

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

Date: 11 March 2026

**Committee:
Health and Wellbeing Board**

Date: Thursday, 19 March 2026
Time: 9.30 am
Venue: The 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. (Please note that while we strive to live stream meetings, technical issues may occasionally occur. In the event of a technical disruption, the meeting will be paused to try to resolve the issue. Should it not be possible to resume the live stream, the meeting will proceed as scheduled, and a backup recording will be made available after the meeting. Any disruption to the live stream does not affect the legality of the meeting).

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, Governance and Planning

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 – Interim Chief Executive and Executive Director of DASS
David Shaw – Director of Children’s Services
Laura Fisher – Housing Services Manager, Shropshire Council
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin
Claire Horsfield - Director of Operations & Chief AHP, Shropcom
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT
Nigel Lee - Director of Strategy & Partnerships SATH
Paul Kavanagh-Fields – Chief Nurse and Patient Safety Officer, RJAH
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care
Ed Hancox - 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 - 6)

To confirm as a correct record the minutes of the meeting held on 22 January 2026 (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 12noon on Friday 13 March 2026.

5 Shropshire Community Safety Partnership - Annual Report (Pages 7 - 56)

Report attached.

Contact: Lisa Gardner, Development Officer, Shropshire's Safeguarding Children Board

6 Domestic Abuse (Pages 57 - 68)

Report attached.

Contact: Wendy Bulman, Domestic Abuse Strategic Lead, Shropshire Council

7 Drug & Alcohol Strategy (Pages 69 - 86)

Report attached.

Contact: Shaun Morris, Drug and Alcohol Strategic Commissioning Lead,

Shropshire Council

8 Mental Health – Suicide Prevention (Pages 87 - 110)

Report attached.

Contact: Gordon Kochane, Public Health Consultant, Shropshire Council

9 SEND JSNA (Pages 111 - 122)

Report attached.

Contact: Jess Edwards, Business Intelligence and Insight Manager & BI Strategic Lead, Shropshire Council

10 BCF – Q3 template (Pages 123 - 126)

Report attached.

Contact: Deborah Webster, Service Manager (Commissioning, Quality Assurance, and Business Development), Shropshire Council
Jess Timmins, Integrated Commissioning Manager, NHS STW

If you would like a copy of Appendix A (BCF 2025-26 Q3 reporting template) to be emailed to you, please contact Michelle Dulson on 01743 257719

11 Cardiovascular, Renal, and Metabolic (CVRM) (Pages 127 - 144)

Report attached.

Contact: Claire Parker, Director of Strategy and Development, NHS STW

12 SHIPP Update (Pages 145 - 146)

Report attached.

Contact: Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council

13 Pharmacy updates – for information (Pages 147 - 148)

14 For information on Health Overview & Scrutiny Committee

Please see most recent meeting papers here: [Agenda for Health Overview and Scrutiny Committee on Monday, 26th January, 2026, 10.00 am — Shropshire Council](#)

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Committee and Date

Health and Wellbeing Board

19 March 2026

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 22 JANUARY 2026 10.00 - 11.10 AM

Responsible Officer: Michelle Dulson

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

Present

Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)
Councillor Ruth Houghton – PFH Social Care
Rachel Robinson – Executive Director of Public Health Shropshire Council & NHS STW ICB
Tanya Miles – Interim Chief Executive and Executive Director of DASS
David Shaw – Director of Children’s Services
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
Nigel Lee - Director of Strategy & Partnerships SATH
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care
Mo Lansdale - Superintendent, West Mercia Police (Remote)

Also present: Anne-Marie Speak (remote), Natasha Moody, Councillor Dawn Husemann (remote), Kieran Smith

37 Apologies for Absence and Substitutions

Councillor Heather Kidd – Leader, Shropshire Council
Claire Horsfield - Director of Operations & Chief AHP, Shropshire Community Health NHS Trust
Ben Hollands, Health & Wellbeing Strategy Implementation Manager, MPFT
Ed Hancox, Superintendent, West Mercia Police

38 Disclosable Interests

No interests were declared.

39 Minutes of the previous meeting

Minute No. 30 Place Universal Offer (PUO)

It was requested that the following be added to the Minutes:

‘In order to promote health and wellbeing in the community, the Co-Chair challenged Health and Wellbeing Board members to complete a physical activity, encouraging them

to either start or continue a specific form of exercise and to communicate their chosen activity to himself as Chair. He referred to his own commitment to a 75 km bike ride for Age UK and suggested others do something similar and publicise it.'

RESOLVED:

That the minutes of the meeting held on 20 November 2025 be approved and signed as a correct record, subject to the above amendment.

40 Public Question Time

A public question had been received from Mr John Palmer. Mr Palmer read his question, and Councillor Bentick, Portfolio Holder for Health & Public Protection (Co-Chair) provided the response.

A full copy of the question and response provided are attached to the web page for the meeting.

It was agreed to take Agenda Item 8 (Healthwatch Shropshire- recent activity & Forward Plan 2026-27) next and to take Agenda item 5 (Special Educational Needs and Disabilities & Alternative Provision (SEND & AP) Board update) later in the meeting.

41 Healthwatch Shropshire – recent activity & Forward Plan 2026-27

The Chief Officer, Healthwatch Shropshire updated the Board on Healthwatch Shropshire's activities, and the challenges faced due to the proposed abolition of Healthwatch nationally. She emphasised the need for an independent patient/public voice and transparency in feedback.

The Board discussed the risks of losing an independent patient voice, especially for vulnerable groups, and concerns about how public feedback would be gathered and acted upon if Healthwatch functions were absorbed by statutory bodies.

The Chief Officer highlighted the lack of national guidance on how Healthwatch's functions would be transferred to the Integrated Care Board (ICB) and local authorities, and called for clarity and continued independent public engagement.

Board members expressed strong support for maintaining an independent public voice, agreed to write to relevant authorities seeking clarification and advocating for the continuation of Healthwatch's functions, and committed to discussing how to ensure independent feedback remained central in the system. It was agreed to address the issue in an upcoming workshop.

42 Children's Service Reforms & Families First

The Assistant Director for Families First Partnership presented the paper on major government-driven reforms, emphasising the shift toward early intervention, prevention, and multi-agency partnership working for children and families.

The reforms required delivery of about 120 actions by April 2026, with most responsibilities falling on the partnership rather than just the local authority. The new

model focused on multidisciplinary teams embedded in communities, reducing referral culture, and leveraging community support networks.

The introduction of Multi-Agency Child Protection Teams was a key change, involving health, local authority, police, education, and other partners to exhaust all options before considering care.

The Board discussed the need for prioritisation, visibility, and risk management, especially given low funding allocations and rural delivery challenges. Members agreed to maintain focus on whole-family and community integration, align with health and wellbeing priorities, and to revisit progress in six months. Additionally, the Board agreed to continue supporting council advocacy efforts for increased funding.

It was suggested that a risk log be developed to identify and manage risks associated with implementing the new statutory duty for Children's Service Reform.

In conclusion, the Chair reiterated the importance of the Marmot principle—giving every child the best start in life—and encouraged ongoing focus and timely updates.

43 Housing & Health Action Plan update

The Head of Housing, Resettlement and Independent Living presented the strategic approach to improving health outcomes through housing, aligning delivery, regulation, adaptations, and partnerships with health priorities.

Progress had been made, but not as quickly as hoped; increased regulation in the sector had impacted pace. The action plan had been reviewed and simplified to be more measurable, realistic, and aligned with regulatory, planning, and commissioning priorities. Notable achievements included opening four temporary accommodation schemes (over 100 bed spaces), reducing bed and breakfast use, and commissioning a Housing Learning and Improvement Network (LIN) report on specialist and supported housing needs.

It was reported that stronger focus on regulatory compliance was improving health outcomes by ensuring homes were safe, warm, and fit for habitation. A case study was shared to illustrate how timely housing intervention supports health and independence, demonstrating value for money and partnership benefits.

Members suggested adding KPIs to track health impacts of new temporary accommodation units, such as tracking how many people register with a GP or dentist.

The Board agreed to bring a future update on the Housing LIN report and to integrate housing work with neighbourhood and health inequalities strategies.

44 Special Educational Needs and Disabilities & Alternative Provision (SEND & AP) Board update

The Director of Children's Services, the Head of Education Quality and Safeguarding and the Senior Education Quality Adviser (SEND and AP) reported on SEND and alternative provision, highlighting both opportunities and significant system-wide challenges, including funding issues, long waiting lists, and the impact of rurality on service delivery. National

reports and Ofsted feedback were referenced to illustrate the crisis in SEND and the need for improvement in assessment timeliness and support for complex needs.

The SEND strategy had been co-produced with partners and parent carers, aiming for high-quality, inclusive practice and local provision to reduce travel distances for children. The team were preparing for anticipated national reforms, with a focus on developing a local inclusion support offer that included training, advice, and direct support for mainstream settings.

The Senior Education Quality Adviser (SEND and AP) described the SEND and AP Change Programme, which was nearing completion and had positioned Shropshire ahead of expected national reforms. The programme emphasised hands-on support in schools, co-production with parent carers, and the need for practical implementation rather than just advice.

The challenges posed by low funding allocations and the removal of the rural services delivery grant, which affects transport and equitable service provision were stressed. Rurality and low funding were repeatedly raised as barriers, with Shropshire being among the worst-funded authorities for high needs, impacting waiting lists and support levels.

Progress was overseen by the SEND and AP Partnership Board, and an open invitation was extended for Board members to attend. The team was committed to transparency, sharing self-evaluations and action plans, and continuing to lobby for better funding and support.

The Board acknowledged progress, commended the team's efforts, and agreed to continue lobbying for fairer funding and to maintain oversight through the SEND & AP Partnership Board.

45 Health & Wellbeing Strategy Delivery Progress

The Executive Director – Public Health presented a draft comprehensive update on progress against the health and wellbeing strategy (2022–2024), summarising both outcome measures and immediate priorities.

The report shows improvements in some metrics but highlighted declines in healthy life expectancy, access to services, and areas like mental health, obesity, and diabetes, reflecting the impact of COVID and the cost-of-living crisis.

Key achievements include joined-up work on children, young people, inequalities, prevention, and community focus, but workforce and community safety reporting need strengthening.

The report was a draft structure intended to set a baseline for ongoing tracking, and it was proposed to use the upcoming dashboard workshop to review the report in detail, refine reporting, and set priorities for the final year of the strategy. It was suggested that Board Members be invited to propose additional priority areas, for example women's health.

The Board agreed to continue evolving the report, integrate feedback from the workshop, and bring future updates to ensure ongoing tracking and public communication of both successes and areas for improvement.

46 ICB update

The Director of Strategy and Development, NHS STW highlighted that the local ICB achieved the most improved staff survey results in the country for planned care.

The lung cancer screening programme had started, with patient screening now underway.

NHS reforms were impacting the ICB, particularly through management changes and a voluntary redundancy scheme.

The Director of Strategy and Partnership SATH noted the improvements in diagnostics and cancer care and emphasised that every improvement represented better patient outcomes.

The Chair acknowledged the progress but stressed the need for continued improvement so that patients and residents experienced tangible benefits.

47 ShIPP Update

Members noted the ShIPP update.

<TRAILER_SECTION>

Signed (Chair)

Date:

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SHROPSHIRE HEALTH AND WELLBEING BOARD				
Report				
Meeting Date	19th March 2026			
Title of report	Community Safety Annual Report 2024/25			
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	Lisa Gardner lisa.gardner@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	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	
What inequalities does this report address?				
Report content				
<p>1. Executive Summary</p> <p>The Community Safety Annual Report provides an opportunity to review the delivery against our priorities and consider how agencies have worked together to keep the people of Shropshire safe. It also provides an opportunity to feedback to the public and partners on the decisions that have been made and actions taken by the responsible authorities for Community Safety.</p> <p>The Community Safety Priorities for the period covered in this report are:</p> <ul style="list-style-type: none"> ➤ Reducing Reoffending ➤ Drug and alcohol misuse ➤ Tackling hate, community tensions and extremism ➤ Domestic abuse ➤ Violence reduction ➤ Tackling Anti-social behaviour <p>This year has been the beginning of a transition for the Community Safety Partnership in Shropshire. In July 2024 the Partnership had its Board separated from being a joined one with Adults and Children’s Safeguarding. Sub-groups were then established to deliver specific pieces of work that focused on the agreed priorities. Whilst this was a year of change, there were several achievements to be celebrated which are reflected within the report.</p>				
<p>2. Recommendations</p> <p>For the Health and Wellbeing Board to note the contents of the Community Safety Annual Report.</p>				
<p>3. Report</p> <p>Please see Appendix A. Community Safety Partnership Annual Report 2024-5</p>				

Risk assessment and opportunities appraisal	N/A	
Financial implications <i>(Any financial implications of note)</i>	The Community Safety Partnership receives grant funding from the PCC to undertake community activity and initiatives. The Business Unit that supports the Partnership is funded through a partnership budget.	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	Economy and Environment Committee
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) - NA		
Cabinet Member (Portfolio Holder) or your organisational lead Cllr. Bernie Bentick, Portfolio Holder for Public Health & Protection		
Appendices Appendix A. Community Safety Annual Report 2024-5		



Shropshire Safeguarding
Community Partnership

Shropshire Safeguarding Community Partnership

Community Safety Partnership Annual Report

2024-25

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A few words from the Chair...



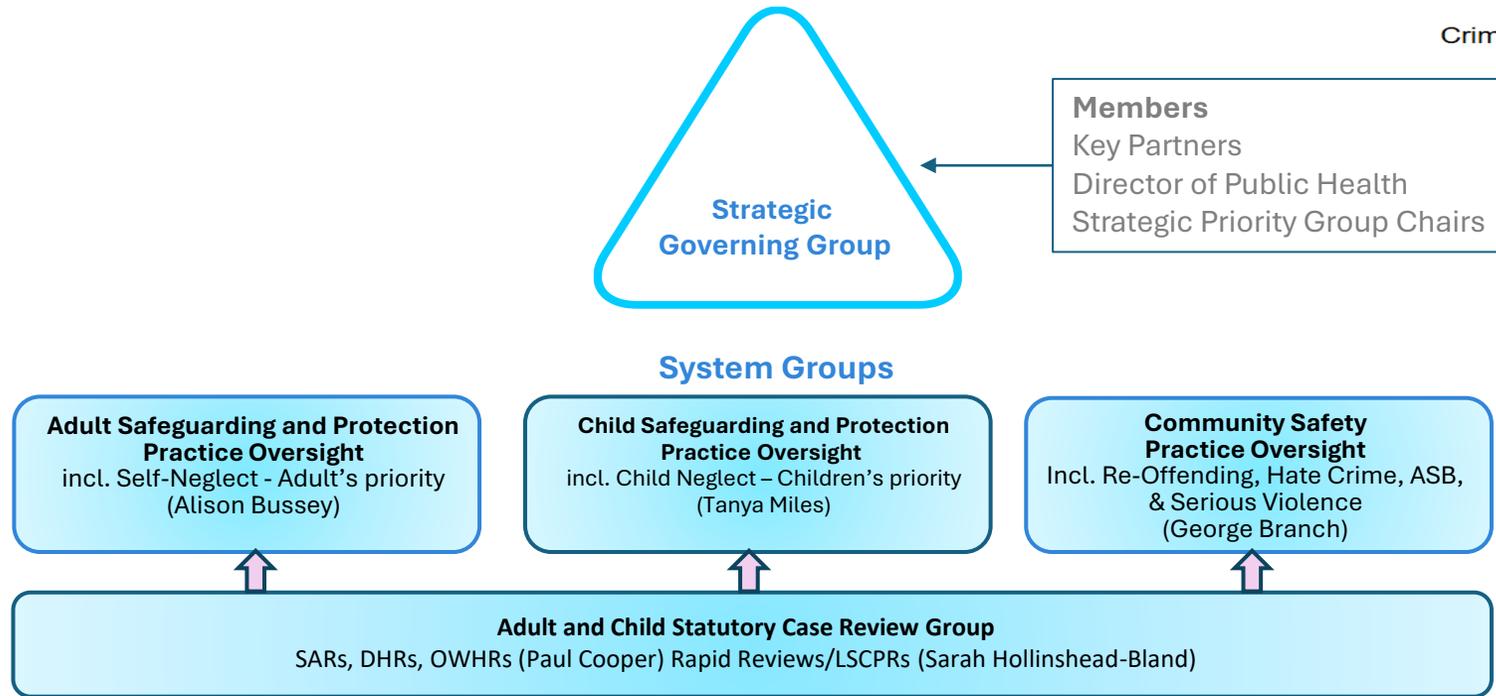
This has been a year of change for the Community Safety Partnership, July saw a move to us having a distinct Board for oversight and scrutiny of Community Safety Practice and subgroups for operational delivery. As well as this transition there were key achievements by the Partnerships which included:

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- The implementation of the Serious Violence Strategy and resourcing three projects aimed at young people to prevent/ decrease serious violence*
- Locality meetings were set up in locations in Shropshire which met monthly, aiming to problem solve local concerns such as anti-social behaviour*
- All schools we offered hate crime sessions delivered by a youth engagement worker*
- A domestic abuse needs assessment was undertaken*

Using the new model of the Community Safety Partnership a workshop was held in February 2025 to explore its future priorities. As the outgoing chair it has been a pleasure to see the achievements to date, and I look forward to working with the new chair of the Community Safety Partnership and colleagues on future priorities.

George Branch



NB. Everything below the dotted line to be set up and managed by the lead agency



Lead Safeguarding Partners (LSP) Group
Childrens Executive Level
ST&W Bi-annual meetings



Crime and Disorder Act 1998



Shropshire Safeguarding
Community Partnership

Safeguarding Executive Group
(oversight, cross cutting priorities,
assurance)
Bi-annual meetings

Children's Safeguarding Partnership
Delegated Safeguarding Partner (DSP) Level
Bi-monthly Board meetings

Safeguarding Adults Board
Bi-monthly Board meetings

Community Safety Partnership
Bi-monthly Board Meetings

**Early Help
Partnership**

**Children's
Case Review Group**

**Tackling
Exploitation
Group**

**Safeguarding Adult
Reviews (SAR) &
Domestic Homicide
Reviews (DHR)
Case Review Group**

**Domestic Abuse
Partnership Board**

Hate Crime

Prevent Board

**Drugs & Alcohol
Misuse Group**

**Anti-social
Behaviour Group**

CSP Priorities 2024-25

Reduce reoffending

Drug and alcohol misuse

Tackling Hate Crime Community Tension and extremism
(Prevent and Channel)

Domestic abuse

Violence reduction

Tackling Anti-social Behaviour



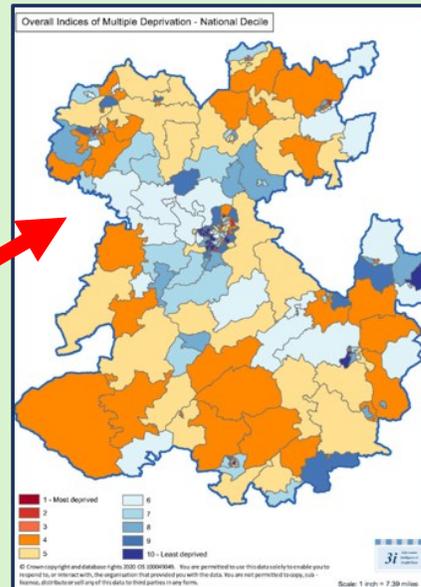
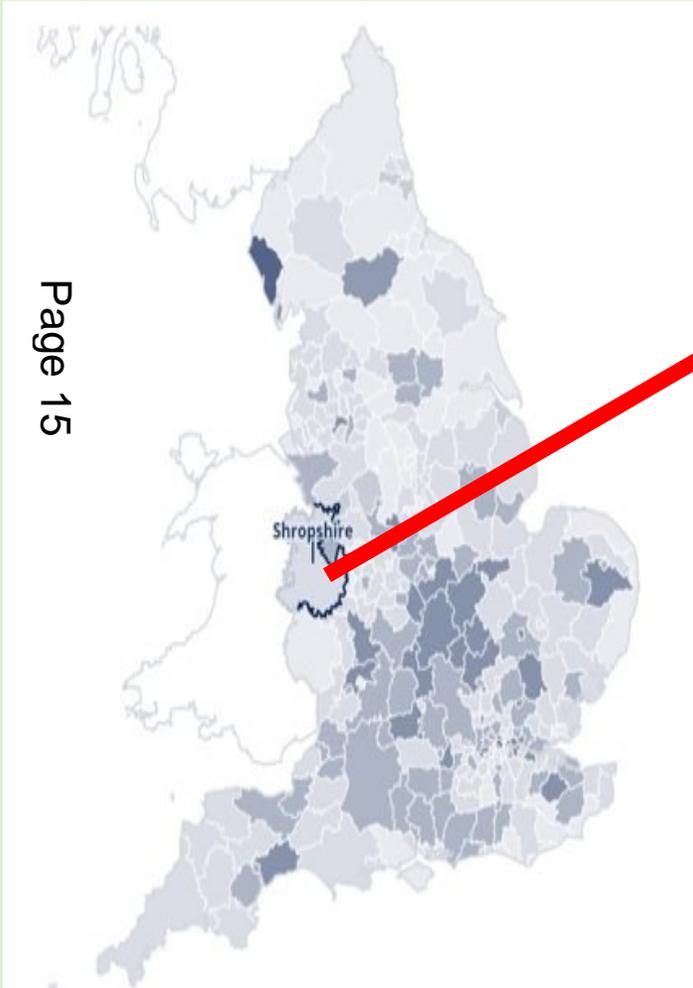
Crime data

A bit about Shropshire

2nd largest Inland Council in England

1,235 square miles

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Overall deprivation is low. Two 's fall into the 10% most deprived deciles nationally, one falling within Harlescote Electoral Division and one in Monkmoor both in Shrewsbury.

Population size of

332,455

(Mid-year estimate 2024)

Population Density

Shropshire



1 person

per hectare

England



4.3 people

per hectare



26.4% aged 65+
compared to 18.7% in
England (2024 MYE)



60,153 aged 0-17 or
18.1%, England
20.8% (2024 MYE)



182 schools of
which 14 are
independent and
17 are special
independent



**93.6% from white
background,**
93.7% with English
as first language



37,289 pupils in
state schools
(Jan 2025)



19.1% of pupils
eligible for **free
school meals**, 25.7%
England (Jan 2025)



Smallest state
primary school –
18 pupils



**Employment rate of
81.0%**, West Midlands
74.2% (June 2025)



Smallest state
secondary school
– 523 pupils



**12.3% self
employment rate** in
Shropshire, 8.3% West
Midlands (June 2025)

Introduction

The purpose of these slides is to provide a high-level overview of key data insights and findings relating to the priorities of the Community Safety Partnership in the 2024/25 financial year.

These insights will support the review and development of the Community Safety Partnership's priorities, identify gaps in data and insights and inform evidence-based decision making.

Page 16
The Community Safety Partnership priority areas for 2024/25 are:

1. Tackling ASB;
2. Tackling Hate Crime Community Tensions and Extremism (Prevent & Channel)
3. Reduce Re-offending
4. Violence Reduction
5. Domestic abuse
6. Drugs and alcohol misuse

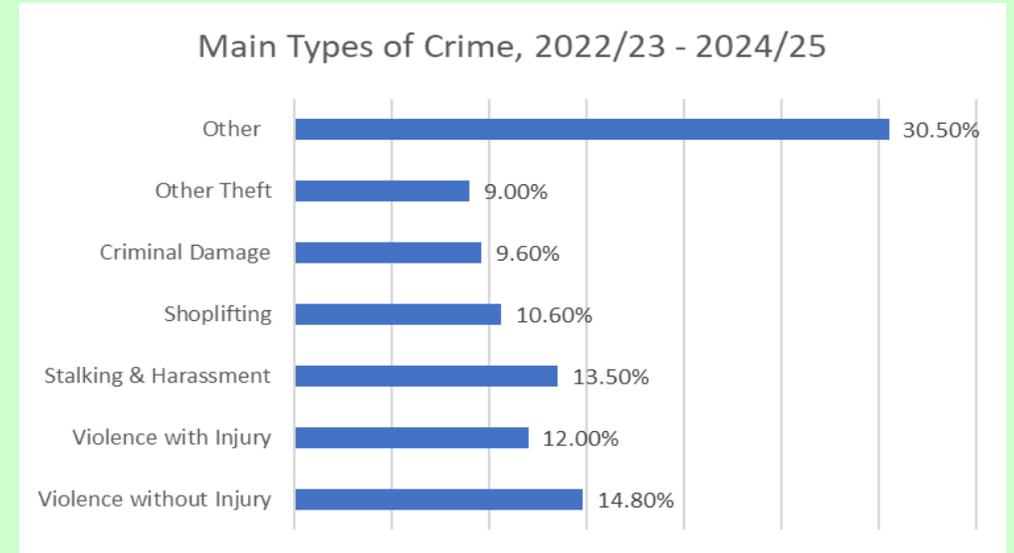
Total Crime

- There has been a downward trend for all crime in Shropshire in the three years to 2024/25.
- 16,508 crimes were recorded in the 2024/25 financial year, down from 18,208 the previous year. This represents a 9.3% reduction.
- The data shows an upturn in the final month of the year, with crimes rising to 1,386 from 1,216 in February. The number of crimes recorded in March 2025 was comparable to the number recorded in March 2024 (1,379).



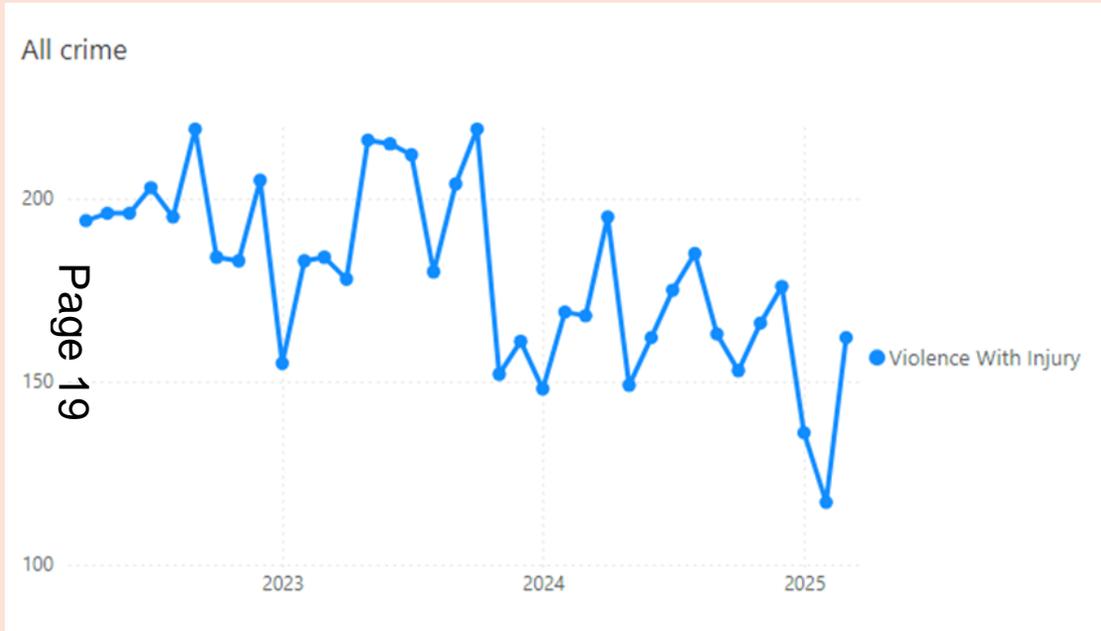
Total Crime

- Violence without injury is the most commonly recorded type of crime in Shropshire, accounting for 14.8% of all incidents over the 2022/23 to 2024/25 three-year period.
- Stalking and harassment ranked second (13.5% of all crime) ahead of violence with injury (12.0%).
- Making up the top six most common crimes are shoplifting, criminal damage and other theft.



- Most types of crime have reduced over the last year, including the six most common (violence without injury: -6%; stalking & harassment: -2%; violence with injury: -13%; shoplifting: -18%; criminal damage: -6%; other theft: -12%).
- Crimes which have become more prevalent over the last year include bicycle theft (+66%), other sexual offences (+5%), race or religious aggravating public fear (+23%), trafficking of drugs (+35%). Aggravated vehicle taking, death or serious injury by unlawful driving and robbery of business premises have also increased, albeit from very low bases.

Violence with injury

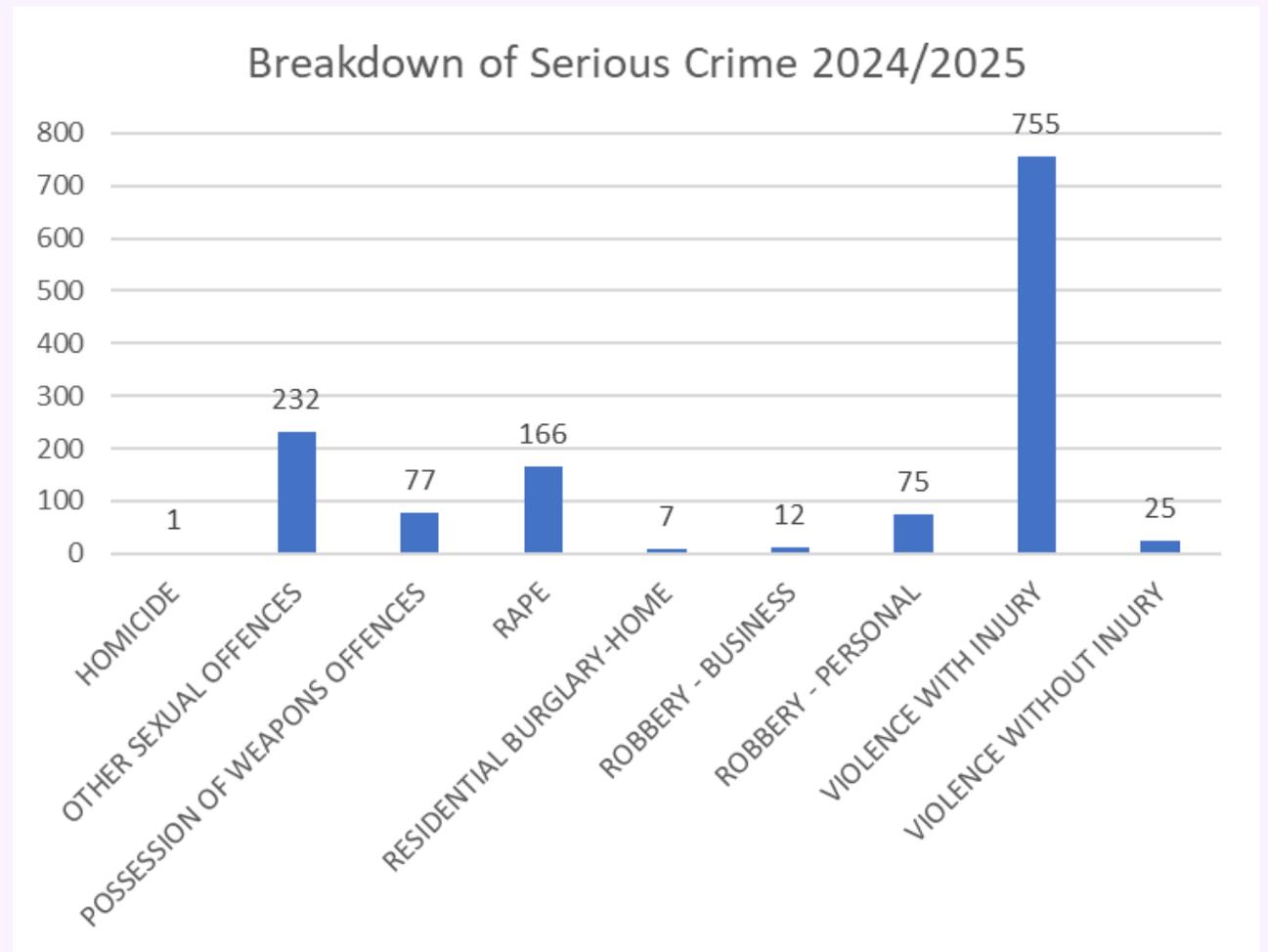


- There has been a downward trend for violence with injury in Shropshire in the three years to 2024/25.
- 1,939 crimes were recorded in the 2024/25 financial year, down from 2,222 the previous year. This represents a 12.7% reduction. The incidence of violent crimes with injury has fallen at a slightly faster rate than overall crime in the 2024/25 financial year.
- The data shows an upturn in the final month of the year, with crimes rising to 162 from 117 in February. The number of crimes recorded in March 2025 was comparable to the number recorded in March 2024 (168).

Serious violence

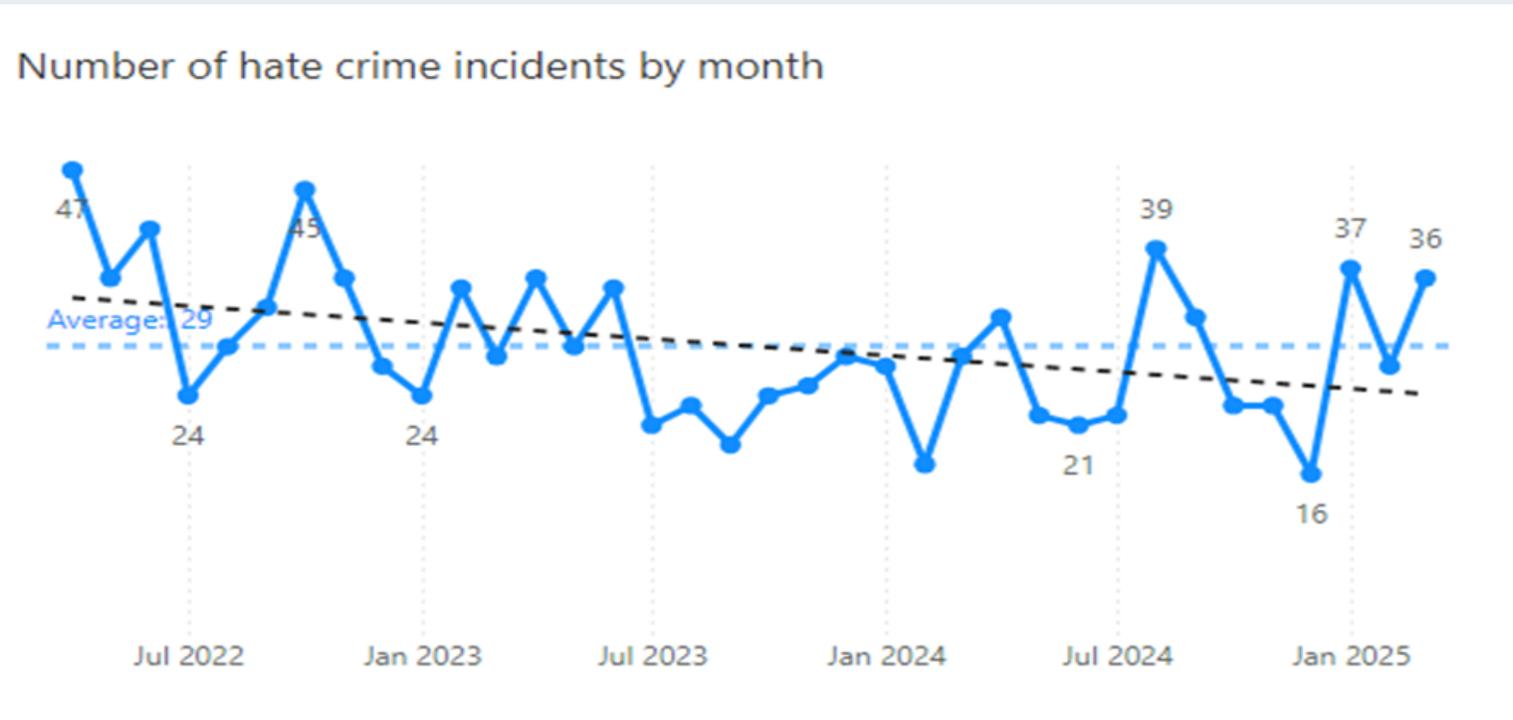
- The number of serious violence crimes has fallen in each of the last two years, declining by 8.6% in 2023/24 compared with 2022/23 and by 4.3% in 2024/25 against the previous year. The number of offences stood at 1,350 in 2024/25.
- The highest number of offences relate to violence with injury at 755 incidents equating with 55.9% of the total.
- Rape and other sexual offences also account for a significant share of serious violence.

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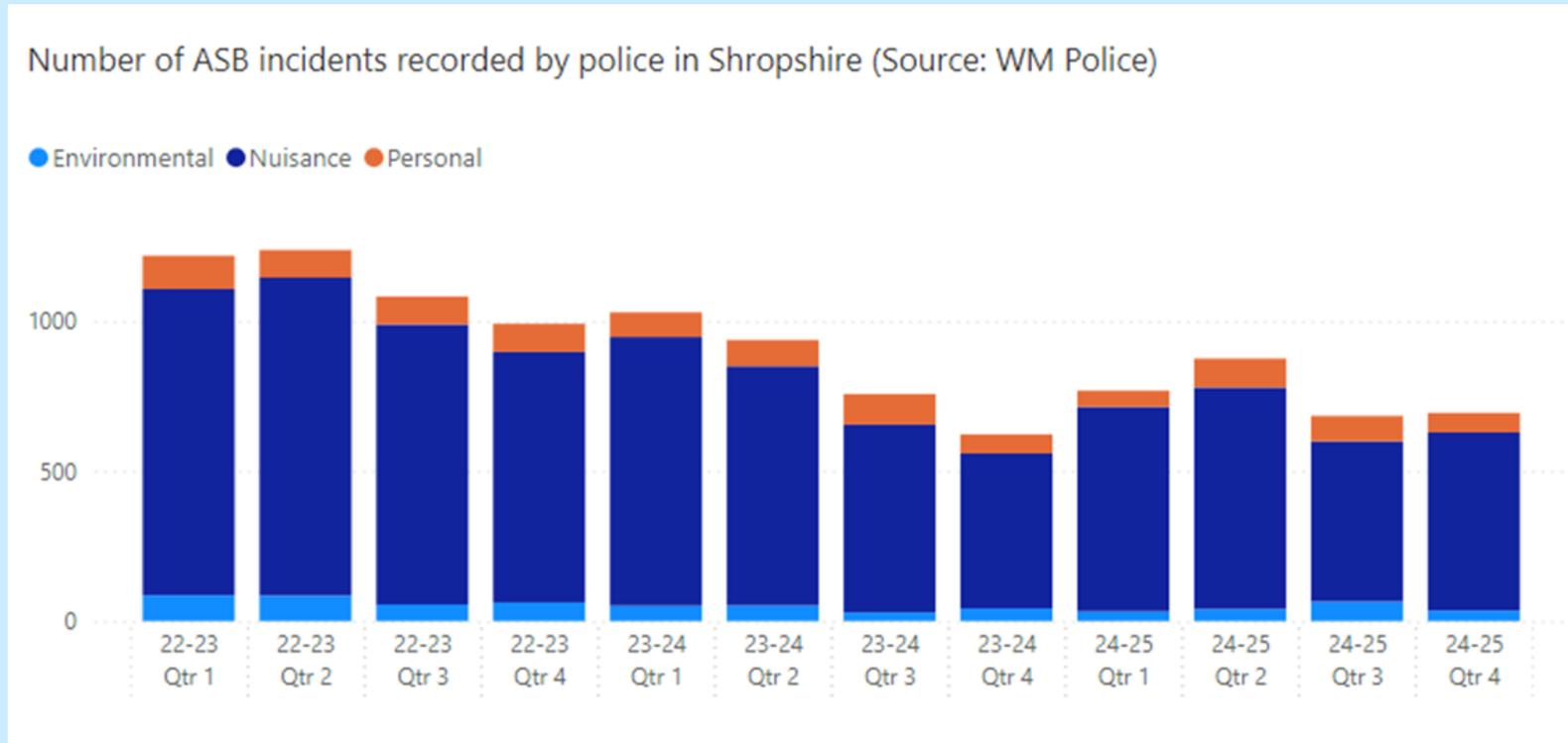
Hate crime

- Over the three years to 2024/25, the average number of hate crimes recorded per month in Shropshire has stood at 29.
- 312 hate crimes were recorded in the 2024/25 financial year, down from 330 the previous year. This represents a 5.5% reduction. The number of incidents of race or religion aggravating public fear has risen over this time frame (up by 23% to 95 crimes).



- Although the overall trend is downward, there has been an upturn in the last quarter. Between January and March 2025, 100 hate crimes were recorded, up from 62 in the previous quarter.

Anti-social Behaviour



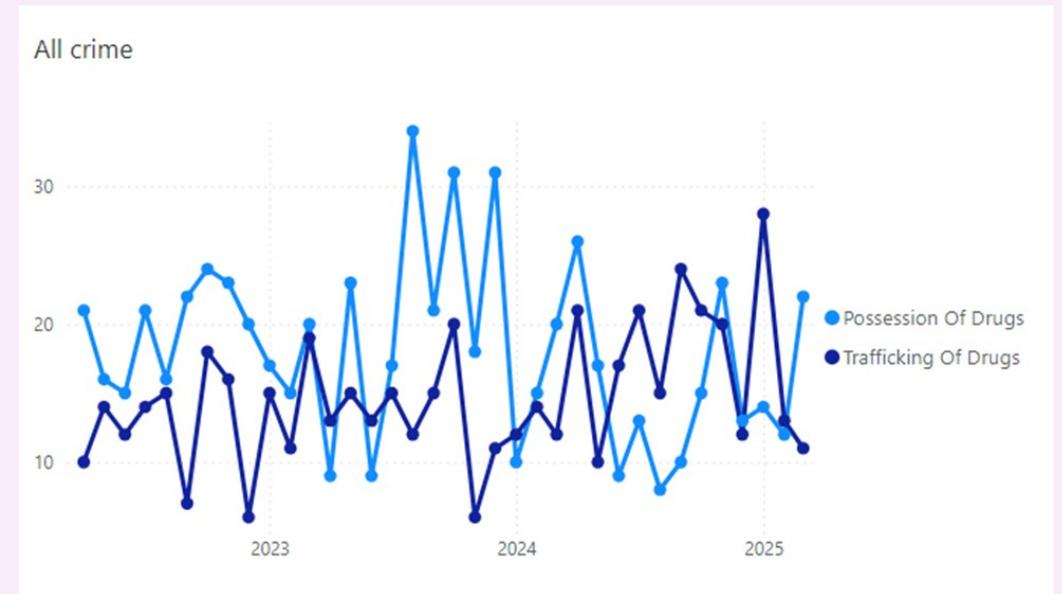
- There has been a downward trend for anti-social behaviour incidents in the three years to 2024/25.
- 3,021 incidents were recorded in the 2024/25 financial year, down from 3,345 the previous year. This represents a 9.7% reduction.

Nuisance incidents account for most records at 85.6% of the total in Quarter 4 2024/25

Drug-related Crime

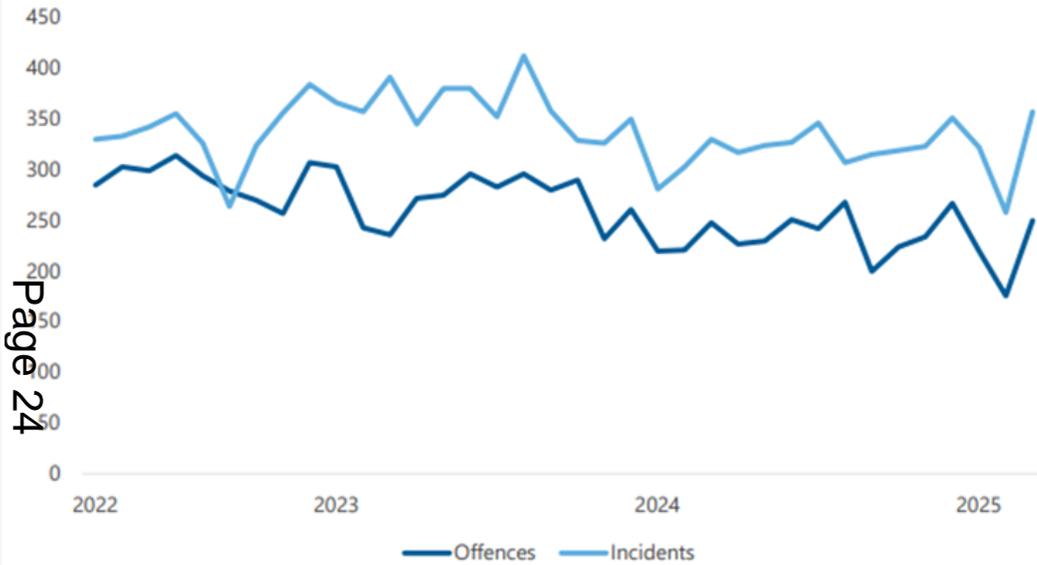
- Drug offences fluctuate significantly on a monthly basis, but annual totals have remained at a similar level over the last three years at 385 in 2024/25, 396 in 2023/24 and 387 in 2022/23.

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In Q4 2024/25 there were 48 recorded drug possession offences and 52 drug trafficking offences. Drug trafficking offences were up 35% in 2024/25 compared with 2023/24 while possession of drugs offences were down by 24%.



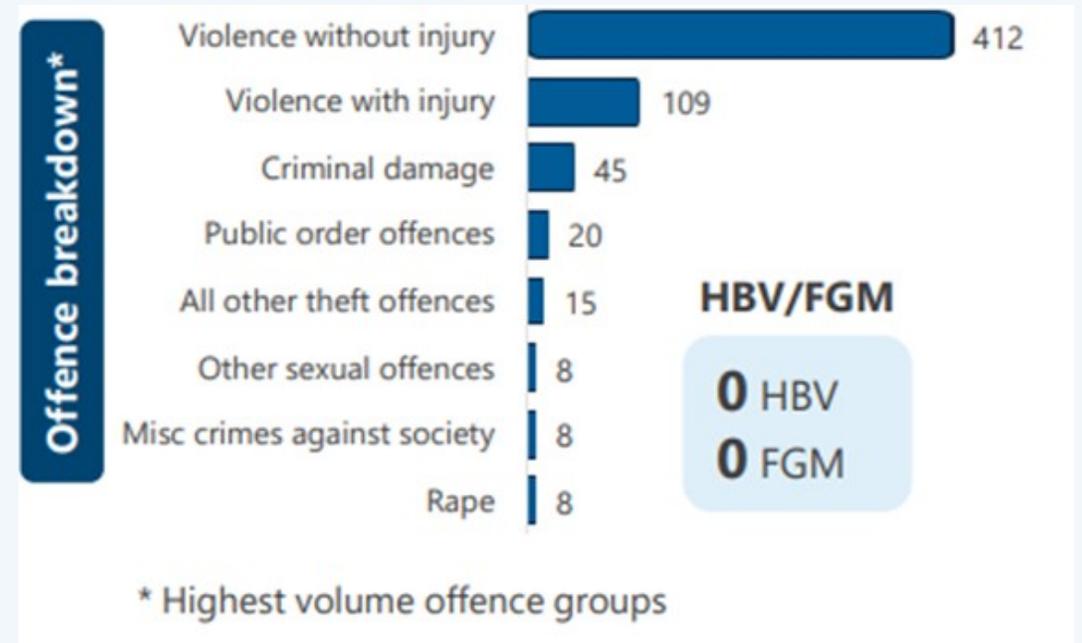
Domestic Abuse

Shropshire DA offence and incident three-year trend 01 April 2022 to 31 March 2025



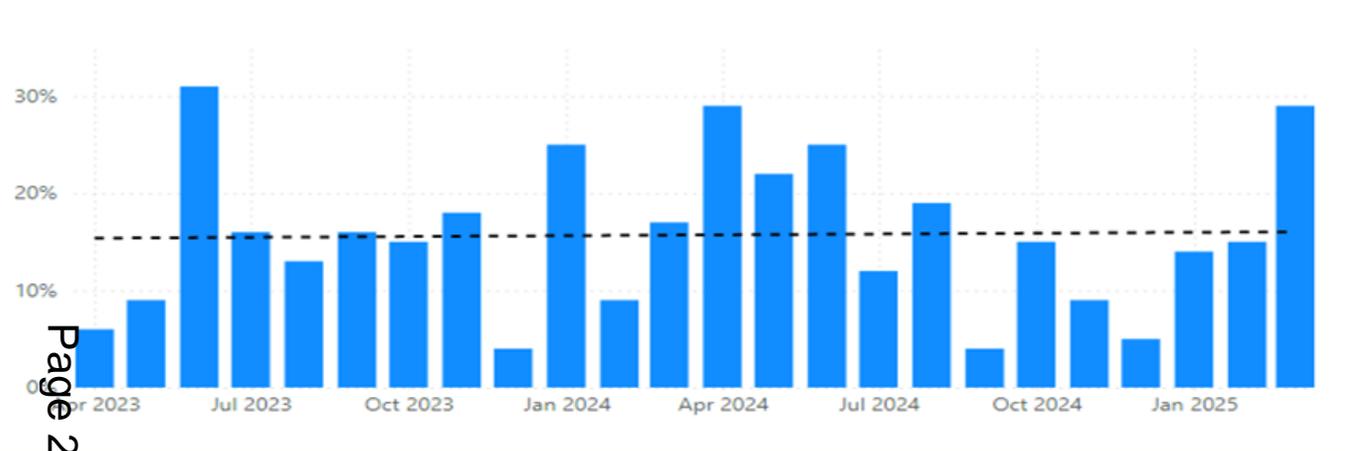
- Despite the overall downward trajectory, there was an upturn in both offences and incidents in March 2025.
- Most offences recorded are violence without injury – 412 offences in Q4 2024/24.

- The total number of domestic abuse offences recorded in 2024/25 was 2,625, which represents a reduction of 515 (-16.4%) compared with the previous year.
- Over the same period, the number of incidents was recorded at 3,932, which represents a reduction of 357 (-8.3%).



Integrated Offender Management Cases and Re-offending Rates

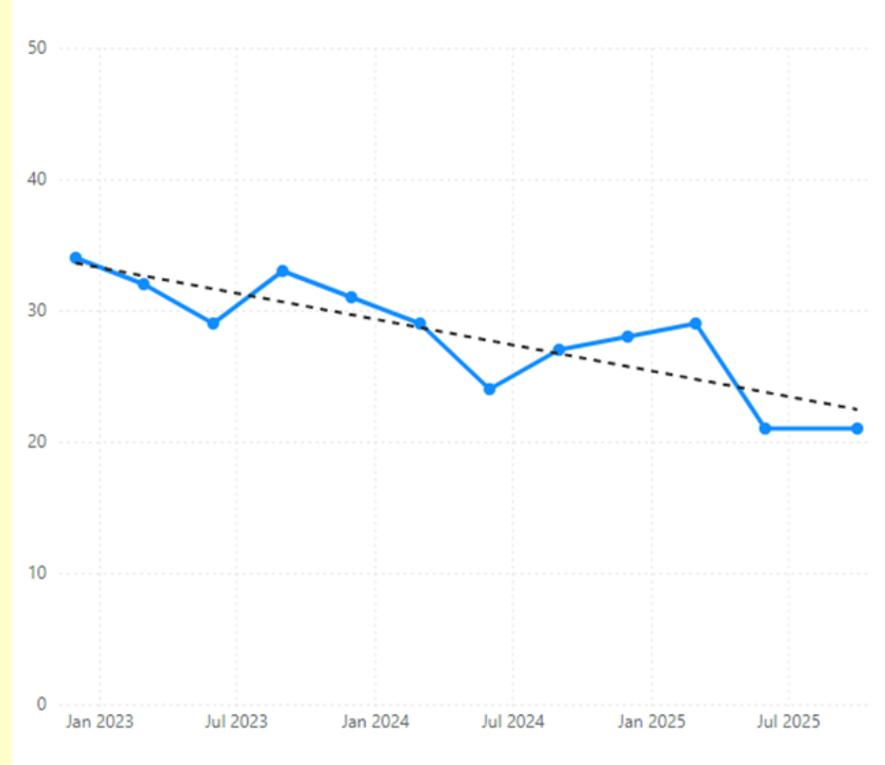
IOM Re-offending rate (%) by Year and Month



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- The number of IOMs cases in 2024/25 was 108, which represents a decline of 14 from 122 in 2023/24.
- Reoffending rates fluctuate ranging from 4% to 31% over the last two years. The average across the 2023/24 to 2024/25 period was 16%, with two months in the most recent quarter (January and February) falling just below this average and one month (March) exceeding it by a notable margin.

Number of IOM cases by Year and Month



CSP Funding

Contributor	2024/25 % of expected income	2024/25
Shropshire Council	61.62%	266,680
West Mercia Police	14.68%	63,543
Integrated Care Board	22.28%	96,420
West Mercia Youth Justice Board	0.51%	2,190
Shropshire Fire and Rescue Service	0.71%	3,070
Probation Service	0.20%	869.33
TOTAL		432, 772.33

The budget which funds the CSP is shared with the Adult and Children's Safeguarding Boards. Other sources of income to that budget are:

- Local colleges
- Dedicated school grants

The CSP also has its own grant funding from the Police and Crime Commissioner, for 2024/25 this included £25,600.22 for a local project aimed at reducing serious violence



Shropshire Safeguarding
Community Partnership

What has been achieved?



Prevent and Channel Panel

Prevent plays a crucial role in safeguarding the public against the threat of terrorism. Multiagency Channel meetings are a key component of Prevent, serving as an essential tool for early intervention to stop individuals of all ages from being drawn into terrorist activities.

Nationally, in the year ending 31 March 2025, there were 8,778 referrals to Prevent, marking a significant 27% increase compared to the year ending March 2024 and representing the highest number recorded since monitoring began in 2015. Additionally, a record 1,472 referrals were accepted as Channel cases during the year ending March 2025.

Prevent – 8,778 Referrals – 27% increase

Additional 1,472 Channel cases



Local Action Plan

The local Prevent Board have an Action Plan which have five priorities based on Counter Terrorism Local Profile. This Action Plan is monitored by the Prevent Board.

The focus of the action plan is education and awareness raising of the risks posed. As a result of this Prevent training was rolled out to all schools.

In March of 2025 there was an updated Counter Terrorism Local Profile which allows partners to understand the local risks and revisit the Action Plan accordingly.



Serious Violence Duty

The Serious Violence Duty West Mercia wide strategy was published – this was the culmination of 5 CSP’s strategic need assessments.

Page 30

It recognises that violence is a public health issue because living without fear of violence is a fundamental requirement for health and wellbeing and much of it can be prevented.

It’s also a health issue because violence is a major cause of ill health and poor wellbeing and is strongly related to inequalities.

Current Shropshire Initiatives

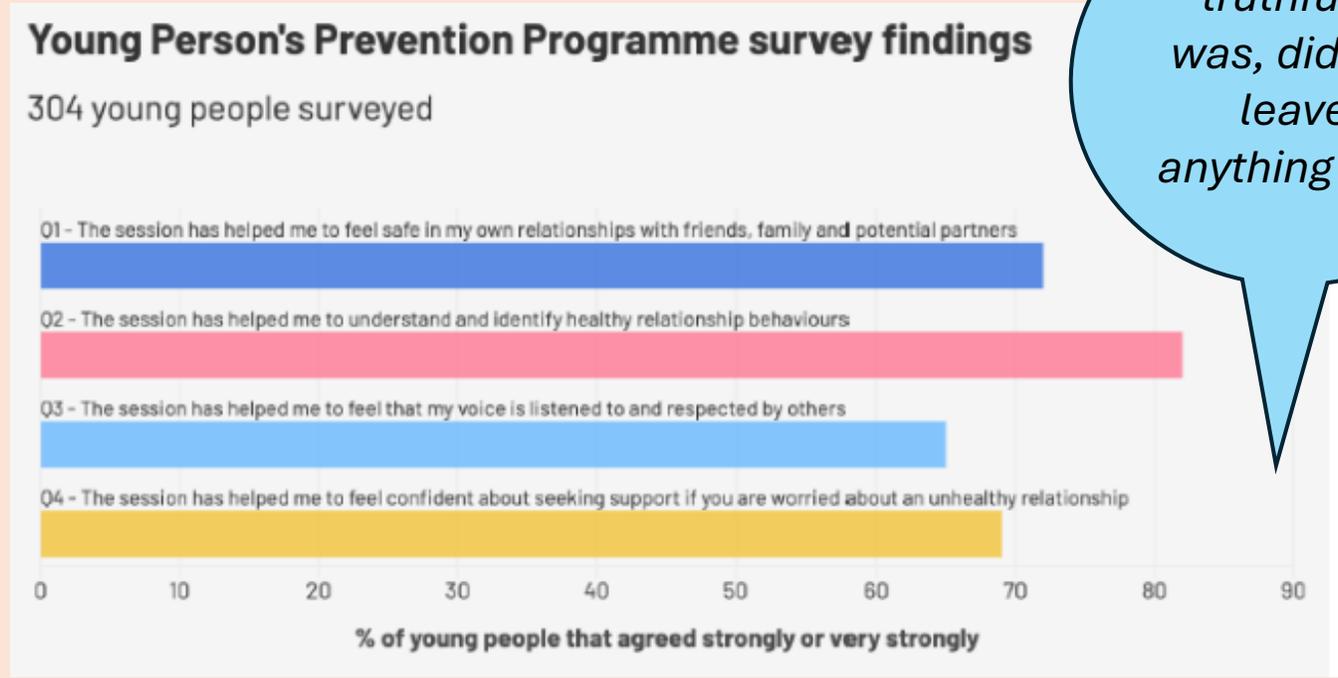
Initiative	Who	Description	Referral pathway
<p>Climb</p>	<p>Children</p>	<p>Targeted towards 11-17 year old juveniles in order to divert from criminality. Climb offers sports, dance, arts music and more. We work with young people who are missing school or college, starting to be reported as missing, or at risk of being drawn into criminal activity.</p>	<p>Referral from The Children's Society</p>
<p>Steer Clear</p>	<p>Children whom we hold intelligence for carrying, possessing or being associated with knife related crime (public or private premises)</p>	<p>An intelligence led project aimed at engaging with under 18s who are believed to be in some way connected to knife crime. Officers will work with their families or carers and refer them to the Get Safe scheme, run by Worcestershire County Council. From here, the children will be invited to monthly workshops held in the local community, in order to safeguard them and prevent criminal activity in the future</p>	

New projects in Shropshire as a result of the Serious Violence Duty

Right Path and **Everyone's Invited** was a West Mercia Wide project led by West Mercia Women's Aid aimed at young people and their understanding of healthy relationships, below is some of the feedback from the project:

Page 32

"I will analyse people in a less sexist way"



"I liked how truthful it was, did not leave anything out"

"It helped me understand what a healthy relationship looks like"

Continued – New projects in Shropshire



BrightStar Boxing was aimed at empowering young people who were at risk of becoming involved in serious violence to understand there are other paths.

24 young people

85.7% completion rate

© 33

“I didn’t know what I was doing before, now I feel my life has a purpose”

“I have a lot more control over my mental health, I still get anxious but I don’t let it control me”

“I would have described myself as antisocial before and I struggled to meet new people. Now I’m confident and happy for everyone to see the real me”

“I’ve proved to myself I can be around great people and get on with them all, from the younger ones to the older ones, I feel like I’ve made real connections.”

Anti-social Behaviour



Anti-social Behaviour, Crime and Policing Act 2014

Locality meetings were set up in 5 market towns in Shropshire.

On a bi-monthly basis key partners would meet to discuss key issues in the area such as spikes in anti-social behaviour, hate crime and any community cohesion issues.

As well as intelligence sharing between partners, actions such as Community Protection Warnings and Notices could be issued more swiftly.

The Community Trigger Process was also updated and consulted on with the public.



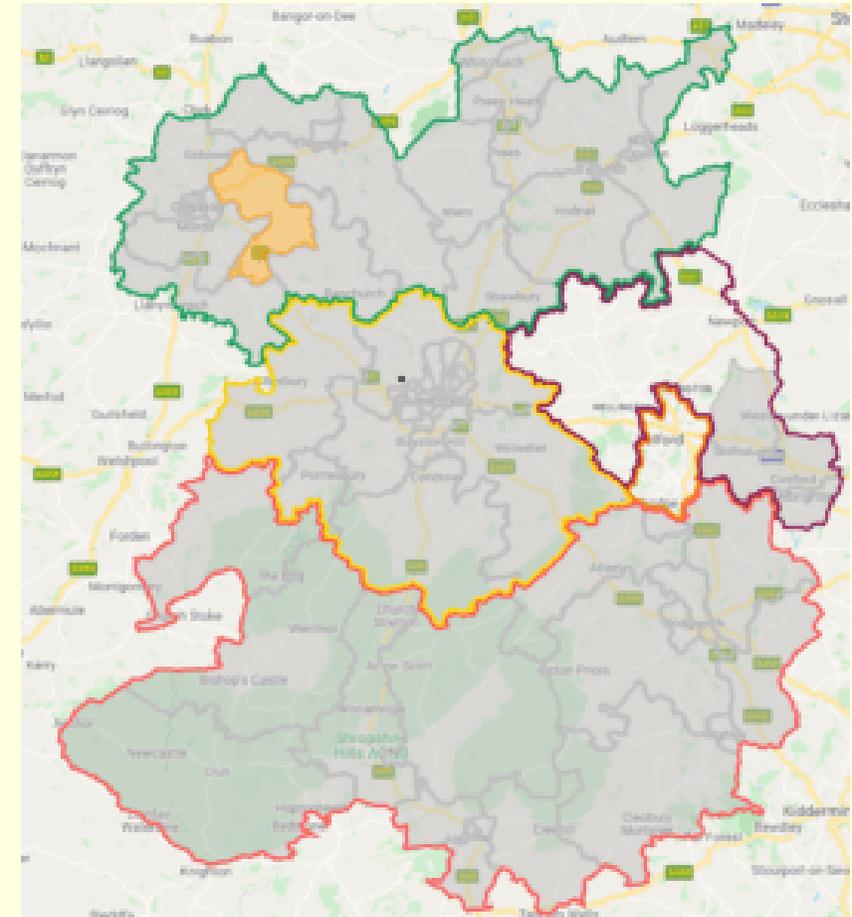
Police, Crime, Sentencing and Courts Act 2022

Schools



Counter-Terrorism and Security Act 2015

In addition to Prevent training being rolled out to all schools, schools were also offered hate crime sessions by a Youth Engagement Officer and a process for reporting hate incidents was determined and monitored by the Education Inclusion Service.



Hate Crime

In June 2024 Partners supported a review of the SSCP Website Hate Crime Page to ensure that the information was up to date and that there were resources available for those who visited the page which were useful and supportive. Resources include:

Page 36

The Tricky Friends Video
(translated into Ukrainian
and with British Sign
language

Bolton Councils Hate
Crime/Mate Crime
Video

Link and information to
Tru Vision – the national
police scheme to help
victims report hate crime

South Wales Police
See it, hear it, report it
video

You can visit the web page here [Hate Crime and Mate Crime — Shropshire Safeguarding Community Partnership](#)

Assessments, Strategies, Data and Reducing Offending

A Domestic Abuse Needs Assessment was undertaken and this will form the basis of the DA Strategy.

There is a Drug and Alcohol Strategy which is based on a Needs Assessment that has been undertaken.

We have a usable data set to inform next steps.

Integrated Offender Management (IOM) continues to be a successful programme in reducing reoffending.

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Police, Crime , Sentencing and Courts Act 2022
Domestic Abuse Act 2021
Crime and Disorder Act 1998



Domestic Homicide Reviews (DHR) 2024 - 2025

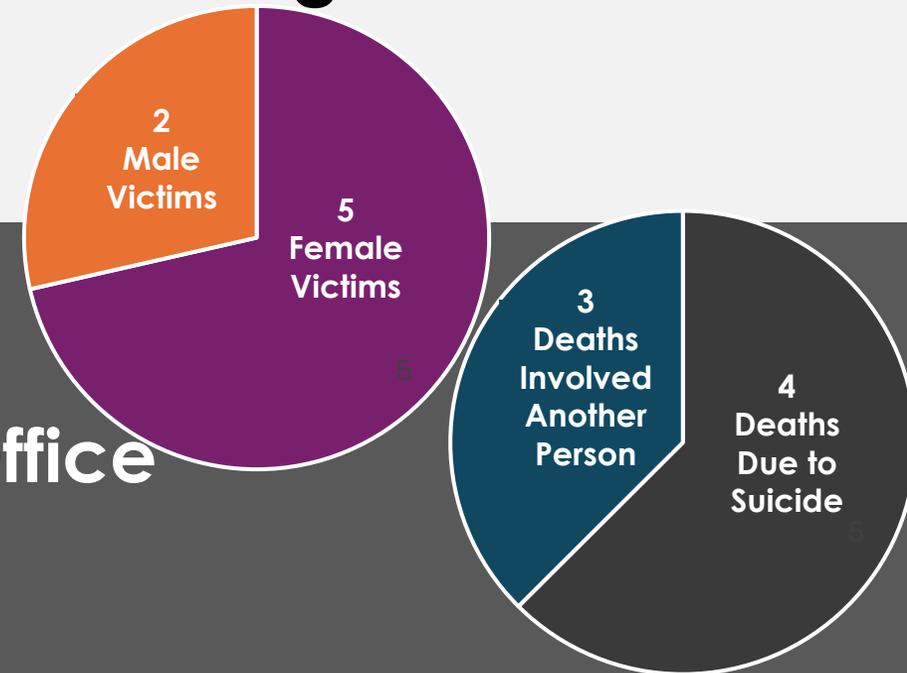


Domestic Violence, Crime and Victims Act 2004

Domestic Homicide Reviews (DHRs) are statutory reviews governed by Section 9 of the Domestic Violence, Crime and Victims Act 2004. Their purpose is to find out what lessons are to be learnt from multiagency reviews and **then to apply that learning to future practice.**

Page 38

- 1 completed DHR - Published
- 1 DHR - Published learning
- 2 DHR's - Quality Assurance by Home Office
- 2 DHR's - ongoing
- 1 - DHR referral received



1. Mr. C

Mr C was 80 years old when he died as a result of a head injury sustained when his grandson had knocked him over two days earlier.

Following a Police investigation his Grandson pleaded guilty to manslaughter and was sentenced to 3 years in prison.

You can read the review [here](#).

2. Service knowledge

He was a very independent man who had a number of friends in the local community and was close to his family.

Mr C was known to his GP and local hospital. He had a number of health conditions that required regular check ups. He did not receive services from any other agencies.

3. Family and Friends

One family member described him "...as a helpful man, he had a heart of gold. He helped a lot of people over the years both inside and outside the family".

A long-standing friend said "after learning of Mr. C's death, I felt extremely sad and emotional"

8. Risk assessment

Complete a [Domestic Abuse Stalking and Harassment \(DASH\)](#) risk assessment for all cases of Domestic Abuse (DA).

Follow the [Domestic Abuse Pathway](#)

Visit [SSCP website](#) for more information about domestic abuse & [Clare's Law](#), the Domestic violence disclosure scheme.



4. Grandson

Mr. C's grandson had a long history of intervention with a number of services. This dated back to his childhood.

He also had a history of perpetrating domestic abuse within his intimate relationships with women and within other familial relationships.

7. Case closed

Mr. C's grandsons was offered a number of services to support his substance misuse and mental health. His engagement was sporadic resulting in his case being closed.

When individuals are hard to reach it might be necessary to explore alternative ways to engage them to prevent escalating risk.

6. Ask the question

[Professional curiosity](#) should be exercised by all professionals who come into contact with individuals who maybe vulnerable to abuse or neglect.

When working with people who find it difficult to regulate their emotions and misuse substances the impact on others and risk of domestic abuse should be explored.

5. Early Help

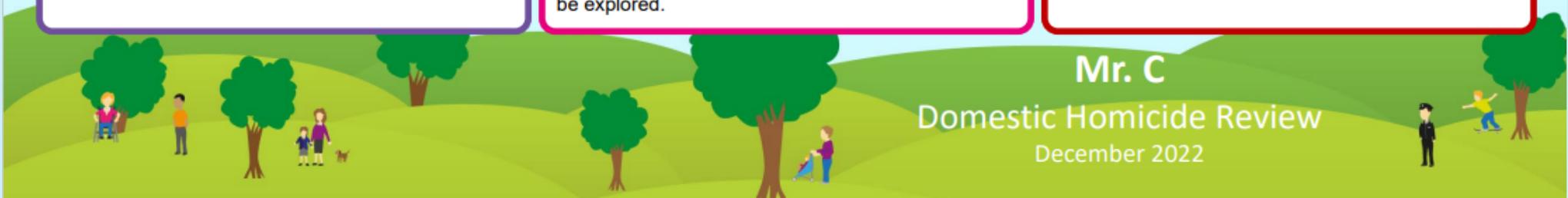
The review highlighted the need for early identification and intervention when young people have complex needs. Particularly in relation to mental health, drug/alcohol misuse, and domestic abuse.

The [Early Help website](#) has a number of resources and information to support you.

Mr. C

Domestic Homicide Review

December 2022





Case Review Diagnostic

Independent
Diagnostic
Review

The Strategic Governing Group commissioned an independent diagnostic review to conduct a deep-dive of a select number of audit cases, aiming to identify broader patterns. The review will address the following key points:

- Investigate why recurring themes continue to emerge in case reviews;
- Determine, based on best practice evidence, local insights, and current measures, what changes are necessary to prevent these recurring issues in Shropshire, including additional actions required to fill existing gaps;
- Explore alternative approaches to effectively share and embed learning throughout the system;
- Identify the barriers to learning from statutory case reviews for practitioners and their managers



Shropshire Safeguarding
Community Partnership

Case Review Diagnostic – Findings in relation to DHR's

Independent
Diagnostic
Review

The SSCP Independent Chair's role in DHRs was well executed based on the sample of reviews. Appropriate decision making and rationale were provided in a timely manner, and he was reported to provide good challenge in meetings.

There was evidence through interviews and documentation of a large number of committed, passionate and able leaders and professionals who are a credit to the system and well placed to take things forward to the next level, and some good examples of how support has been provided to engage and support leaders and professionals to engage well with the case review system.

Example: ICB has worked with GPs to support them with requirements for reviews and attending meetings, the success of which is evidenced in the case audit sample by a high proportion of GPs attending and contributing positively to reviews.



Shropshire Safeguarding
Community Partnership

Case Review Diagnostic – Findings in relation to DHR's

Independent
Diagnostic
Review

Reports from the Recommendation Making Meetings clearly included the learning identified and set out Key lines of enquiry to inform the Terms of Reference if reviews progressed.

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It was evident that families were engaged with sympathetically and supported through the review process by the Business Unit Officers.

There was a clear process of managing the DHR process and there was a committed and passionate Case Review Group Chair who drives performance. Case review practice for DHR's was strong and consistent.



Embedding Learning

Independent
Diagnostic
Review

The need to embed learning from case reviews was highlighted as needing to be a continued area of focus.

Learning briefings for each published DHR are produced and events are held to highlight key areas of practice such as professional curiosity and domestic abuse, but it was identified that there was still evidence of recurring themes within reviews that needed to be addressed.

Anti Social Behaviour (ASB) Case Reviews

What was evident in all the reviews undertaken, was the detrimental impact that Anti-Social Behaviour can have on the individuals that live with it.

Victims reported loss of sleep, high levels of anxiety, feeling nervous to be at home alone and wanting to move from their home.





Next Steps and looking forward to 2025/26



Next steps

In February 2025 there was a workshop to determine the structure (slide 37) of the CSP for the next three years

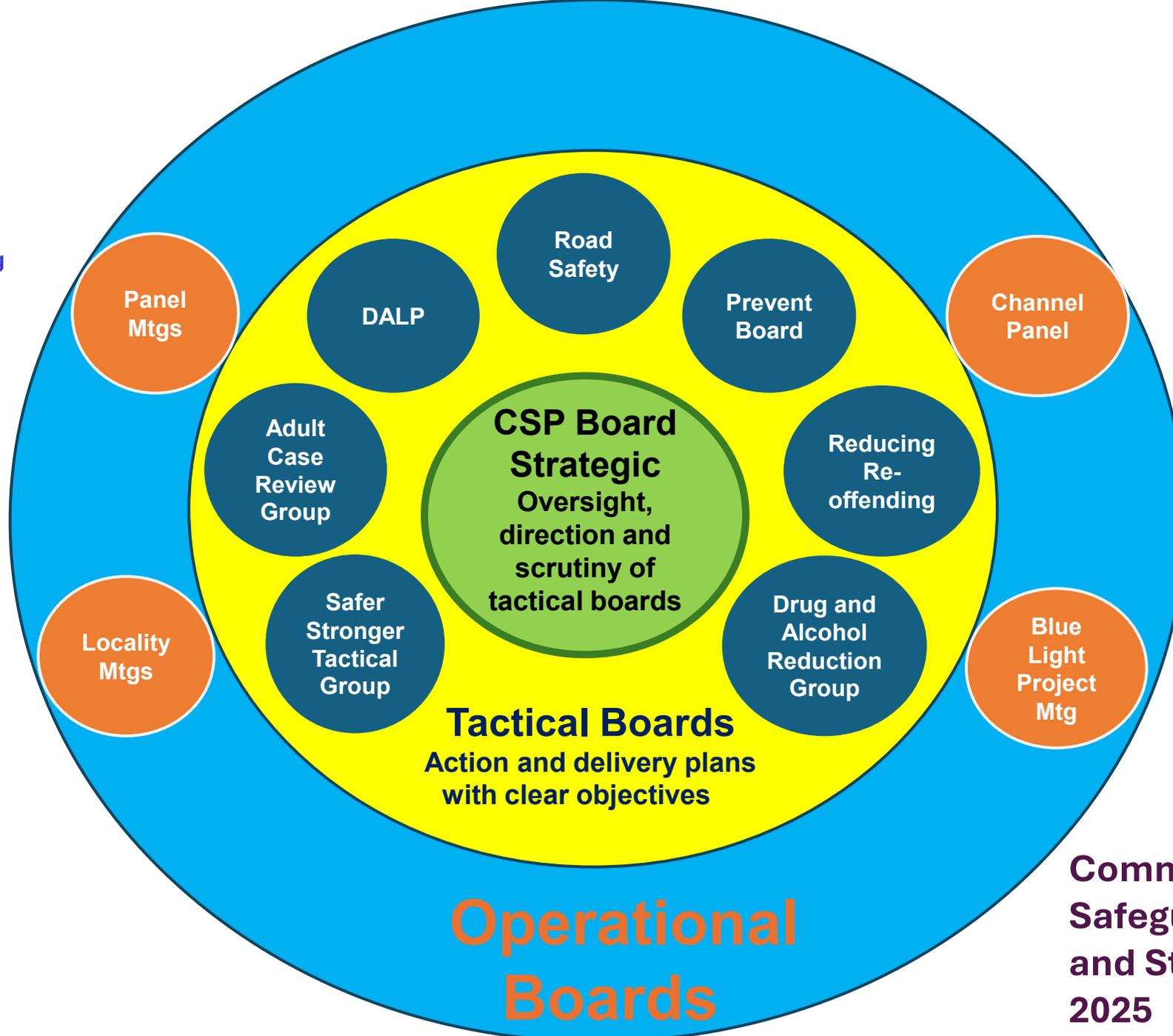
Page 47 It was agreed that an updated strategy would be written that reflects the new structure and priorities of the CSP and each subgroup will have their own Action Plan which they report on at each Partnership Board meeting.

The opportunity under the new operating model of separate strategic boards was to ensure that the CSP was meeting all of its statutory functions, aligning more productively with the PCC and hearing the voice of the community.



Shropshire Safeguarding
Community Partnership

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**Community
Safeguarding Priorities
and Structure from April
2025**

Local Domestic Abuse Partnership Board

- Develop a comprehensive domestic abuse strategy.
 - Review and enhance the membership of our Domestic Abuse Local Partnership Board to improve its effectiveness.
- Implement local initiatives aimed at addressing Serious Violence.

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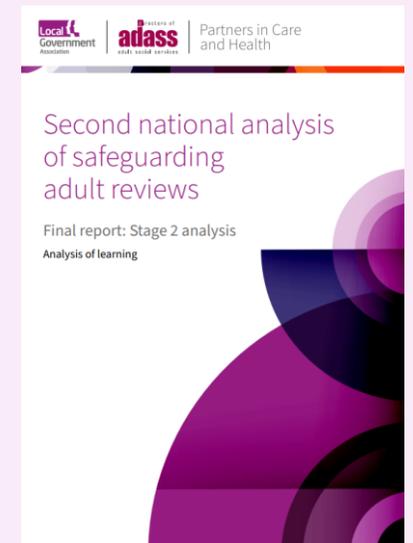


Learning from Domestic Homicide Reviews

There is evidence from important national research (2nd SAR Analysis and the Vulnerability Knowledge Practice Programme Review of all DHR's) and our local diagnostic review which emphasised the vital need to embed learning as intensively as possible across all front-line teams. So, we will be piloting a new tool whereby on publication of a DHR teams will be asked to come together and go the review, discuss the learning and recommendations and then answer five predetermined questions. These will then be shared with the Business Unit to provide assurance of embedding of learning.

A workshop “Learning from case reviews – the voice of the person” is going to be developed and delivered widely across a multi-agency audience. This will include learning from local domestic homicide reviews.

A Further workshop relating to domestic abuse deaths resulting from suicide are also going to be developed.



Offensive Weapon Homicide Reviews (OWHR's)

The pilot Offensive Weapon Homicide Reviews are underway and have continued throughout 2025.

Ecory's will then undertake an evaluation of their effectiveness which will support the Home Office to determine their recommendations.

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July 2022 - October 2023

Local scoping for the period indicated that Shropshire may have had to undertake 3 OWHR's dependent on the definition of an offensive weapon.

In Summary

2024/25 has been a year of change for the Community Safety Partnership.

Whilst change can be unsettling, partners strived to continue driving forward key activities and meeting statutory duties.

As we move into 2025 and beyond the Community Safety Partnership has the operating model to ensure accountability and scrutiny for it to achieve its priority outcomes.

Strategic Priorities 2025-2028

Road Safety



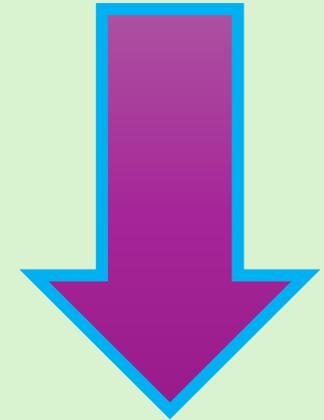
In 2024/25 19 people died and 141 were seriously injured on Shropshire roads. Partners agreed that collectively examining Road Safety should be a priority for the Community Safety Partnership.

Local Statutory Case Reviews have identified that drugs and alcohol are a key feature in the lives of those that are subject to review. It was agreed that in addition to being a statutory duty, drugs and alcohol should be a priority.

Drugs and Alcohol



Reducing Reoffending



Reducing offending is a statutory duty and in Shropshire there are many individuals who are repeat offenders. The CSP wants to examine the offending programmes in Shropshire (such as IOM) and measure success.



If you have concerns or need help

First Point of Contact
0345 678 9021
To report safeguarding concerns for adult and children

Emergency Social Work Team
0345 678 9040
For out of hours safeguarding concerns

Action Counters Terrorism (ACT)
0800 011 3764
For concerns about someone being drawn into radicalisation

Victim Support
0808 1689 111
Support for people who have been victims of crime

CrimeStoppers
0800 555 111
To anonymously give information about crime

True Vision
Report a hate crime - True Vision
Report a Hate Crime



Shropshire Safeguarding
Community Partnership

References

- PowerPoint Presentation (Ms A learning)
- shropshire-domestic-homicide-review-mr-c.pdf
- Second national analysis of Safeguarding Adult Reviews: April 2019 - March 2023 | Local Government Association
- Domestic Homicide Project - VKPP Work
- community-safety-partnership-strategy-25-26.pdf
- Shropshire Safeguarding Community Partnership



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	March 2026			
Title of report	Domestic Abuse Update			
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 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	
	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?	Rural inequalities, gender inequalities			

Report content

1. Executive Summary

This report provides the Health and Wellbeing Board (HWBB) with an update on progress, emerging insights, and future priorities relating to domestic abuse (DA) across Shropshire, as led by Wendy Bulman (Domestic Abuse Strategic Lead).

It reflects achievements in strategic planning, partnership governance, lived experience integration, data development, and the creation of Shropshire's new multiagency Domestic Abuse Partnership Strategy.

During 2024–25, the HWBB prioritised strengthening governance, improving system-wide alignment with the Domestic Abuse Act 2021, and embedding survivor voice. Significant progress has been made through the completion of the 2024 DA Needs Assessment and the development of the new DA Partnership Strategy, which is now in public consultation. Key reforms to the Domestic Abuse Local Partnership Board (DALPB) have improved leadership accountability, decision making efficiency, and operational alignment.

Lived experience is now a central pillar of strategic design and commissioning, with the Lived Experience Advisory Group (LEAG) influencing priorities, language, outcomes, and methods of engagement.

Data maturity has also developed, with dashboards now informing decision making and enabling improved cross agency monitoring.

Needs assessment findings continue to highlight mental health impacts, rising case complexity, and sustained demand across health, policing, and specialist services—reinforcing the importance of early intervention and multiagency coordination.

Next steps include finalising the DA Partnership Strategy, creating the three year action plan, launching the performance dashboard, developing new training and workforce support, improving rural access pathways, and formalising lived experience remuneration.

Several risks remain, including data gaps, rural inequalities, workforce capacity, and insufficient survivor engagement.

Proposed mitigations include strengthened reporting processes, outreach in rural locations, workforce development programmes, and formal support for LEAG members.

2. Recommendations

Recommendations to the HWBB include supporting data sharing, enabling rural outreach by offering community spaces, and championing survivor-inclusive commissioning across all partner organisations.

3. Report

Please see *Appendix A. Domestic Abuse update – presentation* which presents the report.

Risk assessment and opportunities appraisal	Please see attached presentation which outlines risk and mitigation	
Financial implications <i>(Any financial implications of note)</i>	Financial implications will be explored further as the Partnership Strategy is finalised.	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers - NA		
Cabinet Member (Portfolio Holder) or your organisational lead Cllr Ruth Houghton – Portfolio Holder for Social Care (Adults and Children), Shropshire Council Paul Clarke – Service Director for Strategy & Change, Shropshire Council		
Appendices Appendix A. Domestic Abuse update - presentation		

Health & Wellbeing Board – Domestic Abuse Updates

Wendy Bulman

**Domestic Abuse Strategic Lead
March 2026**

Overview of Health and Wellbeing Board Priorities and Achievements

Strategic Planning and Governance

HWBB focused on strengthening planning and governance to align domestic abuse responses with statutory duties effectively.

Needs Assessment and Partnership Strategy

Completion of Domestic Abuse Needs Assessment enabled development of a multi-agency partnership strategy addressing service gaps.

Governance and Decision-Making

DALPB restructured membership to ensure decision-making authority for approving strategies and driving implementation.

Data-Driven Improvement and Lived Experience

Use of data dashboards improved monitoring while integrating survivors' voices ensured meaningful co-production.



Creation and Consultation of New DA Strategy

Multi-agency Workshop Approach

Partner agencies collaborated through workshops to review evidence and shape strategic priorities based on local and statutory needs.

Rurality Insight and Challenges

Specialist insights highlighted rural isolation, transport barriers, and community dynamics increasing risks and limiting help-seeking.

Survivor Voice Influence

Individuals with lived experience shaped priorities, improved inclusive language, and strengthened outcome framing in the strategy.

Public Consultation & Future Action

The draft was publicly consulted on to gather feedback, guiding a three-year action plan with governance and accountability.



Reforms to DALPB Membership and Decision-Making

Enhanced Leadership Accountability

All representatives must have authority to approve documents and make strategic decisions, speeding up implementation and sharing responsibility.

Operational Forum Communication

The Domestic Abuse Operational Forum improves communication between strategic leaders and frontline practitioners, aligning priorities and raising concerns.

Evidence-Based Decision Making

A new performance dashboard enables systematic tracking of progress, outcomes, and cross-agency activities to inform decisions.

Improved Partnership Governance

Governance reforms promote a responsive, accountable, and transparent structure for coordinated domestic abuse responses.



Embedding Survivor Voice in Strategy and Commissioning

From Feedback to Co-Production

Lived experience integration shifted from simple feedback to true co-production in strategy and commissioning.

Survivor Insights Inform Strategy

Survivor participation in surveys and workshops revealed key system challenges and shaped language around abuse and inclusion.

Equitable Commissioning Practices

Commissioning exercises reflect survivor-identified needs, promoting trauma-informed, accessible, and community-based support.

Cultural Shift Toward Accountability

Embedding survivor voice strengthens partnership accountability and aligns with national best practices in policymaking.



Key Insights from DA Needs Assessment and Health System Data

Mental Health Impact

Mental health is the most common disability among domestic abuse victims, highlighting the need for integrated mental health support.

Health Services Encounters

Health services regularly encounter domestic abuse cases, showing its widespread impact across health and social care sectors.

Rising Referral Complexity

MARAC data shows increasing referrals and repeat domestic abuse cases, indicating growing complexity and demand.

Multi-Agency Collaboration

Combined data emphasizes the need for multi-agency approaches and early intervention in domestic abuse cases.



Next Steps.....

- Finalise strategy post-consultation
- Implement 3-year action plan
- Launch performance dashboard
- Embed lived-experience governance

Risk

- Data gaps impacting decision-making
- Unequal rural access
- Workforce capacity constraints
- Risk of insufficient survivor engagement

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Mitigation

- Strengthen multi-agency reporting
- Develop digital/remote outreach for rural areas
- Expand training and support packages
- Formalise Lived Experience remuneration for their time – shows the value

Recommendations for HWBB

- Strengthen data quality and dashboard integration
- Expand rural outreach pathways
- Formalise survivor voice in all commissioning
- Enhance cross-sector workforce training

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19 th March 2026			
Title of report	Shropshire Drug and Alcohol Update			
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	Shaun Morris, Drug and Alcohol Strategic Commissioning Lead Shaun.morris1@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	
	Workforce		Reduce inequalities (see below)	
What inequalities does this report address?				

Report content

1. Executive Summary

This report provides an overview of drug and alcohol treatment activity in Shropshire, set against national and West Midlands trends, using NDTMS data, alongside key local developments.

- Adult treatment numbers have increased over time and Shropshire has exceeded its 2025/26 ambition, with a provisional 1,714 adults in treatment.
- Young people's referrals have also risen recently, reflecting national trends, although Shropshire is marginally below its ambition (114 against 117).
- In line with national patterns, adult treatment shows a rising proportion of alcohol and cocaine use and a decline in opiate use, with alcohol accounting for a particularly high proportion in Shropshire.
- Among young people, cannabis remains the most common substance but is declining faster than nationally, while alcohol-related treatment is increasing locally, unlike regional and national trends.
- Treatment exits and successful completions for both adults and young people have increased, likely reflecting higher referral volumes. Adult treatment outcomes are comparable with national performance, with 46.59% showing substantial progress.

Key activity will be undertaken in the coming months and local updates

- Completion of the Drug and Alcohol JSNA in March 2026
- Preparations for recommissioning the core service to be tendered in Summer 2026 and to begin April 2027, with considerations around how RESET will form this future offer
- Successful delivery of a community detox in the new temporary accommodation at 70 Castle Foregate
- Strengthened arrangements for reviewing drug- and alcohol-related deaths and emerging risks (Local Drug Information System - LDIS)
- Progress on the Blue Light Project including MDT development and workforce training, and
- Strong engagement in specialist webinars

2. Recommendations

Note the contents of the update.

3. Report

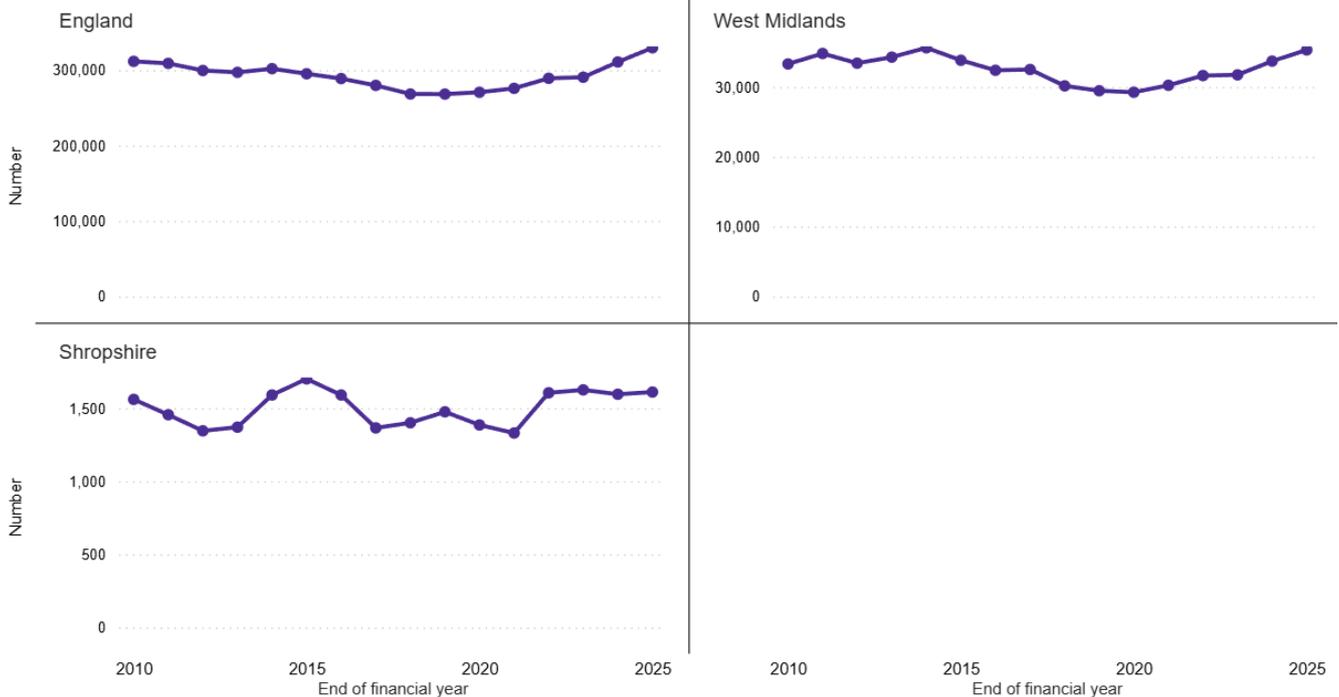
Summary of Current Position

Funding and reporting mechanisms for the Office for Health Improvement and Disparities ([OHID](#)) have changed for 2026/27, including how we forward plan and how we set ambitions for the years ahead. This report will detail most recent publicly available figures for Shropshire and against National and Regional data for context where applicable, taken from the National Drug Treatment Monitoring System ([NDTMS](#)).

Adults in structured treatment:

Total

All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)

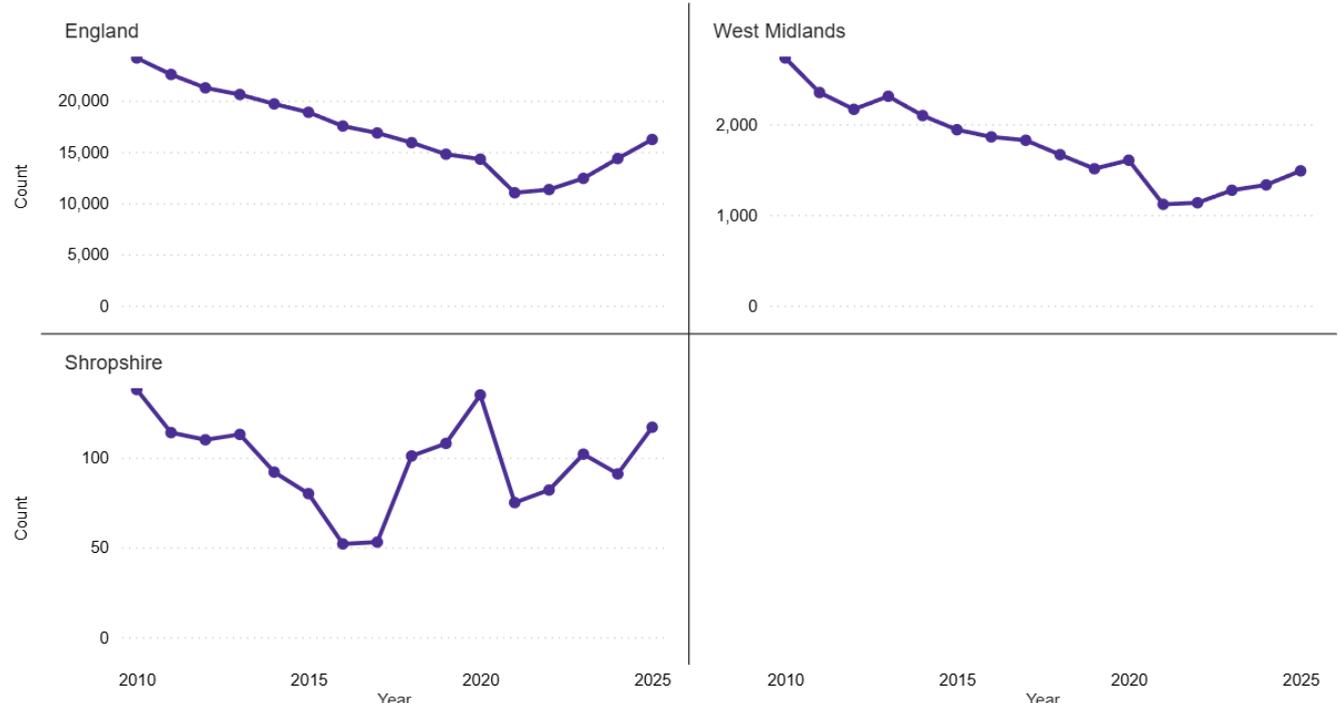


Numbers of adults in structured treatment have increased slightly over the years. Shropshire has an ambition to exceed 1,610 clients in 2025/26 and has exceeded this, with a provisional figure of 1,714 from January 2025-December 2025.

Young People in treatment:

Total

All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)

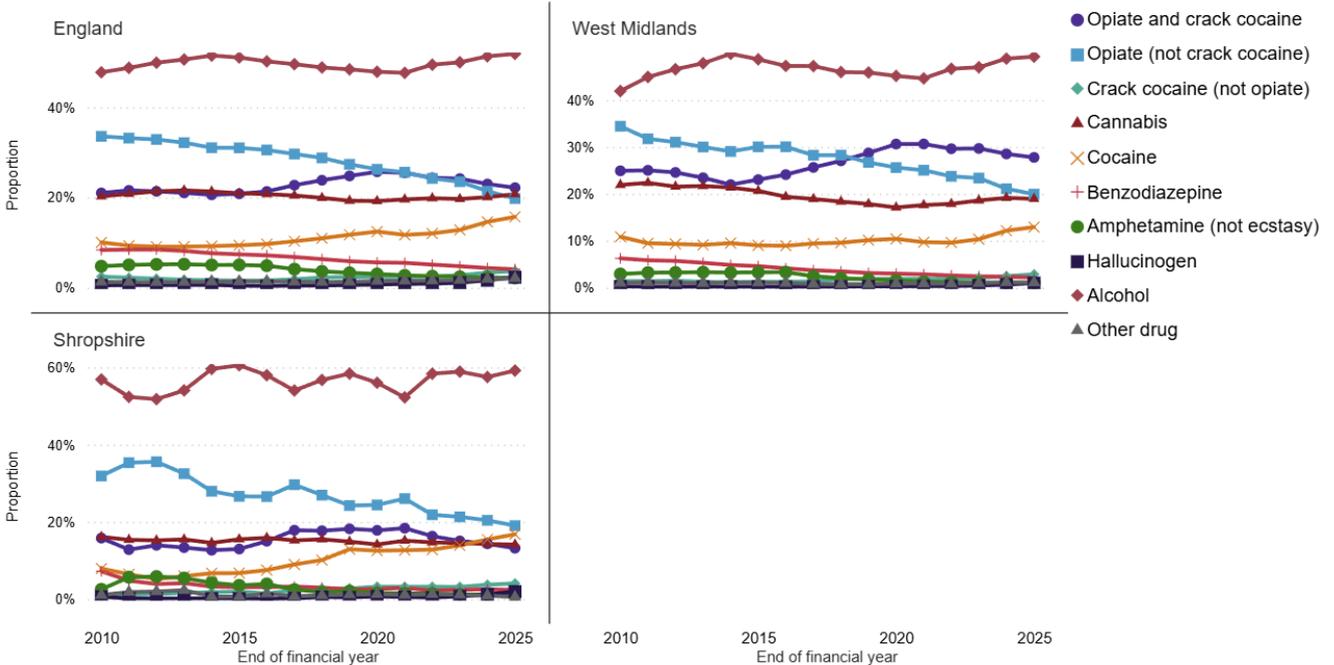


Numbers of children in treatment have recently shown an increase in the number of referrals to the service. This is a trend seen nationally. Shropshire has an ambition to exceed 117 in 2025/26 and is slightly below this with a provisional figure of 114 from January 2025-December 2025.

Substance Use – Adults:

Substance use - All in treatment

All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)

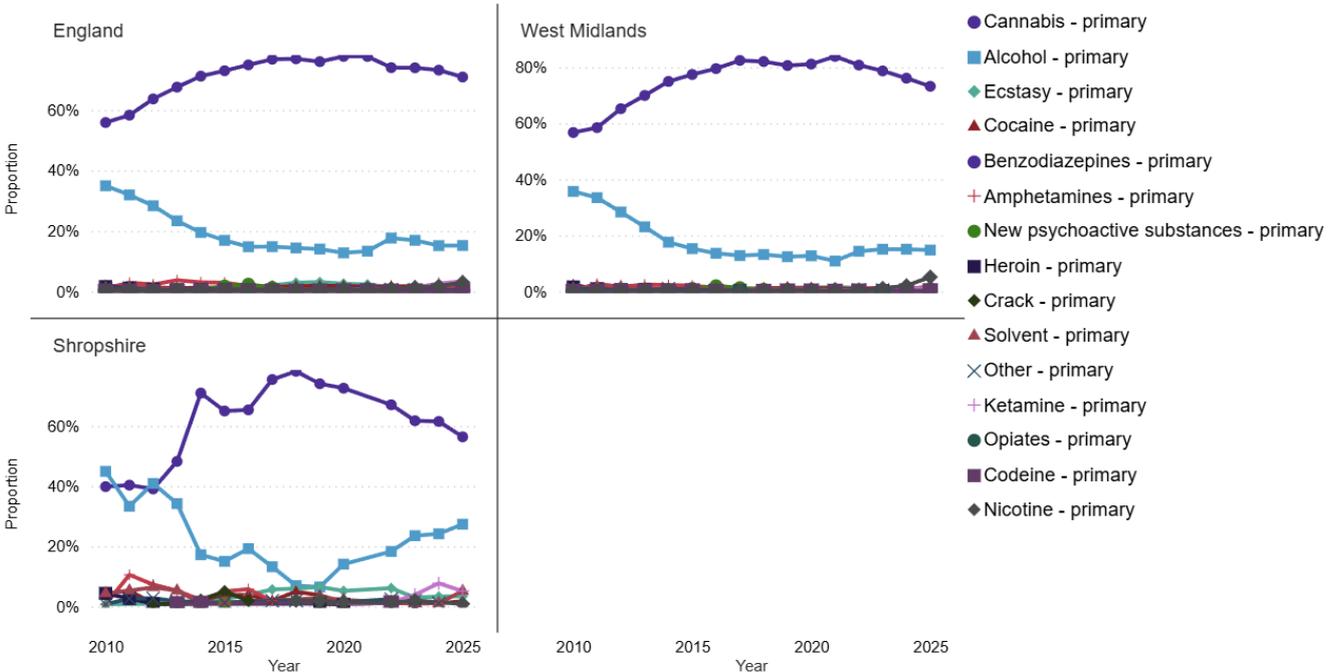


Like national trends, Shropshire sees the proportion of adults in treatment for alcohol use rising alongside cocaine, and a decrease in the proportion for opiate treatment. Shropshire however has a much higher proportion of individuals seeking support with alcohol use against other substances.

Substance Use – Young People:

Substance use - primary citation

All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)

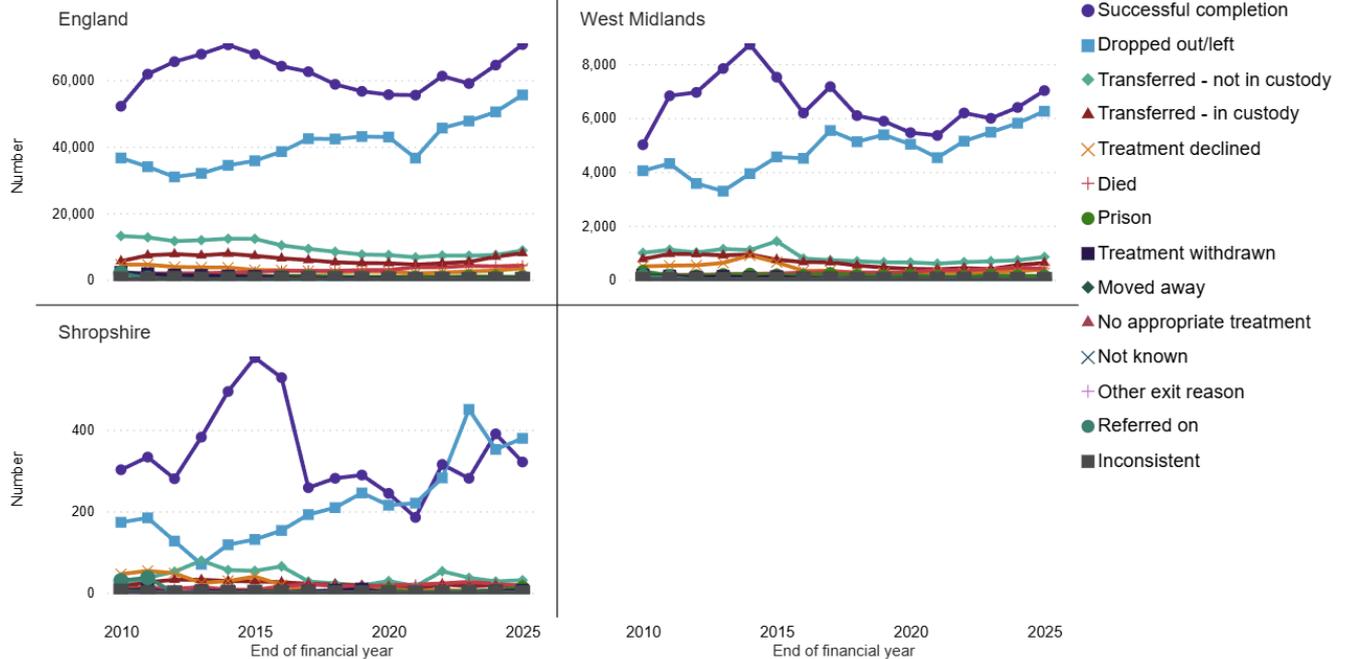


Shropshire sees the proportion of young people in treatment for cannabis use declining quicker than nationally, and a steady rise for those in treatment for alcohol which is not seen either regionally or nationally. Note – the small numbers in service mean a small change in numbers can mean significant changes in proportions.

Treatment Exits – Adults:

Treatment exits - All in treatment

All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)

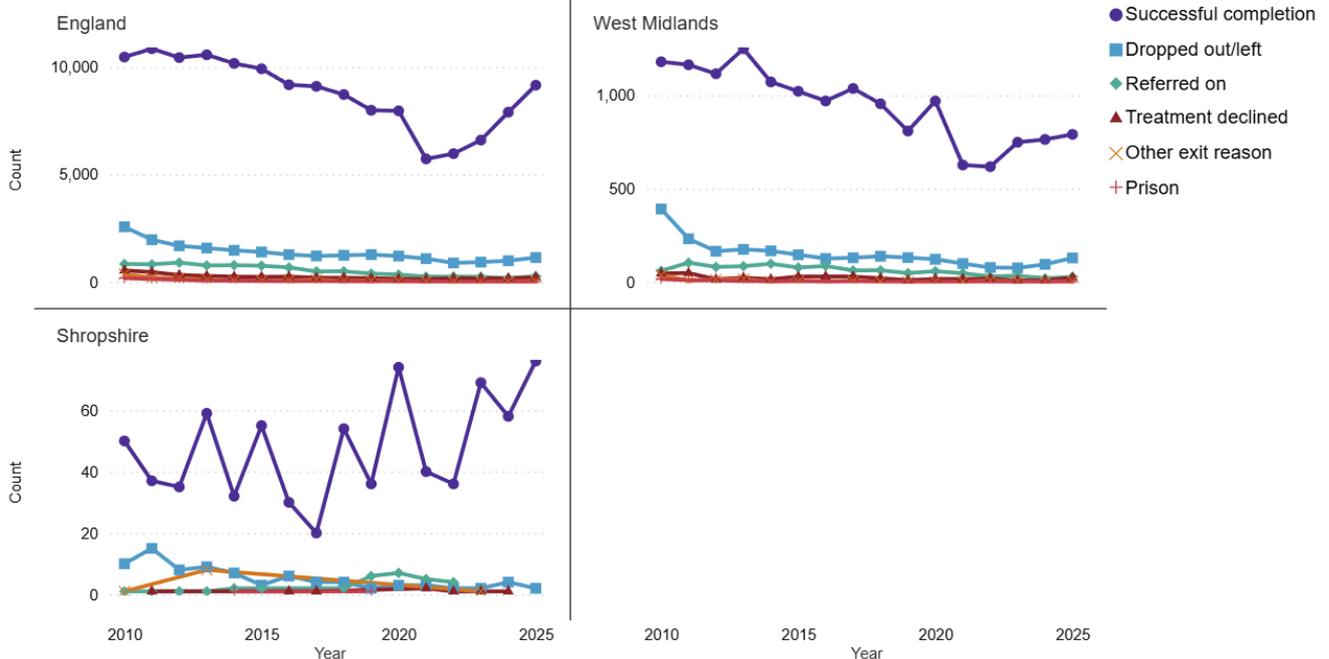


Similarly to regional and national figures, Shropshire numbers of those successfully completing treatment and leaving the service have risen in recent years, likely due to the rise in the numbers of referrals and presentations to the drug and alcohol service.

Treatment Exits – Young People:

Treatment exits

All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)

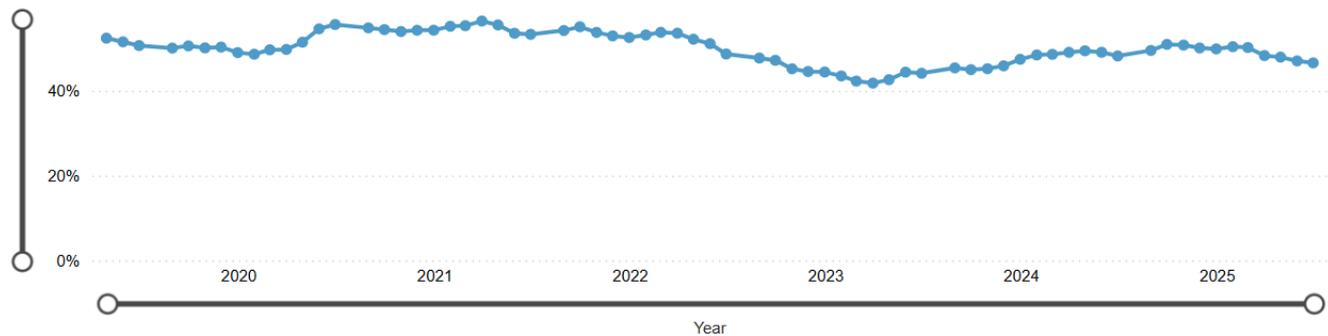


Recent national trends similarly reflect an increase in the numbers into service and the number of successful completions for young people in service.

Treatment Progress – Adults:

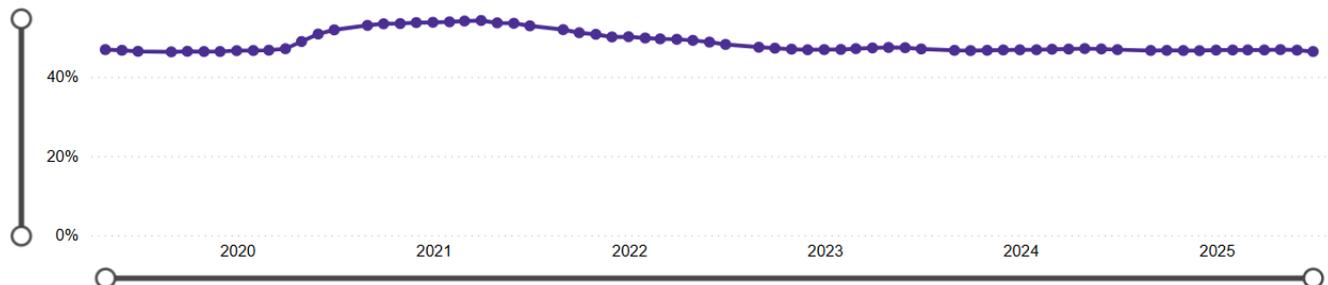
Shropshire

Showing substantial progress



England

Showing substantial progress



Shropshire has similar treatment progress where substantial progress is defined as successfully completing treatment, not using problem substances or substantially reduced using problem substances, with 46.59% again the national figure of 46.38%. This data is not collected for young people.

Local Updates and Activity

Joint Strategic Needs Assessment (JSNA) & Engagement

Shropshire is currently in the process of reviewing and updating its JSNA for drug and alcohol services. The JSNA is being developed to inform commissioning of community-based alcohol and drug treatment and recovery services in Shropshire and will guide the development of relevant partnerships by the Shropshire Council Drug and Alcohol Team and provide an evidence base to support the development of services which best meet the needs of the Shropshire population.

A variety of data sources have been used to inform the JSNA, including the local treatment services database and the National Drug Treatment Monitoring System (NDTMS) reports, scientific literature and Government reports. Engagement has also included input from those who use the services and professionals who work with or refer into this service. A final version will be completed in March 2026.

Recommissioning update

The current contract for Shropshire drug and alcohol service, Shropshire Recovery Partnership (SRP) provided by WithYou is due to end in March 2027. The JSNA work as above will inform future services, alongside market engagement which is being completed over February and March. Providers of drug and alcohol services have been engaged with to understand market pressures and gather insight as part of the process of building the next specification for community drug and alcohol services in Shropshire. It is anticipated that a tendering opportunity will be advertised in Summer 2026, with the next service to begin in April 2027.

RESET Update

The Council's service for those who are rough sleeping or at risk of rough sleeping who need support with drug and alcohol use continues to be in place. Current contracts for this service end in March 2026, and a proposal and forward plan have been discussed and agreed for service continuity for 2026/27 with further discussions ongoing for how the RESET offer will align and operate within the infrastructure of the new core drug and alcohol contract from April 2027.

Community Detox

With the opening of the supported accommodation at 70 Castle Foregate in Shrewsbury, one of the rooms has been utilised to undertake a community detox in connection with SRP and RESET. In early February, the first community detox of its kind in this setting has been completed successfully, with the Rough Sleeper Team and Shropshire Recovery Partnership working in partnership to gain positive outcomes for those most vulnerable.

Local Drug Information Systems (LDIS) and reviewing Drug and Alcohol-Related Deaths (DARD)

Drug and Alcohol Related Deaths Learning Review Panels (DARD-LRP) are now booked for 2026 along with suicide learning review panels, with information sharing agreements between partners in place. Through a structured review process, these panels enable partners to come together and examine system interactions and generate actionable learning and service improvements to strengthen prevention efforts and reduce deaths linked to drug and alcohol use. By maintaining a responsive and adaptive membership and ensuring strategic reporting to countywide partnerships, the panels offer a comprehensive and coordinated mechanism for reviewing deaths, improving practice, and strengthening the wider prevention system across Shropshire.

The **Local Drug Information System (LDIS)** in Shropshire is a multi-agency mechanism designed to detect, assess, and respond to emerging risks from new, potent, or contaminated illicit substances circulating within the community, and is currently in place to safeguard residents through timely intelligence -sharing and coordinated action. Over the course of 2026, updated national LDIS guidance is expected to be issued by OHID, and the Shropshire LDIS will be revised to align with these developments. A shared Incident Response Protocol is being developed with partners across the four West Mercia Police's local authority areas and upon release of updated national guidance, is expected to be put in place. This regional Incident Response Plan will complement Shropshire's existing LDIS processes by standardising and streamlining common elements of local arrangements, improving consistency for West Mercia Police and create a more effective and collaborative approach to public health drug related incidents across all four local authority areas.

Blue Light Project Update

The Blue Light Alcohol Project is a national initiative designed to support treatment-resistant drinkers, individuals who are alcohol-dependent, frequently use emergency services, and often do not engage with traditional treatment programmes. Shropshire launched its own version of this project following several case reviews where alcohol was identified as a contributing factor in a person's death.

Multi-disciplinary Team (MDT) approach - In Shropshire, the project has identified a cohort of individuals who, over the past year, have repeatedly attended A&E or been admitted to hospital and have presented with alcohol-related dependence. In response, the project group has agreed to establish an MDT approach to review these individual cases.

Before MDTs are initiated, the Board is reviewing and mapping the following:

- Organisations currently working with each identified individual
- Additional partner organisations that need to be involved
- Any existing MDT structures already in place, to avoid duplication

At this early stage, it is anticipated that the MDT process will include:

- Sharing relevant information relating to each individual
- Mapping service touchpoints and current engagement
- Identifying risks, safeguarding concerns, and unmet needs
- Allocating a lead professional for each case

Training and Development - To support the wider workforce across Shropshire, training sessions on 'Safeguarding Vulnerable Dependent Drinkers', delivered by Alcohol Change UK, have been scheduled throughout March. Over 130 colleagues from a range of partner organisations have already registered. Through the Blue Light project group, colleagues who currently work or have previously worked with this cohort have been identified and encouraged to attend one of these sessions.

Webinars

A series of webinars are being organised for the year ahead, with most recently having a well-attended overview for Ketamine attended by over 150 participants, with more registering for information where unable to attend. A recording of this can be found on a link from Shropshire Safeguarding Community Partnership's page for Tackling Drug and Alcohol Use: [Tackling Drug & Alcohol Use — Shropshire Safeguarding Community Partnership](#). Feedback for this session has been overwhelmingly positive, with other Local Authority areas also looking to view.

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)

None

Climate Change Appraisal as applicable

None

Where else has the paper been presented?

System Partnership Boards

Voluntary Sector

Other

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

Cabinet Member (Portfolio Holder) or your organisational lead

Cllr Bernie Bentick, Portfolio Holder for Public Health & Public Protection

Appendices

Appendix A. Drug & Alcohol update – presentation

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Health and Wellbeing Board 19th March 2026

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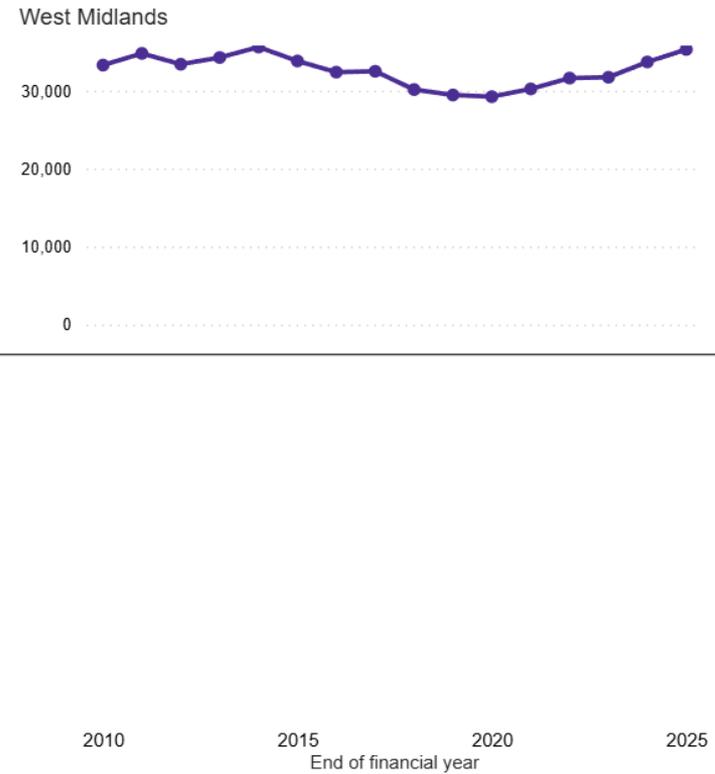
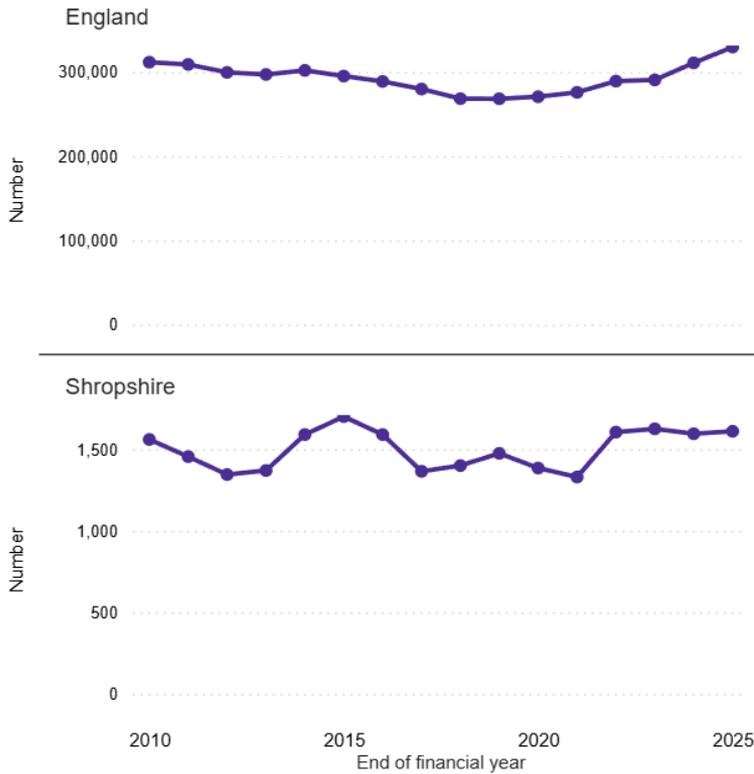
Drug and Alcohol Service Update



Adults in Structured Treatment

Total

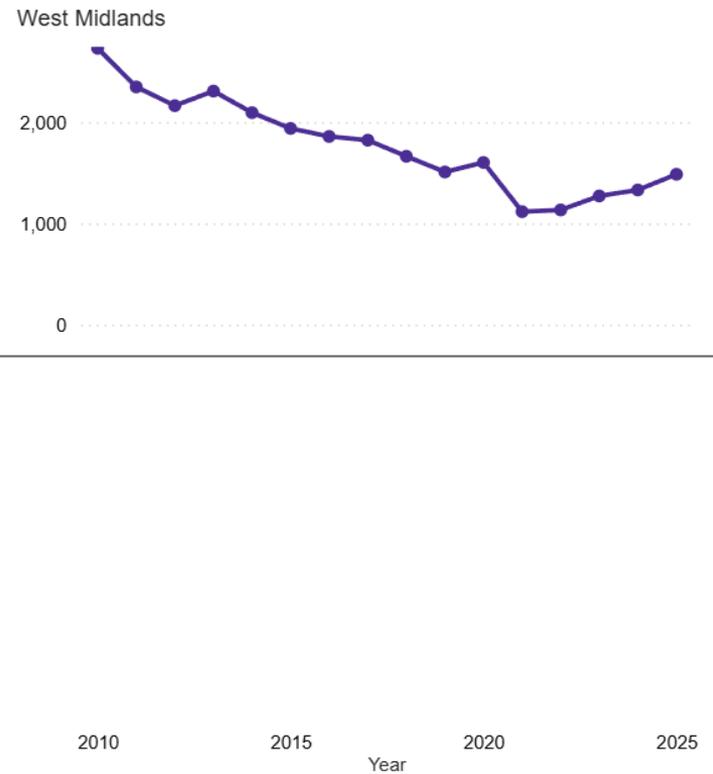
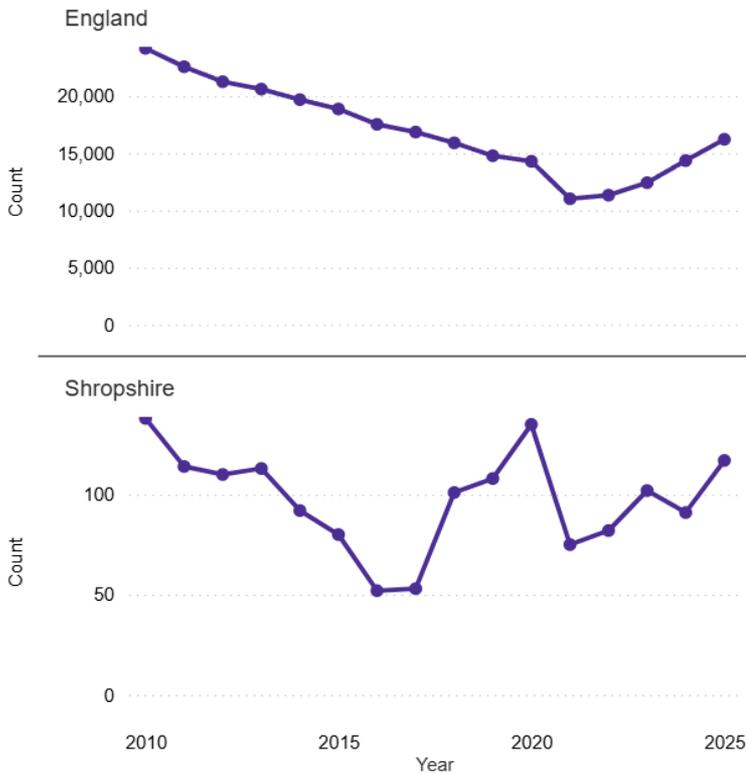
All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)



Young People in Treatment

Total

All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)

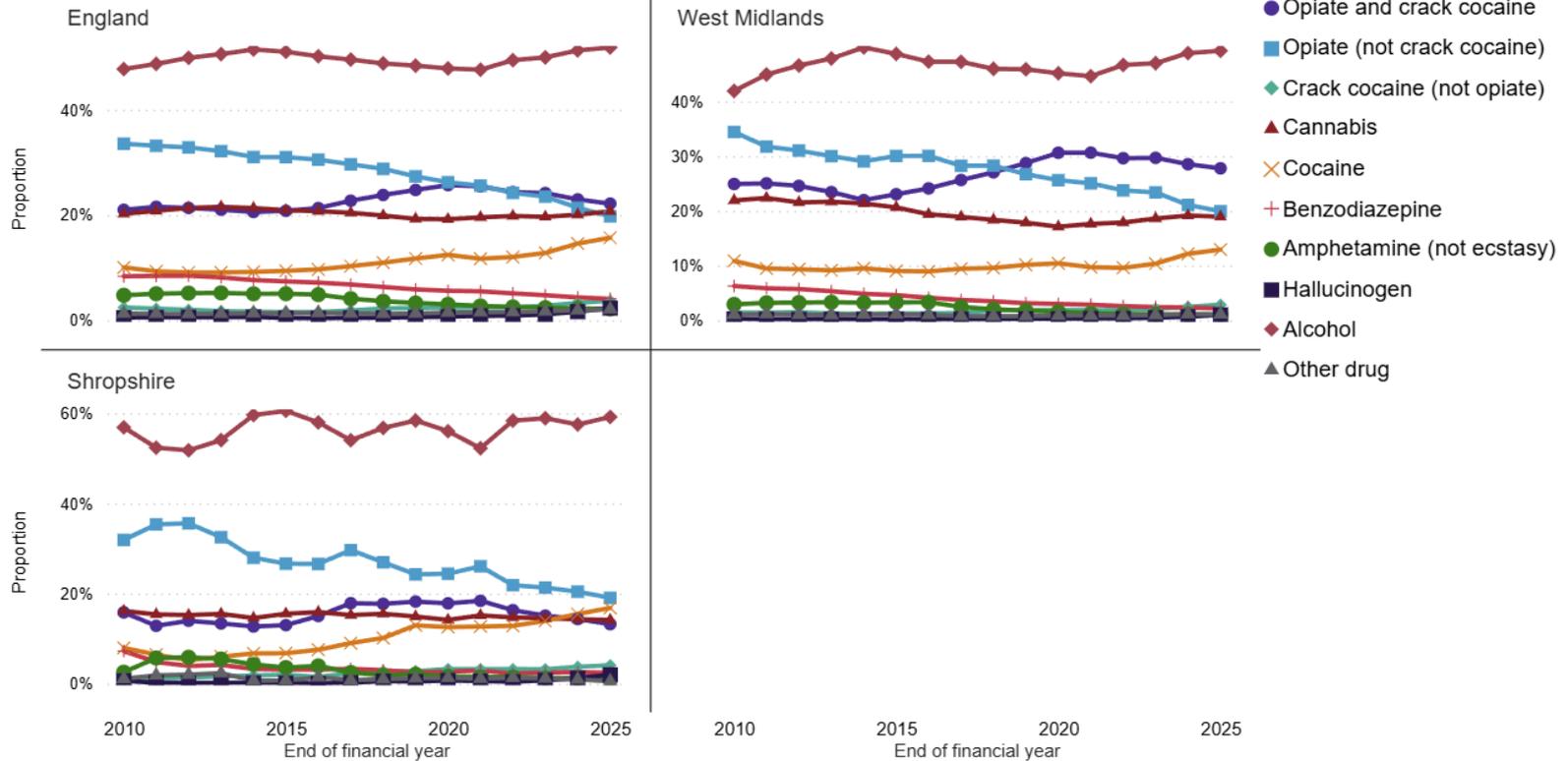


Substance Use - Adults

Substance use - All in treatment

All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)

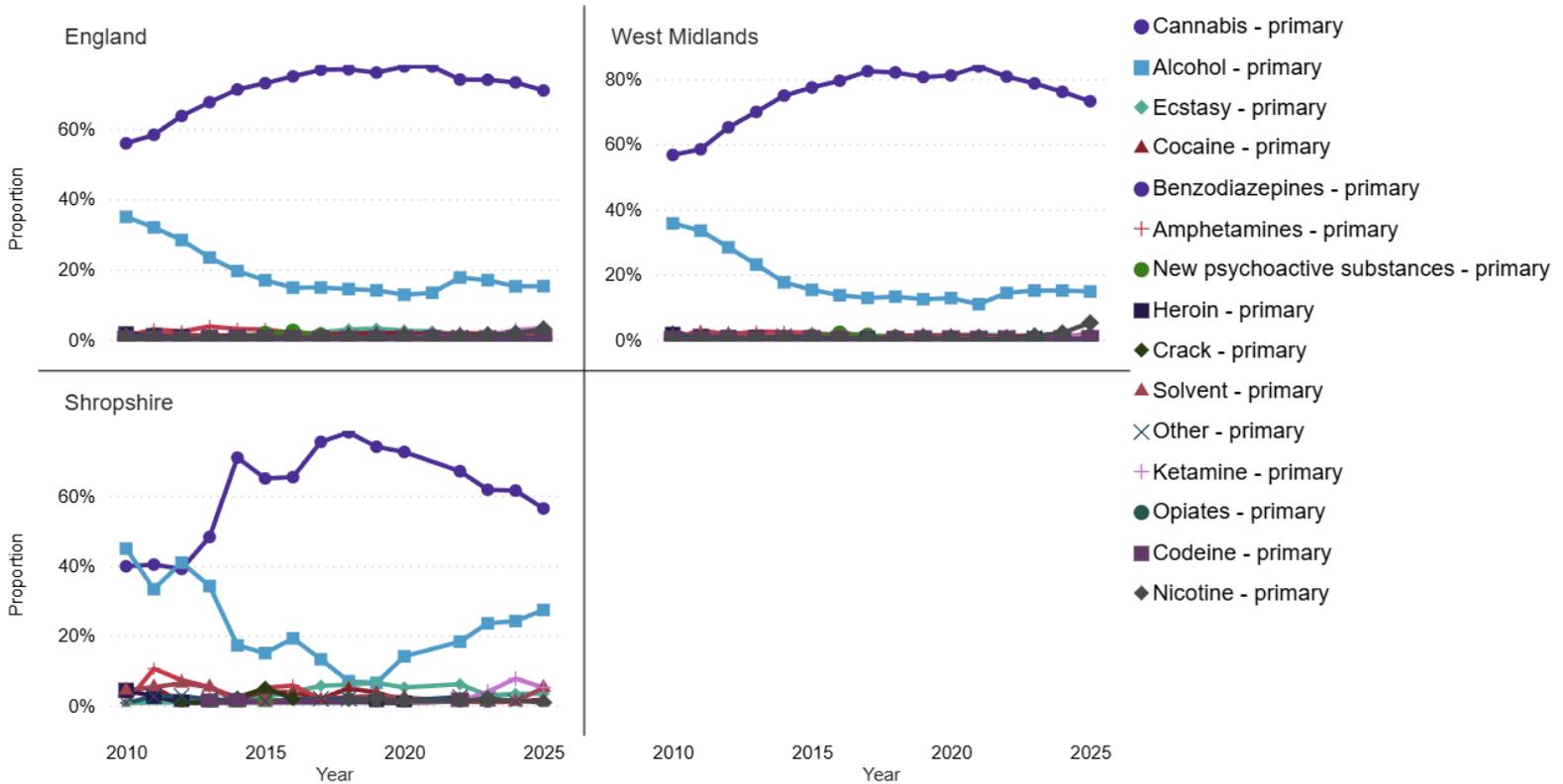
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Substance Use – Young People

Substance use - primary citation

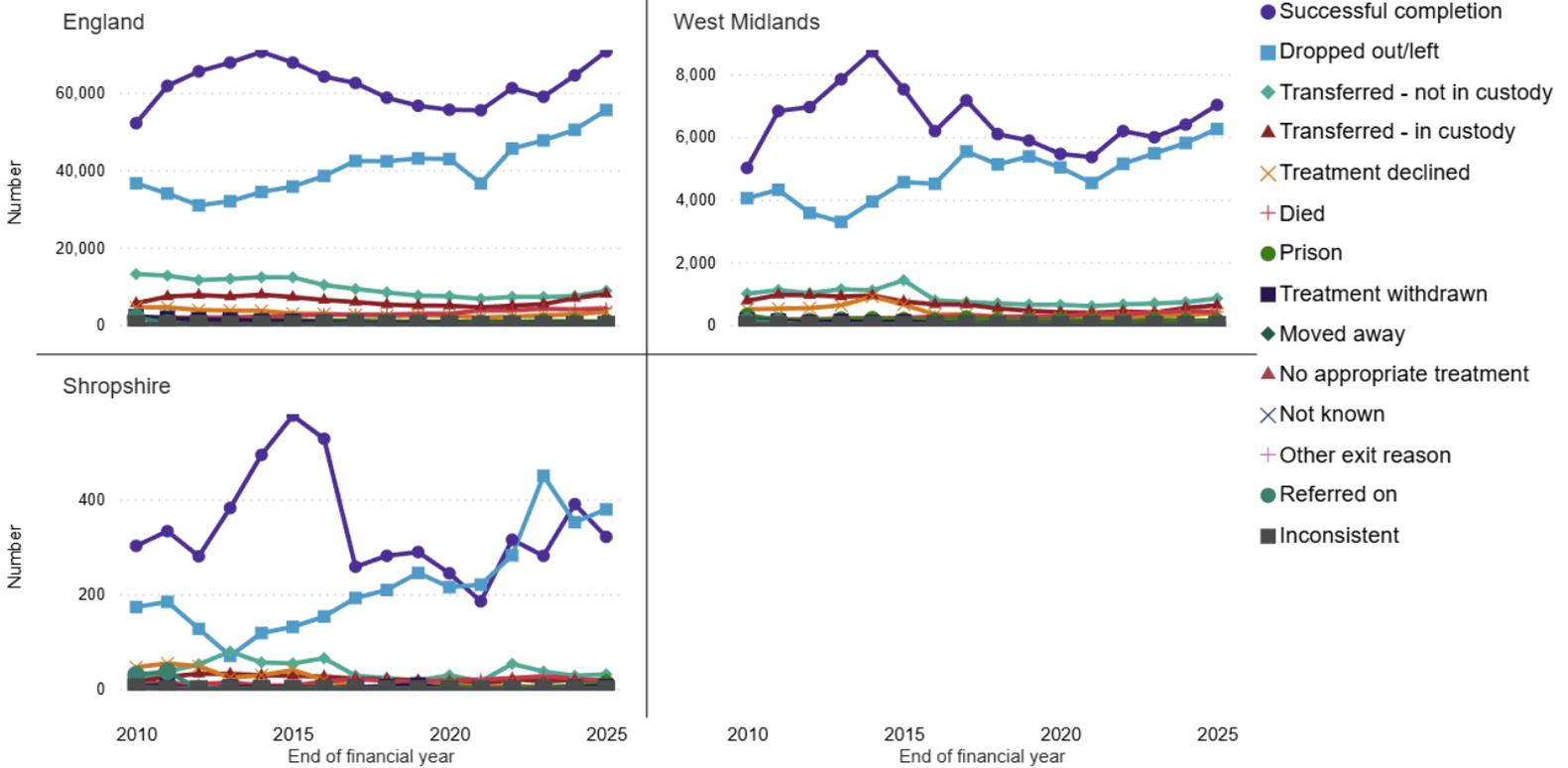
All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)



Treatment Exits - Adults

Treatment exits - All in treatment

All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)

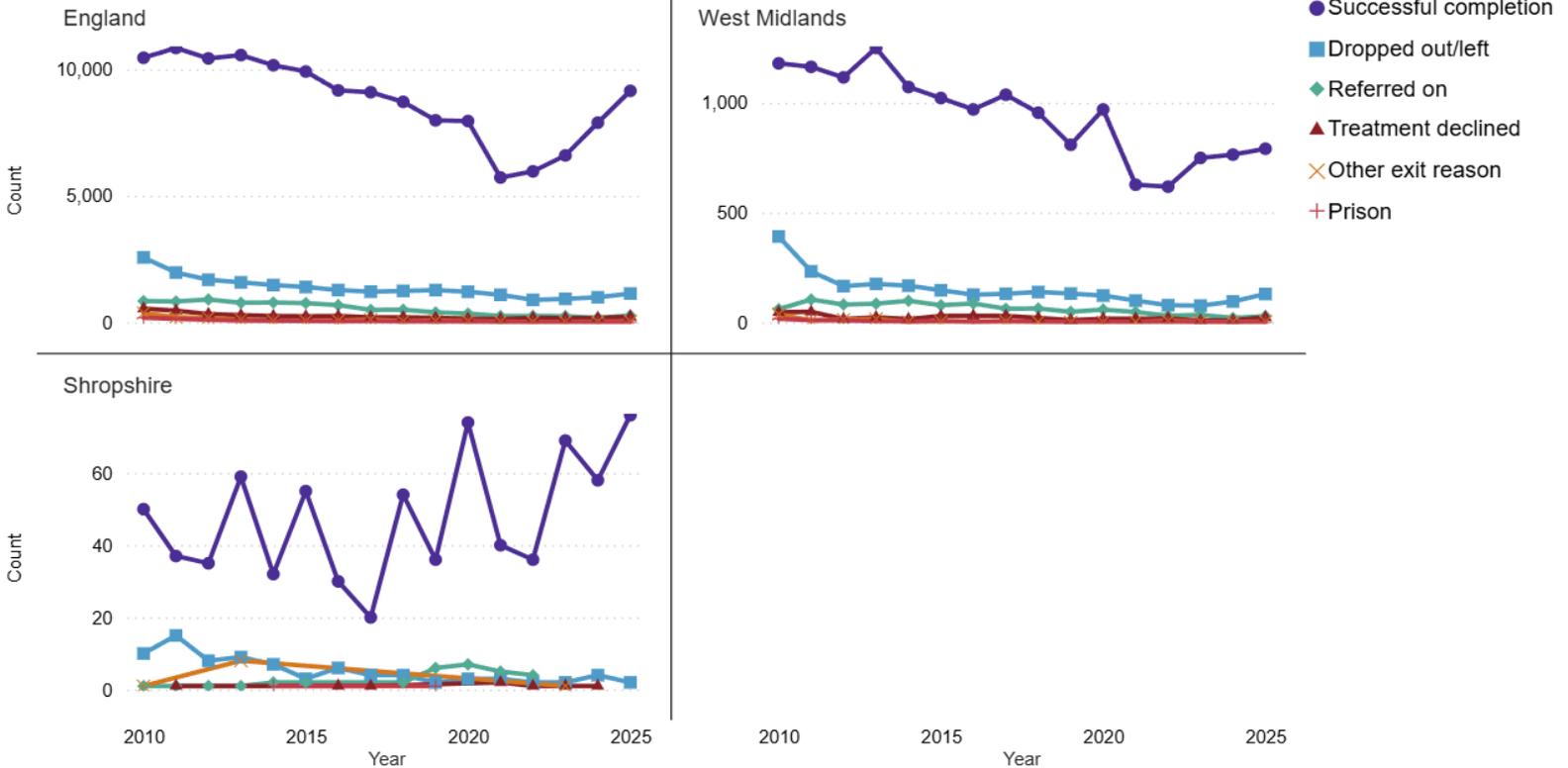


Treatment Exits – Young People

Treatment exits

All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)

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Local Updates & Activity

- **Joint Strategic Needs Assessment (JSNA) & Engagement** - The JSNA is being developed to inform commissioning of community-based alcohol and drug treatment and recovery services in Shropshire
- **Recommissioning** – Summer 2026, to begin March 2027
- **RESET service** – To be considered alongside recommissioning
- **Community Detox** – First successful detox undertaken in 70 Castle Foregate
- **Local Drug Information Systems (LDIS) and reviewing Drug and Alcohol-Related Deaths (DARD)** – Panels beginning to review drug and alcohol related deaths and suicides
- **Blue Light Project** – MDTs and training for professionals
- **Webinars** – Successful Ketamine webinar and schedule ahead

Finally...

- **If you, friends, parents, guardians or others with a role supporting someone in Shropshire are concerned about alcohol or other substance use, the commissioned provider, Shropshire Recovery Partnership delivered by WithYou, provides free and confidential advice and support. More information on the service can be found here:**
- [Drug and Alcohol Support in Shropshire | WithYou](#)

Thank you.

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19 th March 2026				
Title of report	Shropshire Suicide Prevention Update				
This report is for:	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)		Information only (No recommendations)
Reporting Officer & email	Gordon Kochane, Public Health Consultant, Shropshire Council Gordon.kochane@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address?	Children & Young People		Joined up working		x
	Mental Health	x	Improving Population Health		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		
	Workforce		Reduce inequalities (see below)		x
What inequalities does this report address?	People at greater risk of suicide and those who have been impacted or bereaved by suicide				
Report content					
1. Executive Summary					
<p>The purpose of this paper is to update on progress with delivery of the objectives within the Shropshire Suicide Prevention Strategy and response to the recently published data indicating an increase in the local suicide rate.</p> <p>The suicide rate in Shropshire has increased in the latest reporting period from the Department of Health and Social Care Fingertips data¹ (three-year average 2022–2024).</p> <p>Shropshire has a suicide rate of 13.5 per 100,000, which is statistically higher than the England average (10.9 per 100,000) and currently the highest in the West Midlands.</p> <p>While this position is concerning, Shropshire remains mid-range compared with its statistical neighbours (ranked 7th of 16), suggesting that broader demographic and geographic factors may be influencing risk.</p> <p>Every death by suicide is a tragedy for families, friends, and communities. Reducing suicide is a shared responsibility across our whole system and communities. No single, organisation can prevent suicide alone – it requires every partner, employer,</p>					

¹ Available at: [Fingertips | Department of Health and Social Care](#)

service and resident to play their part in creating hope, reducing stigma and ensuring that people in distress receive timely and compassionate support.

Activities in place to respond to this increase in the local suicide rate include;

- Launch of the Orange Button Community Scheme in September 2025: recruiting a network of trained volunteers who are comfortable to speak with people about suicide, can signpost to support and support reducing stigma speaking about suicide.
- Publication of the STW GP/Primary Care Preventing Suicides Toolkit: supporting clinicians and practice staff to identify and respond to suicide risk, co-produce safety plans and connect people to support
- Continued widespread recommendation by the Shropshire Suicide Prevention Action Group for all organisations and services that support vulnerable people to be aware and adopt the principles of the Staying Safe from Suicide Guidance (NHS England, 2025): with an emphasis on effective safety planning rather than traditional risk assessment. This includes encouragement to complete the associated free to access training available at: [MindEd Hub](#)
- Publication of a new training matrix for suicide, bereavement and self-harm: to help navigate what training could be most relevant for different roles across the integrated care system workforce and how to access.
- Delivery of a range of community events to raise awareness of suicide and broader mental health support: including talking seminars addressing stigma and promoting conversation and action in a number of market towns following World Suicide Prevention Day in 2025 and dedicated market stall stands with a range of resources and opportunity to speak with someone for further advice. Delivered with support from voluntary sector partners and the Public Health Outreach Wellbeing team.
- Establishment of suicide and drug/alcohol death learning review panels: launched in 2026 which provides opportunity for shared learning and recommendations to be made for the system to mitigate similar future deaths.
- Enhanced data intelligence: the continued growth of the real time surveillance system including the range of partner services contributing towards this process to help understand patterns of suicide across Shropshire, themes of risk and where individuals were known to services prior to death. Intention to support with an evidence-based approach for early intervention and targeted support along with supporting selection of cases to review in the new suicide death learning review panels.
- Review of online information and guidance on local webpages for support for concerns on suicide: being led by the Shropshire Suicide Prevention Action Group.
- A task & finish group is currently reviewing the suicide and self-harm care pathways for children and young people.
- Continued delivery of the Shropshire Suicide Prevention Strategy and action plan by the multi-agency Suicide Prevention Action Group.

2. Recommendations

1. To be aware of the actions and activities within this update
2. For all partners to recognise and action the attached Call to Action to support suicide prevention in Shropshire including
 - a. Adoption by all organisations providing a care offer for vulnerable people in Shropshire of the Staying Safe from Suicide Guidance along

- with plan to ensure the workforce have suitable knowledge and skills to support delivery of a safety plan approach when appropriate
- b. Raise awareness with managers, team leaders and wider workforce of the new training matrix for suicide, bereavement and self-harm and encourage opportunities for staff to access. Subsidised access to some training may be available for certain staff with most reach into community or high-risk cohorts – please contact Gordon Kochane for further details.
 - c. Promote the Orange Button Community Scheme both to raise awareness of what it is and support recruitment of a network of volunteers that are representative of our communities.
 - d. Promote support available for concerns about suicide or those impacted by suicide as highlighted in the report below and attached document.
3. To agree recommendation of extending the existing Shropshire Suicide Prevention Strategy (2023-2026) for a further 2 years to align with the national Suicide Prevention Strategy, as our priorities remain the same.

3. Report

The latest DHSC Fingertips data² (three-year average 2022–2024) shows that Shropshire’s suicide rate has risen to 13.5 per 100,000, which is statistically higher than the England average (10.9 per 100,000) and currently the highest in the West Midlands. While this position is concerning, Shropshire remains mid-range compared with its statistical neighbours (ranked 7th of 16), suggesting that broader demographic and geographic factors may be influencing risk.

Every death by suicide is a tragedy for families, friends, and communities. Reducing suicide is a shared responsibility across our whole system and communities. No single, organisation can prevent suicide alone – it requires every partner, employer, service and resident to play their part in creating hope, reducing stigma and ensuring that people in distress receive timely and compassionate support.

1. Summary of Current Position

The table below compares the Shropshire 2022 – 2024 rolling average suicide prevention rate with the England and West Midlands averages, as well as statistical neighbours.

This equates to 119 deaths by suicide in Shropshire over the reporting period. While local rates fluctuate annually due to small numbers, this increase highlights the need for renewed focus, vigilance, and continued multi-agency commitment.

Comparator	Rate per 100,000	Comment
Shropshire	13.5	<ul style="list-style-type: none"> • Statistically higher than England average • Highest in West Midlands
England average	10.9	
West Midlands average	10.5	<ul style="list-style-type: none"> • Range: 8.2 (Walsall) to 13.5 (Shropshire)
Statistical neighbours	Range: 7.8 (West Berkshire) to 19.4 (Cumberland)	<ul style="list-style-type: none"> • Shropshire ranks 7th out of 16 LA neighbours

² Available at: [Fingertips | Department of Health and Social Care](#)

2. Recent and Ongoing Local Activity (2024–25)

Community and Public Engagement

- **Orange Button Community Scheme** launched on World Suicide Prevention Day 2025 to create a visible network of trained community volunteers able to talk about suicide, reduce stigma, and signpost to support.
 - The scheme provides a range of training opportunities to equip community members with the skills needed to support people experiencing suicidal ideation, including the newly developed Suicide Prevention in our Communities | Shropshire Council aimed at building community-wide awareness and confidence in responding to suicide risk.
 - At launch, professionals across Shropshire who had previously completed eligible suicide prevention training were contacted, and 72 Orange Buttons were issued to the initial cohort of previously accredited professionals.
 - Since then, the scheme has grown significantly, with 171 Orange Button Holders currently active across Shropshire communities representing a wide variety of organisations. A further 160 individuals are registered to complete training over the next four months, meaning the network is expected to expand to well over 300 button holders by mid2026.
 - As the scheme continues to develop, recruitment and promotional efforts will increasingly target communities and cohorts at higher risk of suicide, ensuring equitable access to support.
 - Orange Button Holders are also able to access support from Shropshire Mental Health Support (Shropshire MHS) if they experience anything distressing while undertaking their duties. More information is available here: Orange Button Community Scheme | Shropshire Council
- **Samaritans ‘Ending Stigma Together’ seminars** were delivered across the county alongside Mental Health and Wellbeing market stall events led by the Public Health Outreach Team from Sept – Nov 2025.
 - A combined seminar and outreach approach provided accessible opportunities for residents to learn about suicide, explore stigma, and connect with local support while increasing seminar attendance and awareness.
 - Delivered in Oswestry, Whitchurch, Market Drayton, Bridgnorth, Ludlow, Ellesmere and Shrewsbury
 - Feedback indicated that several attendees had been bereaved by suicide, resulting in referrals into the Suicide Bereavement Service. The seminars also helped increase awareness of available support within communities.
 - Further opportunities to continue similar events in 2026/27 are currently being explored. The Suicide Prevention Action Group is keen to connect with local communities to understand what may be beneficial and to further develop outreach offers. For further discussion please contact Alexis Cook (Public Health Development Officer, Shropshire Council) at Alexis.Cook@shropshire.gov.uk

Primary Care and Clinical Support

- **New Shropshire Telford & Wrekin GP and Primary Care Suicide Prevention Toolkit** launched in April 2025, supporting clinicians and practice staff to identify and respond to suicide risk, co-produce safety plans, and connect people to support.
 - Toolkit resources have been shared with all GP practices across STW.

- **Implementation of NHS Staying Safe from Suicide guidance (2025)** – promoting safety planning approaches across wider health and care partners and recommended for non NHS partners to also adopt.
 - Free training on how to implement this guidance is available at: [MindEd Hub](#) and we encourage all partners to promote within their teams and organisations

Training and Workforce Development

- **Continued subsidised suicide prevention training** delivered through the Shropshire Suicide Prevention Action Group has helped strengthen workforce skills, confidence and capability across Shropshire.
 - Applied Suicide Intervention Skills Training (ASIST) – an intensive, evidence based two-day course that equips participants with practical skills to recognise suicide risk, engage safely, and develop collaborative safety plans – has been delivered five times since 2025, with strong uptake from RESET frontline workers who support people experiencing homelessness and are therefore more exposed to suicide risk. A further two ASIST sessions are scheduled for delivery in 2026.
 - Other subsidised training offers delivered by Shropshire Joint Training, including Suicide First Aid, have been accessed by a wide range of staff across Shropshire Council, care providers and the voluntary sector.
 - The locally developed 3.5hour *Suicide Prevention in Our Communities* course has also been in high demand since launching in 2025 and has already trained more than 60 participants, including bespoke sessions for organisations working with higher risk groups, helping to build a more confident and prevention focused workforce.
 - The Local Authority have a license to deliver STORM training to the Council workforce and commissioned services, providing suicide prevention and self-harm prevention skills to those working with and supporting children and young people. Although not directly co-ordinated by the Action Group work, this offer plays an important role in achieving the ambition of a suicide aware Shropshire. From May 2025 to February 2026, 45 people have completed STORM training with the next session being delivered in March 2026.
- **Launch of a training matrix** mapping suicide prevention, bereavement, and self-harm training opportunities across the system to support workforce competence and Orange Button accreditation (available online on the Shropshire Safeguarding Community Partnership page at: shropshiresafeguardingcommunitypartnership.co.uk/media/hqtp5ye/training-matrix-version-2-jan-2026.pdf).
- **Continued promotion of Zero Suicide Alliance** free online training (20 minutes) for all partner staff and volunteers available at: [ZSA FREE online training](#)

Learning and System Improvement

- **A Coroner inquest audit (2020–2023)** confirmed that local risk themes mirror national patterns, including relationship breakdown, bereavement, financial stress, and co-occurring mental or physical health conditions.
- **Suicide Death Learning Review Panels** are now booked for 2026 along with drug alcohol death review panels (data sharing agreements between partners

now in place). These will enable a consistent process to identify learning and prevention opportunities.

- **The Shropshire Suicide Prevention Action Plan** was refreshed in July 2025 with new priorities and indicators. Recommendation to extend the Shropshire Suicide Prevention Strategy (2023-2026) for a further 2 years to 2028, to be in line with both the national Suicide Prevention Strategy and the Telford Suicide Prevention Strategy. A 3-year Strategy was initially decided due to uncertainty about future funding and investment into suicide prevention which many of the actions rely on. Local area provision of grant funding for suicide has been via NHS England but has changed in nature over the past 2 years and is no longer ringfenced but is included as part of a broader mental health crisis fund. Agreement for continued funds to deliver the suicide prevention programme is in place for 2026/27. Our ambitions and priorities within the current Strategy remain the same.

Additional Actions and Activities

- **Update of the Suicide and Self-Harm Safeguarding Care Pathway documents** - A task & finish group (overseen by the Suicide Prevention Action Group and inviting wider stakeholders) has recently been established and currently reviewing content. Purpose is to ensure the updated resource reflects current national policy, current local services/pathways, and provides clear, practical guidance for professionals working with children and young people to identify and confidently respond to risk.
- **Review of the local information, guidance and advice for suicide prevention** – a task & finish group has been established to look at products such as the Pick up the Phone You Are Not Alone are reviewed and refreshed with up to date first point of contacts. This includes digital information on local webpages have the appropriate accessibility and detail of meaningful information for different audiences (e.g. an individual in crisis, concerned about someone else or a professional supporting others)
- **Continued expansion of data and intelligence** – working with wider services including the Mental health liaison team at RSH to understand patterns of presenting suicide risk in addition to deaths by suicide to support an evidence-based approach to targeted prevention planning.
- **Continued delivery of the Suicide Bereavement Service** – providing practical, advocacy and bereavement support for anyone impacted by a suicide or unexpected death. This offer is also available at no cost to witnesses and is accessible to family, friends, colleagues, and witnesses, recognising the wide-reaching emotional and practical impacts of suicide across communities.
 - Over the 2024–2025 reporting period, the service received 117 referrals, of which 89 individuals engaged in ongoing support.
 - The Bereavement Support Officer maintains an average caseload of 29 active cases per quarter, reflecting sustained and complex support needs following a bereavement by suicide.
 - Referrals are received from a wide range of professionals and community sources, with primary referral routes including Shropshire & Telford Coroner’s office (30%) and self-referrals (27%).
 - Feedback from those accessing service highlights its flexible and person centred approach being particularly helpful in enabling people to navigate the often lengthy and emotionally challenging inquest process.

3. Next Steps

The Shropshire Suicide Prevention Action Group will:

- Continue to build a plan for community engagement in 2026/27, utilising the data from real time surveillance to support locations and/or cohorts to target. Approach will be guided by Action Group partners, but wider system feedback and support welcomed.
- Review comms plan to ensure the right messages are communicated to our communities of hope and support where there are concerns of suicide.
- Continue to expand the real time surveillance system with system partners, supported by our Real Time Surveillance Co-ordinator to gather greater insights into local themes and patterns of risk. New fields being collected recently include if the individual was neurodivergent (or expected) and physical health/chronic conditions.
- Continue to explore capturing presentation of risk data from wider partners including emergency and blue light services where possible.
- Engage with statistical neighbour areas showing lower rates of suicide to understand transferable learning.
- Launch the suicide learning review process to inform future prevention activity.

4. Key Messages

- Suicide remains preventable through collective action, early intervention, and strong partnerships.
- Shropshire has implemented significant new initiatives in 2024–25 that will support future reduction in suicide risk.
- Local partners and communities are asked to:
 - Promote and recruit Orange Button volunteers, further details available at: [Orange Button Community Scheme | Shropshire Council](#)
 - Encourage take-up and completion of suicide prevention training (including the free to access Zero Suicide Alliance e-learning available at: [ZSA FREE online training](#))
 - Embed safety planning approaches across all services
 - Further information about local support is available via: [Healthy Shropshire | Shropshire Council](#) and [Suicide concerns and prevention | Shropshire Council](#)

5. Reminder of Support for Concerns About Suicide

If you or someone you know is struggling, help is available:

- **Samaritans** – Call or text **116 123** (24/7) | Email: jo@samaritans.org
- **Papyrus** – For under 35s | Call **0800 068 4141** | Text **07860 039967**
- **Shropshire Mental Health Support** – Visit www.shropshiremhs.com | Call **01743 368 647**
- **Shout Mental Health Text Line** - Text 'STW' to **85258**, free of charge and at any time, to start a conversation with a trained mental health professional
- **NHS 111** – Select the mental health option (24/7)
- **FREEPHONE 24/7 Urgent NHS Mental Health Helpline** 0808 196 4501 or email access.shropshire@mpft.nhs.uk
- **Shropshire Rural Support** – Call 0300 123 2825 (or text 85258) www.shropshireruralsupport.org.uk
- **Bereavement Support** – Call **0345 678 9028**
- **Local & National Resources** – Visit shropshire.gov.uk/suicideprevention

6. Call to Action

Please find the Call to Action for partners to support suicide prevention in Shropshire in Appendix B.

Risk assessment and opportunities appraisal

Financial implications
(Any financial implications of note)

The suicide prevention programme needs to consider sustainable investment as currently relying on a 12 month grant with uncertainty about continuity in future years beyond 2026/27.

Climate Change Appraisal as applicable

None

Where else has the paper been presented?

System Partnership Boards	
Voluntary Sector	
Other	

List of Background Papers - NA

Cabinet Member (Portfolio Holder) or your organisational lead

Cllr Bernie Bentick, Portfolio Holder for Public Health & Protection, Shropshire Council

Appendices:

Appendix A. Suicide Prevention update - presentation

Appendix B. Call to Action

Appendix C. Data from Department of Health and Social Care, Fingertips (below)

Latest Position 2022-24

- Shropshire is statistically higher than the England average for suicide deaths for all persons with a rate of 13.5 per 100,000 compared to England average of 10.9 per 100,000
- This equates to 119 deaths by suicide during this period

[Nearest statistical neighbours \(NHS England\)](#)

Indicator	Period	Shropshire				England			
		Recent Trend	Count	Value	Value	Worst	Range	Best	
Suicide rate (Persons) New data	2022 - 24	–	119	13.5	10.9	20.2		4.6	
Suicide rate (Male) New data	2022 - 24	–	87	20.3	16.8	33.2		6.2	
Suicide rate (Female) New data	2022 - 24	–	32	7.2	5.5	11.2		2.5	
Years of life lost due to suicide (Persons, 15-74 yrs)	2020 - 22	–	98	43.3	34.1	75.9		14.2	
Years of life lost due to suicide (Male, 15-74 yrs)	2020 - 22	–	73	70.3	51.5	127.0		16.4	
Years of life lost due to suicide (Female, 15-74 yrs)	2020 - 22	–	25	15.4	17.2	43.4		6.7	
Age-standardised rate for suicide by age and sex (Persons, 10-24 yrs)	2019 - 23	–	14	6.2	5.4	-	Insufficient number of values for a spine chart		
Age-standardised rate for suicide by age and sex (Persons, 25-44 yrs)	2019 - 23	–	51	14.9	12.6	31.2		4.3	
Age-standardised rate for suicide by age and sex (Persons, 45-64 yrs)	2019 - 23	–	76	16.8	13.6	24.8		5.2	
Age-standardised rate for suicide by age and sex (Persons, 65+ yrs)	2019 - 23	–	37	9.1	8.2	15.0		3.6	
Age-standardised rate for suicide by age and sex (Male, 25-44 yrs)	2019 - 23	–	42	24.4	19.6	52.2		5.1	
Age-standardised rate for suicide by age and sex (Male, 45-64 yrs)	2019 - 23	–	46	21.1	20.8	38.9		7.3	
Age-standardised rate for suicide by age and sex (Male, 65+ yrs)	2019 - 23	–	26	13.9	13.1	-	Insufficient number of values for a spine chart		
Age-standardised rate for suicide by age and sex (Female, 25-44 yrs)	2019 - 23	–	9	*	6.1	-	Insufficient number of values for a spine chart		
Age-standardised rate for suicide by age and sex (Female, 45-64 yrs)	2019 - 23	–	30	12.7	6.7	-	Insufficient number of values for a spine chart		
Age-standardised rate for suicide by age and sex (Female, 65+ yrs)	2019 - 23	–	11	4.9	4.1	-	Insufficient number of values for a spine chart		

Comparison to West Midlands LAs

When comparing the Shropshire suicide rate to West Mids LAs, Shropshire has the highest rate at 13.5 per 100,00. The average for West Midlands is 10.5 per 100,000.

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	-	16,657	10.9	10.8	11.1
West Midlands region (statistical)	-	1,664	10.5	10.0	11.0
Shropshire	-	119	13.5	11.0	16.0
Stoke-on-Trent	-	90	13.1	10.5	16.1
Worcestershire	-	202	12.4	10.7	14.2
Coventry	-	107	11.8	9.5	14.1
Solihull	-	62	11.0	8.4	14.2
Telford and Wrekin	-	55	11.0	8.3	14.3
Herefordshire	-	54	10.6	7.9	13.9
Staffordshire	-	238	10.1	8.8	11.4
Birmingham	-	284	9.9	8.7	11.1
Sandwell	-	86	9.8	7.8	12.1
Warwickshire	-	160	9.7	8.2	11.2
Wolverhampton	-	68	9.6	7.5	12.2
Dudley	-	78	9.2	7.3	11.6
Walsall	-	61	8.2	6.3	10.6

Comparison to Statistical Neighbours

- When comparing the Shropshire suicide rate to nearest statistical neighbours as defined by NHS England (places with similar demographic/geographic profiles), Shropshire is ranked 7th highest out of 16 areas with a suicide rate range of 7.8 per 100,000 in West Berkshire to 19.4 per 100,000 in Cumberland
- This indicates that areas with a similar demographic profile to Shropshire may be skewed towards experiencing a higher death by suicide rate compared to the England average.

Areas Shropshire and neighbours

Show 99.8% CI values

Area ▲▼	Recent Trend	Neighbour Rank ▲▼	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	-	-	16,657	10.9	10.8	11.1
Neighbours average	-	-	-	-	-	-
Cumberland	-	7	137	19.4	16.1	22.7
Cornwall	-	11	232	15.0	13.1	17.0
Westmorland and Furness	-	5	88	14.8	11.8	18.3
North Yorkshire UA	-	1	239	14.1	12.2	15.9
Northumberland	-	10	114	14.0	11.4	16.7
Cheshire East	-	15	148	13.7	11.5	16.0
Shropshire	-	-	119	13.5	11.0	16.0
Devon	-	14	297	13.5	11.9	15.1
East Riding of Yorkshire	-	6	130	13.5	11.1	15.9
Dorset	-	12	129	12.8	10.5	15.1
Somerset UA	-	4	172	11.4	9.7	13.2
Suffolk	-	8	215	10.7	9.3	12.2
Herefordshire	-	3	54	10.6	7.9	13.9
Wiltshire	-	2	137	10.0	8.3	11.7
Gloucestershire	-	9	171	9.9	8.4	11.3
West Berkshire	-	13	33	7.8	5.3	10.9

Source: Office for National Statistics

[Indicator Definitions and Supporting Information](#)

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Shropshire Suicide Prevention

March 2026

Suicide Data: Current Position

Suicide Rate - 3 year average 2022 – 24 (DHSC, Fingertips)

- Shropshire = 13.5 per 100,000 (119 deaths with a verdict of suicide)
- England = 10.9 per 100,000
- West Midlands average -10.5 per 100,000
- Significantly higher than both England and West Midlands average
- 7th out of 16 areas compared to statistical neighbours

Comparison to Regional and Statistical Neighbours



Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	-	16,657	10.9	10.8	11.1
West Midlands region (statistical)	-	1,664	10.5	10.0	11.0
Shropshire	-	119	13.5	11.0	16.0
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Dudley	-	78	9.2	7.3	11.6
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Area ▲▼	Recent Trend	Neighbour Rank ▲▼	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	-	-	16,657	10.9	10.8	11.1
Neighbours average	-	-	-	-	-	-
Cumberland	-	7	137	19.4	16.1	22.7
Cornwall	-	11	232	15.0	13.1	17.0
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West Berkshire	-	13	33	7.8	5.3	10.9

Source: Office for National Statistics

Insights on recent suicide risks

- **Coroner audit (2020 – 2024) themes mirror national patterns**

- Relationship breakdown
- Financial stress
- Previous unmet chronic bereavement
- Co-occurring mental and physical health conditions

- **From Real Time Surveillance**

- Men 60% male, 40% female (slightly higher rate in females compared to England average)
- August and December (the highest monthly total for 2024-25 and 2025-26 to date).

- **Themes**

- Mental health conditions - most common
- Domestic abuse
- Substance use
- Financial concerns
- Previous overdose/self-harm
- Parenting struggles
- Physical health/chronic pain
- Emerging ADHD – diagnosed/suspected
- Complex serious mental health
- Loneliness
- Relationship breakdown
- Homelessness

1. Community Action: Orange Button + Outreach

- **Orange Button Community Scheme launched Sept 2025**
 - Recruit visible network, trained volunteers,
 - Signposting and Stigma Reduction
 - Currently 171 OB holders and 160 registered to train
- **Outreach Events**
 - Samaritans Ending Stigma Together seminars
 - Market staff engagement across Shropshire towns
 - Feedback from the events was positive and promoted local offers including the Suicide Bereavement Service
- **Comms**
 - Refresh of Pick up the Phone You Are Not Alone (aim to launch May 2026)
 - Review of local website information (Healthy Shropshire, Safeguarding and ICB)
 - System Partner Call to Action (within the HWWB Report)

2. Clinical & frontline practice shift: Safety Planning

- **GP/Primary Care Suicide Prevention Toolkit**
 - Launched April 2025
 - Purpose to support identification of risk, co-produce safety plans, connect to appropriate support
- **Priority - Staying Safe from Suicide Guidance (NHSE, 2025)**
 - Prioritise effective safety planning over traditional risk assessment
 - Free training available for all at [MindEd Hub](#)
- **Review of CYP Suicide Care Pathways**
 - Multi agency task & finish group established

3. Workforce & System Learning

- **Subsidized workforce suicide prevention training offer in place**
 - [ASSIST](#) (2 day workshop) delivered 5 times in 2025 and further 2 in 2026 planned
 - Local [Suicide Prevention in our Communities](#) course established (3 hours) – 60+ to date
 - [STORM](#) training: 45 trained (May 2025 – Feb 2026)
- **Training Matrix published**
 - Suicide, self-harm and bereavement
 - Help partners navigate training most appropriate for different workforce tiers
- **Suicide Death Learning Review panels established March 2026**
- **Expansion of Real Time Surveillance**
 - Currently supported by teams from
 - Social Care
 - Health (physical and mental)
 - Substance Use
 - Criminal Justice
 - Financial and welfare support
 - Housing
 - VCSE
 - This has improved both data quality and reporting.
 - Recent focus on asking about known neurodivergence and chronic conditions

Partner Call to Action

- Review current identification and response to suicide risk within your services for delivery of the **Staying Safe from Suicide guidance**
 - To support building workforce confidence and capability for **safety planning** approach with patients/service users where concern for suicide are identified
- Promote the new **Training Matrix** along with opportunities for staff to access suicide prevention training relevant to their grade/role.
 - Particularly for those who work most frequently with higher risk and vulnerable cohorts
- Promote awareness of the **Orange Button Community Scheme** and opportunity for recruitment of OB Volunteers (which includes access to free training and support resources)
- Continue to promote awareness of **local support contacts**

Local Support for Concerns About Suicide

- **Samaritans** – Call or text **116 123** (24/7) | Email: jo@samaritans.org
- **Papyrus** – For under 35s | Call **0800 068 4141** | Text **07860 039967**
- **Shropshire Mental Health Support** – Visit www.shropshiremhs.com | Call **01743 368 647**
- **Shout Mental Health Text Line** - Text **'STW'** to **85258**, free of charge and at any time, to start a conversation with a trained mental health professional
- **NHS 111** – Select the mental health option (24/7)
- **FREEPHONE 24/7 Urgent NHS Mental Health Helpline** 0808 196 4501 or email access.shropshire@mpft.nhs.uk
- **Shropshire Rural Support** – Call 0300 123 2825 (or text 85258)
www.shropshireruralsupport.org.uk
- **Bereavement Support** – Call **0345 678 9028**
- **Local & National Resources** – Visit shropshire.gov.uk/suicideprevention
- Further information about local support is available via: [Healthy Shropshire | Shropshire Council](#) and [Suicide concerns and prevention | Shropshire Council](#)

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Call to Action: Role of Partners for Suicide Prevention in Shropshire

The suicide rate in Shropshire has increased in the latest reporting period from the Department of Health and Social Care Fingertips data¹ (three-year average 2022–2024).

Shropshire has a suicide rate of 13.5 per 100,000, which is statistically higher than the England average (10.9 per 100,000) and currently the highest in the West Midlands.

While this position is concerning, Shropshire remains mid-range compared with its statistical neighbours (ranked 7th of 16), suggesting that broader demographic and geographic factors may be influencing risk.

Every death by suicide is a tragedy for families, friends, and communities. Reducing suicide is a shared responsibility across our whole system and communities. **No single, organisation can prevent suicide alone – it requires every partner, employer, service and resident to play their part in creating hope, reducing stigma and ensuring that people in distress receive timely and compassionate support.**

Suicide has a significant, lasting and often devastating impact

- Economically, psychologically and spiritually - on individuals, families, communities, and the wider **society**.

Suicide prevention is everybody's business

- 1 in 5 people have had suicidal thoughts at some point in their lives. Most of us may have been affected by suicide in some way either directly or indirectly.

Suicide is not inevitable and can be preventable

- Suicides are preventable with timely, evidence based interventions. Everyone has a role in suicide prevention. Many people who die by suicide have been in contact with Primary Care during their final year and commonly in the final month of their life which is why this pack has been produced

The multi-agency Shropshire Suicide Prevention Action Group have undertaken a number of new initiatives during 2025 with intention to address suicide risk, however, we recognise a wider system approach is needed to keep people safe from suicide and we all have a role. As such we are proposing this call for action.

Suicide remains preventable through collective action, early intervention, and strong partnerships.

Request to All Partners in Shropshire

1. Safety Planning rather than risk assessment

¹ Available at: [Fingertips | Department of Health and Social Care](#)

- New **Staying Safe from Suicide Guidance** published in 2025 by NHS England but applicable to all agencies- identifies a strong evidence base that effective safety planning is highly impactful in keeping people safe from suicide risk but low evidence for risk assessment
- Adopt the new **Staying Safe from Suicide** guidance published earlier this year within service/organisation policy and procedures
 - Guidance available here: [NHS England » Staying safe from suicide](#)
- Promote the free online guidance training on how to implement in different settings (including non NHS settings)
 - Free online training available here: [MindEd Hub](#)

Additional Useful Resources to use and promote

- **Safety Planning Tools** – available at [Staying Safe](#) hosting a safety plan template to complete electronically online or download **to complete with the patient if expressing suicidal thoughts** and guidance on how to use
- **StayAlive app** – <https://prevent-suicide.org.uk/stay-alive-app-grassroots-suicide-prevention> – free resource with information and tools to help you stay safe if you are having thoughts of suicide or concerned about someone else

2. Promote and actively encourage workforce to access Suicide Prevention and Awareness training

- A range of suicide prevention training is available in Shropshire aimed at a range of audiences to build confidence, skills and knowledge on how to identify and respond to suicide risk
- Review workforce knowledge and confidence in responding to suicide risk (particularly who regularly interact with vulnerable groups) to consider who could most benefit from access to training
- Encourage all staff (including senior leaders and managers) to complete the free to access online 20 minute training provided by the Zero Suicide Alliance and consider opportunity to introduce as mandatory
 - Available at: [ZSA suicide awareness training courses](#)
- Review and promote the new Training Matrix highlighting the range of suicide prevention, bereavement and self-harm training offers recommended by the Shropshire Suicide Prevention Network available at: [Training Matrix Version 2. Jan 2026](#)

3. Promote the Orange Button Community Scheme

- A new community ambassador programme set up across Shropshire, Telford & Wrekin to recruit a network of trained volunteers who are comfortable to speak with people about suicide, are able to signpost to support and with a role to reduce stigma speaking about suicide
- Volunteers are identified through wearing a visible orange button provided as part of their welcome pack following completion of training
- Further details about Orange Button can be found here along with details on how to apply to become a volunteer;
 - Shropshire: [Orange Button Community Scheme | Shropshire Council](#)
 - Telford & Wrekin: [Telford & Wrekin Council | Orange button](#)

4. Promote support available for concerns about suicide or impacted by suicide

- **Samaritans** – Call or text **116 123 (24/7)** | Email: jo@samaritans.org
- **Papyrus** – For under 35s | Call **0800 068 4141** | Text **07860 039967**

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SHROPSHIRE HEALTH AND WELLBEING BOARD				
Report				
Meeting Date	19 March 2026			
Title of report	Special Educational Needs and Disabilities (0-25 year olds) JSNA			
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	Jessica Edwards, Jess.Edwards@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		Reduce inequalities (see below)	x
What inequalities does this report address?	Inequalities and disparities in health outcomes, service provision and access to services for children with special educational needs in Shropshire.			
Report content				
1. Executive Summary				
<p>This paper presents to the Health and Wellbeing Board the Special Educational Needs and Disabilities (0-25 year olds) Joint Strategic Needs Assessment (JSNA). We are seeking approval of the JSNA and endorsement of the recommendations. Upon approval, the JSNA will be published on Shropshire Council's public facing website.</p>				
Background and Purpose				
<p>This JSNA provides a comprehensive picture of the needs of children and young people with Special Educational Needs and Disabilities (SEND), and their families, in Shropshire. Its purpose is to inform the planning and development of local services and to support the reduction of health inequalities through effective identification, prevention and early intervention.</p>				
<p>The 2020–22 Shropshire SEND JSNAs focused primarily on educational outcomes for children and young people with SEND. This refresh broadens the scope to include a wider range of intelligence on the factors that shape outcomes for this population. It brings together evidence on socioeconomic influences and the wider determinants of health, such as housing, deprivation, rurality and transport, alongside data on mental and physical health and social care needs. The assessment also highlights emerging local needs and areas for improvement, supporting joint commissioning and the more effective use of resources to prevent escalation of need. Central to this work is a continued emphasis on early intervention and prevention, informed by the lived experiences and voices of children and young people with SEND, their families and carers.</p>				
<p>Nationally, children and young people with SEND experience poorer academic, emotional and social outcomes than their peers. It is therefore essential that SEND support across all services is grounded in a robust understanding of current and future need. This needs</p>				

assessment compares outcomes for children and young people with SEND in Shropshire with national, regional and statistical neighbour data to build a comprehensive picture of local need. Its findings will inform joint commissioning priorities and support preparation for Shropshire's Area SEND inspection.

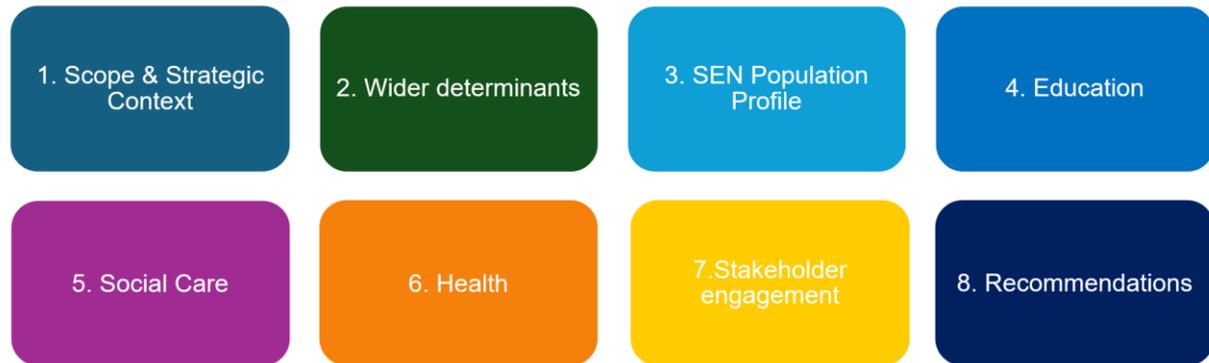
The SEND and Alternative Provision Partnership Board provides strategic oversight for SEND in Shropshire. JSNAs enable the Board to understand local need and form the evidence base for the Council's SEND Strategy, which sets out the priority actions to improve outcomes for children and young people with SEND.

Objectives

This JSNA focuses on all children and young people with Special Educational Needs and Disabilities and provision to meet these needs, as set out in the Children and Families Act 2014. It describes the prevalence and patterns of special educational needs and disability among children and young people in Shropshire, including exploring the different domains of SEND and the pathways to support, especially early detection, and the role of assets in the county. Given the broad range of needs and services for children and young people with SEND aged 0-25, this report is not an in-depth review of any one specific service but instead aims to:

- identify relevant national guidance and local policy in relation to children and young people with SEND aged 0 to 25.
- describe the population profile of children and young people with SEND aged 0 to 25 and their families in Shropshire.
- provide an overview of the wider determinants of health and their impact on the children and young people aged 5 to 16 and their families.
- compare local data with national, regional and statistical neighbours for broader understanding of our local context.
- identify gaps, barriers, and unmet needs in current service provision
- provide evidence-based recommendations to ensure that the needs of children and young people with SEND aged 0 to 25 year olds are met in Shropshire

Given the scale and complexity of the SEND JSNA, it has been structured into a series of standalone thematic chapters. This approach makes the document more accessible, allows Board members, stakeholders and decision makers to focus on specific areas of interest, and supports clearer oversight of needs, gaps, and priorities across the SEND system. Each chapter consists of a detailed written report and an accompanying summary slide deck, highlighting key findings.



Key findings

For a summary of key findings from across all chapters of the JSNA see the “SEND JSNA Key Findings – March 2026” slide deck (Appendix A).

2. Recommendations

2.1. Early Identification, Prevention and Inclusion: getting help earlier, reducing escalation, and improving equity of access.

Actions:

- Improve early identification of needs by strengthening assess–plan–do–review cycles, addressing masking (particularly in girls) and improving children’s ability to communicate their needs.
- Sustain outreach and specialist support for children with SEMH and SLCN needs, ensuring long-term sustainability of outreach offers (e.g., Outshine, specialist SLCN teams, therapy in mainstream settings) and monitor their impact on inclusion, school exclusions, language development and wellbeing.
- Strengthen early intervention and prevention through engagement with early help and improve targeting, equity and take-up- of Short Breaks and HAF
- Raise awareness of Learning Disability health checks to ensure accurate registers, strengthen monitoring, and diagnostic pathways.
- Promote healthy weight and oral health initiatives among practitioners and schools such as the Oral Health Promotions by the Healthy Smile Team.

2.2. Child-Centred Practice: ensuring children and young people are understood, heard, and supported appropriately.

Actions:

- Embed and sustain neurodiversity and mental health support through neurodiversity offers, mapping mental health/EBSA support, and promoting Neurodiversity Practitioners, ensuring impact is measured.
- Develop gender-sensitive SEMH approaches and support schools to build communication and emotional regulation strategies particularly tailored to boys, addressing gender disparities in help seeking.

- Ensure CYP voice shapes all support by prioritising capturing each child’s preferred communication method and roll out tools (e.g., Talking Mats) to ensure their voice informs the support they receive.

2.3. Integrated Pathways and Targeted Provision: joined-up services across education, health, and care.

Actions:

- Improve pathways for SEMH, EBSA and medical needs through scoping of specialist AP provision, review section 19/mental health offers, evaluate BeeU 0–5 impact, and ensure joined up- support across education, health, and social care.
- Strengthen multi-agency planning for vulnerable groups (CIN, CLA, CPP, home educated children, care leavers) - tailor interventions to dominant needs (e.g., SEMH, SLD, ASD), strengthen EHCP pathways, improve planning and address unmet needs.

2.4. System Quality, Data and Assurance: improve accuracy, accountability, and evidence

Actions:

- Improve accuracy of Primary Need recording and data quality through developing clear descriptors of primary needs and regularly review data to clarify whether needs are being recorded accurately.
- Build leadership and capacity for monitoring school standards by implementing the Education Excellence Strategy and resource teams sufficiently to monitor standards, drive early intervention, and uphold statutory duties.

2.5. Preparation for Adulthood and Life Outcomes: sustained impact beyond compulsory education.

Actions:

- Strengthen preparation for adulthood and post-16 outcomes, understanding attainment gaps, improve post-16 EHCP review processes, enhance data collection, and ensure smooth transitions into adulthood services.

3. Report

See appendix A. SEND JSNA – presentation

Risk assessment and opportunities appraisal		
Financial implications		
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	SEND Quality Assurance Group, SEND Partnership Board, Early Help Partnership Board, and Shropshire Integrated Place Partnership Board
	Voluntary Sector	Via Shropshire Integrated Place Partnership Board
	Other	N/A
List of Background Papers - N/A		
Cabinet Member (Portfolio Holder) or your organisational lead Cllr Bernie Bentick, Portfolio Holder for Health & Public Protection		
Appendices: Appendix A. SEND JSNA – presentation		

SEND Joint Strategic Needs Assessment (JSNA)

Key Findings

March 2026

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Chapters

1. Scope &
Strategic Context

2. Wider
determinants

3. SEN Population
Profile

4. Education

5. Social Care

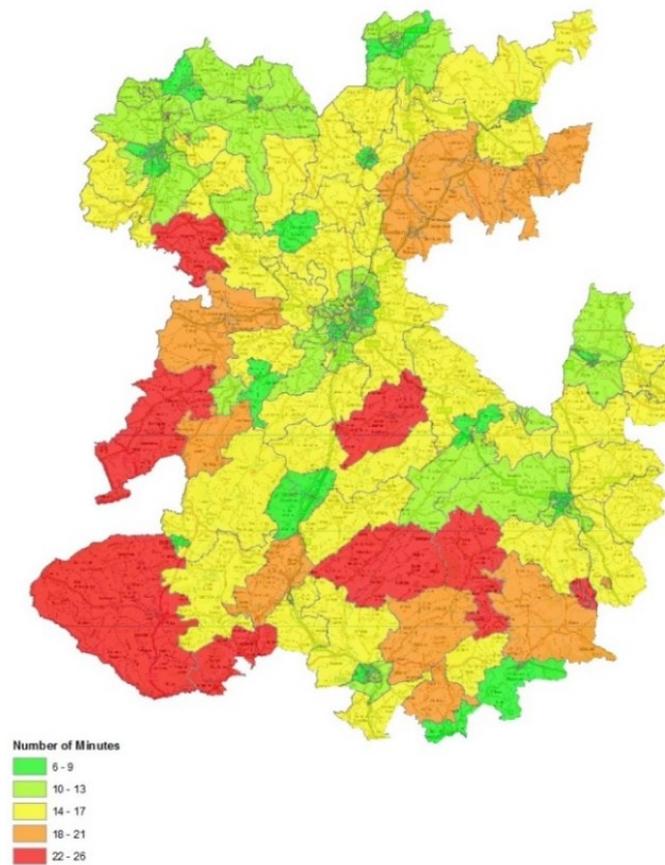
6. Health

7. Stakeholder
engagement

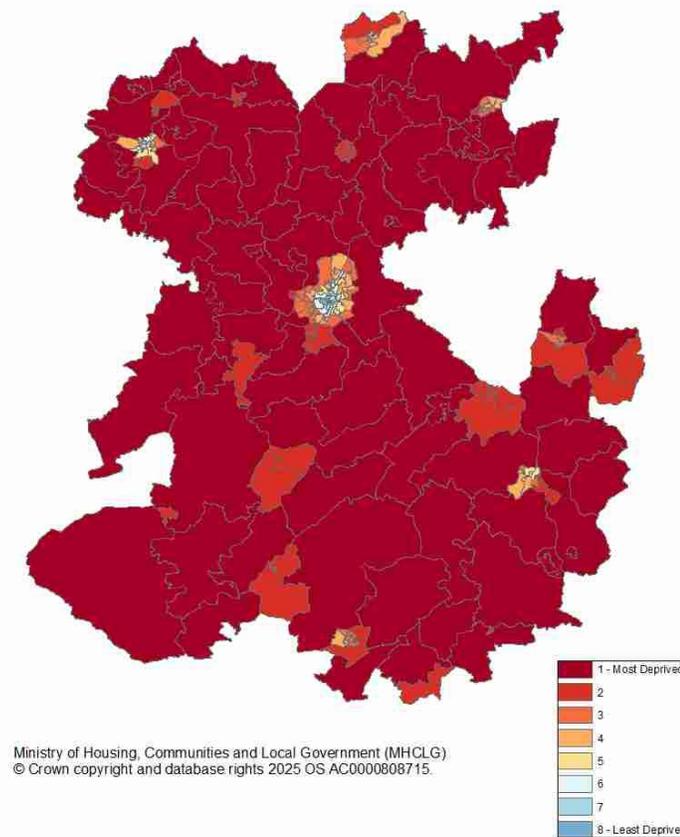
8.
Recommendations

- 57% of the population live in rural areas, of which 26% are aged 0-25
- Travel times to school are longer in Shropshire compared to national averages, especially for those that walk or rely on public transport. Average journey times using public transport – 13 minutes to primary school (9 minutes nationally) and 28 minutes to a secondary school (18 minutes nationally)
- Shropshire became slightly more deprived between 2015 and 2025 but is still less deprived than 52% of local authorities in England. 154th most deprived LA (out of 296).
- Barriers to housing and services pronounced in rural areas – almost all rural LSOAs in Shropshire are in the 20% most deprived areas nationally
- 1,515 households at risk of homelessness, of which 10% have SEND-related support needs

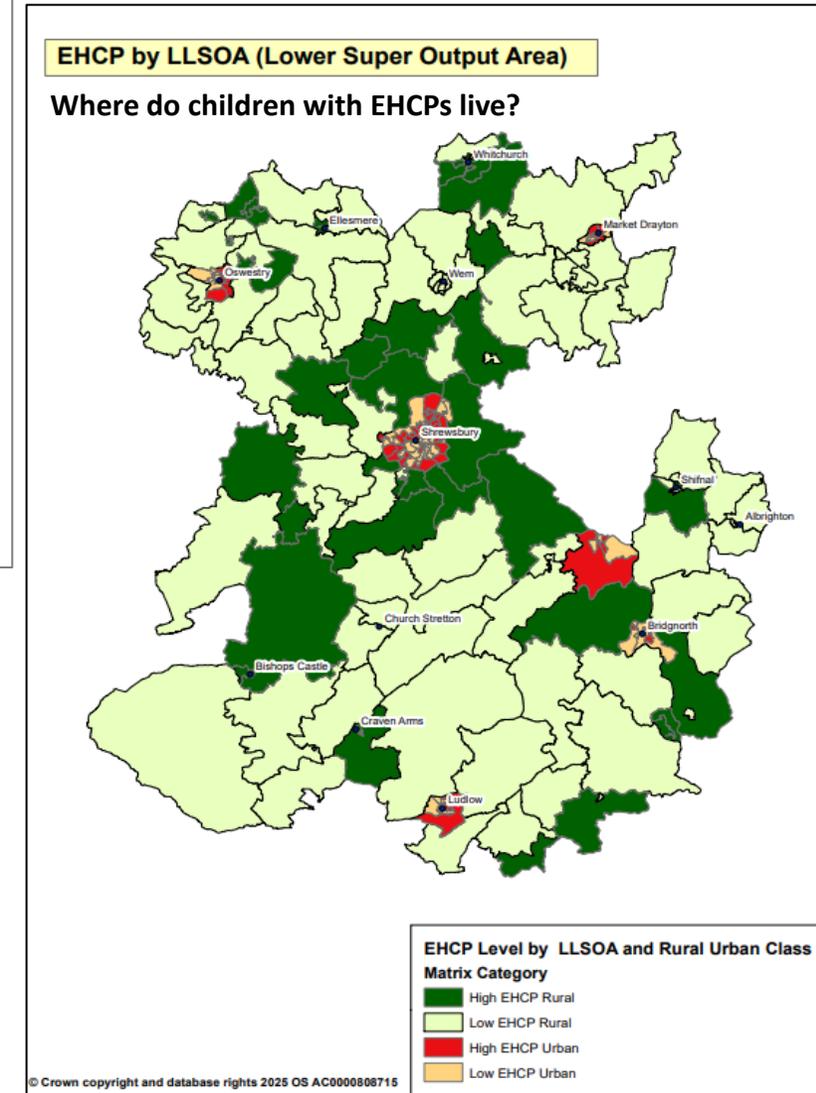
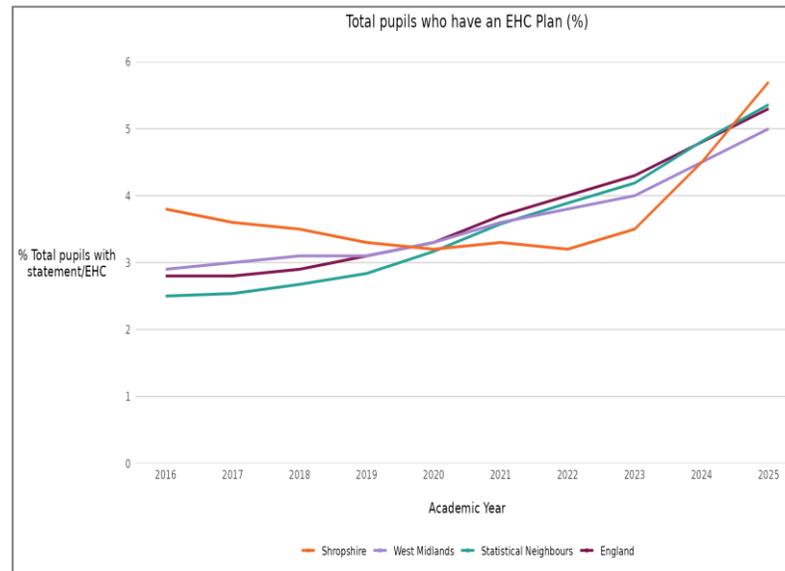
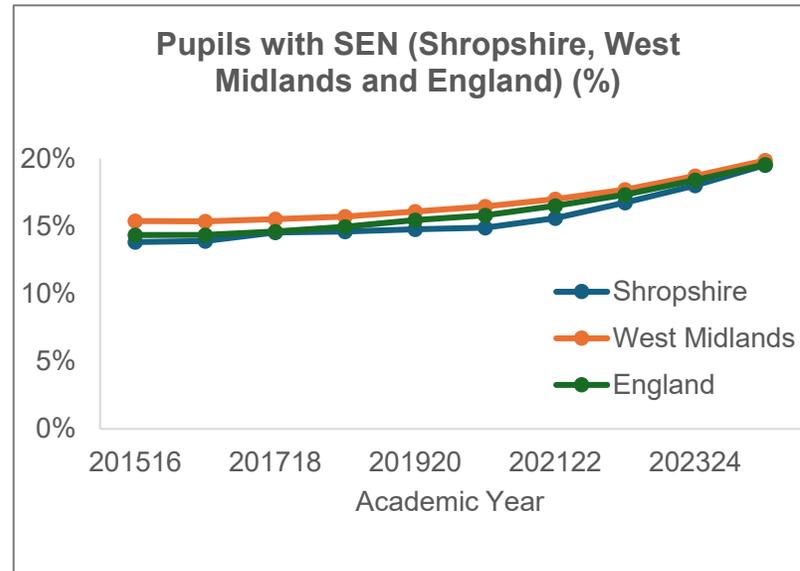
Average Minimum Journey Time
Secondary School



IoD: Geographic Barriers



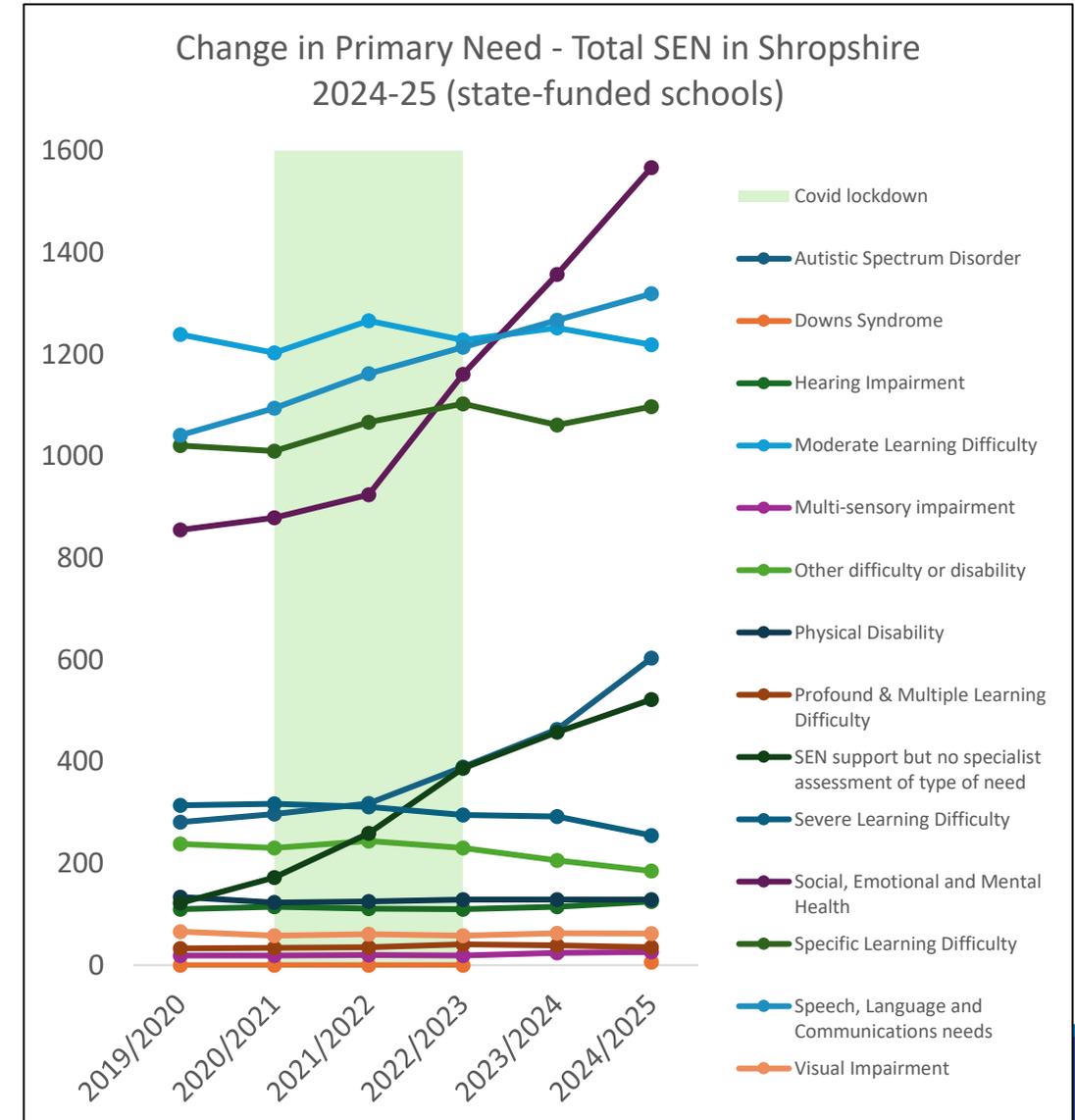
- 25% of Shropshire's total population are aged 0-25 (2023). Numbers of 0-24s expected to decrease by 8% in next 25 years. Nationally also seeing a fall of 5%.
- In 2024/25 in Shropshire, 8, 653 school aged children in Shropshire have SEN.
- 10.5% of Shropshire's school aged children with SEN, similar to nationally and regionally; 13.9% with SEN Support and 5.7% have an EHCP.
- More males with SEN than females
- 42% of all Shropshire pupils with SEN were aged 11-15 years old
- The SEN population in Shropshire is increasing rapidly, up 32% post pandemic. Increasing at a much faster among children with EHCPs (+78%)



Most prevalent primary need (2024/25):

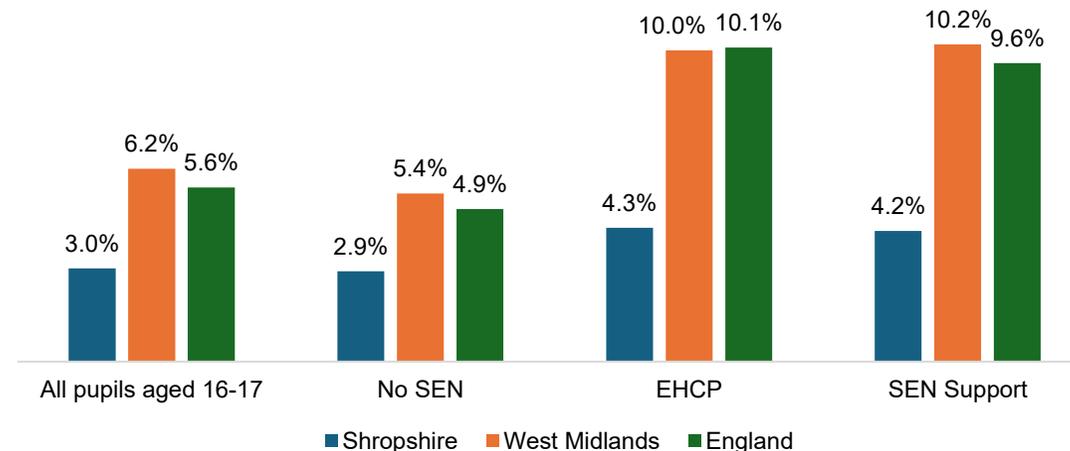
- All SEN pupils in all schools: social, emotional and mental health (SEMH) above the regional and similar to national and rising. *Note: Primary needs may be flagged without a supporting diagnostic. It may be that the presenting behaviour has been classified, rather than the actual need. This data is only as accurate as how the schools have reported it.*
- Speech, Language and Communication needs (SLCN) was second most prevalent
- Rise in SEMH, Autistic spectrum disorder and no specialist assessment of need since pre-pandemic period
- For both EHCPs and SEN support pupils across all school phases: SEMH
- In primary schools: Speech, Language and Communication needs (SLCN) and SEMH
- In secondary schools: SEMH and Specific Learning Disability
- Special schools: Severe learning difficulty and SEMH most prevalent among Shropshire SEN population, higher than regional and national.

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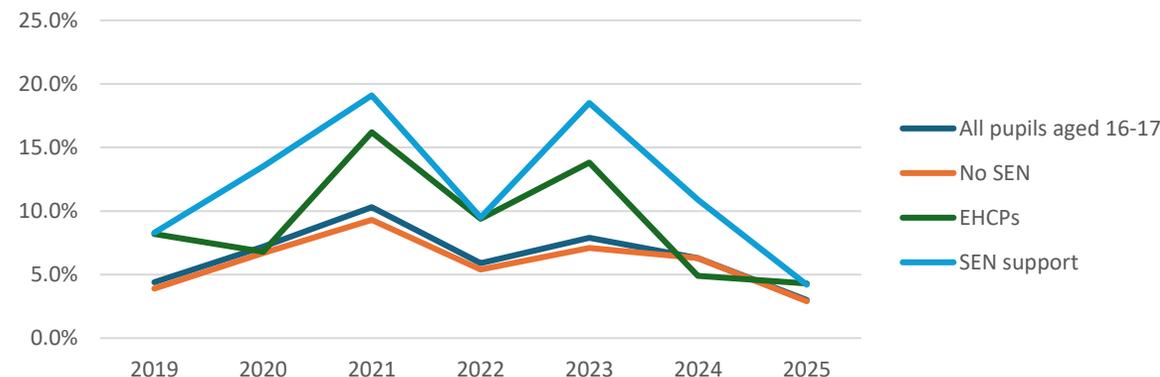


- Recent increase in the numbers of children electively home educated. 5% of home educated children had EHCPs as of June 2025
- Educational attainment is much lower among children with SEN than those with without SEN.
- Children with SEN meeting the expected level of development declines as they progress through the education system
- Attainment at age 19 in SEN population rates lower than in non-SEN population.
- Persistent Absences Higher as level of SEN support increases and as pupils get older
- Rates for exclusions and suspensions among SEND pupils are higher than among non-SEND pupils
- Majority of 16 to 17-year-olds with SEN were in education and training in 2025 at 93.4% EHCPs and 91% SEN Support. Above regional and national rates.
- Young people aged 16-17 with SEN (EHCP or SEN Support) in Shropshire have a higher rate of NEET or activity not known than those young people with no SEN. Same regionally and nationally. However Shropshire's 2025 rate of NEETs/not known with SEN is half that of the national and regional rates.
- Rates of NEETs falling significantly in the last 2 years in Shropshire for young people (16-17 years) with SEN, and closer to the rate for all pupils or those without SEN.

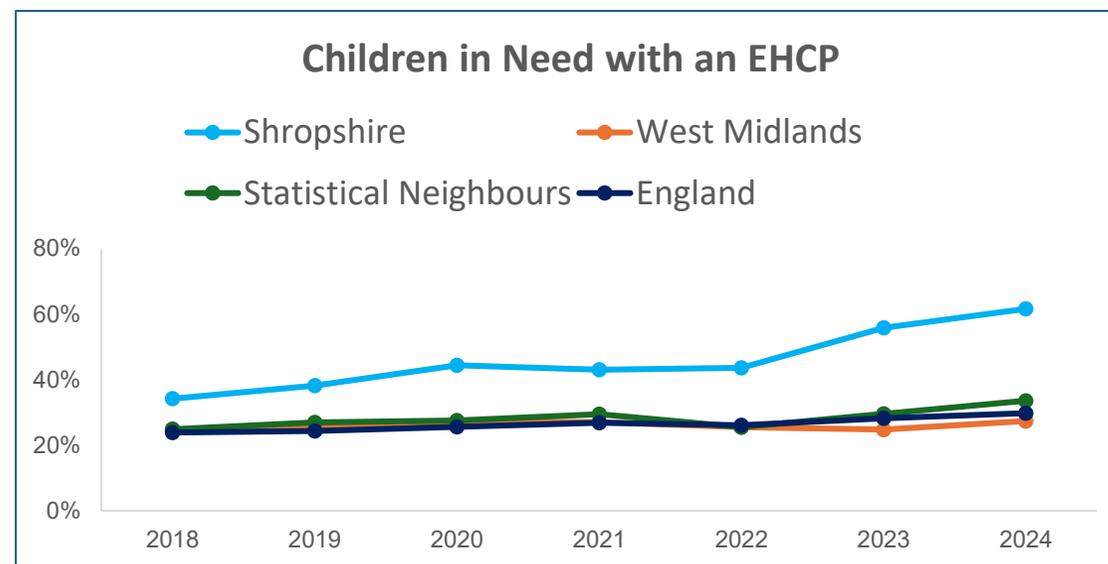
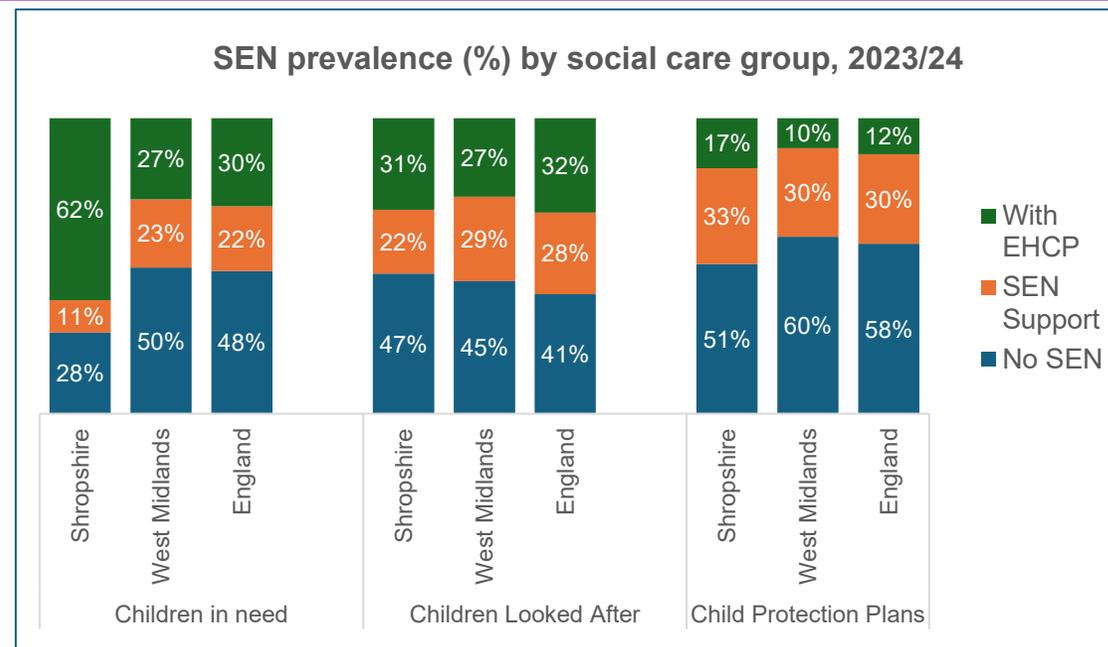
16-17s Not in Education, Employment or Training (NEETs) or not known, 2025



16-17s Not in Education, Employment or Training (NEETs) or not known, Shropshire over time



- Declining number of referrals into social care of children with disabilities and social work assessments.
- Notable rise across all vulnerable groups in the latest year, driven by EHCPs indicating that levels of needs are becoming more complex over time.
 - 73% of all **Children In Need (excl CLA and CPP)** in Shropshire have SEN –higher than nationally and regionally and rising since the pandemic. Driven by EHCPs
 - 53% of **Children Looked After** in Shropshire have SEN - similar regionally and lower than nationally but showing a rise in the most recent year.
 - Half (49%) of children with a **Child Protection Plan** have SEN- higher than nationally and regionally and rising since the pandemic showing a doubling in rate.
 - Children who are considered vulnerable are significantly more likely to have an EHCP than children in the general school age population (rate of 3.6%).
 - Abuse and neglect identified as primary concern among all vulnerable groups with SEND.
 - Care leavers with SEN has more than doubled since 2020. 1 in 5 carer leavers in Shropshire have SEN (2025).
- Steady fall in families with SEN accessing Early Help but repeat contacts into Early Help falling
- Less than one third of All In members accessed a short break during the year, particularly among younger age groups.

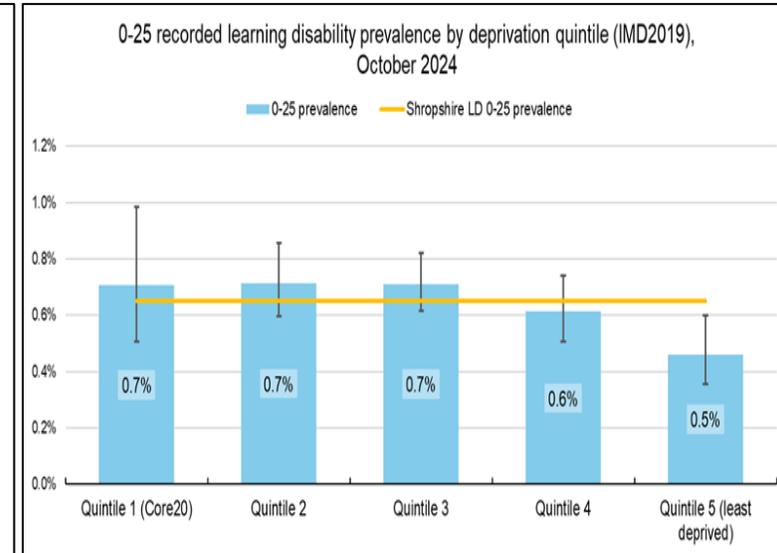
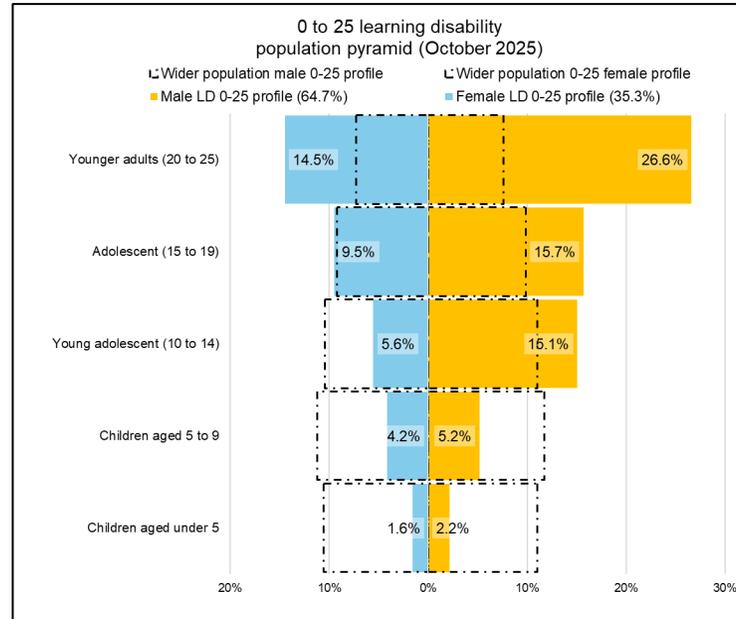


GP Learning Disability Register 0-25

- More males than females, males accounting for two-thirds (64%)
- 66% are aged 15+
- 48% of all persons aged 0 to 25 on the learning disability register are of a White British ethnicity, compared to 37% of the general population.
- Most deprived quintile, had the highest 0-25 prevalence - inequality gradient is evident.
- Most common comorbidities of epilepsy (9%) and asthma (5%)
- 23% are underweight and 32% are overweight or obese

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Admission episodes for hospital tooth extractions in 0-19 year olds statistically above the national average (23/24)



Recommendations

- 1. Early Identification, Prevention and Inclusion:** getting help earlier, reducing escalation, and improving equity of access. (5 actions)
- 2. Child-Centred Practice:** ensuring children and young people are understood, heard, and supported appropriately (3 actions)
- 3. Integrated Pathways and Targeted Provision:** joined-up services across education, health, and care. (2 actions)
- 4. System Quality, Data and Assurance:** improve accuracy, accountability, and evidence. (2 actions)
- 5. Preparation for Adulthood and Life Outcomes:** sustained impact beyond compulsory education. (1 action)

See Recommendations Slide deck for full detail of actions.



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19 March 2026			
Title of report	Better Care Fund 2025-26 quarter three 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	Deborah Webster, Service Manager (Contracts, Quality Assurance, and Business) Deborah.Webster@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) 2025-26 quarter three template for Shropshire. The deadline for submission of the completed template to NHS England was 30 January 2026. In line with national conditions, the approval of the Joint Chairs of Health and Wellbeing Board (HWB) was obtained prior to submission, and retrospective approval is now sought from HWB.

2. Recommendations

HWBB approves the BCF 2025-26 quarter three template (see appendix A).

3. Report

3.1. Policy Framework

The [Better Care Fund policy framework 2025 to 2026](#) sets out the Government's aims:

- 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 also 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.

A national condition of the BCF programme is for quarterly templates to be completed, approved by the local HWB and submitted to the national BCF Team. The deadline for submission of the quarter

two template was 11 November 2025. In line with national conditions, the approval of the Chairs of Health and Wellbeing Board (HWB) was obtained prior to submission.

3.2. 2025-26 BCF Plan

Shropshire's 2025-26 BCF Plan consists of:

- A narrative plan.
- A planning template which articulates the goals for the metrics which are used locally and nationally to monitor progress towards the Plan.
- An intermediate care (including short-term care) capacity and demand plan.

For 2025-26 there are three headline metrics:

- Emergency admissions (emergency admissions to hospital for people aged over 65 per 100,000 population).
- Discharge delay (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).
- Residential admissions (long term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population).

3.3. Performance

Quarter three performance data shows that Shropshire is on track to meet its metric plans for all three headline metrics.

A new national BCF Exchange Dashboard is the data source for reporting metric performance reporting. There is local concern about the accuracy and completeness of the data being reported for the residential admissions metric for all local authorities within the Dashboard. This has been communicated to the national BCF team using the quarter three template, requesting that the issues are fully considered and that national reporting methodology is reviewed and updated accordingly.

3.4. Future direction

BCF planning will become part of neighbourhood health planning from 2027-28. NHS England is currently working on the new approach. To give the time required, HWB areas have been asked to develop a one-year BCF plan for 2026-27. NHS England has published the policy framework, and work has begun on the assurance return required. The assurance return is made up of a Narrative Return Template and a Numerical Return Template. These will be presented to the May meeting of HWB for approval.

Risk assessment and opportunities appraisal	Demand and capacity continue to be a key area of focus and monitoring as demand increases. The amalgamation of BCF planning with neighbourhood health planning will give rise to opportunities to strengthen system working and drive progress towards delivery of shared strategic priorities.	
Financial implications	Financial updates are included in the quarter three 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	n/a
	Voluntary Sector	n/a
	Other	n/a
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) None		

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

Councillor Ruth Houghton, Cabinet Member for Adult and Children Social Care

Appendices

Appendix A. BCF 2025-26 quarter three template

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	Thursday 18 th March 2026				
Title of report	Cardiovascular Renal Metabolic (CVRM) Strategy				
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	Nazish Khan nazish.khan@nhs.net				
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working		x
	Mental Health	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?	All protected characteristics				

Report content

1. Executive Summary

Cardiovascular disease remains the second leading cause of death locally, accounting for 23% of all deaths between 2022–2024. The CVRM Strategy sets out a system-wide roadmap to address overlapping risk factors (hypertension, diabetes, obesity, CKD, heart failure) through early detection, equitable access to evidence-based interventions, and integrated neighbourhood health models.

Key ambitions include:

- Early diagnosis and optimised management via case finding and guideline-based treatment.
- Reducing health inequalities by targeting CORE20Plus5 populations and rural communities.
- Embedding prevention accelerators through the National Neighbourhood Health Programme (Shropshire is a vanguard site).
- Leveraging digital innovation for remote monitoring and personalised care. The strategy aligns with national priorities (NHS Long Term Plan, Major Conditions Strategy) and local Integrated Care Strategy.

2. Recommendations (Not required for 'information only' reports)

- Endorse the CVRM Strategy and Delivery Plan for system-wide implementation.
- Approve governance arrangements and Year 1 milestones (e.g., CVRM dashboard, workforce training plan, engagement workshops).
- Support development of neighbourhood-level action plans and BI dashboards to monitor KPIs

3. Report

Introduction

The Cardiovascular, Renal and Metabolic (CVRM) Strategy and Delivery Plan is presented to the Shropshire Health and Wellbeing Board to outline the system's coordinated approach to addressing one of the most significant contributors to morbidity, mortality and health inequalities in Shropshire, Telford & Wrekin. Building on extensive local data analysis and cross-sector collaboration, the strategy provides a unified framework for prevention, early intervention and targeted management across CVRM conditions, ensuring alignment with national priorities and the emerging neighbourhood health model. Its development reflects the system's commitment to shifting care closer to communities, strengthening proactive population health management and delivering sustainable improvements in outcomes for those at greatest risk.

Information

Cardiovascular disease remains the second leading cause of death across Shropshire, Telford & Wrekin, accounting for 23% of all local deaths between 2022–2024. The new CVRM Strategy and Delivery Plan sets out a unified, systemwide approach to tackling the growing burden of cardiovascular, renal and metabolic multimorbidity, with 62% of the population now living with combinations of these conditions. The strategy marks a shift from single condition management to an integrated multimorbidity model grounded in prevention, early detection and equitable access to evidence based interventions. It builds on national priorities including the NHS Long Term Plan, Major Conditions Strategy and CORE20PLUS5, while leveraging Shropshire's role as a vanguard site for the National Neighbourhood Health Implementation Programme. Priority areas include reducing unwarranted variation, improving treatment to target rates in hypertension, diabetes and cholesterol management, and embedding innovative solutions such as digital monitoring, population health analytics and neighbourhood level multidisciplinary models of care.

The Delivery Plan sets out clear Year 1 milestones, including system engagement, establishment of revised governance, development of local action plans, workforce training programmes and creation of a system CVRM dashboard to track KPIs. Proposed metrics include increasing hypertension treatment to target from 63.4% to 68% in 12 months, improving anticoagulation rates for atrial fibrillation to over 90%, increasing SGLT2i uptake from 30% to 80% over two years and delivering measurable reductions in smoking prevalence, obesity and alcohol related admissions. By focusing on prevention and shifting activity into community based neighbourhood health services, the strategy supports improved population health outcomes, reduces health inequalities and enhances system productivity. The CVRM programme directly aligns with the ICB's strategic aims, offering a clear and evidence based roadmap to reduce premature morbidity and mortality, improve patient experience and strengthen long term sustainability across the local health and care system.

Assurance

- Directly supports ICB objectives for prevention, reducing health inequalities, and improving outcomes for people with multiple long-term conditions.
- Aligns with the Integrated Care Strategy, Joint Forward Plan priorities and neighbourhood working along with the awaiting ICS Clinical Strategy.

Risk assessment and opportunities appraisal	Integrated Impact Assessment included within appendices.
Financial implications	None

Climate Change Appraisal as applicable	Included within the IIA	
Where else has the paper been presented?	System Partnership Boards	TWIPP Board – 18/03/2026 ShIPP Board – 16/04/2026
	Voluntary Sector	Requested
	Other	System Strategy and Development Group – 19/12/2025 Strategy Prevention Committee – 07/01/2026 ShIPP Accelerator Group – 13/01/2026 Health and Care Models Group – 16/01/2026 Quality and Performance Committee – 05/02/2026 GP Board – 25/02/2026 Equality Involvement Committee – 18/03/2026
List of Background Papers - NA		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead		
Appendices Appendix A – CVRM Strategy Summary		

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CVRM Strategy

Prepared by : Dr Nazish Khan CVD Clinical Lead



Overview: Cardiovascular Renal Metabolic (CVRM) Conditions Prevention and Management Strategy & Delivery Plan

Purpose: Provide the justification for and a framework against which a multimorbidity approach to the identification and management of cardiovascular risk factors can be adopted.

Opportunity:

- (i) Transition from single condition to multi-condition reviews taking into consideration cardiovascular, renal and metabolic (diabetes, overweight/obesity) conditions
- (ii) Improve patient outcomes through the delivery of personalised person-centered care in a community based setting
- (iii) Adopt a PHM approach to address health inequalities in addition to the variation in disease prevalence and management recognising the significant variation in the uptake of evidence based interventions (pharmacological and non-pharmacological)
- (iv) Develop novel innovative models of care delivery

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Proposed solution: Adopt a CVRM approach to patient management; early identification, optimised management (including lifestyle and behaviour) delivered by multidisciplinary teams working collaboratively in a community based setting

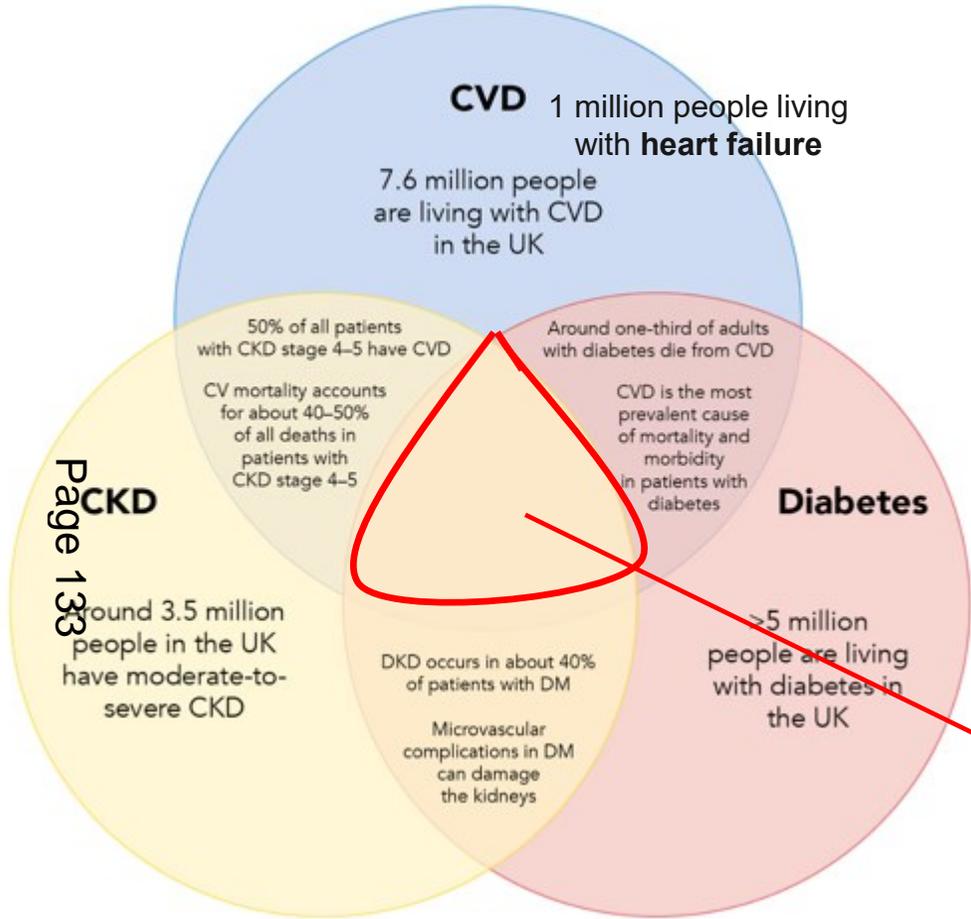
Evidence: 72% of the population are living with >2 CVRM conditions, increased rates of complications due to poorly controlled diabetes, increased incidence of admissions due to heart attacks and strokes, increasing prevalence of obesity

Value/benefits: improved patient outcomes and quality of life, reduction in unplanned hospital admissions and reduction in waiting list times, increased efficiency in clinical capacity. Improved socioeconomic benefits through increased economic productivity.

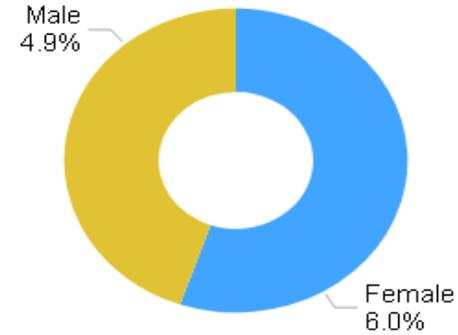
Recommendations: Endorsement of the strategy and delivery plan.

(Implementation can be undertaken using existing staffing resources. Industry support is currently being explored)

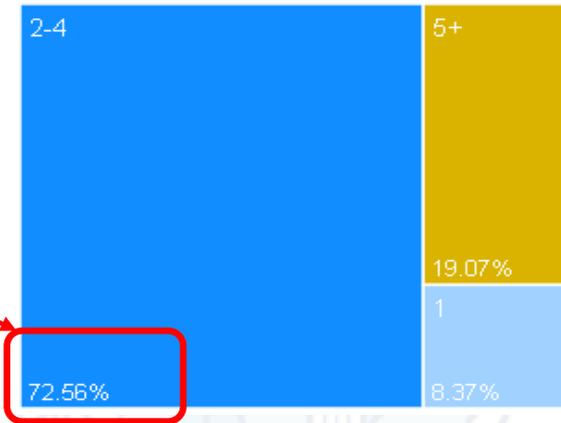
Current position



ICB Burden of Disease Population Segmentation



Proportion of patients by chronic condition count



The interplay between CVRM conditions

Current position: burden of multimorbidity

PCN: Shropshire, Telford and Wrekin ICB | Condition: Hypertension | 97,773

Key to delivering PHM is understanding the growth in patients developing efficient connected care systems to manage their conditions.

Disease prevalence social demographic analysis

NHS Shropshire, Telford and Wrekin

Of the **94,512** patients with **Hypertension**

Comorbidity	Patients	Proportion with
Obese *	39,772	42.1%
Overweight	33,289	35.2%
Diabetes *	21,473	22.7%
Chronic kidney disease *	19,620	20.8%
Depression	14,959	15.8%
Cancer	11,407	12.1%
Coronary heart disease	10,950	11.6%
Asthma	10,353	11.0%
Atrial fibrillation	9,204	9.7%
Stroke	8,350	8.8%
COPD	4,954	5.2%
Chronic heart failure	4,080	4.3%
Dementia	2,921	3.1%
Peripheral arterial disease	2,409	2.5%
Hypothyroid	2,210	2.3%

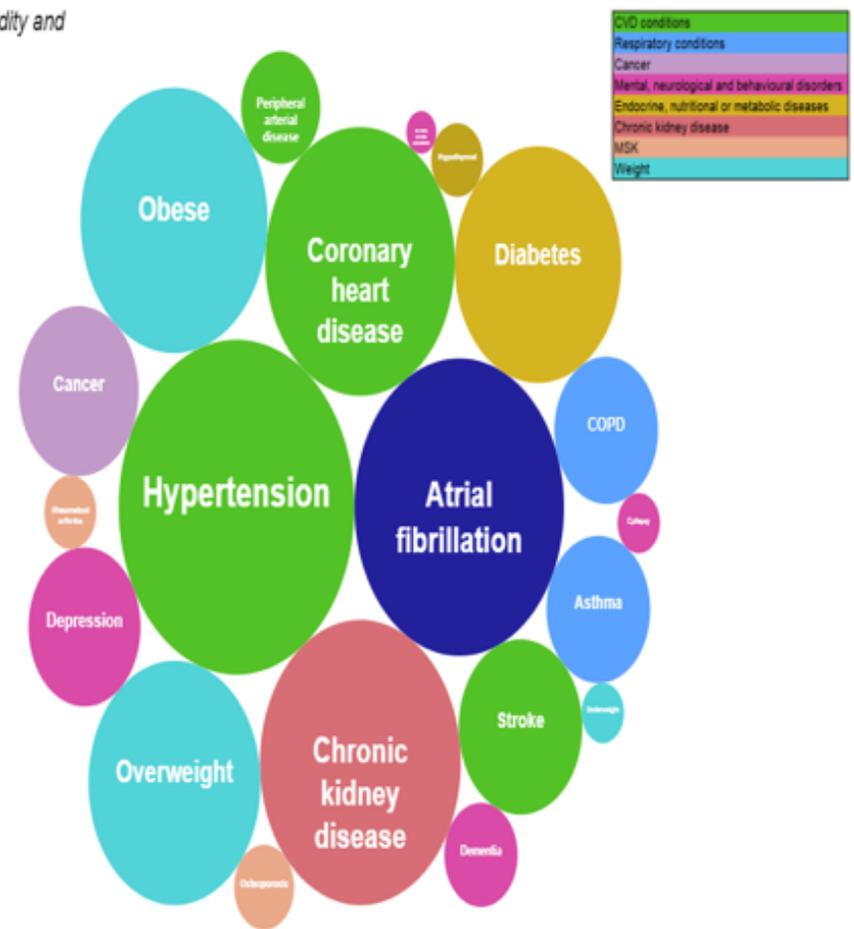
PCN: Shropshire, Telford and Wrekin ICB | Condition: Chronic heart failure | 97,487

Patients have 2 or more conditions

Key to delivering PHM is understanding the growth in patients with multimorbidity and developing efficient connected care systems to manage their conditions.

Of the **6,516** patients with **Chronic heart failure**

Comorbidity	Patients	Proportion with
Hypertension *	4,028	61.8%
Atrial fibrillation	3,165	48.6%
Chronic kidney disease *	2,940	45.1%
Coronary heart disease	2,624	40.3%
Obese *	2,563	39.3%
Overweight	2,180	33.5%
Diabetes *	2,022	31.0%
Stroke	1,076	16.5%
Cancer	1,073	16.5%
Depression	921	14.1%
COPD	765	11.7%
Asthma	758	11.6%
Peripheral arterial disease	465	7.1%
Dementia	396	6.1%
Osteoporosis	245	3.8%



Current position: burden of multimorbidity

Aristotle: Prioritisation Matrix (admission rates/1,000)

	Atrial Fibrillation (rate per 1,000)	CHD (rate per 1,000)	CKD (rate per 1,000)	Complex LTCs (rate per 1,000)	COPD (rate per 1,000)	Diabetes (rate per 1,000)	Heart Failure (rate per 1,000)	Hypertension (rate per 1,000)	Peripheral Arterial Disease (rate per 1,000)	Stroke/TIA (rate per 1,000)
TOP 5 for each condition										
E05008167 - Ludlow North	54.43	61.48	114.21	202.20	31.02		24.25	266.22	12.13	47.66
E05008174 - Much Wenlock	50.77	55.87	95.29	171.30				245.32		38.00
E05008145 - Bridgnorth East and Astley Abbots	46.92	52.84					22.26			
E05008136 - Abbey	46.11	49.04		161.51						
E05008137 - Albrighton	44.93	58.03					28.21		10.68	36.07
E05008191 - Tern			84.01					233.87		37.66
E05008166 - Ludlow East			83.10	162.93	31.73		22.16		12.59	
E05008151 - Church Stretton and Craven Arms			82.73	158.52				251.71		39.00
E05009997 - Dawley & Aqueduct					31.13					
E05009990 - St Georges					31.06	85.67				
E05009998 - Malinslee & Dawley Bank					29.87					
E05009965 - Wrockwardine Wood & Trench						85.71				
E05009988 - Park						85.54				
E05009974 - Dothill						85.10				
E05008183 - St Martin's						79.84				
E05008198 - Worfield							22.00			
E05009976 - Ercall								227.90		
E05008150 - Castlefields and Ditherington									11.59	
E05008160 - Harlescott									11.20	
E05009993 - Woodside										
E05009977 - Hadley & Leegomery										
E05008173 - Monkmoor										
E05009971 - College										
E05009987 - Oakengates & Ketley Bank										
E05009978 - Haygate										
E05009969 - Brookside										
E05009979 - Horsehay & Lightmoor										
E05009973 - Donnington										
E05009281 - Gobowen, Selattyn and Weston Rhyn										
E05008156 - Clun										
E05008138 - Alveley and Claverley										
E05009982 - Madeley & Sutton Hill										
E05009968 - Arleston										

Link to IMD
 Link to NEL for CHD, MI, stroke, AKI, HF, PAD

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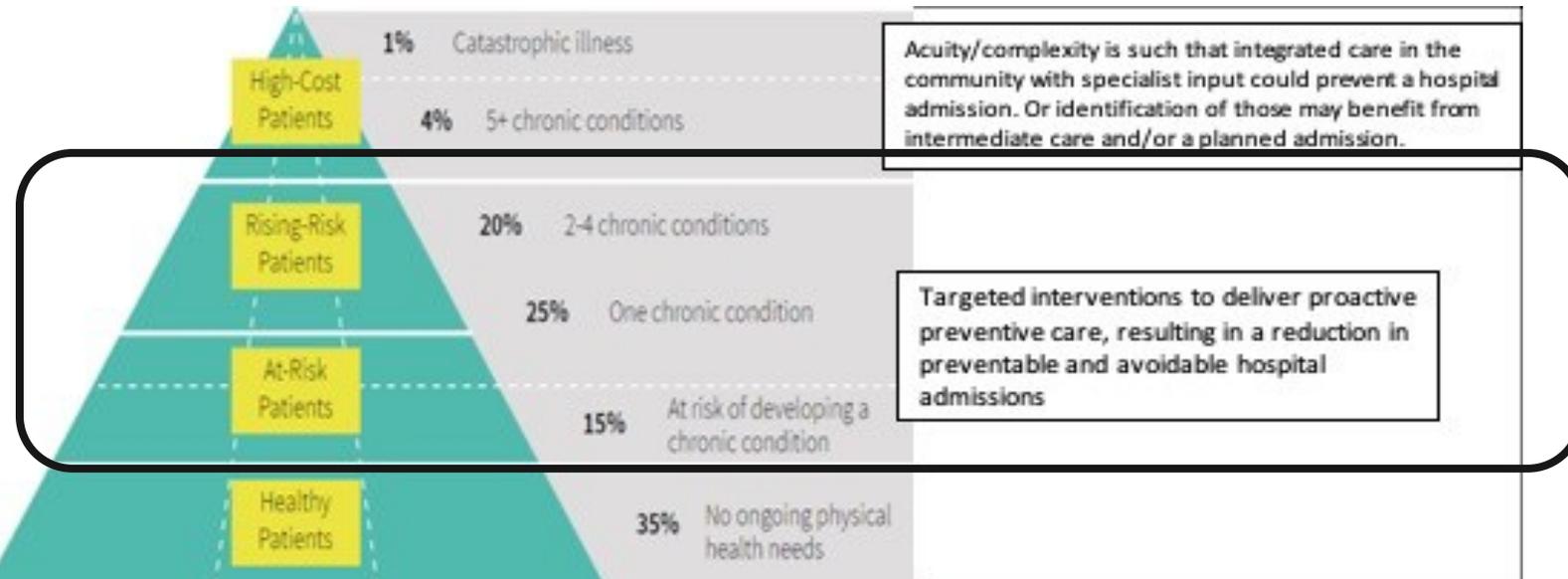
Current position

STW ICB CVRM Strategy and Delivery Plan 2025 - 2030

NHS Shropshire, Telford & Wrekin Strategy & Operational Delivery Plan to Optimise the Identification and Treatment of Cardiovascular, Renal, Metabolic (CVRM) conditions to improve overall cardiovascular health and well-being of the local population.

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- Adopt a multi-morbidity approach to addressing cardiovascular risk factors.
- Earlier identification, timely diagnosis and optimised management using evidence based interventions (pharmacological, medical devices, technologies)
- Deliver proactive, preventive community-based care (consider pathway approach → "prevent, detect, protect, perfect")



PHM Resources

- Aristotle/local dashboards
- Population segmentation
- Risk stratification

Maximising the impact of investigations and interventions?

Undertake a community/primary care-based multimorbidity LTC approach to risk factor management

Single diagnostic test used across multiple clinical pathways

Single pharmacological intervention with improved outcomes/prognostic benefit in multiple clinical conditions

Co-morbidity

Atrial Fibrillation

Hypertension

Hypercholesterolaemia

Chronic Kidney Disease

Heart Failure

Diabetes

Obesity/overweight

uACR

SGLT2i
(Dapagliflozin)

- On average 5mmHg reduction in SBP
- Reduction in rate of renal decline (reduced admissions due to AKI, reduced need for dialysis/Tx)
- Reduction in HF hospitalisations
- 2-3kg (4-5%) weight loss

Smoking, alcohol, physical activity

Enablers (local):

- PHM/Risk stratification tools
- Quality Improvement Framework (QIF Plus)
- Medicines Quality Commissioning Framework [CVRM Quality Improvement Funding Opportunity]
- Cross-sector multi-professional collaboration (MDT working)
- Joint Forward Plan
- Integrated Care Strategy
- STW Clinical Strategy (In development)

Enablers (national):

- QOF/DES
- 10YHP and 3 shifts
- 10YHP: CVD Medicines Service Framework (April 2026)
- 10YHP: Prevention Accelerators
- National Neighbourhood Health Implementation Programme

Alignment to 10YHP

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- **Sickness to prevention:** Development of a Modern Service Framework with a focus on prevention to reduce premature deaths cardiovascular disease by 25% over the next 10 years, particularly in those under the age of 75 years. Development and implementation of “prevention accelerators” focusing on community led methods to address unwarranted variation in the uptake of high impact interventions across the CVRM space (including access medicines for weight management).
- **Hospital to community:** Development and delivery of neighbourhood health centres encompassing multiple services and disciplines in one setting, including diagnostics, rehabilitation support, social care input and mental health support.
- **Analogue to digital:** Incorporating remote monitoring and wearables to allow for earlier detection of conditions and improved monitoring of treatments and interventions; enabling patient self-management and the delivery of personalised care. Digital solutions can also increase access to many rehabilitation focussed services.



Life course approach to tackling CVRM related risk factors

Health awareness campaigns, improving overall health literacy

Early identification (opportunistic case finding), outreach work

Point of care solutions to enable early diagnosis e.g. point of NT proBNP, POC uACR, POC-AI guided echocardiography

Equitable access to evidence-based interventions (pharmacological, digital, medical technologies)

Digital platforms to enable patient self-care e.g. weight loss, cardiac rehab, pulmonary rehab (possibility to enable PIFU)

Develop confidence and capability in primary/community care based setting with support from specialist services in the longer term enabling sustainability and enhanced workforce resilience

5 Year Delivery Plan

Activity	To be delivered by:	Year 1 25/26	Year 2 26/27	Year 3 27/28	Year 4 28/29	Year 5 29/30
Development of CVRM Strategy Co-develop CVRM strategy and implementation/delivery plan with system partners including primary, secondary and community care, VSCE, local authority, public health teams and citizens from STW. Develop programme delivery logic models describing impact outputs and outcomes. Develop a robust measurement plan with metrics and KPIs describing ROI which can support further development and delivery of initiatives be reinvested to enable improvements in CVRM outcomes.		✓				
Implementation of CVRM Strategy Ensure governance structure is in place to support delivery of the CVRM strategy. Develop local clinical, operational and PHM leadership to support implementation of CVRM strategy ambitions. PCNs/place-based teams to develop data driven and informed local action plans describing how they will address gaps in service provision and poor CVRM related patient outcomes. Working with the data analytics team to develop BI dashboards to monitor system, place, neighbourhood level delivery against the measurement plan.		✓	✓	✓	✓	✓
Enhancing system resilience, capacity and productivity Education & training, developing local clinical, operational and PHM leadership		✓	✓	✓	✓	✓
Supporting pathway transformation, adoption of innovation and implementation of new models of service delivery Align with national and local transformation initiatives e.g. hospital to community, sickness to prevention, analogue to digital. Continue to build on outputs from the STW Hospital Transformation Programme, Urgent & Elective Care Transformation initiative and the Diabetes and Cardiology Transformation Programmes. Support implementation of new models of service delivery including neighbourhood health teams, virtual ward and virtual integrate CVRM MDTs			✓	✓	✓	✓
Improving quality Align delivery of CVRM management to evidence-based guideline mandated best practice and reduce unwarranted variation in access, uptake, patient experience, patient outcomes and health and social impacts			✓	✓	✓	✓
Continual horizon scanning, demand signalling and working with industry and academia to identify opportunities to improve patient outcomes. Developing a research active system to attract commercial income into primary, secondary and community care; research active centres are associated with improved patient outcomes. Working with industry partners to enable adoption of innovation			✓	✓	✓	✓

Year 1 Key Milestones

Milestone	Target Date	Responsibility
Draft CVRM Prevention & Management Strategy including KPIs and metrics	November 2025	Strategy & Development Directorate/CVD Clinical Lead/Strategic Analytics Service
Socialise strategy with key system partners and seek appropriate approvals.	January – March 2026	Strategy & Development Directorate
Develop communication and engagement plan	January 2026	Strategy & Development Directorate/Insights & Involvement team
Socialise funding opportunity to undertake a CVRM related quality improvement/pathway transformation project (aligned with developing local clinical leadership)	January 2026	Strategy & Development Directorate
Deliver a CVRM workshop in collaboration with system partners; co-develop delivery/action plans (NB – opportunity to undertake a system needs assessment and to understand workforce planning requirements)	January 2026	Strategy & Development Directorate
Restructure CVD Prevention group into CVRM group with revised ToR and membership	February 2026	Strategy & Development Directorate/CVD Clinical Lead
Develop CVRM dashboard to describe progress against proposed KPIs and metrics *	January – March 2026	Strategy & Development Directorate/ CVD Clinical Lead/Strategic Analytics Service
Develop education and training support offer to enabled implementation of the CVRM strategy *	March 2026	STW Education & Training Hub/CVD Clinical Lead
Work with respective teams to ensure contents of Medicines Quality Commissioning Framework and System Quality Improvement Framework align to the CVRM Strategy *	March 2026	Medicines Management team/CVD Clinical Lead/Primary Care & PCN Development Lead

Year 1:

- PCNs/neighbourhood teams to use local population data to identify areas of greatest unmet clinical need aligned with the CVRM strategy e.g. Diabetes
- To propose local delivery/implementation QI plans to address clinical unmet need

Year 2:

- Delivery of QI projects, data capture to demonstrate ROI, business case development to allow for continuity
- Explore opportunity for adoption of innovation(s)
- Shared learning to enable system-wide scalability

Year 3

- Transition to multimorbidity LTC management

Data capture
 Monitor delivery against KPIs
 Measure impact
 Describe ROI (e.g. reduction in unplanned hospitalisations, reduction in OPA)

Next steps

- Share Strategy for Information and endorsement
- Co-design workshops
- ICB Board approval – Spring 2026

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



**Shropshire, Telford
and Wrekin**

Thank you

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SHROPSHIRE HEALTH AND WELLBEING BOARD						
Report						
Meeting Date	19th March 2026					
Title of report	HWBB/ShIPP workshop and 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@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?	All protected characteristics					
Report content						
<p>1. Executive Summary</p> <p>ShIPP meets Bi-monthly, with the last meeting on the 12th of February 2026. The meeting was a single-issue focus on the Children & Young People’s Mental Health Services (CAMHS) – new contract. The meeting was quorate and well attended</p> <p>The Health & Wellbeing Board and ShIPP’s annual planning workshop took place prior to the ShIPP meeting. The purpose of the workshop was to consider delivery against the Shropshire Health & Wellbeing Strategy 2022-2027, agree focus areas for delivery during 2026 including ShIPP, and look ahead at priorities for a strategy refresh for 2027- 2032.</p>						
<p>2. Recommendations</p> <p>The Board is asked to note the following briefing report from the Shropshire Integrated Place Partnership and Workshop and the next steps and actions that need to be taken.</p>						
<p>3. Report & Key Findings</p> <p>Focus on Children & Young People’s Mental Health Services (CAMHS) – New Contract</p> <p>Claire Parker, Dr. Anne MacLachlan and Amy Morris presented the ongoing transformation of the CAMHS service in Shropshire, outlining the phased approach focusing on prevention, early help, integration, and improved access.</p> <p>Next Steps & Forward Plan include the following actions which were agreed by presenters and committee members to carry the work forward:</p> <ul style="list-style-type: none"> • CAMHS Team to provide the current school locations for MHST and the trajectory showing how the school numbers are increasing with a view to meeting the 2029 ambition to reach ALL Shropshire schools with ShIPP. • CAMHS Team to disseminate updates and clarify changes in referral pathways and service delivery - suggestion that an update is shared in the GP newsletter clarifying that GPs can make referrals. 						

- The ICB team committed to coming back to ShIPP in 6 months' time with an update, and to the Health & Wellbeing Board in 12 months.
- ICB Team to share resource planning for the pathways described in the service specification against Shropshire demand with ShIPP/HWBB.
- The ICB Team will provide a break-down of planned activity- trajectory & outcomes to ShIPP

The Health & Wellbeing Board and ShIPP annual planning workshop:

- Healthwatch: The group agreed that having an independent patient voice was a crucial to our system and a working group should be formed to ensure system alignment, correct governance and practical support going forward.
- Marmot Principles: the group agreed that adopting the Marmot principles was appropriate for Shropshire, with the awareness that rurality was a key consideration and the eventual aim that Shropshire become a Marmot Place.
- Governance: there were discussions on HWBB, ShIPP and ShIPP Accelerator Group's purpose, function, aim and appropriate membership with further exploration and development agreed.
- Priorities: final year of current strategy (2026) and future priorities were discussed, with the need for further exploration and decisions.

Next Steps and Future actions from the HWBB/ShIPP Planning Workshop include:

Healthwatch: working group formation to support development of an independent patient voice

- Marmot Principles: work towards adopting principles with eventual aim of becoming a Marmot Place.
- Governance: tidied & clarified in preparation for new 2027- 2032 Health & Wellbeing strategy. Priorities: further exploration, ranking and development needed

Risk assessment and opportunities appraisal	See the strategy	
Financial implications <i>(Any financial implications of note)</i>	None	
Climate Change Appraisal as applicable	None	
Where else has the paper been presented?	System Partnership Boards	ShIPP, ICB Board
	Voluntary Sector	
	Other	
List of Background Papers - NA		
Cabinet Member (Portfolio Holder) or your organisational lead Cllr Bernie Bentick, Portfolio Holder for Health & Public Protection		
Appendices - none		



SHROPSHIRE HEALTH AND WELLBEING BOARD							
Report							
Meeting Date	19 th March 2026						
Title of report	Pharmacy update - Shropshire						
This report is for	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)		Information only (No recommendations)		x
Reporting Officer & email	louisa.jones@shropshire.gov.uk						
Which Joint Health & Wellbeing Strategy priorities does this report address?	Children & Young People		Joined up working				
	Mental Health		Improving Population Health				x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities				
	Workforce		Reduce inequalities (see below)				
What inequalities does this report address?							
Pharmacy update from Primary Care Commissioning Team, Office of the West Midlands:							
Notification of <u>changes to supplementary opening hours</u> for FLN24: Day Lewis plc, t/a Day Lewis Pharmacy, Oswald Road, Oswestry, Shropshire, SY11 1RD.							
Due to the Supplementary hour changes, we have amended the total opening hours of the pharmacy. For your information, please see table below with complete pharmacy hours:-							
Total Hours:							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
08:30-13:00; 13:30-17:30	08:30-13:00; 13:30-17:30	08:30-13:00; 13:30-17:30	08:30-13:00; 13:30-17:30	08:30-13:00; 13:30-17:30			42.5 hours
Core Hours:							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30			40 hours
Supplementary Hours:							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
13:30-14:00	13:30-14:00	13:30-14:00	13:30-14:00	13:30-14:00			2.5 hours

Risk assessment and opportunities appraisal	The Shropshire, Telford & Wrekin Integrated Care Board assesses risks and approves changes to pharmacy coverage across the Shropshire area.	
Financial implications	-	
Climate Change Appraisal as applicable	-	
Where else has the paper been presented?	System Partnership Boards	
	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		
Cllr Bernie Bentick, Portfolio Holder for Health and Public Protection at Shropshire Council		
Appendices		
None		