



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

Date: 2 July 2021

**Committee:  
Health & Adult Social Care Overview and Scrutiny Committee**

**Date: Monday, 12 July 2021**  
**Time: 10.00 am**  
**Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,  
Shropshire, SY2 6ND**

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

Members of the public will be able to access the live stream of the meeting by clicking on this link:

<https://shropshire.gov.uk/healthandadultsocialcareoverviewandscrutinycommittee12july21/>

***There will be some access to the meeting room for members of the press and public, but this will be very limited in order to comply with Covid-19 regulations. If you wish to attend the meeting please e-mail [democracy@shropshire.gov.uk](mailto:democracy@shropshire.gov.uk) to check that a seat will be available for you.***

Tim Collard  
Interim Assistant Director - Legal and Democratic Services (Deputy Monitoring Officer)

**Members of Health & Adult Social Care Overview and Scrutiny Committee**

|                              |                 |
|------------------------------|-----------------|
| Simon Jones (Chairman)       | Tracey Huffer   |
| Roy Aldcroft (Vice Chairman) | Heather Kidd    |
| Gerald Dakin                 | David Minnery   |
| Geoff Elner                  | Chris Schofield |
| Kate Halliday                | Dan Thomas      |

Your Committee Officer is:

**Amanda Holyoak** Committee Officer  
Tel: 01743 257714  
Email: [amanda.holyoak@shropshire.gov.uk](mailto:amanda.holyoak@shropshire.gov.uk)

# AGENDA

**1 Apologies for Absence**

**2 Disclosure of Pecuniary Interests**

**3 Minutes** (Pages 1 - 6)

To confirm the minutes of the meeting held on 14 June 2021, attached

**4 Public Question Time**

To receive any questions or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 10.00 am on Thursday 8 July 2021.

**5 Member Question Time**

To receive questions of which members of the council have given notice. Deadline for notification is 5.00 pm on Wednesday 7 July 2021.

**6 Shropshire Joint Strategic Needs Assessment Update** (Pages 7 - 18)

Report of Rachel Robinson, Director of Public Health - attached

**7 Social Prescribing** (Pages 19 - 24)

Report of Penny Bason, Head of Joint Partnerships - attached.

**8 Work Programme**

To consider proposals for the Committee's work programme, **TO FOLLOW**

## SHOPSHIRE COUNCIL

### HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 14 June 2021

10.00 - 10.55 am in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

**Responsible Officer:** Amanda Holyoak  
Email: amanda.holyoak@shropshire.gov.uk Tel: 01743 257714

#### **Present**

Councillor Simon Jones (Chairman)  
Councillors Roy Aldcroft (Vice Chairman), Gerald Dakin, Geoff Elner, Kate Halliday, Tracey Huffer, Heather Kidd, David Minnery, Chris Schofield and Dan Thomas

#### **4 Apologies for Absence**

There were no apologies for absence.

#### **5 Disclosure of Pecuniary Interests**

Councillor S Jones reported that he was bank working on the vaccination programme at the Robert Jones and Agnes Hunt hospital (RJA), Oswestry.

Councillor T Huffer reported that she worked as a practice nurse at Station Drive surgery, Ludlow.

Councillor H Kidd reported that her daughter worked as a Nursing Sister, high dependency outreach at RJA.

Councillor D Minnery reported that a family member was in receipt of domiciliary care.

#### **6 Minutes**

##### **RESOLVED:**

That the Minutes of the meetings of the Health and Adult Social Care Overview and Scrutiny Committee held on 19 April and 20 May 2021 be approved as correct records.

#### **7 Public Question Time**

No questions had been received from members of the public.

#### **8 Member Question Time**

No Member questions had been received.

#### **9 Membership of the Joint Health Overview and Scrutiny Committee**

The Overview and Scrutiny Officer presented the report proposing appointments to the Joint Health Overview and Scrutiny Committee (Joint HOSC) with Telford and Wrekin Council.

The Committee noted the requirement for Shropshire Council to appoint six members to the Joint HOSC comprising three elected members of Shropshire Council and three co-opted members independent of the council.

Given that the three elected members needed to be politically balanced the Chairman proposed that, in accordance with recent practice, one of the two Conservative seats would be gifted to a member of another political group.

## **RESOLVED:**

That the following appointments be made as Shropshire Council's representatives on the Joint HOSC:

### Elected members

Councillor Simon Jones (Conservative, Chair of Health and Adult Social Care Overview and Scrutiny Committee)

Councillor Kate Halliday (Labour, gifted seat from Conservative group)

Councillor Heather Kidd (Liberal Democrat)

### Co-opted members, independent of the Council

Ian Hulme

David Beechey

Karen Calder

## **10 Introduction from the Executive Director Adult Services**

The Executive Director of Adult Services gave a presentation on the key priorities 2021/22 to 2022/23 relating to Adult Social Care (ASC), Public Health and Housing.

The presentation and slides can be viewed on the webpage for this meeting via the following link: <http://shropshire.gov.uk/committee-services/ieListDocuments.aspx?CId=737&MId=4244&Ver=4>

The highlight headings covered included:

- Joint Strategic Needs Assessment
- Integrated Care System
- Mental Health Transformation
- Joint Commissioning
- Provider market transformation
- Temporary Accommodation
- Homeless prevention
- Domestic Abuse Bill

Responding to Members' questions and comments, the following additional information was provided:

- The key headings summarised above would feature heavily in the Council's Corporate Plan review. The areas highlighted may be issues that the Committee may wish to add to its Work Programme and investigate further during the coming months.
- Given the volume of information provided, briefing sessions would be provided to Members on key topics; briefings would be vital to inform all Committee members, both newly elected and those re-elected.
- Briefing sessions would be held outside of the formal meeting arena and would include discussions on the development of the Work Programme.
- Housing issues in the countryside, rural care, accessibility of Home Point would benefit from scrutiny, both from a policy perspective and practical considerations.
- Concerns were voiced regarding the timescales for CAMHS referrals and the benefits of early diagnosis re mental health cases. It was noted that the Joint HOSC shared concerns regarding Adult Mental Health given that the commissioning of these services sat across both areas and the new commissioning arrangements were giving confidence that they would be more robust in future.
- It was agreed that some areas of concern raised by members of the Committee needed to be carefully steered for consideration by the most appropriate forum be it the Joint HOSC, the HASC Overview and Scrutiny Committee or any other of the Council's Scrutiny Committees depending upon the subject matter and the overlap of social priorities. Appropriate guidance would be provided to members as the Work Programme items were identified.
- The newly appointed Officer post for Joint Commissioning was wholeheartedly welcomed as a positive step. It was agreed that a briefing session on Commissioning would be provided to the Committee in due course.
- Circulation of presentation material prior to the meeting was considered to be advantageous going forward. It was noted that, in future, additional supporting information would be posted on to the HASC Scrutiny Forum on TEAMS to which Members would shortly receive an invitation.

In bringing the debate to a close, the Chair thanked the Executive Director of Adult Services for highlighting key areas. He added that they represented food for serious thought and consideration by the Committee and he also welcomed the provision of informative briefing sessions on the topics highlighted during the debate.

## 11 Work Programme

The Overview and Scrutiny Officer presented the report providing an overview of items from previous committee meetings that the committee had agreed to revisit in future. He stressed that Work Programme planning offered the following benefits in scheduling the Committee's workload:

- Consideration of the right topic at the right time (not too early or too late) in order to have some influence on developments
- Ordering work in a logical and coherent way
- Allowing Officers time to prepare in order to make the best use of time available whilst recognising that there would be instances where an issue would come to the fore at short notice

Members considered the items listed in Appendix 1 to the report that had been carried forward from the former Committee prior to the local elections and, whilst acknowledging the merits of their consideration, the following issues were also discussed for inclusion on the Work Programme:

- Home Point and housing in relation to mental health support. It was noted that the Communities Overview and Scrutiny Committee had considered in detail housing allocations in March 2021 and this information would be shared with members.
- Transport for outpatient services including kidney dialysis patients, Adult Social Care transport, CCG health commissioned transport services (although it was noted that this had recently gone to tender). Considerable frustrations were experienced regarding patient transport systems and the issues were agreed to be ripe for investigation.
- Briefings were requested on Future Fit and on social prescribing.
- It was noted that the Joint HOSC would be receiving an update on the impact of the pandemic and planning steps in the light of lessons learned with specific attention to the issue of hospital releases.
- It was suggested that health commissioning arrangements would be better considered in 12 months' time after review.
- A key item for the future Work Programme was agreed to be Children and Young People's mental health services at Shropshire and Telford Hospitals Trust (SaTH). In recognising the merits of consideration of the issues by the Joint HOSC, members were nevertheless eager to 'dig deep' into the issues and look internally to identify improvements.
- GP practice provision across the county was also raised as an area of some concern with members highlighting specific issues at Whitchurch and Burford, Tenbury Wells
- Finally, the Portfolio Holder for Adult Social Care, Public Health and Assets suggested that the Committee may wish to look closely at the issue of cross border working with neighbouring Welsh authorities and make suggestions to increase and improve engagement.

In drawing the debate to a close, the Chair commented that there was a of range of important issues for the Committee’s future consideration and he looked forward to a varied Work Programme ahead.

Signed ..... (Chairman)

Date: .....

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| <b>Health and Adult Social Care Overview and Scrutiny Committee</b> | <b>Item</b>   |
| <b>12<sup>th</sup> July 2021</b>                                    | <b>Public</b> |

## **Health and Adult Social Care Overview and Scrutiny Committee Shropshire Joint Strategic Needs Assessment Update**

### **Responsible officer**

Rachel Robinson, Director of Public Health

[rachel.robinson@shropshire.gov.uk](mailto:rachel.robinson@shropshire.gov.uk)

### **1.0 Summary**

1.1 This paper presents the Health and Wellbeing Board/Health and Adult Social Care Overview and Scrutiny Committee an update on Shropshire's JSNA.

### **2.0 Recommendations**

2.1 Committee members to:

- Review the preliminary data and information list for the Place Based JSNA and consider any additions appendix 1
- Note the proposed work programme and resourcing
- Consider and approve the proposed wave 1 place based JSNA areas

### **3.0 Background**

3.1 The Local Government and Public Involvement in Health Act (2007) placed a duty on local authorities and PCTs (now CCGs) to undertake a JSNA, in three-yearly cycles. Local authorities and CCGs have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies, through the health and wellbeing board. In practice, in Shropshire, these duties have been passed to Public Health to deliver on behalf of the Health and Wellbeing Board, leadership for the JSNA sits with the Director of Public Health.<sup>1</sup>

3.2 The JSNA seeks to identify current and future health and wellbeing needs in the local population and identify strategic priorities to inform commissioning of services based on those needs. These priorities in turn inform the Health and Wellbeing Strategy, a key document as a basis for commissioning health and social care services in the local area. The JSNA aims to:

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<sup>1</sup> **Further guidance:** [JSNA Toolkit: a springboard for action](#) and [Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)

- Define achievable improvements in health and wellbeing outcomes for the local community;
- Target services and resources where there is most need;
- Support health and local authority commissioners;
- Deliver better health and wellbeing outcomes for the local community;
- Underpin the choice of local outcomes and targets.
- Importantly, the JSNA is not an end in itself, rather a framework of tools that are produced to inform commissioning.

3.3 Shropshire's original JSNA was completed in 2008/09, a further review was published in 2009/10 and the most recent report was published in July 2012. These JSNA reports were structured in four key areas following a Marmot approach: Starting Well, Living Well, Aging Well and Vulnerable groups. Within those groups several priorities were identified and described following a review of local intelligence and stakeholder engagement. Subsequently, updates have been published on the Shropshire Together webpages, giving updated profiles and needs assessments for key themes <http://www.shropshiretogether.org.uk/jsna/>.

3.4 Changes to the health and social care landscape, the requirement to produce an updated Health and Wellbeing Strategy and emerging priorities meant in 2019 there was an urgent need to update the JSNA, deliver several theme-based needs assessments and consider a new approach to the JSNA moving forward.

#### **4.0 Progress Update and Revised Timescales 2021/22**

4.1 Due to the COVID-19 pandemic, resources were diverted to deal with the emerging issues and capacity pressures from February 2020. By March 2020 Public Health was operating in full business continuity mode with other service areas following in April 2020 resulting in the pausing of the JSNA place based work programme, however, mapping and monitoring of vulnerable communities and services has taken place to support the COVID-19 response.

- 4.2
- An update on progress prior to COVID and the next steps is described below:
  - 
  - The Initial focus of addressing the resetting strategic priorities was complete in November 2019 to January 2020 and presented back to the HWBB.
  - The urgent MSK, Older People and SEND Health Needs Assessments were partially complete. The first two reports were finalised, and a structure agreed for the SEND report, however due to the pandemic further work was paused.

- In December 2020 it was agreed to restart the SEND JSNA bringing in resources by commissioning an external provider to complete the needs assessment report and engagement and this resource was added in April 2021. A preliminary draft has been completed and the aim is to complete this in Summer 2021.
- The Pharmaceutical Needs Assessment (PNA) has been identified as a priority by the Health and Wellbeing Board. Despite the suspension of publishing requirements to October 2022 by DHSC, Shropshire Council have approached and agreed in principle to deliver the PNA as an STP in partnership with Telford and Wrekin Council. This will allow efficiency around the process of undertaking primary research and wider evidence gathering and analysis whilst still leading to the production of two distinct PNA products reflecting the specific needs of those populations.
- Draft content and evidence resource plans have been created for the PNA deriving from a review of previous PNA products and discussion with PSNC. This review will be widened to incorporate further best practise examples over the coming months.
- An initial meeting with the preliminary PNA Stakeholder Board is scheduled for 7th July. Project timelines have been developed by SC and will be proposed for group approval.
- April 2021 onward – The JSNA place-based programme has been restarted and planning initiated to put in place the new place-based approach, planning commenced in May 2021 with a ready to launch date of September 2021 with full delivery within 18 months to two years. The pace of the place JSNAs will depend on resource capacity; delivery of each need's assessment requires a small team.

#### 4.3 There are two key strands to the new JSNA:

- **The Place-Based Need Assessments (PBNA)** - Needs assessments covering the County's 18 Place Plan areas. The plan remains to divide the County into 3/4 waves of JSNAs. 3 Place Plan area have been identified as potential priority areas subject to stakeholder agreement based upon wider determinants, health needs, rurality and that in aggregate they cover a wider geography of the County. Those areas are Whitchurch, Oswestry and Highley
- **The Web-Based JSNA** - In parallel will be the development of a new online profiling tool produced by Public Health in conjunction with the Business Intelligence team. This will enable users to profile a variety of different geographical areas with the priority focus being on traditional JSNA content, but also eventually incorporating wider measures allowing a more comprehensive viewing of the wider determinants of health and facilitating place-based approaches to be taken across the system. A

proof of concept using Power BI, a ubiquitous and PHE endorsed business intelligence tool, is currently in progress.

4.4 Currently each Place-Based Needs Assessment will be broken down into logical navigable dashboards aligned with the expectations of a traditional JSNA:

- Local population demographic – who lives there
- Households – by type
- Health indicators
- Social Care indicators – users of SC
- Economic indicators – local deprivation, employment etc
- Education – achievements and inequality indicators
- Crime
- Environment

4.5 The dashboard would be implemented into the Shropshire Council public facing webpage similar to how existing reports have been such as the Shropshire Snapshots and forthcoming electoral ward information. Each data set would be accompanied by a narrative that updates depending on the place selected.

4.6 As well as quantitative data it is also under consideration how qualitative feedback will be captured and presented should we wish to include as part of this phase of the online dashboard development e.g. use of a word maps describing certain responses, specific embedded responses etc.

A draft scope in terms of critical information is attached in Appendix 1 for review.

4.7 The Strategic JSNA group continues to meet to align the data infrastructure and community engagement elements and drive forward the delivery of the JSNA Engagement and leadership from local members, the community and voluntary sector and key stakeholders are critical to the process and will be a key element of Governance Structures.

4.8 This is a shared responsibility and joint programme of work and as such resources and support from across the system will be required to deliver the programme.

Additional resources to support the role out of the programme have been brought in, including the new Head of Information and Insight and his team within Shropshire Council and a new Joint population health management post sitting within Public Health and the CCG.

Development of a survey tool to capture feedback from local residents and key stakeholders on issues and needs within their communities will also be

developed

- 4.9 The Covid-19 pandemic and response to prevent and mitigate the harm that it can cause radically changed how society functions. Whilst much harm from Covid-19 has been prevented, it is important to develop a shared understanding of the impact of the events associated with the pandemic on inequalities, to support and sustain a recovery. Therefore, as part of the JSNA moving we will seek to incorporate the Health and Wellbeing Impacts of COVID-19 adding to the work already undertaken to consider those vulnerable and the social and economic impacts of COVID-19.

## **5.0 Key milestones**

- August 2021 – Delivery of SEND JSNA.
- July 2021 – establishment of Wave 1 Place Based Steering Group and Programme Plans and development of survey tool to capture local issues and needs
- August 2021 – scoping of quantitative and quantitative data for place based JSNAs
- September 2021 – Development of preliminary Web-Based JSNA/Place-Based Profiling Tool with core data
- September 2021 – Initial Consultation for Pharmaceutical Needs Assessment (PNA) begins
- November 2021 – PNA Service Mapping
- February 2022 – First draft of PNA
- March 2022 – Formal Consultation on PNA (90 days statutory period)
- July 2022 – Redraft and submission of PNA to HWBB for final approval.
- Summer 2023 – Full transition to Place-Based and Web-Based JSNA products.

## **6.0 Risk Assessment and Opportunities Appraisal**

- 6.1 It is proposed that a single, coordinated approach is taken to 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 paper seeks agreement to the approach and the sets out the anticipated direction of travel for the development of a coordinated evidence base for the whole system, delivered under the JSNA umbrella.

## **7.0 Financial Implications**

- 7.1 To deliver needs assessments at scale across the place plan areas, additional project support would be required, upskilling of analysts across the system (currently being rolled out through the CSU academy and analyst network) and

the support of colleagues in planning and partners in local communities. The support of these will impact the scale and pace of delivery.

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

Appendix 1: Proposed data and information requirements for Place Based Needs Assessments.

**Cabinet Member (Portfolio Holder)**

Cllr. Dean Carroll

Portfolio Holder for Adult Services, Health and Housing and Assets

## JSNA Structure: Place-Based and Web-Based Needs Assessments

### Draft Online Dashboard Intelligence Scope

| Category   | Type of Information/Description  |
|------------|--|
| Population | <p>Phase 1</p> <ul style="list-style-type: none"> <li>• Population density Mid Year pop estimate (age/gender) - ONS</li> <li>• Population projections</li> <li>• Ethnicity profile - ONS</li> <li>• Country of birth - Census</li> <li>• English not first language - Census</li> <li>• Religion – Census</li> <li>• Sexual orientation</li> <li>• Births and Deaths - ONS</li> <li>• Life Expectancy – PHE</li> <li>• Deprivation - IMD</li> </ul> <p>Phase 2</p> <ul style="list-style-type: none"> <li>• Population change and migration - ONS</li> <li>• Fertility rate</li> <li>• Mortality rate</li> <li>• National identity (e.g. British/English/Welsh/Scottish/Cornish/Irish/Other etc) - Census</li> <li>• Main language spoken by household - Census</li> <li>• Year/age of arrival in the UK (where applicable) - Census</li> </ul>  |
| Households | <p>Phase 1</p> <ul style="list-style-type: none"> <li>• Average household size</li> <li>• No. of households/dwellings</li> <li>• Household spaces/accommodation rooms – ONS</li> <li>• Household composition – single, family, dependent children etc</li> <li>• Dependency ratio (how many dependents)</li> <li>• Household projection by year</li> <li>• Properties not connected to gas network - Department for Business, Energy &amp; Industrial Strategy</li> <li>• Fuel poverty - Department for Business, Energy &amp; Industrial Strategy</li> <li>• Housing affordability – household income/house prices -CACI &amp; ONS</li> </ul> <p>Phase 2</p> <ul style="list-style-type: none"> <li>• Access to garden space by housing type</li> <li>• Energy performance - Energy Performance of Buildings Data</li> <li>• Domestic Gas Consumption - Department for Business, Energy &amp; Industrial Strategy</li> <li>• Heat maps by address</li> <li>• Flooding/air quality</li> <li>• Licenced HMOs</li> <li>• Student private landlord accreditation scheme</li> <li>• Long term vacant properties</li> <li>• Social housing stock</li> <li>• Lettings</li> <li>• Social housing register</li> <li>• Homelessness and temporary accommodation</li> <li>• People sleeping rough</li> </ul> |

|                      |  |
|----------------------|--|
|                      | <ul style="list-style-type: none"> <li>• Care Homes</li> <li>• Extra Care/Retirement living</li> <li>• Housing supply completions, commitments, allocations and planned monitoring</li> <li>• Affordable homes other than new build</li> <li>• Gypsy and Traveller accommodation</li> </ul> <p>Phase 3</p> <ul style="list-style-type: none"> <li>• Build period dwellings</li> <li>• Current/future housing need by community group</li> <li>• Cost of private rented accommodation by dwelling group</li> <li>• Households in council tax arrears</li> <li>• Tennants in arrears – local authority managed/owned</li> <li>• Repossessions by Courts</li> <li>• Households in receipt of Council tax discounts</li> <li>• Household in receipt of housing related benefits</li> <li>• DWP benefits</li> <li>• Planned building of households</li> </ul>   |
| <p><b>Health</b></p> | <p>Phase 1</p> <p>-Accessible by Information team</p> <ul style="list-style-type: none"> <li>• Limited day to day conditions by age (frailty indicator?)</li> <li>• Unpaid carer provision</li> <li>• Not in employment or with health problem/disability</li> <li>• Life Expectancy</li> </ul> <p><b>Additional information required from NHS/health partners/PHE</b></p> <ul style="list-style-type: none"> <li>• Prevalence of health conditions</li> <li>• Low birth weight</li> <li>• Teenage pregnancy</li> <li>• Children obesity – NCMP</li> <li>• Children hospital attendance</li> <li>• Adult obesity</li> <li>• Smoking prevalence</li> <li>• Alcohol related hospital admissions</li> <li>• Emergency admissions for self harm</li> <li>• Screening coverage (cancers – bowel, breast, cervical)</li> <li>• Older person emergency hospital attendance</li> <li>• Emergency admissions for Hip fracture for 65+</li> <li>• Dementia diagnosis for 65+</li> <li>• Emergency admissions for heart attack (MI)</li> <li>• Mortality rates</li> </ul> |



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|--------------------|--|
| <b>Social Care</b> | <p>Phase 1</p> <ul style="list-style-type: none"> <li>• Would need to consider period reporting or frequency of refresh for this information</li> <li>• Adult active users of social care (and by package)</li> <li>• Children social care by type of package</li> <li>• Referrals to Early Help</li> <li>• Referrals to Safeguarding</li> </ul> <p>Phase 2</p> <ul style="list-style-type: none"> <li>• Care home availability</li> <li>• Specialist housing availability</li> </ul>  |
| <b>Economy</b>     | <p>Phase 1</p> <ul style="list-style-type: none"> <li>• People economically active (full/part time, retired, student apprentice, volunteer)</li> <li>• Number of businesses – IDBR/ONS</li> <li>• Employment sectors and number of jobs – BRES</li> <li>• Occupations – Census</li> <li>• Earning – ASHE</li> <li>• Fuel poverty</li> <li>• IMD HEAT Map</li> <li>• Children living in Benefit receipt households./low income households</li> <li>• Universal credit claimant/Job seekers</li> <li>• Broadband speed access (download/upload speed median)/4G or 5G signal from all operators</li> </ul> <p>Phase 2</p> <ul style="list-style-type: none"> <li>• Unemployment by gender and age</li> <li>• Food poverty</li> <li>• Children in absolute/low income families</li> <li>• Proportion of people of working age in employment</li> <li>• 6-17 year old NEETs</li> <li>• Gap in employment rate between those with a long term health condition and wider employment rate</li> <li>• Gap in employment rate between those with a learning disability and wider employment rate</li> <li>• Gap in employment rate between those with a secondary mental health condition and wider employment rate</li> <li>• Apprenticeships</li> </ul> <p>Phase 3</p> <ul style="list-style-type: none"> <li>• Sickness absence proportion of working days lost to sickness</li> <li>• Long term unemployment</li> <li>• Jobseeker U/C claimants by age/gender</li> </ul> |

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|-------------------------|--|
| <b>Education</b>        | <p>Phase 1</p> <ul style="list-style-type: none"> <li>• Free school meal eligibility by age/year group</li> <li>• Pupil numbers (school type/gender/ethnicity)</li> <li>• SEND primary need (age/year group)</li> <li>• Reception years achieving good development</li> <li>• Key Stage 2 achieving expected standards in reading/writing (Q. based on school address or home address if different place?) - NCER</li> <li>• Key stage 4 achieving expected standards in reading/writing (Q. based on school address or home address if different place?) - NCER</li> <li>• Pupil absence during academic year</li> <li>• Population qualification levels – Census</li> </ul> <p>Phase 2</p> <ul style="list-style-type: none"> <li>• Free school meal attainment gap (including at reception age)</li> <li>• Type of school (LA, academy/independent, college, private, boarding)</li> </ul> <p>Phase 3</p> <ul style="list-style-type: none"> <li>• Adult education – vocation/recreational</li> </ul> |
| <b>Crime and Safety</b> | <p>Phase 1</p> <ul style="list-style-type: none"> <li>• Crime type</li> <li>• Crime rate</li> <li>• Youth offending</li> <li>• Anti social behaviour</li> </ul> <p>Phase 2</p> <ul style="list-style-type: none"> <li>• Domestic abuse incidents</li> <li>• Reoffending rates</li> </ul> <p>Phase 3</p> <ul style="list-style-type: none"> <li>• Street lighting</li> <li>• Neighbourhood watch</li> </ul>   |
| <b>Environment</b>      | <p>Phase 1</p> <ul style="list-style-type: none"> <li>• Air quality/ CO2 omissions</li> <li>• Vehicle ownership</li> <li>• Travel to work method</li> <li>• Distance travelled to work</li> <li>• Time spent travelling</li> </ul> <p>Phase 2</p> <ul style="list-style-type: none"> <li>• Place plan map of access to core local services (including GP, pharmacy, voluntary sector support, libraries etc)</li> <li>• Noise complaints</li> <li>• Killed or seriously injured casualties on roads</li> </ul> <p>Phase 3</p> <ul style="list-style-type: none"> <li>• Map of green spaces and public parks</li> <li>• Map of public walkways, paths, bridleways, cycling paths</li> <li>• Heritage sites or places of interest</li> </ul>   |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• Allotment spaces Public transport accessibility and availability to main travel routes</li><li>• Frequency of public transport to main travel routes</li><li>• Cost of public transport to main travel routes</li></ul> |
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| <b>Health and Adult Social Care<br/>Overview and Scrutiny Committee</b> | <b>Item</b> |
| <b>12<sup>th</sup> July 2021</b>  |             |

## Social Prescribing

**Responsible Officer Penny Bason, Head of Joint Partnerships**

Email: [Penny.bason@shropshire.gov.uk](mailto:Penny.bason@shropshire.gov.uk)

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### 1. Summary

- 1.1. Social Prescribing is an important programme in our system that supports people to take control of their health and wellbeing and improve their chances of preventing ill health. Social Prescribing Advisors (or sometimes called Link Workers) give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.
- 1.2. Social Prescribing programmes also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.
- 1.3. Social prescribing works for a wide range of people, including people:
  - 1.3.1. with one or more long-term conditions
  - 1.3.2. who need support with their mental health
  - 1.3.3. who are lonely or isolated
  - 1.3.4. who have complex social needs which affect their wellbeing.
- 1.4. When social prescribing works well, people can be easily referred to Social Prescribing Advisors from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.
- 1.5. The Shropshire model described in this report is an integrated programme and a collaboration between Primary Care Networks, Public Health and the Voluntary & Community Sector (VCSE). The programme benefits a range of referral and delivery partners including Primary Care, Social Care, Job Centre Plus, the VCSE, Libraries, Sports and Leisure and more.
- 1.6. The model is an integrated programme that works in line with Shropshire Council's Organisational Principles, specifically; putting Shropshire back into the community, focussing on outcomes for customers, using data and intelligence, and continually improving performance.



1.7. This report provides an update on our Social Prescribing offer and its development in Shropshire. It describes the programme and recent progress on the Adult programme, as well as progress in developing the Children and Young People's Social Prescribing offer.

## **2. Recommendations**

2.1 The HOSC note and endorse the progress.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.2. As a health and care system we work to reduce inequalities in Shropshire. All decisions and discussions must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health due to Covid 19.

### **4. Financial Implications**

4.1 There are no financial implications as a result of this report.

### **5. Background**

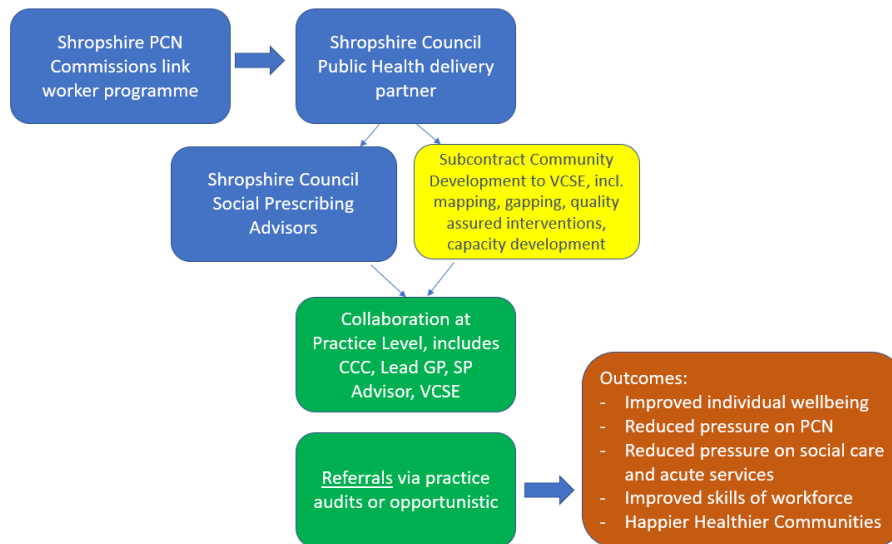
#### Adults Social Prescribing Programme

5.1 Social prescribing is a programme of referring people to support in their community that empowers them to take control of their health and wellbeing. Through non-medical 'link workers' who give time, focus on 'what matters to me' and take a holistic approach, motivational interviewing and behaviour change techniques, a person is supported to connect to community groups, activity of interest, and statutory services for practical and emotional support.

5.2 Social prescribing in its broadest sense has been happening in our communities for many years. Our vibrant voluntary and community sector working with public services support people in communities with non-clinical approaches with great success. In recent years the NHS and Local Authorities have been keen to recognise this work and encourage its development. By formalising Social prescribing across services, there becomes a greater offer of community support for people, as well as increased understanding and recognition of the work of our community and voluntary sector partners.

5.3 In Shropshire, Public Health, the Voluntary and Community Sector and Primary Care have been working collaboratively for over 3 years to develop and roll out a model that supports people in the community where they live. This model is preventative in its approach; it supports people with their emotional wellbeing and supports them to have the confidence and motivation to take positive lifestyle decisions. The model started in 3 practices in Oswestry, and was soon joined by 8 additional practices; in 2020-21 the programme was rolled out across all Shropshire PCNs and GP practices.

**Diagram 1** below describes the delivery model:



5.4 During Covid, the programme has made adjustments to support people on the telephone or online. Primary Care has worked alongside Public Health to make the changes needed to continue to support people through Social Prescribing and the offer has been extended to support the Clinically Extremely Vulnerable.

5.5 Additionally, the system has invested in Winter Pressure Link Workers who are employed by Age UK. These Link Workers work through the winter months, primarily with those who are vulnerable (including the Clinically Extremely Vulnerable), offering help at home, befriending, shopping and a variety of other support offers to keep people well this winter.

### Data

5.6 A robust data set has always been collected and monitored as part of the programme. Outcomes data including the Patient Activation Measure (PAM), used for people/ patients with long term conditions; Measure Yourself Concerns and Wellbeing (MYCaW), used for all people/ patients; and the Dejong Gierveld Loneliness scale, are deployed to ensure that the programme is delivering positive outcomes.

5.7 2018/19 Westminster University Evaluation found that:

- The service is aligned to national best practice identified by the Social Prescribing Network and NHS England
- 134 people recruited into the evaluation. 105 completed pre & post
- **A reduction of 40% in GP appointments**
- Improvements in Measure Yourself Concerns and Wellbeing (MYCaW) concerns
- Support included behaviour change and motivation
- Changes translated into improvement in weight, Body Mass Index, cholesterol, blood pressure, levels of smoking and physical activity
- **High patient satisfaction – suitable times, venue and ability to discuss concerns with the Adviser**
- Unmet needs were supported beyond the remit

5.8 A more recent look at the data for the South East and South West PCNs found that: Across all practices in Shropshire there are 133 SP clients with baseline and follow-up data for the MYCaW concerns. 71% reported an improvement in their Concern 1 and 67% reported and improvement in their Concern 2; with 51% voicing an improvement in their wellbeing; and 55% with an improvement on their loneliness score.

Additionally, where the service has audited patients for pre-diabetes, the service has captured data on HBA1C. The details and results are as follows:

- ❖ Baseline measure = HbA1c recorded by surgery and identified in audit prior to invitation to Social Prescribing
- ❖ Follow-up measure = HbA1c recorded by surgery at follow-up – falling between 3 and 12 months after baseline measure
  - 64 Social Prescribing clients with before and after HbA1c measures by Feb 2020 of whom:
  - 56 showed a reduction in HbA1c of between 1 and 7 mmol/mol
  - 40 patients reduced their HbA1c to within normal range

NB: it's important to note that some patients will have also accessed the National Diabetes Prevention Programme – the two programmes work hand in hand

5.9 Data analysis of the whole service was completed in March 2021 regarding referrals for those with low level mental health concerns or who those who felt isolated and lonely. The results demonstrated that good improvement in outcome scores for those who were referred for either MH difficulties or isolation and loneliness. Summary:

- Total of **667 patients** referred to SP between 01/04/2019 and 01/02/2021
- **211 patients** – had both baseline and follow up data reported. Of these:
  - **70 patients** had '**Mental Health difficulties**' as their part of their Referral reason 1,2,3 or 4.
  - **26 patients** had '**Lonely/ isolated**' as their referral reason 1,2,3 or 4.
- For those patients who were referred for mental health difficulties, the analysis shows that patients who were referred to another service and those who were not, all improved (i.e. their scores decreased) on their concern 1 MYCaW score at follow-up when compared to their initial baseline scores.
- For those who were referred due to isolation/ loneliness, there was good improvement against their concern1 MYCaW score, and a smaller improvement in their MYCaW wellbeing score.
- Numerous positive comments were made about the Social Prescribing Service and the services where individuals were referred.

5.11 Summary of key information:

- ❖ Shropshire Social Prescribing is an integrated service with the voluntary and community sector, Primary Care, Local Authority and partners;
- ❖ There have been over 1642 referrals to date;
- ❖ The service is up and running in all GP practices in the Shropshire Council area which are part of the Shropshire PCNs;
- ❖ The service is preventative in nature, and it works with Primary Care Practice audits to proactively refer people who have health risk;
- ❖ The community development element is delivered by our VCSE colleagues, Qube, RCC and Hands Together Ludlow
- ❖ The Mayfair Centre in Church Stretton deliver social prescribing advising for the Church Stretton Practice;
- ❖ Outcome measures demonstrate improved health and wellbeing of those who participate in the programme;
- ❖ Additional to this model, Winter Pressure Link Workers are being trialled across Shropshire to support winter pressures and the impact of Covid.

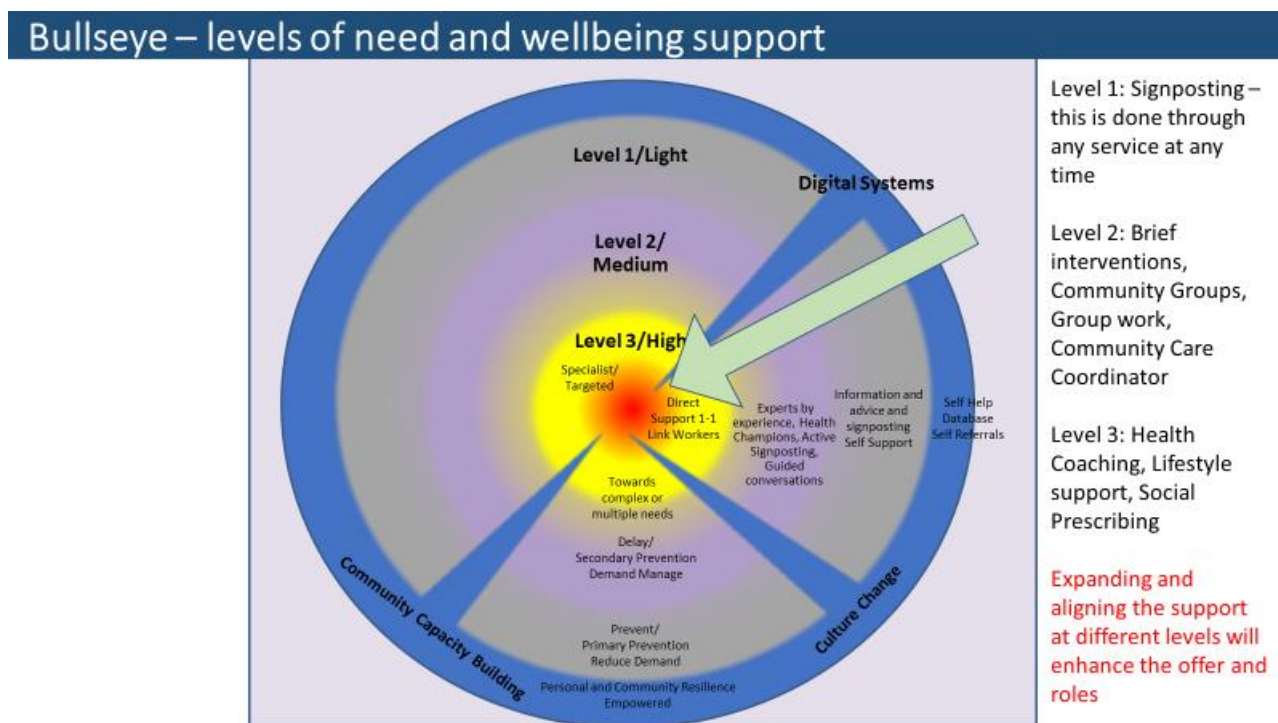
#### Development

5.12 Since the advent of PCNs across Shropshire, the service has worked with the SE and SW PCNs, and subsequently the North and Shrewsbury PCNs to embed the service across the Shropshire Council area.



5.13 In 2021/22 the service is working with Primary Care Partners to develop the model further, looking at how it can support more people and improve wellbeing. Primary Care Networks, through their contracts with NHSE/I, are able to provide services to those registered through their practices. In addition to Social Prescribing, the additional roles include pharmacists, physiotherapists, care coordinators, and health coaches. Public Health is very keen to work collaboratively with the PCNs and partners to develop multi-disciplinary approaches, to support people in Shropshire.

5.14 **Diagram 2** below, describes considerations for developing the model to support people at different levels of need. Working in a multi-disciplinary way will be part of a system approach to supporting health and wellbeing.



Recognition in national publications or websites

<https://www.kingsfund.org.uk/publications/social-prescribing>

[LGA Website](#) – presentation by Jo Robins and Lee Chapman

[National Healthwatch website](#) – report by Healthwatch Shropshire

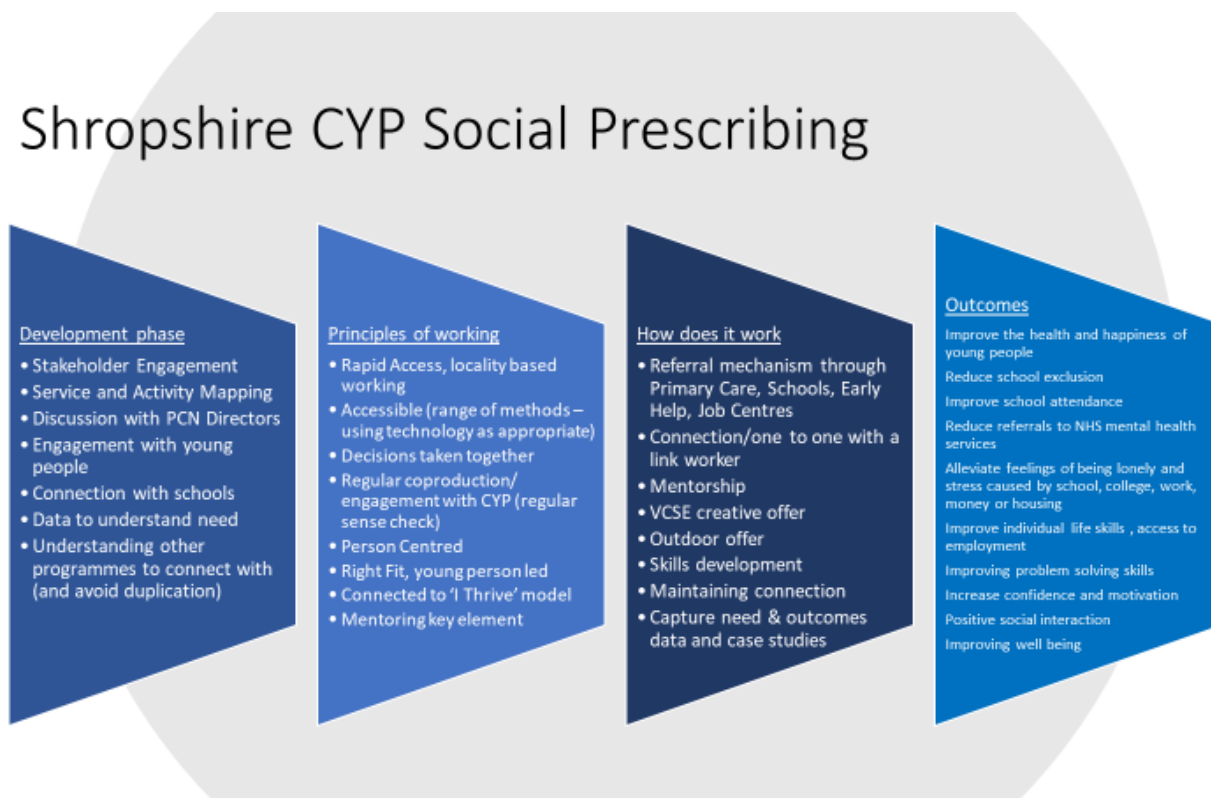
**Social Prescribing. Children and Young People – Update**

5.15 Through the South West Primary Care Network, a pilot programme to bring social prescribing to the children and young people (CYP) of Shropshire, starting with the South West of Shropshire, has started. Following in the footsteps of the adult programme, the CYP programme has been developed through engaging with local organisations, services and children. Two key components of the programme are to provide a link worker role to support CYP, and secondly to provide additional activity to enable young people to engage, motivate, gain confidence, grow as individuals, set and achieve goals, manage their mental health and inspire.

5.16 The programme aims to work collaboratively with Primary Care, the voluntary and community sector and young people, to help us understand what kind of support is having an impact on

children and young people’s wellbeing. Both the one to one sessions with the Link Worker and the additional activity aim to provide feedback from young people.

5.17 The development of the service has been captured through the description below, in diagram 3.



5.18 The service is complemented by the additional activity, which has been commissioned by Shropshire Council. Four providers have formed the ‘Provider Collaborative’ who deliver different activity for young people in the south west. By forming a collaborative, the providers can work together to give young people the best opportunity to benefit from our offer. Bringing together partners who all have specific areas of interest and something different to enhance young people’s experiences as well as the opportunity to continue to learn from each other is central to the idea.

5.19 The ‘Collaborative’ works together, collaborating with young people and increasing our awareness of the barriers and challenges young people are experiencing, with a focus on continuously improving outcomes through social prescribing lies at the heart of this collaborative. The group aims to share experience, resources & knowledge while also offering peer support to overcome some of the practical issues that are faced by young people living in our rural communities.

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| <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)</b><br>Cllr Dean Carroll<br>Portfolio Holder for Adult Services, Health and Housing and Assets                 |
| <b>Local Member</b><br>n/a  |
| <b>Appendices – none.</b>   |