services Shropshire Council

16.49. When focussing on development we need to ensure that all forms of housing, including sheltered and supported accommodation, are safe and appropriate.

16.50. **Training and Referral Pathways:**

- Providing an appropriate level of training for staff according to their role
- Raising awareness of the Domestic Abuse Directory of services accessed via Shropshire Council Well Being pages on the internal intranet.

16.51. Update the external internet Housing pages so all victim/survivors know how and where to access support. External internet pages must also include information for perpetrators of domestic abuse, to ensure they are aware of the support they can access to change their behaviour.

16.52. Ensure that survivors of domestic abuse, are signposted where necessary to furniture and clothing access which include but are not limited to local furniture schemes, little stars for children's clothing, baby stop and the Welfare Support Team.

16.53. Shropshire Council should progress with the Whole Housing Approach (WHA) including gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.

16.54. For all teams in the housing service, to consider their domestic abuse response by creating a set of policies and procedures.

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17. Access to Safe Accommodation

17.1. This section presents data on access to refuge. Below is the total number of referrals to refuge received in 2022/23 and 2023/24.

Refuge referrals	Total 2022/23 & 2023/24
Total referrals received	307
Referrals from within area	124
Referrals from outside of area	183

17.2. Looking at the referrals received from outside of area, the majority came from the West Midlands:

1. Telford and Wrekin being the highest with 18%
2. Birmingham – 4%
3. Walsall – 4%
4. Worcestershire – 3%
5. Coventry – 2%.

17.3. There are a variety of different sources that refer into refuge. In 2022/23 and 2023/2024, they were as follows

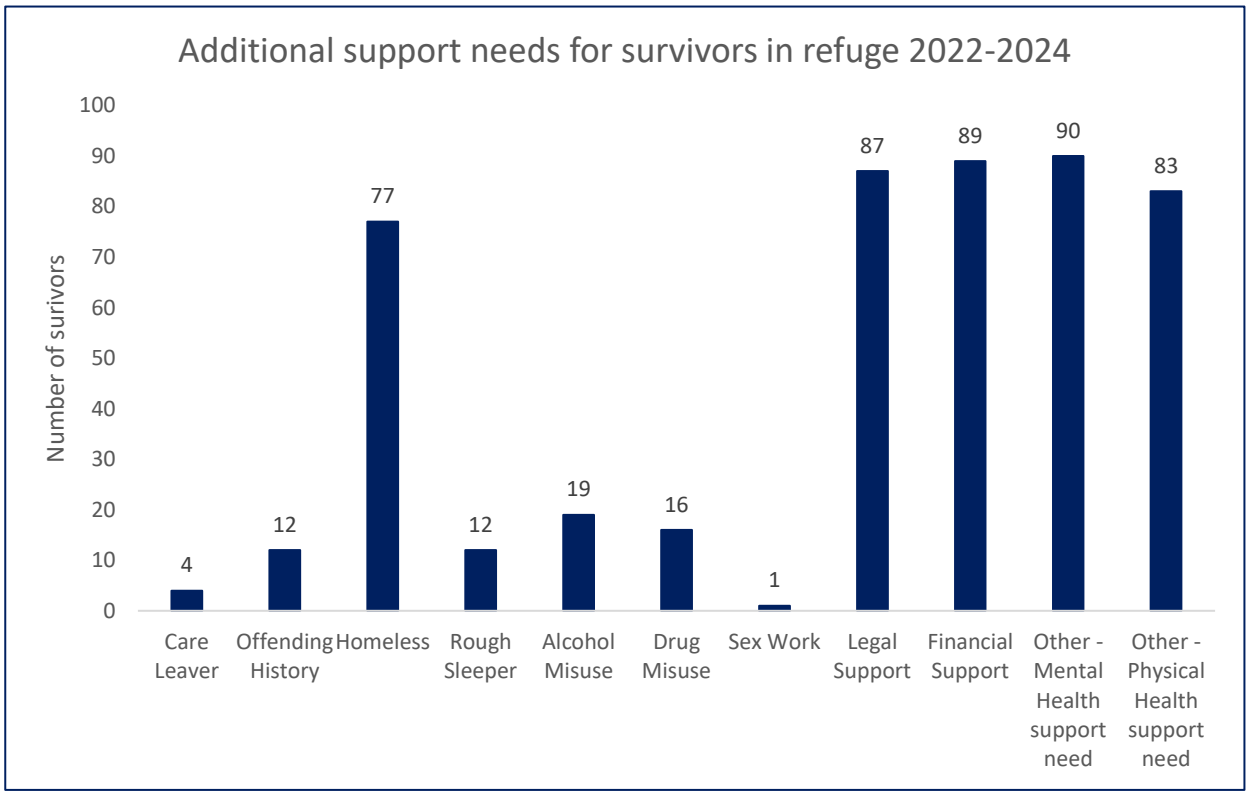
Referral sources (list with numbers):	Total number of referrals 2022/23 and 2023/24
Health - community children's health services	1
Health - other hospital	2
IDVA (West Mercia Women's Aid)/ ISVA	4
Local Authority Adult Social Care	1
Local Authority Children's Services - Early Help (including T&W Family Connect)	3
Local Authority Children's Services - Social Care	12
Local Authority Housing & Homelessness	55
Mental Health - Midlands Partnership Foundation Trust	2
Mental Health – Other	1
National Domestic Abuse Helpline WMWA Helpline	11
Self	85
Shropshire Domestic Abuse Service (SDAS)	24

West Mercia Police (including DAU & Liaison/Diversion)	9
Other (Adult Safeguarding)	11
Other (Child Safeguarding)	3
Other (Drug/Alcohol & Rehabilitation Services)	4
Other (Enable)	1
Other (Foodbank)	1
Other (Housing Associations/RSL)	21
Other (Other Domestic Abuse Services)	32
Other (Other Support Services)	18
Other (Probation, Willowdene)	3
Other (The Ark)	3

17.4. In both 2022/23 and 2023/24 the highest referral source to refuge was self-referrals. This was similar to the last needs assessment findings in 2022. This suggests that many victims and survivors are aware of SDAS and refer to the service.

17.5. The main demographics of service users have been identified in the previous section 'Adult victim/survivor demographics', however, here is additional information that helps us understand more about who is entering refuge.

Additional Support Needs:



17.6. Between 2022/23 and 2023/24 a total of 490 refuge clients additional support needs were identified. Mental health was the most reported additional support need.

18. Safe Accommodation Outcomes

18.1. This section presents the outcomes relating to people fleeing domestic abuse and seeking safe accommodation through refuge.

Refuge

18.2. Below includes the average length of stay, in days, for clients in refuge.

Refuge	2022/23			2023/24	
	Female	Male		Female	Male
Average length of stay, in days	153	375		151	378

18.3. It appears in both 2022/23 and 2023/24, males stay longer in refuge than females.

18.4. In order to measure the outcomes of safe accommodation, it is vital to look at the move on accommodation type for refuge service users. Move on data from refuge was collected for 35 females and 1 male in 2022/23 and 47 females and 3 men in 2023/24. This is shown below:

Refuge	2022/23			2023/24		
List move on accommodation type, and numbers:	Female	Male	Not disclosed	Female	Male	Not disclosed
Bed and Breakfast	0	0	0	1	0	0
LA General Needs	0	0	0	1	1	0
Living with Family / Friends	11	0	0	5	0	0
Owner Occupier	0	0	0	1	0	0
Private Sector	1	0	0	4	0	0
Returned Home	6	0	0	5	0	0
Rough Sleeper	0	0	0	1	0	0
RSL General Needs	0	0	0	1	0	0
Sheltered Housing	1	0	0	0	1	0
Social housing	10	0	0	16	1	0
Sofa Surfing	0	1	0	0	0	0
Student Accommodation	0	0	0	1	0	0
Supported Housing	1	0	0	1	0	0
Temporary Accommodation	4	0	0	8	0	0
Women's Refuge	1	0	0	1	0	0
Unknown	1	0	0	1	0	0

18.5. In 2022/23 the most common move on accomodation type for females was living with friends and family. In 2023/24, the most common move on accomodation type for females was social housing.

18.6. **Recommendation:** Shropshire Domestic Abuse Service to review how they record the move on accommodation types, to ensure there is consistency in reporting. For example, “RSL general needs” and “social housing” could be a duplication.

Sanctuary Scheme

18.7. Referrals to the Sanctuary Scheme have been discussed in Section 13.13 . The below section is around the outcomes of the Sanctuary Scheme.

18.8. The Sanctuary Scheme assessor began to complete sanctuary scheme assessments in November 2023. Below are the types of security provided with numbers:

Equipment	Total provided April 23 - March 24
Video Doorbell	14
Window Shock Alarms	5
Door Brace	4
Hasp and Padlock	1
Patlock	2
Audible Alarm	1

18.9. There is no data to enable the needs assessment to understand how long after the provision of Sanctuary Scheme survivors were enabled to remain in their own homes safely. However, as part of the sanctuary scheme progress, the sanctuary scheme co-ordinators gather feedback.

18.10. Below is some of the feedback received 3 months after support from the Shropshire Sanctuary Scheme:

- Four survivors who received minor sanctuary provisions (video doorbell) said it had helped them to feel safer in their home and was happy with the service that was provided. Another survivor who received a video doorbell said they feel safer for having it and it has improved their mental health.
- One survivor provided feedback that the door braces were helpful and have added loads more to their piece of mind, especially at night.
- One survivor shared that they were very happy with sanctuary scheme assessment and received a video Doorbell and lights which improved their feeling of safety.
- Some survivors shared that they found the visit very helpful and reassuring that the current security of the home was good.
- Several survivors also included compliments to the sanctuary scheme assessor who was a very reassuring presence and was thorough in assessing their safety, exploring everything to help the client.

18.11. The feedback provided evidence how the sanctuary scheme has helped survivors to remain in their home and feel safe.

> I cannot thank you and everyone enough for helping to 'secure' my home. It has been over 6 months since the furniture has been where it should have been - it did take me several days to put it all back in the right rooms. I no longer live in the dak, with tables, chairs, cupboards, and everything else I could move barricading all the door and windows. It has made a tremendous difference to how I'm living now, it's almost normal - I'm almost normal too. The door braces are magical and have added loads more to my piece of mind, especially at night. Assessor was brilliant and a very reassuring presence and was thorough in assessing my safety. He has thought of everything to help me cope with my present situation. This scheme is fantastic as were everyone I have spoken to since being referred, I am so very

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19. Safe Accommodation Unmet Need

19.1. This section presents data on victims/survivors who did not/were not able to access safe accommodation.

Refuge

19.2. There was a total of 212 unsuccessful referrals between 2022/23 and 2023/24 (unable to be supported at all).

19.3. Below shows a list of common reasons for being unsuccessful/denied with numbers of clients for each:

Access denied (unable to be supported at all) reasons	Total number of clients 2022/23 and 2023/24
Client / survivor does not want support	70
No space / capacity to support	35
Unable to contact client / survivor	26
Unable to meet support needs around drug and alcohol	21

19.4. 69% of referrals to SDAS over 2022/23 and 2023/24, did not result in individuals/households being accepted into refuge provision, for both men and women.

19.5. **Recommendation:** To explore the reason why a high proportion of clients decline support after being referred into refuge service.

19.6. **Recommendation:** To explore the less common reasons for referrals being denied.

19.7. **Recommendation:** Acorns Service has been launched, so there is a need to fully explore why there are still individuals being unsuccessful/denied refuge provision due to

service being unable to meet support needs around drug and alcohol.

19.8. **Reccomendation:** Shropshire Domestic Abuse Service to consider the recommendation in the 2022 Shropshire Domestic Abuse Needs Assessment around developing a plan for a new refuge whilst working with commissioners to identify the type of safe accommodation required. Partners may need to explore further the gaps in unmet need that have yet to be identified before making a final decision on this.

Shropshire Sanctuary Scheme

19.9. There is no data on the age of survivors that are referred to the sanctuary scheme, therefore, without a demographic breakdown, we cannot identify if there are additional barriers for some victims.

19.10. **Recommendation:** Sanctuary Scheme Co-ordinators to record the date of birth of clients referred into the service consistently, to provide the demographic data.

19.11. **Recommendation:** Domestic Abuse Prevention Team to promote the Shropshire Sanctuary Scheme to various professionals to ensure they are aware of how to refer into the scheme, the criteria, and the process, to ensure that the scheme is being utilised.

Homelessness

19.12. The data in this section was extracted from the Housing Options Team database through a search for those coded as 'domestic abuse – victim' and 'domestic abuse' as the reasons for homelessness.

19.13. The total homelessness applications with domestic abuse recorded in 2022/23 and 2023/24 were as follows:

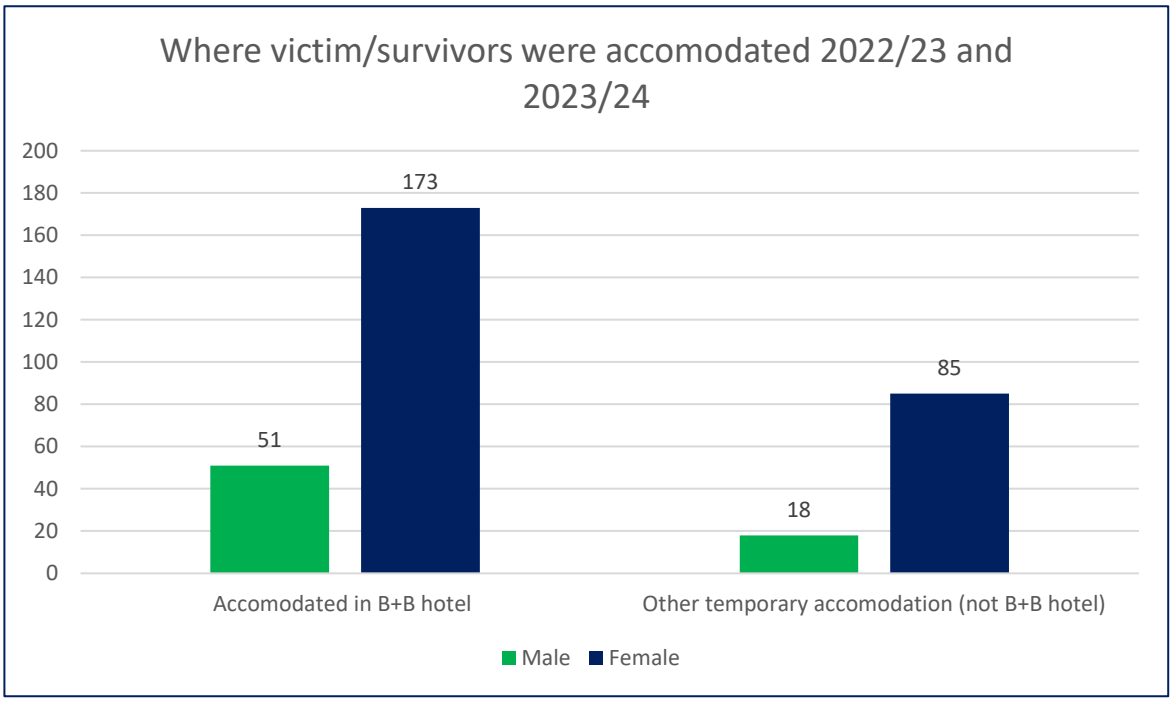
Homelessness applications with domestic abuse recorded	Female	Male	Unknown gender
2022/23	191	50	0
2023/24	250	52	1

19.14. All of these homelessness applications with domestic abuse recorded were accepted.

19.15. Part of the registration process is a local connection test. Below shows where the local connection test was applied:

Homelessness data	2022/23	2023/24
In the allocation of social housing (register) a local connection test was applied	36	47

19.16. It is important to establish where victims/survivors whose homelessness applications were accepted, were accommodated.



19.17. In relation to 'other' temporary accommodation type, survivors would be placed in, for example, a House of multiple occupancy (HMO).

19.18. Some homelessness applications come to Shropshire Council Housing Service, from out of area. Below are the top five places these applications came from, and how many applications were received, is shown below:

- Telford and Wrekin: 57 referrals
- Wrexham: 8 referrals
- Birmingham: 6 referrals
- Dudley: 5 referrals
- Walsall: 5 referrals

19.19. The tenure type of homelessness applicants who disclosed domestic abuse across 2022/23 and 2023/24 is broken down into gender below:

Housing type	2022/23		2023/24		
	Female	Male	Female	Male	Unknown
Armed Forces accommodation	0	0	0	0	
Caravan / houseboat	1	1	1	0	
Council tenant	1	0	3	2	
Homeless on departure from institution: Hospital (psychiatric)	0	0	0	0	
Living with family	19	1	21	3	
Living with friends	5	3	5	2	
Looked after children placement	0	0	0	0	
No fixed abode	3	2	2	1	
No fixed abode - Has never slept rough	0	0	0	0	

No fixed abode - Has not slept rough in the last year, but has previously slept rough	0	0	0	0	
No fixed abode - Not rough sleeping on approach but has slept rough at least once in the last year	0	0	0	0	
Other	3	2	5	1	
Owner-occupier	5	0	14	0	
Private rented sector: HMO	1	0	1	1	
Private rented sector: lodging (not with family or friends)	0	0	0	0	
Private rented sector: self-contained	18	2	15	6	
Refuge	11	1	18	1	
Registered Provider tenant	26	1	29	2	
Rough sleeping (in judgement of assessor)	0	0	1	3	
Social rented supported housing or hostel	3	3	4	0	
Temporary accommodation	47	13	39	13	
Shared ownership	0	0	1	0	
Unknown	48	21	92	17	1 Unknown Gender 2023/24

*1 unknown gender 2023/24.

Reason For Duty Ending – Housing Applicants Who Approached With Domestic Abuse

19.20. Authorities are legally obliged to take 'reasonable steps' to try and prevent or relieve homelessness among all eligible applicants and their households. These are commonly known as the prevention, relief and main duties.

19.21. **Prevention Duty:** Section 195 of the Homelessness Reduction Act[51] states that the 'prevention duty' – places a duty on housing authorities to work with people who are threatened with homelessness within 56 days to help prevent them from becoming homelessness.

The prevention duty applies when:

- A local authority is satisfied that an applicant is threatened with homelessness and eligible for assistance.
- Where an applicant is likely to become homeless in the near future but does not fall under the statutory definition of 'threatened with homelessness', local authorities are encouraged to take a flexible approach and begin to take reasonable steps to prevent homelessness rather than waiting until the applicant meets the legal definition.
- The prevention duty applies regardless of an applicant's priority need. An authority might make inquiries into an applicant's priority need during the prevention duty because it is relevant to the suitability of accommodation offered to prevent homelessness. Priority need inquiries must not delay prevention work.

[51] https://www.legislation.gov.uk/ukpga/2017/13/section/4#section-4-2

- An applicant who is threatened with homelessness and eligible will be owed a prevention duty by the authority to which they apply. The local authority cannot refer the applicant to another authority at prevention stage.

19.22. **Relief Duty**: Section 189B of the Homelessness Reduction Act states "relief duty" requires housing authorities to help people who are homeless to secure accommodation

The relief duty applies when:

- A local authority is satisfied that an applicant is homeless and eligible for assistance

19.23. **Main Duty:** Section 193 (2) of the Homelessness Reductaion Act states housing authorities have a duty to find secure accommodation for applicants who are homeless, eligible for assistance, have priority need and are not intentionally homeless

A local authority will owe an applicant the main housing duty when the duty to relieve homelessness has ended, and they are satisfied the applicant is:

- homeless and eligible for assistance
- in priority need
- not intentionally homeless
- The duty is owed by the authority to which the application was made unless the authority makes a local connection referral.

19.24. The below tables provide a breakdown to why prevention, relief and main duty was discharged/ended for some applicants who approached with domestic abuse. The figures show the number of applicants in 2022/23 and 2023/24

Prevention Duty data 2022-2024

Prevention duty ended for those applicants who approached with DA	2022/23	2023/24		
	Female	Male	Female	Male
56 days or more expired and no further action	2	0	1	0
Contact lost	2	0	5	0
Homeless	14	2	11	1
Intentionally homeless from accommodation provided	0	0	0	0
Secured alternative accommodation for 12 or more months	4	0	1	0
Secured alternative accommodation for 6 months	3	0	3	3
Secured existing accommodation for 12 or more months	2	0	16	2
Secured existing accommodation for 6 months	1	0	6	1
Withdrew application / applicant deceased (Retired)	1	0	1	0

19.25. In relation to the prevention duty ended, for those applicants who approached the Housing Service with domestic abuse the most common reason for duty ending, was due to the applicant becoming homeless. This means that the applicants were not prevented from becoming homeless.

Relief Duty data 2022-2024

Relief duty ended for those applicants who approached with DA	2022/23		2023/24	
	Female	Male	Female	Male
56 days elapsed	110	26	119	27
Contact lost	14	7	18	3
Local connection referral accepted by other LA	0	1	0	0
No longer eligible	0	1	2	2
Secured accommodation for 12 months	8	1	15	1
Secured accommodation for 6 months	15	4	7	4
Withdrew application / applicant deceased (Retired)	12	5	14	2

19.26 In relation to relief duty ended, for those applicants who approached with domestic abuse to the Housing Service, the most common reason for relief duty ended was that 56 days elapsed.

Main Duty data 2022-2024

Main duty Discharge Reason	2022/23		2023/24	
	Female	Male	Female	Male
Accepted a Housing Act 1996 Pt6 social housing offer	76	14	38	5
Accepted a Private Rented Sector offer	1	0	0	0
Applicant withdrew or lost contact	8	1	6	0
Ceased to occupy temporary accommodation	6	1	4	2
Refused suitable Private Rented Sector offer	5	2	10	2
Refused and/or contested the PRS offer while having accepted it	0	0	0	0
Refused suitable temporary accommodation offer	5	0	2	1

19.27 In relation to main duty discharge reason, the most common reason for duty discharged, was due to client being accepted a Housing Act 1996 Pt6 social Housing Offer.

20. Non-Accomodation Based Domestic Abuse Provision

20.1 This section provides an overview of non-accommodation based domestic abuse provision.

Shropshire Domestic Abuse Service- Outreach Service

20.2. Shropshire Council commission Shropshire Domestic Abuse Service (SDAS) to provide a community-based outreach service. SDAS work in partnership with local agencies to enable victims and children/young people to regain the strength and confidence to take control of their lives and to have a future without fear. They seek funding and apply for grants, to increase the capacity of the outreach service, for both the one-to-one outreach support and the delivery of group work.

20.3. The outreach service provides dedicated support via face-to-face meetings, telephone, text, or email according to need and individual choice. SDAS community-based support have noted that clients are wanting more telephone support than face to face. There are 3 full-time equivalent outreach workers and 2 part time outreach workers providing one-to-one, group and survivor support. There is also one IDVA whose workload is high risk cases and two full time equivalent staff to oversee triage and single point of entry.

Data 2022-2024

20.4. The SDAS community-based support received 848 referrals for adult victim/survivors in 2022-2023 and 1069 referrals in 2023/24. This is a 26% increase from one year to the next.

20.5. The top three referral sources for SDAS outreach services are as follows:

Referral source	% of referrals in 2022-2023	% of referrals in 2023-24
Shropshire Domestic Abuse Service	27%	27%
Self	22%	28%
Local authority Children Services- social care	12%	7%

20.6. SDAS received 1917 referrals in the period between 2022/23 and 2023/24. Approximately 64% (1240) of all referrals were accepted and 36% (677) of referrals were declined.

20.7. The most common reason for decline (27%) was the client/survivor did not want support. It is therefore imperative to explore why the service is declined, after a client has given consent for a referral to be made to the service.

Reason for not being accepted	% of declined referrals in 2022-24
Unable to contact client/survivor	21%
Client/survivor does not want support	27%
Other	21%

20.8. Whilst clients are on the waiting list for SDAS Outreach Service, all support officers operate a rota to ensure clients are contacted once a fortnight.

20.9. Top five types of support provided by SDAS Outreach Service:

Types of support	Number of supports provided to adults 2022-24
Emotional support	853
Referral and Signposting	805
Other	791
Practical support	699
Children support	506

20.10. Recently SDAS has had to pause new referrals for their outreach service due to being unable to meet the high demand and long waiting lists.

20.11. **Suggestions from SDAS Workers:**

- Explore having a mental health specialist worker within SDAS for both refuge and community.
- More training to be provided for professionals to complete a DASH risk assessment.
- To increase professionals understanding around if they are working with a client and have gathered information about the client's journey they need to include this detail in the referral form to Shropshire Domestic Abuse Service, to ensure that the survivor does not have to repeat themselves to different agencies.

West Mercia Women's Aid

20.12. West Mercia Women's Aid (WMWA) operates across Herefordshire, Worcestershire, Shropshire, and Telford & Wrekin. Their mission is to reduce the incidence and impact of domestic abuse and violence against women and girls in West Mercia. This is done by providing support, protection and prevention services that empower those affected by violence and abuse to rebuild their lives and those of their children.

West Mercia Women's Aid Helpline and Online Support

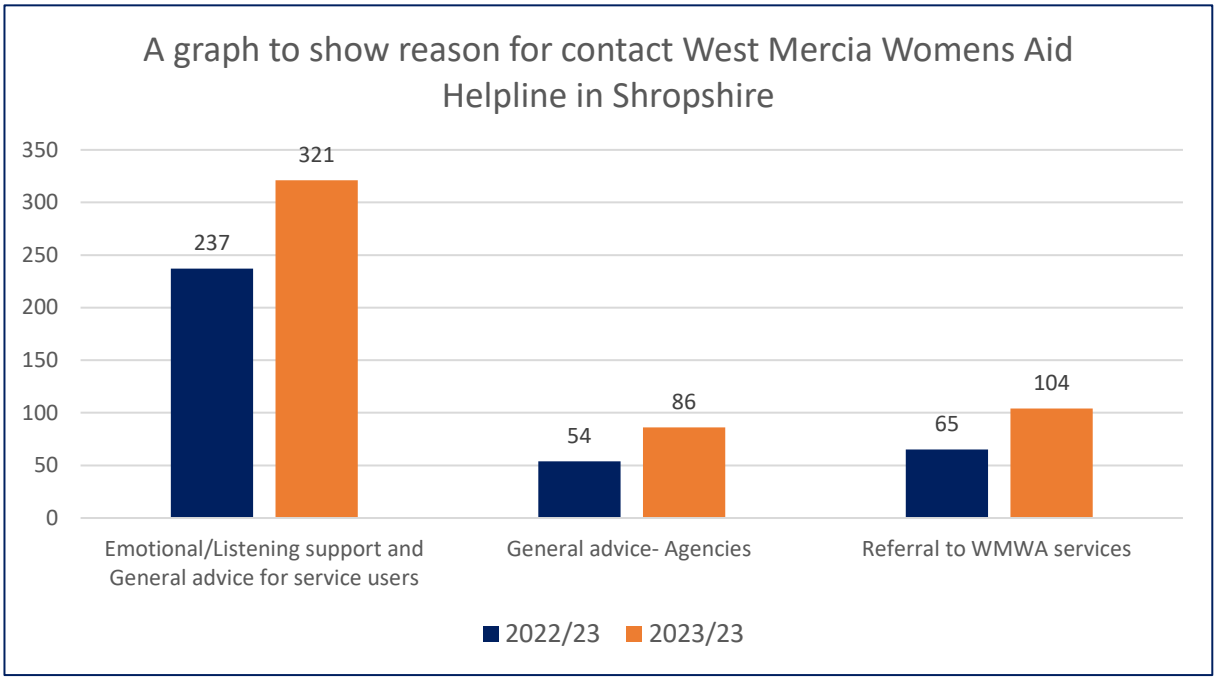
20.13. WMWA has a confidential helpline, available 24 hours a day, 7 days a week. They talk with survivors about their individual situation and the various types of help and support available. West Mercia Women's Aid also offer support online.

Data 2022-2024

20.14. The table below shows the number of contacts received via helpline and online support for Shropshire during 2022/23 and 2023/24.

	2022/23	2023/24
Helpline	220	299
Online Contact	136	212

20.15. WMWA also provided the reasons for contacts in 2022/23 and 2023/24 which is shown below.



20.16. The most common reason of contact in 2022/23 and 2023/24 was for emotional/listening support and general advice. It is important to note that 169 contacts were for a referral to WMWA services.

West Mercia Women's Aid Independent Domestic Violence Advocacy (IDVA)

20.17. West Mercia Women's Aid (WMWA) have a range of specialist support including an IDVA service. An IDVA is a specialist trained, domestic abuse safety worker, who supports people who are at high risk of immediate and significant harm from domestic abuse. They work with all gender victims/survivors. The Office of the Police and Crime Commissioner (PCC) commission WMWA to deliver the IDVA contract in West Mercia including in Shropshire.

20.18. The WMWA IDVA service receives referrals for all clients at high risk in Shropshire, except for those already working with SDAS when they become high risk. If SDAS receive a referral and the individual has already been identified as high risk, they will ensure this is sent on to WMWA and will not make contact.

20.19. Within the IDVA team, there are specialist IDVAs including:

- Inclusion IDVA: ensures that underrepresented groups can access a service.
- Children and Young people IDVA
- Hospital IDVA

Data 2022-2024

20.20. Below shows the total number of referrals received and accepted to West Mercia West Mercia Women's Aid

West Mercia Women's Aid IDVA	2022/23	2023/24
Total referrals received	293	303
Total referrals accepted	154	145
Total repeat referrals	199	162

20.21. In relation to referrals that were declined, below is a list of the reasons with numbers for 2022/23 and 2023/24.

Reasons for referrals not being accepted (with numbers):	2022/23	2023/24
Client/survivor does not want support	33	31
Unable to contact client/survivor	24	43
Already supported by SDAS	40	46
Needs better met elsewhere - referred to YPIDVA	2	0
Needs better met elsewhere - in refuge	2	2
Needs better met elsewhere - already supported by DV agency	0	5
Already active in service	19	13
Duplicate referral	6	11
Moved out of area	0	3
Other	13	4

West Mercia Women's Aid IDVA service- referrals came from out of area	2022/23	2023/24
1 Telford & Wrekin	7	9
2 Herefordshire	2	3
3 Worcestershire	2	4

West Mercia Women's Aid Hospital IDVA

20.22. WMWAs Hospital IDVA is there to promote visibility to A&E, maternity, outpatients, and the wards. They receive a series of cases, not only high risk, but also some lower risk who may need some advice, safety planning and then signposting on. Some may be starting to recognise the abuse they are being subjected to and may have made a disclosure. The hospital IDVA works closely with the vulnerable midwife team; they have completed joint visits into a refuge with some midwives.

Data 2022-2024

20.23. Below shows the total number of referrals received and accepted to West Mercia Women's Aid Hospital IDVA service for 2022/23 and 2023/24

West Mercia Women's Aid Hospital IDVA	2022/23	2023/24
Total referrals received *	72	70
Total referrals accepted *	40	36
Total number of repeat referrals	19	20

*It is not recorded whether referral is patient or staff

20.24. **Recommendation:** To explore the repeat referrals to WMWA Hospital IDVA service, to better understand the reason for multiple repeats.

20.25. In relation to referrals that were declined, below is a list of the reasons with numbers for 2022/23 and 2023/24

Reasons for referrals not being accepted (with numbers):	2022/23	2023/24
Client/Survivor does not want support	3	7
Unable to contact	10	13
Already active in service	7	3
Moved out of area	3	1
Duplicate referral	7	7
Supported by SDAS	1	1
Ineligible for support (borough)	0	1
Other	1	1

20.26. In terms of the referral sources to West Mercia Women's Aid IDVA:

Referral sources West Mercia Women's Aid hospital IDVA	2022/23	2023/24
A&E	45	30
Maternity	5	9
Ward	2	3
Mental Health	0	2
Department unknown	20	26
Self	0	0

20.27. Some referrals come from out of area and the top areas are outlined below:

West Mercia Women's Aid Hospital IDVA - Total referrals that came from out of area	2022/23	2023/24
1 Telford & Wrekin	5	8
2 Powys	5	2

Multi- Agency Risk Assessment Conference (MARAC)

20.28. A Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on victims at the highest risk of serious harm or murder due to domestic abuse.

20.29. The MARAC process is coordinated by West Mercia Police and chaired by the MARAC Coordinator for Shropshire who is part of the Protecting Vulnerable People Unit of West Mercia Police. The police internally fund the MARAC Coordinator role.

20.30. Meetings are monthly and held in person. Around 30 cases are heard every month. Once 30 cases are listed on the agenda no more are accepted, and any additional cases are rolled over to the following month.

20.31. MARAC is attended by representatives of local agencies such as police and health. It is well supported and attended across the Partnership by many practitioners who feel the meetings are organised well and believe meeting face to face is extremely beneficial in terms of involvement in the meetings.

Data 2022-2024

20.32. Below shows MARAC referrals which were received, accepted and repeat referrals for 2022/23 and 2023/24

MARAC	2022/23	2023/24
Total referrals	290	287
Total referrals accepted	290	287
Total referrals that are repeat referrals	114	118

20.33. Compared to the last needs assessment, there has been a 6% increase in the repeat referral rate in the Shropshire MARAC.

20.34. The table below shows the top referral sources to the Shropshire MARAC between 2022 and 2024.

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24 (N=577)
West Mercia Police	68.5%
Shropshire Domestic Abuse Service (SDAS)	10.6%
Health - A&E	7.1%
IDVA (West Mercia Women's Aid)	5.0%
Local Authority Children's Services - Early Help	2.1%
Other (name) Probation	1.7%
Mental Health - Midlands Partnership Foundation Trust	mpft1.4%
Health – GP	0.5%
Local Authority Adult Social Care	0.3%
Education – School	0.2%
Other - LGBT Foundation	0.2%

20.35. There were no referrals across the two years from:

- Health- community health services
- Health community children services
- Local authority children’s services- social care
- Local authority Housing and Homelessness

20.36. Low referrals from these partner services suggests a more passive relationship with the MARAC, in which information about victims/perpetrators is received and responded to by

20.37.services, but lacking active referring-in.

20.38. Services have provided feedback around MARAC, sharing that they find the MARAC co-ordinator easy to contact and extremely helpful if they have any questions when making a referral to MARAC. The majority shared that they find the MARAC meetings well organised and productive however, the duration of MARAC meetings was mentioned as being too long. A suggestion was made that there could be 2 meetings a month to lessen the time.

20.39. **Recommendation:** Safe Lives provides toolkits for MARAC representatives, as well as a guide to the MARAC process, MARAC representatives should circulate this, to their service.

20.40.**Recommendation:** To explore options of multiple meetings a month to lessen the length of time per meeting.

20.41. **Recommendation:** Complete a review of MARAC and the whole system approach.

20.42. West Mercia Police data provided for this needs assessment included information regarding MARAC referrals, highlighting that in Quarter 4 of 2022/23 68 referrals were heard at Shropshire MARAC:

- 72 children were living at the address.
- 53 children were not.

Moreover, in Q4 of 2023/24 70 referrals were heard at Shropshire MARAC

- 73 children were living at the address.
- 61 children were not.
- 8 vulnerable adults

20.43.The following table compares the Shropshire MARAC data for 2022/23 with the national Safe Lives data 2022/23[52] as well as the West Mercia MARAC data for the year ending March 2023:

MARAC Measure	Shropshire MARAC (April 2022/ March 23)	Safe Lives UK Average (April 2022-March 2023)	West Mercia MARAC (Year ending March 2023)
Number of cases	290	118,140	1,242
Number of repeat cases	114	38,966	307
% of repeat referrals	39%	33%	25%
% Where police were source of referrals	69%	66%	63%

20.44. This comparison suggests that the Shropshire MARAC is in line with the England and Wales averages across most measures, except Shropshire has a slightly higher

[52] https://safelives.org.uk/research-policy/practitioner-datasets/marac-data/

percentage of repeat referrals. Domestic abuse is a pattern of behaviour, and as such cases are often referred to MARAC more than once. According to Safe Lives for an established MARAC the expected level would be in the range of 28-40%". Therefore, Shropshire's repeat referrals are in the range expected.

20.45. The rate of police referrals to Shropshire MARAC are in line with the Safe Lives[53] expected figures of between 60-75%.

20.46. Nationally, Safe Lives collect MARAC data on the number of males referred and the number of children discussed within the cases. This is not collected in Shropshire. Safe lives outline the total number of cases discussed per 10,000 adult women is 47. This is above the rate of cases Safe Lives expect to see (40 cases per 10,000) based on their estimate of the prevalence of high-risk domestic abuse. However, this figure is an average, with some MARACs seeing much lower and some much higher rates.

20.47. In Shropshire, MARAC is well regarded and well attended, however some of the stakeholder feedback, suggests some partners are involved in the MARAC in a passive way, by receiving cases and checking systems, but not identifying victims at high-risk and referring them in or having regular attendance at the monthly meetings.

20.48. **Recommendation:** More training and information sharing in relation to what MARAC is, how to refer into MARAC as a professional – Shropshire Community health recognised they had a lack of awareness around MARAC and would like to receive training.

20.49. **Recommendation**: For a representative from adult services to consistently attend MARAC meetings.

Victim Support

20.50. Victim Support is an independent charity that provides specialist support to victims of crime and traumatic incidents in England and Wales. Victim Support is committed to helping people to cope and move forward to feel they are back on track with their lives.

20.51. Victim Support provides, free and confidential emotional and practical help to people affected by crime in West Mercia, including Shropshire. They support victim/survivors of domestic abuse to explore their options and put a plan in place to safeguard and support them and their family. Survivors can contact for support regardless of whether they have contacted the police, and no matter how long ago the crime took place.

20.52. Victim support provides emotional support, information, and signposting. They can put survivors in touch with other agencies which may help with issues around housing, benefits, and legal advice.

[53] Safe lives (2024) Marac data by police force area, region, and country (England and Wales) 2022-23 data

Data 2022-2024

20.53. The data below, from Victim Support, shows the number of referrals received, accepted declined and repeated between 2022/33 & 2023/24.

Victim support measure (2022/23 & 2023/2024)	Adults	Children	Total
Number of referrals received	125	18	143
Number of referrals accepted	95	16	111
Number of referrals not accepted	30	2	32
Number of repeat referrals	2	0	N/A

20.54. Those "not accepted" were closed for reasons such as duplicate cases, insufficient contact details available or attempted contact several times but were unsuccessful.

20.55. As Victim Support cover the whole of West Mercia and have services in many parts of the UK, they are able to transfer cases to other areas if needed.

20.56. At time of data collection, Victim Support was unable to extract the sources of referral for all 143 cases, it was recorded for just 23. Out of these 23 cases, 19 were Self-referral, 1 was from West Mercia Police and 3 were from the Witness Service.

20.57. The Victim Support Service Manager chairs the Under-Represented Communities Group that was initiated by the Office of the Police and Crime Commissioner, bringing West Mercia victim-focused (not just domestic abuse) services together to increase understanding of and engage better with communities.

Victim Advice Line

20.58. Victim Advice Line (VAL) is a free confidential service provided by West Mercia Police and funded by the Police and Crime Commissioner (PCC).

20.59. They work with survivors to understand exactly what kind of help and support they need. Survivors are assigned a care coordinator to ensure all needs are met, and that the survivor always has someone to talk to. The care coordinator will agree a specially tailored support package with the survivor, which may include relevant advice booklets, contact numbers for counselling or other support services, help with insurance forms and guidance through the Criminal Justice process.

20.60. **Suggestion from Victim Advice Line:** Better information around what support each local service provides and for all professionals to be kept up to date of how to refer people into different support services.

Axis

20.61. Axis is an independent charity operating within Shropshire, Telford and Wrekin and the immediate surrounding area. They provide free, confidential, and independent services for people aged over 11, who have been subjected to any form of sexual abuse (including, but not limited to childhood sexual abuse, sexual assault, sexual violence, sexual exploitation, or rape).

Axis Counselling

20.62. Axis Counselling provide specialist counselling & support, which is delivered by counsellors who are specifically trained to work with sexual trauma via induction training and as part of their continued professional development (CPD) programme.

20.63. As well as specialising in working with sexual trauma, Axis also has counsellors who are specifically trained to work with: Children & Young people, Males, and people with Learning Disabilities.

20.64. They will work with a client to establish their needs and what kind of counselling or support would be most helpful to the client. They offer a range of support therapies including:

- Pre-trial counselling
- LINK counselling
- Trauma focused counselling
- Fast Track counselling
- Groups and workshops
- TORWA: Taste of recovery with Axis (online self-help programme)

For more information around the different types of support therapies provided by Axis Counselling outlined above please see here.

Data 2022-2024

20.65. Axis provided data on the number of accepted and declined referrals for 2022/23 and 2023/24

Axis counselling measure	2022/23	2023/24
Number of referrals received	294	218
Number of repeat referrals	38	16

*All referrals to axis counselling were accepted in 2022/23 and 2023/24

20.66. There was a decrease in referrals in 2023/24 compared to 2022/23.

20.67. In the previous Shropshire Domestic Abuse Needs assessment in 2022, it was reported that in 2020/21 and 2021/22 Axis received 176 referrals for counselling where domestic abuse was a factor. This shows a 190% increase in referrals to Axis Counselling since the last needs assessment.

20.68. Top five referral sources to Axis Counselling are below:

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24
Self-referral	47%
Other- ISVA	20.3%
Other- Sexual Assault Referral Centre (SARC)	5.4%
Health- Community adult services	4.9%
Mental Health	3.5%

Axis ISVA service

20.69. Axis has an Independent Sexual Violence Advisor (ISVA) Service which is a specialist one to one support service for all survivors of sexual abuse.

20.70. This service includes a team of ISVAs who are trained to provide practical support as well as free impartial information and advice. The role of the ISVA involves providing support through the criminal justice system and Axis have strong links with the police.

20.71. There is specialist Children and Young People (CYP) ISVAs to provide support to 11–17-year-olds who have been subjected to any form of sexual abuse.

20.72. Axis also has a Family ISVA who supports parents, siblings, partners, and sometimes other family members to understand what is happening and how it is affecting the individual, and to understand how to support them to cope and recover.

Data 2022-2024

20.73. Between 2022/23 and 2023/24, 190 referrals were made to the Axis ISVA Service.

ISVA - Axis Counselling (where DA is a factor)	2022/23	2023/24
Total referrals received	113	77
Total referrals accepted	109	74
Total repeat referrals	10	3

20.74. 7 referrals to Axis ISVA were not accepted and this was due to inappropriate referral for service.

20.75. Top five referral sources to Axis ISVA service are as follows:

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24 (N=190)
West Mercia Police	39%
Self	11.6%
SARC	7.9%
IDVA West Mercia Women's Aid	6.8%
Shropshire Domestic Abuse Service	4.3%

20.76. Axis have recently launched The Pathfinder project. This project is a newly funded service, by NHS England, supporting individuals aged 18 and over, affected by sexual

violence/abuse who are presenting with complex mental health and/or other comorbid factors, preventing them from processing their trauma.

20.77. This service launched in November 2023 and started seeing clients in February 2024.

20.78. The Pathfinder service offers:

- 1 to 1 Stabilisation (including advocacy, emotional support, and practical advice)
- 3 Levels of groups
- Stabilisation counselling 6-8 sessions
- Psychologist formulation and support
- Essential sexual violence specialist training programmes for professionals who work with individuals affected by sexual violence awareness raising, managing disclosures, sexual violence trauma informed practice.

20.79. The Pathfinder is a short-term intervention to help a client stabilise, ensuring their ability to go on and engage in whatever service they need to.

Parental Educational Growth Support (PEGS)

20.80. Parental Educational Growth Support (PEGS) is a social enterprise set up to support parents, carers and guardians who are subjected to Child to Parent Abuse (CPA), including those with adult offspring. PEGS is not designed to support children causing harm, or their siblings, it is parent focused and parent/caregiver led.

20.81. PEGS have developed a range of virtual services for parents to access from anywhere in the UK. These consist of:

- Virtual Drop Ins – multiple each week at different times during the day and evening. Parents can access daily, and they are led by the prep team.
- Peer Support group
- EPIC Sessions – online ‘Empowering Parents In Crisis’ sessions
- One to one support
- Bespoke workshops- For example, a two-part resilience workshop.

20.82. PEGS also train frontline professionals to recognise and effectively respond to CPA, and work with national and regional organisations to develop and implement policies. PEGS also run a free professional drop in, every month, where professionals can come learn about the organisation and how to refer in.

Data 2022-24

20.83. In 2022/23 and 2023/24 PEGS received 291 referrals from victims/survivors in Shropshire.

PEGS	2022/23	2023/24
Total referrals received	107	184

20.84. PEGS have had no repeat referrals as parents choose to remain connected via the peer support and drop-in sessions and all referrals were accepted.

20.85. Top referral sources to PEGS are as follows:

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24 (N=291)
Self	17.2%
Local Authority - Early Help	5.8%
Education- School	3.4%
Mental Health- Other	3.4%
Local Authority Childrens Services - Social care	2.1%

20.86. PEGS provide a necessary specialist support pathway for parents and carers being subjected to violence and abuse from their children. The support they require is different to those subjected to abuse or violence from an intimate partner, and this need must be recognised across the Partnership to ensure referrals are made appropriately.

20.87. PEGS are a unique and valued service in Shropshire. Many stakeholders are becoming increasingly aware of child and adolescent to parent violence/abuse, adult family violence and recognising that victims/survivors require a specialist response that is different from domestic abuse specialist services.

20.88. However, PEGS is not funded for Shropshire. The needs assessment heard that in some cases, survivors from Shropshire who reach out to PEGS for support are not involved with any other service.

20.89. As PEGS do not support children causing harm, they are working closely with Bright Star Boxing who can offer young people access to their services.

20.90. In 2019, Bright Star Boxing started the Bright Star Futures programme. They use boxing, education and mentoring to inspire, engage and connect with young people to drive achievement and positive behaviour changes in every young person referred to them. Alternative provision is offered across Telford & Wrekin, Wolverhampton, and the West Midlands. PEGS have received positive feedback from clients when referring to Bright Star. There is a pathway in place as both PEGS and Bright Star saw that there was a need and a programme has been developed, however funding cannot be secured.

20.91. In 2022, PEGS completed a parental survey[54]. They found that 68% of parents didn't feel well supported by professionals and 85% of parents shared they considered calling a professional and then changed their mind. Reasons for this include, they didn’t know who to call or that they thought professionals would think it was their fault.

[54] PEGS (2022) The impact of child to parent abuse: who does it affect and how?

20.92. PEGS informed the Needs Assessment that awareness around the SSCP Policy on child to parent abuse in the County is low.

20.93. **Recommendation:** for each service to circulate the child to parent abuse policy to all professionals.

Cranstoun

20.94. Cranstoun is a national provider delivering services for adults and young people facing difficulties with alcohol and drugs, domestic abuse, housing, and criminal justice. Domestic Abuse services offered by Cranstoun, in West Mercia, includes the delivery of an all-risk Perpetrator programme in Shropshire via two programmes: DRIVE and Men and Masculinities. Cranstoun work with the Perpetrator and West Mercia Women's Aid are funded to provide the partner support.

Drive Programme

20.95. The Drive programme started in Shropshire in October 2023 and is a collaborative approach to tackling domestic abuse. It involves liaising with police officers, support agencies, caseworkers and directly with those presenting abusive, challenging, and violent behaviour.

20.96. Drive's aims are as follows:

- To reduce the number of repeat and new victims.
- To reduce the harm caused to victims and children.
- To reduce the number of serial perpetrators of domestic abuse.
- To intervene earlier, to protect families living with domestic abuse.

20.97. Drive works with high-harm, high-risk and serial perpetrators of domestic abuse, incorporating intensive one-to-one work and case management. A Drive case manager works with the perpetrator to challenge and support changes in attitudes, beliefs, and behaviour. This often requires addressing additional needs such as mental health, substance misuse and housing.

20.98. This intervention involves a coordinated multi-agency response to disrupt opportunities for perpetrators to continue their abuse and identify and reduce risk. There is also an Independent Domestic Violence Advisor (IDVA) who provides support for the victim/survivor to ensure joined up working and safety.

20.99. Drive does not require the direct engagement of perpetrators and where perpetrators refuse to engage, they are still able to reduce risk.

Data October 2023- March 2024

Drive measurements	October 2023- March 2024
Number of referrals received	24

20.100. All 24 referrals came from MARAC, none were rejected and there were no repeats.

20.101. Data provided around the Drive service users from January 2024- March 2024 indicates that 85% of service users were identified as serial perpetrators and 77% had crime or non-crime police incidents relating to domestic abuse.

Men and Masculinities

20.102. The Men & Masculinities programme provides a safe space for people who have engaged in abusive, harmful, and damaging behaviour within their relationships. The programme explores what it means to display appropriate behaviour within relationships and highlights how conflict, aggression and anger can deeply impact the lives of others. The 24-week programme focuses on the harmful behaviour.

Data 2022-24

Men and Masculinities measurement	2023/2024
Number of referrals received	55

20.103. All referrals were accepted with the top referrers to Men and masculinities being:

Referral sources	% of referrals 2023/24
Local Authority Children's Services- Social Care	29.1%
West Mercia Police	21.8%
IDVA - West Mercia Women's Aid	1.8%
Local Authority – Early help	1.8%

Willowdene Rehabilitation

20.104. Willowdene provides an inclusive, safe environment where people can identify, acknowledge, and tackle the issues of their past so that they can understand their present, and build their future. This is provided through rehabilitation, which includes trauma-informed therapy, training, work-experience, residential options, and resettlement.

20.105. Originally Willowdene operated as a male-only site but is now a mixed facility operating a female-only residential option with 12 dedicated bed spaces. Referrals come through probation, direct from prison, through drug and alcohol pathways, the LINC programme and Liaison and Diversion routes.

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21. Partnership Responses and Provision

West Mercia Police

21.1. West Mercia Police (WMP) serves 1.19 million people across Worcestershire, Telford & Wrekin, Shropshire, and Herefordshire.

21.2. They serve both the community and staff and work in partnership with a wide range of other statutory and voluntary sector organisations, including community and advocacy groups. The local and strategic Independent Advisory Groups are a key route allowing the police to engage with their communities.

21.3. WMP value listening carefully to their diverse stakeholders and consulting on the potential impacts of their decision making or policies, particularly as they may affect different 'protected characteristics' and those from under-represented groups.

21.4. The force provides an enhanced service to victims of domestic abuse who are assessed as being at the greatest risk of harm. A force wide team, the Protecting Vulnerable People (PVP) team, is in place covering all aspects of vulnerability, including domestic abuse with a Strategic Lead (Detective Sergeant) covering the whole force. As part of the PVP team, Domestic Abuse Risk Officers (DAROs) are in each of the local policing areas (LPAs) to provide oversight and support safety planning and investigations relating to victims assessed as high and medium risk. Specialist investigators are in place to lead high-risk investigations. DAROs will review all reported incidents assessed as high risk, and will dip sample the medium risk cases, but will not look at standard risk cases.

21.5. The force is actively engaged in the local MARACs where multi-agency support and safety planning for victims assessed as high-risk is provided.

21.6. The force previously used the Domestic Abuse Stalking and Honour Based abuse (DASH) risk assessment when considering the risk of harm to domestic abuse victims but now the force uses the Domestic Abuse Risk Assessment (DARA). The DARA was developed by the College of Policing in consultation with survivors, frontline police officers, voluntary and charity sector support services, and leading academics, the DARA aims to make it easier to identify coercive control. There are 18 questions asked, and after considering the answers, officers assess the risk as standard, medium, or high, and then take appropriate action.

21.7. When the neighbourhood policing teams attend a domestic abuse incident, they complete a DARA. If the outcome is a medium risk management plan, they are managed by the Safer Neighbourhood Team and if they are high risk, a designated officer manages them. Additionally, an auto-transfer is made to the Victim Advice Line, as outlined above. For victims reporting and assessed as a standard risk, who have no children and no care and support needs, this is the only opportunity for receiving any support.

21.8. The active promotion of equality of opportunity, inclusion and diversity is a fundamental enabler of WMP's vision, values, and priorities. The West Mercia Police Diversity, Equality and Inclusion (DEI) Strategy (2024-2025[55]) puts in place mechanisms to ensure diversity, equality and inclusion is embedded in all aspects of their decision-making,

[55] West Mercia Police (2024)Diversity, Equality and Inclusion (DEI) Strategy

policy and practice. One objective is to map out and strengthen partnership working, focussing on key themes, and policing strategies linked to issues such as domestic abuse and sexual violence, including Honour Based Violence, Forced Marriage, and Female Genital Mutilation.

Partnership Integrated Triage (PIT STOP) Meetings

21.9. PIT STOP has recently been launched in Shropshire and aims to provide a streamlined and robust offer of early help to children and families.
It is a multi-agency meeting, chaired by a Specialist Police Decision maker and attended by partners such as Childrens Services, Health, Education, DA services and more. Police decide which cases require the Partnership Triage and then send the list to the PIT STOP attendees to pull together any information that they have. Within the meeting, partner agencies will then share proportionate and relevant information to understand the holistic experience and level of needs for a child and family and ensure the right support can be offered. For further information on the PIT STOP Model please follow this link: Partnership Integrated Triage (PIT STOP) | Local Government Association.
Feedback from this Needs Assessment suggested that Schools should be brought onboard with PITSTOP.

21.10. **Recommendation:** To revise when PIT STOP information gets released to attendees, this often comes in the day before PITSTOP, however some professionals would benefit from having the information earlier in the day to have more time to prepare for the meeting.

Shropshire Council

21.11. There are a series of different departments and services within Shropshire Council that are relevant to the Partnership response to domestic abuse, which are essential to create an effective response.

Human Resources (HR) and Staff Wellbeing:

21.12. The Wellbeing Officer has worked alongside HR and the Domestic Abuse Prevention team, with a focus on internal employees and domestic abuse. They have:

- Continued to review and refresh a directory of support services in Shropshire for anyone seeking help about domestic abuse.
- Worked to raise awareness amongst staff of domestic abuse and how to get support.
- Supported the revision of the Staff Domestic Abuse Policy, which has been reviewed considering Shropshire Councils Housing Service, DAHA accreditation journey.
- Helped to create a group of Domestic Abuse Support Officers within the council, to provide support to any colleague needing support as a victim/survivor or perpetrator.
- It is important to note that Shropshire Council are members of the Employers Initiative Domestic Abuse[56].

[56] https://www.eida.org.uk/

- Shropshire Council have also made a pledge to the to ensure their service is welcoming and inclusive to the LGBT+ aging community. These pledges take the form of a Covenant.[57]
- Shropshire Council have also become White Ribbon[58] Accredited Organisation in July 2023 marking their commitment to preventing harassment, abuse and violence against women and girls through promoting gender equality, raising awareness and ensuring that men as well as women are part of the solution.

Shropshire Council Public Health

21.13. Public health is about helping to stop people getting ill from conditions that can be prevented, such as those caused by weight or smoking. It's also about helping people manage long-term health conditions preventing them becoming worse. The social determinants of health, also known as the wider determinants of health, are the conditions in which people are born, grow, live, work and age. They include social, cultural, political, economic, commercial, and environmental factors.

21.14. A Senior public health consultant sits on the Domestic Abuse Local Partnership Board, working to strengthen the links with domestic abuse in relation to suicide, mental health, substance misuse and sexual health. Shropshire Council's Domestic Abuse Strategic Lead sits on the West Mercia Sexual Abuse and Violence Board on behalf of Public Health and is responsible for any work coming from it.

21.15. Other than the Healthy Lives team, who are delivering the Social Prescribing offer, and the Community Wellbeing team, Public Health does not directly provide a direct client service. These team members have recently completed domestic abuse training delivered by Shropshire Council's Domestic Abuse Training Lead.

21.16. **Recommendation:** To review if Public Health can collect data, from the delivery of their Public Health programmes, on domestic abuse need.

Shropshire Council Childrens Social Care and Safeguarding

21.17. This section encompasses all areas of Children's Services: Early Help and Support teams (E-HAST), Assessment and Case Management, Child in Need (CIN) and Child Protection (CP) teams, Children Looked After (CLA) services, which includes residential care and support in the community, and Leaving Care support services for children and young people.

21.18. Children's Services is represented at the Domestic Abuse Local Partnership Board however attendance is sporadic.

Shropshire Council Early Help

[57] https://www.lgbtsand.com/projects/embrace/covenant/
[58] https://www.whiteribbon.org.uk/organisations

21.19. 'Early help' refers to support for children and families to help identify and address problems before they arise or escalate, preventing them getting to crisis point. It's not a single service, but a network of non-statutory services and processes delivered by the local authority, and partners including the NHS, schools, and voluntary sector organisations, providing a short intervention.

21.20. They work closely with families to make sure they get the right support at the right time. Their overall goal is to strengthen relationships in communities through working together, combining their ideas with other services to help families in Shropshire. The principles of Early Help align with the Working Together to Safeguard Children (2023)[59] legislation, emphasising collaboration, a strengths-based approach, considering the whole family, and intervening early.

21.21. Targeted Early Help services in Shropshire are focused on six local hubs across the county with Family Practitioners as lead professionals, coordinating multi-agency responses for families. Work can be for 6-12 months, or longer when situations are complex.

Operation Encompass

21.22. Operation Encompass[60] aims to reduce the long-term impacts of domestic abuse by providing early intervention and support. When the police attend incidents of domestic violence or abuse where children are directly or indirectly involved, they notify the designated safeguarding lead at the child's school before the start of the next school day. The safeguarding lead then makes sure the child gets the immediate support that they need, known as Operation Encompass.

21.23. A Domestic Abuse Education Coordinator manages the Operation Encompass process for Shropshire. The coordinator receives the list of incidents from West Mercia Police Harm Assessment Unit (all levels) each morning, identifies a child's school, and sends a notification.

21.24. The purpose of Operation Encompass notifications is to inform schools as quickly as possible if there has been a Police incident. The notifications go out to the designated safeguarding leads at school. If a case is assessed by the Police as a Level 2 then the cases are triaged, and it goes to PIT STOP.

21.25. If headteachers have got an up-to-date, pertinent piece of information, they can e-mail that to a specific e-mail address, and this can then be added to the PITSTOP meeting.

21.26. Operation Encompass and Early Years: Information is passed to the early years safeguarding officer in the same way as the Education Coordinator, who will check which setting the child is in and if the setting has registered to receive the notifications. To

[59] Working together to safeguard children (2023)
[60] Https://www.met.police.uk/advice/advice-and-information/wsi/watch-schemes-initiatives/oe/operation-encompass/

register the setting needs to share with parents that they are part of the scheme, and they need to provide a restricted email address. The safeguarding officer will then send an operation encompass notification to the secure email address and will log on the education system that the notification has been sent. The safeguarding officer will then inform the police of the notifications sent.

21.27. **Recommendation**: regular full reviews of the operation Encompass protocol and PITSTOP meetings.

Children in Care Council (CiCC)

21.28. The CiCC is a small group of young people currently being supported by Children's Services and the Virtual School. The aim of the group is to help make sure services and support available for Children Looked After (CLA) work for children and young people (CYP). It provides a chance for CYP to tell the Corporate Parenting Panel how Shropshire's service can be improved.

Stepping Stones

21.29. Stepping Stones is a project that works with families with children on the edge of care or who are working towards reunification. Consent led outreach workers work intensely with families (up to 6 days a week dependent on need) within a therapeutic approach which is trauma informed.

21.30. Stepping stones outreach workers, work and collaborate with the child's social worker and partner agencies. On the first visit to the family stepping stones discuss what areas they want support with, and their view of what needs to change and regularly review progress.

21.31. Shropshire Domestic Abuse Service have co-located a specialist children and young persons (CYP) worker into the project, to provide direct support to those CYP affected by domestic abuse within their household or own intimate partner relationship.

21.32. In terms of the outcomes and impact of the work undertaken, there has been improvements in safer home environments, families supported to improve home conditions, increase in school attendance, decrease in criminal exploitation and children and young people being able to talk more about their emotions and articulate how they feel.

Emergency Social Work Team

21.33. The Emergency Social Work team respond when there is serious concern for the welfare of a child, or there is a request or an apparent need for a child to be accommodated by the Local Authority. They also respond when no other 'appropriate adult' can be found for the purpose of a Police and Criminal Evidence Act (PACE) interview and to any other crisis that, in the opinion of the social worker on duty, warrants a response from the team.

21.34. **Recommendation**: Specialist domestic abuse training for those working with children and families should be implemented, with attendance mandatory and monitored; refresher training should be planned. Domestic abuse training should be part of induction training for all new staff.

Shropshire Council Adult Social Care and Safeguarding

21.35. Shropshire Council's Adult Social Care department consists of social work community teams, who support adults including those with physical disabilities, learning disabilities and older people. There are various teams such as the Mental Health Team, the Hospital Social Care Team and an Out of Hours service. Each team works alongside the adult safeguarding team and raises domestic abuse concerns to them.

21.36. In addition to responding to safeguarding concerns over domestic abuse, the safeguarding team are involved in the MARAC process and work with the Harm Assessment Unit. MARAC attendance is not consistent, and the MARAC Chair would like to see this improved. Adult Social Care is represented on the Domestic Abuse Local Partnership Board although attendance is sporadic.

21.37. Please see below for Adult Safeguarding's domestic abuse data. When looking through this we need to be aware that these numbers only represent the cases that progressed to safeguarding, and not all contact regarding a domestic abuse concern.

Adult Safeguarding Cases involving Domestic Abuse	2022/23	2023/24
Total records open with domestic abuse recorded as Victim/Survivor	312	280
Individuals with safeguarding enquires progressed with DA recorded as victim	271	229
Total safeguarding made with DA recorded as perpetrator	81	107

21.38. The below table shows the total safeguarding's raised that came from out of area.

Top 5 places safeguarding came from out of area and how many:	2022/23	2023/24
1	Wolverhampton (4)	Wolverhampton (7)
2	Telford and Wrekin (2)	Powys (2)
3	Powys (1)	Telford and Wrekin (1)
4	Hereford (1)	Wrexham (1)
5	Plymouth (1)	Cheshire East (1)

21.39. Referral/contact sources for domestic abuse concerns to adult social care for 2022/23 and 2023/24 are as follows:

Referral / contact sources for DA concerns	2022/23	2023/24
Anonymous	19	7
Education – Other	1	2
Education – School	1	0

Health - A&E	1	2
Health - community adult health services	2	0
Health – GP	40	32
Health - other hospital	24	27
Health - West Midlands Ambulance Service	19	13
Local Authority Adult Services - Social Care	40	42
Local Authority Housing & Homelessness	10	8
Mental Health – Other	14	16
Self	4	5
West Mercia Police	53	42
Care Provider	26	20
Adult Day Services	1	1
Other - Friends/Family	31	31
Other – Unknown	26	29
Other – Probation	0	3

21.40. In terms of adult victim/survivors who disclosed domestic abuse, the following types of abuse were disclosed:

DA experiences	2022/23	2023/24
Financial abuse	14	5
Sexual abuse	9	4
Physical abuse	23	22
Verbal abuse	0	0
Emotional / psychological abuse	42	43
Controlling and coercive behaviours	0	0

21.41. **Recommendation:** Specialist domestic abuse training for those working with adults with care and support needs should be implemented, with attendance mandatory and monitored; refresher training should be planned. Domestic abuse training should be part of induction training for all new staff.

The Occupational Therapy Team:

21.42. The Occupational Therapy Team are responsible for assessing the needs of children and adults with disabilities, and making recommendations relating to aids, adaptations, and home moves. The team encompasses an Assistant Technology lead, and the Handyperson service, which carries out minor works recommended by the Occupational Therapists, as well as carrying out Sanctuary Scheme works upon direction from the sanctuary scheme co-ordinators. Major works recommended by the Occupational Therapy team will go to the Property Services Group in Shropshire Council. Where a move is deemed necessary to accommodate a person's disability needs, this is passed to the Private Sector Housing Team.

Social Prescribing

21.43. Social prescribing started in Shropshire in 2017, working in partnership across health, care, and voluntary and community sectors, and is available through every GP practice in Shropshire. It forms part of the NHS Long Term Plan.

21.44. Social Prescribing is a non-medical approach designed to help people with a wide range of social, emotional, physical, or practical needs.

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

21.46.Children and Young peoples' Social Prescribing pilot started in south-west Shropshire and has grown successfully and is now available to all young people across the County.

RESET

21.47. RESET is a multi-disciplinary team that provides holistic wrap-around support and drug and alcohol treatment for rough sleepers and those at risk of rough sleeping across the County. Partners of the project are Shropshire Council, Shropshire Recovery Partnership, the Midlands Partnership Foundation Trust (MPFT), Shropshire Domestic Abuse Service (SDAS), The Shrewsbury Ark and Intuitive Thinking Skills.

21.48. RESET is funded by the Rough Sleepers Drug and Alcohol Treatment Grant provided by the Office of Health Improvement and Disparities (OHID). RESET work alongside colleagues in Shropshire Council's housing services so that those currently rough sleeping are ready to take on accommodation.

21.49. RESET provides services such as:

- Drug and alcohol recovery support and treatment including medical prescribing via With You at Shropshire Recovery Partnership.
- Learning new skills or new coping strategies via Intuitive Thinking Skills training, to improve people's resilience and support them to address their substance use with confidence.
- Domestic abuse support via the Shropshire Domestic Abuse Service
- Mental health treatment and support provided by the Midlands Partnership Foundation Trust.
- Social prescribing provided by Shropshire Council's Healthy Lives Programme.
- Ongoing support and day centre facilities provided by The Shrewsbury Ark.

Integrated Care Board (ICB)

21.50. The ICB is responsible for ensuring that the right medical, NHS and other type of health treatments are available for the population. They have a duty to monitor the available services and commission others for people in Shropshire, Telford & Wrekin to ensure a high level of care and good value for money.

21.51. The ICB is one of the statutory partners for Shropshire Safeguarding Community Partnership (SSCP) and has designated professionals for both adult and children's safeguarding. These professionals are the operational leads for domestic abuse and attend the relevant domestic abuse strategic groups.

Health

Robert Jones Agnes Hunt NHS Foundation Trust

21.52. The Robert Jones and Agnes Hunt (RJAH) NHS Foundation Trust is a leading specialist orthopaedic hospital situated in Oswestry, Shropshire.

21.53. The Trust provides both specialist and routine orthopaedic care to its local catchment area and nationally. It is a specialist centre for the treatment of spinal injuries and disorders and provides specialist treatment for children with musculoskeletal disorders. The hospital has nine inpatient wards including a private patient ward, 12 operating theatres including a day case surgery unit and full outpatient and diagnostic facilities.

21.54. The Trust works with partner organisations to provide specialist treatment for bone tumours and community-based rheumatology & orthotic services.

21.55. As part of their pre-operation checks of patients, questions are asked such as 'do you feel safe at home' which has shown to increase the number of domestic abuse disclosures. The RJAH team then complete a DASH risk assessment and make onward referrals. The team are aiming to attend the Domestic Abuse Local Partnership Board to represent the trust.

21.56. **Recommendation:** RJAH to work with statutory partners to ensure that messages delivered via training are consistent across the Partnership.

Midlands Partnership University NHS Foundation Trust (MPFT)

21.57. Midlands Partnership University NHS Foundation Trust (MPFT) provides physical and mental health, learning disability and adult social care services. They provide a range of community services across the County, for adults and children, specialised services such as rheumatology and rehabilitation, health and justice services and outreach services.

21.58. MPFT covers Shropshire, Telford and Wrekin, Staffordshire, and Stoke-on-Trent. In Shropshire it is commissioned by the Integrated Care System (ICS) to deliver all age

mental health and learning disability services, and by Shropshire Council Public Health to deliver sexual health services.

21.59. A trust-wide safeguarding policy covers the domestic abuse response, and this is supported by mandatory training for all staff. MPFT have a domestic abuse lead who is working to look at how to advance their practice in domestic abuse.

21.60. **Recommendation:** MPFT to work with statutory partners to ensure that messages delivered via training are consistent across the Partnership.

Shropshire Community Health Trust

21.61. Shropshire Community Health NHS Trust provides a range of community-based health services for adults and children in Shropshire, Telford and Wrekin, and some surrounding areas.

21.62. The Trust runs services across the whole of the county. There are four community hospitals - in Bishop's Castle, Bridgnorth, Ludlow and Whitchurch - as well as the Oswestry Health Centre.

21.63. The Shropshire Community Health Trust services range from district nursing and health visiting to physiotherapy and specialist community clinics. The Trust recognises that vulnerable adults have a right to be protected from harm, abuse and neglect and work closely with other organisations to achieve this.

21.64. **Recommendation:** For domestic abuse to become a part of mandatory training for all staff in the Community Health Trust, relevant to their role.

Shrewsbury and Telford Hospital (SaTH)

21.65. The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin, and mid Wales.

21.66. The main service locations are the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury, which together provide 99% of SaTH activity.

21.67. Both hospitals provide a wide range of acute hospital services including Accident & Emergency, Outpatients, Diagnostics, Inpatient Medical Care and Critical Care.

21.68. Alongside services at the Princess Royal and Royal Shrewsbury, Shrewsbury and Telford Hospital also provide community and outreach services such as:

- Consultant-led outreach clinics
- Midwife-led units
- Renal dialysis outreach services
- Community services including Midwifery, Audiology and Therapies

21.69. SaTH have a domestic abuse policy which is trust wide, with a separate one for maternity. They also have a staff domestic abuse policy.

Shrewsbury and Telford Hospital - Accident and Emergency

Data 2022-24

Shrewsbury and Telford Hospital A+E	2022/23	2023/24
Number of disclosures recorded	109	88
DASH outcomes – Patient high risk	38	29
Outcomes- Referred to MARAC	71	39
Outcomes: Child safeguarding concern raised	32	20

21.70. When disclosures are received in A&E, a DASH is completed and those that are not visibly high risk or do not meet MARAC criteria are referred to the Hospital Independent Domestic Violence Advisor

21.71. Those that are not visibly high risk or do not meet MARAC criteria are referred to the Shrewsbury and Telford Hospital Independent Domestic Violence Advisor.

21.72. **Recommendation:** For SATH to look at and understand their assault related injury (ARID) data and explore how the links to domestic abuse

21.73. **Recommendation:** For a Shrewsbury and Telford Hospital representative to attend the Domestic Abuse Local Partnership Board

Shrewsbury and Telford Hospital – Maternity

21.74. Shropshire has five midwifery led units (MLUs), where patients meet Midwives and Women's Services Assistants (WSAs) who care for them throughout their pregnancy.

21.75. The Maternity Led Unit in Shrewsbury provides outpatient services and includes an Early Pregnancy Assessment Service (EPAS), Antenatal services and scanning. There are also maternity led units situated in the Wrekin, Bridgnorth, Ludlow and Oswestry which all provide outpatient antenatal services and scanning.

21.76. Midwives conduct routine enquiries around domestic abuse with pregnant women every trimester, and this will be recorded. Enquiries take place at a slightly lower rate in the second trimester. If a midwife does not carry out the routine enquiry, they must record why, for example, because they were unable to see the woman alone.

21.77. Shrewsbury and Telford Hospital Maternity, provides training to midwives to increase confidence asking their patients about domestic abuse. Midwives are trained to complete a DASH and to send referrals to the Hospital IDVA and MARAC as required; they can also contact the midwifery safeguarding team with any queries.

Data 2022-24

Shrewsbury and Telford Hospital- maternity service	2022/23	2023/24
Number of disclosures recorded	26	19

General Practice

21.78. GP practices across Shropshire offer universal health services to the local population. They are often the first point of contact for people needing assessment and treatment for their physical and mental health concerns. Practices offer many services, including chronic disease management, health promotion, preventative care, acute illness assessment, immunisations, and health screening. GPs provide generalist patient-centred care throughout the life course, with an emphasis on continuity of care.

21.79. GP practices work closely with other health and social care professionals and voluntary agencies to support their patients. GPs and other members of their teams commonly look after those with complex needs. They receive regular training to identify and support those who have been subjected to domestic abuse, including trauma informed care. The GP Practices collectively have a named Safeguarding Lead who supports the Domestic Abuse Local Partnership Board.

21.80. Practices are asked to share information for MARAC and work with other partners as part of the multi-agency response to safeguarding concerns, including domestic abuse.

NHS Shropshire Telford + Wrekin Integrated Care System

21.81. The NHS Shropshire, Telford + Wrekin Integrated Care System is a partner of the NHS and local government organisations, working alongside independent and voluntary sector groups to transform health and care services to deliver world class care which meet current and future needs of Shropshire rural and urban populations.

21.82. The NHS Shropshire, Telford and Wrekin Integrated Care System includes the following health care providers:

- NHS West Midlands Ambulance Service University NHS Foundation Trust
- NHS Midlands Partnership University NHS Foundation Trust
- Shropshire Community Health NHS Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- The Shrewsbury Telford Hospital NHS Trust

West Midlands Crown Prosecution Service and Telford Magistrates Court

21.83. The West Midlands Region of the Crown Prosecution Service (CPS) covers the police force areas of West Mercia, Warwickshire, Staffordshire, and West Midlands. The British Transport Police is also covered by this region.

21.84. The CPS Magistrate's Court Unit prosecute offences of domestic violence, assaults, criminal damage, minor public disorder incidents, minor traffic offences (excluding those dealt with by the police as police-led prosecutions), possession of drugs, dangerous dog offences, offences of dishonesty and commercial burglaries. The CPS Crown Court Unit deal with cases such as murder, robberies, serious assaults, dwelling house burglaries, complex fraud, the supply and trafficking of drugs and the most serious road traffic offences especially those that result in a fatality.

21.85. The CPS Rape and Serious Sexual Offences Unit is a dedicated and specialised team who prosecute cases such as rape, serious sexual offences, child abuse, child sexual exploitation, honour-based violence, and Female Genital Mutilation.

21.86. The CPS Serious Violence, Organised Crime and Exploitation Unit (SVOCE) – the first of its kind – was launched in the CPS West Midlands region in July 2021. The Unit brings together a team of prosecutors and paralegal staff who have extensive experience of prosecuting cases involving serious gang-related violence, serious drug dealing offences (including county lines) and modern slavery and exploitation. The Unit is part of the Complex Casework Unit.

The Probation Service – Herefordshire, Shropshire and Telford Probation Delivery Unit (PDU)

21.87. The Probation Service is a statutory Criminal Justice Service that supervises offenders released into the community. The Probation Service is responsible for sentence management in both England and Wales, along with accredited programmes, unpaid work, and structured interventions.

21.88. Sentence management focus is on strengthening the probation practitioner's relationship with people on probation, using the right key skills, activities, and behaviours to achieve the most effective outcomes and enable offenders to make positive changes to their lives.

21.89. **Recommendation:** To explore how the probation service links with the wider domestic abuse specialist services for victims and perpetrators

West Mercia Youth Justice Service

21.90. West Mercia Youth Justice Service (WMYJS) provides support to young people, parents and victims who are involved in, or are a victim of, crime in West Mercia. Their aim is to reduce offending by children and young people.

21.91. WMYJS have Youth Offending Teams (YOTs) based in the four local authority areas: Herefordshire, Shropshire, Telford and Wrekin and Worcestershire.

21.92. In Shropshire, the service may get involved if a young person:

- Gets arrested by the police and admits to committing an offence.
- Is charged with a crime and has to go to court.
- Is convicted of a crime and is given a sentence.

21.93. The Youth Offending teams work with a variety of services and agencies such as the Police and Courts, the National Probation Service, Health, Housing and Children's Services. All young people are assessed on their individual skills, abilities, needs and risks to help devise and deliver a tailored intervention programme to stop them offending.

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22. Community Based Services

A4U

22.1. A4U is a disability advice organisation and is the lead for the Shropshire Autism Hub, providing support for adults on the Autism Spectrum both pre and post diagnosis. It is a user-led service that has operated in Shropshire for 30 years, based in Shrewsbury. The team supports people across the whole spectrum of physical and learning disability

22.2. A4U endeavour to support face-to-face, by telephone and email and will refer and signpost to partners and other appropriate organisations.

22.3. A4U informed the needs assessment that they have had several instances where Shropshire Autism Hub clients have disclosed domestic abuse and A4U have supported people to access support and get legal advice.

AgeUK

22.4. Age UK in Shropshire is based in Shrewsbury and provides advice and support to older people. When a disclosure of domestic abuse is made the Safeguarding Team will discuss cases and, with the survivor's permission, refer to a specialist Hourglass[61] team made up of case workers, community response network and IDVAs (Independent Domestic Violence Advocates). Hourglass will then help build tailored safety plans and support older people.[62]

22.5. Age UK employees have access to Domestic Abuse Awareness Training, specialist information, and use of their work equipment to find support safely. Age UK has also joined the Employers Initiative on Domestic Abuse (EIDA), [63] a network of employers committed to supporting their employees who are or have been subjected to domestic abuse.

[61] https://wearehourglass.org/who-we-are
[62] https://www.ageuk.org.uk/discover/2022/december/new-data-on-domestic-abuse-in-older-people/
[63] https://www.eida.org.uk/

Ask for ANI

22.6. Ask for ANI[64] (Action Needed Immediately) is a national codeword scheme developed by the Home Office aimed at enabling victims/survivors to be able to seek help safely in pharmacies. The scheme was developed by the Home Office with the help of partners from the domestic abuse sector, pharmacy associations and the police. It was launched across the UK on 14 January 2021.

22.7. Over 5,000 pharmacies, including Boots, Lloyds, and community pharmacies, are now enrolled in the scheme. People from across the UK have been supported by pharmacists to access support from the police or domestic abuse services.

LGBT SAND

22.8. SAND is community organisation whose goal is to improve the experiences and increase the expectations of LGBT+ people as they age in Shropshire, Telford & Wrekin.

22.9. Part of SAND's work is around inclusion within health and social care providers and other organisations, groups, and services, that people may need or want to access. For this reason, SAND launched a campaign to EMBRACE a Culture of Inclusion. They encourage all these organisations to make 'pledges' which are practical actions to ensure their service is welcoming and inclusive to the LGBT+ aging community. These pledges take the form of a Covenant.

22.10. Those groups and organisations in Shropshire, Telford & Wrekin sign up to the following five commitments and agree an annual action plan for change.

- Commit to providing the best possible quality services for older and old LGBT+ people.
- Commit to learning what life can be and has been like for different LGBT+ people.
- Commit to vocally and visually supporting groups working with and for older and old LGBT+ people.
- Commit to creating meaningful opportunities for LGBT+ people and groups to 'influence' what you do.
- Commit to assess and evidence change, including work carried out to engage LGBT+ people (within the group/organisation and outside it).

The Ark

22.11. The Shrewsbury Ark is an independent charity dedicated to helping homeless and vulnerable people in Shropshire.

22.12. They provide practical support such as basic facilities, hot meals, clothing, toiletries and sleeping bags, but also emotional support. The Ark runs a day centre and in some cases are the first point of face-to-face contact to build rapport and trust with people; they will

[64] https://www.gov.uk/guidance/ask-for-ani-domestic-abuse-codeword-information-for-pharmacies

then often link clients in with other agencies for support.

22.13. **Recommendation:** For The Ark to receive training around domestic abuse and perpetrator intervention.

We Are With You

22.14. We Are With You is a drug, alcohol and mental health charity, who offer a broad range of support services for adults and young people across England and Scotland.

22.15. In Shropshire, they provide free and confidential services, without judgement, to adults and young people facing challenges with drugs and alcohol through:

- One to one support
- Support groups
- Support for family and friends
- Clinical support and medication
- Needle and syringe services

22.16. The support for young people offered by We Are With You, aims to provide holistic support focusing on reducing risk-taking behaviour, building resilience, self-esteem, and wellbeing to make positive change.

Shropshire Disability Network

22.17. The Shropshire Disability Network was formed in 2008 aiming to provide a collective voice for disabled people in Shropshire. It holds quarterly open meetings to discuss current disability issues, alongside a newsletter of evidence and information.

Shropshire European Community Group

22.18. Shropshire European Community group work with the Eastern European Community in the County. They work with communities and professionals to bridge the barriers of accessing support. As a part of this work, they are working to increase understanding of domestic abuse, understanding around the different types of domestic violence and abuse and to encourage people to report.

22.19. The Shropshire European Community group lead shared that there is a lack of understanding from professionals on how to engage with these communities and there needs to be improvement in professionals' communication and explaining of processes. They also shared that there is a lot of disappointment from the community regarding their treatment from professionals.

22.20. The organisation is developing regular sessions, once a week, to be set up like an Eastern European Cafe.

Shropshire Mental Health Service (MHS)

22.21. The Shropshire MHS provides a diverse range of services across Shropshire and help to bridge the gap between illness and full independence from services.

22.22. Shropshire MHS has a new mental health Outreach Support Service available to people in the community who live with long term mental ill health. The aim is to support people to enhance their self-management skills and achieve their recovery goals. The Shropshire MHS also have an A&E outreach team and a dual diagnosis outreach team. The general outreach support for people is between eight to 10 weeks.

22.23. Shropshire MHS run a 'Calmer Café', which is a mental health café drop-in service designed for people who are struggling and need a safe place to talk, receive support and be amongst others.

22.24. They also have volunteer-led support groups as well as several mental health helpline options from the Samaritans hotline and mental health telephone support.

22.25. Shropshire MHS also have a Short-Term Outreach Prevention (STOP) team. The STOP team was developed from the Winter Support project in 2023 and is six-weeks of targeted support for people that are struggling with a particular issue at that time.

22.26. They also support people who are being discharged from the Redwood Centre who have been in there for some time.

Citizen's Advice

22.27. Citizen's Advice is a network of independent charities offering free, confidential advice online, over the phone, and in person. They provide advice around a number of areas, for example consumer rights, supporting witnesses in courts through the Witness Service and pension guidance to people aged over fifty.

22.28. Citizen's Advice Community Advisors sometimes meet people that have been subjected to domestic abuse and they shared that they are seeing an increased amount of coercive and controlling behaviour being disclosed. Citizen's advice value the importance of knowing where they can signpost people.

22.29. **Recommendation:** For Shropshire Council to update the domestic abuse pathway for professionals and to consider if a directory of services is required.

Resolve@

22.30. Resolve@ is an emotional health and wellbeing service for young people aged 8 – 18 which was set up in 2022 and will be running until the end of March 2025.

22.31. Resolve@ has been commissioned to work with young people in Shropshire who have experience of living with domestic violence or abuse.

22.32. They provide therapeutic support for young people, as well as psychoeducation and wellbeing support for parents through one-to-one support, group work and awareness sessions. To meet threshold, the young person cannot be living with the perpetrator.

22.33. Most referrals to Resolve@ come from schools. Resolve@ shared that they have good relationships with safeguarding leads and early help, however they do not get many referrals from the Local Authority.

22.34. **Recommendation:** For Resolve@ information to be shared with professionals in Shropshire Council to increase referrals.

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23. Non-Accommodation Based Support Unmet Need

23.1. This section presents the needs assessment findings on unmet need in relation to support in the community for adult and child victims and those who cause harm.

23.2. In November (2022) the Domestic Abuse Commissioner released findings from mapping of domestic abuse services across England and Wales: 'A Patchwork or Provision'[65]. Findings included that 'most victims and survivors wanted some form of Community Based Support, for example 83% wanted counselling and therapeutic support and 74% wanted 1:1 support (e.g. a case worker)'.

23.3. Overall, it was found that outside of specialist teams and services, there is a need for more training and education around domestic abuse and how to respond to victim/survivors and perpetrators.

23.4. The Needs Assessment findings also showed that:

- Further awareness around the available support for domestic abuse is required.
- There is a need for more collaboration between services/organisations including between specialist domestic & sexual abuse and violence services.
- There is demand for more joined up work between adult and children's services.

23.5. The findings suggest that a piece of work needs to be done to ensure all professionals are aware of how to make a referral into support services.

[65] Domestic abuse commissioner (2022) a patchwork of provision: How to meet the needs of victims and survivors across England and Wales.

23.6. There is more work that needs to be done in relation to engaging with underrepresented groups such as LGBTQ+ and older people.

23.7. **Recommendation:** To review the Domestic Abuse pathway with a view to include specific routes for professionals working with individuals with complex needs.

23.8. **Recommendation:** Training around how to improve the response to those subjected to and perpetrating domestic abuse; to include working with those who have multiple disadvantages.

Coordinated Community Response

23.9. The Coordinated Community Response (CCR) brings services together to ensure local systems keep survivors safe, hold abusers to account and prevent domestic abuse.

23.10. This multi-partnership model was created from the principle that no one agency can effectively deal with domestic abuse on its own; it requires a coordinated effort by all agencies in a local community.

23.11. The CCR is a mechanism designed to prevent domestic abuse falling off the radar.

23.12. Running through the whole of the CCR should be an awareness and understanding of domestic abuse as trauma, as well as the part trauma plays in abusers' journeys.

23.13. **Recommendation:** A trauma informed approach is being developed in Shropshire, and this must fully involve appropriate responses to domestic abuse victims/survivors (children and adults) and those who cause harm (children and adults).

Intersectionality

23.14. The needs assessment enables us to have a more detailed understanding of domestic abuse in Shropshire, with data available across some but not all protected characteristics.

23.15. In order to improve the domestic abuse response in Shropshire, an increased understanding from professionals around how these characteristics, and other aspects of life, intersect for victims/survivors and those who harm is needed. This should be achieved through survivor and perpetrator engagement and experience, and enhanced data collection, collation, and analysis at a strategic level.

Shared Vision and Objectives

23.16. In 2024, The Shropshire Safeguarding Community Partnership (SSCP) released the Strategic Plan and Priorities for 2023-2026[66]. The SSCP is committed to increasing the safety and resilience of people in Shropshire (including children and adults with care and

[66] Shropshire Safeguarding Community Partnership (2024) Strategic Plan and Priorities 2023-2026

support needs) and their communities, in order to reduce harm caused by abuse, neglect, and other crime.

23.17. As part of the vision and mission, The Domestic Abuse Local Partnership Board oversees the statutory duty of the Local Authority and the wider needs of the community in relation to domestic abuse.

23.18. The Domestic Abuse Local Partnership Boards success statements are currently set as follows:

- Referrals to specialist domestic abuse services are reduced due to the wider workforce responding earlier and more appropriately.

- Children are educated on safe and healthy relationships across Early Years, Primary, Secondary and Further Education, to include those home educated, in pupil referral units or accessing alternative education settings, to reduce the likelihood of them using abusive behaviour or becoming victims of abuse.

- All residential and domiciliary care services for adults and children, are contractually obliged to hold domestic abuse policies and implement them via procedures which include mandatory training as outlined in their policy.

- Perpetrators are actively engaged in evidence-based work that educates them to stop using abusive and harmful behaviours.

- People planning and undertaking S47 and S42 enquiries and anti-social behaviour investigations always consider domestic abuse, whether current or historic, in their decision making.

- Our Domestic abuse offer for both victims and perpetrators is accessible to all those that want and need it.

Strategic Leadership

23.19. The Needs Assessment found that there is a need for increased accountability in the partnership approach and response to domestic abuse.

23.20. In terms of representation, many services have now been invited to join an operational domestic abuse forum, so they are able to have representatives from each service to come together and directly feed into the Domestic Abuse Local Partnership Board.

Resources

23.21. This needs assessment has recognised that in terms of resources, the situation is similar. Therefore, the commissioning of services should build in an approach in which it is not expected that ‘one size fits all’, and work with other specialists to facilitate accessibility. The Domestic Abuse Partnership should work towards partnership commissioning in which the relevant organisations contribute resources / funds (Local Authority Public Health, Children’s Social Care, Adult’s Social Care, Housing; Integrated Care Board; Police and Office of the Police and Crime Commissioner). Services should be sustainably funded, drawing on resources from across the Partnership, with no short-term contracts

and resourced to meet demand, recognising the high level of experience and expertise of specialist services.

Coordination

23.22. Since the last Needs Assessment, the Domestic Abuse Strategic Lead has worked to gain the commitment of partners for resources and decisions, through supporting the Strategic Group, sharing expertise, national knowledge and good practice and information around new legislation and funding opportunities. There is an identified need for a designated data analyst to support the Partnership to help aid understanding around domestic abuse within Shropshire.

Training

23.23. Training across the Partnership since the last Needs Assessment has not been mapped, so the range of provision and providers is not yet understood. There is a need to establish a Partnership Training Strategy to develop the workforce response at different levels of intervention, increasing the knowledge, capability, and confidence of professionals to support adult and child victims/survivors and hold perpetrators to account, in appropriate, safe, and supportive ways.

23.24. Shropshire Council's Domestic Abuse Prevention Team has a Training Lead who is creating a suite of modules that can be delivered from a multi-agency perspective.

Data

23.25. The data needs across the Partnership and recommendations are included in the methodology section of this needs assessment.

Policies and Procedures

23.26. Many organisations have specific domestic abuse policies and procedures in place to guide staff in responding to the members of the public they encounter. Some also have policies (or are developing them) to respond to the needs of staff subjected to or perpetrating domestic abuse. This needs assessment found that not all staff are aware of their service's policies and procedures. The Strategic Partnership has a role in ensuring policies and procedures across partner services are aligned, supported by training and supervision, and are regularly reviewed.

Whole Housing Approach

23.27. The Whole Housing Approach[67] is a framework for addressing the housing and safety needs of victim/survivors in a local area. It brings together all the main housing tenure types, alongside the housing options and support initiatives needed to help people subjected to domestic abuse, to either maintain or access safe and stable housing.

[67] Domestic Abuse Housing Alliance (2024) Whole Housing Approach

Refuge

23.28. Provision in Shropshire is described elsewhere in the needs assessment. The principles and components must be included in service specifications highlighted by Domestic Abuse Housing Alliance refuge service model[68]

23.29. Commissioners and others responsible for the provision of refuge services must have regard to the importance of specialist service delivery.

23.30. It must be ensured that there is access to:

- Information and advocacy,
- Emotional support,
- Specialist support workers (e.g. drugs/alcohol misuse, mental health, sexual abuse),
- Recovery work,
- Support for children and young people (where needed),
- Practical help, including help with moving into stable, safe housing,
- Key work and support planning (work around support needs including parenting, finances, and wellbeing),
- Safety planning,
- Counselling,
- Peer support and group work.

23.31. Refuge services need three main components of funding in order to deliver this package of therapeutic and practical support: support staff; activity costs (such as costs to meet accessibility needs or travel); and core costs (such as finance, management, and premises).

Registered Providers

23.32. Registered Social Landlords (RSLs) provide all social housing in Shropshire. The Needs Assessment reached out to all 33 providers currently known to Shropshire Council (see 7.36). Responses were received can be shown below:

Registered social landlord	No. Shropshire properties	Domestic Abuse Housing Accredited?	DA policy?	DA training?	DA information for residents
Homes Plus	6023	No	Yes: due to be reviewed do not have procedure but will be creating	Yes, staff attend external training if available	Yes, on website
Connexus	4980	In progress	Yes	Yes	Yes

[68] https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

Wrekin Housing Group	988	In progress	Yes	Yes (external)	Yes
Shropshire Rural Housing	297	No	Yes	Yes (planned)	Yes (in progress)
Star Housing	4089	No	Yes	Ad hoc	Yes, on website

23.33. Feedback received was around the need for greater partnership approaches in dealing with domestic abuse and more involvement in the Strategic Partnership arrangements. One RSL shared that landlords are being consulted more than previous years.

23.34. Feedback was also shared around the need for more emergency accommodation for perpetrators of domestic abuse.

23.35. **Recommendation:** To explore and rectify the lack of domestic abuse strategic meetings with RSL partners.

23.36. **Recommendation:** Encourage all providers to work towards DAHA Accreditation if not already doing so. Ensure separate domestic abuse policies and procedures are in place, not contained within ASB, and are supported by training and information for residents. Ensure RSLs are appropriately involved in the Partnership structure.

Private Rental Sector

23.37. This is defined as a room or dwelling that is rented or let by a private individual or business, as part of a commercial operation. Separate teams in Shropshire Council are responsible for different aspects of relationships with private sector landlords.

Privately Owned Sector

23.38. This refers to anyone who owns their own home, whether they have a mortgage or own the property outright.

Supported and Sheltered Housing [69]

23.39. Defined as accommodation usually purpose-built with staff onsite, provided for people who have varying support needs.

Domestic Abuse Mobile or Co-located Advocacy[70]

23.40. This is community-based domestic abuse advocacy that focuses on victim/survivors' self-identified needs. Shropshire Domestic Abuse Service (SDAS) Outreach service offers this by supporting victims/survivors in the community. Mobile advocacy that can meet victims/survivors more flexibly is more able to meet the needs of those facing multiple

[69] https://www.dahalliance.org.uk/media/10654/8_-wha-supported-housing-homelessness-services.pdf
[70] https://www.dahalliance.org.uk/media/10656/10_-wha-co-located-housing-advocacy.pdf

disadvantages.

23.41. In July 2024, Shropshire Council started a trial to co-locate an SDAS outreach support officer into the Housing Support Team, to provide specialist support to those in temporary accommodation. Victims/survivors in contact with Housing Options are not consistently referred to SDAS and despite there being a Domestic Abuse Lead Housing Options Officer there is more work to be done. The data shows that there are still high numbers of victims/survivors and their children placed in hotels and B&Bs, despite the Domestic Abuse Act 2021 outlining that this is not appropriate.

23.42. **Recommendation:** To explore further co-located DA specialists within the housing teams.

Flexible Funding [71]

23.43. There are limited funding options available for victims/survivors in Shropshire, through the Housing Options Team and SDAS, but none fit the definition of flexible funding.

Managed Reciprocals

23.44. There are no formal arrangements in place between Registered Social Landlords in Shropshire, and this needs to be developed.

Perpetrator Management

23.45. Recently, Shropshire has seen the introduction of two domestic abuse perpetrator programmes delivered by Cranstoun, as mentioned previously. There is work required around understanding the housing related needs of perpetrators and the action that can be taken against them.

23.46. **Recommendation:** The Domestic Abuse Prevention Team to work in partnership with Cranstoun and engage with perpetrator programme attendees to understand the needs of perpetrators and include this in all training provided.

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24. Report Recommendations:

24.1. This section brings together the recommendations for Shropshire on improving services overall that have been included through the report.

24.2. Areas of unmet need are addressed separately, as follows, with the priorities highlighted in the Commissioning Priorities, section 4.

- Safe accommodation unmet need: section 16.

[71] https://www.dahalliance.org.uk/media/10657/11_-wha-flexible-funding.pdf

- Non-accommodation based unmet need: section 22.

Needs Assessment Recommendations

24.3. The Partnership must include, in future action plans, the statutory requirement to refresh the Needs Assessment annually and conduct a new one every three years.

24.4. The Domestic Abuse Partnership must develop a communications strategy and action plan to raise awareness across all communities around the types of domestic abuse, including financial/economic abuse. It must challenge the prevailing stereotypes and myths outlined this report and provide information on the support available.

Survivor Involvement Recommendations

24.5. Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes.

24.6. To enhance the involvement of those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.

24.7. To ensure diversity of survivor involvement, Shropshire Council's Lived Experience Project Officer needs to be supported by professionals to work with voluntary and community services, including 'by and for' services, working with or representing (not an exhaustive list) minoritized ethnic groups, older people, LGBTQ+ people, e.g., A4U, SAND, the Gypsy, Roma Traveller Team, and others.

Coordinated Community Response Recommendations

24.8. **Data:** Use the data collection templates, developed through this needs assessment, to guide the improvement of enhanced data collection across the Partnership. Add to the data collection with requests for outcomes data gathered by all services and identify key indicators to measure the impact of the Partnership. Also ensure services collect data across the full range of demographic information, and this is collated and analysed by the Partnership to identify gaps

24.9. **Communication:** The Domestic Abuse Partnership must develop a communications strategy and action plan, to raise awareness across Shropshire around the current domestic abuse response; to include each organisation/service and what support they provide in relation to domestic abuse. There should also be a review of the domestic abuse pathway to ensure all professionals are provided with the available options of support to share with their clients.

24.10. **Shared Vision and Objectives**: For all domestic abuse lead professionals across the Partnership to work collaboratively to embed a coordinated, consistent, and structured

approach to holding perpetrators to account and supporting victims.

24.11. **Structure and Governance:** To ensure that the newly established Operational Domestic Abuse Forum details are circulated to ensure any practitioner can be involved in the Partnership.

24.12. **Resources:** Commissioning of services should build in an approach in which it is not expected that 'one size fits all', and work with other specialists to facilitate accessibility. Services should be sustainably funded, drawing on resources from across the Partnership, with no short-term contracts and resourced to meet demand, recognising the high level of experience and expertise of specialist services.

24.13. **Coordination**: A Data Analyst role is needed to support the Partnership

24.14. **Training:** Training must continue to be developed around domestic abuse; all training delivered across the Partnership should be mapped. A Partnership Training Strategy to develop the workforce response at different levels of intervention, increasing the knowledge, capability, and confidence of professionals to support adult and child victims/survivors, and hold perpetrators to account, in appropriate, safe, and supportive ways

General recommendations for all services/organisations

24.15. Below are a series of general recommendations for all services/organisations

- For all services to be involved in guiding the development of enhanced data collection around domestic abuse in Shropshire.

- For all services, as well as police, to look at how they record domestic abuse, to ensure that demographics such as gender of victim/survivors and gender of suspects can be reported on.

- For domestic abuse services to assess the reasons for repeat referrals into their service.

- All services to collect victim/survivors' gender in order to help better understand domestic abuse in Shropshire and assess unmet need.
- To continue to map the pathway for access to mental health support, to better understand the need for mental health support in Shropshire for domestic abuse survivors

- For all services to consider revising how they record disability to include a breakdown of the nature of disability.

- To raise awareness to businesses within Shropshire, around the importance of having a domestic abuse policy in place to help to ensure that victim/survivors of domestic

abuse, who are employed are supported by their employer.

- To continue to raise awareness to professionals on what is available locally for domestic abuse perpetrators and to include the information in the domestic abuse pathway for professionals.

- For each service/organisation to circulate the child to parent abuse policy to all professionals.

- A trauma informed approach is being developed in Shropshire, and this must fully involve appropriate responses to domestic abuse victims/survivors (children and adults) and those who cause harm (children and adults).

- To understand the scope of honour-based abuse and female gentile mutilation in Shropshire.

- For all services to record where appropriate the type of domestic abuse their clients are being subjected to.

- To explore potential barriers which may be preventing LGBT+ survivors from accessing domestic abuse support within Shropshire.

- To review the Domestic Abuse Pathway with a view to include specific routes for professionals working with individuals with complex needs.

- To embed in their procedure the idea of a '360 approach'. Consider creating mechanisms in place between agencies, to ensure that the referrer is aware when and if there has been an action completed from their referral.

- Training around how to improve the response to those subjected to and perpetrating domestic abuse; to include working with those who have multiple disadvantages.

Service/organisations recommendations

24.16. **Shropshire Domestic Abuse Service**

- To explore the reason why a high proportion of clients decline support after being referred into refuge service.
- Acorns Service has been launched, so there is a need to fully explore why there are still individuals being unsuccessful/denied refuge provision due to service being unable to meet support needs around drug and alcohol.
- To explore the less common reasons for referrals to refuge being denied.
- wider understanding of their IDVA service and what that provides for them to look at their delivery model to manage the increase in referral rates
- Shropshire Domestic Abuse Service to consider the recommendation in the 2022 Shropshire Domestic Abuse Needs Assessment around developing a plan for a new refuge whilst working with commissioners to identify the type of safe accommodation required. Partners may need to explore further the gaps in unmet need that have yet

to be identified before making a final decision on this.

24.17. **Sanctuary Scheme**

- For Shropshire Sanctuary Scheme Coordinators to work with West Mercia Police, to gather data in relation to clients receiving assessments in Shropshire to create a comprehensive picture on the delivery of the Scheme
- Sanctuary Scheme Co-ordinators to record the date of birth of clients referred into the service consistently, to provide the demographic data.
- Domestic Abuse Prevention Team to promote the Shropshire Sanctuary Scheme to various professionals to ensure they are aware of how to refer into the scheme, the criteria, and the process, to ensure that the scheme is being utilised.

24.18. **Shropshire Council Housing Service**

- For the Shropshire Council Housing Service to review their domestic abuse pages available to the public to ensure that it is easily accessible and includes all necessary information.
- For a domestic abuse training plan to be put together that all Shropshire Council Housing Teams must complete. Part of the plan will be to undertake regular refresher training once all modules have been completed.
- When focussing on development, ensure that all forms of housing, including sheltered and supported accommodation, are safe and appropriate.
- Training and referral pathways: Providing an appropriate level of training for staff
- according to their role
- Raising awareness of the Domestic Abuse Directory of services accessed via Shropshire Council Well Being pages on the internal intranet.
- Updating the external internet Housing pages so victim/survivors know how and where to access support. External internet pages must also include information for perpetrators of domestic abuse, to ensure they are aware of how they can access support to change their behaviour.
- Shropshire Council should progress with the Whole Housing Approach (WHA) including gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.
- For all teams in the housing service, to consider their domestic abuse response by creating a set of policies and procedures.
- To explore further co-located DA specialists within the housing teams.
- When a victim/survivor (and any accompanying children) is placed in temporary accommodation, an appropriately trained Housing Support Officer is assigned to provide support within 48 hours. The support should be focused on reducing isolation, access to food, improving awareness of local amenities, and should be delivered in a trauma informed way.
- Before placing a victim/survivor in temporary accommodation, the local authority must carry out necessary checks to assure itself of the suitability and safety of the building and its surrounding environment.
- When placing perpetrators of domestic abuse in temporary accommodation, there must be careful consideration to ensure the safety and well-being of all involved. In order to do so, best practices around managing perpetrators of domestic abuse in temporary accommodation must be explored and followed.

Ensure that survivors of domestic abuse, are signposted where necessary to furniture and clothing access which include but are not limited to local furniture schemes, little stars for children's clothing, baby stop and the Welfare Support Team.

24.19. **West Mercia Women's Aid**

- To explore the repeat referrals to WMWA Hospital IDVA service, to better understand the reason for multiple repeats.

24.20. **MARAC**

- To explore options of multiple meetings a month to lessen the length of time per meeting.
- Complete a review of MARAC and the whole system approach.
- Safe Lives provides toolkits for MARAC representatives, as well as a guide to the MARAC process, MARAC representatives should circulate this, to their service.
- More training and information sharing in relation to what MARAC is, how to refer into MARAC as a professional.

24.21. **Operation Encompass**

- regular full reviews of the operation Encompass protocol and PITSTOP meetings.

24.22. **Shropshire Community Health Trust**

- For domestic abuse to become a part of mandatory training for all staff in the Community Health Trust, relevant to their role.

24.23.**Robert Jones Agnus Hunt**

- RJAH to work with statutory partners to ensure that messages delivered via training are consistent across the Partnership.

24.24.**Shrewsbury and Telford Hospital (SATH)**

- For SATH to look at and understand their assault related injury (ARID) data and explore how the links to domestic abuse
- For a Shrewsbury and Telford Hospital representative to attend the Domestic Abuse Local Partnership Board

24.25.**Midlands Partnership Foundation Trust**

- MPFT to work with statutory partners to ensure that messages delivered via training are consistent across the Partnership.

24.26.**Resolve@**

- For Resolve@ information to be shared with professionals in Shropshire Council to increase referrals.

24.27.**West Mercia Police**

- For West Mercia police to increase awareness raising around domestic abuse in terms of how to report and how to spot the signs of abuse.

- West Mercia Police to be specific on how domestic abuse is recorded on their system, to improve data recording and data collection.
- To be able to spot patterns and trends in relation to the impact/causation factors of domestic abuse, those completing crime report must consider using the same key words, so there can be a direct comparison of causation/impact factors.
- To consider how the influencing factors of domestic abuse are identified by West Mercia Police through risk assessments.
- For West Mercia Police to increase the use of DVPN/DVPOs in appropriate cases.
- To consider how West Mercia Police record children as victims of domestic abuse in their own right and explore where this data is collected, how it is reported on, the frequency of the reporting and who receives the report.

24.28. **The Ark**

- For The Ark to receive training around domestic abuse and perpetrator intervention.

24.29. **Shropshire Council**

- For Shropshire Council to update the domestic abuse pathway for professionals
- To include the requirement for the Local Authority, Shropshire Council to refresh the domestic abuse needs assessment annually, in future action plans.
- If surveys are used for the next Shropshire Domestic Abuse Needs assessment, ensure the survey collects information around participants socio-economic status.
- To consider how we can improve our engagement with victims of domestic abuse who are street homeless/sofa surfing for future needs assessment work, to ensure we are gaining their feedback to help shape and inform the needs assessment.
- To explore if children and adult's services are referring into domestic abuse support services within Shropshire. Where referral rates are low, teams to be directed to the internal Shropshire Council Wellbeing Pages to access the Domestic Abuse directory which includes local and national domestic abuse support services information.

24.30. **Shropshire Council Children's Services**

- Specialist domestic abuse training for those working with children and families should be implemented, with attendance mandatory and monitored; refresher training should be planned. Domestic abuse training should be part of induction training for all new staff.
- Multi-agency review of the whole family's journey through Children's Services, to include targeted Early Help. The review must include responses to those who use harmful behaviours, perpetrators of abuse, victims/survivors of abuse and the children and young people connected to them.
- Review working practices, policies, and procedures around domestic abuse, to ensure they align with both the Domestic Abuse Act 2021 and Working Together To Safeguard Children 2023.

24.31. **PITSTOP**

- To revise when PIT STOP information gets released to attendees, this often comes in the day before PITSTOP, however some professionals would benefit from having the

information earlier in the day to have more time to prepare for the meeting.

24.32. **Shropshire Council Public Health**

- To review if Public Health can collect data, from the delivery of their Public Health programmes, on domestic abuse need.

24.33. **Shropshire Council Adult Social Care**

- For a representative from adult services to consistently attend MARAC meetings.
- Specialist domestic abuse training for those working with adults with care and support needs should be implemented, with attendance mandatory and monitored; refresher training should be planned. Domestic abuse training should be part of induction training for all new staff.

24.34. **Domestic Abuse Prevention Team**

- To carry out an options appraisal on the team in its current form, exploring future options, examining up the benefits of the team, as well as the impact on removing it.
- The Domestic Abuse Prevention Team to work in partnership with Cranstoun and engage with perpetrator programme attendees to understand the needs of perpetrators and include this in all training provided.
- Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes
- Involve those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.
- To ensure the diversity of survivor involvement, work with voluntary and community services including 'by and for' services working with or representing (not an exhaustive list) minoritized ethnic groups, older people, LGBTQ+ people, people with disabilities e.g., A4U, SAND, the Gypsy, Roma Traveller Team, and others.

24.35. **Domestic Abuse Local Partnership Board**

- For the Domestic Abuse Local Partnership Board to extend its reach to be a Violence Against Women and Girls Board.
- Recommendation: As a partnership, explore how to reach all age groups in regard to domestic abuse support services.
- A need to review intervention methods of domestic abuse within Shropshire, to reduce the number of repeat victims and suspects.
- Consider commissioning services to support victims of stalking/harassment

24.36. The below are recommendations left from the previous Domestic Abuse Needs Assessment and it is recommended that the Domestic Abuse Partnership review them and decide if they are still appropriate to be carried over.

24.37. **Crown Prosecution Service and Her Majesty's Courts and Tribunals Service**

- The domestic abuse partnership should identify how best to involve CPS and court partners, as it will not be appropriate or possible for them to attend every meeting. Shropshire to work with Telford and Wrekin to map available support to victims/survivors attending court; identify needs; and take action to meet those

needs.

24.38. **Armed Forces**

- The needs assessment attempted to understand the range of services in place to support serving personnel and veterans. The Army Welfare Service and SSAFA (the Armed Forces Charity) are both listed in the MARAC membership. In Shropshire Council there are dedicated roles working with these services: an Armed Forces Covenant Lead and an Armed Forces Outreach Support Coordinator. They work with: Royal British Legion, Combat Stress, Operation Courage (NHS), Walking with the Wounded, Help 4 Heroes, and The Ripple Pond, some of which are national services. There are also likely to be equivalents for the Army Welfare Service in other parts of the Armed Forces based in Shropshire. Recommendation: a thorough mapping to be completed of all services operating in Shropshire in relation to the armed forces and veterans, to effectively involve them in the domestic abuse partnership, and ensure guidance is provided.

24.39.**Youth Justice**

- Map the practitioners in Shropshire who received this training and identify where the programme could be run.

24.40.**Ask for ANI (Action Needed Immediately):**

- Understand the current situation in Shropshire including who the lead is, what training is provided, and how effective the scheme has been in supporting Shropshire residents.

24.41. **Registered Social Landlords:**

- Domestic abuse partnership to encourage all providers to work towards DAHA Accreditation if not already doing so. Ensure separate domestic abuse policies and procedures are in place, not contained within ASB; supported by training and information for residents. Ensure Registered Social Landlords are appropriately involved in the partnership structure

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25. Appendix

Appendix 1: Contributors to the Needs Assessment 2024

Meetings/Discussions held		
Name	Role	Organisation
Sue Coleman	Chief Executive	West Mercia Women's Aid
Rabinder Dhami	Prevention officer	Shropshire Fire and rescue service
Emma Blakemore	Managing director	Innovate
Claire Nelson	Director of Services	Innovate
Kerry Robertson	Lead Therapist	Innovate
Lynne Kemp	Service Manager	SDAS
Heather	Senior Support Officer- Outreach	SDAS
Kate Annison	Children and Young person's service manager	West Mercia Women's Aid
Sue Gorbing	Director	LGBT sand
Sharon McDougall	Wellbeing Officer	Shropshire Council
Michelle John	Director	PEGS
Claire Hughes	Nurse specialist safeguarding adults	Shropshire Community Health NHS Trust
Gillian Corp	IDVA - inclusion	West Mercia Women's Aid
Laura Roche	ISVA manager	Axis Counselling
Sirian Bartlett	Senior Adult ISVA	Axis Counselling
Nicki Williamson	ISVA manager	Axis Counselling
Paula Farley	Manager	Victim advice Line - West Mercia Police
Melissa McGuire	IDVA	West Mercia Women's Aid
Natalie Arrowsmith	Detective inspector, vulnerability, and safeguarding team	West Mercia Police
Carolyn Ball	Commissioning Officer	PCC Office
Helen Harris	RAJH	RAJH
Alison Alexander	Specialist Services Manager	Citizens Advice
Phillip Heywood	Neighbourhood manager	Wrekin Housing
Teresa Tanner	Lead Nurse for safeguarding children and young people Lead nurse for domestic abuse and sexual violence	The Shrewsbury and Telford Hospital NHS Trust
Lorna Tilley	Head of Service	West Mercia Youth Justice Service

Ruth Edwards	District Crown prosecutor	Crown Prosecution Service
Sally Burns	Lead Midwife Safeguarding/Lead Midwife FGM	The Shrewsbury and Telford hospital Trust
Louise Norton	Ludlow MLU manager	The Shrewsbury and Telford hospital trust
Paul Cooper	Adult safeguarding Lead	NHS Shropshire, Telford, and Wrekin Clinical Commissioning Group
Elena Lloyd	Child safeguarding lead	NHS Shropshire, Telford, and Wrekin Clinical Commissioning group
Jane Parsons	Education Access and Safeguarding Officer	Shropshire Council
Elaine Palmer	Service manager	Bromford
Andrea Williams	Service Manager	Cranstoun Men and Masculinities
Heather Osborne	Chief Officer	AgeUK
Kate Fejfer	Shropshire Europe	
Heather Ireland	CEO	Shropshire Mental Health Service
Karen Flynn	Domestic Abuse Education Coordinator	Shropshire Council
Amanda Pyke	Younger persons service	Connexus
Joanne Delahay	Detective Inspector	West Mercia Police
Rose Greeslade	Day centre manager	The Shrewsbury Ark
Ethan Green	Support Worker	The Shrewsbury Ark
Hannah Griffiths	Young People's IDVA	West Mercia Women's Aid
Gabrielle Ernest	Operations Manager- Emotional Wellbeing and Mental Health	The Childrens Society
Hayley Thomas Brown	Rough Sleeper Co-Ordinator	Shropshire Council
Julie Meijuerio	Domestic abuse engagement lead- early help	Shropshire Council
Sam Brookfield	RESET	We are With You
Amanda Atherton	MPFT	Midlands Partnership Foundation Trust

Provided with information/data/feedback via email		
Name	Role	Organisation
Mike Jenkins	MARAC co- Ordinator	MARAC
Emma Harris	DRIVE	Cranstoun
Phillip Heywood	Neighbourhood manager	Wrekin Housing
Christopher Hodgson	Data and reporting analyst	Shropshire Council
Val Hamilton	Area Manager	Victim Support
Julie Harvey	Community Safety Manager	Homesplus
Sarah Browne	Specialist Nurse for safeguarding children and Lead Nurse for Child Exploitation	Shrewsbury and Telford Hospitals NHS Trust
Laura Davies	Senior Housing Manager	Connexus
Admin PEGS	Admin Manager- Chloe	PEGS
Andrea Williams	Service Manager for Telford and Wrekin Domestic abuse Service	Cranstoun

Laura Roche	Head of operations	Axis Counselling
Tracy Haigh	Senior EMS Support Co-Ordinator	Shropshire Council
Tim Compton	Senior Performance and Insight Analyst Information, Intelligence, and Insight	Shropshire Council
Katie Harris	Safeguarding Practitioner	MPFT
John Green	Chief executive	Shropshire Rural Housing Association
Mitch Allan	Assistant director of housing	Star Housing
Sue Adams	Quality and Administration manager	Connexus
Sue Coleman	Chief executive	West Mercia Women's aid
Alison Alexander	Specialist Services Manager	Citizens Advice Shropshire
Richard Law	Senior Data and Reporting Analyst	Adult social Care Shropshire Council
George Branch	Head of probation	HM prison and probation service
Julia Stiff	Senior Crime Intelligence Analyst	West Mercia Police
Julia Rogers	Partnership analyst	West Mercia Police
Sally Burns	Lead Midwife Safeguarding Maternity	The Shrewsbury and Telford Hospital Trust
Chris Beesly	Data officer	Shropshire Recover Partnership
Sarah Home	Director of Care	Willowdene Rehabilitation Ltd
Fiona Whitaker-Stranks	Senior Housing Options Officer	Shropshire Council
Ella Baines	Named GP for safeguarding adults and children	NHS Shropshire, Telford, and Wrekin
Val Hamilton	Area manager	Victim Support
Steve Compton	Service manager- early years	Shropshire Council
Elena Lloyd	Designated nurse for safeguarding children	ICB
Amanda Atherton	Deputy head of safeguarding and domestic abuse lead	MPFT
Gordon Kochane	Public Health consultant	Shropshire Council
Charlene Parris	Senior Housing Options Officer	Shropshire Council
Laura Fisher	Head of housing, resettlement and independent living homes and communities	Shropshire Council
Harriet Mcinnes	Domestic Abuse Training Lead	Shropshire Council
Kate Connor	Lived Experience Project Officer	Shropshire Council
Wendy Bulman	Domestic Abuse Strategic Lead	Shropshire Council
Charlotte Howell	Domestic Abuse Project Officer	Shropshire Council

Attempted to involve
Organisation
Brightstar boxing
Shropshire Supports refugees
Shropshire Disability Network
YSS Enhance project
Shropshire Council: Armed forces outreach support and Leisure, Armed forces covenant lead

Appendix 2 Blank template of data request

Data request	2022/23	2023/24
Total referrals received		
Total referrals accepted		
Total referrals that are repeat referrals		
Reasons for referrals not being accepted (with numbers):		
Referral sources (list with numbers):		
Anonymous		
Education – Other		
Education – School		
Health - A&E		
Health - community adult health services		
Health - community children's health services		
Health – GP		
Health - NHS 111		
Health - other hospital		
Health - Other primary		
Health - West Midlands Ambulance Service		
IDVA (West Mercia Women's Aid)		
Local Authority Adult Social Care		
Local Authority Children's Services - Early Help		
Local Authority Children's Services - Social Care		
Local Authority Housing & Homelessness		
Mental Health - Midlands Partnership Foundation Trust		
Mental Health - Other		
National Domestic Abuse Helpline		
Self		
Shropshire Domestic Abuse Service (SDAS)		
West Mercia Police		
Other (name)		
Other (name)		
Other (name)		
Total referrals that came from out of area		
List the top five places they came from, and how many:		
1		
2		

3		
4		
5		
Records broken down by (for adult V/S disclosed DA):	**2022/23**	**2023/24**
Age		
16-18		
19-24		
25-34		
35-44		
45-54		
55-64		
65-74		
75-84		
85+		
Gender identity		
Cis woman		
Cis man		
Non-Binary		
Transgender man		
Transgender woman		
Other		
Unknown		
Marital status		
Married / civil partnered		
Cohabiting		
Single		
Separated		
Divorced/legally dissolved		
Widowed		
Sexual orientation		
Heterosexual/straight		
Gay/lesbian		
Bisexual		
Other		
Unknown		
Disability		
Disability		
No disability		
Unknown		
National identity / ethnic group		
White		
Asian / Asian British		
Black / Black British		
Mixed		

Gypsy / Roma / Traveller		
Other		
Immigration status		
Family Visa (e.g. partner or parent visa)		
Work/Student/Visit Visa		
Asylum Seeker (public funds not accessible but asylum support available)		
Refugee (public funds accessible)		
No Immigration Leave or Expired Leave		
Other/Unknown/Prefer Not to Say		
Language		
Translator / interpreter needed		
Low literacy		
Housing type		
Private/Owner Occupier		
Private Renter		
Social Housing - single tenancy (secure)		
Social Housing - single tenancy (other)		
Social Housing - joint tenancy (secure)		
Social Housing - joint tenancy (other)		
Temporary Accommodation		
Temporary Accommodation: Supported Housing		
Supporting Housing		
Sheltered Housing		
Homeless - rough sleeping		
Other Supported Housing (list, with numbers)		
Household structure		
Single adult with child(ren)		
Partners with child(ren)		
Single adult with no children		
Partners with no children		
Single adult with children that have been removed		
Partners with children that have been removed		
Occupation		
Employed PT / FT		
Unemployed		
Student		
Looking after family / home		
Retired		
Economically Inactive/Long or Short Term Ill/Other Inactive		
Household income		
Less than £10,400 p/a		

£10,400 to less than £20,800 p/a		
£20,800 to less than £31,200 p/a		
£31,200 to less than £41,600 p/a		
£41,600 to less than £52,000 p/a		
£52,000 or more p/a		
No income stated or not enough information provided		
Education		
Degree / diploma		
A / AS Levels / Apprenticeship		
GCSEs / O Levels		
Other		
None		
Unknown		
Disability/Health		
Physical Disability/Mobility Impairment (inc. Wheelchair Access Required)		
Sensory Impairment		
Deaf/Hearing Impairment (including Sign Language User or Interpretation Required)		
Visual Impairment (including. Braille or Other Visual Support Required)		
Speech Impairment or Communication Difficulties		
Learning Difficulty		
Mental Health Issues		
Autism, Asperger's, or Other Neuro-Diverse Condition		
Personal Care Requirements		
Other Long-Term Health Condition		
Children with Health Condition/s		
Disability/health showing as a barrier to services in your area		
Additional support needs		
Care Leaver		
Service Personnel/Armed Forces		
Offending History		
Homeless		
Rough Sleeper		
Alcohol Misuse		
Drug Misuse		
Sex Work		
Legal Support		
Financial Support		
Other		
VAWG experiences		
Honour Based Violence		
Forced Marriage		

Female Genital Mutilation		
Non-DA sexual violence		
Other VAWG		
DA experiences		
Financial abuse		
Sexual abuse		
Physical abuse		
Verbal abuse		
Emotional / psychological abuse		
Controlling and coercive behaviours		

Appendix 3 Survey Shropshire Domestic Abuse Needs Assessment Survey

Introduction: Shropshire Council are conducting the Shropshire Domestic Abuse Needs Assessment. The purpose of this survey is to gather the voices of those with lived experience in terms of their experience of seeking support for domestic abuse in Shropshire.

We would like to invite you to share your views around the support you received as well as your experiences of the services you accessed, including safe accommodation. This survey should take between 10-15 minutes to complete.

Before you begin the survey, please read the Participant Information Sheet

1. Please confirm:

You are 16 years old or over

You have read and understood the **Participant Information Sheet.**

You have had the opportunity to consider the information and ask question that you have not understood satisfactorily.

You understand that participation is voluntary and that you are free to not to participate without giving reason and without being penalised or disadvantaged.

You understand that the information given is anonymous and will be securely stored. You understand that you will not be able to withdraw consent for your survey responses to be used in this research once you have completed the survey because your response will not be identifiable.

- You consent to Shropshire Council storing this information as part of the Shropshire Council Domestic Abuse Needs Assessment.

- I confirm and would like to continue

Section 2: The following questions are asked to help us to provide an overview of our participants

Please select your age *

- 16
- 17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

- Prefer not to say

Please select your gender *

- Female
- Male
- Non-binary
- Prefer not to say
- Other

Please select your national identity/ethnic group *

- White
- Asian/Asian British
- Black/Black British
- Mixed
- Gypsy/Roma/Traveller
- Other
- Prefer not to say

Please select your sexual orientation *

- Heterosexual/straight
- Gay/Lesbian
- Bisexual
- Other
- Prefer not to say

Please select your marital status *

- Married/civil partnership
- With Partner
- Single
- Separated
- Divorced/legally dissolved
- Widowed
- Prefer not to say

Do you have a disability? *

- Yes
- No
- Prefer not to say

Do you have access to public funds? *

- Yes
- No
- Don’t know

Do you have children? *

- Yes
- No
- Prefer not to say

If yes, what are the ages of your children? *

- Pregnant
- 0-4 years

- 5-10 years
- 11-14 years
- 15-17 years
- Adults
- Prefer not to say

Section 3

The following questions are designed to gather the voices of those with lived experience in terms of safe accommodation and/or seeking community support for domestic abuse

Did you need to leave your home? *

- Yes
- No

Where were you living at the point of fleeing or seeking domestic abuse support? *

- Co-Homeowner with abusive partner
- Lived with abusive partner who was the homeowner
- Homeowner (alone, not with abusive partner)
- Private Rental Tenant
- Living with family
- Council Tenant
- Housing Association Tenant
- Street Homeless/sofa surfing
- Prefer not to say
- Other

Have you been supported by any of the following? *

- Shropshire Council Housing Service
- Shropshire Sanctuary Scheme
- None of the above

Please identify which service you used *

- HomePoint
- Housing options
- Temporary accommodation
- Housing support
- Floating support
- Other

What could house teams do better when responding to domestic abuse? *

Section 4

These questions are designed to better understand your experience with the domestic abuse support services in Shropshire

Which domestic abuse service did you access for support? *

- West Mercia Women's Aid
- Shropshire Domestic Abuse Service
- Parental Educational Growth Support
- Axis Counselling
- Other

Please identify what type of support you received from West Mercia Women's Aid

- IDVA (Independent Domestic Violence Advisor)
- Hospital IDVA
- Children and young people
- 24-hour Helpline
- Partner support (partner/ex-partner accessing perpetrator programme)
- Other

Please identify what type of support you received from Shropshire Domestic Abuse Service *

- Refuge
- Outreach support
- Dispersed accommodation
- Groups
- Other

What support did you receive from PEGS? Parental Growth Support *

- Virtual drop-ins
- Peer support group
- Empowering Parents in Crisis (EPIC) sessions
- One to one Support
- Workshops
- Other

What support did you receive from PEGS? Parental Growth Support *

- Virtual drop-ins
- Peer support group
- Empowering Parents in Crisis (EPIC) sessions
- One to one Support
- Workshops
- Other

What support did you receive from Axis Counselling? *

- Pre-Trial Counselling
- LINK Counselling
- Trauma Focused Counselling
- Fast Track Counselling
- HEAR4YOU listening service
- Groups and workshops
- Online self-help programme- TORWA
- Other

Please select all that apply in regard to refuge *

- You were placed in temporary accommodation before entering refuge
- Currently supported in refuge
- Left refuge - If you left refuge before securing settled housing, could you tell us why?

Please select any other domestic abuse service you accessed for support *

- Shropshire Domestic Abuse Service
- West Mercia Women’s Aid
- Parental Educational Growth Support
- Axis Counselling
- Not applicable

- Other

Are you currently being supported by these services? *

- Yes
- No
- Prefer not to say

Section 5: These questions are to provide an opportunity to feedback around the Shropshire Domestic Abuse Needs Assessment

- How easy was it to get help from the agencies you are/have previously been supported by? *
- Do you feel your support plan and ongoing reviews of your support plan, met your needs? *
- How is the support you are receiving/have previously received made a positive difference to your life? *
- Has any of the support you have received, had a negative impact on your life? *
- How can we improve the domestic abuse response in Shropshire? *
- Shropshire Council's Domestic Abuse Prevention Team (DAPT) is inviting people who've been subjected to domestic abuse to join us and help shape the services that are there to support them.

Appendix 4- a table created from the 2021, Office National Statistics Census data to show Shropshire residents data:

Age band	Shropshire			
	Female	Male	Total	%
0 – 4	7,020	7,403	**14,423**	4.5%
5-9	7,883	8,366	**16,249**	5.0%
10-14	8,406	8,841	**17,247**	5.3%
15 – 19	8,063	8,856	**16,919**	5.2%
20 – 24	7,007	8,119	**15,126**	4.7%
25 – 29	8,120	8,752	**16,872**	5.2%
30 – 34	8,976	8,977	**17,953**	5.5%
35 – 39	8,677	8,588	**17,265**	5.3%
40 – 44	8,450	8,234	**16,684**	5.2%
45 – 49	10,226	9,752	**19,978**	6.2%
50 – 54	12,516	11,794	**24,310**	7.5%
55 – 59	12,958	12,580	**25,538**	7.9%
60 – 64	11,678	11,286	**22,964**	7.1%
65 – 69	10,631	10,186	**20,817**	6.4%
70 – 74	11,361	10,587	**21,948**	6.8%
75 – 79	8,973	8,039	**17,012**	5.3%
80 – 84	6,327	5,161	**11,488**	3.5%
85 – 89	3,917	2,886	**6,803**	2.1%
90 and over	2,738	1,285	**4,023**	1.2%
Total	**163,927**	**159,692**	**323,619**	**100%**

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report						
Meeting Date	**19th June 2025**					
Title of report	Draft Pharmaceutical Needs Assessment 2025					
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	Mark Trenfield Mark.trenfield@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		Improving Population Health	x		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities			
	Workforce		Reduce inequalities (see below)	x		
What inequalities does this report address?	Inequalities in the county regarding access to pharmacy provision, and variation in the services that they offer.					

Report Content:

1. **Executive Summary**

Introduction

The production and publication of a Pharmaceutical Needs Assessment (PNA) became a statutory requirement in the Health Act 2009. Following the abolition of Primary Care Trusts (PCT) in 2013 this statutory responsibility was passed to Health and Wellbeing Boards (HWB) by virtue of the National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services (Amended) Regulations 2013, which came into force on 1st April 2013. The requirement is to publish a PNA at least every 3 years; there have been four previous PNAs in 2011, 2015, 2018 and 2022 (deadline was extended due to the impact of COVID-19). This PNA is due to be published by 1st October 2025

The PNA should highlight the needs for pharmaceutical services in the area, current provision of services, identify gaps and unmet needs and in consultation with stakeholders make recommendations on future developments that are required. The PNA will be used by organisations including Integrated Care Boards (ICB) and the Local Authority (LA) to plan and commission future services.

The PNA is a key document used by local area teams to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies and is also used by commissioners reviewing the health needs within their area and to identify if any services can be commissioned through community pharmacies.

Pharmacies play an important role in the health system, not just the dispensing of medicines, but now providing additional clinical services, and as they are one of the first points off contact, they can improve people's health and wellbeing and also reducing health inequalities. There are more pharmacies in Shropshire than there are GP practices, and they are more accessible, including for those who might otherwise not access health services.

Shropshire HWB considers community pharmacies to be a key public health resource and recognises that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing.

Before publishing the PNA, there is a statutory requirement to hold a 60-day public consultation, and this period was from the * until the * 2025. The purpose of the consultation is to identify the views of the statutory consultees, other stakeholders and members of the public on whether the PNA addresses the necessary and important issues.

Local Context

This PNA Covers the Shropshire Local Authority area; it together with Telford and Wrekin Council both form the geography which that is coterminous with NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB).

Key demographic messages for Shropshire

- Shropshire is a diverse, large, predominately rural inland county with a wide range of land use, economic activities, employment and social conditions
- Shropshire's population was increasing more slowly than England between 2000 and 2020 (using ONS population estimates), but increase more sharply between 2020 and 2022. Much of the Shropshire population growth has been due to migration.

- Shropshire has a relatively high concentration of people in the older age groups. In 2023, 54.2% (52.7% in 2020) of the County's residents were aged 45 or over, 26.2% were aged 65 and above, and 3.6% were aged 85 and above, when compared to England this was 44%, 18.7% and 2.5% respectively (ONS 2024 Estimates).
- Shropshire, like many parts of the country, has an ageing population, with the median population age now 48.5 compared to 40.5 in England.
- Lower-Level Super Output areas in Harlescott, Monkmoor and Ludlow East wards are the three LSOAs with the highest deprivation levels within Shropshire. All three fall within the top 10% of most deprived LSOA areas within England. Looking at whole wards, the three most deprived wards within Shropshire are Monkmoor, Harlescott and Castlefields & Ditherington, (ONS 2019)
- 42.6% of Shropshire's population is classified as being 'Urban' and 57.4% as 'rural and has an overall population density of just over 101 persons per square kilometre, compared to 433 in England. Population density is particularly sparse in the South West of the county (39 persons per square kilometre).

Access to pharmaceutical services

- There are currently 43 community pharmacies and 17 dispensing GP practices in Shropshire, located throughout the county in towns, market towns and larger villages. Most community pharmacies are close to GP practices providing choice and convenience for patients.
- Approximately 91% of residents are within a 10-minute car journey of a community pharmacy or dispensing GP practice, although this drops to 87% for just a community pharmacy. However, there are greater challenges for those without access to cars, with only 48% of the population within 10 minutes of one using public transport on a weekday morning.
- As much of Shropshire is very rural, many localities are supported by GP practices that dispense to their patients. Dispensary opening hours usually reflect the opening times of the practice. Dispensing doctors offer services to help fulfil the pharmaceutical needs of the patients in these areas. However, while they will dispense medications to their patients, they do not offer the full services that community pharmacies do, unless the patients make an appointment.
- Most pharmacies opening times generally mirror those of the GP practices, however while most pharmacies open for at least some of the day on a Saturday, there are only 2 pharmacies that open after 6pm on a Saturday and there are only 6 pharmacies open at all on a Sunday in Shropshire, and only 4 pharmacies that open past 6pm on a weekday. There are no 24-hour pharmacies in Shropshire.
- There appears to be reasonable access to some services commissioned by Public Health in Shropshire, such as emergency hormonal contraception, however, some of these services do not operate at all pharmacies, and for some pharmacies that offer those services, activity is very low.

Current pharmaceutical provision

- The distribution of pharmacies per head-of-population, with or without dispensing GP practices, is of a lower ratio than the national average.
- The number of pharmacies has dropped since the previous PNA and therefore the ratio has increased, and the ratio likely to further increase with the most recent population projections predicting a growth of 7.89% by 2032.
- There is only one 100-hour pharmacy in Shropshire, as opposed to three in the previous PNA, this pharmacy is in Oswestry.
- Some advanced and locally commissioned pharmacy services are only provided by a small number of pharmacies, if at all. No pharmacy in Shropshire has signed up to the

dispensing appliance service, although they would probably dispense some appliances if available, but there is appliance service contractor in Telford and Wrekin.

Gaps in pharmaceutical provision

- Weekend and night access - There is limited provision on Sundays, particularly in the South of the county. There is also limited provision after 6pm on weekdays and Saturdays.
- Visibility of services - The resident survey highlighted that there were several services that community pharmacies provide, but the respondents didn't necessarily know that the pharmacy provided them. Likewise, there are some services that the pharmacies offer but activity was very low. Perhaps these services need to be more visible.
- Increase in pharmacies signing up for services – The contractor survey highlighted a willingness for those contractors to provide more services if they were commissioned, if they were not always providing them or were intending to provide them.
- Further investigation and consideration may become necessary to evaluate if there is enough pharmacy provision given the projected growth of the population in future as growth between 2022 and 2032 is expected to be 7.89% - 26,268 people.

2. Report Recommendations

That the committee notes the contents of the presentation and report and has the opportunity to shape the recommendations before it can go out for the statutory 60-day public consultation.

3. Main Report

Please see:
Appendix A. Pharmaceutical Needs Assessment 2025 – presentation
Appendix B. Pharmaceutical Needs Assessment (PNA) 2025 – draft report

Risk assessment and opportunities appraisal		
Financial implications		
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	ShIPP
	Voluntary Sector	
	Other	

List of Background Papers - NA

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead
Rachel Robinson, Executive Director – Public Health (DPH)
Cllr Bernie Bentick, Portfolio Holder for Health & Public Protection

Appendices
Appendix A. Draft Pharmaceutical Needs Assessment 2025 – presentation
Appendix B. Draft Pharmaceutical Needs Assessment (PNA) 2025 – draft report

Shropshire Council

Pharmaceutical Needs Assessment 2025

DRAFT

May 2025

Aims & objectives

All health and wellbeing boards have a statutory duty to produce a pharmaceutical needs assessment (PNA) every 3 years, following the health act of 2009.

Previous PNAs for Shropshire were produced in 2011, 2015, 2018 and 2022. The final version has to be published by 1st October 2025, preceded by a 60-day public consultation.

The purpose of PNAs is to:

- Look at current and future health of the county
- Examine current pharmaceutical service provided
- Gather views of residents and contractors
- Identify gaps and unmet needs

The finished report will be used to plan future services including new contractors

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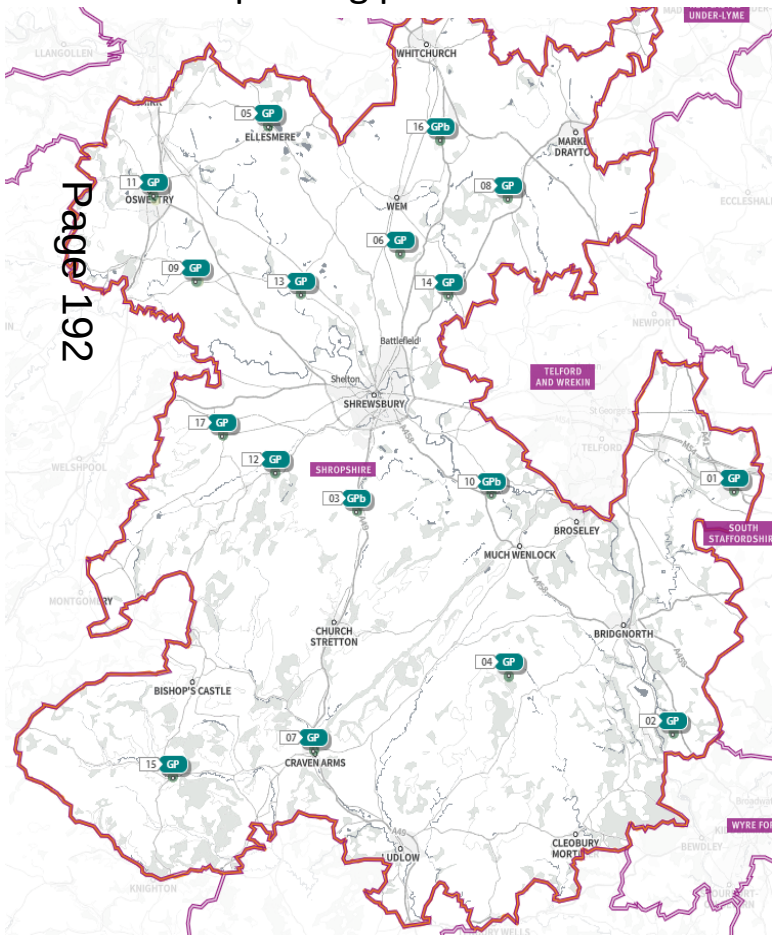
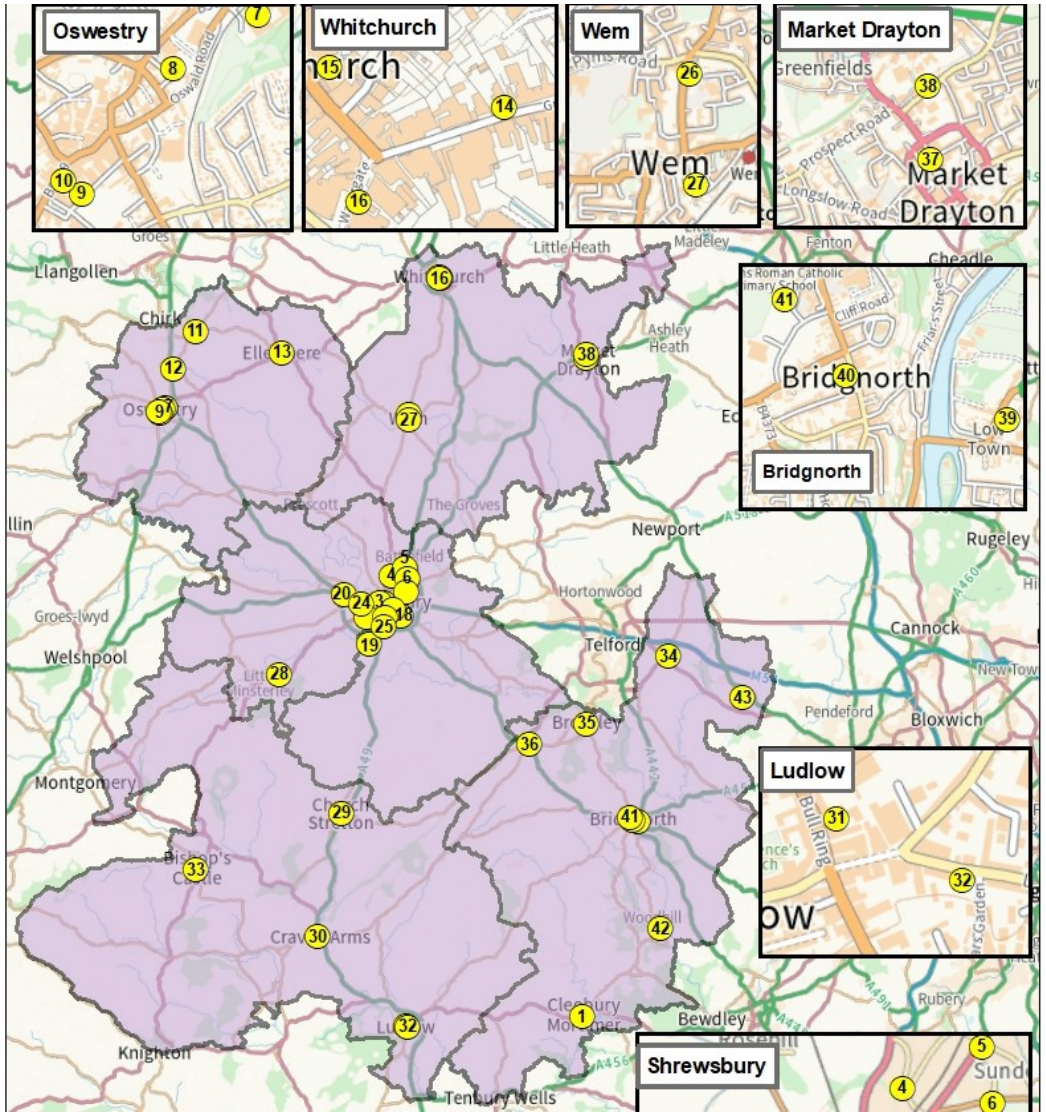
Provision

More detail can be found in the full report.

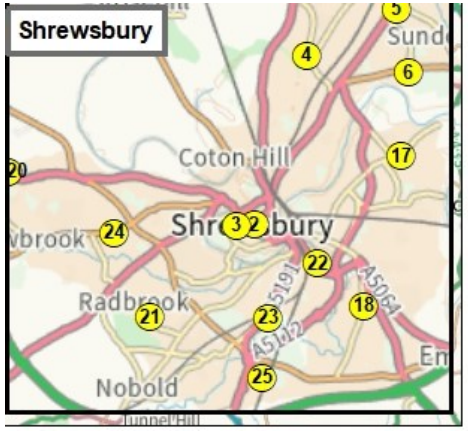
GP Dispensing practices



Community Pharmacies



	Operating in Shropshire	Operating in T&W
GP Dispensing practices	17	2
Community Pharmacies	43	35
Distance Selling Pharmacies	0	1 (+1 application in process)
Appliance Contractors	0	1



Provision

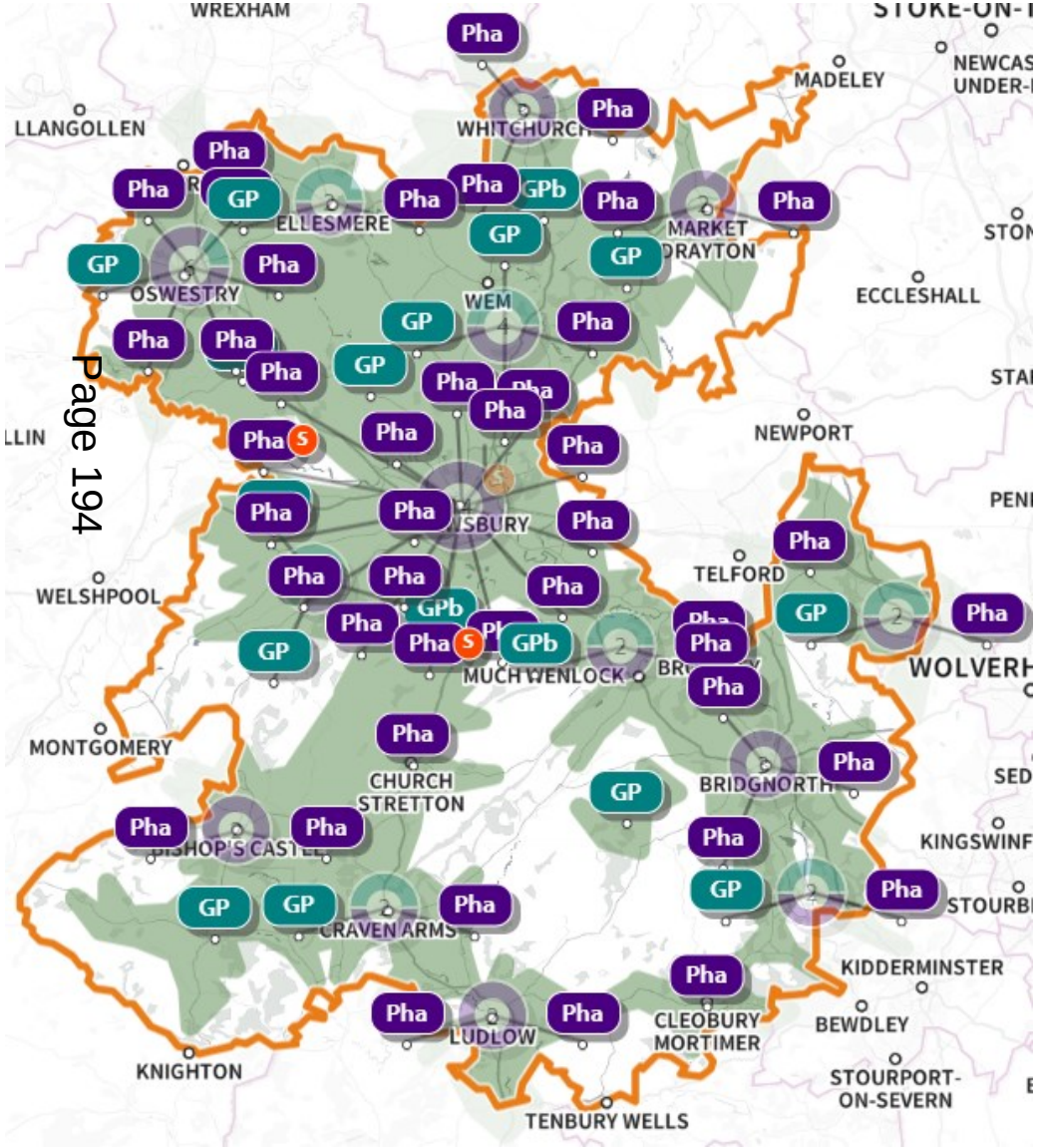
More detail can be found in the full report.

Number of Residents per pharmacy	Shropshire 2025	England 2025	Shropshire 2022	England 2022
Community Pharmacies	7,637	5,127	6,829	4,870
Community Pharmacies + Dispensing GP practices	5,473	4,761	4,863	4,462

- 4 less community pharmacies in Shropshire since the last PNA of 2022
- Shropshire has more people per community pharmacy (7,637) than England (5,127), and the number has grown since 2022 (6,829)
- Impact reduced when you add in dispensing GP practices, although Shropshire still has more people per pharmacy (5,473) than England (4,761) and number has increased since 2022

Accessibility

More detail can be found in the full report.



Green on the map shows areas where residents can get to a community pharmacy or dispensing GP practice within in a car in 10 minutes.

Transport	Shropshire residents able to get to a pharmacy	Shropshire residents unable to get to a pharmacy	% of residents able to get to a pharmacy in time period
Walking in 10 mins	149,283	177,895	45.6%
Car in 10 mins	299,400	27,778	91.5%
Car at rush hour in 10 mins	294,767	32,411	90.1%
Public Transport (weekday morning) in 10 mins	158,064	169,114	48.3%

Pharmacy Services

- Community Pharmacies offer a number of services to residents as part of the NHS Pharmaceutical Services contract with the ICB.
- All offer the 9 essential services but can choose to offer the advanced services and additional services as long as they meet the requirements.
- However, dispensing GP practices do not offer the full range of these essential services and if they do offer some it might be via an appointment, which negates one of the aims of reducing pressure on GP practices

Essential Services	Advanced services	Additional services
Discharged medicines service	Appliance User Review	Supervised consumption (Local Authority)
Dispensing appliances	Flu Vaccination Service	Needle and Syringe Exchange (Local Authority)
Dispensing medicines	Hypertension Case-Finding Service	Sexual Health: Issue of treatment for Chlamydia (Local Authority)
Repeat dispensing and electronic repeat dispensing	Lateral Flow Device service	Sexual Health: Issue of Chlamydia/Gonorrhoea Smartkits (Local Authority)
Disposal of unwanted medicines	New Medicine Service	Condom Distribution Scheme (Local Authority)
Healthy Living Pharmacies	Pharmacy Contraception Service	Emergency Hormonal Contraception (Local Authority)
Public Health (promotion of healthy lifestyles)	Pharmacy First service	Covid vaccinations (National)
Signposting	Smoking Cessation Service	Influenza anti-viral (ICB)
Support for self-care	Stoma Appliance Customisation	IP pathfinder (ICB)
		End of life (ICB)

Community Pharmacy Activity

- Community Pharmacies dispensed 4,971,668 items (December 23 to Nov 24)
- More items dispensed to people using pharmacies in the North West family hub area than anywhere else, which has a higher rate when using per head of population – although people don't have to use the nearest pharmacy to their homes and people from elsewhere could be using them
- Lowest numbers in the South West family hub area, however, the rate per head of population here is above 3 other areas

Area	Number of Items dispensed	Number of pharmacies in area	Items per pharmacy	Population	Items per head of population
North East	818,201	7	116,886	58,366	14.02
North West	1,050,590	7	150,084	51,791	20.29
Central East	797,561	7	113,937	50,334	15.85
Central West	845,176	8	105,647	59,342	14.24
South East	919,802	9	102,200	67,568	13.61
South West	540,338	5	108,068	36,237	14.91
Shropshire	4,971,668	43	115,620	323,606	15.36

Community Pharmacy Activity

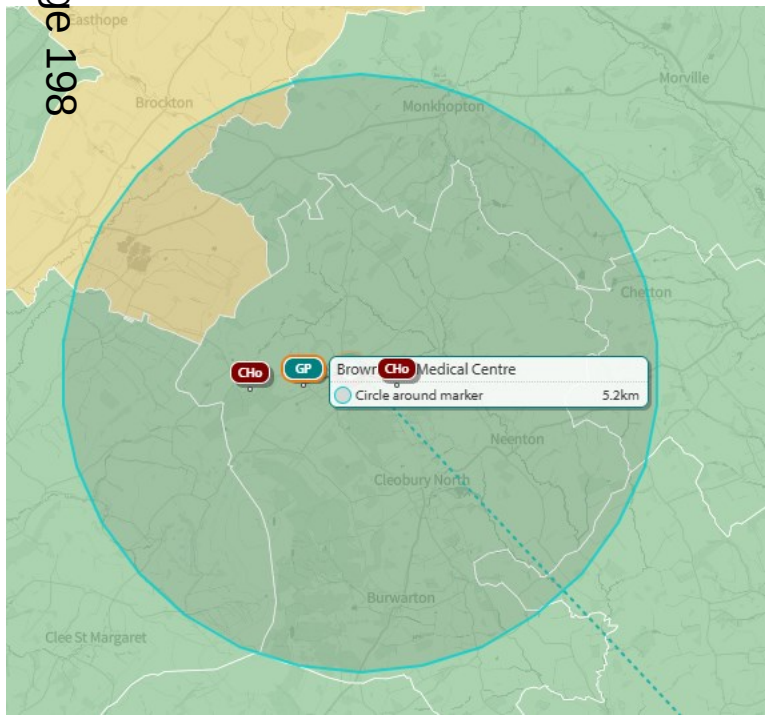
Other services offered at pharmacies

Advanced services	Pharmacies signed up	Activity	Additional services	Pharmacies signed up	Activity
Appliance User Review	0		Supervised consumption	31	127 registrations 2,283 provisions
Flu Vaccination Service	43	27,916	Needle and Syringe Exchange	26	127 registrations 1,919 packs
Hypertension Case-Finding Service	40	8,613	Issue of treatment for Chlamydia	26	<5 (2023-2025)
Lateral Flow Device service	38	874	Issue of Chlamydia/Gonorrhoea Smartkits	26	26 (2020-2024)
New Medicine Service	43	19,613	Condom Distribution Scheme	26	95 (2020-2024)
Pharmacy Contraception Service	40	109 initiated 834 ongoing	Emergency Hormonal Contraception	27	918 (2023/24-2024/25)
Pharmacy First service	43	14,701	Covid vaccinations	21	No data
Smoking Cessation Service		47	Influenza anti-viral	1	No data
Stoma Appliance Customisation		79	IP pathfinder	3	No data
			End of life	9	

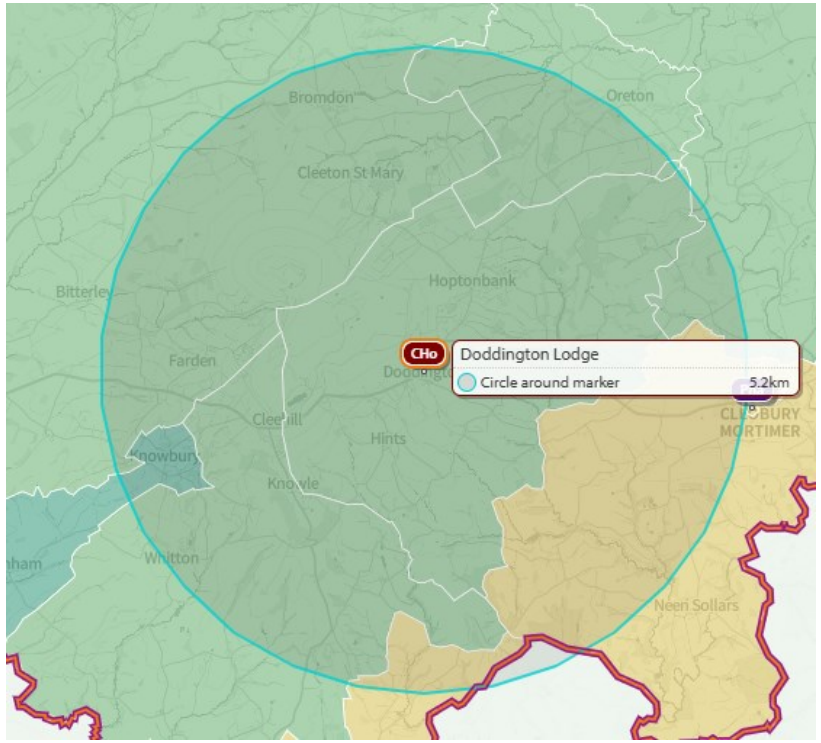
Care homes

Significant number of care homes for adult and children (114) who may need medicines dispensed, advice, removal of waste medicines and provision of compliance aids. However, possible gap in South of the county

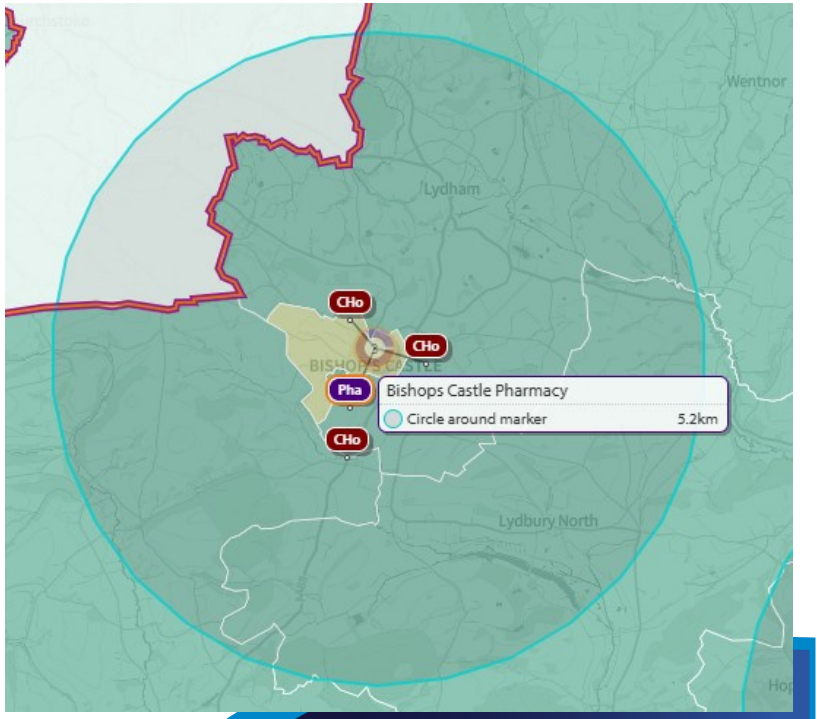
Brown Clee Medical Centre, Arden Grange Nursing & Residential Care Home and Ditton Priors Care Centre. Only have a dispensing practice within 5.2km



Doddington Lodge. 5.2km to nearest pharmacies in Cleobury Mortimer



Bishop's Castle Pharmacy – only pharmacy or dispensing practice in over 5km of 3 homes



Resident survey

- Online survey for residents, 259 responses from Shropshire residents – 65% female, just 8.5% below 45 years old, vast majority White British and more completed the survey from the North-West family hub area than anywhere else and less responses from the 2 most deprived quintiles.
- Around 40-50% of people would want to visit a pharmacy on weekends, but there are limited pharmacies opening at these times,.
- The questionnaire indicated there were a majority of people were not aware of some additional services, such as sexual health or substance misuse services, but also some of the advanced services such as medicines use reviews and new medicines services.
- 93% said they had a pharmacy where their prescription is sent by their GP, but just 15% said they had used a prescription delivery service – the most cited reason was because they were unable to leave their home
- 27% said they had used the pharmacy first service – people can go for advice and treatment for some minor conditions, 83% of those self referred.
- 81% said the pharmacy advice received was fairly or very useful – just 3% said it was not very useful. Some of the comments regarding this included how using pharmacies could save the time of waiting to be seen by a GP which could be exhausting; there were also comments saying how helpful the pharmacist had been and how they were able to listen and had better knowledge of medications
- Overall, 67% of people with very or were satisfied with pharmacy services, with 8% saying they were dissatisfied or very dissatisfied. The main themes for the dissatisfaction were around opening hours particularly evenings and weekends when someone is acutely ill, waits for medicines being prepared or not in stock and being short staffed.
- Lots of further comments were received, with praise for staff and time saved on waiting for appointments, although some issues raised included opening hours; concerns about increasing workload; staffing; pay or poor attitudes from the public

Contractor survey

- 28 of the 43 contractors completed the survey = 65%
- 93% of them said the pharmacy had free parking nearby, 89% said the pharmacy had wheelchair access to all areas, but just 21% had a disabled toilet, 54% had an automatic door, 36% a hearing loop.
- 93% had a consultation room available with wheelchair access, 7% of them had no wheelchair access
- 50% of pharmacies had the ability for an online consultation, 57% a video consultation and 89% said they had a text messaging service for prescriptions being ready
- All pharmacies consultation room was ‘closed’ but 14% did not have patient access to hand-washing facilities or a toilet.
- Majority of pharmacies said they currently provided or were intending to provide the advanced services, although 32% said they were not intending to provide the appliance use review, or the smoking cessation service (14%) or the stoma appliance customisation (18%)
- Majority of contractors said that if they were not already providing some further services including disease specific or screening ones, they would be willing to provide them if commissioned
- 89% of pharmacies said they offered the collection of prescriptions from GP practices without a charge, and majority would deliver to selected patients
- 64% offered prescription ordering, and of those all offered this by telephone, 83% via email or 78% by reception

Summary

More detail can be found in the full report.

Access to pharmaceutical services

- There are currently 43 community pharmacies and 17 dispensing GP practices in Shropshire, located throughout the county. Most community pharmacies are close to GP practices providing choice and convenience for patients.
- Approximately 91% of residents are within a 10-minute car journey of a community pharmacy or dispensing GP practice. However, only 48% of the population within 10 minutes of one using public transport on a weekday morning.
- Many localities are supported by GP practices that dispense to their patients. Dispensary opening hours usually reflect the opening times of the practice.
- Limited opening hours with most pharmacies open on Saturday mornings, with just 2 opening past 6pm on a Saturday – both in Shrewsbury till 8pm and 9pm - and just 6 opening on a Sunday at all (4 in Shrewsbury and 2 in Oswestry). Cambrian Pharmacy in Oswestry is the only pharmacy in Shropshire than is open past 9pm on weekdays – until 11pm. No pharmacy in Shropshire is open 24 hours
- There appears to be reasonable access to some services commissioned by Public Health, e.g. emergency hormonal contraception, however, some services do not operate at all pharmacies, and for some pharmacies activity is very low.

Summary

Current pharmaceutical provision

More detail can be found in the full report.

- There are more people per pharmacy in Shropshire than there are in England, although the gap reduced when adding in dispensing GP practices.
- The number of pharmacies has dropped since the previous PNA and therefore the ratio has increased
- There is only one 100-hour pharmacy in Shropshire, as opposed to three in the previous PNA, this pharmacy is in Oswestry.
- Some advanced and locally commissioned pharmacy services are only provided by a small number of pharmacies, if at all. The dispensing appliances service is provided by a national contractor in Telford and Wrekin although pharmacies may be able to supply some appliances
- Community pharmacies have taken on more roles as part of the pharmacy contract such as pharmacy first, which aims to take pressure of GPs and hospitals for which they can get advice and treatment for some minor conditions
- While there are 17 dispensing GP practices, these do not offer the full services community pharmacies do, besides dispensing medication and advice unless the patient makes an appointments.

Summary

Gaps in provision

More detail can be found in the full report.

- Weekend and night access - There is limited provision on Sundays, particularly in the South of the county as the only pharmacies open then are in Shrewsbury and Oswestry. There is also limited provision after 6pm on weekdays and Saturdays.
- Visibility of services - The resident survey highlighted that there were several services that community pharmacies provide, but the respondents didn't necessarily know that the pharmacy provided them – for example 66% were unaware of a new medicines service, 72% were unaware of needle and syringe exchange scheme, 65% were unaware of advice on health lifestyles. Likewise, there are some services that the pharmacies offer but activity was very low.
- The contractor survey highlighted a willingness among the majority of the 28 contractors who answered to provide more services if they were commissioned - if they were not always providing them or were intending to provide them - such as disease specific medicines services e.g. COPD, diabetes among others.
- Further investigation and consideration may become necessary to evaluate if there is enough pharmacy provision given the projected growth of the population in future, as growth between 2022 and 2032 is expected to be 7.89% - 26,268 people.

For feedback and queries, please contact Jess Edwards, Public Health Intelligence Manager, jess.edwards@shropshire.gov.uk

Or Mark Trenfield, Public Health Intelligence Analyst, mark.Trenfield@shropshire.gov.uk

Pharmaceutical Needs Assessment (PNA) 2025

SHROPSHIRE

Version Control

Version	Date	Updated By
Draft 1	4/4/2025	Mark Trenfield
Draft 2	30/5/2025	Mark Trenfield – updated with comments from steering group

Authors and main contributors to the production of this report:

PNA Steering Group: The following organisations had key and strategic input to the production of this draft report: Shropshire Council, Community Pharmacy Shropshire (LPC), Healthwatch Shropshire and Shropshire Telford and Wrekin ICB

Thanks to the steering group for its astute comments, notable suggestions, and timely assistance in providing data for this document.

Specific thanks to Mark Trenfield, Jess Edwards, Emma Smith, Julie Pugh, Peter Prokopa, James Milner, Damion Clayton.

This document is an update to the 2022 Shropshire PNA document. Any necessary supplementary statements will be published with the PNA on the Shropshire Council website.

Executive Summary

Introduction

The production and publication of a Pharmaceutical Needs Assessment (PNA) became a statutory requirement in the Health Act 2009. Following the abolition of Primary Care Trusts (PCT) in 2013 this statutory responsibility was passed to Health and Wellbeing Boards (HWBB) by virtue of the National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services (Amended) Regulations 2013, which came into force on 1st April 2013. The requirement is to publish a PNA at least every 3 years; there have been four previous PNAs in 2011, 2015, 2018 and 2022 (deadline was extended due to the impact of COVID-19). This PNA is due to be published by 1st October 2025

The PNA should highlight the needs for pharmaceutical services in the area, current provision of services, identify gaps and unmet needs and in consultation with stakeholders make recommendations on future developments that are required. The PNA will be used by organisations including Integrated Care Boards (ICB) and the Local Authority (LA) to plan and commission future services.

The PNA is a key document used by local area teams to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies and is also used by commissioners reviewing the health needs within their area and to identify if any services can be commissioned through community pharmacies.

Pharmacies play an important role in the health system, not just the dispensing of medicines, but now providing additional clinical services, and as they are one of the first points off contact, they can improve people's health and wellbeing and also reducing health inequalities. There are more pharmacies in Shropshire than there are GP practices, and they are more accessible, including for those who might otherwise not access health services.

Shropshire HWBB considers community pharmacies to be a key public health resource and recognises that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing.

Before publishing the PNA, there is a statutory requirement to hold a 60-day public consultation, and this period was from the * until the * 2025. The purpose of the consultation is to identify the views of the statutory consultees, other stakeholders and members of the public on whether the PNA addresses the necessary and important issues.

Local Context

This PNA Covers the Shropshire Local Authority area; it together with Telford and Wrekin Council both form the geography which that is coterminous with NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB).

Key demographic messages for Shropshire

- Shropshire is a diverse, large, predominately rural inland county with a wide range of land use, economic activities, employment and social conditions
- Shropshire's population was increasing more slowly than England between 2000 and 2020 (using ONS population estimates) but increase more sharply between 2020 and 2022. Much of the Shropshire population growth has been due to migration.
- Shropshire has a relatively high concentration of people in the older age groups. In 2023, 54.2% (52.7% in 2020) of the County's residents were aged 45 or over, 26.2% were aged 65 and above, and 3.6% were aged 85 and above, when compared to England this was 44%, 18.7% and 2.5% respectively (ONS 2024 Estimates).
- Shropshire, like many parts of the country, has an ageing population, with the median population age now 48.5 compared to 40.5 in England.
- Lower-Level Super Output areas in Harlescott, Monkmoor and Ludlow East wards are the three LSOAs with the highest deprivation levels within Shropshire. All three fall within the top 10% of most deprived LSOA areas within England. Looking at whole wards, the three most deprived wards within Shropshire are Monkmoor, Harlescott and Castlefields & Ditherington, (ONS 2019)
- 42.6% of Shropshire's population is classified as being 'Urban' and 57.4% as 'rural and has an overall population density of just over 101 persons per square kilometre, compared to 433 in

England. Population density is particularly sparse in the South West of the county (39 persons per square kilometre).

Access to pharmaceutical services

- There are currently 43 community pharmacies and 17 dispensing GP practices in Shropshire. located throughout the county in towns, market towns and larger villages. Most community pharmacies are close to GP practices providing choice and convenience for patients.
- Approximately 91% of residents are within a 10-minute car journey of a community pharmacy or dispensing GP practice. However, there are greater challenges for those without access to cars, with only 48% of the population within 10 minutes of one using public transport on a weekday morning.
- As much of Shropshire is very rural, many localities are supported by GP practices that dispense to patients that are outside of a 1.6km radius of a community pharmacy. Dispensary opening hours usually reflect the opening times of the practice. Dispensing doctors offer a dispensing service to help fulfil the pharmaceutical needs of the patients in these areas but don't offer the full range of pharmacy services that community pharmacies offer.
- Most pharmacies opening times generally mirror those of the GP practices, however while most pharmacies open for at least some of the day on a Saturday, there are only 2 pharmacies that open after 6pm on a Saturday and there are only 6 pharmacies open at all on a Sunday in Shropshire, and only 4 pharmacies that open past 6pm on a weekday. There are no 24-hour pharmacies in Shropshire.
- There appears to be reasonable access to some services commissioned by Public Health in Shropshire, such as emergency hormonal contraception, however, some of these services do not operate at all pharmacies, and for some pharmacies that offer those services, activity is very low.

Current pharmaceutical provision

- The distribution of pharmacies per head-of-population, with or without dispensing GP practices, is of a lower ratio than the national average.
- Compared to the 15 other local authorities that are deemed comparable to Shropshire, Shropshire's ratio of patients per pharmacy is the second highest (only lower than central Bedfordshire) based on their most recent PNAs, although when dispensing GP practices are included in this comparison, Shropshire is the sixth highest.
- The number of pharmacies has reduced by 4since the previous PNA and therefore the ratio has increased. The locations of the pharmacies that closed were 1 in Shrewsbury town centre, 1 in Shrewsbury Meole Brace retail park, 1 in Church Stretton and 1 in Ludlow.
- In 2024/25, there were over 6.5 million items prescribed by Shropshire GP practices, and nearly 300,000 (4.5%) were dispensed at distance selling pharmacies, with the highest percentage of items prescribed that were dispensed at distance selling pharmacies being from Station Drive in Ludlow, with 16% of all items (34,107). No data is currently available for previous years, but this could have an impact on community pharmacies or be an impact of one pharmacy in Ludlow closing in this time period.
- There is only one 100-hour pharmacy in Shropshire, as opposed to three in the previous PNA, this pharmacy is in Oswestry.
- Some advanced and locally commissioned pharmacy services are only provided by a small number of pharmacies, if at all. While pharmacies will dispense some appliances they will through the cause of their usual business in some circumstances, but no pharmacy in Shropshire is signed up to the 'dispensing appliances' service and there is no dispensing appliance contractor in Shropshire, although this service is provided by a national contractor in Telford and Wrekin.

Commented [JM1]: I think the wording in this sentence may need reviewing - think it may have been changed during the editing process and isn't clear now

Gaps in pharmaceutical provision

- Weekend and night access - There isn't pharmacy provision in Shropshire for 24 hours 7 day a week and there is limited provision on Sundays, particularly in the South of the county. There is also limited provision after 6pm on weekdays and Saturdays, although where necessary the supply of medicines could be made by out of hours teams.
- Visibility of services - The resident survey highlighted that there were several services that community pharmacies provide, but the respondents didn't necessarily know that the pharmacy provided them. Likewise, there are some services that the pharmacies offer but activity was very

Commented [JM2]: should this be 'there isn't 24/7 provision'?

Commented [CC1420873R2]: Well spotted, corrected

low. Some of the services offered are quite new and have not benefitted as expected from the lack of referrals in many places. Perhaps these services need to be more visible.

- Increase in pharmacies signing up for services – The contractor survey highlighted a willingness for those contractors to provide more services if they were commissioned, if they were not always providing them or were intending to provide them.
- Further investigation and consideration may become necessary to evaluate if there is enough pharmacy provision given the projected growth of the population in future as growth between 2022 and 2032 is expected to be 7.89% - 26,268 people, although as this would be spread across the whole county this might mitigate the impact.

Commented [JM4]: Suggest that this gets moved to a recommendation section, as I would expect gaps in provision to be a statement of fact

Commented [JM5]: Would it be possible/appropriate to make a commitment in this PNA to evaluate this. If so, what would trigger this evaluation, which could lead to a supplementary statement being issued?

Commented [JM6R5]: Reading the rest of the document - I think this would be necessary, usually only changes in current provision (ie closures) would trigger, but with population increase and current deviation from England avg I think this needs monitoring before for changes

Recommendations

1. To follow

More detailed discussion of these recommendations can be found in the main body of this assessment here.

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Introduction and Background

From April 2013, health and wellbeing boards became responsible for producing Pharmaceutical Needs Assessments (PNA) and it is a statutory requirement for health and wellbeing boards (HWBB) to develop and update PNAs and produce one every three years. At the same time responsibility for using PNAs became the basis for determining market entry to a pharmaceutical list.

Under the 2013 regulations anyone who wishes to provide pharmaceutical services must apply through a formal application process to NHS England and NHS Improvement and demonstrate they are able to meet a need or provide better access to pharmaceutical services as set out in the PNA. A copy of this form in contained in Appendix 1.

The PNA should highlight the needs for pharmaceutical services in the area, current provision of services and any future services that are required. The PNA will be used by organisations including Integrated Care Boards (ICB) and the Local Authority (LA) to plan and commission future services. It will also be used by ICBs to identify whether new pharmacies are needed when applications are made.

There have been four previous PNAs published in Shropshire in 2011, 2015, 2018 and 2022. Before publishing the PNA, there is a statutory requirement to hold a 60-day public consultation, and this period was from the * until the * 2025, with the final PNA due to be published by 1st October 2025. This document has been prepared by Shropshire's HWBB in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 and replaces the PNA previous published in 2022.

The purpose of a Pharmaceutical Needs Assessment (PNA) is to:

- Assess the pharmaceutical needs for its area
- Publish a statement of its assessment

The Health and Wellbeing Board and PNA

NHS Pharmaceutical services are defined and governed by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The Shropshire Health and Wellbeing Board have a statutory responsibility to publish and keep an up-to-date statement of pharmaceutical need for the local area, which is known as the Pharmaceutical Needs Assessment (PNA). The PNA will enable services to be commissioned to address local priorities and meet locally identified needs.

ICBs will be the organisation responsible for deciding whether new pharmacies can open and they will refer to the PNA when making these decisions. As these decisions may be challenged legally it is important that the PNA complies with regulations and are kept up to date. In order to meet these obligations, the Shropshire PNA will be up-dated every three years. The PNA will also be updated with supplementary statements indicating significant changes in health needs and provision before the three years.

The PNA will determine what is required at a local level which will help commissioners, NHS England, the Local Authority and ICBs, with their commissioning plans. It will provide a focus on the public health role of community pharmacies, the dispensing services and the wider services they can offer to the community

Local Priorities

Joint Strategic Needs Assessment and Health and Wellbeing Strategy

Joint Strategic Needs Assessments (JSNAs) establishes the current and future health and wellbeing needs of a population and have been a statutory responsibility since 2007. They are developed in order to provide a single picture of health needs in the local area that identifies local priorities and can support and improve partnerships and strategic planning. The priorities in the Shropshire Health and Wellbeing Strategy are based upon the information from the JSNA. The preparation of a PNA should consider the work of the JSNA.

The scope of the assessment

The PNA will include the following information:

- Current services provided by local pharmacies, including dispensing, public health services and medicines reviews.
- Information about other pharmaceutical services, such as dispensing GP's

- Services in neighbouring Health & Wellbeing Boards areas that may have an impact on needs in Shropshire
- Identifying gaps in provision in Shropshire where additional services may be required

Information from the PNA will address the following principles:

- Pharmaceutical care that supports safe and effective use of medicines
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population
- High quality pharmacy premises that improve access and capacity to primary care services and medicines
- High quality pharmacy premises and standards of services that support key public health priorities
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resource

Process followed for updating the PNA

In order to up-date the previous PNA partners were involved to gather information and engage with the community and stakeholders, this included representatives from:

- The Local Pharmaceutical Committee (LPC)
- NHS England
- NHS Shropshire, Telford and Wrekin, Integrated Care Board
- Public Health
- Healthwatch
- Local Medical Committee

The aim of working with partners was to ensure that the PNA fulfilled all of the requirements outlined in the scope of the assessment above.

PNA Steering Group

A PNA Steering group was established that included members from the above organisations. The steering group was involved in the production of the PNA and worked together to design the questionnaires, ensure that relevant activity data was available, identify local needs and support the consultation. The terms of reference for the PNA steering group are available in Appendix 2.

Overview of actions

Supporting information was collated using various data sources, for example, ONS and Public Health Statistics, as well as dispensing data from NHS Business Services Authority.

A patient survey was designed by members of the steering group and was undertaken supported by Health Watch Shropshire to gather resident's views and experience of using local pharmacies (Appendix 4).

All community pharmacies were contacted and asked to complete a questionnaire designed by members of the steering group in order to capture and update information (Appendix 5).

Services provided across the border by other Local Authorities

Shropshire Council has nine other neighbouring Local Authorities (LA) and two Welsh Health Boards and some of their pharmacies are close to the Shropshire border. As patients can have their prescriptions dispensed at a pharmacy of their choice, it is often more convenient for them to receive pharmaceutical services (including dispensing) from pharmacies in other LA / Health Board areas. This public consultation document includes the locations and therefore possible impact of services that other LAs' pharmacies, near to our border, provide.

Consultation on pharmaceutical needs assessments

Regulation 8 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires the HWBB to consult a specified range of organisations on a draft of the PNA, and they must be given a minimum period of 60 days to submit their response. Those organisations are:

a) Any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs)
b) Any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs)
c) Any pharmacy and dispensing appliance contractor included in the pharmaceutical lists for its area
d) Any dispensing doctors included in the dispensing doctors list for its area
e) Any pharmacy contactor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area
f) Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWBB has an interest in the provision of pharmaceutical services in its area
g) Any NHS trust or NHS foundation trust in its area
h) Any neighbouring HWBB

A formal consultation on the draft PNA was held between the * and the * 2025, where stakeholders and the public were asked to comment on the assessment and the assumptions that it is making.

Statutory Consultation Response

To follow.

Health Needs Analysis

Introduction

Overall, the health and wellbeing of people in Shropshire is predominately good and life expectancy at birth for males in Shropshire at 80.2 years, which is higher than for England (79.1 years), and for females it is 84.0 years for Shropshire versus 83.1 years for England. (OHID 2021-23 data). However, as more of us live longer, we want to ensure that we can maintain good health, and quality of life, for longer – adding life to years as well as years to life.

Most people in Shropshire can expect to live a long life, have a good education, earn a decent wage and live in good accommodation. There are exceptions though, and health inequalities do exist meaning that some of us do not have the same life chances. This may be done due to where we live or other factors such as having a physical or learning disability. Other factors that can affect our health and wellbeing are the lifestyle choices we make such as smoking, drinking alcohol and not being physically active.

The Shropshire Health and Well-being Strategy (HWBBS) identifies key challenges that affect the health and wellbeing of the whole population. It uses evidence presented in the Joint Strategic Needs Assessment (JSNA) to determine priority areas that need to be addressed in order to improve the health of the population.

Shropshire Health and Wellbeing Board has developed a long-term vision for the local population to be healthy and fulfilled. The following priorities for the strategy have been identified:
• Joined up working
• Improving population health
• Working with and building strong and vibrant communities
• Reducing inequalities

Joint Health and Wellbeing Strategy for 2022-2027

Key Focus: These are specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA)

Key area of focus	Evidence of need in Shropshire	What will enable this?
Workforce During COVID many people lost their job or had to take lower paid and less stable employment. We will work to make Shropshire workplaces fair, happy and healthy places for people to work in and promote wellbeing for all, no matter where they are employed. This includes promotion of a a fair living wage, and opportunities to progress.	COVID-19 has had a measured impact on mental health and general wellbeing. *Rates of in-work poverty have increased* and Shropshire is a low wage economy. Shropshire often loses young people due to lack of opportunity to progress, or lack of employment sector/industry which they wish to enter.	Across all sectors (Health, Local Authority, Business, VCS) senior leadership commitment, embedment in policies and training plans to enable: - Promotion of a fair living wage to reduce in-work poverty and promote better health - Adoption of 'Thrive at Work' West Midlands across all sectors. A workplace commitment that promotes employee health and wellbeing. Needs of Small & Medium Enterprises (SME)s will be considered. - Make Every Contact Count (MECC) training to build an informed workforce on preventative health choices.
Mental Health The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin will guide our ambitions over the next five years. This strategy has a 'life course' approach from pregnancy to childhood to older age. We also want to reduce stigma, normalise mental wellbeing and consider the needs of those providing unpaid care for someone with mental illness.	**The Healthwatch Shropshire May 2020 survey** of 568 people, 64% reported a slight or significant impact on mental health. There are an estimated 4,000 children with a mental health disorder in Shropshire. Mental Health Services have noticed a around a 30% increase in children's mental health services activity.Data is showing excess under 75's mortality rate adults with severe mental illness. All this is a concern for Shropshire.	The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin will guide our ambitions over the next five years. This includes the Community Mental Health Transformation programme which will help improve access, deliver better outcomes and experiences for people through a more integrated and a holistic care model. A key element is increasing physical health checks for people with Serious Mental Illness.
Children and Young People (CYP) COVID has had a huge impact on many families, and particular Focus will be CYP mental health and wellbeing. This includes children with SEND, the transition stage from child to adult, and support for parents. In addition, plans to create a Trauma Informed workforce will be implemented. Trauma has a life course effect, and although under the CYP header, all age is included. We will also continue to monitor child development at 2.5 years.	 Nationally and locally, there is growing concern regarding eating disorders in young people along with self-reported suicidal thoughts and self-harm.	As a system, create a trauma informed workforce through training and implementation. This will help professionals, volunteers and communities better identify and support people who have suffered from trauma and build a trauma informed workforce. We will continue to receive and scrutinise reports to the Board for the 0-25 Emotional Health and Wellbeing service provision for CYP. Mental Health work will be led by the 5-year strategy above. Social Prescribing will remain a HWBB priority, and a pilot for CYP in south-west Shropshire is rolling out.
Healthy weight and physical activity Our ambition is to reduce levels of obesity in Shropshire across all ages. This priority will be linked to drugs and alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk; food insecurity and reasons around obesity will all be included.	64.6% of adults in Shropshire are classed as overweight or obese. Health risks associated with excess weight include: *type 2 diabetes; coronary heart disease;* some types of cancer, such as *breast cancer* and *bowel cancer, stroke* and self-esteem.	This work, including actions, will be driven by the Shropshire Healthy Weight Strategy, currently in development. This will also include the effect of food insecurity and build on work being undertaken currently into the causes and links to the CYP priority above. Promotion of e.g. *NHS on line 12-week weight loss plan, Couch to 5k running plan* and referral to and uptake of *NHS Health Check, National Diabetes Prevention Programme* and Social Prescribing development will continue. Exercise costs will also be considered.

Analysis of the data within the Shropshire Joint Strategic Needs Assessment have identified key areas of focus regarding health and care in the area. These key areas of focus for Shropshire, as outlines in the Shropshire Joint Health and Wellbeing Strategy, are summarised in the framework

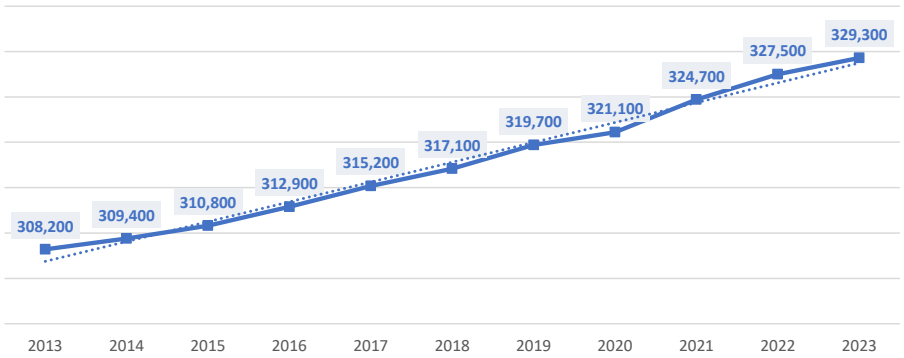
The Shropshire JSNA highlights key health and social care issues that can have an impact upon the population of Shropshire.

Demography

Key Demographic Messages for Shropshire:

- Shropshire is a diverse, large, predominately rural inland county with a wide range of land use, economic activities, employment and social conditions.
- The total population in Shropshire stood at 329,300 in 2023 having risen by an average of 0.7% per annum over the last decade.
- 328,393 people are registered at GP practices in Shropshire as of 1st February 2025 – not all of these people will live in Shropshire, whilst there will be some Shropshire residents that are registered at GP practices in other local authorities.

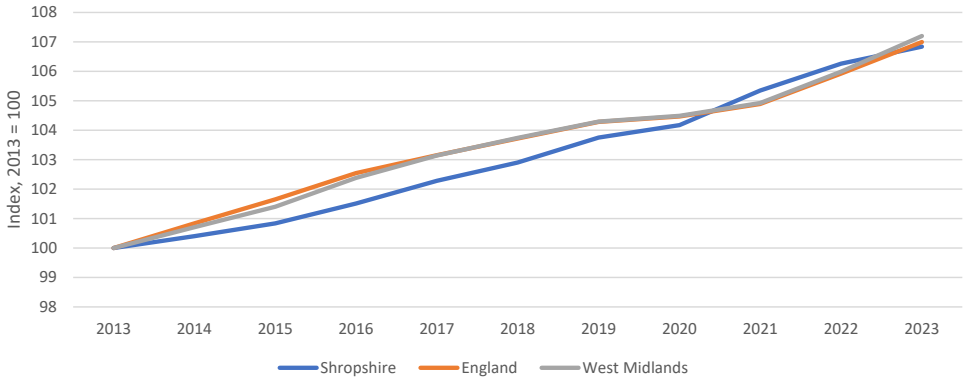
Figure 1: Shropshire Population, 2013-2023



Source: ONS Mid-Year estimates 2023

- Shropshire's population has been increasing at a slightly slower rate (6.8%) than England (7.2%) between 2013 and 2023 (ONS mid-year population estimates). Growth in the Shropshire population is fuelled by migration.

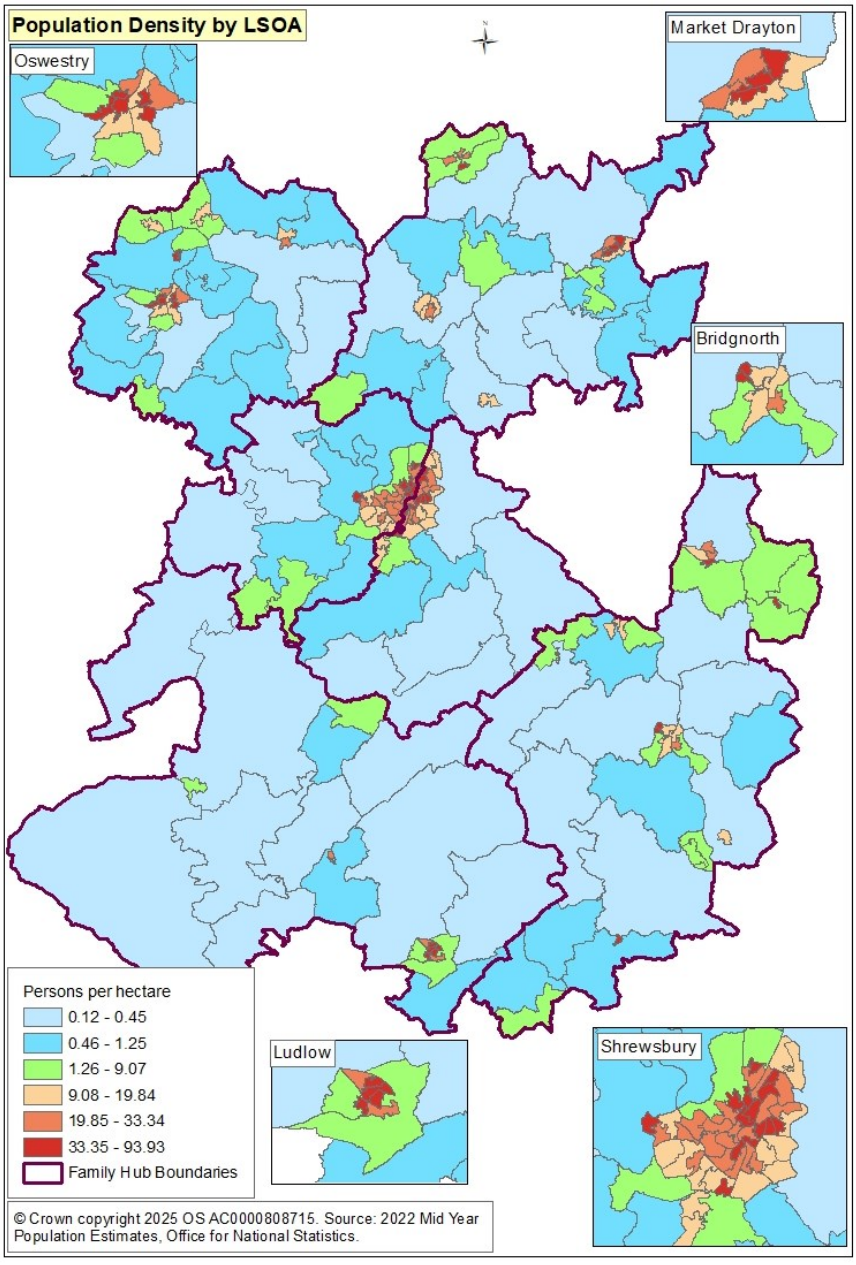
Figure 2: Population Growth, 2013-2023



Source: ONS Mid-Year estimates 2023

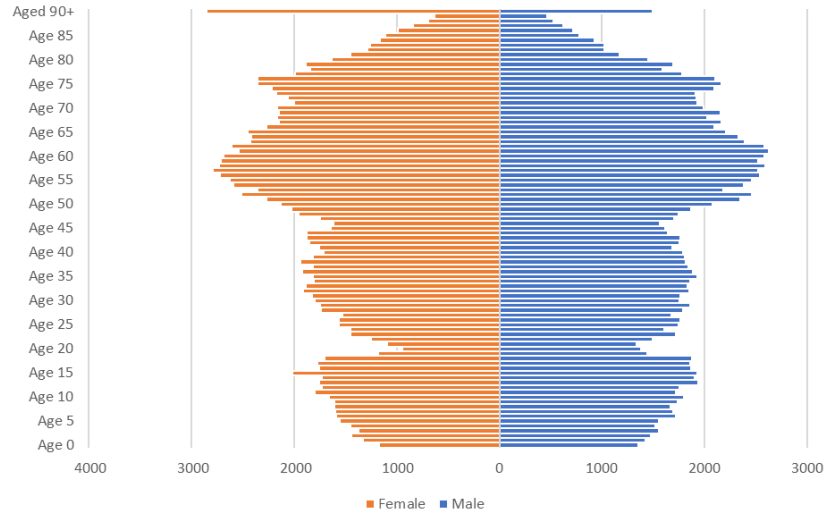
- Shropshire is the second largest inland local authority behind Wiltshire, covering 319,730 hectares and is sparsely populated, with just over one person per hectare (4.3 persons per hectare in England). 97.5% of Shropshire's land mass is rural – the 2.5% of land mass that is classified as urban accommodates approximately 43% of the population (Rural Urban Classification 2011).

Figure 3: Shropshire Population Density



- Shropshire has a relatively high concentration of people in the older age groups. In 2023, 54.2% of the County's residents were aged 45 or over, compared to only 44.0% nationally (ONS 2023 Mid-year Estimates).
- 26.2% were aged 65 and above (18.7% in England), while 3.6% were 85+ (2.5% in England)
- The median age of the population in Shropshire is 48.5 compared with 40.5 in England.

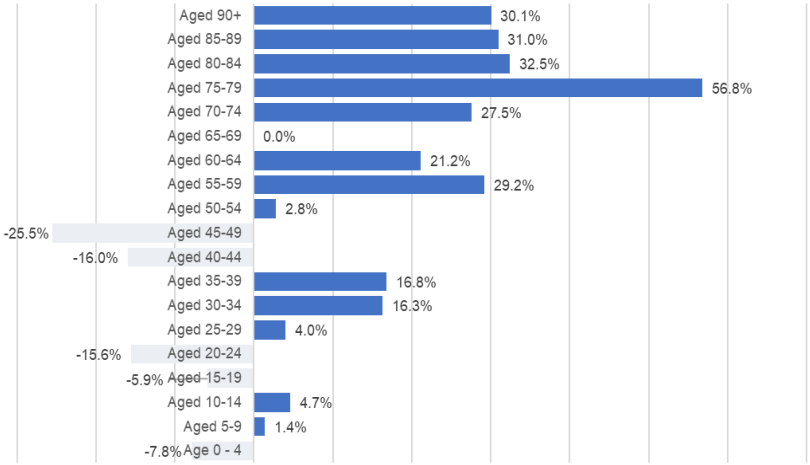
Figure 4: Shropshire Population Pyramid



Source: ONS Mid-Year estimates 2023

- Shropshire, like many parts of the country, has an ageing population. The 65+ population has risen by 25.3% since 2013, while the 85+ population has grown by 30.6%.
- In contrast, the 40-49 age band has declined, and there has also been a reduction in the number of people aged 0-4 and 15-24.

Figure 5: Population change (%) by age group in Shropshire, 2013 to 2023



- There are significantly lower proportions of older people living in poverty in Shropshire. In 2019 3% of Shropshire's population aged over 60 lived in areas within the most deprived 20% of areas within England.
- The population projections for local authorities were last released in 2020, new ones are expected to be released in 2025
- The number of people living in Shropshire is expected to rise by 26,268 between 2022 and 2032, a rise of 7.89%.
- The highest increases in population are expected to be in the older age groups, with the percentage of 65+ expected to increase by 28.99% and the percentage aged 85+ by 51.47%.

Figure 6: Population growth in Shropshire (2022 – 2032)

AGE GROUP	Population Projection		Change 2022 - 2032	% Change 2022-2032
	2022	2032		
0-4	14,592	14,755	163	1.12%
5-9	16,767	16,123	-643	-3.84%
10-14	18,675	17,767	-908	-4.86%
15-19	17,266	18,781	1,515	8.77%
20-24	13,439	14,896	1,457	10.84%
25-29	16,227	15,023	-1,204	-7.42%
30-34	18,247	15,978	-2,270	-12.44%
35-39	18,518	19,110	592	3.20%
40-44	18,412	21,626	3,214	17.46%
45-49	19,148	21,806	2,659	13.88%
50-54	24,642	21,834	-2,807	-11.39%
55-59	26,859	22,791	-4,067	-15.14%
60-64	24,806	28,651	3,846	15.50%
65-69	22,007	30,005	7,998	36.34%
70-74	21,482	25,693	4,211	19.60%
75-79	18,742	20,277	1,534	8.19%
80-84	11,780	16,954	5,174	43.92%
85-89	7,131	11,446	4,315	60.52%
90+	4,148	5,638	1,490	35.92%
All ages	332,884	359,152	26,268	7.89%

Source: 2020 ONS Population Projections for Local Authorities

Ethnicity

In 2021 96.7% of the population classed themselves as White compared to 81% in England and 81.7% in the West Midland. The number of people from a black and minority ethnic group in Shropshire County has increased from 6,255 (2.0%) in 2011 to 10,731 (3.2%) in 2021 but remains significantly lower than the national average of 19.0%.

Figure 7: Ethnic Populations, 2021 Census

Ethnic Group	Shropshire (%)	England (%)	West Midlands (%)
Asian, Asian British or % Asian Welsh	1.3	9.6	13.3
Black, Black British, Black Welsh, Caribbean or African	0.3	4.2	4.5
Mixed or Multiple ethnic groups	1.2	3	3
Other ethnic group	0.4	2.2	2.1
White	96.7	81	77

Figure 8: Ethnic Sub-Groups, 2021 Census

Ethnic Sub-Group 2021	Shropshire		England		West Midlands	
	Number	%	Number	%	Number	%
Total: All usual residents	323,607	100	56,490,048	100	5,950,757	100
Asian, Asian British or Asian Welsh: Bangladeshi	237	0.1	629,567	1.1	77,518	1.3
Asian, Asian British or Asian Welsh: Chinese	909	0.3	431,165	0.8	33,301	0.6
Asian, Asian British or Asian Welsh: Indian	1,614	0.5	1,843,248	3.3	276,030	4.6
Asian, Asian British or Asian Welsh: Pakistani	443	0.1	1,570,285	2.8	319,165	5.4
Asian, Asian British or Asian Welsh: Other Asian	1,121	0.3	952,127	1.7	88,250	1.5
Black, Black British, Black Welsh, Caribbean or African: African	576	0.2	1,468,474	2.6	146,089	2.5
Black, Black British, Black Welsh, Caribbean or African: Caribbean	300	0.1	619,419	1.1	90,192	1.5
Black, Black British, Black Welsh, Caribbean or African: Other Black	241	0.1	293,831	0.5	32,738	0.6
Mixed or Multiple ethnic groups: White and Asian	1,259	0.4	474,190	0.8	46,478	0.8
Mixed or Multiple ethnic groups: White and Black African	400	0.1	241,528	0.4	16,011	0.3
Mixed or Multiple ethnic groups: White and Black Caribbean	1,126	0.3	499,310	0.9	81,193	1.4
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	1,076	0.3	454,350	0.8	34,542	0.6
Other ethnic group: Arab	386	0.1	320,203	0.6	31,790	0.5
Other ethnic group: Any other ethnic group	1,043	0.3	908,950	1.6	92,436	1.6

Source: Census 2021 Topic Summaries: Table TS030, TS031 and TS075, Office for National Statistics (ONS)

Generally, the age profile of people belonging to the minority ethnic groups is younger than the white population and, unlike national trends; the local ethnic population is not concentrated within deprived areas but distributed evenly throughout the County.

Deprivation

Key Socio-Economic Messages for Shropshire County

- Overall Shropshire County is a relatively affluent area. In England there are 32,485 'super output areas' (LSOA) of these only 9 LSOAs in Shropshire fall within the most deprived fifth of SOAs in England, (ONS).
- Shropshire is a diverse, large, predominantly rural, inland County, situated in the West Midlands. Overall Shropshire is a rural county with around 66% of the population living in areas classified as rural. Around 34% of the population resides in areas classed as being urban. Much of the South-West of Shropshire is classified as being sparsely populated.
- Shrewsbury is home to around a third of the population and is a key employment, shopping and cultural centre for Shropshire, as well as being a popular destination for tourists and visitors. The county's economy is based mainly on agriculture, tourism, food industries, healthcare and other public services. The profile of Shropshire County, its history, geography and population distribution makes delivering services effectively and efficiently more difficult.
- Shropshire covers 1,235 square miles and there are no areas in Shropshire that are considered major or minor conurbations.

The Index of Multiple Deprivation

The Index of Multiple Deprivation (IMD) 2019 is an index calculated from 39 indicators measuring deprivation in its broadest sense. The overall IMD 2019 score combines scores from seven areas (called domains), which are weighted as follows:

- Income (22.5%)
- Employment (22.5%)
- Health and disability (13.5%)
- Education, skills and training (13.5%)
- Barriers to housing and services (9.3%)
- Crime (9.3%)
- Living environment (9.3%)

Overall, in 2019, Shropshire LA was a relatively affluent area and was ranked as the 192nd most deprived County out of all 316 Local Authorities in England. The IMD is based on sub-electoral ward areas called Lower-level Super Output Areas (LSOAs), which were devised in the 2011 Census. Each LSOA is allocated an IMD score, which is weighted based on its population. There were 32,845 LSOAs in England; of these only 9 in Shropshire County fell within the most deprived fifth of all LSOAs in England. These LSOAs were located within the electoral wards of Market Drayton West, Oswestry South, Oswestry West, in North Shropshire; Castlefields and Ditherington, Harlescott, Meole, Monkmoor and Sundorne in Shrewsbury and Ludlow East in South Shropshire.

To get a more meaningful local picture, each LSOA in Shropshire LA was ranked from 1 (most deprived in Shropshire) to 194 (least deprived in Shropshire). Shropshire LSOAs were then divided into local deprivation quintiles which are used for profiling and monitoring of health and social inequalities in Shropshire County (1 representing the most deprived fifth of local areas and 5 the least).

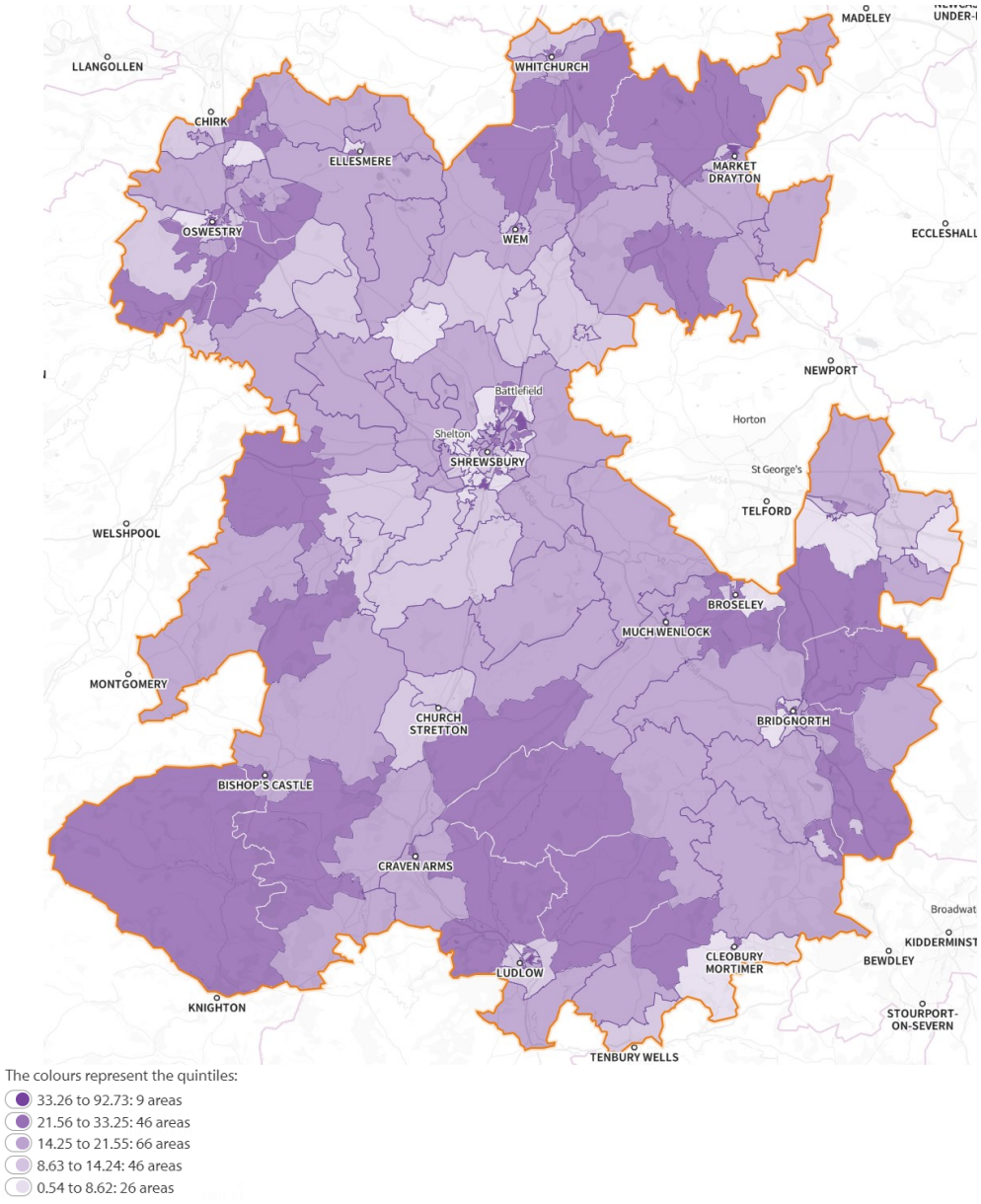
Figure 9 shows a breakdown of Shropshire's population by national decile, with 1 being the most deprived and 10 the least deprived. Just 4.5% of Shropshire's population live in the two most deprived deciles.

Figure 9: Shropshire 2022 population by IMD Decile

IMD National Decile	2022 Population	2022 Population %
1 - most deprived	3,022	0.9%
2	11,769	3.6%
3	9,323	2.9%
4	59,283	18.1%
5	63,820	19.5%
6	52,887	16.2%
7	42,987	13.1%
8	37,049	11.3%
9	29,719	9.1%
10 - least deprived	17,072	5.2%
Grand Total	**326,931**	**100.0%**

Figure 10~~Figure 10~~ shows the most deprived areas in Shropshire – the deeper the purple, the greater the deprivation. Deprivation tends to be situated around the major urban settlements in Shropshire (for example, include Shrewsbury, Oswestry, Market Drayton, Ellesmere, Ludlow, Wem) but there are significant areas of deprivation in the County's less densely populated rural areas.

Figure 10: Index of Multiple Deprivation in Shropshire



Index of Multiple Deprivation 2019, Ministry of Housing, Communities and Local Government
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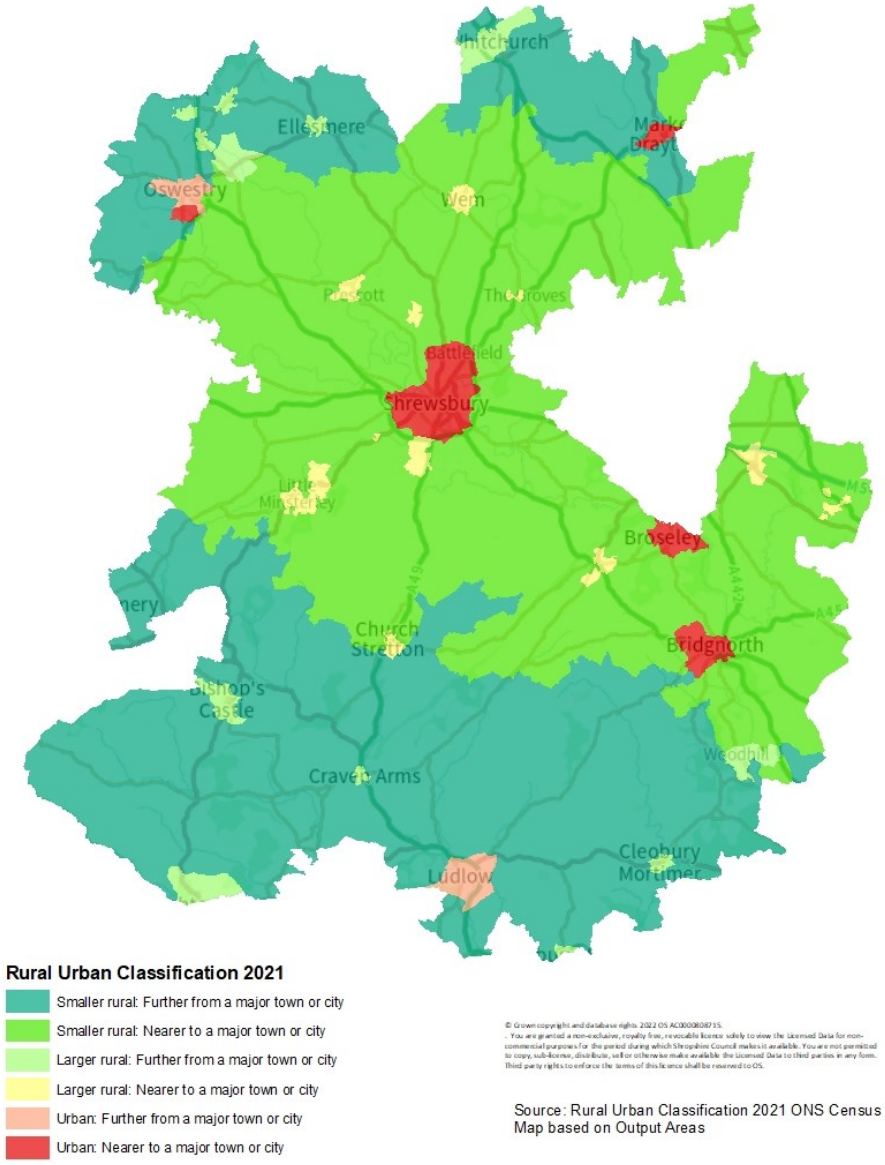
Rural and Urban Classification in Shropshire

The Rural/Urban classification was introduced in 2004 and defines the rurality of very small geographies. The classification has since been updated in 2011 and again in 2021 to account for the changes in the population identified in the 2011 and 2021 Censuses. The most recently updated classification identifies six settlement types at Census Output Area geographies with “nearer to a major town or city” and “further from a major town or city” replacing the “sparsity” classification that was used in 2011. The main urban areas in Shropshire are Shrewsbury, Market Drayton, Broseley, Bridgnorth, Oswestry and Ludlow.

Figure 11: Rural and Urban Classification 2021 in Shropshire



The majority of the population in Shropshire live in rural locations, at 57.39% of the total. Of the 42.61% of the population that live in urban areas, most live in “Urban: Nearer to a major town or city”. More Shropshire residents live in the most rural areas (“Smaller Rural”) than in the more densely populated rural areas (“Larger Rural”), and 60% of all those living rurally are classed as living “nearer to a major town or city”.

Figure 12: Breakdown of Shropshire Population based on Rural Urban Classification

Rural Urban Classification	**% of Population**
Urban: Nearer to a major town or city	33.90%
Urban: Further from a major town or city	8.71%
Total Urban	**42.61%**
Larger Rural: Nearer to a major town or city	11.55%
Larger Rural: Further from a major town or city	10.69%
Smaller Rural: Nearer to a major town or city	22.94%
Smaller Rural: Further from a major town or city	12.21%
Total Rural	**57.39%**

Source: Rural Urban Classification 2021

Note: Major town or city defined as a built-up area with at least 75,000 usual residents
“Nearer to a major town or city” – residents of an Output Area can access within 30 minutes of travel by road
“Further from a major town or city” – residents of an Output Area cannot access within 30 minutes of travel by road

The RUC 2021 classifies local authorities according to eight classifications:

- Urban: Majority nearer to a major town or city
- Urban: Majority further from a major town or city
- Intermediate urban: Majority nearer to a major town or city
- Intermediate urban: Majority further from a major town or city
- Intermediate rural: Majority nearer to a major town or city
- Intermediate rural: Majority further from a major town or city
- Majority rural: Majority nearer to a major town or city
- Majority rural: Majority further from a major town or city

Shropshire is classified as “Majority rural: Majority nearer to a major town or city”.

Housing Commitments

The table below sets out a summary of recent housing developments as well as the number of sites with planning permission, allocations and proposed allocations in each market town in Shropshire. There is projected to be a significant number of new houses built in the near future and therefore there is likely to be an increase in population in these areas of new development.

Commented [SC2254517]: Do we have a map version of this rather to bring it to life?

Figure 13: Housing Commitments and Completions in Shrewsbury, the Market Towns and Key Centres

	Settlement	Completions (2006/07 – 2023/24)	Sites with Planning Permission or Prior Approval (at the 31st March 2024)	Allocations without planning permission (at 31st March 2024)	Proposed Allocations without planning permission (at 31st March 2024)
Strategic Centre	Shrewsbury	6,968	1,811	361	2,410
Principal Centres	Bridgnorth	843	616	0	1,050
	Ludlow	770	582	0	30
	Market Drayton	823	328	0	435
	Oswestry	1,131	895	260	240
	Whitchurch	726	803	0	450
Key Centres	Albrighton	216	83	110	180
	Bishop's Castle	128	24	40	0
	Broseley	276	53	20	0
	Church Stretton	241	64	0	0
	Cleobury Mortimer	339	25	125	0
	Craven Arms	140	34	325	0
	Ellesmere	533	172	250	0
	Highley	240	17	0	100
	Much Wenlock	166	14	0	120
	Shifnal	1,693	16	0	230
	Wem	486	160	0	210
		16,132	**5,730**	**1,505**	**5,477**

**The completions in each of the settlements includes exception development which contributes to the housing requirement for the settlement. Please Note: The figures provided are net.*

Source: Shropshire Council – Five Year Housing Land Supply Statement (2024), Published 13th February 2025

Overview of Health Needs

The following section is an overview of health and wellbeing in Shropshire looking at both outcomes and wider determinants. It pulls together a range of measures, with the purpose of prompting discussions about local challenges and successes around health and wellbeing across the lifespan. The Public Health Outcomes Framework shows how each local authority has been doing for a number of health indicators compared to other authorities and England.

Shropshire's profile is shown in:

- overarching indicators is shown in Figure 14~~Figure 14~~,

for wider determinants of health in

- Figure 15~~Figure 15~~,
- for health improvement in Figure 16,
- for health protection in Figure 17,
- for healthcare and premature mortality in Figure 18,

for supporting information in

Indicator	Period	Shropshire			West Midlands	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
E01 - Infant mortality rate New data	2021 - 23	–	27	3.5	5.9	4.1	8.4		1.1
E02 - Percentage of 5 year olds with experience of visually obvious dental decay New data	2023/24	–	-	17.9%	21.9%	22.4%	43.4%		11.4%
E03 - Under 75 mortality rate from causes considered preventable (1 year range)	2023	→	457	135.9	162.8	153.0	335.6		91.3
E03 - Under 75 mortality rate from causes considered preventable (3 year range)	2021 - 23	–	1,379	136.2	176.8	163.7	323.1		93.1
E04a - Under 75 mortality rate from cardiovascular disease (1 year range)	2023	→	230	66.8	87.1	77.4	136.2		45.5
E04a - Under 75 mortality rate from cardiovascular disease (3 year range)	2021 - 23	–	735	70.1	84.8	77.1	134.5		47.4
E04b - Under 75 mortality rate from cardiovascular disease considered preventable	2021 - 23	–	292	27.6	34.3	30.5	54.7		18.4
E05a - Under 75 mortality rate from cancer (1 year range)	2023	→	402	113.5	126.3	120.8	182.1		81.5
E05a - Under 75 mortality rate from cancer (3 year range)	2021 - 23	–	1,166	109.7	126.6	121.6	180.9		83.0
E05b - Under 75 mortality rate from cancer considered preventable	2021 - 23	–	442	41.3	51.7	49.5	91.9		28.0
E06a - Under 75 mortality rate from liver disease (1 year range)	2023	→	65	19.3	23.9	21.9	43.5		8.0
E06a - Under 75 mortality rate from liver disease (3 year range)	2021 - 23	–	184	18.4	23.8	21.5	46.2		10.3
E06b - Under 75 mortality rate from liver disease considered preventable	2021 - 23	–	170	17.1	21.6	19.2	42.5		9.8
E07a - Under 75 mortality rate from respiratory disease (1 year range)	2023	→	79	21.6	37.0	33.7	82.4		13.8
E07a - Under 75 mortality rate from respiratory disease (3 year range)	2021 - 23	–	219	20.0	34.0	30.3	73.8		12.1
E07b - Under 75 mortality rate from respiratory disease considered preventable	2021 - 23	–	119	10.7	19.8	18.0	44.2		6.5
E08 - Mortality rate from a range of specified communicable diseases, including influenza	2021 - 23	–	109	8.5	13.9	13.0	25.5		7.4
E09a - Premature mortality in adults with severe mental illness (SMI)	2021 - 23	–	730	92.8	115.1	110.8	232.5		55.2
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI)	2021 - 23	–	-	436.0%	328.5%	383.7%	644.7%		158.6%
E10 - Suicide rate New data	2021 - 23	–	110	12.8	10.7	10.7	19.6		4.2
E11 - Emergency readmissions within 30 days of discharge from hospital New data	2023/24	–	4,655	13.5%	15.2%	14.8%	20.6%		10.8%
E12a - Preventable sight loss: age related macular degeneration (AMD) New data	2023/24	↓	69	80.1	108.5*	105.1	227.2		36.6
E12b - Preventable sight loss: glaucoma New data	2023/24	→	35	17.9	15.7*	14.3	31.9		4.0
E12c - Preventable sight loss: diabetic eye disease New data	2023/24	→	8	2.7	2.9*	3.0	12.7		1.1
E12d - Preventable sight loss: sight loss certifications New data	2023/24	→	152	46.2	45.4*	43.5	92.5		9.1
E13 - Hip fractures in people aged 65 and over New data	2023/24	→	425	469	581	547	849		362
E13 - Hip fractures in people aged 65 to 79 New data	2023/24	→	130	197.3	259.1	237.8	375.0		140.4
E13 - Hip fractures in people aged 80 and over New data	2023/24	→	295	1,258	1,513	1,444	2,224		916
E14 - Winter mortality index	Aug 2021 - Jul 2022	–	100	7.7%	8.8%	8.1%	30.1%		-6.8%
E14 - Winter mortality index (age 85 plus)	Aug 2021 - Jul 2022	–	70	13.6%	12.4%	11.3%	49.3%		-11.3%
E15 - Estimated dementia diagnosis rate (aged 65 and older)	2024	→	3,474	60.9	62.1	64.8	51.3		90.5

> 66.7% (significantly) | similar to 66.7% | < 66.7% (significantly)

- Figure 19~~Figure 19~~.

Figure 14: Shropshire Profile for Public Health Outcomes Framework: Overarching Indicators

Indicator	Period	Shropshire			West Midlands	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
A01a - Healthy life expectancy at birth (Male) New data	2021 - 23	–	-	64.7	60.3	61.5	51.8		69.7
A01a - Healthy life expectancy at birth (Female) New data	2021 - 23	–	-	64.8	60.0	61.9	52.6		70.8
A01b - Life expectancy at birth (Male, 3 year range) New data	2021 - 23	–	-	80.2	78.4	79.1	73.1		82.5
A01b - Life expectancy at birth (Female, 3 year range) New data	2021 - 23	–	-	84.0	82.5	83.1	78.9		86.5
A01b - Life expectancy at birth (Male, 1 year range) New data	2023	–	-	80.5	78.6	79.3	73.4		82.7
A01b - Life expectancy at birth (Female, 1 year range) New data	2023	–	-	84.0	82.6	83.2	78.2		86.8
A01c - Disability free life expectancy at birth (Male)	2018 - 20	–	-	64.7	61.6	62.4	52.7		68.9
A01c - Disability free life expectancy at birth (Female)	2018 - 20	–	-	66.7	59.9	60.9	51.5		68.8
A02a - Inequality in life expectancy at birth (Male) New data	2021 - 23	–	-	5.2*	10.5*	10.5*	17.2		3.6
A02a - Inequality in life expectancy at birth (Female) New data	2021 - 23	–	-	3.2*	8.5*	8.3*	14.9		1.3
A02b - Inequality in healthy life expectancy at birth ENGLAND (Male)	2018 - 20	–	-	-	-	18.6	-	*Insufficient number of values for a spine chart*	-
A02b - Inequality in healthy life expectancy at birth ENGLAND (Female)	2018 - 20	–	-	-	-	19.3	-	*Insufficient number of values for a spine chart*	-
A02c - Inequality in healthy life expectancy at birth LA (Male)	2009 - 13	–	-	4.3	-	-	-	-	-
A02c - Inequality in healthy life expectancy at birth LA (Female)	2009 - 13	–	-	2.8	-	-	-	-	-
Overarching indicators at age 65									
A01a - Healthy life expectancy at 65 (Male) New data	2021 - 23	–	-	11.3	9.6	10.1	6.9		13.4
A01a - Healthy life expectancy at 65 (Female) New data	2021 - 23	–	-	12.2	10.6	11.2	7.8		14.9
A01b - Life expectancy at 65 (Male, 3 year range) New data	2021 - 23	–	-	19.5	18.4	18.7	16.1		20.5
A01b - Life expectancy at 65 (Female, 3 year range) New data	2021 - 23	–	-	21.8	20.9	21.1	18.7		23.2
A01b - Life expectancy at 65 (Male, 1 year range) New data	2023	–	-	19.8	18.6	18.8	16.3		20.8
A01b - Life expectancy at 65 (Female, 1 year range) New data	2023	–	-	21.9	21.0	21.3	19.0		23.9
A01c - Disability-free life expectancy at 65 (Male)	2018 - 20	–	-	11.0	9.4	9.8	6.2		14.6
A01c - Disability-free life expectancy at 65 (Female)	2018 - 20	–	-	11.7	9.2	9.9	6.4		15.5
A02a - Inequality in life expectancy at 65 (Male) New data	2021 - 23	–	-	2.1*	5.7*	5.6*	9.7		1.5
A02a - Inequality in life expectancy at 65 (Female) New data	2021 - 23	–	-	1.7*	5.0*	5.0*	9.7		0.5

Figure 15: Shropshire Profile for Public Health Outcomes Framework: Wider Determinants of Health

Indicator	Period	Shropshire			West Midlands	England		England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
B01b - Children in absolute low income families (under 16s)	2022/23	↑	7,464	14.4%	21.7%	15.6%	35.7%		4.2%
B01b - Children in relative low income families (under 16s)	2022/23	↑	9,786	18.9%	28.4%	19.8%	42.2%		5.2%
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception New data	2023/24	-	1,908	68.0%	66.2%	67.7%	59.6%		77.1%
B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception New data	2023/24	-	168	47.1%	53.9%	51.5%	29.4%		66.8%
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 New data	2023/24	↓	2,287	78.4%	79.8%	80.2%	74.0%		88.0%
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 New data	2023/24	→	301	65.3%	70.6%	68.1%	54.5%		82.3%
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception New data	2023/24	-	2,289	81.5%	77.3%	79.3%	70.3%		89.4%
B02d - School readiness: percentage of children achieving at least the expected level of development in communication and language and literacy skills at the end of Reception New data	2023/24	-	1,961	69.9%	67.5%	69.2%	60.7%		79.4%
B03 - Pupil absence New data	2023/24	↑	899,464	7.1%	7.3%	7.1%	8.6%		5.6%
B04 - First time entrants to the youth justice system	2023	↓	15	53.4	127.4	143.4	340.0		42.0
B05 - 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known New data	2023/24	↓	363	6.3%	6.1%	5.4%	22.0%		0.9%
B06a - Adults with a learning disability who live in stable and appropriate accommodation New data	2023/24	→	619	87.3%	77.2%	81.6%	48.8%		97.4%
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	-	-	71.0%	48.0%	58.0%	5.0%		86.0%
B07 - People in prison who have a mental illness or a significant mental illness	2018/19	-	-	-	-	7.35%	-	Insufficient number of values for a spine chart	-
B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	2022/23	-	-	10.4	9.9	10.4	20.1		1.0
B08a - The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	2022/23	-	-	66.9%	63.7%	65.3%	43.4%		87.3%
B08b - Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	2022/23	-	-	70.1	70.4	70.9	84.2		50.6
B08b - The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	2022/23	→	50	7.2%	3.2%	4.8%	0.4%		21.1%
B08c - Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	2020/21	-	-	67.4	66.7	66.1	76.0		47.7
B08c - The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)	2020/21	-	60	9.0%	7.0%	9.0%	1.0%		29.0%
B08d - Percentage of people in employment	2023/24	→	146,800	80.7%	75.0%	75.7%	61.6%		87.6%
B09a - Sickness absence: the percentage of employees who had at least one day off in the previous week New data	2021 - 23	-	-	2.6%	2.0%	2.2%	4.5%		0.3%
B09b - Sickness absence: the percentage of working days lost due to sickness absence New data	2021 - 23	-	-	1.0%	1.2%	1.2%	2.7%		0.1%
B10 - Killed and seriously injured (KSI) casualties on England's roads	2023	→	147	68.8	68.9*	91.9*	588.8		21.9
B11 - Domestic abuse related incidents and crimes New data	2023/24	-	-	23.8*	30.9	27.1	9.9		43.2
B12a - Violent crime - hospital admissions for violence (including sexual violence) New data	2021/22 - 23/24	-	165	18.8	40.6	34.2	170.5		12.0
B12b - Violent crime - violence offences per 1,000 population New data	2023/24	↑	7,143	21.8	36.5*	32.7	15.3		69.8
B12c - Violent crime - sexual offences per 1,000 population New data	2023/24	→	710	2.2	3.0*	2.9	1.3		6.7
B13a - Reoffending levels: percentage of offenders who reoffend New data	2022/23	→	210	19.8%	23.3%	26.2%	15.1%		40.2%
B13b - Reoffending levels: average number of reoffences per reoffender New data	2022/23	→	846	4.03	3.98	4.04	2.63		6.20
B13c - First time offenders	2022	↓	310	106	142	166	74		348
B14a - The rate of complaints about noise New data	2023/24	→	818	2.5*	3.8*	5.9*	68.1		0.7
B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime New data	2021	-	9,190	2.8%*	3.2%*	4.3%*	19.0%		0.9%
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time New data	2021	-	21,610	6.6%*	7.2%*	8.4%*	27.8%		1.5%
B15a - Homelessness: households owed a duty under the Homelessness Reduction Act New data	2023/24	↑	1,515	10.1	12.6	13.4	30.6		3.6
B15c - Homelessness: households in temporary accommodation New data	2023/24	-	243	1.6	2.9	4.6	51.9		0.2
B16 - Utilisation of outdoor space for exercise or health reasons	Mar 2015 - Feb 2016	-	-	16.5%	17.7%	17.9%	5.1%		36.9%
B17 - Fuel poverty (low income, low energy efficiency methodology)	2022	-	27,262	18.9%	19.6%	13.1%	24.7%		6.0%
B18a - Social isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) New data	2023/24	→	1,540	43.4%	46.2%	45.6%	33.9%		55.3%
B18b - Social isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) New data	2023/24	-	45	20.9%	32.2%	30.0%	15.4%		47.4%
B19 - Loneliness: Percentage of adults who feel lonely often or always New data	2021/22 - 22/23	-	-	4.8%	7.2%	6.8%	11.9%		4.0%
Indicators to be replaced with new data sources or definitions:									
1.01i - Children in low income families (all dependent children under 20)	2016	→	6,775	12.0%	20.2%	17.0%	32.5%		6.3%

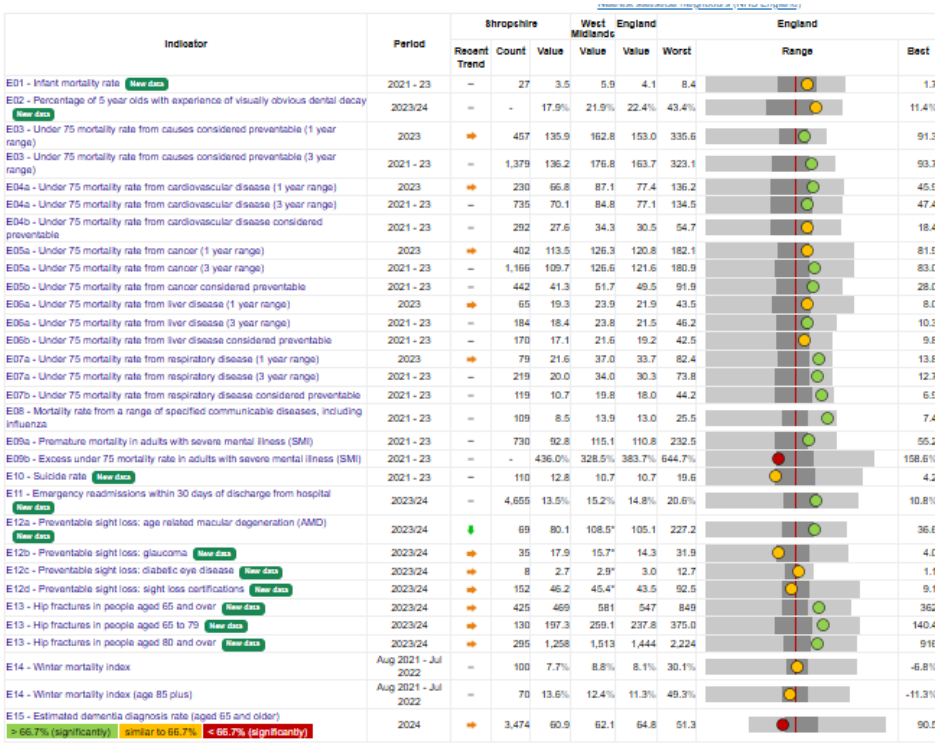
Figure 16: Shropshire Profile for Public Health Outcomes Framework: Health Improvement

Indicator	Period	Shropshire			West Midlands	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highes
C01 - Total prescribed LARC excluding injections rate / 1,000 New data	2023	→	2,900	57.6	36.7	43.5	10.3		72.
C02a - Under 18s conception rate / 1,000	2021	→	65	12.5	15.2	13.1	31.5		1.
C02b - Under 16s conception rate / 1,000	2021	→	14	2.7	2.4	2.1	7.0		0.
C03a - Obesity in early pregnancy (previous method)	2018/19	-	-	24.1%	25.4%	22.1%	30.5%		6.8
C03a - Obesity in early pregnancy ⚠	2023/24	-	-	*	28.7%	26.2%	-	Insufficient number of values for a spine chart	-
C03c - Smoking in early pregnancy (previous method)	2018/19	-	-	14.2%	14.5%	12.8%	29.1%		2.1
C03c - Smoking in early pregnancy ⚠	2023/24	-	420	18.4%	13.0%	13.6%	-	Insufficient number of values for a spine chart	-
C04 - Low birth weight of term babies	2022	→	50	2.1%	3.0%	2.9%	5.0%		1.8
C05a - Baby's first feed breastmilk ⚠	2023/24	-	1,720	81.7%	69.7%	71.9%	41.3%		94.3
C05b - Breastfeeding prevalence at 6 to 8 weeks - current method	2023/24	-	1,076	*	*	52.7%*	-	Insufficient number of values for a spine chart	-
C06 - Smoking status at time of delivery	2023/24	→	231	9.9%	7.8%	7.4%	17.5%		2.8
C07 - Proportion of New Birth Visits (NBVs) completed within 14 days	2023/24	↓	1,925	79.2%	82.5%	83.0%*	18.9%		99.0
C08a - Child development: percentage of children achieving a good level of development at 2 to 2 and a half years	2023/24	→	1,096	65.7%*	76.5%	80.4%*	22.8%		95.4
C08b - Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years	2023/24	→	1,295	77.6%*	83.7%	86.6%*	24.7%		96.0
C08c - Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years	2023/24	→	1,455	87.2%*	89.6%	91.2%*	66.7%		100
C09a - Reception prevalence of overweight (including obesity)	2023/24	→	580	23.6%	23.4%	22.1%	29.7%		15.2
C09b - Year 6 prevalence of overweight (including obesity)	2023/24	→	890	34.0%	38.4%	35.8%	45.5%		25.5
C10 - Percentage of physically active children and young people New data	2023/24	-	-	49.5%	47.1%	47.8%	34.5%		62.1
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) New data	2023/24	↓	330	68.5	73.2	72.7	149.0		29.
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) New data	2023/24	↓	140	99.4	92.7	93.2	252.2		37.
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years) New data	2023/24	↓	230	73.9	89.4	88.6	253.0		39.
C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern New data	2023/24	→	85	43.0%	40.0%	41.0%	61.0%		14.0
C14b - Emergency Hospital Admissions for Intentional Self-Harm New data	2023/24	↓	220	70.2	107.8	117.0	342.5		36.
C15 - Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method) New data	2023/24	-	-	37.1%	28.7%	31.3%	18.8%		46.7
C15 - Proportion of the population meeting the recommended '5 a day' on a 'usual day' (adults) (old method)	2019/20	-	-	62.2%	52.6%	55.4%	41.4%		65.8
C16 - Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) New data	2023/24	-	-	65.3%	67.1%	64.5%	77.2%		42.6
C17a - Percentage of physically active adults New data	2023/24	-	-	73.7%	64.1%	67.4%	48.9%		80.6
C17b - Percentage of physically inactive adults New data	2023/24	-	-	17.5%	24.9%	22.0%	36.6%		10.8
C18 - Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) New data	2023	-	-	11.4%	12.0%	11.6%	22.3%		4.6
C19a - Successful completion of drug treatment: opiate users	2023	→	42	7.4%	4.7%	5.1%	1.6%		13.0
C19b - Successful completion of drug treatment: non opiate users	2023	→	96	24.3%	29.1%	29.5%	16.1%		56.2
C19c - Successful completion of alcohol treatment	2023	→	223	33.2%	34.3%	34.2%	16.8%		60.9
C19d - Deaths from drug misuse New data	2021 - 23	-	29	3.1	5.6	5.5	20.5		1.
C20 - Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison	2023/24	→	25	49.0%	51.6%	53.3%	0.0%		96.7
C21 - Admission episodes for alcohol-related conditions (Narrow) (Persons) New data	2023/24	→	1,986	535	607	504	890		24
C21 - Admission episodes for alcohol-related conditions (Narrow) (Male) New data	2023/24	→	1,266	698	810	686	1,190		33
C21 - Admission episodes for alcohol-related conditions (Narrow) (Female) New data	2023/24	→	720	387	422	340	654		14
C22 - Estimated diabetes diagnosis rate	2018	-	-	71.4%	86.3%	78.0%	54.3%		97.5
C23 - Percentage of cancers diagnosed at stages 1 and 2	2021	→	866	56.7%	54.7%	54.4%	46.5%		61.2
C24a - Cancer screening coverage: breast cancer New data	2024	→	33,443	75.3%	69.1%*	69.9%*	45.8%		80.7
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old) New data	2024	↓	32,575	73.4%	65.2%*	66.1%*	43.4%		77.3
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old) New data	2024	→	25,946	77.1%	73.7%*	74.3%*	55.3%		78.8
C24d - Cancer screening coverage: bowel cancer New data	2024	↑	51,128	75.9%	70.2%*	71.8%*	52.4%		79.3
C24e - Abdominal Aortic Aneurysm Screening Coverage New data	2023/24	→	2,051	88.9%	81.9%*	81.9%*	61.2%		90.5
C24m - Newborn Hearing Screening: Coverage New data	2023/24	→	2,164	99.0%	99.2%*	99.0%*	92.2%		99.9
C24n - Newborn and Infant Physical Examination Screening Coverage New data	2023/24	-	2,125	96.4%	96.8%*	96.1%*	86.6%		98.6
C26a - Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check	2019/20 - 23/24	-	44,406	45.0%	73.7%	69.1%	4.2%		100
C26b - Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check	2019/20 - 23/24	-	17,405	39.2%	35.1%	40.6%	15.8%		100.0
C26c - Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health check	2019/20 - 23/24	-	17,405	17.6%	25.9%	28.1%	3.2%		80.4
C27 - Percentage reporting a long-term Musculoskeletal (MSK) problem	2023	-	-	21.1%	20.5%	18.4%	28.4%		10.0
C28a - Self reported wellbeing: people with a low satisfaction score	2022/23	-	-	3.7%	5.2%	5.6%	12.5%		1.9
C28b - Self reported wellbeing: people with a low worthwhile score	2022/23	-	-	2.4%	4.2%	4.4%	9.8%		1.6
C28c - Self reported wellbeing: people with a low happiness score	2022/23	-	-	7.5%	8.5%	8.9%	17.1%		3.5
C28d - Self reported wellbeing: people with a high anxiety score	2022/23	-	-	18.8%	22.9%	23.3%	33.8%		10.4
C29 - Emergency hospital admissions due to falls in people aged 65 and over New data	2023/24	↓	1,205	1,344	1,998	1,984	3,311		1,33
C29 - Emergency hospital admissions due to falls in people aged 65 to 79 New data	2023/24	↓	450	702	973	955	1,806		62
C29 - Emergency hospital admissions due to falls in people aged 80 plus New data	2023/24	↓	755	3,203	4,969	4,969	8,322		3,19

Figure 17: Shropshire Profile for Public Health Outcomes Framework: Health Protection

Indicator	Period	Shropshire			West Midlands	England	England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
D01 - Fraction of mortality attributable to particulate air pollution (new method) New data	2023	–	-	3.9%	5.1%	5.2%	3.4%		6.9%
D02a - Chlamydia detection rate per 100,000 aged 15 to 24 (Female) <2,400 2,400 to 3,250 ≥3,250	2023	–	240	1,637	1,547	1,962	984		4,777
D02a - Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2023	–	112	667	746	1,042	478		2,657
D02a - Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2023	–	359	1,142	1,195	1,546	803		3,379
D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	707	216	350	520	3,304		177
D03a - Population vaccination coverage BCG: areas offering universal BCG only	2021/22	–	129	*	*	*	-	-	-
D03b - Population vaccination coverage: Hepatitis B (1 year old)	2023/24	–	0	-	*	*	-	-	-
D03c - Population vaccination coverage: Dtap IPV Hib HepB (1 year old) <90% 90% to 95% ≥95%	2023/24	→	2,451	94.6%	91.0%	91.2%	63.6%		97.0%
D03d - Population vaccination coverage: MenB (1 year) <90% 90% to 95% ≥95%	2023/24	→	2,447	94.5%	89.7%	90.6%	63.2%		96.8%
D03e - Population vaccination coverage: Rotavirus (Rota) (1 year) <90% 90% to 95% ≥95%	2023/24	→	2,406	92.9%	88.0%	88.5%	59.1%		95.1%
D03f - Population vaccination coverage: PCV <90% 90% to 95% ≥95%	2023/24	→	2,486	96.0%	92.5%	93.2%	70.4%		97.9%
D03g - Population vaccination coverage: Hepatitis B (2 years old)	2023/24	–	4	100%	*	*	-	-	-
D03h - Population vaccination coverage: Dtap IPV Hib HepB (2 years old) <90% 90% to 95% ≥95%	2023/24	→	2,696	95.7%	92.7%	92.4%	72.4%		97.8%
D03i - Population vaccination coverage: MenB booster (2 years) <90% 90% to 95% ≥95%	2023/24	→	2,605	92.5%	86.3%	87.3%	62.6%		96.0%
D03j - Population vaccination coverage: MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2023/24	→	2,634	93.5%	88.2%	88.9%	67.7%		96.3%
D03k - Population vaccination coverage: PCV booster <90% 90% to 95% ≥95%	2023/24	→	2,626	93.3%	87.3%	88.2%	66.8%		95.7%
D03l - Population vaccination coverage: Flu (2 to 3 years old) <40% 40% to 65% ≥65%	2023/24	↓	2,120	50.9%	40.1%*	44.4%	22.0%		63.4%
D03m - Population vaccination coverage: Hib and MenC booster (2 years old) <90% 90% to 95% ≥95%	2023/24	→	2,625	93.2%	87.8%	88.6%	64.2%		96.2%
D04a - Population vaccination coverage: DTaP and IPV booster (5 years) <90% 90% to 95% ≥95%	2023/24	→	2,663	88.7%	82.0%	82.7%	60.0%		94.6%
D04b - Population vaccination coverage: MMR for one dose (5 years old) <90% 90% to 95% ≥95%	2023/24	→	2,866	95.5%	91.9%	91.9%	78.2%		97.1%
D04c - Population vaccination coverage: MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2023/24	→	2,681	89.3%	83.1%	83.9%	60.8%		94.5%
D04d - Population vaccination coverage: Flu (primary school aged children) <65% ≥65%	2023	↓	15,411	71.8%	52.8%*	55.1%	24.3%		81.2%
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female) New data <80% 80% to 90% ≥90%	2023/24	→	1,427	79.1%	70.8%	72.9%	32.9%		89.2%
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male) New data <80% 80% to 90% ≥90%	2023/24	→	1,274	71.5%	66.0%	67.7%	27.4%		85.2%
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female) <80% 80% to 90% ≥90%	2022/23	↓	1,178	68.5%	62.9%	62.9%	0.0%		90.7%
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Male) <80% 80% to 90% ≥90%	2022/23	–	1,102	57.4%	57.0%	56.1%	0.0%		87.4%
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years) New data <80% 80% to 90% ≥90%	2023/24	↓	2,393	65.4%	71.9%	73.0%	31.9%		97.7%
D05 - Population vaccination coverage: Flu (at risk individuals) <55% ≥55%	2023/24	→	20,005	45.7%	40.2%*	41.4%	25.8%		51.2%
D06a - Population vaccination coverage: Flu (aged 65 and over) <75% ≥75%	2023/24	→	61,360	80.0%	76.8%*	77.8%	56.0%		85.3%
D06b - Population vaccination coverage: PPV <65% 65% to 75% ≥75%	2022/23	↑	58,485	72.4%	71.3%	71.8%	52.5%		80.3%
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) <50% 50% to 60% ≥60%	2022/23	↓	1,851	49.0%	45.9%	48.3%	26.3%		64.2%
D07 - HIV late diagnosis in people first diagnosed with HIV in the UK <25% 25% to 50% ≥50%	2021 - 23	–	6	50.0%	44.6%	43.5%	100%		9.1%
D08a - Proportion of drug sensitive TB notifications who had completed a full course of treatment by 12 months New data <60% 60% to 90% ≥90%	2022	–	7	100%	84.0%	82.8%	15.4%		100%
D08b - TB incidence (three year average) New data	2021 - 23	–	18	1.8	9.3	8.0	40.7		0.7
D09 - NHS organisations with a board approved sustainable development management plan	2015/16	→	4	66.7%	55.8%	66.2%	25.0%		100%
D10 - Adjusted antibiotic prescribing in primary care by the NHS ≤ mean England prescribing 2013/14 > mean England prescribing 2013/14	2023	–	188,389	0.94	0.93	0.88	1.18		0.46

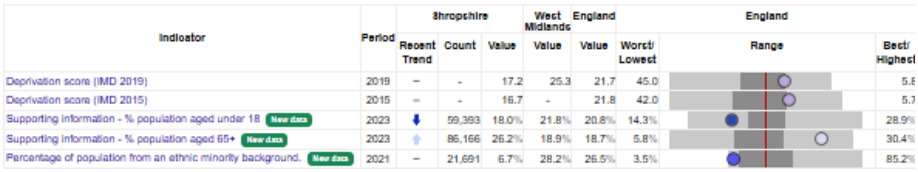
Figure 18: Shropshire Profile for Public Health Outcomes Framework: Healthcare and premature mortality



Indicator	Period	Shropshire			West Midlands	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
E01 - Infant mortality rate New data	2021 - 23	–	27	3.5	5.9	4.1	8.4		1.1
E02 - Percentage of 5 year olds with experience of visually obvious dental decay New data	2023/24	–	-	17.9%	21.9%	22.4%	43.4%		11.4%
E03 - Under 75 mortality rate from causes considered preventable (1 year range)	2023	→	457	135.9	162.8	153.0	335.6		91.3
E03 - Under 75 mortality rate from causes considered preventable (3 year range)	2021 - 23	–	1,379	136.2	176.8	163.7	323.1		93.1
E04a - Under 75 mortality rate from cardiovascular disease (1 year range)	2023	→	230	66.8	87.1	77.4	136.2		45.5
E04a - Under 75 mortality rate from cardiovascular disease (3 year range)	2021 - 23	–	735	70.1	84.8	77.1	134.5		47.4
E04b - Under 75 mortality rate from cardiovascular disease considered preventable	2021 - 23	–	292	27.6	34.3	30.5	54.7		18.4
E05a - Under 75 mortality rate from cancer (1 year range)	2023	→	402	113.5	126.3	120.8	182.1		81.5
E05a - Under 75 mortality rate from cancer (3 year range)	2021 - 23	–	1,166	109.7	126.6	121.6	180.9		83.0
E05b - Under 75 mortality rate from cancer considered preventable	2021 - 23	–	442	41.3	51.7	49.5	91.9		28.0
E06a - Under 75 mortality rate from liver disease (1 year range)	2023	→	65	19.3	23.9	21.9	43.5		8.0
E06a - Under 75 mortality rate from liver disease (3 year range)	2021 - 23	–	184	18.4	23.8	21.5	46.2		10.3
E06b - Under 75 mortality rate from liver disease considered preventable	2021 - 23	–	170	17.1	21.6	19.2	42.5		9.8
E07a - Under 75 mortality rate from respiratory disease (1 year range)	2023	→	79	21.6	37.0	33.7	82.4		13.8
E07a - Under 75 mortality rate from respiratory disease (3 year range)	2021 - 23	–	219	20.0	34.0	30.3	73.8		12.1
E07b - Under 75 mortality rate from respiratory disease considered preventable	2021 - 23	–	119	10.7	19.8	18.0	44.2		6.5
E08 - Mortality rate from a range of specified communicable diseases, including influenza	2021 - 23	–	109	8.5	13.9	13.0	25.5		7.4
E09a - Premature mortality in adults with severe mental illness (SMI)	2021 - 23	–	730	92.8	115.1	110.8	232.5		55.2
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI)	2021 - 23	–	-	436.0%	328.5%	383.7%	644.7%		158.6%
E10 - Suicide rate New data	2021 - 23	–	110	12.8	10.7	10.7	19.6		4.2
E11 - Emergency readmissions within 30 days of discharge from hospital New data	2023/24	–	4,655	13.5%	15.2%	14.8%	20.6%		10.8%
E12a - Preventable sight loss: age related macular degeneration (AMD) New data	2023/24	↓	69	80.1	108.5*	105.1	227.2		36.6
E12b - Preventable sight loss: glaucoma New data	2023/24	→	35	17.9	15.7*	14.3	31.9		4.0
E12c - Preventable sight loss: diabetic eye disease New data	2023/24	→	8	2.7	2.9*	3.0	12.7		1.1
E12d - Preventable sight loss: sight loss certifications New data	2023/24	→	152	46.2	45.4*	43.5	92.5		9.1
E13 - Hip fractures in people aged 65 and over New data	2023/24	→	425	469	581	547	849		362
E13 - Hip fractures in people aged 65 to 79 New data	2023/24	→	130	197.3	259.1	237.8	375.0		140.4
E13 - Hip fractures in people aged 80 and over New data	2023/24	→	295	1,258	1,513	1,444	2,224		916
E14 - Winter mortality index	Aug 2021 - Jul 2022	–	100	7.7%	8.8%	8.1%	30.1%		-6.8%
E14 - Winter mortality index (age 85 plus)	Aug 2021 - Jul 2022	–	70	13.6%	12.4%	11.3%	49.3%		-11.3%
E15 - Estimated dementia diagnosis rate (aged 65 and older)	2024	→	3,474	60.9	62.1	64.8	51.3		90.1

> 66.7% (significantly) | similar to 66.7% | < 66.7% (significantly)

Figure 19: Shropshire Profile for Public Health Outcomes Framework: Supporting information



Indicator	Period	Shropshire			West Midlands	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2019)	2019	–	-	17.2	25.3	21.7	45.0		5.8
Deprivation score (IMD 2015)	2015	–	-	16.7	-	21.8	42.0		5.7
Supporting information - % population aged under 18 New data	2023	↓	59,393	18.0%	21.8%	20.8%	14.3%		28.9%
Supporting information - % population aged 65+ New data	2023	↑	86,166	26.2%	18.9%	18.7%	5.8%		30.4%
Percentage of population from an ethnic minority background. New data	2021	–	21,691	6.7%	28.2%	26.5%	3.5%		85.2%

Shropshire has a total population of 329,260 residents, according to the 2023 mid-year population estimates. As of 1st February 2025, 328,393 people are registered at the 37 GP practices within Shropshire. 18.0% of the population are aged under 18 (England is 20.8%), and 26.2% of the population are aged 65 or over (England is 18.7%). 1.8% of the population are from a black or minority ethnic (BME) population (England is 13.6%). In the 2021 census, 6.7% of the population described themselves as non-white UK (i.e., not white British, English, Northern Irish, Scottish, or Welsh), compared to 26.5% for England as a whole. In Shropshire, 1,737 people (0.6% of the population) report that they cannot speak English well or at all, compared to 1.9% in England.

The Indices of Deprivation (IMD) combine a range of economic, social and housing indicators to provide a measure of relative deprivation, i.e., they measure the position of areas against each other within different domains. A rank of 1 indicates highest deprivation. Shropshire is ranked 174 out of 317 lower tier local Authorities in England on overall deprivation and is ranked 193 on income deprivation.
18.1% of pupils (7,222) attending nursery, primary, secondary, alternative provision and special schools in Shropshire are eligible for free school meals. This compares to 27.9% of pupils in the West Midlands region and 23.8% of pupils for England as a whole.

The average attainment 8 score in Shropshire in 2022/23 was 44.3 compared to 46.2 for England and 44.8 for the West Midlands region - attainment 8 is the mean average scores for pupils at the end of key stage 4 from all maintained secondary schools, academies and free schools and this is obtained across 8 qualifications (double weighted maths, an English element, three from any science subjects, computer science, history, geography or languages, and the three from other subjects, including English language or literature (if not counted in the English slot), further GCSE qualifications (including EBacc subjects) or any other technical awards from the DfE approved list. For children in care, the average attainment 8 score for Shropshire in 2022/23 was 19.0, while in England overall this was 19.4 and 21.1 in the West Midlands region. In Shropshire in 2022/23, 7.9% of 16- to 17-year-olds were not in education, employment or training (NEET) or whose activities is not known, compared to 5.2% in England. The median gross weekly wage for employees living in Shropshire is £524.40. This compares with an England wage of £565.70. 14.4% of children. In 2023/24, 80.7% of working age people (16-64) in Shropshire are unemployed, compared with 75.7% for England overall.

The life expectancy at birth in Shropshire is 80.2 years for males and 84.0 years for females, based on 2021-23 data. This compares with 79.1 years for males and 83.1 years for females for England overall. At the last Census (2021) 5.1% (16,445 residents) in Shropshire reported their health as poor or very poor, compared to 5.2% in England, and 18.5% (59,990) reported being disabled under the equality act which impacted on their day-to-day activities a little or a lot, compared to 17.3% in England. People in Shropshire can expect a healthy life expectancy of 64.7 years for males and 64.8 years for females (2021-23 data), which compares to 61.5 years for males and 61.9 years for females in England. The under 75 mortality rate for deaths from all causes is 305.1 in 2023, for comparison, this was 367.9 in the West Midlands region and 341.6 for England.

According to the active lives adult survey, 66.1% of adults in Shropshire self-reported being obese or overweight in 2022/23, compared to 64% for England and 70.9% of adults in Shropshire report that they are physically active (do at least 150 moderate intense minutes of physical activity per week in bouts of 10 minutes or more in the previous 28 days), compared to 67.1% in England. Between 2019/20 and 2023/24, 45% of the eligible population aged 40-74 in Shropshire were offered an NHS Health Check, and 39.2% received one. This compares to 69.1% and 40.6% respectively for England overall. In 2023/24 23.6% of children aged 4-5 years and 34% of children aged 10-11 whose weight was recorded were reported as obese or overweight. This compares with 22.1% of children aged 4-5 years and 35.8% of children aged 10-11 for England as a whole.

Lifestyle Risk Factors

Lifestyle risk factors to health are lifestyle behaviours that adversely affect health, for example, smoking, lack of physical activity, etc. These behaviours are important as many of them lead to developing long term conditions and non-communicable diseases, for example smoking can cause lung cancer. Therefore, disease can be prevented by tackling poor lifestyle behaviours. Lifestyle risk factors are of a concern to the health of the population in Shropshire as they are affected by health inequalities, for example, more smokers in more deprived areas and fewer people are physically active in older age groups.

- Current smoking prevalence in adults 18+ in Shropshire is 11.4% and is similar to the England average of 11.3%, (OHID 2023 data).
- Smoking in early pregnancy in Shropshire is higher than the England average, 18.4% compared to 13.6%, and likewise smoking at the time of delivery is also higher than England, 9.9% compared to 7.4% (OHID 2023/24 data).
- In 2022/23 it was estimated that 66.1% of adults in Shropshire are either overweight or obese, which is slightly below the England figure of 64%.
- In 2022/23, just under a fifth of adults (19.1%) are classed as physically inactive in Shropshire, lower than the England figures of 22.6%. By contrast 70.9% are considered physically active, compared to 67.1% in England.
- In 2023/24 Shropshire had a significantly higher rate of admissions for alcohol-related conditions with 535 per 100,000 people compared to 504 for England. Admission episodes for males were similar to England (698 per 100,000 compared to 686 in England), however the rate for females in Shropshire was significantly higher than England (387 compared to 340).
- In 2023, in Shropshire 33.2% of alcohol users left structured alcohol treatment who then did not re-present to treatment within 6 months, compared to 34.2% in England.

- In 2023, Shropshire has a significantly higher percentage of successful completion of drug treatment among opiate users than England (7.4% compared with 5.1%) but was significantly lower for non-opiate users (24.3% compared to 29.5%).
- The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health was 66.1% in Shropshire in 22/23 compared to 74.8% in England
- The proportion of clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health was 68.0% in Shropshire in 22/23 compared to 83.7% in England

Long-term Conditions

Long term conditions are defined as health problems that require on-going management over a period of years or decades. This can include non-communicable diseases such as cardio-vascular disease (CVD), some communicable disease such as HIV, some mental health disorders such as depression and some on-going impairment such as blindness. Long term conditions are conditions that cannot, at present, be cured, but can be controlled by medication and other therapies.

Many long-term conditions and non-communicable disease are the result of lifestyle risk factors and changing demographics. Increases in the ageing population, increases in obesity and other lifestyle risk factors and possible increases in health inequalities will all lead to an increase in the prevalence of long-term conditions. This can lead to pressure on current service provision. Long term conditions therefore are a significant area of concern in Shropshire. In the 2024 survey of GP patients, 63.8% of respondents from NHS Shropshire, Telford and Wrekin Integrated Care Board stated they had a physical or mental health conditions or illness lasting 12 months or more, compared to 60.6% in England.

Teenage conception rates

Studies have shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children, such as those mothers being less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor-quality housing and are more likely to have accidents and behavioural problems.

In 2021 in Shropshire the under-18 conception rate per 1,000 females aged 15-17 was 12.5 (65 conceptions) is slightly lower than the national figure of 13.1 for England. The under 16 conception rate per 1,000 females aged 13-15 for Shropshire of 2.7 (14 conceptions) is slightly above the England figure of 2.1.

Mental Health

The Public Health Outcomes Framework (PHOF) includes several measures of general well-being in the population based upon responses in the annual population survey of 2022/23. Respondents were asked to score themselves on a scale of 0 to 10, against several statements.

- 3.7% of people in Shropshire reported a low score for how satisfied they are with their life nowadays, significantly lower than England 5.6%.
- 2.4% of people in Shropshire reported a low worthwhile score for how worthwhile the things they do in their life are, significantly lower than England 4.4%
- 7.5% of people in Shropshire reported a low score for how happy they felt yesterday, lower but not significantly so than England 8.9%
- 18.8% of people in Shropshire reported a high score for how anxious they felt yesterday, significantly lower than England 23.3%.

Maternal and Infant Health

- A significantly lower proportion of children in Shropshire live in absolute low-income families (14.4%) compared to the national average (15.6%). (OHID 2022/23), although this figure has been increasing.
- A significantly lower proportion of children in Shropshire live in relative low-income families (18.9%) compared to the national average (19.8%). (OHID 2022/23), although this figure has been increasing.
- Chlamydia detection rates among 15- to 24-year-olds attending sexual health services are noticeably lower in Shropshire (1,142 per 100,000) compared to England (1,546 per 100,000).
- Immunisation is one of the most important mechanisms for protecting individuals and the community from serious diseases. In Shropshire, vaccination coverage exceeds national uptake and also 90% for 8 out of the 12 primary immunisations metrics detailed on the child and maternal health OHID profile. MMR for two doses in 5-year-olds (89.3%) was higher than England uptake figure (83.9%), but short of the 90% target. However, Shropshire's uptake for HPV vaccination coverage for one dose in 12- to 13-year-olds (67.4%) was short of England (71.3%), as was Meningococcal ACWY conjugate vaccine (MenACWY) in 14- to 15-year-olds (65.4% compared to 73%).
- In 2023/24 23.6% of reception and 34.0% of year 6 pupils were classed as either overweight or obese. Both measures are statistically similar to the England score at 22.1% and 35.8% respectively.

The following charts show a range of measures of health and wellbeing in more depth comparing Shropshire to either England or the average across all English authorities for a number of topics:

- Healthy life expectancy
- Older people's health and wellbeing
- Causes of death and ill health
- Healthy living
- Children's health and wellbeing

Healthy life expectancy in Shropshire

Life expectancy at birth is the average number of years that a person can be expected to live from birth, assuming that age-specific mortality levels remain constant. Healthy life expectancy is an estimate of expected years of life spent in good health. It has value in the assessment of healthy ageing, health improvement monitoring and health and social care need. There are important socio-demographic differences in healthy life expectancy. People from more deprived populations are more likely to live shorter lives, as well as live a greater proportion of their life in poor health.

Figure 20: Life expectancy at birth for males and females (from 2011-13 to 2021-23) for Shropshire & England

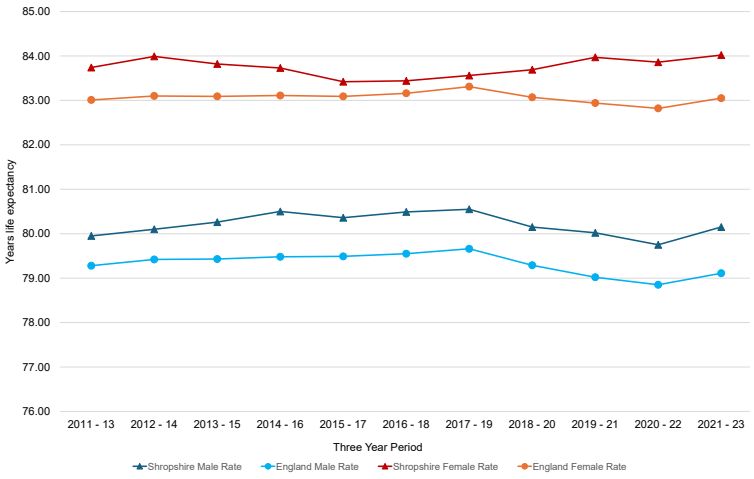


Figure 21: Healthy life expectancy at birth for males and females (from 2011-13 to 2021-23) for Shropshire & England

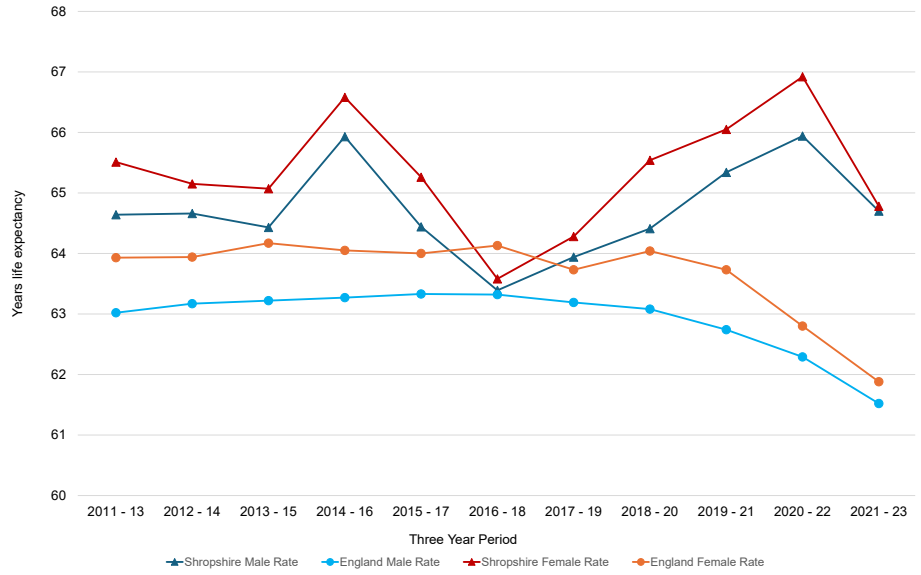


Figure 22: % of people by 'how is your health in general?' (Census 2021) for Shropshire & England

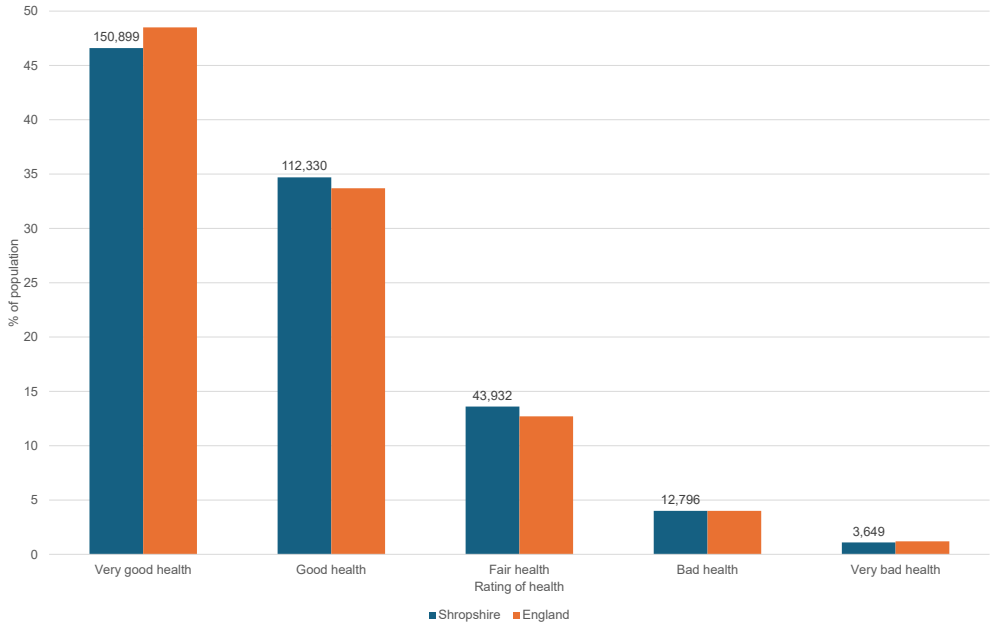
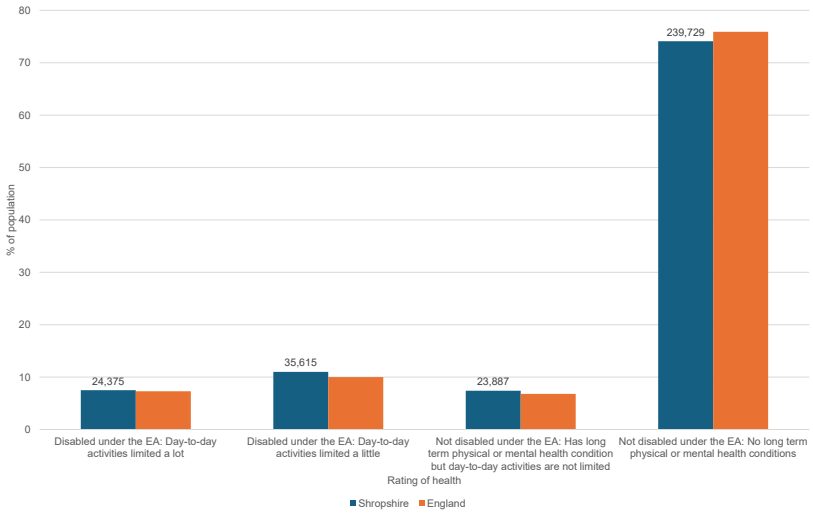


Figure 23: % of people by 'do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more, and if yes, do any of your conditions or illnesses reduce your ability to carry out day to day activities?' (Census 2021) for Shropshire & England

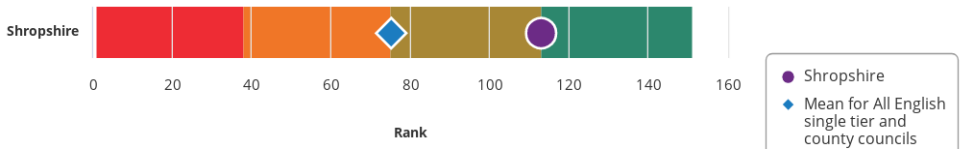


Older people in Shropshire

The growing population of older people is one of the greatest challenges facing health and social care. As the population ages, the health and wellbeing of older people and the provision of services to meet their needs becomes increasingly important. This section explores the relative health and wellbeing of older people in your area.

The Income Deprivation Affecting Older People Index (IDAOPI) is based on the percentage of the population aged 60 and over who receive income support, income based job seekers allowance, pension credit or child tax credit claimants aged 60 and over, and their partners (if also aged 60 or over). A rank of 1 indicates highest deprivation.

Figure 24: IMD Income Deprivation Affecting Older People Index (IDAOPI) - Rank for all single tier and county authorities 2019 for Shropshire (quantiles of All English single tier and county councils)



Disability free life expectancy is an estimate of expected years of life spent without a limiting long-standing illness or disability. It is calculated using self-reports of activity limiting illness, and is therefore a measure of functional health status, which has relevance for fitness for work and independent living.

Figure 25: Disability-free life expectancy at age 65 - male (2018-20) & Disability-free life expectancy at age 65 - female (2018-20) for Shropshire

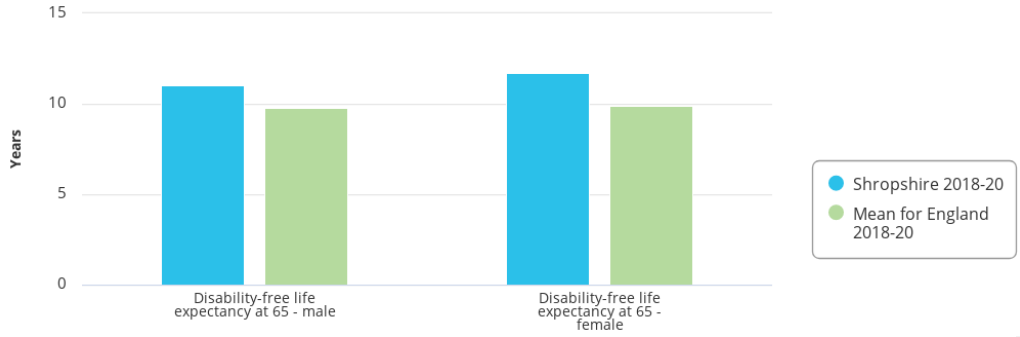


Figure 26: Percentage of households with older people living alone (2021 census) in Shropshire and England

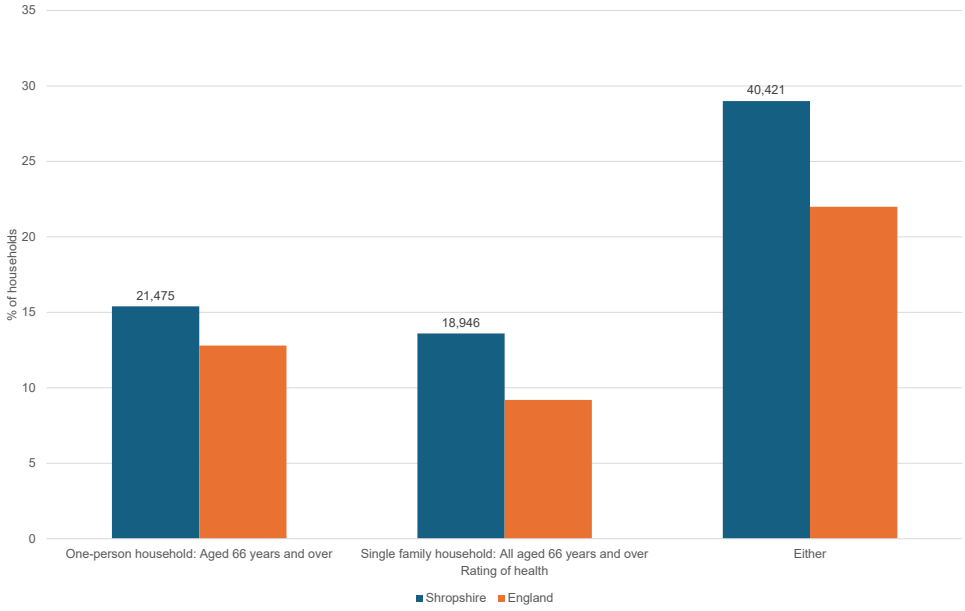
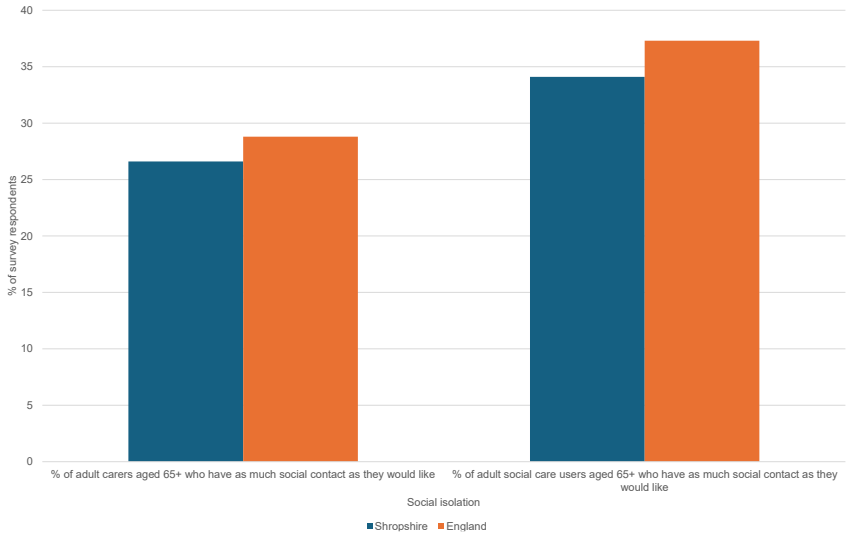
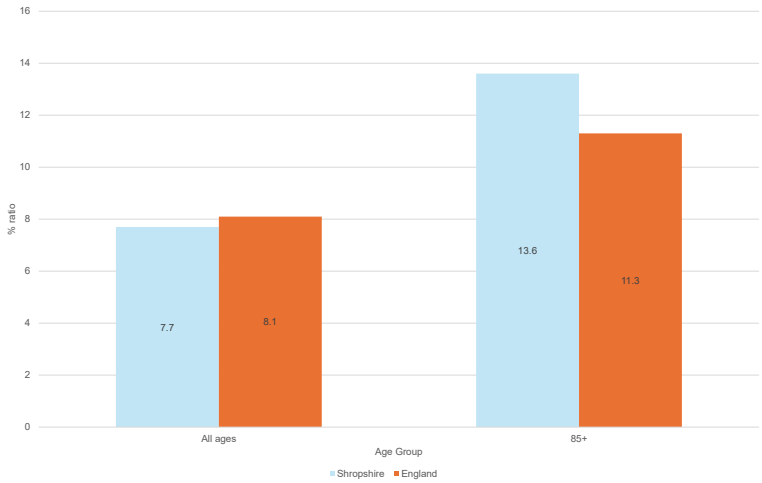


Figure 27: Adult Carers Survey and Adult Social Care Survey - Proportion of people aged 65+ who reported that they had as much social contact as they would like (2021/22) for Shropshire and England



The Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. It is calculated as the number of excess winter deaths divided by the average non-winter deaths, expressed as a percentage. The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well-equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Shropshire's overall figures for show 7.7% excess deaths, which is statistically similar to England's 8.1%. When it comes to the people aged 85+, Shropshire's figure of 13.6% is above England's 11.3%, but this is still statistically similar.

Figure 28: Excess winter deaths index all ages and 85+ % (August 2021 to July 2022) for Shropshire and England



Causes of death and ill health in Shropshire

Premature mortality (early death) is a major public health concern. Mortality and premature mortality (deaths under the age of 75) rates are often used as an indicator of population health. The charts below provide a comparison between Shropshire and England of mortality, premature mortality and causes considered to be preventable (deaths could have mainly been avoided through effective public health and primary prevention intervention) through some of the most common causes of death.

Figure 29: Mortality rates for all ages (directly age standardised rate per 100,000) (2021-2023) from a range of conditions, for Shropshire and England

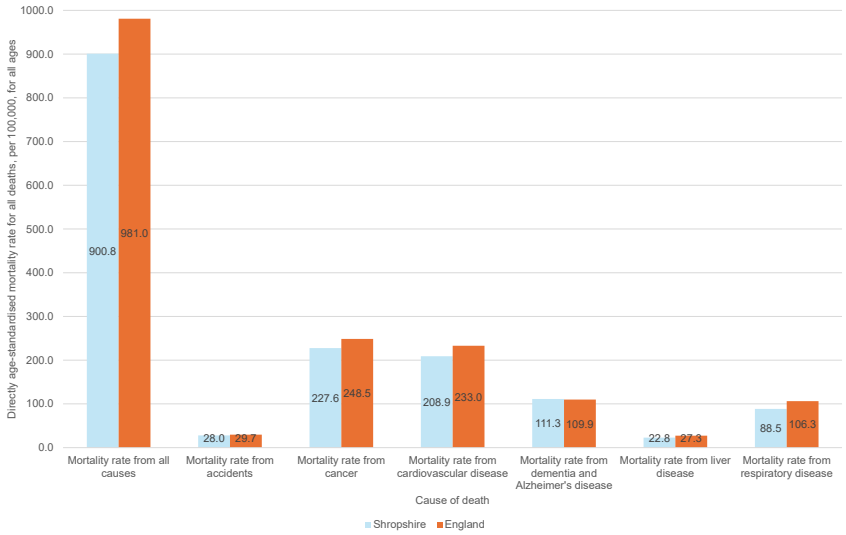


Figure 30: Premature mortality rates (directly age standardised rate per 100,000) (2021-2023) from a range of conditions, for Shropshire and England

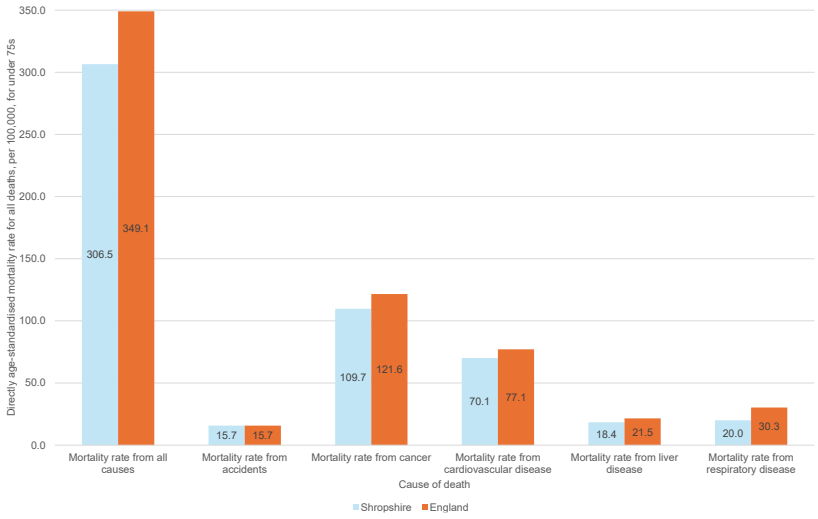


Figure 31: Premature mortality rates from causes considered to be preventable (directly age standardised rate per 100,000) (2021-2023) from a range of conditions, for Shropshire and England

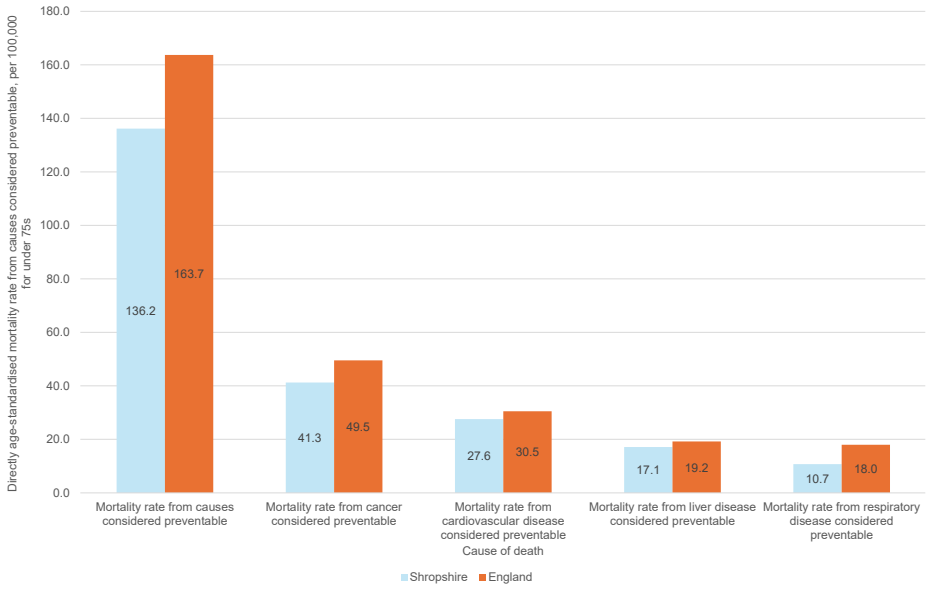


Figure 32: Trends in Premature mortality rate for Shropshire

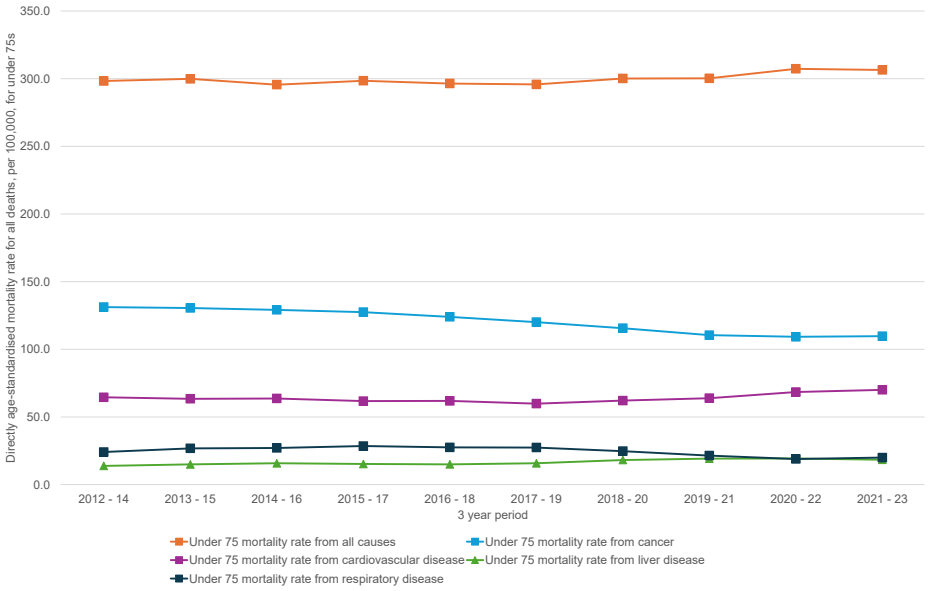
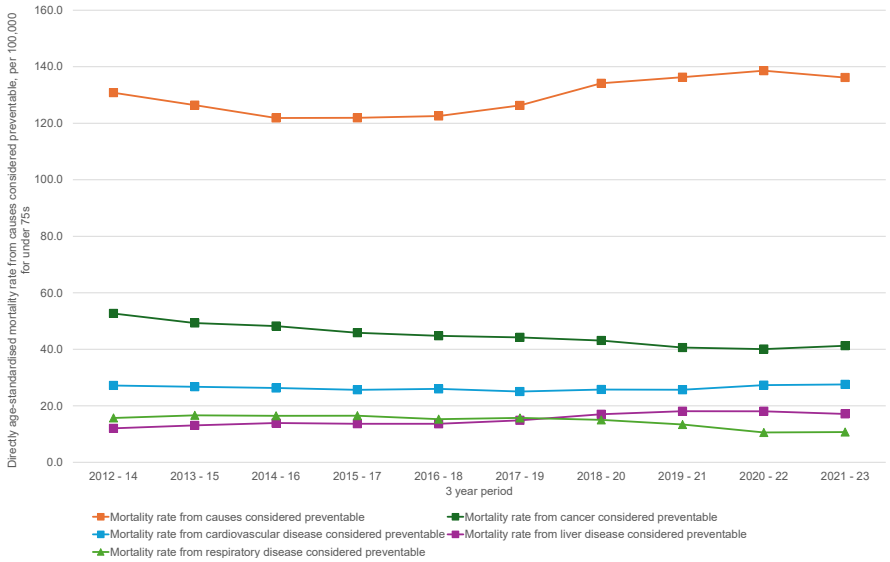


Figure 33: Trends in Premature mortality rate from causes considered preventable for Shropshire



Healthy Living

Lifestyle and behaviour choices are important factors in influencing health. Unhealthy diets and physical inactivity are major risk factors for excess weight and obesity, and a number of serious health conditions including diabetes, cardiovascular disease and certain cancers.

Figure 34: Trends in percentage of people aged 17 years and over with diabetes as recorded on practice disease registers in Shropshire and England

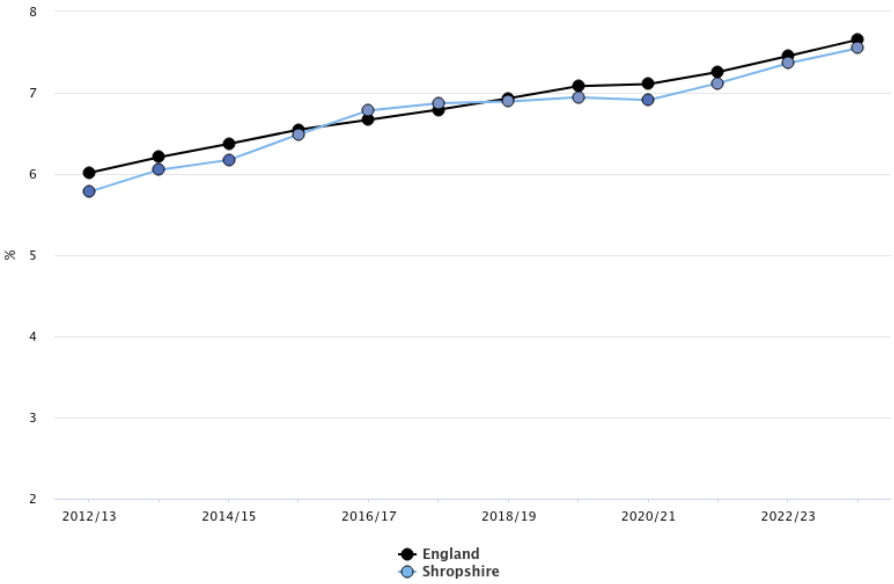


Figure 35: Trends in the percentage of adults (aged 18+) classified as overweight or obese & Percentage of adults (aged 18+) classified as obese, self-reported for Shropshire & England

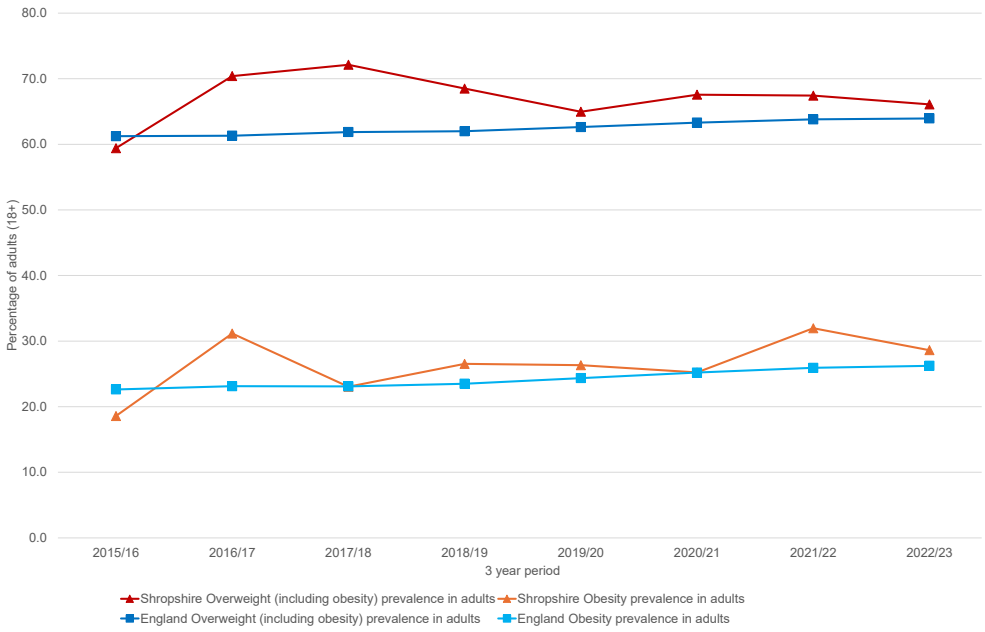


Figure 36: Number of fast-food outlets per 100,000 (2024) for All English single tier and county councils

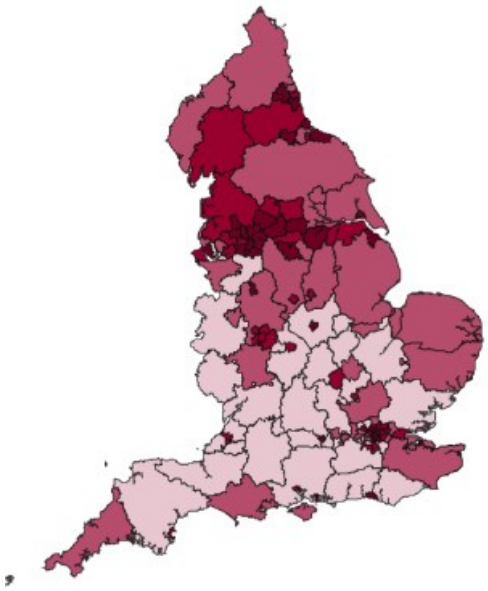


Figure 37: Number of fast-food outlets per 100,000 (2024) for Shropshire and West Midlands local authorities

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	66,891	115.9	115.1	116.8
West Midlands region (statistical)	–	6,896	113.3	110.7	116.0
Stoke-on-Trent	–	375	142.5	128.4	157.7
Sandwell	–	473	136.1	124.1	148.9
Birmingham	–	1,586	136.0	129.4	142.9
Walsall	–	389	134.7	121.7	148.8
Dudley	–	438	134.1	121.8	147.2
Wolverhampton	–	360	132.1	118.8	146.5
Coventry	–	449	124.5	113.2	136.5
Telford and Wrekin	–	190	99.0	85.4	114.1
Worcestershire	–	603	98.2	90.5	106.3
Staffordshire	–	879	97.8	91.5	104.5
Warwickshire	–	565	91.5	84.1	99.3
Shropshire	–	283	86.0	76.2	96.6
Solihull	–	175	80.0	68.6	92.8
Herefordshire	–	131	69.0	57.7	81.9

Source: OHID, based on Food Standards Agency data

Children's health in Shropshire

The Income Deprivation Affecting Children Index (IDACI) is based on the percentage of children aged 0-15 living in families that are income deprived - i.e., in receipt of income support, income based jobseeker's allowance or pension credit, or those not in receipt of these benefits but in receipt of Child Tax Credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs. A rank of 1 indicates highest deprivation.

Figure 38: IMD Income Deprivation Affecting Children Index (IDACI) - Rank for all single tier and county authorities (2019) for Shropshire (quantiles of All English single tier and county councils)

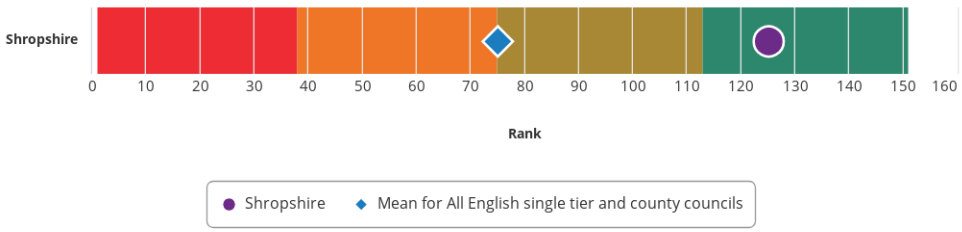


Figure 39: Percentage of babies of low birthweight in Shropshire, West Midlands region and England, 2022

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	40,762	7.2	7.2	7.3
West Midlands region (statistical)	↓	4,915	7.8	7.6	8.0
Birmingham	→	1,396	9.6	9.2	10.1
Sandwell	→	391	9.0	8.2	9.9
Walsall	↓	292	8.4	7.5	9.3
Coventry	↓	302	7.7	6.9	8.6
Wolverhampton	→	254	7.7	6.8	8.6
Dudley	→	264	7.7	6.8	8.6
Solihull	→	141	7.1	6.1	8.4
Worcestershire	↓	368	6.9	6.2	7.6
Herefordshire	→	104	6.9	5.7	8.2
Stoke-on-Trent	↓	203	6.8	6.0	7.8
Staffordshire	→	537	6.8	6.2	7.3
Telford and Wrekin	→	131	6.6	5.6	7.8
Warwickshire	→	367	6.5	5.8	7.1
Shropshire	→	165	6.4	5.5	7.4

Figure 40: National Child Measurement Programme, by BMI category, in Reception Year and Year 6 in 2023/24, in Shropshire and England

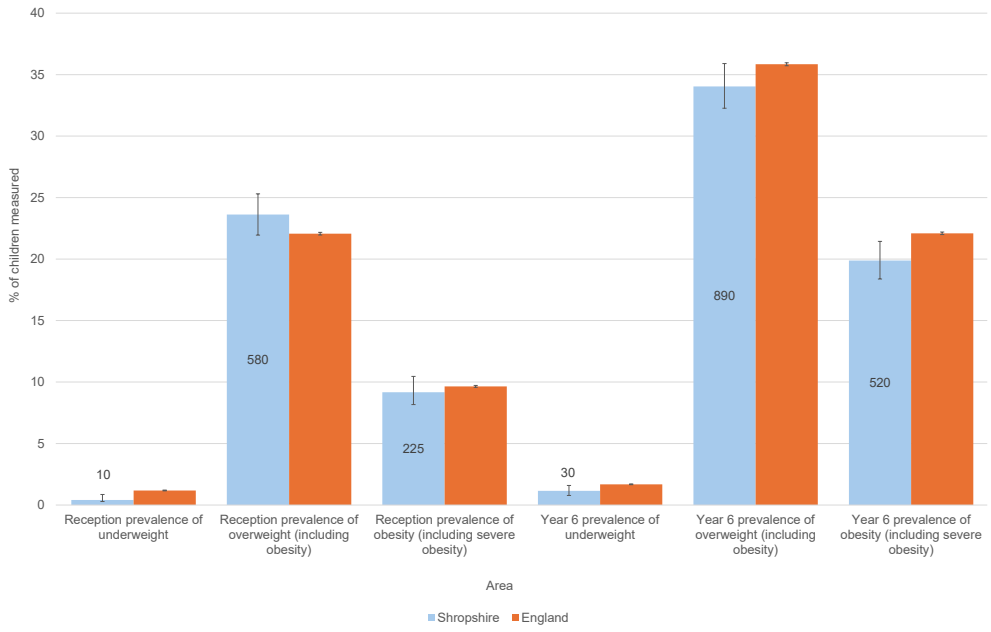
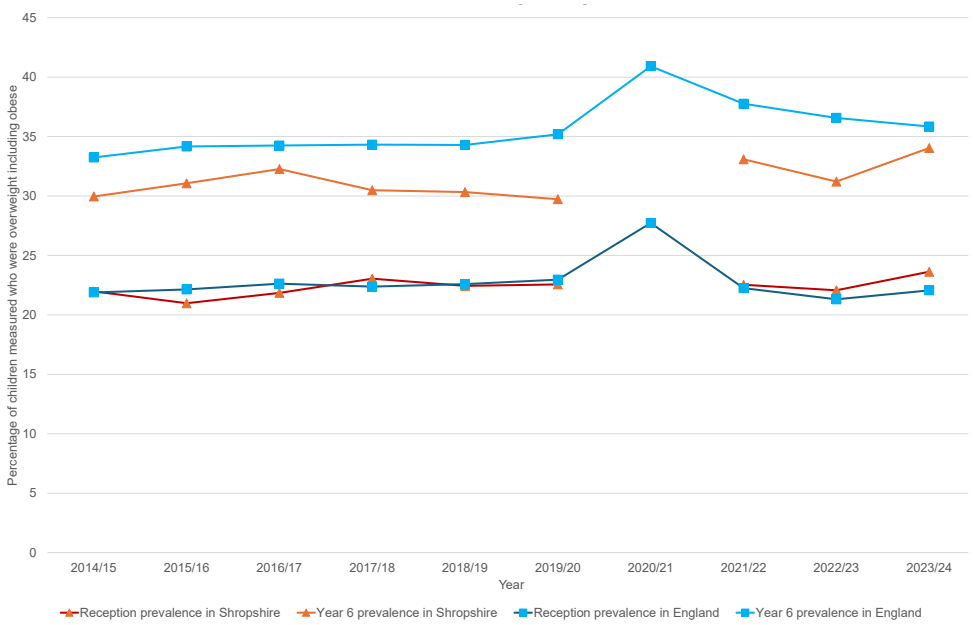


Figure 41: Trends in prevalence of overweight (including obese) in children in Shropshire and England



Children are defined as having a good level of development at the end of the early years foundation stage (EYFS) if they are at the expected level for the 12 early learning goals (ELGs) within the 5 areas of learning

relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics. This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

Figure 42: Percentage of all children achieving a good level of development at the end of reception, (2023/24) for Shropshire, West Midlands and England

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	411,626	67.7	67.6	67.8
West Midlands region (statistical)	–	45,586	66.2	65.9	66.6
Herefordshire	–	1,247	71.0	68.8	73.0
Solihull	–	1,861	70.5	68.8	72.2
Staffordshire	–	6,324	69.9	69.0	70.9
Telford and Wrekin	–	1,536	69.0	67.1	70.9
Warwickshire	–	4,503	68.2	67.1	69.3
Shropshire	–	1,908	68.0	66.2	69.7
Worcestershire	–	4,114	67.6	66.4	68.8
Walsall	–	2,477	65.7	64.2	67.2
Birmingham	–	9,491	65.0	64.2	65.7
Stoke-on-Trent	–	2,027	63.9	62.2	65.6
Coventry	–	2,841	63.3	61.9	64.7
Dudley	–	2,261	62.9	61.3	64.4
Wolverhampton	–	2,187	62.8	61.1	64.3
Sandwell	–	2,809	61.8	60.4	63.2

Source: Department for Education

Figure 43: Trends in percentage of primary and secondary school enrolments classed as persistent absentees (defined as missing 10% or more of possible sessions in Shropshire & England

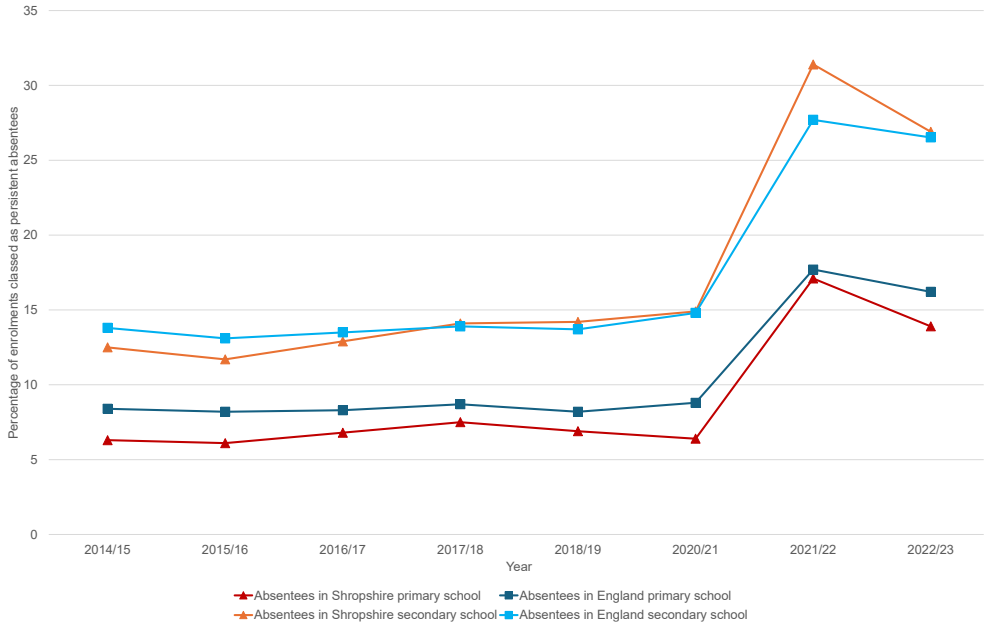


Figure 44: Percentage of 16- to 17-year-olds who are not in education, employment or training (NEET) (2022/23) for Shropshire, West Midlands and England

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	64,880	5.2	5.2	5.3
West Midlands region (statistical)	↓	7,250	5.2	5.1	5.3
Stoke-on-Trent	↑	677	10.9	10.1	11.7
Shropshire	→	468	7.9	7.2	8.6
Dudley	↑	571	7.4	6.9	8.0
Worcestershire	↑	837	6.5	6.1	7.0
Birmingham	↓	1,922	6.0	5.7	6.2
Staffordshire	↑	913	5.0	4.7	5.4
Solihull	→	254	4.9	4.3	5.5
Herefordshire	↓	160	4.3	3.7	5.0
Coventry	↓	286	3.5	3.2	4.0
Walsall	↓	252	3.4	3.0	3.8
Warwickshire	→	395	3.3	3.0	3.6
Telford and Wrekin	↓	137	3.1	2.7	3.7
Wolverhampton	↓	202	3.1	2.7	3.6
Sandwell	↓	181	1.9	1.7	2.2

Source: Department for Education

Figure 45: Trends in under 18s conception rate per 1,000 in Shropshire. Source: Child and Maternal Health Profile, Fingertips, OHID

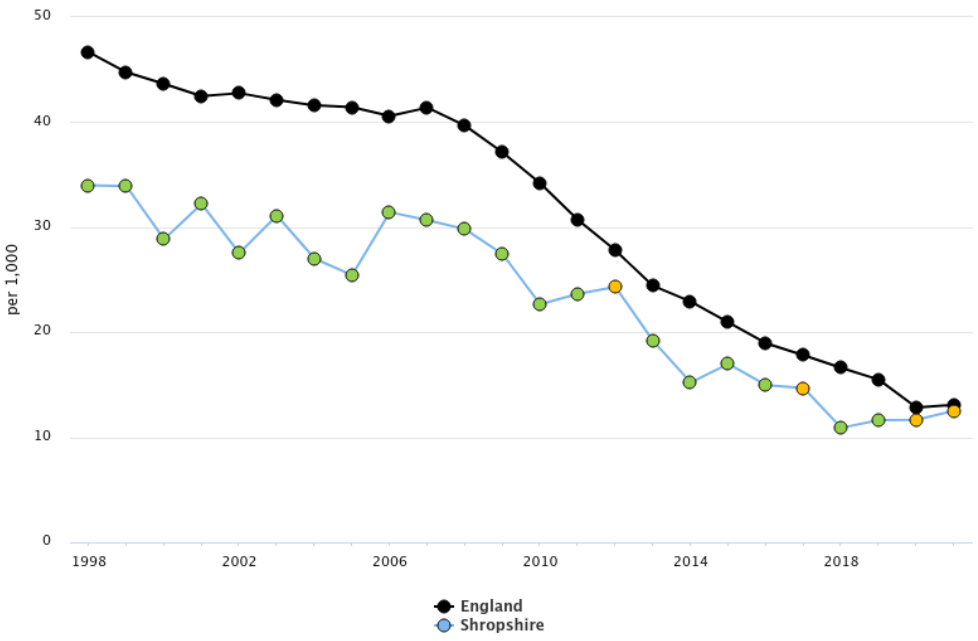
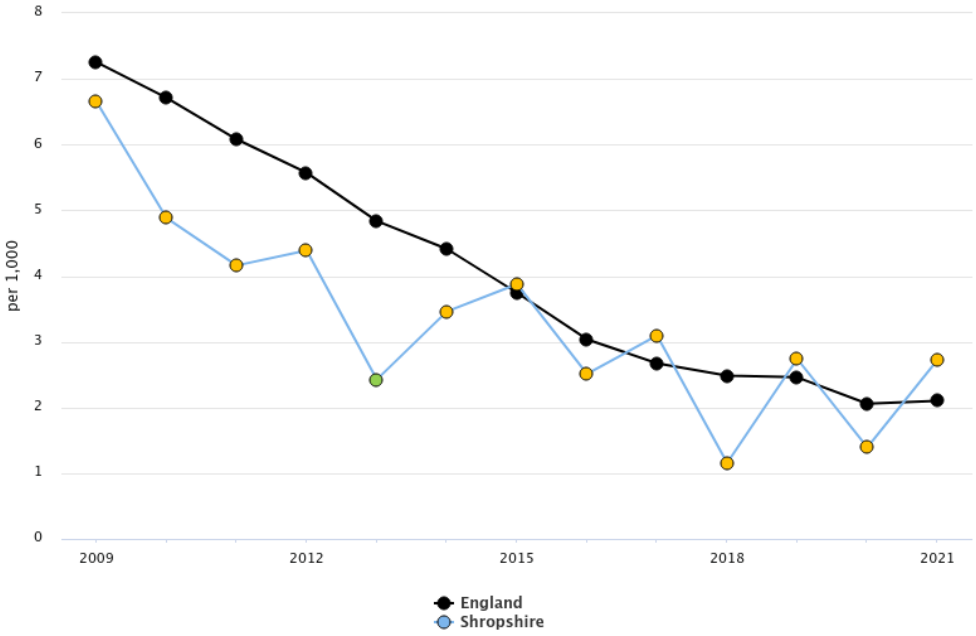


Figure 46: Trends in under 16s conception rate per 1,000 in Shropshire. Source: Child and Maternal Health Profile, Fingertips, OHID



Localities for the purposes of the PNA: Family hub areas

As part of the pharmaceutical needs assessment a geography needs to be defined in order to split that area into localities. As Shropshire is a very large unitary authority, that contains a large amount of super output areas and electoral wards, an alternative geography was required, one that wouldn't be so small that information can be gathered and would mean this document becomes too large and unwieldy but would allow the variations between areas of the county to be identified.

For this reason, Family Hub Areas have been used which are used by both the local authority and health providers. These are based upon lower level super output areas, but there are 6 family hub areas in total. Figure 47~~Figure 47~~ shows a map of these areas.

Figure 47: Shropshire Family Hub Areas

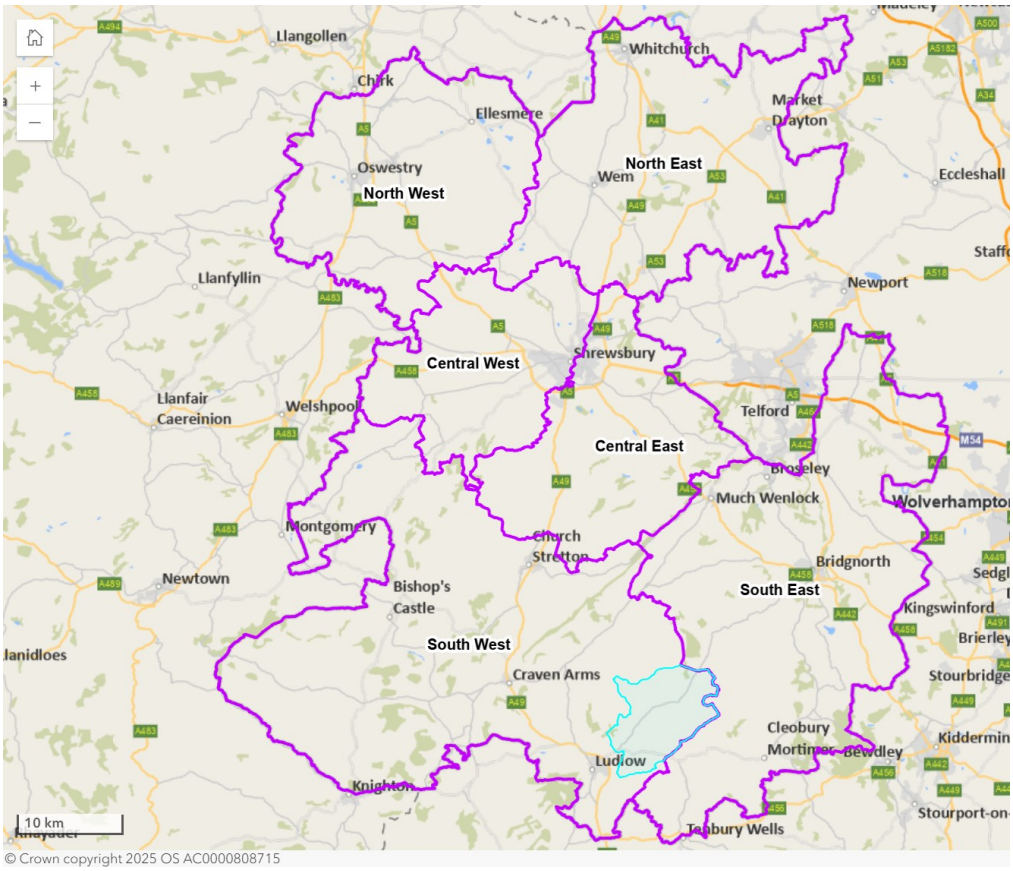


Figure 48~~Figure 48~~ shows some of the key population data for each of the family hub areas, as well as Shropshire as a whole. The family hub areas split the largest settlement in Shropshire, Shrewsbury into half between Central East and Central West, and as a result the South East family hub area has the highest population figure. When looking at the age breakdowns, the South West family hub area stands out as having the lowest percentage of its population that are aged under 16 years old (13.3%) and the lowest percentage that are of working age (53.5%), whilst the highest percentage that are 65 or over (33.1%). At the same time the South West family hub area has the by far the lowest persons per square kilometre (38.87) and has the highest deprivation score (19.49)

Figure 48: Key Statistics of Shropshire Family Hub Areas based on 2021 Census

	North East	North West	Central East	Central West	South East	South West	Shropshire
All people	58,366	51,791	50,334	59,342	67,568	36,237	323,606
All females	29,012	26,581	25,615	30,264	33,841	18,640	163,923
All males	29,354	25,210	24,719	29,078	33,727	17,597	159,683
Population aged under 16	9,562	8,408	8,316	10,111	10,069	4,813	51,362
Population aged 16 to 64	34,817	30,539	30,417	35,789	39,217	19,401	190,157
Population aged 65+	13,991	12,846	11,584	13,409	18,230	11,979	82,088
% population	**North East**	**North West**	**Central East**	**Central West**	**South East**	**South West**	**Shropshire**
All females	49.7%	51.3%	50.9%	51.0%	50.1%	51.5%	50.7%
All males	50.3%	48.7%	49.1%	49.0%	50.0%	48.6%	49.3%
Population aged under 16	16.4%	16.2%	16.5%	17.0%	14.9%	13.3%	15.9%
Population aged 16 to 64	59.7%	59.0%	60.4%	60.3%	58.0%	53.5%	58.8%
Population aged 65+	24.0%	24.8%	23.0%	22.6%	27.0%	33.1%	25.4%
Population density persons per square km	109.37	128.96	153.98	215.99	92.78	38.87	101.21
IMD 2019 score	18.1	18.13	16.58	15.54	15.4	19.49	17.15

Figure 49~~Figure 49~~ shows some of the key health statistics for each of the family hub areas, as well as Shropshire as a whole. The South West family hub area stands out as having the lowest percentage of its population that said they were not disabled under the equality act that had no long term physical or mental health conditions (72.1%), and the lowest percentage of people that said they were in very good health (72.1%).

Figure 49: Key Health statistics of Shropshire Family Hub Areas based on 2021 Census

	North East	North West	Central East	Central West	South East	South West	Shropshire
Disabled under the Equality Act: Day-to-day activities limited a lot	4,432 (7.6%)	3,997 (7.7%)	3,810 (7.6%)	4,170 (7.0%)	4,985 (7.4%)	2,961 (8.2%)	24,375 (7.5%)
Disabled under the Equality Act: Day-to-day activities limited a little	6,352 (10.9%)	5,849 (11.3%)	5,663 (11.3%)	6,073 (10.2%)	7,346 (10.9%)	4,332 (12.0%)	35,615 (11.0%)
Not disabled under the Equality Act: Has long term physical or mental health condition but dayto-day activities are not limited	4,148 (7.1%)	3,593 (6.9%)	3,854 (7.7%)	4,478 (7.6%)	4,982 (7.4%)	2,834 (7.8%)	23,887 (7.4%)
Not disabled under the Equality Act: No long term physical or mental health conditions	43,419 (74.4%)	38,336 (74.0%)	37,002 (73.5%)	44,621 (75.2%)	50,242 (74.4%)	26,112 (72.1%)	239,729 (74.1%)
Very good health	27,000 (46.3%)	24,220 (46.8%)	23,362 (46.4%)	29,126 (49.1%)	31,486 (46.6%)	15,704 (43.3%)	150,899 (46.6%)
Good health	20,425 (35.0%)	17,845 (34.4%)	17,548 (34.9%)	19,992 (33.7%)	23,366 (34.6%)	13,147 (36.3%)	112,330 (34.7%)
Bad health	2,366 (4.1%)	2,059 (4.0%)	2,008 (4.0%)	2,196 (3.7%)	2,661 (3.9%)	1,498 (4.1%)	12,796 (4.0%)
Very bad health	654 (1.1%)	560 (1.1%)	553 (1.1%)	626 (1.1%)	845 (1.3%)	434 (1.2%)	3,649 (1.1%)

Figure 50~~Figure 50~~ shows where the people with a disability (disabled with day-to-day activities limited a lot or a little) live in Shropshire by the percentage of people with the darker areas being those areas with a higher number of people. Figure 51~~Figure 51~~ does likewise for the people who said they were in bad health or very bad health.

Figure 50: Percentage of People with a Disability (disabled with day-to-day activities limited a lot or a little) by Lower Super Output Area, 2021 Census

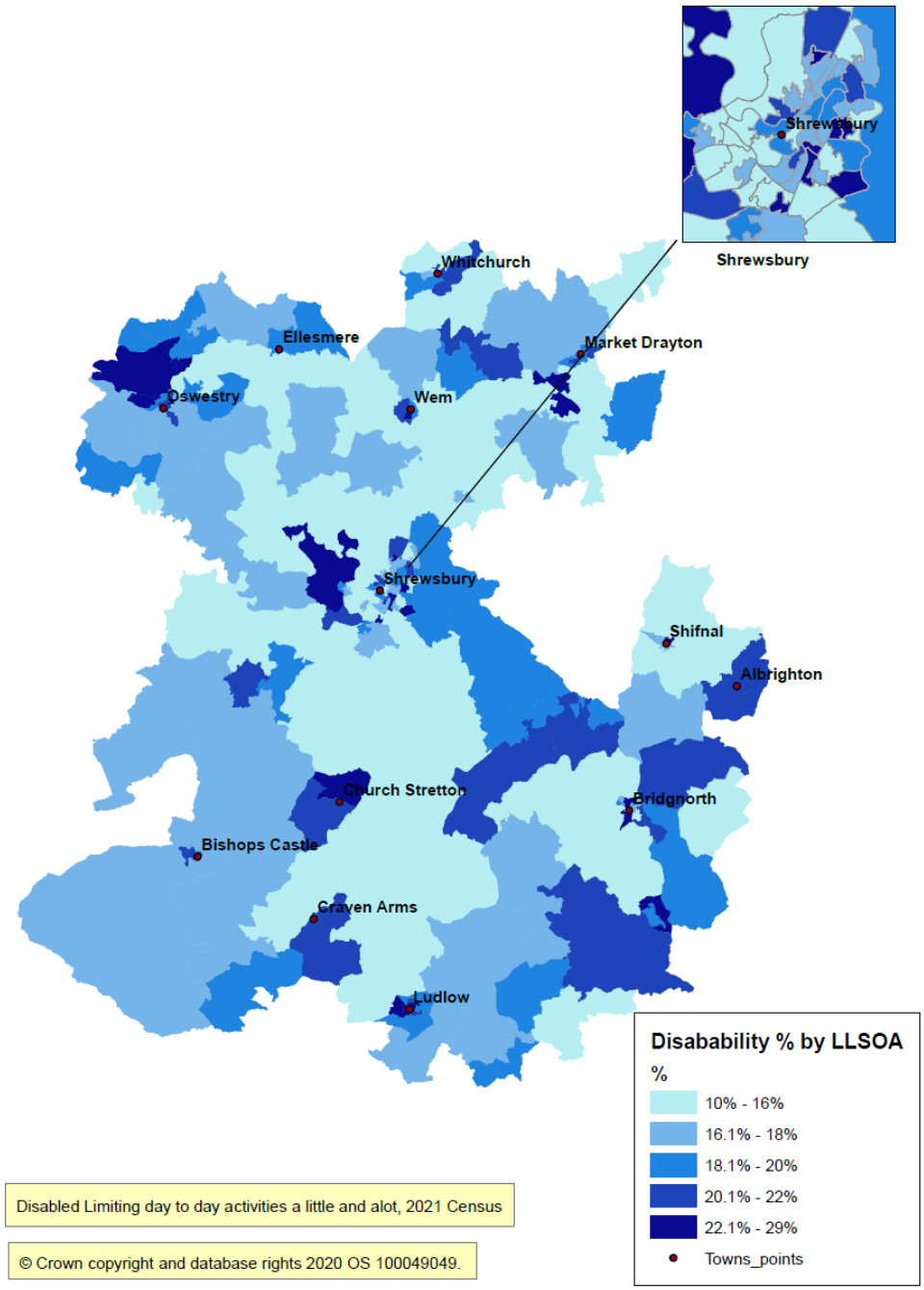
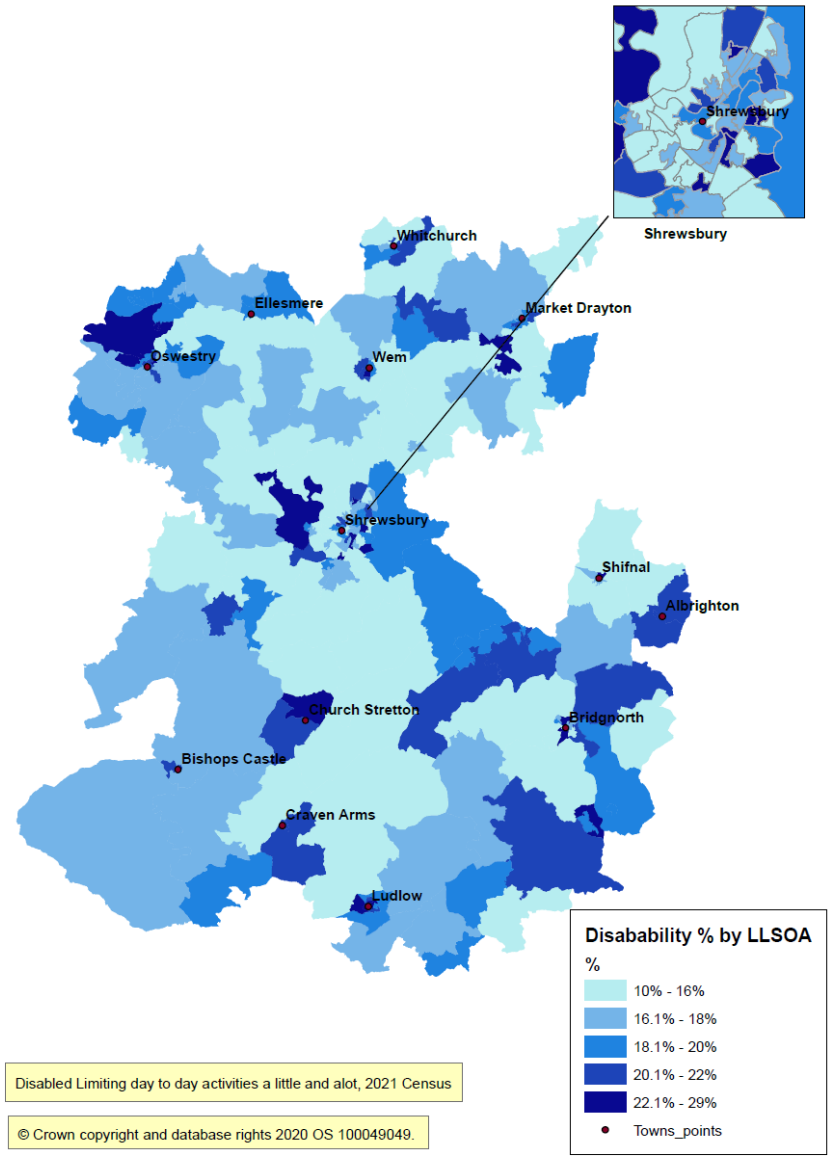


Figure 51: Percentage of People in Poor Health (bad and very bad health combined) by Lower Super Output Areas, 2021 Census



Current Pharmaceutical Provision

Pharmaceutical services in Shropshire are provided by the following:

- Community pharmacy contractors, including distance selling pharmacies
- Dispensing appliance contractors
- Dispensing GP practices

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 Regulations) also provides the legal framework that govern the services that pharmaceutical providers can provide. Although dispensing practices provide a wide range of services for their patients, for the purpose of the PNA, only the prescription dispensing services are considered within the regulation and PNA.

There are three levels of pharmaceutical services that community pharmacies can provide:

- Essential services – services all pharmacies are required to provide
- Advanced services – a range of services that pharmacies can choose to offer, providing Secretary of State Directions are met
- Enhanced services – services that can be commissioned locally by Shropshire and Telford and Wrekin ICB

Pharmacies can also provide locally commissioned services which are commissioned by local commissioners such as Shropshire Council and Shropshire, Telford and Wrekin ICB. This section describes the current provision of these services within Shropshire.

As of February 2025, there are 43 pharmaceutical service providers in Shropshire and 35 operating in Telford and Wrekin. There is also one is distance-selling pharmacy operating in Telford and Wrekin, with an additional application for another in Telford and Wrekin too. There are no dispensing appliance contractors in Shropshire (these specialise in appliance devices, including customisation), although there is one in Telford and Wrekin. There are also 17 GP dispensing practices spread throughout Shropshire.

Figure 52: Number of pharmacies and dispensing practices

	Operating in Shropshire	Operating in Telford and Wrekin	Operating across Shropshire and Telford and Wrekin ICB
Community Pharmacies	43	35	78
Distance Selling Pharmacies	0	1 (+1 application in process)	1 (+1 application in process)
Appliance Contractors	0	1	1
GP Dispensing practices	17	2	19

- *One STW ICS GP Dispensing Practice operates two branches which are both dispensing sites, (making 20 STW ICS Dispensing Practice sites).*

There are 37 GP practices in Shropshire, of which 17 GP Practices can dispense, although several practices have a main surgery and a branch surgery and don't have a dispensary at both. Dispensing doctors are GP practices who are allowed to both prescribe and dispense prescription only medicines to patients that are outside of a 1.6km radius of a community pharmacy, from within their surgeries. GPs are only allowed to become dispensing practices in specific circumstances. The Health Needs Analysis section shows some of the challenges in Shropshire such as its population sparsity and rurality in parts of the county. These 17 GP dispensing practices have 118,186 patients registered at them as of 1st February 2025, although not all of these patients will be outside of 1.6km of a community pharmacy and therefore ineligible for dispensing practice services. Dispensary opening hours usually reflect the opening times of the practice. The GP Out-of-hours service in Shropshire is currently provided by Shropdoc and can prescribe medicines in emergency circumstances, but do not routinely supply medication.

Figure 55~~Figure 53~~ shows the various secondary care providers in Shropshire and nearby. The Shrewsbury and Telford Hospital (SATH) NHS Trust is the only acute trust in Shropshire, which is based on two sites, one in Shrewsbury (Royal Shrewsbury Hospital) and one in Telford (Princess Royal Hospital). There is also the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust based near Oswestry. Mental health services are provided by Midland Partnership

Commented [JM8]: although not all these patients will be outside 1.6km of a community pharmacy and therefore eligible for dispensing practice services

Commented [CC1420879R8]: added

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University NHS Foundation Trust and community services from Shropshire Community Health NHS Trust. There is an urgent care centre at both the Royal Shrewsbury Hospital and at the Princess Royal Hospital. There are three community hospitals open in Shropshire which are sited at Ludlow, Whitchurch and Bridgnorth, additionally just over the southern border there is also the Tenbury Community Hospital, which is run by Worcestershire Health and Care NHS Trust. There are four Minor Injury Units (MIU) one at each of the community hospitals and another at Oswestry health centre. There is also the Severn Fields Health Village (Hub) in North Shrewsbury which is run by the Midlands Partnership University NHS Foundation Trust. Pharmacy provision from hospitals falls outside this PNA.

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Figure 53: Secondary Care Providers in Shropshire and Telford and Wrekin

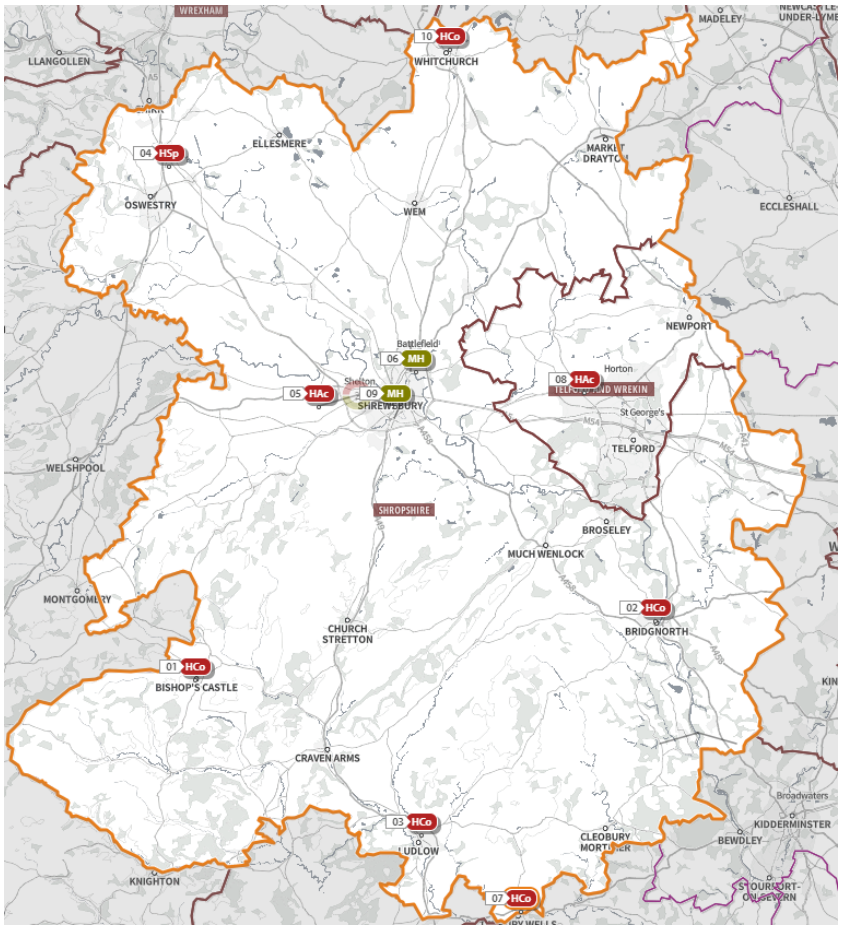

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Figure 54: Key for secondary provider map

Map ID	Name	Map ID	Name
1	Bishop's Castle Community Hospital	6	Severn Fields Health Village
2	Bridgnorth Hospital	7	Tenbury Community Hospital
3	Ludlow Hospital	8	The Princess Royal Hospital
4	Robert Jones & Agnes Hunt Orthopaedic Hospital	9	The Redwoods Centre
5	Royal Shrewsbury Hospital	10	Whitchurch Hospital

The following maps show the locations of community pharmacies and dispensing practices in Shropshire and Telford and Wrekin.

Figure 55: Community Pharmacies in Shropshire and Telford and Wrekin

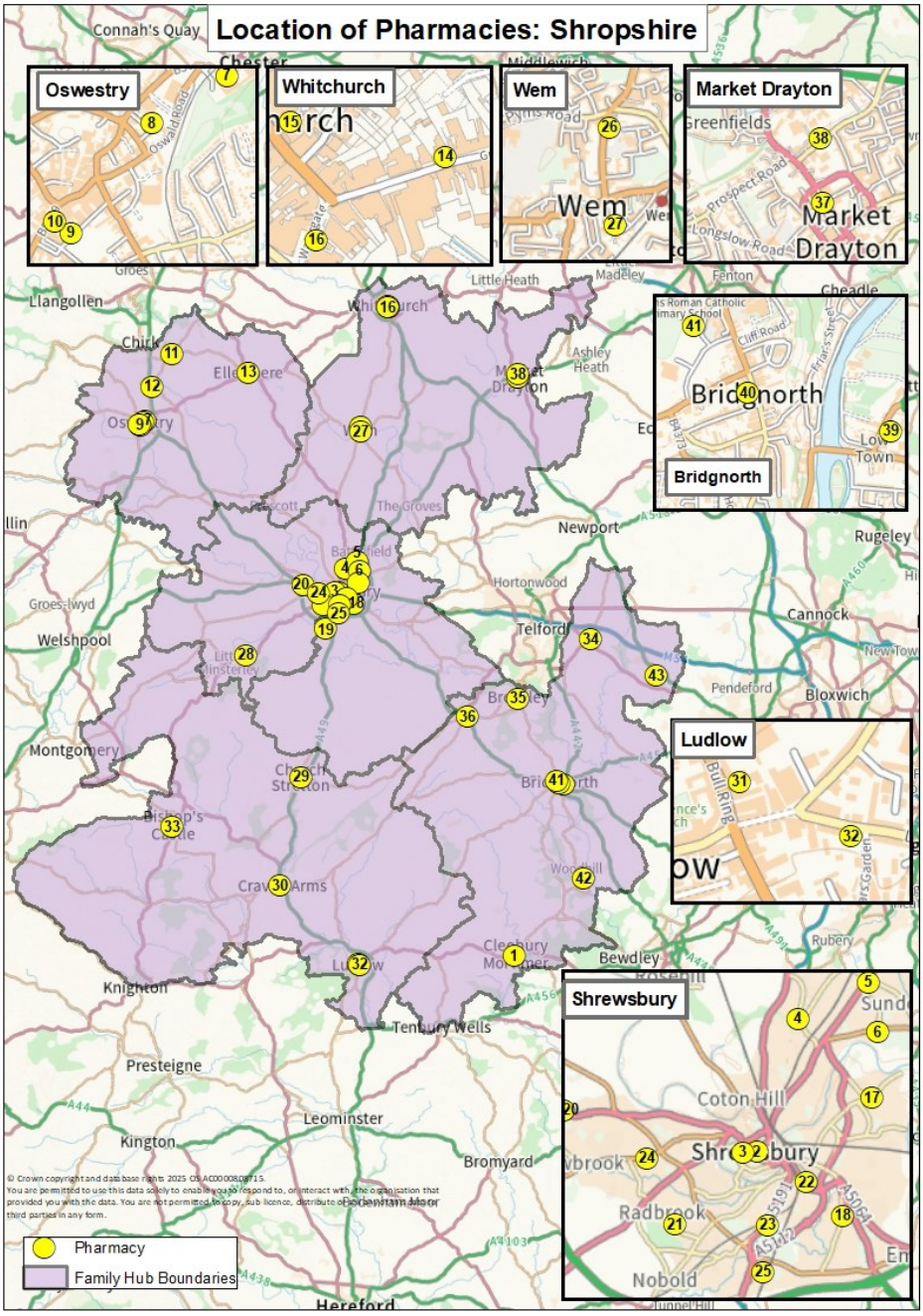

Figure 56: Key for pharmacy maps

Map ID	Name	Address
1	Cleobury Pharmacy	Off Vaughan Road, Cleobury Mortimer, DY14 8DB
2	Boots	7-9 Pride Hill, Shrewsbury, SY1 1DD
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ
4	Well Pharmacy	101 Mount Pleasant Road, Shrewsbury, SY1 3EL
5	Tesco Pharmacy	Cattle market, Battlefield Road, Shrewsbury, SY1 4HA
6	MSN & Lunts Pharmacy	Severn Fields Health Centre, Sundorne Road, Shrewsbury, SY1 4RQ
7	Cambrian Pharmacy	Cambrian Medical Centre, Thomas Savin Road, Oswestry, SY11 1GA
8	Day Lewis Pharmacy	Oswald Road, Oswestry, SY11 1RD
9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA
10	Boots	5-7 Church Street, Oswestry, SY11 2SU
11	St Martins Pharmacy	Stans Superstore, Overton Rd, St Martins, Oswestry, SY11 3AY
12	Day Lewis Pharmacy	The Former Ticket Office, The Cross, Gobowen, SY11 3JS
13	Ellesmere Pharmacy	5 Cross Street, Ellesmere, SY12 0AW
14	Green End Pharmacy	11-13 Green End, Whitchurch, SY13 1AD
15	Rowlands Pharmacy	11 High Street, Whitchurch, SY13 1AX
16	Boots	10-14 Watergate Street, Whitchurch, SY13 1DW
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR
18	Rowlands Pharmacy	Marden Medical Practice, 25 Sutton Road, Shrewsbury, SY2 6DL
19	Rowlands Pharmacy	7 Lansdowne Road, Bayston Hill, Shrewsbury, SY3 0HT
20	Bicton Heath Pharmacy	Bicton Heath Shopping Centre, Welshpool Road, Shrewsbury, SY3 5AD
21	Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, SY3 6DU
22	Asda Pharmacy	Old Potts Way, Shrewsbury, SY3 7ET
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT
24	Boots	37 Mytton Oak Road, Shrewsbury, Shropshire, SY3 8UG
25	Boots	Meole Brace Retail Park, Hereford Road, Shrewsbury, SY3 9NB
26	Rowlands Pharmacy	Wem And Prees Medical Practice, New Street, Wem, SY4 5AF
27	Rowlands Pharmacy	Unit 1, Morris Ctrl Shop Parade, Wem, SY4 5NY
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR
29	MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, SY6 6BH
30	Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, SY7 9BZ
31	Boots	34 Bull Ring, Ludlow, SY8 1AA
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE
34	Boots	7 Cheapside, Shifnal, TF11 8BN
35	Rowlands Pharmacy	80 High Street, Broseley, TF12 5ET
36	Wenlock Pharmacy	14 High Street, Much Wenlock, TF13 6AA
37	Boots	48-50 Cheshire Street, Market Drayton, TF9 1PR
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL
39	Bridgnorth Pharmacy	2 Mill Street, Bridgnorth, WV15 5AL
40	Boots	30-31 High Street, Bridgnorth, WV16 4DB
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP
43	Rhodes TC Chemist	77 High Street, Albrighton, Wolverhampton, WV7 3JA

Figure 57: Dispensing General Medical Practices in Shropshire and Telford and Wrekin

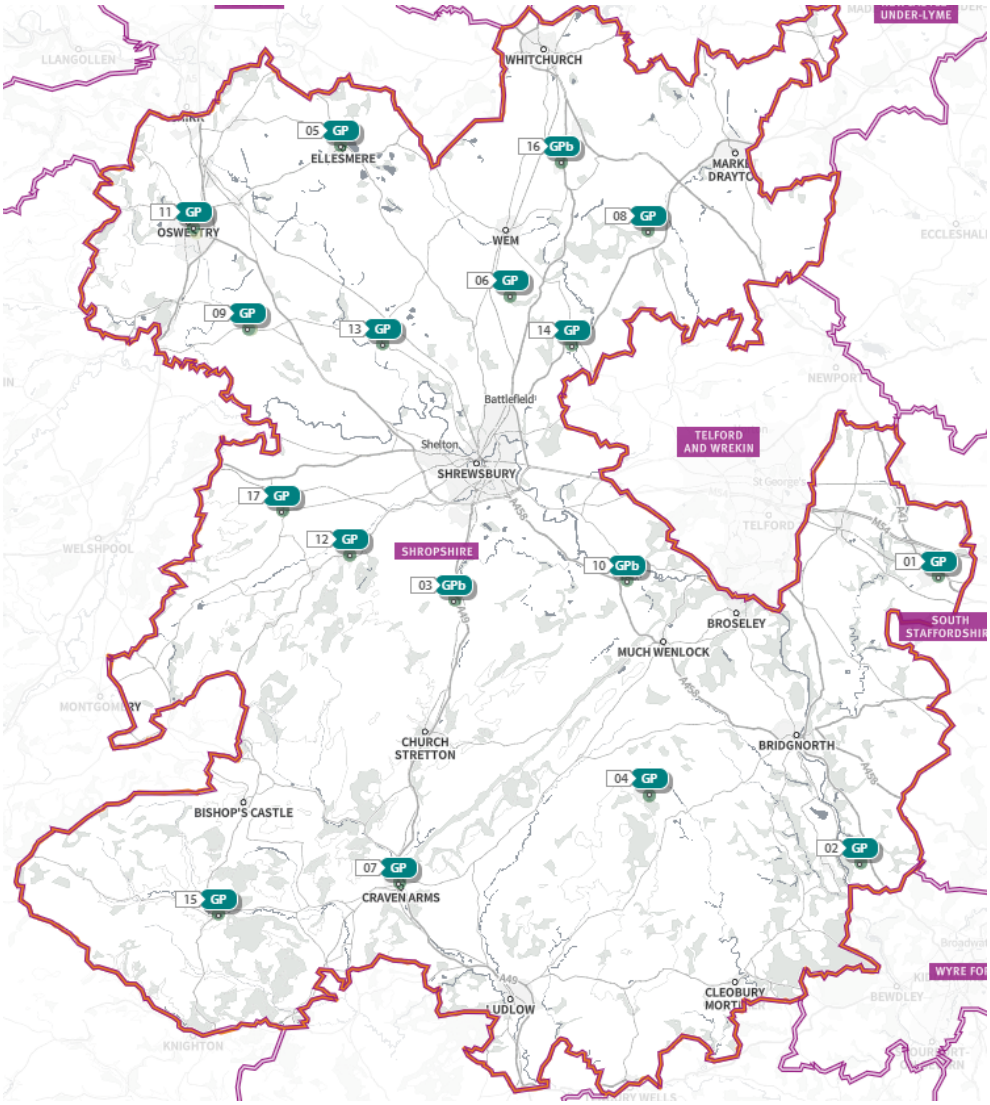

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Figure 58: Key of Dispensing GP Practices and deprivation score

Map index	Name	Address of dispensary	Opening Hours	Registered Practice population	IMD Score of dispensary
1	Albrighton Medical Practice	Shaw Lane, Albrighton, WV7 3DT	Monday-Friday 08:30-18:00	8,485	4.70
2	Alveley Medical Practice	Village Road, Alverley WV15 6NG	Monday, Tuesday, Thursday & Friday 08.30-12.30; 14:00-18:00	2,335	22.23
3	Beeches Medical Practice	The Maitlands, Dorrington,	Monday-Friday 08:30-13:00	7,113	12.03

Commented [CC14208715]: Peter - perhaps should include dispensing list populations as well as practice populations?

Commented [CC14208716R15]: Not sure how I find this mind

Map index	Name	Address of dispensary	Opening Hours	Registered Practice population	IMD Score of dispensary
		SY5 7LD			
4	Brown Clee Medical Centre	Station Road, Ditton Priors, WV16 6SS	Monday-Friday 08:00-13:00; 14:00-17:30	3,890	19.38
5	Churchmere Medical Group	Trimpley Street, Ellesmere, SY12 0DB	Monday-Friday 08:00-18:00	20,849	7.51
6	Clive Medical Practice	High Street, Clive, SY4 5PS	Monday-Friday 08.30-13:00; 14:00-18:00	4,677	10.46
7	Craven Arms Medical Practice	20 Shrewsbury Road, Craven Arms, SY7 9PY	Monday-Thursday 08:30-13:00; 14:00-18:00	4,015	30.82
8	Hodnet Medical Practice	Drayton Road, Hodnet, TF9 3NF	Monday, Tuesday, Wednesday & Friday 08:30-13:00; 14:00-18:00 2pm - 6pm	3,944	23.74
9	Knockin Medical Centre	Knockin, Oswestry, SY10 8HL	Monday-Friday 08:30-13.00; 14.00-18.00	4,141	16.66
10	Much Wenlock & Cressage Medical Practice	Clifton Lodge, Sheinton Road, Cressage, SY5 6DH	Monday-Thursday 08.30-12.30; 14.00-18.00	8,552	21.28
11	Plas Ffynnon Medical Centre	Middleton Road, Oswestry, SY11 2RB	Monday-Friday 08:30-18:00	9,571	11.01
12	Pontesbury & Worthen Medical Practice	Hall Bank, Pontesbury, SY5 0RF	1. Monday- Friday 08:45-13:00; 14:00-18:30 Pontesbury	10,504	10.13
13	Prescott Surgery	Baschurch, SY4 2DR	Monday-Friday 08:30-18:00	7,718	7.01
14	Shawbury Medical Practice	Poynton Road, Shawbury, SY4 4JS	Monday, Tuesday, Thursday & Friday 08:30-18:00	4,488	12.62
15	The Meadows Medical Practice	The Surgery, Turnpike Meadow, Clun, SY7 8HZ	Monday to Friday 08:30-13:00; 14:00-18:00	2,921	22.24
16	Wem and Prees Medical Practice	Whitchurch Road, Prees, SY13 2DG	Monday-Friday 08:30-13:00; 14:00-18:00	12,260	25.41
17	Westbury Medical Centre	Vennington Road, Westbury, SY5 9QX	Monday-Friday 08:00-18:00	2,723	24.49

Figure 59: Pharmacies per head of population in Shropshire 2025 vs 2025 in England

	Registered population	Number of pharmacies	Ratio of patients per pharmacy
England (Pharmacies only)	61,573,603	12,009	1:5,127
England (Pharmacies + Dispensing GP Practices)	61,573,603	12,931	1:4,761
Shropshire (Pharmacies only)	328,393	43	1:7,637
Shropshire (Pharmacies + Dispensing GP Practices)	328,393	43 + 17	1:5,473

Source: GP Patient Registered Population, Business Services Authority, General Pharmaceutical Services – England October 2024, Dispensing practice names and address – Feb 2025,

Commented [JM17]: Not sure if I have seen this in previous versions - but is this further broken down into family hub areas, are there any areas that are disproportionately affected. ie are some of the large towns with better provision skewing Shropshire wide data closer to the norm for England, or is coverage roughly universal?

When comparing the ratio of pharmacies between England and Shropshire one can see a significant difference; there are 5,127 people per pharmacy in England compared to 7,637 in Shropshire – nearly a third lower. However, when adding in dispensing practices the ratios are closer. This dependence on dispensing practices is characteristic of largely rural areas with dispersed populations, which is particularly true for Shropshire, however, dispensing GP practices do not offer the full range of services that community pharmacies do and in order to access some of those services, individuals would need to make an appointment which would then increase pressure on GP practices.

When comparing figures in 2022 to 2025 (Figure 62~~Figure 60~~) one can see there has been a slight increase in the ratio of patients per pharmacy in both Shropshire, due to a growth in the population and four less pharmacies in 2025. The locations of the pharmacies that closed were 1 in Shrewsbury town centre, 1 in Shrewsbury Meole Brace retail park, 1 in Church Stretton and 1 in Ludlow. Figure 61~~Figure 61~~ shows a comparison between England and Shropshire for the ratio of pharmacies per head of population for 2022, 2025 and shows a rise for both areas too, this is likely a consequent of a combination of demographic change and financial pressures with a change to the viability of pharmacies leading to a reduction in overall supply - the pressures are likely to increase in 2028 (the next time a PNA will be due) and 2032 (10 years further from the previous PNA), due to a rise in the in the population, unless there are additional pharmacies opened.

Figure 62~~Figure 62~~ compares the pharmacies per head of population for Shropshire against its nearest neighbours as defined by CIPFA from the most recent PNAs available from those areas and this shows that Shropshire has the second highest ratio of community pharmacies of these areas, behind only Central Bedfordshire, but when dispensing GP practices are included, Shropshire's ratio is the sixth highest.

Figure 60: Number of Pharmacies and Pharmacies per head of population in Shropshire 2022 and 2025

	Number of pharmacies in 2022	Ratio of patients per pharmacy 2022	Number of pharmacies in 2025	Ratio of patients per pharmacy 2025
Shropshire (Pharmacies only)	47	1:6,829	43	1:7,637
Shropshire (Pharmacies + Dispensing GP Practices)	47+ 17	1:4,863	43 + 17	1:5,473

Commented [JM18]: Should this be 47 +17?

Commented [CC14208719R18]: yes

Figure 61: Pharmacies per head of population in Shropshire and England 2022 and 2025, and future based on population predictions

	Ratio of patients per pharmacy 2022	Ratio of patients per pharmacy 2025	Ratio of patients per pharmacy 2028	Ratio of patients per pharmacy 2032
England (Pharmacies only)	1:4,870	1:5,127	1:4,892	1:4,962
England (Pharmacies + Dispensing GP Practices)	1:4,462	1:4,761	1:4,543	1:4,608
Shropshire (Pharmacies only)	1:6,829	1:7,637	1:8,130	1:8,352
Shropshire (Pharmacies + Dispensing GP Practices)	1:4,863	1:5,473	1:5,826	1:5,985

Figure 62: Pharmacies per head of population in Shropshire and CIPFA Nearest Neighbour Areas, from most recent PNAs

Local Authority	Population	Number of pharmacies	Patients per pharmacy	Dispensing GP practices	Patients per pharmacy+ dispensing GP practice	Year of PNA
Bath and North East Somerset	196,357	36	5,454	5	4,789	2022
Central Bedfordshire	301,501	38	7,934	10	6,281	2025
Cheshire East	386,667	78	4,957	6	4,603	2022
Cheshire West and Chester	343,823	76	4,523	5	4,244	2022
Cornwall	575,525	98	5,872	36	4,294	2022
Dorset	779,900	142	5,492	16	4,936	2022

East Riding of Yorkshire	341,173	60	5,686	0	5,686	2022
Herefordshire	193,615	27	7,170	10	5,232	2022
North Somerset	571,600	91	6,281	23	5,014	2025
Northumberland	324,362	67	4,841	12	4,105	2025
Shropshire	**328,393**	**43**	**7,637**	**17**	**5,473**	**2022**
Solihull	217487	44	4,942	0	4,942	2022
South Gloucestershire	295,896	47	6,295	2	6,038	2022
Stockport;	294,200	63	4,669	0	4,669	2022
Warrington	223,723	39	5,736	1	5,593	2025
Wiltshire	504,070	67	7,523	18	5,930	2022

Appendix 3 contains a number of maps showing the location of community pharmacies by several relevant measures including:

- Index of multiple deprivation 2019, Figure 182~~Figure 171~~
- Rural urban classification 2021, Figure 183~~Figure 172~~
- Employment density by lower level super output area from ONS business register of employment survey, Figure 184~~Figure 173~~
- Median household income, CACI paycheck data 2024, Figure 185~~Figure 174~~
- Percentage of each lower level super output area stating they have a disability, ONS Census, 2021, Figure 186~~Figure 175~~
- Percentage of each lower level super output area stating they provide unpaid care, ONS Census, 2021, Figure 187~~Figure 176~~
- Percentage of each lower level super output area stating they are in poor health, ONS Census, 2021, Figure 188~~Figure 177~~
- Number of people in each lower level super output area aged 0-4 years old from the 2022 mid-year population estimates, Figure 189~~Figure 178~~
- Number of people in each lower level super output area aged 0-4 years old from the 2022 mid-year population estimates, Figure 190~~Figure 179~~
- Number of people in each lower level super output area aged 0-4 years old from the 2022 mid-year population estimates, Figure 191~~Figure 180~~
- Number of people in each lower level super output area aged 0-4 years old from the 2022 mid-year population estimates, Figure 192~~Figure 181~~
- Number of people in each lower level super output area aged 0-4 years old from the 2022 mid-year population estimates, Figure 193~~Figure 182~~

:

Access to pharmaceutical services

Geographical access

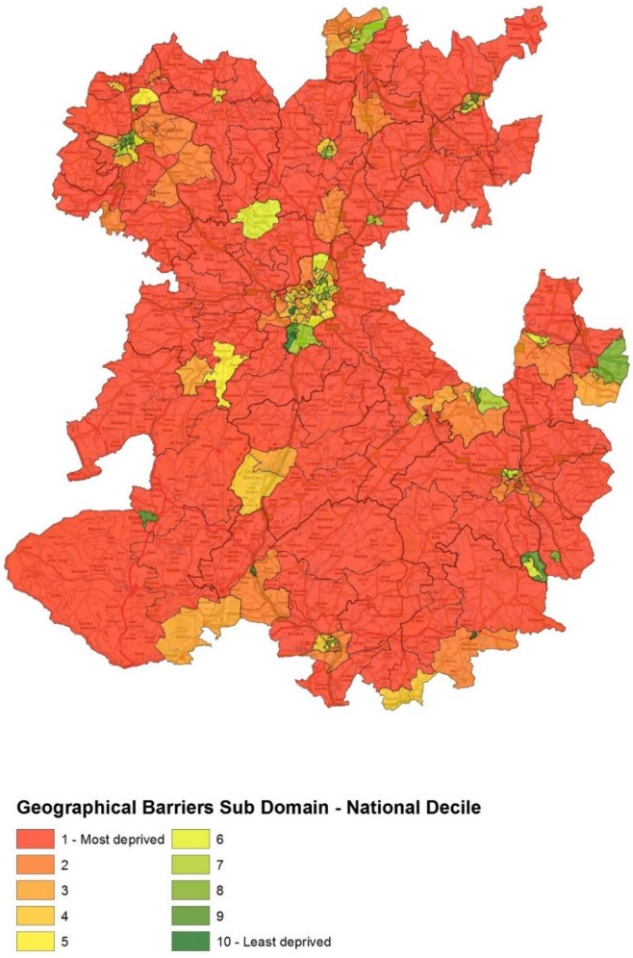
According to both the survey of residents conducted as part of this PNA and a survey run by Healthwatch into pharmacies, most people indicated that they used a pharmacy closest to their home or their work. This section details access to pharmacies.

The map below gives a high-level overview of 'geographical barriers', which relate to the physical proximity of local services for citizens living in Shropshire. They compare the mean road distance for people living in Shropshire's neighbourhood to the closest:

- Post office
- Primary school
- General store or supermarket
- GP surgery

Those areas in the deepest red are in the 1st decile, meaning they are amongst the most deprived in terms of access in whole of England.

Figure 63: Indices of Multiple Deprivation 2019; Geographical Barriers Sub-Domain



Source: Ministry for Housing, Communities and Local Government 2019

According to the Census 2021 in Shropshire there is a high proportion of households (86.2%) that own at least one car, partly a reflection of the dispersed nature of the population in the county. Whilst this means that some citizens are still able to access services from access-deprived areas there are significant numbers of in the County for whom access to dispensing services is limited. Figure 64 shows a map of the county and the areas of it that do not own a car or van, with the very darkest areas being those areas with the highest percentage of people without this method of transport – fortunately most of these dark areas are in the main settlements, but there are some high areas in some more rural parts of the county. That public transport is limited in many of the rural parts of the county, particularly in the south compounds this issue, as shown in Figure 65 and a few subsequent pages examining travel times.

Figure 64: Percentage of residents who do not own one car or van and location of pharmacies

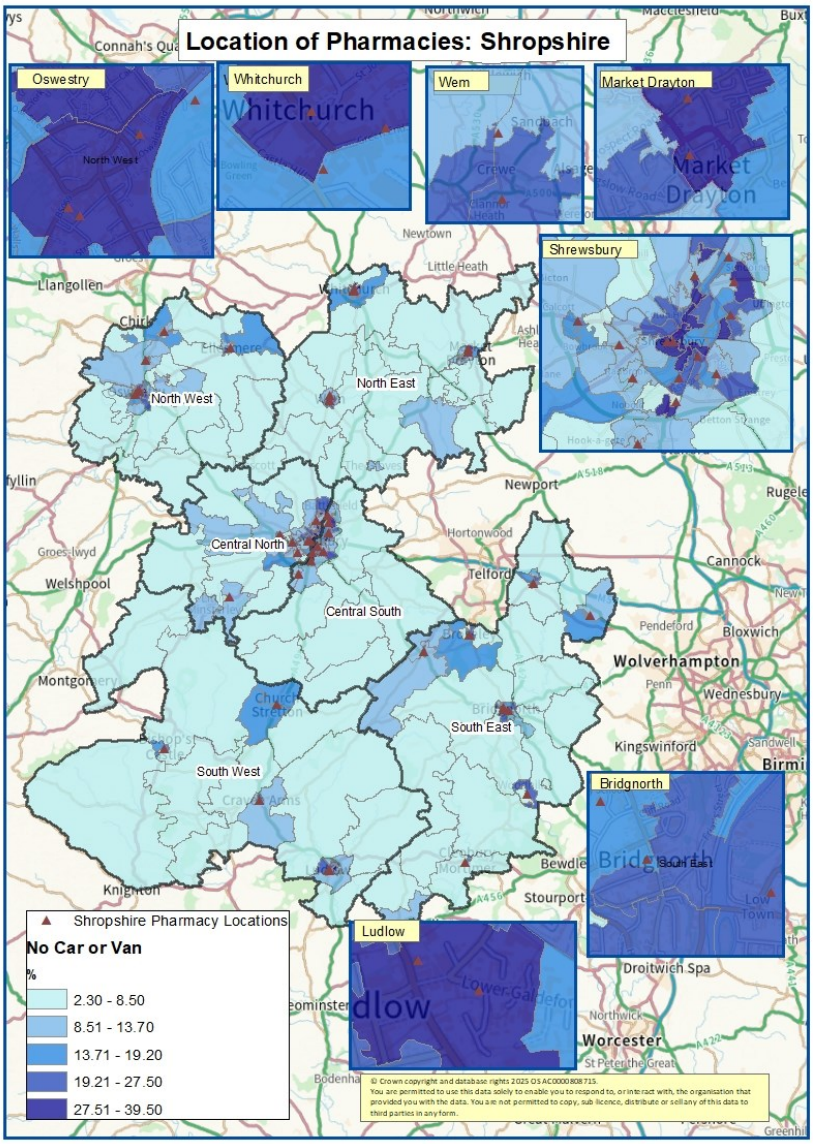


Figure 65: Shropshire Bus Routes, 2024

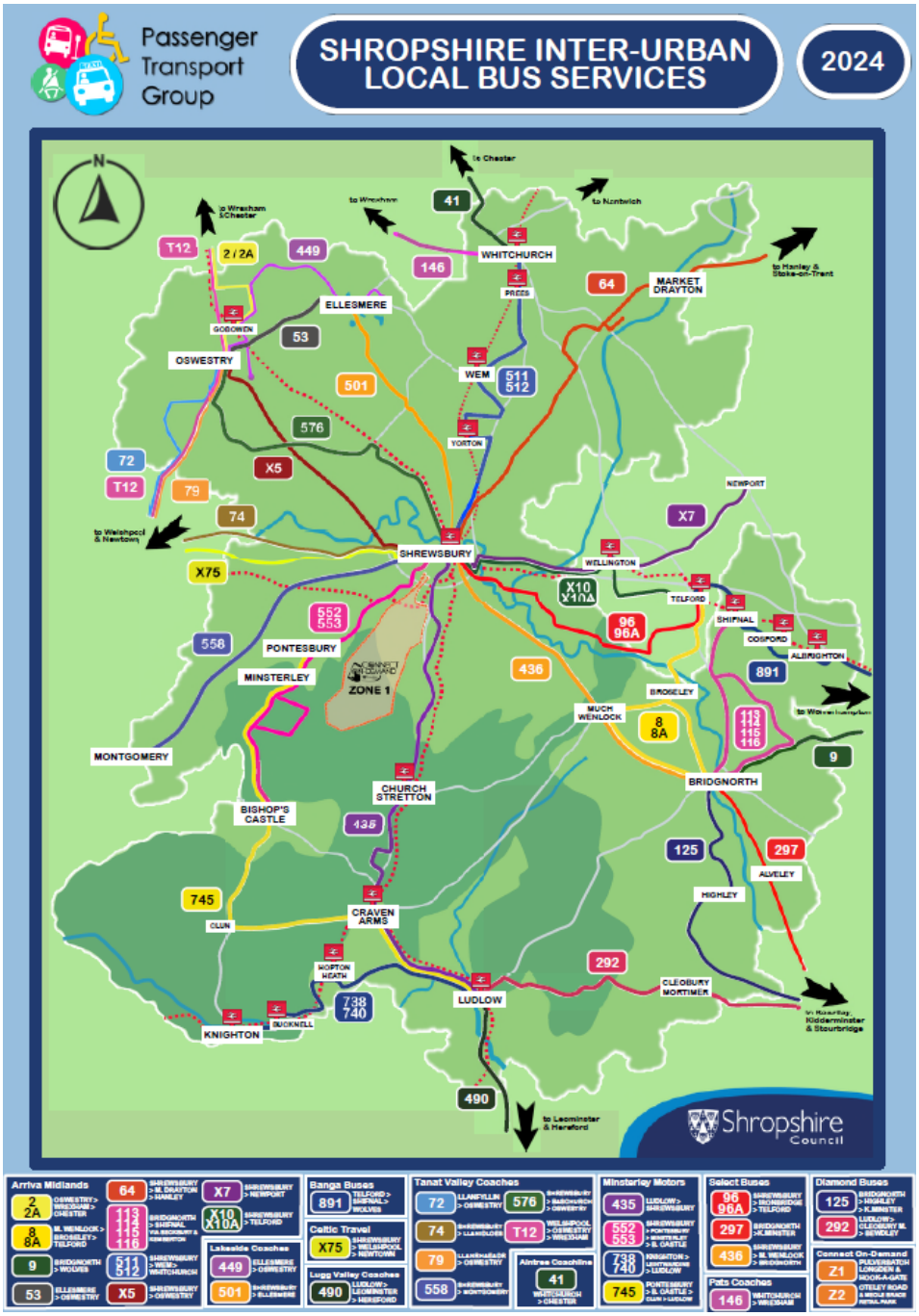


Figure 66~~Figure 66~~ shows a map of Shropshire's community pharmacies and dispensing GP practices, with a number of circles around each which indicate miles radius – the darkest circles are a 2-mile radius, the lightest circles a 10-mile radius. This shows that everywhere in Shropshire is within 10 miles of one of these pharmacies and nearly all within 8 miles.

Figure 66: 2 mile to 10-mile distance radius from each Shropshire community pharmacy and dispensing GP practice

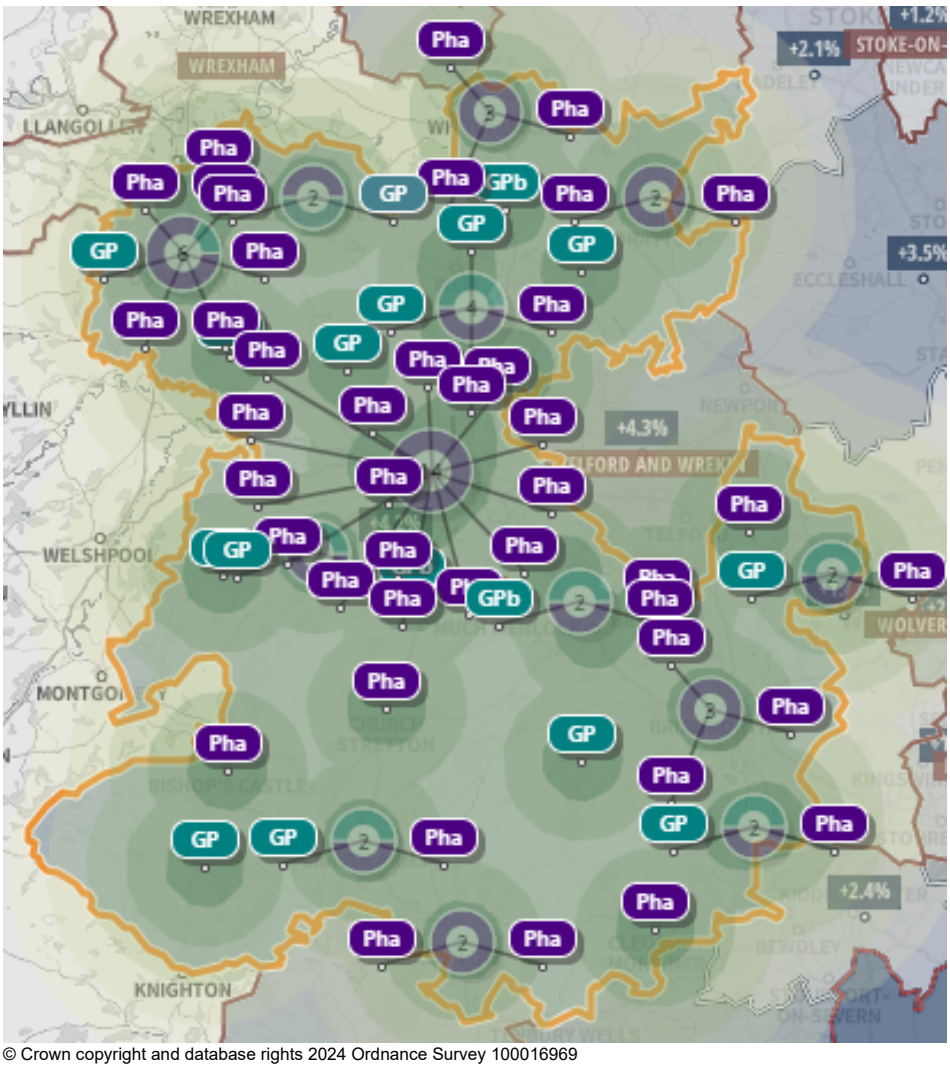


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Figure 67~~Figure 67~~ shows this same map, but with the circles set to a 2 mile and 4-mile radius from each pharmacy, which shows a few areas of Shropshire that are not within 4 miles of a pharmacy, but these are some of the more sparsely populations areas.

Figure 67: 2 mile to 4-mile distance radius from each Shropshire community pharmacy and dispensing GP practice

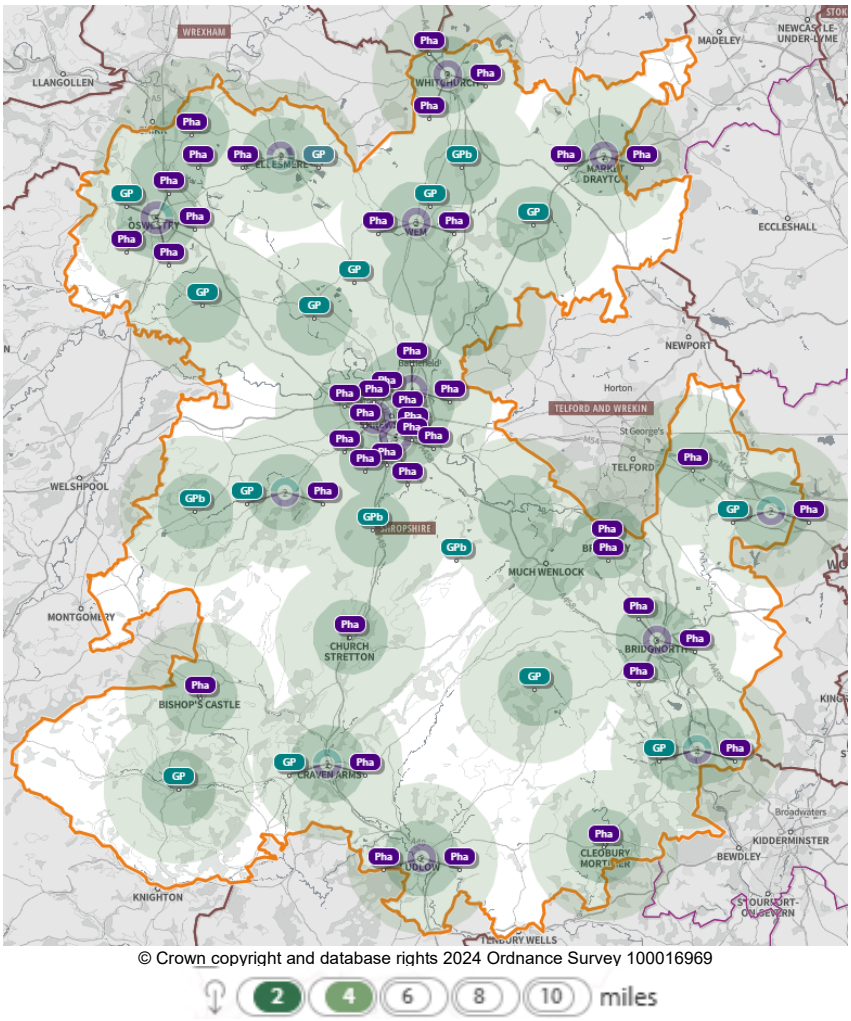


Figure 68 shows how many residents are able to get to community pharmacies or dispensing practices at different time thresholds via different methods of transport. For example, 201,418 (61.5%) citizens in Shropshire are within 15 minutes' walk of one and 323,382 (98.7%) are within a 15-minute drive, or 316,410 (96.6%) at rush hour, however, only 209,915 (64.1%) are within 15 minutes using public transport, and it is 241,584 (73.8%) within 30 minutes.

Figure 68: Shropshire residents within 15 minutes of a pharmacy or dispensing practice by different methods of transportation

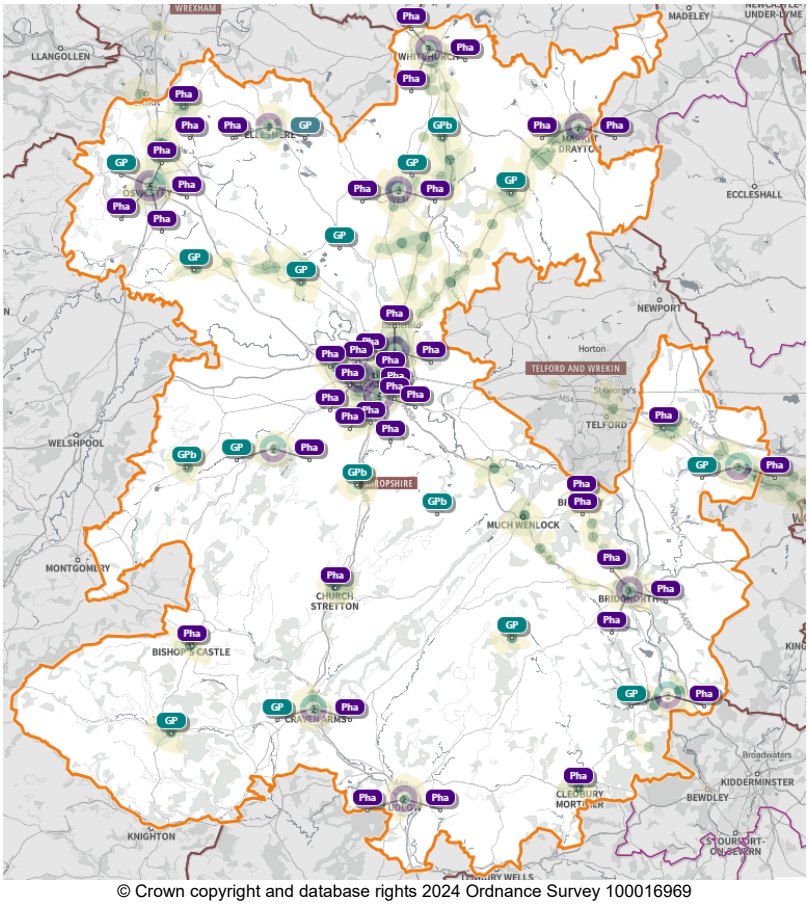
Transport	Travel Time	Shropshire residents able to access	Shropshire residents unable to access	Percentage of Shropshire residents able to access
Walk	5 minutes	86,256	241,223	26.3%
	10 minutes	149,438	178,041	45.6%
	15 minutes	201,418	126,061	61.5%

Transport	Travel Time	Shropshire residents able to access	Shropshire residents unable to access	Percentage of Shropshire residents able to access
Car	5 minutes	246,628	80,851	75.3%
	10 minutes	299,686	27,793	91.5%
	15 minutes	323,382	4,097	98.7%
Car at rush hour	5 minutes	240,341	87,138	73.4%
	10 minutes	295,051	32,428	90.1%
	15 minutes	316,410	11,069	96.6%
Public Transport (weekday morning)	5 minutes	88,280	239,199	27.0%
	10 minutes	156,745	170,734	47.9%
	15 minutes	209,915	117,564	64.1%
	30 minutes	241,584	85,895	73.8%

Source: Analysis based upon SHAPE data 2025

Figure 69 shows a map of Shropshire's community pharmacies and dispensing GP practices, with a number of circles around each which indicate the time on public transport to get to them – the darkest circles are a 5-minute journey, and the lighter yellow circles are a 30-minute journey, and this shows the lack of public transport in the south particularly.

Figure 69: Shropshire residents within 30 minutes of a pharmacy or dispensing practice by public transport



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5 10 15 20 30 minutes

Figure 71~~Figure 70~~ shows which areas in green are accessible in 10 minutes by car, while those areas outside this are in white.

- Some areas on the western border of the county may be served by provision in Wales, for which data is not yet available to integrate into this analysis. For example, the area in the west of the map will be served by provision from Welshpool.
- There are areas in the North East and Central East part of the county which appear excluded but are within 10 minutes journey of Telford and Wrekin's pharmacies.
- As observed in previous iterations, the most excluded areas tend to be grouped in south and south-west Shropshire, which are the most sparsely population part of the county.

Figure 70: Map of neighbourhoods able to get too a community pharmacy or dispensing GP practice within 10 minutes by car

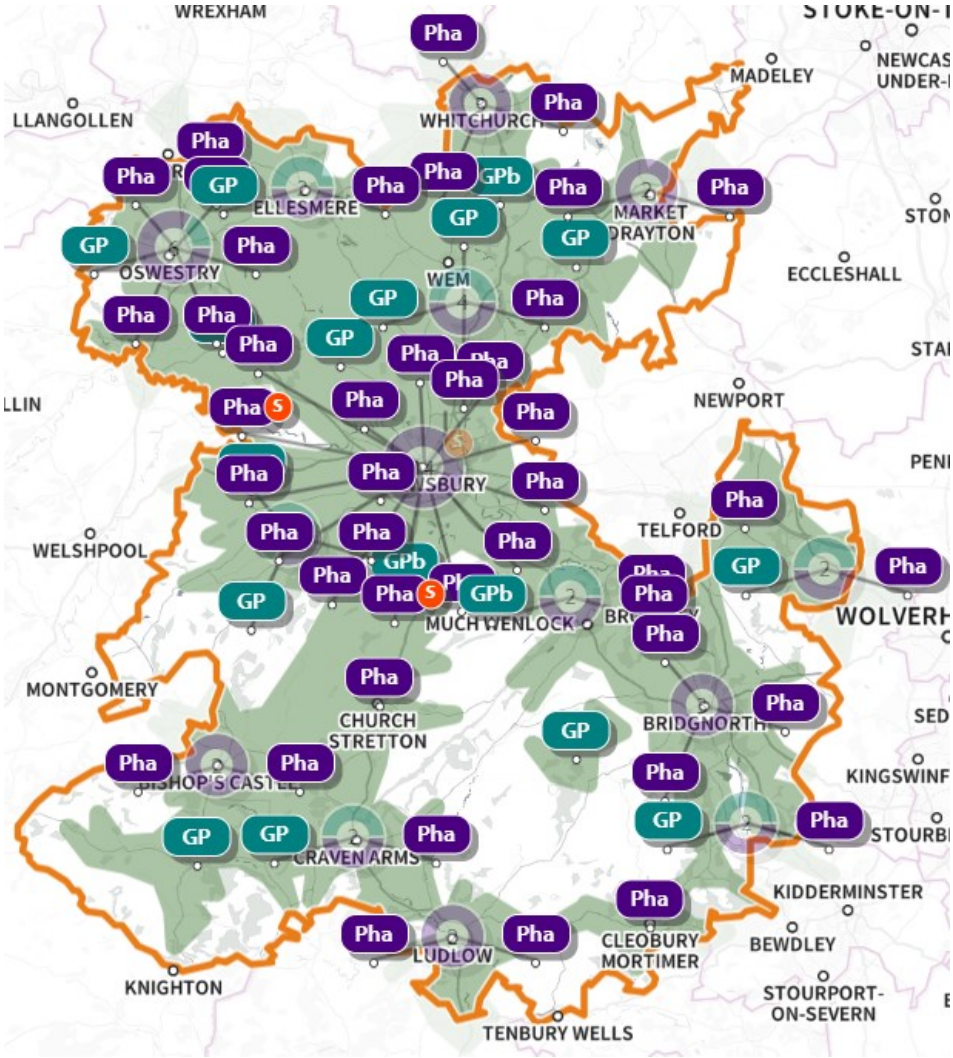

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Figure 71~~Figure 71~~ shows a map of Shropshire's community pharmacies, with a number of circles around each which indicate miles radius – the darkest circles are a 2-mile radius, the lightest circles a 10-mile radius. This shows that everywhere in Shropshire is within 10 miles of one of these pharmacies and nearly all within 8 miles.

Figure 71: 2 mile to 10-mile distance radius from each Shropshire community pharmacy

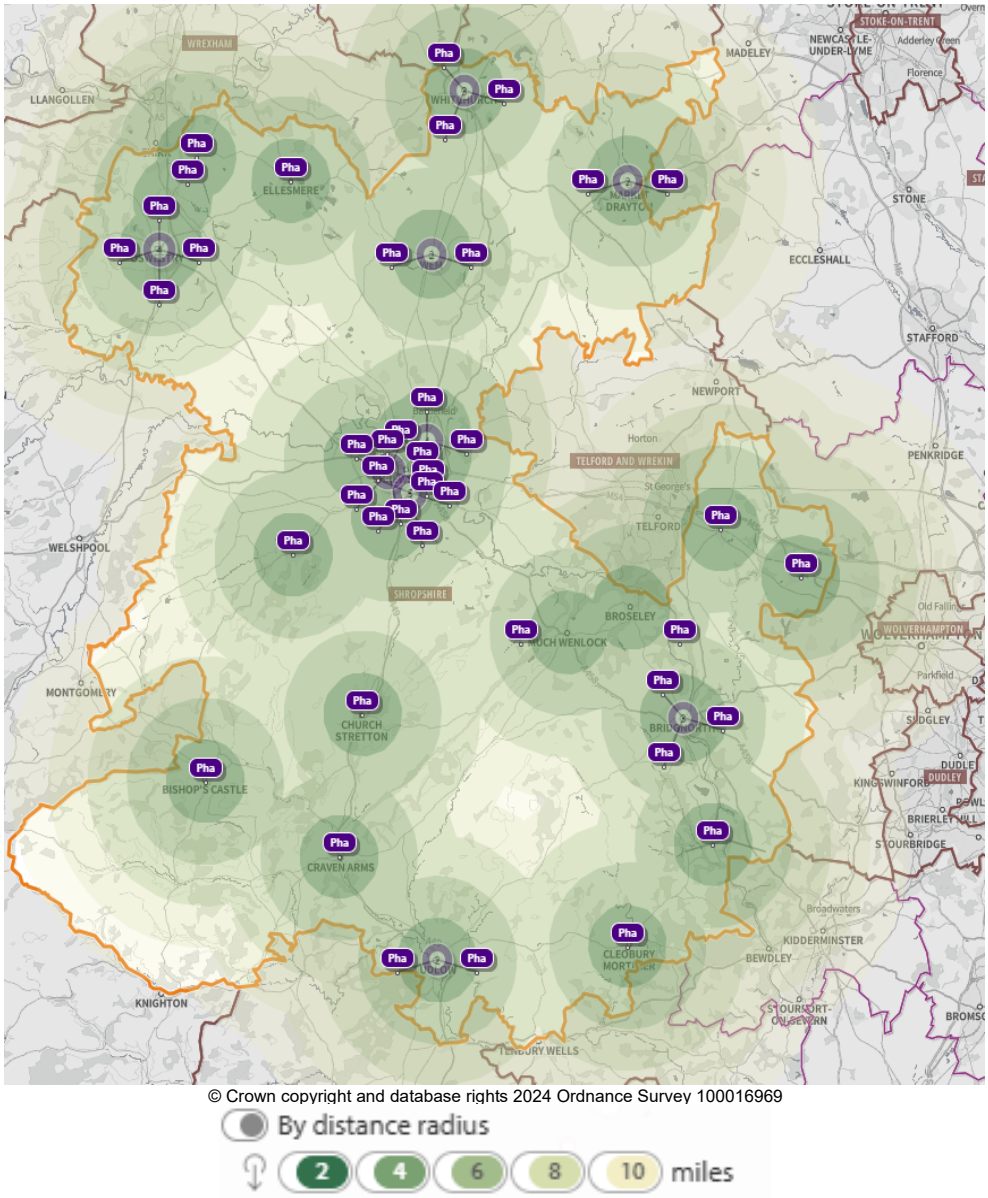

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Figure 72~~Figure 72~~ shows this same map, but with the circles set to a 2 mile and 4-mile radius from each pharmacy, which shows a few areas of Shropshire that are not within 4 miles of a pharmacy, but these are some of the more sparsely populations areas.

Figure 72: 2 mile to 4-mile distance radius from each Shropshire community pharmacy

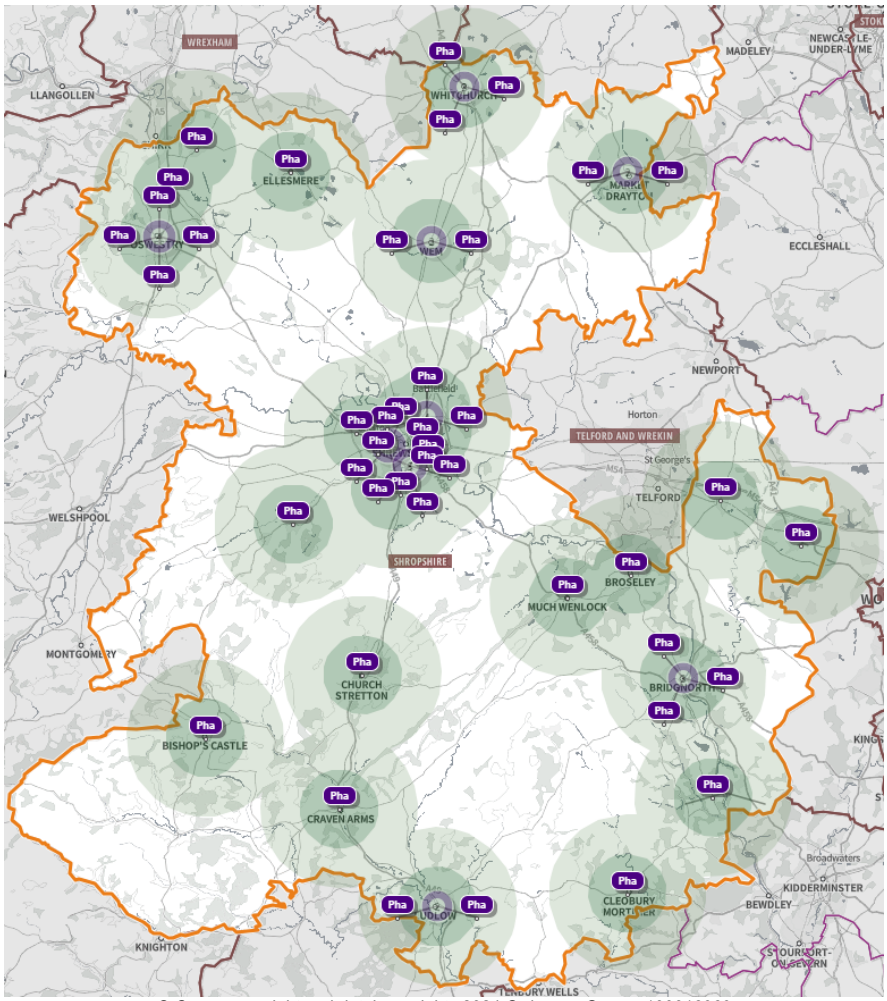

Figure 73~~Figure 73~~ shows how many residents are able to get to a community pharmacy at different time thresholds via different methods of transport. 186,296 (56.9%) residents in Shropshire are within 15 minutes' walk of a community pharmacy, 314,704 (96.1%) are within a 15-minute drive, or 308,809 (94.3%) at rush hour, however using public transport on a weekday morning would see 194,030 (59.2%) able to get to a pharmacy in 15 minutes and in 30 minutes it would be 239,631 (73.2%).

Figure 73: Shropshire residents within 15 minutes of a community pharmacy by different methods of transportation

Transport	Travel Time	Shropshire residents able to access	Shropshire residents not able to access	Percentage of Shropshire residents able to access
Walk	5 minutes	80,761	246,718	24.7%
	10 minutes	138,637	188,842	42.3%
	15 minutes	186,296	141,183	56.9%

Transport	Travel Time	Shropshire residents able to access	Shropshire residents not able to access	Percentage of Shropshire residents able to access
Car	5 minutes	221,888	105,591	67.8%
	10 minutes	285,158	42,321	87.1%
	15 minutes	314,704	12,775	96.1%
Car at rush hour	5 minutes	216,304	111,175	66.1%
	10 minutes	267,925	59,554	81.8%
	15 minutes	308,809	18,670	94.3%
Public Transport (weekday morning)	5 minutes	78,452	249,027	24.0%
	10 minutes	144,646	182,833	44.2%
	15 minutes	194,030	133,449	59.2%
	30 minutes	239,631	87,848	73.2%

Figure 74 shows a map of Shropshire's community pharmacies, with circles around each to indicate the time on public transport to get to them – the darkest circles are a 5-minute journey, and the lighter yellow circles are a 30-minute journey, and this shows the lack of public transport in the south particularly.

Figure 74: Shropshire residents within 30 minutes of a community pharmacy by public transport

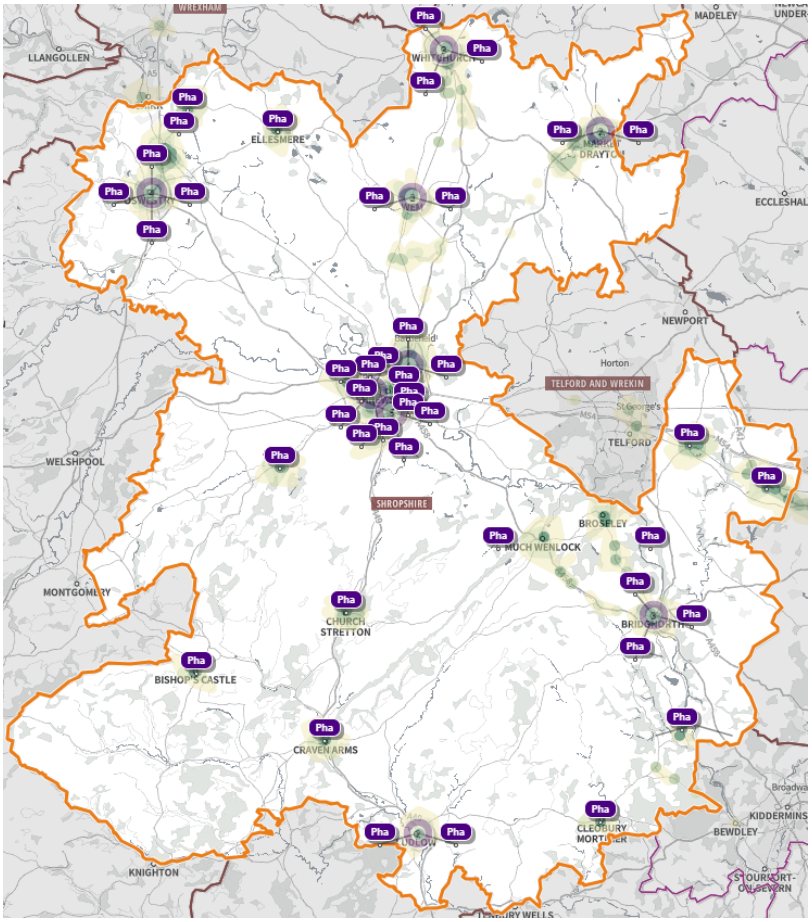

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Figure 75~~Figure 75~~ shows which areas (in green) are able to access community pharmacies in 10 minutes by car, while those areas outside this are in white.

- Some areas on the western border of the county may be served by provision in Wales, for which data is not yet available to integrate into this analysis. For example, the area in the west of the map will be served by provision from Welshpool.
- There are areas in the North East and Central East part of the county which appear excluded but are within 10 minutes journey of Telford and Wrekin's pharmacies.
- As observed in previous iterations, the most excluded areas tend to be grouped in south and south-west Shropshire, which are the most sparsely population part of the county.

Figure 75: Map of neighbourhoods able to get too a community pharmacy within 10 minutes by car

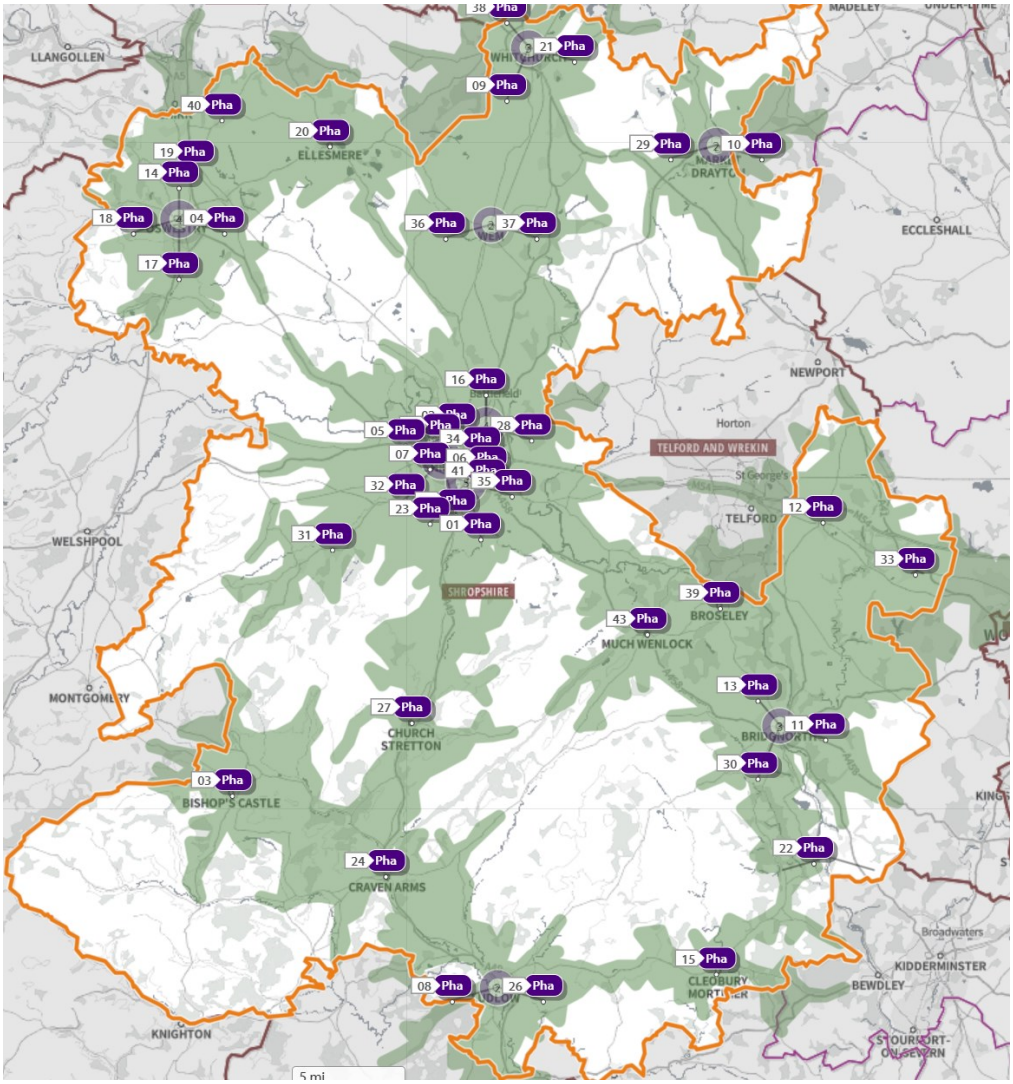

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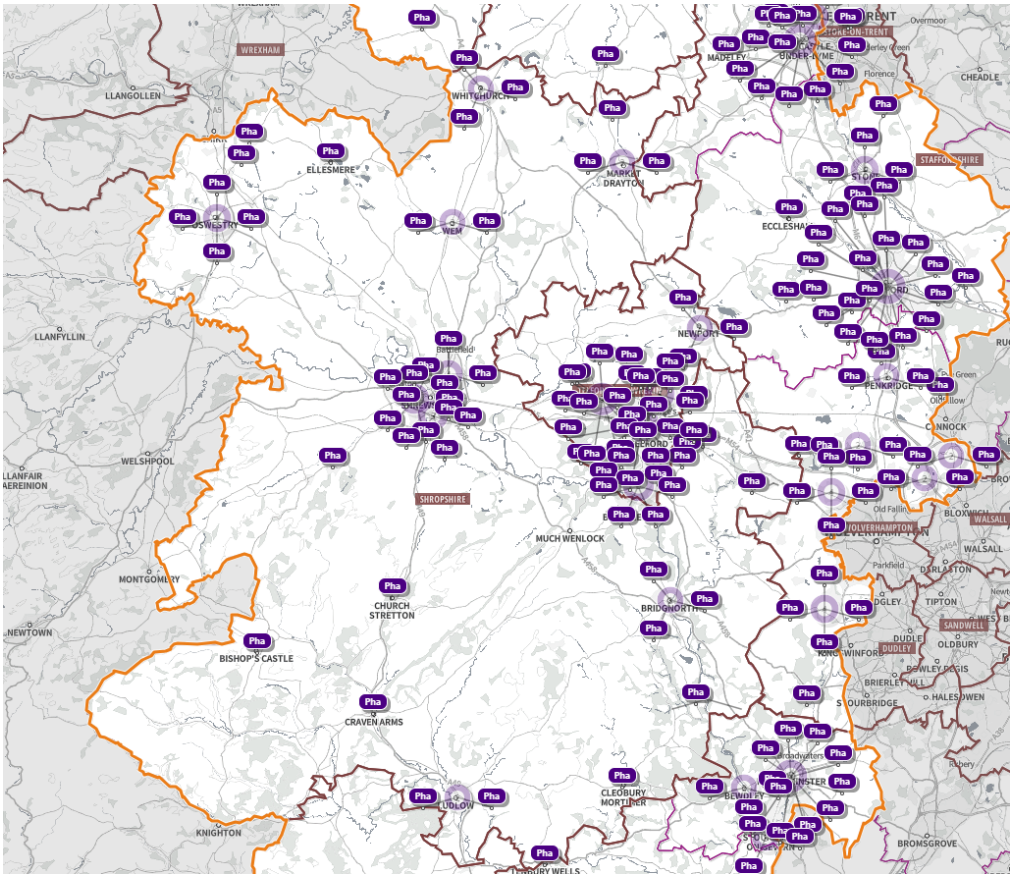
Figure 76~~Figure 76~~ shows the community pharmacies that are close to Shropshire's borders that are in other neighbouring areas. In the North East of the county, there are a few pharmacies within short distance of Whitchurch and Market Drayton, 31 community pharmacies in Telford and Wrekin, and a handful in Stafford and South Staffordshire on the east, while in the South East there are 2 pharmacies in Bewdley and 10 more around Kidderminster, while on the southern border there is a pharmacy in Tenbury Wells, but then 5 more in Leominster.

Figure 76: Community Pharmacies in Shropshire and neighbouring areas close to border



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In addition, there are a number of pharmacies in Wales (although the SHAPE atlas does not include Welsh data). In the North West of Shropshire there are over 30 pharmacies around the Wrexham area, including Chirk and Llangollen and close to the West and South West border there are 2 pharmacies in Welshpool, 1 in Llanfyllin and 3 in Newport according to NHS 111 Wales.

Community Pharmacy Contractual Framework and Services

All Shropshire pharmacies have an NHS Pharmaceutical Services Contract with ICB Shopshire and Telford and Wrekin. The contract consists of four different levels of services:

- Essential services
- Advanced services
- Enhanced services
- Locally commissioned services.

Commented [JM20]: Just 'Enhanced Services' this could then be subdivided into local enhanced and national enhanced - but suggest this level of detail not necessary

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Essential Services

These are services which pharmacies on the NHS pharmaceutical list must provide as part of the NHS Community Pharmacy Contractual Framework, also known as the 'pharmacy contract'. These nine are:

- Discharged medicines service
- Dispensing appliances
- Dispensing medicines
- Repeat dispensing and electronic repeat dispensing
- Disposal of unwanted medicines
- Healthy Living Pharmacies
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care

There are also clinical governance requirements on pharmacies as part of the contract.

Discharge Medicines Service

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.

This service, which all pharmacy contractors have to provide, was originally trialled in the 5-year CPCF agreement, with a formal announcement regarding the service made by the Secretary of State for Health and Social Care in February 2020.

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital. Discharge from hospital is associated with an increased risk of avoidable medication related harm and NICE Guidelines include recommendations that medicine related communication systems should be in place when patient move from one care setting to another, and that a medicines reconciliation process should be in place for all patients discharged from a hospital or another care setting back into primary care and this should happen within a week of discharge. Research has shown that 79% of patients were prescribed at least one medication after discharge from hospital, but new prescriptions can sometimes cause side-effects or negatively interact with existing medication and further research has shown that people over 65 are less likely to be readmitted to hospital if they are given help with their medication after discharge, and further research has shown that patients who see their community pharmacist after they have been in hospital are less likely to be readmitted and will experience a shorter stay if they are.

Dispensing appliances

Pharmacists may choose to regularly dispense, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Any pharmacy owner choosing to dispense appliances have to comply with requirements specified in the NHS Community Pharmacy Contractual Framework.

There are no appliance contractors within Shropshire, however NuCare is based in Hortonwood in Telford, postcode TF1 7ES, and supports patients with a complete range of incontinence, ostomy, wound care, compression therapy and medical device services and product. Data for NuCare is shown, but it is a

national provider, so the activity data shown may include prescriptions for other areas rather than just across the ICB.

Figure 77: Appliance contractor data in Shropshire, Telford and Wrekin ICB, December 23 to November 24

Provider	Number of forms	Number of forms for Electronic Prescription Service	Number of Items processed via Electronic Prescription Service
NuCare, Units C5 and C6, Hortonwood 10, Telford, TF1 7ES	80,411	32,754	53,147

Dispensing medicines

The service description from the NHS Community Pharmacy Contractual Framework reads that 'the supply of medicines and appliances on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

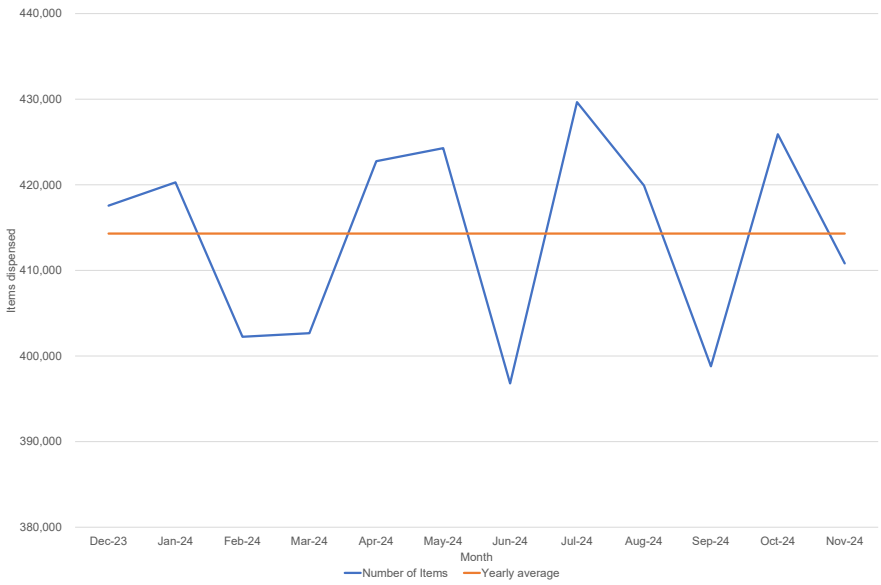
Orders for medicines and appliances are dispensed for patients on demand promptly. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made. Advice is given to the patient about the medicines being dispensed, how to use them, how to store them and how any unwanted medicines should be returned to the pharmacy.

During a whole year 8,325,929 items were dispensed by community pharmacies in the Shropshire, Telford and Wrekin ICB, with 4,971,668 of these from Shropshire community pharmacies - an average of 414,000 items a month (December 2023 to November 2024 dispensing data NHS Business services authority). However, these figures exclude dispensing GP practices activity and those medicines that were sent via distance selling pharmacies located outside of Shropshire. Another caveat is that Shropshire residents could be ordering medications from pharmacies outside of Shropshire and likewise residents from other areas could be using Shropshire pharmacies for their prescriptions.

The amount of dispensed medication could be influenced by a number of factors including:

- The size of the population
- The age structure of the population, notably the proportion of the those aged 60 and over, who generally receive more prescriptions than the young
- Improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- Development of new medicines for conditions with limited treatment options
- Development of more medicines to treat common conditions
- Increased prevalence of some long-term conditions, for example, diabetes
- Shifts in prescribing practice in response to national policy, and new guidance and evidence
- Increased prescribing for prevention or reducing risk of serious events, for example use of lipid-lowering drugs to reduce risk of stroke or heart attack

Figure 7875: Items dispensed per month in Shropshire Community Pharmacies December 23 to November 24



The dispensing data shows that the number of items dispensed from pharmacies in the North West family hub area was the highest at over a million, which equates to by far the highest ratio of items per pharmacy, and also the highest ration of items per head of population. The lowest number of items was from pharmacies in the South West family hub area, although this area has the lowest number of pharmacies and the lowest population.

Figure 79: Items dispensed in Shropshire Community Pharmacies, December 23 to November 24 by Family Hub Area

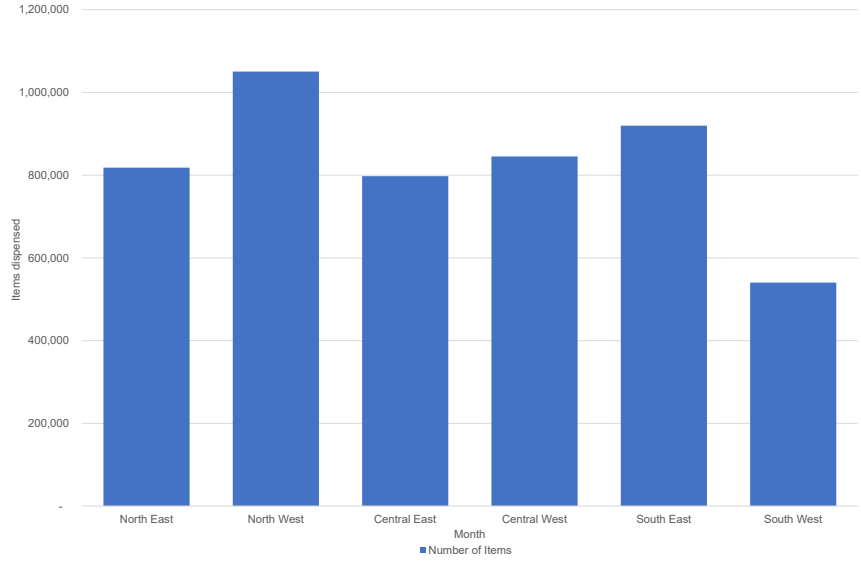


Figure 80: Items dispensed in Shropshire Community Pharmacies December 23 to November 24 by Family Hub Area per pharmacy and per head of population

Area	Number of items dispensed	Number of pharmacies in area	Items per pharmacy	Population	Items per head of population
North East	818,201	7	116,886	58,366	14.02
North West	1,050,590	7	150,084	51,791	20.29
Central East	797,561	7	113,937	50,334	15.85
Central West	845,176	8	105,647	59,342	14.24
South East	919,802	9	102,200	67,568	13.61
South West	540,338	5	108,068	36,237	14.91
Shropshire	**4,971,668**	**43**	**115,620**	**323,606**	**15.36**

The Electronic Prescription Service (EPS) allows prescriptions to be sent direct to pharmacies and appliance contractors through IT systems used in GP surgeries. This means that patients do not have to collect a paper repeat prescription from the GP practice but can go straight to the nominated pharmacy or dispensing appliance contractor to pick up their medicines or medical appliances. Patients have to nominate a particular community pharmacy or appliance contractor such that the electronic prescription can be sent to them securely, but this nomination can be changed at any time if a patient consents to do so.

Prescriptions for acute items such as antibiotics can also be sent electronically if it is practical to do so. Eventually EPS will remove the need for most paper prescriptions, and in the most recent year's data for Shropshire pharmacies 86.5% of forms received and 88% of items were via EPS.

Figure 81: Forms and items dispensed in total and by Electronic Prescription Service (EPS) in Shropshire Community Pharmacies 2024

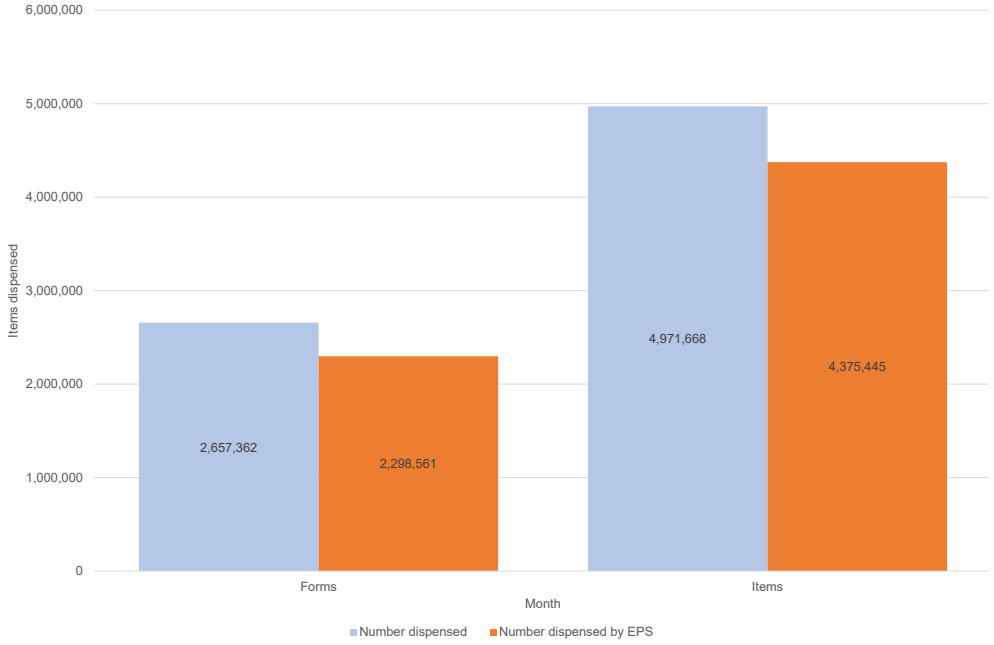
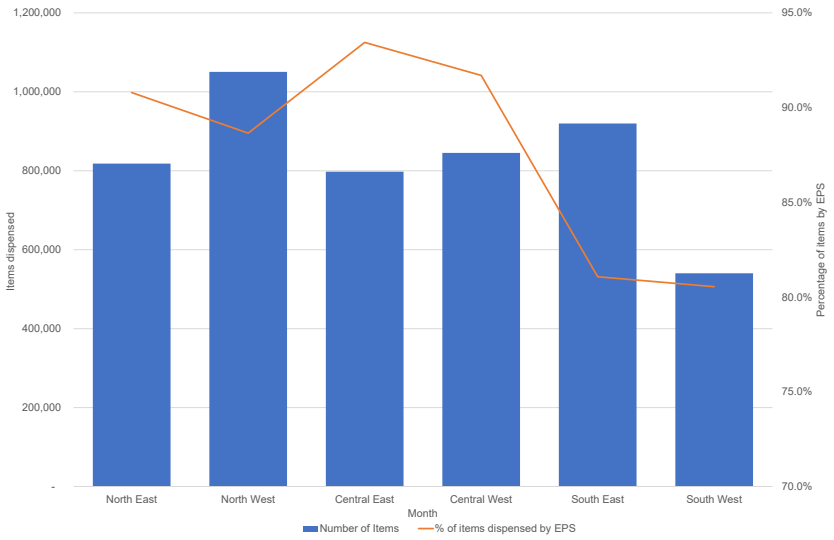


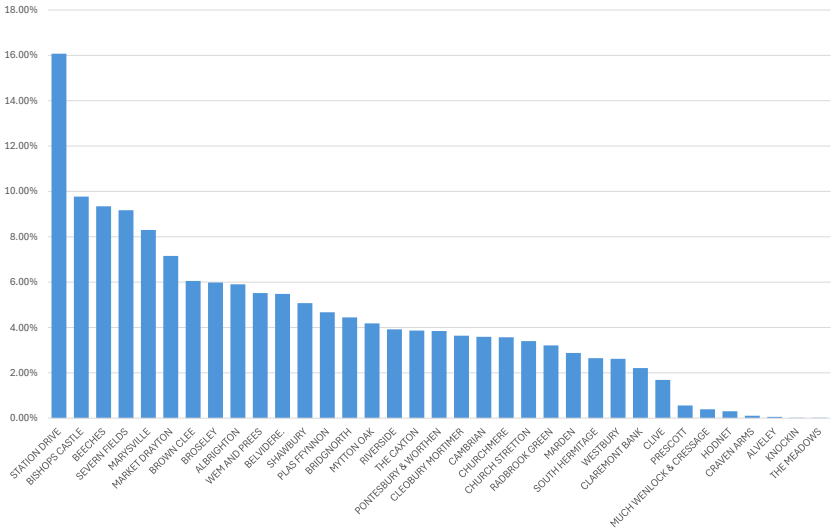
Figure 82: Items dispensed in total and by Electronic Prescription Service (EPS) in Shropshire Community Pharmacies 2024 by Family Hub Area



Distance Selling Pharmacies

The data previous shown was community pharmacy data, however prescriptions can also be sent from distance selling pharmacies. In 2024/25 6,554,890 items were dispensed from Shropshire GP practices, 297,763 (4.54%) of these were dispensed from distance selling pharmacies, with the percentages higher in some practices, notably Station Drive in Ludlow (16.07%), this is shown in Figure 83~~Figure 83~~. At present we don't have further data to look at previous year, or how Shropshire's figures compare to other areas, however a pharmacy closed in Ludlow in this time period.

Figure 83: Percentage of items prescribed by GP practices that were dispensed by distance selling pharmacies 2024/25



Repeat Dispensing and electronic repeat dispensing (eRD)

At least two thirds of all prescriptions in primary care are for patients needing repeat supplies of regular medicines. Using this service allows repeat supplies of NHS prescriptions without the GP practice needing to issue a prescription each time and saves time for the GP practice and the patient.

The eRD allows the prescriber to authorise a prescription for a specified number of issues and each issue contains the same prescribed items and allows a batch of repeat prescription issues for use for up to 12 months. The prescription issues are then made available electronically for dispensing at the specified interval by the patient's nominated pharmacy. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine. It is a great way for the GP practice to stay in control of prescription items and the service specification states that pharmacies must ask if anything has changed since the previous items were issued and do they need everything on the script today. It is suitable for stable patients on regular medication and pharmacies can help identify suitable patients.

Disposal of unwanted medicines

Community pharmacy owners are obliged to accept back unwanted medicines from patients, although this does not include sharps. The medicines are then safely disposed of, and NHS England make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. The pharmacy owner must, if required by the local NHS contract management team or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols; the waste contractor will be able to advise on whether this is necessary. Additional segregation is also required under the Hazardous Waste Regulations.

Healthy living pharmacies

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. HLPs have cemented the idea that every interaction in the pharmacy and the community is an opportunity for a health promoting intervention, for example, people walking into a HLP are twice as likely to set a quit date for smoking and then quit than if they walked into a non-HLP.

Community pharmacy contractors were required to become an HLP in 2020/21 as agreed in the five-year CPCF; this reflects the priority attached to public health and prevention work.

Promotion of healthy lifestyles (public health)

Every financial year pharmacies are required to participate in up to four health campaigns – two national campaigns and two ICB campaigns - so this will involve displaying and distributing leaflets provided by NHS England such as the campaign in 2022/23 on weight management which lasted most of January 2023. Other campaigns could include promotion of flu vaccination uptake or advice on increasing physical activity. Pharmacies will also get involved in a number of local campaigns every year as directed by NHS England.

When requested to do so by NHS England, each pharmacy may have to provide some information such as the number of people who were given information about this campaign, so that the impact of the campaign can be evaluated and developed in the future.

Signposting patients to other healthcare providers

NHS England will provide pharmacies with lists of sources of care and support in the area and pharmacists and staff will be expected to help people who ask for assistance by directing them to the most appropriate source when it can't be provided by the pharmacy. This may involve referring patients to other healthcare

professionals or care providers, or other sources of help such as local or national patient support groups. A written referral note may be provided if appropriate, and where the patient is known to the pharmacy staff, a record of this referral may be made on the patient's pharmacy record if this is clinically significant.

Support for self-care

Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

Clinical governance

While not part of the essential services offered by pharmacies, as set out in the NHS pharmaceutical and local pharmaceutical services regulations 2013, clinical governance forms part of the terms of service and the pharmacies must have a system of clinical governance to support the provision of excellent care. Requirements set out in the CPCF include:

- The pharmacy should notify its patients of the NHS services provided by the contractor
- The pharmacy should undertake a patient satisfaction survey annually that is then reviewed and action taken to improve performance
- Medicines owed to patients or out of stock should be monitored, and patients should be given a written note detailing what medicine is owed and how much and when it is expected to be available
- Having complaints and whistle-blowing procedures that are reviewed and acted upon
- The pharmacy should co-operate with local patient and public involvement visits and take action
- The pharmacy should co-operate with the PCO and other appropriate external bodies on monitoring and auditing of pharmacy services
- The pharmacy should act on the disability discrimination act to make ‘reasonable adjustments’ to the physical features of the premises
- Should participate in clinical audit, including practice based and a PCO multidisciplinary audit
- Use of standard operating procedures
- Patient safety incident reporting to the National Reporting and Learning Service
- Acting upon drug alerts and product recalls to minimise patient harm
- Have cleanliness and infection control measures in place

Advanced pharmacy services

There are nine advanced services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services commissioned by NHS England as long as they meet the requirements set out in the Secretary of State Directions. The nine advanced services are:

- Appliance Use Review (AUR)
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device (LFD) service
- New Medicine Service (NMS)
- Pharmacy Contraception Service (PCS)
- Pharmacy First service
- Smoking Cessation Service (SCS)
- Stoma Appliance Customisation (SAC)

Appendix 3 shows a summary of each Shropshire pharmacy the advanced services they provide.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home, or if required be provided by telephone or video consultation, in circumstances where there is privacy. AURs should improve the patient's knowledge and by looking at the way the patient uses the appliance and their experience of it and then identifying ineffective use and discussing improvements as well as advising the patient on the safe and appropriate storage and disposal of used or unwanted appliances

In the pharmacy data obtained between December 2023 and November 2024 no pharmacies in the Shropshire, Telford and Wrekin ICB had any AURs at either the premises or in user's home.

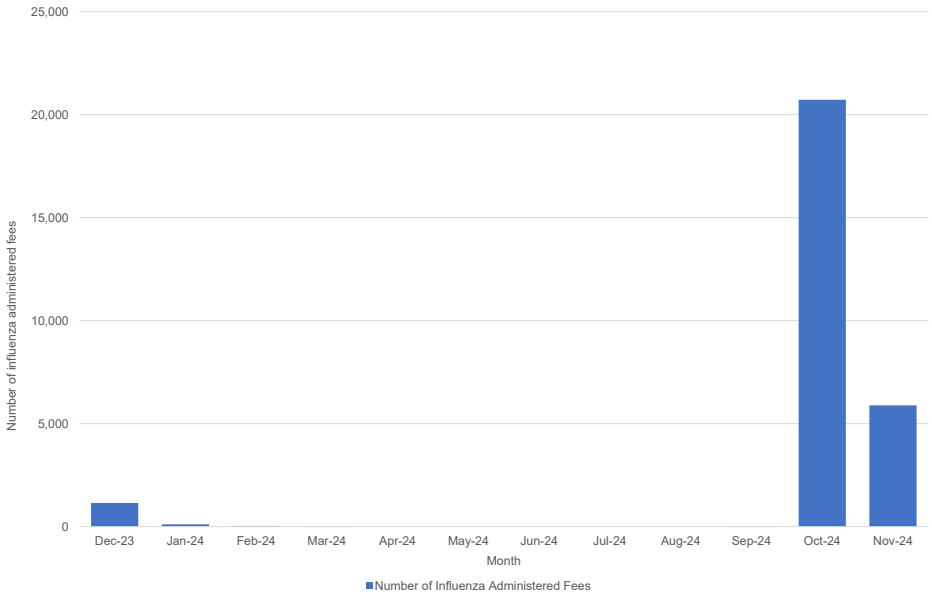
Flu Vaccination Service

Community pharmacies have been providing flu vaccinations under a nationally commissioned service since September 2015. Each year the NHS runs a seasonal flu vaccination campaign between September and March aiming to vaccinate all patients at risk of developing more serious complications from the virus. People seeking vaccinations have found pharmacies useful due to their accessibility, extended opening hours and ability to walk in without an appointment.

Influenza and other respiratory viruses can add significant pressures to the NHS and vaccination can help health and social care systems manage winter pressures by helping to reduce demand for GP consultations and hospitalisations. For most healthy people, influenza is usually a self- limiting disease. However, children, older people, pregnant women and those with certain long-term conditions are at increased risk of severe illness if they catch it. The vaccination provides protection against the most prevalent strains of the virus.

In the pharmacy data obtained between December 2023 and November 2024, the vast majority of pharmacies had influenza administered fees and in total there were 47,436 across Shropshire, Telford and Wrekin ICB, with 27,916 (59%) in Shropshire pharmacies, nearly 75% of these were in October.

Figure 84: Influenza Administered Fees by Month, December 2023 to November 2024



The pharmacies from the Central West and Central East family hub areas had the highest number of influenza administered fees, accounting for 30% and 28% of the Shropshire total respectively, these two had the highest number per pharmacy and also per head of population.

Figure 85 : Influenza Administered Fees by Month, December 2023 to November 2024, by Family Hub Area

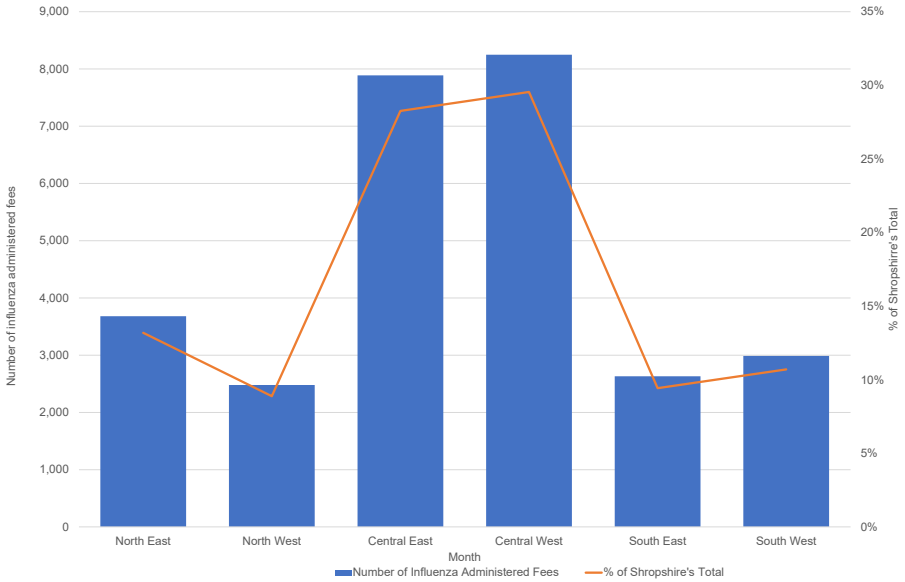


Figure 86: Influenza administered fees at Shropshire Community Pharmacies December 23 to November 24 by Family Hub Area per pharmacy and per head of population

Area	Number of Influenza Administered Fees	Number of pharmacies	Influenza administered fees per pharmacy	Population	Influenza administered fees per head of population
North East	3,681	7	526	58,366	0.06
North West	2,479	7	354	51,791	0.05
Central East	7,888	7	1,127	50,334	0.16
Central West	8,249	8	1,031	59,342	0.14
South East	2,632	9	292	67,568	0.04
South West	2,987	5	597	36,237	0.08
Shropshire	27,916	43	649	323,606	0.09

Hypertension case-finding service

Hypertension case-finding was commissioned as an Advanced service from 1st October 2021. In public facing communications, the service is described as the NHS Blood Pressure Check Service.

The 5-year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included a plan to pilot case finding for undiagnosed cardiovascular disease. Hypertension is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.
CVD is a key driver of health inequalities, accounting for around 25% of the life expectancy gap between rich and poor populations in England. Those in the most deprived 10% of the population are almost twice as likely to die as a result of CVD than those in the least deprived 10% of the population.

Pharmacy owners opting to provide the service must undertake both stages of it, where clinically required - the first is identifying people at risk of hypertension and offering them a blood pressure measurement (a 'clinic check'), and the second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP practice to inform a potential diagnosis of hypertension.

The service is aimed at those who are 40 or over who do not have a current diagnosis of hypertension, although those under the age of 40 who request it as they have a family history of hypertension maybe provided the service at the pharmacy staff's discretion.

Within Shropshire 40 of the 43 community pharmacies have signed up to the service as of 16th January 2025, the exceptions being Cambrian Pharmacy in Oswestry, Wenlock Pharmacy in Much Wenlock and Rhodes TC Chemist in Albrighton, although it is likely that all pharmacies will be signed up to this service and pharmacies will receive monthly threshold payments from June 2025.

Between December 23 and November 24, 8,613 blood pressure checks were carried in Shropshire's community pharmacies, which was 44.4% of the ICB's total, of these 8,613, 242 (2.8%) had ABPM.

Figure 87: Hypertension case-finding service, across Shropshire, Telford and Wrekin ICB in Community Pharmacy between December 23 to November 24

	Number of Clinic Blood Pressure checks	% of all blood pressure checks in ICB	Number of Community Pharmacy ABPM	% of all ABPM in ICB	% of blood pressure checks having ABPM
Shropshire	8,613	44.4%	242	46.7%	2.8%
Telford and Wrekin	10,792	55.6%	276	53.3%	2.6%
Shropshire, Telford & Wrekin ICB	19,405	100.0%	518	100.0%	2.7%

Figure 88

~~Figure 88~~ shows a breakdown of the hypertension advanced service across the family hub areas, this shows that the pharmacies from the North West area had 6.2% of blood pressure checks that also had ABPM, compared to 0.4% in the South West. More blood pressure checks were carried out in the Central West area, and despite it having more pharmacies than the other areas, this had a higher rate of blood pressure checks per pharmacy and also a higher number of blood checks per head of population

Figure 88: Hypertension case-finding service at Shropshire Community Pharmacies, December 23 to November 24 by Family Hub Area per pharmacy and per head of population

Area	Number of Clinic Blood Pressure checks	Number of Community Pharmacy ABPMs	% of blood pressure checks having ABPM	% of Shropshire's Blood Pressure Checks	Number of pharmacies signed up	Blood Pressure Checks per signed up pharmacy	Blood Pressure Checks per head of population
North East	1,188	56	4.7%	13.8%	7	170	0.02
North West	923	57	6.2%	10.7%	6	154	0.02
Central East	965	25	2.6%	11.2%	7	138	0.02
Central West	2,878	60	2.1%	33.4%	8	360	0.05
South East	1,258	38	3.0%	14.6%	7	180	0.02
South West	1,401	6	0.4%	16.3%	5	280	0.04
Shropshire	8,613	242	2.8%	100.0%	40	215	0.03

Lateral Flow Device (LFD) service

The Lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6th November 2023. In March 2024 it

was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service.

Eligible patients include those people aged 85 and over, or whom have end-stage heart failure, or who are on the organ transplant waiting list.

In Shropshire, 38 of the community pharmacies are signed up to this service as of 16th January 2025. Between December 23 and November 24, there were 874 lateral flow device (LFD) test supply service fees across Shropshire's pharmacies, which was just 23% of all in the ICB. Of these, the highest number came from the South West area, which was the area with the highest number per pharmacy that was signed up.

Figure 89: Lateral Flow Device (LFD) Test Supply Service Fees at Shropshire Community Pharmacies December 23 to November 24 by Family Hub Area per pharmacy

Area	Number of LFD Test Supply Service Fees	% of Shropshire's Total	Number of pharmacies signed up	LFD test supply service fees per pharmacy
North East	110	12.6%	7	15.7
North West	30	3.4%	5	6.0
Central East	43	4.9%	6	7.2
Central West	210	24.0%	8	26.3
South East	204	23.3%	7	29.1
South West	277	31.7%	5	55.4
Shropshire	874	100.0%	38	23.0

New Medicine Service (NMS)

This service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions. This service was introduced as reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50% of prescribed medicines are not taken as recommended.

Patients who have been newly prescribed a medicine for a long term condition will be offered the choice to use the NMS, and if they do, the patient and pharmacy will agree to meet a week or two later, where they will assess the patient's adherence to the medicine and identify any problems or support needed, and then there will be another meeting a few weeks later to further assess adherence and identify issues. The aim of the service is to improve adherence which will lead to better health outcomes, improve patient understanding and decision making about their treatment, reduce medicine wastage and reduce any issues from adverse effects of the medication.

Between December 23 and November 24, 37,152 new medicine service (NMS) interventions were declared, with 19,613 (52.8%) in Shropshire's community pharmacies. Of these, there was a pretty even split between the pharmacies from each family hub area although the North West had the highest number, and the highest rate per pharmacy and highest rate per head of population.

Figure 90: New Medicine Service (NMS) activity at Shropshire Community Pharmacies December 23 to November 24 by Family Hub Area per pharmacy

Area	Number of NMS interventions declared	% of Shropshire's Total	Number of pharmacies signed up	NMS interventions declared per pharmacy	Population	NMS interventions declared per head of population
North East	2,630	13.4%	7	375.7	58,366	0.05
North West	3,986	20.3%	7	569.4	51,791	0.08
Central East	3,299	16.8%	7	471.3	50,334	0.07
Central West	3,619	18.5%	8	452.4	59,342	0.06
South East	3,445	17.6%	9	382.8	67,568	0.05
South West	2,634	13.4%	5	526.8	36,237	0.07

Shropshire	19,613	100.0%	43	456.1	323,606	0.06

Pharmacy Contraception Service (PCS)

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.

Commented [JM22]: Is it worth outlining that the service is being expanded this year to include emergency contraception in addition to initiation and ongoing supply of regular contraception - this ties in with the data for the LA commissioned EHC service

- **Initiation**: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and
- **Ongoing supply**: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use

The service provides another opportunity for pharmacy owners to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services. The service aims to provide greater choice from where people can access contraception services and provide extra capacity in primary care and sexual health clinics to support meeting more complex needs. However, as this is a new service offered by pharmacies, it is expected that activity will rise by the time of the next PNA

In Shropshire, 40 of the community pharmacies are signed up to this service as of 16th January 2025 – the only exceptions being St Martins Pharmacy, Conway Pharmacy and Wenlock Pharmacy. Between December 23 and November 24, Shropshire had 834 community pharmacy contraceptive ongoing consultations, which was 56.9% of the ICB's total. Shropshire also had 109 community pharmacy contraceptive initiation consultations, which was 47% of the ICB's total.

Figure 91: Pharmacy Oral Contraception Consultations at Shropshire Community Pharmacies December 23 to November 24 by Family Hub Area per pharmacy

	No. of OC Ongoing	No. of Initiation	% of Shropshire's OCs	% of Shropshire's Initiations	Number of pharmacies signed up	OC per signed up pharmacy	Initiations per signed up pharmacy
North East	360	39	43.2%	35.8%	7	51.4	5.6
North West	199	19	23.9%	17.4%	6	33.2	3.2
Central East	10	1	1.2%	0.9%	6	1.7	0.2
Central West	147	37	17.6%	33.9%	8	18.4	4.6
South East	98	11	11.8%	10.1%	8	12.3	1.4
South West	20	2	2.4%	1.8%	5	4.0	0.4
Shropshire	834	109	100.0%	100.0%	**40**	20.9	2.7

Pharmacy First service

The Pharmacy First service, which commenced on 31st January 2024, is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that community pharmacies provide to the public every day and in establishing and funding community pharmacy as the first port of call for healthcare advice. This advanced service involves pharmacists providing advice and NHS funded treatment where appropriate for seven common conditions which are:

- Sinusitis (12 years and over)
- Sore throat (5 years and over)
- Acute otitis media (1 to 17 years)
- Infected insect bite (1 year and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)

- Uncomplicated UTI (Women 16 to 64 years)

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others. The service also covers minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances) if the conditions are met

Between February 24 and November 24, Shropshire had 14,701 consultations for any of the conditions under pharmacy first, which was 37.3% of the ICB's total, which is perhaps a lower percentage than would be expected given Shropshire has a larger population than Telford and Wrekin, so perhaps there are issues accessing this service. More consultations came from the central east family hub area (24.9%) than any other, and this had a higher number per pharmacy and per head of population.

Figure 92: Any Pharmacy First Consultations at Shropshire Community Pharmacies December 23 to November 24 by Month

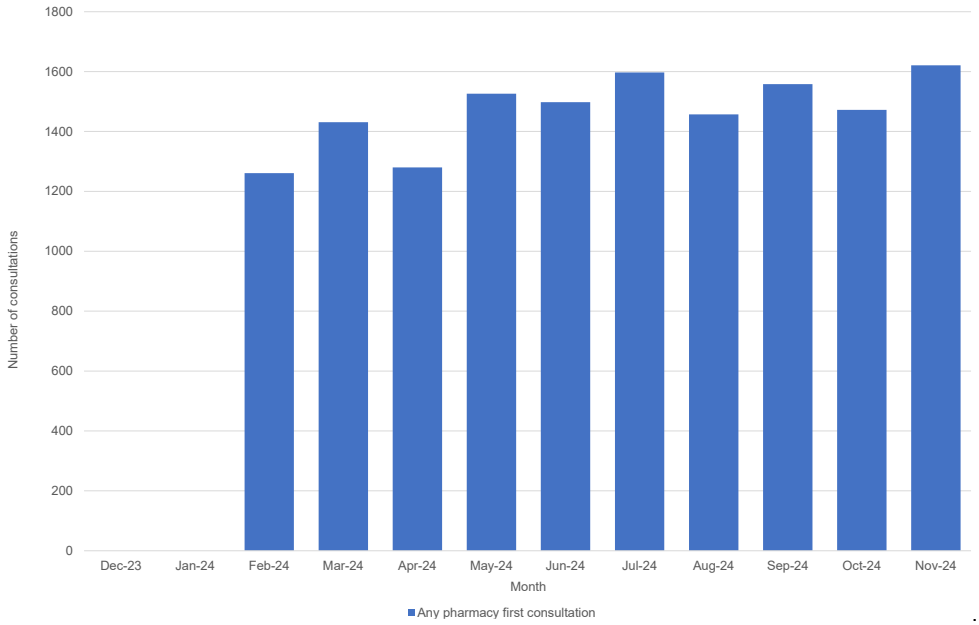
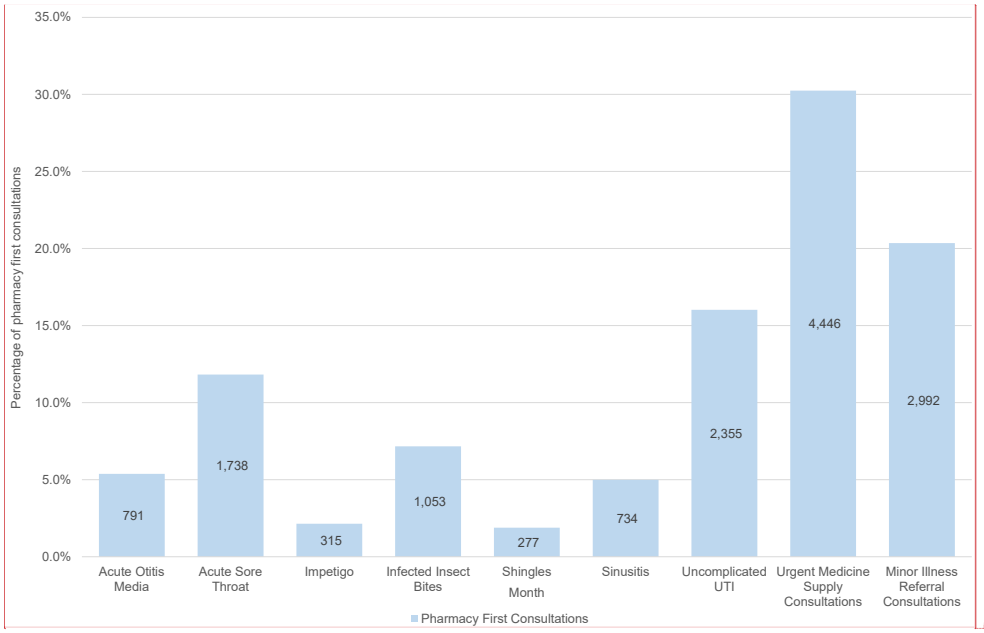


Figure 93: Any Pharmacy First Consultations at Shropshire Community Pharmacies February 24 to November 24 by Family Hub Area per pharmacy

Area	Any pharmacy first consultation	% of Shropshire's consultations	Number of pharmacies signed up	Any pharmacy first per pharmacy	Population	Any pharmacy first per head of population
North East	1,544	10.5%	7	220.6	58,366	0.03
North West	2,658	18.1%	7	379.7	51,791	0.05
Central East	3,655	24.9%	7	522.1	50,334	0.07
Central West	3,163	21.5%	8	395.4	59,342	0.05
South East	2,582	17.6%	9	286.9	67,568	0.04
South West	1,099	7.5%	5	219.8	36,237	0.03
Shropshire	14,701	100.0%	43	341.9	323,606	0.05

Figure 94: Pharmacy First Consultations at Shropshire Community Pharmacies December 23 to November 24 by Condition



Commented [JM23]: Label for shingles column includes 'month'?

Figure 95: Pharmacy First Consultations at Shropshire Community Pharmacies February 24 to November 24 by Type of Consultation and by Family Hub Area per pharmacy

Pharmacy First Consultations	North East	North West	Central East	Central West	South East	South West	Shropshire
Acute Otitis Media	73	182	154	181	116	85	791
Acute Sore Throat	151	443	363	339	252	190	1,738
Impetigo	45	47	69	71	54	29	315
Infected Insect Bites	125	104	282	283	177	82	1,053
Shingles	34	49	52	61	51	30	277
Sinusitis	87	131	118	195	120	83	734
Uncomplicated UTI	288	439	572	546	324	186	2,355
Urgent Medicine Supply Consultations	421	568	1,257	929	967	304	4,446
Minor Illness Referral Consultations	320	695	788	558	521	110	2,992
Any pharmacy first consultation	1,544	2,658	3,655	3,163	2,582	1,099	14,701

Smoking Cessation Service

Smoking Cessation Service (SCS) which was commissioned as an Advanced service from 10th March 2022. In July 2019, PSNC, NHS England and the Department of Health and Social Care (DHSC) agreed a five-year deal for community pharmacies, which included piloting a service to take stop smoking referrals from secondary care and then if successful, in Year 3 (2021/22) to commission such a service nationally.

Between December 23 and November 24, Shropshire had 47 smoking cessation which was 44.8% of the ICB's total. Of the 47 that took place in Shropshire, 20 (42.6%) were at South East family hub pharmacies and 18 (38.3%) at Central West ones.

Commented [AS24]: do we need to include the NRT through pharmacies that has just been commissioned for LA smoking cessation programme?

Commented [JM25R24]: I think it would be worth an acknowledgment, but an explanation this would be local commissioned service rather than Advanced like the SCS

Stoma Appliance Customisation (SAC) Service

Stoma Appliance Customisation (SAC) is the third Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Between December 23 and November 24, Shropshire had 79 stoma customisation fees which was 67.5% of the ICB's total. Of the 79 carried out in Shropshire, 47 (59.5%) were at North East family hub pharmacies and 29 (36.7%) at Central East ones.

Locally commissioned (enhanced) services

Local commissioners (for example, Shropshire Council or Shropshire, Telford and Wrekin ICB) can commission additional services through service level agreements. These services are commissioned to reflect the needs of the area. Services that are commissioned in Shropshire are shown in Figure 96~~Figure 85~~

Figure 96: Summary of provision of locally commissioned services in Shropshire (2025)

Locally commissioned service	Commissioner	Number of Pharmacies providing	Percentage of pharmacies providing (%)
Supervised consumption	Local Authority	31	72.1%
Needle and Syringe Exchange	Local Authority	26	60.5%
Sexual Health Services: Issue of treatment for Chlamydia	Local Authority	26	60.5%
Sexual Health Services: Issue of Chlamydia/Gonorrhoea Smartkits	Local Authority	26	60.5%
Condom Distribution Scheme	Local Authority	26	60.5%
Emergency Hormonal Contraception	Local Authority	27	62.8%
Covid vaccinations	National	21	48.8%
Influenza anti-viral	ICB	1	2.3%
IP pathfinder	ICB	3	7.0%
End of life	ICB	9	20.9%

In addition, there were two pilots that are no longer operating at present:

Joint Pain in Pharmacy (JPiP)

This involved the undertaking of free training and delivering support to patients for self-management of joint pain. This community pharmacy service offers specific healthy lives interventions to patients aged 45 years and over who have joint pain affecting the hands, hips, knees or feet. The aims of the service

are to help prevent worsening health for people with long-term health conditions affecting the joints, and to reduce the number and intensity of costly interventions in urgent planned or specialist care.

Community Pharmacy AF Screening (Telford & Wrekin and Shropshire Areas)

This was a pilot scheme to screen for atrial fibrillation in patients who are registered with a GP practice in either Telford or Shropshire, targeting those most at risk, i.e., anyone aged 65 and over with:

- coronary heart disease (angina, previous myocardial infarction, coronary artery bypass graft/stent)
- diabetes
- hypertension
- heart failure
- stroke/transient ischemic attack
- peripheral arterial disease

At present this project is paused and under review, due to funding of the machines required.

Local Authority Public Health Commissioned Services

The Local Authority currently commissions the following enhanced services across Shropshire

- Supervised consumption
- Needle and syringe exchange schemes
- Sexual Health Services: Issue of treatment for Chlamydia
- Sexual Health Services: Issue of Chlamydia/Gonorrhoea Smartkits
- Condom Distribution Scheme
- Emergency Hormonal Contraception
- Healthy start vitamins

Supervised consumption

This service requires an accredited pharmacist to supervise the consumption of prescribed medicines at the point of dispensing. The Pharmacist offers a client focused non-judgmental, confidential service, providing support and advice to the patient, including referral to primary care or specialist centres where appropriate. Supervision of medicines includes methadone and other medicines used for the management of opiate dependence. Community pharmacists link in with existing local networks for substance misuse services where necessary.

31 pharmacies in Shropshire are currently signed up for the observed consumption service. A list of the active providers is shown in Figure 100

Registrations

For the year 2023/24, there were 127 registrations of clients for the observed consumption from 33 different pharmacies in Shropshire. Figure 97~~Figure 97~~ shows a breakdown of client registrations by pharmacy.

Figure 97: Observed Consumption Registrations, 2023/24 by Family Hub Area

North East	North West	Central East	Central West	South East	South West	Shropshire
20	27	21	31	17	11	127

Source: PharmOutcomes, 01 April 2023 to 31 March 2024,

Activity Data

A total of 2,283 provisions out by 37 pharmacies across Shropshire for the period 01 April 2023 to 31 March 2024. Figure 98~~Figure 98~~ shows a breakdown of the provisions by the family hub area of the pharmacy, and Figure 99~~Figure 99~~ shows a breakdown of them by month.

Figure 100

~~Figure 100~~ shows the location of the pharmacies offering this service.

Figure 98: Observed Consumption Provisions, 2023/24 by Family Hub Area

North East	North West	Central East	Central West	South East	South West	Shropshire
163	405	301	752	369	293	2,283

Source: PharmOutcomes, 01 April 2023 to 31 March 2024,

Figure 99: Observed Consumption Provisions, 2023/24 by Month

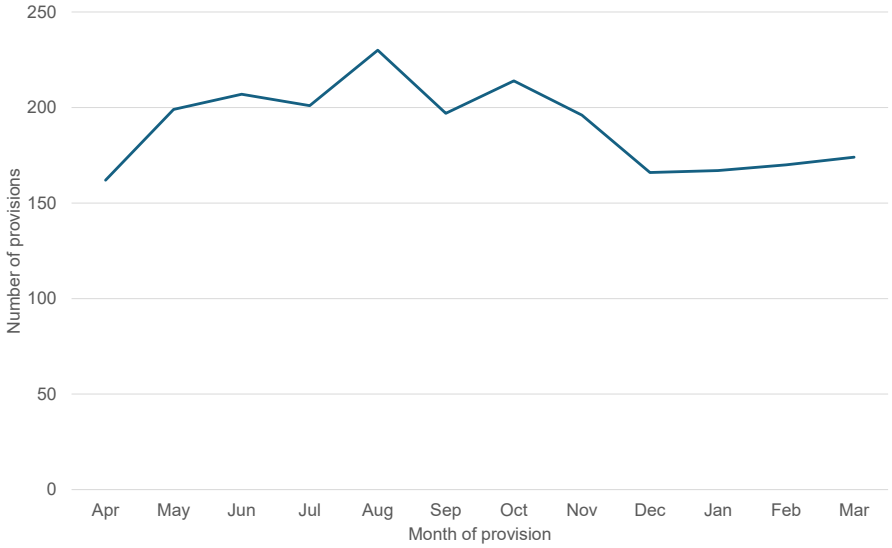


Figure 100: Pharmacies offering Observed Consumption Programme

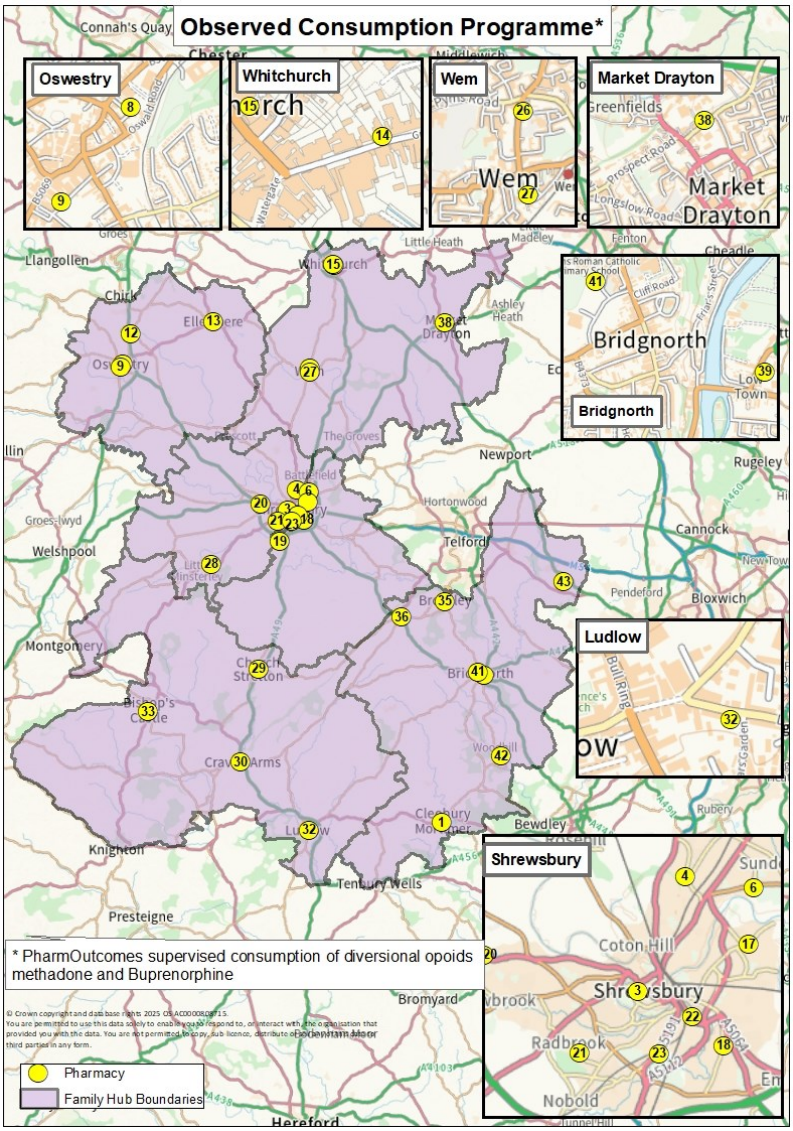


Figure 101: Key for pharmacies offering Observed Consumption Programme

Map ID	Name	Address
1	Cleobury Pharmacy	Off Vaughan Road, Cleobury Mortimer, DY14 8DB
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ
4	Well Pharmacy	101 Mount Pleasant Road, Shrewsbury, SY1 3EL
6	MSN & Lunts Pharmacy	Severn Fields Health Centre, Sundorne Road, Shrewsbury, SY1 4RQ
8	Day Lewis Pharmacy	Oswald Road, Oswestry, SY11 1RD
9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA

Map ID	Name	Address
12	Day Lewis Pharmacy	The Former Ticket Office, The Cross, Gobowen, SY11 3JS
13	Ellesmere Pharmacy	5 Cross Street, Ellesmere, SY12 0AW
14	Green End Pharmacy	11-13 Green End, Whitchurch, SY13 1AD
15	Rowlands Pharmacy	11 High Street, Whitchurch, SY13 1AX
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR
18	Rowlands Pharmacy	Marden Medical Practice, 25 Sutton Road, Shrewsbury, SY2 6DL
19	Rowlands Pharmacy	7 Lansdowne Road, Bayston Hill, Shrewsbury, SY3 0HT
20	Bicton Heath Pharmacy	Bicton Heath Shopping Centre, Welshpool Road, Shrewsbury, SY3 5AD
21	Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, SY3 6DU
22	Asda Pharmacy	Old Potts Way, Shrewsbury, SY3 7ET
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT
26	Rowlands Pharmacy	Wem And Prees Medical Practice, New Street, Wem, SY4 5AF
27	Rowlands Pharmacy	Unit 1, Morris Ctrl Shop Parade, Wem, SY4 5NY
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR
29	MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, SY6 6BH
30	Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, SY7 9BZ
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE
35	Rowlands Pharmacy	80 High Street, Broseley, TF12 5ET
36	Wenlock Pharmacy	14 High Street, Much Wenlock, TF13 6AA
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL
39	Bridgnorth Pharmacy	2 Mill Street, Bridgnorth, WV15 5AL
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP
43	Rhodes TC Chemist	77 High Street, Albrighton, Wolverhampton, WV7 3JA

Needle Exchange

The following is a summary of the activity data for the pharmacies-based needle exchange programme in Shropshire and covers the year between the dates 01 April 2023 and 31 March 2024.

Beginning from 01 October 2016 activity data has been collected using PharmOutcomes which is a web-based reporting platform for community pharmacies. 26 pharmacies in Shropshire are currently signed up to provide Needle Exchange Packs to injecting drug users. A list of the active providers is shown in

Figure 105~~Figure 105~~.

Registrations

In order to receive the different packs containing needles and other injecting drug paraphernalia, clients are asked to first register at a pharmacy. They are then given a card which they can present at any pharmacy in Shropshire which participates in the needle exchange programme and receive further packs. The idea is that a client only has to register once. For the year 2023/24, there were 127 registrations of clients to receive Needle Exchange Packs from 13 different pharmacies in Shropshire. Figure 102~~Figure 102~~ shows a breakdown of client registrations by family hub area.

Figure 102: Needle Exchange Registrations, 2023/24 by Family Hub Area

North East	North West	Central East	Central West	South East	South West	Shropshire
32	26	<5	52	5	8	127

Source: PharmOutcomes, 01 April 2023 to 31 March 2024,

Activity Data

A total of 1,919 needle exchange packs were given out by 16 pharmacies across Shropshire for the period 01 April 2023 to 31 March 2024. Figure 103~~Figure 103~~ shows a breakdown of the provisions by the family hub area of the pharmacy, and Figure 104~~Figure 104~~ shows a breakdown of them by month and shows there has been a downward trend through the year.

Figure 103: Needle Exchange Provisions, 2023/24 by Family Hub Area

North East	North West	Central East	Central West	South East	South West	Shropshire
544	673	11	526	113	52	1,919

Source: PharmOutcomes, 01 April 2023 to 31 March 2024,

Figure 104: Needle Exchange Provisions, 2023/24 by Month

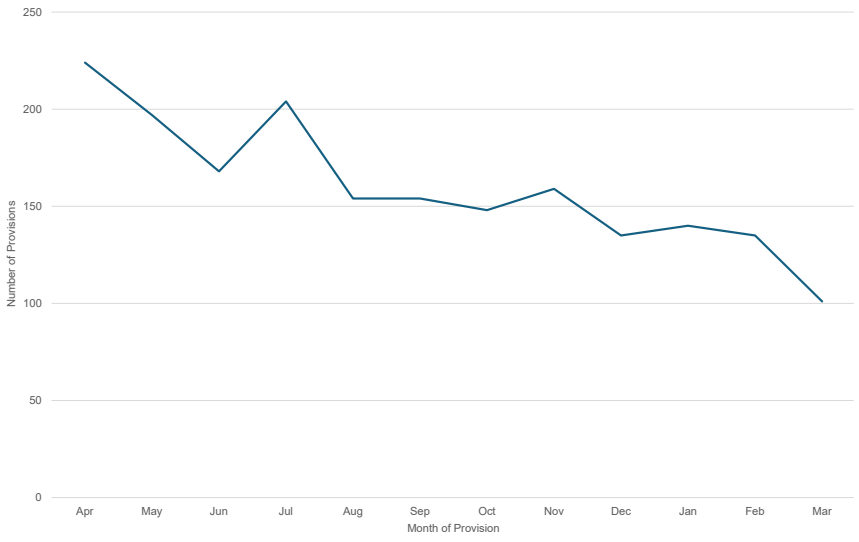


Figure 105: Pharmacies offering Needle Exchange Service

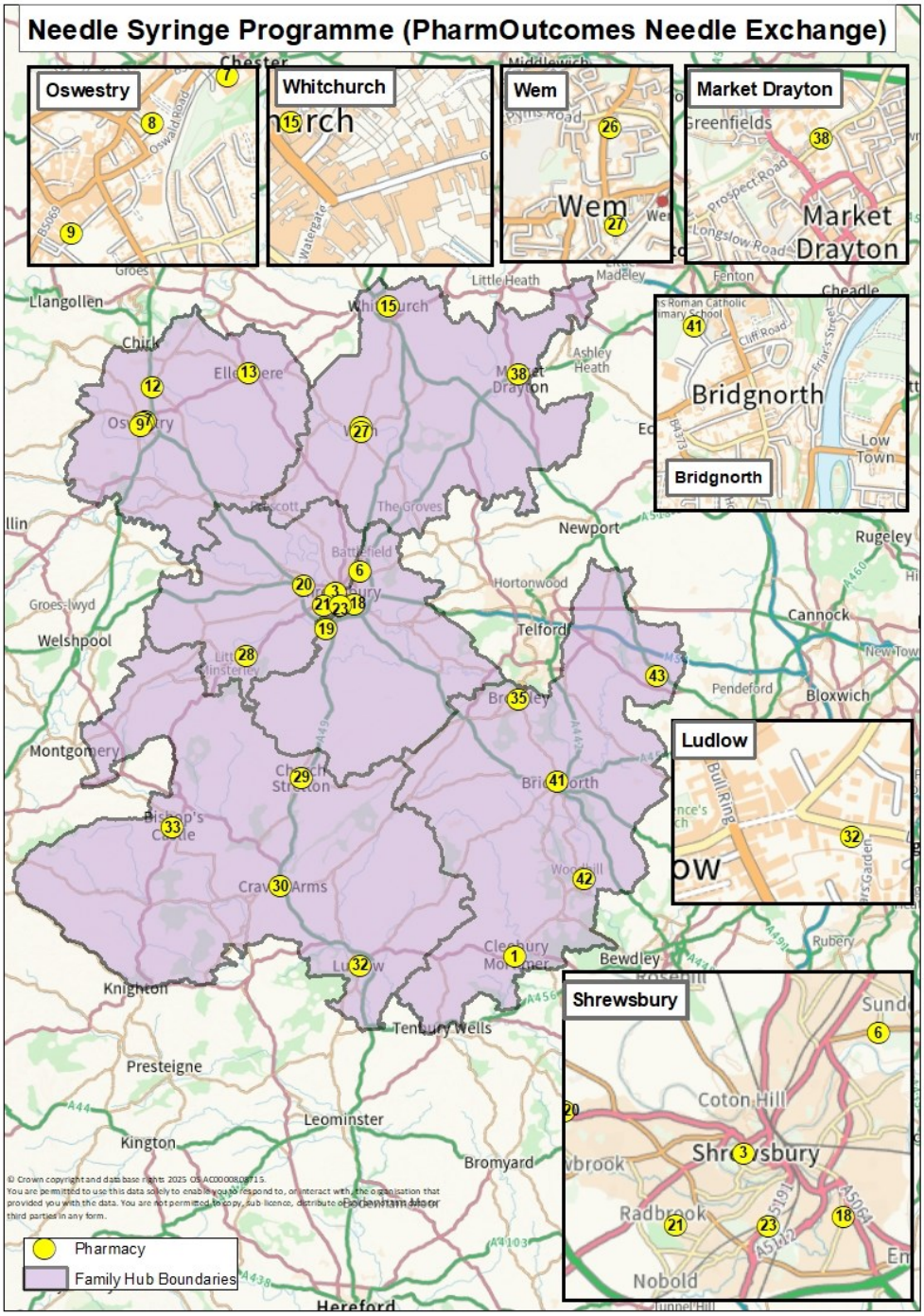


Figure 106: Key for pharmacies offering Needle Exchange service

Map ID	Name	Address
1	Cleobury Pharmacy	Off Vaughan Road, Cleobury Mortimer, DY14 8DB
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ
6	MSN & Lunts Pharmacy	Severn Fields Health Centre, Sundorne Road, Shrewsbury, SY1 4RQ
7	Cambrian Pharmacy	Cambrian Medical Centre, Thomas Savin Road, Oswestry, SY11 1GA
8	Day Lewis Pharmacy	Oswald Road, Oswestry, SY11 1RD
s9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA
12	Day Lewis Pharmacy	The Former Ticket Office, The Cross, Gobowen, SY11 3JS
13	Ellesmere Pharmacy	5 Cross Street, Ellesmere, SY12 0AW
15	Rowlands Pharmacy	11 High Street, Whitchurch, SY13 1AX
18	Rowlands Pharmacy	Marden Medical Practice, 25 Sutton Road, Shrewsbury, SY2 6DL
19	Rowlands Pharmacy	7 Lansdowne Road, Bayston Hill, Shrewsbury, SY3 0HT
20	Bicton Heath Pharmacy	Bicton Heath Shopping Centre, Welshpool Road, Shrewsbury, SY3 5AD
21	Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, SY3 6DU
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT
26	Rowlands Pharmacy	Wem And Prees Medical Practice, New Street, Wem, SY4 5AF
27	Rowlands Pharmacy	Unit 1, Morris Ctrl Shop Parade, Wem, SY4 5NY
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR
29	MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, SY6 6BH
30	Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, SY7 9BZ
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE
35	Rowlands Pharmacy	80 High Street, Broseley, TF12 5ET
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP
43	Rhodes TC Chemist	77 High Street, Albrighton, Wolverhampton, WV7 3JA

Sexual Health Services: Issue of treatment for Chlamydia

Many Chlamydia cases go undiagnosed as Chlamydia is often asymptomatic. The National Chlamydia Screening Programme (NCSP) was set up to control and prevent the spread of chlamydia, targeting the higher risk group of young people aged under 25 who are sexually active.

The numbers of people accessing this service from pharmacies are very low, between 1st April 2023 and February 2025, just under 2 full financial years, there were less than 5 people who accessed this service from just 2 pharmacies.

Although just two pharmacies had interactions recorded for treatment of Chlamydia, many more pharmacies are registered for this service (see Figure 107), perhaps, indicating a need to promote this service with the residents and patients within Shropshire.

Commented [JM26]: Is it possible to link this with public health data on number of expected cases in area? Would be useful to show there is a need for the this service rather than a lack of demand = no need

Figure 107: Pharmacies offering Chlamydia Treatment Service

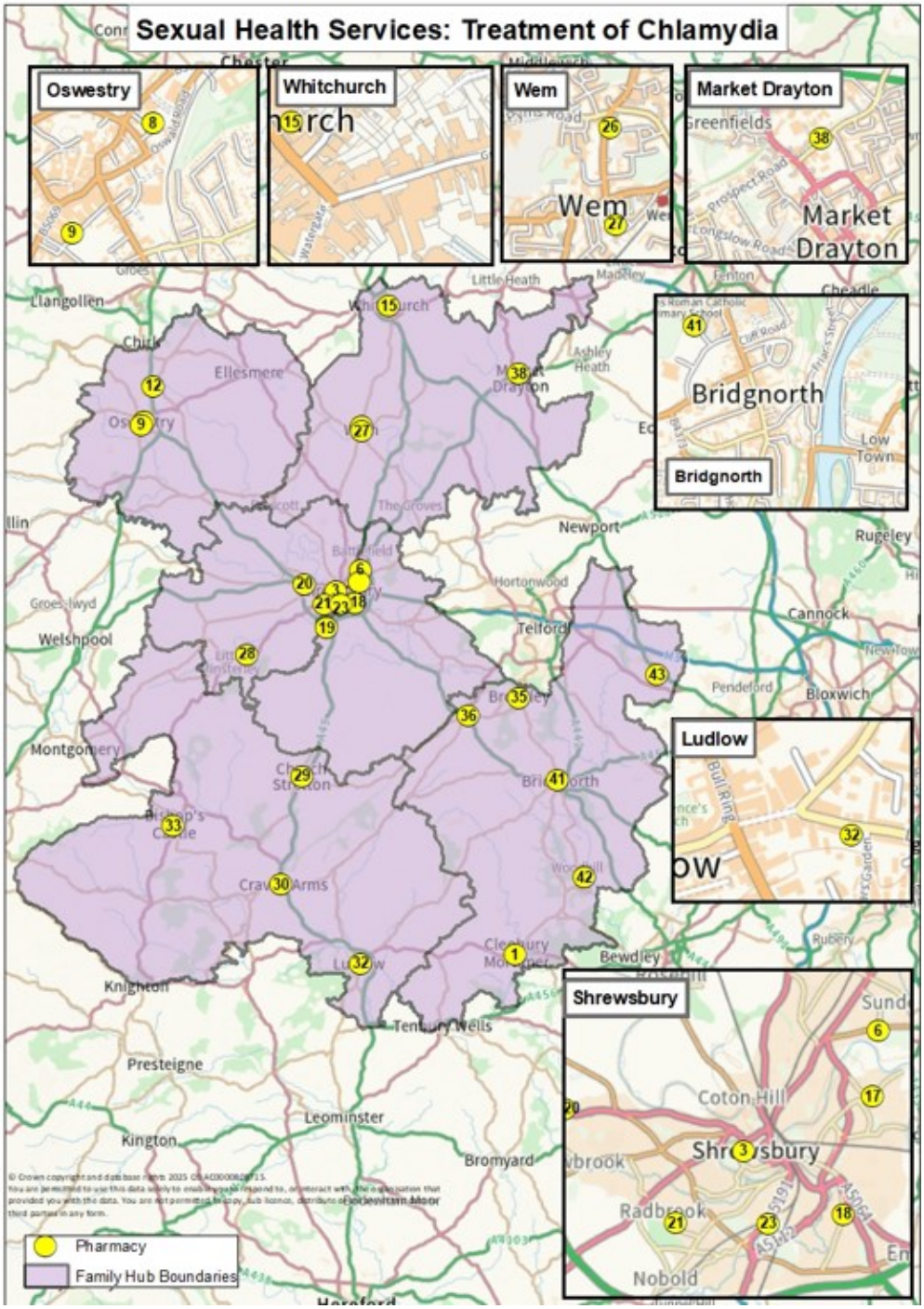


Figure 108: Key for pharmacies offering Chlamydia service

Map ID	Name	Address
1	Cleobury Pharmacy	Off Vaughan Road, Cleobury Mortimer, DY14 8DB
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ
6	MSN & Lunts Pharmacy	Severn Fields Health Centre, Sundorne Road, Shrewsbury, SY1 4RQ
8	Day Lewis Pharmacy	Oswald Road, Oswestry, SY11 1RD
9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA
12	Day Lewis Pharmacy	The Former Ticket Office, The Cross, Gobowen, SY11 3JS
15	Rowlands Pharmacy	11 High Street, Whitchurch, SY13 1AX
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR
18	Rowlands Pharmacy	Marden Medical Practice, 25 Sutton Road, Shrewsbury, SY2 6DL
19	Rowlands Pharmacy	7 Lansdowne Road, Bayston Hill, Shrewsbury, SY3 0HT
20	Bicton Heath Pharmacy	Bicton Heath Shopping Centre, Welshpool Road, Shrewsbury, SY3 5AD
21	Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, SY3 6DU
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT
26	Rowlands Pharmacy	Wem And Prees Medical Practice, New Street, Wem, SY4 5AF
27	Rowlands Pharmacy	Unit 1, Morris Ctrl Shop Parade, Wem, SY4 5NY
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR
29	MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, SY6 6BH
30	Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, SY7 9BZ
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE
35	Rowlands Pharmacy	80 High Street, Broseley, TF12 5ET
36	Wenlock Pharmacy	14 High Street, Much Wenlock, TF13 6AA
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP
43	Rhodes TC Chemist	77 High Street, Albrighton, Wolverhampton, WV7 3JA

Sexual Health Services: Issue of Chlamydia/Gonorrhoea Smartkits

Chlamydia and Gonorrhoea cause avoidable sexual and reproductive ill-health. The Chlamydia/ Gonorrhoea Screening Smartkit services provides a unisex kit for 16–24-year-olds. Which offers either a swab or urine collection and also includes a condom for the user. The kits can be tracked and monitored in terms of who's issued the kit to patients and those kits subsequently returned.

There were only 26 smartkits issued between 2020 and 2024, with the vast majority these (15) being to pharmacies in the North East family hub area, specifically Peak Pharmacy in Market Drayton, besides this one there were 6 other pharmacies that issued these kits.

Figure 109: Chlamydia/Gonorrhoea Smartkits Issued 2020 to 2024 by Family Hub Area

North East	North West	Central East	Central West	South East	South West	Shropshire
15	<5	7	72	<5	<5	26

Source: PharmOutcomes, 01 January 2020 to 31 December 2024,

Although seven pharmacies issued the Chlamydia/Gonorrhoea Smartkit, many more pharmacies are registered for this service, see Figure 110, perhaps, indicating a need to promote this service with the residents and patients within Shropshire, although it is likely that this has reduced due to the expansion of the online STI screening that is available.

Figure 110: Pharmacies offering Chlamydia/Gonorrhoea Smartkits

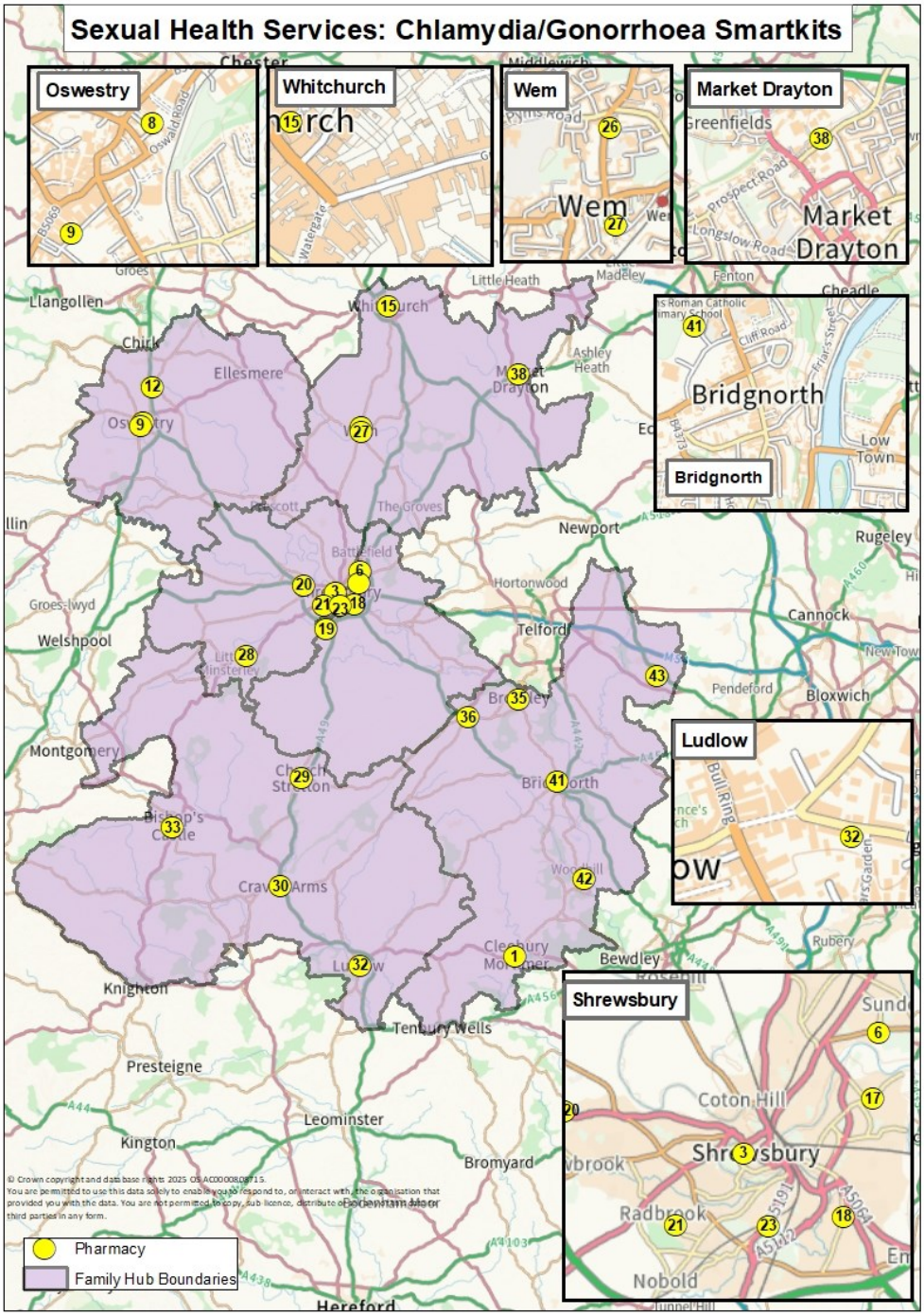


Figure 111: Key for pharmacies offering Chlamydia service

Map ID	Name	Address
1	Cleobury Pharmacy	Off Vaughan Road, Cleobury Mortimer, DY14 8DB
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ
6	MSN & Lunts Pharmacy	Severn Fields Health Centre, Sundorne Road, Shrewsbury, SY1 4RQ
8	Day Lewis Pharmacy	Oswald Road, Oswestry, SY11 1RD
9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA
12	Day Lewis Pharmacy	The Former Ticket Office, The Cross, Gobowen, SY11 3JS
15	Rowlands Pharmacy	11 High Street, Whitchurch, SY13 1AX
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR
18	Rowlands Pharmacy	Marden Medical Practice, 25 Sutton Road, Shrewsbury, SY2 6DL
19	Rowlands Pharmacy	7 Lansdowne Road, Bayston Hill, Shrewsbury, SY3 0HT
20	Bicton Heath Pharmacy	Bicton Heath Shopping Centre, Welshpool Road, Shrewsbury, SY3 5AD
21	Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, SY3 6DU
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT
26	Rowlands Pharmacy	Wem And Prees Medical Practice, New Street, Wem, SY4 5AF
27	Rowlands Pharmacy	Unit 1, Morris Ctrl Shop Parade, Wem, SY4 5NY
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR
29	MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, SY6 6BH
30	Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, SY7 9BZ
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE
35	Rowlands Pharmacy	80 High Street, Broseley, TF12 5ET
36	Wenlock Pharmacy	14 High Street, Much Wenlock, TF13 6AA
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP
43	Rhodes TC Chemist	77 High Street, Albrighton, Wolverhampton, WV7 3JA

Condom Distribution Scheme

The Shropshire Condom Distribution Scheme (CDS) offers free condoms to young people from age 13 to 19, and in some services up to 25 years. To obtain a C (Condom) card, young people access a health or other trained professional, who following a short sexual health consultation, who will then issue them with an age-related card with an expiry date. Under 16's are assessed under Fraser Guidelines and safeguarding is an integral part of the registration process for all. C-card holders can then obtain free condoms from a variety of places including GP Practices, pharmacies or their place of education if the scheme is offered on site. Once the card expires, the young person needs to re-access a health or other trained professional to have it re-validated.

Pharmacies are an integral and essential part of the operation of CDS, and participate in either one of or both ways:

- **Distribution outlet** – 26 pharmacies located over Shropshire are part of the Distribution outlets. This means a young person aged 24 and under, who has signed up for a C-card, can collect a bag of pre-packed condoms relating to the star rating on their card. This is an over-the-counter transaction.

- **Provision of a C-card with Emergency Hormonal Contraception (EHC) –** Accredited pharmacists offer free registration and distribution of condoms in the local Condom Distribution Scheme (CDS) to women accessing Emergency Contraception aged up to 25 years. This is ensuring instant access to free contraception following an episode of unprotected sex.

Data on the CDS was extracted from PharmOutcomes between 2020 and 2024 and showed only 95 interactions and that interactions were falling, with less in recent years than during the years of covid lockdowns. The vast majority of these interactions, 72 (76%) were at pharmacies in the Central West family

hub area that incorporates Shrewsbury Town centre, with the majority (51) at the Rhodes pharmacy, Claremont Hill – which has now closed. In total 13 pharmacies had interactions for CDS, but there are more pharmacies are registered for this service, see Figure 114. Perhaps, indicating a need to promote this service with the residents and patients within Shropshire

Figure 112: CDS Interactions in Shropshire Pharmacies by Year, 2020 to 2024

	2020	2021	2022	2023	2024	Total
CDS interactions	31	18	19	16	11	95

Figure 113: CDS Interactions in Shropshire Pharmacies by Family Hub Area, 2020 to 2024

North East	North West	Central East	Central West	South East	South West
14	<5	7	72	<5	<5

Figure 114: Pharmacies offering Condom Distribution Service

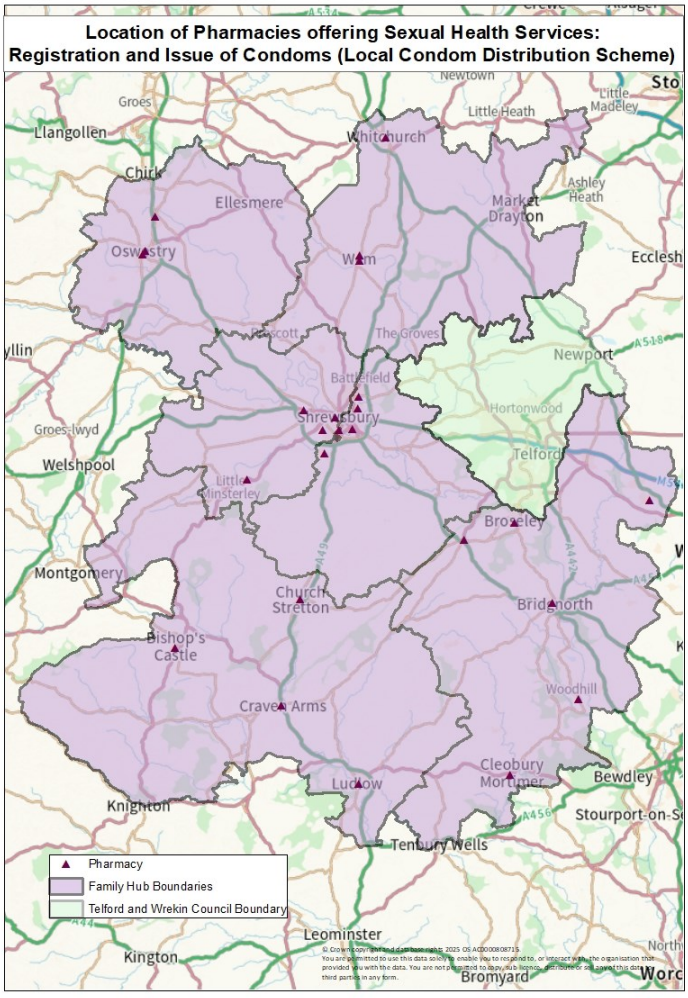


Figure 115: Key for pharmacies offering Condom Distribution Service

Map ID	Name	Address
1	Cleobury Pharmacy	Off Vaughan Road, Cleobury Mortimer, DY14 8DB
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ
6	MSN & Lunts Pharmacy	Severn Fields Health Centre, Sundorne Road, Shrewsbury, SY1 4RQ
8	Day Lewis Pharmacy	Oswald Road, Oswestry, SY11 1RD
9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA
12	Day Lewis Pharmacy	The Former Ticket Office, The Cross, Gobowen, SY11 3JS
15	Rowlands Pharmacy	11 High Street, Whitchurch, SY13 1AX
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR
18	Rowlands Pharmacy	Marden Medical Practice, 25 Sutton Road, Shrewsbury, SY2 6DL
19	Rowlands Pharmacy	7 Lansdowne Road, Bayston Hill, Shrewsbury, SY3 0HT
20	Bicton Heath Pharmacy	Bicton Heath Shopping Centre, Welshpool Road, Shrewsbury, SY3 5AD
21	Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, SY3 6DU
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT
26	Rowlands Pharmacy	Wem And Prees Medical Practice, New Street, Wem, SY4 5AF
27	Rowlands Pharmacy	Unit 1, Morris Ctrl Shop Parade, Wem, SY4 5NY
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR
29	MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, SY6 6BH
30	Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, SY7 9BZ
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE
35	Rowlands Pharmacy	80 High Street, Broseley, TF12 5ET
36	Wenlock Pharmacy	14 High Street, Much Wenlock, TF13 6AA
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP
43	Rhodes TC Chemist	77 High Street, Albrighton, Wolverhampton, WV7 3JA

Emergency Hormonal Contraception

Emergency Hormonal Contraception (EHC) is provided by accredited community pharmacists, free of charge and without prescription, under a 'patient group direction'. The service is available to young women up to the age of 25 years.

In 2021, Shropshire had a lower under 18 conception rates (12.5 per 1,000 women aged 15-17), than England (13.1 per 1,000 women aged 15-17).

Between 2023/24 and 2024/25, there were 918 emergency hormonal conceptions cases at Shropshire pharmacies, and these were in each of the family hub areas, see Figure 116~~Figure 105~~, although the majority of these were at pharmacies in the Central West family hub area - 435 (47%). In total 25 pharmacies had distributed EHC in this period, although there are more pharmacies that are registered for this service, see
Figure 118
~~Figure 118~~ and Figure 119~~Figure 119~~ (which also shows how the activity for each of these pharmacies in this period).

Figure 116: EHC Interactions in Shropshire Pharmacies by Family Hub Area, 2023/24 to 2024/25

North East	North West	Central East	Central West	South East	South West
106	104	144	435	88	41

Figure 117: EHC Interactions in Shropshire Pharmacies by Month, 2023/24 to 2024/25

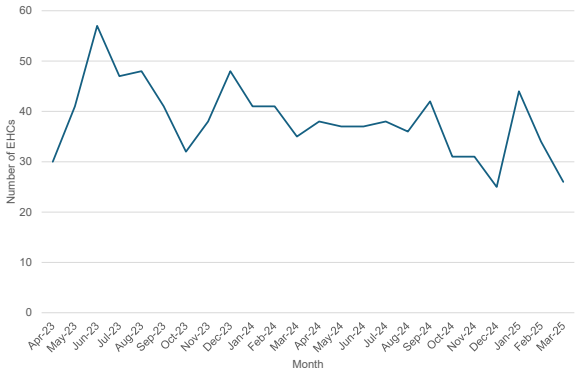


Figure 118: Pharmacies offering Emergency Hormonal Contraception Service

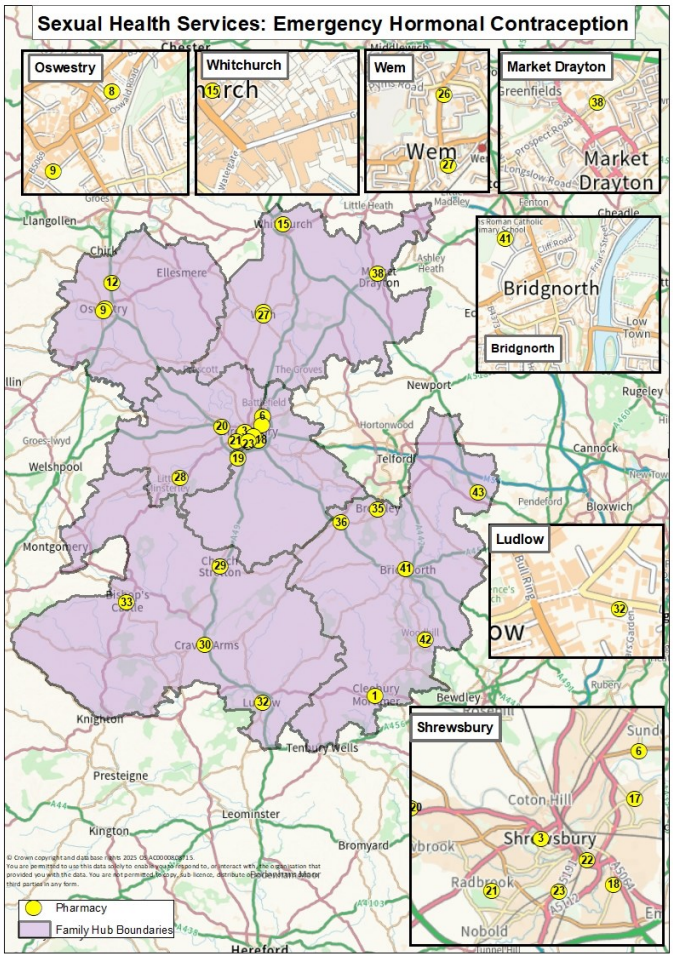


Figure 119: Key for pharmacies offering Emergency Hormonal Contraception Service

Map ID	Name	Address	Number 23/24 – 24/25
1	Cleobury Pharmacy	Off Vaughan Road, Cleobury Mortimer, DY14 8DB	20
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ	187
6	MSN & Lunts Pharmacy	Severn Fields Health Centre, Sundorne Road, Shrewsbury, SY1 4RQ	<5
8	Day Lewis Pharmacy	Oswald Road, Oswestry, SY11 1RD	7
9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA	96
12	Day Lewis Pharmacy	The Former Ticket Office, The Cross, Gobowen, SY11 3JS	<5
15	Rowlands Pharmacy	11 High Street, Whitchurch, SY13 1AX	<5
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR	56
18	Rowlands Pharmacy	Marden Medical Practice, 25 Sutton Road, Shrewsbury, SY2 6DL	9
19	Rowlands Pharmacy	7 Lansdowne Road, Bayston Hill, Shrewsbury, SY3 0HT	12
20	Bicton Heath Pharmacy	Bicton Heath Shopping Centre, Welshpool Road, Shrewsbury, SY3 5AD	39
21	Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, SY3 6DU	49
22	Asda Pharmacy	Old Potts Way, Shrewsbury, SY3 7ET	8
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT	59
26	Rowlands Pharmacy	Wem And Prees Medical Practice, New Street, Wem, SY4 5AF	23
27	Rowlands Pharmacy	Unit 1, Morris Ctrl Shop Parade, Wem, SY4 5NY	
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR	36
29	MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, SY6 6BH	<5
30	Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, SY7 9BZ	19
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU	6
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE	<5
35	Rowlands Pharmacy	80 High Street, Broseley, TF12 5ET	<5
36	Wenlock Pharmacy	14 High Street, Much Wenlock, TF13 6AA	30
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL	83
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN	12
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP	26
43	Rhodes TC Chemist	77 High Street, Albrighton, Wolverhampton, WV7 3JA	<5

Healthy Start Vitamins

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families receiving benefits and tax credits. Women who are at least 10 weeks pregnant or if you have a child under four years old qualify for Healthy Start if the family is receiving a qualifying benefit.

Women also qualify during the whole of their pregnancy if they are under-18 when they apply, even if they are not in receipt of the above benefits or tax credits. If eligible, you'll be sent a healthy start card which is loaded with money on it that can be used in some UK shops to buy milk, vegetables, pulses and infant formula milk and also healthy start vitamins for pregnancy and vitamin drops for babies and young children. Every eight weeks, women get sent vitamin coupons, which they can swap for Healthy Start vitamins in their local area. The coupons are either for Healthy Start women's tablets or Healthy Start children's drops. Young children and babies may not get enough vitamin A and D even if they're eating well. If you're pregnant or breastfeeding, you may not get enough vitamin C, vitamin D or folic acid.

At present, the only pharmacy that stocks healthy start vitamins is Boots on Pride Hill in Shrewsbury, although they are available through midwifery and health visitors. One reason for so few pharmacies having health vitamins is that in the past more used to have them, but because there was low uptake, the packs they did have expired, so they didn't restock. It has not been possible to get activity data as yet.

NHS England Commissioned Services

Covid Vaccinations

Figure 120: Pharmacies offering Covid Vaccinations

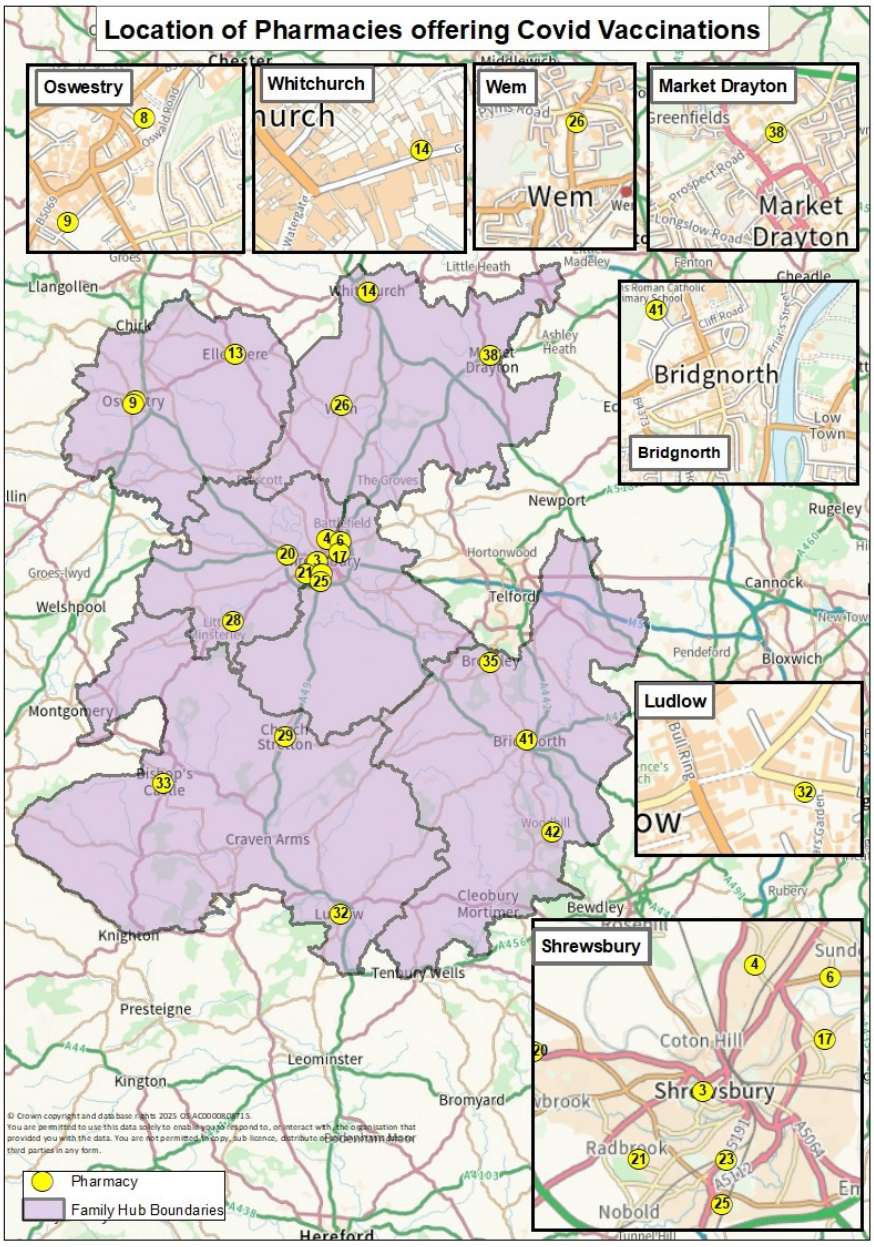


Figure 121: Key for pharmacies offering Covid Vaccinations

Map ID	Name	Address
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ
4	Well Pharmacy	101 Mount Pleasant Road, Shrewsbury, SY1 3EL
6	MSN & Lunts Pharmacy	Severn Fields Health Centre, Sundorne Road, Shrewsbury, SY1 4RQ
8	Day Lewis Pharmacy	Oswald Road, Oswestry, SY11 1RD
9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA
13	Ellesmere Pharmacy	5 Cross Street, Ellesmere, SY12 0AW
14	Green End Pharmacy	11-13 Green End, Whitchurch, SY13 1AD
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR
20	Bicton Heath Pharmacy	Bicton Heath Shopping Centre, Welshpool Road, Shrewsbury, SY3 5AD
21	Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, SY3 6DU
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT
25	Boots	Meole Brace Retail Park, Hereford Road, Shrewsbury, SY3 9NB
26	Rowlands Pharmacy	Wem And Prees Medical Practice, New Street, Wem, SY4 5AF
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR
29	MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, SY6 6BH
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE
35	Rowlands Pharmacy	80 High Street, Broseley, TF12 5ET
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP

ICB Commissioned

Influenza Anti-Viral

Only 1 pharmacy offers this survey in Shropshire, which is Asda Pharmacy on Old Potts Way, Shrewsbury. 2 more pharmacies in Telford and Wrekin also offer the service.

Commented [JM27]: service

IP Pathfinder

This is a testbed national programme designed to inform future commissioning policies, as prescribing services in community pharmacy is the future national direction for the community pharmacy sector. Once the pathfinder programme concludes later this year, we will need to start considering provision across the area as at present we have only got 3 slots in Shropshire and Telford and Wrekin.

Figure 122: Community Pharmacies in Shropshire offering IP Pathfinder Service

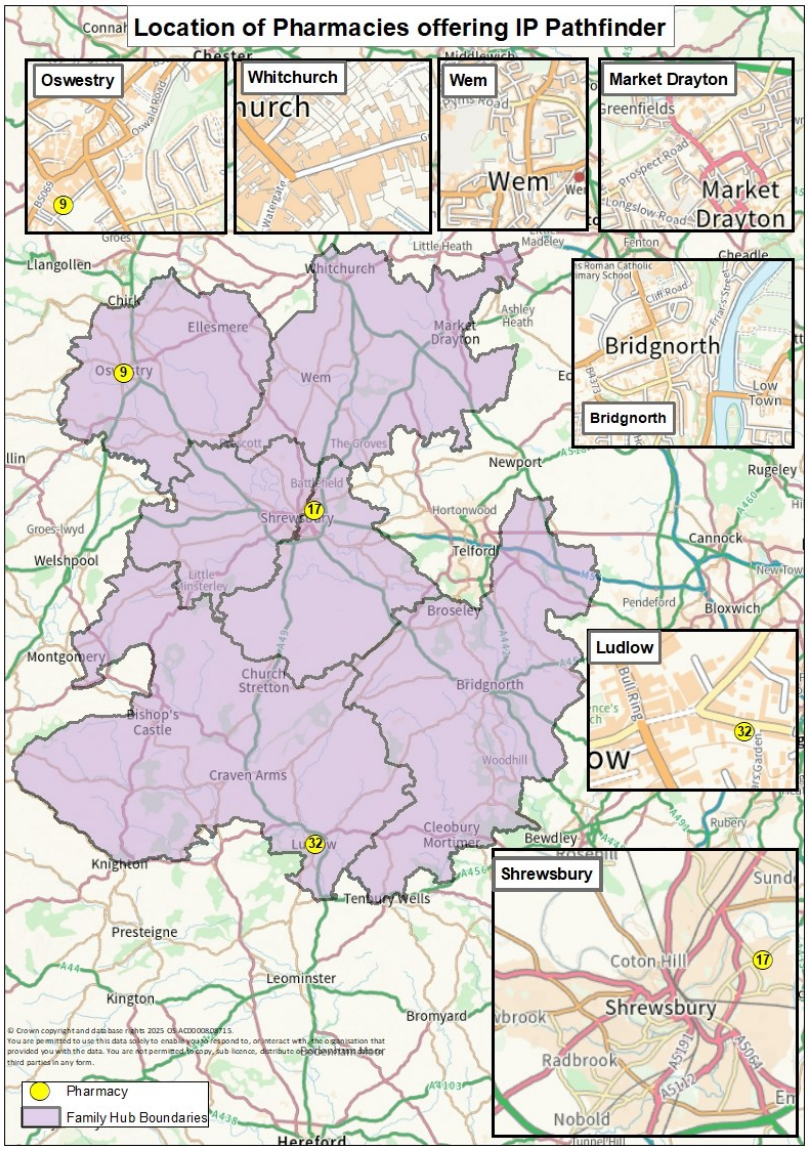


Figure 123: Key for pharmacy maps

Map ID	Name	Address
9	Day Lewis Pharmacy	14 English Walls, Oswestry, SY11 2PA
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU

End of life

This service is currently contracted until the end of March 2025 however the intention is to continue it, but the commissioning framework used is still to be decided. Some pharmacies that offered the service have said that they will not be continuing past March.

Figure 124: Community Pharmacies in Shropshire offering End of Life Service

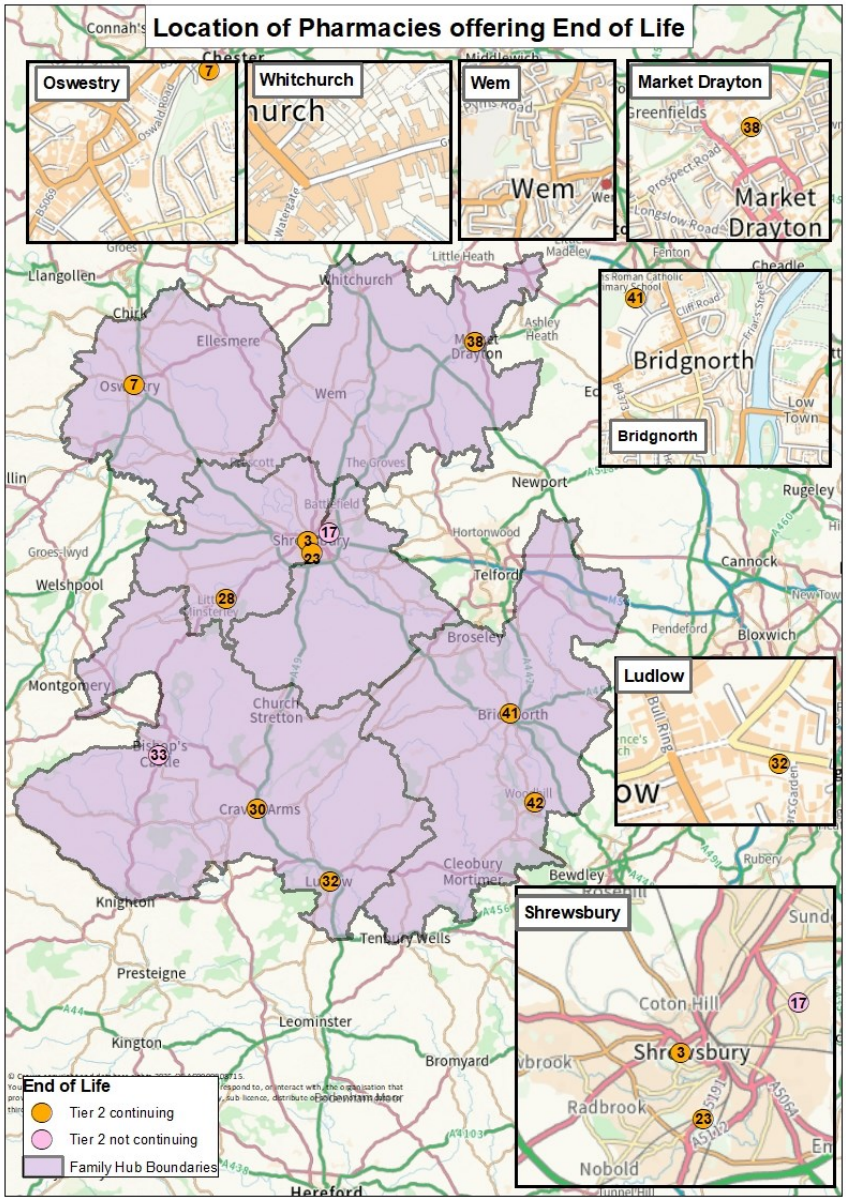


Figure 125: Key for pharmacy maps

Map ID	Name	Address
3	Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, SY1 1QJ
7	Cambrian Pharmacy	Cambrian Medical Centre, Thomas Savin Road, Oswestry, SY11 1GA
17	Conway Pharmacy	238 Monkmoor Road, Telford Estate, Shrewsbury, SY2 5SR
23	Lunts Pharmacy	1-3 Hereford Road, Shrewsbury, SY3 7QT
28	Pontesbury Pharmacy	Main Road, Pontesbury, SY5 0RR
30	Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, SY7 9BZ
32	Lunts Pharmacy	116-119 Lower Galderford, Ludlow, SY8 1RU
33	Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, SY9 5AE
38	Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, TF9 3AL
41	Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN
42	Highley Pharmacy	Beulah House, High Street, Highley, WV16 6LP

Patient Group Direction Service (PGD)

Patient Group Directions (PGDs) provide a legal framework that allows some medicines to be supplied and/or administered by named, authorised, registered health professionals, to a pre-defined group of patients needing preventative treatment e.g. vaccinations or treatment for a condition without the need for a prescription e.g. minor injury units.

PGDs may be appropriate when medicine use follows a predictable pattern, such as for patients attending for contraception, or where patients seek unscheduled care, such as for a minor ailment in a community pharmacy or walk-in centre.

Supplying and /or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety.

Commented [JM28]: Not sure if this section is needed?

Provision of Pharmaceutical services to Care Homes

Shropshire has a significant number of care homes (114), for adults and there are also a considerable number of children's homes, with many children are placed in these homes from outside of the county.

Care homes access support, advice and guidance from Shropshire, Telford and Wrekin ICB, as well as the community pharmacy Shropshire network. Community pharmacies also give advice, supply medicines, remove waste medicines and provide compliance aids to care homes in Shropshire, however there is no formal contractual agreement, and what they provide is down to the individual pharmacy contractor. There are also more care homes than there are community pharmacies and dispensing practices combined, so inevitably there are some areas of Shropshire where provision could potentially be an issue.

Figure 126: Location of care homes in Shropshire

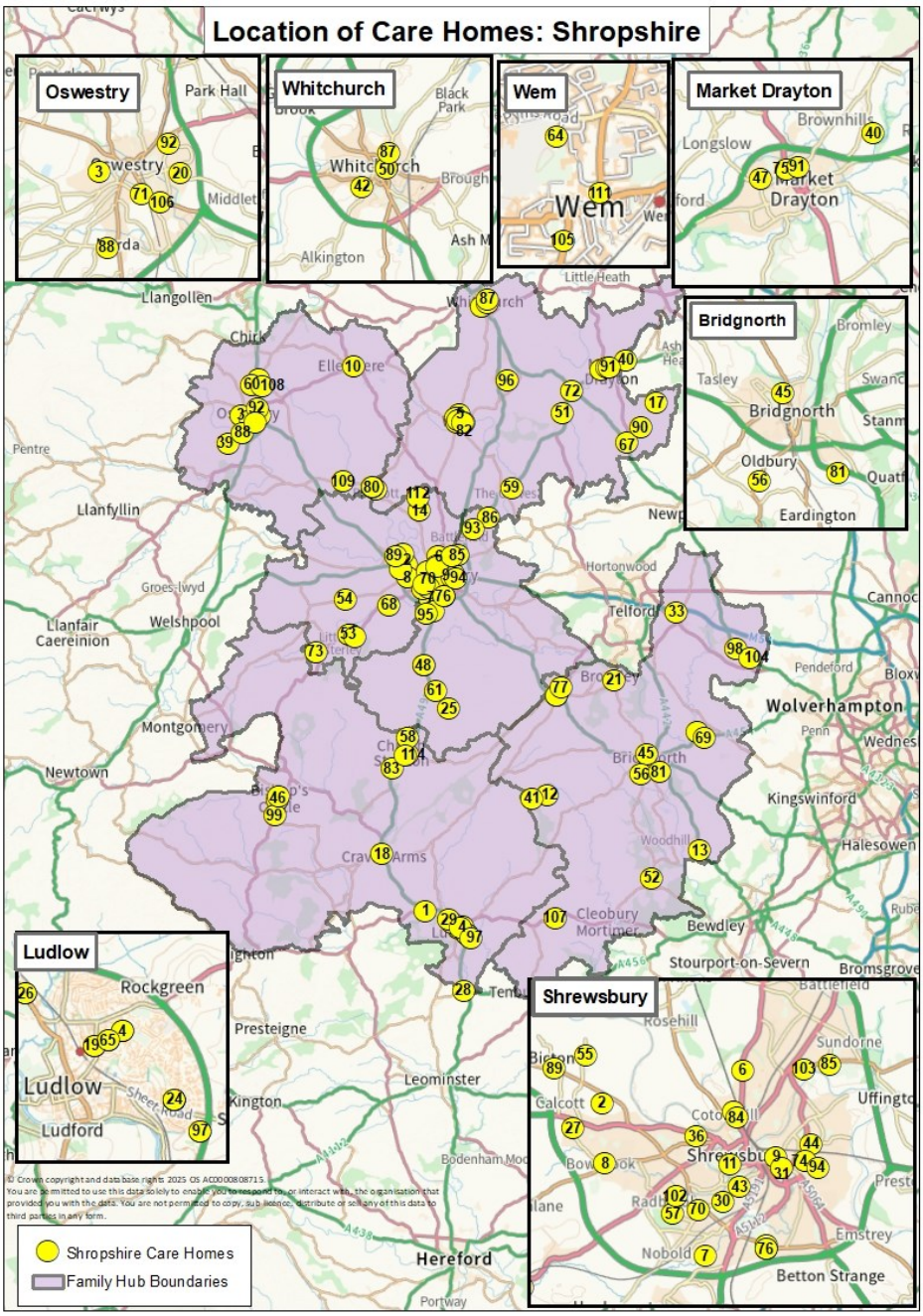


Figure 127: Key to Location of care homes in Shropshire Map

Map ID	Name	Postcode	Map ID	Name	Postcode
1	Onny Cottage	SY8 2JU	**58**	Stretton Hall Nursing Home	SY6 6HG
2	The Uplands at Oxon	SY3 8GA	**59**	River Meadows Nursing Home	SY4 4EL
3	High Lea House	SY11 1SY	**60**	Hengoed Park	SY10 7EE
4	Hendra House Residential Home	SY8 1HH	**61**	Church View	SY5 7PP
5	Landona House	SY4 5QP	**62**	Limetrees	SY2 6GY
6	Normanton Retirement Home	SY1 2RJ	**63**	Oxbow Manor	SY2 6QH
7	Maesbrook Nursing Home	SY3 9HQ	**64**	Bowens Field	SY4 5AP
8	Bowbrook House	SY3 5BS	**65**	Alexandra House	SY8 1QT
9	Hartlands Residential Home	SY2 5AD	**66**	The Vicarage Nursing Home	SY3 0EA
10	Ellesmere House	SY12 0HB	**67**	Hinstock Manor Residential Home Limited	TF9 2TE
11	Swan Hill House Residential Home	SY1 1NQ	**68**	Weir Road	SY5 8LA
12	Arden Grange Nursing & Residential Care Home	WV16 6SQ	**69**	Hilton Brook House	WV15 5PE
13	Bower Grange Residential Care Home	WV15 6JA	**70**	The Ferns Residential Home	SY3 9ED
14	The Crescent	SY4 3PQ	**71**	Bluebell View	SY11 2HU
15	The Wheatlands	SY4 2DW	**72**	Shropshire Respite Centre	TF9 3PX
16	Hall Bank Mews	SY5 0RF	**73**	Hillcrest Manor Nursing Home	SY5 0DL
17	Cheswardine Hall Nursing & Residential Home	TF9 2RJ	**74**	Portland House Nursing Home	SY2 5LS
18	Sunnydale	SY7 9PY	**75**	Bradbury Court	TF9 3FR
19	Glenview	SY8 1QS	**76**	Oxbow Manor	SY2 6QH
20	Llysfield Nursing Home Limited	SY11 2LJ	**77**	Lady Forester Community Nursing Home	TF13 6NB
21	Lady Forester Residential & Day Care Centre	TF12 5DB	**78**	The Old Vicarage	SY4 2EF
22	Vision Homes Association - 1A Toll Gate Road	SY8 1TQ	**79**	Briery Lodge	SY4 2EF
23	Vision Homes Association - 1B Toll Gate Road	SY8 1TQ	**80**	The Coach House	SY4 2EF
24	Vision Homes Association - 1C Toll Gate Road	SY8 1TQ	**81**	Danesford Grange Care Home	WV15 6QD
25	Blackhurst Care Home	SY5 7QJ	**82**	The Orchard	SY4 5JD
26	Four Rivers Nursing Home	SY8 1DW	**83**	Caradoc House Residential Care Home	SY6 6RB
27	Ideal Home	SY3 5DH	**84**	Oakdene Care Providers	SY1 2LN
28	Woofferton Residential Care Home	SY8 4AL	**85**	Montgomery House	SY1 4RQ
29	Churchill House Care Home	SY8 1EL	**86**	Greenfields	SY4 4BY
30	Abbey Care Direct Limited	SY3 7HW	**87**	Bradbury Lodge	SY13 1NT
31	Holy Cross Care Homes Limited	SY2 6AP	**88**	Woodland Residential Care Home Limited	SY10 9NX
32	Bradeney House Nursing & Care Home	WV15 5NT	**89**	Mayfield House	SY3 8EQ
33	Netherwood Residential Care Home	TF11 8DG	**90**	The New Barn	TF9 2NA
34	Ottley House	SY1 2PA	**91**	Maer Lane	TF9 3AL
35	Field House	SY6 7AA	**92**	Windsor Road	SY11 2UB
36	The Mount & Severn View	SY3 8PP	**93**	Jubilee Villa Care Home Ltd	SY4 4BU
37	Wheatlands	TF13 6AT	**94**	Elms House	SY2 5PE
38	Darwin Place	TF13 6AT	**95**	Shaftesbury York House	SY3 0PZ
39	Brooke House Residential Home	SY10 9AS	**96**	Elmhurst Nursing Home	SY13 2EN
40	Tunstall Hall Care Centre	TF9 4AA	**97**	Hagley Place	SY8 1LS
41	Ditton Priors Care Centre	WV16 6TW	**98**	The Old Rectory Care Home	WV7 3EP
42	Greenfields Care Home	SY13 1SG	**99**	The Pines Residential Home	SY9 5JY
43	Briarfields	SY3 7JN	**100**	High Trees Residential Home	SY9 5DA
44	Barleyfields House	SY2 5JJ	**101**	Cliffdale Rest Home	SY5 0QD
45	Innage Grange	WV16 4HN	**102**	38 Torrin Drive	SY3 6AW

Map ID	Name	Postcode	Map ID	Name	Postcode
46	Stone House	SY9 5AJ	**103**	Welwyn	SY1 4RT
47	Woodcroft	TF9 3UB	**104**	The Cedars	WV7 3JH
48	Consensus Support Services Limited - Shrewsbury	SY5 7JW	**105**	Walford Lodge	SY4 5ED
49	Old Vicarage Nursing Home	SY11 3JS	**106**	New Fairholme	SY11 2RT
50	Weston House Residential Home	SY13 1AJ	**107**	Doddington Lodge	DY14 0HJ
51	Beech House Nursing Home	TF9 3NB	**108**	Meadowbrook Care Home	SY10 7HD
52	Park House Nursing Home	DY12 3BB	**109**	Kynaston Farm	SY4 1JT
53	Railway Cottage	SY5 0QY	**110**	High Ridges	SY5 7JW
54	Yockleton Grange Residential Home	SY5 9PQ	**111**	Roseville House	SY4 5AB
55	Isle Court Nursing Home	SY3 8DY	**112**	Merrington Grange	SY4 3QJ
56	Oldbury Grange Nursing Home	WV16 5LW	**113**	Highbury House	SY4 5BA
57	Radbrook Nursing Home	SY3 6AL	**114**	The Sandford Nursing Home	SY6 7BG

Areas of potential focus for care home provision

The next three maps show some potential issues if there was ever a problem with the pharmacy, as there are over 5 kilometres between a care home and a pharmacy or dispensing practice, or in the last map, where there is only one pharmacy for over 5 kilometres in close proximity to three care homes.

Figure 128: Brown Clee Medical Centre, Arden Grange Nursing & Residential Care Home and Ditton Priors Care Centre. Only have close access to a dispensing practice

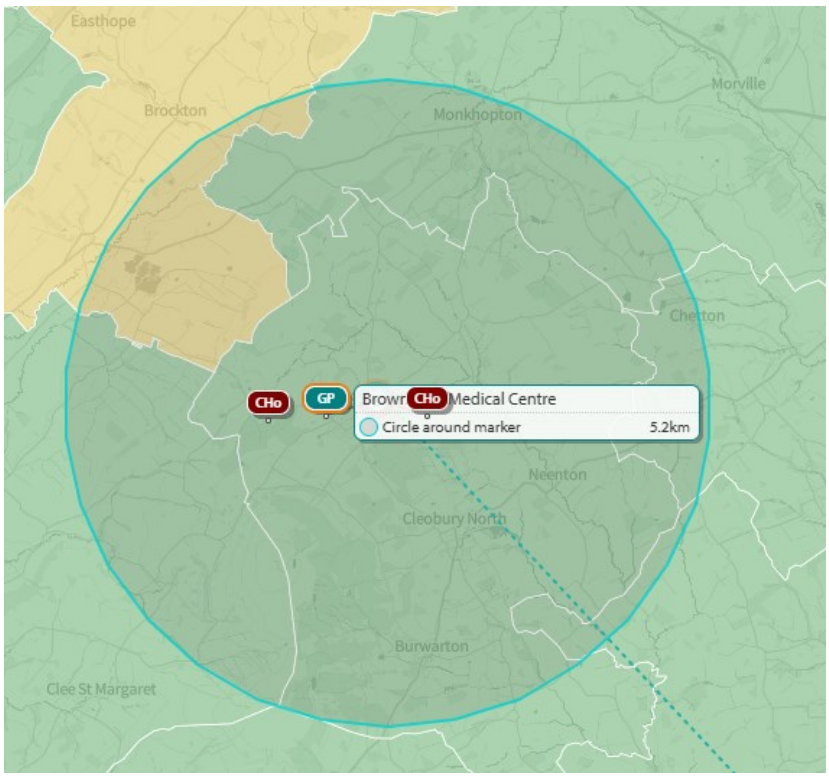


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Figure 129: Doddington Lodge. Significant distance to nearest pharmacies in Cleobury Mortimer.

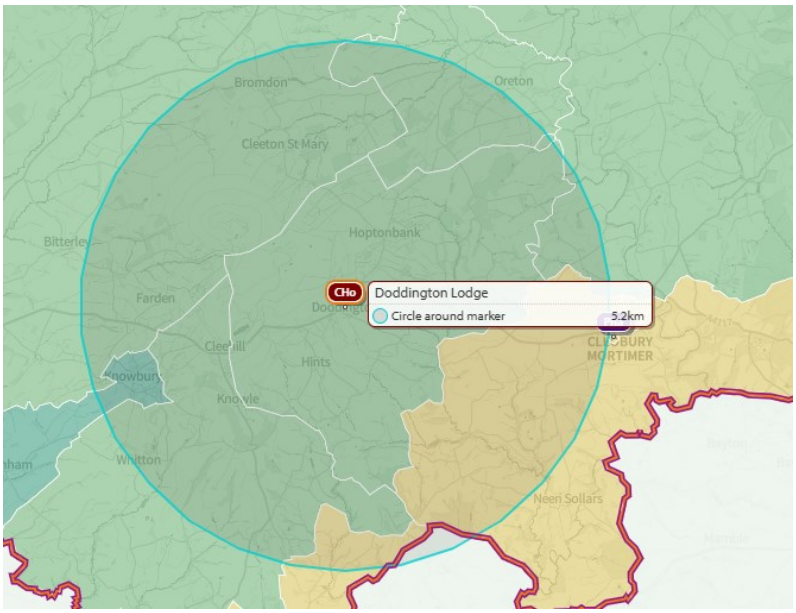

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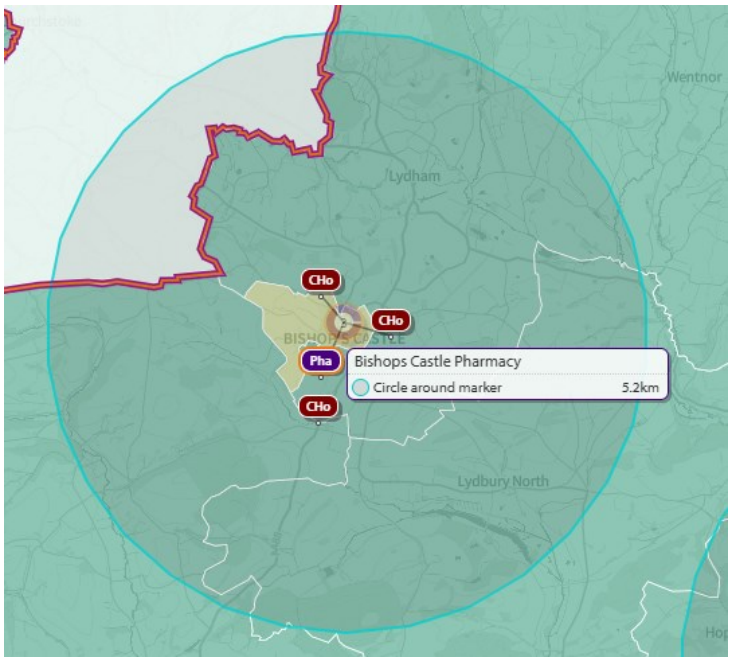
Figure 130: Bishop's Castle Pharmacy – only pharmacy or dispensing practice in over 5km of 3 homes



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Resident Pharmacy Questionnaire

Shropshire Council, Telford and Wrekin Council and Shropshire Healthwatch invited patients to participate in a short on-line questionnaire. This ran from 11th February 2025 to 28th February 2025. The questionnaire was aimed to inform about community pharmacy services in Shropshire in order to find out about patients' experiences and forms an integral part of the Pharmaceutical Needs Assessment for 2025. A copy of the questionnaire is contained within Appendix 4.

In total 405 questionnaires were completed, with 259 (64%) of these stating that they lived in Shropshire and the results of these 259 Shropshire residents are broken down below.

Respondents background

The respondent sample was slightly skewed towards women with 65% of responses – the 2021 census had 50.7% of Shropshire's population as female - and while there was representation across all age groups, a majority came from older age groups with just 8.5% from people aged under 45, compared to the 28% of this age in the census. Likewise, the vast majority were from people who identified themselves as White British, although this percentage is similar to the census. There were more people who completed this survey who lived within the North West family hub area than any other and less responses came from people who lived in the two most deprived deprivation quintiles and this was less representative than the overall population. These factors may cause some bias within the survey.

The charts below show the characteristics of the Shropshire residents who completed this survey.

Figure 131: Shropshire Survey, Demographics

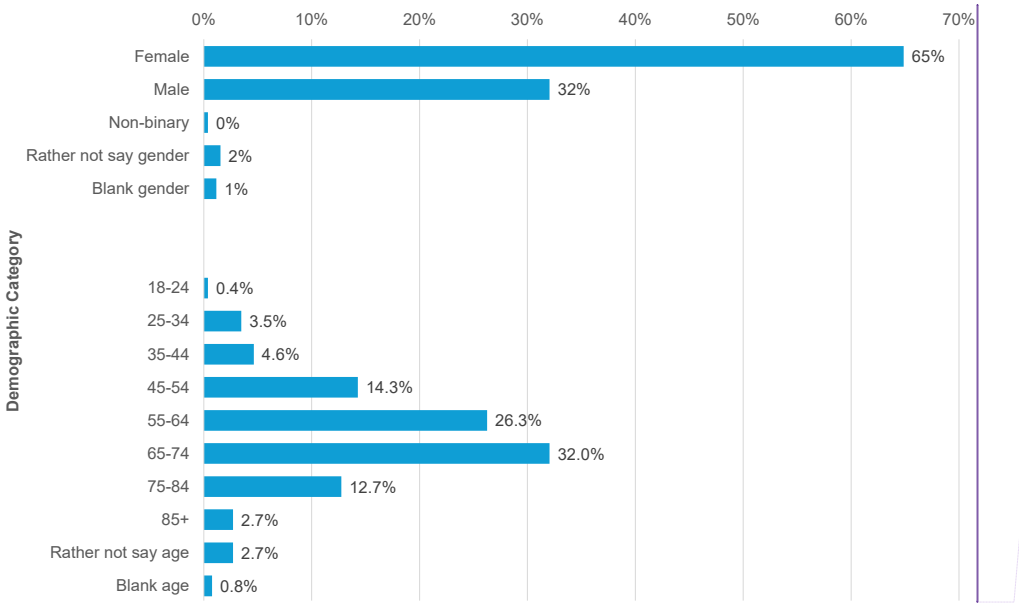

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Figure 132: Shropshire Survey, Further Characteristics

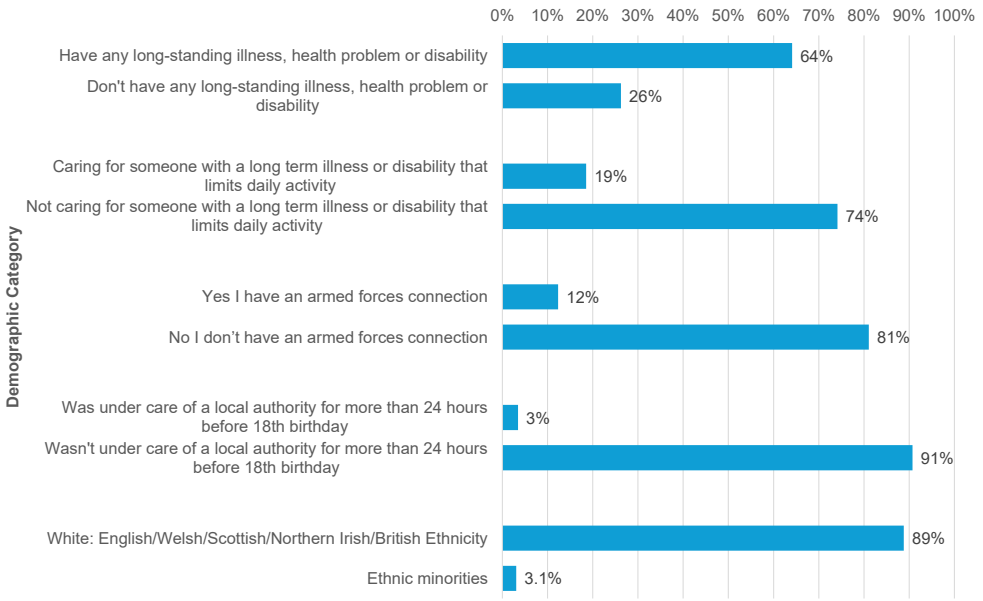


Figure 133: Shropshire Survey, where the respondents lived

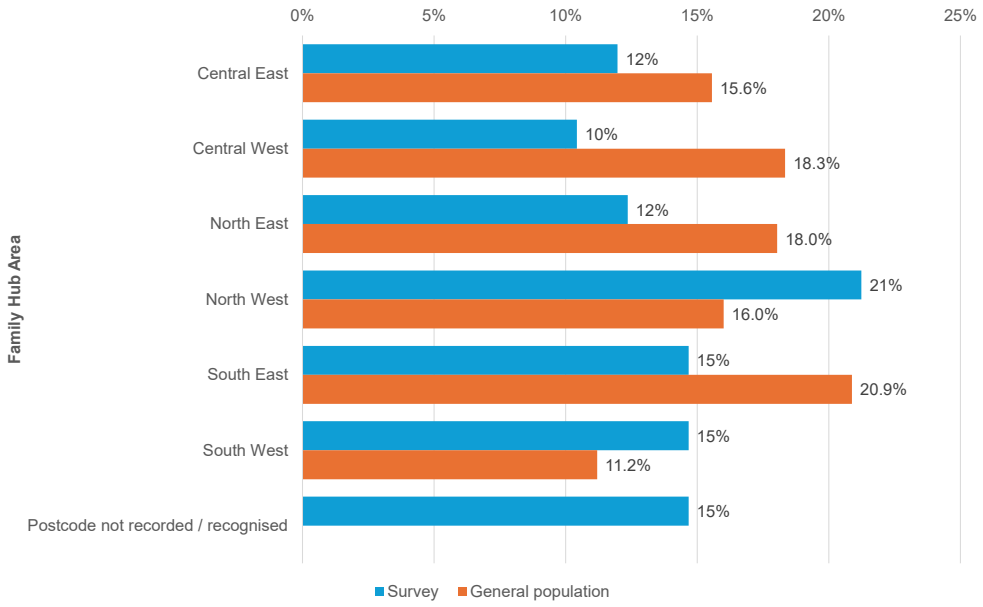
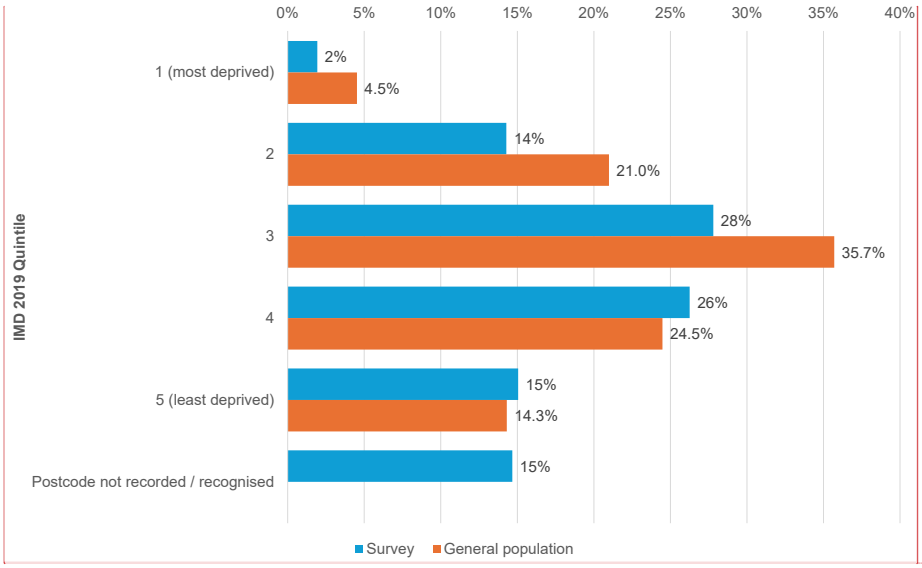


Figure 134: Shropshire Survey, Index of Multiple Deprivation (IMD) 2019, Quintile

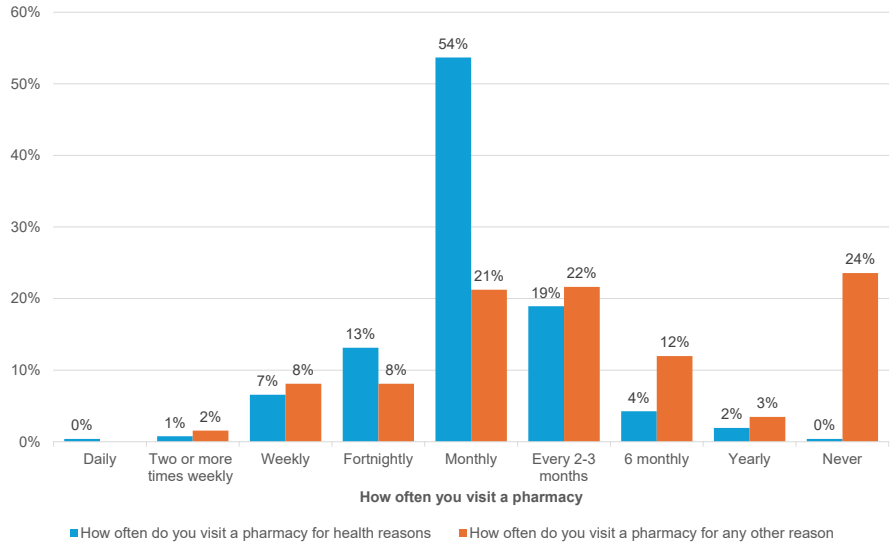


Commented [JM30]: Important to acknowledge the representation gap in IMD1&2 compared to gen population as these are the groups who are most likely to need and/or use pharmacy and health services in general

When do you visit a pharmacy?

Over half of respondents said they visited a pharmacy monthly for health reasons, with nearly a fifth saying it was every 2-3 months, while 8% said they visited weekly or more frequently. When it came to visiting for non-health reasons 24% said they never visited and 58% said they visited monthly or longer. Of the 18% who said they visited more frequently than monthly, none of those said their usual pharmacy was a supermarket.

Figure 135: Shropshire Survey, How often do you visit a pharmacy for health reasons (health advice, prescriptions or over the counter medicines) or other reason (e.g. shopping, toiletries, baby products)



When people state what time, they usually used pharmacy services, 86% said this was weekdays between 9am and 6pm, 3% said weekdays between 6pm and 11pm, and 2% said weekdays between 6am and 9am, while 8% said Saturday and just 1 person said Sunday. Appendix 5 lists the full opening hours of the pharmacies in Shropshire. Figure 136~~Figure 125~~ shows that of survey respondents 49% would want to visit a pharmacy between 9am and 1pm on a Saturday and 42% said Saturday afternoon, while 41% said Sunday 10am to 2pm. The existing opening times would mean that there are limited pharmacies opening at these selections, with just 2 pharmacies opening past 6pm on a Saturday - Asda in Shrewsbury until 8pm and Tesco in Shrewsbury till 9pm, and just 6 opening on a Sunday at all (Asda in Shrewsbury, Boots on Pride Hill in Shrewsbury, Boots in Meole Brace in Shrewsbury, Boots in Oswestry, Tesco in Shrewsbury and Cambrian Pharmacy in Oswestry). Cambrian Pharmacy in Oswestry is the only pharmacy in Shropshire than is open past 9pm on weekdays – until 11pm. No pharmacy in Shropshire is open 24 hours.

Figure 136: Shropshire Survey, Other than normal opening hours (Weekdays 9am-6pm), what other times would you find it most useful to visit a pharmacy?

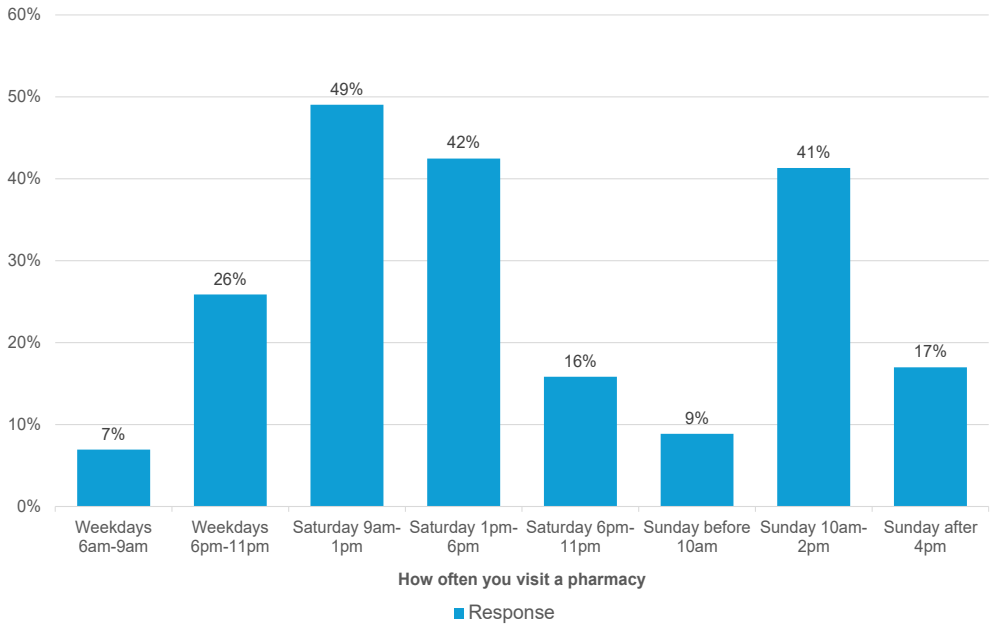


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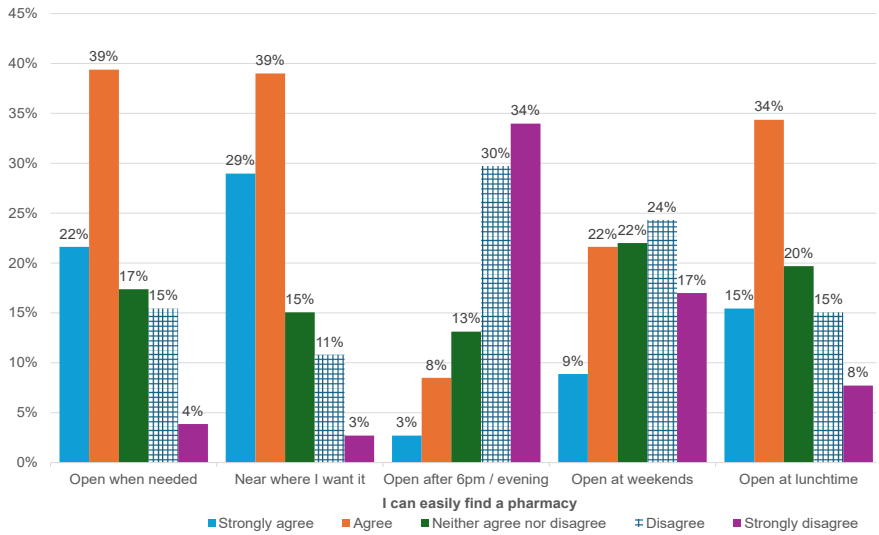
Figure 137
~~Figure 137~~ shows the results when respondents were asked to agree with a number of statements about pharmacy services (graph has excluded those that didn't answer). The vast majority said that they could find a pharmacy open when they needed (61%) versus those that disagreed (19%). Again, the vast majority of people agreed that they could access a pharmacy near where they wanted it (68%) versus those that disagreed (14%). Half of respondents agreed that they were able to find a pharmacy that was open at lunchtime with under a quarter (23%) disagreeing with this – although when looking at pharmacy opening hours, 11 of the 42 pharmacies close for a period on weekdays.

Respondents were less agreeable when it came to being easily able to find a pharmacy open at weekends (31%) against those that disagreed to some extent (41%) – again while most pharmacies are open on a Saturday, a lot of these are only open in the morning, and only 6 pharmacies open on a Sunday. Only 11% of people said they could easily find a pharmacy in the evening, against 64% who disagreed – again there are limited pharmacies open late at night

Figure 137: Please rate how you agree or disagree with the following, "I can easily find a pharmacy"



About your regular pharmacy

Of the Shropshire residents who filled in this survey, 96% of them said that the pharmacy they used most regularly was in Shropshire and 3% said Telford and Wrekin – 57 different pharmacies were named as the respondents usual pharmacy, with MSN & Lunts pharmacy in Church Stretton having the highest number (15), Radbrook Green Pharmacy (11), Ellesmere Pharmacy (10) and Boots, Ludlow (10) in double figures. The highest reason given for using the pharmacy named was due to it being close to their home (65%), with 47% stating it being at or near the local GP surgery. Only 18% said it was due to having on-site parking, 10% due to being near work, 3% getting there via public transport and 1% due to being near their child's school. 62% of respondents said they usually travelled to this pharmacy by car, 32% said they walked, 2% cycled, while another 2% said they didn't actually go to the pharmacy, they delivered to them.

Figure 138: Why do you normally use this pharmacy? (please select all that apply)

Reason	Percentage
It is near my home	65%
It is near or at my local GP surgery	47%
It stocks the medicines that I need	37%
It is easy to get to whilst shopping	34%
It operates the Electronic Prescription Service	32%
It has the services I require	27%
It has opening hours that suit me	26%
It has on-site parking	18%
It is near my work	10%
I can get there using public transport	3%
It is near my child's school	1%

Figure 139 shows some more statements that people were asked to agree or disagree with about their usual pharmacy – over 70% of respondents strongly agreed, or agreed with the six of the seven statements, with 10% or less disagreeing to some extent with five of them, and 15% or less disagreeing to some extent that 'my pharmacy usually has the medicines I need in stock'. On the remaining statement, 'my pharmacy makes changes to help people with disabilities e.g. large print labels', 42% of people said

this wasn't applicable to them and 36% said they neither agreed or disagreed with the statement, which left 17% agreeing with it to some extent and just 2% disagreeing.

Figure 139: About your regular pharmacy, how do you agree or disagree with the following statements."

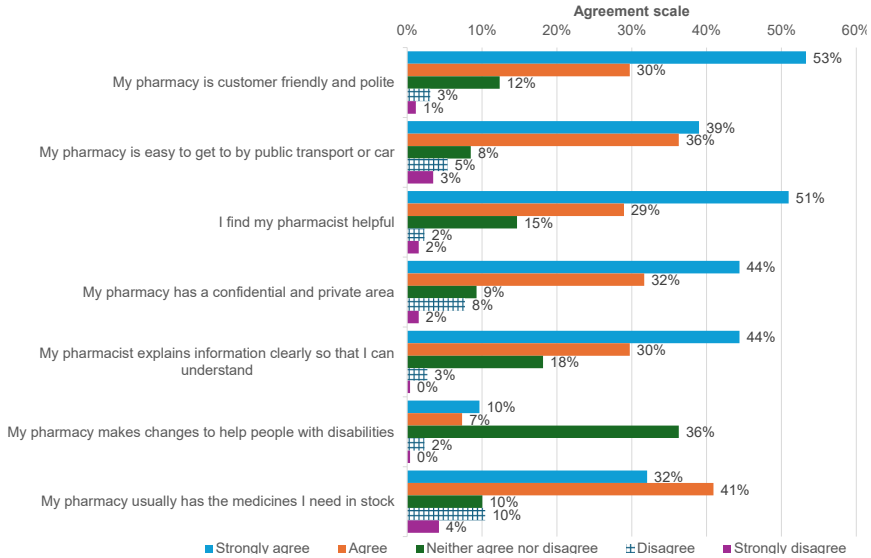


Figure 140 asked respondents to state what things their regular pharmacy had. Of these, the majority of people said that their pharmacy had a seating area, an electronic prescription service, wheelchair accessibility and information and advice on medicines. There were however, pretty sizeable number of responses that weren't sure whether their pharmacy had these things or not, including the majority of respondents when asked about stocks of living aids to support independent living (69%), hearing aid loop (86%), prescription deliver service (55%) and information and advice on healthy lifestyles (58%) – in some cases it maybe because these things weren't necessarily needed by the respondents, however, in other cases perhaps those people could be utilising those services if they knew about them.

Figure 140: Does your regular pharmacy have any of the following?

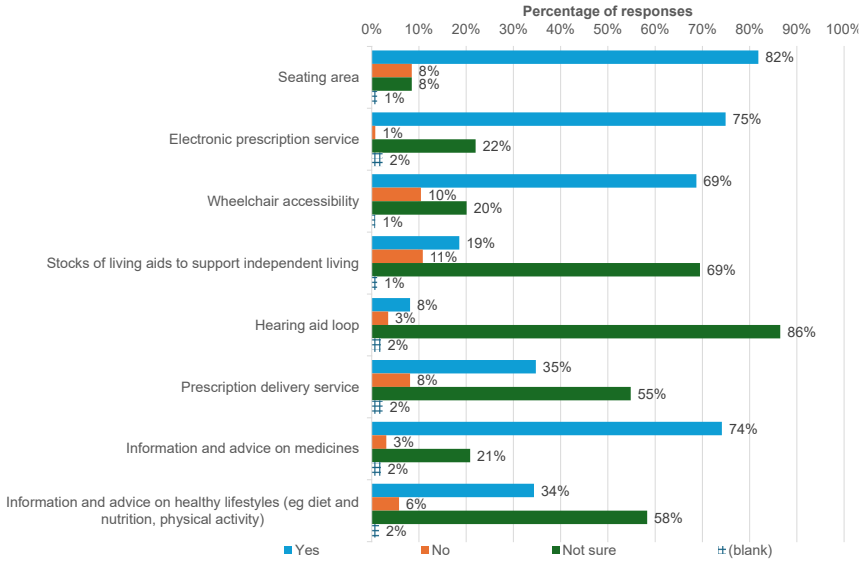


Figure 141~~Figure 141~~ shows a list of services and respondents were asked to say whether they had used them, or were aware of them, or were not aware of them or would like to see them available. Awareness was higher with some of the services that were more of the traditional ones, such as NHS repeat prescription service, disposal of unwanted medicines, vaccinations, minor ailments service. However, there are some services where over 75% of respondents did not know about the service, such as alcohol use awareness and treatment services (83%) and terminal illness support (80%). NHS Phlebotomy service was the service that had the highest percentage of people that would like to see it available (20%).

Commented [JM31]: Not all services available at all pharmacies and may be private vs NHS - not being aware of does not necessarily mean there is an issue with awareness as the service may not actually exist for them - limitation of the survey

Figure 141: Thinking about your regular pharmacy: Which of the following services are you aware of, have used or would like to see available?

Services	I have used	I am aware of	I am not aware of	I would like to see available	(blank)
NHS repeat prescription services	43%	45%	8%	2%	2%
Disposal of unwanted medicines	32%	32%	23%	7%	6%
Vaccinations	31%	36%	19%	9%	4%
Minor Ailments Service	20%	34%	29%	12%	5%
Blood pressure monitoring	7%	43%	33%	12%	5%
Medicines Use Reviews	5%	12%	65%	9%	9%
New Medicines Service	5%	12%	66%	6%	10%
NHS Healthchecks	3%	29%	47%	14%	7%
Terminal illness support	2%	2%	80%	8%	8%
NHS Phlebotomy Services	2%	3%	68%	20%	7%
Weight management services	1%	8%	73%	9%	9%
Cholesterol testing	1%	12%	63%	16%	7%
Needle and syringe exchange scheme	1%	12%	72%	6%	10%
NHS Screening Services	1%	15%	63%	13%	7%
Smoking Cessation Services	1%	20%	67%	4%	8%
Anti-coagulation monitoring	0%	3%	80%	8%	8%
Language Access Services	0%	3%	83%	3%	11%
Alcohol use awareness and treatment services	0%	4%	83%	5%	8%
Support of free healthy start vitamins	0%	5%	75%	10%	10%
Condom distribution (free supply to teenagers)	0%	5%	76%	10%	9%
Mental health support	0%	5%	77%	10%	8%
Incontinence support	0%	8%	77%	7%	8%
Supervised consumption of medicines	0%	10%	78%	3%	8%
Pregnancy testing	0%	12%	73%	5%	10%

Substance misuse service (methadone supply, needle provision)	0%	12%	75%	3%	9%
Advice on healthy lifestyles	0%	16%	65%	8%	11%
Emergency hormonal contraception	0%	22%	64%	5%	8%

There were a few additional services that were mentioned that people used:

- Contraceptive pill
- Dossett box supplies
- Ear cleaning and syringing
- Flu vaccination
- Hearing tests
- Podiatry services
- Home delivery (although one person stated their pharmacy was stopping this)
- Pharmacy first, including for people aged over 64
- Online ordering
- SMS when prescription is ready
- Travel advice and products

There were also a number of other services things that respondents would like to see at their pharmacy:

- A Pharmacist to GP Liaison Service
- A podiatrist, vetted by the pharmacy, who does home visits.
- Advice for child matters, rather than health visitors
- Antibiotics for chest infections
- Blood tests to save GP visits
- Emergency prescriptions
- Hearing tests
- Medicine delivery service
- Memory tests
- Notification about when the home delivery is going to come rather than having to wait in Shorter wait for prescriptions to come
- Regular blood and heart checks
- Urgent medication delivery and support for those with no family support / homeless who are post-hospital
- Vaccinations
- Vitamin B12 Injections
- Weekend service

18% of respondents said that they had been directed to a different pharmacy for something not provided by their regular pharmacy. Of the people who gave a reason for this, the most common reason was due to an item not being in stock, or there being an issue with a regular or repeat prescription or a smaller number who stated vaccinations, other than this there were mentions of medicine disposal, smoking cessation and the purchase of over-the-counter items.

Prescription delivery service

93% of respondents said they have a pharmacy where their prescription is sent to by their GP, and just 15% (38 people) stated they had ever used a prescription delivery service as opposed to 83% who hadn't. Of the people who had used one, the following were the reasons:

Figure 142: Why did you use a prescription delivery service?

I was unable to leave home	50%
I could not get to a pharmacy during their opening times	16%
Waits for prescriptions	8%
Convenient	8%
Stock available	8%

Heavy medicines supply	3%
Other {Q20.a}	8%

Of the 38 respondents, 82% strongly agreed or agreed that the prescription delivery system was important to them.

Figure 143: How much do you agree or disagree that the Prescription Delivery Service is important to you?

Strongly agree	61%
Agree	21%
Neither agree nor disagree	8%
Disagree	3%
Strongly disagree	8%
Strongly agree	61%

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Pharmacy First

27% of respondents stated that they had used the pharmacy first service for advice and or treatment for a minor illness or one of the seven common health conditions. Of these, 83% said they accessed the service by walk in, 13% said it was through NHS111, 8% said through the GP and 3% said out of hours service. Of these 71 people, the health condition is shown in Figure 144 – several people said they had used the service for more than one condition. A minor illness was the top reason for using the service (eye infections, chest infections and cold and flu were mentioned), with ear infection, sore throat and infected insect bite higher up too.

Figure 144: What did you use Pharmacy First for?

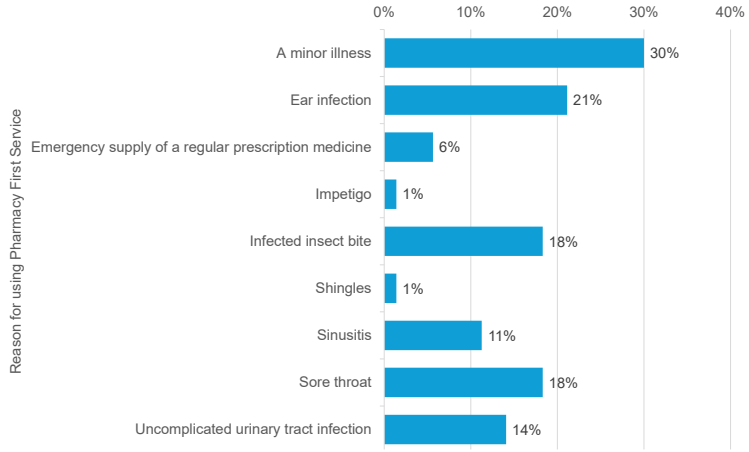


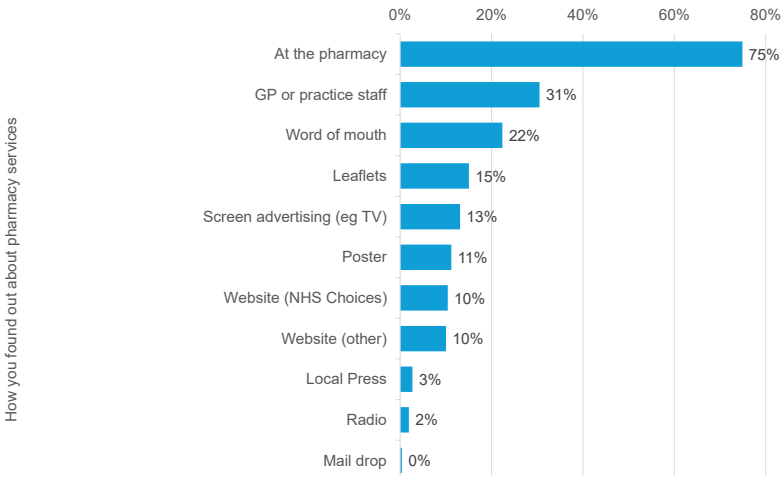
Figure 145: What was the outcome of the Pharmacy First consultation?

Advice only (no medication)	24%
A prescription only medication	27%
An over-the-counter medication	41%
Referral to a pharmacy service	1%
Urgent referral to GP/out-of-hours service	8%
Other	3%
Advice only (no medication)	24%

Overall

Respondents were asked if they were aware that pharmacies can help to direct to other services for health and only 34% were aware of this.

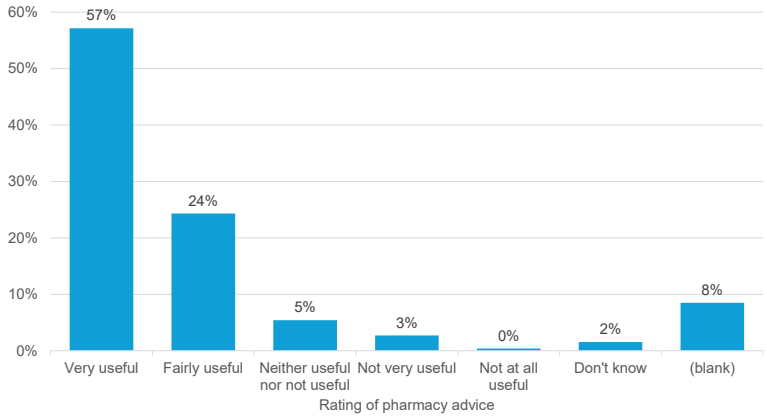
Figure 146: How respondents were aware of Pharmacy Services



How useful was the pharmacy advice

The pharmacy advice given was rated as very or fairly useful (81%), with just 3% saying it was not useful.

Figure 147: How useful do you think the pharmacy advice is?



Where the respondents rated the pharmacy advice as neither useful nor not useful, not very useful or not at all useful, the comments were looked at, Figure 148, shows the keywords that came up and Figure 149~~Figure 138~~ shows the main theme of the comment and Figure 150~~Figure 139~~ shows a selection of those comments.

Figure 148: Keyword where pharmacy advice wasn't useful

Figure 149: Main theme of comment where pharmacy advice wasn't useful

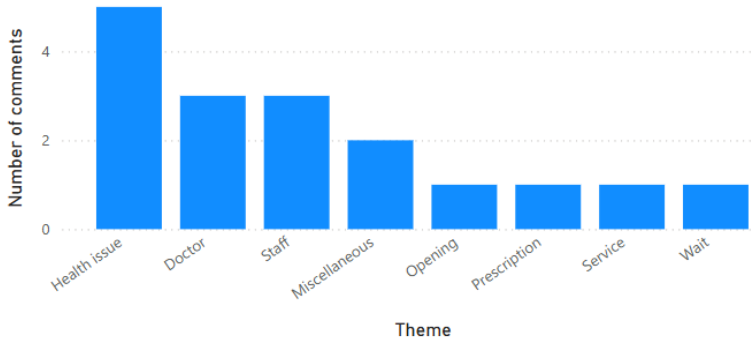


Figure 150: Sample of comments about why the pharmacy advice was not useful

"It's a GP pharmacy which is convenient for meds pick up. However I strongly think pharmacy first services should be more available. Crucially more available to older people. Older people need support so badly and GP waits and merry go around of e consult and waits for help or appointments is excruciating exhausting. Older people get a very raw deal"

"your local pharmacy is very important because they are there when you need them not just for prescriptions, you phone the doctors you cant see a doctor for two weeks, you go the pharmacy they will see you ASAP and give you the advise you need and prescribe you with the medicine or cream you need if they can"

"Usually only 1 person is medically qualfied, and they are usually busy dispensing, remaing staff are either shop assistants or making up prescriptions for approval."

Where the respondents rated the pharmacy advice as very useful or useful, the comments were looked at, Figure 151 shows the keywords that came up and Figure 152 shows the main theme of the comment and Figure 153 shows a selection of those comments.

Figure 151: Keywords where the pharmacy advice was Very useful or Useful

Figure 152: Main theme of comment where pharmacy advice was very useful or useful

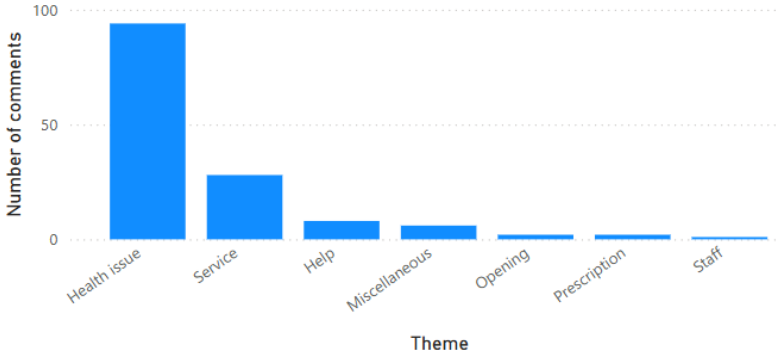


Figure 153: Sample of comments about why the pharmacy advice was very useful or useful

“Because they can cut down the GP waiting times. More often then not they are open when the GP isn't and good at a pinch for some things. I do feel like more could be offered at a pharmacy as a health hub with vitamin and diet advice.”

“Follow a similar qualification as doctors but know more about how the drug can react with your body, very knowledgeable”

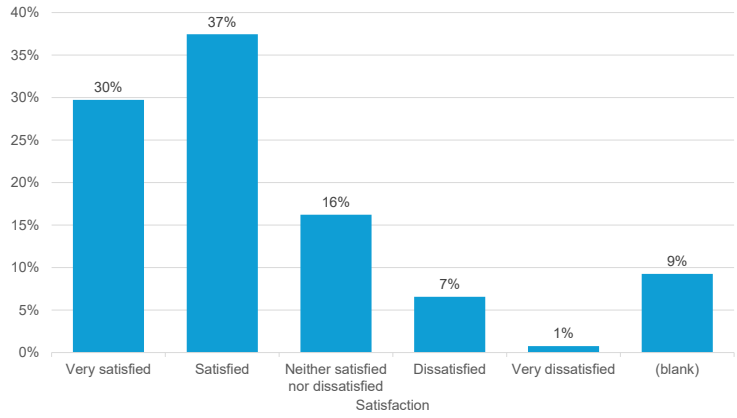
“I am housebound and cannot walk . It is vital”

“I have asked advice from the pharmacist several times now and on all occasions the pharmacist has taken me to a confidential space, listened and advised. They have been very professional and I felt very happy with their advice.”

“Many minor ailments can be treated by a pharmacist. They have a broad knowledge of medication which can be purchased from the pharmacy for various ailments, from skin rashes to appropriate analgesia for various symptoms. Pharmacists can advise on the safety of purchased medication to be taken with prescribed medication. They can also advise the use of lotions and skin creams for rashes. They can provide a supportive role to young mothers advising them on suitable medication for babies and toddlers.”

Overall satisfaction with pharmacy services

Figure 154: Overall satisfaction with pharmacy services



Where the respondents rated their satisfaction with pharmacy services as neither satisfied, or dissatisfied or very dissatisfied, the comments were looked at, Figure 155 shows the keywords that came up and Figure 156 shows the main theme of the comment and Figure 157 shows a selection of those comments.

Figure 155: Keyword where not satisfied with pharmacy services

Figure 156: Main theme of comment where not satisfied with pharmacy services

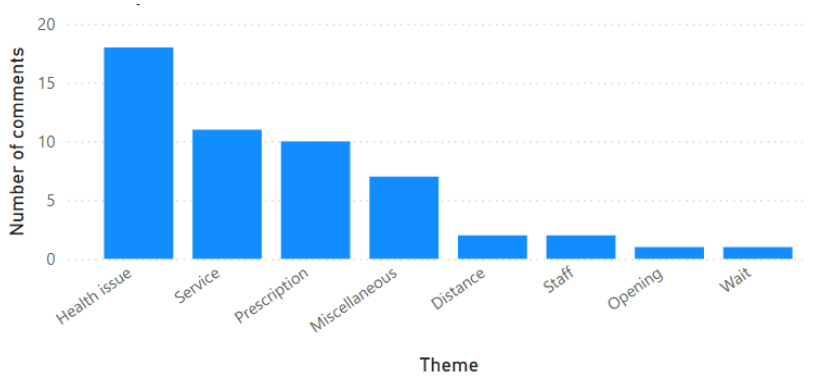


Figure 157: Sample of comments about why not satisfied with the pharmacy services

“As with all services they are under so much pressure even a repeat prescription for regular medication is taking 3 weeks to process”

“I appreciate the opening hours but when you have a little one who is poorly and have a prescription you have to find 24 hour miles away”

“I think they could do more, but lack of space and staff limits this. Opening hours could be longer so collection is possible before or after work”

“often don't have the medication available and I'm asked to call back in a day or so, then sometimes it's still not there or I have to wait half an hour for it to be dispensed. As I've already ordered it and tried to collet it I think that it's reasonable to expect it should be packed up and ready for me when I go back.”

“There should be 24 hour pharmacies available across Shropshire. More ill patients are being cared for in the community. Very often the terminally ill patients require a change of medication and if there are no pharmacies open there needs are not catered for and could be left in pain. Many of the people who have no dentists can also be advised by pharmacists on pain relief some pharmacists can I believe prescribe antibiotics. This would relieve pressures on the A/ E department’s”

Where the respondents said they were very satisfied or satisfied with pharmacy services, the comments were looked at, Figure 158~~Figure 158~~ shows the keywords that came up and Figure 159~~Figure 159~~ shows the main theme of the comment and Figure 160~~Figure 160~~ shows a selection of those comments.

Figure 158: Keywords where very satisfied or satisfied with pharmacy services

Figure 159: Main theme of comment where very satisfied or satisfied with pharmacy services

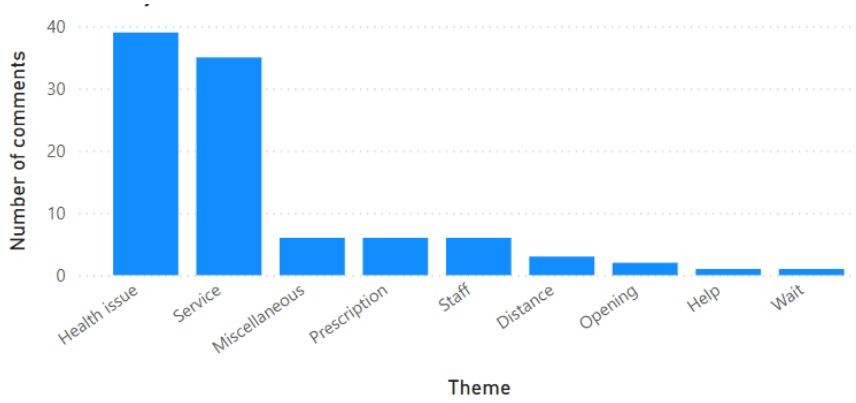


Figure 160: Sample of comments about why very satisfied or satisfied with pharmacy services

“From the pharmacy I use and the others I know of they all provide the best service they can under all the pressure they are put on, and they still manage to have a smile on their faces.”

“My pharmacy is next to the doctors . I like the friendly staff and the can do attitude. They work closely with the doctors. They also have a useful range of products and medicines.”

“I am happy to order my repeat prescription online and pick it up on a weekday as I work weekends. Its frustrating that prescriptions cannot be dispensed without a pharmacist on site when they have been late or off sick despite medicines already being prepared and bagged up, its only ever the assistants that hand them over anyway.”

“I am fortunate to have access to a Pharmacy in my GP practice, with short waiting times, and most important to me, ease of access and readily available parking provision.”

“Seamless service from repeat prescription request on the NHS app through to SMS message when pre is ready.”

Are there any further comments you would like to make about your local pharmacy services?

There were nearly a hundred free-text comments received about pharmacy services. Figure 161

Figure 161 shows a word cloud of the keywords that were made – the bigger the word, the more often it appeared. Figure 162 shows a summary of the main sentiment of the comment made, although sometimes in lengthier comments there were positive points made about pharmacy services – such as good service from staff - as well as negative things within the same comment – such as wait for prescription. Figure 163 shows the main theme of what the comment was about, and the 'miscellaneous' theme is for those comments that didn't fit into one of those other themes, although again, people touched on more than one theme in a lot of their comments. Figure 164~~Figure 153~~ shows a few of the comments made to provide some more context.

Figure 161: Word cloud of Further comments

Figure 162: Main sentiment of the comment

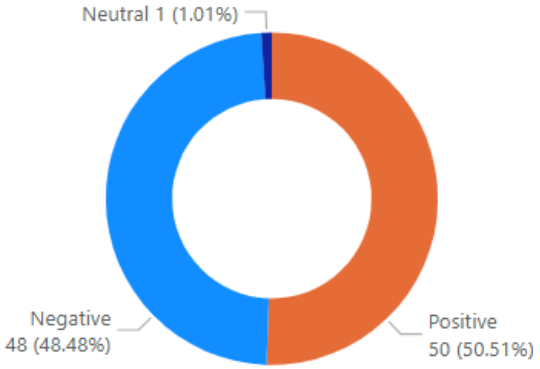


Figure 163: Main theme of the comment

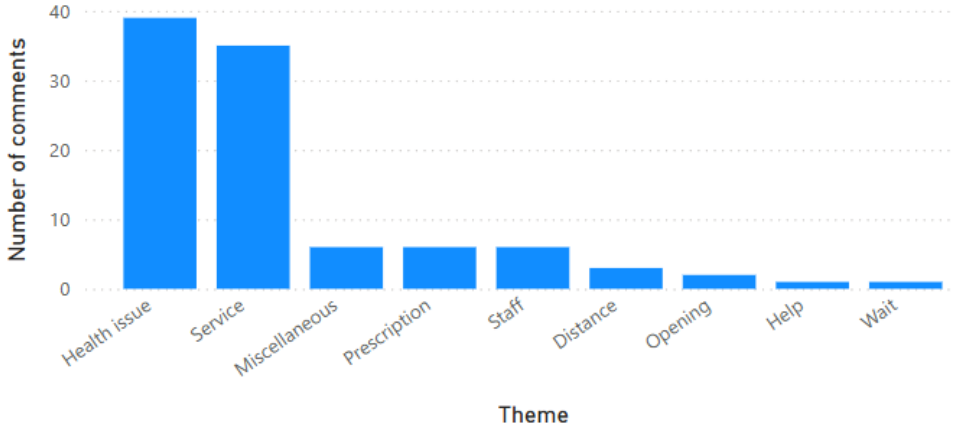


Figure 164: Random sample of comments

“Think pharmacies have been expected to take on too many services. It is reassuring to use the same pharmacy when it is on a regular basis, assisting in the continuity of care with prescriptions and advice.”

“My pharmacist is great. What is also not covered in this survey is do you think the staff at your pharmacists are paid enough? The answer is a strong NO. I have seen tiny Saturday staff, and put upon shop staff who in that pharmacist deal with people who are aggressive, threatening, and vile behaviour with a smile, pleasantness and professional manner, which they definitely deserve more recognition for than what they currently get. I worked in a "rough" pub for ten years and even with my hardened eyes the clientele I see using my pharmacists, and other pharmacists around the town is scary. They need more staff and better protection, not the risk of cuts”

“Bishops Castle is rural and isolated - my pharmacy is extremely important, not just for me but the whole town and surrounding area. It is 12 miles to the next nearest service.”

“Pharmacy have stopped opening on Saturday which is inconvenient and close at lunchtime which is again inconvenient but I understand they can’t give out certain medication if the pharmacist is at lunch.”

“Have enough staff if your thinking of introducing more options, as there is currently insufficient staff which is evidenced by long cues and medicines not being ready”

“I did try getting my contraceptive pill direct from the pharmacy, but only 1 pharmacist was able to do this so getting an appointment was difficult, so I've gone back to GP. However they are too busy to see me so just get the prescriptions without any blood pressure checks etc. A more efficient service at the pharmacy would be a good solution.”

“I have a Pharmacist who is actively invested in my wellbeing. She knows my name and I know hers. She never fails to take the time to, sincerely, talk to me about how I am and she always reassures me that I can approach her; for any medical reason.”

“I find it very convenient to get vaccinations at a local pharmacy.”

“I would like to see more staff, this would enable other services (such as Pharmacy First) to become more freely available (less of a waiting time), without taking current staff away from there day to day job role. I would like to see more private consultation rooms, as sometimes I have had to wait to have a private conversation, as there is only one where I collect my prescription from (I have been told that the room is used for many services and can already be in use).”

“We need more local late night pharmacies as I know people with children or elderly who have to travel for prescriptions not helpful when we have pharmacies locally but no funding to help assist opening on rota through night”

Healthwatch Survey

Who are Healthwatch?

Healthwatch Shropshire are a free independent organisation that work on behalf of Shropshire residents to improve health and social care. They want to hear from people that have used services, whether it is a good or bad experience and then feedback to NHS leaders and other decision makers to improve the experience.

Survey

Separate to the survey of Shropshire residents in this PNA, Healthwatch Shropshire conducted a survey of patients to ask them about their awareness of enhanced services and their experience of using pharmacy services if they used them for any reason since February 2024 - Pharmacy First services began to be provided by all community pharmacies in Shropshire from early 2024.

Healthwatch published the results of this survey on 27th March 2025 – link: https://www.healthwatchshropshire.co.uk/report/2025-03-27/shropshire-pharmacy-services-and-consultations

- 75 people completed the survey, with 59% of respondents aged 50 or more (33% left their age blank), and 54% being female, 12% male.
- 40% of respondents said they were aware of the 'think which service' information campaign
- There was different awareness of different 'enhanced services', the flu vaccination service was the service with fewest people unaware of it (2%), followed by blood pressure checks (9%), pharmacy first (13%) and community pharmacist consultation service (16%).
- 2 of 18 people spoken to expressed reservations about contacting pharmacies for medical advice or treatment because of a perceived conflict of interest over paying.
- 45 people shared their experiences of using the pharmacy services since February 2024, 44% used a pharmacy closest to their home for this and 11% convenient to their work.
- Of the people who rated the service received at the pharmacy, 62% rated it very good or good, 38% said it was very poor or poor.
- 24 people said they needed to discuss their condition or medical needs at the counter, 29% said they were very comfortable with this and half of them said they were comfortable with this.
- 18 people were offered a consultation with a pharmacist, 72% of them were very comfortable with the privacy during the consultation, with 11% saying they were uncomfortable
- 12 of the 18 people who had a consultation were given a medication or treatment and 10 of these said that it was effective.
- 28 people shared more detail about their experiences.
    - 11 commented on the quality of the service, with the majority being positive, although there were a few that were negative.
    - Five people commented that waiting times for prescriptions to be dispensed seemed to be longer than they were expecting or were told.
    - A few people also commented that there was a lack of staff capacity and that having consultations negatively affected waiting times.
    - 4 people commented that the pharmacy staff were under a lot more pressure and had too much workload

Healthwatch Recommendations

The report came up with four recommendations:

1. Consider the suggestions for improvement from the public (above), in particular what can be done to reduce delays in dispensing medication and increasing access to GP appointments.
2. Speak to Pharmacists about their experiences of delivering the Pharmacy First service, in particular any issues around staffing capacity and what they think would help them to provide this service in a more seamless way that builds public confidence.
3. Consider how the Pharmacy First service can be promoted more effectively to different parts of our population, e.g. young people aged 16+ and those with limited access or experience of using technology. Where possible involve these groups in developing your approach through co-production.
4. Ensure there is correct and consistent messaging from GP practice staff and 111 about the Pharmacy First service and how to access it.

Response from NHS Shropshire, Telford and Wrekin

In response to this, we would like to provide an update on the steps we plan to take in relation to each of the recommendations.

1. **Reducing delays in dispensing medication and improving access to GP appointments**

   We recognise the frustration caused by delays in medication dispensing and difficulties accessing GP appointments. The feedback highlights significant challenges related to increased pressure on pharmacy services, with concerns around capacity, funding, and workforce shortages. These issues are compounded by the growing demands of additional workloads. To address these concerns, we are actively exploring ways to streamline process through enhancing integration and supporting workforce development to build capacity in primary care.

2. **Engaging with pharmacy teams on the Pharmacy First service to overcome issues and build confidence with the public**

   We are committed to supporting pharmacy teams who play a crucial role in the delivery of these services. Feedback from pharmacy professionals highlighted challenges around staffing capacity, with many reporting increased pressure due to additional workloads.
   We will engage directly with colleagues to better understand their experiences with the Pharmacy First service, especially around staffing challenges. By gathering their insights, we aim to identify potential improvements to ensure that the service can be delivered efficiently. Our goal is to remove barriers that prevent pharmacy teams from providing a seamless service, ultimately building greater public confidence in the offer.

3. **Promoting the Pharmacy First service more effectively to different parts of the population**

   We acknowledge the importance of tailoring communication to different population groups. Despite the positive awareness of Pharmacy First and other services like blood pressure checks and flu vaccines, there remains a knowledge gap around specific conditions covered by the service. We have noted a particularly low awareness of the service among younger demographics, who may not consider pharmacy as their first port of call. We will therefore be working with community leaders, youth organisations, and other relevant stakeholders to design promotional materials that resonate with these groups.

4. **Ensuring consistent messaging from GP practices and NHS 111 services about Pharmacy First and how to access it**

   To ensure clarity and consistency, we are working closely with GP practice staff, the NHS 111 service, Community Pharmacy Shropshire, and regional colleagues, to reinforce accurate messaging about Pharmacy First. The feedback revealed concerns over communication, including

confusion around which conditions are covered by the service. We are therefore implementing training and communication plans to ensure all staff provide consistent, clear information to the public about how to access this service. We are also focused on addressing concerns about consultation privacy and comfort, with investments already being made to improve these spaces.

We appreciate the opportunity to address these issues and are committed to working collaboratively with Healthwatch Shropshire, and all stakeholders, to ensure our services meet the needs of the public in the most effective and accessible way possible.

Shropshire Community Pharmacy Contractor Questionnaires

The PNA Pharmacy Questionnaire was devised in consultation with members of the steering group and the same questionnaire was used for Telford and Wrekin's PNA too. The questionnaire had several different categories: premises and contact details; opening/closing times; consultation facilities; Services, advanced services, commissioned services, non-commissioned services, screening services and disease specific medicine management service. A copy of the questionnaire is contained in Appendix 5

The survey was hosted on the 'Snap XMP' online website hosted by Telford and Wrekin Council, and then all pharmacies were sent the link to fill in the survey, which was open for responses between 11th February 2025 and 22nd March 2025. A number of email reminders were also sent out to increase the number completing the survey. In total, surveys were received from 28 pharmacy contractors within Shropshire, which is 65% of the pharmacies operating in Shropshire (43). The pharmacies who completed the survey are shown in Figure 165 and a breakdown of the family hub area they are in Figure 166.

Figure 165: Pharmacies who completed the PNA Contractor Survey

Contractor Name	Concat Addresses & Postcode
Bicton Heath Pharmacy	Bicton Heath Shopping Ctr, Welshpool Road, Shrewsbury, sy3 5ad
Bishops Castle Pharmacy	The Pharmacy, Church Street, Bishops Castle, sy9 5ae
Boots	7 Cheapside, Shifnal, Shropshire, tf11 8bn
Cambrian Pharmacy	Cambrian Medical Centre, Thomas Savin Road, Oswestry, sy11 1ga
Cleobury Pharmacy	Cleobury Pharmacy, off Vaughan Road, Cleobury Mortimer, dy14 8db
Conway Pharmacy	238 Monkmoor Road, Telford est Shopping Ctre, Shrewsbury, sy2 5sr
Day Lewis Pharmacy	Oswald Road, Oswestry, sy11 1rd
Ellesmere Pharmacy	5 cross Street, Ellesmere, sy12 0aw
Green End Pharmacy	11-13 Green end, Whitchurch, sy13 1ad
Highley Pharmacy	Beulah House, High Street, Highley, wv16 6lp
Lunts Lharmacy	1-3 Hereford Road, Shrewsbury, sy3 7qt
Lunts Pharmacy	The Tannery, Barker Street, Shrewsbury, sy1 1qj
Lunts Pharmacy	Drovers' House, Auction Yard, Craven Arms, sy7 9bz
Lunts Pharmacy	116-119 Lower Galderford, Ludlow, sy8 1ru
MSN & Lunts Pharmacy	Severn Fields Health ctr, Sundorne Road, Shrewsbury, sy1 4rq
MSN & Lunts Pharmacy	40 Sandford Avenue, Church Stretton, sy6 6bh
Peak Pharmacy	Medical Centre, Maer Lane, Market Drayton, tf9 3al
Peak Pharmacy	Northgate Health Centre, Northgate, Bridgnorth, wv16 4en
Pontesbury Pharmacy	Main Road, Pontesbury, sy5 0rr
Radbrook Green Pharmacy	Bank Farm Road, Radbrook, Shrewsbury, sy3 6du
Rhodes TC Chemist	77 High Street, Albrighton, Wolverhampton, wv7 3ja
Rowlands Pharmacy	11 High Street, Whitchurch, sy13 1ax
Rowlands Pharmacy	7 Lansdowne Road, Bayston Hill, Shrewsbury, sy3 0ht
Rowlands Pharmacy	Wem and Prees Medical Practice, New Street, Wem, sy4 5af
Rowlands Pharmacy	80 High Street, Broseley, tf12 5et
St Martins Pharmacy	Stans Superstore, Overton Road, St Martins, Oswestry, sy11 3ay
Well Pharmacy	101 Mount Pleasant Road, Shrewsbury, sy1 3el
Wenlock Pharmacy	14 High Street, Much Wenlock, tf13 6aa

Figure 166: Pharmacies who completed the PNA Contractor Survey by Family Hub Area

Family Hub Area of Pharmacy	Total
North East	4
North West	4
Central East	4
Central West	5
South East	7
South West	4

Access

Figure 167 shows the response to questions about access to the pharmacy for customers. All pharmacies said there was parking available close to the pharmacy, with 93% saying it was free. The vast majority of

pharmacies had wheelchair access to each part of the building, with just 3 having no wheelchair access to certain parts - Rowlands pharmacy in Broseley and Greenend pharmacy not having access via the entrance (unaided), while the same Rowlands as well as Wenlock Pharmacy not having wheelchair access to the consultation room or all areas. All pharmacies besides Greenend pharmacy had the ability to produce large print dispensing labels and patient information leaflets. 57% of pharmacies had dedicated disabled parking, 54% had an automatic door and just 36% (10 pharmacies) had a hearing loop and 21% (6 pharmacies) had a disabled toilet.

Figure 167: Access to the pharmacy

Does the pharmacy have wheelchair access to:	**Yes**	**No**
The entrance (unaided)	93%	7%
The Consultation room	93%	7%
All areas	89%	11%
Does the pharmacy have the following:	**Yes**	**No**
Disabled toilet	21%	79%
Automatic door	54%	46%
Hearing loop	36%	64%
The facility to produce large print dispensing labels and patient information leaflets	96%	4%
Dedicated disabled parking	57%	43%

Languages – within pharmacies

The Shropshire Community Pharmacy Questionnaire asked what languages other than English, that members of the pharmacy team were able to speak. Seven of the pharmacies did not indicate any additional language was spoken, but 57% (16) said they had someone who could speak Urdu and 54% (15) said they had someone who could speak Panjabi.

Figure 168: Additional languages spoken by pharmacy team

Languages spoken by pharmacy team	**Percentage of pharmacies**
Urdu	57%
Panjabi	54%
Spanish	7%
Akan	4%
Gujarati	4%
Irish	4%
German	4%
Arabic	4%

93% (26) of the pharmacies said the pharmacy has adopted the NHS Accessible Information Standard, and of the 2 that hadn't, 1 said they were intending to adopt it.

Information Technology

The pharmacies in Shropshire had some gaps when it comes to information technology, with 89% (25) having a text messaging service to let patients know there prescription is ready to be picked up, but only 57% (16) having the facilities for a video consultation and just half having the ability to have an online consultation, which are things that could save time for patients.

Figure 169: Information Technology facilities available in pharmacy

The pharmacy has:	**Percentage of pharmacies**
Online consultation	50%
Video consultation	57%
Text message to patient that prescription is ready	89%

Consultation Facilities

Pharmacies were asked whether there is a consultation room available (i.e. it is clearly designated as a room for confidential conversations, distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) including or without wheelchair access, and how many rooms they had. 93% of pharmacies said they had a consultation room available that had wheelchair access, with 7% (2 pharmacies) saying had one without wheelchair access – both of these had 1 room available, and one pharmacy (Wenlock Pharmacy) said they were planning to increase their consultation rooms. Of the pharmacies with wheelchair access, 50% said they had consultation room available and 19% said they had 2 consultations rooms. All pharmacies said their consultation room was a closed one, with 86%% saying there were hand-washing facilities available either in the consultation room or close to it, but only 14% of pharmacies said patients had access to toilet facilities.

Figure 170: Consultation Rooms available in pharmacy

	Wheelchair access	Without wheelchair access
The pharmacy has a consultation room with:	93% (26)	7% (2)
1 room available	50% (13)	100% (2)
2 room available	19% (5)	
Room available not specified	31% (8)	

Figure 171: Consultation Room facilities available in pharmacy

The pharmacy has:	Percentage of pharmacies
The consultation room a closed room	100%
There are hand-washing facilities in the consultation room	71%
There are hand-washing facilities close to the consultation room	14%
There are not hand-washing facilities	14%
Patients have access to toilet facilities	14%

Services

The majority of pharmacies offered appliances, with only 1 pharmacy not offering any of the listed appliances and all others offering stoma appliances and dressings, 93% offering incontinence appliances and 89% offering made to measure hosiery, and 75% offering made to measure trusses. Of those that offered hosiery and trusses, the majority would do the measuring and fitting of those.

Figure 172: Appliances dispensed by pharmacies

Which of these appliances does the pharmacy dispense	Yes
Stoma appliances	96%
Incontinence appliances	93%
Dressings	96%
None	4%
Made to measure hosiery	89%
If dispense hosiery – Undertake measuring and fitting of them	72%
Made to measure trusses	75%
If dispense trusses - Undertake measuring and fitting of them	76%

"All above & We supply all appliances prescribable on an NHS prescription and a range that can be bought over the counter"

Advanced Services

The pharmacies in Shropshire were asked about which advanced services they provided. All pharmacies said they provided pharmacy first, 96% provided they new medicine service, 89% said they provided the hypertension case-finding service, with 7% saying they were intending to provide it in the next 12 months. The smoking cessation service was only provided in 46% of pharmacies, although 32% said they were intending to provide it soon, and although stoma appliance customisation was only provided in 21% (6

pharmacies), 54% said they were intending to provide it soon. The appliance use review service had the lowest providing, with the highest number not intending to provide the service.

Figure 173: Advanced services available in pharmacy

Does the pharmacy provide these services?	Yes	Intending to begin within the next 12 months	No - not intending to provide	Blank
Appliance use review	7%	57%	32%	4%
Hypertension case-finding service	89%	7%	0%	4%
Lateral flow device service	86%	4%	4%	7%
New medicine service	96%	0%	0%	4%
Pharmacy contraception service	79%	18%	0%	4%
Pharmacy First service	100%	0%	0%	0%
Smoking cessation service	46%	32%	14%	7%
Stoma appliance customisation	21%	54%	18%	7%

Other services

The pharmacies in Shropshire were asked about other services, they might possibly already provide or be interested in providing. For the most of services where they were not already provided, the majority of pharmacies said they would be willing to provide them.

Figure 174: What other services are offered in Shropshire Pharmacies

Other Services	Already provide this service	Intending to provide	Willing to provide if commissioned	Not willing to provide	Blank
Anti-coagulant monitoring service	7%	4%	82%	4%	4%
Anti-viral distribution service	4%	4%	86%	4%	4%
Care home service	18%	4%	57%	18%	4%
Chlamydia testing and treatment service	11%	4%	75%	7%	4%
Condom distribution scheme	68%	0%	21%	7%	4%
Distribution of naloxone	4%	4%	79%	11%	4%
Early start vitamins	0%	4%	89%	4%	4%
Emergency contraception service	68%	11%	18%	0%	4%
Gluten free food supply service (ie. Not via FP10)	4%	4%	75%	14%	4%
Home delivery service (not appliances)	86%	0%	14%	0%	0%
Independent prescribing service	0%	18%	64%	14%	4%
Language access service	4%	11%	71%	7%	7%
Medication review service	18%	4%	71%	4%	4%
Medicines assessment and compliance support service	21%	4%	68%	4%	4%
Medicines optimisation service	14%	4%	75%	4%	4%
Minor ailment scheme	11%	4%	82%	0%	4%
Needs and syringe exchange service	54%	4%	29%	11%	4%
NHS health check	4%	4%	89%	0%	4%
Not dispensed scheme	4%	4%	89%	0%	4%
Obesity management	11%	7%	79%	0%	4%
On demand availability of specialist drugs service	7%	7%	79%	4%	4%
Out of hours service	11%	4%	64%	18%	4%
Phlebotomy service	0%	4%	71%	21%	4%
Prescriber support service	4%	4%	75%	14%	4%
Schools service	0%	4%	79%	14%	4%
Sharps disposal service	0%	4%	86%	7%	4%
Supervised administration service	93%	0%	7%	0%	0%
Vascular risk assessment service	0%	4%	86%	7%	4%

Pharmacies were also asked if there were any clinical areas they would be willing to provide a service for

Figure 175: Which clinical area would you provide an independent prescribing service?

Independent prescribing service	Total
An extension of the pharmacy first	18%
Minor ailment scheme	18%
Any	7%
Areas that are commissioned	7%
Consultation room	4%
Diabetes	4%
Infection	4%
"We will be providing independent prescribing as an IP Pathfinder site. clinical areas: Minor ailments, Contraception, Women's health and CVD"	4%

Figure 176~~Figure 176~~ shows the pharmacies provision of specific disease management services, few were already providing, intending to provide these, but the majority would be willing if commissioned. Figure 177~~Figure 177~~ shows the screening services offered and again the vast majority of pharmacies were not offering any – besides atrial fibrillation (36%) - but they would be willing to if commissioned and the same is true for vaccination services, see Figure 178~~Figure 178~~, although those for were already provided for covid (64%) and seasonal influenza (79%).

Figure 176: Disease specific management services offered

Disease specific medicines services	Already provide this	Intending to provide	Not willing to provide	Willing to provide if commissioned	Blank
Allergies	11%	4%	4%	75%	7%
Alzheimer's/ dementia	11%	0%	4%	79%	7%
Asthma	11%	0%	4%	75%	11%
CHD	11%	0%	4%	79%	7%
COPD	11%	0%	4%	79%	7%
Depression	7%	4%	4%	79%	7%
Diabetes type 1	11%	0%	4%	79%	7%
Diabetes type 2	11%	0%	4%	79%	7%
Epilepsy	11%	0%	4%	79%	7%
Heart failure	11%	0%	4%	79%	7%
Hypertension	18%	0%	4%	71%	7%
Palliative care service	18%	0%	0%	75%	7%
Parkinson's disease	11%	0%	4%	79%	7%

Figure 177: Screening services offered

Screening services	Already provide this	Intending to provide	Not willing to provide	Willing to provide if commissioned	Blank
Alcohol	4%	4%	4%	82%	7%
Atrial fibrillation	36%	7%	4%	46%	7%
Cholesterol	0%	7%	4%	82%	7%
Diabetes	0%	7%	4%	82%	7%
Gonorrhoea	0%	7%	7%	79%	7%
H. pylori	0%	7%	4%	82%	7%
HbA1C	0%	7%	4%	82%	7%
Hepatitis	0%	7%	7%	79%	7%
HIV	0%	7%	7%	79%	7%

Figure 178: Screening services offered

Screening services	Already provide this	Intending to provide	Not willing to provide	Willing to provide if commissioned	Blank
Childhood vaccinations	0%	4%	21%	68%	7%
Covid-19 vaccinations	64%	7%	4%	18%	7%
Hepatitis (at risk workers or patient vaccination)	0%	7%	7%	75%	11%
Routine vaccinations	0%	7%	11%	75%	7%

Seasonal influenza vaccination service	79%	4%	4%	11%	4%
Travel vaccinations	0%	18%	4%	71%	7%

Non-Commissioned Services

No pharmacy said they charged for collecting prescriptions from the GP practice and 89% said they would collect it without charge on request. 54% of pharmacies said they would deliver to all patients, and of the 13 who stated they did not deliver to all patients, 77% said they would deliver to selected patient groups – those specified were elderly, disabled, housebound, end of life, vulnerable ones or one requiring urgent medication, or at staff discretion – while 62% of them said they would do to selected local areas. Of all pharmacies, 71% said they would deliver for free on request, with just 7% saying they would charge.

Figure 179: Non-commissioned services offered by the pharmacies

Services	Yes	No	Blank
Collection of prescription from GP practice with charge	0%	89%	11%
Collection of prescription from GP practice with free of charge on request	89%	7%	4%
We deliver dispensed medicines to all patients	54%	43%	4%
If not delivered to all patients, to selected patient groups (out of 13)	77%	23%	0%
If not delivered to all patients, to selected areas (out of 13)	62%	31%	8%
Delivery of dispensed medicines – free of charge on request	71%	21%	7%
Delivery of dispensed medicines – with charge	7%	86%	7%
Monitored dosage systems	89%	7%	4%

25 pharmacies (89%) said they had monitored dosage systems, with 80% of these stating the provided for those in need free of charge, while another 12% said they would provide for everyone free of charge, and only 4% saying they would provide for those in need with a charge.

Prescription ordering

Figure 180: Prescription ordering methods

	Yes	No
Offer prescription ordering	64%	36%
If offered, can order via telephone	100%	
If offered, can order via email	83%	
If offered, can order via front desk	78%	

Figure 181: Use of apps for prescription ordering

	Yes	No
Support patients in the use of apps	86%	14%
If yes, support via NHS app	88%	
If yes, support via In house app	61%	

Need for other locally commissioned service

68% of pharmacies said there was a need for a locally commissioned service in their area, of these, by far the most mentioned thing was an extension to the minor ailment scheme (11 responses), with a couple of mentions of extending the pharmacy first service. In addition, more detailed comments are below:
“Chest Infections, Ear infections for adults”
“Conjunctivitis in children under 2 years, ear infections in adults, infected eczema, non-dispensed scheme RSV, pneumonia and shingles vaccine. Full minor ailments scheme”
“Emergency contraception service (eg Levonelle, EllaOne)”
“NHS funded MDS packs post pharmacist assessment”
“You need to resolve the funding in pharmacy. It is atrocious!!!!”

Gaps in pharmaceutical services in Shropshire

1. **Overall, there are sufficient numbers and a good choice of pharmacy contractors to meet Shropshire's pharmaceutical needs.**

Shropshire has 43 community pharmacies and there are 17 GP practices that can dispense to patients registered with their practice. The rate of community pharmacies per head of population is 1:7,637 which is notably higher than the national average of 1:5,127. However, when comparing the rate of pharmacies and dispensing practices combined, Shropshire has a rate of 1:5,473 compared to 1:4,761 for England. This shows the particularly important role dispensing practices play in provision across the county. Generally, there is good geographical coverage of pharmaceutical services across Shropshire and the majority of residents can access them easily. However, the number of community pharmacies has decreased from 47 at the time of the previous PNA, and the ratio of pharmacies per head of population has increased from 1:6,829 to 1:7,637. Pharmacies that shut since the previous PNA were located in Shrewsbury town centre, Meole Brace retail park in Shrewsbury, Church Stretton and Ludlow, although in each case there is another pharmacy close by.

In terms of opening hours, there is just one '100 hour' pharmacy across Shropshire, which is in Oswestry (North West Family Hub Area), which means those residents having access to a community pharmacy for at least 100 hours during the week. Most residents have good access to a pharmacy during weekdays and Saturday mornings. However, there appears to be less provision and choice on Sundays, with only 6 pharmacies open then, and none of these in the North East, South East or South West family hub areas. Regulatory changes from the department of health and social care (DHSC) that took effect on 31st July 2023 meant that former '100 hour' pharmacies could reduce their total weekly hours to no less than 72 hours, subject to various requirements. The regulatory change was introduced by DHSC to help relieve current pressures on 100-hour pharmacies and seeks to ensure patient access to NHS pharmacy services over their extended opening hours, although these changes were opposed by the Pharmaceutical Services Negotiating Committee (PSNC).

2. **Review the opening times of pharmacies on weekends and at night.**

As stated, there is limited provision on Sundays, particularly in the south of the county, with only 6 pharmacies open at all then and this lack of opening which was also bought up in the resident survey – 41% of respondents stated a Sunday 10-2pm slot would be useful for them to be able to visit a pharmacy, 17% said Sundays after 4pm and 9% said Sundays before 10am.

Night opening was also mentioned in the resident survey – 26% of respondents said they would like to be able to visit on weekdays 6pm-11pm, but at present there is a limited number of pharmacies that open past 6pm, with one open until 6.30pm (Ludlow, South West family hub area), one open till 8pm (Shrewsbury, Central East family hub area), one open till 9pm (Shrewsbury, Central East family hub area) and another open till 11pm (Oswestry, North West family hub area)

Saturdays were also mentioned with 49% saying they would like to visit 9am-1pm, 42% saying they would like to visit 1pm-6pm and 16% saying they would like to visit 6pm-11pm, and while all but 1 pharmacy is open on a Saturday, most of these are open until 12pm or 1pm and only 2 pharmacies opening past 6pm on a Saturday, both in Shrewsbury, until 8pm and 9pm.

There are no pharmacies in Shropshire that are open 24 hours a day.

There were a number of comments about the difficulties people had in being able to access pharmacies on Sundays or at night that, with particular mentions of the effect this had on the elderly, children and those in acute pain.

It should be noted that in both the resident and contractor survey there were comments about the pharmacies being expected to do more and fill take the pressure off general practice and there were also mentions of funding and staff pay.

3. **Explore options for improving communications around provision of services delivered in community pharmacy**

There is a need to raise awareness, signposting and improve the availability of online information to promote the services currently available. There are also opportunities for both the HWBB and within the Integrated Care System to capitalise on the capacity within the range of services offered from community pharmacies and for future service development

Although responses to the patient survey were generally positive about the role pharmacies fulfil and overall satisfaction was good, the survey did highlight a number of areas where there needed to be better communications about the specific services that community pharmacies provide, and which pharmacies have signed up to provide these services, for instance, 66% of respondents said they were not aware of the 'New Medicines Service', 23% said they were not aware of the 'Disposal of unwanted medicines' service, 73% said they were not aware of 'weight management services', 77% said they were not aware of 'mental health support' service and 29% said they were not aware of 'Minor Ailments' service. While some of the services people are not aware of might be for specific circumstances or focused at particular age groups, other services are more universal.

Commented [JM33]: see above comment re awareness of services vs services that are not offered universally

The residents survey had a lot of positive comments about pharmacies, and how it was easier to see a pharmacist for advice than it was to see a GP, so it is a shame that there might be so many people that could be utilising this advice more.

Furthermore, there is an overarching commitment to identify ways in which health care can increasingly be delivered outside hospital and traditional health care settings. As demand for health and social care services is rising due to demographic changes, it is important that more can be done to improve the health and wellbeing of the population in communities. Community Pharmacies are well placed to deliver services in local communities and therefore have a profound impact on the health of our population over coming years.

4. **Increase the number of pharmacies providing specific services**

There are a number of services that pharmacies can opt to do, but at present many are not signed up to. For example, emergency hormonal contraception is a service that 27 of the 43 pharmacies are signed up to, and in the last 2 years there were 918 cases at Shropshire pharmacies. 26 of the 43 pharmacies are signed up for the needle exchange service, with nearly 2,000 packs given out across 16 pharmacies in the 23/24.

28 of the 43 pharmacies completed the contractor survey, and within this, there were a lot of services that contractors said they would be willing to provide if they were commissioned, if they were not already providing that service or were intending to provide, so there seems to be an appetite for increasing the number of services that pharmacies could provide.

Appendix 1 Overview of Contract Applications and Market Entry

Pharmacy Contract Applications

Commented [CC14208734]: Is this form still the same Peter?

NHS England is responsible for local provision of pharmaceutical services and maintaining pharmaceutical lists. Applications, once received into NHS England via Primary Care Services England (PCSE) website are reviewed by the Pharmacy Regulations Committee based in the Regional Team on a monthly basis.

In respect of the area of each Health and Well Being Board (HWBB), the NHS England's representative PCSE must prepare, maintain and publish 2 lists of persons other than medical or dental practitioners, who provide pharmaceutical services in that area.

Those lists (which are pharmaceutical lists) are:

a) a list of persons who undertake to provide pharmaceutical services in particular by way of the provision of drugs; and
b) a list of persons who undertake to provide pharmaceutical services only by way of the provision of appliances.

Those lists must include:

a) the address of the premises in the area of the HWBB at which the listed person has undertaken to provide pharmaceutical services ("the listed chemist premises");
b) the days on which and times at which, at those premises, the listed person is to provide those services during the core opening hours and any supplementary opening hours of the premises.

In respect of the area of each HWBB the NHSCB must:

a) prepare, maintain and publish an "EPS list" of all the NHS chemists situated in that area who participate in the Electronic Prescription Service; and
b) include on its EPS list the address of any premises at which the Electronic Prescription Service is provided

Any applications for new or additional pharmacy premises and any relocation of services are made to NHS Commissioning Board.

The pharmaceutical services to which each PNA relates are all the pharmaceutical services that may be provided under arrangements with NHSCB for:

a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

Market Entry Regulations

Applications for inclusion in a pharmaceutical list are now considered by NHS England (through their Regional Teams) and the 'market entry test' is now an assessment against the pharmaceutical needs

assessment produced by the local authority's Health and Wellbeing Board. The exemptions introduced in 2005 have been removed (other than the exception for distance selling pharmacies) and 'neighbourhoods' are no longer relevant for relocations.

Local Pharmaceutical Committees (LPCs) and the Pharmaceutical Services Negotiating Committee (PSNC) are both recognised as representing pharmacy contractors on NHS matters, and these matters are largely set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. More than half of those regulations are taken up with market entry.

Relocations

The 'Relocations which do not result in significant change' application was bought in under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, to replace the Minor Relocation application of the 2005 regulations. The new regulations judge applications based on whether the relocation would affect the patient groups which use the pharmacy, and whether the relocation would result in a significant change to the arrangement for pharmaceutical services, rather than whether the relocation would be above or below 500m, or in the same neighbourhood.

The Regional Team must endeavour to determine the application as soon as is practicable, however this must be within four months from the date on which the complete application is received. There is a further thirty-day appeal period before the pharmacy can relocate, and the pharmacy must relocate within six months of being granted (subject to a possible 3-month extension).

Relocations which do not result in significant change are a notifiable application, meaning that all applications are circulated to the LPC and contractors likely to be affected if the application were to be granted, and they are allowed 45 days in which to make representations. This differs for some relocations processed under the 2005 Regulations in that those which were relocating less than 500m would be determined without consultation, and within 30 days. All relocations now are subject to the statutory consultation period.

Relocations that do not cause significant change are not judged against a Pharmaceutical Needs Assessment (PNA).

Pharmaceutical Needs Assessments

The PNA is produced by the local authority's Health and Wellbeing Board (HWBB) at least every four years. Until April 2015, the PNA produced by the former PCT may be used until the HWBB has produced its own. Between versions of the PNA a supplementary statement may be issued to record changes in the provision of pharmaceutical services (for example, the opening or closure of a pharmacy) but a supplementary statement cannot be used to record changes to the needs for pharmaceutical services.

The PNA will identify the pharmaceutical services that are needed, those that are provided, and hence those which are needed but not currently provided. It will also identify pharmaceutical services which are not needed, but which, if they were to be provided, would bring about improvements in or better access to pharmaceutical services. Again, such services that are provided are identified in the PNA. The PNA will also include details of other NHS services commissioned in the area which have an impact on the need to commission pharmaceutical services.

Applications

An applicant must submit an application form, a fee, and if they are not already on a pharmaceutical list, their fitness to practise declarations.

It is always for the applicant to decide if and when to make an application – there is a fee associated with each application, and once an application has been made, this will enter the public domain and other interested parties may consider making applications in the same area. This is via the PCSE Website https://pcse.england.nhs.uk/services/market-entry/

Fees

Applications must be accompanied by a fee in most cases – see the Pharmaceutical Services (Fees for Applications) Directions 2013. An exception exists allowing the Regional Team to waive the fee where it has invited the applicant to make that application.

The Regional team is required by the regulations to consider, before it seeks representations from interested parties, whether it would be beneficial to consider other applications alongside the application. This could arise for example if an application appeared to be meeting part of the needs identified in the PNA, where the Regional Team thinks that opening the opportunity to apply to others, in the light of that first application, may stimulate a more comprehensive offering. For this reason, applications must be as strong as possible, as the Regional Team is not obliged to accept an application on a first past the post principle.

If the Regional Team does decide to defer an application to invite other applications, it must do so for no longer than 6 months. The application is put on hold pending other applications.

The Regional Team may also defer an application if there are other applications in the pipeline, or if there are relevant appeals in process.

Timescales

If the application is a notifiable application (the meaning of which is set out in paragraph 18 of that schedule) including all routine applications as well as relocations, distance selling applications and relocations combined with change of ownership, then NHS England must endeavour to determine the application as soon as is practicable, and unless there is deferral of the application (see above) must determine it within 4 months of the date on which it had received all the information it required to determine the application.

For the applications which are not ‘notifiable’ such as change of ownership, NHS England must determine the application within 30 days of receiving all the information it needed. These limits can be extended is there is ‘good cause’ for delay.

Exemptions / Exceptions

The change in the market entry test to refer to the PNA means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions therefore cannot be used by an applicant (although existing pharmacies and those granted under the exemption continue).

There were misunderstandings about whether a 100-hour pharmacy would be able to apply to reduce its hours. The regulations have made it clear that such pharmacies cannot apply to reduce their hours.

The exemption for distance selling pharmacies continues. The reason this exception (as it is now called) is required, is because a true internet or mail order pharmacy, servicing a population spread throughout the country, cannot argue a strong enough case for meeting needs set out in a local PNA, nor could it be said to bring about a significant benefit under an unforeseen benefits application. New conditions have been introduced in regulation 64, which requires the pharmacy to be able to provide essential services safely, without face-to-face contact at the premises, and must ensure that persons anywhere in England are able to access the essential services.

There have been several applications refused by NHS England, and some of these have been the subject of appeals to the NHS Litigation Authority's Family Health Services Appeals Unit. In several cases, the applicant had failed to satisfy the Regional Team or the Appeals Unit, that they would be able to provide all the essential services without face-to-face contact at the pharmacy. In some cases, SOPs had not been provided, and in others, the SOPs had not been sufficient to satisfy the Regional Team or the Appeals Unit. It is likely that over time, the new requirements will be tested further, both at the Appeals Unit and in the High Court. Applicants and affected contractors wishing to make representations on applications may find it helpful to examine similar cases that have been considered by the Appeals Unit, and of course, legal advice may be needed to establish the latest position as to how the exemption requirements should be interpreted.

Making representations on applications

A pharmacy contractor that in the opinion of the Regional Team is likely to be affected by an application if it were to be granted will be notified if the application is a 'notifiable' application.

If invited to make representations, they will be considered only if they are substantial (for example, they contain a reasonable attempt to describe the reasons why the application should be granted or refused). There will be a right of appeal in most cases, but only if the pharmacy contractor made a reasonable attempt to express the grounds for opposing the application.

When invited to make representations, or when given a right to appeal it is essential to comply with timescales as late submissions will not be permitted.

Rurality, controlled localities and the provision of pharmaceutical services by doctors

Controlled localities

GP dispensing may be required where a pharmacy service would not be viable due to the nature or size of the population. GPs may dispense for their patients who have requested them to do so, if permission has been granted by NHS England (previously this permission was granted by the PCT). Generally, in order for permission to be granted the patients who ask their GP to dispense must be resident in a 'controlled locality' for which the GP has dispensing rights (i.e., an area which is rural in character which the GP has appropriate permission to dispense) and live at least 1.6km from an existing pharmacy.

If a new pharmacy wishes to open in a controlled locality, then there are additional tests that the applicant must satisfy, so as not to prejudice any dispensing by doctors being undertaken for patients in that area.

Similarly, if a GP is asked to dispense by their patients' resident in a controlled locality, NHS England must undertake a test to ensure that there is no prejudice to any local pharmacies.

NHS England is responsible for ensuring maps are available which show the areas which have been determined in the past to be controlled localities, and these will remain controlled localities unless and until a new determination finds that they no longer satisfy the requirements of being rural in character.

It is the responsibility of NHS England to publish a map defining controlled locality areas for Shropshire; the last review was undertaken in 2010.

Reserved location

Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a 'reserved location'.

A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile) of the proposed premises or location is fewer than 2750. The effect of determining a reserved location is that the pharmacy application is not required to satisfy the prejudice test (but the market entry test still applies) in order to be entered onto the pharmaceutical list. However, a reserved location pharmacy is not afforded the so called 'one mile rule' and patients in a controlled locality both within one mile of the pharmacy and beyond have the right to choose whether to have their medicines dispensed at a pharmacy or GP surgery. Should the population reach or exceed 2750 the pharmacy if already open can apply to NHS England for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one-mile rule would apply (i.e., the doctors lose dispensing rights within a mile of the pharmacy).

Registration of dispensing doctor premises

NHS England (through the Regional Teams) keep a list of dispensing doctors (regulation 46(1)) and a list of premises from which those doctors are authorised to dispense (regulation 46(2)(a)). The list also includes the area in relation to which the GP has been granted outline consent (regulation 46(2) (b).

New applications to dispense by GPs

New applications to dispense by GPs (outline consent and premises approval) are not permitted or considered if there is a pharmacy within 1.6km of the premises from which the practice wishes to start dispensing.

Relocations

Dispensing practices can relocate their premises if the granting of the application would not result in a significant change to the arrangements that are in place for the provision of pharmaceutical services (or local pharmaceutical services).

Further applications for relocation may be considered by NHS England only after 12 months has elapsed since the dispensing practice commenced providing services from the new premises.

Practice amalgamations

The amalgamation of a dispensing practice with a non-dispensing practice will trigger a new application for outline consent to dispense, and application for premises approval.

Appendix 2: PNA Steering Group Terms of Reference

Background
To provide pharmaceutical services, providers (most commonly community pharmacists but also dispensing appliance contractors and GPs in rural areas) are required to apply to be included on a pharmaceutical list. For their inclusion to be approved they are required to demonstrate that the services they wish to provide meet an identified need in the Pharmaceutical Needs Assessment (PNA) for the area.
From April 2013 the Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs from the former primary care trusts (PCTs) to Health and Wellbeing Boards. At the same time the responsibility for using PNAs as the basis for determining market entry to the pharmaceutical list transferred from PCTs to NHS England.
The Health and Wellbeing Board (HWBB) has the legal responsibility for producing a PNA every three years. A revised PNA for Shropshire needs to be published by 1 October 2025.
The purpose of the PNA Steering Group is to develop the revised PNA on behalf of the HWBB.
The PNA Steering Group will set the timetable for the development of the PNA, agree the format and content, oversee the statutory consultation exercise, and ensure the PNA complies with statutory requirements.

Purpose and Aims of the PNA Steering Group

- Coordinate the update of the Pharmaceutical Needs Assessment (PNA) in line with current legislation
- ensure the published PNA complies with all the statutory requirements set out in the appropriate Regulations
- oversee and drive the formal process to review the PNA for Shropshire and Telford and Wrekin, including the 60-day statutory consultation exercise
- To advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust pharmaceutical needs assessment, building on expertise from across the local healthcare community.
- To agree the statement of the needs for pharmaceutical services
- To agree and oversee the process for assessing the current provision of pharmaceutical services by pharmacies, appliance contractors and dispensing practices within Shropshire, Telford and Wrekin (and neighbouring areas where appropriate)
- To ensure that accurate maps identifying the premises where services are provided are produced
- To develop a framework for subsequent assessments and supplementary statements
- To take into account any further legislation that may impact on the PNA.
- promote integration and linkages with other key strategies and plans including the Lincolnshire Joint Strategic Needs Assessment (JSNA), the Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire and Lincolnshire's Integrated Care Partnership Strategy
- establish arrangements to regularly review the PNA following publication, including issuing subsequent supplementary statements in response to any significant changes

Key functions

- to oversee the PNA process
- to approve the framework for the PNA
- to approve the project plan and timeline, and drive delivery to ensure key milestones are met
- to ensure the development of the PNA meets all statutory requirements
- to determine the localities which will be used for the basis of the assessment
- to undertake an assessment of the pharmaceutical needs of the population including:
    - mapping current pharmaceutical service provision in Shropshire, Telford and Wrekin
    - reviewing of opening hours and location of services
    - using the JSNA and other profile data to review the health needs of the population
    - analysing current and projected population changes in conjunction with existing patterns of service provision
    - identifying any gaps in service provision and proposed solutions on how gaps can be addressed
    - consideration of future needs, including housing growth, and its impact on the development of services - in terms of essential, advanced, and enhanced service provision
- to produce a draft PNA for consultation

- to ensure active engagement arrangements are in place
- to oversee the consultation exercise ensuring that it meets the requirements set out in the Regulations
- to consider and act upon formal responses received during the formal consultation process, amending the PNA document as appropriate
- to ensure the Health and Wellbeing Board is updated on progress and that the final PNA is signed off by the Board by 1 October 2025

Membership

Name	Role/Title	Organisation
Core Members		
James Milner	Head of Pharmacy Integration and Workforce	NHS Shropshire, Telford and Wrekin ICB
Elizabeth Walker	?	NHS ICB- Shropshire, Telford and Wrekin
Rebecca Woods	?	NHS ICB- Shropshire, Telford and Wrekin
Peter Prokopa	Chief Officer	Community Pharmacy Shropshire (LPC)
Helen Onions	Director of Public Health	Public Health, Telford & Wrekin Council
Helen Potter	Insight Manager	Public Health, Telford & Wrekin Council
Lucy Cooper	?	Telford & Wrekin Council
Damion Clayton	Senior Research & Intelligence Officer	Public Health, Telford & Wrekin Council
Anne Marie Speke	Head of Service Healthy Population	Public Health, Shropshire Council
Damilola Agbato	Public Health Principal	Public Health, Shropshire Council
Jessica Edwards	Public Health Intelligence Manager	Public Health, Shropshire Council
Mark Trenfield	Senior Public Health Intelligence Analyst	Public Health, Shropshire Council
Rachel Robinson	Executive Director of Health, Wellbeing and Prevention	Public Health Shropshire Council
Simon Fogell	Chief Executive, Healthwatch	Healthwatch Telford and Wrekin
Jan Suckling	Lead Engagement Officer	Healthwatch Telford and Wrekin
Lynn Cawley	Chief Officer, Healthwatch	Healthwatch Shropshire
Julian Povey	LMC Lead	Local medical committee
Damien Thompson	LMC Lead	Local medical committee
Non-core members		
Neil Evans	Commissioning Development Manager	Shropshire Council
Tony Mercer	Senior Public Health Commissioner	Telford & Wrekin Council

The group will be administered and chaired by the Commissioner/Lead or person writing the needs assessment.

Reporting and Governance Arrangements

PNA progress updates will be reported, as required, to the following:

- Mark Trenfield/Jess Edwards will report to the Health & Wellbeing Board & Strategic Commissioning Group
- Damion Helen TW
- ? will report to the ICB Governance Board- Primary care ITG group- ask Liz
- ? will report to Healthwatch representatives
- ? will report to the Local Pharmaceutical Network
- Peter Prokopa will report to the Local Pharmaceutical Committee

Frequency of Meetings / Communications

- The group will meet as deemed necessary. Wherever possible email will be used to communicate ongoing PNA development
- Through the development phases the Public health Intelligence Analyst and Public Health Manager coordinate the PNA development.

Appendix 3: Community Pharmacies locations with relevant population layers

Figure 182~~171~~: Community Pharmacies and Index of Multiple Deprivation 2019

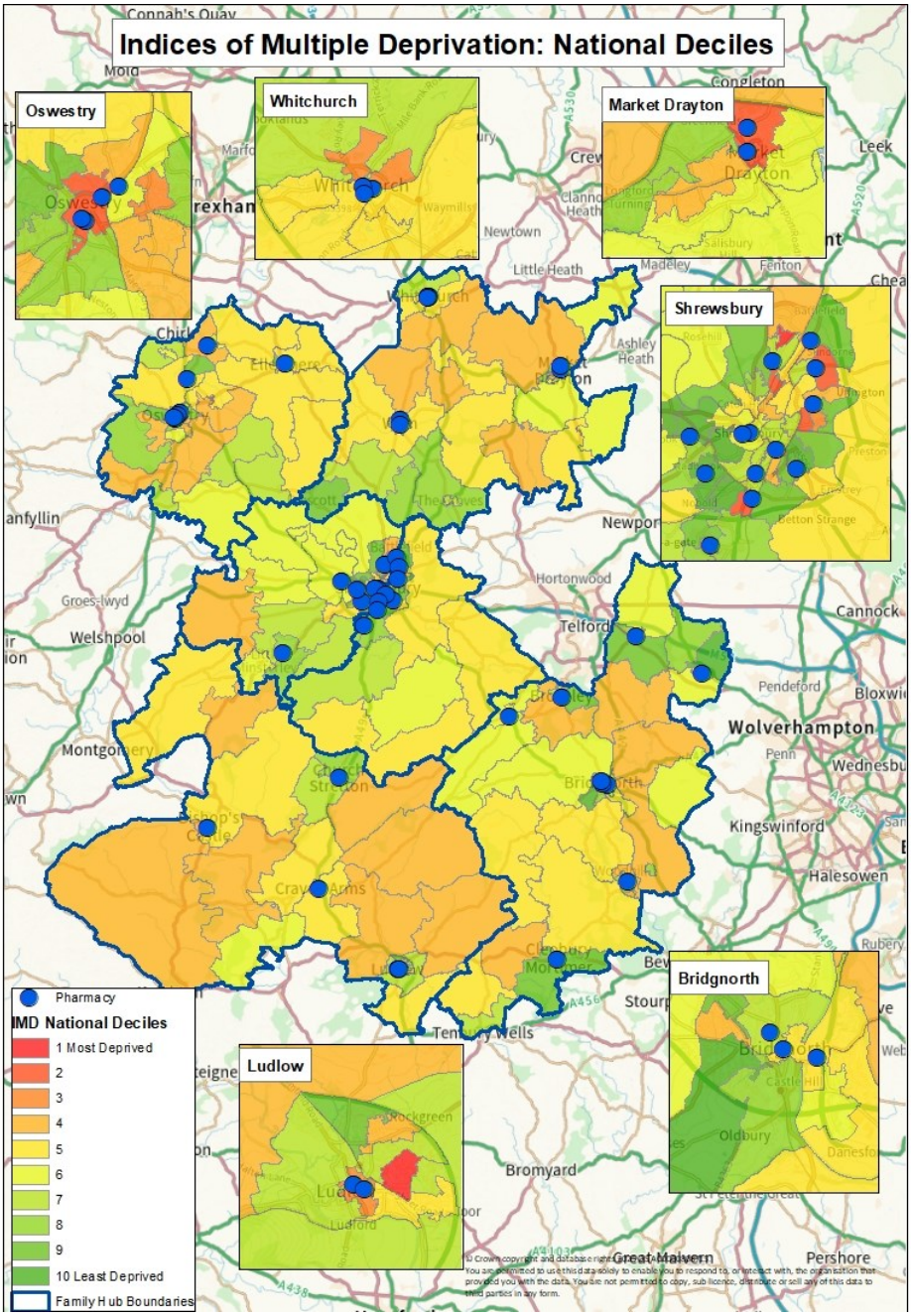


Figure 183~~172~~: Community Pharmacies and Rural Urban Classification 2021

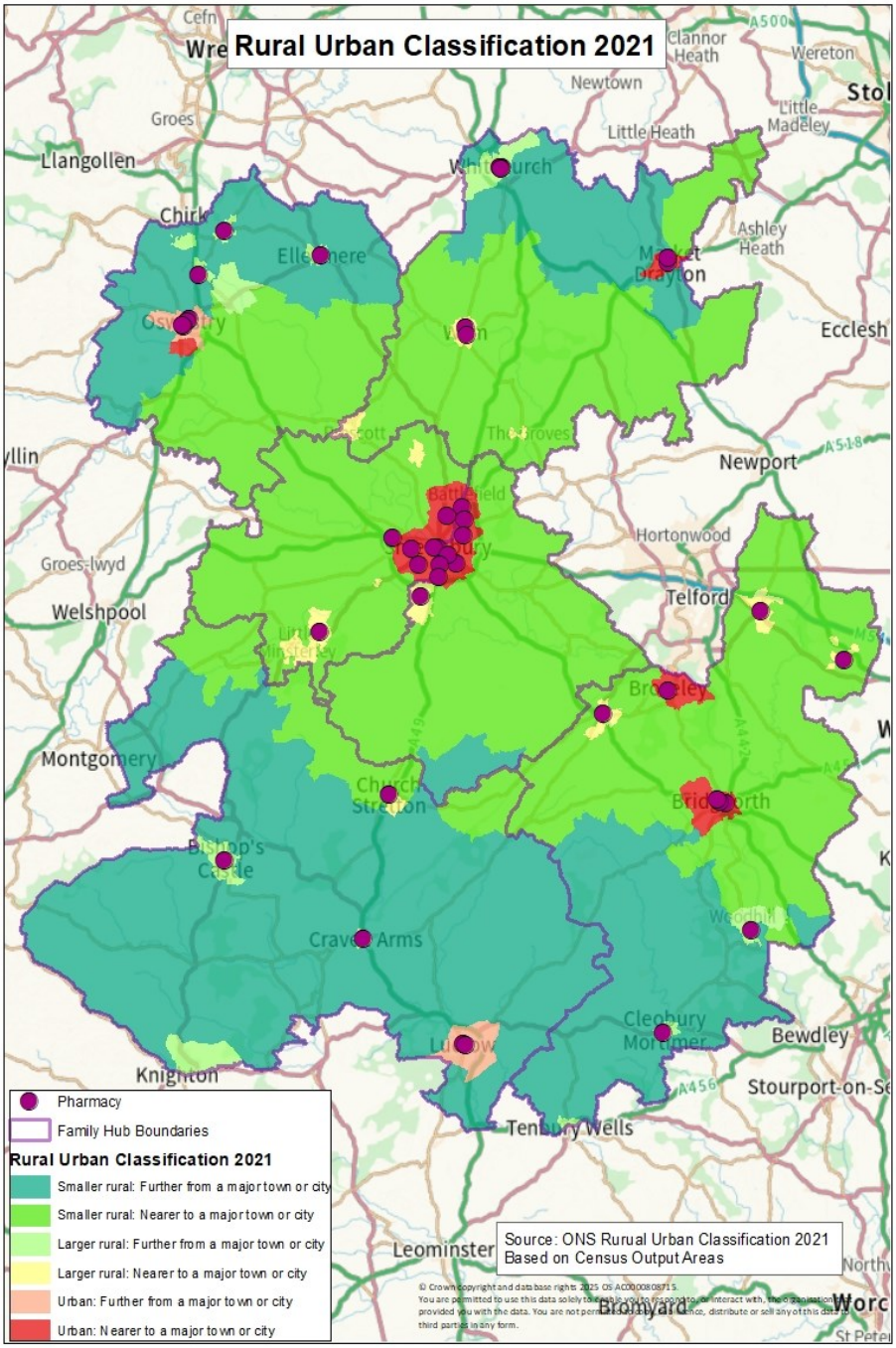


Figure 184~~173~~: Community Pharmacies and Employment Density by lower level super output area, ONS Business Register of Employment Survey 2023

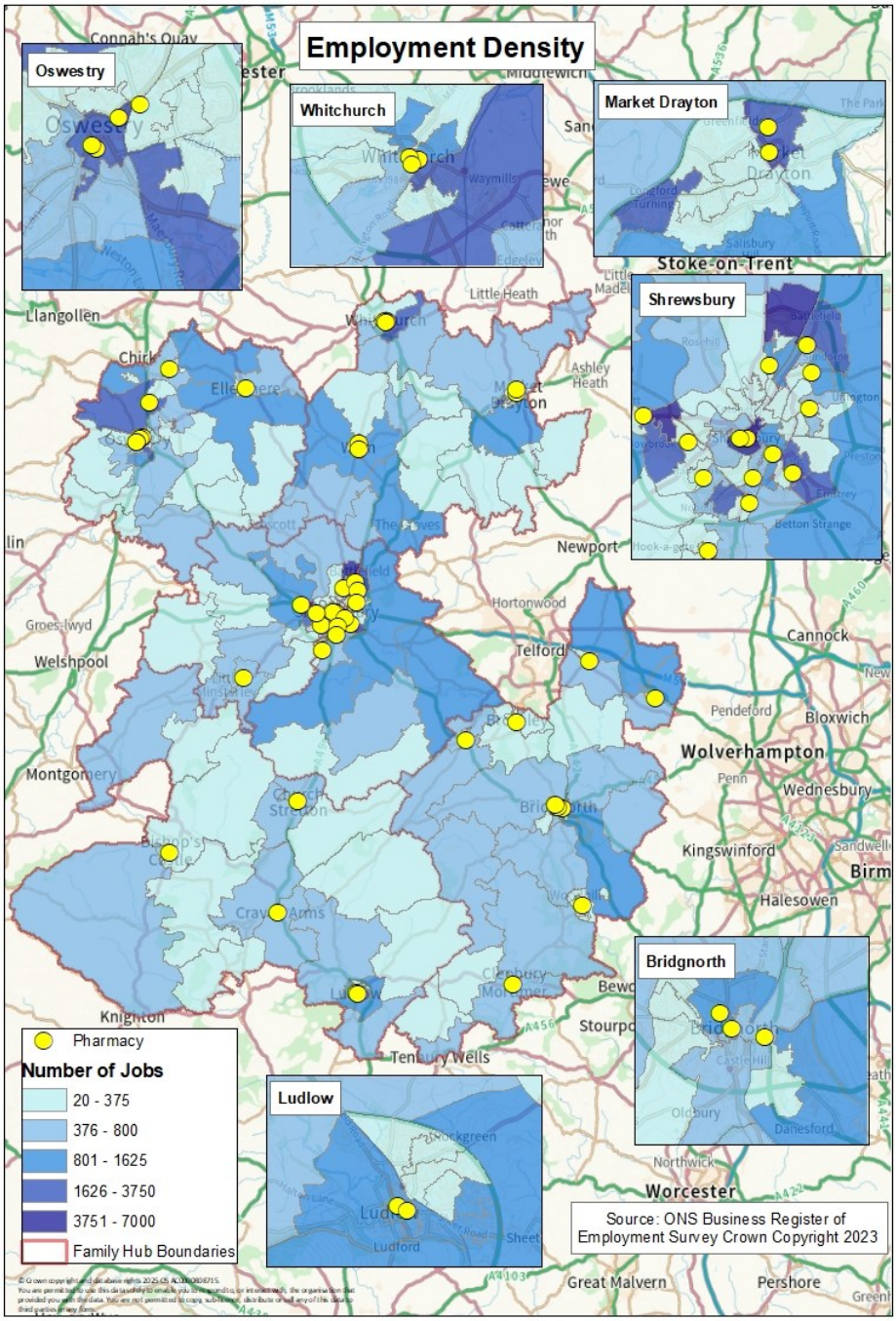


Figure 185174: Community Pharmacies and Median Household Income by lower level super output area, CACI Paycheck data, 2024

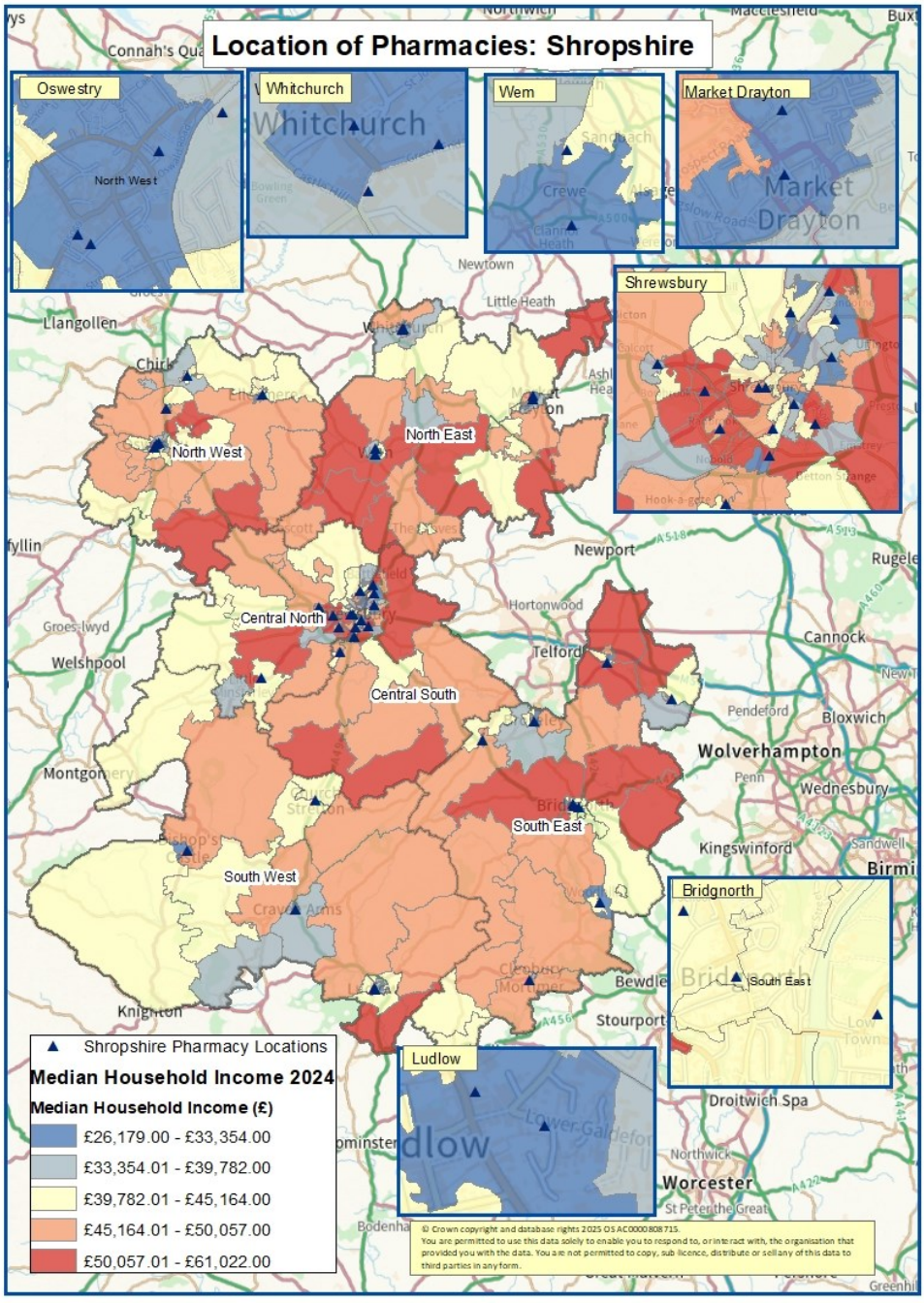


Figure 186~~175~~: Community Pharmacies and Percentage of Residents with a Disability (disabled with day-to-day activities limited a lot or a little) by lower level super output area, ONS Census 2021

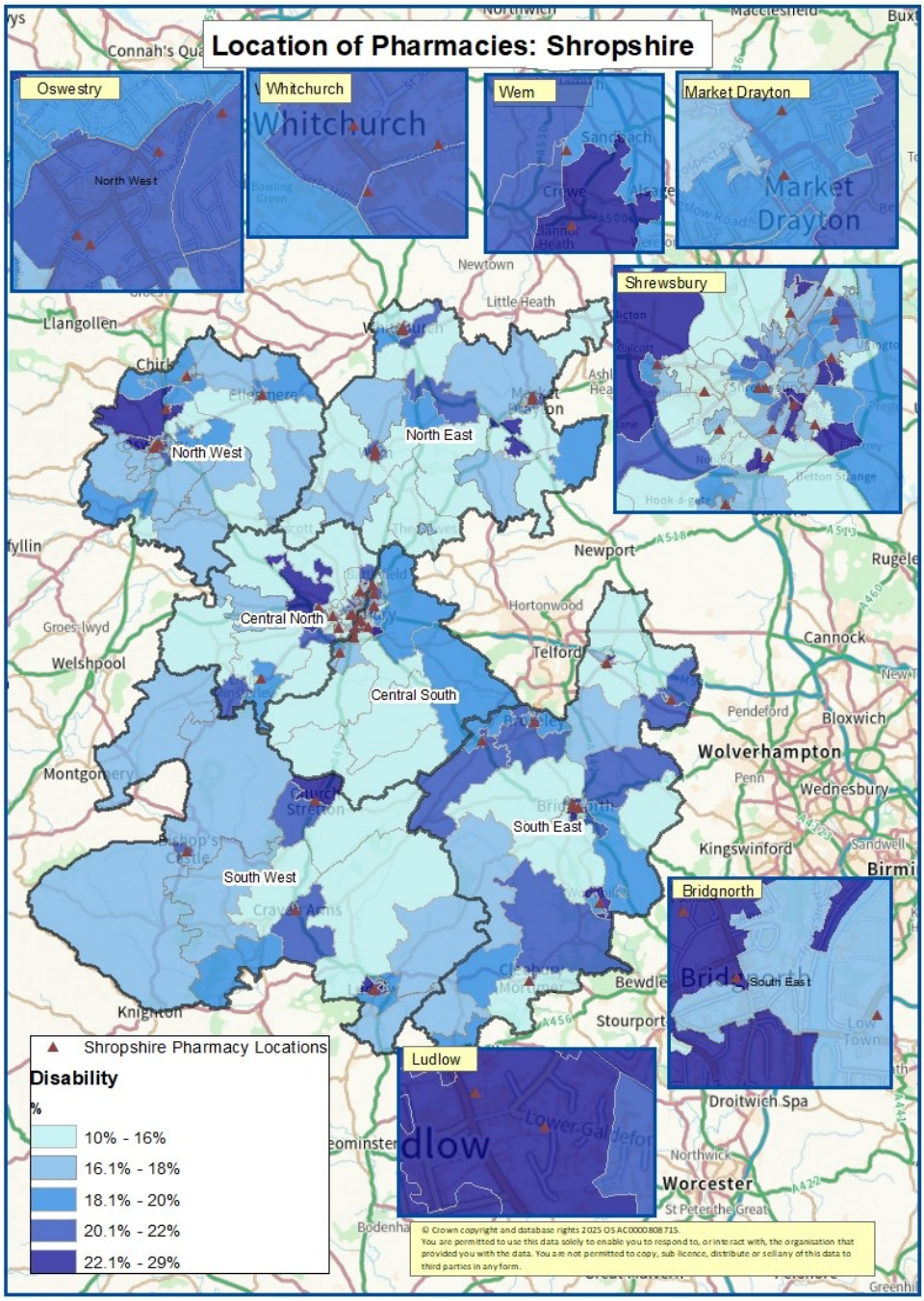


Figure 187~~176~~: Community Pharmacies and Percentage of Residents Providing Unpaid Care by lower level super output area, ONS Census 2021

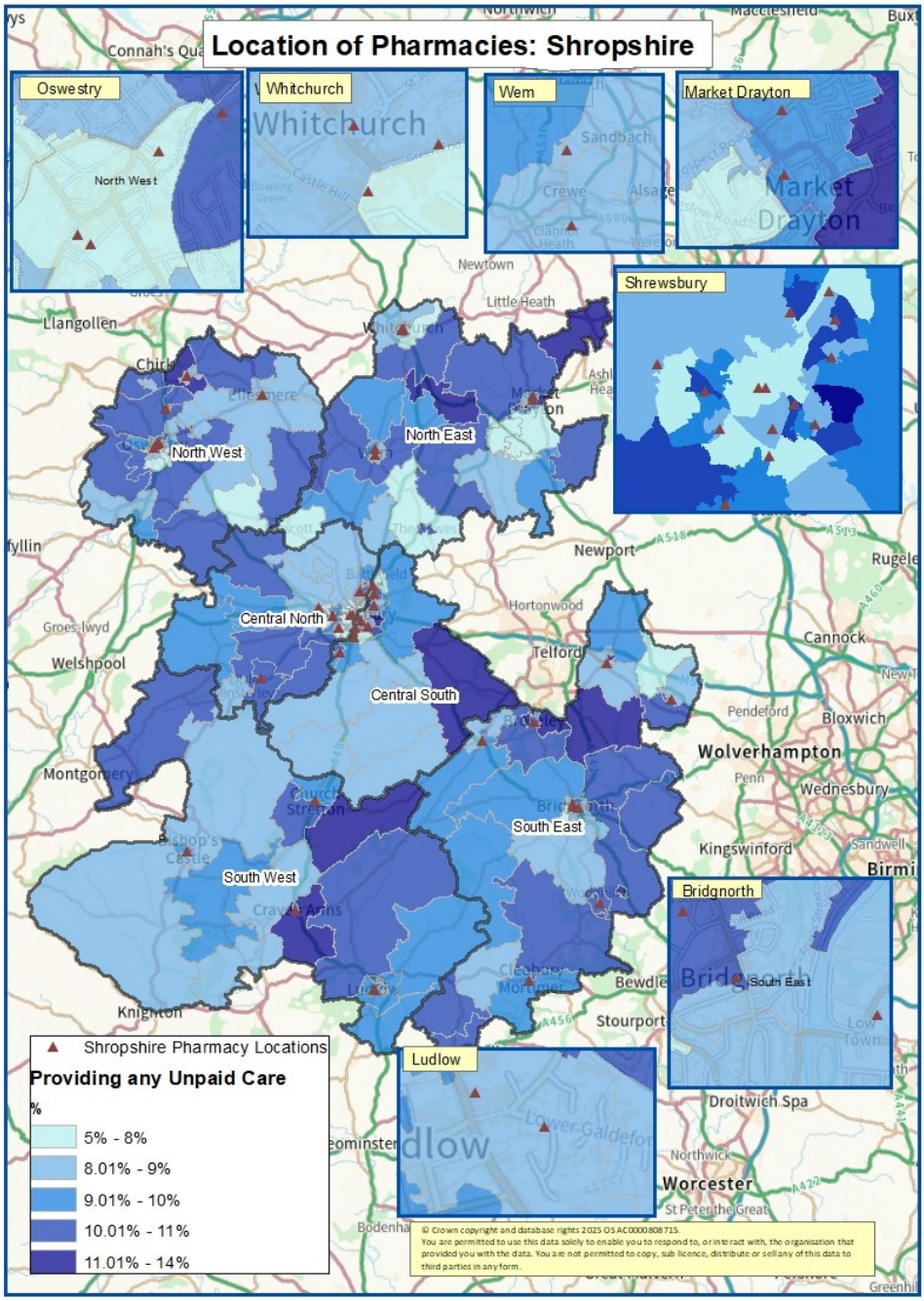


Figure 188177: Community Pharmacies and Percentage of Residents who said they were in poor health by lower level super output area, ONS Census 2021

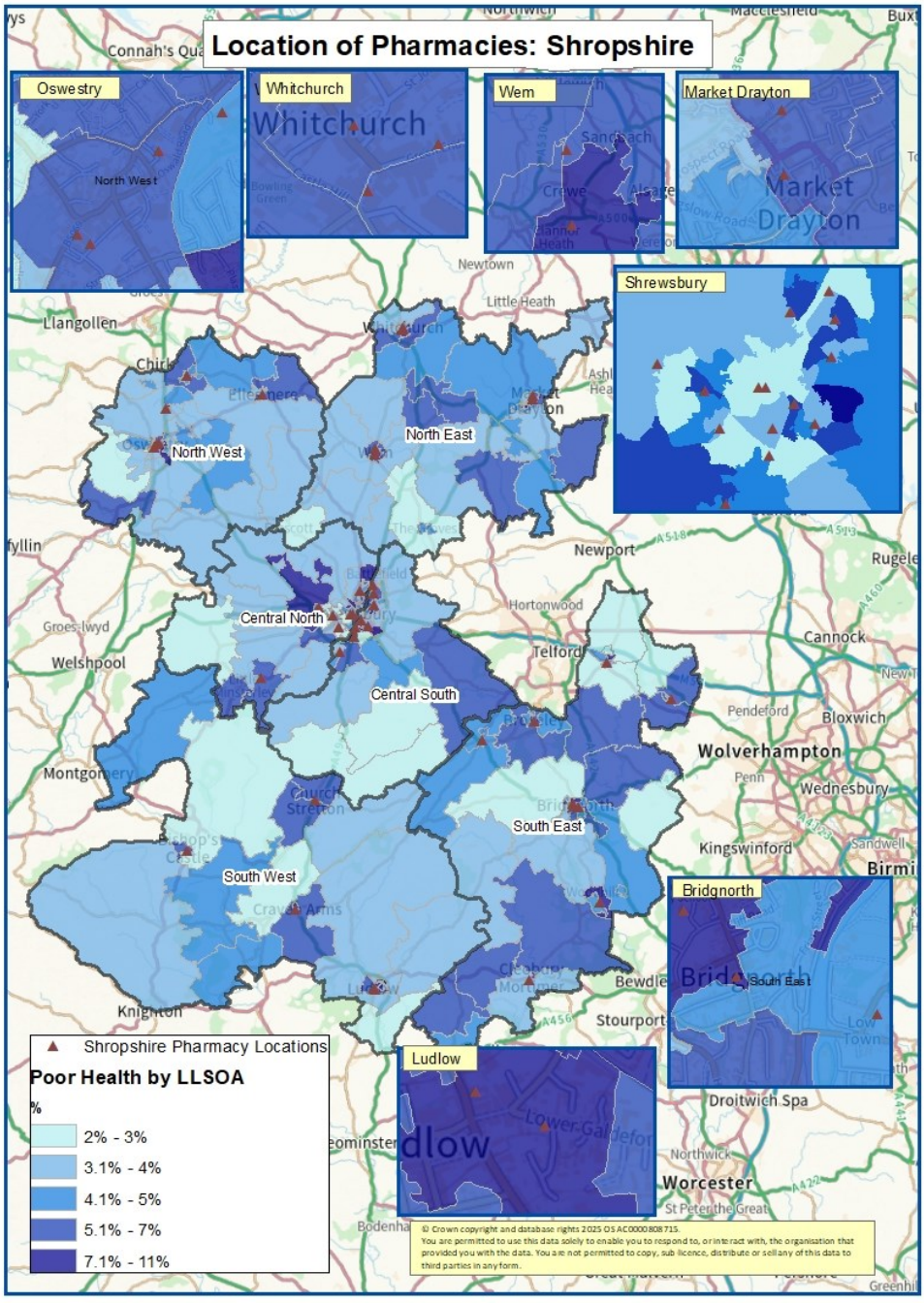


Figure 189178: Shropshire 0–4-year-old population by lower level super output area from the 2022 mid-year population estimates

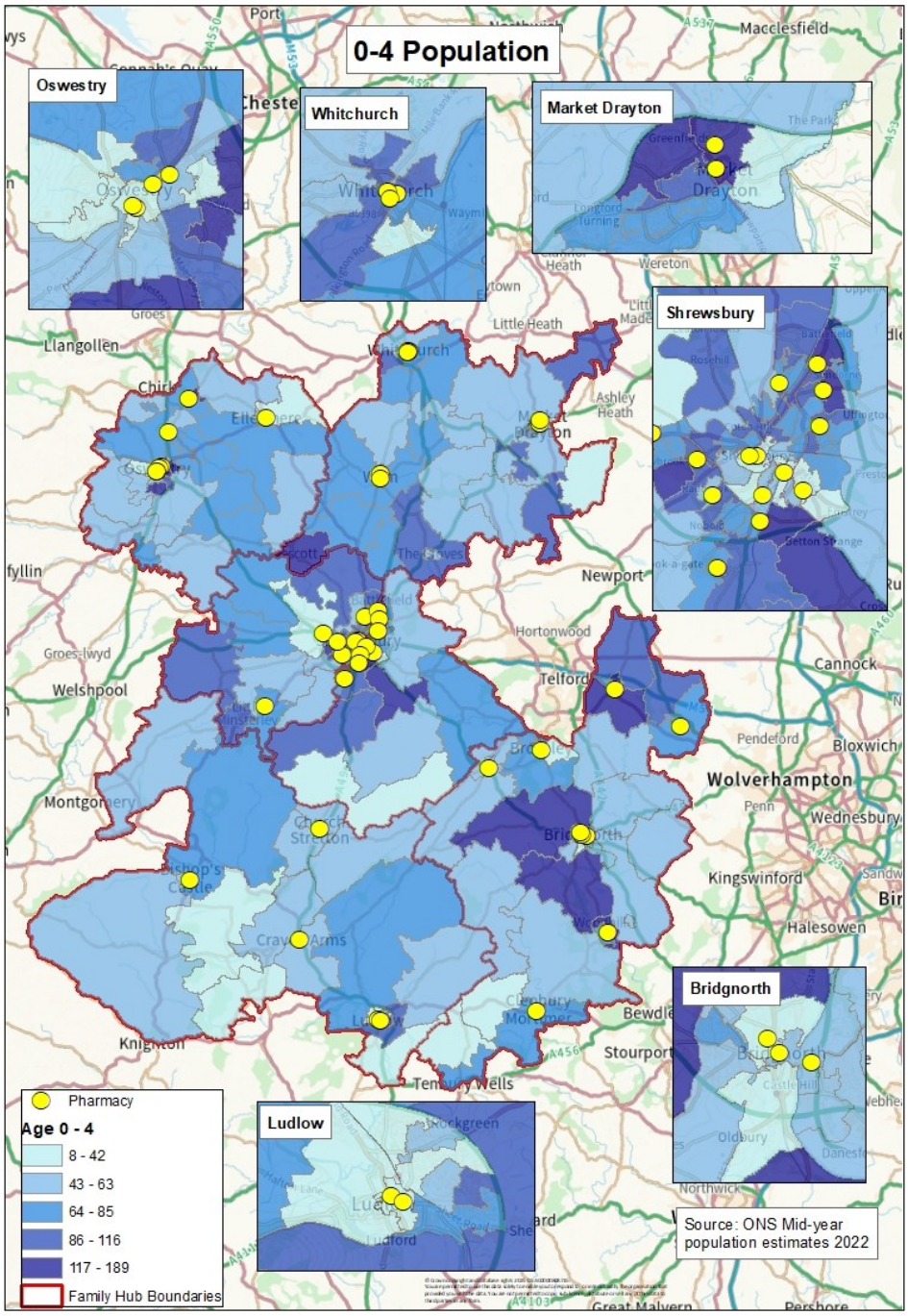


Figure 190~~179~~: Shropshire 5–15-year-old population by lower level super output area from the 2022 mid-year population estimates

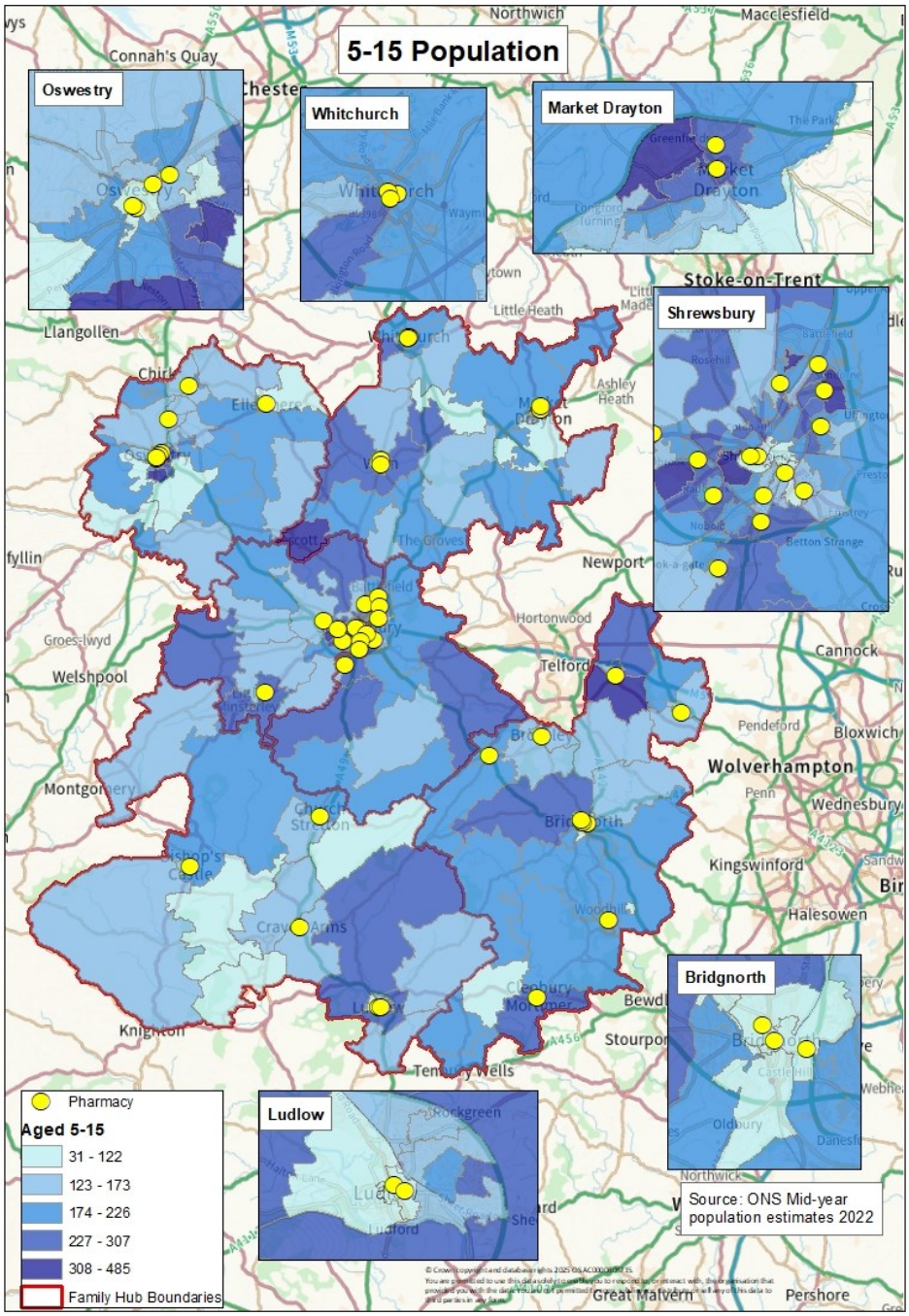


Figure 191~~180~~: Shropshire 16–64-year-old population by lower level super output area from the 2022 mid-year population estimates

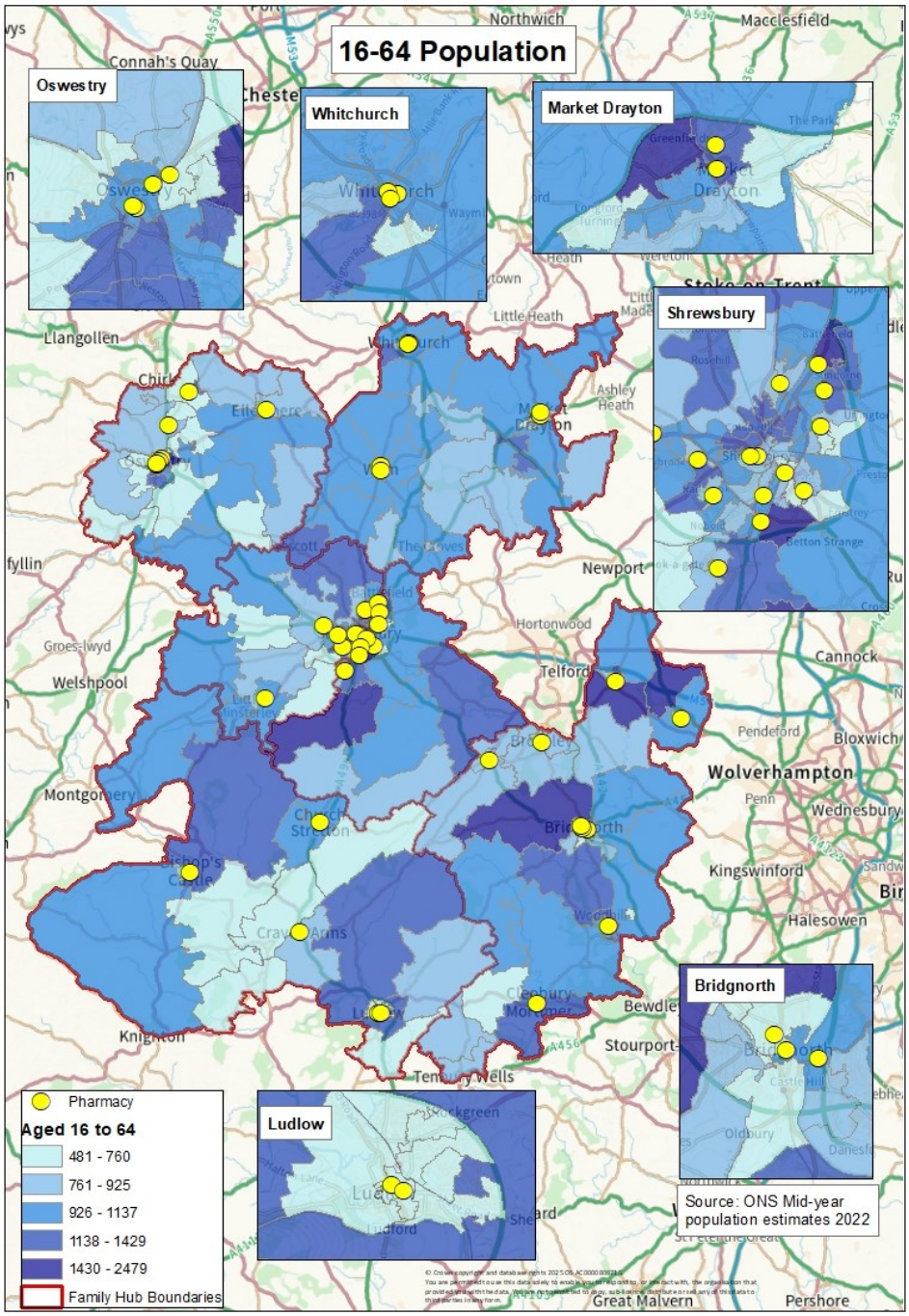


Figure 192~~181~~: Shropshire 65+ population by lower level super output area from the 2022 mid-year population estimates

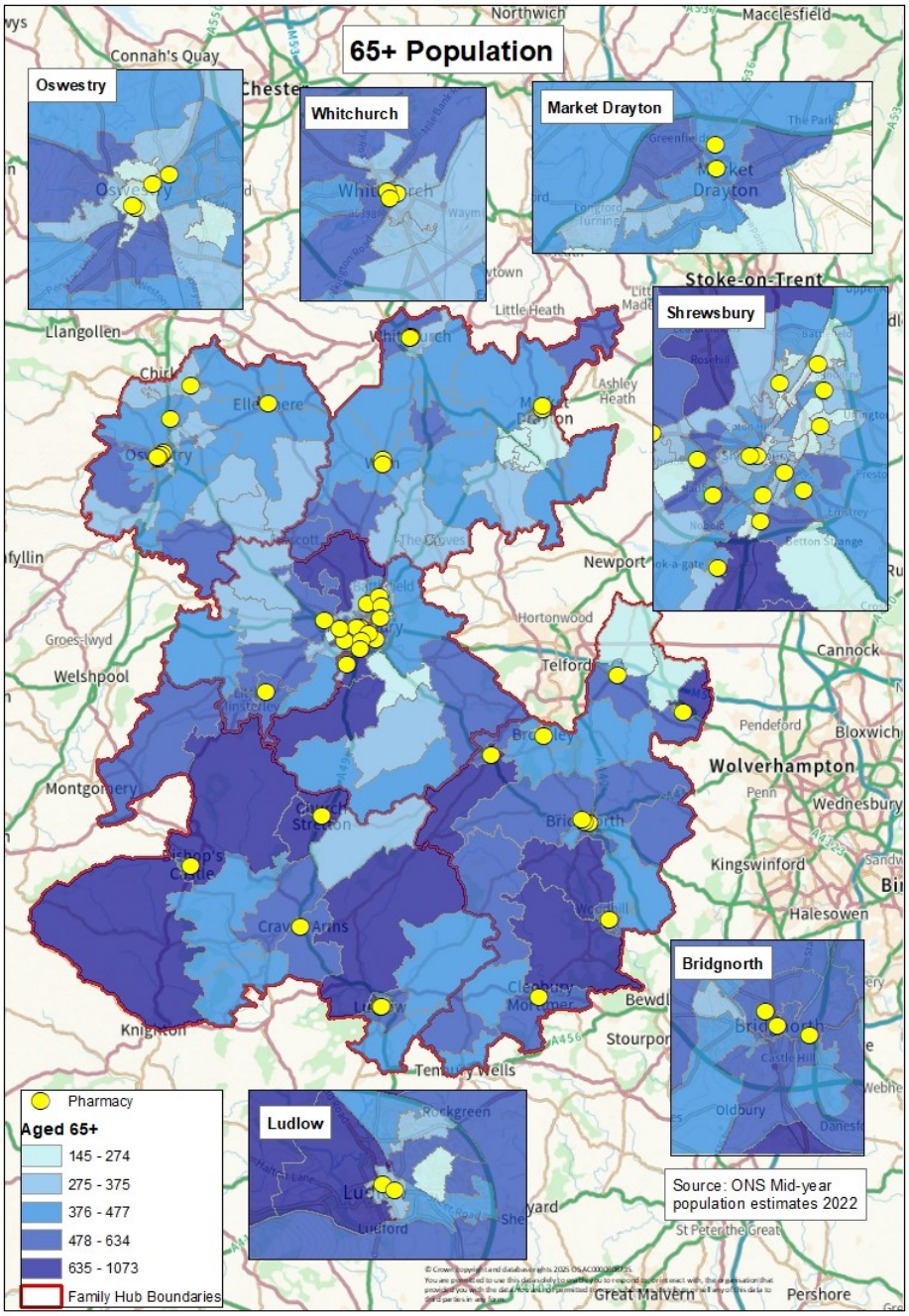
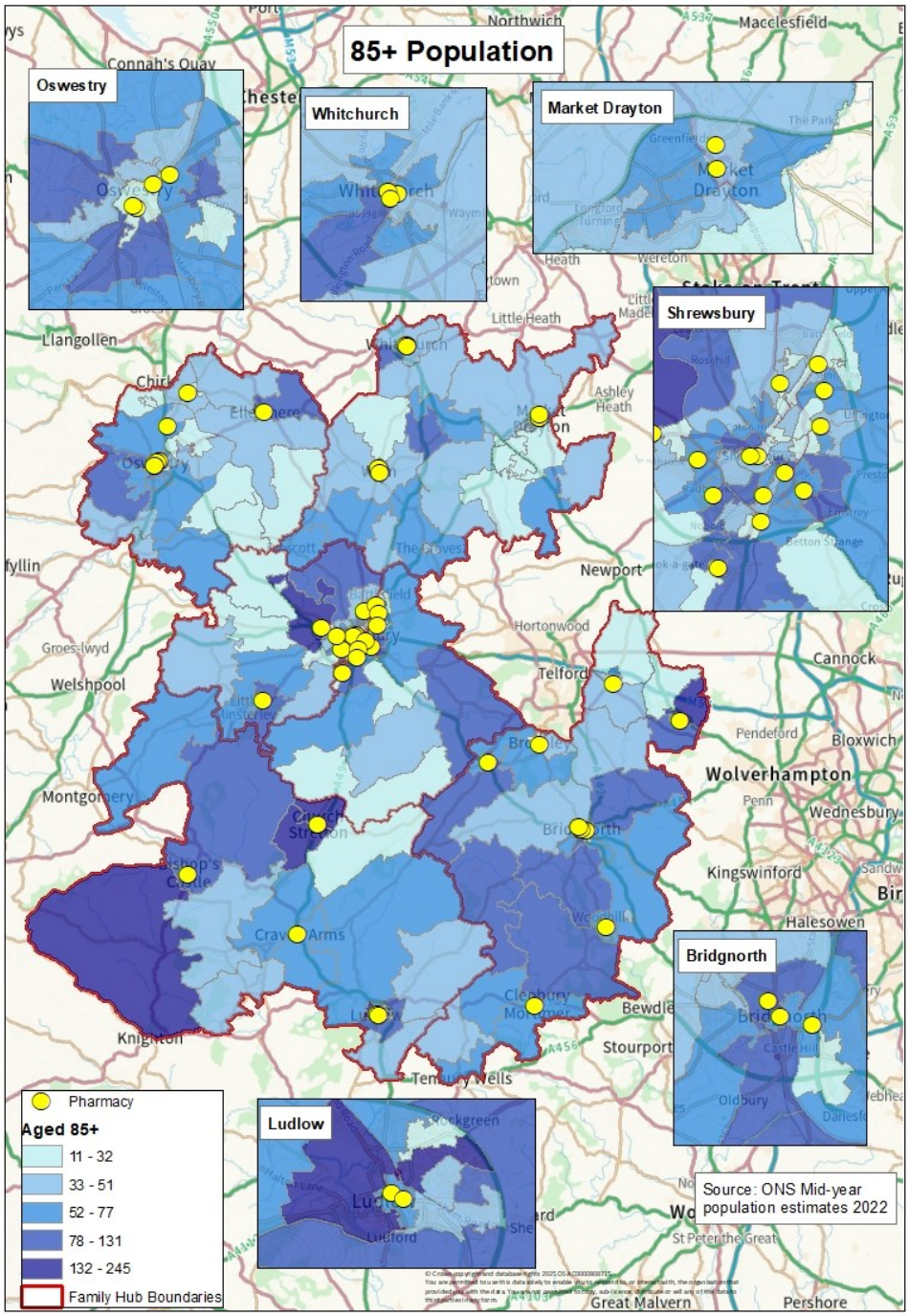


Figure 193~~182~~: Shropshire 85+ population by lower level super output area from the 2022 mid-year population estimates



Appendix 4: Community Pharmacy Resident Questionnaire

Your views on community pharmacy (chemist) services in Shropshire, Telford and Wrekin

Introduction

This survey is about the service you receive from community pharmacies or local chemists in your area.

Some people refer to pharmacies as 'the chemist', but in this survey we will just refer to them as pharmacies.

Shropshire Council and Telford & Wrekin Council are collecting your personal data for the purposes of statistical analysis related to the topics in this survey.

All of your answers will remain confidential and you will not be identified in any way in the reporting and use of this survey unless you tell us something that we are required by law to disclose.

For further details of the Councils privacy arrangements please view the privacy pages on the Councils websites www.telford.gov.uk/terms and www.shropshire.gov.uk/privacy (links open in a new tab).

1. Which local authority area do you live in?

- ☐ Shropshire
- ☐ Telford & Wrekin
- ☐ Somewhere else

Use of pharmacies

2. How often do you visit a pharmacy for health reasons (health advice, prescriptions or over the counter medicines)?

- ☐ Daily
- ☐ Two or more times weekly
- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly
- ☐ Every 2-3 months
- ☐ 6 monthly
- ☐ Yearly
- ☐ Never

3. How often do you visit a pharmacy for any other reason (e.g. shopping, toiletries, baby products)?

- ☐ Daily
- ☐ Two or more times weekly
- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly
- ☐ Every 2-3 months
- ☐ 6 monthly
- ☐ Yearly
- ☐ Never

4. At what time of day to you normally use pharmacy services?

- ☐ Weekdays 6am-9am
- ☐ Weekdays 9am-6pm
- ☐ Weekdays 6pm-11pm
- ☐ Saturday
- ☐ Sunday

5. Other than normal opening hours (Weekdays 9am-6pm), what other times would you find it most useful to visit a pharmacy? ***(Please select all that apply)***

- ☐ Weekdays 6am-9am
- ☐ Weekdays 6pm-11pm
- ☐ Saturday 9am-1pm
- ☐ Saturday 1pm-6pm
- ☐ Saturday 6pm-11pm
- ☐ Sunday before 10am
- ☐ Sunday 10am-2pm
- ☐ Sunday after 4pm

6. Please rate how strongly you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
I can easily find an open pharmacy when needed	☐	☐	☐	☐	☐	☐
I can easily find a pharmacy near where I want it	☐	☐	☐	☐	☐	☐
I can easily find a pharmacy open in the evening (i.e after 6pm)	☐	☐	☐	☐	☐	☐
I can easily find a pharmacy open at weekends	☐	☐	☐	☐	☐	☐
I can easily find a pharmacy open at lunchtime	☐	☐	☐	☐	☐	☐

About your regular pharmacy

7. Which local authority area is the pharmacy located in that you use most regularly?

- ☐ Shropshire
- ☐ Telford & Wrekin
- ☐ Somewhere else

8. Which pharmacy do you use most regularly?

- ☐ Albrighton Medical Practice
- ☐ Alveley Medical Practice
- ☐ Asda Pharmacy, Shrewsbury
- ☐ Bicton Heath Pharmacy, Welshpool Road
- ☐ Bishops Castle Pharmacy, Church Street
- ☐ Boots, Bridgnorth
- ☐ Boots, Hereford Road Shrewsbury
- ☐ Boots, Ludlow
- ☐ Boots, Market Drayton
- ☐ Boots, Mytton Oak Road Shrewsbury
- ☐ Boots, Oswestry
- ☐ Boots, Pride Hill Shrewsbury
- ☐ Boots, Shifnal
- ☐ Boots, Whitchurch
- ☐ Bridgnorth Pharmacy,
- ☐ Brown Clee Medical Practice
- ☐ Cambrian Pharmacy, Oswestry
- ☐ Churchmere Medical Group (Ellesmere Medical Centre)
- ☐ Cleobury Pharmacy, Cleaobury Mortimer
- ☐ Clive Medical Practice
- ☐ Conway Pharmacy, Shrewsbury
- ☐ Craven Arms Medical Practice
- ☐ Day Lewis Pharmacy, English Walls Oswestry
- ☐ Day Lewis Pharmacy, Gobowen
- ☐ Day Lewis Pharmacy, Oswald Road Oswestry
- ☐ Ellesmere Pharmacy
- ☐ Green End Pharmacy, Whitchurch
- ☐ Highley Pharmacy
- ☐ Hodnet Medical Centre
- ☐ Knockin Medical Centre
- ☐ Lunts Pharmacy, Barker Street Shrewsbury
- ☐ Lunts Pharmacy, Craven Arms
- ☐ Lunts Pharmacy, Hereford Road Shrewsbury
- ☐ Lunts Pharmacy, Ludlow
- ☐ MSN & Lunts Pharmacy, Church Stretton
- ☐ MSN & Lunts Pharmacy, Shrewsbury
- ☐ Much Wenlock & Cressage Medical Practice
- ☐ Peak Pharmacy, Bridgnorth
- ☐ Peak Pharmacy, Market Drayton
- ☐ Plas Ffynnon Medical Centre, Oswestry
- ☐ Pontesbury & Worthen Medical Practice
- ☐ Pontesbury Pharmacy
- ☐ Prescott Surgery, Baschurch
- ☐ Radbrook Green Pharmacy

- [ ] Rhodes TC Chemist, Albrighton
- [ ] Rowlands Pharmacy, Bayston Hill
- [ ] Rowlands Pharmacy, Broseley
- [ ] Rowlands Pharmacy, Shrewsbury
- [ ] Rowlands Pharmacy, Wem
- [ ] Rowlands Pharmacy, Wem & Prees Medical Practice
- [ ] Rowlands Pharmacy, Whitchurch
- [ ] Shawbury Medical Practice
- [ ] St Martins Pharmacy
- [ ] Tesco Pharmacy, Shrewsbury
- [ ] The Beeches Medical Practice Dorrington Surgery
- [ ] The Meadows Medical Practice, Craven Arms
- [ ] Well, Shrewsbury
- [ ] Wenlock Pharmacy, Much Wenlock
- [ ] Westbury Medical Practice

9. Which pharmacy do you use most regularly?

- [ ] Anstice Pharmacy, Madeley
- [ ] Aqueduct Pharmacy
- [ ] Asda Pharmacy, Donnington Wood
- [ ] Asda Pharmacy, Telford Town Centre
- [ ] Boots, Newport
- [ ] Boots, Shawbirch
- [ ] Boots, Telford Forge Retail Park
- [ ] Boots, Telford Town Centre
- [ ] Boots, Wellington
- [ ] Chapel Lane Pharmacy, Wellington
- [ ] Donnington Pharmacy
- [ ] Hadley Pharmacy
- [ ] High Street Pharmacy, Newport
- [ ] Hollinswood Pharmacy
- [ ] Ironbridge Pharmacy
- [ ] Jhoots Pharmacy, Oakengates
- [ ] Kitchings Chemist, Oakengates
- [ ] Lawley Pharmacy
- [ ] Leegomery Chemist
- [ ] Lloyds Pharmacy, Dawley
- [ ] Malinslee Pharmacy
- [ ] Morrisons Pharmacy, Wellington
- [ ] Muxton Pharmacy
- [ ] Nucare, Hortonwood
- [ ] Oakengates Pharmacy
- [ ] Parade Pharmacy, Donnington
- [ ] Peak Pharmacy, Newport
- [ ] Priorslee Pharmacy
- [ ] Rowlands Pharmacy, Stirchley
- [ ] Rowlands Pharmacy, Sutton Hill
- [ ] Shire Pharmacy, Trench
- [ ] Superdrug Pharmacy, Telford Town Centre
- [ ] Tesco Instore Pharmacy, Wrekin Retail Park
- [ ] Top Pharmacy, Hadley
- [ ] Wellington Pharmacy
- [ ] Wellington Road Surgery, Newport
- [ ] Woodside Pharmacy

10. Why do you normally use this pharmacy? ***(please select all that apply)***

- ☐ It is near my home
- ☐ It is near my work
- ☐ It is near or at my local GP surgery
- ☐ It is easy to get to whilst shopping
- ☐ It has on-site parking
- ☐ It has the services I require
- ☐ It stocks the medicines that I need
- ☐ It has opening hours that suit me
- ☐ It operates the Electronic Prescription Service
- ☐ It is near my child's school
- ☐ I can get there using public transport

11. How do you normally travel to your regular pharmacy?

- ☐ Car
- ☐ Public Transport
- ☐ Cycle
- ☐ Taxi
- ☐ Walk
- ☐ I don't go to my regular pharmacy as they deliver to me

12. Thinking about your regular pharmacy, how strongly do you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
My pharmacy is customer friendly and polite	☐	☐	☐	☐	☐	☐
My pharmacy is easy to get to by public transport or car	☐	☐	☐	☐	☐	☐
I find my pharmacist helpful	☐	☐	☐	☐	☐	☐
My pharmacy has a confidential and private area	☐	☐	☐	☐	☐	☐
My pharmacist explains information clearly so that I can understand	☐	☐	☐	☐	☐	☐
My pharmacy makes changes to help people with disabilities e.g. large print labels	☐	☐	☐	☐	☐	☐
My pharmacy usually has the medicines I need in stock	☐	☐	☐	☐	☐	☐

13. Does your regular pharmacy have any of the following?

	Yes	No	Not sure
Seating area	☐	☐	☐
Electronic prescription service	☐	☐	☐
Wheelchair accessibility	☐	☐	☐
Stocks of living aids to support independent living	☐	☐	☐
Hearing aid loop	☐	☐	☐
Prescription delivery service	☐	☐	☐
Information and advice on medicines	☐	☐	☐
Information and advice on healthy lifestyles (eg diet and nutrition, physical activity)	☐	☐	☐

14. Thinking about your regular pharmacy: Which of the following services are you aware of, have used or would like to see available?

	I am aware of	I have used	I am not aware of	I would like to see available
Minor Ailments Service	☐	☐	☐	☐
Vaccinations	☐	☐	☐	☐
NHS Healthchecks	☐	☐	☐	☐
NHS Screening Services	☐	☐	☐	☐
Smoking Cessation Services	☐	☐	☐	☐
Emergency hormonal contraception	☐	☐	☐	☐
Pregnancy testing	☐	☐	☐	☐
Blood pressure monitoring	☐	☐	☐	☐
Cholesterol testing	☐	☐	☐	☐
NHS repeat prescription services	☐	☐	☐	☐
Terminal illness support	☐	☐	☐	☐
Alcohol use awareness and treatment services	☐	☐	☐	☐
Incontinence support	☐	☐	☐	☐
Weight management services	☐	☐	☐	☐
Mental health support	☐	☐	☐	☐
NHS Phlebotomy Services	☐	☐	☐	☐
Anti-coagulation monitoring	☐	☐	☐	☐
Medicines Use Reviews	☐	☐	☐	☐
New Medicines Service	☐	☐	☐	☐
Disposal of unwanted medicines	☐	☐	☐	☐
Needle and syringe exchange scheme	☐	☐	☐	☐
Supervised consumption of medicines	☐	☐	☐	☐
Language Access Services	☐	☐	☐	☐
Substance misuse service (methadone supply, needle provision)	☐	☐	☐	☐
Support of free healthy start vitamins	☐	☐	☐	☐
Advice on healthy lifestyles	☐	☐	☐	☐
Condom distribution (free supply to teenagers)	☐	☐	☐	☐

15. Are there any other services available from your pharmacy not listed that you use?

16. Are there any other services not listed that you would like to see your pharmacy provide?

17. Have you been directed to a different pharmacy for a service not provided by your regular pharmacy?

☐ Yes
☐ No

Prescriptions

18. Do you have a pharmacy where your prescription is directly sent to by your GP?
- ☐ Yes
- ☐ No
- ☐ Don't know

19. Have you ever used a Prescription Delivery Service? (Prescribed medicines delivered from your pharmacy to your door).
- ☐ Yes
- ☐ No
- ☐ Not sure

20. Why did you use a prescription delivery service?
- ☐ I was unable to leave home
- ☐ I could not get to a pharmacy during their opening times
- ☐ I don't have a pharmacy near me
- ☐ Other

21. How much do you agree or disagree that the Prescription Delivery Service is important to you?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
How much do you agree or disagree that the Prescription D...	☐	☐	☐	☐	☐

Pharmacy First

22. Have you ever used Pharmacy First? This is a service that allows patients to get advice and/or treatment from a community pharmacist for a minor illness or seven common health conditions (Sinusitis; sore throat; ear infection; infected insect bite; Impetigo; Shingles; uncomplicated urinary tract infection) and the emergency supply of a regular prescription medicine
- ☐ Yes
- ☐ No

23. What did you use Pharmacy First for? ***(please select all that apply)***
- ☐ Sinusitis
- ☐ Sore throat
- ☐ Ear infection
- ☐ Infected insect bite
- ☐ Impetigo
- ☐ Singles
- ☐ Uncomplicated urinary tract infection
- ☐ Emergency supply of a regular prescription medicine
- ☐ Minor illness

24. How did you access the service? ***(please select all that apply)***

- ☐ Walk-in
- ☐ NHS 111
- ☐ Out of hours service
- ☐ 999 services
- ☐ GP
- ☐ Other urgent and emergency care provider

25. What was the outcome of the Pharmacy First consultation?

- ☐ Advice only (no medication)
- ☐ A prescription only medication
- ☐ An over-the-counter medication
- ☐ Referral to a pharmacy service
- ☐ Urgent referral to GP/out-of-hours service
- ☐ Other

26. Are you aware that pharmacies can help to direct you to other services for health? e.g. patient support groups like Diabetes UK

- ☐ Yes
- ☐ No
- ☐ Not sure

27. How have you found out about the services offered by your pharmacy? ***(please select all that apply)***

- ☐ At the pharmacy
- ☐ Website (NHS Choices)
- ☐ Website (other)
- ☐ Poster
- ☐ Radio
- ☐ Screen advertising (TV, or moving screens in GP surgeries or post offices)
- ☐ GP or practice staff
- ☐ Leaflets
- ☐ Word of mouth
- ☐ Local Press
- ☐ Mail drop

28. Which of these statements describe how useful you think the advice of a pharmacist is?

	Very useful	Fairly useful	Neither useful nor not useful	Not very useful	Not at all useful	Don't know
Which of these statements describe how useful you think t...	☐	☐	☐	☐	☐	☐

29. Why do you think this? ***left characters remaining***

30. Overall, how satisfied are you with pharmacy services in Shropshire, Telford and Wrekin?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Overall, how satisfied are you with pharmacy services in ...	☐	☐	☐	☐	☐

31. Why do you think this? ***left characters remaining***

32. Are there any further comments you would like to make about your local pharmacy services? ***left characters remaining***

About you

The information you provide will be used for statistical analysis related to this questionnaire. You can find out more about how we hold and process data by visiting www.telford.gov.uk/terms and www.shropshire.gov.uk/privacy (links open in a new window).

33. What is your postcode?

34. Are you?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Rather not say

35. What was your age on your last birthday?

- ☐ Under 16
- ☐ 16-17
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85+
- ☐ Rather not say

36. Do you have any long-standing illness, health problem or disability?

- ☐ Yes
- ☐ No
- ☐ Rather not say

37. Are you caring for someone who has a long-standing illness or disability that limits their daily activities?

- ☐ Yes
- ☐ No
- ☐ Rather not say

38. Do you have an armed forces connection e.g. currently serving, a reservist, veteran or dependent of a current or former member of the UK armed forces?

- ☐ Yes
- ☐ No
- ☐ Rather not say

39. Have you been under the care of a local authority for more than 24 hours before your 18th birthday?

- ☐ Yes
- ☐ No
- ☐ Rather not say

40. What is your ethnicity?

- ☐ **White:** English/Welsh/Scottish/Northern Irish/British
- ☐ **White**: Irish
- ☐ **White:** Gypsy or Traveller
- ☐ **White:** Polish
- ☐ **White:** Any other
- ☐ **Mixed/multiple ethnic group:** White and Black Caribbean
- ☐ **Mixed/multiple ethnic group:** White and Black African
- ☐ **Mixed/multiple ethnic group:** White and Asian
- ☐ **Mixed/multiple ethnic group:** Any other
- ☐ **Asian/Asian British:** Indian
- ☐ **Asian/Asian British:** Pakistani
- ☐ **Asian/Asian British:** Bangladeshi
- ☐ **Asian/Asian British:** Any other
- ☐ **Black/African/Caribbean/Black British:** African
- ☐ **Black/African/Caribbean/Black British:** Caribbean
- ☐ **Black/African/Caribbean/Black British:** Any other
- ☐ **Other ethnic group:** Arab
- ☐ **Other ethnic group:** Chinese
- ☐ **Other ethnic group:** Any other
- ☐ Rather not say

Thank you

Thank you for completing the survey. Please select the 'submit' button below to forward your response to us.

Appendix 5: Community Pharmacy Contractor Survey

Shropshire, Telford and Wrekin Pharmaceutical Needs Assessment Contractor Questionnaire

Introduction

The Pharmaceutical Needs Assessment (PNA) is a crucial part of the market entry system, and supports commissioning decisions based on patient needs, it is important that Health and Wellbeing Boards (HWBs) prepare PNAs to national comparable standards.

Shropshire Council and Telford & Wrekin Council have been working with NHS colleagues to start the process of publishing the next PNAs; part of this work is the Contractor Survey, which identifies many services provided by contractors, facilities etc along with what sort of services contractors might be willing to provide in the future, should they be commissioned.

We would apprieciate it if you could take the time to complete the following survey as the fullest picture of what is currently being provided at pharmacies will help generate a complete, accurate and effective PNA.

Contractor Code

Contractor Name

Contractor trading name (if different from above)

Address of contractor pharmacy

Name of person completing this questionnaire

Contact email

Contact telephone number

1. Telford & Wrekin Council will share your email information with the Shropshire, Telford and Wrekin ICB and Community Pharmacy, Shropshire. Are you happy for us to do so?

- ☐ Yes
- ☐ No

Access

2. Is parking available close to the pharmacy?

- ☐ Yes
- ☐ No

3. Is this parking free?

- ☐ Yes
- ☐ No

4. Does the pharmacy have wheelchair access to the following?

	Yes	No
The entrance (unaided)	☐	☐
Consultation room	☐	☐
All areas	☐	☐

5. Does the pharmacy have the following?

	Yes	No
Disabled toilet	☐	☐
Automatic door	☐	☐
Hearing loop	☐	☐
The facility to produce large print dispensing labels and patient information leaflets	☐	☐
Dedicated disabled parking	☐	☐

Languages and communication

6. Please indicate which of the following languages (in addition to English) members of your pharmacy team are able to speak for the majority of your working week to assist patients. (select all that apply)

- ☐ Polish
- ☐ Romanian
- ☐ Bulgarian
- ☐ Panjabi
- ☐ Urdu
- ☐ Akan
- ☐ Lithuanian
- ☐ Other

7. Has the pharmacy adopted the NHS Accessible Information Standard?

- ☐ Yes
- ☐ No

8. Is the pharmacy intending to adopt the NHS Accessible Information Standard?

- ☐ Yes
- ☐ No

Information Technology

9. Does the pharmacy have the following?

	Yes	No
Online consultation	☐	☐
Video consultation	☐	☐
Text message to patient that prescription is ready	☐	☐

Consultation facilities

10. Is there a consultation room (that is clearly designated as a room for confidential conversations, distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially). (select all that apply)

- ☐ Yes - (including wheelchair access)
- ☐ Yes - (without wheelchair access)
- ☐ Yes - planning to increase
- ☐ No - distance selling pharmacy

11. Is the consultation area a closed room?

- ☐ Yes
- ☐ No

12. During consultations, are there hand-washing facilities?

- ☐ Yes - in the consultation room
- ☐ Yes - close to the consultation room
- ☐ No

13. Do patients attending for consultations have access to toilet facilities?

- ☐ Yes
- ☐ No

Services

14. Which of the following appliances does the pharmacy dispense? (select all that apply)

- ☐ Stoma appliances
- ☐ Incontinence appliances
- ☐ Dressings
- ☐ Made to measure hosiery - Do you undertake measuring and fitting?
- ☐ Made to measure trusses - Do you undertake measuring and fitting?
- ☐ None
- ☐ Other

15. - Do you undertake measuring and fitting?

- ☐ Yes
- ☐ No

16. - Do you undertake measuring and fitting?

- ☐ Yes
- ☐ No

Advanced services

17. Does the pharmacy provide the following services?

	Yes	Intending to begin within the next 12 months	No - not intending to provide
Appliance use review	☐	☐	☐
Hypertension case-finding service	☐	☐	☐
Lateral flow device service	☐	☐	☐
New medicine service	☐	☐	☐
Pharmacy contraception service	☐	☐	☐
Pharmacy First service	☐	☐	☐
Smoking cessation service	☐	☐	☐
Stoma appliance customisation	☐	☐	☐

18. Which of the following other services does the pharmacy provide, or is willing to provide?

	Already provide this service	Intending to provide	Willing to provide if commissioned	Not willing to provide
Anti-coagulant monitoring service	☐	☐	☐	☐
Anti-viral distribution service	☐	☐	☐	☐
Care home service	☐	☐	☐	☐
Chlyamydia testing and treatment service	☐	☐	☐	☐
Condom distribution scheme	☐	☐	☐	☐
Distribution of naloxone	☐	☐	☐	☐
Early start vitamins	☐	☐	☐	☐
Emergency contraception service	☐	☐	☐	☐
Gluten free food supply service (ie. Not via FP10)	☐	☐	☐	☐
Home delivery service (not appliances)	☐	☐	☐	☐
Independent prescribing service	☐	☐	☐	☐
Language access service	☐	☐	☐	☐
Medication review service	☐	☐	☐	☐
Medicines assessment and compliance support service	☐	☐	☐	☐
Medicines optimisation service	☐	☐	☐	☐
Minor ailment scheme	☐	☐	☐	☐
Needs and syringe exchange service	☐	☐	☐	☐
NHS health check	☐	☐	☐	☐
Not dispensed scheme	☐	☐	☐	☐
Obesity management	☐	☐	☐	☐
On demand availability of specialist drugs service	☐	☐	☐	☐
Out of hours service	☐	☐	☐	☐
Phlebotomy service	☐	☐	☐	☐
Prescriber support service	☐	☐	☐	☐
Schools service	☐	☐	☐	☐
Sharps disposal service	☐	☐	☐	☐
Supervised administration service	☐	☐	☐	☐
Vascular risk assessment service	☐	☐	☐	☐

In which clinical area do you provide an independent prescribing service?

In which clinical area would you provide an independent prescribing service?

19. Which of the following disease specific medicines services does the pharmacy provide, or is willing to provide?

	Already provide this service	Intending to provide	Willing to provide if commissioned	Not willing to provide
Allergies	☐	☐	☐	☐
Alzheimers/dementia	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
CHD	☐	☐	☐	☐
COPD	☐	☐	☐	☐
Depresssion	☐	☐	☐	☐
Diabetes type 1	☐	☐	☐	☐
Diabetes type 2	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐
Heart failure	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐
Palliative care service	☐	☐	☐	☐
Parkinson's disease	☐	☐	☐	☐

20. Which of the following screening services does the pharmacy provide, or is willing to provide?

	Already provide this service	Intending to provide	Willing to provide if commissioned	Not willing to provide
Alcohol	☐	☐	☐	☐
Atrial fibrillation	☐	☐	☐	☐
Cholesterol	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Gonorrhoea	☐	☐	☐	☐
H. pylori	☐	☐	☐	☐
HbA1C	☐	☐	☐	☐
Hepatitis	☐	☐	☐	☐
HIV	☐	☐	☐	☐

21. Which of the following vaccination services does the pharmacy provide, or is willing to provide?

	Already provide this service	Intending to provide	Willing to provide if commissioned	Not willing to provide
Childhood vaccinations	☐	☐	☐	☐
Covid-19 vaccinations	☐	☐	☐	☐
Hepatitis (at risk workers or patient vaccination)	☐	☐	☐	☐
Routine vaccinations	☐	☐	☐	☐
Seasonal influenza vaccination service	☐	☐	☐	☐
Travel vaccinations	☐	☐	☐	☐

22. Does the pharmacy provide any of the following non-commissioned services?

	Yes	No
Collection of prescriptions from GP practices – with charge	☐	☐
Collection of prescription from GP practices – free of charge on request	☐	☐
We deliver dispensed medicines to all patients	☐	☐
Delivery of dispensed medicines – selected patient groups	☐	☐
Delivery of dispensed medicines – selected areas	☐	☐
Delivery of dispensed medicines – free of charge on request	☐	☐
Delivery of dispensed medicines – with charge	☐	☐
Monitored dosage systems	☐	☐

23. How are monitored dosage systems provided?

- ☐ Provided for everyone free of charge
- ☐ Provide for everyone with charge
- ☐ Provide for those in need only free of charge
- ☐ Provide for those in need only with charge

24. Do you offer prescription ordering?

- ☐ Yes
- ☐ No

25. How is this done? (select all that apply)

- ☐ via telephone
- ☐ via email
- ☐ via front desk

26. Do you support patients in the use of apps for prescription ordering?

- ☐ Yes
- ☐ No

27. For which app(s)?

- ☐ NHS app
- ☐ In house app

28. Is there a particular need for a locally commissioned service in your area?

- ☐ Yes
- ☐ No

Thank you

Thank you for completing the survey. Please select the 'submit' button below to forward your response to us.

Appendix 6: Pharmacy opening hours

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS OPEN
ASDA PHARMACY OLD POTTS WAY SHREWSBURY SHROPSHIRE SY3 7ET	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	10:00-16:00	72.00
BICTON HEATH PHARMACY BICTON HEATH SHOPPING CTR WELSHPOOL ROAD SHREWSBURY SHROPSHIRE SY3 5AD	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED	44.00
BISHOPS CASTLE PHARMACY THE PHARMACY CHURCH STREET BISHOPS CASTLE SHROPSHIRE SY9 5AE	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED	46.50
BOOTS 7-9 PRIDE HILL SHREWSBURY SHROPSHIRE SY1 1DD	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	10:30-16:30	60.00
BOOTS 5-7 CHURCH STREET OSWESTRY SHROPSHIRE SY11 2SU	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:00-17:00	10:00-15:00	55.50
BOOTS 10-14 WATERGATE STREET WHITCHURCH SHROPSHIRE SY13 1DW	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:30	CLOSED	48.50
BOOTS 37 MYTTON OAK ROAD SHREWSBURY SHROPSHIRE SY3 8UG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	08:30-18:00	09:00-13:00	CLOSED	49.50

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS OPEN
BOOTS MEOLE BRACE RETAIL PARK HEREFORD ROAD SHREWSBURY SHROPSHIRE SY3 9NB	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:30	10:00-16:00	56.00
BOOTS 34 BULL RING LUDLOW SHROPSHIRE SY8 1AA	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	51.00
BOOTS 7 CHEAPSIDE SHIFNAL SHROPSHIRE TF11 8BN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:30	CLOSED	52.50
BOOTS 48-50 CHESHIRE STREET MARKET DRAYTON SHROPSHIRE TF9 1PR	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00-17:00	CLOSED	49.50
BOOTS 30-31 HIGH STREET BRIDGNORTH SHROPSHIRE WV16 4DB	09:00-14:00, 14:30-17:30	09:00-14:00, 14:30-17:30	09:00-14:00, 14:30-17:30	09:00-14:00, 14:30-17:30	09:00-14:00, 14:30-17:30	09:00-14:00, 14:30-17:30	CLOSED	48.00
BRIDGNORTH PHARMACY 2 MILL STREET BRIDGNORTH SHROPSHIRE WV15 5AL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49.00
CAMBRIAN PHARMACY CAMBRIAN MEDICAL CENTRE THOMAS SAVIN ROAD OSWESTRY SHROPSHIRE SY11 1GA	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-18:00	08:00-18:00	100.00

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS OPEN
CLEOBURY PHARMACY CLEOBURY PHARMACY OFF VAUGHAN ROAD CLEOBURY MORTIMER WORCESTERSHIRE DY14 8DB	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	CLOSED	51.50
CONWAY PHARMACY 238 MONKMOOR ROAD TELFORD EST SHOPPING CTRE SHREWSBURY SHROPSHIRE SY2 5SR	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49.00
DAY LEWIS PHARMACY OSWALD ROAD OSWESTRY SHROPSHIRE SY11 1RD	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-12:00	CLOSED	51.00
DAY LEWIS PHARMACY 14 ENGLISH WALLS OSWESTRY SHROPSHIRE SY11 2PA	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	CLOSED	45.50
DAY LEWIS PHARMACY THE FORMER TICKET OFFICE THE CROSS GOBOWEN SHROPSHIRE SY11 3JS	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED	40.00
ELLESMERE PHARMACY 5 CROSS STREET ELLESMERE SHROPSHIRE SY12 0AW	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	CLOSED	43.83
GREEN END PHARMACY 11-13 GREEN END WHITCHURCH SHROPSHIRE SY13 1AD	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:00	CLOSED	52.00

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS OPEN
HIGHLEY PHARMACY BEULAH HOUSE HIGH STREET HIGHLEY SHROPSHIRE WV16 6LP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49.00
LUNTS PHARMACIES 1-3 HEREFORD ROAD SHREWSBURY SHROPSHIRE SY3 7QT	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED	48.00
LUNTS PHARMACY THE TANNERY BARKER STREET SHREWSBURY SY1 1QJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49.00
LUNTS PHARMACY DROVERS' HOUSE AUCTION YARD CRAVEN ARMS SHROPSHIRE SY7 9BZ	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED	46.50
LUNTS PHARMACY 119 LOWER GALDERFORD LUDLOW SHROPSHIRE SY8 1RU	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	CLOSED	56.00
MSN & LUNTS PHARMACY SEVERN FIELDS HEALTH CTR SUNDORNE ROAD SHREWSBURY SHROPSHIRE SY1 4RQ	09:00-13:00,13:20-18:00	09:00-13:00,13:20-18:00	09:00-13:00,13:20-18:00	09:00-13:00,13:20-18:00	09:00-13:00,13:20-18:00	09:00-12:00	CLOSED	46.33
MSN & LUNTS PHARMACY 40 SANDFORD AVENUE CHURCH STRETTON SHROPSHIRE SY6 6BH	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED	46.50

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS OPEN
PEAK PHARMACY NORTHGATE HEALTH CENTRE NORTHGATE BRIDGNORTH SHROPSHIRE WV16 4EN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49.00
PEAK PHARMACY MEDICAL CENTRE MAER LANE MARKET DRAYTON SHROPSHIRE TF9 3AL	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:45-13:00	CLOSED	51.75
PONTESBURY PHARMACY MAIN ROAD PONTESBURY SHREWSBURY SY5 0RR	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED	43.50
RADBROOK GREEN PHARMACY BANK FARM ROAD RADBROOK SHREWSBURY SY3 6DU	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49.00
RHODES TC CHEMIST 77 HIGH STREET ALBRIGHTON WOLVERHAMPTON WV7 3JA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	08:30-18:00	09:00-16:00	CLOSED	52.50
ROWLANDS PHARMACY 11 HIGH STREET WHITCHURCH SHROPSHIRE SY13 1AX	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	CLOSED	43.83
ROWLANDS PHARMACY MARSDEN MEDICAL PRACTICE 25 SUTTON ROAD SHREWSBURY SHROPSHIRE SY2 6DL	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00- 13:00,13:20- 17:30	09:00-13:00, 13:20-17:30	09:00-12:00	CLOSED	43.83

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS OPEN
ROWLANDS PHARMACY 7 LANSDOWNE ROAD BAYSTON HILL SHREWSBURY SY3 0HT	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-12:00	CLOSED	40.50
ROWLANDS PHARMACY WEM AND PREES MED PRAC NEW STREET WEM SHROPSHIRE SY4 5AF	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	CLOSED	43.83
ROWLANDS PHARMACY UNIT 1 MORRIS CTRL SHOP PARADE WEM SHROPSHIRE SY4 5NY	09:00-17:00	09:00-12:40, 13:00-17:30	09:00-12:40, 13:00-17:30	09:00-12:40, 13:00-17:30	09:00-12:40, 13:00-17:30	09:00-12:00	CLOSED	43.67
ROWLANDS PHARMACY 80 HIGH STREET BROSELEY SHROPSHIRE TF12 5ET	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-12:00	CLOSED	40.50
ST MARTINS PHARMACY STANS SUPERSTORE VERTON RD,ST MARTINS OSWESTRY SHROPSHIRE SY11 3AY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED	45.00
TESCO PHARMACY CATTLE MARKET BATTLEFIELD ROAD SHREWSBURY SY1 4HA	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00	78.00
WELL PHARMACY 101 MOUNT PLEASANT ROAD SHREWSBURY SHROPSHIRE SY1 3EL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	08:30-18:00	09:00-13:00	CLOSED	49.50

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS OPEN
WENLOCK PHARMACY 14 HIGH STREET MUCH WENLOCK SHROPSHIRE TF13 6AA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49.00

Appendix 7: Pharmacy Advanced Services Offered

NAME AND ADDRESS	Appliance Use Review (AUR)	Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service (LFD)	New Medicines Service (NMS)	Pharmacy Contraception Service (PCS)	Pharmacy First service	Smoking Cessation Service (SCS)	Stoma Customisation (STOMA) Activity
ASDA PHARMACY OLD POTTS WAY SHREWSBURY SHROPSHIRE SY3 7ET	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BICTON HEATH PHARMACY BICTON HEATH SHOPPING CTR WELSHPOOL ROAD SHREWSBURY SHROPSHIRE SY3 5AD	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
BISHOPS CASTLE PHARMACY THE PHARMACY CHURCH STREET BISHOPS CASTLE SHROPSHIRE SY9 5AE	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BOOTS 7-9 PRIDE HILL SHREWSBURY SHROPSHIRE SY1 1DD	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BOOTS 5-7 CHURCH STREET OSWESTRY SHROPSHIRE SY11 2SU	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BOOTS 10-14 WATERGATE STREET WHITCHURCH SHROPSHIRE SY13 1DW	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE

NAME AND ADDRESS	Appliance Use Review (AUR)	Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service (LFD)	New Medicines Service (NMS)	Pharmacy Contraception Service (PCS)	Pharmacy First service	Smoking Cessation Service (SCS)	Stoma Customisation (STOMA) Activity
BOOTS 37 MYTTON OAK ROAD SHREWSBURY SHROPSHIRE SY3 8UG	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BOOTS MEOLE BRACE RETAIL PARK HEREFORD ROAD SHREWSBURY SHROPSHIRE SY3 9NB	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BOOTS 34 BULL RING LUDLOW SHROPSHIRE SY8 1AA	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BOOTS 7 CHEAPSIDE SHIFNAL SHROPSHIRE TF11 8BN	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BOOTS 48-50 CHESHIRE STREET MARKET DRAYTON SHROPSHIRE TF9 1PR	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BOOTS 30-31 HIGH STREET BRIDGNORTH SHROPSHIRE WV16 4DB	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
BRIDGNORTH PHARMACY 2 MILL STREET BRIDGNORTH SHROPSHIRE WV15 5AL	NO SERVICE	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE

NAME AND ADDRESS	Appliance Use Review (AUR)	Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service (LFD)	New Medicines Service (NMS)	Pharmacy Contraception Service (PCS)	Pharmacy First service	Smoking Cessation Service (SCS)	Stoma Customisation (STOMA) Activity
CAMBRIAN PHARMACY CAMBRIAN MEDICAL CENTRE THOMAS SAVIN ROAD OSWESTRY SHROPSHIRE SY11 1GA	NO SERVICE	NO SERVICE	NO SERVICE	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
CLEOBURY PHARMACY CLEOBURY PHARMACY OFF VAUGHAN ROAD CLEOBURY MORTIMER WORCESTERSHIRE DY14 8DB	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
CONWAY PHARMACY 238 MONKMOOR ROAD TELFORD EST SHOPPING CTRE SHREWSBURY SHROPSHIRE SY2 5SR	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
DAY LEWIS PHARMACY OSWALD ROAD OSWESTRY SHROPSHIRE SY11 1RD	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
DAY LEWIS PHARMACY 14 ENGLISH WALLS OSWESTRY SHROPSHIRE SY11 2PA	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
DAY LEWIS PHARMACY THE FORMER TICKET OFFICE THE CROSS GOBOWEN SHROPSHIRE SY11 3JS	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
ELLESMERE PHARMACY 5 CROSS STREET ELLESMERE SHROPSHIRE SY12 0AW	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE

NAME AND ADDRESS	Appliance Use Review (AUR)	Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service (LFD)	New Medicines Service (NMS)	Pharmacy Contraception Service (PCS)	Pharmacy First service	Smoking Cessation Service (SCS)	Stoma Customisation (STOMA) Activity
GREEN END PHARMACY 11-13 GREEN END WHITCHURCH SHROPSHIRE SY13 1AD	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
HIGHLEY PHARMACY BEULAH HOUSE HIGH STREET HIGHLEY SHROPSHIRE WV16 6LP	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
LUNTS PHARMACIES 1-3 HEREFORD ROAD SHREWSBURY SHROPSHIRE SY3 7QT	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
LUNTS PHARMACY THE TANNERY BARKER STREET SHREWSBURY SY1 1QJ	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
LUNTS PHARMACY DROVERS' HOUSE AUCTION YARD CRAVEN ARMS SHROPSHIRE SY7 9BZ	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
LUNTS PHARMACY 116-119 LOWER GALDERFORD LUDLOW SHROPSHIRE SY8 1RU	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
MSN & LUNTS PHARMACY SEVERN FIELDS HEALTH CTR SUNDORNE ROAD SHREWSBURY SHROPSHIRE SY1 4RQ	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE

NAME AND ADDRESS	Appliance Use Review (AUR)	Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service (LFD)	New Medicines Service (NMS)	Pharmacy Contraception Service (PCS)	Pharmacy First service	Smoking Cessation Service (SCS)	Stoma Customisation (STOMA) Activity
MSN & LUNTS PHARMACY 40 SANDFORD AVENUE CHURCH STRETTON SHROPSHIRE SY6 6BH	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
PEAK PHARMACY NORTHGATE HEALTH CENTRE NORTHGATE BRIDGNORTH SHROPSHIRE WV16 4EN	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
PEAK PHARMACY MEDICAL CENTRE MAER LANE MARKET DRAYTON SHROPSHIRE TF9 3AL	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
PONTESBURY PHARMACY MAIN ROAD PONTESBURY SHREWSBURY SY5 0RR	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE
RADBROOK GREEN PHARMACY BANK FARM ROAD RADBROOK SHREWSBURY SY3 6DU	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
RHODES TC CHEMIST 77 HIGH STREET ALBRIGHTON WOLVERHAMPTON WV7 3JA	NO SERVICE	NO SERVICE	NO SERVICE	NO SERVICE	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
ROWLANDS PHARMACY 11 HIGH STREET WHITCHURCH SHROPSHIRE SY13 1AX	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE

NAME AND ADDRESS	Appliance Use Review (AUR)	Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service (LFD)	New Medicines Service (NMS)	Pharmacy Contraception Service (PCS)	Pharmacy First service	Smoking Cessation Service (SCS)	Stoma Customisation (STOMA) Activity
ROWLANDS PHARMACY MARDEN MEDICAL PRACTICE 25 SUTTON ROAD SHREWSBURY SHROPSHIRE SY2 6DL	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE
ROWLANDS PHARMACY 7 LANSDOWNE ROAD BAYSTON HILL SHREWSBURY SY3 0HT	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE
ROWLANDS PHARMACY WEM AND PREES MED PRAC NEW STREET WEM SHROPSHIRE SY4 5AF	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE
ROWLANDS PHARMACY UNIT 1 MORRIS CTRL SHOP PARADE WEM SHROPSHIRE SY4 5NY	NO SERVICE	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE
ROWLANDS PHARMACY 80 HIGH STREET BROSELEY SHROPSHIRE TF12 5ET	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
ST MARTINS PHARMACY STANS SUPERSTORE OVERTON RD,ST MARTINS OSWESTRY SHROPSHIRE SY11 3AY	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
TESCO PHARMACY CATTLE MARKET BATTLEFIELD ROAD SHREWSBURY SY1 4HA	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE

NAME AND ADDRESS	Appliance Use Review (AUR)	Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service (LFD)	New Medicines Service (NMS)	Pharmacy Contraception Service (PCS)	Pharmacy First service	Smoking Cessation Service (SCS)	Stoma Customisation (STOMA) Activity
WELL PHARMACY 101 MOUNT PLEASANT ROAD SHREWSBURY SHROPSHIRE SY1 3EL	NO SERVICE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE
WENLOCK PHARMACY 14 HIGH STREET MUCH WENLOCK SHROPSHIRE TF13 6AA	NO SERVICE	SERVICE OFFERED HERE	NO SERVICE	NO SERVICE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE	NO SERVICE	SERVICE OFFERED HERE

NAME AND ADDRESS	Needle and Syringe Exchange	Supervised consumption	Sexual Health Services: Issue of treatment for Chlamydia	Sexual Health Services: Issue of Chlamydia/ Gonorrhoea Smartkits	Condom Distribution Scheme	Emergency Hormonal Contraception	Covid vaccinations	Influenza anti-viral	IP pathfinder	End of life
ASDA PHARMACY OLD POTTS WAY SHREWSBURY SHROPSHIRE SY3 7ET		Y				Y			Y	
BICTON HEATH PHARMACY BICTON HEATH SHOPPING CTR WELSHPOOL ROAD SHREWSBURY SHROPSHIRE SY3 5AD	Y	Y	Y	Y	Y	Y	Y			
BISHOPS CASTLE PHARMACY THE PHARMACY CHURCH STREET BISHOPS CASTLE SHROPSHIRE SY9 5AE	Y	Y	Y	Y	Y	Y	Y			Tier 2 not continuing
BOOTS 7-9 PRIDE HILL SHREWSBURY SHROPSHIRE SY1 1DD										
BOOTS 5-7 CHURCH STREET OSWESTRY SHROPSHIRE SY11 2SU										
BOOTS 10-14 WATERGATE STREET WHITCHURCH SHROPSHIRE SY13 1DW										

NAME AND ADDRESS	Needle and Syringe Exchange	Supervised consumption	Sexual Health Services: Issue of treatment for Chlamydia	Sexual Health Services: Issue of Chlamydia/ Gonorrhoea Smartkits	Condom Distribution Scheme	Emergency Hormonal Contraception	Covid vaccinations	Influenza anti-viral	IP pathfinder	End of life
BOOTS 37 MYTTON OAK ROAD SHREWSBURY SHROPSHIRE SY3 8UG										
BOOTS MEOLE BRACE RETAIL PARK HEREFORD ROAD SHREWSBURY SHROPSHIRE SY3 9NB							Y			
BOOTS 34 BULL RING LUDLOW SHROPSHIRE SY8 1AA										
BOOTS 7 CHEAPSIDE SHIFNAL SHROPSHIRE TF11 8BN										
BOOTS 48-50 CHESHIRE STREET MARKET DRAYTON SHROPSHIRE TF9 1PR										
BOOTS 30-31 HIGH STREET BRIDGNORTH SHROPSHIRE WV16 4DB										
BRIDGNORTH PHARMACY 2 MILL STREET BRIDGNORTH SHROPSHIRE WV15 5AL						Y				

NAME AND ADDRESS	Needle and Syringe Exchange	Supervised consumption	Sexual Health Services: Issue of treatment for Chlamydia	Sexual Health Services: Issue of Chlamydia/ Gonorrhoea Smartkits	Condom Distribution Scheme	Emergency Hormonal Contraception	Covid vaccinations	Influenza anti-viral	IP pathfinder	End of life
CAMBRIAN PHARMACY CAMBRIAN MEDICAL CENTRE THOMAS SAVIN ROAD OSWESTRY SHROPSHIRE SY11 1GA					Y					Tier 2 continuing
CLEOBURY PHARMACY CLEOBURY PHARMACY OFF VAUGHAN ROAD CLEOBURY MORTIMER WORCESTERSHIRE DY14 8DB	Y	Y	Y	Y	Y	Y				
CONWAY PHARMACY 238 MONKMOOR ROAD TELFORD EST SHOPPING CTRE SHREWSBURY SHROPSHIRE SY2 5SR	Y	Y	Y	Y		Y	Y	Y		Tier 2 not continuing
DAY LEWIS PHARMACY OSWALD ROAD OSWESTRY SHROPSHIRE SY11 1RD	Y	Y	Y	Y	Y	Y	Y			
DAY LEWIS PHARMACY 14 ENGLISH WALLS OSWESTRY SHROPSHIRE SY11 2PA	Y	Y	Y	Y	Y	Y	Y	Y		
DAY LEWIS PHARMACY THE FORMER TICKET OFFICE THE CROSS GOBOWEN SHROPSHIRE SY11 3JS	Y	Y	Y	Y	Y	Y				

NAME AND ADDRESS	Needle and Syringe Exchange	Supervised consumption	Sexual Health Services: Issue of treatment for Chlamydia	Sexual Health Services: Issue of Chlamydia/ Gonorrhoea Smartkits	Condom Distribution Scheme	Emergency Hormonal Contraception	Covid vaccinations	Influenza anti-viral	IP pathfinder	End of life
ELLESMERE PHARMACY 5 CROSS STREET ELLESMERE SHROPSHIRE SY12 0AW					Y	Y	Y			
GREEN END PHARMACY 11-13 GREEN END WHITCHURCH SHROPSHIRE SY13 1AD						Y	Y			
HIGHLEY PHARMACY BEULAH HOUSE HIGH STREET HIGHLEY SHROPSHIRE WV16 6LP	Y	Y	Y	Y	Y	Y	Y			Tier 2 continuing
LUNTS PHARMACIES 1-3 HEREFORD ROAD SHREWSBURY SHROPSHIRE SY3 7QT	Y	Y	Y	Y	Y	Y	Y			Tier 2 continuing
LUNTS PHARMACY THE TANNERY BARKER STREET SHREWSBURY SY1 1QJ	Y	Y	Y	Y	Y	Y	Y			Tier 2 continuing
LUNTS PHARMACY DROVERS' HOUSE AUCTION YARD CRAVEN ARMS SHROPSHIRE SY7 9BZ	Y	Y	Y	Y	Y	Y				Tier 2 continuing
LUNTS PHARMACY 116-119 LOWER GALDERFORD LUDLOW SHROPSHIRE SY8 1RU	Y	Y	Y	Y	Y	Y	Y	Y		Tier 2 continuing

NAME AND ADDRESS	Needle and Syringe Exchange	Supervised consumption	Sexual Health Services: Issue of treatment for Chlamydia	Sexual Health Services: Issue of Chlamydia/ Gonorrhoea Smartkits	Condom Distribution Scheme	Emergency Hormonal Contraception	Covid vaccinations	Influenza anti-viral	IP pathfinder	End of life
MSN & LUNTS PHARMACY SEVERN FIELDS HEALTH CTR SUNDORNE ROAD SHREWSBURY SHROPSHIRE SY1 4RQ	Y	Y	Y	Y	Y	Y	Y			
MSN & LUNTS PHARMACY 40 SANDFORD AVENUE CHURCH STRETTON SHROPSHIRE SY6 6BH	Y	Y	Y	Y	Y	Y	Y			
PEAK PHARMACY NORTHGATE HEALTH CENTRE NORTHGATE BRIDGNORTH SHROPSHIRE WV16 4EN	Y	Y	Y	Y	Y	Y	Y			Tier 2 continuing
PEAK PHARMACY MEDICAL CENTRE MAER LANE MARKET DRAYTON SHROPSHIRE TF9 3AL	Y	Y	Y	Y	Y	Y	Y			Tier 2 continuing
PONTESBURY PHARMACY MAIN ROAD PONTESBURY SHREWSBURY SY5 0RR	Y	Y	Y	Y	Y	Y	Y			Tier 2 continuing
RADBROOK GREEN PHARMACY BANK FARM ROAD RADBROOK SHREWSBURY SY3 6DU	Y	Y	Y	Y	Y	Y	Y			

NAME AND ADDRESS	Needle and Syringe Exchange	Supervised consumption	Sexual Health Services: Issue of treatment for Chlamydia	Sexual Health Services: Issue of Chlamydia/ Gonorrhoea Smartkits	Condom Distribution Scheme	Emergency Hormonal Contraception	Covid vaccinations	Influenza anti-viral	IP pathfinder	End of life
RHODES TC CHEMIST 77 HIGH STREET ALBRIGHTON WOLVERHAMPTON WV7 3JA	Y	Y	Y	Y	Y	Y				
ROWLANDS PHARMACY 11 HIGH STREET WHITCHURCH SHROPSHIRE SY13 1AX	Y	Y	Y	Y	Y	Y				
ROWLANDS PHARMACY MARDEN MEDICAL PRACTICE 25 SUTTON ROAD SHREWSBURY SHROPSHIRE SY2 6DL	Y	Y	Y	Y	Y	Y				
ROWLANDS PHARMACY 7 LANSDOWNE ROAD BAYSTON HILL SHREWSBURY SY3 0HT	Y	Y	Y	Y	Y	Y				
ROWLANDS PHARMACY WEM AND PREES MED PRAC NEW STREET WEM SHROPSHIRE SY4 5AF	Y	Y	Y	Y	Y	Y	Y			
ROWLANDS PHARMACY UNIT 1 MORRIS CTRL SHOP PARADE WEM SHROPSHIRE SY4 5NY	Y	Y	Y	Y	Y	Y				
ROWLANDS PHARMACY 80 HIGH STREET BROSELEY SHROPSHIRE TF12 5ET	Y	Y	Y	Y	Y	Y	Y			

NAME AND ADDRESS	Needle and Syringe Exchange	Supervised consumption	Sexual Health Services: Issue of treatment for Chlamydia	Sexual Health Services: Issue of Chlamydia/ Gonorrhoea Smartkits	Condom Distribution Scheme	Emergency Hormonal Contraception	Covid vaccinations	Influenza anti-viral	IP pathfinder	End of life
ST MARTINS PHARMACY STANS SUPERSTORE OVERTON RD,ST MARTINS OSWESTRY SHROPSHIRE SY11 3AY										
TESCO PHARMACY CATTLE MARKET BATTLEFIELD ROAD SHREWSBURY SY1 4HA										
WELL PHARMACY 10 MOUNT PLEASANT ROAD SHREWSBURY SHROPSHIRE SY1 3EL						Y	Y			
WENLOCK PHARMACY 14 HIGH STREET MUCH WENLOCK SHROPSHIRE TF13 6AA	Y	Y	Y	Y		Y				

Appendix 8: Dispensing GP practices opening hours

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
ALBRIGHTON MEDICAL PRACTICE SHAW LANE ALBRIGHTON WOLVERHAMPTON WV7 3DT	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
ALVELEY MEDICAL PRACTICE VILLAGE ROAD ALVERLEY BRIDGNORTH SHROPSHIRE WV15 6NG	08:30-12:30 14:00–18:00	08:30-12:30 14:00–18:00	08:30-12:30	08:30-12:30 14:00–18:00	08:30-12:30 14:00–18:00	CLOSED	CLOSED
THE BEECHES MEDICAL PRACTICE DORRINTON SURGERY THE MAITLANDS DORRINGTON, SHREWSBURY SY5 7LD	08:30-13:00	08:30-13:00	08:30-13:00 14:00–18:00	08:30-13:00	08:30-13:00	CLOSED	CLOSED
BROWN CLEE MEDICAL PRACTICE STATION ROAD DITTON PRIORS BRIDGNORTH SHROPSHIRE WV16 6SS	08:00-13:00 14:00-17:30	08:00-13:00 14:00-17:30	08:00-13:00 14:00-17:30	08:00-13:00 14:00-17:30	08:00-13:00 14:00-17:30	CLOSED	CLOSED
CHURCHMERE MEDICAL GROUP ELLESMERE MEDICAL CENTRE TRIMPLEY STREET ELLESMERE SHROPSHIRE SY12 0DB	08:00–18:00	08:00–18:00	08:00–18:00	08:00–18:00	08:00–18:00	CLOSED	CLOSED
CLIVE MEDICAL PRACTICE HIGH STREET CLIVE SHREWSBURY SY4 5PS	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	CLOSED	CLOSED
CRAVEN ARMS MEDICAL PRACTICE 20 SHREWSBURY ROAD CRAVEN ARMS SHROPSHIRE SY7 9PY	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HODNET MEDICAL CENTRE DRAYTON ROAD HODNET MARKET DRAYTON TF9 3NF	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	CLOSED	CLOSED
KNOCKIN MEDICAL CENTRE KNOCKIN OSWESTRY SHROPSHIRE SY10 8HL	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	CLOSED	CLOSED
MUCH WENLOCK & CRESSAGE MEDICAL PRACTICE CLIFTON LODGE SHEINTON ROAD CRESSAGE SY5 6DH	08:30-12:30 14:00–18:00	08:30-12:30 14:00–18:00	08:30-12:30 14:00–18:00	08:30-12:30 14:00–18:00	08:30-12:30	CLOSED	CLOSED
PLAS FFYNNON MEDICAL CENTRE MIDDLETON ROAD OSWESTRY SHROPSHIRE SY11 2RB	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
PONTESBURY & WORTHEN MEDICAL PRACTICE HALL BANK PONTESBURY SHREWSBURY SHROPSHIRE SY5 0RF	08:45-13:00 14:00-18:30	08:45-13:00 14:00-18:30	08:45-13:00 14:00-18:30	08:45-13:00 14:00-18:30	08:45-13:00 14:00-18:30	CLOSED	CLOSED
PRESCOTT SURGERY BASCHURCH SHREWSBURY SHROPSHIRE SY4 2DR	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
SHAWBURY MEDICAL PRACTICE POYNTON ROAD SHAWBURY SHREWSBURY SHROPSHIRE SY4 4JS	08:30-12:30 13:30 – 18:00	08:30-12:30 13:30 – 18:00	08:30-12:30	08:30-12:30 13:30 – 18:00	08:30-12:30 13:30 – 18:00	CLOSED	CLOSED

NAME AND ADDRESS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
THE MEADOWS MEDICAL PRACTICE THE SURGERY TURNPIKE MEADOW CLUN SY7 8HZ	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	CLOSED	CLOSED
WEM AND PREES MEDICAL PRACTICE WHITCHURCH ROAD, PREES, SHROPSHIRE SY13 2DG	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	CLOSED	CLOSED
WESTBURY MEDICAL PRACTICE WESTBURY MEDICAL CENTRE, VENNINGTON ROAD, SHREWSBURY, SHROPSHIRE SY5 9QX	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19th June 2025**					
Title of report	**RESET Programme – Drug and Alcohol Treatment for individuals rough sleeping or at risk of rough sleeping**					
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	Shaun.Morris1@shropshire.gov.uk Gordon.Kochane@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		Working with and building strong and vibrant communities			
	Workforce		Reduce inequalities (see below)	x		
What inequalities does this report address?	Homelessness Access to health, care and support Access to accommodation					

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

Summary

Shropshire Council's Public Health Team received funding annually to support those homeless or at risk of homelessness with drug and alcohol support, providing additionality to the existing treatment services taking a multi-agency approach called RESET. Partners include the Rough Sleeping Team, Drug and Alcohol Services, Health and Voluntary Sector Organisations. The use and performance of this funding is closely monitored by the Office for Health Improvement and Disparities (OHID) as part of the Department of Health and Social Care (DHSC).

The services are largely centred around Shrewsbury, but pockets exist across the County. Challenges exist in rurality and dispersed temporary accommodation, Additionally, the annularity of funding brings recruitment and sustainability issues with roles difficult to recruit to and the retention of staff.

About 25% of this complex group make substantial progress in Shropshire, like other homelessness services in England using the Rough Sleeping Drug and Alcohol Treatment Grant. Ambitions of the service for the 2025/26 year are in place, with RESET aspiring to increase the numbers of referrals into the service, those retained in treatment, and those making marked progress whilst within the service.

Recommendations

To note the contents of the report.

Background/overview:

The Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) is an initiative led by the Office of Health Improvements and Disparities (OHID) part of the Department of Health and Social Care on behalf of the Ministry of Housing Communities and Local Government (MHCLG). Funding was originally targeted at Local Authorities identified by the Department of Levelling up and Health communities (DLUHC) and OHID who had the highest number of people placed in emergency accommodation, sleeping rough and/or at risk of sleeping rough and contributes to the Government's

ambition to end rough sleeping. The first funding round started in 2022, and Shropshire Council were successful in applying for a grant; this enabled the creation of a multi-agency offer called RESET which went live in 2023.

The purpose of the grant is to:

- Ensure that the engagement that people have had with drug and alcohol treatment services whilst rough sleeping or in emergency or temporary accommodation is maintained as they move into longer term accommodation.
- Build resilience and capacity in local drug and alcohol treatment systems to continue to meet the needs of this population in future years.
- Support people experiencing, or at risk of, rough sleeping to access and engage in drug and alcohol treatment.
- Ensure that rough sleepers and people at risk of rough sleeping receive holistic support to achieve their desired goals and outcomes.
- Promote and support the physical and emotional health and wellbeing of rough sleepers and people at risk of rough sleeping.
- Support people who previously may not have accessed or engaged with drug and alcohol treatment.

The initial grant Shropshire received was c£950k and Shropshire has been fortunate to receive funding each year. However, for 2025/26, funding was reduced by approximately £45k therefore the current allocation is c£905k.

RESET - A Local Response

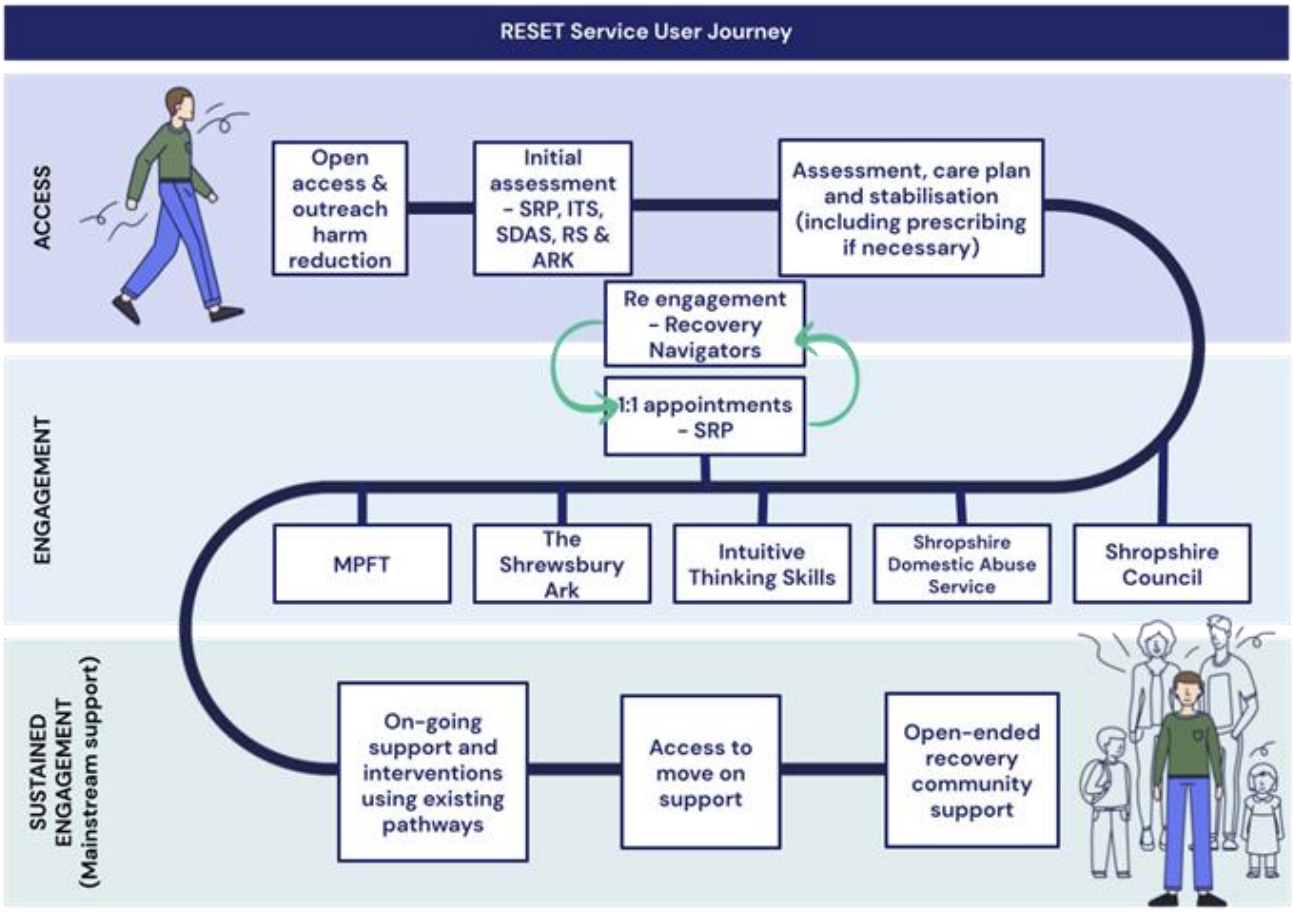
The local response to use the rough sleeping drug and alcohol grant has been through the creation of the RESET offer. RESET is a multi-agency, multi-disciplinary team which includes; the Council's rough sleeping team and Adult Social Care, the drug and alcohol service (Shropshire Recovery Partnership, SRP), mental health and psychology support through Midlands Partnership University NHS Foundation Trust (MPFT), lived experience and peer navigation through Intuitive Thinking Skills (ITS), a front door and early assessment of need provided by Shrewsbury Ark, and access to residential rehabilitation and day service through Willowdene. There is also a medically equipped van which supports outreach and engagement into market towns across the County. The Council's rough sleeping team is not funded through this grant but does have a Housing Navigator role attached to RESET, which is funded from the RSDATG this year.

The team provide holistic support so that rough sleepers or those at risk of rough sleeping affected by substance use can find long term accommodation, address their drug and /or alcohol challenges and achieve their goals. They work collaboratively, using a person-centred approach to meet the needs of rough sleepers and those at risk of rough sleeping, where they are, by providing outreach and wrap-around support. Although the aim of this funded work is to encourage engagement in structured drug and alcohol treatment, there is no immediate expectation for individuals to do so, particularly if there is a more priority need to address for example, physical health. The initial and continued engagement by RESET navigators and the rough sleeping outreach staff in the community helps to build trust with rough sleepers, which can be a very long process for some individuals.

A review of the RESET team was completed at the end of last year to inform planning for 2025/26, highlighting the need for more mental health and psychology support. It is hoped that by enhancing the mental health offer, this will support the formulation of plans for individuals and provide support around trauma and behavioural change.

Due to the reduction in funding for 2025/26, local areas were asked to consider making savings from non-front-line roles, subsequently, some roles were moved from FTE to a 0.8 WTE. A decision was also made to remove both the healthy lives workers who delivered social prescribing and Shropshire Domestic Abuse Services (SDAS) from the programme for this year. This is because the healthy lives social prescribing offer is open to all Shropshire residents regardless of where they live in the County or what other services they access, and for the Domestic Abuse service it was felt that clients were not engaging with the service because it was not the right time to address their current/historic abuse

due to the many other challenges within their lives. However, RESET continues to be linked with the Council's Domestic Abuse team and support has been connected when required. There is a commitment from the RESET Steering Group to record both the number of victims (current and historical) and known perpetrators within the rough sleeping cohort so that we can work with the Domestic Abuse team to put in place the right support in future. Finally, it was decided to move the RESET Coordinator role into the Public Health team, this role previously sat within the drug and alcohol service. Public Health is accountable for RSDATG to both ensure that the programme is monitored and achieves the aims set out but are also accountable for the budget. By moving the role into the Public Health team, this will provide increased oversight.



Eligibility for the service has been revised with more plans are underway to support the at-risk cohort. Additionally, a workshop is planned to review the RESET offer. This is line with OHID's focus for 2025/26 to monitor the quality of services individuals receive from the front door to treatment exit.

Performance and Baseline

Since the inception of the Grant in 2022, OHID had not set any performance metrics until now and have used information from the 2022 data returns to set the Baseline (see ambitions for 2025/26 below).

During the year 2024/25, there were 118 unique individuals accessing structured treatment with 49 new presentations. This includes rough sleepers and those at risk of rough sleeping. To note, the at-risk cohort includes anyone with a rough sleeping history who may be in temporary accommodation with at risk of accommodation breakdown. This data represents 12-months rolling and includes anyone closed to the drug and alcohol service during that period. Although Public Health are accountable for the quarterly returns which includes a progress report, OHID have not requested any formal qualitative information.

At the end of March 2025, of the 118 unique individuals:

29% of opiate users showed substantial progress* (England - 24%).

20% non-opiate users showed substantial progress (England – 23%)
19% of alcohol users showed substantial progress (England – 27%)

*'Substantial progress' means the proportion of those in treatment who completed successfully, are not using their problem substances, or have substantially reduced their problem substance use.

Engagement of rough sleepers in treatment for 12 weeks or more has been very good, this is helped by the additional support being provided through RESET to sustain that engagement. The challenge is however ensuring that the progress people make in treatment is improved. We do recognise the complexities of this vulnerable group and sometimes there are small wins with clients who may, for example, be attending the Shrewsbury Ark for food and a shower with concerning health issues but do not want to address their substance misuse. Months later once that trust has been built with staff, they enter structured treatment.

Two rough sleepers are currently receiving Buvidal (prolonged release Buprenorphine), an opiate substitute treatment for treating opioid dependence in adults. This is having a positive impact on their lives, and one client's treatment is due to come to an end soon.

The successes seen last financial year have been a real team effort with the Rough Sleeper Team, RESET and other agencies working together to achieve positive results.

Challenges

Although Shropshire is a large rural county, much of the street homelessness is centred in Shrewsbury but there are pockets across the county. Temporary accommodation is also dispersed so access to some services is difficult, increasing the risk of tenancy breakdown, dis-engagement from support services and deterioration in housing status.

Housing rough sleepers is a particularly difficult challenge. Rough sleepers have multiple complex needs and those on the streets for a while have ingrained habits that can make the transition to accommodation extremely difficult. The complexities are wide ranging and often it is not until an individual has stabilised or become abstinent that other needs become more visible, e.g. mental health. The RESET team working alongside the Rough Sleeping Team have had many successes with getting a significant number of rough sleepers into accommodation. However, once in accommodation, the challenge is supporting individuals to sustain that accommodation. There are very strict rules around breaches and the loss of housing duty, so ensuring the right support is in place is vital.

It is recognised that challenges around accommodation supply included the temporary closure of a central hostel that was used as the first point of housing rough sleepers. The Council have invested in this location to undertake improvements and essential compliance works, and this is due to reopen in July/August 2025. This will make a significant difference, as the rough sleeping team increase its efforts to house rough sleepers.

Moving on to permanent accommodation also has its challenges. Ensuring services continue to work together to compliment the work of the Rough Sleeping outreach/homeless team (mental health services, Probation, Social Care and the drug and alcohol service) has provided its own challenges. There is however positive engagement and willingness across the partnership.

The other challenge is to sustain the Winter provision delivered during the last winter. In previous years, accommodation has been provided to all rough sleepers as part of the Severe Weather Emergency Protocol (SWEP) when the temperature is zero or below. In January 2025, provision was extended to every night between 24/1 and the 22/3. This meant the Rough Sleeping team with support from some volunteers set up the facility hosted at the ARK each evening and cleared up each morning for 60 consecutive nights. It has been identified that RESET will explore the role of supporting the Winter service provision again should this be provided in subsequent years. This is a good opportunity for agencies to engage with the rough sleeping community outside of the normal and formal professional settings, with the SWEP/Winter Provision being a lifesaving service which all services need to contribute to and support.

Shropshire received its funding allocation for 2025/26 at the end of December 2024; notification is received around this time each year. Funding brings its own challenges because a) crucially, we would not be able to provide this enhanced service without it, b) late notification of the grant allocation leaves little time for commissioners to plan and negotiate new contracts for the following year, and c) instability for staff who frequently move on to seek other opportunities offering more security. Where roles are not recruited to, for example in Q1, the offer of a 9-month contract becomes less attractive. OHID have listened to feedback across the country around this and looking to see if they can give local areas more assurance for future years, but unlikely we will hear the outcome until the Autumn.

Ambitions for 2025/2026

All Local Authorities receiving the RSDAT Grant were given the opportunity to set Ambitions for 2025/26. The expectation is that these should be realistic and show steady improvement from the 2022 baseline figures. In addition to this, following feedback received from Authorities on the monitoring return, OHID have revised this to make the monitoring process more streamlined. The process also recognised that there was not enough qualitative data being collated to show the type and level of wrap around work being carried out, outside of the drug and alcohol service.

Our Ambitions for 2025/26 are:

	2024/25 performance			**2025/26 Ambitions**		
	Total Number in Treatment End of March 2025	Retained in treatment for 12 weeks or more	% making marked progress	Total Number in Treatment	Retained in treatment for 12 weeks or more	% making marked progress
Total number in treatment	127			158		
Opiates	65	94.1%	39%	70	97%	50%
Non-opiates	36	78.3%	29%	48	90%	35%
Alcohol	26	76.5%	23%	40	82%	30%

There is some stretch for the total numbers being supported through RESET because there is a need to increase the support being provided to the at-risk cohort.

Whilst the aspirations of the RESET service for the 2025/26 year are challenging, a role has been advertised and in the process of being recruited into to increase coordination of process and systems specifically for the RESET offer, which has been supported by the Partnership.

RESET Impact - Case Study:

D first started rough sleeping in 2019 and had been doing so for about 3 years before the RESET project started. He was living in a men's hostel, snowballing and injecting heroin into his groin. He did not engage with any services, only with the drug and alcohol service Shropshire Recovery Partnership (SRP) for his methadone. He refused all other services and support.

D was begging on the bridge in Shrewsbury and although he refused to engage with RESET staff, the navigators would check in on him regularly for chats and offering him food and slowly started to encourage him to receive additional support. He met his partner who was in treatment with SRP for support with her opiate use. She had her own accommodation and D moved in with her unofficially about 18 months ago.

Currently, D is smoking one joint of cannabis a day, and his partner is no longer using *any* substances. They are expecting a baby in a few weeks. Social workers will be doing a parenting assessment as D's partner has had 6 children removed. There has been Social Work support

<table>
<tr><td colspan="3">throughout the pregnancy, and the couple are being supported to move to more suitable accommodation.

When D was asked why he did not engage previously, he said he always knew where the service was if he needed anything. He never felt judged was treated like a human and realised he was worthy to make the changes he needed.</td></tr>
<tr><td>Financial implications
(Any financial implications of note)</td><td colspan="2">The Rough Sleeping Drug and Alcohol Treatment grant is an annual allocation, with notification received around December each year. This does not provide security for staff or clients who may be receiving treatment and support. OHID are aware of these challenges for local areas and are looking to see if they can provide assurance for a longer grant period. We hope to hear the details of this in the Autumn.

The grant was reduced this year by approx. £50k, and should the grant be extended for future years, there may be possibility of further reductions which would limit what the RESET project could provide.</td></tr>
<tr><td>Climate Change Appraisal as applicable</td><td colspan="2">N/A</td></tr>
<tr><td rowspan="3">Where else has the paper been presented?</td><td>System Partnership Boards</td><td>N/A</td></tr>
<tr><td>Voluntary Sector</td><td>N/A</td></tr>
<tr><td>Other</td><td>N/A</td></tr>
<tr><td colspan="3">List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</td></tr>
<tr><td colspan="3">Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Cllr Bernie Bentick, Portfolio holder for Health & Public Protection
Rachel Robinson, Executive Director – Public Health, Shropshire Council</td></tr>
<tr><td colspan="3">Appendices
N/A</td></tr>
</table>

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19 June 2025**					
Title of report	**Better Care Fund (BCF) 2024-25 end of year template**					
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, Service Director 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	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?	Access to services, particularly for carers, people living in rural areas, older age adults and people who need support from health and social care.					

1. Executive Summary

This report provides a summary of the Better Care Fund (BCF) 2024-25 end of year template for Shropshire. As part of the BCF national conditions, the Health and Wellbeing Board must formally approve quarterly and end of year templates prior to submission to the national BCF team. The submission deadline for the end of year template was 30 May 2025. In line with national conditions, the approval of the Chair of Health and Wellbeing Board (HWB) was obtained prior to submission, and retrospective approval is sought from HWB.

2. Recommendations

HWB approves the BCF 2024-25 end of year template (see appendix 1).

3. Report

The 2023 to 2025 Better Care Fund 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, housing adaptations and supporting intermediate care and unpaid carers. The vision for the BCF during 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; and
- Provide the right care in the right place at the right time.

A national condition is for quarterly and end of year templates to be completed, approved by the local HWB and submitted to the national BCF Team. The deadline for submission of the quarter three template was 30 May 2025. In line with national conditions, the approval of the Chair of Health and Wellbeing Board (HWB) was obtained prior to submission.

Included in the template is performance relating to four metrics, namely:

- Avoidable admissions;
- Discharge to normal place of residence;
- Falls; and

- Residential admissions.

Data is extracted to support the narrative given for the metrics. As reported throughout 2024-25, Shropshire and Telford Hospital NHS Trust's (SaTH's) 2024-25 data is inaccurate/incomplete due to the implementation of a new ERP system. This is reflected in the narrative in the template. The issue is expected to continue until 2025-26 quarter two.

The Council continues to deliver improved discharge performance year on year, increasing the number of people supported through complex discharge in 2024 by 28%. Work completed with the new Care Transfer Hub to improve the outcomes for people being discharged from Shrewsbury and Telford Hospital NHS Trust has started to show sustainable trends, with more people being supported to return home. In addition, increased numbers of people are being supported by the Short-Term Assessment and Reablement Team (START). Not only is START supporting more people, but the Team is also supporting more of the demand for pathway 1 from all hospitals.

The number of people on the carers register is the highest to date, with increasing referrals from the hospital evidencing the link with care support upon discharge.

The development of Community and Family Hubs will support early intervention and avoid crisis across all ages. To date, there are five Integrated Practitioner Teams delivering across Shropshire, five Community and Family Hubs (and two in development), one Health and Wellbeing Center, and Women's Health Hub activity across the five Primary Care Network areas. There is an all-age core offer at each of the hubs.

The number of Disabled Facilities Grant (DFG) funded adaptations exceeded the planned annual output by 123% (the planned output was 130 adaptations, and the actual output was 290). A small underspend carried over from 2023-24 plus a central government award of an additional £559,000 for 2024-25 prevented an overspend.

In January 2025, NHS England published the BCF planning requirements and policy framework for 2025-26. In line with the government's vision for health and care, the BCF Policy Framework sets out a shift in the aims, funding, oversight and support arrangements. The focus will be on achieving the aim of the government to make the BCF work better for local authorities and the NHS by reducing administrative burdens and providing greater flexibility to meet the following objectives:

- reform to support the shift from sickness to prevention.
- reform to support people living independently and the shift from hospital to home.

Shropshire's 2025-26 BCF Plan was submitted on 31 March 2025 and Shropshire is awaiting final sign off. There is no assurance of funding or timeframe for any planning guidance for 2026 onwards.

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 continue to be a key area of focus and monitoring as demand increases. Due to SaTH's implementation of the ERP system, performance relating to the metrics doesn't accurately reflect performance, but continues to be monitored using local intelligence. For services and posts that have contractual obligations that extend beyond 2024-25, a risk-based decision is being taken on their future.	
Financial implications (Any financial implications of note)	Financial updates are included in the end of year template (see appendix 1).	
Climate Change Appraisal as applicable	Climate change appraisal is carried out as part of commissioned activity.	
Where else has the paper been presented?	System Partnership Boards	SHIPP
	Voluntary Sector	Not applicable
	Other	Not applicable

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) None
Cabinet Member (Portfolio Holder) Councillor Ruth Houghton, Cabinet Member for Adult and Children Social Care
Appendices Appendix A BCF 2024-25 End of Year Template

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19 June 2025**					
Title of report	**Better Care Fund Plan 2025-6**					
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 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	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?	Access to services, particularly for carers, people living in rural areas, older age adults and people who need support from health and social care.

1. Executive Summary

This report provides a summary of Shropshire's 2025-26 Better Care Fund (BCF) Plan, which was submitted to the national BCF team by the deadline of 31 March 2025. In line with the requirements of the BCF conditions, Health and Wellbeing Board (HWB) now needs to formally approve the Plan.

2. Recommendations

2.1. HWBB approves the 2025-26 BCF Plan which can be found in appendices 1, 2 and 3.

3. Report

3.1. The Better Care Fund Policy Framework sets out the Government's aims for 2025-26:

- To be a first step in a broader shift to align with the government's Health Mission and the shift to a neighbourhood health approach.
- To better support patients and service users by enabling people to live more healthy and independent lives for longer.
- To support hospital flow and positively contribute to the NHS' ability to move towards constitutional standards.
- To make the BCF work better for local authorities and the NHS by reducing administrative burdens and providing greater flexibility to meet BCF objectives.

In line with the government's vision for health and care, the BCF Policy Framework sets out the vision, funding, oversight and support arrangements, focused on two overarching objectives for the BCF in 2025-26:

- reform to support the shift from sickness to prevention.
- reform to support people living independently and the shift from hospital to home.

It is expected that BCF Plans align with NHS Priorities and Operational Planning Guidance and neighbourhood health guidance.

BCF Plans consist of:

- A narrative plan (appendix 1).
- A completed planning template which articulates the goals for three headline metrics (appendix 2).
- An intermediate care (including short-term care) capacity and demand plan (appendix 3).

3.2. National conditions

The national condition requirements are outlined in the table below.

National condition	Requirement
Plans to be jointly agreed	Local authorities and ICBs must agree a joint plan, signed off by the HWB, to support the policy objectives of the BCF for 2025-26.
Implementing the objectives of the BCF	Local authorities and ICBs must, in their joint HWB plans, show how health and social care services will support improved outcomes against the Fund's two overarching objectives.
Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care	The NHS minimum contribution to adult social care must be met and maintained by the ICB and will be required to increase by at least 3.9% in each HWB area. Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and of the Disabled Facilities Grant. HWB plans will also be subject to a minimum expectation of spending on adult social care, which are published alongside the BCF planning requirements. HWBs should review spending on social care, funded by the NHS minimum contribution to the BCF, to ensure the minimum expectations are met, in line with the national conditions.
Complying with oversight and support processes	Local areas and HWBs are required to engage with BCF oversight and support processes, which include:

	• a regionally led oversight process • enhanced oversight where there are performance concerns.

3.3. Funding sources

- Minimum NHS Contribution: the NHS contributes to the BCF to support adult social care and investment in NHS commissioned out-of-hospital services.
- Local Authority Better Care Fund Grant (Local Government Finance Settlement for 2025-26): local authorities are allocated funding as part of the Local Government Finance Settlement.
- Disabled Facilities Grant: funding for adaptations to support independent living.

3.4. Headline metrics and supporting indicators

For 2025-26 there are three headline metrics:

- Emergency admissions to hospital for people aged over 65 per 100,000 population.
- Average length of discharge delay for all acute adult patients, derived from a combination of proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD) and, for those adult patients not discharged on their DRD, average number of days from the DRD to discharge.
- Long term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population.

It is recommended that HWB areas also use six supporting indicators to better understand the drivers of their performance against BCF objectives and specific local priorities:

- Unplanned hospital admissions for chronic ambulatory care sensitive conditions.
- Emergency hospital admissions due to falls in people over 65.
- Patients not discharged on their DRD and discharged within one day, two to three days, four to six days, seven to 13 days, 14 to 21 days and 21 days or more.
- Average length of delay by discharge pathway.
- Hospital discharges to usual place of residence.
- Outcomes from reablement services.

3.5. Monitoring and reporting

Quarterly reporting will commence from quarter one in 2025-26. These reports will need to be signed off by HWB Chairs ahead of submission.

A full end of year report will be required to account for expenditure. This report will also be required to include narrative regarding the intermediate care demand and capacity plan.

3.6 Highlights from the planning documents

Some key changes took place in 2024-25 which will carry forwards into 2025-26 and drive further improvements:

- Strengthened BCF governance structure.
- Improved discharge performance.
- Increased numbers of people being re-abled through the Short-Term Assessment and Reablement Team (START) service.
- Improved falls prevention through joint system working and learning from a pilot falls service.
- Increased number of people on the carers register enabled by the implementation of an all-age carer support team.
- Creation of a prevention and integration framework by System partners.
- Development of local community and family hubs to support system integration, early intervention and avoid crises across all ages.
- Introduction of a virtual care delivery team.
- Increased use of the Disabled Facilities Grant.

- Increased joint commissioning including an equipment contract, fast-track packages to support hospital discharge, Two Carers in a Car service and an autism support service.

The priorities for improving intermediate and other short-term care will be achieved through the following areas of focus in 2025-26:

- Information - create a clear suite of reporting outcomes
- Rapid response to support both in hospital avoidance and discharge if necessary.
- More focus on pathway 0 within the acute setting.
- Increase use of technology within health and virtual ward support.
- The local authority will continue to develop its technology offer and Two Carers in Car contract to support more people at home and reduce the need for short term bedded provision where possible.
- Therapy input to ensure wrap around support.
- A wider review of community bedded provision will be carried across health and social care linked to the demand numbers and target set that are the cost effective and appropriate. This will inform a model and an approach for bedded provision across the ICS.

Target setting for the three BCF metrics has been complicated by data loss in 2024-25 due to implementation of an electronic patient record (EPR) system by Shrewsbury and Telford Hospitals NHS Trust. To target set, 2023-24 data has been used with a linear forecast applied and partner intelligence has been used to make refinements. It is expected that the data loss issue will be rectified by the end of 2025-26 quarter one (June 2025). Subsequently, reliable data will again be available.

Capacity and demand has been jointly modelled to ensure a shared view. 2025-26 modelling is based on the improvements made in 2024-25 in length of stay and pathway profile. Data from 2024-25 is the basis on which the improvement trajectories has been developed. Partners have worked together to refine the trajectories in line with System intelligence and the 2025-26 STW UEC Improvement Programme.

A line-by-line review of BCF schemes has been completed as part of 2025-26 planning. This work will continue in 2025-26 to identify how partners can further collaborate and identify efficiency savings.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other	The system has regularly noted the risk of available funding, and the expenditure required to support system flow. It has also noted the risk attached to year-on-year grant funding. With no assurance of future funding or timeframe for 2026 onwards, this risk remains. For services and posts that have contractual obligations that extend beyond 2025-26, a risk-based decision will be taken on their future. The work on demand and capacity will continue to be a key area of focus. Work is ongoing with all partners to identify the likely demand, ensure capacity is aligned and where it is not, look at mitigation; this will include the ambitious discharge pathway targets set and agreed by all system partners. The work on reviewing the BCF schemes will continue in 2025-26 to identify how partners can further collaborate and identify efficiency savings. Progress against risks previously reported include: • British Red Cross Independent Living Coordinators (Home from hospital) – this work is being considered alongside the Wellbeing and Independence contract through Joint Commissioning. • Falls Prevention Service – highlighted as a pressure for 2025-26. A system piece of work has been established to consider an end-to-end pathway for falls which includes prevention. • Infrastructure grant for the Voluntary and Community Sector (including Volunteer, supporting groups to constitute and develop good practice, external funding specialist

Consultation)	support, and training). This remains a risk and has been included as issue for the newly established joint strategic commissioning group. Shropshire continues to experience high discharge levels and last year discharged over 4,400 people (38% more people since April 2023). Approximately 790 people above the predicted numbers were discharged via pathway one to their own homes. As a system this is what we have agreed to support collectively.	
Financial implications (Any financial implications of note)	Financial details are included in the planning template (appendix 2).	
Climate Change Appraisal as applicable	All commissioned activity considers climate change.	
Where else has the paper been presented?	System Partnership Boards	ShIPP on 15 May 2025
	Voluntary Sector	Not applicable
	Other	Not applicable

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

NHS England » Better Care Fund planning requirements 2025-26
Better Care Fund policy framework 2025 to 2026 - GOV.UK

Cabinet Member
Councillor Ruth Houghton, Cabinet Member for Adult and Children Social Care

Appendices

Appendix A 2025-26 BCF Narrative Plan
Appendix B 2025-26 BCF Planning Template
Appendix C 2025-26 BCF Capacity and Demand Template

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Integration and Better Care Fund

Better Care Fund 2025-26 HWB submission

Narrative plan template

	HWB area 1	HWB area 2
HWB	**Shropshire Health and Wellbeing Board**	Not applicable
ICB	**NHS Shropshire, Telford and Wrekin**	Not applicable
ICB	Not applicable	Not applicable
ICB	Not applicable	Not applicable

Section 1: Overview of BCF Plan

This should include:

- Priorities for 2025-26
- Key changes since previous BCF plan
- A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process
- Specifically, alignment with plans for improving flow in urgent and emergency care services
- A brief description of the priorities for developing for intermediate care (and other short-term care).
- Where this plan is developed across more than one HWB please also confirm how this plan has been developed in collaboration across HWB areas and aligned ICBs and the governance processes completed to ensure sign off in line with national condition 1.

- **Key Priorities for 2025-26**

Local priorities are aligned to the Better Care Fund (BCF) priorities to shift from 'sickness to prevention' and to support people to live independently and make that shift from 'hospital to home'.

Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) and the local place-based board, Shropshire Integrated Place Partnership (SHIPP), alongside the Health and Well-Being Board (HWB) are aligned and refocussing their work priority areas to support this shift and ensure the right plans and governance structure is in place to assure delivery against plans.

STW Integrated Care System (ICS), HWB and SHIPP have aligned priorities and principles including reducing health inequalities, engagement, co-design and co-production, a focus on preventative approaches and person-centred care. Further details are set out within the System's Plan on a Page below.

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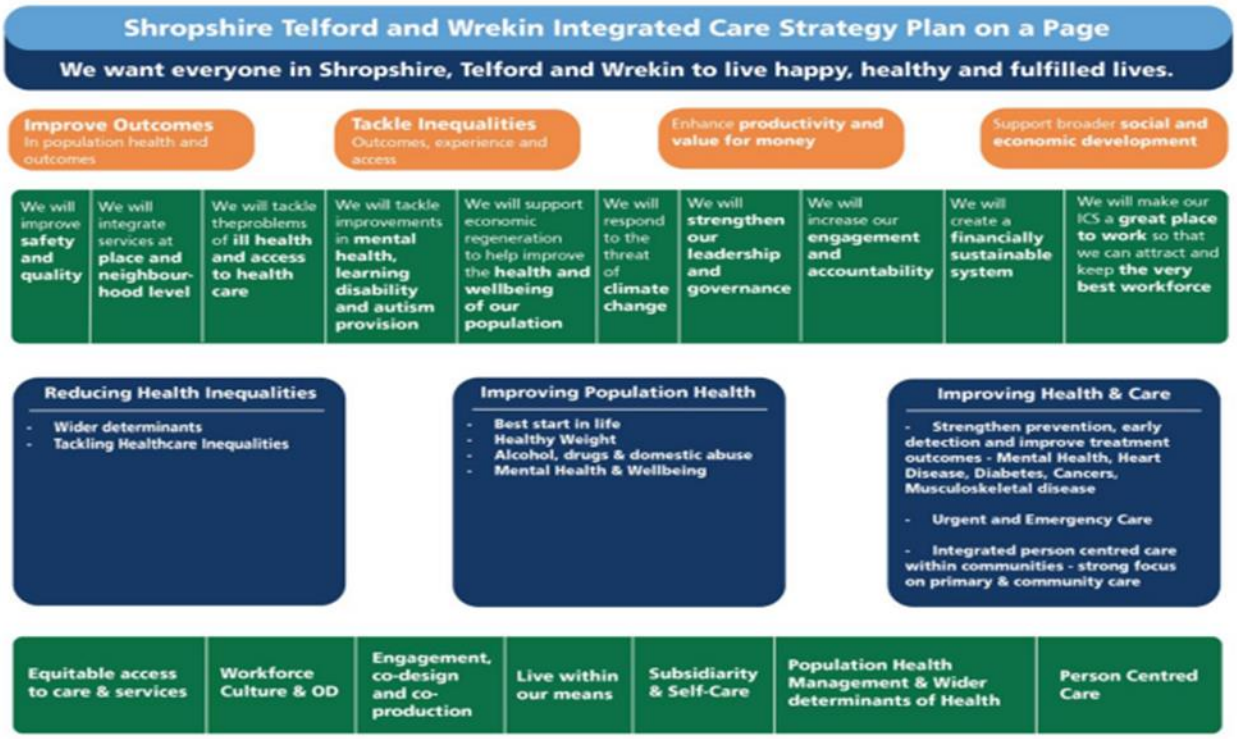
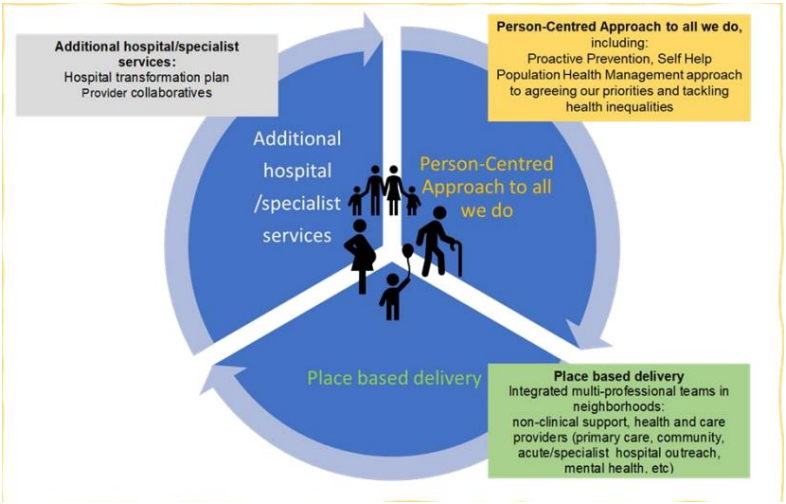


In line with this, the key elements of the Joint Forward Plan are detailed in the below diagram:



STW ICB, HWB and SHIPP share the key priorities that system partners worked collectively on developing to address the evolving needs of the community. Emphasis is placed on enhancing the strategic neighbourhood planning and delivering proactive care through integrated teams.

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In addition, system partners have developed a prevention and integration framework, the commitments of which are set out below:

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

The following three key priorities are based on the areas of focus that align BCF, HWB, SHIPP and the Joint Forward Plan.

Strategic neighbourhood planning and delivery; proactive care and integrated teams

- In partnership with the Voluntary, Community and Social Enterprise (VCSE) sector, develop and implement a VCSE framework.
- In partnership with the local authority (LA) Integrated Place Partnerships (SHIPP) and Primary Care Networks (PCNs), continue to develop the integrated neighbourhood team delivery model, aligning existing LA, NHS and community assets/meeting places informed by the needs of local populations.
- Working with providers through a lead provider model to expand the range of services delivered through provider collaboratives.
- Left shift from illness to prevention, hospital to community and analogue to digital.

Please see the diagram below for further details regarding the System's neighbourhood approach.

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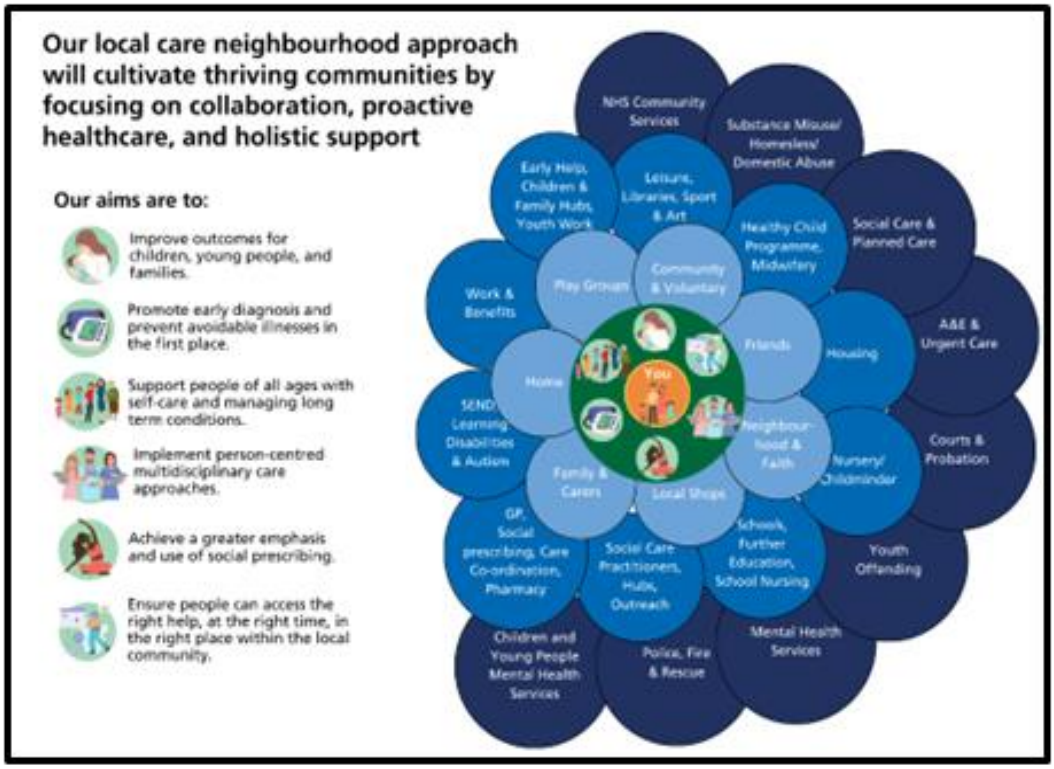

Urgent and emergency care

- Improve care coordination.
- Improve acute flow.
- Improve system discharge.
- Winter planning to meet demand.

Prevention, early help and transformation;

- Improved oversight of data and information e.g. Joint Strategic Needs Assessment (JSNA) development at neighbourhood level.
- Development of family and community hubs.
- Review and redesign of the Prevention contract (currently known as WIPS).
- Improving access to support and advice, including directory of services.
- Development the digital offer and includes online carers assessment, directory of services.
- Improve customer journey and outcomes.
- Analysis on accommodation need and models required for Shropshire.
- Review of falls pathway.

- **<u>Key changes since previous BCF plan</u>**

BCF governance structure

System capacity has been added to manage the BCF across both health and social care. This includes new terms of reference and governance meetings jointly chaired by health and social care.

Urgent care

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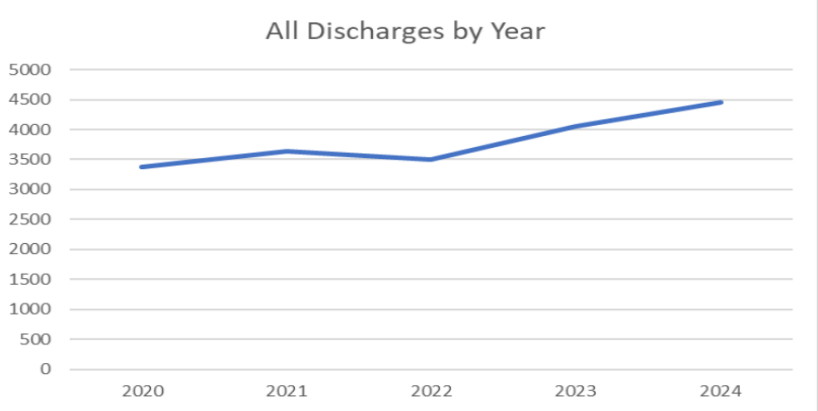
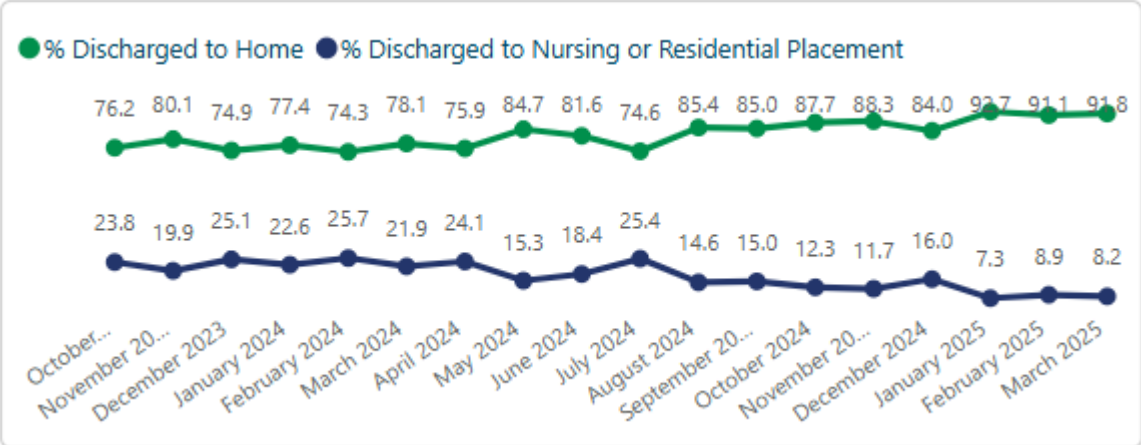
Shropshire Council continues to deliver improved discharge performance year on year, increasing the number of people supported through complex discharge in 2023 by 16% when compared to 2022, and by 28% in 2024. Please see the graph below.



Work completed with the new Care Transfer Hub to improve the outcomes for people being discharged from Shrewsbury and Telford Hospitals NHS Trust (SaTH) has started to show sustainable trends now, with more people are being supported to return home. Please see the graph below.



Reablement

Increased numbers of people are being supported through the Short-Term Assessment and Reablement Team (START) service. Not only is START supporting more people, the team is also supporting more of the demand for pathway 1 from all hospitals. Please see the graphs below.

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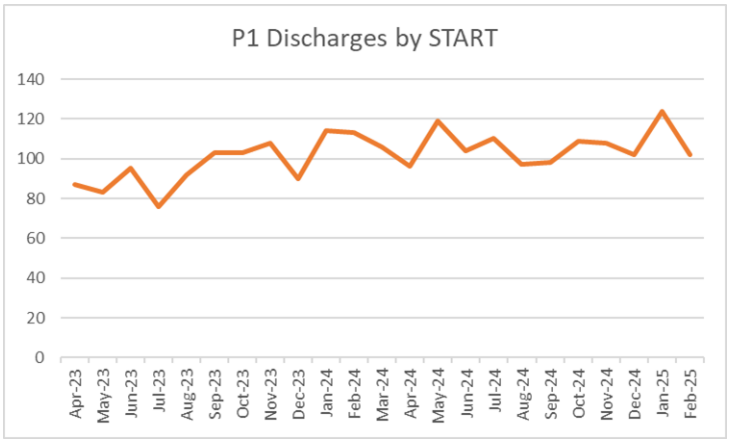

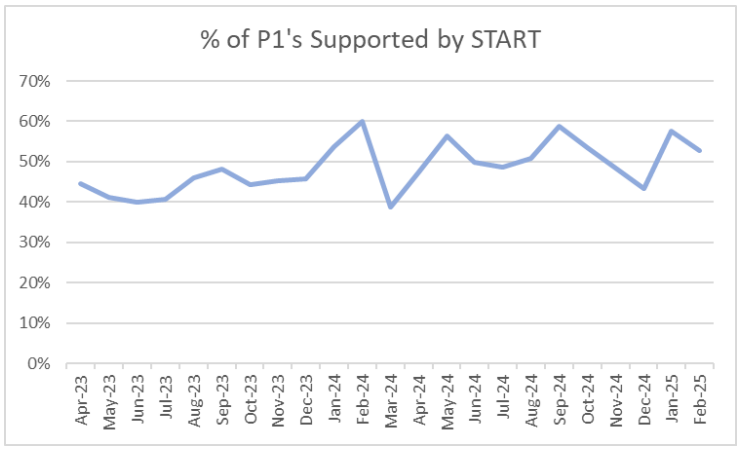

Falls

The falls service is a good example of joint system working and learning from a pilot; see the graph below for the increase in the referrals to the service.

Shropshire Community Health NHS Trust

Referrals by Month

The number of referrals for "Falls" into the Shropshire & Telford Rapid Response Services by month

No. Referrals		Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Total
Accident / Trauma – Fall – 1 Person Response (assessment only)	E-zec (Out of Hours Fall)	40	23	3		82	53	56	68	87	94	132	82	**720**
	Other	84	64	61	80	89	101	68	95	100	81	76	94	**993**
	Total	**124**	**87**	**64**	**80**	**171**	**154**	**124**	**163**	**187**	**175**	**208**	**176**	**1,713**
Accident / Trauma – Fall – 2 Person Response (lift)	E-zec (Out of Hours Fall)	9	6			7	4	11	2	2		3	4	**48**
	Other	30	31	31	35	32	46	24	28	24	26	24	30	**361**
	Total	**39**	**37**	**31**	**35**	**39**	**50**	**35**	**30**	**26**	**26**	**27**	**34**	**409**
Total		**163**	**124**	**95**	**115**	**210**	**204**	**159**	**193**	**213**	**201**	**235**	**210**	**2,122**

Carers

The young carers contract is now provided by the local authority as part of an all-age support team to align and ensure consistency in approach.

The number of people on the carers register is the highest to date, with increasing referrals from the hospital evidencing the link with carer support upon discharge. Please see the graph below for details of referral source.

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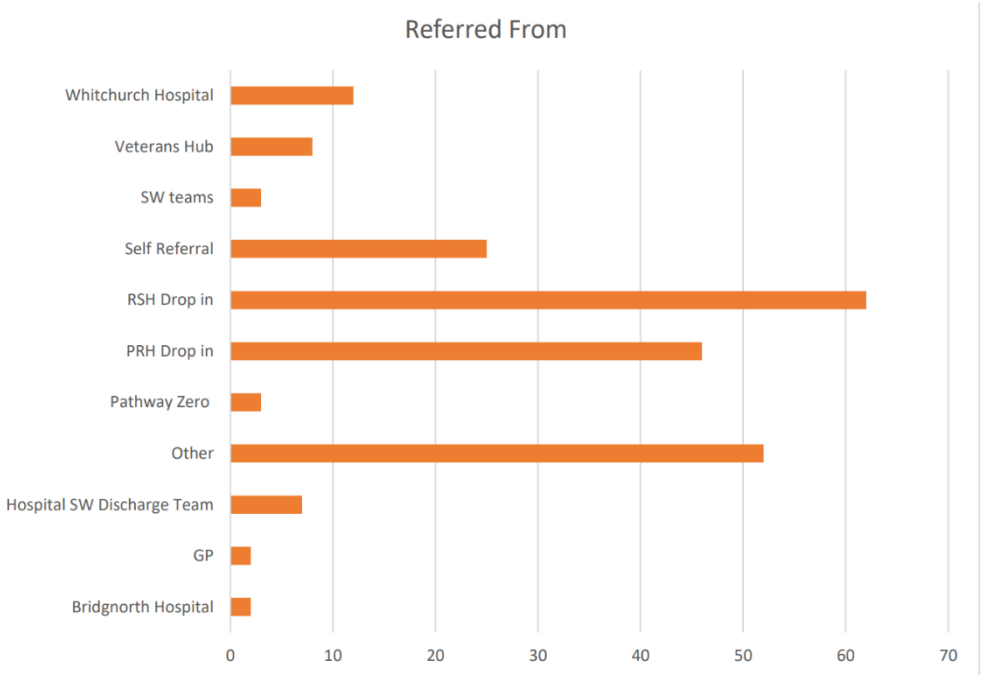

Prevention

System partners have created a prevention and integration framework, this includes the following key priority areas:

- Access: Ensuring a well understood front door with access to information and advice, that focusses on self-care.
- Integration: Enable communities and the voluntary and community sector to take more of central role in the development and delivery of prevention programmes, ensuring all age groups are at the centre of the implementation of the framework.
- Person Centred Care: Embed Person Centred Care and approach across all organisations and partners.
- Communities: Bolster the voluntary and community sector to work with partners across the system to support those in need.
- WIP Prevention contract; commissioners and stakeholders are reviewing the current contract to ensure alignment and support at front door with the VCSE.

System integration

The development of local community and family hubs will support early intervention and avoid crisis across all ages. To date, there are five Integrated Practitioner Teams delivering across Shropshire, five Community and Family hubs (and two in development), one Health and Wellbeing centre, and Women's Health Hub activity across the five Primary Care Network Areas. The hubs are complemented by mini-hub support in smaller communities, where connection has been made with other local offers to provide additional support.

There is an all-age core offer at each of the 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 the offer in local areas.
The offer includes:

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- 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 (Department for Work and Pensions/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.

There is an Integrated Practitioner Team for Children Young People and Families that covers the whole county and is delivered by NHS, Local Authority and VCSE partners.

Proactive Care is up and running in the south-west PCN, developing lessons learned.

Dementia MDTs are up and running in the south–east PCN and developing a county-wide approach.

Digital
A virtual care delivery team is now in place. The team uses technology to support people at home, currently supporting in the region of 100 individuals with technology and virtual calls.

DFG
A total of 277 grants have been completed to date in 2024/25.

Joint commissioning
A joint equipment contract between Shropshire council, Telford and Wrekin Council and STW ICB began in April 2024, with Shropshire as the contract lead. A section 75 agreement is in place.

Shropshire Council leads on the brokering of fast-track packages from hospital.

Joint care contracts for the Two Carers in a Car are in place across Shropshire.

A recommissioned autism support contract will begin in 2025. In addition, the System is currently working on a Joint Autism Strategy, commissioning intentions and Special Educational Needs and Disabilities (SEND) strategy.

- **A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process**

  The Shropshire BCF Operational Delivery Group members, made up of local authority and NHS representatives, worked collaboratively with system partners to develop the plan.

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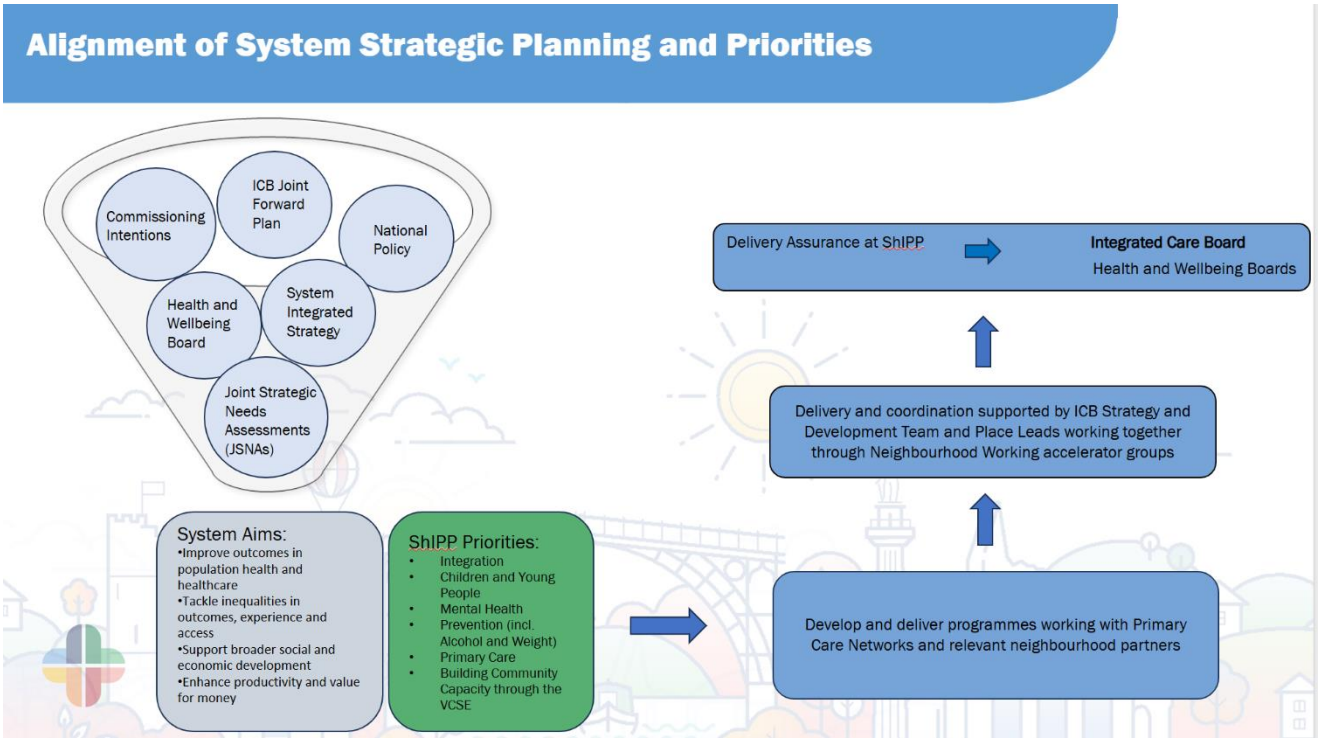
Following a 360-degree audit in 2024, the following work has been done to strengthen the governance arrangements to support delivery of the plan.

- A revised governance structure has been implemented which is line with that of system partners Telford and Wrekin.
- Aligned reporting processes and procedures have been implemented.
- Shropshire BCF Operational Delivery Group's Terms of Reference have been aligned with Telford and Wrekin BCF Board's Terms of Reference. They include clear governance arrangements.
- Shropshire BCF Operational Delivery Group is now co-chaired by STW ICB and local authority senior commissioners.
- Bi-annual joint meetings between Shropshire and Telford and Wrekin will establish a more joined up approach.
- A BCF Commissioner has started in post with STW ICB to support the system reporting.

The BCF Commissioner will provide a first point of contact for the BCF oversight and support process and use established escalation routes to ensure the right level of involvement is engaged.

In addition, the system strategy and priorities are aligned through the work of SHIPP and HWB. Accountability for delivery is through the ICS Board and includes BCF planning and quarterly reports. Please see the diagram below for more details about the alignment of System strategic planning and priorities.



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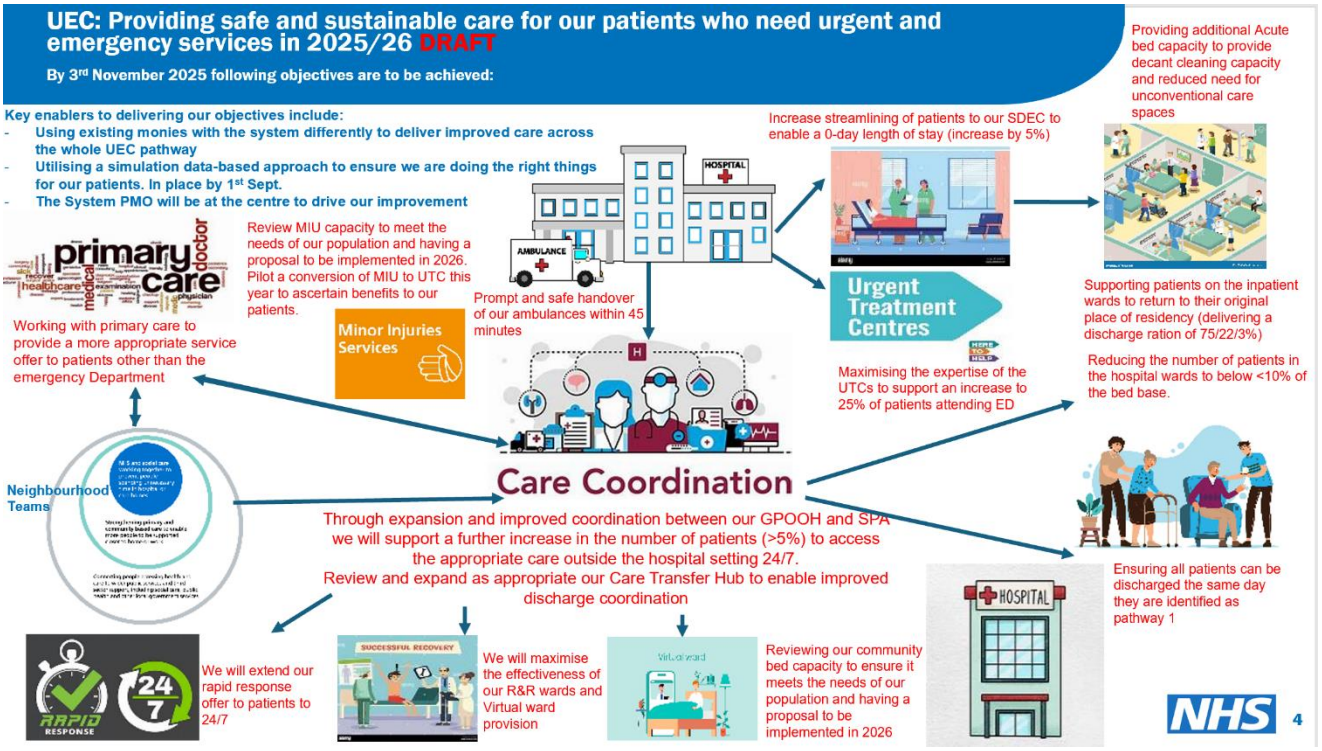
- **<u>Specifically, alignment with plans for improving flow in urgent and emergency care services</u>**

Urgent and emergency care has been and continues to be an area of pressure for partners. However, partners are committed to developing the care transfer hubs which has led to improvement in performance despite a very pressured winter.

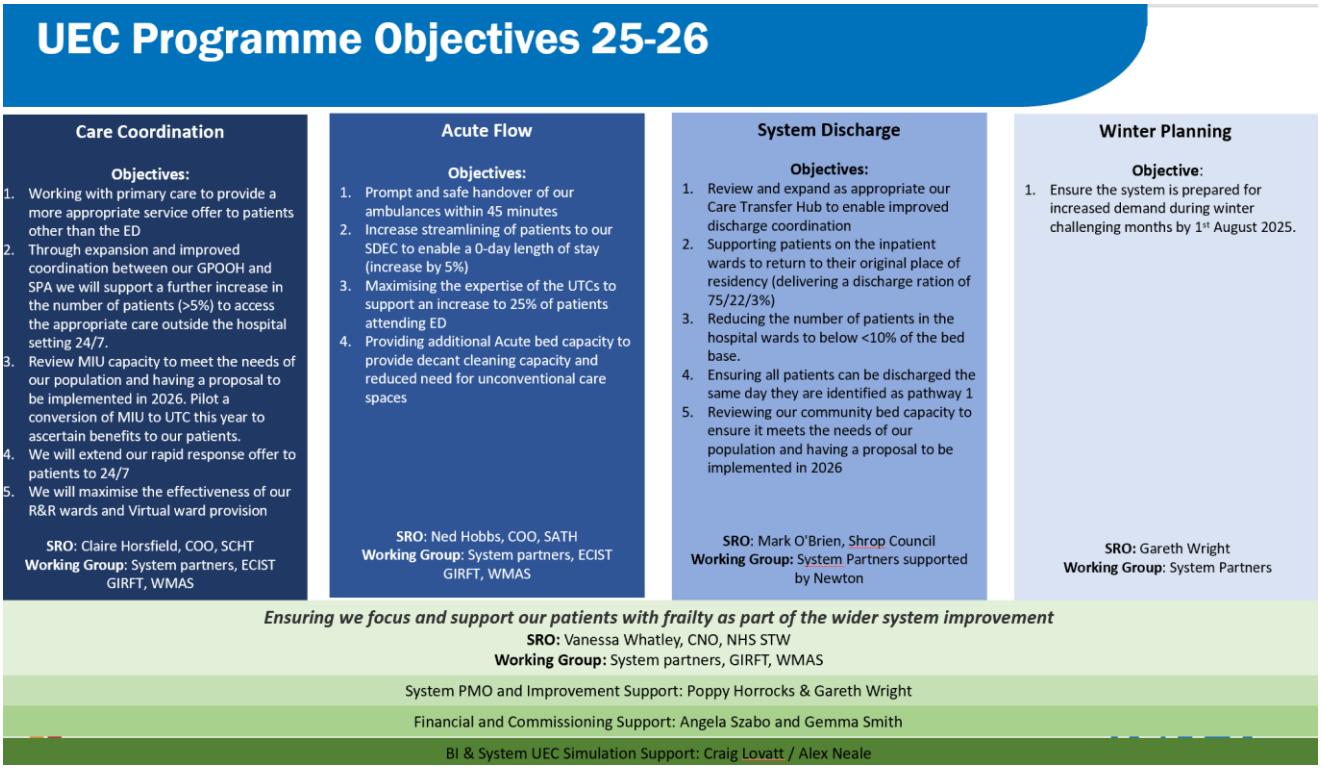
Please see the below diagram for detail about the urgent and emergency care related objectives to be achieved. System care co-ordination joins up the work to prevent admissions, improve system flow and importantly improve the customers/patient experience through the various pathways. Speeding up discharge as soon as people are fit to be discharged is a system priority with a focus on same day discharge.

Partners continue to develop reablement support, review community bed capacity and step up rapid response to 24/7 to ensure continued flow and safe ambulance handover times.



The priorities for the Urgent and Emergency Care (UEC) Board are focussed on the four themes as shown in the diagram below:

- Care coordination.
- Acute flow.
- System discharge.
- Winter planning.

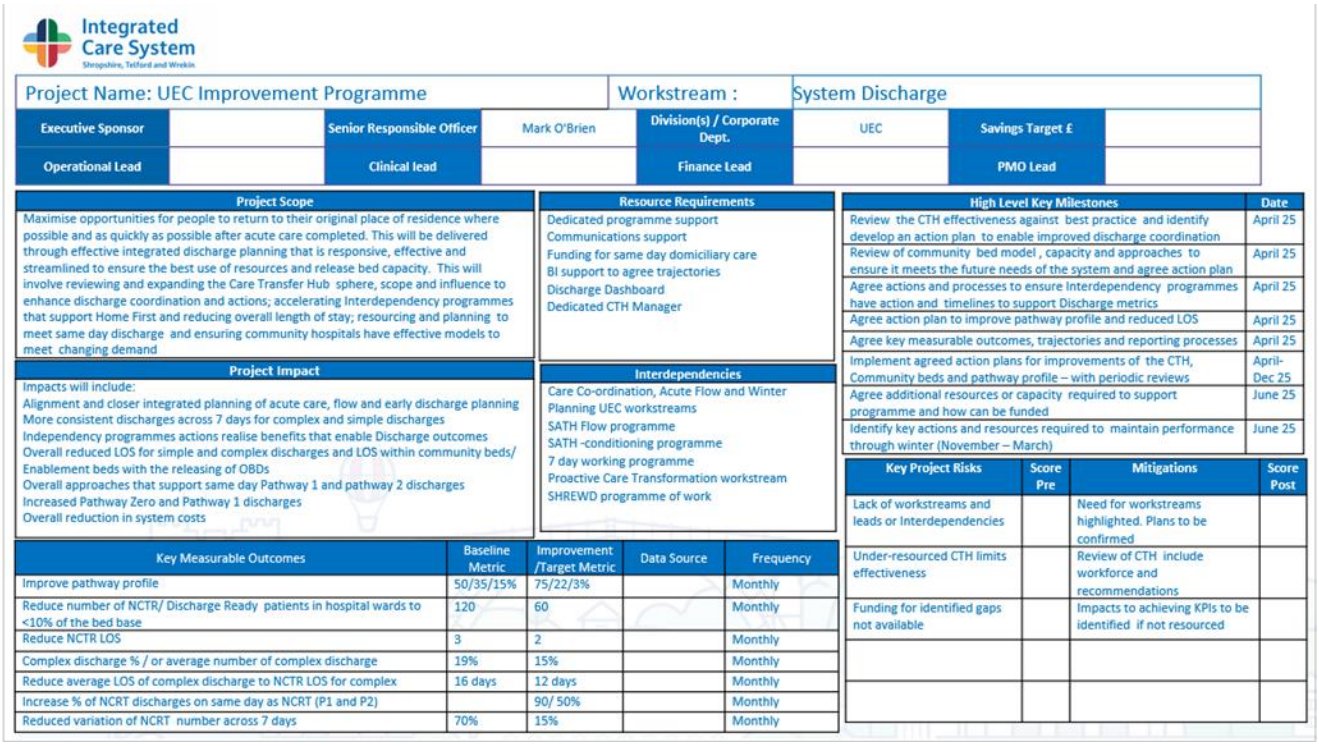


Each theme has a working group and Senior Responsible Officer (SRO) who leads the action plans.

Members of the UEC Board are also represented within the BCF Operational group and work with commissioners and system leads to co-ordinate activity and report into the other boards such as HWB.

SHIPP in particular leads on the neighbourhood development for the system ensuring prevention and admission avoidance.

System plans are in place to support this work, with a Shropshire Council senior manager taking a lead role in planning and implementation. Please see the diagram below for details about the UEC Improvement Programme.



Integrated Care System
Shropshire, Telford and Wrekin

Project Name: UEC Improvement Programme				Workstream :	System Discharge		
Executive Sponsor		Senior Responsible Officer	Mark O'Brien	Division(s) / Corporate Dept.	UEC	Savings Target £	
Operational Lead		Clinical lead		Finance Lead		PMO Lead	

Project Scope

Maximise opportunities for people to return to their original place of residence where possible and as quickly as possible after acute care completed. This will be delivered through effective integrated discharge planning that is responsive, effective and streamlined to ensure the best use of resources and release bed capacity. This will involve reviewing and expanding the Care Transfer Hub sphere, scope and influence to enhance discharge coordination and actions; accelerating Interdependency programmes that support Home First and reducing overall length of stay; resourcing and planning to meet same day discharge and ensuring community hospitals have effective models to meet changing demand

Resource Requirements

Dedicated programme support
Communications support
Funding for same day domiciliary care
BI support to agree trajectories
Discharge Dashboard
Dedicated CTH Manager

High Level Key Milestones

	Date
Review the CTH effectiveness against best practice and identify develop an action plan to enable improved discharge coordination	April 25
Review of community bed model , capacity and approaches to ensure it meets the future needs of the system and agree action plan	April 25
Agree actions and processes to ensure Interdependency programmes have action and timelines to support Discharge metrics	April 25
Agree action plan to improve pathway profile and reduced LOS	April 25
Agree key measurable outcomes, trajectories and reporting processes	April 25
Implement agreed action plans for improvements of the CTH, Community beds and pathway profile – with periodic reviews	April-Dec 25
Agree additional resources or capacity required to support programme and how can be funded	June 25
Identify key actions and resources required to maintain performance through winter (November – March)	June 25

Project Impact

Impacts will include:
Alignment and closer integrated planning of acute care, flow and early discharge planning
More consistent discharges across 7 days for complex and simple discharges
Independency programmes actions realise benefits that enable Discharge outcomes
Overall reduced LOS for simple and complex discharges and LOS within community beds/
Enablement beds with the releasing of OBDs
Overall approaches that support same day Pathway 1 and pathway 2 discharges
Increased Pathway Zero and Pathway 1 discharges
Overall reduction in system costs

Interdependencies

Care Co-ordination, Acute Flow and Winter Planning UEC workstreams
SATH Flow programme
SATH -conditioning programme
7 day working programme
Proactive Care Transformation workstream
SHREWD programme of work

Key Project Risks	Score Pre	Mitigations	Score Post
Lack of workstreams and leads or Interdependencies		Need for workstreams highlighted. Plans to be confirmed	
Under-resourced CTH limits effectiveness		Review of CTH include workforce and recommendations	
Funding for identified gaps not available		Impacts to achieving KPIs to be identified if not resourced	

Key Measurable Outcomes	Baseline Metric	Improvement /Target Metric	Data Source	Frequency
Improve pathway profile	50/35/15%	75/22/3%		Monthly
Reduce number of NCTR/ Discharge Ready patients in hospital wards to <10% of the bed base	120	60		Monthly
Reduce NCTR LOS	3	2		Monthly
Complex discharge % / or average number of complex discharge	19%	15%		Monthly
Reduce average LOS of complex discharge to NCTR LOS for complex	16 days	12 days		Monthly
Increase % of NCRT discharges on same day as NCRT (P1 and P2)		90/ 50%		Monthly
Reduced variation of NCRT number across 7 days	70%	15%		Monthly

- **A brief description of the priorities for developing for intermediate care (and other short-term care).**

  Shropshire has a strong reablement team called START supporting both hospital discharge and admission avoidance (rapid response). The service continues to perform well with an average length of stay of 14 days.

  Areas of focus will include:

  - Information; create a clear suite of reporting outcomes to demonstrate what START achieves at a more granular level to evidence outcomes.
  - Rapid response to support both in hospital avoidance and discharge if necessary.
  - More focus on pathway 0 within the acute.
  - Increase use of technology within health and virtual ward support.
  - In addition, the local authority will continue to develop its technology offer and 2 carers in car contract to support more people at home and reduce the need for short term bedded provision where possible.
  - Therapy input to ensure wrap around support.
  - A wider review of community bedded provision will be carried across health and social care linked to the demand numbers and target set that are the cost effective and appropriate. This will inform a model and an approach for bedded provision across the ICS.

- **Where this plan is developed across more than one HWB please also confirm how this plan has been developed in collaboration across HWB areas and aligned ICBs**

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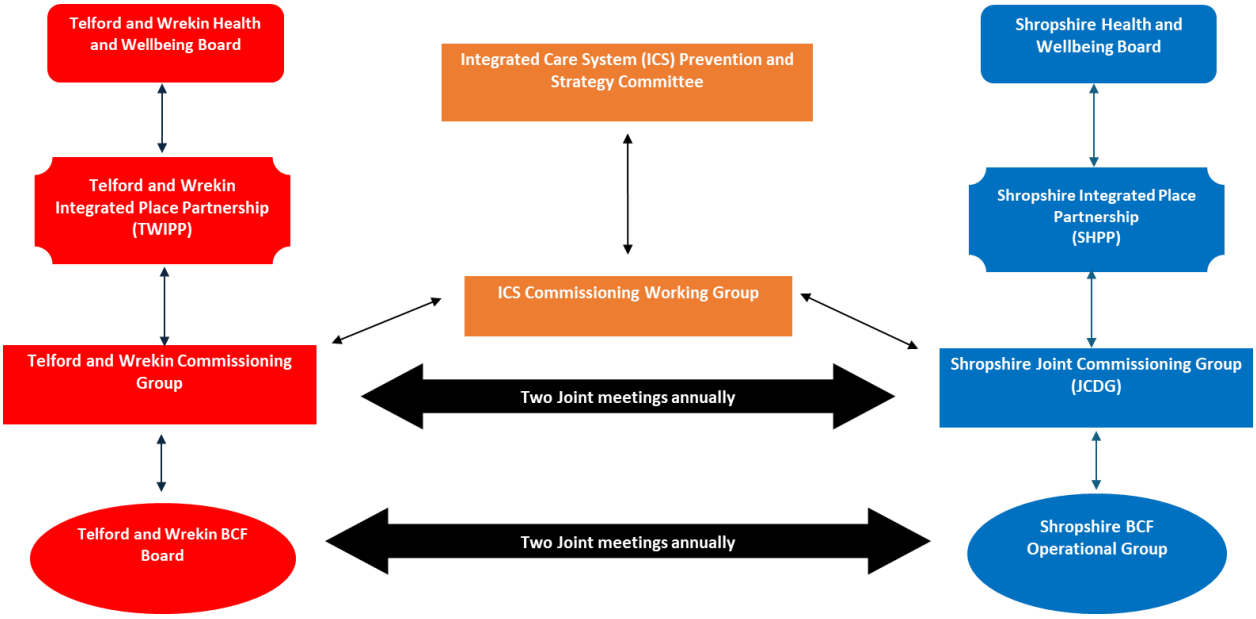
and the governance processes completed to ensure sign off in line with national condition 1.

This plan covers Shropshire HWB however, system partners NHS Shropshire, Telford and Wrekin, Shropshire Council and Telford and Wrekin Council have worked collaboratively through joint meetings and written communication to help inform their plans. The NHS Operational Guidance is reflected in the plan and provides the golden thread for the development and delivery of the plan at Place level.

Oversight for the development of the plan is through SHIPP, which is the Place Board reporting into STW ICB and Chaired by Shropshire Council's Chief Executive Officer. Approval of the plans and quarterly reports sits with HWB. A BCF Operational Delivery Group works with the Joint Commissioning Delivery Group and other system groups to determine the plan. The governance diagram below demonstrates the interconnectedness of the programme boards, HWB and the ICS. Endorsement and approval of the Better Care Fund plan sits with HWB.



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Section 2: National Condition 2: Implementing the objectives of the BCF

Please set out how your plan will implement the objectives of the BCF: to support the shift from sickness and prevention; and to support people living independently and the shift from hospital to home. This should include:

- A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money
- Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans
- Demonstrating a "home first" approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care
- Following the consolidation of the Discharge Fund, explain why any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.

Please set out how your plan will implement the objectives of the BCF: to support the shift from sickness and prevention; and to support people living independently and the shift from hospital to home. This should include:

- **A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money**

Following system support from John Bolton, the system has worked collectively to support swifter discharge and increase the numbers of those being discharged home. The health and social care system has since seen changes with more people going home with support and less going into bedded provision, improved virtual ward and improved care management across partners. A joint equipment contract across the ICS was put in place in April 2024 has seen improved outcomes for people getting equipment in a timely manner reducing delayed discharges.

In addition, Newton Europe was commissioned to support the system to develop the Care Transfer Hub (CTH) supporting systematic discharge planning between health and social

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care and to start discharge planning as early as possible. This includes a home first ethos across all teams focussed on personalised care.

Following a 360-degree assessment, STW ICB has worked with Shropshire Council and Telford and Wrekin Council lead commissioners to align governance and system monitoring. Shropshire Operational Delivery Group (formerly BCF Board) and Telford and Wrekin Board will now meet twice a year to look at areas for efficiency and joint commissioning opportunities. This approach is supported by a line-by-line review of each of the commissioned schemes to avoid duplication of expenditure and ensure each scheme is providing and meeting the current needs of the community as they evolve over time.

- **Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans**

  Emergency admissions

  As highlighted in the Planning Template (metrics worksheet 6), the data source provided has been utilised and checked against local SUS data sets. However, due to data loss through implementation of an electronic patient record (EPR) system, there is no complete, reliable data from 2024/25 to use as a baseline. This has been highlighted previously in 2024-25 quarterly reports. It is expected that the issue will be rectified by the end of 2025-26 quarter one (June 2025). Subsequently, reliable data will again be available.

  The figures provided use 2023-24 data with a linear forecast. During 2024-25, admission reduction schemes were implemented to improve access to alternative pathways. Therefore, an agreed impact of these schemes of 5% has been applied to the linear forecast to provide the figures in the table. The work Shropshire Council is doing within the 25/26 STW UEC Improvement Programme, which is an ICB led transformation program that includes system partners and focuses on alternatives to ED and inpatient acute processes and flow, and discharge process for simple and complex discharges will support this metric.

  The below is the number of admission avoidance cases Shropshire Council received referrals for, all were supported and therefore reducing emergency admissions through the rapid response team.

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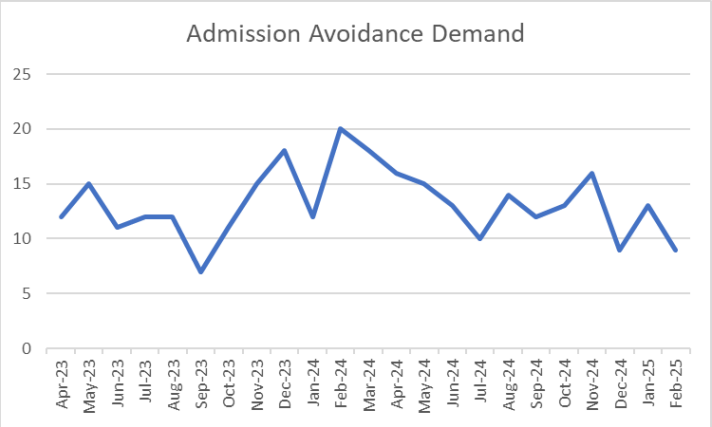

Delayed discharges

As for emergency admissions, there is no reliable data from 2024-25 to use as baseline to plan for the delayed discharge metric.

In addition to this data issue, the System currently monitors no criteria to reside (NCTR) as opposed to discharge ready date (DRD). Discharge length of stay data includes patients discharged on the same day as they become classed as having NCTR; the metric requires patients discharged on the same day to be excluded. Work continues to improve the data set and data quality. It is anticipated that DRD data will be available from June 2025, when the data loss issue described above is rectified.

For 2025-26 planning (target setting and capacity and demand planning), providers have provided locality and System level NCTR data. Discharge average length of stay targets exclude patients discharged on day zero. However, they will be at System level (not Health and Wellbeing Board level) and do not align to DRD.

An alternative way to evidence discharge delay performance monitoring using robust, reportable data is already in place. The system currently monitors NCTR and uses this for performance monitoring relating to discharge. Monthly reporting includes:

- Average time from NCTR to discharge by pathway.
- NCTR to transfer document completion by pathway.
- Transfer document completion to discharge.

This local arrangement will be used to provide assurance that discharge delay performance is robustly measured and monitored. When DRD data becomes available from June 2025, the Plan will be refreshed to provide an accurate target trajectory. The

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West Midlands Better Care Fund Manager will be kept updated on progress and if circumstances change which mean the date for resolution needs to be revised.

To provide an example of the information monitored and reported, the following data and chart show the average time from no criteria to reside status being given to discharge, broken down by pathway, from April 2023 to December 2024. Targets for length of stay and pathway profile are being developed through the current Urgent Care Planning process.

Average time from NCTR to discharge (days)			
	Pathway 1	**Pathway 2**	**Pathway 3**
Apr-23	6.42	7.08	17.46
May-23	5.75	7.11	13.68
Jun-23	5.46	5.66	11.85
Jul-23	4.40	4.47	12.43
Aug-23	3.55	4.07	8.54
Sep-23	3.75	3.75	7.34
Oct-23	5.38	6.05	9.83
Nov-23	5.47	6.74	10.85
Dec-23	4.65	5.09	9.49
Jan-24	4.31	4.63	10.07
Feb-24	4.57	5.02	7.80
Mar-24	3.48	2.99	8.31
Apr-24	3.59	4.93	8.23
May-24	4.52	4.94	10.65
Jun-24	5.72	5.07	8.97
Jul-24	3.57	3.12	8.04
Aug-24	3.76	3.21	5.40
Sep-24	3.68	2.49	8.53
Oct-24	3.98	3.06	8.52
Nov-24	4.11	3.12	7.65
Dec-24	3.26	2.93	5.58
Average (days)	**4.45**	**4.55**	**9.49**

Local partners are working to address the NHS priorities for 2025/26; improving waiting times in A&E and patient flow.

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Work is ongoing to develop mental health support services for adults, children and young people to ensure system flow.

Residential and nursing admissions for over 65s

Shropshire has a proportionately high ageing population in comparison to England as a whole. Whilst reablement numbers have increased, there are high levels of complex need which may result in long term admission. Please note that Shropshire is already in the top quartile for maintaining low levels of long-term admissions into care homes. This has been considered along with the aging demographic when setting the target for 2025/26. Whilst it is recognised the number of long-term admissions has increased this last year, increased complexity has increased the need for 24-hour provision. It is expected that the work collectively as a system will bring this down for 2025/26.

System planning to support people within their own homes and the community are key priorities in the forward plan, and of SHIPP and HWB. Integrated neighbourhood teams aligned to family hubs offer early intervention and support. In addition, system partners are working on redesigning the service specification for prevention. This will facilitate admission avoidance, support to carers and reduce isolation across our rural county.

The Two Carers in a Car service aims to provide nighttime support for people in their own home rather than result in a short-term admission into a care home where it is likely they will remain longer term.

The council is working with domiciliary care and supported living providers to use technology options to avoid admissions and support people in a more creative and flexible way. This aligns with the NHS 2025/26 plan and local UEC plans as described in section 1; improved outcomes for residents.

- **Demonstrating a "home first" approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care**

The System has created a Care Transfer Hub (CTH) which links organisations across the STW footprint. The CTH is a multi-agency and inter-disciplinary discharge team. It works in a seamless and integrated way across partner organisations, spanning health, social care and the voluntary sector. The CTH will proactively 'pull', and case manage the needs of a

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range of people with moderate and complex care needs and support these people safely to transfer via the most appropriate discharge pathway.

Having a multi-agency staff mix with a range of professional experience across the acute, community, mental health and social care, supported by an administrative team which is co-located and empowered to make autonomous and accountable decisions that are respected across all partner organisations will facilitate the above and deliver the CTH vision as well.

Systematic discharge planning between health and social care principles include:

- Start from the point of admission by identifying patients with complex discharge needs (pathway 1, 2 and 3) as early as possible in the patient journey.
- Work with the Multidisciplinary Team (MDT) to set an Estimated Date of Discharge (EDD) and tracking patients (particularly those at risk of deconditioning or delay) to combat any potential avoidable situations where EDD is at risk of being achieved.
- Personalised care with the patient, their families, and carers to plan and prepare for discharge.
- Promote a Home First approach and agree discharge pathways with patients, their families and carers to support a safe and timely discharge from hospital.

These four components form the foundations of the CTH model. Focusing on a strengths-based model also supports a culture of confidence, healthy risk management and a less restrictive model of care for patients which is empowering, attainable and cost effective.

The system continues to invest in the START team to support people to go home with reablement. We have qualified Social Workers and START staff aligned to admission avoidance; focus is to ensure that people can return home instead of being admitted into bed base provision.

Shropshire Council's Admission Avoidance demand is led by decision making in emergency department and the new Frailty Assessment Unit (FAU). Principally, this demand is after a decision to discharge has been made.

In 2023 we supported 22% more people to avoid admission into SaTH (acute). In 2024 this increased to 63% more people, in part because of the FAU began in the summer.

In 2025 we have commenced with a 2-hour response time from referral to discharge plan in place for all FAU admission avoidance; this is working effectively.

- **Following the consolidation of the Discharge Fund, explain why any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.**

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The funding will continue to support START and pathway 1 discharges as a priority, reducing the numbers set against bed provision. The demand work has set a realignment of budgets to increase against pathway 1 provision and with support such as the Two Carers in a Car contracts across the county improving outcomes for residents across Shropshire. Historically the main proportion of the budget was aligned to bedded provision, and we have seen a step change on this as described on section 1 set against local plans.

Increased capacity into the frailty team at SATH has resulted in improved experiences for patients.

In addition, the BCF plan supports the transition to prevention; this includes the current Wellbeing and Independence Service (WIPS). Partners are working collectively to redesign this service to support admission avoidance and general wellbeing.

Social prescribing is very strong across Shropshire; located with neighbourhood teams, the MDTs are working together to avoid crisis points being reached. The family hubs model is being developed across the rural county, pushing a culture of 'how can we help' and sign posting people to access the right information, advice and support where they need it. One key area for 2025/26 will be embedding dementia support and developing the carers offer at a neighbourhood level. It is recognised that carers development and support is essential across Shropshire where rurality plays into issues in accessing the right support when it is needed. Shropshire has a dedicated carer role that supports the acute hospitals, supporting people to access support upon discharge and connecting them to the local voluntary and community support services. Rural isolation is high in Shropshire and therefore within prevention services, befriending services are a lifeline for people and help avoid crisis points being reached and access wider support.

These services are vital in supporting the system flow; whether through admission avoidance or step-down support within the community. This aligns to improved resident experience with wrap around support provided in the community.

Please describe how figures for intermediate care (and other short-term care) capacity and demand for 2025-26 have been derived, including:

- how 2024-25 capacity and demand actuals have been taken into account in setting 2025-26 figures (if there was a capacity shortfall in 2024-25 what mitigations are in place to address that shortfall in 2025-26)
- how capacity plans take into account therapy capacity for rehabilitation and reablement interventions

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Please describe how figures for intermediate care (and other short-term care) capacity and demand for 2025-26 have been derived, including:

- **how 2024-25 capacity and demand actuals have been taken into account in setting 2025-26 figures (if there was a capacity shortfall in 2024-25 what mitigations are in place to address that shortfall in 2025-26).**

Demand has been modelled by the Council in conjunction with the ICB to ensure that the predicted level of demand is a shared view. The 2025-26 modelling is based on the improvements made in 2024-25 in length of stay and pathway profile. Data from 2024-25 is the basis on which the improvement trajectories has been developed. Partners have worked together and made improvements to the trajectories; these have been developed in line with the 2025-26 STW UEC Improvement Programme, which is an ICB led transformation program and matches the workstream plan locally.

Modelling has not identified capacity issues for admission avoidance or discharge which require mitigations; the focus is on improving flow and reducing length of stay.

Joint work is being undertaken and will continue in 2025-26 to understand the interdependencies between the workstreams of the 2025-26 UEC Improvement Programme.

- **how capacity plans take into account therapy capacity for rehabilitation and reablement interventions**

The Care Transfer Hub includes acute based therapy who support activity and assessment. The therapeutic reablement pathways to reablement at home and in intermediate care beds are supported by therapists, these include ward and community-based therapists. START has trusted therapy assessors who support reablement with an average length of stay of 14 days and evidenced outcomes in respect of increased levels of independence. This LOS has been factored into the demand and capacity work programme.
Therapy is involved in deconditioning work to shorten LOS within an acute and intermediate bed base. Social Care Therapy is involved in the provision of equipment and home assessment for the provision of adaptations ranging from rails to bigger projects such as wet rooms.

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Section 3: Local priorities and duties

Local public bodies will also need to ensure that in developing and delivering their plans they comply with their wider legal duties. These include duties:

- to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.
- to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.
- for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.
- for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022

Please provide a short narrative commentary on how you have fulfilled these duties

Local public bodies will also need to ensure that in developing and delivering their plans they comply with their wider legal duties. These include duties:

- **to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.**

NHS STW and Shropshire Council are dedicated to promoting equality and reducing inequalities as per the Equality Act 2010. In both the planning and delivery stages for BCF, each organisation ensures compliance with the Public Sector Equality Duty (PSED) by considering the impact of their policies on people with protected characteristics.

Both organisations proactively collect and analyse equality and diversity data across the system, to understand community needs better. This data is incorporated in Shropshire's Joint Strategic Needs Assessment which informs the BCF planning and delivery process, ensuring focus in the right areas and fair access and outcomes for all.

Shropshire Council's Equality Objectives Action Plan 2020-2024 and NHS STW's Equality Diversity and Inclusion Policy outline actions to ensure equal treatment in employment and services.

The Shropshire ICS Equality, Diversity, and Inclusion (EDI) Steering Group focuses on promoting fairness, diversity, and inclusion within the social and health care system through

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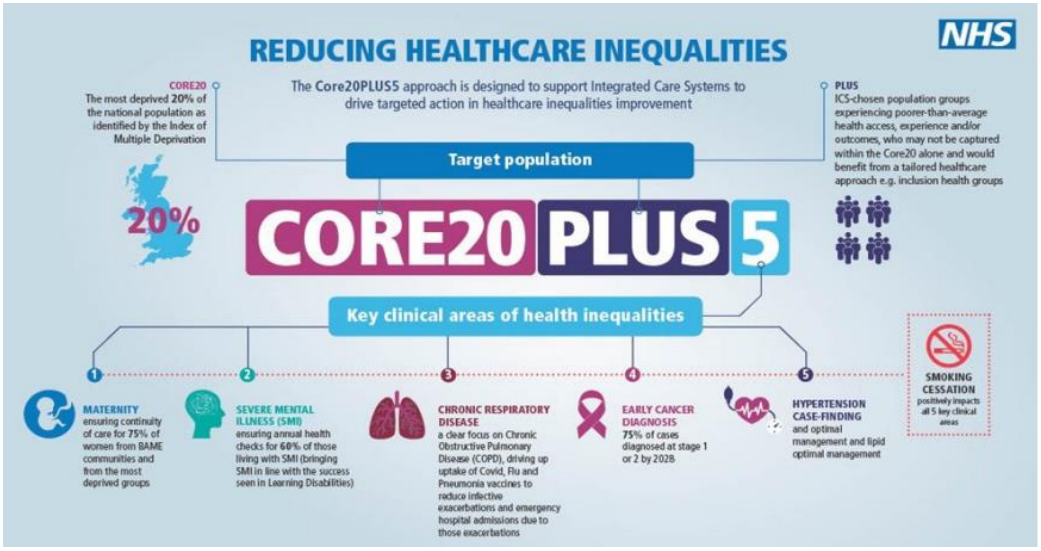
various joint and individual initiatives and sharing best practice. The group holds collective responsibility for providing fair services, creating an inclusive work environment, working to increase diversity within the workforce, making sure employees understand their responsibilities regarding EDI and ensuring compliance with the Public Sector Equality Duty.

The Shropshire Inequalities Plan 2022-2027 recognises that several communities experience systematic differences in health outcomes due to societal inequalities and aims to improve health for those with the worst outcomes fastest by working collaboratively, with shared reporting to the ICS Inequality group and Shropshire Health and Wellbeing Board.

The Core20PLUS5 framework, introduced by NHS England, is being used in Shropshire to drive a reduction in health inequalities in the Core20 population cohort in addition to a PLUS focus on rurality for Shropshire, which sit alongside five clinical areas requiring accelerated improvement. Please see the diagram below for more detail.



In addition to the Core20PLUS5 approach, each Primary Care Network is required to have specific plans to tackle neighbourhood health inequalities. Shropshire Council's Public Health team is supporting them in taking forward this commitment.

Equality, Social Inclusion, and Health Impact Assessments (ESHIA) ensure BCF projects consider the needs of all community members, especially those with protected characteristics. Potential impact of proposed changes to policy are captured in detailed business case and subject to robust governance arrangements, requiring approval from both organisations. The close collaboration of system partners in the development of the BCF plan helps ensure full buy in to address broader social inequalities and promote greater inclusivity.

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- **to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.**

STW ICB developed a People and Communities Strategy which sets out the joint ambition and commitment for embedding a culture of involvement within our ICS. It places a system-wide focus on encouraging a creative, positive and welcoming environment where people can contribute in a meaningful way and acts as the platform for further work to plan how we will put our principles and approach to involvement into practice. The principles were developed and shaped by rich conversations which took place across system partners, the public and the community and voluntary sector.

There are detailed communications and engagement strategies outlining each organisation's commitment to ensuring effective communication with public, partners and wider stakeholders, and approaches to involve communities in the planning, purchase and monitoring of local health and social care services. The development and successful delivery of these strategies are overseen by Cabinet, senior leaders and NHS STW Board, ensuing a structured and accountable approach to public involvement, with clear reporting and transparency. Any significant change in policy or approach is required to be documented in a detailed business case. This is closely scrutinised in relation to how communities have been consulted and have influenced proposals before approval is granted.

STW's strategies have an emphasis on the importance of understanding the hopes, needs, and experiences of local communities and commissioned service providers, which is achieved through a variety of involvement methods, including public meetings, formal consultations, surveys, focus groups, and online platforms. Close working with community groups and their representatives ensures that the needs and experiences of diverse populations are heard. This is particularly helpful approach to engaging harder to reach groups to ensure that their views are represented in the planning and delivery of BCF and other initiatives.

Shropshire Council hosts regular provider forums attended by a diverse range of regulated and community health and social care providers and co-chaired by Partners in Care (an independent provider representative). This ongoing communication has been vital in building strong relationships and understanding financial and wider market pressures, as well as identifying opportunities for joint working and market support. Regular feedback is also sought from users of services, their families and the wider community. This information is used to ensure that health and care services are meeting the needs of the community and to inform ongoing improvement. Recent examples include annual adult social care service user

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and carer survey and consultations, surveys and focus groups on the transformation of day opportunities and All Age Carers Strategy.

NHS STW is committed to co-design, which involves working collaboratively with service users, carers, and the community to design and deliver health and care services. This work is underpinned by development of a set of agreed principles and standards, recently published in Shropshire Co-production Framework, that all partners are expected to adhere to. These standards ensure that co-design is at the heart of service delivery and that the voices of those with lived experience are central to decision-making. This is achieved through involving a wide range of stakeholders, including patients/service users, carers, and community representatives, in the development of strategies and plans and working in collaboration with local organisations, such as the Parent and Carer Council (PACC), to ensure that the needs of specific groups, such as children and young people with SEND are met.

'What does Co-Production mean to me?'

Word cloud created by People with lived experience

Shropshire Council and STW ICB are committed to learning from past experiences, incorporating best practices, and adapting to the changing needs of the community. Adopting mixed approaches to engagement ensures that a wide range of voices are heard and considered in decision-making processes and the ongoing monitoring and improvement of services. By embedding co-production into our practices, the system aims to create more responsive and effective health and care services that truly reflect the needs and preferences of the communities they serve.

- **for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.**

In January 2023, STW ICB undertook an evaluation to provide an early and detailed assessment of how well the dispersed approach to the implementation of the system

priorities was working. Significant progress has been achieved during the first year of implementation and the process of evaluation has helped to focus on providing additional opportunities to improve knowledge, increase coordination, accountability and commitment. The system is working up a rolling programme of data analytics that will be used to identify key health inequalities by programme area, for example, cancer, UEC, mental health, and children and young people. This will inform our ongoing programme of work to reduce inequalities across STW. This programme will align with the needs assessments being undertaken by Public Heath colleagues to give a holistic view of our inequalities and their wider determinants and inform the actions required across the system to reduce inequalities over time. This programme will be agreed in line with the priorities identified within the Integrated Care Strategy.

STW ICB is committed to reducing inequalities in access to NHS services and outcomes and achieves this through system wide approaches across several key strategies.

The Shropshire Integrated Care Strategy focuses on improving health outcomes and reducing inequalities through collaboration among health and social care organisations, joining up services to ensure seamless coordination and holistic care. The strategy aligns with BCF priorities to shift from sickness to prevention with focus on preventive measures to reduce the incidence of diseases and promote healthy lifestyles, and to shift care closer to home and within communities to make services more accessible.

The Health Inequalities Plan outlines specific actions to address health disparities through targeted support, focusing on socially excluded groups and areas with the highest levels of deprivation. Current targeted initiatives aligned to BCF priorities include weight management programmes and smoking cessation being integrated into routine healthcare, to provide individuals with personalised support and resources. Targeted mental health services, particularly for children and young people, address the increasing demand for mental health support and ensure timely access to care. Waiting well initiatives support focus on improving the health and well-being of individuals who are waiting for medical interventions, such as musculoskeletal (MSK) treatments, to support patients at home during their wait and enhance their overall health outcomes. Plan priorities are data driven, using Shropshire's JSNA and a range of local data to identify and address specific health inequalities, addressing factors such as housing, employment, and education that impact health outcomes.

Engaging with local communities and consultation with people affected by health inequalities is vital in understanding their needs and tailoring services. A range of mechanisms are used to maximise engagement opportunities, including regular consultations with residents to

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gather feedback and identify areas for improvement, outreach programmes to reach socially excluded groups, and health education campaigns to raise awareness about health issues and available services through community events and campaigns.

STW ICB undertakes regular monitoring and evaluation work to ensure high quality services and track progress in reducing health inequalities. Life expectancy metrics are used to monitor differences in life expectancy and healthy life expectancy across different populations. Regular performance reviews and engagement with affected communities help ensure that service accessibility is equitable and effective ensuring improved health outcomes for residents.

- **for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022**

Involving people and communities in a meaningful way brings many benefits. It increases the legitimacy of decision making, builds the reputation of public bodies, and makes them more accountable and transparent. It is the right thing to do. SWT ICB proactively involves patients, public, carers, and service users when making plans to change services.

STW ICS has developed a Joint Forward Plan to outline how the health and care system will work together to deliver the joint priorities over the next five years. The Plan is reviewed annually to reflect the needs of communities and align its delivery at a local level to meet local needs. This can only be achieved by ongoing dialogue with local people and stakeholders a Place and neighbourhood team level.

Engaging communities has been a key part to developing the Joint Forward Plan, which highlights the work that is being undertaking across the ICS to improve the care provided for the citizens of Shropshire, Telford and Wrekin. STW ICB held The Big Conversations with patients, carers, and targeted those conversations in towns, villages and hamlets. These new arrangements empower us to deliver more joined-up health and care services, improve population health and reduce health inequalities.

Joint priorities are:

- Taking a person-centred approach (including proactive prevention, self-help, and population health to tackle health inequalities and wider inequalities).
- Improving place-based delivery, having integrated multi-professional teams providing a joined-up approach in neighbourhoods, supporting our citizens and providing care closer to home, where possible.
- Providing additional and specialist hospital services through our Hospital Transformation Programme.

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The Shropshire All Age Carers Strategy was co-designed with local carers and emphasises a holistic approach to supporting carers, aligning with the broader Shropshire Plan 2022-2025 and Health and Wellbeing Strategy to tackle inequalities and promote healthy communities. Please see the diagram below for further details.

The strategy aims to support unpaid carers of all ages across Shropshire by fostering integrated working across health and social care sectors, voluntary sector, and community groups, to promote carer wellbeing, engagement and involvement and development of comprehensive support services for carers.

The strategy's key objectives are to ensure all carers are identified and recognised and supported through different stages of their caring role, by providing timely and easy to access and navigate information, advice, and support services. A key priority of the strategy is to develop and promote carer networks and engage and listen to carers' experiences and knowledge in the planning, commissioning and delivery of services for both the carer and the person they care for.

STW ICB recognises the vital role that unpaid carers perform and is committed to ensuring that they are supported to be involved in shaping the services they rely on. This commitment is reflected in Shropshire's Integrated Care Strategy and the specific measures designed to support unpaid carers, including training, information and support services, that enable a carer to continue to fulfil their role while preventing a deterioration in their own health and wellbeing and that of the person they care for.

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Alongside wider engagement and consultation efforts, the ICB aims to ensure that unpaid carers are involved in decision making processes, especially when changing or developing services that impact them and/or the person they care for. Various mechanisms are used to promote engagement and coproduction opportunities, including carer involvement in Shropshire Carers Partnership Board and wider collaboration with local carer organisations and community groups to ensure that carers' needs are met, and their voices are heard.

STW ICB ensures that carers are fully involved in discussions about the prevention, treatment, diagnosis and care of the person they care for, working with local NHS hospital trusts to provide opportunities to enable unpaid carers to be involved as soon as feasible when planning a patient's discharge from the hospital.

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19th June 2025**						
Title of report	**Health Protection Update**						
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	Damilola Agbato, Public Health Principal Damilola.agbato@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		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?	Health Inequalities specific to screening and vaccination.						

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

1. **Executive Summary**

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

Part One- Overview of health protection data and a summary of new risks,
Part Two- Overview of new health protection developments relevant to the system.
Part Three- Overview of sexual health

2. **Recommendations (Not required for 'information only' reports)**
   a. Promote childhood vaccine uptake
   b. Promote uptake of seasonal vaccines
   c. Promote contraception and regular STI testing

3. **Report**

Part One

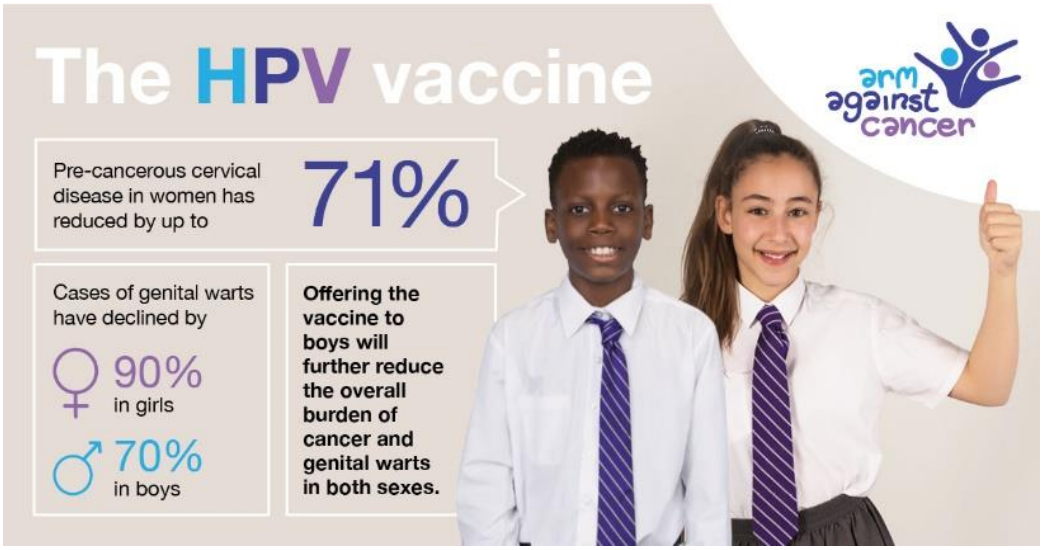
Overview of health protection data and summary of risks

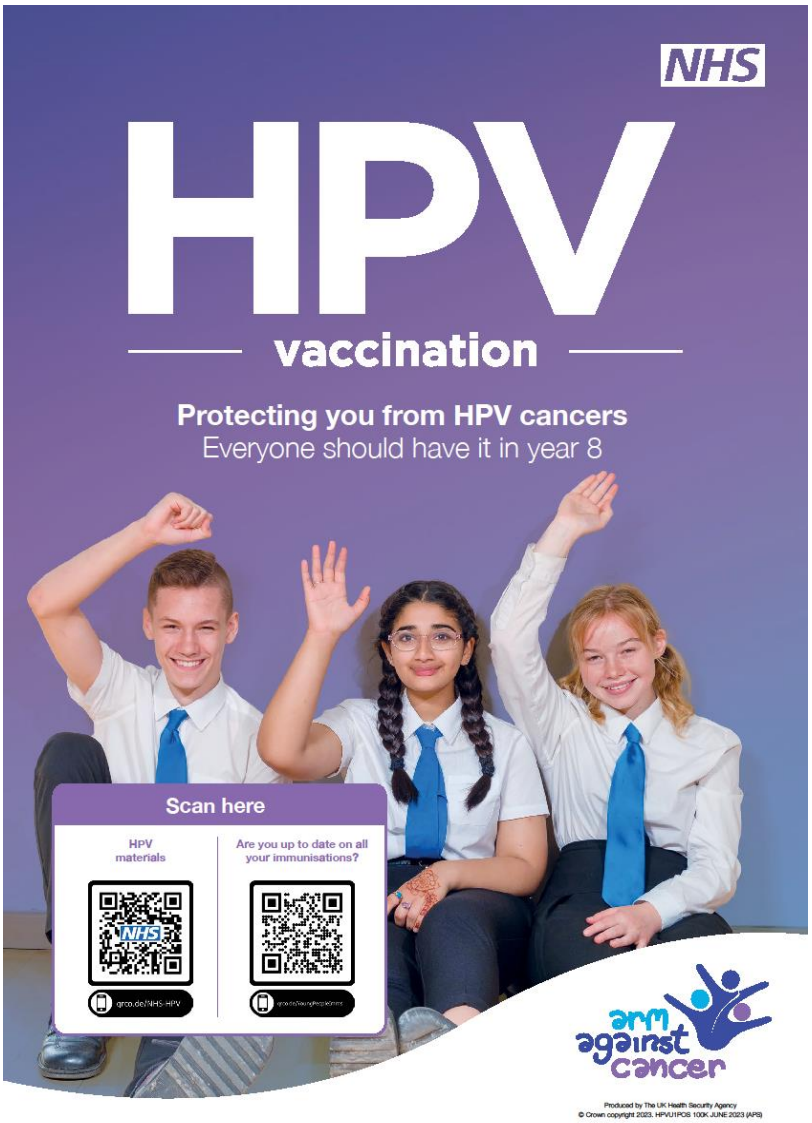
1.1 - Immunisation Coverage Shropshire

Immunisations (Childhood)

There is a continued national and local push to improve uptake of childhood vaccines. Shropshire, Telford & Wrekin were awarded a £100k grant for a project to increase the uptake of HPV and MMR among various communities through targeted education and outreach initiatives. The projects' goal is to increase health awareness and consent for vaccination within these communities. There has been some good work done to identify the schools with the lowest percentage uptake and targeted vaccine education has been delivered to pupils in Years 8 to 11. Vaccine education sessions are also planned for different community groups across Shropshire.

HPV vaccination coverage for 12 to 13year-olds is 79.1%. There is wide variation in uptake across the county. MMR vaccine first dose coverage is 93.5% at 24 months and 95.5% at 5years. There is some variation in uptake across the county. [Childhood vaccination coverage statistics].





1.2 - Autumn/Winter FLU/COVID-19 Vaccination Campaign

4. Flu uptake - Shropshire has higher vaccination uptake percentages compared to the West Midlands and England averages across all age groups.
5. The RSV vaccine was introduced as part of the winter vaccination programme to protect vulnerable individuals including the elderly and pregnant women.
6. Covid vaccinations uptake for the STW ICB are slightly above the regional average. The spring programme is currently ongoing for eligible groups
7. Further discussions needed regarding communication and engagement as lower uptake is not purely an issue of access. Joint working ongoing with review walk-in centre locations as part of improving equity.

1.3 - Screening uptake Shropshire

- **Breast Screening** – SMS Text messaging: is now in place for breast screening appointment reminders, Final health equity audit received by NHSE. As of November 2024, the Breast Screening Round length is reported at 97.7%% and the service is performing against all programme standards – with no reported concerns. Coverage is 74.3% (latest date - June 2024).
- **Bowel Screening** – Commenced age extension in March, Programme have confirmed that they have recruited new SSP Posts, they are currently going through a local induction programme. Bowel Screening Faster Diagnosis Standard (FDS) is reported as 51.8% within the 28-day standard as of November 2024.

1.4 - Communicable disease

8. **Flu** – Influenza like illness and Covid-19 activity decreased across most indicators for the West Midlands.
9. **Covid** - recorded cases are decreasing in Shropshire due to limited testing. Outbreaks are still occurring in care homes and are being risk managed.

10. **Tuberculosis** – There has been a 13% increase in TB cases nationally.

11. **Mpox** – Nationally there were 9 confirmed cases of Clade 1b Mpox between October 2024 and March 2025. All contacts were followed up by UKHSA and partner organisations. There have been no known cases of community transmission in the UK of Clade1b Mpox. Locally, the infectious disease rapid response group has agreed pathways for testing and results, PPE, Isolation, and management of children and vulnerable individuals. Planning is ongoing to assure a vaccination pathway and prison health response.
12. **Avian Flu –** There was an outbreak of H5N1 Avian Influenza at a farm in Shropshire. The UK Health Security Agency (UKHSA) and the Animal and Plant Health Agency (APHA) were promptly involved in managing the outbreak, including culling and safe disposal of the dead birds.
    There has also been one case of avian influenza in the West Midlands that was later confirmed as H5.
13. **Foodborne and waterborne disease** – Campylobacter - numbers remain largest reported and most common foodborne bacteria. Numbers of cases of Campylobacter have reduced slightly. Food hygiene broad compliance continues to remain high at 97.7%
14. **Other foodborne and waterborne** - case numbers have remained largely similar to previous years, with a slight decrease in 2024.
15. **Norovirus** - Nationally cases are increasing, and we continue to see local outbreaks of suspected Norovirus both within care settings and the community.

Part Two

16. **Health Protection Developments relevant to the system**

2.1 – Measles

An increase in the number Measles cases has been noted for the West Midlands region. To mitigate against the impact of Measles in Shropshire, **STW** partners (Shropshire, Telford & Wrekin Council, ICB) are working jointly to ensure a pathway is in place to rapidly respond to any cases, communications have also been sent out to schools targeting unvaccinated and under vaccinated individuals.

2.2 -Tuberculosis

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

2.3 - Communications to the wider public

18. A press release, relating to visits involving animal contact has been sent to raise awareness of good hygiene with many attractions opening over the Easter and other holiday periods. Wider communication messages focus on the preparation for summer extreme weather events, vaccinations and the UKHSA tick awareness campaign 2025.
19. Communications to education setting to update information on Chickenpox and Measles.

Part Three

Sexual and reproductive health

3.1 Sexual and reproductive health services continue to be delivered to residents of Shropshire through:

- Shropshire Integrated Sexual Health Services Open Clinic
- Online Testing for people aged 16 and over.
- GPs and Pharmacies: - provide Chlamydia testing and treatment, Long-Acting Reversible Contraception (LARC), Emergency Hormonal Contraception (EHC), Chlamydia/Gonorrhoea testing, Chlamydia treatment, C-Card registration and issue of condoms.
- School nurses, Colleges, and Women's Hubs.

3.2 Sexually Transmitted Infections (STIs):

- The rate of STI diagnosis for Shropshire is at or lower than the rates for England and the West Midlands.
- There has been a steep rise in Syphilis cases in the West Midlands, and a national rise in gonorrhoea cases, though these have not been reflected locally.
- In 2023, the rate of HIV testing among residents of Shropshire was lower than that of England overall. The prevalence of diagnosed HIV was 1.0 per 1,000 people aged 15 to 59, which was lower than the rate of 2.4 in England.
- The percentage of HIV diagnoses made at a late stage of infection amongst those first diagnosed in the UK was 50.0%, compared to 43.5% in England. We have an action to reduce late-stage HIV diagnosis by enhancing testing.

3.3 Teenage pregnancy and abortion

- In 2021, the under-18s conception rate per 1,000 females aged 15 to 17 years in Shropshire was 12.5, similar to the rate of 13.1 per 1,000 in England.
- The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 17.7 in Shropshire, lower than the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021 the proportion who had previously had an abortion was 29.6% similar to 29.7% in England.

3.4 Contraception

- The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist sexual health services (SHS) per 1,000 women aged 15 to 44 years living in Shropshire was 57.6 in 2023, higher than the rate of 43.5 per 1,000 women in England. The rate prescribed in primary care was 52.0 in Shropshire, higher than the rate of 25.6 in England. The rate prescribed in the other settings was 5.6 in Shropshire, lower than the rate of 18.0 in England.

Sexual health developments

- NHS England will commence the delivery of routine mpox and opportunistic gonorrhoea vaccination through sexual health services providers from 1st of August 2025.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)		
Financial implications (Any financial implications of note)	**There are no financial implications**	
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	**Health Protection Quality Assurance Board *(HPQA)***
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead **Cllr Bernie Bentick** – *Portfolio Holder for Health and Public Protection* **Rachel Robinson** – *Executive Director, Health, Wellbeing and Prevention*		
Appendices N/A		

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19.06.25**						
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	Rachel Robinson Rachel.robinson@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?	The ShIPP Committee 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 Committee.
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 March and May 2025.

2. **Recommendations** – N/A

3. **Report**

20th March 2025 Meeting

The ShIPP Committee meeting of March 20th was well attended and there was good discussion and engagement across the membership, Andy Begley chaired the meeting.

1.1. Summary of Key Discussions and Decisions

1.1.1. ShIPP meets Bi-monthly
1.1.2. ShIPP Agenda 20th March meeting

- ShIPP Priority Update and 2025/26 Strategic Plan, following development session in February - Naomi Roche/Carla Bickley
- Dementia MDT – Jess Harvey

- STW Diabetes Programme update – Fiona Smith
- Neighbourhood working & Hub Subgroup update – Carla Bickley

1.1.3. The meeting was quorate

1.1.4. There were no conflict of interests declared

1.1.5. The meeting was well attended

1.2. Recommendations to the Board

1.2.1. The Board is asked to :

- Note the briefing report from the Shropshire Integrated Place Partnership.
- The ICB Board to note that the ShIPP 2025/26 Strategic Plan has been accepted by the committee.
- Note that the presentation on Dementia MDT raised an issue for escalation regarding data protection and sharing agreements. The Chair asked that the ICB provide guidance and resolution on this issue. The Board is also asked to note the support from ShIPP regarding the multi-disciplinary working method.
- Note ShIPP's support for the STW Diabetes Programme update and the committee's feedback regarding a focus on prevention and the discrepancies between funding for weight management services between Shropshire and Telford & Wrekin.
- Note progress in the ShIPP Neighbourhood working & Hub Subgroup; the change of Chair to Carla Bickley and the introduction of a project management approach to the work with formation of further subgroups to feedback on workstreams.

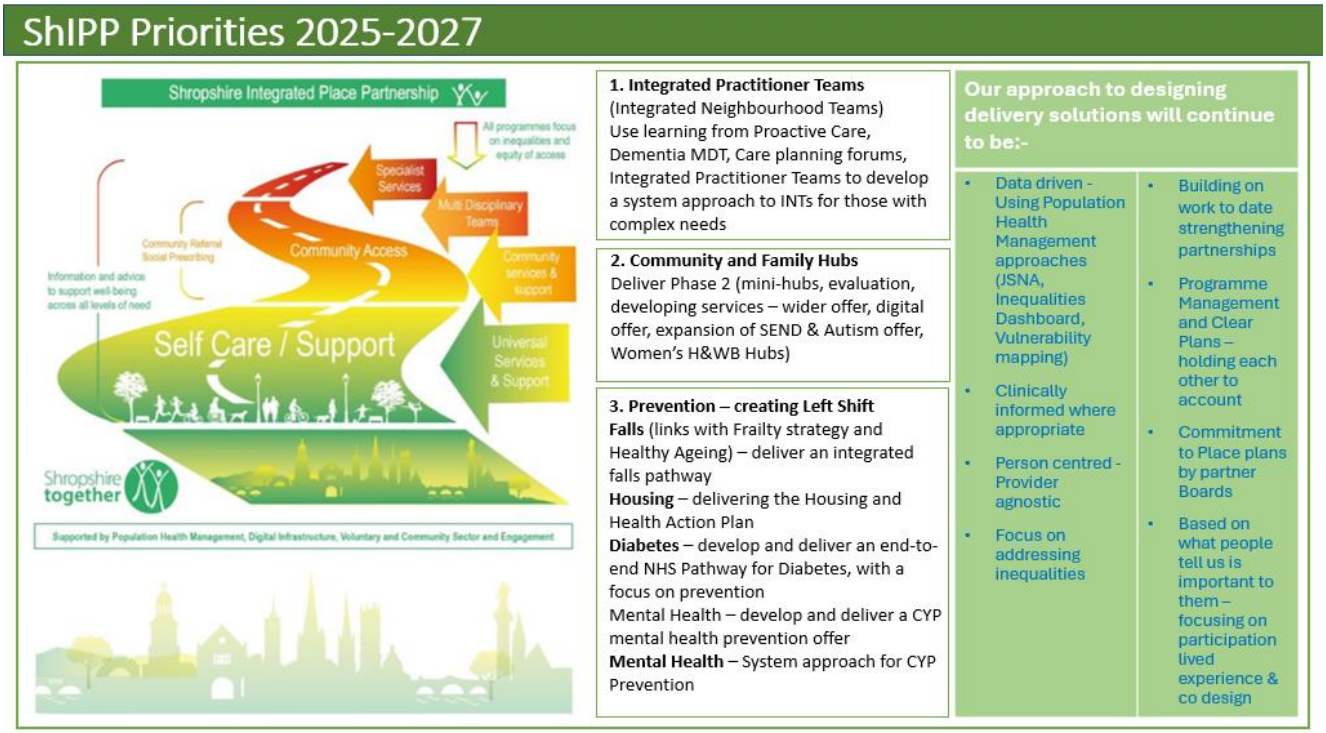
1.3. Key Risks and Mitigations

- The Committee noted risks around data protection and data sharing issues to the development of multi-disciplinary working across the system
- The ICB Board is asked to seek a resolution for the sharing of data across organisations, a memorandum of understanding was suggested.

1.4. Performance and Assurance

1.4.1. Assure - positive assurances and highlights of note:

- ShIPP Priority Update and 2025/26 Strategic Plan: following a development session in February the priorities and strategic plan was presented, with deliverables for the first year



- Dementia Multi Disciplinary Teams: Dementia MDT's are part of ShIPP's priorities under Integrated Practitioner Teams. A pilot project has been under development in the South East of Shropshire and shows positive feedback and improved outcomes for all parties. Staff across partnership agencies, people living with dementia and their carers, find the integrated approach more helpful and efficient. The approach was commended for further roll out.
- STW Diabetes Programme: links with ShIPP's Prevention priority. The update included an emphasis on prevention, care optimization and community engagement.
- Neighbourhood working & Hub Subgroup: the group's new chair (Carla Bickley) outlined the adoption of the PMO process to manage workstreams and plans to initially convene a governance, reporting, planning and alignment working group to address initial aspects of development.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1 The committee's discussion directly aligns with the Joint Forward Plan's key elements of:

- Taking a person-centred approach (including proactive prevention, self-help, and population health to tackle health inequalities and wider inequalities).
- Improving place-based delivery, having integrated multi-professional teams providing a joined-up approach in neighbourhoods, supporting our citizens and providing care closer to home, where possible.

ShIPP is a crucial part of the development and delivery of the Joint Forward Plan and ShIPP's new strategy & priorities have been developed with the ICB Strategy Team and our other partners.

1.6. Next Steps & Forward Plan

1.6.1.

- ShIPP 2025/26 Strategic Plan was approved by the committee with the caveat that key performance indicators and impact were clearly defined.
- The Dementia MDT update highlighted significant challenges around data sharing and protection, this requires a system wide resolution.

- The STW Diabetes update provoked discussion on the difference in funding of commissioned weight management services across Shropshire Telford & Wrekin. Also the impact that the introduction of weight loss drugs will have on general practice and pharmacy.

Any other business:

- New GP Board Co-Chairs: Charlotte Hart and Jess Harvey announced their appointment as the new co-chairs of the GP Board, emphasizing their commitment to collaborative working and strengthening relationships.
- Deborah Shepherd announced that she will be leaving her role as PCN Clinical Director in May but will continue to attend meetings as the GP Partner Member of the ICB board.

15th May 2025 Meeting

1.1. Summary of Key Discussions and Decisions

1.1.1. ShIPP meets Bi-monthly

1.1.2. ShIPP Agenda 15th May meeting

- Welcome and Apologies, notes from the last meeting and actions
- MSK inequalities report - Arthritis and Musculoskeletal Alliance (ARMA)
- Place Prevention Funding & Draft Prevention Allocation Resource Framework
- ICB Update – verbal report
- Draft Pharmaceutical Needs Assessment
- Healthwatch Report – Pharmacy Services in Shropshire
- 2025-26 Better Care Fund Plan
- Neighbourhood Working & Hub Subgroup verbal update

1.1.3. The meeting was quorate

1.1.4. No conflict of interests declared

1.1.5. The meeting was well attended

1.2. Recommendations to the Board

1.2.1. The Board is asked to:

- Note this briefing report from the Shropshire Integrated Place Partnership.
- Note the **MSK Health Inequalities & Deprivation Report** was presented by CO of ARMA Sue Brown, (can be read here Musculoskeletal-Health-Inequalities-and-Deprivation-report_v08-SMALL.pdf).
- Note the proposed **Place Prevention Funding Allocation Resource Framework,** was presented to ShIPP and the commitment to the immediate prevention priorities with a commitment to further develop the framework to invite bids to support the prevention shift aligned to ShIPP priorities and bring it back to a future meeting.
- Note that the **Draft Pharmaceutical Needs Assessment (PNA)** was presented to the group and will be approved at a later meeting of the Health & Wellbeing Board for consultation.
- Note that the **Healthwatch Report "Pharmacy Services in Shropshire"** was presented to the committee and was commended
- Note that an update on the **Better Care Fund** was presented to ShIPP and will go to the Health & Wellbeing Board for approval.
- Note the progress in the **ShIPP Neighbourhood working & Hub Subgroup**; principally the change of name to the ShIPP Accelerator Group.

1.3. Key Risks and Mitigations

There were no risks raised at this meeting

1.4. Performance and Assurance

1.4.1. **Assure** - positive assurances and highlights of note:

- **The MSK Health Inequalities & Deprivation report** by ARMA was presented to the committee and with actions to follow up and link in with appropriate leads within the system and individual organisations.
- **The Place Prevention Funding & Draft Prevention Allocation Resource Framework:** the Committee noted the proposed framework, supported the two applications in principle for CYP Social Prescribing and VCSA for up to 100K each to be top sliced subject a bid template being complete and agreed, the remaining would be allocated via the bid framework aligned to the boards prevention priorities. This is an important element of the commitment to shift to prevention.
- **Draft PNA** was presented for information and was discussed, this highlights gaps in current service provision.
- **The Healthwatch Report "Pharmacy Services in Shropshire"** was presented to the committee and discussed
- **The Better Care Fund** update was discussed, an offer was made regarding mapping, to help integrate the BCF with neighbourhood working.
- **ShIPP Neighbourhood working & Hub Subgroup** the committee noted the name change to the "ShIPP Accelerator Group". It was agreed that the group will return with new governance, project plans and proposals for next steps.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1 The committee's discussion directly aligns with the Joint Forward Plan's key elements of:

- Taking a person-centred approach (including proactive prevention, self-help, and population health to tackle health inequalities and wider inequalities).
- Improving place-based delivery, having integrated multi-professional teams providing a joined-up approach in neighbourhoods, supporting our citizens and providing care closer to home, where possible.

ShIPP is a crucial part of the development and delivery of the Joint Forward Plan and ShIPP's new strategy & priorities have been developed with the ICB Strategy Team and our other partners.

1.6. Next Steps & Forward Plan

1.6.1.

- **The MSK Health Inequalities & Deprivation report** will be shared with Geraldine Vaughan, system MSK lead.
- **Place Prevention Funding & Draft Prevention Allocation Resource Framework:** will be brought back to a future meeting.
- **ShIPP Neighbourhood working & Hub Subgroup** (ShIPP Accelerator Group) will return to ShIPP with new governance, project plans and proposals for next steps.

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Risk assessment and opportunities appraisal	
Financial implications	
Climate Change Appraisal as applicable	

Where else has the paper been presented?	System Partnership Boards	ICB Board
	Voluntary Sector	
	Other	
List of Background Papers N/A		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Rachel Robinson – Executive Director of Public Health Cllr Bernie Bentick - Shropshire Council Portfolio Holder for Health and Public Protection		
Appendices None		