



Date: Thursday, 8 September 2022

Time: 9.30 am

Venue: Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Michelle Dulson, Committee Officer  
Tel: 01743 257719  
Email: [michelle.dulson@shropshire.gov.uk](mailto:michelle.dulson@shropshire.gov.uk)

## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **6 System Update (Pages 1 - 24)**

##### Urgent and Emergency Care Plan Update – Winter Plan

Report to follow

Contact: Sam Tilley, Director of Urgent & Emergency Care and Emergency Planning, NHS Shropshire, Telford and Wrekin

##### ICS Update

Report to follow

Contact: Nicola Dymond, Director of Strategy and Integration

##### Paper for Information - Healthy Lives Update

Report to follow

Shaping Places (Food Insecurity Update)

Contact: Emily Fay, Shaping Places Programme Manager, Shropshire Council

#### **10 JSNA update (Pages 25 - 74)**

Report to follow

Contact: Berni Lee, Consultant in Public Health, Shropshire Council / Rachel Robinson, Executive Director of Health, Wellbeing and Public Health, Shropshire Council / Alex McLellan, Public Health Intelligence Manager, Shropshire Council

This page is intentionally left blank

## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	8 <sup>th</sup> September 2022			
Title of Paper	ICS Update – Developing our ICP			
Reporting Officer and email	Nicola Dymond – Director of Strategy and Integration – NHS STW <a href="mailto:nicola.dymond@nhs.net">nicola.dymond@nhs.net</a>			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	x
	Mental Health		Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x
	Workforce	X	Reduce inequalities (see below)	
What inequalities does this paper address?				

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

### Executive Summary

This report is an update to the summary of the Integrated Care System (ICS) development programme across Shropshire, Telford and Wrekin presented at the last meeting of this board.

This paper is intended to provide an update on progress made on:

- the establishment of statutory functions of the ICS, specifically the creation of the Integrated Care Partnership (ICP)
- the development of the integration strategy for Shropshire, Telford and Wrekin.

### Recommendations

The board is asked:

- to note the detail contained in the report
- to note the statutory requirements for ICBs and LA's, as core members of the system wide ICP, to develop an Integrated Care Strategy.
- to note that this strategy must be informed by the work of the HWBs and through engagement with local partners and communities.
- to note the proposed Terms of Reference of the Shropshire, Telford, and Wrekin ICP (attached as an appendix to this report)

### Report

The ICP establishment is a core requirement for the ICS and the journey towards better health and care outcomes for the people we collectively serve. The ICP provides a system level forum for NHS leaders, local authorities to come together, as equal partners. For Shropshire, Telford

and Wrekin ICS then the ICP covers both the Local Authority geographies and, as a result, the two Health and Well Being Boards.

The ICP needs to give full consideration to how it involves stakeholders and partners across the system in the development of the integrated care strategy. The place level knowledge of HWBs will be essential in the ICP development. The ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable. Equally, statutory partners such as the Integrated Care Board and the Local Authorities will need to take into consideration the system wide integration strategy when developing their own plans.

**Statutory requirements of the Integrated Care Partnership in relation to preparation of the integrated care strategy:**

1. Must set out how the 'assessed needs' from the joint strategic needs assessments are to be met by the functions of the ICB, NHSE or partner local authorities
2. Must consider whether needs could be **more effectively met with a section 75 arrangement**
3. May include a statement **on better integration of health or social care services** with "health-related" services
4. Must have **regard to the NHS mandate** (unless compelling or exceptional reasons not to do so)
5. Must involve **local Healthwatch organisations** whose areas coincide with or fall wholly/partly in the ICPs area; and **people who live and work in the area**
6. Must **publish the strategy and distribute copies to each partner local authority and each ICB** that is partner to one of those local authorities
7. Must consider **revising the ICS** whenever they receive a **new joint strategic needs assessment**

**1. Responsibility for developing the strategy**

- ICPs have responsibility for preparing the integrated care strategy but should encourage engagement, cooperation and seek resources from ICBs and partner local authorities
- Processes for finalising and signing off the strategy should be agreed at the same time as ICPs establish their procedures
- ICPs have a legal duty to ensure the strategy is prepared to meet the statutory requirements outlined above

**2. Purpose of the Integrated Care Strategy**

- Opportunity for joint working with a wide range of ICS partners to co-develop evidence-based, system-wide priorities
- Priorities should be aimed at improving the public's health and wellbeing and reducing health inequalities
- Intended to address how assessed needs can be met within the ICS through commissioning and the provision of quality services by its statutory organisations.

**3. Health and wellbeing boards and subsidiarity**

- The strategy should complement the production of local strategic needs assessments and joint local health and wellbeing strategies, produced by the relevant health and wellbeing boards
- It should acknowledge where needs are best addressed at an ICS-level and complement but not replace/supersede priorities outlined at a local level
- The ICP should encourage partners to ensure decisions and delivery are occurring at the right level when producing the strategy
- Where an ICS has one joint local health and wellbeing strategy, the ICP and H&WB should determine how to best address assessed needs collectively across the two strategies

**6. Evidence of need**

- The integrated care strategy should address the physical and mental needs of local people of all ages identified in the joint strategic needs assessments, particularly focusing on where system-wide interventions would be the most effective.
- It should also acknowledge groups under-represented in assessments of need and support ICS statutory organisations to identify and meet the needs of all persons, in respect to accessing health services



**5. Involving People and Organisations**

- In order to draw upon best practice and guidance across the ICS, widespread stakeholder engagement and co-production will be essential
- Development of the strategy must involve local Healthwatch organisations and people living and working in the area covered by the ICP
- The organisations that should be involved and the nature and level of their involvement will be up to the individual ICPs

**4. Approaches and mechanisms**

- A set of shared priority outcomes in response to the assessed needs should be developed and agreed by all ICS organisations
- The ICP should consider whether needs could be better met through a section 75 arrangement e.g., pooling of budgets
- Approaches to continuous and sustainable improvement in care quality and outcomes should be a key consideration.

**7. Publication and review**





- ICPs are responsible for publishing the integrated care strategy and making it readily available and accessible across the ICS
- Refresh of the strategy will be required at intervals to ensure alignment with other policies / guidance e.g., joint strategic needs assessments
- The ICP should regularly review the impact of the strategy within the system and its delivery by the ICB, NHSE and local authorities

At the July Integrated Care Board meeting for Shropshire, Telford and Wrekin, it was proposed and agreed that Sir Neil McKay was appointed as the founder member. The founder member will work with the ICB Chief Executive, Partnership Board Chairs, local authority elected members and Chief Executives to formally establish the Partnership Board as a statutory committee.

The terms of reference agreed by the ICP Steering group are attached to this paper as Appendix A. These will be updated and agreed at the inaugural Partnership Board that is planned for September to reflect the Partnerships Board's status as a statutory committee. Discussions remain ongoing with local partners to progress the working arrangements for the first meetings for STW. However, the principles of working are agreed and in line with the legislative requirements. The ICP will be chaired by both local authorities – the chair arrangements rotating between the two.

The agreement to start the ICP as a small meeting including statutory partners, Healthwatch and the VCSE sector as members was confirmed at the July meeting of the Integrated Care Board. This was based on the requirements of the 2022 Health and Care Act, the needs of the residents of Shropshire, Telford and Wrekin, the current challenges in the system and the fact that this is a new part of the system architecture. In order to evolve and learn from the initial meetings and to allow for any amendments, the operation of the ICP will be reviewed after 6 months.

The statutory guidance [“Working in Partnership with People and Communities”](#) states that ICPs, place-based partnerships and provider collaboratives have specific responsibilities towards participation, summarised below. As described, there are statutory requirements for strategy, alongside minimum requirements for how people and communities should be involved. The ICP will work in partnership with the two Health and Wellbeing Boards and both Place Based Partnerships (ShIPP and TWIPP) whilst complementing their work. There will need to be effective collaborative working to maximise the value and effectiveness of the groups, and to ensure that there are clear mechanisms to enable clarity of decision making.

What is it?			
			
Integrated Care Board (ICB)	Integrated Care Partnership (ICP)	Place-based partnership	Provider collaborative
Role			
New statutory organisation leading integration within the NHS, bringing together all those involved in planning and providing NHS services.	New statutory committee established by the ICB and relevant local authorities, responsible for developing overarching strategies that cover health, social care and public health and address the wider determinants of health and wellbeing.	Partnerships between the NHS, local government and other system partners working together in a locally defined 'place' to collectively plan, deliver and monitor services.	Partnership arrangement involving trusts working together within and across systems to plan, deliver and transform services.
Participation responsibilities			
<p>Involve people and communities in the planning of services and proposals and decisions having an impact on services.</p> <p>Demonstrate how legal duties have been met at different levels.</p> <p>Develop integrated health plans with people and communities.</p> <p>Create strategy on how the ICB will work with people and communities.</p>	<p>Develop integrated care strategies with people and communities.</p> <p>Include community leaders and independent representatives of local people.</p> <p>Local authority role in making connections to communities and democratic representatives.</p>	<p>Fully engage those affected by decisions.</p> <p>Build on existing approaches to involve people in decision-making.</p> <p>Support PCNs and neighbourhood teams to work with people and communities to strengthen health promotion and treatment.</p>	<p>Share and build on the good practice that exists in member organisations, such as co-production approaches and links to local communities.</p> <p>Use insight and feedback from patient surveys, complaints data and partners like Healthwatch.</p> <p>Trusts must meet their legal duties to involve people when planning and developing proposals for changes through the collaborative.</p>

The Department of Health and Social Care published statutory guidance on the integrated care strategy in July 2022, with the expectation that by the end of September the ICPs will be able to build on their membership and agenda so that by December 2022 each ICP will be able to publish an interim Integrated Care Strategy.

ICPs will play a crucial role within the system to bring together partners and look beyond traditional organisational boundaries to address population health, health inequalities and the wider determinants of health. ICPs will also need to set out how they will involve, engage, and listen to local people. This is the most important aspect of the ICS in terms of the difference that this can make for local people.

The development of the Memorandum of Understanding (MoU) between NHS STW ICB and NHSE is a key step in supporting the development of the Integrated Care System in Shropshire, Telford and Wrekin. It sets out the principles that underpin how the ICB and NHSE will work together to discharge their duties to ensure that people across the system have access to high quality, equitable health and care services. The MoU also outlines detailed delivery and governance arrangements across the ICB and partner organisations.

The MoU was signed and agreed between the NHS STW ICB and NHSE and is effective from 1<sup>st</sup> September with a 3-month review built into the agreement. It supports the key work being undertaken by the system regarding Health Inequalities and partnership working. In addition, it confirms the ICB obligations regarding escalation and assurance processes, and further supports the 10 pledges made by NHS STW.

## Conclusion

The Board is asked:

- to note the detail contained in the report
- to note the statutory requirements for ICBs and ICPs to develop an Integrated Care Strategy informed by the work of the HWBs and engagement with local partners and communities.
- to note the proposed Terms of Reference of the Shropshire, Telford and Wrekin ICP (attached as an appendix to this report)
- to note the agreement of the MoU for NHS STW ICB and NHSE

<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	None identified	
<b>Financial implications</b> (Any financial implications of note)	None identified	
<b>Climate Change Appraisal as applicable</b>	None identified	
<b>Where else has the paper been presented?</b>	<b>System Partnership Boards</b>	
	<b>Voluntary Sector</b>	
	<b>Other</b>	

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

Report included and attachments

**Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead** (List of Council Portfolio holders can be found at this link: <https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130>)

Nicola Dymond – Executive Director of Strategy and Integration – NHS STW

### **Appendices**

Appendix 1 – Draft terms of reference for the ICP

This page is intentionally left blank

# Shropshire Telford and Wrekin Integrated Care Partnership (ICP)

## Draft Terms of Reference

### 1. Introduction

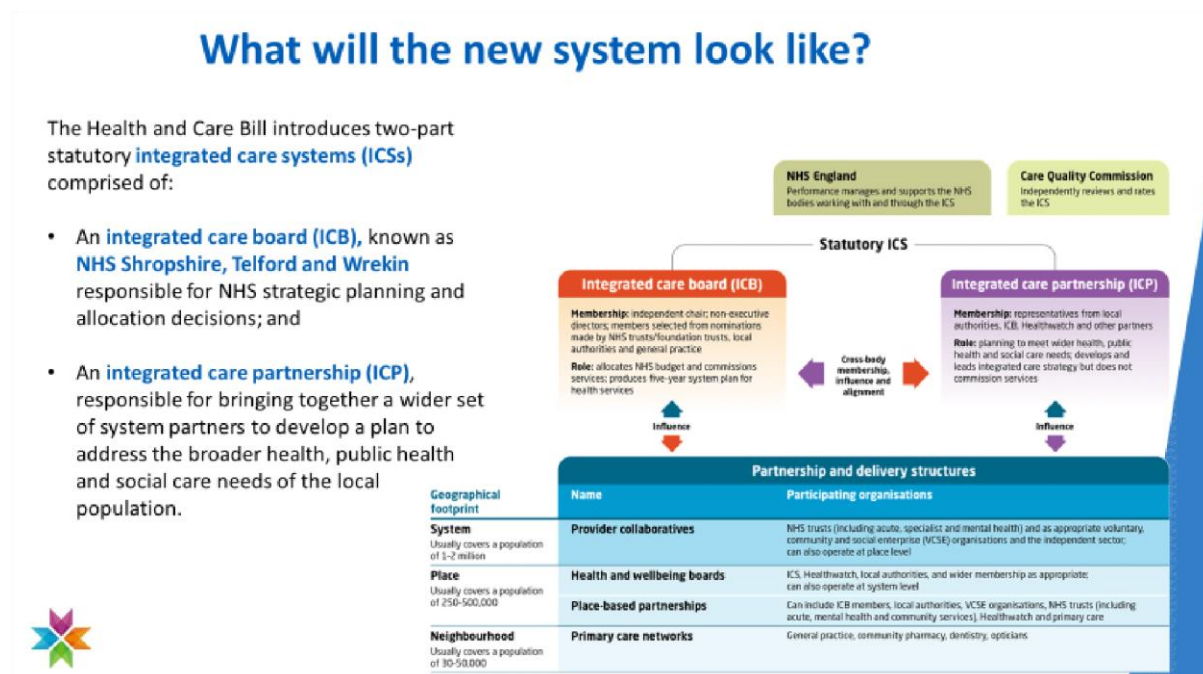
1.1 The Integrated Care Partnership (ICP) is a critical part of Integrated Care Systems and the ambition to achieve better health and care outcomes for the residents of Shropshire Telford and Wrekin. The ICP will provide a forum for leaders from the two local authorities, health (including NHS) and social care, and public health to come together with stakeholders from across the health system and community. The ICP will be a meeting held in public.

1.2 In accordance with the Health and Care Act 2022, the ICP will be required to develop an integrated care strategy to address the broad health and social care needs of the population within Shropshire Telford and Wrekin, including over time, determinants of health such as employment, environment, and housing issues. The Integrated Care Board and the two local authorities will be required to take account of the ICP's strategy when making decisions, commissioning and delivering services.

1.3 The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required.

1.4 The ICP will be a joint committee of the Integrated Care Board.

The diagram below shows the place the ICP holds in the new system.



### 2. Purpose and Function

2.1 The primary focus of the ICP is to support the integration of the health and care system through equal partnership across health and local government to deliver improved health and care outcomes and experiences. The ICP will provide a system wide forum

for stakeholders to agree collective objectives, and address population health challenges and inequalities.

2.2 The ICP will have responsibility for the development of a System wide Integrated Care Strategy and to support broad and inclusive integration and improvement across the health and care systems within Shropshire, Telford and Wrekin. In doing so, the ICP will ensure that it acts in the best interest of people, patients and the system rather than representing individual interests of any one constituent partner.

2.3 The ICP will ensure that the Integrated Care Strategy is developed, focused on local needs at a place and neighbourhood level informed by the Health and Wellbeing Strategies created by the two Health and Wellbeing Boards (HWBB) of Shropshire and Telford & Wrekin, in turn informed by Joint Strategic Needs Assessments (JSNAs). Whilst ensuring that the Integrated Care Strategy is focused on local needs, the ICP will seek commitment from the ICS to work collaboratively across partners and other ICSs to deliver wider social and economic opportunities and benefits for residents and patients at a local level across the health and care system.

2.4 To support the development of the ICP in readiness for the 1st July 2022 and beyond, the following core principles are adopted to ensure that the ICP and development of the Integrated Care Strategy maximises the opportunities of system wide/ cross system working whilst delivering outcomes for residents at a place, neighbourhood, and multiple ICS level:

- The ICP will work, first and foremost, on the principle of equal partnership between the NHS and local government to work with and for their partners and communities;
- The ICP will operate a collective model of accountability, where partners hold each other mutually accountable, including to residents;
- The Integrated Care Strategy will be developed with full engagement / consultation with all stakeholders and drive direction and priorities;
- The ICP will support the work of the HWBBs and Place boards across Shropshire and Telford & Wrekin;
- The ICP will continue joined up inclusive working relationships across partners as demonstrated by the Covid-19 pandemic, targeting collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as England recovers from the pandemic; and
- The ICP will operate as a joint committee.

2.5 In preparing the Integrated Care Strategy, the ICP will ensure that the Strategy will:-

- Focus on improving health outcomes and experiences for the population of Shropshire, Telford and Wrekin
- Maximise the opportunities of system wide and place level working and support subsidiarity;
- Be focused on the whole population of Shropshire, Telford and Wrekin using best available evidence and data to address the wider determinants of health and wellbeing.
- Be based upon assessments of needs and assets identified at place level, based on JSNAs;
- Take account of the Health and Wellbeing Strategies and health inequality strategies created by the HWBBs;

- Take account of the NHS mandate;
- Have regard to any guidance published by the Secretary of State;
- Be prepared with involvement from Healthwatch and people who live or work in the ICP's area;
- To work proactively with the Shropshire Telford and Wrekin Joint Health Overview and Scrutiny Committee, being open to critical friend challenge and receiving evidence-based recommendations
- Proactively drive upstream prevention activities and ensure place-based partnership arrangements are respected and supported; and
- Be published and shared with the ICB and the member Local Authorities.

The ICP will consider revising the Integrated Care Strategy in response to refreshes of the JSNAs and Health & Wellbeing Strategies.

2.6 The members of the ICP recognise that collaborative working and collective accountability will provide a foundation for delivering the functions of the ICP and, in particular agree that they will:-

- Come together under a distributed leadership model and commit to working together equally;
- Be accountable to each other and the public through transparency and building trust;
- Promote co-production and inclusiveness;
- Make use of the combined experience of clinical, political, and communal leadership;
- Work through difficult issues by using collective decision making and consensus where appropriate; and
- Create a system which is willing to innovate and open to new ideas but is also willing to learn from mistakes

### 3. Statutory Considerations

3.1 Integrated Care Boards (ICBs) and Local Authorities will be required by law to have regard to the ICPs strategy when making decisions, commissioning, and delivering services.

## PROCEDURE 4. General

4.1 The Procedure Rules attached at **Appendix A** will apply to meetings of the ICP. These can be varied or suspended by agreement with at least 50% of the members present at the meeting in the interests of efficient and effective management of the meeting. Any such variation or suspension shall apply for the duration of that meeting only.

## 5. Membership

5.1 At present it is agreed that the partner organisations will be represented by the following individuals or representatives:

- Leader or Cabinet lead of Telford & Wrekin Council (co-Chair)
- Leader or Cabinet lead of Shropshire Council (co-Chair)
- Chair of Telford & Wrekin's Health and Wellbeing Board
- Chair of Shropshire Health and Wellbeing Board
- Chair of the Integrated Care Board
- Chief Executive of the Integrated Care Board

- Primary Care representatives from the Place Based Partnerships
- Chief Executive of Telford & Wrekin Council
- Chief Executive of Shropshire Council
- Director of Public Health of Telford & Wrekin
- Director of Public Health of Shropshire
- Directors of Children's and Adult services for both Councils
- VCS Alliance representatives
- Healthwatch Telford and Wrekin representative
- Healthwatch Shropshire representative

Other partners from the system may be asked to attend meetings to give their expert view on issues. These could include representatives from housing, education, health providers, children's services providers as an example. This is not an exhaustive list.

5.3 Membership of the ICP will be kept under review to ensure that it is able to best meet the needs of the residents of Shropshire, Telford and Wrekin.

5.4 Where the business of the ICP requires it, other organisations and individuals will be invited to attend. For the avoidance of doubt, these invited attendees will not be entitled to vote on any matters considered by the ICP.

## 6. Quorum

Quorum of one quarter (rounded up to the nearest whole number) is required. *There must be at least one representative from each local authority and the ICB, as statutory partners in the ICP.*

## 7. Voting Rights

7.1 All representatives and members of the ICP will be entitled to one vote each on any matters which require a decision.

7.2 Subject to paragraph 7.4, the general rule about decision making by the ICP is that any decision of the ICP must be taken by a majority of the members present]. In the event of a deadlock, the Chair of the relevant meeting shall have a casting vote subject to any disputes in relation to the same being managed through the dispute resolution procedure set out in **Appendix B**

7.3 For the avoidance of any doubt, the Chair is entitled to, and should, vote in any decision before being asked to exercise a casting vote. There is no requirement for the Chair to use the casting vote in the same direction as his/her original vote.

7.4 Should the decision being taken by the ICP relate to the exercise of one or more of the ICB and/or either local authority member statutory functions, either the ICB and/or each local authority members may direct the ICP to take, or refrain from taking, specified action until such time as the matter has been managed through the dispute resolution procedure set out in **Appendix B**. No such direction invalidates anything which the ICP has done before the making of the direction.

**[NB the dispute resolution procedure is yet to be written but will be drafted in readiness for the first meeting of the ICP]**

## 8. Meetings

- 8.1 The ICP will meet three times in its first year of operation and then decide on the frequency of meetings in subsequent years.
- 8.2 The ICP will be co-chaired by the Leader / Cabinet Member of the Telford & Wrekin Council and the Leader of Shropshire Council with the role of Chair alternating after each meeting. The Chair of the first meeting will be the Leader of [name] Council with the Leader of [name] Council being nominated as the Chair for the second meeting.
- 8.3 Where the nominated Chair is unable to attend a meeting, the attending Vice Chair will act as Chair for that meeting. This will not affect the rotation of the Chair for subsequent meetings.
- 8.4 Where neither the Chair or Vice Chair are in attendance at a meeting, the members of the ICP that are in attendance will elect a Chair from those present. The person duly elected will take the Chair for the duration of that meeting only and will be able to exercise all rights of the Chair during this time.
- 8.6 Meetings shall be conducted in accordance with the rules of debate which are set out at **Appendix A**.

## 9. Access to meetings and agendas

- 9.1 Meetings of the ICP will be held in public in line with the requirements of the Local Government Act 1972. Dates and times of meetings will be agreed and published in advance.
- 9.2 Agendas and supporting papers will be issued at least five clear working days before each meeting. The agenda will be agreed with the Chair and Vice-Chair in advance of the meeting. Members of the ICP will be able to submit items for consideration on the agenda of any meeting. Any suggestions must be submitted at least 15 working days in advance of the meeting date.
- 9.3 There may be occasions when documents falling to be discussed at a meeting of the ICP contain confidential or sensitive information. Where this is the case, such information will not be published provided that the withholding of such information is justified by Schedule 12A Local Government Act 1972. Where any such information is withheld, the reason will be stated on the agenda and within the relevant minutes.
- 9.4 Telford and Wrekin Council and Shropshire Council will be responsible, on an alternate basis, for producing the agenda and preparing minutes of each meeting. The agendas and minutes will be hosted on the ICB website. An action tracker will also be hosted on the ICB website with oversight of these actions being undertaken at ICB meetings. The draft minutes and the action tracker will be presented to the next meeting of the ICP for approval and will then be shared on the ICB website no later than 10 working days following approval by the ICP.
- 9.5 Members of the public may speak at any public meeting of the ICP and Public Participation Guidelines are available at **Appendix C**. Any request to speak should be sent no later than 5pm on the 8<sup>th</sup> working day prior to the meeting date. This request should be sent to the **ICB Director of Corporate Affairs**.

9.6 Members of the ICP may vote to exclude press and public at any point during a meeting so that consideration may be given to an item or items that may involve the disclosure of confidential or exempt information in accordance with Schedule 12A of the Local Government Act 1972.

## **10. Code of Conduct and Declaration of Interest**

10.1 The ICP will adopt the attached Code of Conduct attached at **Appendix D**. Any interests in items on the agenda should be declared at the start of the meeting.

10.2 In case of a conflict of interest the conflicted representative member of the ICP will declare an interest and, if required by the Code of Conduct, leave the meeting whilst the item that the member has an interest in is discussed.

## **11. Reporting and Accountability**

11.1 The ICP is a Committee of the ICB and will report directly to the board to ensure that the Integrated Care Strategy is developed within required timescales.

11.2 The ICP will ensure that the ICB and Telford & Wrekin Council and Shropshire Council have regard to the Integrated Care Strategy when planning for the delivery of services.

## **12. Date of Review**

12.1 These Terms of Reference will be reviewed no later than 6 months after the first meeting of the ICP and every 12 months thereafter. This does not prevent an earlier review should this be necessary.

## **Version Control**

<b>Date</b>	<b>Version Number</b>	<b>Actions</b>
25 May 2022	1.1	Updated by Telford and Wrekin Council
1 <sup>st</sup> June 2022	1.2	Updated by Nicky OConnor ICS

30 June 2022	1.4	Updated by Nicky OConnor ICS
01 July 2022	1.5	Updated by Telford and Wrekin Council
13/07/2022	1.6	Updated by Telford and Wrekin Council
18/07/2022	1.7	Updated by Telford and Wrekin Council
21/07/2022	1.8	Updated by Shropshire Council
21/07/2022	1.9	Updated by Telford and Wrekin Council

## ***The Integrated Care Partnership Procedure Rules***

### **1. What is the Integrated Care Partnership**

- 1.1. The Integrated Care Partnership plans to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services. The Integrated Care Partnership membership is made up of representatives from local authorities, ICB, Healthwatch and other partners.

### **2. Meetings**

What type of meeting	When
	Page 13

Ordinary Meetings	The ICP Committee will meet three times in its first year and twice a year thereafter
Extraordinary Meetings	Can be called by: The Joint Chairs both agreeing to hold such an extraordinary meeting; or <ul style="list-style-type: none"> <li>Any 6 partner representatives signing a request for such an extraordinary meeting and providing proof of such a request to the Joint Chairs</li> </ul>

### 3. Business to be transacted at Meetings

<del>Business to be transacted</del>	Ordinary Meeting	Extraordinary Meeting
Elect a person to preside if the Joint Chairs are not present	✓*	✓*
Receive any apologies for absence	✓*	✓*
statue to be *	✓	
<del>done before other business</del>		
Receive any declarations of interest * from Members	✓	✓
Approve the minutes of the * previous meeting(s)	✓	
Receive any announcements from the Chair, Vice Chair or ICB	✓	
Agree the Integrated Care Partnership's delegation scheme	✓	
Receive the schedule of meetings	✓	
Consider the business set out in the agenda	✓	
Receive reports from Place Partnership Boards, etc and	✓	✓
receive questions and answers on those reports and to determine recommendations made in those reports	✓	
To consider questions raised by representatives or members of the Public	✓	
To consider motions in the order in which they were received	✓	

### 4. Notice of Meetings/ Attendance at meetings

4.1 The Proper Officer will give 5 clear working days' notice of all Integrated Care Partnership meetings by way of summons which will include details of the date, time and place of the meeting as well as detailing the business to be transacted and copies of available reports. Summonses may be delivered by post, by hand or electronically.

- 4.2 The Chair may, if he/ she considers it appropriate and after consulting with the Vice-Chair, alter the date or time of any meeting.
- 4.3 The names of all representatives attending meetings will be recorded.
- 4.4 Substitutes can be appointed as detailed below and have the same powers and duties as an ordinary member of the committee but cannot chair a meeting at which they are attending as a substitute. They must substitute for a whole meeting for a member who cannot attend the meeting and the Proper Officer must be notified by either the representative being substituted or the proposed substitute as soon as is reasonably practicable before the start of the meeting.

## **5. The role of the Chair**

5.1 the Chair and Vice-Chair positions of the ICP will be the jointly held by the Leaders of Shropshire and Telford & Wrekin Local Authorities

5.2 the Chair and Vice-Chair positions with alternate after each meeting.

5.3 The Chair will:-

5.2.1 Uphold the Terms of Reference and interpret it during Integrated Care Partnership meetings;

5.2.2 Ensure that the business of the Integrated Care Partnership is carried out efficiently and with regard to the rights of all representatives and the community as a whole including the variation of the order of business (except those items marked with an asterisk in 3 above);

5.2.3 Ensure that the meeting is a forum for debate of matters of concern to the local community and the place for members who are not on the Cabinet to hold the Cabinet to account.

## **6. Questions at Ordinary meetings**

6.1 A member of the public or organisation may only ask one question per meeting which cannot be more than 50 words long except with the approval of the Speaker. A maximum of three speakers will be permitted at any one meeting.

6.2 All questions pursuant to 6.1 above must be submitted to the ICB Director of Corporate Affairs by 5:00pm on the 8<sup>th</sup> working day before the meeting and will be included in the Agenda in the order in which they are received.

6.3 The Chair may, in consultation with the Vice-Chair or the Proper Officer, rule any question out of order if in his/her opinion it would risk the defamation of any individual, relates to confidential or exempt information, relates to an individual or personal dealings with the Integrated Care System or is considered to be frivolous, vexatious or repetitious. The Proper Officer may require any person submitting a public question to amend their question so as to comply with these rules, failing which the question will not be considered at the meeting.

6.4 An answer will be provided by the person to whom the question was put or his/ her nominee and can be either a direct oral answer, a reference to an

already existing publication or, if the reply cannot be conveniently be given orally A written answer will be sent to the person who asked the question and circulated to all representatives via e-mail within five clear working days.

6.5 A person may speak for no more than 3 minutes when either; asking a question/ supplementary question or providing an answer to a question

## **7. Motions**

7.1 There are two types of Motion, those that can be moved during debate and those for which notice is required.

### **Motions without notice**

7.2 The following motions can be moved without notice during the meeting:-

- 7.1.1 to appoint a Chair
- 7.1.2 in relation to the accuracy of the Minutes
- 7.1.3 to change the order of business in the agenda
- 7.1.4 to refer something to an appropriate body or individual
- 7.1.5 to appoint a committee or representative arising from an item on the agenda for the meeting
- 7.1.6 to receive reports or adoption of recommendations of Boards or officers and any recommendations following from them
- 7.1.7 to extend the time limit for speeches
- 7.1.8 to suspend a particular Integrated Care Partnership meeting rule
- 7.1.9 to adjourn the meeting
- 7.1.10 to exclude the public and press
- 7.1.11 to not hear further from a representative or to exclude them from the meeting
- 7.1.12 to give the consent of the meeting where its consent is required by this Constitution to ask for a Recorded Vote
- 7.1.13 to withdraw the motion
- 7.1.14 to amend the motion
- 7.1.15 to proceed to the next business
- 7.1.16 that the question be now put
- 7.1.17 to adjourn the debate

7.3 The Chair may ask for a written version of a Motion or a proposed amendment to be provided to him/her before it is discussed.

7.4 A representative may alter a Motion without notice which he/ she has moved with the consent of the Secunder and the meeting. This shall be given without discussion.

### **Motions with notice**

7.5 Other Motions must be submitted to the Proper Officer by 5:00pm at least 7 clear working days before the meeting.

7.6 Motions received will be published the day after the closing date for receipt and will be included in the Integrated Care Partnership agenda in the order in which they are received.

- 7.7 Motions must relate to matters for which the Integrated Partnership has responsibility or which affect the Shropshire, Telford & Wrekin Integrated Care System.
- 7.8 A representative may alter a Motion with notice which he/she has moved with the consent of the meeting. This shall be given without discussion.
- 7.9 Where two motions are received in advance of a meeting, which cover substantially the same subject, the motion which was received first shall take precedence. The other motion(s) which are substantially the same shall not be put to the meeting.

#### **Special Motions with notice - Rescinding a previous decision**

- 7.10 A Motion or amendment to rescind a decision made at the Integrated Care Partnership in the last 6 months can only be considered once in the 6 months immediately following the date of the original decision if the notice of motion is signed by at least 10 representatives.
- 7.11 A motion or amendment that is substantially similar to one that has been rejected by Integrated Care Partnership in the last 6 months can only be considered once in the 6 months immediately following the date of the original decision if the notice of motion is signed by at least 10 members.

### **8. Rules of Debate**

- 8.1 Other than when asking questions or when these rules have been suspended representatives can speak once on the motion, any proposed amendment to the motion and on any further amended motion as detailed below:-

	<b>Substantive motion</b>	<b>Propose amendments</b>	<b>Proposed amendment</b>	<b>Right of reply</b>
<b>Proposer</b>	✓	✗	<b>Right of Reply only</b>	✓
<b>Seconder</b>	✓	✗	✓	✗
<b>All other members except the Chair/Vice Chair</b>	✓	✓	✓	✗

#### **Amendments to Motions or Recommendations**

- 9.3 Any proposed amendment to a motion or recommendation at the Integrated Care Partnership should be submitted to the Proper Officer no later than 4 hours before the meeting starts. The Proper Officer will ensure that representatives are notified by telephone or e-mail of any amendments received as soon as possible prior to the commencement of the meeting.
- 8.4 Unless the notice of motion has already been given the Chair may require it to be written down and handed to him/ her before it is discussed.
- 8.5 Only one Motion can be moved and debated at any one time.

- 8.6 No more than one amendment can be proposed to either the substantive Motion or the amended Motion at any one time.
- 8.7 When seconding a motion or amendment a representative may reserve their speech until later in the debate.
- 8.8 If an amendment is carried the motion as amended takes the place of the original motion. This becomes the substantive motion to which any further amendments are moved.
- 8.9 After an amendment has been carried the Chair may read out the amended motion before accepting any further amendments or, if there are one, continue the debate or put it to the vote.
- 8.10 Amendments can be proposed that:-
- 9.10.1 Refer the matter to an appropriate body or individual for consideration or reconsideration.
  - 9.10.2 Any combination of leaving out words and/or adding others as long as this does not negate or substantially alter the Motion.

#### **Withdrawal of Motions**

- 8.11 A representative may withdraw a Motion which he/she has moved with the consent of the seconder and the meeting. This shall be given without discussion.

#### **Alteration of motion**

- 8.12 A representative may alter a motion of which he/she has given notice with the consent of the meeting. The meeting's consent will be signified without discussion.
- 8.13 A representative may alter a motion which he/she has moved without notice with the consent of both the meeting and the seconder. The meeting's consent will be signified without discussion.
- 8.14 Only alterations which could be made as an amendment may be made.

#### **Closure motions**

- 8.15 A representative may move, without comment, the following motions at the end of a speech of another member:
- 9.15.1 to proceed to the next business;
  - 9.15.2 that the question be now put;
  - 9.15.3 to adjourn a debate; or
  - 9.15.4 to adjourn a meeting.
- 8.16 If a motion to proceed to next business is seconded and the Chair thinks the item has been sufficiently discussed, he or she will give the mover of the original motion a right of reply and then put the procedural motion to the vote.
- 8.17 If a motion that the question be now put is seconded and the Chair thinks the item has been sufficiently discussed, he/she will put the procedural motion to

the vote. If it is passed he/she will give the mover of the original motion a right of reply before putting his/her motion to the vote.

- 8.18 If a motion to adjourn the debate or to adjourn the meeting is seconded and the Chair thinks the item has not been sufficiently discussed and cannot reasonably be so discussed on that occasion, he/she will put the procedural motion to the vote without giving the mover of the original motion the right of reply.

## 9. **Speeches**

Purpose of speech	Who can make the speech	Duration
Presenting a report	Representative presenting a report	5 minutes
Proposing a motion or moving an amendment to a motion	Any Representative	5 minutes
The adoption of minutes	Representative moving the adoption of minutes	5 minutes
Speeches at meetings:	Chair Vice Chair ICB Healthwatch Other Partners	20 minutes 10 minutes 10 minutes
Substantive motion	Any representative	3 minutes
Point of Order	Any representative	3 minutes
Personal Explanation	Any representative	3 minutes
Right of Reply	Mover of Motion	3 minutes

- 9.1 No speeches may be made after the mover has moved a proposal and explained the purpose of it until the motion has been seconded.

- 9.2 The Proposer of the substantive motion (or his/ her nominee) has a right of reply at the end of the debate but the Proposer of an amendment has no right of reply at the end of the debate on the proposed amendment.

### **Point of Order**

- 9.3 A point of order can be raised at any time and will be heard by the Chair as soon as it is raised. It must allege a breach of the Integrated Care Partnership Rules or the law and the representative must indicate the rule or the law and the way in which he/she considers it has been broken. The decision of the Chair in respect of the matter is final.

### **Personal Explanation**

- 9.4 A representative can make a personal explanation at any time. It can only relate to a material part of an earlier speech made during the current debate which relates to them and appears to have been misunderstood during the debate. The ruling of the Chair in respect of the personal explanation is final.

## **Speaking**

- 9.5 Except with the leave of the Chair all representative must stand and address the meeting through the Chair. When more than one member is standing up the Chair will invite one of them to speak and the remaining representatives must sit down and remain seated.
- 9.6 When a representative is speaking all representatives must remain seated unless they wish to make a Point of Order or a Point of Personal Explanation.
- 9.7 The Chair may allow officers to give advice to the Integrated Care Partnership as and when appropriate in which case the rules on speaking for representatives apply.

## **10. Voting**

- 10.1 Subject to any other rules below, any matter is decided by a simple majority of those present and voting in the room. This can be done either by a show of hands or, if there is no dissent, by the affirmation of the meeting.
- 10.2 A representative may, before the vote is taken, ask for a Recorded Vote which would record in the minutes the way in which individual representatives voted.
- 10.3 After a vote is taken any representative can ask for the way that they voted to be recorded in the minutes.
- 10.4 In the interests of probity, no representative may vote on a particular item if they have not been present for the entirety of the debate on said item.

## **11. Suspending Rules**

- 11.1 These Integrated Care Partnership Rules, can be suspended by Motion on notice or without notice if at least 50% of the representatives present agree. Any suspension under this rule will last only for the duration of that Integrated Care Partnership Meeting.

## **12. Conduct**

### **Representatives**

- 12.1 When the Chair stands up or indicates in some other manner the representative speaking must stop speaking and sit down and the meeting must be silent.
- 12.2 Any representative can move that another representative be not heard further if that representative is persistently disregarding the ruling of the Chair or behaving improperly or offensively or deliberately obstructing business. Any such Motion will, if seconded, be voted on without debate.
- 12.3 If, after such a Motion is carried, the representative continues to behave improperly then the Chair may move that the representative leaves the meeting and/or that the meeting is adjourned for as long and/or to such a place as he/she considers appropriate. Any such Motion will, if seconded, be voted on without debate.

12.4 If a member of the public interrupts proceedings or continually interrupts proceedings then the Chair may either warn them about their behaviour or order their removal from the meeting room as he/she considers appropriate.

### **General Provisions**

12.5 If there is general disturbance which, in the opinion of the Chair, makes orderly business impossible then the Chair may adjourn the meeting for as long and to such a place as he/she thinks appropriate or call for all or any part of the meeting room to be cleared.

## **Appendix C - Public Participation Rules**

Members of the public may speak at the ICP meetings. The rules governing this are:

- Topics must be in the remit of the ICP.
- Members of the public who wish to speak must notify the ICB Director of Corporate Affairs, in writing, no later than the 8<sup>th</sup> working day before any meeting.
- A maximum of three minutes is allocated to each speaker, which will be strictly adhered to.
- A maximum of three speakers will be permitted at any one meeting.

## Appendix C – the Committee on Standards in Public Life

The LGA has undertaken this review whilst the Government continues to consider the recommendations made by the Committee on Standards in Public Life in their report on [Local Government Ethical Standards](#). If the Government chooses to implement any of the recommendations, this could require a change to this Code.

The recommendations cover:

- Recommendations for changes to the Localism Act 2011 to clarify in law when the Code of Conduct applies
- The introduction of sanctions
- An appeals process through the Local Government Ombudsman
- Changes to the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012
- Updates to the Local Government Transparency Code
- Changes to the role and responsibilities of the Independent Person
- That the criminal offences in the Localism Act 2011 relating to Disclosable Pecuniary Interests should be abolished

The Local Government Ethical Standards report also includes Best Practice recommendations. These are:

**Best practice 1:** Local authorities should include prohibitions on bullying and harassment in codes of conduct. These should include a definition of bullying and harassment, supplemented with a list of examples of the sort of behaviour covered by such a definition.

**Best practice 2:** Councils should include provisions in their code of conduct requiring councillors to comply with any formal standards investigation and prohibiting trivial or malicious allegations by councillors.

**Best practice 3:** Principal authorities should review their code of conduct each year and regularly seek, where possible, the views of the public, community organisations and neighbouring authorities.

**Best practice 4:** An authority's code should be readily accessible to both councillors and the public, in a prominent position on a council's website and available in council premises.

**Best practice 5:** Local authorities should update their gifts and hospitality register at least once per quarter, and publish it in an accessible format, such as CSV.

**Best practice 6:** Councils should publish a clear and straightforward public interest test against which allegations are filtered.

**Best practice 7:** Local authorities should have access to at least two Independent Persons.

**Best practice 8:** An Independent Person should be consulted as to whether to undertake a formal investigation on an allegation, and should be given the option to review and comment on allegations which the responsible officer is minded to dismiss as being without merit, vexatious, or trivial.

**Best practice 9:** Where a local authority makes a decision on an allegation of misconduct following a formal investigation, a decision notice should be published as soon as possible on its website, including a brief statement of facts, the provisions of the code engaged by the allegations, the view of the Independent Person, the reasoning of the decision-maker, and any sanction applied.

**Best practice 10:** A local authority should have straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes.

**Best practice 11:** Formal standards complaints about the conduct of a parish councillor towards a clerk should be made by the chair or by the parish council, rather than the clerk in all but exceptional circumstances.

**Best practice 12:** Monitoring Officers' roles should include providing advice, support and management of investigations and adjudications on alleged breaches to parish councils within the remit of the principal authority. They should be provided with adequate training, corporate support and resources to undertake this work.

**Best practice 13:** A local authority should have procedures in place to address any conflicts of interest when undertaking a standards investigation. Possible steps should include asking the Monitoring Officer from a different authority to undertake the investigation.

**Best practice 14:** Councils should report on separate bodies they have set up or which they own as part of their annual governance statement and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness and publish their board agendas and minutes and annual reports in an accessible place.

**Best practice 15:** Senior officers should meet regularly with political group leaders or group whips to discuss standards issues.

This page is intentionally left blank

## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	8 <sup>th</sup> September 2022		
<b>Title of Paper</b>	JSNA Update		
<b>Reporting Officer and email</b>	Rachel Robinson, Executive Director of Health, Wellbeing and Public Health <a href="mailto:Rachel.robinson@shropshire.gov.uk">Rachel.robinson@shropshire.gov.uk</a>		
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	Children & Young People	<input type="checkbox"/>	Joined up working
	Mental Health	<input type="checkbox"/>	Improving Population Health
	Healthy Weight & Physical Activity	<input type="checkbox"/>	Working with and building strong and vibrant communities
	Workforce	<input type="checkbox"/>	Reduce inequalities (see below)
<b>What inequalities does this paper address?</b>	Inequalities in health outcomes, service provision/access		

### 1. Executive Summary

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

### 2. Recommendations

The Health and Wellbeing Board:

- Note the update to work programmes and timescales

### 3. Report

#### Joint Strategic Needs Assessment (JSNA)

Work continues on the JSNA development programme subsequent to standing down of parts during COVID and Omicron. The JSNA has been managed as separate workstreams – a place-based approach and development of web-based media (in particular Power BI interactive reports) to present needs assessments. We are about to draw these two workstreams together to create web-based interactive profiles for Place Plan areas in Shropshire.

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

Profiles for Highley and Oswestry, the first of the “Wave 1” priority Place Plan areas have been produced. They have been developed concurrently with preliminary engagement in the respective areas, the results of which are being analysed and taken to local community events for engagement. The Oswestry profile had specific and additional content on measures relating to children and young people to aid focused work in this geography.

The first profile has already been used by system partners with regard to identifying and addressing Health Inequalities in the South-East of the County.

In addition, work is beginning on high level profiles spanning a multitude of health and wellbeing outcomes and causal factors for all 18 Place Plan areas in Shropshire. We will report back to the Board with details of these as prototype products are created.

## • **Web-Based Needs Assessment (WBNA)**

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

Starting Right - conception, perinatal measures, and family environment/vulnerability at birth

School Years - educational attainment, provision, SEND, Free School Meals (FSM)

Adult Wellbeing - currently predominantly behavioural measures; obesity, physical activity, drug and alcohol

Ageing Well – Health checks, outcomes associated with older populations

IMD – Deprivation indices

Cost of Living – Poverty, employment, benefits

Employment and Economy – Activity, occupations, qualifications, business health, earnings.

Quality of Life – Crime, measures of social fabric communities, franchise etc.

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

## **Pharmaceutical Needs Assessment (PNA)**

The final draft of the PNA is now out for publication as of 1<sup>st</sup> August. This consultation period closes on 30<sup>th</sup> September.

Enclosed with this report is a presentation for the board summarising the needs assessment

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

- Drug and Alcohol Needs Assessment
- Needs analyses to support dental programme targeting
- Annual Public Health Report (APHR)

## **Key milestones in period until next board –**

October 2022 – Closure of consultation and publication of Pharmaceutical Needs Assessment.

October 2022 – Alignment of WBNA and PBNA through initial high level profiles for Place Plan Areas.

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

November 2022 – Production of Drug and Alcohol Needs Assessment

December 2022 – APHR initial development

## **Risk assessment and opportunities appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental

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

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

consequences and other Consultation)		
<b>Financial implications</b> (Any financial implications of note)		
<b>Climate Change Appraisal as applicable</b>		
<b>Where else has the paper been presented?</b>	<b>System Partnership Boards</b>	
	<b>Voluntary Sector</b>	
	<b>Other</b>	
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead</b> (List of Council Portfolio holders can be found at this link: <a href="https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130">https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130</a> )  Cllr. Simon Jones, Portfolio Holder for Adult Social Care and Public Health		
<b>Appendices</b> Shrops PNA Key Findings.doc School Years.pdf Employment and Economy.pdf		

This page is intentionally left blank

Shropshire  
**together**



# Shropshire PNA

Key Findings / Key Messages

Aug-22

# Introduction

---

- Currently 47 Community pharmacies in Shropshire
  - Usually located close to GP Practices, in towns and larger villages
  - Usually mirroring GP opening hours, most with some time open on a Saturday and 6 with some time open on a Sunday as well
  - Shropshire also has 17 dispensing GP Practices due to the large rural component
    - Slightly more concentrated in the north and West of the county
- Three sections to the this summary
  - Patient Survey
  - Pharmacists Survey
  - Supporting data

# Patient Survey – Key Messages

# Patient Survey

---

Page 32

- 421 Respondents (0.08% of STW population)
  - 311 Online Panel (74%) - Respondents recruited through a commercial online panel
  - 110 Organic Sample (26%) - The survey was distributed to networks of patients by STW
- 63% female, 37% male
  - Common in many health surveys
- 62% (261) from Shropshire, 38% (160) from Telford and Wrekin
  - All 421 respondents used in the PNA
    - Data presented as homogeneous
- Good spread across most age groups
- Skew in respondents to the higher socio-economic groups
  - Almost half of the respondents were from the AB Socio-economic groups

# Patient Survey – Key Messages - Awareness

Page 33

## Awareness of services varies

- From 82% being aware of prescription service to just 8% aware of the Chlamydia screening service
- Awareness of pharmacists being able to offer specific ailment advice was high
  - Just 15% of respondents were unaware of any ailment advice being offered
  - Advice on colds highest at 71%
- 69% of respondents stated they would use a service they are not currently aware of

## High acceptance of advice from Pharmacists

- 96% of respondents said that the advice received from Pharmacists was useful

## Respondents stated benefits

- No appointment was necessary
- Expert Advice
- Faster service/treatment

# Patient Survey – Key Messages - Travel

---

- Travel
  - High satisfaction levels with distance to travel to see Pharmacist (86%)
    - 'Near my home' most common response for type of pharmacy visited at 32%
    - High St (19%), Dr's Surgery (19%) and Supermarket (15%) were next three types of pharmacy most often used by respondents
  - High satisfaction with ease of transport (small sample + generally more affluent)
  - Overall high satisfaction with parking facilities at 80%
    - However, 9% were dis-satisfied, Perhaps, suggests site/location differences?
- Pharmacy opening hours
  - Weekdays – high satisfaction at 88%
  - Weekends – lower, still good at 69%

# Patient Survey – Key Messages - Satisfaction

---

- Consultations in private were the lowest satisfaction at 59%
  - 68% agreed they don't like talking when other patients can overhear
    - 19% stated lack of a privacy was a reason for not visiting a pharmacist for advice
  - 60% agreed Pharmacists are easy to approach
  - 77% agreed it was important to speak to someone face to face
  - 79% agreed it was getting more difficult to get a GP appointment
    - 37% stated they would rather go to their GP if possible
- 69% of respondents stated they would use a service they are not currently aware of

# Patient Survey – Summary

---

Page 36

- Variable awareness of overall range of services offered by Pharmacies but noticeable percentage of respondents not aware that their pharmacy offered some services
  - Increased publicity? Engagement?
- The highest rated benefits of a pharmacist was the fact that ‘no appointment was needed’ followed by ‘faster answers’
- Overall satisfaction with functional issues was high
  - Consultation/ability to talk in private raised as a point
- There is strong agreement in the survey that it is important to speak with someone face to face

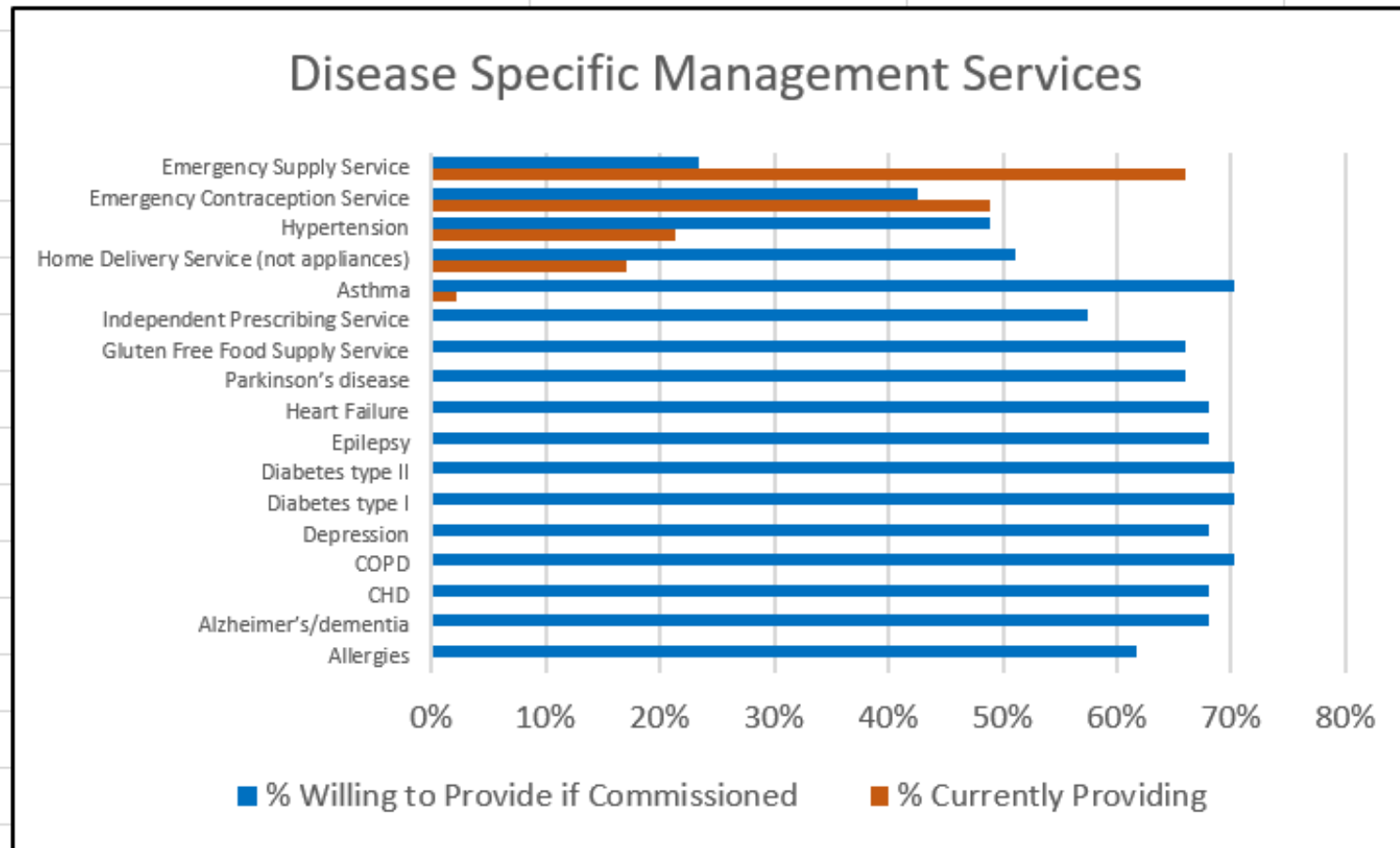
# Pharmacist Survey – Key Messages

# Pharmacist Survey

---

- The PNA Pharmacy was emailed to the 47 Community Pharmacists, all responded
- Five different Service areas covered in the survey
  - Specific Disease Management Services
  - Additional Services
  - Screening Services
  - Additional Vaccinations and Screening Services
  - Medicines Collection and Delivery Service

# Pharmacist Survey – Specific Disease Management Services

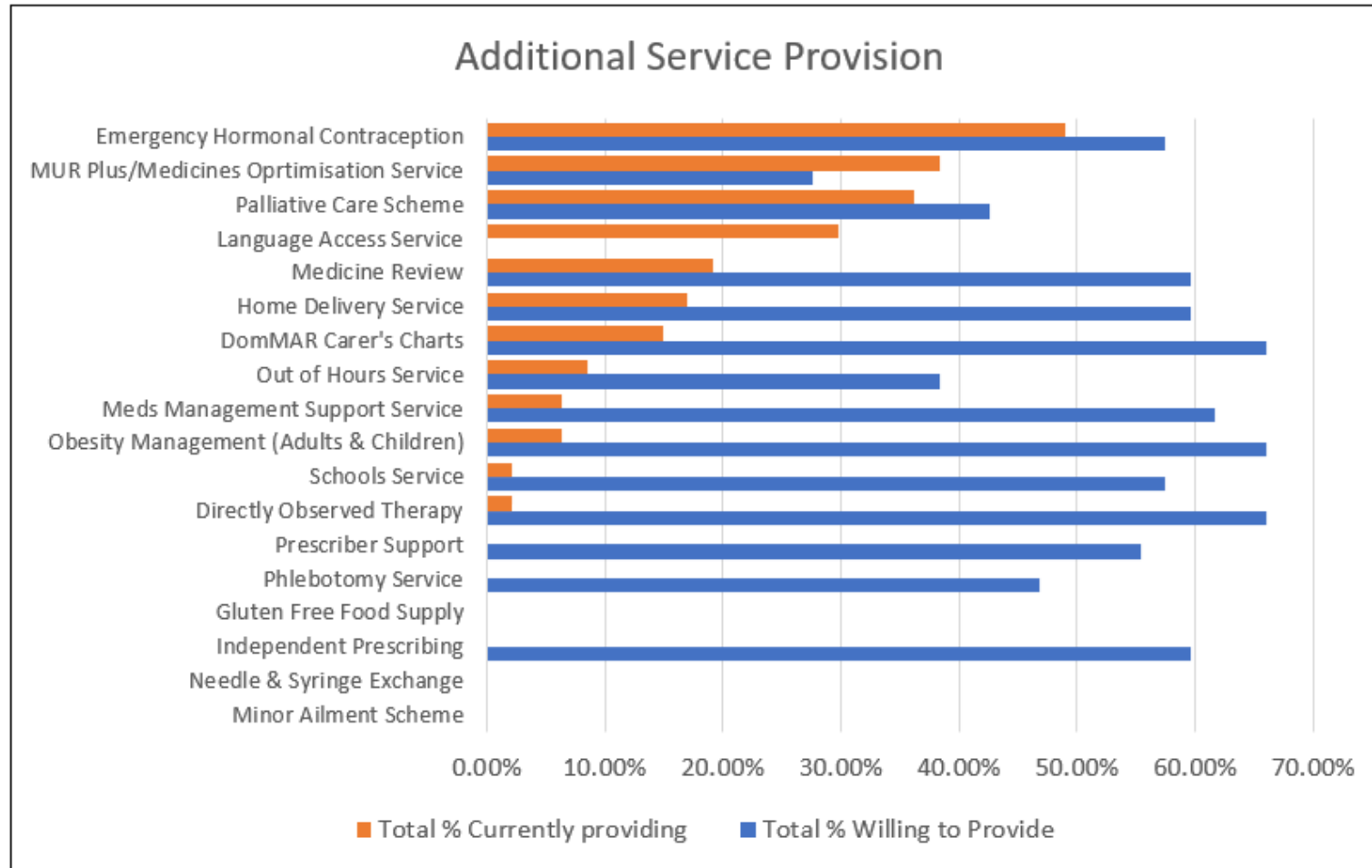


# Pharmacist Survey – Specific Disease Management Services

---

- Of the 17 specific Disease Management Services mentioned, typically 60-70% of pharmacies responded saying they would be willing to provide them if commissioned
  - 5 of the 17 Disease Management Services are currently stated as being commissioned. Although the number of providing pharmacies varies widely from 1 to 35 depending on service in question
  - There were some gaps in the responses
  - Typically, around 10% of Pharmacies said they would be willing provide these services privately
  - No pharmacies stated they would not be willing provide any of these services

# Pharmacist Survey – Additional Services



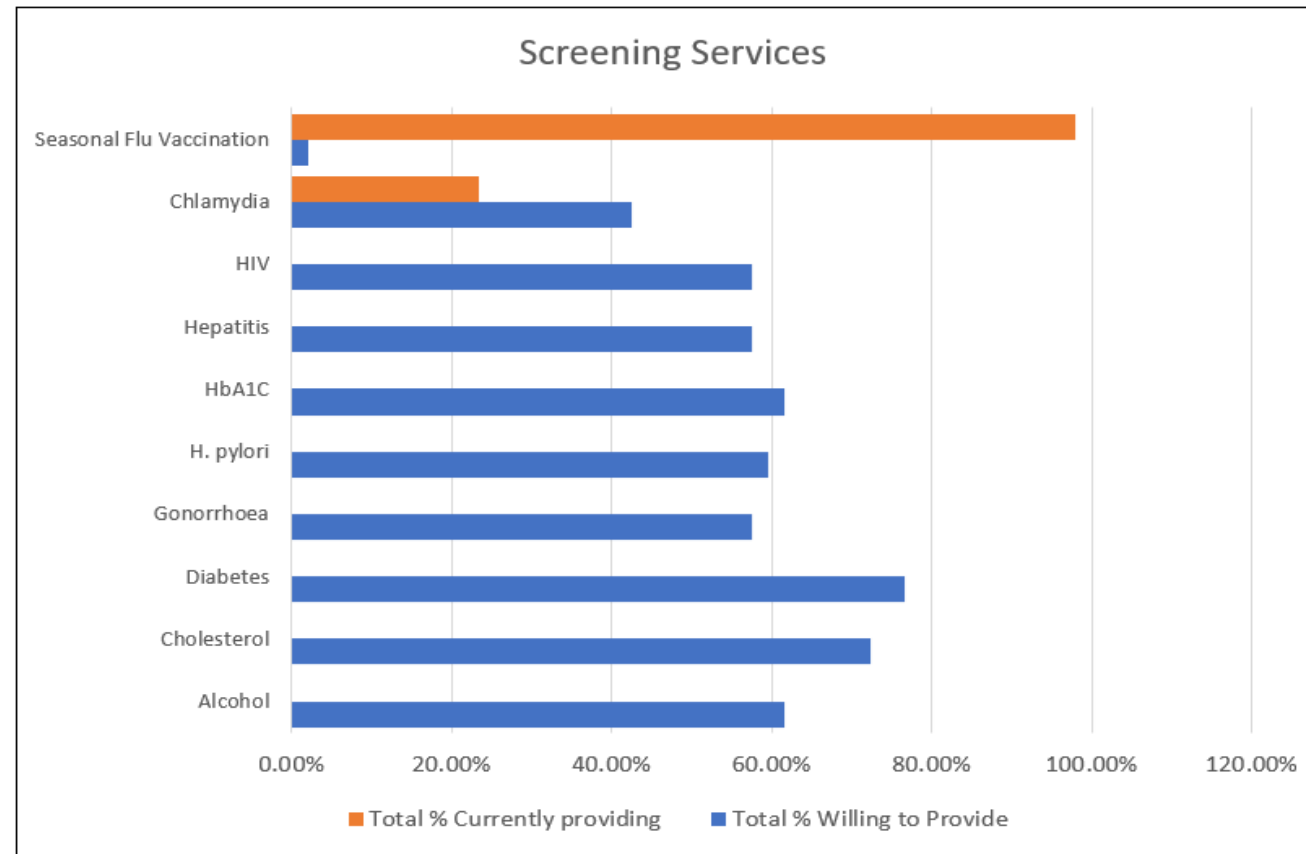
Source: PNA Pharmacy Questionnaire 2022

# Pharmacist Survey – Additional Services

---

- A similar picture is seen in the Additional Services. With typically 50-60% of pharmacist stating they would be willing to provide these 16 services mentioned if commissioned
  - 13 of the 16 Additional Services mentioned are currently provided. Although the number of providing pharmacies again varies widely from 1 to 23 depending on service in question
  - There were some gaps in the responses
  - Pharmacists stated there were just three additional services they would be willing provide privately
  - No pharmacies stated they would not be willing provide these services

# Pharmacist Survey – Screening Services



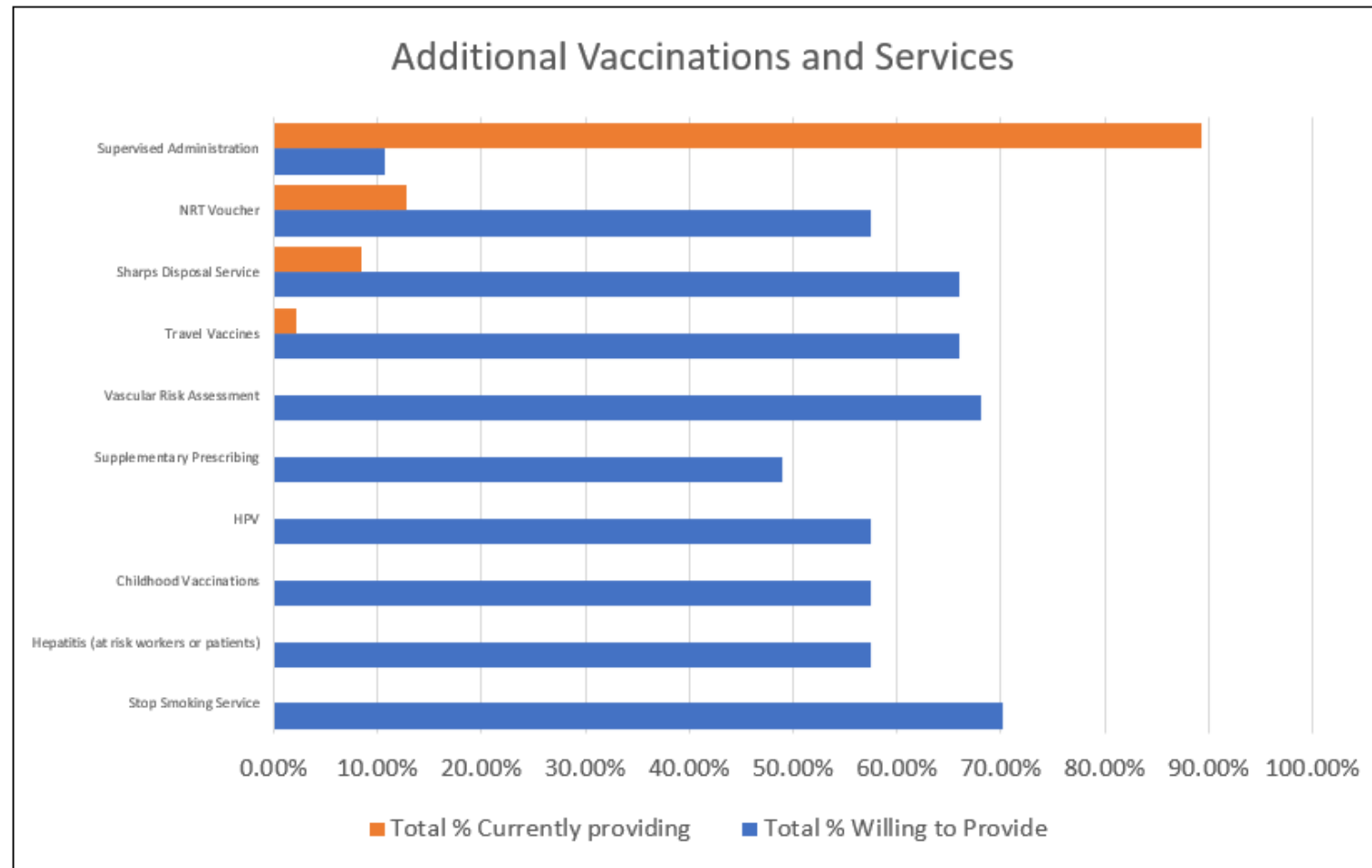
Source: PNA Pharmacy Questionnaire 2022

# Pharmacist Survey – Screening Services

---

- Again a similar picture is seen in the Screening Services. With typically 57-70% of pharmacists stating they would be willing to provide these 10 services mentioned if commissioned
  - 2 of the 10 Screening Services mentioned are currently provided. Although the number of providing pharmacies varies widely from 10 (Chlamydia) to 46 (Seasonal Flu)
  - There were some gaps in the responses
  - Pharmacists stated there was just a single Screening Service (Chlamydia), they would be willing provide privately
  - No pharmacies stated they would not be willing provide these services

# Pharmacist Survey – Additional Vaccinations and Services



Source: PNA Pharmacy Questionnaire 2022

# Pharmacist Survey - Additional Vaccinations and Services

---

- Additional Vaccinations and Screening Services. Show typically 57-70% of pharmacists stating they would be willing to provide these 10 services mentioned if commissioned
  - 4 of the 10 Screening Services mentioned are currently provided. Although the number of providing pharmacies varies widely from 42 to 1
  - There were some gaps in the responses
  - Four Pharmacies stated there was just a single Screening Service (Vascular Risk Assessment), they would be willing provide privately
  - No pharmacies stated they would not be willing provide these services

## Pharmacist Survey – Medicine Collection and Delivery Service

---

Selected Patient Groups delivery (Categorised)	%
All Patients	42.90%
Elderly	11.40%
Housebound etc	25.70%
Palliative Care	5.70%
Vulnerable	2.90%
Privately Paid	5.70%
N/a	5.70%

- 35 Pharmacies (74.4%) are signed up for this service
- 33 of 35 Pharmacies undertake a GP Prescription collection and delivery service to some or all of their patients

Source: PNA Pharmacy Questionnaire 2022

# Data – Key Messages

# Data – Service Provision

---

- Three '100 hour' pharmacies
  - Lower level of service than comparative peers
- The distribution of pharmacies per head-of-population shows the overall Shropshire rate to be lower than the England average
  - 1 Community pharmacy to around 6,800 residents in Shropshire. Compared to 1 Community Pharmacy to around 4,800 residents in England
    - This ratio is higher for Shropshire than in the last PNA; last PNA was around 1 Community Pharmacy to 5,800 Shropshire residents
    - Due to closure of some Pharmacies and growth of Shropshire population
    - Whilst the England ratio is comparable
  - However, including the Shropshire GP dispensing practices gives a close parity to the England rates at around 1 pharmacy (either dispensing GP or Community pharmacy) to around 4,800 residents
    - Dispensing GP Practices often have more restrictive opening hours than Community Pharmacies
- Potential gap in pharmacy provision in the South of the County and on Sundays throughout the county

# Data - Population

---

- ONS population estimates suggest that overall Shropshire's population is going to continue to grow
  - Growth in housing stock and net inward migration to Shropshire
  - ONS forecasts forecast that the population will continue to noticeably age
    - Between 2000 and 2020, Shropshire median population age rose from 41 to 48 years old. In the same time period, England's rose from 38 to 41 years old
    - Ageing populations are usually seen to require increased need of support, pharmacists included
    - Shropshire has a slightly older life expectancy for males and females when compared to England overall
- Shropshire has lower levels of older people living in deprived status than the England and regional levels
- Shropshire generally has a slightly 'healthier' population than the English median, on a range determinants of health and metrics
- A noticeably smaller percentages of Shropshire's population identify themselves as BAME, when compared to the Region and England averages

# Summary

# Summary – Recommendations from the PNA

---

- Review and expand the opening times of pharmacies on Sundays specifically in South Shropshire.
- Consider future joint training sessions bringing together representatives from community pharmacy and other organisations' pharmacists to promote integrated working
- Explore options for improving communications around provision of services delivered in community pharmacy
- There is a need to raise awareness, signposting and improve the availability of online information to promote the services currently available. There are also opportunities for both the HWB and within the Integrated Care System to capitalise on the capacity within the range of services offered from community pharmacies and for future service development. Consideration should be given to including community pharmacy and the services they can provide in future commissioning plans and strategies in order to support the delivery of community-based services.
- Considering information from stakeholders including community pharmacies and dispensing doctor practices, the number and distribution of the current pharmaceutical service provision in Shropshire is assessed as insufficient.
- During the period of 2017 to 2038 an estimated 28,750 houses will be built in Shropshire. In areas of significant development and population growth, additional future pharmacy provision will need to be considered. The HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information on pharmacy needs is available.
- The PNA consultation is due to close on 13<sup>th</sup> September 2022 and should be published by 01<sup>st</sup> October 2022

# Thank you

This page is intentionally left blank

# Shropshire JSNA

## Employment and Economy

Contents

Economic Activity

Occupations and  
Qualifications

Unemployment

Employment and Jobs 1

Employment & Jobs 2

Business Numbers

Business Births and  
Deaths

Earnings

Appendix

### Economic Activity and Employment

Being in employment is associated with better physical and mental health and well-being, and conversely, when rates of participation in the labour market are low, this can impact of the health of the local population.

76.8% of the Shropshire 16-64 population was economically active in 2021, which is the equivalent of 138,300 people. Rates of economic activity have fluctuated since 2015, but have dipped significantly since 2018, while rates in the West Midlands and England have remained predominantly flat. Historically, working age participation in the labour market was notably higher in Shropshire than regional or national averages, but that is no longer the case.

The male economic activity rate in Shropshire is slightly higher than the female rate, although the differential between the two is much narrower than is the case for the West Midlands or England. While the Shropshire female rate is in alignment with the West Midlands and England, the male rate is notably lower.

Most economically active people are in employment (97.80%) which equates with 135,300 people. The number has fallen from a peak of 150,600 in 2018.

Levels of self-employment are particularly high in Shropshire, with rates surpassing those in the West Midlands and England in each year since 2015. In 2021, 14.70% of those in employment were self-employed compared with 8.40% in the West Midlands and 9.50% in England.

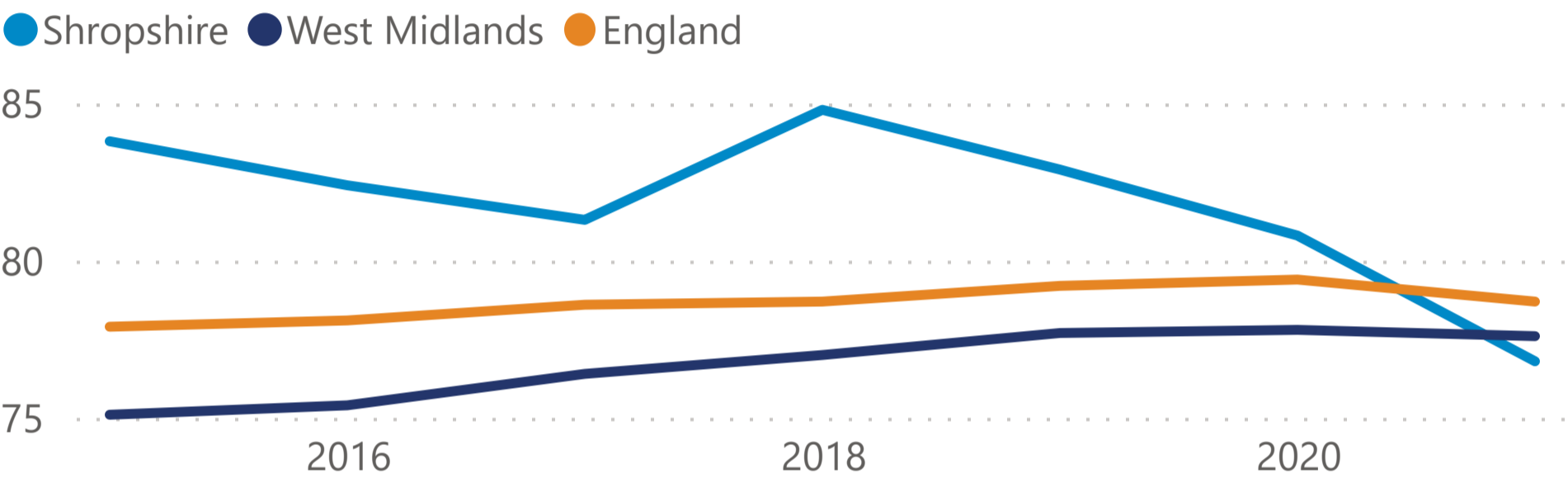
### Shropshire Economically Active 2021

138K

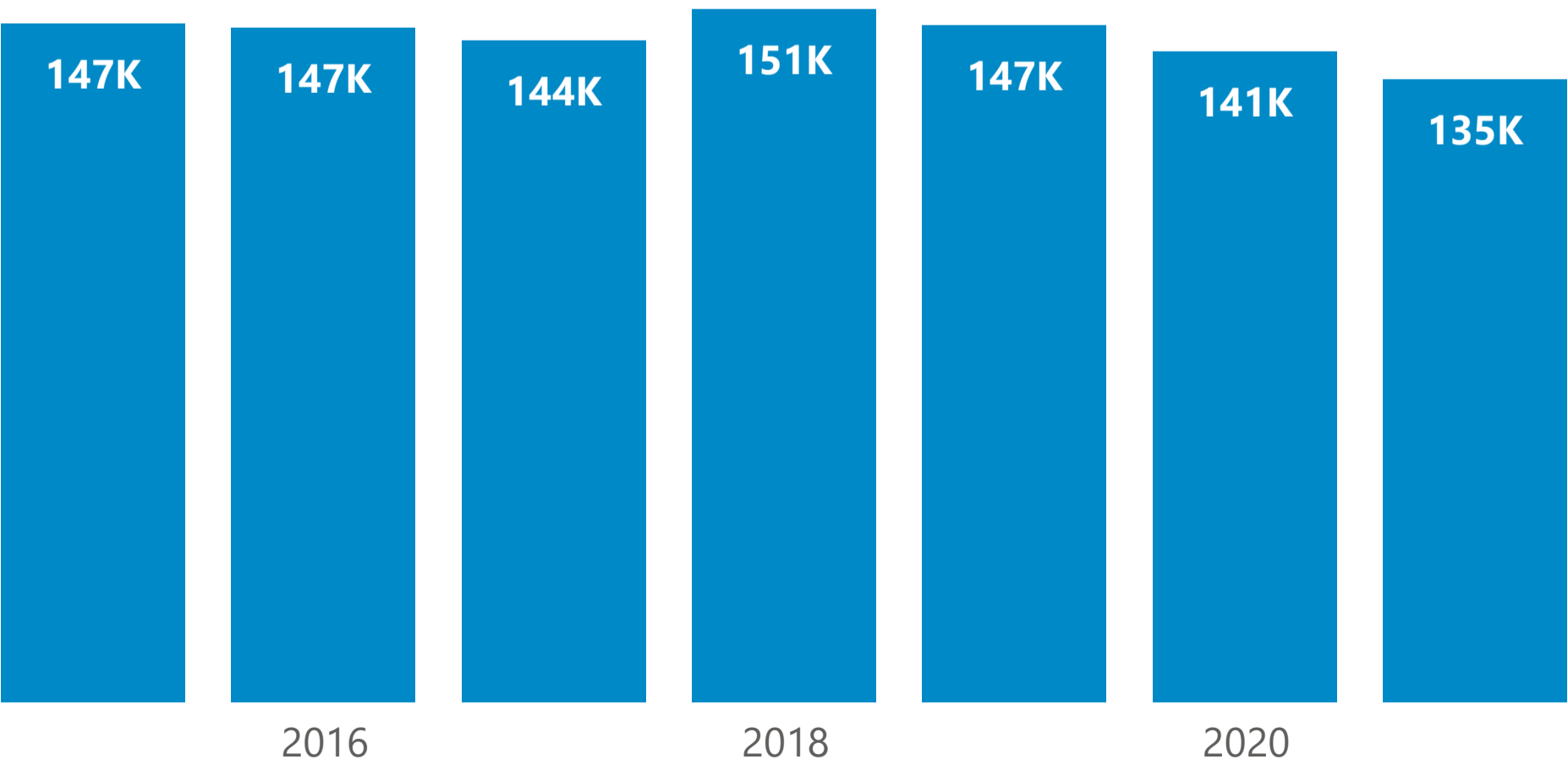
### Shropshire in Employment 2021

135K

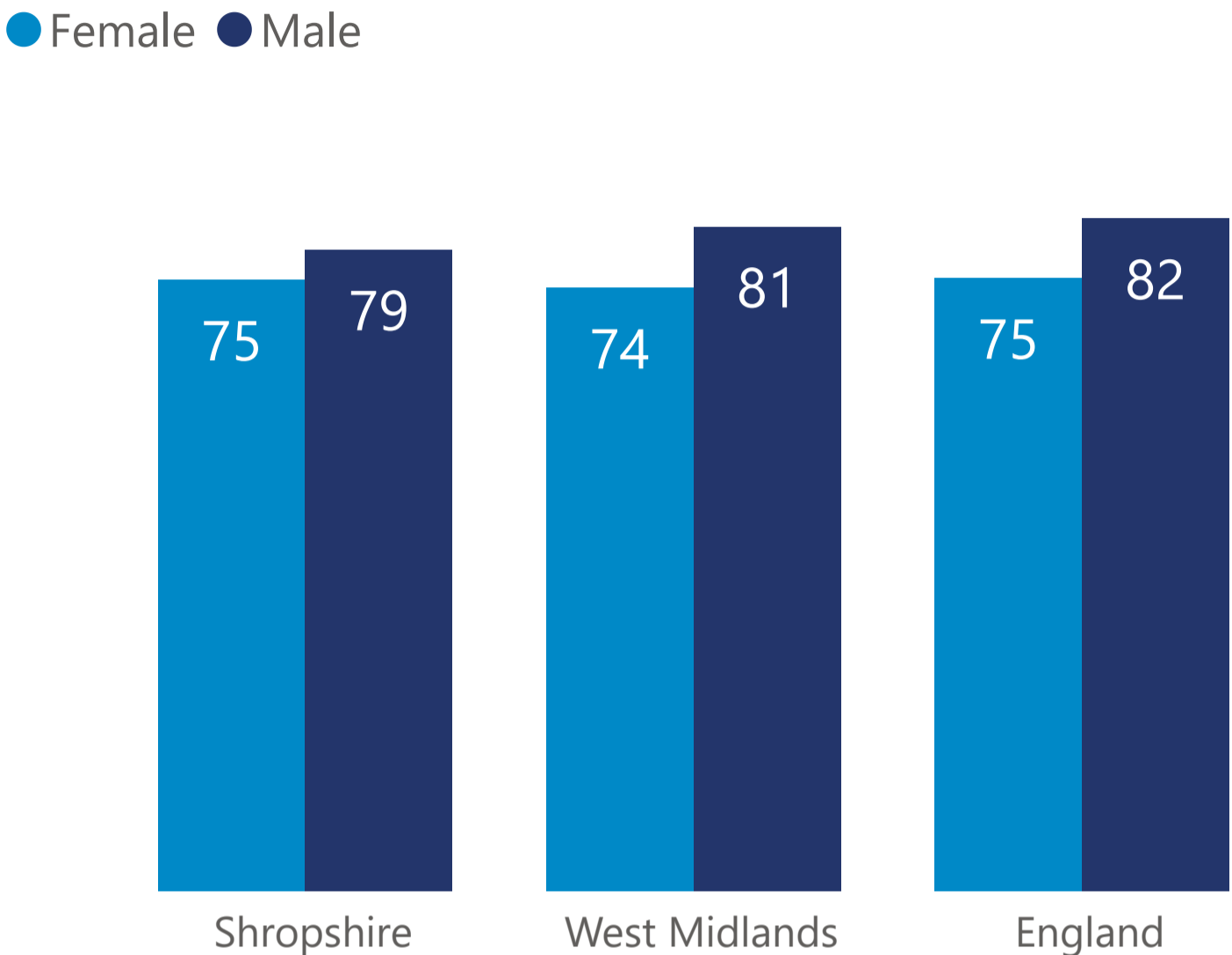
### Economic Activity Rate by Geography



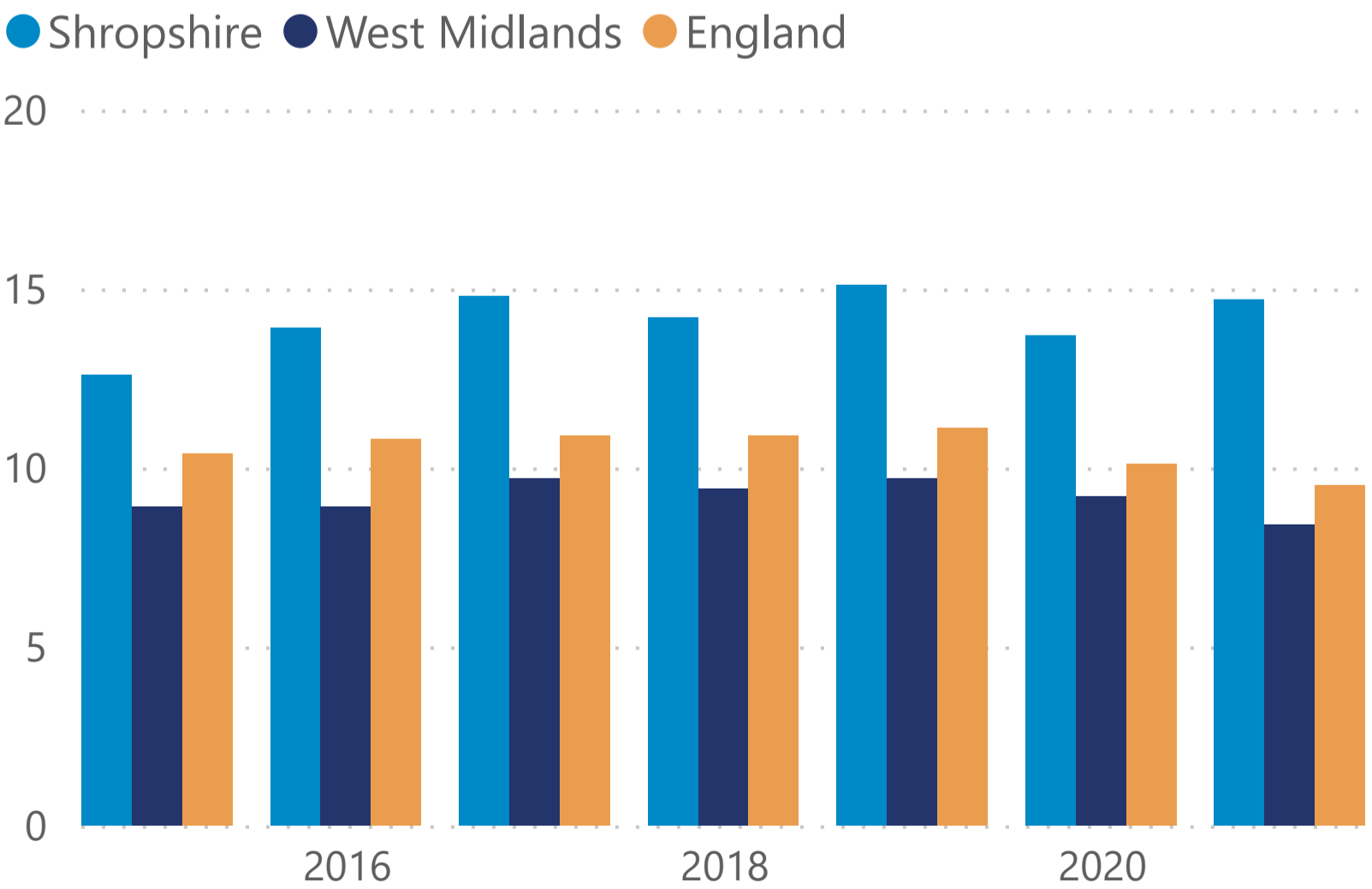
### Shropshire Employment by Year



### Economic Activity Rates - 2021



### Self-employment Rates



Occupations

48.5% of Shropshire working residents were employed in SOC 1-3 occupations in 2021 (managers, senior officials, professional and associate professional and technical). Shropshire has relatively high numbers of managers and senior officials and those working in professional occupations, but proportionally fewer in associate professional and technical. Those employed in SOC 1-3 typically command higher than average earnings.

In 2011, Albrighton supported the highest proportion of residents in SOC 1-3, with Church Stretton, Much Wenlock, Shifnal, Bridgnorth, Wem and Cleobury Mortimer above the Shropshire average at that time. At the other end of the scale, the proportion was lowest in Ludlow, Highley, Whitchurch, Craven Arms and Oswestry.

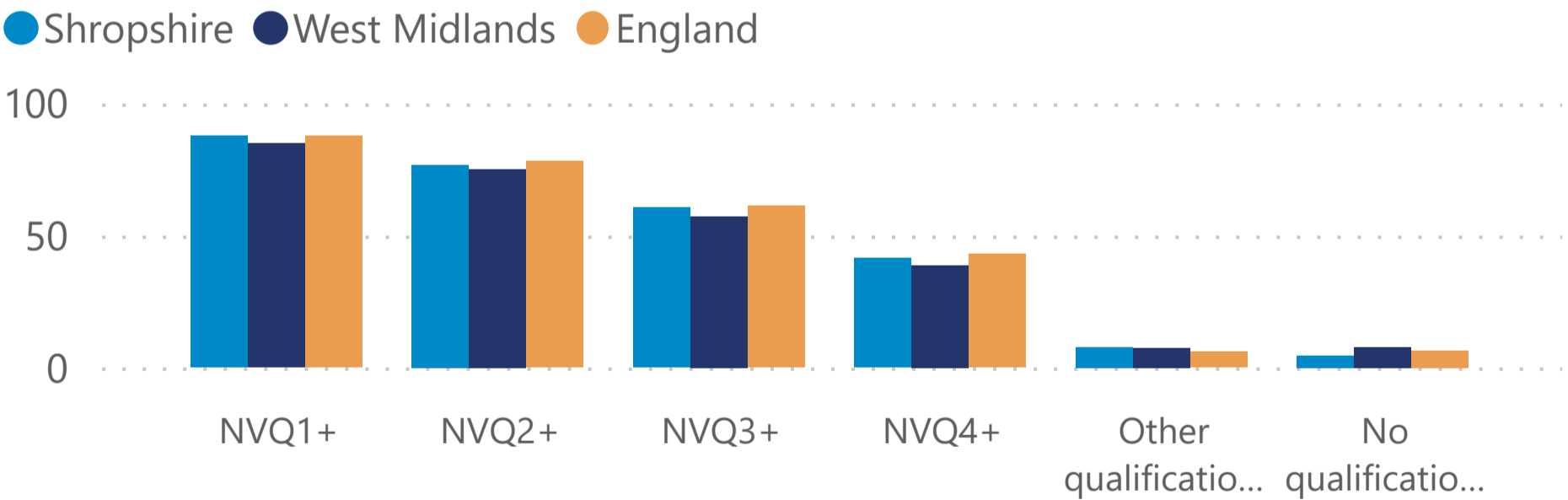
Qualifications

41.5% of the Shropshire population was qualified to at least NVQ level 4 in 2021. This is slightly lower than the national average, but higher than for the West Midlands. Just 4.6% had no qualifications, which is low and which has fallen steadily in recent years. The place plan areas most likely to accommodate residents with level 4 qualifications according to the 2011 Census were Church Stretton, Much Wenlock and Bishop's Castle. Those most likely to have residents with no qualifications are Highley, Whitchurch and Broseley.

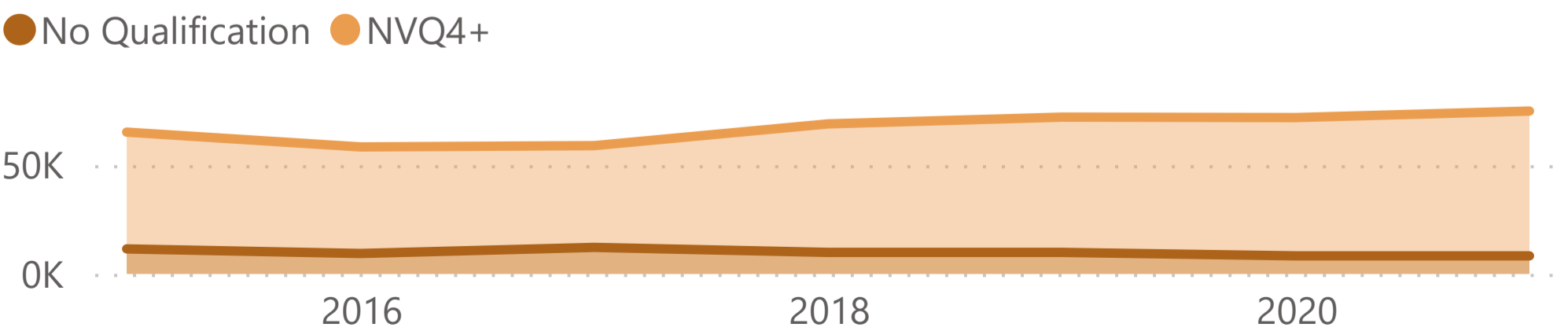
Employment by Occupation 2021

Occupation	Shropshire	West Midlands	England
Managers, directors and senior officials	12.60	9.60	10.80
Professional occupations	25.90	22.60	23.90
Associate prof & tech	10.00	14.00	15.30
Administrative and secretarial	9.60	10.20	10.20
Skilled trades	12.10	8.90	8.70
Sales and customer service	3.80	6.60	6.80
Caring, leisure and other service	10.20	9.70	9.10
Process, plant and machine operatives	7.50	7.10	5.40
Elementary occupations	8.30	11.10	9.50

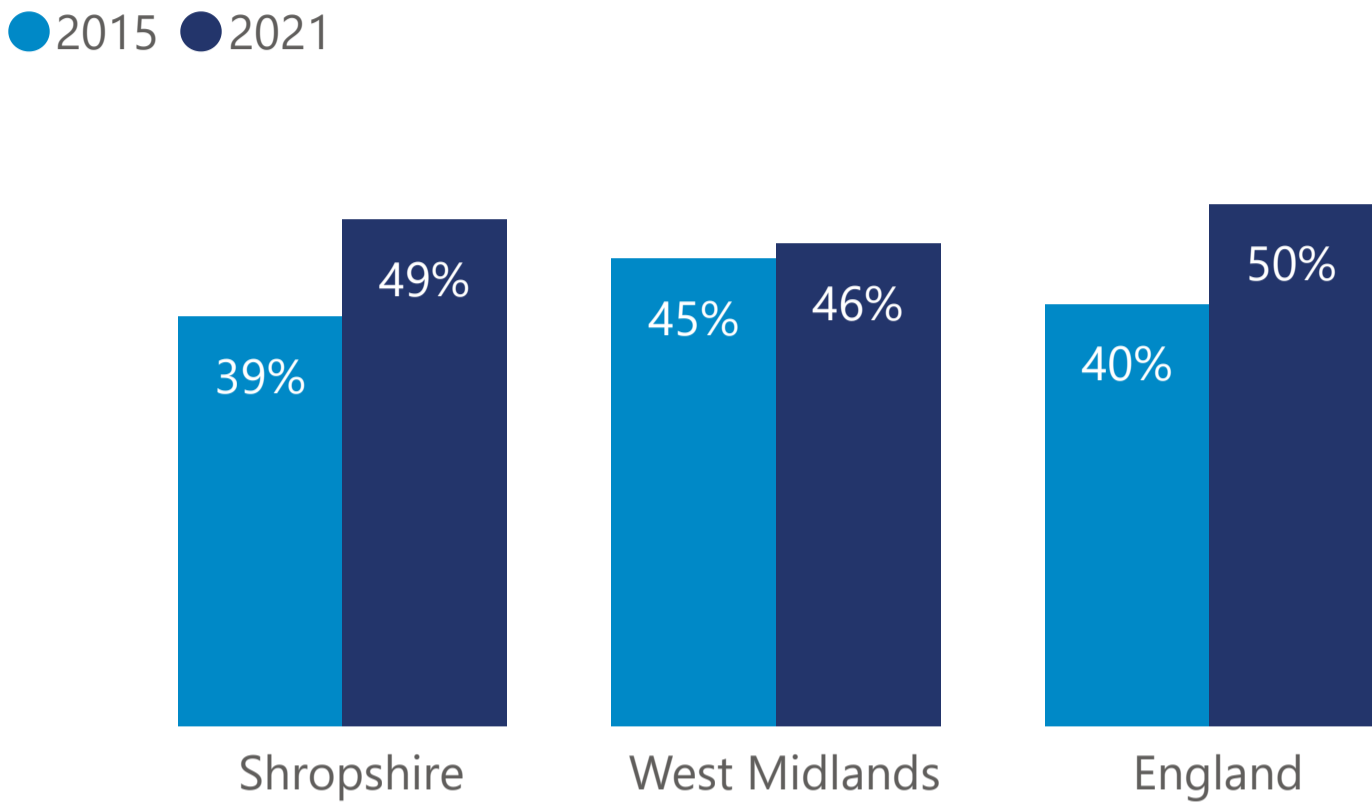
Highest Levels of Qualification 2021



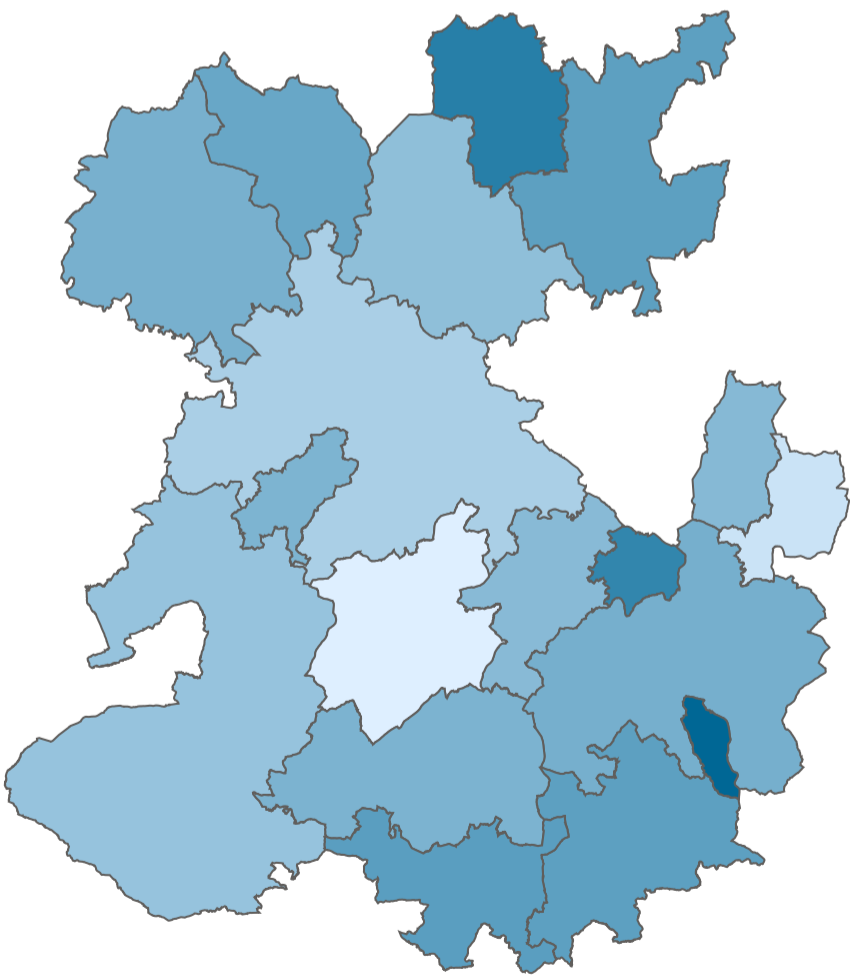
Change in Shropshire Qualification Levels



Percentage of Resident Workers in SOC 1-3 Occupations



Qualifications by Place Plan Area 2011



Please select from the following:

No qualifications



Unemployment and Claimants

A high level of unemployment is a clear indicator of deprivation. While unemployment across most of Shropshire is low, there are pockets where levels of worklessness are high, and this can often be multi-generational.

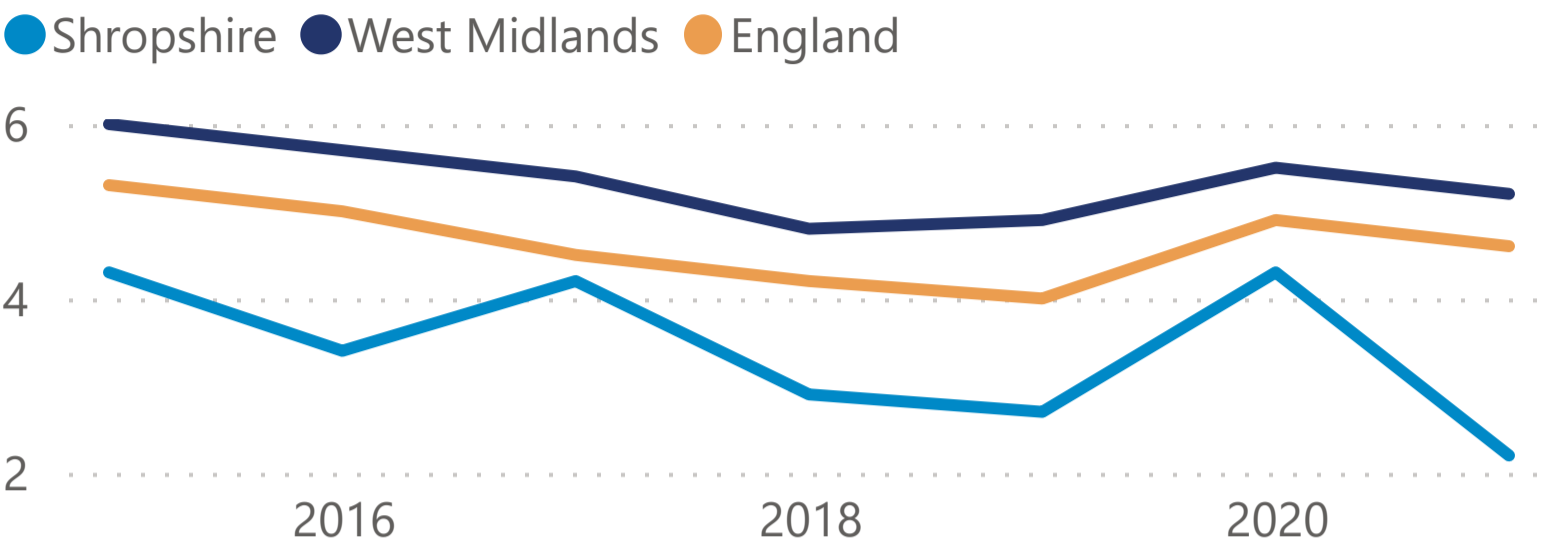
The unemployment rate in Shropshire in 2021 stood at 2.20% of the 16-64 population, with the rate for females standing at 1.70% and the rate for males at 2.70%. Unemployment in the West Midlands and England is notably higher, at 5.20% and 4.60% respectively in 2021.

There were 4,560 Shropshire residents on the claimant count in June 2022. This number increased sharply and quickly at the start of the Covid-19 pandemic, and although numbers have been falling steadily over the last eighteen months, the number remains elevated compared with historic norms. The claimant rate of 2.40% is lower than in the West Midlands (4.90%) and England (3.80%).

The claimant rate is highest in Highley (3.37%) and Whitchurch (3.07%) and is also higher than the Shropshire average in Bridgnorth, Craven Arms, Ludlow and Oswestry. The rate is comparable to the Shropshire average in Shifnal and Shrewsbury and is less than 2% in Albrighton, Church Stretton, Ellesmere and Wem.

*Note: The claimant count is a measure of those who are not in work and who are claiming out-of-work benefits, including universal credit and job seekers allowance*

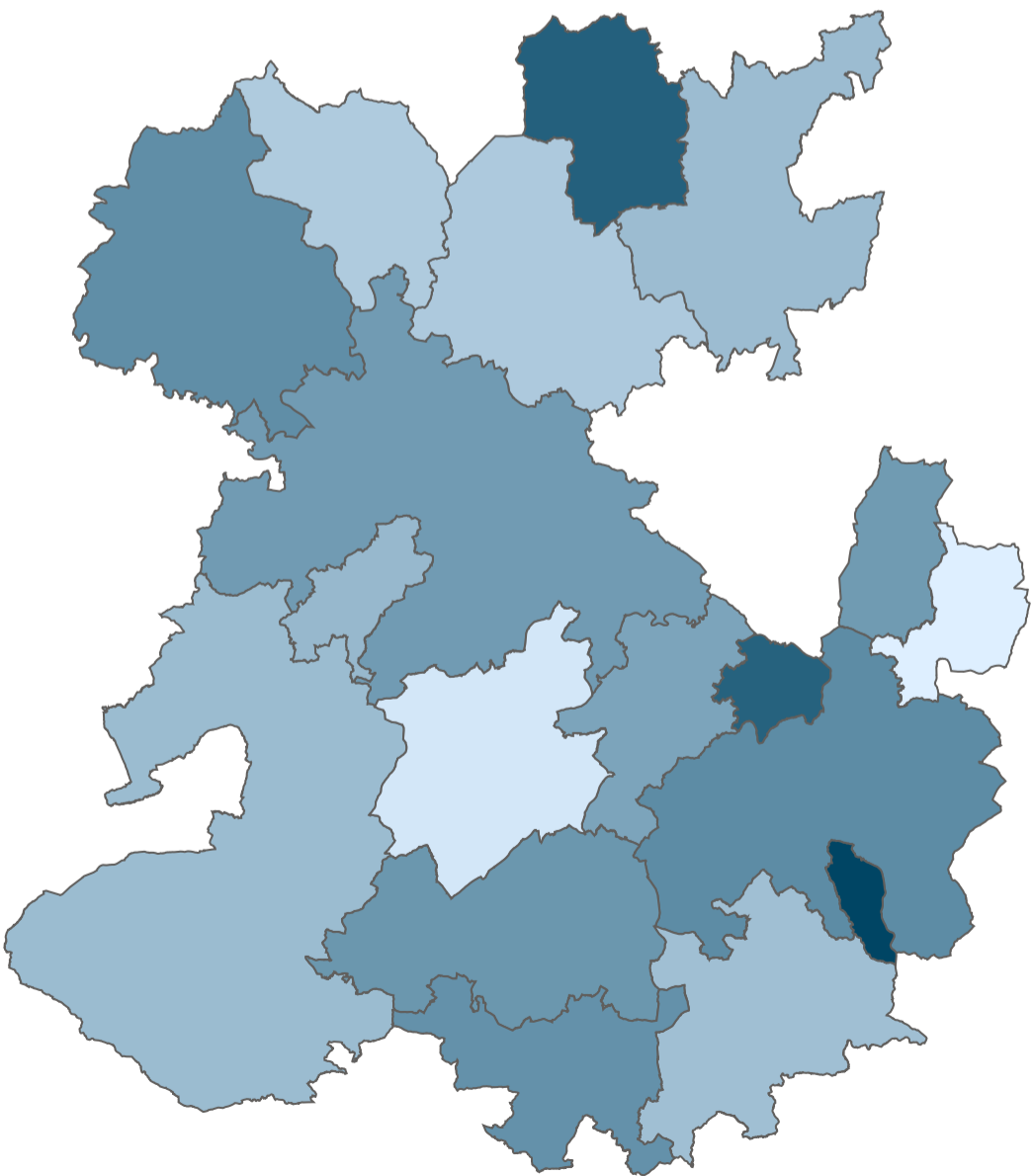
Unemployment Rates



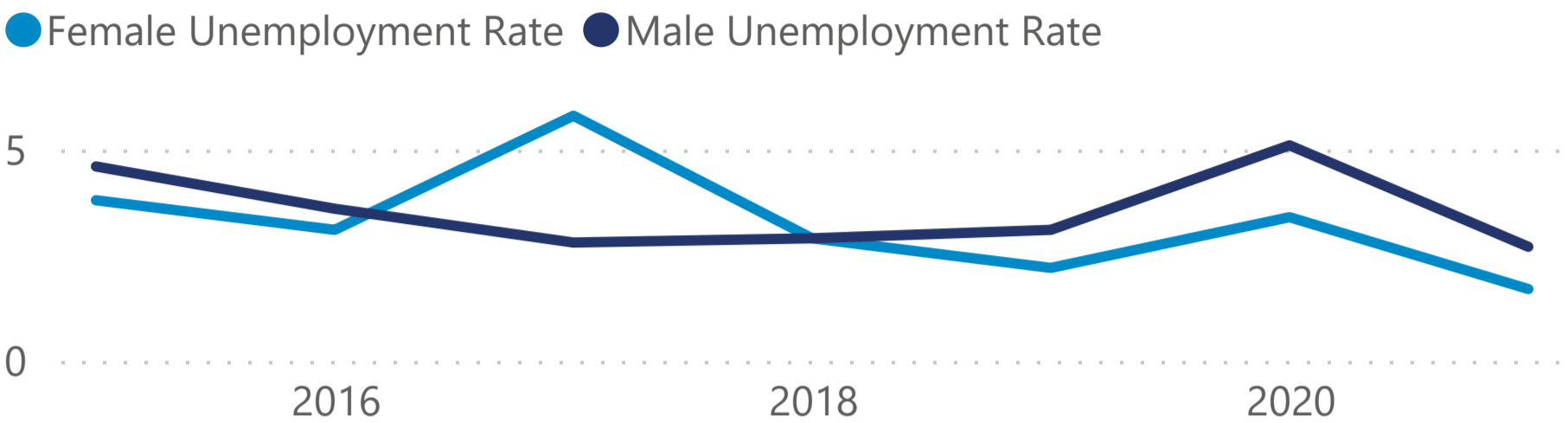
Claimant Count Shropshire June 2022

4.56K

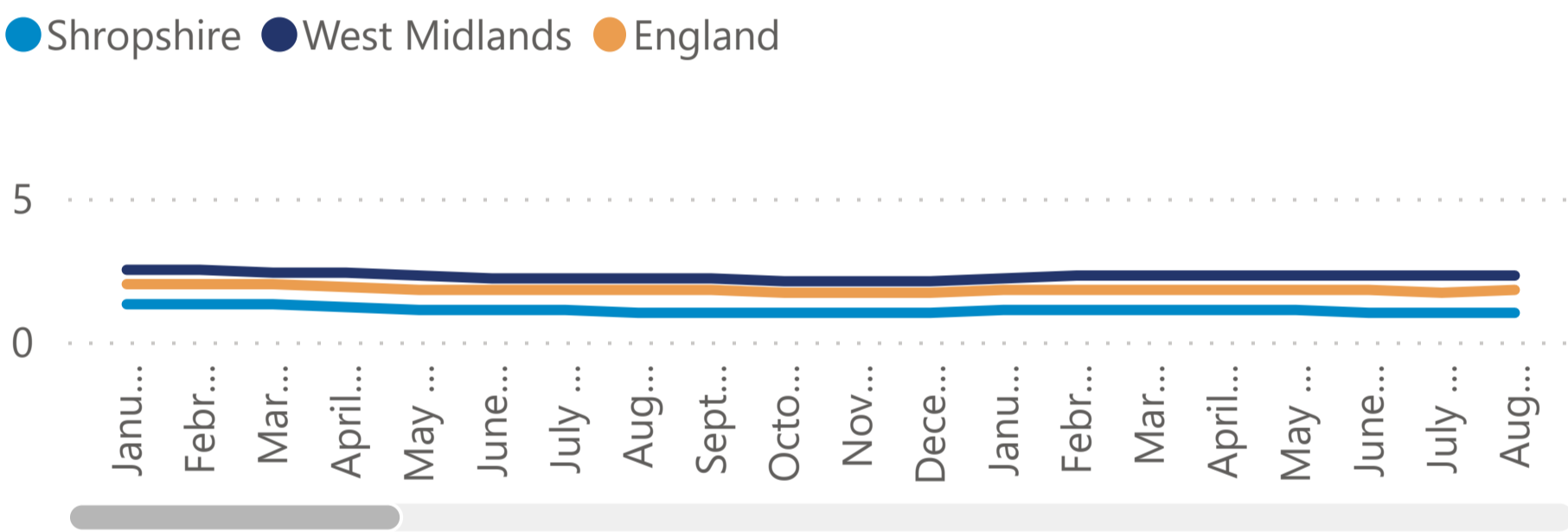
Claimant Count & Rate by Place Plan Area June 2022



Shropshire Rates of Unemployment by Gender



Claimant Rates



Place Plan Area	Count	Rate
Albrighton	65	1.52%
Bishop's Castle	125	2.07%
Bridgnorth	360	2.59%
Broseley	100	3.05%
Church Stretton	80	1.60%
Cleobury Mortimer	80	2.03%
Craven Arms	95	2.48%
Ellesmere	110	1.91%
Highley	105	3.37%
Ludlow	235	2.53%

Employment and Jobs

There were 135,500 people in employment in Shropshire in 2020, of which 123,500 were employees (91.14%). The remainder are sole traders or working proprietors.

The number of jobs has been subject to notable fluctuation in recent years, and was most latterly impacted by the Covid-19 pandemic, with jobs falling by 1,000 (0.8%) in 2020.

Since 2015, the number of jobs in Shropshire has risen by around 3% - this is comparable to the national growth rate and marginally slower than growth posted in the West Midlands region.

Part-time and Full-time Employment

Part-time employment is more prevalent in Shropshire than it is regionally or nationally, accounting for 35.63% of employment in 2020. This compares with 32.09% in the West Midlands and 31.87% in England. While many people choose to work part-time, high levels of part-time work can be an indication of under-employment within the local economy.

Jobs by Industrial Sector

The mix of sectors that make up an economy determines average rates of pay and productivity and influences the types of skills that are needed in the local labour force. The largest employment sectors in Shropshire are health (19,000 jobs), retail (12,000) manufacturing (11,500) and education (11,000).

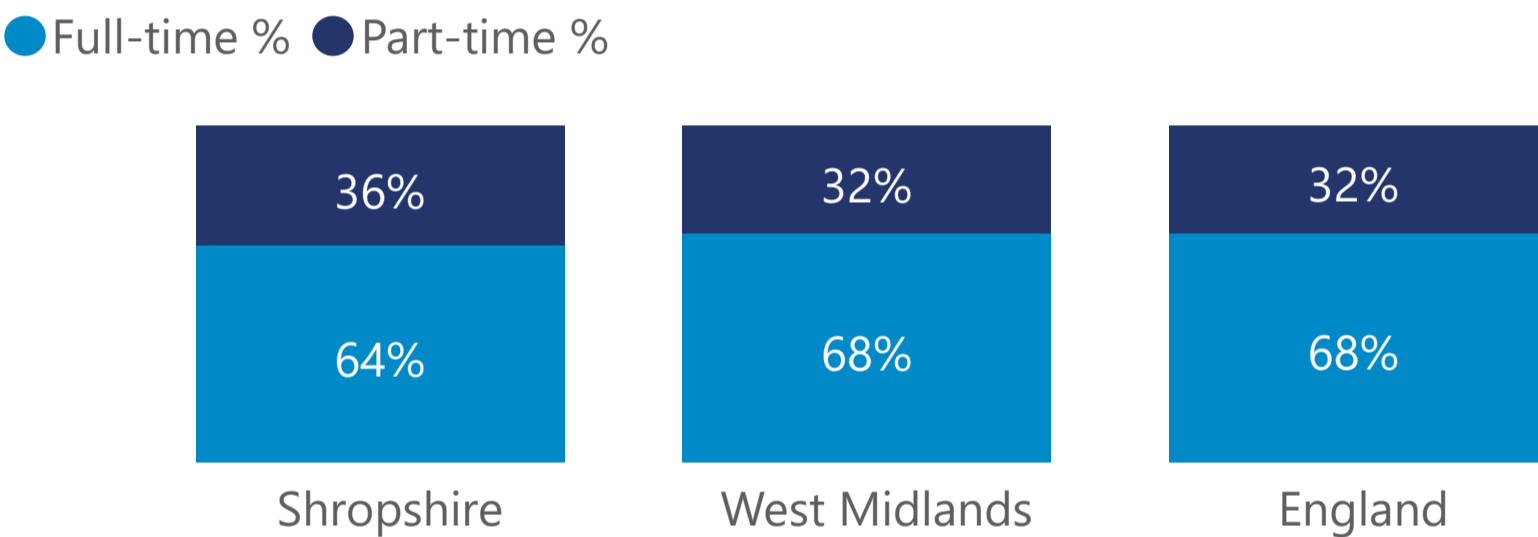
Total Employment in Shropshire

Year	Employment
2015	131000
2016	134000
2017	138000
2018	136000
2019	137500
2020	135500

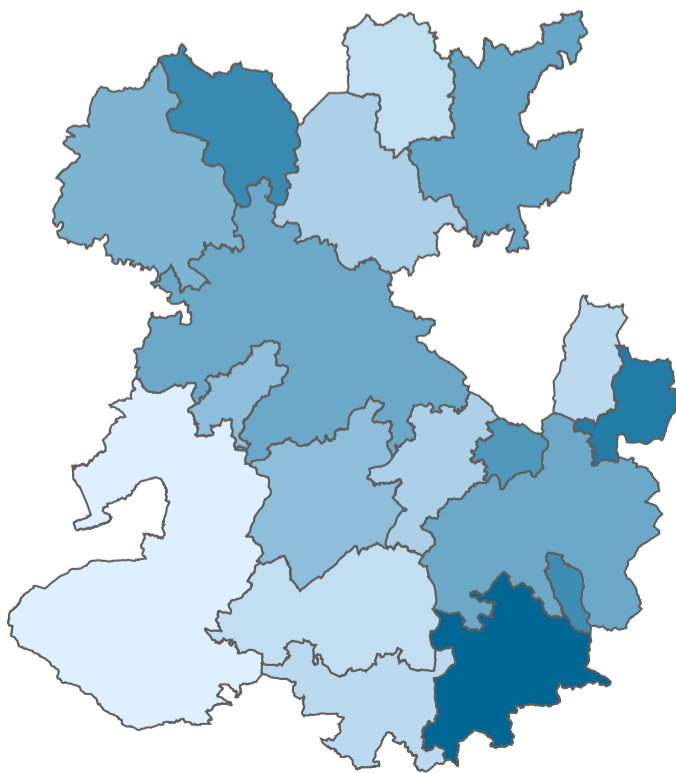
Number of Jobs in Shropshire

Year	Total Employees
2015	119500
2016	122500
2017	125500
2018	123500
2019	124500
2020	123500

Breakdown of Jobs by Full and Part-time 2020



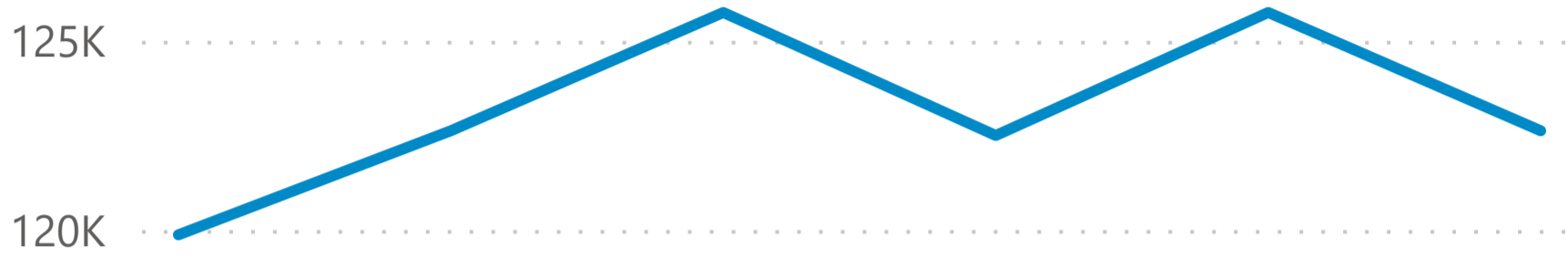
Indexed Job Growth 2015-2020 by Place Plan Area



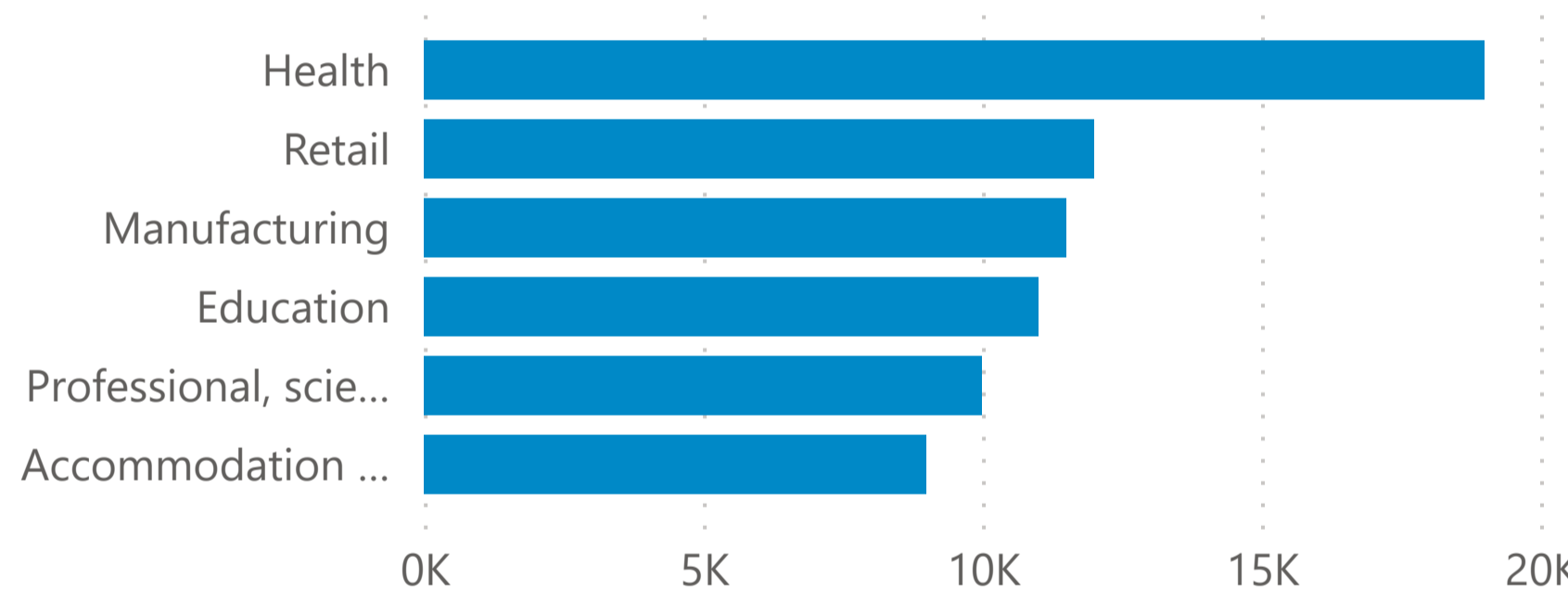
Please select an industry sector

All

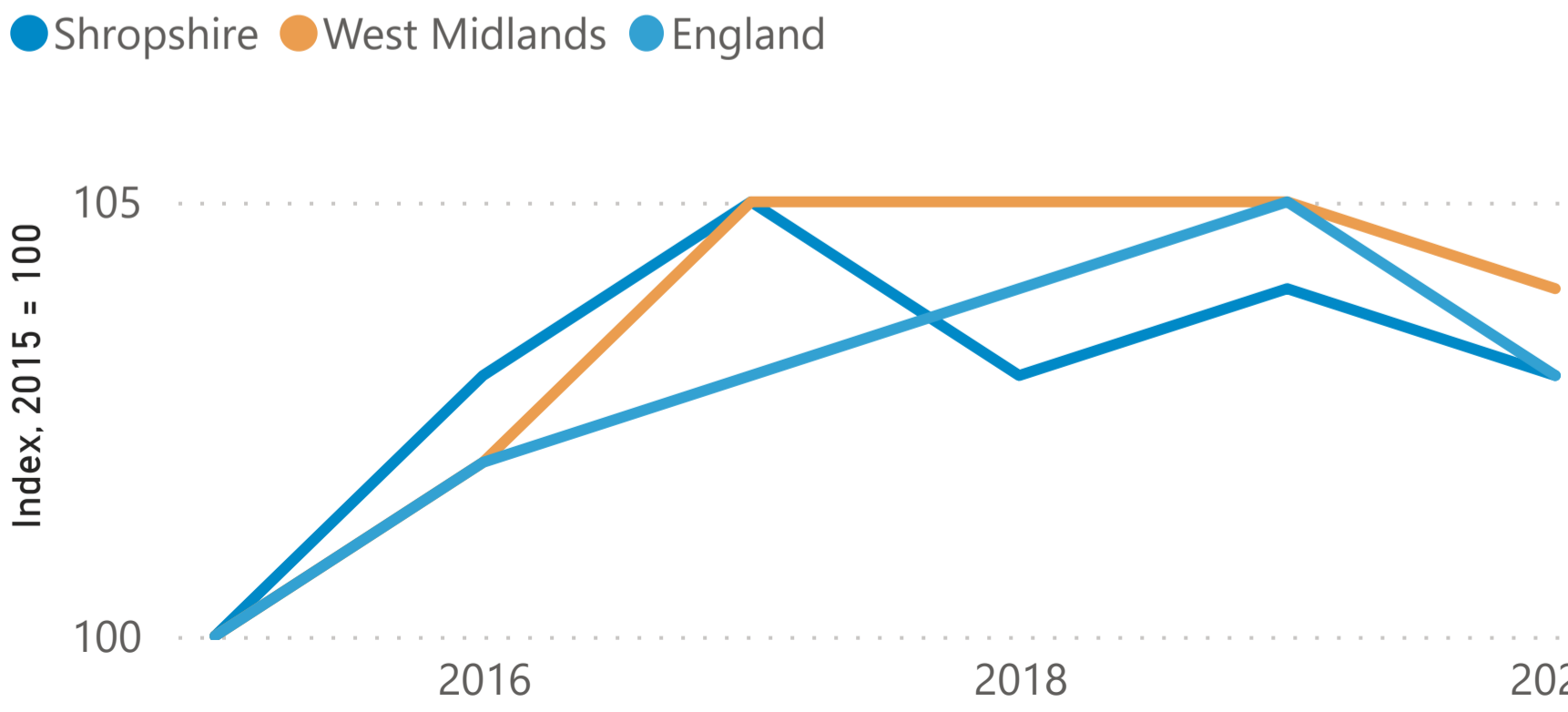
Shropshire Jobs by Year



Shropshire Jobs by Industry 2020



Growth in the Number of Businesses



Jobs by Place Plan Area

The highest number of jobs are located in the Shrewsbury place plan area (50,500), with the County town acting as the main employment centre for Shropshire residents. Oswestry is the second largest centre (15,500 jobs) ahead of Bridgnorth, Market Drayton and Ludlow.

Cleobury Mortimer, Pontesbury & Minsterley, Broseley, Much Wenlock and Highley all support fewer than 2,000 jobs.

Location quotients are useful measurements of how important each industrial sector is to a local economy. A value of one means the sector is of equal value to the place plan area economy as it is to Shropshire - a higher value means that it is more significant, and a value below one means it has less importance locally than it does within Shropshire as a whole.

Private/Public Sector Jobs

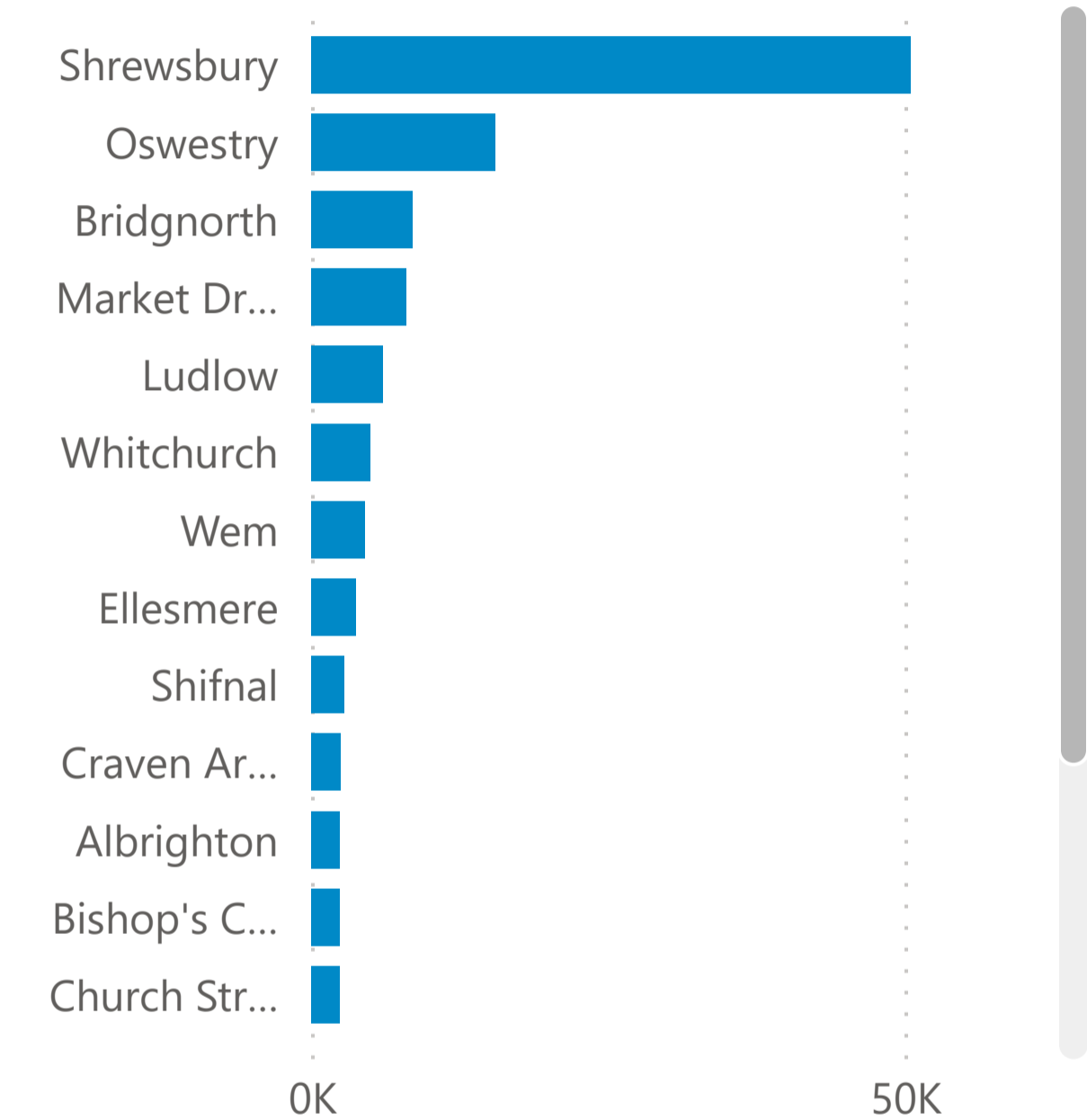
In most places, the level of public sector employment has fallen over the last decade, but generally private sector employment has grown to fill the gap. Across Shropshire, the private sector accounted for 82.01% of all jobs in 2020.

Public sector jobs account for the highest proportion of the total in Albrighton, Much Wenlock and Shrewsbury place plan areas, but represent less than 10% of total employment in Bridgnorth, Broseley, Cleobury Mortimer, Craven Arms, Ellesmere, Highley and Whitchurch.

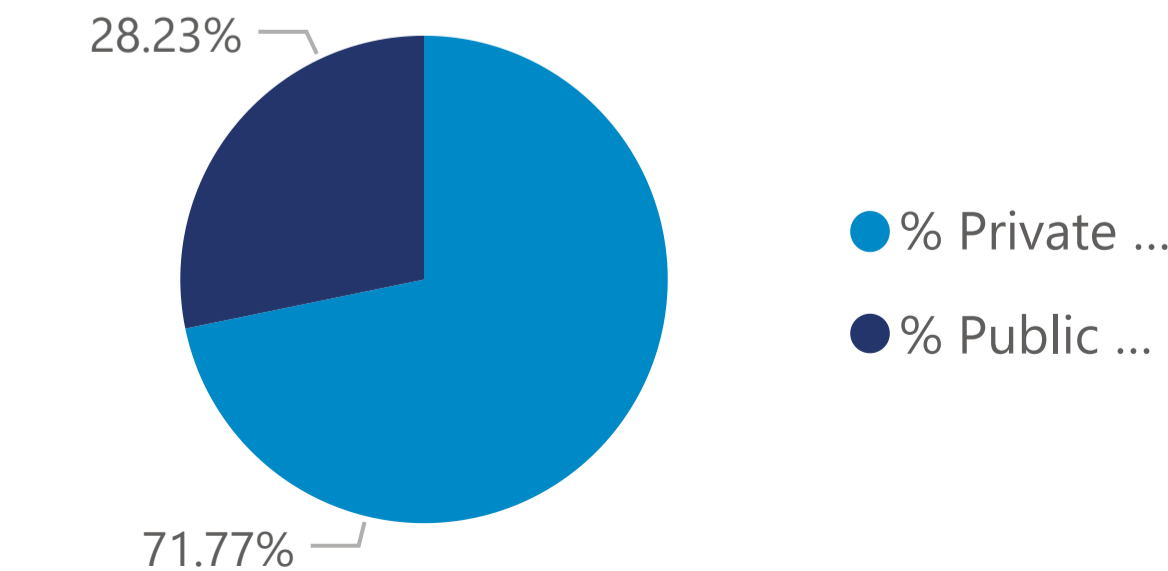
Please Select Place Plan Area

Albrighton

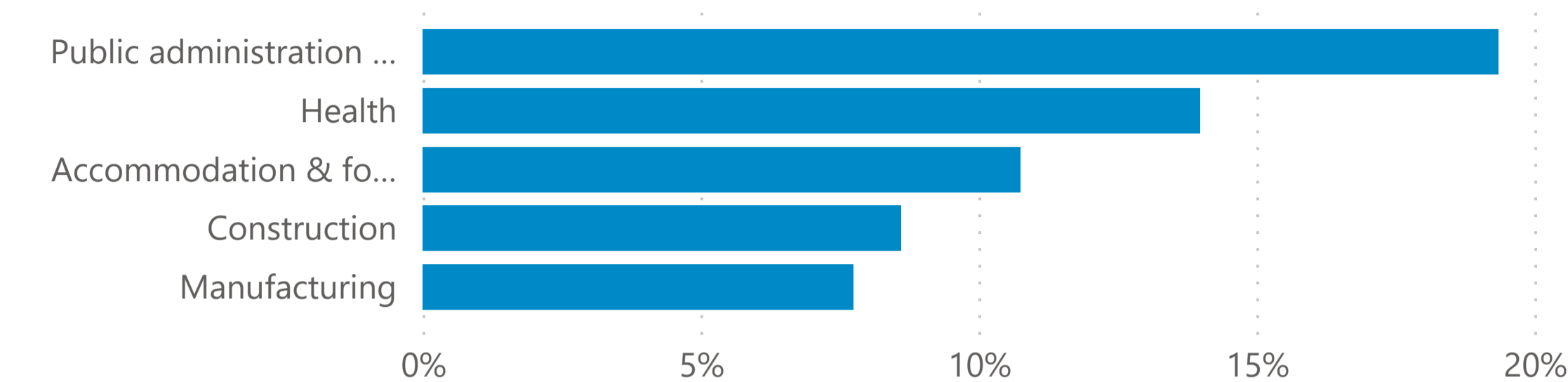
Total Number of Jobs by Place Plan Area, 2020



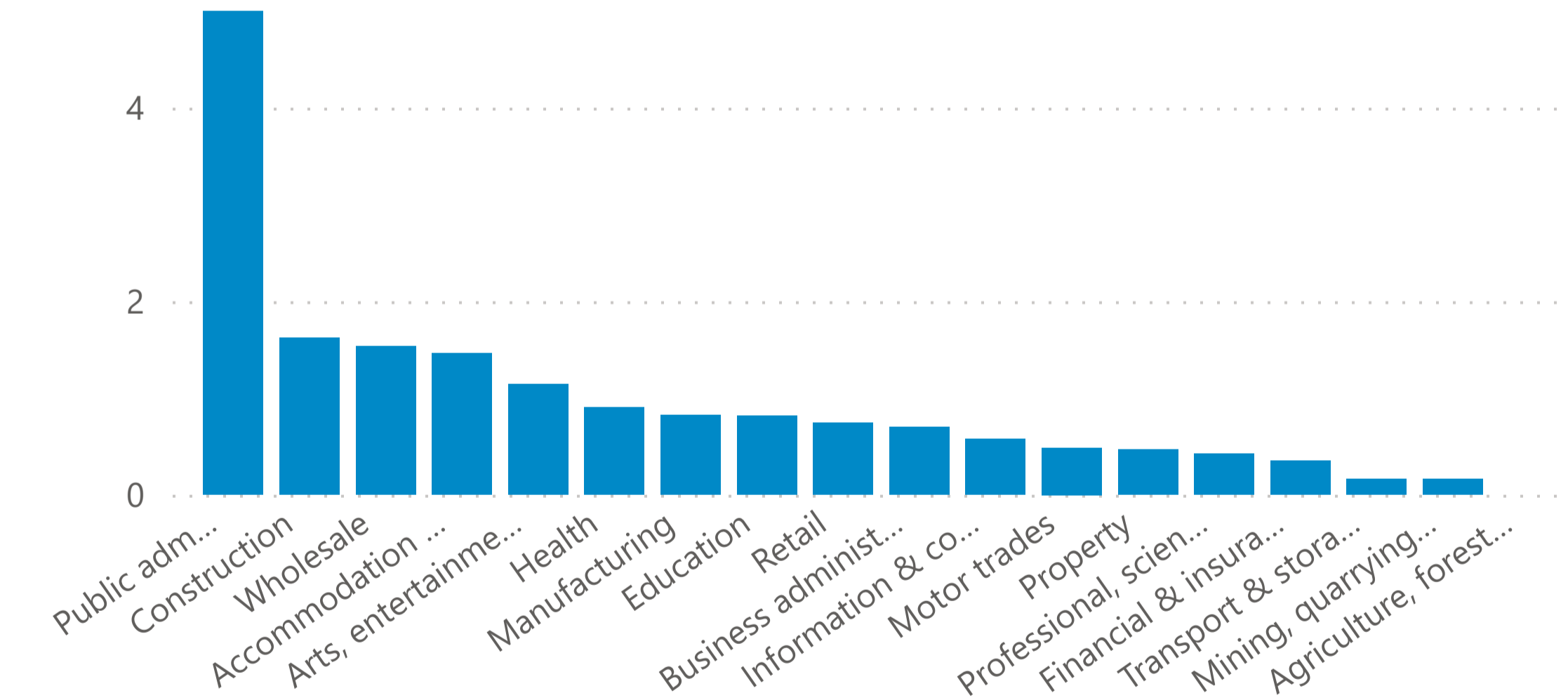
Breakdown of Jobs by Public and Private Sector 2020



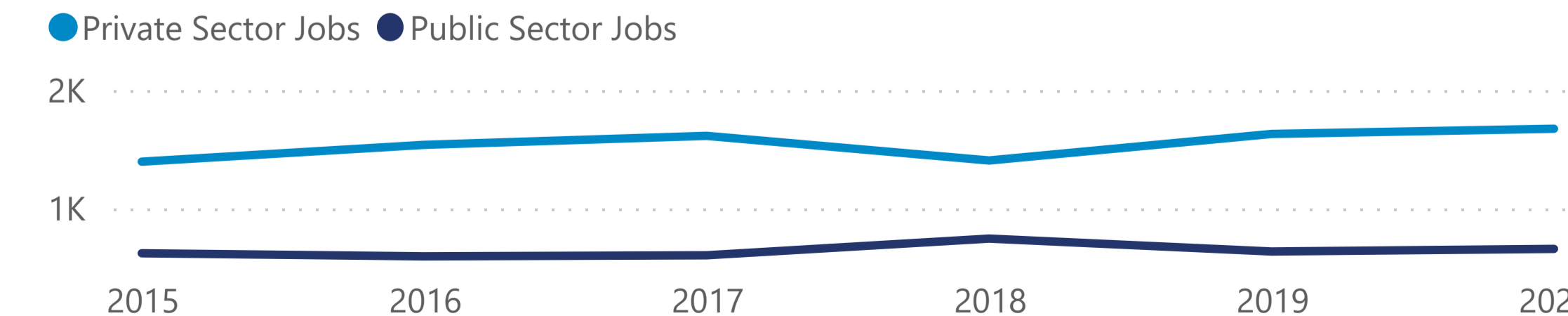
Top Five Employment Sectors, 2020



Location Quotient by Sector, 2020



Private Sector Jobs and Public Sector Jobs Growth



Business Numbers in Shropshire

There were nearly 16,000 businesses in Shropshire in 2021, a number which has risen by 3.52% since 2015. This rate of growth is notably slower than in either the West Midlands (14.52%) or England (+13.69%). Numbers fell marginally in Shropshire, as well as regionally and nationally, in 2021 as a result of the economic consequences of the Covid-19 pandemic.

The business base comprises predominantly micro businesses, with more than nine out of 10 enterprises operating within the County having fewer than 10 employees. At the other end of the scale, there are comparatively few medium-sized businesses with 50 to 249 employees at 195, or 1.24% of the total. There are just 45 enterprises which employ more than 250 and which are not classed as SMEs (small and medium sized enterprises).

Private companies represent the largest share of enterprises, although public organisations support a disproportionately large share of employment.

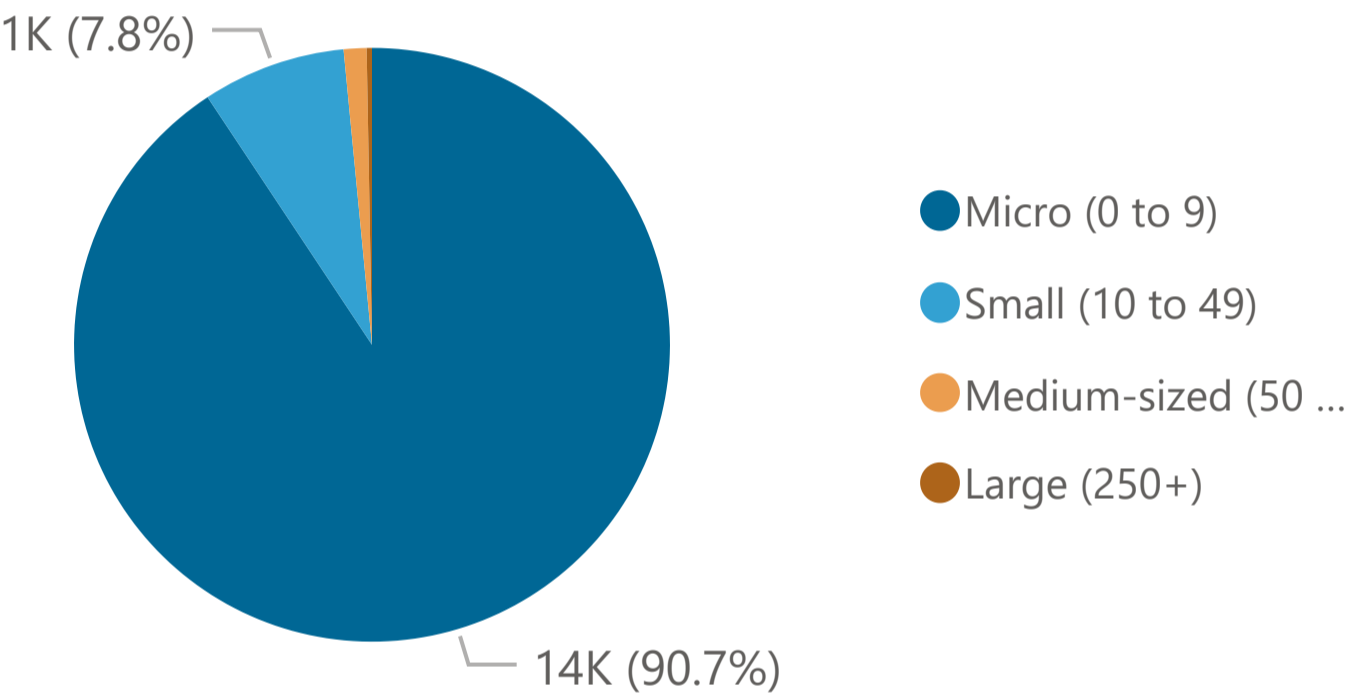
Industry Sectors

Agricultural businesses account for more than a fifth of business enterprises in Shropshire compared with less than 4% nationally. The second most prolific sector in terms of business numbers is professional, scientific and technical. Businesses in this sector tend to be small, and account for a lower share of employment.

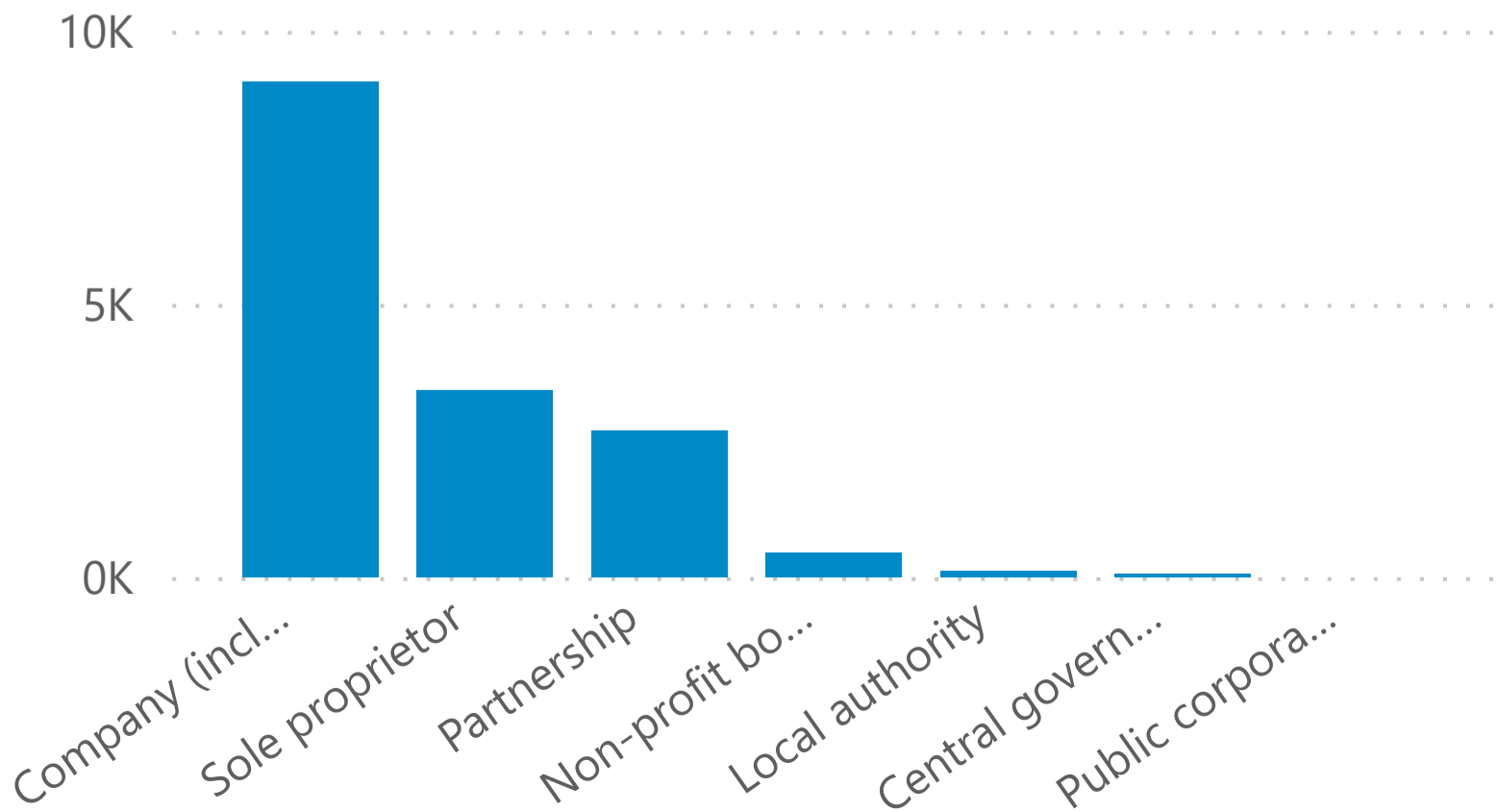
Number of Businesses in Shropshire 2021

15.75K

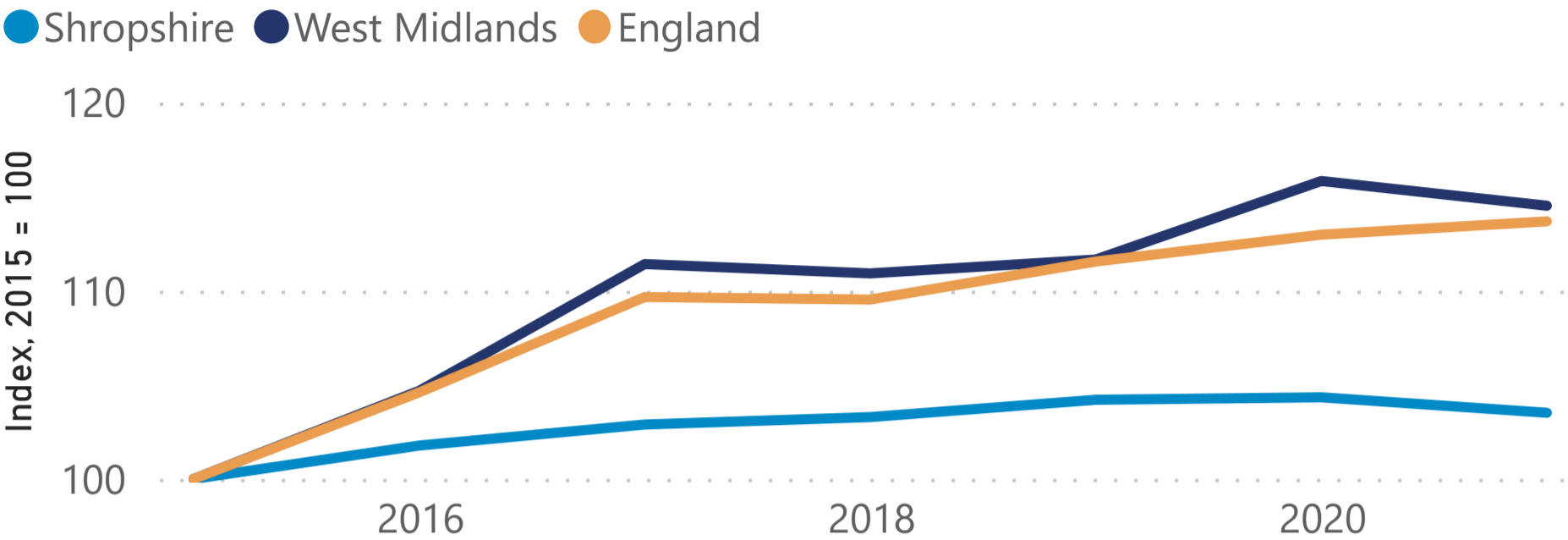
Breakdown of Shropshire Businesses by Size 2021



Shropshire Businesses by Legal Status 2021



Growth in the Number of Businesses by Geography



Breakdown of Business by Industry Sector, 2021

Industry	Shropshire	West Midlands	England
Agriculture, forestry & fishing	20.01%	5.28%	3.82%
Professional, scientific & technical	12.96%	13.83%	16.89%
Construction	11.75%	12.18%	13.05%
Business administration & support services	6.76%	9.43%	8.56%
Accommodation & food services	6.32%	5.93%	5.78%
Retail	6.19%	8.10%	8.02%
Arts, entertainment, recreation & other services	5.46%	5.84%	6.33%
Manufacturing	5.27%	6.67%	4.99%
Wholesale	4.13%	4.50%	3.95%
Information & communication	4.06%	5.58%	8.19%
Motor trades	3.52%	3.56%	2.81%
Property	3.46%	3.66%	3.91%
Health	3.24%	4.10%	3.78%
Transport & storage (inc postal)	2.89%	7.20%	5.10%
Financial & insurance	1.43%	1.65%	2.29%
Education	1.30%	1.66%	1.72%
Public administration & defence	0.73%	0.32%	0.29%
Mining, quarrying & utilities	0.54%	0.51%	0.52%

### Business Births and Deaths

In 2020, there were 90 more businesses births than deaths in Shropshire (1,180 compared with 1,090). Since 2015, the number of births has exceeded the number of deaths in each year, meaning the active business base is expanding.

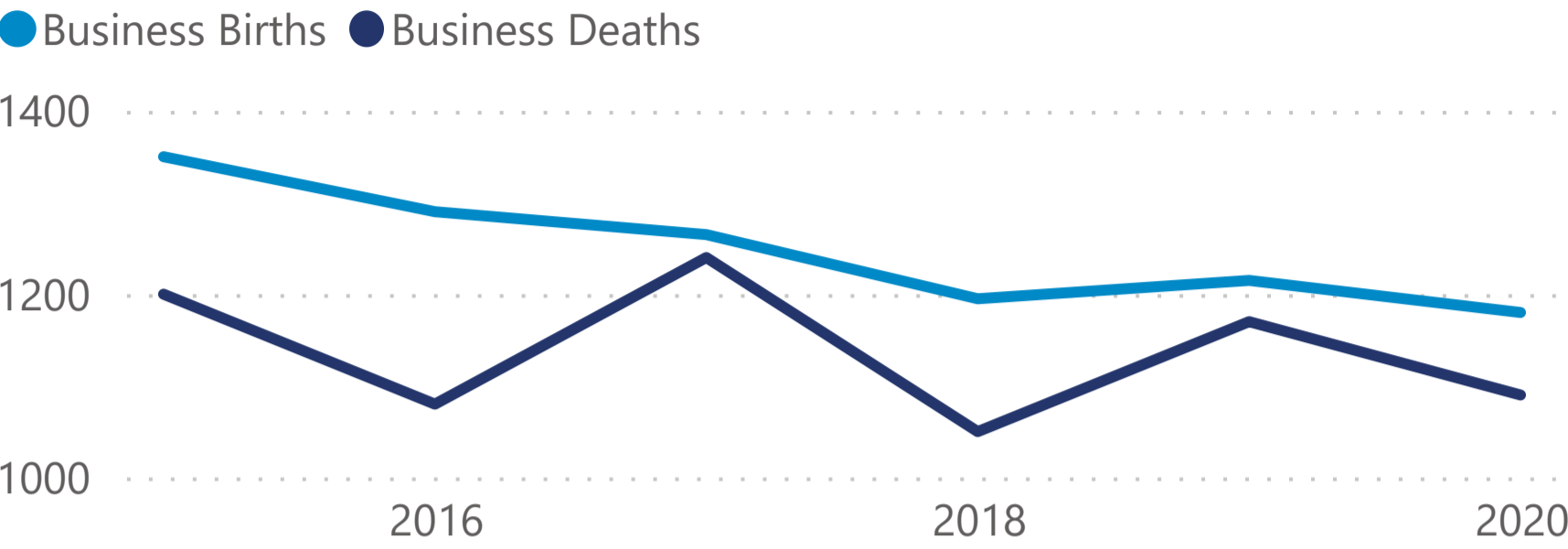
Growth in the number of active businesses in Shropshire has been much slower in Shropshire than in the West Midlands or England, primarily due to a lower number of start-ups. The number of business births in Shropshire is lower than it was in 2015, and the start-up rate (the number of births as a proportion of the active business base) is much lower in Shropshire than it is regionally or nationally.

The business death rate is also much lower in Shropshire than in England and the West Midlands. This means that the Shropshire business base is more stable and subject to a lower level of churn but also that it can lack dynamism and innovation.

### Survival Rates

As a consequence of low churn in the business arena, survival rates in Shropshire are high compared to regional and national averages at the one, two, three, four and five year stages. Of all businesses established in 2015, 47.04% were still in operation in Shropshire in 2020, compared with 38.52% in the West Midlands and 39.5% in England.

### Shropshire Business Births & Deaths



#### Business Birth Rate 2020

Shropshire  
8.58%

West Midlands  
12.21%

England  
12.12%

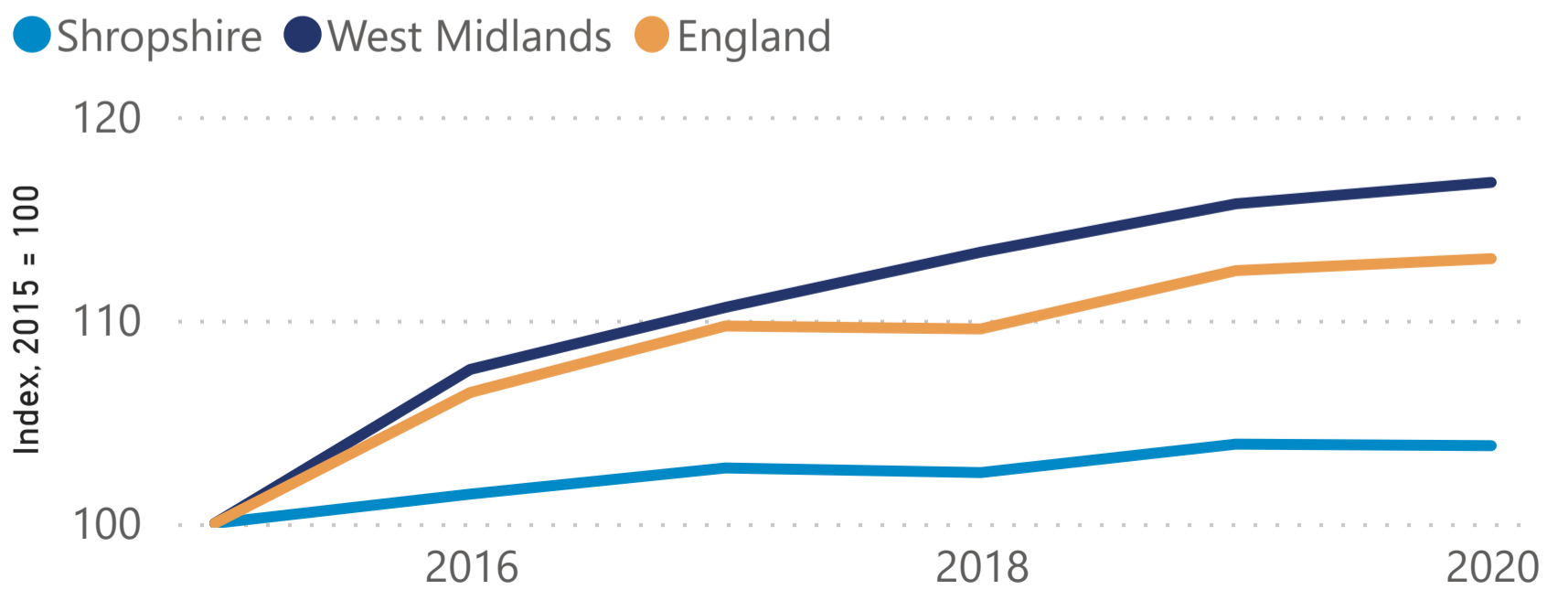
#### Business Death Rate 2020

Shropshire  
7.93%

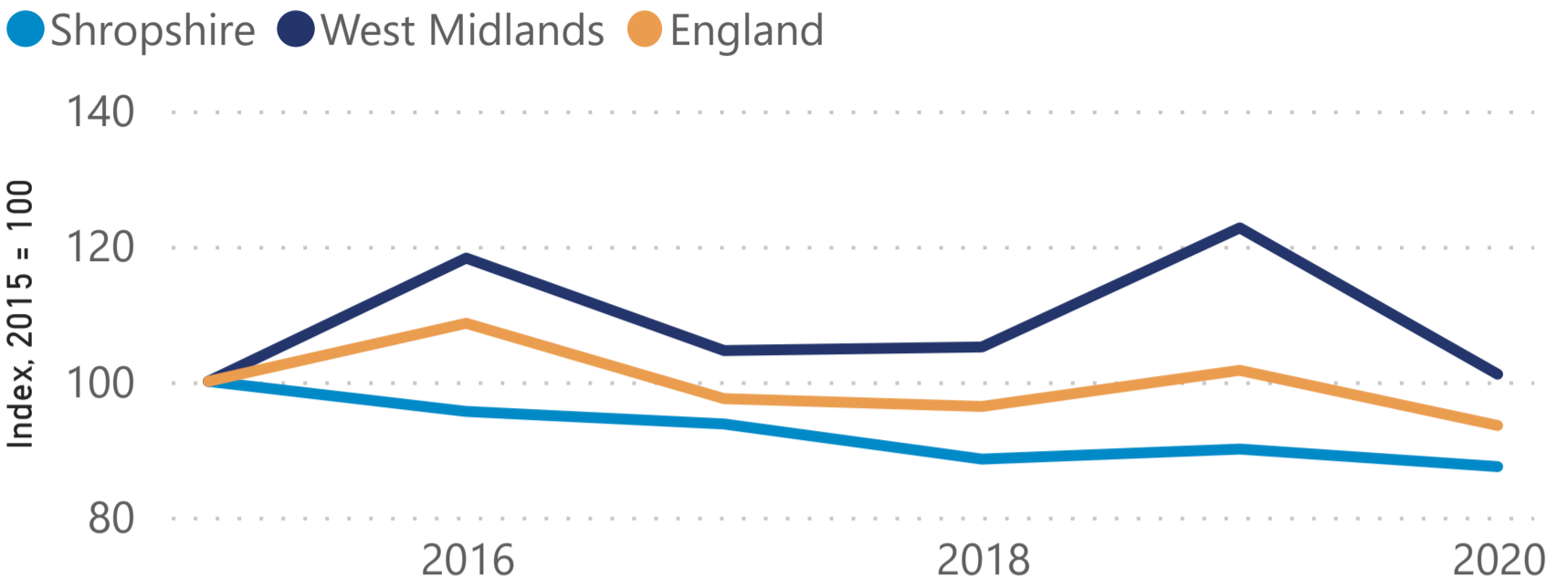
West Midlands  
11.86%

England  
10.65%

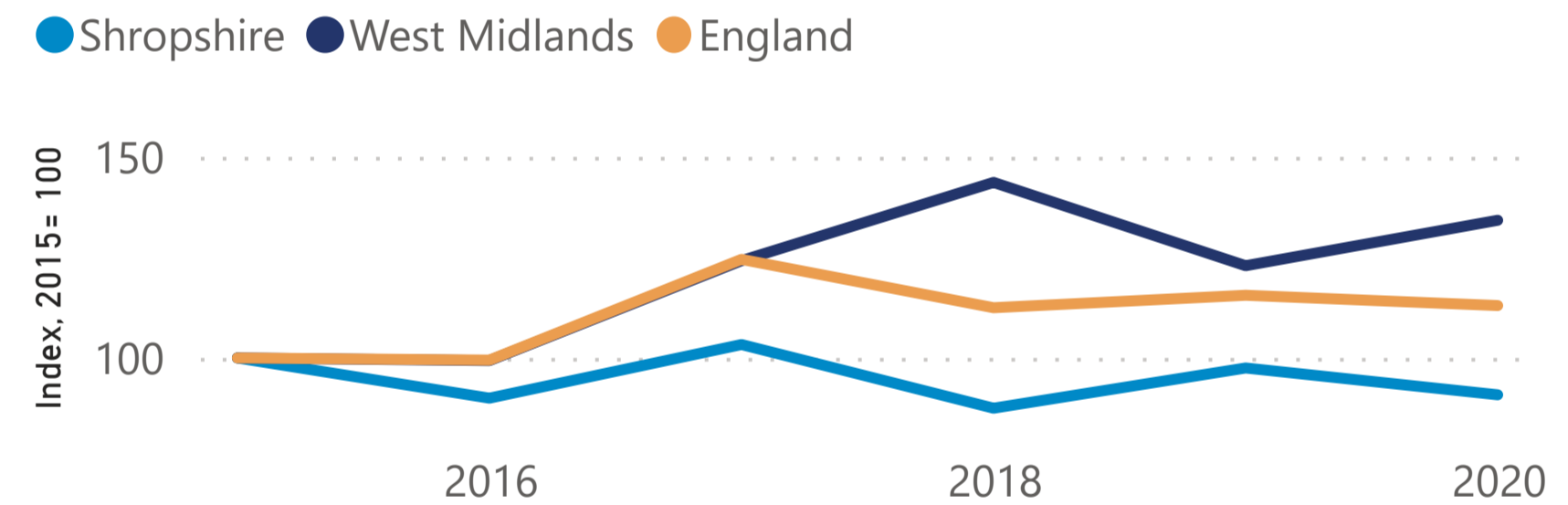
### Growth in Active Businesses



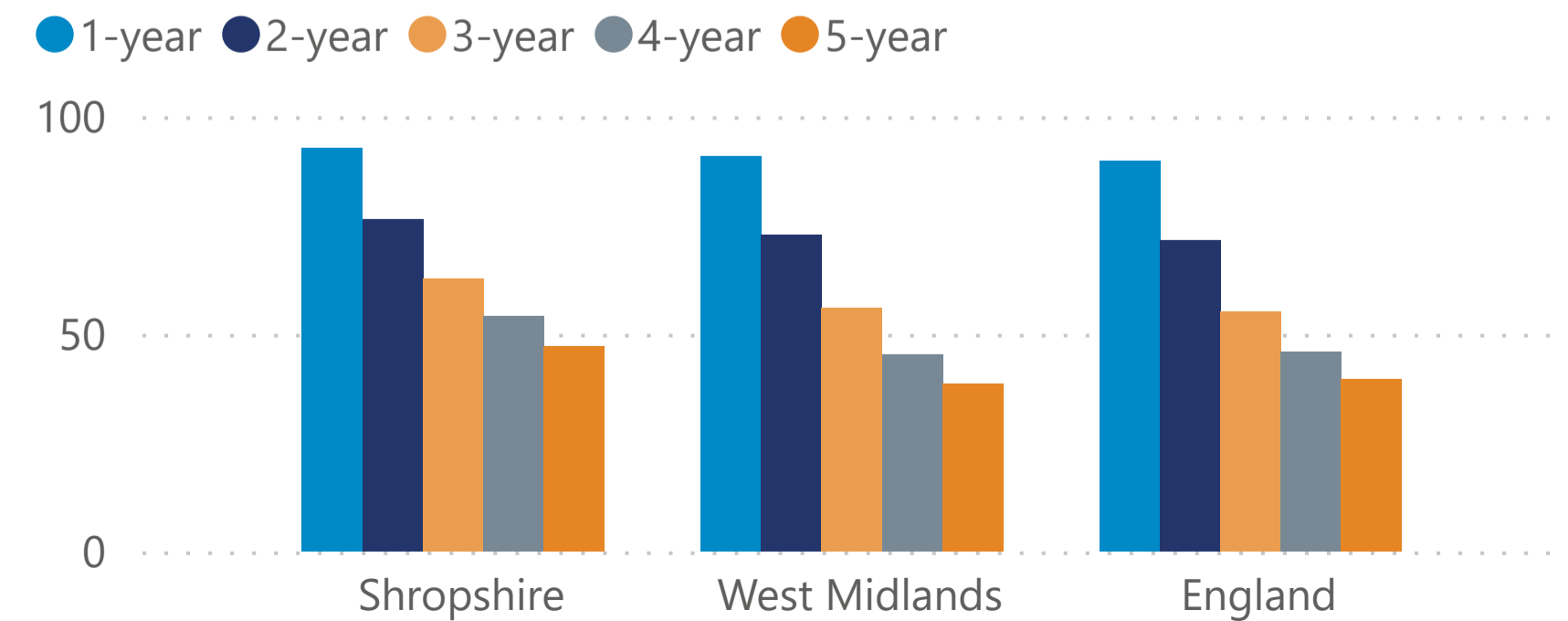
### Growth in Business Births



### Growth in Business Deaths



### Survival Rates



Earnings

Average (median) earnings in Shropshire are lower than national rates. The differential is less extreme for residents pay, with those living in the County earning on average £28 per week less (for full-time employees, gross pay). This compares with a deficit of £57 for workplace pay. Workplace pay in Shropshire is influenced by the mix of industrial sectors which predominate, which are often lower skilled and low paid.

Since 2015, residents pay has outstripped workplace pay in each year in Shropshire, although the gap has narrowed. Higher rates of pay for the residential population is impacted by relatively high levels of out-commuting amongst higher paid workers.

Weekly workplace earnings in Shropshire rose by 19.57% between 2015 and 2021, which compares with growth of 15.23% nationally. Meanwhile, residents pay in Shropshire increased by 18.90%. Both workplace and residents pay have risen more rapidly in Shropshire than in England in recent years despite still lagging some distance behind.

Women's workplace pay is £32 per week lower than men's in Shropshire, a differential that is notably lower than it is nationally, where men earn an average of £103 per week more on a full-time wage basis.

Female residents earnings are £38 less than the male equivalent - the rate is higher than the national average for women full-time workers though.

Workplace Earnings 2021

Shropshire
£556.00
West Midlands
£585.00
England
£613.00

Residents Earnings 2021

Shropshire
£585.00
West Midlands
£582.00
England
£613.00

Workplace Earnings by Gender 2021

Workplace Female Workplace Male



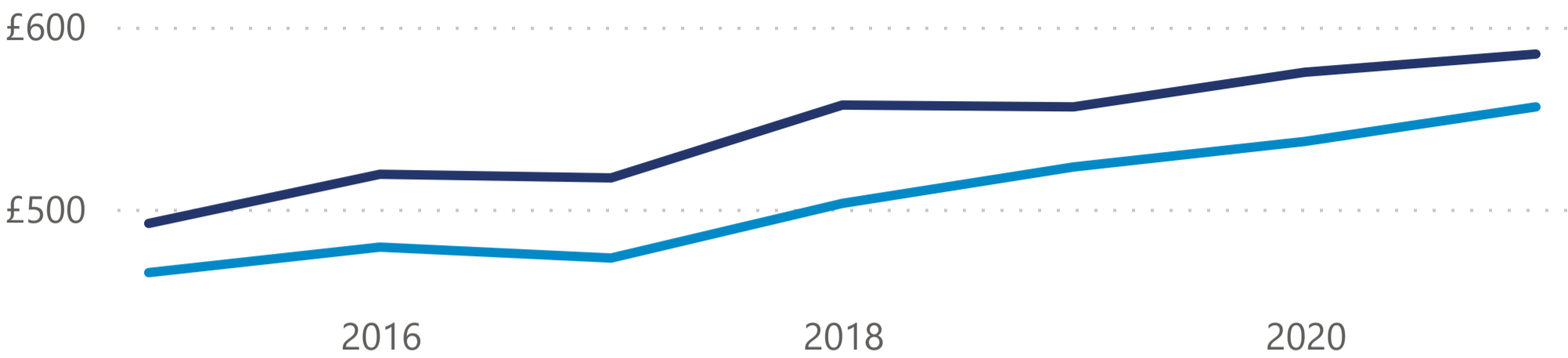
Residents Earnings by Gender 2021

Residents Female Residents Male



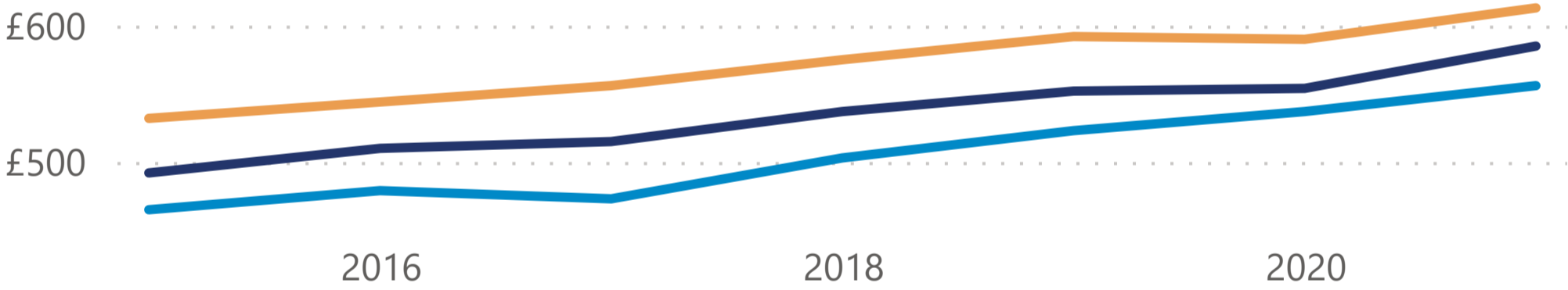
Workplace and Residents Weekly Earnings: Shropshire

Workplace Total Residents Total



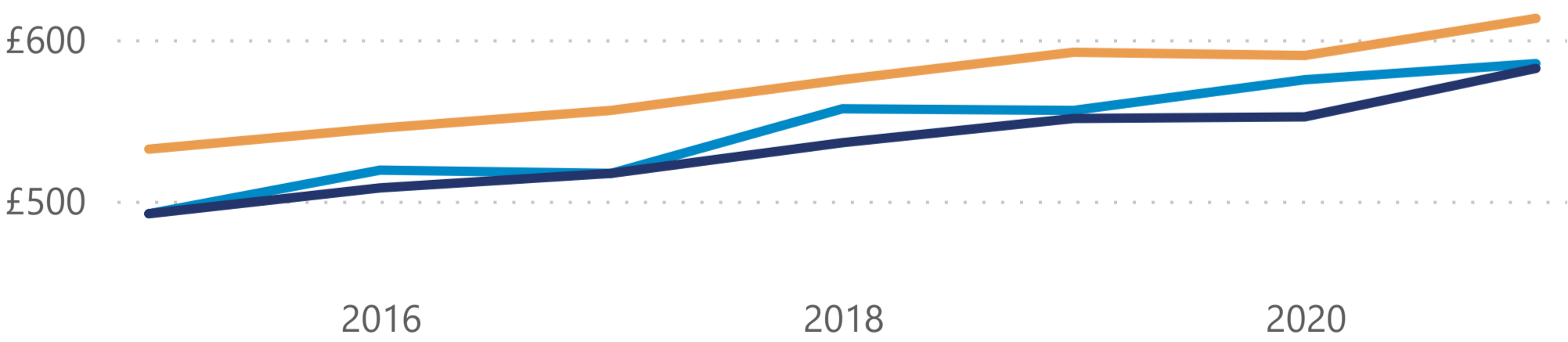
Workplace Weekly Earnings by Geography

Shropshire West Midlands England



Residents Weekly Earnings by Geography

Shropshire West Midlands England



Note: Workplace earnings relate to the earnings of those who work in Shropshire, but who do not necessarily live there, while residents earnings relate to those who live in Shropshire, but do not necessarily work there.

## Data Sources

### Economic Activity

Annual Population Survey, Office for National Statistics  
[Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

### Occupations and Qualifications

Annual Population Survey, Office for National Statistics  
Census 2011  
[Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

### Unemployment

Annual Population Survey, Office for National Statistics  
Claimant Count, ONS/DWP  
[Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

### Employment & Jobs 1

Business Register of Employment Survey, Office for National Statistics  
[Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

### Employment & Jobs 2

Business Register of Employment Survey, Office for National Statistics  
[Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

### Business Numbers

Inter-Departmental Business Register, Office for National Statistics  
[Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

### Business Births and Deaths

Business Demography, Office for National Statistics  
[Home - Office for National Statistics \(ons.gov.uk\)](#)

### Earnings

Annual Survey of Hours and Earnings, Office for National Statistics  
[Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

## Contact

If you have any queries please feel free to contact us via email:  
[dataandbusinessintelligence@shropshire.gov.uk](mailto:dataandbusinessintelligence@shropshire.gov.uk)

# Shropshire JSNA

## Education

Contents

Primary Schools

Secondary Schools

Early Years

School Attainment

Ofsted

Free School Meals

SEND

Appendix

Key Points

Schools and Pupil Numbers

There are 127 primary mainstream schools in Shropshire this has remained constant since 2020. Primary pupil numbers have risen by just over 200 in the same period.

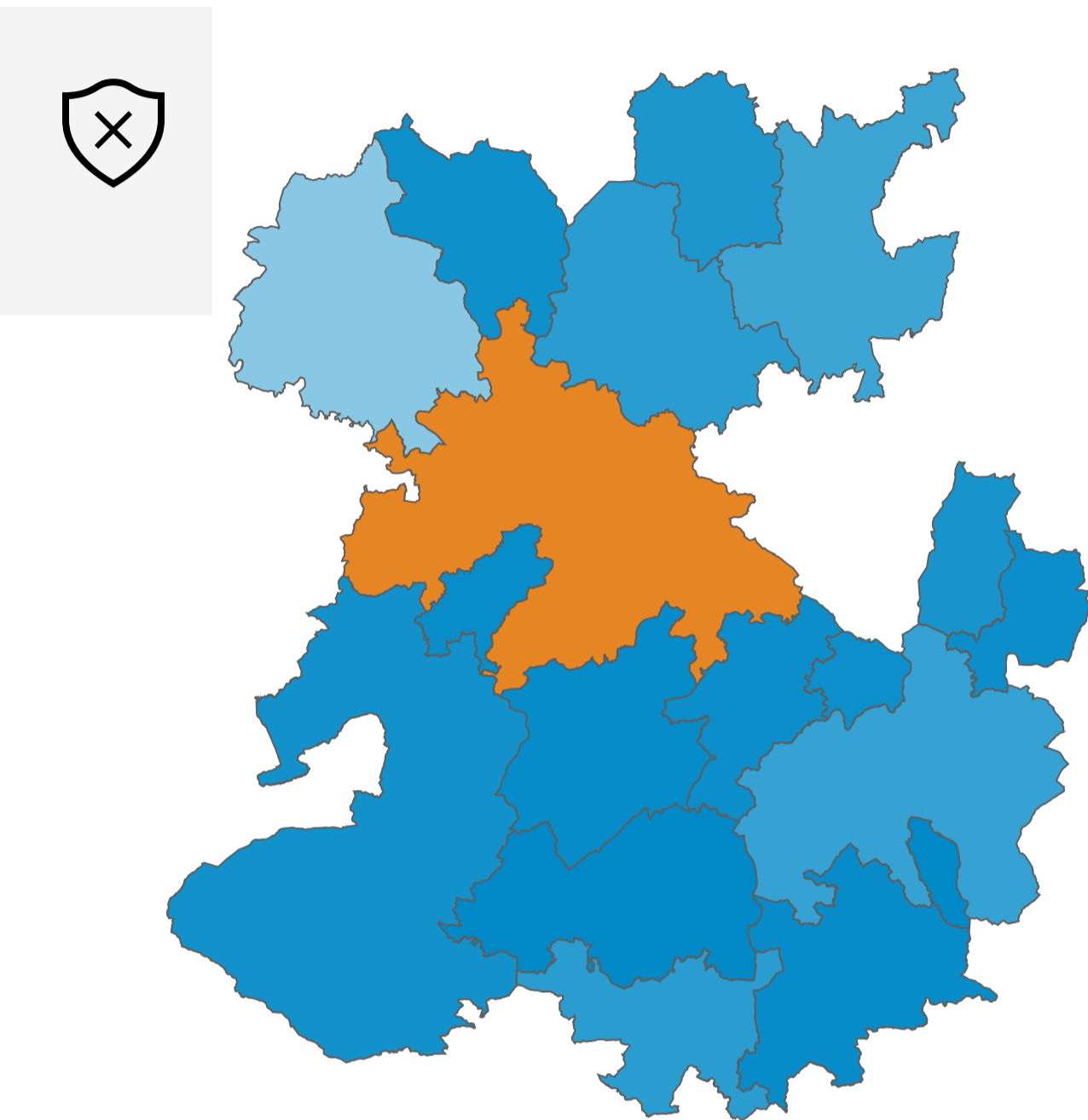
34.65% of primary schools in the place plan area are academies. 46.61% of pupils attend a primary academy.

Forecast

The forecast for primary pupils in the place plan area shows an increase of 0.95% to the end of the forecast period.

The forecast for Shropshire primary pupils overall is in line with the national trend.

School Population



Place Plan Area	Primary NOR
Albrighton	499
Bishop's Castle	640
Bridgnorth	1420
Broseley	519
Church Stretton	385
Cleobury Mortimer	420
Craven Arms	276
Ellesmere	571
Highley	255
Ludlow	1117

Shropshire Primary Pupils

22806

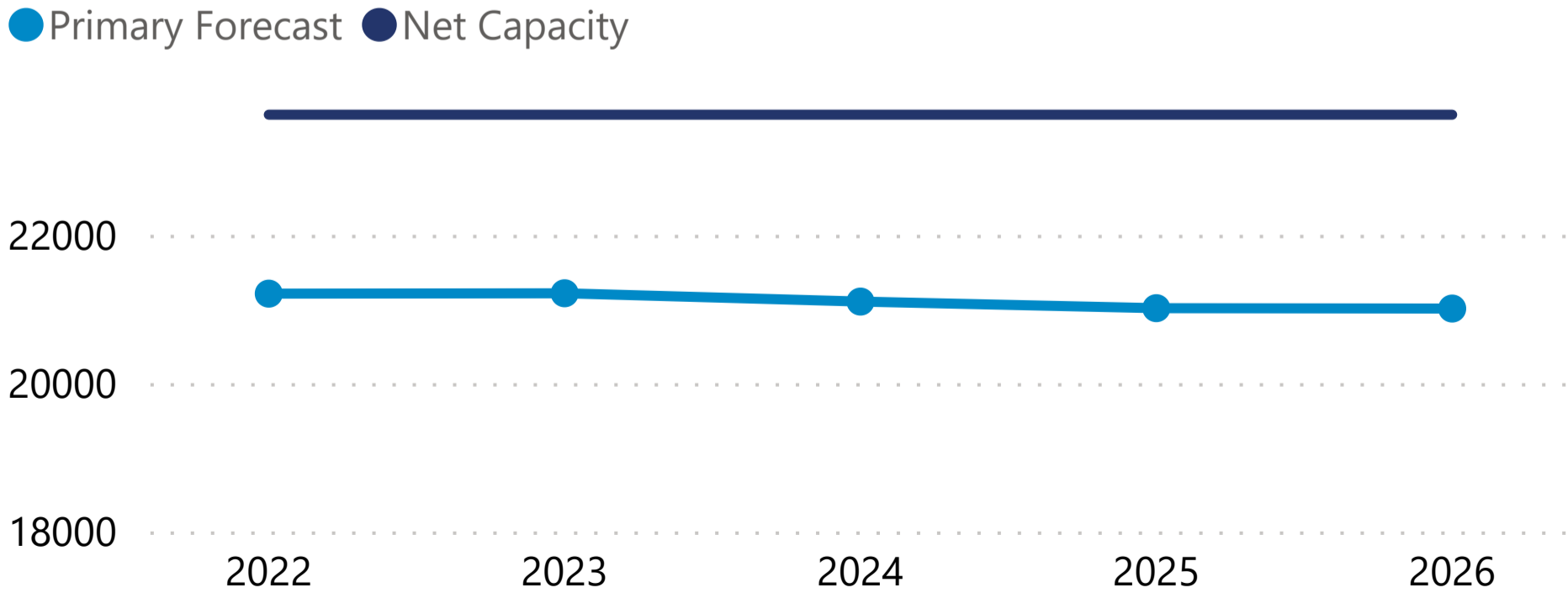
West Midlands Primary Pupils

519212

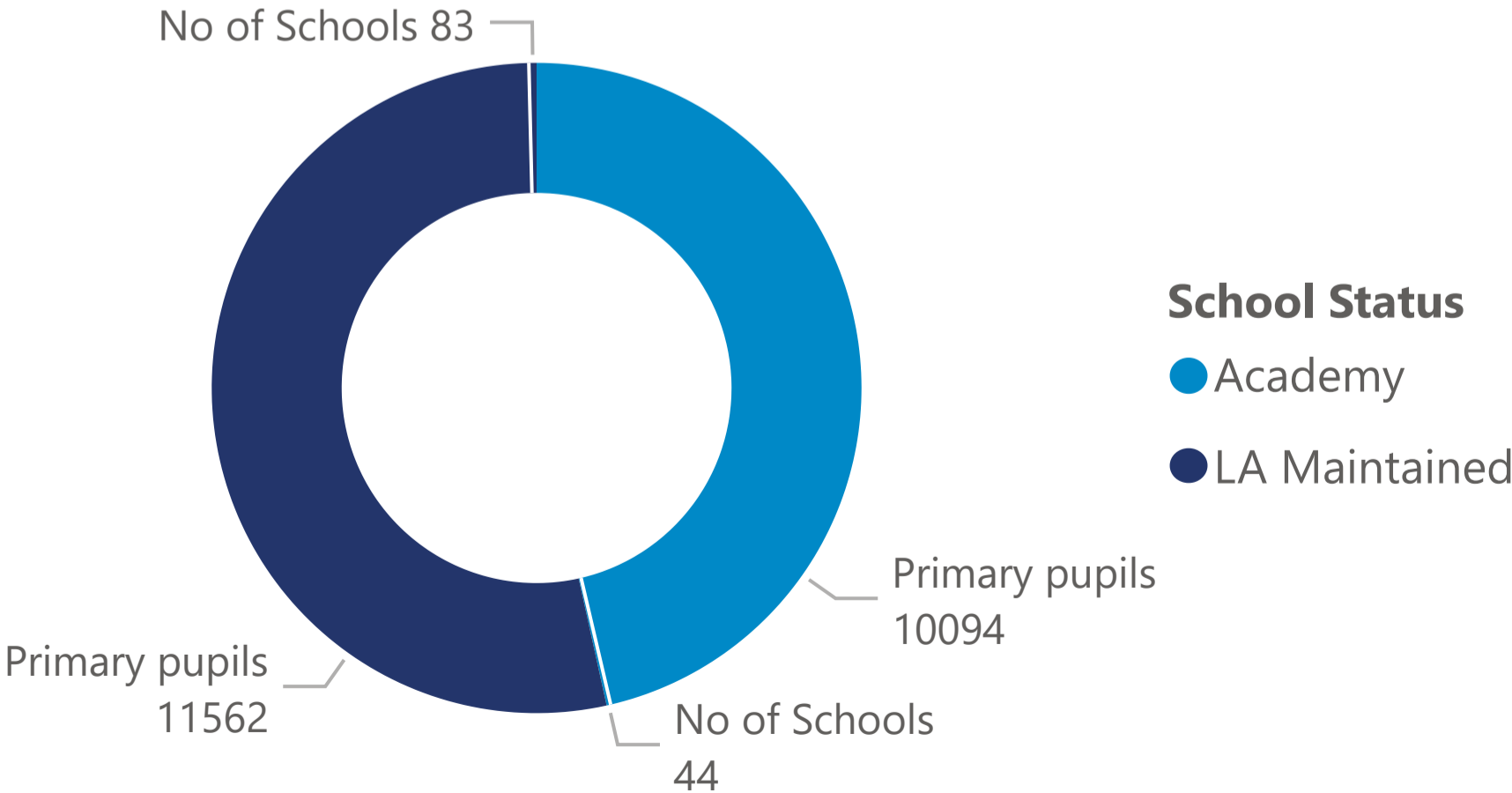
England Primary Pupils

4655513

Pupil Number Forecast



Number of Pupils and Schools by Type



Key Points

Schools and Pupil Numbers

There are 19 secondary mainstream schools in Shropshire this has remained constant since 2017. Secondary pupil numbers have risen by just over 400 in the same period.

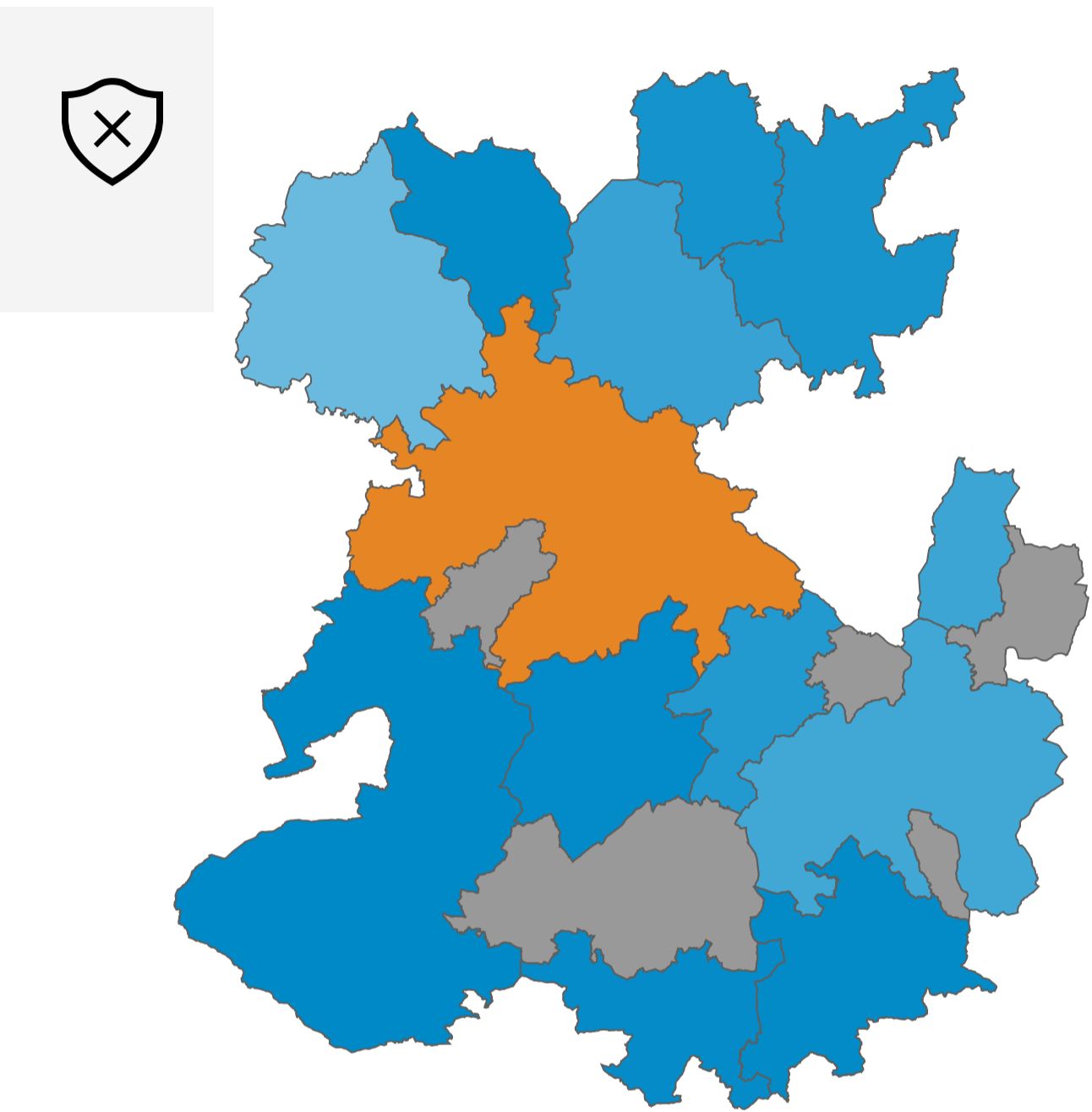
94.74% of secondary schools in the place plan area are academies. 96.7% of pupils attend a secondary academy.

Forecast

The forecast for secondary pupils in the place plan area shows a decrease of -3.76% to the end of the forecast period.

The forecast for Shropshire secondary pupils overall is in line with the national trend.

School Population



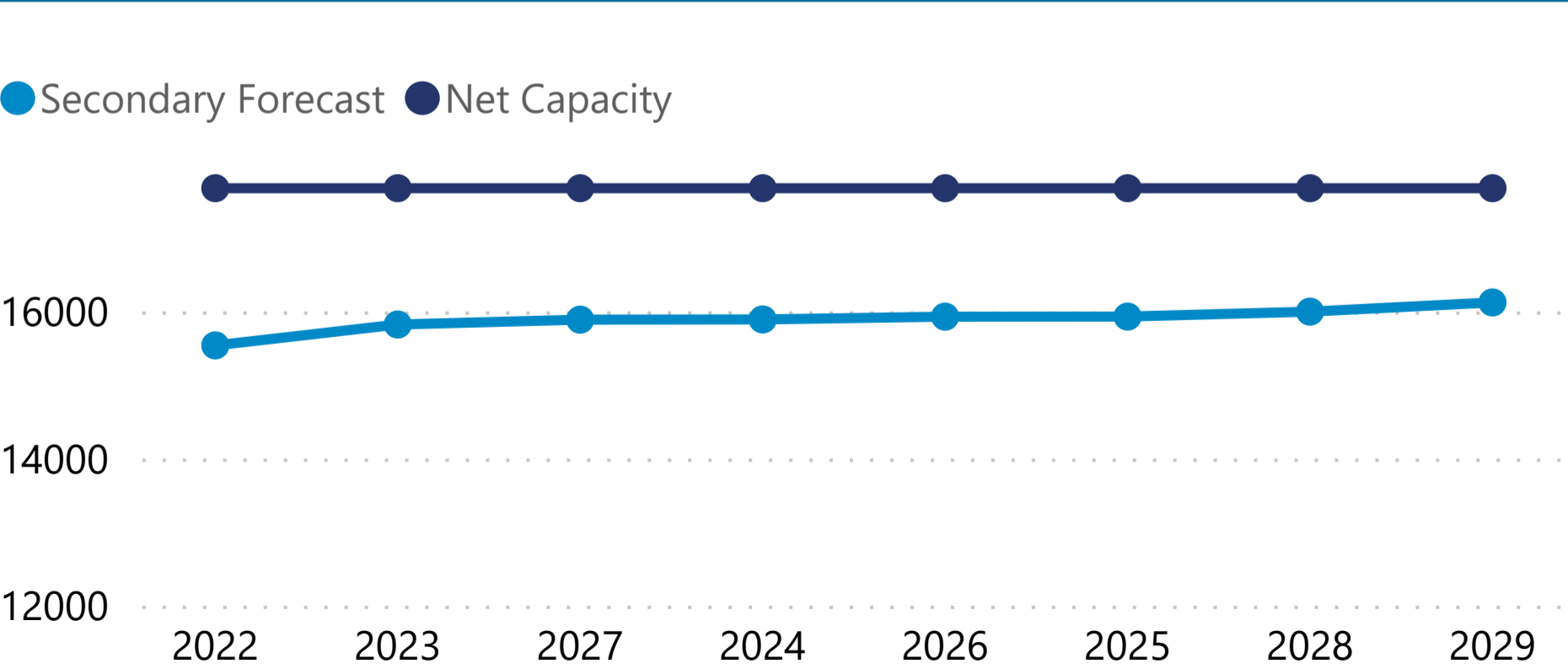
Place Plan Area	Secondary NOR
Shrewsbury	4492
Oswestry	1892
Bridgnorth	1354
Shifnal	1298
Wem	1221
Much Wenlock	951
Market Drayton	818
Whitchurch	784
Ludlow	559
Clebury, Mortimer	556

Shropshire Secondary Pupils  
16370

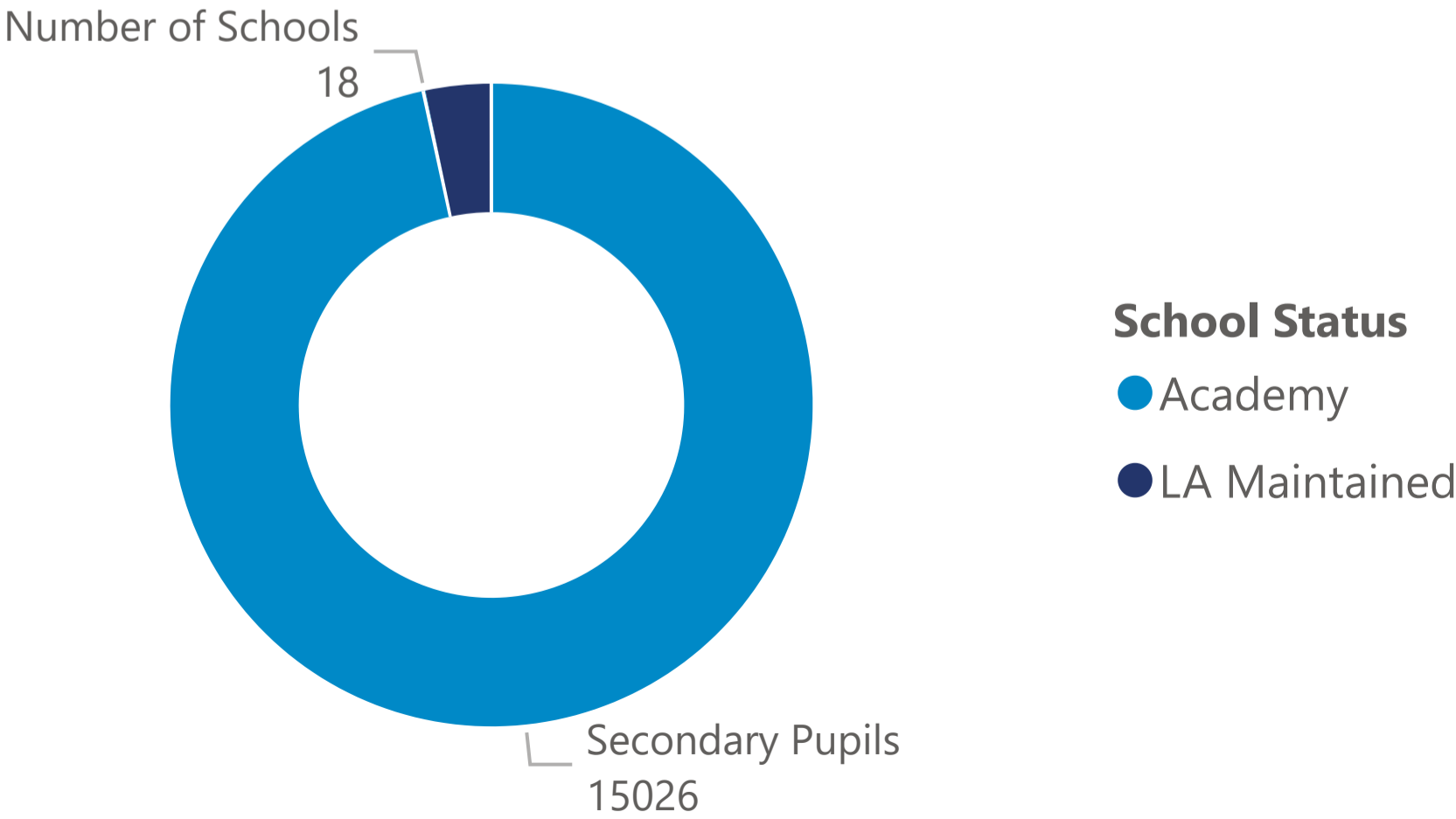
West Midlands Secondary Pupils  
400968

England Secondary Pupils  
3567378

Pupil Number Forecast



Number of Pupils and Schools by Type



Key Points

Early Years

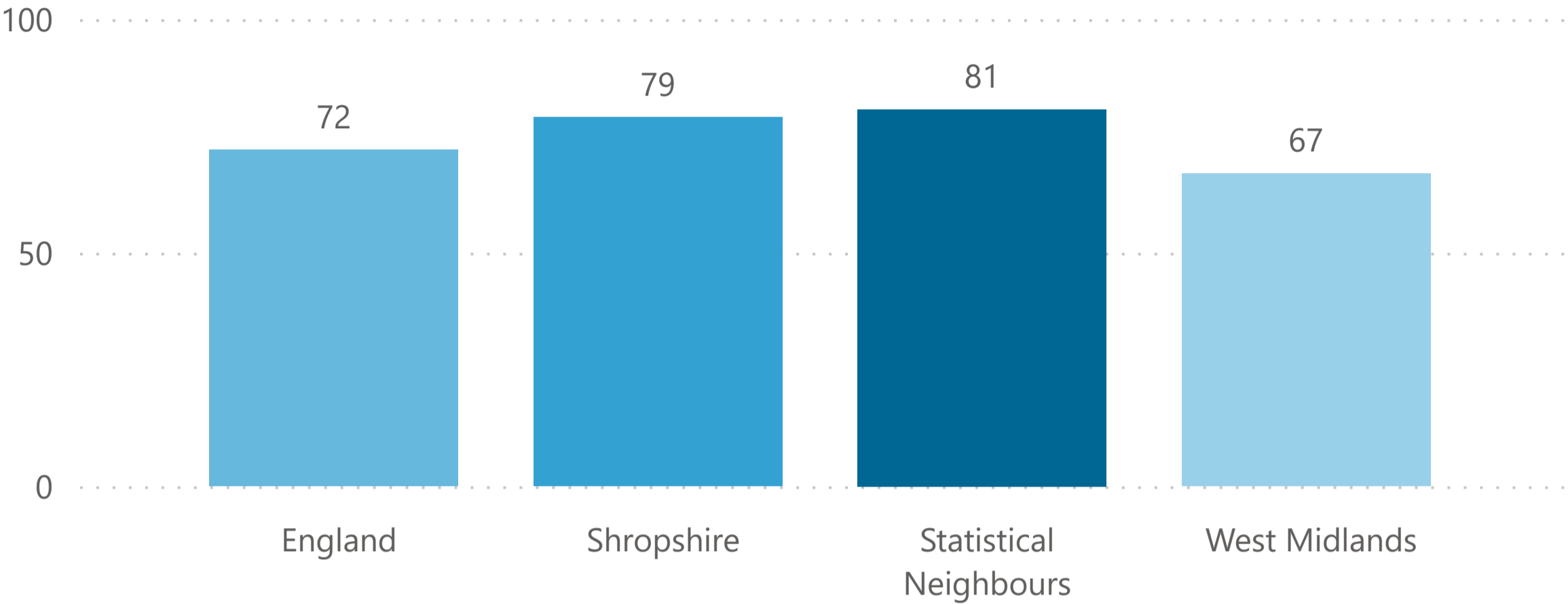
Shropshire has a higher level of 2 year olds in funded early education than the national regional average. It has slightly lower numbers than the average for its statistical neighbours

EYFSP

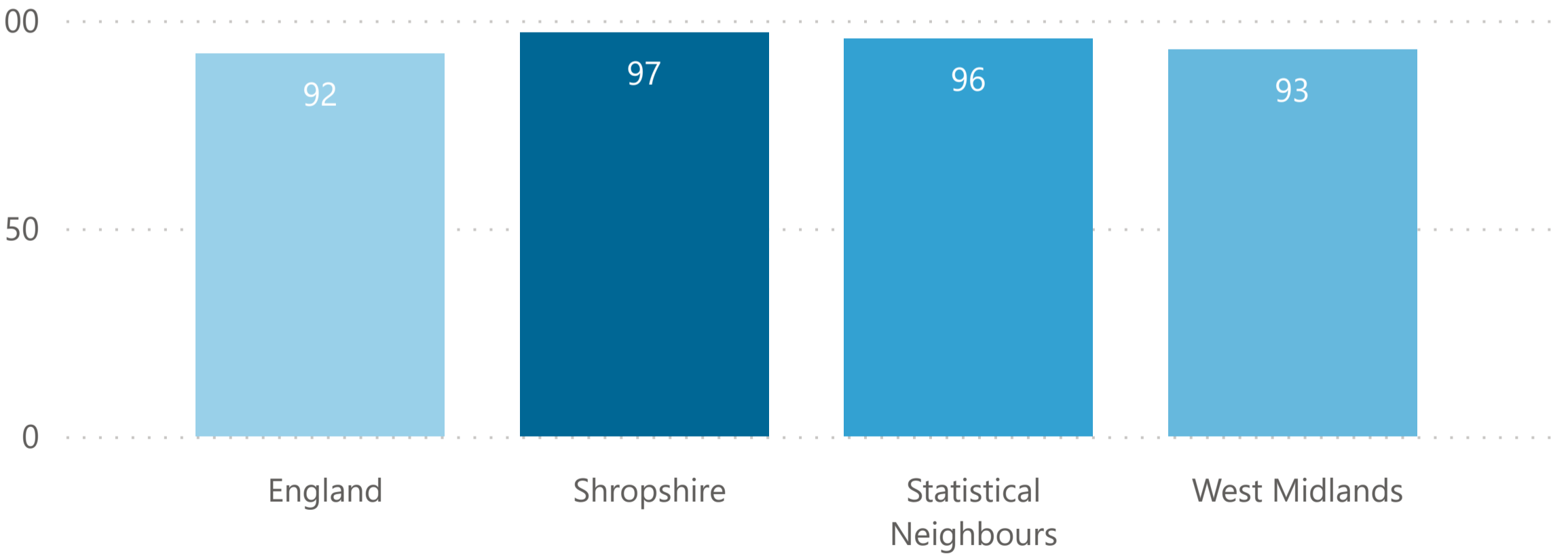
In 2019 the percentage of children achieving a good level of development at foundation stage in Shropshire was higher than the national average as well as the regional average.

2, 3 & 4 year olds claiming early years funding

Percentage of funded 2 y olds in early education

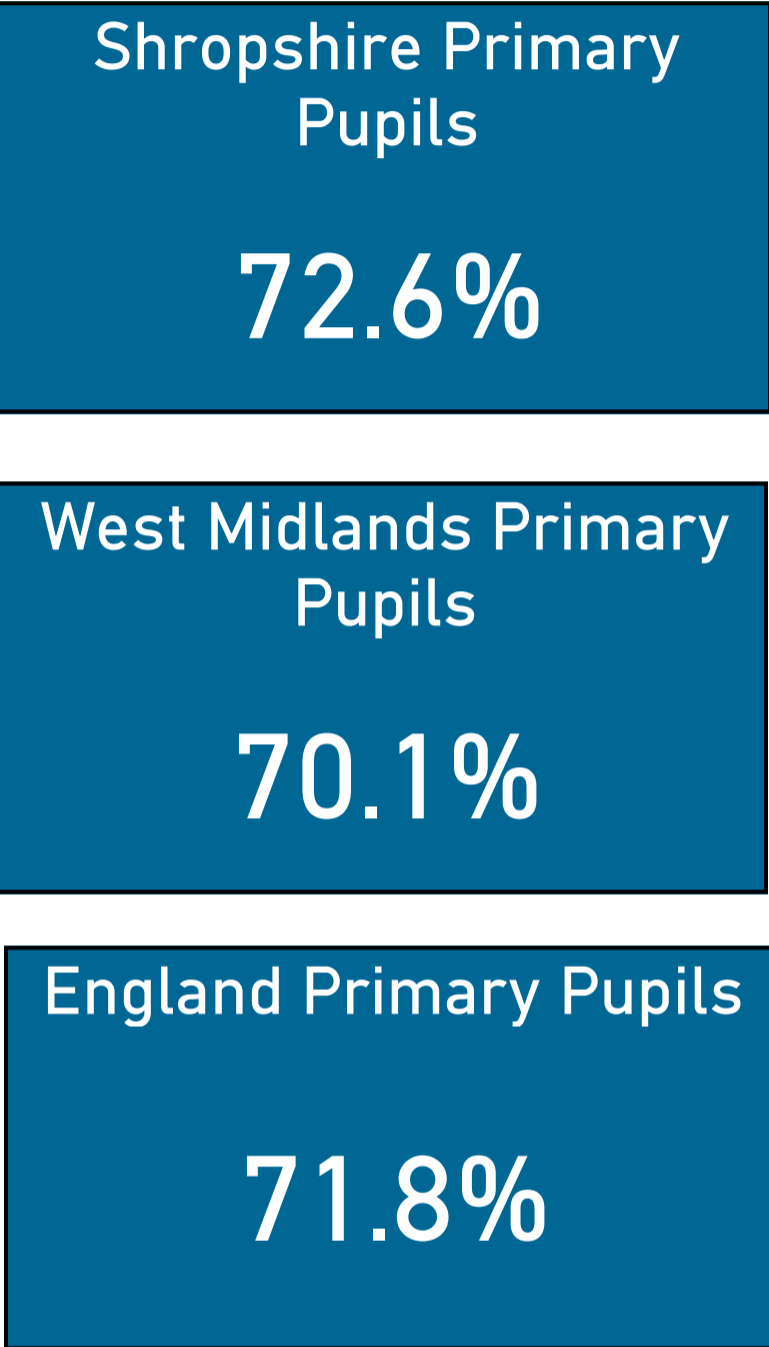


Percentage of funded 3&4 year olds in early education



Shropshire's statistical neighbours are Somerset, Gloucestershire, Suffolk, Worcestershire, Dorset, Cumbria, Herefordshire, Wiltshire, Cornwall and Devon

EYFSP - Percentage of Children achieving a good level of development in 2019



NB: 2019 is the latest published EYFSP data

Key Points

Key Stage 2

At national level 65% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, up from 64% in 2018.

Key Stage 4

Compared with 2018 data, for state funded schools the percentage of pupils at the end of key stage 4 who achieved grade 5 or above in English and mathematics remained stable. The Average Attainment 8 score per pupil was stable and the EBacc average point score (EBacc APS) remained stable.

Primary Attainment 2019

Place Plan Area	Percentage of expected level in RWM at KS2	Number of pupils at KS2
Albrighton	68%	38
Bishop's Castle	57%	90
Bridgnorth	69%	213
Broseley	81%	75
Church Stretton	67%	64
Cleobury Mortimer	75%	73
Craven Arms	36%	45
Ellesmere	64%	80
Highley	42%	38
Ludlow	62%	148
Market Drayton	59%	238
Much Wenlock	66%	65
Oswestry	64%	409
Pontesbury and Minsterley	68%	65
Shifnal	84%	110
Shrewsbury	67%	925
Wem	66%	176
<b>Total</b>	<b>66%</b>	<b>2897</b>

Secondary Attainment 2019

Place Plan Area	Average Attainment 8 score per pupil	Number of pupils at KS4	Percentage of pupils achieving grade 9-5 in English and Maths
Bishop's Castle	52.20	90	54.4%
Bridgnorth	47.35	265	42.0%
Church Stretton	53.20	114	58.8%
Cleobury Mortimer	51.10	89	47.2%
Ellesmere	45.20	101	29.7%
Ludlow	43.30	128	35.2%
Market Drayton	41.00	148	33.8%
Much Wenlock	47.20	155	40.0%
Oswestry	42.65	319	33.3%
Pontesbury	46.70	111	40.5%
Shifnal	49.70	218	48.2%
Shrewsbury	46.70	868	39.2%
Wem	43.80	213	31.9%
Whitchurch	46.10	79	39.2%
<b>Total</b>	<b>46.65</b>	<b>2898</b>	<b>40.3%</b>

Percentage of KS2 pupils achieving the expected level in Reading, Writing and Maths in England in 2019

65.0%

Percentage of KS2 pupils achieving grade 9-5 in English and Maths in England in 2019

40.3%

Average Attainment 8 score of all State-funded pupils in England in 2019

46.7

Key Points

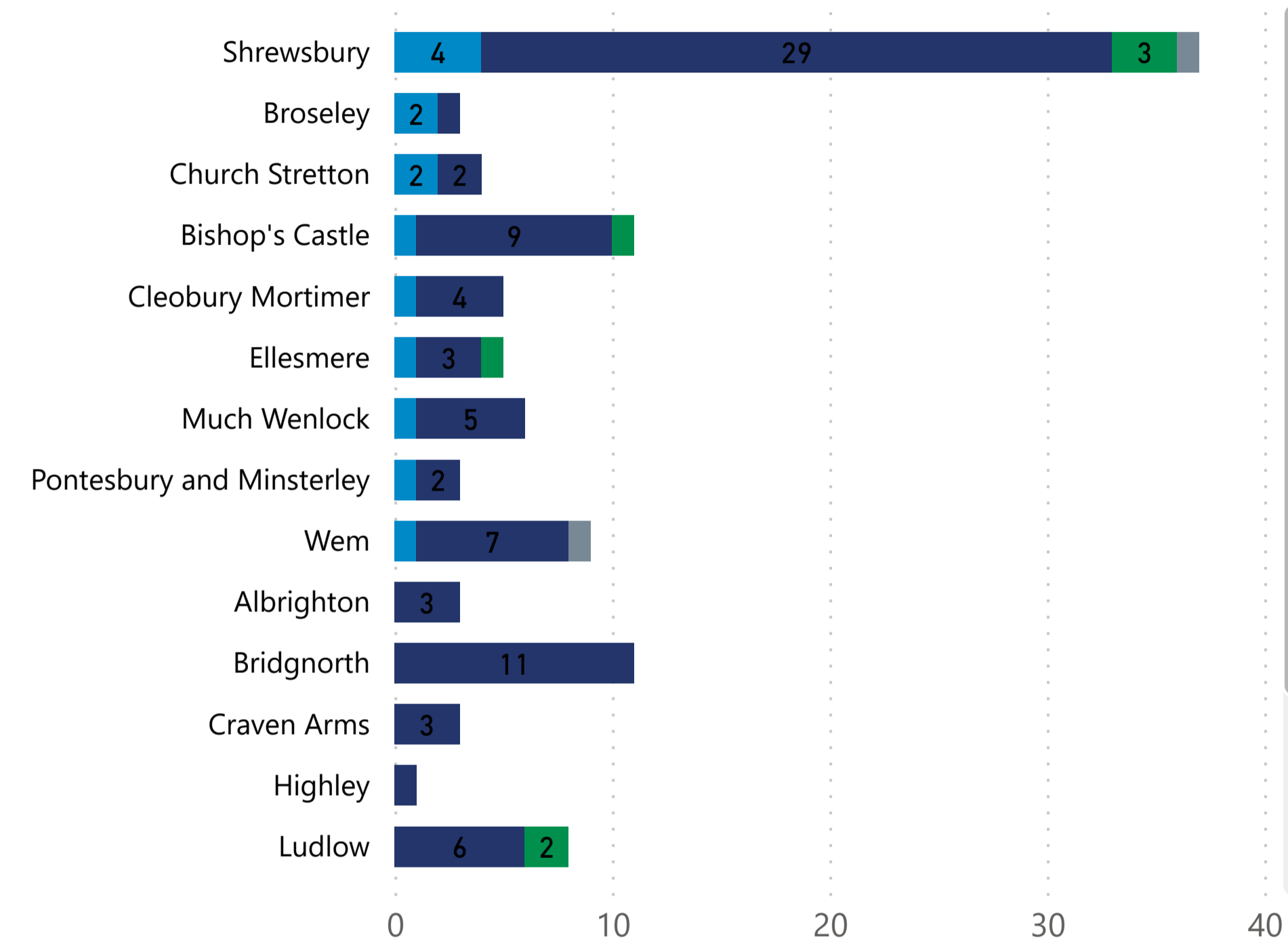
Ofsted

The percentage of schools in the place plan area that are Good or Outstanding is 89.3% which is higher than the percentage for England, and higher than than the percentage for the West Midlands.

Ofsted ratings



Total Outstanding Total Good Total Requires Improv... Total Inadequate



Schools rated Outstanding

9.3%

Schools rated Good

80.0%

Schools rated Requires Improvement

8.7%

Schools rated Inadequate

2.0%

National Ofsted Ratings

% Inadequate % Requires Improve... % Good % Outstanding



Number of Good and Outstanding schools

134

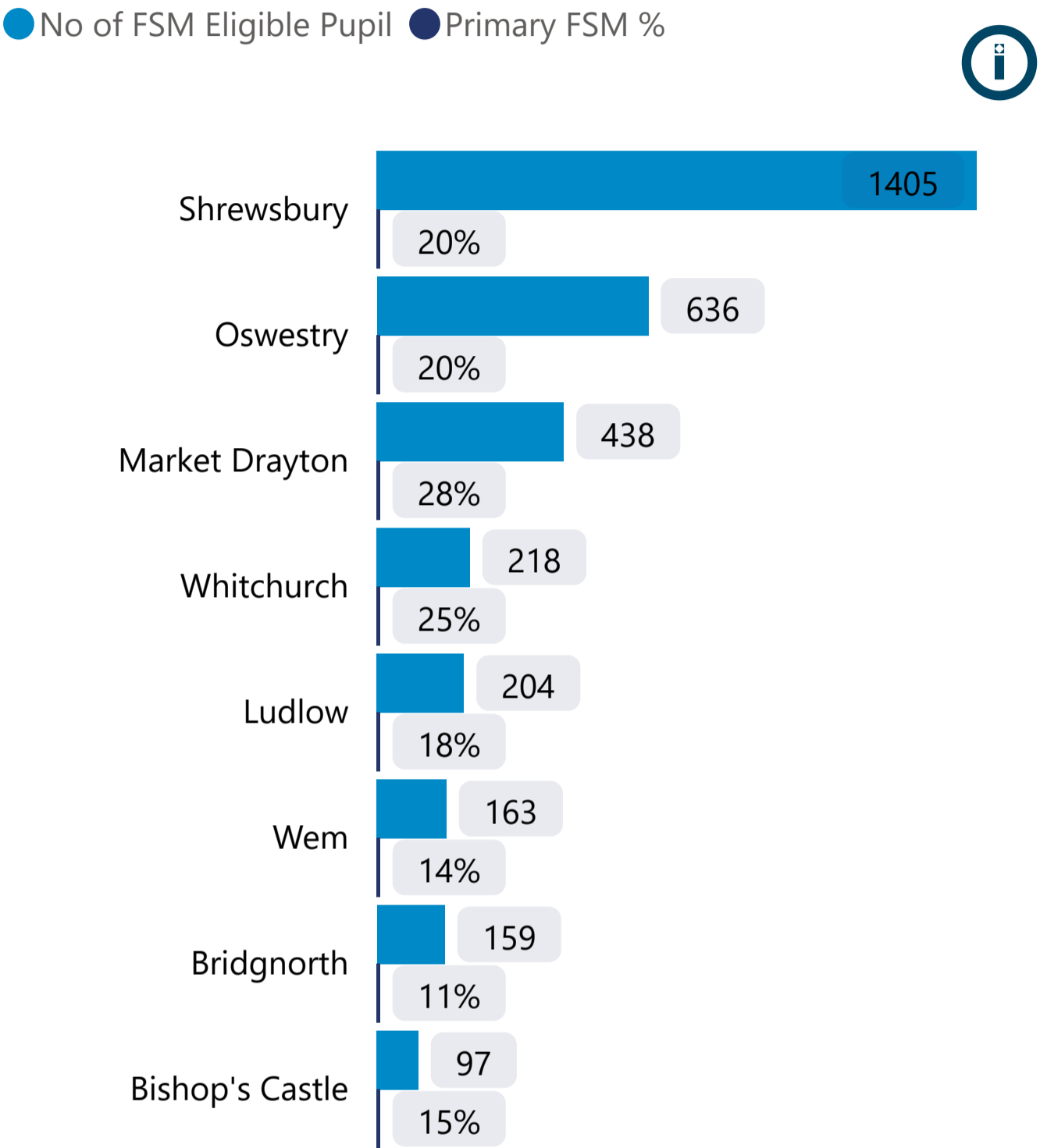
Key Points

Free School Meals

In 2022 the percentage of pupils claiming FSM in the place plan area is 17.06% which is less than than the level of FSM claimed for England.

22.5% of pupils are eligible for free school meals in 2022, up from 20.8% in 2021. This represents just under 1.9 million pupils. 1.6 million infant pupils were recorded as taking a free school meal on census day. Of those, almost 1.3 million are not normally eligible for FSM through the criteria above and received them under the Universal Infant FSM policy.

Primary Free School Meals



Total percentage of FSM

17.06%

Total Number of FSM

6529

Percentage of Primary FSM

18.62%

Total Number of Primary FSM

4032

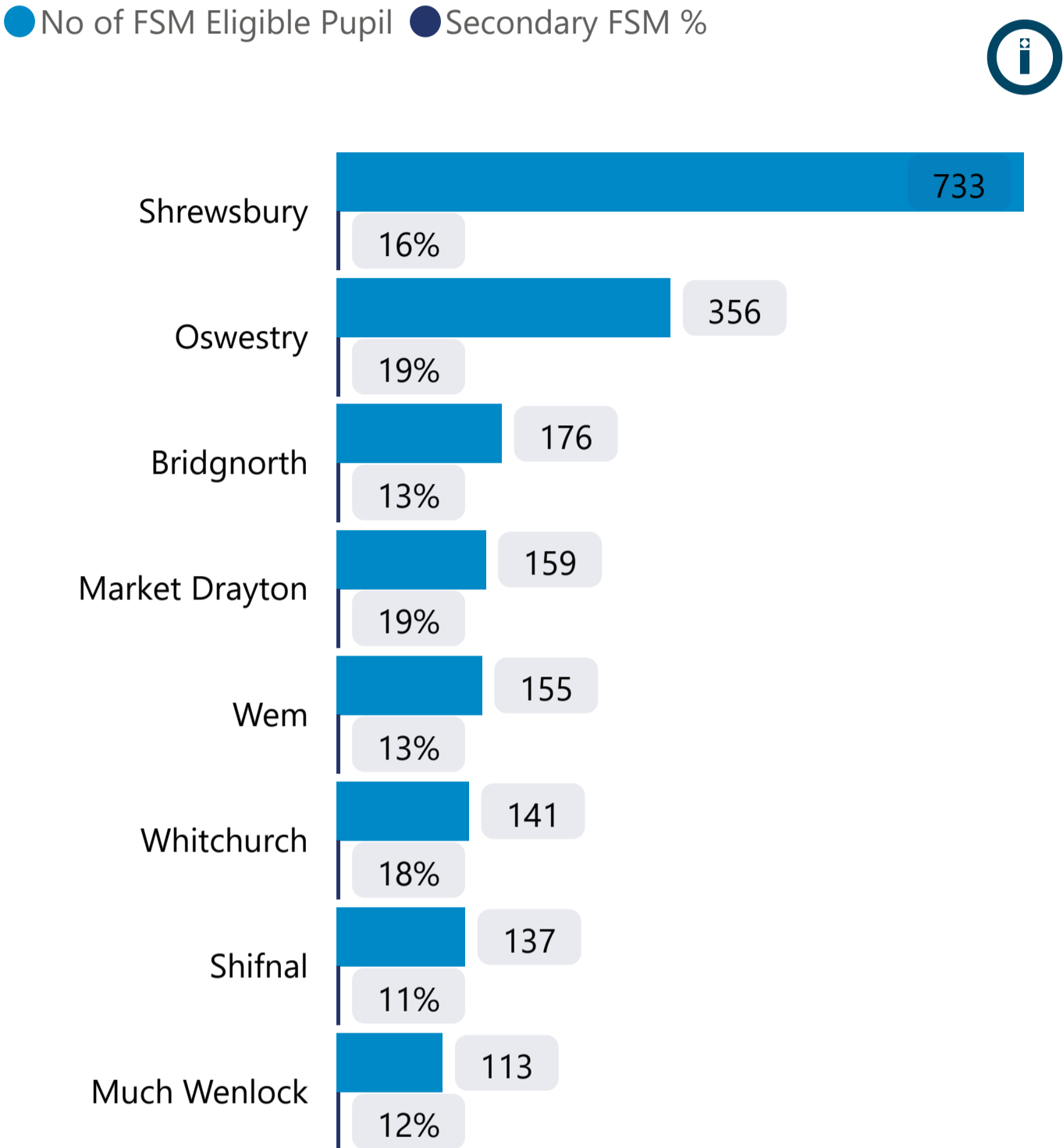
Percentage of Secondary FSM

15.47%

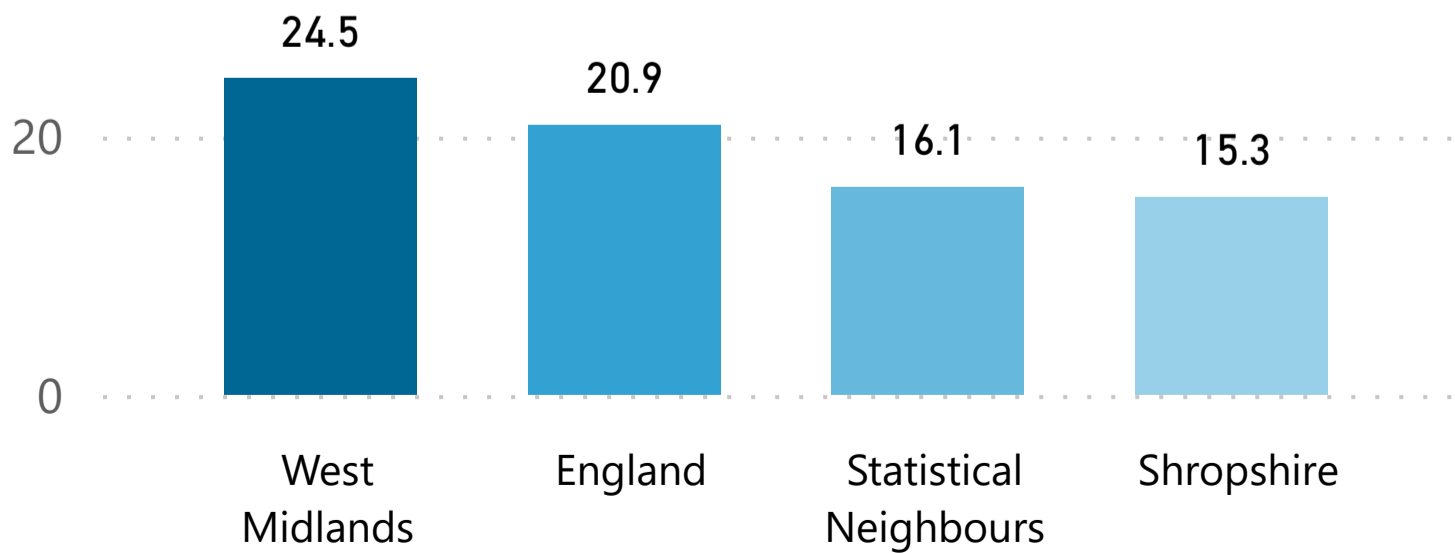
Total Number of Secondary FSM

2497

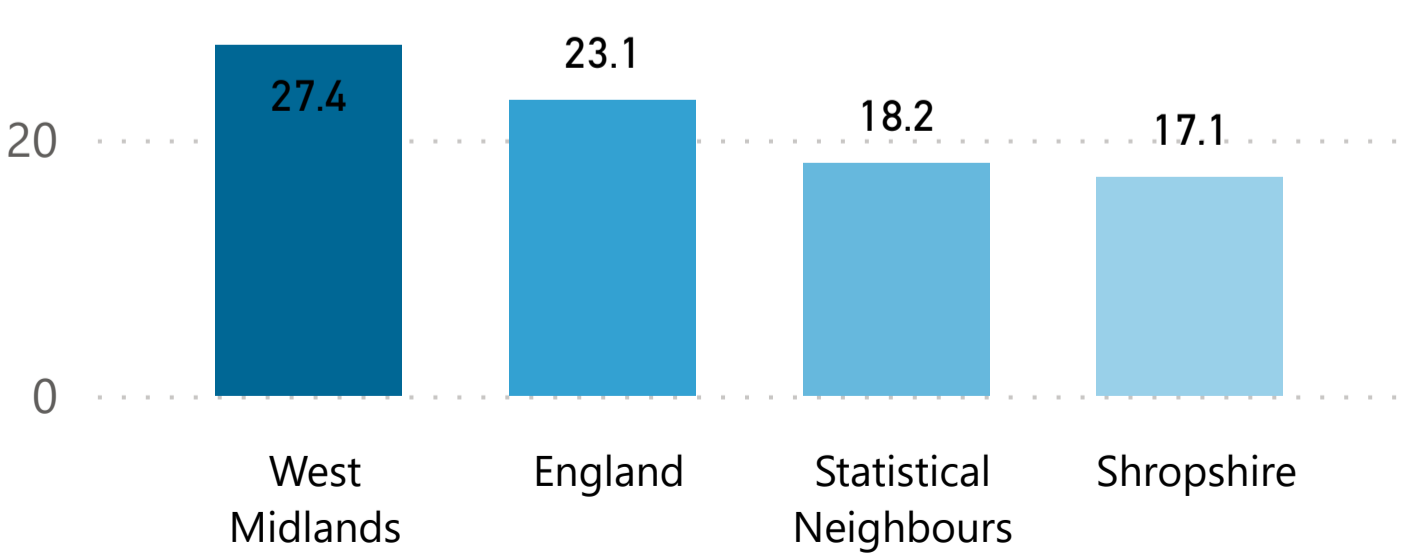
Secondary Free School Meals



National DfE published statistics percentage of FSM



National DfE published statistics percentage of FSM



Key Points

SEND

The percentage of pupils in the place plan area who have an EHCP is 3.2% which is lower than the percentage for England, and lower than the percentage for the West Midlands. For SEN Support the percentage of pupils is 12.3% which is higher than the percentage for England, and lower than the percentage for the West Midlands.

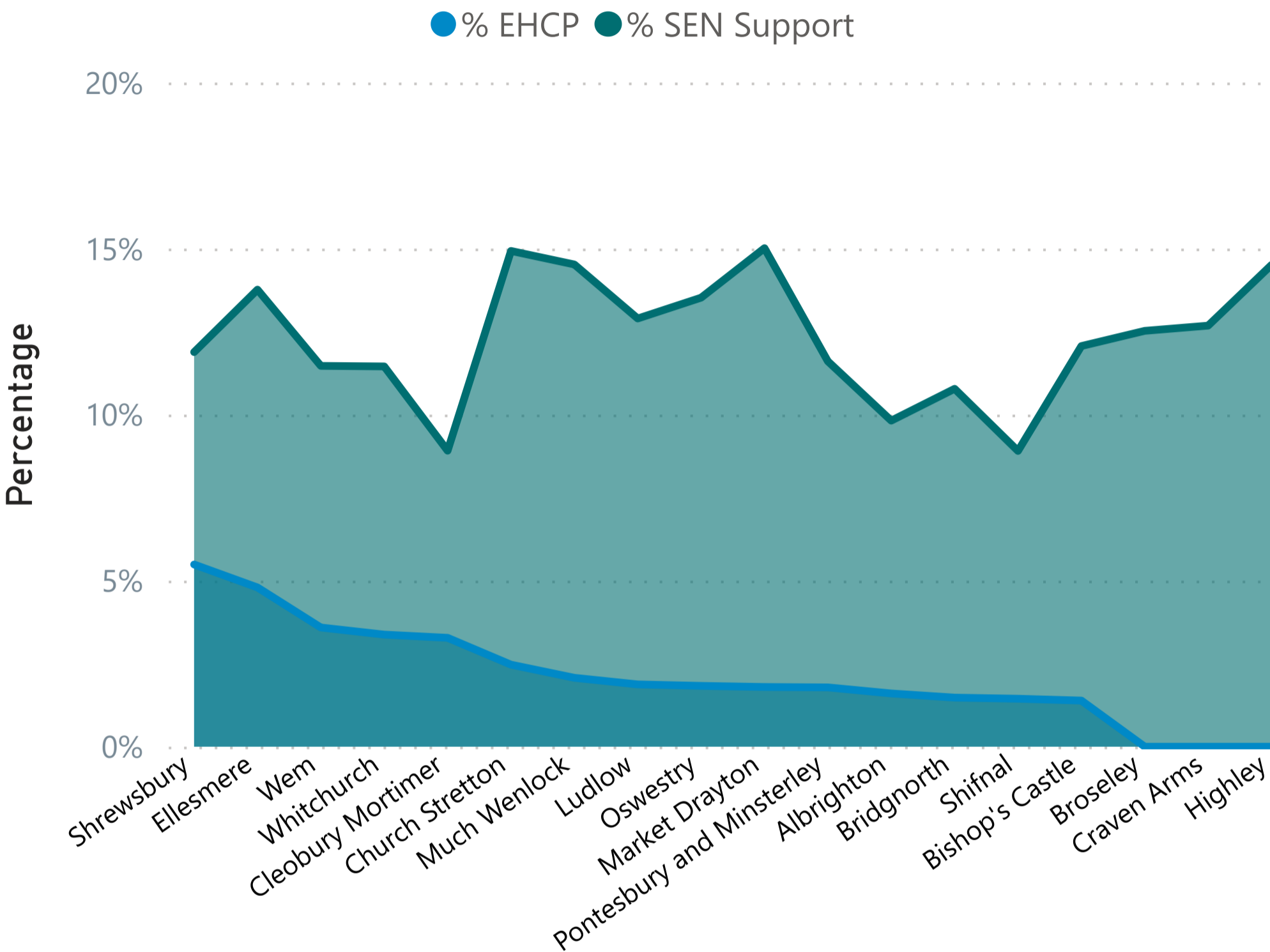
Page 7

SEND in England

Just under 1.5 million pupils in England have special educational needs. An increase of 77,000 from 2021. Both the number of pupils with an EHC plan and the number of pupils with SEN support have increased:

- The percentage of pupils with an education, health and care (EHC) plan has increased to 4.0%, continuing a trend of increases since 2016. Prior to this, the rate had remained steady at 2.8%.
- The percentage of pupils with SEN but no EHC plan (SEN support) has increased to 12.6%.

SEND



Number of Children with EHCP

1222

Percentage of Children with EHCP

3.2%

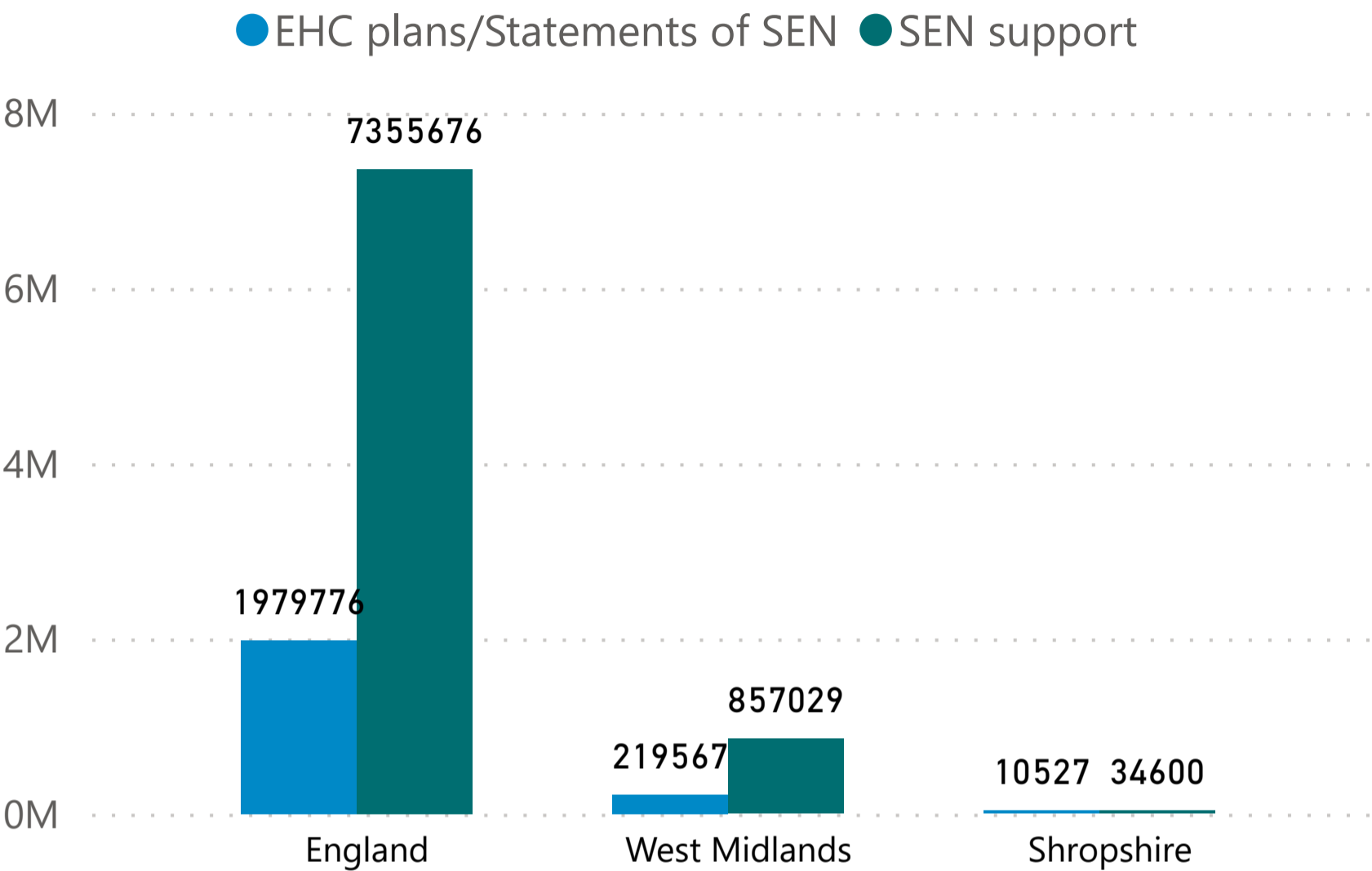
Number of Children with SEN Support

4713

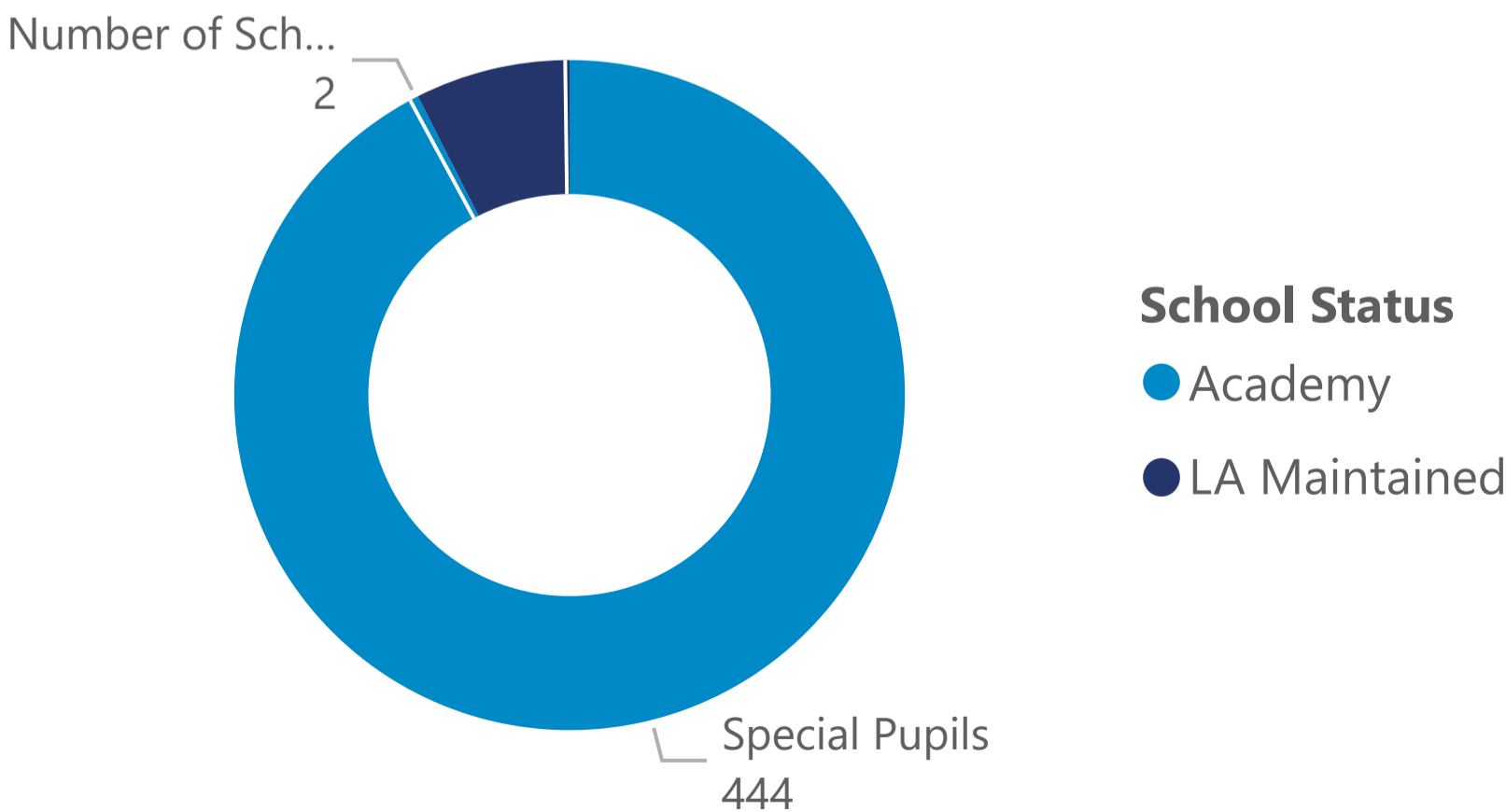
Percentage of Children with SEN Support

12.3%

National SEN



Number of Special Schools and Pupils in Shropshire



Data Sources

Primary Schools  
Secondary Schools

Spring School Census 2022  
Explore Education Statistics - Schools, pupils and their characteristics  
[Explore education statistics – GOV.UK](#)

Early Years  
Explore Education Statistics - Early Years Foundation Stage profile  
[Explore education statistics – GOV.UK](#)  
Local Authority Interactive Tool (LAIT)  
[Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](#)

School Attainment  
Compare School Performance  
[Find and compare schools in England \(compare-school-performance.service.gov.uk\)](#)  
Explore Education Statistics - Key Stage 2 Attainment - National Headlines  
Explore Education Statistics - Key Stage Performance  
[Explore education statistics – GOV.UK](#)

Ofsted  
Nexus  
Gov.UK Ofsted Statistics  
[Statistics at Ofsted - Ofsted - GOV.UK \(www.gov.uk\)](#)

FSM  
Spring School Census 2022  
Local Authority Interactive Tool (LAIT)  
[Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](#)

SEND  
Spring School Census 2022  
Explore Education Statistics - Special Educational Needs in England  
[Explore education statistics – GOV.UK](#)

Contact

If you have any queries please feel free to contact us via email:  
[dataandbusinessintelligence@shropshire.gov.uk](mailto:dataandbusinessintelligence@shropshire.gov.uk)

This page is intentionally left blank