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

Date: 1 September 2021

Committee:
Health and Wellbeing Board

Date: **Thursday, 9 September 2021**
Time: **9.30 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://www.shropshire.gov.uk/healthandwellbeingboard9september2021/

There will be some access to the meeting room for members of the press and public but this will be very limited due to current Health and Safety regulations. If you wish to attend the meeting, please e-mail democracy@shropshire.gov.uk to check that a seat will be available for you.

Tim Collard
Interim Assistant Director – Legal and Democratic Services

Members of Health and Wellbeing Board

VOTING
Shropshire Council Members
Dean Carroll – PFH ASC, Public Health and Assets including; Population Health & Integration
Kirstie Hurst-Knight – PFH Children & Education
Cecelia Motley – PFH Communities, Place, Tourism & Transport

Rachel Robinson - Director of Public Health
Tanya Miles – Director of Adult Services, Housing & Public Health
Karen Bradshaw - Director of Children's Services

Shropshire, Telford and Wrekin CCG
Mark Brandreth – Accountable Officer
Claire Parker – Director of Partnerships
Dr John Pepper – Chair
Lynn Cawley – Shropshire Healthwatch
Jackie Jeffrey – VCSA

NON-VOTING (Co-opted)
Patricia Davies, Chief Executive, Shropshire Community Health Trust

Megan Nurse – Non-Executive Director Midlands Partnership NHS Foundation Trust

Angie Wallace – Shrewsbury & Telford Hospital Trust

David Crosby – Chief Officer, Shropshire Partners in Care

Stacey Keegan – Interim CEO, Robert Jones & Agnes Hunt Orthopedic Hospital NHS Foundation Trust

Laura Fisher – Housing Services Manager

Your Committee Officer is Michelle Dulson
Tel: 01743 257719 Email: michelle.dulson@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

2 Disclosable Pecuniary Interests

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the meeting prior to the commencement of the debate.

3 Minutes of the last meeting

To confirm as a correct record the minutes of the meeting held on 8 July 2021, to follow.
Contact: Michelle Dulson Tel 01743 257719

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 9.30am on Tuesday 6 July 2021.

5 System update

Regular update reports to the Health and Wellbeing Board are attached:

Shropshire Integrated Place Partnership (SHIPP)

Report to follow.
Contact: Tanya Miles, Executive Director of Adult Social Care, Housing & Public Health, Shropshire Council or Penny Bason, Head of Service, Joint Partnerships, Shropshire Council, Shropshire, Telford & Wrekin CCG

Integrated Care Systems (ICS) Update

Report to follow.
Contact: Nicky O'Connor, Shropshire, Telford & Wrekin CCG

6 Joint Health and Wellbeing Strategy Consultation (Pages 1 - 2)

Report attached.
Contact: Val Cross, Health & Wellbeing Officer, Shropshire Council

7 Joint Strategic Needs Assessment (JSNA) Update

Report to follow.
Contact: Rachel Robinson, Director of Public Health, Shropshire Council

8 Health in All Policies (Pages 3 - 12)

Report attached.
Contact: Dr Sue Lloyd, Consultant in Public Health, Shropshire Council or Amanda Cheeseman, Public Health Development Officer, Shropshire Council

9 Air Quality Action Plan review and improvement interventions

Report to follow.
Contact: Matthew Clarke, Public Protection Officer, Shropshire Council

10 Children's Speech & Language update (Pages 13 - 18)

Report attached
Contact: Anne-Marie Speke, Health Protection Cell Operational Lead and Healthy Child Programme Lead, Shropshire Council.

11 Armed Forces Covenant update (Pages 19 - 26)

Report attached.
Contact: Sean McCarthy, Armed Forces Covenant Lead (Presented by Sarah Kerr).

12 COVID-19 update

A verbal update will be given.
Contact: Rachel Robinson, Director of Public Health, Shropshire Council

13 Board members response to Healthwatch Spotlight report - remote appointments (Pages 27 - 30)

Report attached.
Collated by Val Cross, Health & Wellbeing Officer, Shropshire Council

14 Chairman's Updates

SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: 9th September 2021

Paper title: Consultation and Engagement for draft Health and Wellbeing Strategy

Responsible Officer: Val Cross

Email: val.cross@shropshire.gov.uk

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1. Summary

1.1 This report provides a summary on the Joint Health and Wellbeing Strategy (JHWBS) consultation and engagement.

1.2 A draft Communications and Engagement Plan has been developed. This includes:

- An introduction to what the JHWBS is and why it exists
- The plan a.) Newsletter/circulars text b.) Web copy text for Council and partner websites c.) Survey landing page text and questions (Stakeholder and Public) d.) Engagement Plan e.) Press release for 12.20 p.m. 09/09/21 f.) Social media messaging.

1.3 An Action Plan has been created and will be used to monitor progress and enable timescales to be reached.

2. Recommendations

2.1 That the Board notes the Communications and Engagement and Action Plans, and members commit to supporting this process as equal partners to the success of the JHWBS.

3. Report

3.1 The content of the draft Joint Health and Wellbeing Strategy (JHWBS) was developed through a series of structured workshops pre and post COVID-19 with Shropshire HWBB. Member's knowledge and insight, scrutiny of national and highly localised data identifying areas of health need, the Joint Strategic Needs Assessment (JSNA), and local and national reports including the Shropshire COVID-19 impact report and Build Back Fairer: The COVID-19 Marmot Review. were all used to agree health and wellbeing priorities to help improve the lives of Shropshire people.

3.2 The next essential step in creation of the final JHWBS is consultation and engagement with Shropshire people and stakeholders to gain their views.

3.3 A draft Communications and Engagement Plan (appendix 1) has been developed, and includes an introduction to what the JHWBS is and why it exists and the plan a.) Newsletter/circulars text b.) Web copy text for Council and partner websites c.) Survey landing page text and questions (Stakeholder and Public) d.) Engagement Plan e.) Press release for 12.20 p.m. 09/09/21 f.) Social media messaging.

3.4 An Action Plan runs alongside this and will used to monitor progress and enable timescales to be reached.

3.5 Work started includes arranging attendance at Partnership Board meetings, working with partners to deliver engagement work and creation of a survey for the public and stakeholders which will be held on the Council Portal. The survey will open at 12:30 on the 9th September 2021, and close on the 8th November 2021 at 17:00.

3.6 A report will come to the Board meeting on the 13th January 2022, which will provide information on consultation feedback.

4. Risk assessment and opportunities appraisal

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

4.1 The survey/questionnaire has considered equalities in terms of:

- Accessibility: Bespoke email address which people can use to request large text versions
- Bespoke email address to enable contact to provide feedback by email, letter phone or another format
- Paper version of the questionnaire will be available in libraries and the Shrewsbury Town Centre Hub. We are aware however some people are still concerned about handling paper during COVID
- To see the reach of the survey, there are optional questions to collect data on: how the respondent self-identifies, their age range, ethnic group, economic status and first part of postcode
- Question 17 states 'Shropshire Council works to meet the Equalities Duty and consider social inclusion and impact within all policy and service changes. If you have any comments on diversity, equality or social impact that you would like us to consider in the work to deliver the Health and Wellbeing Strategy, please provide your feedback below'.

4.2 Generally:

- An Impact and equality assessment is in place, although this will be completed more fully as strategy implemented.

4.2 Privacy

- A GDPR/Privacy statement is clearly stated in the questionnaire.

4.3 Addressing inequalities is a key strategic priority throughout the JHWBS. The strategy is for everyone and does not unlawfully discriminate because of the Equality Act 2010 protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, and ethnic or national origin), religion or belief, sex and sexual orientation.

5. Financial implications

5.1 Financial implications will be relatively low, and will include travel costs, printing of the survey and any engagement costs.

6. Climate Change Appraisal

6.1 The communications and engagement process will not impact climate change.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead Cllr Dean Carroll – Portfolio holder for Portfolio Holder for Adult Social Care, Public Health & Assets
Appendices

SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: 9th September 2021

Paper title: Health and Wellbeing in All Policies and Health Impact Assessment approach

Responsible Officer: Rachel Robinson Director of Public Health

Email: rachel.robinson@shropshire.gov.uk

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1. Summary

1.1 In March 2020 the Board received a report on the development of the Health and Wellbeing Strategy and the approach to wider determinants in the strategy.

1.2 This report builds on the previous report and presents a structured approach to embedding Health in All. The Health in All approach is presented for discussion by the Board as a means to underpin, strengthen and sustain the delivery of the Health and Wellbeing Board priorities for the residents of Shropshire.

1.3 Health in All Policies (HiAP) has been defined by the World Health Organisation as an approach to public policies across sectors that systematically takes into account the health and wellbeing implications of decisions, seeks synergies between organisational policies and strategies, and avoids harmful health impacts to improve population health and reduce health inequalities.

1.4 Health in All Policies approach is a whole systems approach which can focus on and work with relevant departments, organisations and sectors for key policy and strategy with significant health impacts, such as transport and housing. Alternatively, it can focus on a specific public health issue, such as obesity or mental health and identify policies and strategies that impact markedly on the issue.

1.5 The proposed introduction of the Health in All Policies approach would align with the repositioning of Shropshire Councils Public Health team to deliver the Council's public health duties through a Hub and Spoke model. This will create greater connectivity and alignment with other Council and partner services to support the delivery of a wide range of health and wellbeing priorities and demonstrate optimal return on public health investments.

1.6 HiAP is built on the engagement of key-players, decision makers and stakeholders. HiAP simultaneously and positively impacts on other important priorities, such as promoting the creation of good-quality jobs, local economic stability, educational attainment, and many other priorities. Using a HiAP approach reduces uncoordinated effort and increases effectiveness.

2 Recommendations

That the Health and Wellbeing Board (HWBB) approve:

2.1. The adoption of the Health in All Policies approach by the Health and Wellbeing Board

2.2. That phased “roll out” approach is taken to implementing the policy.

2.3 That the Health and Wellbeing in All Policies approach is underpinned by a Health Impact Assessment (HIA) process and is supported with training and awareness raising

3 Report

3.1 Health and health inequalities are largely determined by living conditions and wider social, economic, environmental, cultural and political factors, as opposed to any health condition. These are important factors over which the Health and Wellbeing Board have significant influence.

3.2 The introduction of Health in All Policies is important because it supports populations in living better quality lives, and for longer; this in turn supports the delivery of Health and Wellbeing priorities, including addressing adverse childhood experiences, workforce, healthy weight and diabetes; it also supports the integration of wellbeing into partnership services.

3.3 The integration of the Health and Wellbeing in All Policies Approach is shown in Figure 1.

Figure 1

3.4 Shropshire Council has committed to Innovate to Thrive and to address 6 strategic priorities over the next 12 -24 months.

1. More people with a suitable home
2. Care for those in need at any age
3. A good place to do business
4. A healthy environment
5. Sustainable places and communities
6. Embrace our rurality

3.5 The Health and Wellbeing Board (HWBB) – 2016 -2021 committed to a vision ‘For Shropshire people to be the healthiest and most fulfilled in England’

With the aim to:

'improve the population's health and wellbeing; to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life'.

And to focus on strategic priorities of prevention and sustainable services through:

- Health promotion and resilience
- Promoting independence at home
- Promoting easy-to-access and joined-up care
- Healthy weight and diabetes prevention
- Carers
- Mental health

3.6 Based on the evidence and the Health and Wellbeing Board (HWBB) workshop 2020 and 2021 outcomes, the Health and Wellbeing Board endorsed key priorities of:

- Workforce
- Weight and Physical Activity
- Children and Young People'
- Mental Health

And the Strategic priorities of Joined up working; Improving population health; Working with and building strong and vibrant communities; and Reduce inequalities.

The prioritisation process highlighted that the wider determinants of health impact on the wellbeing of residents including Road Traffic Accidents (RTA), food poverty, transport, the economy and air quality.

3.7 It is proposed to recommend the embedding of Health in All Policies as an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities is approved by the Health and Wellbeing Board. It is further proposed that this can be operationalised through formal and informal mechanisms. The process mechanism is the introduction of the Health Impact Assessment (HIA); the supporting mechanism is through identifying and analysing policy trends and shifts in all partnership sectors and taking advantage of those shifts e.g. place making, the Integrated Care Partnership. Also, through embedding health and wellbeing at the core of work practices, services and strategies.

The embedding of Health in All Policies approach would support the Health and Wellbeing Board through evidence-based practice and a synergistic whole systems approach, in achieving its Vision, aim and strategic priorities. Thus promoting, enabling and sustaining the health and wellbeing, whilst reducing health inequalities, for all Shropshire residents.

3.8 Process to introduce health and wellbeing in all policies:

i. Health Impact Assessment (HIA) is the technical name for a common-sense idea. It is a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.

ii. Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.

iii. A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These

consequences may support policy and strategy or may lead to suggestions for improvements.

iv. It is proposed that an agreed framework sets out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.

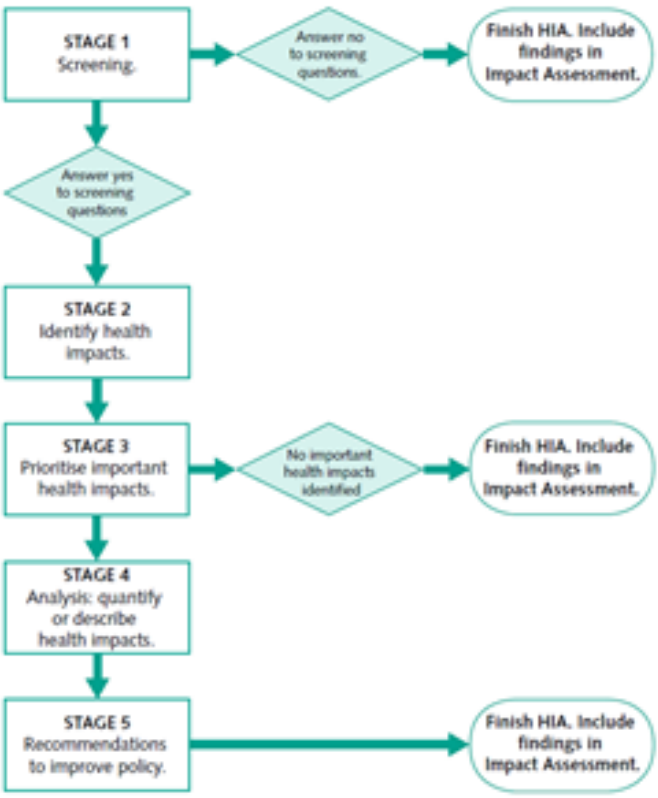
v. It is proposed that a 5-stage approach to implementation of Health Impact Assessment is applied to all strategies that are subject to approval.

vi. The Health Impact Assessment takes a similar framework to the existing Equality and Social Inclusion Impact Assessment.

vii. The proposed 5 stages are:

Stage 1: Screening – determining whether or not a Health Impact Assessment is necessary (Appendix 1). A HIA will not be required for every policy or programme.
Stage 2: Identifying health impacts – developing a long list of impacts on the health of the population
Stage 3: Identifying impacts with important health outcomes – determining whether impacts are universal: affect some community groups disproportionately; are permanent or reversible; are short, medium or long-term; could be publicly sensitive; or could have cumulative and synergistic effects.
Stage 4: Quantifying or describing important health impacts – reaching a qualitative and / or quantitative judgement about the important health impacts and their potential costs and benefits.
Stage 5: Recommendations to achieve most health gains – setting out how the policy or project could be amended to maximise health benefits and reduce health inequalities

Figure 2 is an overview of the process.



F*igure 2*: Health Impact Assessment Process
Source: Department of Health (2010) Health Impact Assessment of Government Policy p.7.

viii. When policies or strategies are highlighted through screening as having an impact on prevention and wellbeing but there is no indication that a full Health Impact Assessment is needed, the responsible officer will be supported to make the necessary evidence-based changes to the policy before seeking full approval.

ix. When policies or strategies that are highlighted through screening to have a significant negative impact on the health of certain groups of people across Shropshire or in specific locations the responsible officer will be supported to facilitate a full Health Impact Assessment

x. The following approach is suggested:

a. A full suite of Health Impact Assessment supporting documents to be written and presented to the Health and Wellbeing Board (HWBB) for approval

b. Appropriate Health Impact Assessment E-learning for training to be identified

3.9 Supporting mechanism to implement health and wellbeing in all policies

i. It is proposed to further embed health and wellbeing into work practices, services and policies and strategies.
ii. It is proposed to investigate the opportunities to deliver staff training and updates through e-learning.
iii. It is proposed to further embed wellbeing and prevention into services by supporting and enabling staff to:
    a. support residents and communities through other integrated health and social care programmes e.g. the social prescribing programme, neighbourhood care networks etc.

3.10 Improved resilience to increased risks to health and wellbeing:

The proposed action will build a health impact assessment into the development of each Council policy. The health impact assessment will include a requirement to consider the climate change risks to health and wellbeing and to address those risks. The Health in All Policies approach provides Shropshire Council with a process for future proofing policy against health and wellbeing climate change risks.

An example is health impact assessment of the Local Transport Strategy as a structured approach to identifying the risks and mitigations to children and adults of exposure to poor quality air, particularly particulates; alternatively identifying the benefits, risks and mitigations of active travel.

4 **Risk assessment and opportunities appraisal**

4.1 Service delivery is driven by policies and strategies, which are important means of minimising negative health impacts and maximising positive health impacts for the population of Shropshire.

4.2. Clear and concise guidance documents will be required to ensure that the Health Impact Assessment process is understood by all those who need to understand. The process is a similar approach to Environmental Health Impact Assessments and the time commitment to produce would be estimated to take a similar time, however, on larger programmes more resource maybe required to complete the work as outlined in this paper.

4.3. Skills in undertaking Health Impact Assessment will be required by Officers. It is planned to source and offer e-training in Health Impact Assessments to managers. It is also planned to

source and offer training and e-training in Healthy Conversations, Making Every Contact Count Plus, and Mental Health First Aid; resources for this training have already been identified at no cost to the organisation.

4.4. Resources will be required to support the implementation of the Health Impact Assessment process. The specialist support resources will be provided by the Public Health Team.

4.5. Resources will be required to support the implementation of skills and knowledge development. The specialist support resources will be provided by the Public Health Team, training resources will be sought through other means including external funding.

4.6. In-depth full Health Impact Assessment requires specialist expertise which may need to be procured externally. The Public Health Team will provide support to any team that is required to procure a Health Impact Assessment.

4.7. Protected groups are at greater risk of poor health, the Health Impact Assessment process reduces health inequalities, particularly for protected groups.

5. Climate Change Appraisal

5.1 Energy and fuel consumption. Delivery of the proposed action will be on-line and through a low value tender by an external Health in All Policies training provider.

5.2 Proposed on-line action will have a neutral impact on heating and energy bills and the need to travel. The proposed low value tender will adhere to the Council's Procurement Strategy https://www.shropshire.gov.uk/media/5849/procurement-strategy.pdf which requires environmentally sustainable purchasing.

5.3 Renewable energy generation. Delivery of the proposed action will embed Health in All Policies through formal and informal processes to assess the impact of polices on health and wellbeing and to support the workforce to embed health and wellbeing into practice. These actions will have a neutral impact on renewable energy generation.

5.4 Carbon offsetting and mitigation. Delivery of the proposed action will embed Health in All Policies through formal and informal processes to assess the impact of polices on health and wellbeing and to support the workforce to embed health and wellbeing into practice. These actions will have a neutral impact on carbon offsetting and mitigation.

5.5 Climate Change adaptation delivery of the proposed action will embed Health in All Policies to embed health and wellbeing into policy and practice. These actions will support Shropshire to adapt to the effects of extreme weather and improve resilience to increased risks to the health and well-being of Shropshire's residents and economy.

5.6 **Extreme weather**: To deal with the impact of extreme weather conditions e.g. increases in the number of exposures to high temperature days each year. The proposed action will build health and wellbeing protection and prevention measures into Council policies. A prevention measure would be consideration of tree bough shade to protect against heatwaves in summer months. This requirement would be embedded in the Local Development Plan as a requirement of the Green Infrastructure Strategy. A measure of outcome would be excess summer deaths.

6 Financial implications

6.1 A World Health Organisation analysis of Health in All Policies found it is a cost-effective intervention[1]. Health in All Policies is a transformative process that requires

[1] http://www.euro.who.int/__data/assets/pdf_file/0007/188908/Health-in-All-Policies-final.pdf

interorganisational and intersectoral working; staff with a skill set and knowledge to implement the principles of Health in All Policies.

6.2 The return on investment is dependent on the intervention, return on investment for return to employment is approximately £3.00 for every £1.00 spent, return on investment for social care, reduction in social isolation £3.75 for every £1.00 spent and the benefit of getting one more child walking to school could be up to £768[2].

6.3 Resources required to implement Health in All Policies are expertise, leadership, project management, staff training, skills and knowledge, governance. The absolute costs are not currently known.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Dean Carroll, Portfolio Holder for Adult Social Care, Public Health and Assets
Appendices Appendix 1: Framework for Health Impact Assessment

[2] https://www.kingsfund.org.uk/sites/default/files/media/making-case-public-health-interventions-sep-2014.pdf

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Appendix 1: Framework for Health Impact Assessment

Stage 1 Screening

Screening Question	**No** If there will be no health impact, provide a brief explanation for your response	**Yes** If there will be health impact(s) provide a brief explanation.
Will the proposal have a direct impact on health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation? You should consider whether any socioeconomic or equalities groups* will be particularly affected.		
Will the policy have an impact on social, economic and environmental living conditions that would indirectly affect health? For example, would it affect housing, transport, child development, education, good employment opportunities, green space or climate change? You should consider whether any socioeconomic or equalities groups* will be particularly affected.		
Will the proposal affect an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking? You should consider whether any socioeconomic or equalities groups* will be particularly affected.		
Will there be a change in demand for or access to health and social care services? For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services? You should consider whether any socioeconomic or equalities groups* will be particularly affected.		
*Equalities groups such as race, gender, health, disability, sexual orientation, age, religion or belief.		

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SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: 9th September 2021

Paper title: Speech, Language and Communication update

Responsible Officer: Stephanie Jones, Healthy Child Programme, Public Health Development Officer

Email:

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1. Summary

This report provides an update on the Speech, Language and Communication Needs workstream of action in Shropshire following the joint SEND CQC and Ofsted inspection which took place between 27 January and 31 January 2021.

1.1 Following the findings of the joint inspection and in accordance with the Local Area Inspection Framework the Chief Inspector determined that a Written Statement of Action (WSoA) was required due to significant areas of concern that were identified.

1.2 Speech, Language and Communication Needs (SLCN) is identified as an area of focus which requires improvement in Shropshire. *'Significant waiting times for those needing assessment and treatment from the speech and language therapy service'* has been highlighted as one of the WSoA.

1.3 SLCN is an area in which all stakeholders are working to improve outcomes for young people in Shropshire through the WSoA. A joint vision statement has been drafted between all relevant stakeholders (Schools, Early years Settings, SEN, Parent Carer Forum, Public Health, CCG, Shropshire Community Health Trust) and key priorities have been outlined in the joint Delivery Plan for SLCN.

2. Recommendations

SLCN is 'everyone's business' and 'everyone's responsibility' and a whole system approach to SLCN should be a priority.

3. Report

3.1 Background

3.1.1 Communication is a fundamental life skill that begins in early years and continues through the life course; however, it is recognised that every individual can develop at different ages and stages. Speech, Language and Communication (SLC) are three of the key milestones which the majority of children meet in the early years. Where development milestones are not reached, additional support measures may be put in place for the parent and carer(s)[1]. Research has identified that approximately 10% of all children in the United Kingdom (UK) have long-term Speech, Language and

Communication Needs (SLCN)[2] and in some of the more deprived areas in the UK up to 50% of children start school with SLCN[3].

3.1.2 The *'Bercow: 10 years on'* report published in 2018 highlights the need for early intervention for SLCN and that systems at all levels should work to prevent support SLCN[4].

"Identifying and supporting children and young people's speech, language and communication needs (SLCN) accurately and early means fewer issues later on. Early identification is a well-evidenced, cost-effective approach shown to result in longer term economic benefits; yet still too many children are being missed[4]."

3.1.3 Following the SEND CQC and Ofsted inspection in 2020, SLCN has been a key focus of improvement in Shropshire, with the SLC workstream established in February 2021. Local Authority representatives are collaborating with CCG and NHS partners, Parent and Carer forums and Early years settings as part of the six WSoA to develop plans for improving SLCN provision and services in Shropshire[5].

3.1.4 The following delivery plan has been developed between stakeholders which aims to drive forward the required improvements in Shropshire, demonstrating a commitment for improving the SLCN system using a whole system approach. This is part of the WSoA which works to improve SLCN support and to promote prevention and early intervention of SLCN.

3.2 Delivery Plan Summary

Joint Vision Statement:

The culture of SLCN being everyone's business / responsibility with all parts of the system taking responsibility and ALL, including parents, carers and educators, being empowered with the ability to support SLC to enable meaningful progress in a timely way for Children and Young People (CYP) with SLCN. Ensuring the right support is available at the right time and promoting that communication is fun!

Aims:

- To ensure that CYP are Identified and supported with SLCN. This should be at the right time and the right place.
- To identify what services and support are available for SLCN at all levels of the system.
- To create clear pathways of support for SLCN within the system using an integrated approach.
- To encourage innovation in relation to service delivery.
- To strengthen the links between Early years settings, Public Health Nursing services, Health services and parents.
- To develop the confidence of all partners to know they can provide valuable support for SLC.

Need:

- Too many children in reception year do not achieve at least the expected levels across all goals in 'communication and language' and 'literacy' areas of learning.
- Shropshire: 73.6%
- National: 72.6%

- Lack of joined up, strategic approach for children in the Early Years and their families resulting in gaps and duplication in provision, missed opportunities and needs.
- Some parents/carers can face challenges in supporting their child's SLCN. development, contributing to a word gap that is already present by the age of 3.
- Some professionals across the Early Years system require more support to develop and maximise opportunities to identify and support SLCN.
- There is inconsistency in school and Early years settings provision to support SLC development.
- There is a lack of understanding by professionals across the Early Years system and parents/carers on how SLCN can be supported in all settings prior to/without the need to refer to the specialist Speech and Language Therapy (SALT) services.
- There is uncertainty surrounding what support is available and a mapping exercise has been highlighted as essential to progression.

Input:

- Wider stakeholder input across the system.
- Joint working between all services.
- Mapping of the system and services- split into universal, targeted and specialised.
- Reviewing the strategy statement to ensure it is appropriate to SLCN specifically.
- Shared priorities between SLCN workstreams and the wider SEND workstreams.
- Shared outcomes and measuring of outcomes.
- Ensure the work undertaken sits within the Integrated Care System (ICS) work between Shropshire and Telford & Wrekin.
- Ensure all relevant services are receiving training in the relevant SLCN assessment tools to use them in practice.
- Increase provision for integrated Reviews (All about me at 2) between Public Health nurses and Early years settings.
- Improve information sharing between agencies.
- SLCN training to reach all relevant agencies and staff members, including Early years settings.
- Key messages surrounding communication to be given to parents/carers in all settings.
- Funding for early years and health, including the early years (EY) entitlements, Public Health Grant and EYs social mobility programme, which includes: Hungry Little Minds (to support the home learning environment).
- Increased parent involvement across the system.

Output:

- Clear pathways for the system help to improve service delivery and avoid duplication.
- Number of organisations endorsing the vision.
- Wider stakeholder engagement and involvement.
- Driving forward actions through an integrated approach and collaboration.
- Wider knowledge of SLCN across the system.
- Better understanding of need through empowering parents to be involved throughout the process.
- Increase the number of parents receiving SLCN focussed interventions carried out in the home (Health visitors).
- Increased number of parents/carers receiving evidence based SLCN messages, reinforced by professionals to build knowledge and skills to support interaction with their children.

- Increased number of children who receive universal and targeted support and intervention.

Outcomes:

- Ensuring the children who need specialist intervention are able to receive this at the right time.
- Wider reach and contributions to the vision.
- Promotes a whole-system approach.
- Increased understanding and opportunities for collaborative working across the Early Years system on the Local Area's strategic priorities.
- CYP identified and supported with their SLCN. Empowers families and parents to build confidence in their role to play - reduce the reliance of the medical model.
- Parents/Carers have increased knowledge and are able to maximise opportunities to promote SLCN.
- Increased understanding of parent/carer experiences.
- A confident and competent workforce that is able to deliver effective support at universal and targeted level.
- Increased confidence from families that their child has the right support at the right time.
- Improved quality of integrated approach and clear actions to work towards the vision.

Impact:

- The % of children achieving the expected level across all goals in the 'communication and language' and 'literacy' areas of learning at the end of reception year will increase by 25% by 2025. (Baseline set using 2019 data).
- The percentage of children not achieving at least the expected level across all goals in the 'communication and language' and 'literacy' areas of learning at the end of reception year, is reduced by half by 2028- (72% 2018 so 2028 needs to be 86%).

4. Risk assessment and opportunities appraisal

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

5. Financial implications

Increased provision of training in SLCN for Early years and Education will require additional funding which relevant members are working to secure.

6. Additional Information

None

7. Conclusions

This report works to provide an update on the SLCN WSoA, outlining the delivery plan for SLCN in Shropshire. It is the vision of all members that SLCN should be made a priority across the system to ensure SLCN is 'everyone's business'. The WSoA will continue to collaborate and aim to drive forward the necessary changes outlined in the Delivery plan.

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

References and background papers

[1]Public Health England. (2020). Best Start in Speech Language and Communication: Guidance to support Commissioners and Service Leads. *Department of Health and Social Care.* *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931310/BSSLC_Guidance.pdf*
[2]Law, J., Mcbean, K., Rush, R. (2011). Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage. *International Journal of Language and Communication Disorders.* 46(6). pp. 657-64.
[3]Lock, A., Ginsborg, J., Peers, I. Development and disadvantage: Implications for the early years and beyond. (2002). *International Journal of Language and Communication Disorders.* 37(1). pp. 3-15.
[4]I CAN; Royal College of Speech and Language Therapists. (2018). Bercow: 10 years on. An independent review of provision for children and young people with speech, language and communication needs in England. *I Can; RCSLT. Retrieved from:* *http://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf*
[5]Shropshire Council. (2020). Shropshire Local Area Written Statement of Action. *NHS Shropshire Clinical Commissioning Group, Shropshire Council & PACC. Retrieved from:* *https://shropshire.gov.uk/media/16591/local-area-send-inspection-written-statement-of-action-november-2020.pdf*

[1]Public Health England. (2020). Best Start in Speech Language and Communication: Guidance to support Commissioners and Service Leads. *Department of Health and Social Care.* *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931310/BSSLC_Guidance.pdf*
[2]Law, J., Mcbean, K., Rush, R. (2011). Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage. *International Journal of Language and Communication Disorders.* 46(6). pp. 657-64.
[3]Lock, A., Ginsborg, J., Peers, I. Development and disadvantage: Implications for the early years and beyond. (2002). *International Journal of Language and Communication Disorders.* 37(1). pp. 3-15.
[4]Shropshire Council. (2020). Shropshire Local Area Written Statement of Action. *NHS Shropshire Clinical Commissioning Group, Shropshire Council & PACC.* *https://shropshire.gov.uk/media/16591/local-area-send-inspection-written-statement-of-action-november-2020.pdf*

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

Cllr. Dean Carroll, Portfolio Holder for Adult Social Care, Public Health and Assets

Appendices

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SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: 9th September 2021

Paper title: Shropshire Armed Forces Covenant – Draft Health Legislation and General Armed Forces Health Update

Responsible Officer: Sean McCarthy

Email: sean.mccarthy@shropshire.gov.uk

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1. Summary

The Armed Forces Covenant Duty

The Ministry of Defence and the Armed Forces Community recognise the valuable contributions of organisations across the UK in support of the Armed Forces Covenant and we have seen many benefits as a result. However, in certain areas of public service provision delivery of the Covenant has proven to be inconsistent and members of the Armed Forces Community find themselves still facing disadvantage in accessing these vital public services.

Through cases brought to the attention of the Ministry of Defence, charities, and Ombudsmen, it appears a lack of awareness of Armed Forces issues in the decision-making process is the central factor in some incidents of disadvantage.

The NHS and Shropshire Council are being consulted on draft legislation around the duty. The rationale for the Duty is based on national evidence not local evidence.

The Armed Forces Covenant Duty: What is it?

The new Covenant Duty places an obligation on relevant public bodies, when exercising relevant functions, to have due regard to the three principles of the Armed Forces Covenant. This requires those who are subject to it to consciously consider the Armed Forces Community, and the principles of the Covenant, when developing, implementing and reviewing policy and making decisions in the delivery of certain aspects of education, healthcare, and housing services. Public bodies must have due regard to:

1. the unique obligations of, and sacrifices made by, the armed forces;

2. the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces; and

3. the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

The Covenant Duty aims to:

- Increase awareness of the unique obligations facing the Armed Forces Community and understanding of how these can affect their requirements of and ability to access key public services.

- Embed this understanding in public sector decision-making for the policy, commissioning, and delivery of public services in relation to the Armed Forces Community.

- Encourage greater consideration for the Armed Forces Community in terms of service provision, where this is appropriate and possible.

- Increase awareness of other relevant guidance and best practice.

2. Recommendations

- Note the contents of the report.
- Note that all GP Practices in Shropshire are encouraged to sign up to the Veterans Friendly Accreditation Scheme as set out at paragraph 6.1 and appoint an Armed Forces Champion.
- Encourage all GP Practices and Health partners to sign up to the Armed Forces Covenant.

3. Report

Bodies and functions in scope of the Armed Forces Covenant Duty (Health)

This report provides an outline of rationale for the Covenant Duty and key development areas

Healthcare	• Local Authorities • NHS Commissioning Board • CCGs • National Health Service Trusts • NHS Foundation Trusts

Healthcare

3.1 Regular moves across the country can sometimes impact on the Armed Forces Community's ability to access and sustain health care, while a lack of awareness of the Armed Forces Community needs can sometimes see patients not receiving the right kind of care or continuity of care.

3.2 Medical services are delivered to Service personnel by the MOD (via Defence Medical Services), the NHS, and charity organisations. Veterans, as civilians, receive their care solely through the NHS and charity organisations but also have access to a range of dedicated and bespoke support services. Service family members receive their care via the NHS as civilians without Service-related health issues.

Awareness of Service Life

3.3 The Armed Forces Community can be, at times, a group with certain sensitivities around their healthcare needs. While many members will be forthcoming about their time in the Armed Forces and the issues they face(d), making it simpler to recommend treatment pathways, this is not always achievable, for several reasons

3.4 Health and care professionals at first point of contact can lack sufficient understanding of Armed Forces culture and how this affects the nature of injury sustained. Some professionals are also unaware of the services provided for by the NHS, local authorities and third sector, that are available for the Armed Forces Community to access (insufficient signposting). Examples of good practice are GP Veteran-friendly accreditation scheme, Veterans Aware and NHS guidance on the Armed Forces.

Commissioning

3.5 Clinical Commissioning Groups (CCGs) reflect the importance of ensuring that a health service is administered, to some extent, in response to local needs and

priorities. As such, CCGs are heavily dependent on having a complex understanding of local population demographics.

3.6 The visibility of Veterans in local populations is improving, most notably through the 2021 censuses of England and Wales and the 2022 census of Scotland. However, more work is required, both to capture their location and to understand their health needs.

3.7 When considering which health service to provide in their local area, professionals and commissioners need to be aware that Service in the Armed Forces may have medically impacted on veterans, in particular, in respect of the following conditions:

- Sensory disorders (e.g. hearing loss);
- Fractures and dislocations;
- Amputations, wounds, scarring and non-freezing cold injury (NFCI);
- Muscular-skeletal (MSK) disorders; and
- Mental disorders (such as stress, anxiety and depression, post-traumatic stress disorder (PTSD), or moral injury).

Funding

3.8 Service family members may be required to fund private medical treatment, such as dental services, overseas due to lack of NHS provision. Should they be posted back to the UK, it is not always clear which funding arrangements are available to the Armed Forces Community should they opt for continuing their treatment via the NHS on their return.

Identification of Members of the Armed Forces Community

3.9 Clinical Commissioning Groups are responsible for the commissioning of health services for veterans, reservists and Service families registered with NHS GPs in their area. Nationally, however, there is evidence that GPs are unsure of how many of these individuals are registered with their practice. Alongside this there is a need to improve the identification and coding of these individuals, with a linked aim of further increasing the understanding of their health requirements and improving their care and treatment.

Waiting Times

3.10 Some Service families find they spend considerable time waiting for NHS and local authority services. This is often due to the Service mobility requirement, meaning that once family members get on a waiting list for treatment, they may be required to move to another area soon after, where the wait-time clock is sometimes reset.

3.11 This results in disadvantage, as this may cause them to wait significantly longer for treatment compared to those who are able to stay in one place and receive treatment in the agreed timescales. The Armed Forces Community have little choice over where they are posted and cannot refuse a direction to move.

Waiting Lists – Priority Treatment

3.12 All Veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions arising from their time within the Armed Forces (i.e. Service-related) and clinicians must be aware of this.

3.13 This is always subject to clinical need and does not entitle Veterans to jump the queue ahead of someone with a higher clinical need. Nor does it enable priority treatment for conditions unrelated to their service in the Armed Forces.

4. Update on the Armed Forces Covenant in Shropshire

4.1 GP Friendly Accreditation

GP practices, who have a CGC 'Good' Rating, or higher, are eligible to apply for GP Friendly accreditation which consists of five elements, including:

- Asking patients, registering with the surgery, if they have ever served in the British Armed Forces and coding it on the GP computer system.
- Having a clinical lead/Armed Forces Champion on veterans in the surgery. This should be a registered health care professional, but could be a nurse or paramedic, not just a GP.

Since the last report (March 2021) 4 GP Practices have signed up to the scheme. Bridgnorth Medical Practice, Riverside Medical Practice, Albrighton Medical Practice and Marysville Medical Practice

The following surgeries in Shropshire are signed up to the GP friendly accreditation scheme and work is ongoing to increase the number:

Shropshire CCG	The Caxton Surgery
Shropshire CCG	Pontesbury Medical Practice
Shropshire CCG	Westbury Medical Centre
Shropshire CCG	Much Wenlock and Cressage Medical Practice
Shropshire CCG	Drayton Medical Practice
Shropshire CCG	Belvidere Medical Practice
Shropshire CCG	South Hermitage Surgery
Shropshire CCG	Wem and Prees Medical Practice
Shropshire CCG	Knockin Medical Centre
Shropshire CCG	Marden Medical Practice
Shropshire CCG	Worthen Medical Practice
Shropshire, Telford and Wrekin CCG	Albrighton Medical Practice
Shropshire, Telford and Wrekin CCG	Bridgnorth Medical Practice
Shropshire, Telford and Wrekin CCG	Riverside Medical Practice
Shropshire, Telford and Wrekin CCG	Marysville Medical Practice

https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/veteran-friendly-gp-practice.aspx

Shropshire Council, working with the CCG has engaged with a number of GP Practices in Shropshire to see if we can increase the amount of Practices that are signed up to the accreditation scheme and to increase the awareness of the scheme, highlight the benefits and support them to appoint an Armed Forces Champion in their Practice.

4.2 Veterans Aware

Robert Jones and Agnes Hunt Hospital NHS Foundation Trust and The Shrewsbury and Telford Hospital NHS Trust are both classed as Veterans Aware.

We have been working with both Trusts to support them to deliver their Veterans Aware offer. Both Trusts support staff and people that come into the hospital who have a connection to the Armed Forces. The Trusts have a number of Veterans Champions who work to do the following:

- Provide leaflets and posters to veterans and their families explaining what to expect.
- Train relevant staff to be aware of veteran needs and the commitment of the NHS under the Armed Forces Covenant.
- Inform staff if a veteran or their GP has told the hospital they have served in the Armed Forces.
- Ensure that members of the Armed Forces community do not face disadvantage compared to other citizens when accessing NHS services.
- Signpost to extra services that might be provided to the Armed Forces community by a charity or service organisation in the Trust and look into what services are available in their locality, which patients would benefit from being referred to

We have been working with SaTH to support them to deliver their Veterans Aware offer. The Trust have 72 Veterans Champion who support staff and people that come into the hospital who have a connection to the Armed Forces.

4.3 Robert Jones and Agnes Hunt Hospital

The UK's first dedicated orthopaedic centre for Armed Forces veterans will be built in Shropshire – thanks to a remarkable £6 million charitable grant from the Headley Court Trust. Building work on the new centre is starting this summer and it's expected to be completed Summer/Autumn 2022.

The centre is to go up at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH), a world-renowned organisation based near Oswestry.

Shropshire Council work closely with RJAH to support Veterans who come into the hospital. Once a week our Armed Forces Outreach Support Co-ordinator facilitates a welfare clinic supported by other service charities.

4.4 NHS Dentistry

Armed Forces personnel are reporting that they're having problems registering with an NHS dentist. People are being advised they will need to go private, mothers are reporting that they can't get their children seen by an NHS dentist and those who have recently moved cannot find a dentist offering NHS treatment in their new location. The NHS provides a 'Find a Dentist' service online but many people have told us that the information is out of date and despite ringing round dentists on the list none are currently taking NHS patients. Given the transient nature of the work they do it can be difficult to register with a Dentist and then have to find another one when they get posted to another part of the County.

We have been working with Healthwatch Shropshire to highlight any gaps in the military community accessing dental care in Shropshire.

Healthwatch Shropshire are currently asking people to inform them of their experiences when accessing NHS dentistry services. We are helping to promote this within the Military community. The link below gives more information.

Access to NHS dental services | Healthwatch Shropshire

5. Risk assessment and opportunities appraisal

There is no risk implied within this report. The opportunity to create fairer policies and procedures to ensure the Armed Forces community is treated fairly adheres to the Equality Act 2010 in that it supports the Armed Forces community from discrimination given their time in service.

Positive equality impact across the protected characteristic groupings with particular regard to social inclusion. The Council is seeking to ensure that the needs of Armed Forces personnel are accounted for within equality impact assessments across service areas.

6. Financial implications

There are no financial implications identified within this report. Officer time will be required to see through the recommendations and the implications of the agreed legislation.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead Cllr Cecilia Motley - Cabinet Member Communities, Place, Tourism & Transport Cllr Ian Nellins – Armed Forces Champion Cllr Kirstie Hurst-Knight Deputy Armed Forces Champion
Appendices

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SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: 9th September 2021

Paper title: Board members response to Healthwatch Spotlight report – remote appointments

Responsible Officer: Collated by Val Cross, Health & Wellbeing Officer, Shropshire Council

Email: val.cross@shropshire.gov.uk

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1. Summary

An agenda item at the Health and Wellbeing Board (HWBB) meeting held on the 8th July 2021 was Healthwatch Shropshire's Spotlight report – remote appointments. Following a presentation of the report findings and recommendations, the HWBB Chair requested that Board members respond to the recommendations made in this report.

An email request was sent to HWBB members following the meeting, and a further follow-up reminder with a deadline date. Partner responses are provided in the main report, which ranged from a detailed - Shropshire and Telford & Wrekin CCG to shorter responses – Shropshire Council Adult Social Care, fully supporting the recommendations in the report.

2. Recommendations

That the Board notes the responses.

3. Report

An agenda item at the Health and Wellbeing Board (HWBB) meeting held on the 8th July 2021 was Healthwatch Shropshire's Spotlight report – remote appointments. Following a presentation of the report findings and recommendations, the HWBB Chair requested that Board members respond to the recommendations made in this report.

An email request was sent to HWBB members following the meeting, and two further follow-up reminders with a deadline date.

Shropshire and Telford & Wrekin CCG

Recommendation 1: Inform the public that phone, video and on-line appointments are being used to triage patients and make sure people receive a face-to-face appointment if it is necessary and with the most appropriate professional, e.g. doctor, nurse, social worker.

- Pre-pandemic, many practices were already utilising telephone triaging and online booking. The options available for patients to access primary care services have been communicated on CCG website and practice websites.

- Resources for various national NHS campaigns over the pandemic period which inform people about accessing appointments are being utilised by primary care. Campaigns include ‘Help Us Help You’, ‘Your Practice Team is here to Help You’ and ‘NHS 111’. The information has been made available online via websites and through face book and twitter, in addition to displaying traditional paper posters where this has been possible over the covid period. Wider public facing media resources have been used such as various press releases and regular BBC Shropshire radio interviews have taken place with GPs and other medical professionals talking about how to get appointments and what is available for patients.

- GP Access toolkits have been shared with GPs and practices. The toolkit, which included posters, website messages, videos and social media messages, was issued in February this year and was updated in May following further updates. The toolkit has been developed so that practices can use the information quickly at busy times.

- The CCG in preparing messages about how GPs services are working differently have done so alongside Telford Patients First Group, Shropshire Patient Group and the individual Patient Participation Groups to help tailor messaging for patients. However we acknowledge feedback that not everyone has heard this message and we are committed to working with the public to increase awareness of the different appointment and triage methods in place.

Recommendation 2: Fully implement the NHS Accessible Information Standard to make sure the communication needs and preferences of all people and their carers (if relevant) are known, recorded, shared across services and acted upon.

- All organisations that provide NHS care are legally required to follow the Accessible Information Standard. The CCG recognises the importance of commitment to this standard and will undertake a review of this as part of our practice visit programme.

Recommendation 3: Provide the public with clear information and instructions about how to set up and use the software needed to access video appointments and electronic consultations (e.g. e-Consult, the NHS App). This information should also be available in Easy Read.

- There are a range of readily available resources provided on how to access the electronic platforms and NHS APP in use in Shropshire, Telford and Wrekin. We have reminded our practices and providers to ensure that the literature is displayed on their websites and made available as appropriate in practices, There are links on practice websites explaining on how to register for Apps including video links for how to use e-consult.

- Whilst there are a range of resources available the CCG acknowledges there may be other means of promoting and assisting people to engage with these APPs and are reviewing what other measure may be feasible to assist. As social distancing guidelines lift, this could include linking in with wider partners around available community resources linked to accessing and using IT.

Recommendation 4: Provide training for professionals about how to manage a phone or video consultation/meeting to make sure people have the opportunity to share any concerns and ask questions.

- Training on the utilisation of the various platforms is offered by the provider of the platform and does give clear guidance on the requirement to build in the opportunity for users to share concerns/ ask questions.

- We will investigate opportunities to offer further training and development to our providers through avenues such as practices Protected Learning Time. The CCG recognise and acknowledge the importance of ensuring that we are fully promoting and facilitating these new means of consultations with a clear "patient focused approach".

Recommendation 5: Share the Healthwatch England guidance on 'Getting the most out of the virtual health and care experience' which gives tips for the public and professionals.

- The CCG can confirm they shared this guidance with our providers

Shropshire Community Health Trust

We support remote appointments. Many of our services are provided within people's homes and we have continued to do this throughout COVID. We do run Outpatients and clinic based services, and we work on the basis that we provide remote appointments where this is clinically possible, but obviously with some treatments these need to be done within a clinical area, so we very much use a mixed approach based on clinical need and on discussion and support of the patients/carers needs and requirements.

The report has been circulated to our operational and clinical teams for review and to support any improvements and changes to the pathways that we provide.

Shropshire Council: Public Health

Healthwatch reports are shared with the HWBB Comms and Engagement group to cascade through their networks.

The report has been shared on the Council website Who sits on the Health and Wellbeing Board? | Shropshire Council, alongside links to other Healthwatch reports.

During COVID-19, the Social Prescribing Programme made adjustments to support people on the telephone. On-line communication was not used, just telephone support so there were no technical barriers or confidence issues for clients to overcome. Telephone consultations have gone well from an advisor point of view, and from feedback received from Social Prescribing clients. Advisors are meeting face to face in a small number of cases where the client's needs requite this e.g. for those with communication barriers and learning difficulties.
Primary Care worked alongside Public Health to make the changes needed to continue to support people through Social Prescribing, and the offer was extended to support the Clinically Extremely Vulnerable.
Healthwatch Spotlight report on remote appointments. and Getting the most out of the virtual health and care experience | Healthwatch have been forwarded to the Programme Lead who has looked through these reports and resources, and found 'Dr Zoom top Tips' particularly valuable. This has been shared with all the advisors as a quick reminder of the issues to think through.

Shropshire Council Adult Social Care

Confirmed they are fully in support of the recommendations of the Healthwatch Shropshire report on remote appointments and suggest it would be helpful to monitor the impact.

Cabinet Member for Communities, Place, Tourism & Transport

Responded that the recommendations appear eminently sensible.

MPFT

Confirmed they are happy to support.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) fully support the recommendations and are ensuring these are fully embedded.

They have asked for these to go through their Patient Experience Committee.

4. **Risk assessment and opportunities appraisal**
   (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

   The responses in this collated summary address the impact of remote appointments on the public.

5. **Financial implications**
   None in this report

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead Cllr Dean Carroll – Portfolio holder for Portfolio Holder for Adult Social Care, Public Health & Assets
Appendices