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

Date: Tuesday, 10 January 2023

Committee:
Cabinet

Date: Wednesday, 18 January 2023
Time: 10.30 am
Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click here to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel Here

Tim Collard Assistant Director - Legal and Governance

Members of Cabinet
Cecilia Motley
Ian Nellins
Lezley Picton (Leader)
Gwilym Butler
Dean Carroll
Rob Gittins
Kirstie Hurst-Knight
Richard Marshall

Your Committee Officer is:

Amanda Holyoak Committee Services Supervisor
Tel: 01743 257714
Email: amanda.holyoak@shropshire.gov.uk

AGENDA

1 Apologies for Absence

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3 Minutes

To confirm the minutes of the meeting held on 14th December 2022.

To Follow

4 Public Question Time

To receive any questions from members of the public, notice of which has been given in accordance with Procedure Rule 14. Deadline for notification is not later than 5.00 pm on Thursday 12th January 2023.

5 Member Question Time

To receive any questions from Members of the Council. Deadline for notification is not later than 5.00 pm on Thursday 12th January 2023.

6 Scrutiny Items

7 Alternative Budget Proposals 2023/24

Lead Member – Councillor Gwilym Butler – Portfolio Holder for Finance and Corporate Resources

Report of James Walton – Executive Director of Resources

Report to Follow

8 COVID-19 Business Support and Grant Funding End of Programme Review (Pages 1 - 136)

Lead Member – Councillor Dean Carroll – Portfolio Holder for Growth, Regeneration and Housing

Report of Mark Barrow – Executive Director of Place

9 Introducing a Charge for Events on the Highway Involving Temporary Traffic Regulation Orders (Pages 137 - 156)

Lead Member – Councillor Richard Marshall – Portfolio Holder for Highways and Regulatory Services

Report of Gary Parton – Traffic Manager, Highways and Transport

10 Health Inequalities Plan (Pages 157 - 304)

Lead Member – Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health and Communities

Report of Rachel Robinson – Executive Director of Health

11 Exclusion of Press and Public

To resolve that, in accordance with the provisions of Schedule 12A of the Local Government Act 1972 and Paragraph 10.4 [3] of the Council's Access to Information Rules, the press and public be excluded from the meeting during consideration of the following items

12 Exempt Minutes

To confirm the exempt minutes from the meeting held on 14th December 2022.

To Follow

13 Built Environment Consultancy Contract: Full Business Case

Lead Member – Richard Marshall – Portfolio Holder for Highways and Regulatory Services

Exempt report of Mark Barrow – Executive Director of Place

Report to Follow

14 Chief Officer Pay Award 2022 (Pages 305 - 316)

Lead Member – Lezley Picton – Leader and Portfolio Holder for Policy and Strategy, Improvement and Communications

Exempt report of James Walton – Executive Director of Resources

This page is intentionally left blank

Committee and Date	Item
Cabinet 18th January 2023	 Public

COVID-19 Business Support and Grant Funding End of Programme Review

Responsible Officer: Matt Potts, Business Growth and Inward Investment Manager

e-mail: matt.potts@shropshire.gov.uk Tel: 01743 257881

1. Synopsis

1.1. This report provides an overview of support to businesses led by or involving the Economic Growth Team during covid-19 and of grant funding awarded, but also focuses on the delivery of business support programmes and its legacy under the Additional Restrictions Grant.

2. Executive Summary

2.1. Whilst this programme of funding was delivered before the establishment of the Shropshire Plan, it is important to set these funds in this context, in particular ensuring a Healthy Economy was maintained through a bespoke programme of business support that supported to mitigate some of the key economic risks associated with the pandemic, which are outlined in detail within section 8.

2.2. The aspiration for these funds, in particular those within the Additional Restrictions Grant (ARG), could be used to create a range of business support programmes, where there was a unique opportunity to use these funds without many of the restrictions under other grant related programmes (e.g. business rate linked grants, European funding etc).

2.3. The purpose of this report is to update Cabinet on the final position of the covid-19 business support grants, but also to provide some detail on the programme of business support that was delivered through the covid-19 funds.

2.4. Shropshire Council delivered £164,122,313 of grant funding to businesses across Shropshire, making 32,939 individual grant payments during programmes between April 2020 and March 2022.

2.5. The Additional Restrictions Grant (ARG), which formed a proportion of the grant programme, provided Shropshire Council with £12,766,827 of funds, with a proportion of these funds also used to deliver a broader business support programme totalling £2,928,383 of this pot, sitting alongside the business grants programme with the remainder of ARG funds used to deliver a range of discretionary grants directly to businesses.

2.6. This report provides details of the delivery of the wider programme including outputs and case studies will be outlined in more detail in sections 7 and 8, alongside case studies within the appendices.

3. Recommendations

3.1. That Cabinet acknowledges the delivery of the covid-19 business grants and wider business support programme and the positive impacts made to the Shropshire business community.

REPORT

4. Risk Assessment and Opportunities Appraisal

4.1. As this report is a review of a completed programme, there are no current or outstanding risks with the delivery of the programme.

4.2. There were a number of risks that were considered throughout the delivery of the programme. The first of these were to ensure that funds were as close to being fully spent as possible within the timeline that was outlined to Shropshire Council by Government as no funds could be retained after the spend deadline.

4.3. Of the £12,766,827 ARG funding, only £17,985.16 remained unspent, as a result of a project being withdrawn late in the programme with the funds unfortunately not able to be reallocated before the spend deadlines set by Government. This still equated to 99.86% of funds being delivered through the programme.

4.4. Secondly, one of the main guidance points provided to Shropshire Council by Government were that funds needed to be delivered either directly to businesses in the form of grants or through programmes offering support directly to businesses. This meant that any potential project or fund explored needed to ensure that there were direct deliverable impacts to businesses.

4.5. To ensure that this process was followed, for any direct business grants, a thorough application and assessment process was completed including support via colleagues in Business Rates, Audit and Finance. For the business support programmes, an application process was submitted by partners with a thorough assessment and

Contact: Matt Potts, Business Growth & Inward Investment Manager 01743 257881

evaluation of delivery completed to ensure that partners were delivering necessary outputs directly to businesses.

5. Financial Implications

5.1. It should again be noted that as this report is a retrospective review of a now completed programme, there are no current or outstanding financial implications with the delivery of the programme.

5.2. A total of £164,122,313 of grant funding was provided to businesses across Shropshire, between April 2020 and March 2022. A breakdown of funds that were delivered across all programmes can be found in appendix 13.

5.3. A total of £12,766,827 of funds were allocated to Shropshire Council under the ARG programme with only £17,985.16 remaining unspent as outlined in section 4.3. Shropshire Council delivered in total £164,122,313 of grant funding to businesses across Shropshire.

5.4. To deliver the grants and business support programmes, no additional costs were incurred by Shropshire Council and the programme was delivered using existing Shropshire Council resources. Whilst members of Economic Growth led on the majority of the programme, support was provided by colleagues in Finance, Business Rates and Audit to deliver the grants and business support, alongside colleagues in ICT to develop a bespoke grant assessment system.

6. Climate Change Appraisal

6.1. When developing the ARG programme, it was clear that an element of focus needed to be aimed towards supporting businesses around the climate change agenda. To support this, funds were specifically allocated to deliver a support programme that was managed collaboratively via CREST, part of University of Chester (University Centre Shrewsbury) and Shrewsbury based business Evora Edge.

6.2. The ARG grant programme therefore provided an opportunity to generate a positive impact on the environmental performance on energy and fuel consumption and renewable energy generation in Shropshire by providing business with expert support and networking opportunities around the decarbonisation of existing buildings and related business growth opportunities.

6.3. Further information relating to this programme can be found within 8.48-8.51 and within the appendices section 8.

7. Background

7.1. The purpose of this report is to update Cabinet on the final position of the covid-19 business support grants, but also to provide some detail on the individual programmes of business support activity that was delivered using the covid-19 funds.

7.2. In Spring 2020 further to the announcements of lockdown by Government, the start of a number of business grants were implemented that would be awarded by Local Governments to support businesses that were most heavily impact by covid-19 and the associated lockdown periods.

7.3. In total Shropshire Council delivered business grants across 15 mandated programmes, with eligibility criteria and terms set out by Government. Whilst each grant programme had its own terms, values and timelines for delivery, they were generally made available to businesses in the retail, hospitality, personal care, leisure and accommodation sectors, although latter schemes in 2022 did not award funding to businesses in the retail or personal care sectors. These were delivered alongside 7 discretionary grant programmes, with eligibility criteria and terms set out by Shropshire Council based on local demand and need.

7.4. In total across all of these 22 business grant programmes, Shropshire Council delivered £164,122,313 of grant funding to businesses across Shropshire, making 32,939 individual grant payments during programmes between April 2020 and March 2022. An overview of the total grant allocations for each available fund can be viewed in appendix 13.

7.5. The Additional Restrictions Grant (ARG), which formed a proportion of the discretionary grant programme, also delivered a broader business support programme totalling an additional £2,928,383sitting alongside the business grants programme. The total ARG allocation to Shropshire Council was £12,766,827, with £9,838,444 used to deliver discretionary grants to businesses.

7.6. The discretionary grants were delivered via two separate funding programmes. Firstly, via four rounds of discretionary grants (DARG), which were delivered to businesses unable to access the mandated grant funding made available by Government. Each of these rounds offered at different levels of grant funding but were broadly used to support businesses within the retail, hospitality and leisure (RHL) sectors who were not business rate payers, businesses within the RHL supply chain and companies involved in the delivery of events across the county. In total, 2,612 discretionary grants were awarded through these four programmes.

7.7. The second programme, our Wider Economic Recovery Grant (WERG) was developed to offer larger grants of between £10,000-£25,000 to those businesses providing wider economic benefit for

Contact: Matt Potts, Business Growth & Inward Investment Manager 01743 257881

the county beyond the business itself and directly supporting other businesses in their post COVID-19 recovery. In total, 56 grants were awarded to businesses from a range of sectors delivering activity towards environmental and sustainability activity, festivals and events, markets and local associations, professional services and training and tourism and urban renewal.

7.8. Section 8 and the appendices of this report will be used to outline how this £2,928,383 of funds through the ARG programmes were delivered.

8. Additional Information

8.1 Details of how the £2,928,383 business support programme were delivered, including outputs and case studies can be found in full within the appendices. An overview of the programme can be found in appendix 14 with more specific details and case studies being made available in appendices 2-13.

9. Conclusions

9.1. This report has provided a detailed overview of the work undertaken throughout the course of covid-19, initially outlining the outputs from grant funding support through both mandated and discretionary grant programmes, before focusing on the detailed programme of business support that was delivered by Shropshire Council and partners to offer support through and post-pandemic.

9.2. Some of the programmes will be able to explore future funding, such as UK Shared Prosperity Funds (UKSPF),as a way to extend these programmes and can draw on the results and experience from the programmes that were delivered through ARG.

Contact: Matt Potts, Business Growth & Inward Investment Manager 01743 257881

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)

Dean Carroll – Portfolio Holder for Growth, Regeneration and Housing

Local Member

The programme was pan-county, so no specific local members have been engaged.

Appendices

1. Table of Outputs
2. Marches Growth Hub Update October 2022
3. Silverpreneurs®
4. Apprenticeship Support Project
5. Building Shropshire ARG Final report
6. Co-working report
7. Upskill Shropshire Training courses
8. Environmental project summary of outputs
9. Food Partnership development final report and outputs
10. Blue Remembered Hill Final report
11. Shropshire Infrastructure Partnership sector support
12. Commonwealth Game QBR event
13. COVID-19 Grant Allocations
14. COVID-19 Business Support Programme Overview

Contact: Matt Potts, Business Growth & Inward Investment Manager 01743 257881

Theme	Amount of support
Growth Hub Led Business Support	
Restart and Recovery	£124,400
Business Boost Programmes	£35,600
Specialist Support	£25,000
Digital Hub	£71,000
Silverpreneurs	£180,000
Spark Social	£20,000
Start up Shropshire	£50,000
Oswestry Business Support Programme	£25,000
SBLTV / Knowledge (Yarringtons)	£95,000
Skills and Apprenticeships	
Work experience /internship	£26,132
Shropshire Ladder	£20,000
Apprenticeship and Work Experience	£21,000
Landau Job Brokerage	£135,000
Co- Working	
Co-working Grant to increase co-working facilities across Shropshire	£273,138
Shropshire-wide digital infrastructure	£70,000
Bishop Castle	£50,201
Oswestry - Alt model	£141,000
SECTOR DEVELOPMENT & SUPPORT	
Shropshire Chamber - Employee Upskilling project	£50,000
Environmental technology project / CREST / EVORA	£30,000
Food partnership development	£50,000
Blue Remembered Hills	£50,000
Enhanced export audit - Chamber	£20,000
CIRCULAR ECONOMY / SOCIAL ENTERPRISE / CARBON-ZERO	
VCS - Shropshire Infrastructure Partnership sector support. Project with 3 complementary elements 1) Volunteer brokerage and support 2) VCS Governance and Growth and 3) Recover and Invest Small Grant Scheme	£159,000
Citizens Advice Shropshire - Debt Advice Forum	£50,000
Additional VCS - Community Asset Fund	£142,371
TOURISM & PLACE MARKETING	
Commonwealth Games QBR Event	£100,000
Destination marketing and branding (ARG - SBID)	£104,000
Tourism sector governance (DMO) (ARG)	£31,201.60
PARTNERSHIP WORK WITH BIDS / TOWNS LED	
Oswestry Heritage top up (potential for further support)	£52,708.24
Shrewsbury BID - recovery grant	£388,722
Oswestry BID - recovery grant	£40,000

Underspend	Number of Businesses	Number of Individuals	Conference	Event
	132	594	1	25
	579	1698		
	86	86		
	809	1645		88
	45	45		4
	148	148	1	
	48	48		
	21	21		
	3	?		
	98	187		
	6	28		
	48	258		
		125		
	114			

Webinars	Research	Marketing	S
70			

This page is intentionally left blank

Marches Growth Hub Shropshire

Update of ARG funded projects for Business Support

ARG Core

Description

To support business during the 'Restart and Recovery' phase of COVID 19 the programme helped start-ups, early stage and growth businesses to access general business advice and support through business 121 sessions and various topical business webinars and events.

Funding and Spend

- Allocated £35,600
- Spend £35,600
- Still have 34 hours left to deliver from funding for 2022-2023 as 03 October.
- All events now delivered for first quarter from funding.

Outputs/Outcomes so far

- Business 121 support – **132 businesses**
- Hours of support - **278 hours**
- Number of Conferences – **1 - International Women's Day (f2f)**
- Number of Attendees at Conference – **80**
- Number of events – **25 (of which 2 were f2f)**
- Number of attendees - **594**

Successes

- Geographical reach far wider due to webinars being more accessible
- The generalist 121 support acted as a filter for the 12 hours specialist support offering.
- Reached out and able to work with new trainers and deliver a more niche offering where appropriate.
- PR links below.
- **Internet council star Jackie Weaver set for Marches celebration of women in business**

Learns

- Deliver a suite of webinars/events rather than a one-off scattergun approach.

ARG Core – Business Boost Programme

Description

A suite of webinars has been developed to aid businesses with their learning and development which can be accessed offline through the Invest in Shropshire website. This follows feedback from Retail and Tourism sectors and will allow the businesses to access a series of webinars covering different business disciplines at the time and place of their choice and not when we are running them in real time. This was launched on 31 March 2022 and is a legacy for the SC Economic Recovery Funds. We currently have around 70 webinars available for access.

https://www.investinshropshire.co.uk/expand-grow-in-shropshire/business-support/

Interview launching it on SBLTV. View Link: https://vimeo.com/694442415/caeaae92c5

Firms to be given Business Boost thanks to new online platform

Funding and Spend

- Allocated £25,000
- Spend £25,000

Outputs/Outcomes

- Created a Business Boost offline platform for learning and upskilling
- Over 70 webinars available, covering everything from Start-up to growth, health and wellbeing to sales and marketing.
- Covers 10 key discipline areas.
- Worked with over 20 local trainers and mentors to deliver this programme
- At the end of August 579 businesses has watched 1698 webinars.

Successes

- The programme has been recognised and picked up by other LEPs and Growth Hubs, who are looking at something similar and talking with Yarrington.
- Launched live and interviewed on SBLTV.
- Integrated as part of Shropshire Council's Leap into Learning.
- Forms part of the SBTLV Knowledge Portal.
- Promoted widely by key stakeholders and intermediaries.

ARG Specialist Support

Description

Working with a team of 17 expert advisers and consultants to provide detailed free intensive 12 hours support to help our Shropshire businesses to grow and prosper as the county recovers from the impact of the Covid pandemic. The Hub offers unparalleled support and our advisers bring expertise and knowledge across the full range of business issues from access to finance, sales and marketing to HR and Health and Safety concerns and more.

Funding and Spend

- Allocated £124,400
- Spend £124,400
- Still have 36 hours left to deliver from funding for 2022-2023 as 03 October. This equates to 3 businesses that have been allocated but not finished.

Outputs/Outcomes

- Business 12 hours 121 support – **86 businesses**
- Hours of support - **1032 hours**
- Final 3 businesses have been allocated
- Final hours to deliver - 36 hours
- **Sales – 4** businesses
- **Finance – 14** businesses
- **Strategy and Growth – 15** businesses
- **Marketing and digital marketing – 40** businesses
- **HR – 6** businesses
- **Social Enterprise support – 4** businesses
- **Health and Safety – 3** businesses
- Final 3 allocated to Digital Marketing
- Worked with **17** specialist advisers/mentors offering the specialist support

Successes

- Reached more medium and large-scale businesses due to working with a variety of business advisers and consultants
- Reached businesses that had never engaged with the Growth Hub
- Supported businesses from the whole county and was able to address any cold spots we originally had
- Increased visibility and credibility of the Growth Hub due to the professional and comprehensive offering.
- Have numerous testimonials if required.
- The businesses supported also engaged in our events/webinar programme and accessed various ERDF funding.
- Also gained COVID 19 impact data for reporting.
- Gained extra funding due to success and demand.

Learns

- Underestimated demand for the programme

ARG Digital Hub

Description

The Digital Hub hosted a range of programmes which were centred on the 'Digital Revolution' and adopting new technologies in response to COVID 19. This was through various webinar programmes, 15 hours specialist support for addressing cyber security and attaining Cyber Essentials certification, 12 hours specialist support on adopting digital technologies and improving your digital presence as a business. Also, the delivery of a highly successful Tech Severn two-day Conference in June and working with Media Insiders to include a Podcast opportunity for 10 businesses to be showcased and released in the media sphere. This was called **Marching On!** We looked at businesses that had either been 'Born out of CVOID 19' or 'Grown your way out of COVID 19'.

Funding and Spend

- Allocated – £180,000
- Spend - £180,000

Outputs/Outcomes

- **809** businesses logged onto Tech Severn Conference over the two days in June 2021.
- **16** businesses attained the Cyber Essentials and **1** business the Cyber Essentials Plus as part of the programme.
- **10** businesses benefitted from the podcast programme.
- The podcasts are now all live on the MGH website at https://www.marchesgrowthhub.co.uk/growth-hub-podcasts/
- Business 12/15 hours 121 support – **109 businesses**
- Hours of support - **1560 hours**
- **Finance – 1** business
- **Marketing and digital marketing – 78** businesses
- **HR – 3** businesses
- **Social Enterprise support – 2** businesses
- **Health and Safety – 2** businesses
- **Cyber Security and GDPR – 23** businesses
- Worked with **17** specialist advisers/mentors offering the specialist support
- Number of Conferences – **1 – Tech Severn (2 days)**
- Number of Attendees at 2 day virtual Conference – **809**
- Number of events – **88 (of which 27 f2f)**
- Number of attendees – **1645 (of which 317 attended f2f)**

Successes

- Reached more medium and large-scale businesses due to working with a variety of business advisers and consultants
- Reached businesses that had never engaged with the Growth Hub
- Supported businesses from the whole county and was able to address any cold spots we originally had
- Increased visibility and credibility of the Growth Hub due to the professional and comprehensive offering.

- Have numerous testimonials if required.
- The businesses supported also engaged in our events/webinar programme and accessed various ERDF funding.
- Also gained COVID 19 impact data for reporting.
- The Marching On Podcast series is a great legacy from ARG funds and opportunity to share our Shropshire successes across all media channels.
- 17 businesses were able to attain their Cyber Essentials accreditation strengthening their business and credibility.
- Received extra funding due to demand and success of the project.
- **Friday Hub takes to the road as success grows**
- **Back by popular demand! Free business-boosting webinars will help you hit new heights**
- **Tech Severn 2021 to focus on how technology can help tackle climate change**
- **Supercharge your business with free digital webinars**
- **https://www.shropshirelive.com/business/2021/06/25/shropshire-climate-conference-hailed-a-huge-success/**
- **Back by popular demand! Free business-boosting webinars will help you hit new heights**

Learns

- Underestimated demand for the programme
- Deliver a suite of webinars/events rather than a one-off scattergun approach.

ARG Silverpreneurs

Description

The Silverpreneurs® programme has been exclusively created to inspire and empower the over 50's, who are wanting to start up their own business or grow their micro or small business as part of a fun and collaborative business community. Silverpreneurs® is more than just a place to find business support, it's a space for like-minded people who want to show just how good life is after 50! The programme includes three months of support delivered through a combination of 1-2-1 and group sessions where you can learn, grow and share your unique skills and experience with the group. The Silver Experts will share their business knowledge, experience and networks with you, whilst the community of Silverpreneurs® will be there to share the highs and lows of running a business, supporting and celebrating with each other along the way.

Funding and Spend

- Allocated - £71,000
- Spend - £71,000

Outputs/Outcomes

- Delivered **three** cohorts
- 45 registered for the programme – **42** completed the programme which was **100%** target achieved.
- Businesses came from **24 different sectors**
- **40% male, 60% female**
- All businesses were from a **15 mile radius** of Shrewsbury Town Centre as the central point.
- **1 Alumni event = 29** businesses

- **4** virtual webinars = **49** businesses
- **1 Networking event and Expo (face 2 face) = 30** businesses.

Successes

- Due to demand a third cohort was added to the programme
- Created a Silverpreneurs Alumni so the group keep in touch and the first Alumni Networking Event took place in Oswestry on 30 March with further ones arranged.
- https://www.shropshirestar.com/news/business/2021/10/08/silverpreneurs-set-up-new-businesses/
- https://vimeo.com/yarrington/download/639482057/9073ec185c Media interview re Silverpreneurs programme (SBLTV)
- **Shropshire's silver entrepreneurs offered exclusive business support programme**
- Evaluation Report completed.

Learns

- Develop a digitalised registration process to streamline the process and reduce admin
- Strengthen the criteria for the enrolment process
- Greater opportunities for interaction and sharing amongst the Silverpreneurs. COVID restrictions made this difficult.
- Build a larger 'Silver experts' team to support businesses.
- Further development of the Silverpreneur Alumni.

ARG Spark Social

Description

Developed and delivered a Social Enterprise Conference for 2022. The Conference was centred on celebrating everything Social in Shropshire, especially given we have Social Enterprise Place status, and CSR amongst the private sector 'Purpose to Profit' and how we build that bridge between the Private Sector and Social Enterprises. This was followed up with a series of workshops to underpin the learning from the conference.

Funding and Spend

- Allocated - £20,000
- Spend - £20,000

Outputs/Outcomes

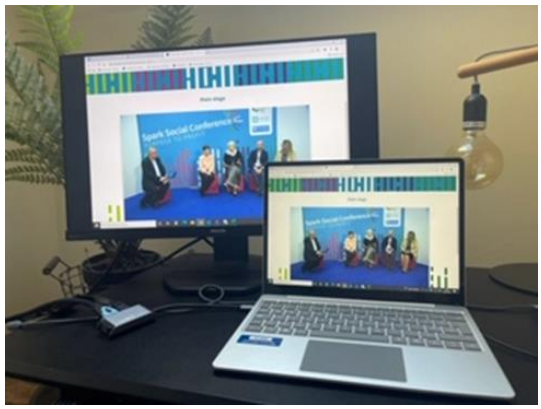
- The conference took place on **17 February from 10 – 1.30p.m.** and was delivered virtually through Yarrington who had a purpose-built studio and virtual platform to host the event, with Spark Social branding.
- **The Spark Social Conference was a great success and 148 businesses and individuals joined us virtually on the day.**
- Delivered **3** follow on webinars to support the conference, appetite and momentum gained.
- **45 businesses** attended the follow-on webinars centred on CSR, collaboration and partnerships.
- **Worked with many businesses and social enterprises across the county whom took part in the Conference.**
- The Conference will be available to watch offline for 1 year.

Successes

- Testimonials and feedback available.
- AICO are working with two social enterprises since the Conference
- PEGS have also had meetings with two other social enterprises to share best practise.
- Social Telecoms have awarded Social Heart CIC a £20k.
- Created a noise in the social enterprise 'space'.
- Created a benchmark and platform to develop a social enterprise programme for submission for UKSPF.
- Large amount of PR – see links below.
- **Spark Social Conference is almost here**
- **Former Shropshire business of the year added to Spark Social line-up**
- UK Social Enterprise expert to open Shropshire conference - Marches Growth Hub
- **Prioritising social and environmental value key to business success in 2022**
- How to boost your business's CSR & social value
  https://www.eventbrite.co.uk/e/how-to-boost-your-businesss-csr-social-value-tickets-256896734047

- Promoting your CSR activities – marketing with purpose
  https://www.eventbrite.co.uk/e/promoting-your-csr-activities-marketing-with-purpose-tickets-256938298367

- Building mutually beneficial partnerships between SMEs & social enterprises
  https://www.eventbrite.co.uk/e/building-mutually-beneficial-partnerships-between-smes-social-enterprises-tickets-257849222967



ARG Start Up Shropshire

Description

Providing fully funded help and mentoring for anyone in Shropshire who is starting or planning to start a new business.

The programme consists of 8 weekly masterclasses and includes mentoring meetings to meet individual needs. Seasoned, expert coaches are in place who have trodden the same path and will also introduce you to wider offerings as part of the programme.

The 8 modules cover every aspect of starting a business: Setting goals & milestones - Understanding your customers - Marketing Strategy - Creating demand - Pricing Strategy - Finance & accounting - Time management – Good relationships - Legal obligations – Creating resilience & sustainability – Structure

Funding and Spend

- Allocated - £50,000
- Spend - £50,000
- Programme will finish in December 2022

Outputs/Outcomes

- **76 individuals will be supported to start a new venture**
- **48** currently registered
- **31 of the 48** completed the programme

Successes

- This funding was made available as Shropshire achieved the existing ERDF Step up to Start programme 18 months early due to demand and the vibrancy of start-ups in Shropshire.
- This programme has helped feed into an application for UKSPF and also a Start Up Grant element.
- More to report on as the programme progresses.
- SHROP COUNCIL – Book place https://bit.ly/ShropStartUpMarketing

ARG Oswestry Business Support Programme

Description

This business support programme will help businesses that are co-working and hot desking in the Co-Working Centre, Hadleigh Works', in the Memorial Hall in Oswestry. 21 businesses will be supported with 12 hours specialist support and a Networking group will be formed to support Oswestry and surrounding areas. A 'wrap around' business support programme.

Funding and Spend

- Allocated - £25,000
- Spend - £25,000
- Programme will finish in December 2022

Outputs/Outcomes

- **21 businesses will receive 12 hours specialist support - all 21 have either finished or been allocated as at 03 October 2022**
- **4** business completed
- **48** hours completed
- **Further 17** businesses have been allocated
- **204 hours** allocated
- Met with Vernon and Ruth in August to gain update on new 'Collaborative Corner/Network Group for launching 5 October 2022.

Successes

- To report back at a later date.
- https://www.shropshirelive.com/business/2021/10/20/pioneering-co-working-project-brings-new-use-to-oswestrys-memorial-hall/

Prepared by Emma Chapman

03 October 2022

This page is intentionally left blank

SILVERPRENEURS®

PROGRAMME EVALUATION

2021-2022

Co-Directors: Mr C Gough and Mr V Hogg

CONTENTS

VISION AND PHILOSOPHY …… Page 3

THE PROGRAMME AND PROCESS …… Page 5

CLIENT ENGAGEMENT AND ANALYSIS …… Page 6

MARKETING AND PROMOTION …… Page 9

TESTIMONIALS AND CASE STUDIES …… Page 12

OUR PROGRAMME SUCCESSES …… Page 13

AREAS FOR FUTURE IMPROVEMENT …… Page 15

RECOMMENDATIONS …… Page 16

CONCLUSIONS …… Page 16

VISION AND PHILOSOPHY

From its point of inception, Silverpreneurs® had a noticeably clear target market and vision. It was exclusively created to inspire and empower the over fifty's, who wanted to start up their own business or grow their business as part of a fun and collaborative business community.

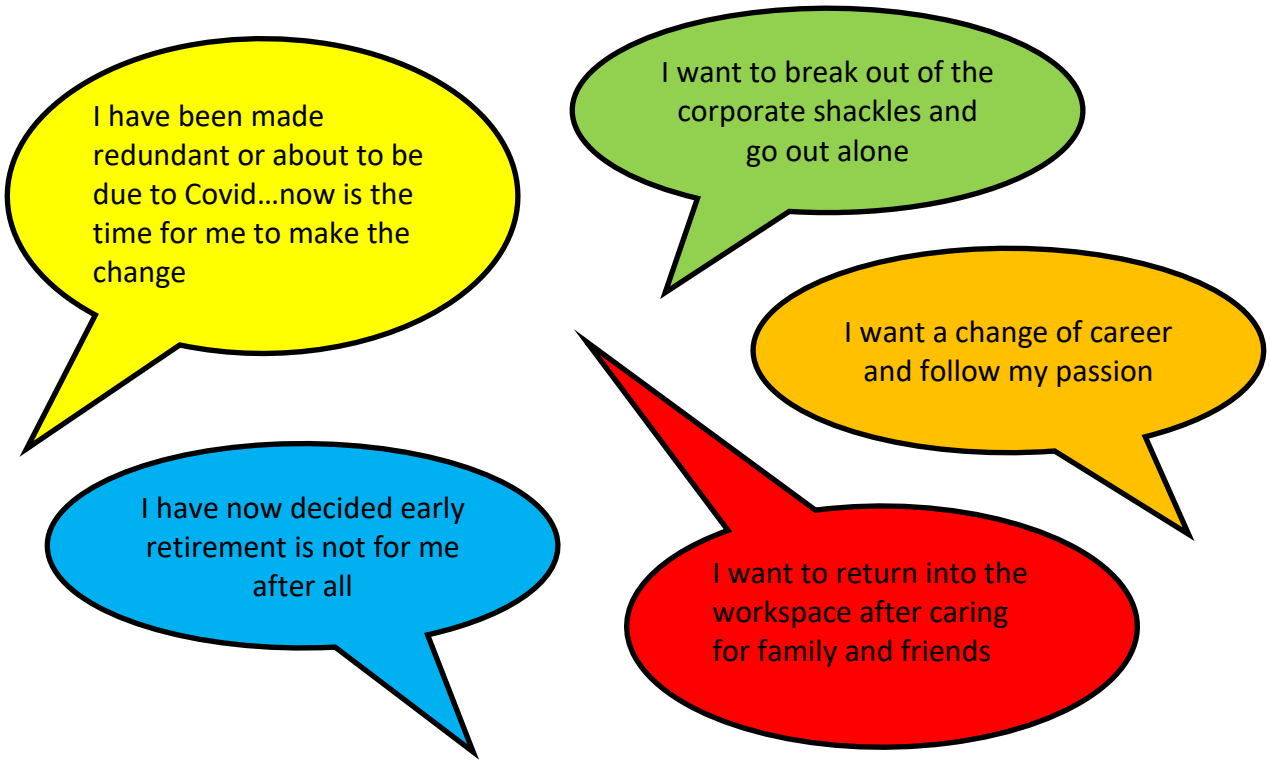
It was therefore more than just a place to find business support, but a space for like-minded people to show just how good life is after 50. The programme included eight months of support where members could learn, grow, and share their unique skills and experience with the group.

Chris Gough and Vernon Hogg – Silverpreneurs® co-founders and directors

Prior to launch, the co-directors engaged in a long and focused period of intensive research that enabled them to create a unique programme specifically for this age demographic. It became clear that there was a real need and audience for the kind of support that the programme could offer; Silverpreneurs® would attract the interest of people who have, more than likely, enjoyed a successful and rewarding career in the corporate world but had incubated a personal desire to create their own business.

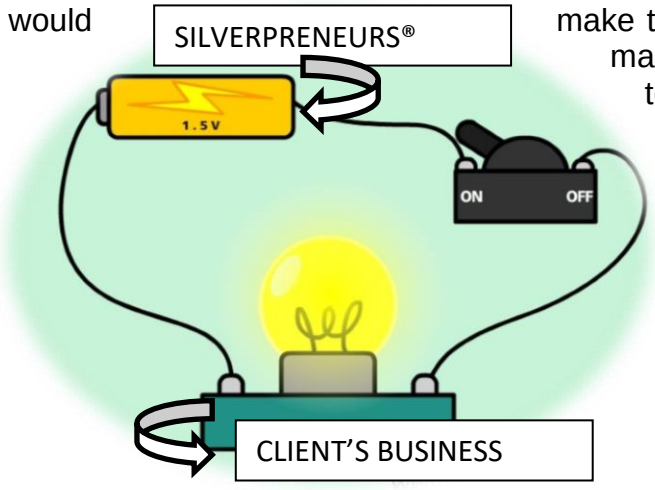
A key piece of data identified during the research gave justification to the programme's potential: over fifty's were increasingly becoming recognised as the ideal candidates to start up their own businesses. No doubt due to reasons such as life and work experience, this has been proven as they are the age group that is three times more likely to make their new business succeed.

The world's experience of the Covid pandemic has in almost everyone's case, led us to radically change our life plans, our work perceptions; almost forcing us to re-evaluate our lives. Comments made by people identified as being ideally suited to the programme included……



The people who made these comments, and many others, were seen as a perfect fit for Silverpreneurs® because they were already demonstrating a positive and motivated mindset, a passion for their business idea and the sector that they would like to enter and that they had a support network around them to help them achieve their business goals.

As a simple analogy, as illustrated in this diagram, the client and their business are represented by the switch, bulb, and wires in an electrical circuit. In other words, they had potentially identified all the key components required to establish their business but lacked some fundamental knowledge and acumen that would make their business, i.e., the bulb, light up. For many clients, what was missing in the circuit to make the bulb light up was the battery. Silverpreneurs® would be the battery.



Research informed that people in this age group had some exciting, creative, and innovative business ideas but that these had remained incubated for a wide range of reasons and personal circumstances, including fear of the unknown: launching a business as a fledgling

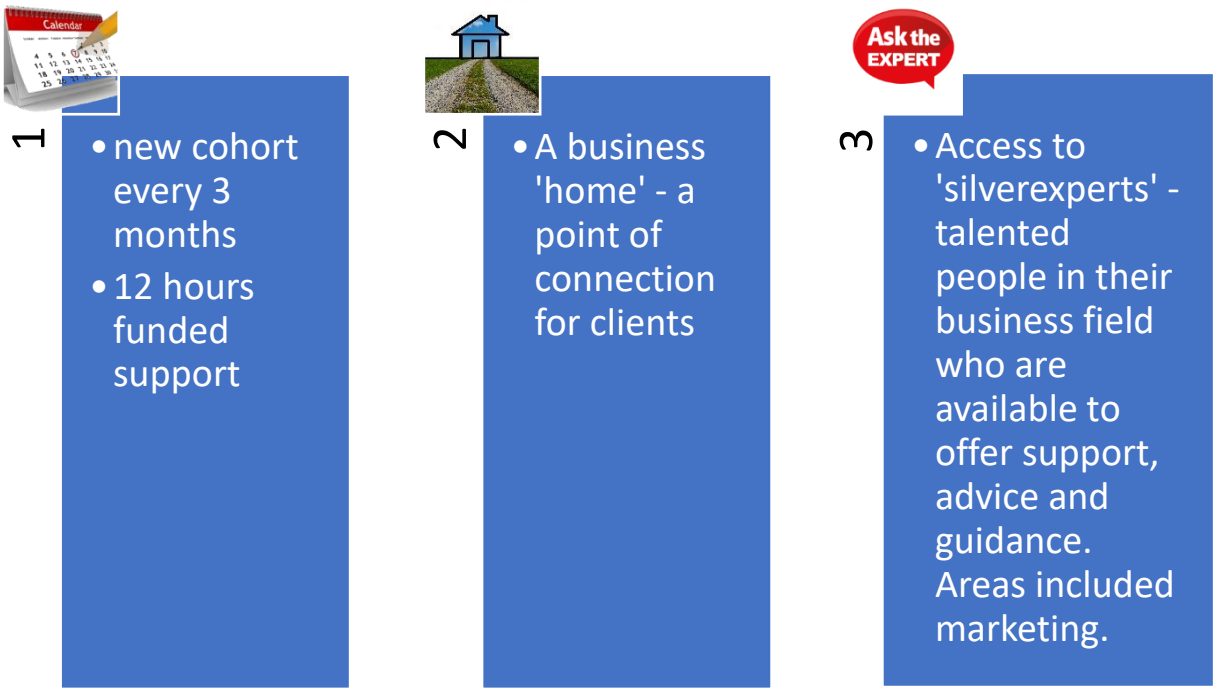
entrepreneur is a hugely daunting prospect. Helping to remove some of these barriers, fears and anxieties would be at the heart of the Silverpreneurs® programme.

Although the co-directors wanted to enable clients to become confident, independent, knowledgeable, and pro-active businesspeople, they also knew that clients would require some degree of 'hand holding' as they embarked on their journey. Indeed, this compassionate, supportive approach to client engagement very quickly became one of Silverpreneurs® USPs.

The programme was, therefore, designed to facilitate the client's business journey – to help them to identify contacts and connections, make links and referrals, whilst endeavouring wherever possible to encourage the client to move their business forward as autonomously as possible so that they remain in full control of their progress and the development of their business.

THE PROGRAMME AND PROCESS

The programme had three key components that was made available to clients:



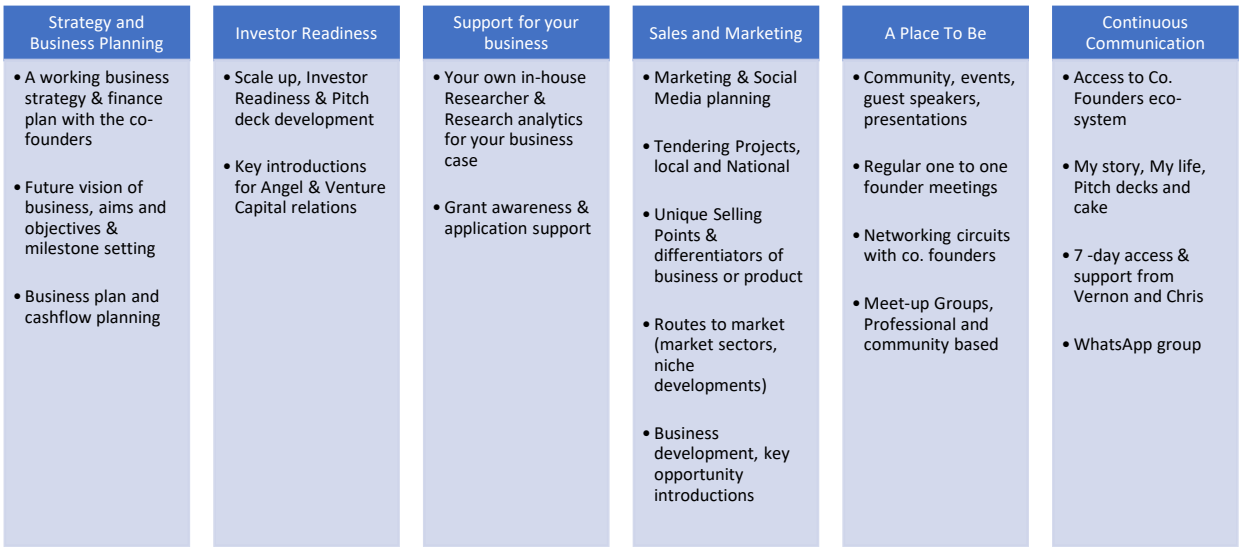
The Silverpreneurs® programme included three months of business support delivered through a combination of group and 1-2-1 sessions. As much of the client engagement took place during the most challenging and restrictive phases of the Covid pandemic, most contact had to be made virtually. Face-to-face meetings, presentations and events were therefore restricted and only introduced when it was safe to do so.

The programme contained a mix of the below support, tailored for each start up. The introductory, 'fact-finding' discussions with a new client were therefore extremely important

as the outcomes of this pre-support phase would shape and determine the support strategy that was subsequently devised for the client.

The introductory meeting would, therefore, explore previous work history and experiences and personal requirements. The aim, therefore, would be to help take the client from idea to launch, all set within a collaborative and supportive community of like-minded Silverpreneurs® that it was hoped would stay together long after their business has launched.

Core Offers:



CLIENT ENGAGEMENT AND ANALYSIS

The following charts and tables explore the client data from the cohorts who completed the programme between 2021 and 2022.

Participation Rating

The co-directors have awarded a score out of ten for each of the forty-two clients in terms of their overall engagement and the impact that the project has had on their business development:

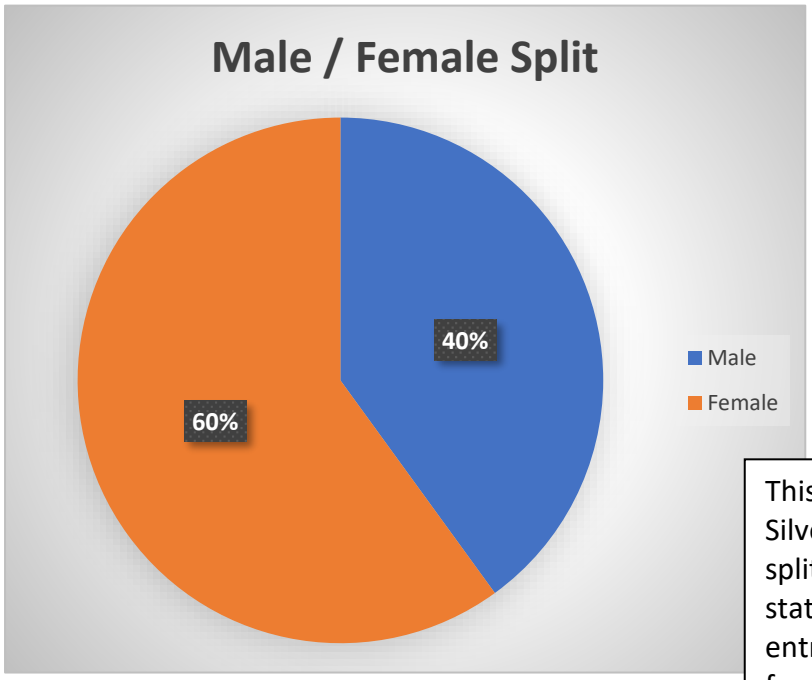
Client Name	Business	1	2	3	4	5	6	7	8	9	10
Phillipa Lundberg	Manufacturing										
Steve Butler	Property Surveyor										
Sally Kellard	Hospitality (B&B)										
Carole Moreton	Hospitality (cake making)										
Caroline Bailey	Cookery Training										
Chris Allen	Marketing Consultancy										
Sharon Jenkins	Retail										
Roger Belham	Furniture Manufacturing										
Denise Brinton	Recycling										
Edward Dugdale	Charity										

Ruth Empson	Building Services										
Anthony Peskett	Manufacturing										
Jacqui de Jager	Skin Care										
John Starkie	Healthcare										
Tim Moule	Admin & IT Services										
Robin Kellard	Retail										
Deborah Alma	Retail										
Ann Edwards	Retail										
David Elsley	Furniture Upholstery										
Linda Shiels	Education										
Jerome Pugh	Consumer Distribution										
Alison Mawdsley	Property										
Jerry Dolan	Outdoor Adventure										
Pat Preece	Hospitality										
John Flaherty	Hospitality										
Neil Duncan	Education										
Deb Jones	Artist										
Steve Jenkins	First Aid Training										
Jane Dumble	Travel Industry										
Nikki Sampson	Hair and Beauty										
Ruth Cameron	Family History										
Michael White	Picture Gallery										
Steph Young	Reflexology										
David Doonan	Family Estate / Wills										
Ian Hunt											
Sharon Magrath	Healthcare										
Jeremy Blamford	Media										
Nikki Ayton	Retail										
Amanda Barrett	Celebrant										
Angela Auerbach	Food										
Paul Newman	Business Engagement										
Nicky Sealey	Social Care										
Jacky Burnell	Coach tours										
Alan Shearatt	Health and well-being										
Steve Creaser	Motorcycle Repairs										

Client Business Representation by Sector breakdown

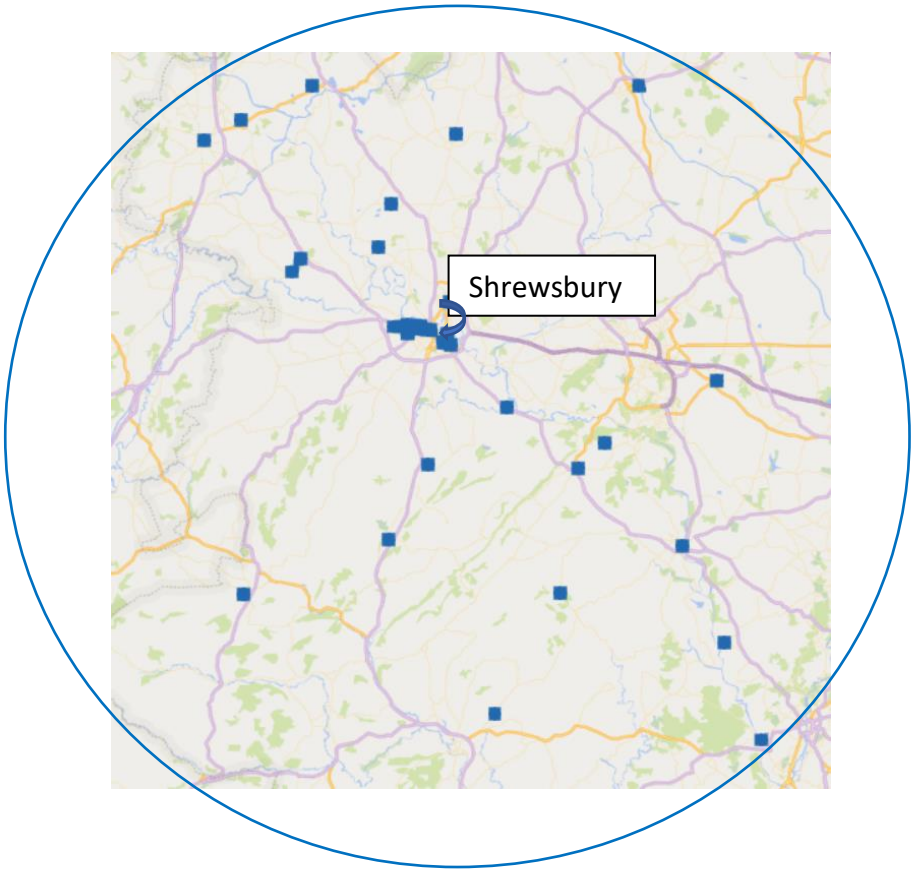
Engagement covered businesses from twenty-four different sectors overall which is considered an excellent spread.

Gender Breakdown



This is a significant outcome for Silverpreneurs® as this gender split goes against national statistics for female entrepreneurship. We look forward to examining some of the possible reasons for this as we go forward.

Client Geographical Location
There was a 15-mile radius take up from a central point of Shrewsbury town.



MARKETING AND PROMOTION

One of the fundamental successes of the Silverpreneurs® programme has been the co-directors' ability to recruit the support of a wide range of talented, and influential individuals who are experts in various aspects of running a business. These 'Silverexperts' have been able to collaborate with the clients and provide advice and guidance uniquely tailored to the client's specific business and specific needs. Their involvement gave the programme real kudos and quickly helped to build a reputation for Silverpreneurs as a well-respected programme, due to its directory of associates and affiliations.

The 'Silverexperts'

The following business professionals are recognised and thanked for their contribution to the programme:

- Andy Wheeler – Finance and Pensions Advisor
- Lawrence Faulkner – IP Specialist
- Shaun Philpott – Accountant
- Ruth Martin and Janet Jones – Marketing and PR (Martin & Jones Marketing)

It is important, at this point, to highlight one 'Silverexpert' who has not only engaged with nearly all forty-two clients but has also supported the marketing and PR for Silverpreneurs®

itself across the region. Ruth Martin, and her colleagues from Martin and Jones Marketing, has had a significant and positive impact and they deserve this special recognition.

Various sources helped to generate client interest in Silverpreneurs®. These included the Shropshire Council/Growth Hub Newsletter, LinkedIn, PR / local press e.g., articles in The Shropshire Star, and SBLTV.

Almost all the clients have identified challenges in the marketing of their business, particularly with regards to social media, which for many new entrepreneurs is seen as a vast and scary world to step into. Ruth's bespoke support and ability to secure trusting and supportive relationships with the SP® clients has resulted in a considerable number of clients being able to progress their business with renewed confidence and with a presence across a range of social media platforms that is helping the client to generate interest and traction in their business.

Evaluative Report produced by Mrs Janet Jones from Martin & Jones Marketing

Martin & Jones Marketing has produced six press releases and three case studies for Silverpreneurs® since its launch in August 2021. A further case study was proposed but the client did not respond.

The press releases produced wide coverage in regional print, online, business and broadcast platforms. Half of the press releases focused on the scheme itself and developments within it. The other half focused on the stories of its clients and functioned as testimonials for Silverpreneurs® as well as part of the clients' marketing package offered as part of the scheme.

Media coverage of the press releases was then picked up on cross-referenced social media to maximise publicity and integrate with the overall marketing strategy.

The Silverpreneurs® focused press releases were released to the media in August and October and were all widely used by:

Broadcast:
- Radio Shropshire
- Shropshire Business Live TV

Print and online media
- Shropshire Star
- Shrewsbury Chronicle
- Telford Journal
- Ludlow Journal
- Oswestry and Border Counties Advertiser
- Whitchurch Herald
- Oswestry Life magazine

Online media
- Oswestry Life
- My Shrewsbury
- Love Shrewsbury

B2B media
- Shropshire Business Magazine

- Your Chamber Your Voice – Shropshire Chamber of Commerce

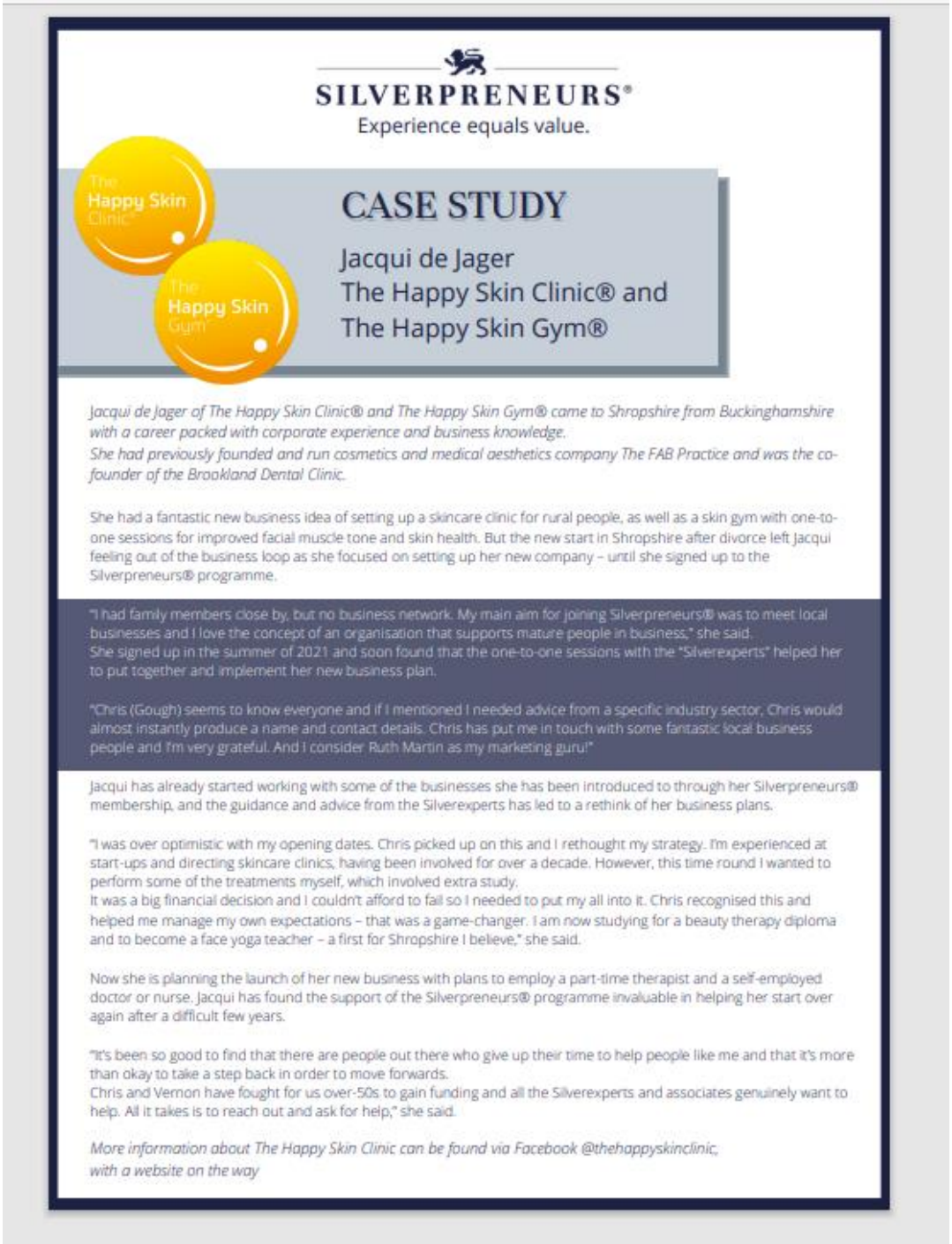
Two of the three press releases were followed with radio and television interviews on Radio Shropshire and Shropshire Business Live TV. Client focused press releases were released to the media in February, March, and April 2022. They were also picked up by wide range of media and two out of the three were followed with radio interviews on Radio Shropshire.

Press releases
18-08-21: Shropshire's silver entrepreneurs offered exclusive business support programme
08-10-21: Shropshire's silver entrepreneurs get extra chance to join exclusive business support programme
28-10-21: Shropshire's silver entrepreneurs share ideas at first get together
28-02-22: Former RAF officer launches new family information service
30-03-22: Strong family values brings new care provider to North Shropshire community
12-04-22: Shrewsbury couple take their catering skills to Poland to help Ukrainian refugees

The team from MJM are also currently working on a further press release as a round-up of the Silverpreneurs® success so far. This is due to go out to the media by the end of April.

In addition to the support that was provided by the Silverexperts, Vernon and Chris, the programme participants were able to take part in a series of 'Masterclasses' that focussed on marketing and were delivered by MJM. These were presented virtually and further helped to upskill and train the participants.

TESTIMONIALS AND CASE STUDIES



SILVERPRENEURS®
Experience equals value.

The Happy Skin Clinic®
The Happy Skin Gym®

CASE STUDY

Jacqui de Jager
The Happy Skin Clinic® and
The Happy Skin Gym®

Jacqui de Jager of The Happy Skin Clinic® and The Happy Skin Gym® came to Shropshire from Buckinghamshire with a career packed with corporate experience and business knowledge.
She had previously founded and run cosmetics and medical aesthetics company The FAB Practice and was the co-founder of the Brookland Dental Clinic.

She had a fantastic new business idea of setting up a skincare clinic for rural people, as well as a skin gym with one-to-one sessions for improved facial muscle tone and skin health. But the new start in Shropshire after divorce left Jacqui feeling out of the business loop as she focused on setting up her new company – until she signed up to the Silverpreneurs® programme.

"I had family members close by, but no business network. My main aim for joining Silverpreneurs® was to meet local businesses and I love the concept of an organisation that supports mature people in business," she said.
She signed up in the summer of 2021 and soon found that the one-to-one sessions with the "Silverexperts" helped her to put together and implement her new business plan.

"Chris (Gough) seems to know everyone and if I mentioned I needed advice from a specific industry sector, Chris would almost instantly produce a name and contact details. Chris has put me in touch with some fantastic local business people and I'm very grateful. And I consider Ruth Martin as my marketing guru!"

Jacqui has already started working with some of the businesses she has been introduced to through her Silverpreneurs® membership, and the guidance and advice from the Silverexperts has led to a rethink of her business plans.

"I was over optimistic with my opening dates. Chris picked up on this and I rethought my strategy. I'm experienced at start-ups and directing skincare clinics, having been involved for over a decade. However, this time round I wanted to perform some of the treatments myself, which involved extra study.
It was a big financial decision and I couldn't afford to fail so I needed to put my all into it. Chris recognised this and helped me manage my own expectations – that was a game-changer. I am now studying for a beauty therapy diploma and to become a face yoga teacher – a first for Shropshire I believe," she said.

Now she is planning the launch of her new business with plans to employ a part-time therapist and a self-employed doctor or nurse. Jacqui has found the support of the Silverpreneurs® programme invaluable in helping her start over again after a difficult few years.

"It's been so good to find that there are people out there who give up their time to help people like me and that it's more than okay to take a step back in order to move forwards.
Chris and Vernon have fought for us over-50s to gain funding and all the Silverexperts and associates genuinely want to help. All it takes is to reach out and ask for help," she said.

More information about The Happy Skin Clinic can be found via Facebook @thehappyskinclinic, with a website on the way

SILVERPRENEURS®

Experience equals value.

CASE STUDY

Jerry Dolan
Go Adventure 1

Go Adventure 1

When Shropshire's Jerry Dolan left behind an exciting career in the Army, he could not abandon his love of adventure and challenge. Now he is working with the Silverpreneurs® team to turn his passion for the outdoors into a successful business.
The former member of the Special Air Services spent two years in charge of an adventure centre for the British Army in the Canadian Rockies and recognised that there was a market for offering the same kind of experience to would-be adventurers. He had already spent several years running similar expeditions on a part-time basis before his retirement from the Army four years ago.

So it was a logical step to set up his own full-time company, GoAdventure1, working with military specialists to offer the adventure experience to a wider audience. Now GoAdventure1 offers expeditions and adventure holidays for families and individuals to destinations such as Norway, Bengal, USA and Thailand led by a team of outdoor guides and instructors drawn from Army Physical Training Corps and Royal Signals officers who have commanded leading Ministry of Defence outdoor centres.

The courses, which are suitable for all levels of experience, cover mountaineering, climbing, orienteering, survival skills, kayaking and canoeing. So far the core of the business for 65-year-old Jerry, has been with public schools.
But the pandemic and lockdown in 2020 and 2021 brought business to a near standstill and Jerry knew that he had to expand his customer base to develop an all-year-round income for himself and his team of a dozen freelance instructors.

"I met Vernon Hogg from Silverpreneurs® and I knew that the experience of the Silverpreneurs® team would help me develop the business.
"I signed up to Silverpreneurs® in the autumn of 2021. It's been a bit difficult as I've been out of the country a lot since I joined the programme. But even in the time I have had with the Silverpreneurs® teams I have been given really good advice on how to expand into a new market and how to develop the business.

"What has impressed me most has been the way Silverpreneurs® has opened up a network of contacts and businesses that I can work with," said Jerry.

He's looking forward to tapping into the full Silverpreneurs® experience in early 2022 and making the most of the expertise on offer.

"They have been really pro-active in keeping in touch with me and making sure I know what is on offer from Silverpreneurs® even though I haven't been around to attend all the sessions.

"I would wholeheartedly recommend Silverpreneurs to other companies. I know that all that specialist support is there to help me develop my business. All the fruit is there, I just haven't gone to the tree to pick it yet," he said.

More information about GoAdventure1 can be found at the website: https://www.goadventure1.com

OUR PROGRAMME SUCCESSES

There is a huge amount to celebrate and be proud of and these positives, strengths and achievements can be taken forward as the programme evolves and is renewed.

As stated above, a key success was the impact of the marketing – both for the clients and their own businesses and for Silverpreneurs® itself. Engaging with the Martin & Jones marketing engine from the very beginning ensured that the website was appropriately launched and positioned to maximize visits to the website and programme take-up.

Chris and Vernon, as co-directors, had a fully aligned vision for the programme and they agreed exactly how the programme should be best delivered. This clear messaging of aims, methodologies and values from the outset ensured a consistent approach which was also important when reporting outcomes to the Marches Growth Hub Shropshire. This consistency extended to the digital CRM that was used for client records. SET provided a shared drive so that both Chris and Vernon could record and monitor progress and rates of engagement.

Throughout the time, Silverpreneurs® has been grateful for the support, endorsement and promotion of the programme that has been received from the Marches Growth Hub Shropshire, Local Businesses and Shropshire Council. All associates and partner organisations have shared the belief that this age demographic rightly deserves the opportunity to develop their business ideas and, in turn, contribute to the local and regional economy. Having such prestigious and influential partners has certainly enabled Silverpreneurs® to reinforce its credentials as a respected and well-connected company with its clients.

Silverpreneurs® clients enjoyed their inaugural 'get together' at Shrewsbury Football Ground in October 2021 as part of the Shropshire Chamber of Commerce EXPO event.

A key benefit of the programme has been Chris and Vernon's direct involvement with each client right from the introductory conversation and throughout the 12-hour programme to the point of sign-off and completion. Even when support was signposted to other Silverexperts, the co-directors meticulously maintained records of contact, actions, and involvement. This has ensured messaging between SP® and the client was prompt and dependable. This was appreciated by the clients and contributed to their sustained engagement and motivation for the programme.

Some of the events that were arranged to promote client collaboration and engagement were successful, most notably the Shropshire Chamber of Commerce 'EXPO' event at Shrewsbury Town Football Ground in October 2021. This was the first time that members of the SP® programme had met together, due to Covid restrictions that had severely restricted any face-to-face contact up to that point, and the event prompted a great deal of interaction and the sharing of business development journeys, success stories and achievements. A positive outcome of this event was the way in which SP® entrepreneurs with similar businesses and/or mutually beneficial businesses could exchange contact details and establish new alliances. For example, a great connection was made between the J A Milton upholstery business and Roger Belham who makes bespoke furniture.

AREAS FOR FUTURE IMPROVEMENT

Despite the many positives and successes, every scheme will have room for improvement and Silverpreneurs® is no different. Client outcomes and experiences will always highlight areas that could be improved.

Observation: The initial interaction and dialogue with a new client and community was a crucial part of the programme. This was the qualification processing stage, where essential background information was obtained.

Solution: The enquiry form that was devised to support this conversation could be improved to make sure that the right questions are being asked to determine whether involvement in the programme is suitable for the client and will support them in establishing their new business.

Observation: Along with a revision to this enquiry form, sharpening up the 'entry criteria' would be beneficial. For example, for some of the clients, their propositions were very much ideas based or linked to an interest or much-loved hobby and so, were potentially less likely to evolve into a profitable business in several cases.

Solution: Amending entry criteria to people who are 'business ready' may appear stricter, but it will ensure that their subsequent engagement with the project would propel their businesses more rapidly and effectively.

Observation: The impact of Covid has been referred to throughout this evaluation. It certainly impeded social interaction between the directors, the clients and each other. One of the cornerstones of the programme was to create a business 'home' – a point of connection between members of the programme. Deep and meaningful connections and collaborations were missed and became very much ad hoc rather than being a core outcome of the programme. The gatherings were successful, but more could have been done to promote and facilitate group interaction and networking.

Solution: Going forward, events need to be considered more carefully from the point of view of the client.... how will this event promote my collaboration and engagement? What can I learn from others in terms of helping me to take my business further?

Observation: The success of the programme also, inadvertently, led to a problem for the programme due to the timescale requirement. Forty-two clients across the three cohorts became a logistical challenge for the co-directors within the required timeframe. Every client had a completely unique and bespoke delivery in each business case, a unique selling point for the Silverpreneurs project.

Solution: A longer time scale for the engagement with each cohort would have helped with the development of deeper relationships with each client and helped to prevent a loss of momentum with each client's business journey due to having to work with a high number at the same time.
After all, an outstanding SP® USP is that it was never designed to be a 'one stop shop' of generic delivery.

RECOMMENDATIONS

- To support logistics, we need to consider implementing a more digitised application process with a more efficient integration with CRM.

- Ensure the programme going forward includes greater opportunities for client interaction, shared learning, and collaboration. Hopefully, there will be no new Covid restrictions going forward and so it will be possible to introduce these important social aspects into the scheme.

- Identify more opportunities for face-to-face contact and interaction with clients

- Work to extend and build on the team of 'Silverexperts' as these have an extremely important use and purpose within the overall programme by providing bespoke guidance and support for each client according to their specific needs.

- Alumni development now needs to implement for on-going communication & engagement.

CONCLUSIONS

Overall, the Silverpreneurs® programme has had a very real and positive impact on the businesses of clients who engaged in the project and who fully, openly, and enthusiastically embraced the level of support, advice, and guidance that they were offered.

The programme has incentivised this age group and instilled in them a belief that being over fifty does not preclude you from entering the world of business. In fact, as the programme has shown, starting a new business venture at this age can have positive benefits and reap huge rewards from a professional, personal, and financial point of view.

Post Pandemic, the situation for 50–64-year-olds has worsened, (Centre for Ageing Better, April 2022) 228,000 people in this age category have left employment, reportedly living off savings, drawing down pensions early which is forecasted to raise the issue of future ageing poverty for this group. DWP, Jobcentre plus is not in communication with this group in many cases, therefore, not seeking help or support, and not aware of such programs that could provide guidance, i.e., Silverpreneurs.

Return-ship focus is currently rising in agenda, there is a marked increase in awareness of getting some of the 228,000 back into work or potential enterprise.

There has been a significant amount of parity in the comments that have been shared with us by clients who engaged with the programme. These include improved confidence, increased knowledge about the world of business and, importantly, having a better understanding about where to go for support and knowing the right questions to ask to obtain

the information required to move an aspect of their business forward, and not forgetting peer support.

The Co-directors will now spend focussed time thoroughly reviewing the programme – its values, aims, goals and philosophy and the identified areas for improvement. The outcome of these discussions will then be used to determine the future direction, design, and format of the programme.

Apprenticeships Support Project

report July 2022

Introduction

In response to the Covid 19 recovery plan, Shropshire Council commissioned Edwina McQueen, Education & Training Consultancy to support three Schools in Shropshire transitions students into apprenticeships and employment.

Research conducted by YouGov in November 2021, found 52 per cent of students would have considered an apprenticeship had more information been made available.

Apprenticeships are key to addressing longer term skills and labour shortages in the Marches. During 2019/20 there were 5,050 apprenticeship starts in the Marches area, this is a decrease of 20.6% (-1,310) compared to 2018/19. The national average also showed a decrease of 18% for the same period. In August 2021 there were 336 apprenticeship vacancies in the Marches this is an increase of 150 vacancies when compared to August 2020. (Blackburn, October 2021).

This project will aim to increase understanding of apprenticeships in three Shropshire schools by supporting young people choose their routes to employment and to provide individual support when applying for apprenticeship jobs within the Marches.

About Edwina McQueen etc.

Edwina is a volunteer Career Enterprise Advisor, an Apprenticeship Ambassador for the West Midlands and the Marches.

She has a consultancy and coaching business in Shropshire and works as an Independent Apprenticeship Assessor at Level 7 for the Chartered Management Institute and is an International Coaching Federation (ICF) qualified Coach.

Edwina is passionate about workplace learning and apprenticeship and has over 30 years of experience delivering apprenticeship both in the private and public sector and has worked with several FTSE 100 companies in the UK and Internationally.

She is experienced in working with neurodiversity conditions and coaches' individuals at various levels within organisations to improve workplace performance and to progress into leadership positions.

Programme structure & content

Structure	Content
General Apprenticeship Talk to all Y12 & Y13 students	What is an apprenticeship and where to find them. Sectors, standards, levels, degree apprenticeship, duration, employers and recruitment.
Apprenticeship set up, preparation & research workshop for students unclear of their employment route and not going to university	How to setting up and register for an apprenticeship account, research apprenticeship jobs, structure a *cv* for specific jobs and how research employers and apprenticeship jobs using company find an apprenticeship service, company websites, social media (LinkedIn) and how to use the Institute for Apprenticeships to identify standards and requirements and link back to jobs on 'find an apprenticeship'.
A package of individual coaching & mentoring sessions both face to face and on-line	Tailored coaching to individuals needs. Students bring questions to the sessions they are struggling with e.g. finding the right apprenticeship, concerns, hope and fears. Through the process they develop confidence by working on their strengths.
Email support between sessions	Answering questions, reviewing and feeding back on *cv's*
Apprenticeship interview preparation & techniques.	What do expect during an interview, how to prepare for the interview and techniques to answer competency interview questions
One to one email support	Any follow question or support needed on the application and interview process

The Numbers

MCQUEEN
EDUCATION & TRAINING CONSULTANCY

Apprenticeship talk by year

School	Y13	Y12
William Brooks	18	20
Thomas Adams	18	15
Oldbury Wells	17	15
Total	**53**	**50**

Actual students on programme

School	Y13	Y12
William Brooks	9	5
Thomas Adams	8	4
Oldbury Wells	11	7
Total	**28**	**16**

Y13 Interim progress report

MCQUEEN
EDUCATION & TRAINING CONSULTANCY

School	Student No	Undecided		Applications in progress		Applications made/awaiting		Apprenticeships secured	
William Brooks ***	9	n/a		n/a		2 *	22%	n/a	
Thomas Adams	8	1	12%	3	37%	3 *	37%	1	12%
Oldbury Wells	11	4 **	36%	3	27%	2 *	18%	2	18%
Total	**28**	**5**	**26 %**	**6**	**31%**	**5**	**26%**	**3**	**15 %**

78% of Y13 students who started the apprenticeship program have either secured an apprenticeship, have applications in progress or are awaiting outcome

Notes

- ** four applications for degree apprenticeships*
- ***awaiting for students feedback*
- **** school data not included*

Other associated programme outcomes & benefits

- Increased awareness of apprenticeships and the opportunities available
- Increased confidence, accountability & independence
- Behaviours required for the world of work e.g. accountability, communication
- Skills in research and interview preparation, questioning techniques and communication
- How to use powerful language to get their message across when writing a *cv*
- How to have a professional discussion
- How to utilise their strengths to improve confidence and demonstrate competencies
- An understanding of the apprenticeship standards and what will be expected of them in the workplace for their chosen apprenticeship route.
- Increased understanding and awareness of degree apprenticeships as an alternative to university
- Face to face and on-line interview and assessment preparation
- All students have a work ready *cv* and the tools to keep them up to date and relevant

Lessons Learnt

- Schools with dedicated support staff engaged and progressed
- Although all schools provide *cv* support this was an area all students struggle with e.g. they found it difficult to apply their learning to the world of work and customise for a real job
- *cv* writing needs to be a separate practical workshop.

Students need to be on programme earlier Y11 or Y12. Supported with a re-fresher follow-up programme for Y13, there was a lot to cover and the programme was competing with A level study and exams

34% of students found the 'find an apprenticeship' account set up and research very helpful.

"Thank you very much for your session today. I spoke to a couple of students from my class and they really enjoyed it and are now considering apprenticeships as a real option."

100% of students who attended the programme would recommend it to other students

66% of students found the cv writing & interview preparation most useful

67% of students found individual mentoring and coaching beneficial

This page is intentionally left blank

BUILDING SHROPSHIRE GRANT REPORT

The Additional Restrictions Grant (ARG) covered A9 months period from Nov 21 – Sept 22. The grant is for the support of business recovery from the impact of covid.

Introduction: Employer Brokerage Service, matching employer vacancies and needs to local unemployed and economically inactive residents. To meet the demand of the skills shortage in the construction, health and social care, hospitality, leisure, retail, warehousing and logistics across Shropshire. Landau delivered a pilot a project to support growth in SMEs across Shropshire by supporting their HR functions through effective recruitment and retention of staff and skills.

Criteria:
Landau will operate a brokerage service to meet local employer skill shortages by connecting them with unemployed, economically inactive, young people or apprentices looking at enhancing their careers to meet their vacancy needs. Landau will support at least 100 vacancies with the appropriate candidates to meet the employer's need.

Landau will work with at least 27 businesses to help with their skills shortage and will support the creation of 2 new businesses.

This project will provide the opportunity to identify some of the challenges that employers are facing and gather data on why job seekers are not applying for certain roles this will allow us in the partnership (Landau and Shropshire Council) to make informed decision about what mind-set changes needed to happen for us to meet the skills shortage.

Summary
Due to the uncertainty surrounding homeworking causing a slow start to the pilot it has gained traction and managed to exceed all the targets it was set and has provided some rich information on how we can meet better the recruitment needs of business's both large and small across Shropshire.

We have learnt that job shops based in local community settings including JCP offices are not reaching the unemployed. Where job shops did work extremely well were in the refugee hubs where we were able to provide supported employment for individuals. We also learnt a significant amount about the barriers for refugees around the cultures, mental wellbeing, translation and skills, this is a potential skilled workforce that needs support to transition to a new country and overcome trauma.

The 2 Jobs Fairs that we held had significantly more reach in attracting the unemployed and economically inactive.

The connectjobs4U site has been well received, and could be more fully utilised with a dedicated administration resource who would work on behalf of the employers and potential employees. A managed digital platform is definitely a support for SMEs recruitment.

Key Performance Indicators Dash Board

KPI	Target	Achieved	Comment
Support at least 100 vacancies with appropriate candidates	100	206	Achieved through Job shop/Fairs
Identify the skills/employment needs of at least 27 businesses	27	60	Achieved through Job Fairs and ConnectJobs4U
Support 2 new businesses	2	2	Achieved through bespoke 1-2-1 Employment Support

Job Fairs

Landau held 2 Building Shropshire Job Fairs to support local business looking to recruit local people. The Job fairs were held in Oswestry and Shrewsbury, both received good footfall with 160 unemployed people attending across both events. Feedback from attendees was positive and the opportunity to talking informally to employers was a huge benefit in breaking down barriers. Feedback from employers was also very positive stating they had received a lot of interest and enjoyed the opportunity to network whilst working.

Employer feedback:

'I recently attended a Job Fair hosted by Landau at the Dana Prison in Shrewsbury. I met a lovely lady who had recently moved to the UK from Ukraine. After being successful at interview, she is now a valued member of our Catering Team' ' JCA, Condover Hall

The Oswestry Jobs Fair held at the Wynnstay Hotel on the 26th January attracted significant coverage from local business tabloids, with articles appearing in the business section of the Shropshire Star, Shropshire Live Business, Love Shrewsbury and 'What's What' magazine. It also received good media coverage with a live interview on 25th January with BBC radio Shropshire and listings on The Marches Growth Hub Business Support Finder and Shropshire Councils website and a blog post on Landau's website. The event which was attend by 11 local employers looking to fill 115 jobs was well attended with over 60 meaningful enquires leading to further conversations or interviews with people

The second Job Fair held at the Dana in Shrewsbury on the 20th July, built on the learning from the Oswestry event with more data collected enabling us to follow up with participants and employer post the event. 27 employers attended the event and received over 176 enquires (interest in the role and spoke to the employer about the job on the day) 22 interviews arranged on the day, 5 job offers and 3 people have since started in their job.

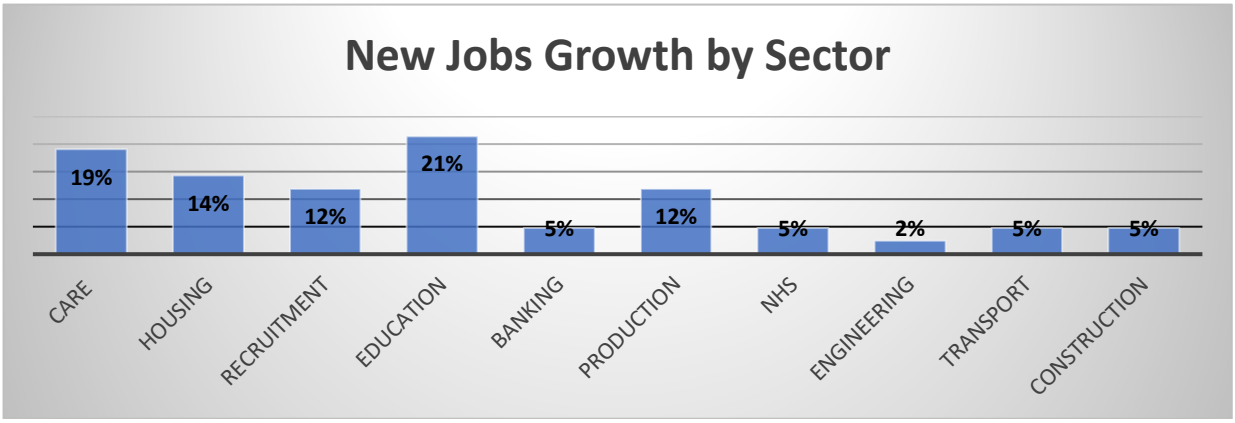
The events provide networking opportunities and the introduction of inspirational speaker and the Shrewsbury event attracted significant media coverage, including a video by Shropshire Live TV https://vimeo.com/734282073/b2152b780f. The speaker quite aptly had spent time as an inmate at Shrewsbury Prison before turning his live around after meeting celebrity furniture restorer Jay Blades and embarking on his how restoration business.

The table below list s the company, role advertised, whether they have been given access to 'list' their own vacancies on the CJ4U website and details about interviews and job offers.

Shrewsbury Jobs Fair 20th July 2022

	Company attending	Sector	Follow up email	Follow up visit	Login for CJ4U	CJ4u follow up call	Number of vacancies advertised	NEW roles	Existing vacancies	Number of Enq's	Interviews Arranged	Jobs Offers	Jobs Starts
1	Agro Merchants	Construction	Yes	Pending	No	Yes	1	0	0	1	1	1	1
2	Bethphage	Care	Yes	Yes	No	Yes	11	1	10	3	2	1	1
3	Connexus	Various	Yes	Yes	Yes	Yes	14	1	13	10	2	0	0
4	Home Instead	Care	Yes	Yes	Yes	Yes	10	2	8	8	0	0	0
5	Shropshire Fire and Rescue	Various	Yes	TBC	No	Yes	5	0	5	1	0	0	0
6	Radfield Home Care	Care	Yes	Yes	Yes	Yes	10	2	10	5	0	0	0
7	Apollo Home Healthcare	Care	Yes	Yes	Yes	Yes	5	2	3	2	1	0	0
8	Coral/Ladbrokes	Retail/CS	Yes	Yes	No	Yes	6	0	3	3	2	0	0
9	The Wrekin Housing Group	Various	Yes	Yes	No	Yes	35	5	15	15	0	0	0
10	Team4You UK	various	Yes	Yes	Yes	Yes	15	2	10	5	0	0	0
11	Brite Start FM	Cleaning	Yes	Yes	No	Yes	25	5	14	5	2	0	0
12	SBC Training	Apprenticeship	Yes	No	No	Yes	25	0	18	8	0	0	0
13	Proactive Personnel	Administration	Yes	Yes	Yes	Yes	15	3	3	5	3	0	0
14	DMOS People	Recruitment Agency	Yes	TBC	No	Yes	25	0	18	5	0	0	0
15	Barclays Bank	Banking	Yes	Yes	No	Yes	5	1	4	4	0	0	0
16	ABP UK Shrewsbury	Production	Yes	Yes	Yes	Yes	29	5	15	3	0	0	0
17	Pave Aways Ltd	Construction Trades	Yes	Yes	No	Yes	6	0	5	0	0	0	0
18	MPFT NHS	Care /Admin/ Maintenance	Yes	Yes	Yes	Yes	20	2	18	15	1	0	0
19	Americold	Production	Yes	Yes	No	Yes	20	0	15	5	0	0	0
20	WR Partners	Administration	Yes	Yes	No	Yes	4	0	1	6	0	0	0
21	Nationwide Building Society	Finance	Yes	Yes	No	Yes	4	1	1	8	1	0	0
22	JCA Adventure Condover Hall	Various	Yes	Yes	Yes	Yes	10	3	4	15	1	1	1
23	Grainger and Worrell	Legal	Yes	Yes	No	Yes	5	1	3	2	0	0	0
24	Arriva	Transport	Yes	Yes	Yes	Yes	12	2	5	6	1	1	0
25	Coverage Care	Care	Yes	Yes	Yes	Yes	40	1	19	15	2	1	0
26	Early Years and Childcare- T&W Council	various	Yes	Yes	Yes	Yes	10	1	8	3	1	0	0
27	Housing Plus Group	Construction	Yes	Yes	Yes	Yes	25	2	10	10	1	0	0
							415	42	246	176	22	5	3

415 vacancies were advertised at the Shrewsbury Fair of which 42 were new roles in the company indicating business growth.



Job Shops

A schedule of job shops designed to support individual job seekers was delivered across the county covering multi locations. We co-located all the job shops within established organisations near to the local JCP or within the JCP.

We found a lack of engagement from job seekers from the Job Centres, even when clients were mandated to attend there was still very little footfall. It is thought attendance was low due to DWP running their own programmes (Kickstart etc.).

We adopted a different approached in Ludlow with a more aggressive advertising model, relying less on JCP coverage but increasing flyer drops in the area including all community centres – GP's, libraries, community centre, colleges and supermarkets – the support from Leominster JCP was good as well as organic footfall from local people who had seen the promotional material.

We achieved over 10 referrals at this event from graduates now finding themselves living on the street to those in early retirement looking for part-time work.

Following a review on the third month we decided to not continue in areas where the footfall was very low. We saw a significant interest from the refugee centre in Shrewsbury and increased resources to support the weekly demand from this group. At peak times we also partnered with Home Plus using their resources to job search and interview. We are now connecting with the refugee centre in Ludlow on a regular basis.

Below is a table of the attended job shops, their location by month and day of the event.

JOB SHOPS	Feb/Day	March/Day	April/Day	May/Day	June/Day	July/Day
Mascall Centre, Ludlow	3,24	10	26			
Library, Oswestry	4,11	4,11				
The Hive, Shrewsbury Town Centre	10,14	7,28		9, 18		
Community Centre, Craven Arms	22	16	12			
Wem Town Hall, Wem	28	18				
The Community Hall, Bridgnorth		3,17				
DRAYTON CENTRE, Market Drayton			27		7	
Job Centre, Shrewsbury				18,24	14,21,28	
Refugee Centre, Shrewsbury				25	8,15,22,29	6,13,20,27
Job Centre, Whitchurch					8	

Landau Employment Advisors at Shrewsbury Community Hub, giving support to Zubida Ghaze who is from Syria.

We have supported Ukrainian, Russian and Syrian refugees by translating paperwork and working closely with community hubs to be available to support them into sustainable employment with local employers. Two Ukrainians living in Bayston Hill have moved into paid jobs secured at the Shrewsbury Jobs Fair.

Business Engagement

We have employed a dedicated Employer Engagement Advisor to work solely with the businesses, informing them of the support and introducing them to Employment Specialists who can offer suitable clients with the right skills to fulfil their job vacancies.

Businesses are offered a package of support and access to a dedicated local employment website to post their own vacancies or have a managed service by the Employer Engagement Advisor.

We have reached out to 137 employers to date (Appendix 1) introducing them to the project, whilst some are happy to sign a Service Level Agreement (SLA) with the project many more were reluctant. As businesses were finding the SLA a barrier for employers, we have proceeded without it as a requirement. This indicates business prefer an informal arrangement when accessing support and with difficulties in attracting job seekers to live vacancies, want to ensure they have a broad approach to advertising vacancies, promoting them widely to try and attract job seekers.

SLA with local business

The Building Shropshire project has signed business service level agreement for the job brokerage service with the offer of:

- Gaining data on employers needs and employment shortages
- A pledge to open vacancies up to the project and receive applicants from the project
- A pre-screening service matched to your business needs
- Business skills assessment
- Free invitation to jobs fairs
- Free advertisement on the employment website
- Arrange work trials ‘try before you buy’

We have signed agreements with the following businesses:

No.	Business Name	Sector	Operational Area
1	Radfield Homecare	Health & Social Care	Shrewsbury, Oswestry
2	Phoenix Homecare	Health& Social Care	Oswestry
3	Perthyn	Health & Social Care	Shrewsbury, Oswestry, Bridgnorth, Church Stretton
4	Home Instead	Health & Social Care	Shropshire wide
5	Halo Leisure	Sports& Leisure	Shropshire wide
6	Connexus	Housing	Shropshire wide
7	Bethphage	Health & Social Care	Shropshire wide
8	Condover Hall	Education	Shropshire

Connectjobs4u

To support the matching of vacancies to the right person we have launched a jobs website www.connectjobs4u.co.uk

Currently we have 60 employers live on the site, with 204 vacancies of which 33 are newly created roles and 171 are replacing current positions. Please see the table below:

Building Shropshire Live Vacancies

Sector	Employers	Number of Vacancies	Job Titles	*New roles*	*Replacement Roles*
Health & Social Care	PODS, Bluebird, HC One, Complesso, CoverageCare, Radfield, HomeInstead, NHS, Small Talk Nurseries, Shrop Youth Support Trust, Overley Hall,	30	Prep for Adulthood, HC Assistant, Activities Advisor, Dementia Assistant,	*2*	*28*
Factory	IPL	1	General Ops,	*0*	*1*
Manufacturing	Rec Direct, B+K, Schnieder Elec, Working Solutions, Encore,	15	Printer,Ind Sewing Machinist, Goods In Op, Packer, HR, Embrioder	*2*	*13*
Hospitality	Five Guys, Paragon Group,	38	Customer Service Advisor, Front of house,	*7*	*31*
Retail	Waterstones, Paperchase, Shoezone, Specsavers, Halfords, Asda, Lidl,	15	Bookseller, Salesperson, Shop Assistant,	*0*	*15*
Driving / Transport	Amazon, Arriva,	20	Delivery driver, Bus Driver,	*5*	*15*
Administration	SBC Training, Beeline,	5	Office Admin,	*0*	*5*
Construction and Engineering	Kier, Bovis, Taylor Wimpey, Breedon, GCH Bui	15	Street lighting Ops, Bricklayer, Logisitics, Plant Supervisor, General Labourers,	*5*	*10*
General Labourer	Corbetts Galvanizers, ABP UK,	5	Press Operatives,	*0*	*5*
Customer Service	Connexus, M&S, EFH, Jag Land Rover,	5	Customer Service Advisor, Furniture Hire,	*1*	*4*
Education	Beech Grove School,	1	Catering Ass,	*0*	*1*
Housing	Trident Housing, Sanctuary,	2	Comm Support worker, Chef,	*0*	*2*
Hospitality & Leisure	Nuffield Health, The Elms, JCA Condover Hall,	2	Payroll, Cust Service,	*1*	*1*
Sales	AGA,	1	Salesperson,	*0*	*1*
HR	WR Partners	1	Legal Aid Op,	*0*	*1*
Engineering	Gater,	1	Production Op,	*0*	*1*
Security	BAE Systems	3	Finance Officer,	*1*	*2*
Medical	Newport Back centre,	1	Physio,	*0*	*1*
Legal	National Probabtion Service,	10	Prob Officers (remote)	*5*	*5*
Packaging	Reflex Labels, Lyreco,	6	Printer, FLT Driver,	*0*	*6*
Beauty	Regis Hair,	10	Trainee Hairdressers, Receptionists,	*2*	*8*
Catering	Frydays, RAF Cosford, Oxbow Manor,	12	Customer Server, Catering staff, Head chef,	*2*	*10*
Charity	Meeting Point Trust, Barnardos, Maninplace,	5	Finance Officer, Business Manager, Keyworker	*0*	*5*
TOTAL	60	204		33	171

Through the Jobs Fair and Website, we have seen 75 new jobs created.

Business Set Up

1. Sutra Construction – Neil Sutra

Neil Sutra had previously had a successful 20 year career working in the entertainment industry. Following the Government 'lockdown' due to the Covid 19 pandemic his business was forced to stop operating and eventually close. Neil had attempted to seek employment independently but rejection affected his confidence and he was feeling despondent. He had also contemplated setting up his own gang workforce and business as a long term plan. Neil heard about Building Shropshire Job Shop pop-ups via an advert on Landau's Facebook page and attended the Bridgnorth job shop. He would initially require his CSCS card to allow him access on site and then he would be able to sit a practical test to obtain Telescopic Handler

license (SSSTS and SMSTS). We supported Neil with HMRC UTR website and showed him how to apply for his UTR number via HMRC in order to be self-employed. Neil sub-contracts and is being support towards setting up his own business Sutra Contractors.

2. Sourdemondoll

Online illustration business created by Ashleigh Morris. Ashleigh's last employment was at TGFI restaurant in 2020. She has recently been diagnosed with ADHD, Autism and Personality disorder. She felt having her own business was her only viable long-term employment option. She is registered with HMRC as a self-employed artist/designer. She now sells items online via ETSY and her website sourdemondoll.com
Sourdemondoll | Instagram, Facebook, TikTok | Linktree

Collaboration Opportunities, Employers, Job seekers, Third sector and LA.
The project has collaborated with a wide range of stakeholders from the public, private and third sector to promote the Building Shropshire project and publish employment vacancies on the www.conectjobs4u.co.uk website.

APPENDIX 1 - Employers contacted and informed about the Building Shropshire Pilot.

Bluebird
Compass Groups
Salvation Army
TK Maxx
Golden Bear
Butler Landscaping
Tena
Evri
FRO Blinds
JYSK
Bupa
Dawley Dental
Knights Construction
Denplan
Hi-Q Tyres
Jewson
The Gym Group
Tricas
Veolia
Severn Trent
Avant Homes
Starbucks
Costa
Hugo Meynell
Oak Furniture Land
SCS
Decathlon
One Stop
PODS
HC One
Complesso
CoverageCare
Radfield
HomeInstead
NHS
Small Talk Nurseries
Shrop Youth Support Trust
Overley Hall,
IPL
Rec Direct
B+K
Schnieder Elec
Working Solutions
Encore
Five Guys
Paragon Group
Waterstones
Paperchase
Shoezone
Specsavers
Halfords
Asda
Lidl,
Amazon
Arriva
SBC Training
Beeline
Kier
Bovis
Taylor Wimpey
Breedon
GCH Builders
Corbetts
Galvanizers
ABP UK
Connexus
M&S
EFH
Jag Land Rover
Beech Grove School
Trident Housing
Sanctuary
Nuffield Health
The Elms
JCA Condover Hall
AGA
WR Partners
Gater
BAE Systems
Newport Back centre,
National Probabtion
Service,
Reflex Labels
Lyreco
Regis Hair
Frydays
RAF Cosford
Oxbow Manor
Meeting Point Trust
Barnardos
Maninplace
Aico LTD
Phoenix Homecare &
Support
Buisness Doctors
Wynnstay Hotel
Britpart
McConnel
Beefy Boys (Shrewsbury)
Newgate World
Provac
Culina Logistics
Brightcore
Buy From
Full Fibre
Highbury Poultry
Pentons Cold Store &
Transport
Gillhams Deli
Morris Care
Bridgnorth Aluminium
Radis Group
Shropshire Fire and Rescue
Coral/Ladbrokes
The Wrekin Housing Group
Team4You UK
Brite Start FM
The Lion Hotel
DMOS People
Barclays Bank
Shropshire Chamber of
Commerce
Pave Aways Ltd
Midlands Partnership NHS
Foundation Trust
Americold
WR Partners
Nationwide Building
Society
Hays Travel
Grainger and Worrell
Coverage Care
Early Years and Childcare-
Telford & Wrekin Council
Housing Plus Group
Hope House Children's
Hospices
Driver Hire
West Midlands Ambulance
Service
Insynch Media
Reech Media
Culina Group
Muller
Caterpillar
Sain

This page is intentionally left blank

CO-WORKING at 6 May 2022
ARG economic recovery programme

Responding to the new way of working by creating office spaces fit for the future across Shropshire

INVEST SHROPSHIRE

Shropshire Council

KEY FIGURES

- £600,000 initial budget – 22% of overall £2.76m ARG programme
- £273,346 grants to 13 providers
- £156,700 grant to Hadleigh Management for the provision of Hadleigh Works at Memorial Hall, Oswestry (flagship facility and related business support centre)
- £52,581 grant to Enterprise House in Bishops Castle
- £70,000 grant to Cogitor to provide digital infrastructure and website.

Total Spend: £552,626

INVEST SHROPSHIRE

Shropshire Council

KEY OUTCOMES

- 217 new desk spaces available across Shropshire
  - 90 in Shrewsbury
  - 127 across Shropshire

- Network of 15 coworking providers established, providing 15 locations across Shropshire to ‘Cowork’ and ‘hotdesk’

- Digital infrastructure available
  - for providers to utilise
  - new entrants to use to scope facilities

- Coworking Campus website – www.coworkinshropshire.co.uk to showcase project and Shropshire-wide availability

INVEST IN SHROPSHIRE

Shropshire Council

OUTCOMES OF COWORKING PROGRAMME

- Budget of £600,000 fully utilised
- 223 new desk spaces brought to the Shropshire market
  - 90 Shrewsbury
  - 133 Shropshire
- 16 coworking providers (as businesses) supported
- Shropshire Coworking Campus established and launched – both physical and virtual spaces
- Achievement of the Development of an Innovation & Technology Community (Shropshire Business Board objective)
- £2,542 per desk space cost / VFM
- Portfolio Holder aware of project, and attended launch of Memorial Hall. All Local Members aware of the facilities within their areas.

INVEST SHROPSHIRE

Shropshire Council

OSWESTRY

Hadleigh Works

- Partnership development approach with LA, Local Entrepreneur (Vernon Hogg / Silverpreneurs) & Trustees of Memorial Hall Charity to revitalise Hall & reuse of 1st Floor.

- 30 desk potential, high speed broadband – & links to Growth Hub & Investor Networks etc. 12 + interested parties already & tours being offered.

- Key element of Future Oswestry (and quick win) & potential for Hall to utilise HAZ funding

INVEST SHROPSHIRE

Shropshire Council

Bishops Castle

- 12+ desks for coworking available & new meeting rooms
- Launched 4 April 2022
- Part of overall discussion with Libraries & Current SLAs

INVEST SHROPSHIRE

Shropshire Council

SHROPSHIRE LOCATIONS

MARKET DRAYTON
- 24 desks

TOTAL NEW SPACES IN SHOPSHIRE FROM PROJECT (Not Shrewsbury) - 133

OSWESTRY
- 2 facilities
- 40 desks & knowledge centre

BRIDGNORTH
8 desks

WEM
- 2 facilities
- 30 desks & 1 stately home!

CLEOBURY MORTIMER
- 16 desks

BISHOPS CASTLE
- 12 desks

LUDLOW
- 6 desks

Shrewsbury – see next slide

INVEST SHROPSHIRE

Shropshire Council

SHREWSBURY LOCATIONS

TOTAL NOW

AVAILABLE - 125

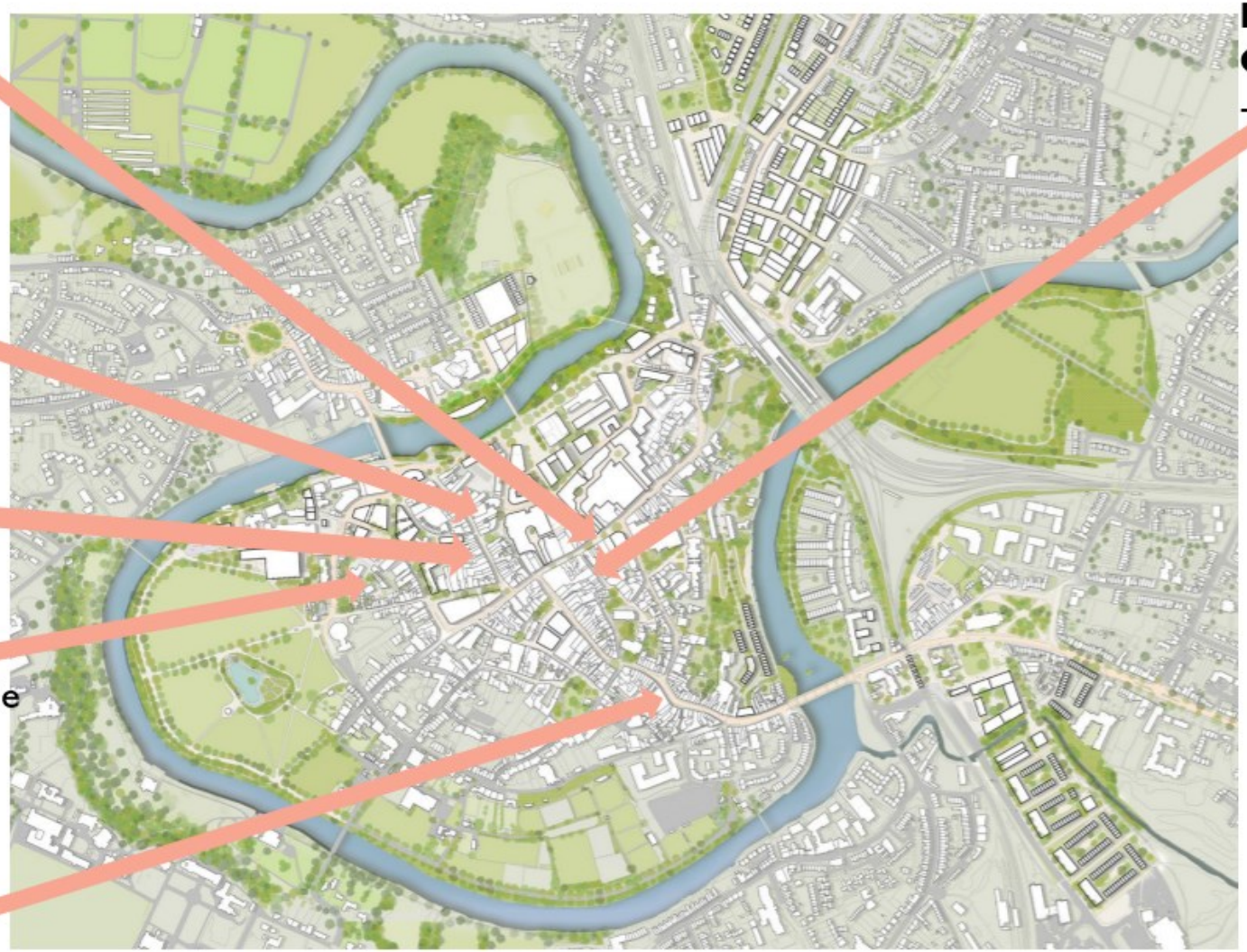
MADDOX & CO
- 15 desks

WELLMEADOW
- 4 desks

SHARED SPACE (ALPHA DESIGN)
- 16 desks

CLAREMONT STUDIOS
- 8 desks + outside space for 30

THE COP COLLECTIVE
- 11 desks



DESIGN BY COUNTRY (DBC)
- 16 desks

MIKE ROBERTS - BATTLEFIELD
- 20 desks

TOTAL NEW SPACES IN SHREWSBURY

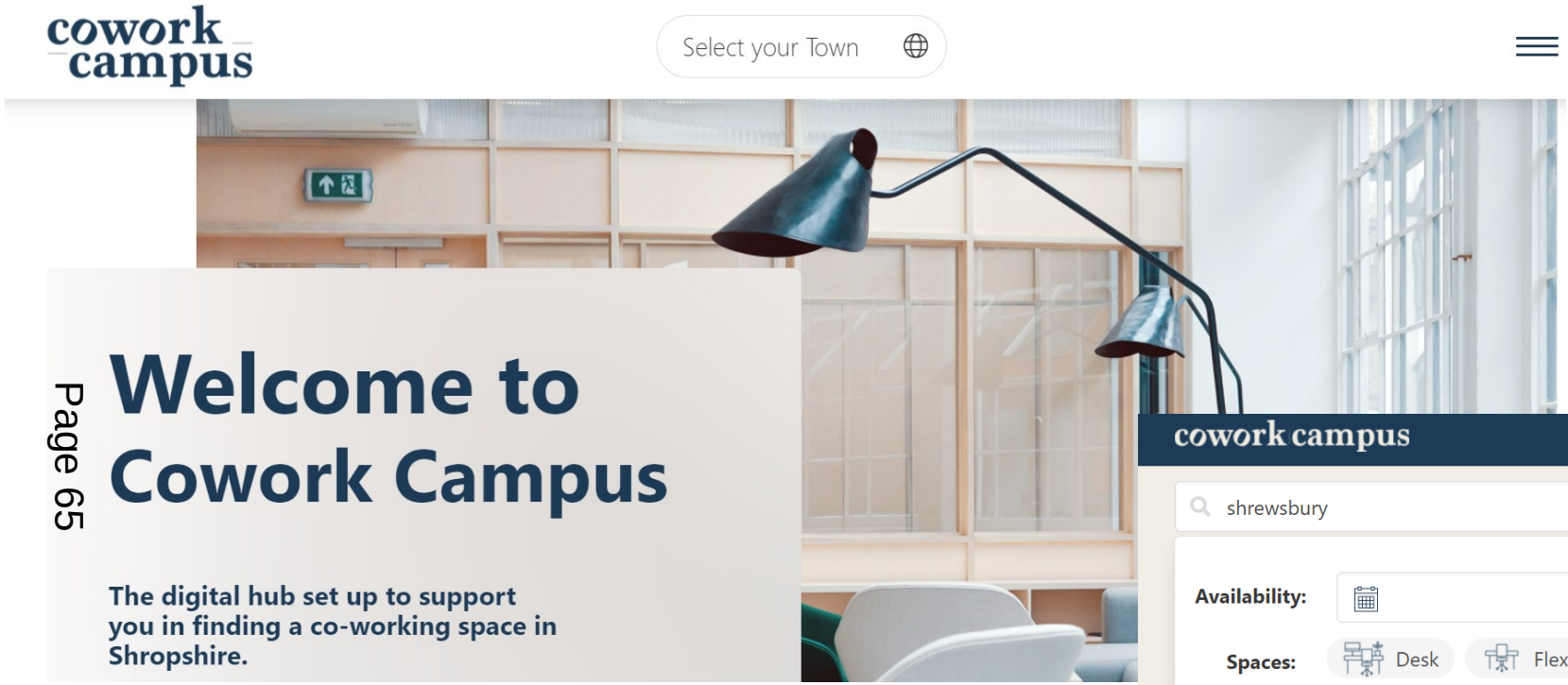
FROM PROJECT - 90

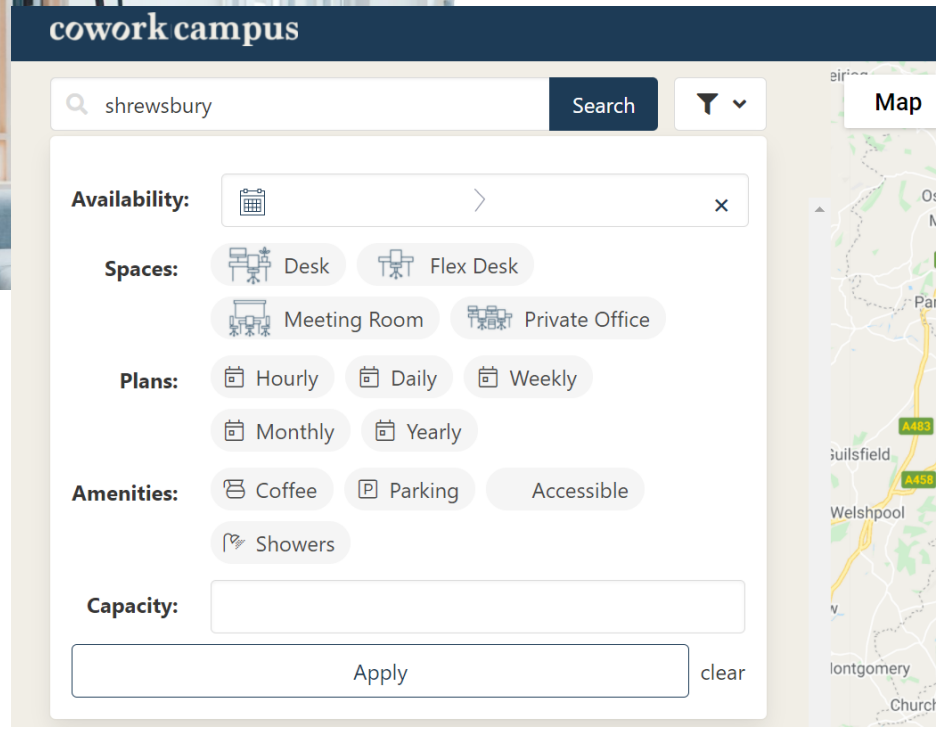
ALREADY IN SHREWSBURY - 35

INVEST SHROPSHIRE

Shropshire Council

DIGITAL INFRASTRUCTURE – Businesses



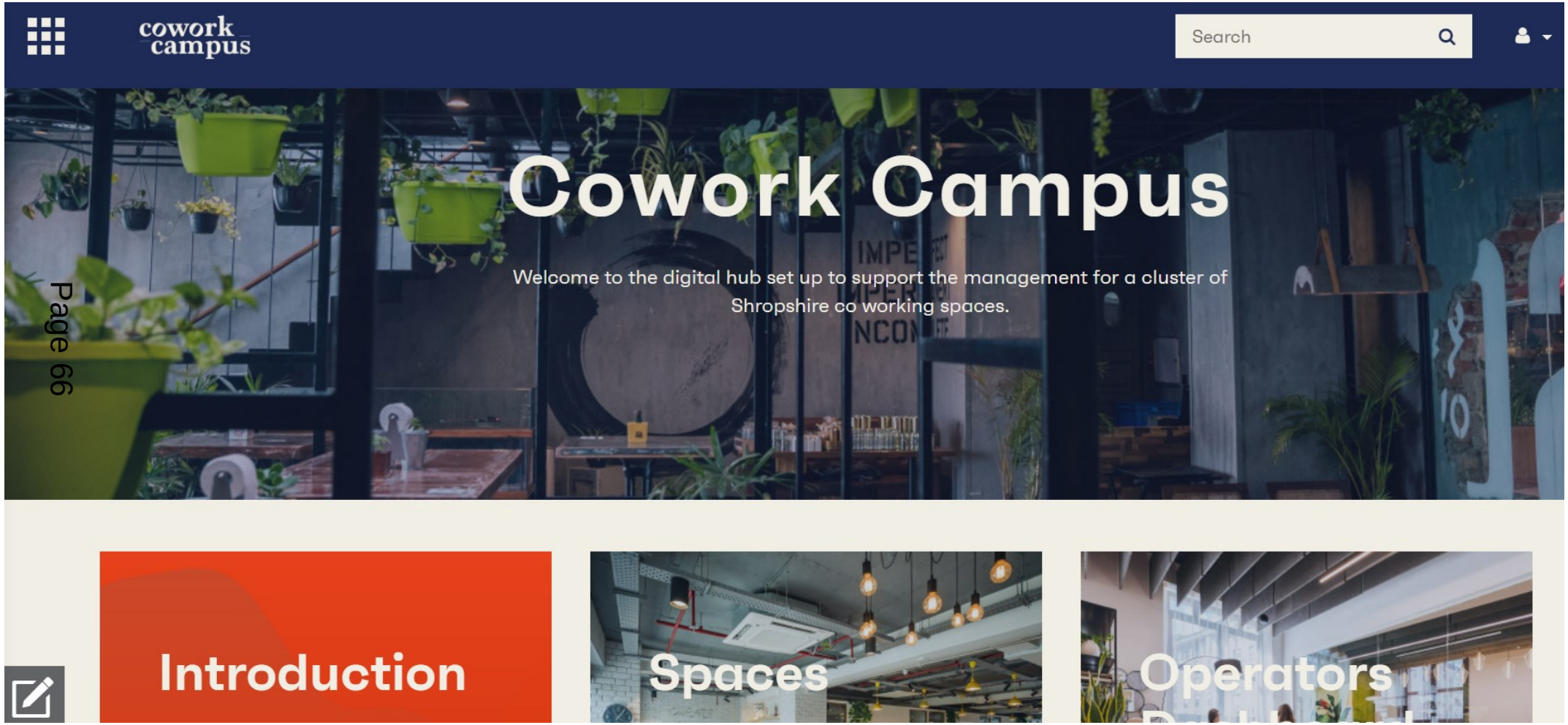


https://cowork.staging.superbyte.app/home

INVEST SHROPSHIRE

Shropshire Council

DIGITAL INFRASTRUCTURE - Operators



https://cowork.superbyte.app/

INVEST SHROPSHIRE

Shropshire Council

LEGACY OUTCOMES OF PROGRAMME – FOR FUTURE LA BENEFIT

- Network of Shropshire providers established and willing to share best practice, and open to new funding opportunities & knowledge exchange
- LA knowledge, expertise and data capture of this type of work environment obtained (can support future business cases)
- Quick early win for Economic Growth Strategy Review (2022 – 27) & support to Shrewsbury Big Town Plan & Future Oswestry Vision.
- Coworking Campus Portal established as 'best practice' if looking to set up this type of space
- National press coverage (hopefully!) of the LA's involvement and innovative approach to coworking & economic growth.
- Awareness raised of coworking potential for Shropshire – and interest from other Bigger Players in the Market – Town Square & 1 other

INVEST SHROPSHIRE

Shropshire Council

NEXT STEPS

- Finalise visits to all facilities.
  - 9 undertaken
  - 6 still to do
- www.coworkinshropshire.co.uk launched when more facilities complete and available
- Bring 15 coworkering providers together and establish network, to include monthly get togethers to share best practice, touring facilities.

- Creation of a Shared Prosperity Project to extend this ‘pilot’ into other areas, other types of facilities and types of coworking

INVEST SHROPSHIRE

Shropshire Council

Training Programme - UPSKILLING FUNDING 2022

Location: Virtual / Shrewsbury / Telford / Outside Venue

Course Title	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Sales							
Structured Sales Training for more Profitable Results		17.02.2022	04.03.2022				
The Psychology of Selling and Success		04.02.2022		13.04.2022			
Successful sales through online platforms, eg. Zoom (Virtual)							
Become a Powerful and Pursuasive Speaker			24.03.2022		18.05.2022		
Create positive opportunities through powerful networking		22.02.2022	24.03.2022				
Easy and Effective Sales Techniques – Virtual One Day Workshop		24.02.2022					
Leadership							
Team success through Confident Leadership		21.02.2022	14.03.2022				19.07.2022
Time Management, Decision Making and Prioritasation			08.03.2022				
			18.03.2022				
Team building in a hybrid world		24.02.2022					
Presentation Skills and Communication		11.02.2022					
Customer Care							
Deliver an outstanding Customer Service experience	28.01.2022		10.03.2022				
Business							
Project Management			30.03.2022				
HR							
Attracting Great Talent - Workshop 1	20.01.2022		17.03.2022				
Interviewing & Selection - Workshop 2	20.01.2022		17.03.2022				
Starting your employee's journey, the right way - Workshop 3		16.02.2022					
Addressing workplace concerns - Workshop 4		16.02.2022					
How to investigate issues at work and how to handle disciplinaries - Workshop 5							
Getting the best from your employees - Workshop 6							
Managing Mental Health Absence Effectively – Workshop 7							
Marketing & Analytics							
Google Analytics - Beginners	31.01.2022		02.03.2022		10.05.2022		
Google Analytics - Advanced		10.02.2022					
Google Ads - Beginners			16.03.2022				
Google Ads - Advanced							
WordPress in a Day		16.02.2022	31.03.2022			21.06.2022	
Search Engine Optimisation		17.02.2022	08.03.2022				
Marketing to Attract Local Clients	20.01.2022		24.03.2022				
Optimising Your Social Media Profile to Generate Leads		10.02.2022	17.03.2022				
LinkedIn for Business		01.02.2022	10.03.2022				
Insta For Business		10.02.2022					
Bloggin & Case Studies		01.02.2022	29.03.2022				
Digital PR and Social Media - How to do it		02.02.2022	03.03.2022				
Using your mobile for Video							
Health & Safety and Welbeing							
First Aid for Shropshire Business		14.02.2022	09.03.2022				12.07.2022
			25.03.2022				
Fire Marshal & Fire Awareness for Shropshire Business		08.02.2022	17.03.2022				
Understanding Your Health and Safety Duties as a Director		08.02.2022	17.03.2022				
Manual Handling		18.02.2022	08.03.2022				
COSHH Awareness		18.02.2022					
Mental Health Charter							
Emotional Intelligence			29.03.2022				
Mental Health Awareness in Workplace - Enhancing Wellbeing for All			31.03.2022				
Mental Health First Aider - 2 Day		7th & 8th Feb					5th&6th July
Focused Strategy and Business Planning - 3 Day Course			14th/15th/16th March				
Focused Strategy and Business Planning - 3 Day Course			29th/30th/31st March				

This page is intentionally left blank

THE PUMP HOUSE KNOWLEDGE HUB
BUILDINGS • SUSTAINABILITY • ENGINEERING

Sustainability and the built environment – workshop series – summary of outcomes

This was a series of seven workshops held over four days across the month of March at the Pump House Knowledge Hub. The Knowledge Hub is a collaboration between a Shrewsbury company EVORA EDGE and the University of Chester (University Centre Shrewsbury).

The workshops featured high quality speakers from both Shropshire and from across the UK sharing expertise and case studies. Facilitated discussions focused on practical actions to overcome the huge challenges of decarbonising existing buildings. Networking opportunities and discussions helped attendees to identify and capitalise on the potential business opportunities arising from the decarbonisation agenda. This included the formation of a 'green supplier list' from interested delegates for buyers to access.

Workshops

We carried out extensive market research over the course of January to understand the challenges facing Shropshire when it comes to decarbonising buildings. This evidence helped inform the design of the workshops and choice of topics and speakers.

Seven workshops were created and delivered in a hybrid format.

- 8 March
    - Sustainable retrofit – meet the buyer (AM)
    - Sustainable retrofit – win the contract (PM)
- 18 March
    - Net-zero carbon strategies for property and estate managers (AM)
- 23 March
    - Securing affordable warmth: heat networks as a solution (AM)
    - Securing affordable warmth: the business opportunities from heat networks (PM)
- 31 March
    - Sustainable retrofit in practice (AM)
    - Sustainable retrofit from the inside out (alternative materials and local skills training) (PM)

Outcomes

125 tickets sold in total. Slightly more attending in-person than online

- 66 in-person tickets
- 59 online tickets

NB Live stream viewing figures were higher than number of online tickets sold (more than double for some events) indicating the link was being shared or people were using multiple devices.

Number of companies and organisations benefitting

Below is the total list of companies and organisations who attended and/or spoke at the workshops. Many attended more than one workshop and non-attendance was low (less than 10%). In addition, suppliers for the event were sourced locally wherever possible including Yarrington, Jenny's Catering, Shropshire Printing and NOW signs.

No.	Companies	Organisations	Speaker organisations
1	Alumasc Roofing Systems	Construction Industry Training Board	Shropshire Council
2	Asset Surfacing	Connexus	Wrekin Housing Group
3	Balfour Beatty	Marches Energy Agency	Connexus
4	Cornovii Developments	Shropshire Council	Marches Energy Agency
5	CQS Solutions Ltd	Wrekin Housing Group	University Centre Shrewsbury
6	Faithful + Gould	Derwen College	Balfour Beatty
7	GeoSmart Information Limited	Folkestone and Hythe District Council	EVORA EDGE
8	Hankinson	Wrexham Glyndwr University	Amber Infrastructure Group
9	Metrorod Mid Wales and Shropshire	Cork University Hospital	Carbon Descent
10	Property Services Group	Sustainability West Midlands	Phil Jones??
11	R1 Construction	Cork College of Commerce	Net Zero Midlands Hub
12	SAVESTA CONSTRUCTION LTD.	Zero Carbon Shropshire	Telford & Wrekin Council
13	Seaton Beach Developments Ltd		Shrewsbury Colleges Group
14	SWG Construction		University of Birmingham
15	SWG Construction (Build & renovate) Ltd		Lime Green
16	Whitesales LTD		
17	Wrekin Drain Services Ltd		
18	Cox Mahon Ltd		
19	EVORA EDGE		
20	Fgb studio		
21	MEES SOLUTIONS LTD		
22	PS Partnerships & Consultancy Ltd		
23	Window Insulation Limited		
24	Plutinsus		
25	J3 Building Futures		
26	Mid Wales Property		
27	Teach A Trade Limited		

Feedback

Via anonymous feedback form

- Great to hear about the market size and opportunity. Procurement is key. Innovation required to make it a success
- Scale of the challenge and the opportunity it provides for contractors
- Valuable networking contacts. Need for forward planning for procurement and greater discussion of contract forms.

Via Linkedin

- *"Really interesting event…some great presentations. Lots to think about."* Suzanne Johnston, PS Consultancy
- *"Very informative morning – thank you to presenters and organisers"* Daniel Thompson, Window Insulation
- *"Most enjoyable sessions - Very informative and reassuring to see such a positive approach to Retrofit in the area. Looking forward to more of the same."* Jason Morrissey, SWG
- *"I also very much enjoyed the session. Very useful to get insight from the buyers themselves and the hurdles that are faced, both through competence in industry and procurement."* Richard James, Faith & Gould

Other outcomes

- Market research indicated 'buyers' had poor knowledge of local suppliers and contractors when going out to tender for retrofit contracts. A 'green supplier list' was developed as part of the first retrofit workshop and is now being refined and shared among all attendees, local buyers and training organisations. We will discuss with the council how this can be built on for the longer term as a resource.
- Slides requested to be shared with the Marches Growth Hub.
- Connexus housing committed to hosting similar sessions with local contractors to improve communication during the procurement process
- Collaborations between businesses and organisations on areas such as green finance, heat networks, training and retrofit have all begun as part of the networking elements of each day. (Evidence can be supplied if required)
- Project manager of the workshops, Vicki Ayton, asked to speak at an event on local procurement processes as a result of some of the discussions held at the workshops. The hope is that a pilot to trial different methods of procurement might be set up in the area.
- Event summaries circulated among all attendees and on social media.
- The insights from both the events and the market research provide valuable evidence for better decision making in the local area. Scoping work has begun on using this as the basis of an additional workshop event on 'leadership in sustainability in Shropshire'. This would be focused on facilitated action learning to help unlock barriers to decarbonisation locally. There was also interest expressed in a dedicated event on green finance. Shropshire council has asked the Knowledge Hub to help deliver workshops to schools on decarbonising their estates.
- Slides and high-quality videos can also be used as resources able to be circulated locally and further afield.

This page is intentionally left blank

Final Report

Building the Local Food Economy

September 2021 – March 2022

April 2022
Submitted to: Shropshire Council Business Growth Service
From: Shrewsbury Food Festival together with Shropshire Good Food Partnership

CONTENT

		Page
Summary		3
Activities		5
1. Food Business Visibility		5
2. Local Food Marketing		6
2.1	Treflach Farmers Market	8
2.2	Oswestry 5 mile Food	10
2.3	Marches Grow Local	11
2.4	Ludlow CIC	14
2.5	Market Drayton Traders CIC	15
3. Learning Exchange		16
4. Local public and private procurement contracts		18
5. Growth Plan		21
End note		23
Financial Overview		24

Annex 1: Call for Proposals – Local Food Marketing

Annex 2: Food Economy Stakeholders Overview

Annex 3: Payment Tracking

Annex 4: Project Expenditure

SUMMARY

This initiative, led by Shropshire Good Food Partnership (SGFP), has engaged with producers and consumers across the county. The aim was to enable producers to grow their businesses and consumers to access more local, high-quality food. Food and farming are key elements of the economy, particularly in a rural county like Shropshire and a focused approach to support the sector can deliver significant economic gains as well as wider physical health, social wellbeing and environmental impacts.

Our objectives were to:

- Increase awareness of Shropshire food producers and direct purchase opportunities for local fresh and value-added food and drink.
- Enable creation of webs of hyper-localized food producers and consumers
- Develop a growth plan to deliver a 10% retail market share for local non-multiples by 2030.

We have done a lot in a short timeframe, with key achievements being:

- The visibility of food businesses has been boosted through an upgrade of the Shropshire Food and Drink website. This now has new features including mapping, improved search functionality, user interface and producer portal. There are circa 200 businesses on the platform and web traffic has increased by approx. 50%. This has created a central place to find out about food and drink providers in the county.
- Five projects have taken place across Shropshire to support local food marketing. These ranged from support to the expansion of Treflach Farmers market to creating a hyper-localized food network around Oswestry bringing producers, retailers and consumers together to build pride in and commitment to the local food economy. Marches Grow Local have worked with producers on communications, from webpage set up and search engine optimization to developing tailored guidelines for social media use. Local to Ludlow have looked at how to use digital platforms to expand access to good food beyond southern Shropshire and in Market Drayton we have ensured that local producers benefit from the newly created e-commerce platform and Buttercross market, as well as improving their social media skills.
- Facilitating learning and knowledge sharing has been a core part of this initiative with both online and in person sessions bringing the local marketing delivery partners together to exchange experience and insight. There have also been sessions on market gardening and setting up community-supported agriculture schemes and on community food businesses along the food chain.
- An investigation of opportunities for public procurement with the outcome being a joint proposal with Telford & Wrekin, Herefordshire, Monmouthshire and Powys for a Marches Sustainable Food Network to develop a regional Dynamic Purchasing Food Hub.

- Increased access to local food through major retailers has been progressed with a pilot 'Buy Local' shelf imminent in the Midcounties Co-Operative stores around Shrewsbury.
- A growth plan focuses on an MSME food and farming marketing support hub that would draw on a range of different local service providers. This is starting through a partnership with the Food for Thought initiative.

The intended outcome of all these activities is to facilitate an increase in direct sales for Shropshire food enterprises. Given the short timeframe of the project and fact it ran from September to March, which is off-season for many producers, it has only been possible to document this impact in a few cases. For example, Treflach Farm saw sales at their farmers market up by over 100% from when they had done it before without any external support.

Key insights that have emerged so far include:

- The value of tailored marketing support to individual businesses, with generic guidelines produced through this process enabling a wider reach.
- Linked to the above is having a range of service providers and an understanding of their specific skills and experience and unique ways of working, to be able to know how to effectively link them with producers, processors or retailers. Wether a traditional family farming business who want help extending the reach of a veg or meat box or a new processor who needs access to diverse food retail opportunities.
- The potential for blended models, for example using digital platforms to extend the reach of farmer's markets, building on shared logistics and tools to create efficient routes to larger markets.
- Finding ways to build on the capacity of existing players to see how they can be supported and connected to fill gaps in the market. For example, we are working with Shropshire's Own to improve their offer of an online marketplace for different local produce items.
- The importance of networking, peer support and exchange in enabling shared learning and the development of new ideas. SGFP creates this space and it is proving a fertile ground for collaboration and strategic thinking on how we can work effectively as a county-wide food system.
- The importance of engaging people with services, in the form of experiences, rather than just product offerings. Telling the story of produce is essential and enabling a direct connection between people and the land and food that comes from it is even better in terms of creating a long-term relationship and buyer support.

SGFP will continue to monitor and evaluate the impact of this initiative over time and will provide updates and recommendations to Shropshire Council Business Growth Service. This grant has enabled us to build a strong presence and develop thinking on how we can continue to build the local food economy and a good food movement to support it.

ACTIVITIES

1. Food Business Visibility

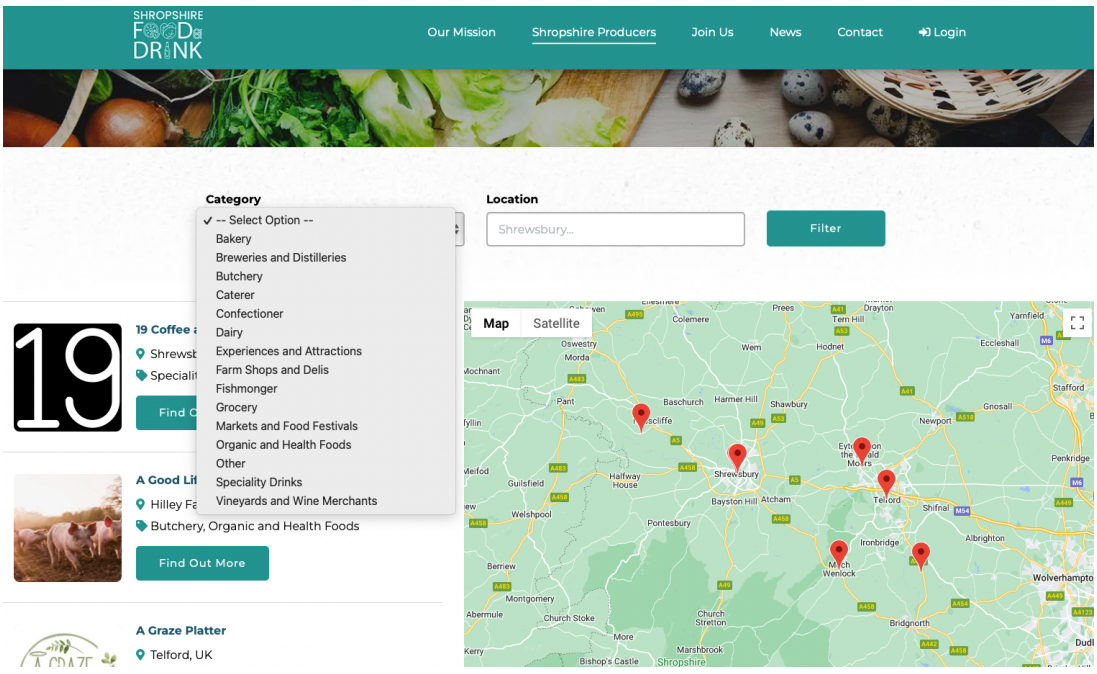
Expand on the Shropshire Food and Drink website to optimize technology for mobile use and user engagement. Build in new features to target both local residents and visitors and make it easy to find out where to get local produce. Develop creative user-interface allowing producers to directly upload real-time information on produce available and consumers to search using location based on effective google map interoperability.

The Shropshire Food and Drink website has been updated in line with the proposal and the new features went live at the start of March. There are about 200 businesses on there and web traffic has increased by 50%.

The main additions are:

- Google map feature to see where businesses are
- Portal giving producers the ability to update themselves, meaning that offers, seasonal updates etc can be done by them.
- Streamlined the categories and added in experiences as well which ties in well with the food and drink tourism agenda from Visit Shropshire
- Easy to search by category (bakery, breweries & distilleries, butchery, caterer, confectioner, dairy, farm shops & delis, fishmonger, grocery, markets & food festivals, organic & health foods, speciality drinks, vineyards & wine merchants) as well as location.
- Improved mobile user interface.

There has also been distribution of the Shropshire Food Directory.



2. Local Food Marketing

Support producers in marketing, from developing local market hubs and farmer markets to optimizing farm direct sales and deliveries. We will work with clusters of businesses on market hubs across Shropshire.

The aim of this part of the project was to support local ideas for local food marketing hubs in different areas. SGFP was responsible for the management of the funds. A call for proposals was launched (Annex 1), and there was an online session to outline the opportunity and have Q&As. There was a good response from across the county with a range of projects. Five initiatives were funded as outlined below; agreements were put in place, a kick-off call carried out and SGFP provided ongoing oversight, feedback on reports and support.

1. Treflach Farmer Market

Overall Project Aim:

- To strengthen food networks in the local area; i.e. connect community members with local farmers and producers to increase access to healthy, seasonal and sustainable food.
- To create a market for high margin (retail) sales for local, sustainability focused businesses.

2. Oswestry 5 mile food

"Our aim is to test the impact of a hyper localised network and campaign to promote and enable local food supply in and around Oswestry"
We will facilitate collaborations amongst this network to collectively:

- Promote the health, economic and environmental benefits of local food sourcing.
- Support new entrants in the food industry to find local market opportunities.
- Develop a 'buy local' movement, building pride in growing, producing, providing, and eating local food.
- Identify and test ways to make local food more accessible to all.

3. Marches Grow Local (MGL)

To build the local food economy in South Shropshire, MGL will pilot a support package for local food producers to expand their turnover that includes:

- Training on digital marketing
- Training on the set-up and use of the Open Food Network (OFN)
- Support to set up a delivery mechanism that is economically viable and considers the impact of carbon emissions

4. Local to Ludlow CIC

A feasibility study to explore the potential of new or expanded routes to market for local producers using digital platforms to create a more resilient local food economy.

Aims to:

- Increase access to local produce for areas in Central & East Shropshire and Telford via an online platform.
- Increase sales for local producers
- Scope out system for public purchase, order collection, collation of products and reorganisation of products for orders and then delivery and or pick up direct to consumer
- Identify main hub and satellite hubs
- To utilise Local to Ludlow producers that attend regular Local Produce Markets in Ludlow, currently every 2nd and 4th Thursday.

5. Market Drayton Traders CIC

Market Drayton Traders CIC aim is to increase trade to local businesses, initially focussing on local shops and hospitality businesses. They secured funding to launch an ecommerce/ delivery service. Enabling customers to do their weekly shop online in one place whilst still supporting their local shops. The aim of this initiative was to build on this capacity to support local producers to engage, to use both the online platform and the monthly market, Buttercross Artisan Market.

An overview of the activities carried out, results and impact is provided here with full reports available on request.

2.1 Treflach Farmers' Markets

The aim was to strengthen the local economy by increasing high margin (retail rather than wholesale) turnover and reinforcing local job and businesses networks, maintaining local employment to secure rural livelihoods.

Treflach Farm will act as an 'anchor' business, working collaboratively with other local business to create a low cost environment to engage with local people and make a space for regular retail sales.

Keystone Partner Businesses

- Treflach Farm – regenerative/grass finished beef, free range pork, homemade pies
- Babbinswood Farm – organic lamb and vegetables, milk and dairy produce
- Tri Dyffryn Community farm business – honey, wax products and fruit wines
- Sue Dolman – locally sourced wool and knitted products
- Ellesmere Eco Flowers – locally sourced, seasonal flower arrangements
- Wackley Brook Farm - organic chicken

Objectives

- Increase stallholders to 15 to increase variety, interest and reach.
- Increase footfall by approx. x 3 from currently average 35 attendees to 100 attendees per market by the Christmas market (Sunday December 19th).
- In the same timeframe increase sales by x 3 times. E.g. Treflach Farm market turnover is currently average £350, this makes a sales target of £1050 per market.
- Engage with 10 young people per market through a fun and educational led activity teaching about nutritious healthy eating/seasonal food/sustainability etc.
- Engage with 10 adults per market through a workshops or led discussion focussing on healthy eating/seasonal food/sustainability etc.

Summary of progress

We ran 3 Farmers' Markets (October, November & December 2021) since the signing of the funding agreement. All three markets were extremely well attended by stall holders and the public, attendee numbers were up by +50% at least from June to November with December seeing the total number of attendees more than triple from November (at one stage approx. 100 cars and 300 people on site!). Treflach Farm sales went up by over 100% (i.e. not only did attendance increase but per customer spend also increased), other stallholders seem happy too. The roadside banners worked well in spreading the word for relatively low investment. The family friendly activities were particularly well received. This is a core lesson learnt, i.e. people engage with services (experiences) more than just product offerings.

Activities

We have run 3 x Farmers' Markets with family friendly activities.
Marketing materials both online and physical have been developed and delivered (banners and digital adverts).

Direct marketing (posters and flyers) put up/distributed
Materials purchased: 2 x Gazebos, benches, woodburner focal point, IT equipment/card readers
Car park infrastructure: Sleepers and stone purchased; digger hired to expand car parking
IT infrastructure: Card readers purchased and free to use by stall holders wifi established
Roadside banners bought and put up around Treflach and approaching main roads

Outcomes
Numbers of stalls increased from 5 in June to 20 in December
Numbers of attendees increased from approx. 30 in June to approx. 90 in November to well over 300 in December.
9 Family friendly activities run: make your own art supplies with farm based materials/guess the weight of the pig comp/squash carving/story telling/fire side candy apple making/forest school/woodland weaving/local silver band/local choral choir service.

Key lessons
Setting up the event is a huge amount of work and so we need people/volunteers to help with preparation.
People engage with services (experiences) more than pure product offerings. Therefore, we need to keep the offering fresh by creating new and interesting activities each month.

Challenges
Car parking. The Christmas market was a double edged sword, a fantastic success with regard attendee numbers but a real challenge with logistics of managing that number of people. It was decided to take the new year months off and restart when the ground is dry enough to accommodate the traffic/parking pressure.
Workload of core team in build-up and break down given majority of helpers are volunteers on the day only.
Wet weather provision. We had two large marquees for hot food vending/undercover outdoor seating/family friendly activities however this was destroyed in storm Arwen. Do we invest in new marquees?
How do we keep levels of stall holder engagement up? Since the Christmas market we are repeatedly being asked when the next market will be. We do not envisage stall holder engagement being an issue going forward.

Opportunities
The Farmers' Market is a wonderful opportunity to build networks with local producers and community. We aim to grow our engagement with young people helping with setting up and running the market as well as offering an opportunity to run their own stalls exposing them to gaining financial skills.

Future Considerations
Solve the car park problem – perhaps the market is suited to Spring to Autumn months only? Solve the issue of the long farm drive not allowing passing traffic. Potentially a volunteer at either end of the drive with walkie talkies to coordinate traffic. We will restart in May 2022.

2.2 Oswestry 5 Mile Food (OsNosh)

Objectives and progress are captured in these graphics:

Connect local growers and producers, to collectively showcase a rich local menu of healthy seasonal food…	Work with local retailers and providers to find innovative ways to bring local produce to market…	Engage and educate consumers in the benefits and accessibility of local food…
PROUD TO PRODUCE	**PROUD TO SERVE**	**PROUD TO EAT**

Oswestry 5 Mile Food

2.3 Marches Grow Local

Working with local food and drink producers, Marches Grow Local created a 'support' package to help producers develop their digital marketing and online sales to retain existing customers and reach new ones.

They were able to deliver the support package to four producers:

- Hare Hill Farm (HHF) https://harehillfarm.co.uk/
- Long Mynd Cider (LMC) https://longmyndcider.com/
- Clun Valley Organics (CVO) https://www.clunvalleyorganics.co.uk/organic-meat
- Blackhurst Farm (BF) https://www.facebook.com/BlackhurstHighlandBeef

The first stage of the support package was to meet with each producer in-person or online to understand how their business works, who their customers are, how they are reaching them, and what their pain points are. Depending on the outcomes of this first session, the producers could ask Marches Grow Local to undertake any (or all) of the following options:

- A website review
- Social media review
- Google Analytics review
- Search Engine Optimization (SEO) – Key word research and implementation of off-page SEO
- Demo of the Open Food Network (OFN) for online food and drink sales; population of an OFN shopfront with the producer's products

From working with the different producers MGL wrote a guide to Developing a Social Media Strategy. Often with social media, users tend to post without thinking about what they are trying to achieve or who they want to reach, so a strategy is vital.

The full report summarises the work undertaken for each producer, what we learned, and how it could be improved moving forwards. The following is a summary of work with different producers:

1. Hare Hill Farm (HHF)
HHF is a 0.75 acre market garden in south Shropshire. Produce is sold in veg-boxes to the local community, loose at local markets and to local restaurants. It is run by a young couple. Currently only one of them works in the market garden full-time but, ideally, they would both like to do this in future. For HHF, we focused on a website review, social media review and demo of the OFN.

2. Long Mynd Cider (LMC)
LMC has been running for 3 years, but the producer has been making cider for over 20 years. Both still and sparkling cider are made; the still cider is sold in local pubs and the sparkling cider is available to buy online. The producer has his own young trees on site that he hopes will provide a good crop soon. Before this is available, he sources all his apples from local orchards.

The majority of LMC's business comes from word of mouth. The producer is not interested in social media or developing a blog. MGL were conscious that any suggestions made in the Pilot could be taken forward and sustained by the producer, so we did not recommend the producer start using these channels. A Google analytics review was done, along with keyword research for Search Engine Optimization. A quick win we created for LMC was a QR code to add to the posters / coasters, etc. they use locally. The idea here was to encourage people who enjoy drinking LMC in the pub to try the sparkling version which can be purchased online. LMC has an existing online ordering system linked to their website and a delivery system in place. A demo site was populated for the OFN introduction.

3. Blackhurst Farm (BHF)

Blackhurst Farm have a large commercial arm selling hogget (through Halal butcher in Craven Arms and through FarmFresh). The side of the business that they want to grow is a smaller concern: Highland Beef. Since 2015, they have increased their herd of 3 to 34, which includes cows, calves and a bull. They sell the Highland beef in boxes and generally sell out over the weekend after receiving the meat. We gave specific feedback on their social media channels (Facebook and Instagram) and gave them ideas for content development. The main recommendation with social media is to work on a strategy otherwise it can be a significant time-sink and not result in increased sales/conversion.

We also discussed other ways Google Drive can help with business admin, such as creating a shared spreadsheet (with links to photos/videos) to record work undertaken for the agri-environment scheme, Countryside Stewardship, and creating a Land Management Plan in Google My Maps. Guidance on creating a plan in Google My Maps was shared. A short intro video on using Google drive also done.

BHF does not have a website. Their online presence is on Facebook and Instagram. They have considered creating a website but are concerned that they would not have time to regularly update it and think it would be expensive to pay for the domain and hosting costs to only have a 'static' page on display. MGL suggested creating a holding page on an existing website that could be used by the producer to push traffic to their social media channels. To test this idea, we created a holding page on the Middle Marches Community Land Trust website, which can be viewed here https://middlemarchescommunitylandtrust.org.uk/the-hub/buy-local/blackhurst-farm

MGL is supporting BHF with a demo and shopfront which requires extracting product detail from Facebook and Instagram.

4. Clun Valley Organics (CVO)

CVO has just under 300 breeding ewes (rare breed), about 90 traditional Herefords and Highlands with followers, 2 sows and a boar (Berkshires). They also have 3 holiday lets including a Hobbit House, two shepherds huts and an eco-cottage. Guests can buy produce from the farm as part of their stay.

Support involved testing a new website they were about to launch to find any glitches and review it with a 'fresh pair of eyes'. They have implemented most of the recommendations we made in the review.

CVO currently uses Facebook and Instagram but posting is infrequent, whereas their visitors often post. Suggested making the most of this using hashtag/QR code so that it is quick and easy to pick up on these and share on own channels, so post regularly without having to develop their own content.

CVO are interested in OFN as they have no proper systems in place to do this at moment. A demo site was populated from a price list for a remote introduction. They expressed concerns about determining appropriate prices and about the overhead of weighing and labelling individual items. To overcome this, a member of MGL participated in processing 264 items (pricing, weighing, labelling, digital documentation) of a Highland to help establish a system. CVO created an OFN shopfront and have designated MGL as administrators. Current top priority for MGL is to work with CVO to agree a system for inventory control, establish a workflow (including potential MGL involvement) for their OFN shopfront.

Further work

1) An Open Food Network extension (OFNX) was designed and offered to an additional five producers. Muckleton Meats (MM) responded positively.
    - MM have solid procedures and online ordering/delivery in place. OFN is seen as a potential alternative. They are also interested in other delivery routes.
    - MGL populated a demosite with MM website data and demonstrated OFN remotely. MM have since created an OFN shopfront, designating MGL as administrators and have provided full digital product lists. MGL will use these to populate the MM shopfront. This last phase is pending completion of CVO work (more time critical).
2) A Marketing Strategy Workshop in May 2022 (at The Venue, Pollardine Farm) is being designed in response to interest from the Pilot producers. Places will also be offered to the OFNX producer cohort and to other SGFP contacts as space allows.

A draft feedback survey has been designed to collect opinions from the producers as to the effectiveness of the Pilot and to solicit suggestions and/or criticisms. This will be completed at the Workshop. If the feedback is largely positive, MGL and SGFP will consider how they work together to fulfil this role of 'go-to' organisation for local start-up producers entering the market by building the capacity of producers to increase sales through existing channels and gain access to new markets.

2.4 Local to Ludlow CIC

Building on the strength of the local food and drink scene predominantly in the Ludlow area, the idea is to develop a greater knowledge and appreciation of local food with consumers and other businesses that may benefit in North and East Shropshire through:

1. Scoping: Review recent local research and successful projects elsewhere in the country on local food marketing. Complement with interviews with key local producers, larger business resellers, wholesalers and processors in South Shropshire to identify trends, gaps in provision, opportunities and interest in new routes to market.
2. Research: potential for new market routes using digital tools from the perspective of suppliers and potential consumer/buyers:
3. Development: Chart a way forward for each market route based on findings. Pilot actions that can be undertaken immediately and produce a mini business plan to get the project operational.

A document was produced outlining the requirements necessary for the set-up of a sustainable Shropshire Local Food Hub and Distribution Network. This covers identification of supply and demand, potential market,

Regular attendees of Ludlow farmers market have indicated an ability to supply additional products over and beyond their existing business operation (list available). The businesses who have shown interest, collectively offer a range of products that would fulfil the necessary range of everyday and more specialist local food and drink items. With regard to demand distribution networks work most efficiently where there are more densely populated areas. Shropshire is one of England's most rural and sparsely populated counties. Population density was 145 residents per square kilometre in 2020, therefore it makes sense to concentrate on more populated areas of the county where access to local produce is scarcer, propose targeting Shrewsbury/ Much Wenlock/ Telford belt.

The potential for a hub to act as a central location for aggregation and redistribution in an efficient manner was explored. A review of food networks in different parts of the country looked at the way they are set up, physical space used for receiving products and reorganising orders and storage of materials needed; and the transport of goods. Key considerations are efficiency of operations, food safety and liability, order cycle, software solution used and business model. The two main online solutions available are Open Food Network and Food Commerce. An overview of each with pros and cons is provided in the separate report with comparison of start-up and annual costs. The scale of enterprise and percentage enterprise fee are key aspects of the business model and marketing and branding will be critically important.

Through the research phase a number of businesses already taking online orders and delivering local /organic food/drink to private addresses in and around Shropshire were identified. To date these all appear to be commercial operations attached usually with a retail outlet. Of particular interest is Shropshire's Own who have tried to act as an aggregator of local produce but have not reached full potential. It was agreed to find ways

to support them to grow, to improve marketing and communications, work on their business model and better link up with producers in the county.

The interest in OFN that has been supported by MGL is also of importance. Once there are a critical mass of producers on the platform independently, it will be clear if it makes sense for SGFP to create a food hub there to bring the producers into one place. In the meantime Ludlow market will look at setting up a shop-front.

2.5 Market Drayton Traders CIC

Market Drayton traders CIC is in the process of setting up an Ecommerce/ Delivery Service See https://shop.marketdrayton.org.uk The original investment was aimed at local bricks and mortar businesses such as shops & hospitality venues, to enable these businesses to reach a wider audience such as those that due to work commitments don't have time to access a 9-5 business and would usually use a delivery service.

The new food economy funding has been used to further develop this by supporting 6 local producers to get on board, providing free use of the online platform (other than transaction fees) and technical support. A group training session has been provided including the following local producers/processors. Additional 1:1 support will be available as required.

- *Pim's Produce (Fruit & Veg)*
- Pie-oneers (Pies)
- Margaret's Farm (Ferments, pickles etc)
- Buttercross Bistro (Home made ready meals)
- Fordhall Farm

This project also supported engagement of food businesses at Buttercross Artisan Market, a newly formed market in the centre of Market Drayton aimed at supporting local crafts and producers. We have provided 20 free stalls to local producers, split over markets which happen on the 2nd Saturday over a period of 6 months. We are also hoping to expand the event to enable some stalls under marquee which will enable more space for some traders.

We are providing marketing support to food businesses that engage with the market and platform, with five Social Media Workshops x 5 run by an external consultant to cover facebook, canva, basics of social media, content creation and importance of online review and tiktok.

Banners, leaflets, and other promotional materials have been produced.

3. Learning Exchanges

Facilitate learning between the hyper-localized food hubs to share experience and insights. Quarterly peer exchange events and good practice guidelines shared.

The local food market fund supported organisations and businesses to try out different approaches to local produce marketing and the purpose of this activity area was to facilitate sharing and learning across the county on the different approaches.

An online learning exchange took place on 14th December 2021, this involved the grant recipients each sharing what they were doing and providing progress updates and key insights. This was followed by a discussion and sharing of ideas and identifying potential for collaboration.

An in person learning event took place at Treflach Farm on 9th March 2022, following a similar format, but with the projects nearing completion and more chance for interaction. It was a fruitful event and helped resolve some challenges and generate ideas for future collaborations.

Additional learning events were also organised for wider engagement of food businesses:

Market gardens and business models
The aim was to enable shared learning between growers, to support the development of market gardens across Shropshire. An event was held at Little Woodbatch Market Garden, Bishops Castle on 2nd September 2021, to look at practical aspects of setting up a market garden and to share more about the Community-Supported Agriculture (CSA) model. The event was attended by 12 people, most in the early stages of setting up market gardens, including Havenhill field and kitchen, Shrewsbury microgreens, Babbinswood farm, Dick's market garden and bakery and a range of individuals.

Daphne Du Cros shared her experiences setting up Little Woodbatch and led a walk around the garden and poly-tunnels. This was followed by a wide-ranging discussion, from practical questions on seeds and tools to the business model and how to set-up a CSA, opportunities and challenges. Local marketing was explored in depth from building demand to managing logistics during growth and different pathways to scale.

Community Food businesses
How can community-owned businesses play a greater role in the food system in Shropshire? This was the question which we explored at a session at Fordhall farm, England's first community-owned farm. Charlotte Hollis, manager of Fordhall Community Land initiative shared her story and the potential for community owned business as a way forward in our current context. Community businesses are enterprises that are owned and run democratically by members of the community, on behalf of the community. They may be at different stages of the food chain: farm, processing, retail - shops, pubs, cafes, farmer's markets and bakeries too.

We looked at the work of the Plunkett Foundation who support rural business growth through championing community business ownership. We discussed how to support the development of community food businesses in Shropshire; mapping what is going on and identifying how to support people who want to set-up something new. We will engage with Plunkett Foundation to see if can access resources.

Photos from Little Woodbatch Market Garden learning event

4. Local public and private procurement contracts

Explore opportunities with public sector to pilot a Dynamic Purchasing System (DPS). Work with supermarkets to increase retail space for local seasonal produce.

Public procurement

This provides a huge opportunity to create business opportunities for SMEs in the county. £2.4 Billion is spent on food and catering in the UK every year yet the government admits they don't know where that money is being spent and probably never have. The National Food Strategy published in 2021 recommended UK wide implementation of Dynamic Food Procurement. Dynamic Food Procurement uses innovative technology to create an open digital marketplace that enables shorter, more transparent food supply chains which will deliver significant social, economic and environmental benefits for everyone.

As part of this Local Food Economy grant the current public procurement in the county has been explored and efforts made to link local producers into the supply chains. Meetings took place with Nigel Denton (Commissioning Development & Procurement Manager) and Janet Cross (Head of Shire Services). Shire Services provides catering services to a large number of schools and other venues both in Shropshire and the wider region. Shire Services is committed to 'great tasting, healthy, locally sourced food'. Produce is sourced from local companies, with The UK Foodhall and The Little Food company as core suppliers, however these companies are generally not accessible to local suppliers and source nationally. The challenge for individual companies is to create efficient logistics processes that can allow for sourcing smaller volumes from many different suppliers in a timely cost-effective manner.

This is where Dynamic Food Procurement comes in, with an Advisory Board set up to facilitate UK-wide, SME-inclusive, dynamic procurement, fulfilment and delivery capabilities for public sector food buyers. This is based on successful pilots that show how local farmers were able to supply the sector for the first time. The resulting supply chain transparency is unprecedented and enables more informed choices on welfare, carbon footprint, biodiversity impact to be made on the food at the point of purchase. What's more, there is strong evidence that a triple multiplier effect applies when redirecting food spend to regional food producers. Indicative analyses have shown that even a small minority % of food spend in a typical size local authority being redirected to small-medium enterprises in that region may generate more than £80 Million of annual incremental GDP (Dynamic Purchasing UK).

SGFP has been coordinating with local Councils and food partnerships across the Marches region to make the most of opportunities to access national funding to enable dynamic procurement to work here. This would be a far more strategic approach then trying to integrate business by business more producers into the current supply chain structure and could deliver far more wide-ranging benefits for the local economy.

The Marches presents an area of great collective opportunity and working together we can tap into resources from the Dixon Foundation and potentially the Marches Growth Hub, to support cross border collaborative ventures. Partners of the proposed Marches Sustainable Food Network include respective councils in Shropshire, Herefordshire, Telford and Wrekin, Monmouthshire and Powys alongside the Marches LEP. A concept note to access funding to develop a regional Dynamic Purchasing Food Hub was successful and we have been working on the full proposal and getting Shropshire Council engagement. This represents that best way forward on public procurement in the county.

Private Procurement

Major retail outlets provide opportunities to get more local produce in front of a large number of consumers who do not have the motivation or capacity to seek out local produce at farer's markets, independent shops or online. Meetings have taken place with a range of outlets across the county.

Most progress has been made with Midcounties Co-Operative. Russel Fox, Store manager at Bicton Heath, Shrewsbury has been actively engaged and set up meetings with the centralised buying team (Nicola Wilden, Direct Sourcing Manager; Molly Beatty, Senior Food Buyer). They have a 'Best of the counties' range as a premium line, but little of this produce actually comes from Shropshire. The company is keen to source more locally, they wrote '*Shropshire has a great Food Culture & we are eager to grow our supplier base & proposition in the region*' (pers comm Feb 22). SGFP has pulled together initial 'new product' ideas, primarily meat and dairy related.

Samples of the marketing materials used by the supermarket have been shared and SGFP would create materials to tell the story and branding to use alongside the producers own to give some uniformity to the new products. This includes the POS (Point of Sale, L-80mm H-70mm) used to highlight products to customers and the PSA (210mm H-75mm) is for staff to have the more detailed knowledge of what is stocked.

There is however, significant scepticism amongst Shropshire's producers that supplying into a supermarket would be a good business opportunity. Many have had bad experiences in the past and the focus of our discussions with stores has been on creating a 'Buy Local' shelf that would be a 'pot luck' for consumers, in the same way as the discounted close to date shelf is. Producers could then supply what they have surplus of in a way that supplements their core business. However all produce would have to be agreed in advance and have a code assigned for a specific item that is pre-defined and for which the marketing material is done. We are still exploring the viability of this, where the produce is agreed in advance but the supply times and volumes could be flexible. We are in process of negotiating common T&Cs, payment terms, trial quantities, compliance checks, distribution expectations, retail space available and margins. We haven't been able to close out on this in the timeframe of this grant, due to key staff absences. We will continue to develop this, aiming to get produce into the 7 stores in the Shrewsbury area as a starting point.

An important part of this work has been finding out which local producers in the county do want to scale up their business. Some are happy operating at a small-scale, others are ambitious to grow. Appendix 2 provides an overview of producers that have been engaged with in some way by SGFP or our partners in this project. It is an evolving document.

5. Growth Plan and Way Forward

Produce a growth plan for the county to increase retail market share for local independent businesses based on the practical experience from this initiative.

SGFP is positioned to enable cross-sector collaboration to scale up the local food economy in Shropshire. Based on the experience during this grant our proposal is to establish an **MSME Food & Farming Marketing Support Hub** to provide a go-to place for Shropshire's micro, small & medium enterprises working within the local food system as producers, processors and retailers. It will be a demand driven service to enable access to marketing and communications support from farm to fork. It will work with existing service providers and match supply and demand based on location, type of support required and most appropriate style of delivery.

The work to date has highlighted the huge demand for support on marketing and communication amongst local food sector businesses and has piloted a range of responses through different local people and organisations. The Shropshire Food & Drink website provides a central place to find out about local producers. Several of the local food marketing projects provided tailored personal input to food producers, processors and retailers, that has enabled specific needs to be met, with generic guidelines produced for wider sharing. Learning exchanges have shown the huge value in networking and pooling expertise and experience. Scoping out of public and private procurement opportunities has highlighted the growing opportunities that are potentially available to local food businesses as well as the gaps in capacity to respond. We have been able to see the ways in which different service providers work and their relative skills and suitability to engage with diverse target audiences.

Initial investment has been made in the Food for Thought initiative of Shropshire Food and Drink (see box overleaf). We are also keen to see Marches Grow Local (MGL) expand the offering they have developed through this proposal which is primarily targeted at rural producers. Key requirements are for development and hosting of simple "holding pages" for small-scale producers lacking the skills and inclination to learn to manage websites. These would have static content and links to more active social media that the producer would maintain for themselves. There is also growing demand for social media training and support on maximizing online engagement.

Consultation with producers identified other roles that SGFP could play to support them:

- Speak to local retailers on behalf of a group of producers, rather than each producer trying to approach retailers on their own.
- Talk to retailers about how to promote local produce throughout the year.
- Increase the presence of small-scale producers by promoting them on social media (instead of the producer having to run their own accounts).

SGFP will provide some ongoing support in these areas. We will also review the potential for a county wide food hub once we can see the impact of further support to Shropshire's Own and also how the plan for a regional Marches Food Network develops.

Food for Thought Overview

The Shropshire Food and Drink project development has resulted in us working with a number of SME producers and retailers and tackling issues that have been raised. Based on the projects that have been worked on we have had direct results of business growth and development and as a result are developing 'Food for Thought'.

This project consists of:

- Partnership working with Harper Adams University to enable food and drink businesses to do product development.
- Quarterly networking specifically for food and drink businesses with support present from the council, growth hub and industry experts. These will be located around the county working with members and relevant stakeholders to promote the region, increase business interaction and engagement and ultimately end up in a producer showcase event in February 2023.
- New marketing assets to promote the region in the form of booklets, giant deckchair cover, banners and marketing materials available at large scale events to bring focus onto the industry.
- Series of 'how to guides' as free downloadable resources from the website and a lead generation capture tool. This will enable us to follow up and support businesses who download so that they obtain the correct information.
  - What you need to start your food and drink business
  - Upscale your food and drink business
  - Marketing your food and drink business
  - Legal and trading standards signposting
- Consultation time with 6 individual businesses to give support and training on marketing, website journey, google analytics, business diversification. Each business will receive a day's worth of support to focus on their business with industry experts. The sessions will do a detailed analysis of the business working with the business owner and deliver bespoke training dependent on the business needs. Within the session Shropshire Food and Drink team an deliver the following outcomes on a one-to-one basis:
  - Business planning and development plans
  - Marketing refocus and training where needed - e.g. leaflets, marketing collateral at events etc.
  - Website analysis and customer journeys
  - Social media analysis of insights, targeted market segmentation, strategy planning for the months ahead
  - Canva basic training if needed

As an outcome of this training businesses will be supported through the implementation of the outcomes agreed and also offered a half price stand at large scale festivals to implement the plans put into place.

ENDNOTE

This grant has enabled SGFP to show how we can play a convening role, reaching out across the county to build the local food economy. We have enabled businesses and organisations to deliver on their priorities for marketing in a hyper-localized context as well as supporting the development of the Shropshire Food and Drink website providing a central point for visibility of the local food sector.

There has been a strong focus on building capacity to use digital tools. The power of collaboration has also been very evident as the learning exchanges showed, inspiring new initiatives. In some ways Treflach Farmer's market became a victim of its own success, but working as part of the Oswestry 5 mile project this can be built upon to spread the outreach and marketing opportunities more widely.

Some anticipated outcomes could not be achieved in the timeframe due to the timing of the funded project running from September 2021 – March 2022 being out-of-sync with the production season. Some activities were also hampered by the ongoing impact of Covid delaying meetings and public events or leading to the absence of key people at critical moments. However, overall there was good progress and now they have been initiated several activities are ongoing. In terms of impact the local marketing projects aimed to enable 20% increase in sales. This was achieved, significantly exceeded even, by Treflach Farm as their focus was an immediate real-time event; however the other initiatives are working on more complex activities and the result of these will only be possible to capture over time, so this will continue to be monitored into 2023 and updates will be provided to Shropshire Council Business Growth Service.

The SGFP led work on public and private procurement highlights the importance of a strategic approach to achieve an impact at scale. These are longer-term initiatives, but this funding has enabled key activities to be started and connections to be made regionally for addressing public procurement.

Underlying all this is the importance of having a Shropshire Food Strategy to get a more integrated approach to the food economy. SGFP is actively pursuing this with Shropshire Council.

Financial Overview

Expenditure

	Activity Area	***Delivery Partner***	***Amount***
1	Food Business Visibility	Shropshire Food & Drink	£12,500
2	Local food marketing hubs	Subcontract local organisations /businesses in each area to lead	£24,500
3	Learning Exchange	SGFP	£3,400
4	Local public and private procurement contracts	SGFP	£6,000
5	Growth Plan	SGFP & Shropshire Food & Drink	£3,600
	Total		**£50,000**

Annex 3 provides the payment record tracking and Annex 4 the project expenditure.

All supporting documentation is provided.

The Bishop's Castle & Beyond Project Background

The Bishop's Castle & Beyond website has been created following a grant funding award to Bishop's Castle and District Lifeline Company Ltd, trading as Enterprise South West Shropshire. The grant for £50,000 from Shropshire Council, as part of its Economic Recovery Programme, has been used to develop a high-quality website focusing on the area and all it has to offer with the aim of boosting the visitor economy of South West Shropshire following the COVID-19 pandemic.

The Bishop's Castle & Beyond Project Development

The primary focus of the project has been the creation of an interactive, content rich tourism website. Covering South West Shropshire area and beyond, the new website aims to attract people to the area, highlighting the diverse experiences on offer and increasing visitor spend by raising awareness of the wide range of businesses operating in the area. The project has been developed in partnership with Bishop's Castle & Clun Tourism Community Interest Company, who already focus on tourism within the area, and whose diverse membership base was used as the starting point for identifying categories and populating the site.

After a review of suitable providers, Shropshire based web developers, Web Orchard, were commissioned to build the site and 7Video were commissioned to create short films of the area. Local photographers, Shropshire & Beyond and Sharon Field Photography were commissioned to provide the majority of images for the site, while the remainder were sourced from local photographers. The project also used local freelancers to carry out initial research and support the project development.

The Bishop's Castle & Beyond Website Features

The new website has been designed with the aim of engaging both local businesses operating within the visitor economy and those people who plan to or are visiting the area. A high-quality recognisable brand was developed, featuring the silhouette of Bishop's Castle Town Hall on the logo, and including a selection of bright colours throughout the website to reflect the colourful nature of the town and surrounding area. The site is due to go live in Mid-November and can be found at **www.bishopscastleandbeyond.co.uk,** in the meantime screenshots can be found at the end of this report.

The site offers businesses, voluntary groups or local events the opportunity to create their own unique editable directory listing, which can be linked to different categories and contain detailed information about their enterprise, location details and images. These individual listings also include customised web addresses for those businesses that don't already have their own website.

The site concentrates on using visual imagery to compliment the directory listings and integrates specially commissioned films, using drone and video footage, and high-quality images to capture the essence of the area and reflect its attractiveness and uniqueness.

Providing a user friendly, engaging experience was of key importance during the site development. The home page has an engaging film showing what is on offer in the area, supplemented by high quality images for different attractions. Key categories; Things To Do, Places To Stay and Food and Drink, each have high quality short films and images to illustrate what is on offer, these categories are then further broken down to reflect the diverse range of businesses within these categories. Users will have the opportunity to use a set of integrated filters, such as accessible, onsite parking or dog-friendly, to customise their searches.

The site also offers users details of What's On, map-based searching to illustrate everything on offer within a specific area and the opportunity to plan their visit by adding listings to a planner which they can save, email or print in advance of their visit.

The Bishop's Castle & Beyond Project Engagement

Bishop's Castle & Beyond Project Total Enterprise Engagement	
Project Development	
- Website Development	1
- Filming	1
- Photographers	4
- Freelancer support	6
- Stakeholder group consultations	3
Project Development	**15**
Website Listings	
Directory Listings	
- Businesses	
- Accommodation Providers	39
- Café/Restaurants	6
- Retail	14
- Services	6
- Attractions	16
- Local Events	18
Directory Listings	**99**
TOTAL ENGAGEMENT TO DATE	**114**
Additional businesses (tourism, retail and service) invited to have a directory listing	*200*
Place Listings	
- Towns	7
- Villages	14
- Places of Interest	30
Place Listings	**51**

The Bishop's Castle & Beyond Project Expenditure

Total Grant Award from Shropshire council: £50,000. Total Project Expenditure: £50,001.91

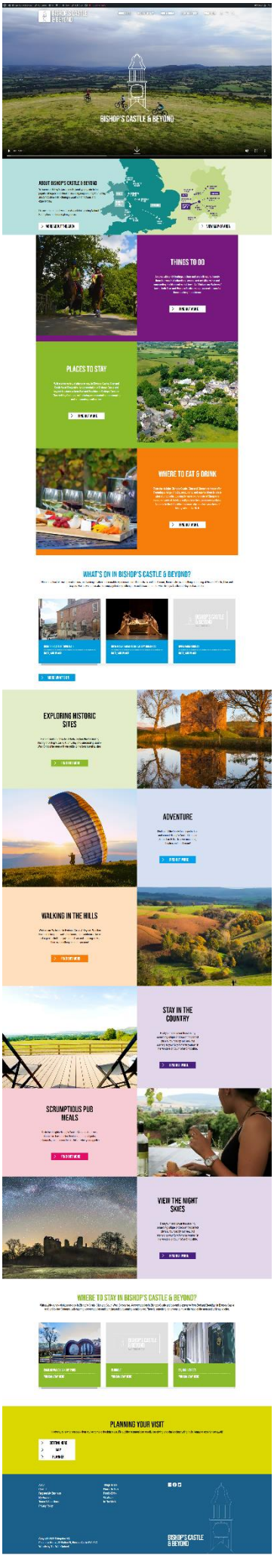
The grant funding was used to commission external resources in the form of freelancer capacity to research and market the project, a website design company, filming company and photographers. Also included was funding for project management by Enterprise South West Shropshire.

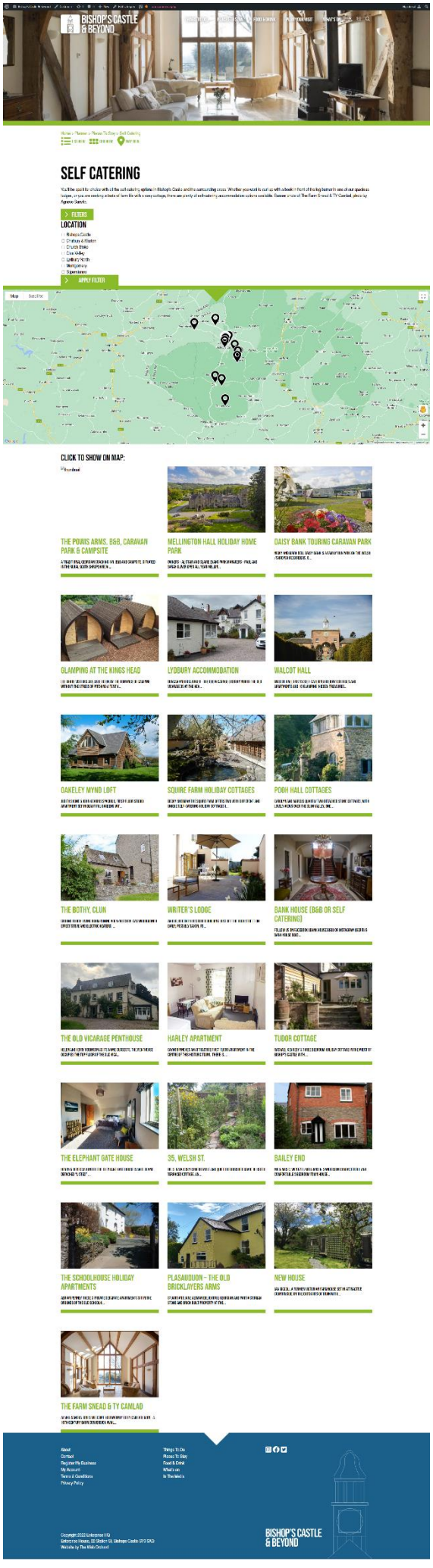
Total Project Expenditure		
Initial Research and Project Set-Up	*Freelancer support*	*£1,971.91*
Website Design & Build	*Web Orchard*	*£28,980.00*
Site Content & Consultancy	*Bishops Castle & Clun Tourism CIC*	*£5,000.00*
Filming	*7Video*	*£3,500.00*
Images	*Shropshire & Beyond & Sharon Field*	*£1,950.00*
Project support and marketing	*Freelancer support*	*£600.00*
Project management	*Enterprise South West Shropshire*	*£8,000.00*
Total Project Spend		**£50,001.91**

The Bishop's Castle & Beyond Project Future Plans

Plans have been put in place to ensure the website will continue to be updated to ensure it is current and relevant. Going forward the directory will continue to be populated by Bishops Castle & Clun Tourism Group members and plans are in place for ongoing promotional activities aimed at encouraging new businesses to get involved with the project by listing on the site. The overall aim of the project going forward is to continue to increase engagement with a view to making the Bishop's Castle & Beyond site the go to place for information on the South West Shropshire area. During the next year Web Orchard will be responsible for increasing the ranking of the site and Search Engine Optimisation, they will then continue to host the site, while Enterprise South West Shropshire will be responsible for maintaining and refreshing the site content.

Sample Web Pages





Shropshire Council

Voluntary and Community Sector Projects - Economic Recovery

DARG funding impact

July 2022

Project 1: VCS Infrastructure/Business Support

Funding: £194,000
Partnership: Shropshire Infrastructure Partnership
Lead organisation: Community Resource

Project: To offer VCS groups and organisations support in 3 main areas:

- Volunteer brokerage, recruitment and management
- Governance and growth
  (VCS 'business advice' and support)
- Small grants aimed at pandemic recovery

shropshire infrastructure partnership
strengthening the voluntary sector together

Project 1: VCS Infrastructure/ Business Support

Match Funding: Year 2 from Public Health COMF (Outbreak Management Funding)

Results:

- 56 VCS groups and organisations offered business support
- 36 groups offered ongoing guidance
- 62 training courses offered
- 59 participants to end of April 2022
- 30 groups trained
- 50 external grants applications supported
- 1 grant scheme launched
- 3 jobs created

Volunteering Results:

- 19 different VCS groups and organisations received volunteers
- 106 volunteer roles supported
- 610 volunteer hours recorded
- Schools vaccination scheme supported
- 14 volunteer ‘thank you’ events held across the county
- 700 volunteers contacted and thanked for roles through pandemic

Shropshire Council

"For the past few months, we have received excellent support and advice …with grant applications, with volunteer recruitment and has helped us to link up with other organisations. Carol's expertise and knowledge have been invaluable to our small Charity. We really appreciate her help and support, she is always on hand whenever we need her advice, this can often be at short notice. The Charity has already been successful with a recent Grant application, we feel that this could not have been possible without her help and expertise. "

Project 2: Debt and Money Advice

Funding: £50,000

Partnership: Money Advice Forum
Lead organisation: Citizen's Advice Shropshire

Project: To improve access to debt and financial support and advice for Shropshire residents impacted by the pandemic (with a focus on people who are self-employed).

- Establish a Money Advice Forum bringing together VCS groups and organisations across Shropshire to share best practice and improve referrals.
- Publish a Money Advice Strategy for Shropshire.
- Offer advice and a support pack for self employed people

Project 2: Debt and Money Advice

Citizens Advice Shropshire	Severnside Housing
Christians Against Poverty	Hands Together Ludlow
Connexus	Shrewsbury Homes For All
Bishops Castle Community Foodbank	Transforming Communities Together
Macmillan Cancer Support	Taking Part
DWP	Chistians Against Poverty
Stretton Foodbank	Red Cross
CAP Bridgnorth debt centre	Riversway Elim Church
Shropshire Council	Age UK
Star Housing	Barnabas Money Advice
Shropshire Housing Alliance	Ludlow Foodbank
Wrekin Housing Trust	Marches Energy Agency
Community Resource	Shropshire Peer Counselling & Advocay Service
Oswestry and Ellesmere CMA Connect Centre	Landau Ltd
A4U	Shropshire Food Poverty Alliance

Project 2: Debt and Money Advice

Information sharing:

- The issue of medical evidence for PIP applications
- Information sharing around the Household Support Fund – discussing common issued faced by organisations in accessing support for clients
- Information sharing around sanctions on experience of accessing support from DWP
- Information sharing around clients experience of digital exclusion
- Information sharing experience of supporting clients with insolvency
- Training session on Shropshire Council Housing Benefit and DHP new online application system
- Development of money advice strategy
- Information sharing around client experience of Council Tax system

Project 2: Debt and Money Advice

Results:

- New forum and established partnership working with meetings every other month.
- Money Advice Strategy (draft) – presented to Social Task Force, Hardship & Poverty Group and Shropshire Food Poverty Alliance.
- Training on Housing Benefit and DHP online application system.
- Training on DWP Fitness for Work Assessments and PIP/AA applications.
- Information sharing on themes: digital exclusion, insolvency, sanctions, Household Support Fund.
- Research into local debt and money advice services (report published).
- 1 job created

Support Results:

- 943 debt clients
- 229 supported in employment
- 50 supported in housing need

Project 3: Community Asset Grant Scheme

Funding: £124,960

Project: Grant funding was offered to support Shropshire's community buildings recover from the pandemic and make improvements to ensure they are sustainable and able to support the community for years to come.

In total 48 applications were received by the closing date of 17th January 2022 with an average request of £10,798.08 each. These comprised of village halls, community interest companies, heritage trusts and outreach centres.

Loppington Village Hall

Project 3: Community Asset Grant Scheme

Awards: 14 Community buildings

Bishops Castle & District Community Land Trust Ltd.

Brownlow Community Centre Trust

Clive Village Hall

Easthope Shipton and Stanton Long Memorial Hall

Great Hanwood Community Interest Company

Lee Brockhurst Village Hall

Loppington Village Hall & Recreation Ground

Lower Bush Farm CIC

Market Hall Trust

Neenton Community Society

Shrewsbury Railway Heritage Trust

St. James Hall, Lodge Lane

The Church Barn, Bishop's Castle

The Shrewsbury Ark

Outputs:

- Case study project outlines
- Overall grant scheme report

Wider Economy Grant
Grant claim form

Name of applicant business / organisation:

Shropshire Festivals ltd

Contact email and phone number:

beth@shropshirefestivals.co.uk
01952432175

Summary of work undertaken to date (this should follow the terms of your grant award letter):

To work in partnership with Shropshire Council and Partners to plan, manage and deliver the Shrewsbury Commonwealth Games Baton Relay celebration event in Shrewsbury Quarry Park on 18th July 2022.
The project included

- Event management plan
- Project management of the 3 main elements;
  - Welcome reception in Shrewsbury Castle
  - Relay parade within the council
  - Celebration event within Shrewsbury Quarry Park
- Programing
- Event delivery
- Health and safety management
- Working within the partnership committee of Shropshire council, Shrewsbury town council, Shrewsbury BID, schools, delivery partners.
- Recruitment and training of volunteers
- Delivery of social media plan
- Promotion of event alongside current event programme

Wider Economy Grant
Grant claim form

Itemised list of expenditure covered by the grant (refer to your grant funding agreement) and incurred by 31 July 2021.

Company	Invoice	Info	Amount	vat	Total
Zero Waste	191	Waste Management	£982.24	£196.45	£1,178.69
Prosecure	22/0284	security	£9,560.00	£1,912.00	£11,472.00
Cartwrights	S225561	WASTE	£100.00	£20.00	£120.00
Wild Strawberry	659	Interactive Media	£2,025.00	£405.00	£2,430.00
EPS	33937	Banners	£52.80	£10.56	£63.36
7video	91366	Videos	£1,500.00	£300.00	£1,800.00
Explorers		Activity - Charity	£100.00	£0.00	£100.00
River View Café	698	catering	£350.00	£70.00	£420.00
Timmy T	129	Inflatables	£750.00	£0.00	£750.00
Orly Phillips		Artist	£250.00	£0.00	£250.00
Moogles	1408	Photographs	£120.00	£0.00	£120.00
Asterley Events	2022/727	Table and gazebo hire	£1,200.00	£0.00	£1,200.00
Green Fields	SF029	Fruit	£100.00	£0.00	£100.00
Wrekin Conveniences	WC150375	Toilets	£495.00	£99.00	£594.00
Point to Point	2398	First Aid Cover	£1,504.58	£300.92	£1,805.50
Space Mobiles	5404	Toilets	£100.00	£20.00	£120.00
Nula Hula	17	Artist	£250.00	£0.00	£250.00
Jack Lucas		Labour	£74.00	£0.00	£74.00
Old Dirty Brasstards	5495	Band	£3,550.00	£710.00	£4,260.00
Morris Dancers		Artist	£100.00	£0.00	£100.00
WPG	140536	Banners	£315.00	£63.00	£378.00
Brass Buttons		Band	£100.00	£0.00	£100.00
Barry Hamer	1840	Electrics	£857.00	£171.40	£1,028.40
Webfolk	2022/004	Artist	£150.00	£0.00	£150.00
Loco Circus	279	Artist	£250.00	£0.00	£250.00
Tanners	2E+06	Catering	£555.06	£111.01	£666.07
Leisure Trust Ltd	SHRP0007062	Site Hire	£107.69	£0.00	£107.69
The Ronnies	1715	Band	£260.00	£0.00	£260.00
Arts Alive	177	Artist	£1,000.00	£200.00	£1,200.00
Now Display	10584	Equipment Hire	£625.00	£125.00	£750.00
WPG	140497	Banners	£220.00	£44.00	£264.00
P S Promotions	3622	Presenter	£300.00	£60.00	£360.00
SJF	SJF07617	Leaflets	£95.00	£0.00	£95.00
Get You Wigle On	QBRWIGLE	Artists	£3,400.00	£0.00	£3,400.00

Pro Audio	761	Equipment Hire	£120.00	£24.00	£144.00
Big Value Banner	11371	Banners	£250.00	£50.00	£300.00
Pro Audio	692	Equipment Hire	£4,200.00	£840.00	£5,040.00
Shrewsbury TC	STCB23004	Banners	£300.00	£60.00	£360.00
Purple Chilli	19994-C	Silent Disco Hire	£398.00	£79.60	£477.60
Pro Audio	691	Equipment Hire	£4,200.00	£840.00	£5,040.00
Henshalls		Insurance	£1,000.00	£0.00	£1,000.00
CSM Live	39849	Flags	£727.77	£145.55	£873.32
ACF Solutions	1003	Artist	£330.00	£0.00	£330.00
Technical Services	597	Radios	£735.00	£147.00	£882.00
Traffix	36936	Traffic	£3,380.00	£676.00	£4,056.00
Scappies		Activity - Charity	£120.00	£0.00	£120.00
Unicorn	418	Fire Extinguishers	£170.95	£34.19	£205.14
C Maddocks	184	Artist	£199.50	£0.00	£199.50
Timmy T	131	Marquees	£750.00	£0.00	£750.00
Salop Hire	13082	Barriers	£435.00	£87.00	£522.00
online Safety solutions	1948	Event H & S	£2,600.00	£520.00	£3,120.00
Amazon		Sharpies Wristbands	£18.00	£0.00	£18.00
Dirty Rotten Sc		Band	£240.00	£0.00	£240.00
Linktree		Website	£2.50	£2.50	£5.00
Simon Tindall	#######	Labour External	£960.00	£0.00	£960.00
R Heath	49	Electrics/Labour	£1,232.00	£0.00	£1,232.00
net word sports	2E+08	sports equipment	£143.68		£143.68
funky leisure	91866	flags	£228.20	£45.84	£274.04
premier garden supplies		Fencing	£784.88	£156.98	£941.86
Big Value Banner	BVB-11425	foamex	£160.00	£32.00	£192.00
Big Value Banner	BVB - 11398	heras	£66.00	£66.00	£132.00
Big Value Banner	BVB - 11397	corex	£190.00	£38.00	£228.00
Easy Wipe	8719	Table clothes	£210.00	£42.00	£252.00
Midlands Games	HTFDB20/6	HUMAN football	£1,000.00	£0.00	£1,000.00
Expression	1	FACepainting	£700.00	£0.00	£700.00
JB Events	21031	Production	£1,000.00		£1,000.00
T Thomas	72	Inflatables	£1,230.00	£0.00	£1,230.00
T Thomas	73	Rodeo Bull	£1,255.00		£1,255.00
Gala Tents	929779	Gazbo Tents	£2,645.78	£529.16	£3,174.94
Big Hand Media	36241	Advert	£750.00	£150.00	£900.00
Cossie Creative		Creative Design, web	£1,500.00	£0.00	£1,500.00
MiniMould		Craft	£420.00	£0.00	£420.00
Rob Chapman	SF00222	Artist/Magic	£215.00	£0.00	£215.00
Boels	2E+09	Equipment Hire	£930.78	£186.16	£1,116.94
Martinez	335	band/deposit	£800.00	£0.00	£800.00
Martinez	3455	band/remaining	£1,000.00	£0.00	£1,000.00
funky leisure		flags	£170.91	£0.00	£170.91

CTN	97151	flooring	£154.80	£30.96	£185.76
trevor green	2E+09	floral	£297.39	£59.47	£356.86
golf cart	157520	extra cargo box	£325.85	£65.17	£391.02
DJT		Lighting stuff	£860.00	£0.00	£860.00
LInktree		Website	£5.07	£0.00	£5.07
Salop Hire		barriers	£2,485.00	£497.00	£2,982.00
cheryl ann		labour	£190.00	£0.00	£190.00
my shrewsbury		adverting etc	£750.00	£150.00	£900.00
Liniar		Fencing/pretty one	£910.20	£182.04	£1,092.24
childrens partytime		craft entertainment	£800.00	£0.00	£800.00
educting kids		kids entertainment	£600.00	£0.00	£600.00
Bikold		refreshments	£361.62	£0.00	£361.62
mark lacey		labour	£118.14	£0.00	£118.14
cheryl ann		labour	£156.75	£0.00	£156.75
connexis		broadband quarry	£600.00	£120.00	£720.00
Cossie Creative	279	graphic design inc map	£2,000.00	£0.00	£2,000.00
Amazon		various	£781.33		£781.33
Barry Hamer		electrics	£857.00	£171.40	£1,028.40
Tents & Marquees	3044	Marquees and tipis	£5,413.00	£1,082.60	£6,495.60
Shropshire Festivals		Management fee	£20,000.00		£20,000.00
			£105805.07		

If expenditure was not incurred by 31 July 2021, please explain below when the remaining grant will be spent and on what.

Some transactions didn't go through before the 31st July as the event was on the 18th July 2021 and therefore invoices were paid as we received them.

Please refer to any outcomes or outputs relating to the expenditure that can be quantified

The QBR presented a unique opportunity to promote Shropshire's tourism offer, support economic recovery and engage with the Shropshire community in a positive initiative to improve health and wellbeing and encourage participation in sport. The delivery of the QBR generated fantastic legacy relationships and provided a free event for underserved and lower socio-economic demographics.

The multi partner working group was a very positive outcome of how partnership working can be carried out very successfully with town council, local organisations and private business. Regular meetings were held with Shrewsbury Town Council, Shropshire Council, Energize Shropshire, Telford and Wrekin fulfilling core delivery roles throughout the process. Working in partnership allowed the council to extend the reach and depth to the QBR programme beyond what could have been achieved working alone. Shrewsbury Town Council were instrumental in supporting the event with their staff running road closures and the being instrumental in the smooth running of the event

Over 50 volunteers were recruited and engaged throughout the process with 5 of those continuing to volunteer with Shropshire Festivals post event.

Despite record breaking heat and weather warnings the celebration event was well supported at all stages of the baton relay. There was 6000 people who enjoyed the celebration event in the Quarry Park.

100 people from across the community, dignitaries and military enjoyed a civic reception in the grounds of Shrewsbury Castle.

20 Community, arts and military groups delivered performances, hands on activities and have a go sessions to the public.

Ongoing musical and entertainment was located throughout the event representing a broad range of the arts offering within Shropshire from Morris dancing to musical theatre and drama workshops.

The main stage allowed entertainment from local community music groups, schools and professionals. Specifically commissioned projects represented the story and the people of the Commonwealth adding diversity to the project.

22 sports groups were engaged within the event although some were unable to attend due to the severe heat warning. This allowed the public to have a go at sports they might otherwise not have engaged with.

49 businesses were supported through the delivery of the event and these were predominantly from the Shropshire region. The industries that were supported were made up of the following;

- Graphic designers
- Photographers and videographers
- Infrastructure supply businesses such as marquee, electrical, fire extinguishers, barriers, toilets and medical teams.
- Entertainment industry suppliers including lighting and sound engineers.
- Arts and theatre companies working on bespoke performances choregraphed solely for the event to tell the story of music and dance of the Commonwealth.
- Bespoke systems built to tackle the weather issues which involved a new design being created for misting stations.
- Zero waste company to ensure zero to landfill
- Security teams with bespoke CCTV systems installed
- Communication infrastructure
- Volunteer hospitality
- Physical art installation project working with local schools to deliver and then professionals to take the interpreted work and install within the Bandstand at the Quarry Park.
- Musical professionals from across genres to perform across town, in the castle and on the stage in the Quarry.
- Have a go crafting activities for all ages to participate in.
- Entertainment throughout the event with circus performances across the town and the park.
- Infrastructure to allow the sporting groups to display their clubs.
- Decoration for the event to ensure the Commonwealth theme was visible throughout.
- Promotional banners and leaflets.
- Refreshments at the civic event within the castle grounds
- Temporary staff to help deliver the project
- Health and safety professionals to help deliver the project.

A large scale art installation was built and enjoyed in the bandstand within the park with input from local schools in the leadup to the event.

Just under 3900 views were made on the QBR main event page.

7859 tickets were booked with a daily sales peak of 840 people.

On social media there was a combined reach of 81 700 and 4200 engagements

The video of the event reached 20 1500 and had 1100 engagements on the day of the event.

Positive Feedback was received from partners and the public following the event.

“I was approached by members of the Policing team on the day who commented on how impressive the planning and delivery of the QBR was”
Charlie Parker, Chief Inspector

Wider Economy Grant
Grant claim form

"I attended the Queens Baton Relay on Monday. May I say what a well organised event it was, even under the most difficult circumstances with the hot weather. It was a credit to everyone involved"
Ron Cartledge, member of the public

Pictures of the event can be found here
https://lucyrebeccaphotography.zenfolio.com/p570109447
Password: SF22

The video can be viewed here - https://vimeo.com/731690801/1c75dfee7c

Complete by: Beth Heath

Signed:

Dated: 14th October 2022

Please complete and return this form alongside the evidence of expenditure to your main grant contact at Shropshire Council.

Wider Economy Grant
Grant claim form

COVID-19 Grant Programme – Allocation of Funds

	Total Payments to Date	31/03/2022
Summer 2020 Payments	**Value**	**Number**
Small Business Grant Fund **(SBGF)**	£52,093,500	
Retail, Hospitality and Leisure Grant Fund a **(RHLGFa)**	£20,847,500	
Retail, Hospitality and Leisure Grant Fund b **(RHLGFb)**	£8,650,000	7,835
Discretionary Grant Fund **(DGF)**	£4,557,500	783
*(LEP funded business grant payments, **DGF**)*	£737,000	
	£86,885,500	**8,618**
November 2020 - March 2021 Payments		
Local Restrictions Support Grant Closed Addendum Nov **(LRSG Nov)**	£5,044,356	3,293
Discretionary Additional Restrictions Grant Nov **(DARG Nov)**	£661,294	471
Local Restrictions Support Grant Sectors **(LRSG Sectors)**	£12,147	6
Local Restrictions Support Grant Open Dec T2 **(LRSG Open T2)**	£1,907,172	1,689
Local Restrictions Support Grant Open Dec T3 **(LRSG Open T3)**	£69,689	375
Local Restrictions Support Grant Closed Post Dec 2nd T2 **(LRSG Closed T2)**	£178,907	114
Local Restrictions Support Grant Closed Post Dec 2nd T3 **(LRSG Closed T3)**	£366,500	1,309
Christmas Support Payment, Wet Led Pubs Dec **(CSP)**	£281,000	281
Local Restrictions Support Grant Closed Addendum Jan **(LRSG Jan)**	£7,693,573	3,347
Discretionary Additional Restrictions Grant Jan **(DARG Jan)**	£5,176,000	1,023
Closed Business Lockdown Grant Feb **(CBLG)**	£15,399,000	3,350
Local Restrictions Support Grant Closed Addendum Feb **(LRSG Feb)**	£8,212,759	3,409
	£45,002,397	**18,667**
2021/22 Payments		
Restart Grant (Spring 2021)	£24,096,901	3,270
Discretionary Additional Restrictions Grant Apr 21 **(DARG Apr)**	£2,431,950	963
Wider Economy Recovery Grant **(WERG)**	£1,181,533	57
Co-working Grant	£291,426	15
Omicron Hospitality and Leisure Grant Jan 22 (OHLG)	£3,844,939	1,194
Discretionary Additional Restrictions Grant Feb 22 **(DARG Feb)**	£387,667	155
	£32,234,416	**5,654**
TOTAL GRANT PAYMENTS	**£164,122,313**	**32,939**
ADDITIONAL RESTRICTIONS GRANT (ARG)		
Grant Funding Delivered through Additional Restrictions Grant (ARG)	£9,838,444	
Additional Restrictions Grant (ARG) Business Support Programme	£2,928,383	
Total Additional Restrictions Grant (ARG) Allocation	**£12,766,827**	
	Key	
	RED - Funding allocated via Additional Restrictions Grant (ARG)	

This page is intentionally left blank

COVID-19 Business Support Programme Overview

Theme – Growth Hub Led Business Support

The Marches Growth Hub Shropshire offers a single point of access to information and guidance on business support to businesses across Shropshire, regardless of sector or size of development. As a well known and respected delivery body of business support activity across Shropshire, it was only natural that the Growth Hub team that sits within Economic Growth, were used as a key delivery partner for business support activity and programmes as part of the recover from covid-19. In total, £626,000 of funding was used by the Marches Growth Hub Shropshire to deliver a range of expanded and new programmes to businesses across the County. Details of these are provided below and alongside further information on outputs and case studies in appendices 1, 2 and 3.

Restart and Recovery – £35,600

To support business during the 'Restart and Recovery' phase of COVID 19 the programme helped start-ups, early stage and growth businesses to access general business advice and support through business 121 sessions and various topical business webinars and events.

Business Boost Programme – £25,000

A suite of webinars has been developed to aid businesses with their learning and development which can be accessed offline through the Invest in Shropshire website. This follows feedback from Retail and Tourism sectors and will allow the businesses to access a series of webinars covering different business disciplines at the time and place of their choice and not when we are running them in real time. This was launched on 31 March 2022 and is a legacy for the SC Economic Recovery Funds. We currently have around 70 webinars available for access.

Specialist Support – £124,000

Working with a team of 17 expert advisers and consultants to provide detailed free intensive 12 hours support to help our Shropshire businesses to grow and prosper as the county recovers from the impact of the Covid pandemic. The Hub offers unparalleled support and our advisers bring expertise and knowledge across the full range of business issues from access to finance, sales and marketing to HR and Health and Safety concerns and more.

Digital Hub – £180,000

The Digital Hub hosted a range of programmes which were centred on the 'Digital Revolution' and adopting new technologies in response to COVID

19. This was through various webinar programmes, 15 hours specialist support for addressing cyber security and attaining Cyber Essentials certification, 12 hours specialist support on adopting digital technologies and improving your digital presence as a business. Also, the delivery of a highly successful Tech Severn two-day Conference in June and working with Media Insiders to include a Podcast opportunity for 10 businesses to be showcased and released in the media sphere. This was called Marching On! We looked at businesses that had either been 'Born out of Covid 19' or 'Grown your way out of COVID 19'.

Silverpreneurs® – £71,000
The Silverpreneurs® programme has been exclusively created to inspire and empower the over 50's, who are wanting to start up their own business or grow their micro or small business as part of a fun and collaborative business community. Silverpreneurs® is more than just a place to find business support, it's a space for like-minded people who want to show just how good life is after 50! The programme includes three months of support delivered through a combination of 1-2-1 and group sessions where you can learn, grow and share your unique skills and experience with the group. The Silver Experts will share their business knowledge, experience and networks with you, whilst the community of Silverpreneurs® will be there to share the highs and lows of running a business, supporting and celebrating with each other along the way.

Spark Social – £20,000
Developed and delivered a Social Enterprise Conference for 2022. The Conference was centred on celebrating everything Social in Shropshire, especially given we have Social Enterprise Place status, and CSR amongst the private sector 'Purpose to Profit' and how we build that bridge between the Private Sector and Social Enterprises. This was followed up with a series of workshops to underpin the learning from the conference.

Start Up Shropshire – £50,000
Providing fully funded help and mentoring for anyone in Shropshire who is starting or planning to start a new business. The programme consists of 8 weekly masterclasses and includes mentoring meetings to meet individual needs. Seasoned, expert coaches are in place who have trodden the same path and will also introduce you to wider offerings as part of the programme. The 8 modules cover every aspect of starting a business: Setting goals & milestones - Understanding your customers - Marketing Strategy - Creating demand - Pricing Strategy - Finance & accounting - Time management - Good relationships - Legal obligations - Creating resilience & sustainability –

Business Support Programme – £25,000
This business support programme will help businesses that are co-working and hot desking in the Co-Working Centre, Hadleigh Works', in the Memorial Hall in Oswestry. 21 businesses will be supported with 12 hours specialist support and a Networking group will be formed to support Oswestry and surrounding areas. A 'wrap around' business support programme.

SBLTV – £95,000
To support Shropshire businesses to recover from the Covid-19 pandemic by providing a portal / depository / facility of useful business information and access that covers a wide range of topics, media uses and approaches. Created as an add-on to the established SBLTV, Shropshire Business magazine, and Shropshire Live and utilising the engagement of Shropshire Businesses who already interact with these to gain traction quickly.

Theme - Skills and Apprentices

Care Sector Work Experience and Internship Grant Scheme – £30,000
3 care homes Landona House allocated £10,000, Lymehurst allocated £10,000 and Vision Homes allocated £10,000 to. Offer paid work experience/training to young people to allow them to have real feel for how the sector works and the rewarding opportunities they can have through experiencing real tasks and scenarios. Work with schools and colleges to identify and select people who may like to try a career in care. Promote the care home sector in schools and colleges and job opportunities within from Admin to becoming a Registered Manager and beyond. Offer opportunities to young people who are currently Not in Education, Employment or Training who may not have considered a career in care.

Shropshire Ladder – £20,000
The Ladder for Shropshire is a one stop shop providing advice and support to organisations in Shropshire, Telford and Wrekin to encourage growth in Apprenticeship. It is part of a national initiative overseen by the Ladder Apprenticeship Foundation. In Shropshire the main focus of the Ladder is to support and encourage local businesses in offering apprenticeship opportunities to local people and in so doing, generate new opportunities from both businesses that have offered apprenticeships in the past and businesses new to apprenticeships. This will be achieved by ensuring that the impartial advice on apprenticeships which the Ladder offers is promoted extensively via the media, including social media

campaigns and via business support agencies and other stakeholder. Employers have reported the lack of a single 'go to' local organisation for this support and are coming forward for help. All employers contacting or being referred to the Ladder will receive immediate telephone or email support followed by a face to face consultation, on site or on line as appropriate.

Results: 187 Enquires Shropshire only:

- **Social Media stats;**
- LinkedIn - 687 followers
- Twitter - 483
- Website analytics – 2.8k views of the website
- Facebook page – 1108

Apprenticeship and Work Experience Consultant – £21,000

The project aimed to increase understanding of apprenticeships in three Shropshire Schools Oldbury Wells, Thomas Adams and William Brookes by supporting young people choose their routes to employment and to provide individual support when applying for apprenticeship jobs within the Marches.

Programme content and structure:

Structure	Content
General Apprenticeship Talk to all Y12 & Y13 students	What is an apprenticeship and where to find them. Sectors, standards, levels, degree apprenticeship, duration, employers and recruitment.
Apprenticeship set up, preparation & research workshop for students unclear of their employment route and not going to university	How to setting up and register for an apprenticeship account, research apprenticeship jobs, structure a *cv* for specific jobs and how research employers and apprenticeship jobs using company find an apprenticeship service, company websites, social media (LinkedIn) and how to use the Institute for Apprenticeships to identify standards and requirements and link back to jobs on 'find an apprenticeship'.
A package of individual coaching & mentoring sessions both face to face and on-line	Tailored coaching to individuals needs. Students bring questions to the sessions they are struggling with e.g. finding the right apprenticeship, concerns, hope and fears. Through the process they develop confidence by working on their strengths.

Email support between sessions	Answering questions, reviewing and feeding back on *cv's*
Apprenticeship interview preparation & techniques.	What do expect during an interview, how to prepare for the interview and techniques to answer competency interview questions
One to one email support	Any follow question or support needed on the application and interview process

Apprenticeship talks by year:

School	Y13	Y12
William Brooks	18	20
Thomas Adams	18	15
Oldbury Wells	17	15
Total	**53**	**50**

For further information please see appendices 4.

Landau Job brokerage Building Shropshire – £135,000
Created a brokerage service to meet local employer skills shortage by connecting them with unemployed, economically inactive, young people, apprentices or customers looking at enhancing their careers to meet their vacancies needs. Landau will support at least 100 vacancies with the appropriate candidates to meet the employer's needs. Landau will endeavour to work with at least 27+ business to help with their skills shortage needs and support 2 new businesses. This project will not only give the chance to identify some of the challenges that employers are facing but will also give the chance to gather data why job seekers are not applying for certain roles this will allow us in the partnership (Landau and Shropshire Council) to make informed decision about what mind-set changes need to happen for us to meet the skills shortage. The Employer Engagement team worked with organisations to identify their recruitment needs and offer a bespoke service.

For final report please see appendices 5.

Theme - Co-working

Co-working Grant to increase co-working facilities across Shropshire - £552,399 allocated with grants to 13 providers
Two specific examples have been included below outlining both the digital infrastructure that has been put in place and focusing on the largest investment within the programme. Please see appendices 6 for full report and case studies.

Oswestry, Hadleigh Works
40 desks that can be rented out, meeting room, high-speed secure internet provision. Dedicated facility manager / coordinator to be the main point of contact for the businesses utilising it and the liaison with the Shrewsbury / Main Hub to ensure the location is an active member of the 'Shropshire Coworking Campus', including updated the Oswestry-specific webpages and monthly reporting and monitoring. Provided a separate security entrance to the coworking space to allow access via a key card or similar (and enable monitoring of the space utilisation back to the central team) and provision of a booking system for members to utilise the space in a fair and equitable manner based on their paid membership.

Shropshire-wide Digital Infrastructure – £70,000
Created a central digital portal that will support the management for a cluster of Shropshire co-working spaces, providing practical tools and guidance to each individual space and additional requirements to ensure there is a central communications portal to encourage local business networking and collaboration that will be operational for a minimum of 12 months.

Theme - Sector Development and Support

Shropshire Chamber Employee Upskilling Programme – £50,000
A total of 63 short courses where to delivered benefiting 53 Businesses and 295 individuals.

Please see appendices 7 for full list of courses.

CREST/Evora Edge Environmental Project – £30,000
This was a series of seven workshops held over four days across the month of March at the Pump House Knowledge Hub. The Knowledge Hub is a collaboration between a Shrewsbury company EVORA EDGE and the University of Chester (University Centre Shrewsbury).

The workshops featured high quality speakers from both Shropshire and from across the UK sharing expertise and case studies. Facilitated discussions focused on practical actions to overcome the huge challenges of decarbonising existing buildings. Networking opportunities and discussions helped attendees to identify and capitalise on the potential business opportunities arising from the decarbonisation agenda. This included the formation of a 'green supplier list' from interested delegates for buyers to access. 125 tickets sold to 27 companies.

Please see appendices 8 for full summary of results and outputs.

Food Partnership Development – £50,000

The development of a Shropshire wide food partnership, involving the development of local food marketing hubs in market towns including: Oswestry, Market Drayton, Ludlow, South Shropshire and Shrewsbury.

A series of learning exchange events "Building the local food economy," promotion of local food producers and supplier and retail opportunity mapping. The hubs are now in place and working to coordinate the promotion of the Shropshire Food Partnership.

Please see appendices 9 for full final report and outputs.

Blue Remembered Hills – £50,000
The development of a promotional website and multiple tourism trails for the western borders of Shropshire to promote the area as a destination and the quality tourism businesses and attractions in the area.

The project will enable visitors to take in the wider area, off the beaten track, driving direct and indirect investment into rural areas of the county. The project includes photography, videography and marketing of the site and research into new, less frequented tourism options for visitors to Shropshire.

Please see appendices 10 for final report.

Shropshire Chamber Enhanced Export Audit – £20,000
The Project has provided a detailed customs compliance audit to existing exporters/importers using a highly skilled specialist consultancy along with a package of four international trade training courses designed to deliver clarity on the information and process to create compliant documentation.

Theme – Social Enterprise

Project 1, VCS Infrastructure/Business Support – £194,000
To offer VCS groups and organisations support in 3 main areas:

- Volunteer brokerage, recruitment and management
- Governance and growth (VCS 'business advice' and support)
- Small grants aimed at pandemic recovery

56 VCS groups and organisations offered business support

- 36 groups offered ongoing guidance
- 62 training courses offered
- 59 participants to end of April 2022
- 30 groups trained
- 50 external grants applications supported
- 1 grant scheme launched
- 3 jobs created

Volunteering Results:

- 19 different VCS groups and organisations received volunteers
- 106 volunteer roles supported
- 610 volunteer hours recorded
- Schools vaccination scheme supported
- 14 volunteer 'thank you' events held across the county
- 700 volunteers contacted and thanked for roles through pandemic

Project 2, Debt and Money advice – £50,000

- New forum and established partnership working with meetings every other month.
- Money Advice Strategy (draft) – presented to Social Task Force, Hardship & Poverty Group and Shropshire Food Poverty Alliance.
- Training on Housing Benefit and DHP online application system.
- Training on DWP Fitness for Work Assessments and PIP/AA applications.
- Information sharing on themes: digital exclusion, insolvency, sanctions, Household Support Fund.
- Research into local debt and money advice services (report published).
- 1 job created

Support Results:

- 943 debt clients
- 229 supported in employment
- 50 supported in housing need

Project 3, Community Asset Grant Scheme – £124,960
Grant funding was offered to support Shropshire's community buildings recover from the pandemic and make improvements to ensure they are sustainable and able to support the community for years to come.

Funding: £124,960 In total 48 applications were received by the closing date of 17th January 2022 with an average request of £10,798.08 each. These comprised of village halls, community interest companies, heritage trusts and outreach centres.

Please see appendices 11 for full report and case studies from across the three projects.

Theme - Tourism and Place Marketing

Commonwealth Game QBR Event – £100,000
The Queens Baton Relay (QBR) presented a unique opportunity to promote Shropshire's tourism offer, support economic recovery and engage with the Shropshire community in a positive initiative to improve health and wellbeing and encourage participation in sport.

The delivery of the QBR generated fantastic legacy relationships and provided a free event for underserved and lower socio-economic demographics. The multi partner working group was a very positive outcome of how partnership working can be carried out very successfully with town council, local organisations and private business. Regular meetings were held with Shrewsbury Town Council, Shropshire Council, Energize Shropshire, Telford and Wrekin fulfilling core delivery roles throughout the process.

Working in partnership allowed the council to extend the reach and depth to the QBR programme beyond what could have been achieved working alone. Shrewsbury Town Council were instrumental in supporting the event with their staff running road closures and the being instrumental in the smooth running of the event.

Over 50 volunteers were recruited and engaged throughout the process with 5 of those continuing to volunteer with Shropshire Festivals post event. Despite record breaking heat and weather warnings the celebration event was well supported at all stages of the baton relay. There was 6,000 people who enjoyed the celebration event in the Quarry Park.

100 people from across the community, dignitaries and military enjoyed a civic reception in the grounds of Shrewsbury Castle. 20 Community, arts

and military groups delivered performances, hands on activities and have a go sessions to the public. Ongoing musical and entertainment was located throughout the event representing a broad range of the arts offering within Shropshire from Morris dancing to musical theatre and drama workshops. The main stage allowed entertainment from local community music groups, schools and professionals. Specifically commissioned projects represented the story and the people of the Commonwealth adding diversity to the project.

22 sports groups were engaged within the event although some were unable to attend due to the severe heat warning. This allowed the public to have a go at sports they might otherwise not have engaged with. 49 businesses were supported through the delivery of the event.

Please see appendices 12 for full report and links to phots and video.

Tourism Sector Governance – £31,201.60
A programme of initiatives were developed to support a growth agenda for Shropshire's visitor economy and to address issues with fragmented destination management support, lack of coordination, limited marketing and low awareness of Shropshire as a quality tourism destination. The programme also underpins the need to help the sector recover from the pandemic and funding towards the Destination Marketing and Branding (see 8.77-8.79) has enabled the work to take place.

The programme was facilitated by Shropshire Council and external consultants who were appointed to lead the strategic governance development and sector consultation. Visit Shropshire was a key partner throughout and agreed all work associated with governance review, DMO business planning and the development of COVID-19 recovery marketing initiatives. The projects included:

- Review of current DMO governance including sector stakeholder consultation and DMO Action Plan
- Future DMO options appraisal
- Feasibility study for the development of a Shropshire Tourism BID
- Destination Management Plan 2022 – 2025
- Covid recovery destination marketing campaign (September 2021 – May 2022)
- Shropshire destination brand development project

Destination Marketing and Branding – £104,000

Shropshire Council and Shrewsbury BID appointed a consultant team to co-create and launch a compelling destination brand strategy and place narrative for Shropshire. The BID and council lead and facilitated this representative work on behalf of Shropshire businesses, private and public sector stakeholders from Shropshire's local economy.

As well as supporting our immediate visitor economy recovery from COVID-19, this project will be vital in facilitating longer term transformation - positioning and promoting Shropshire as an exceptional place to visit, invest, work, and live over the next five years. The agency demonstrated a strong emphasis on destination brand development - market positioning, audience development, brand proposition, visual identity, and narrative and marketing strategy - as well as research, intelligence, and stakeholder engagement.

Theme - Partnership work with Towns/BIDS

Oswestry HAZ Grant Top Up – £52,708.24

The Oswestry Heritage Action Zone (HAZ) was the initial result of a successful bid to Heritage England securing an initial budget of £1.25m including match funding and private investment. The programme is a place-based scheme designed to secure lasting improvements to historic high streets and the communities who use them through heritage led regeneration. The objective of the programme is to make the high street a more attractive, engaging and vibrant place for people to live, work and spend time, particularly in relation to the need to build back better for post-Covid-19 economic recovery.

Due to the exceptional demand seen for the HAZ programme, it was agreed to use a proportion of ARG funding to support the delivery of three applications, where funds were not available to support through the original HAZ funds.

Black gate was awarded £21,204.75 which is 60% of the total eligible costs which are £35,341.20. Total project cost is £64,417.28. The grant was used to bring a long term empty listed property called the Black Gate into use as the new home of Niche Patisserie.

Niche Patisserie is new and expanding business who have taken on a 10 year lease of the property. They are restoring it into a bakery to continue to supply orders but also to supply their new shop and tearoom which will

be established in the building. They will be carrying out an apprentice scheme. It will be a high-end business within the town.

20 Church Street was awarded £24,960.30 which is 60% of the eligible costs of £40,935.50 with a total project cost of £62,305.50 The grant was for a new business called Forage. It will be a zero-waste shop with refills, etc. This is an expansion to an already successful vegan café, Fat Rabbit, on Bailey Street. The owner bought the property after the previous owner removed, without permission, the historic shop front and internal walls in the on the ground floor. They have taken on the property and reinstating the shop front. This project will remove a blight on the landscape of Church Street.

17 Cross Street was awarded a total of £12,021, which is 60% of total eligible costs which are £20,035. The total project costs were £49,199.50. The grant was awarded to change the ground floor of 17 Cross Street from a café to a space to carry out activities with people of all abilities. They will also house a shop to sell goods made on site.

Shrewsbury BID – £388,722
A number of projects to help Shrewsbury Town centre to recover and improve:

- High impact promotional campaign to celebrate and promote the re-opening of Shrewsbury town centre
- Small grants programme for local businesses to deliver impactful events in the public realm
- Diverse programme of activities to maximise the experience within the town centre of Shrewsbury
- New promotional video for Shrewsbury and advertising to reach 1m+ audience
- Small improvements to the public realm including vacant units, signage etc.
- Equipment to support the extension of the season and increase economic activity such as stretch tents, gazebos
- New high impact campaign and activities to transform and promote the early evening and Sunday economy
- Projects, campaign and activities to promote walking and cycling into Shrewsbury town centre for 70k people who live within 15 min cycle

- New digital platform for the town centre with live data and connections to social media

- Supporting the work of the Big Town Plan partnership on a Movement & Place strategy

- Campaign, events and opportunities for local young people to start and grow their retail/entrepreneur journey

- New and enhanced tools to track footfall, dwell, flow, catchment and visitor origin

- Intensive one to one mentoring for business improvement & social media

Oswestry BID Grant – £40,000
A town centre business directory giving all the businesses opportunity to have an entry on the fold-out map. This will then be printed in hard copy for distribution locally but also further out to our catchment area by way of local readerships like Oswestry Life Magazine etc. They will also be available at business premises and as an electronic version online.

To develop an additional page on the One Oswestry Website dedicated to all BID businesses that are now operating with an online presence such as Click and Collect, delivery services and ordering online. This page will act as a signpost to these businesses showing that you can shop online but still use local businesses.

Oswestry Balloon Carnival 21st/22nd August. A great family event that will bring footfall into Oswestry that then supports all our businesses and raises the profile of Oswestry to the wider visitor economy.

The Food Festival is another great annual event that increases footfall into our town to support all our businesses showcasing local produce. Again, attracting visitors from the wider region.

Family focused event to draw people into town to support retail but also hospitality sector. Themed activities and supporting marketing campaign.

More than a training course, the trainer goes into the business premises to work with business owners on what their business needs to make the best of its trading environment. (Similar to the Mary Portas TV series). The mentor helps business make the most of window displays, ensuring everything is placed in the right 'space' (product placement). They will advise on pricing structures, displays, staffing, online/social media offering and then return 2-3 months later to ensure new

policies/procedures have been implemented, maintained and give further feedback. This funding should provide approx. 24 sessions (rough £500/session – this covers initial 3 hour training and 1 hour follow up at the premises).

Committee and Date	Item
Cabinet 18 January 2023	Public

Proposal for consultation on introducing a charge for events on the highway involving Temporary Traffic Regulation Orders (TTRO'S)

Responsible Officer
e-mail: Gary.parton@shropshire.gov.uk Tel: 01743 258786

1. Synopsis

A proposal on consultation to introduce a fee for the assessment, approval, processing and advertising of Temporary Traffic Regulation Orders (TTRO's) to enable events to take place on the highway.

2. Executive Summary

2.1. The Shropshire Plan has been developed around four priorities including a 'Healthy Economy'. Underpinning this our strategic objectives are to develop Shropshire as a safe, strong and vibrant destination to attract people to live in, work in, learn in and visit. And also to deliver excellent connectivity and infrastructure, increasing access to social contact, employment, education, services and leisure opportunities.

2.2 The Council has always supported events in the county which are popular with residents and visitors. They promote active lifestyles and, in most cases, boost the local economy. Some commercial organisers have been achieving healthy profits from events in recent years and it seems both reasonable and appropriate to consider and apply charges for the use of the council's highways to provide a financially sustainable approach for the Council as many other local authorities do. This allows us to help fund and maintain a range of key services for Shropshire residents and those who visit the county. An appropriate recovery of costs process that takes account of, and considers all types of, event and event organiser would support the vision, values and priorities of the Shropshire Plan.

2.3 In drafting proposals Officers have considered the type and nature of events that would be covered by this proposed change, including fee waivers and/or discounts for non-profit making, charitable events. An important factor in considering proposed fee scales is to ensure fees are defendable, pass scrutiny, accurately reflect officers time and other incurred costs and are also considered reasonable, on a par with those imposed by neighbouring and similar authorities and, importantly are not an unwarranted deterrent for event organisers wishing to hold an event in Shropshire.

2.4 Temporary legal orders to enable events to take place on the highway or to enable temporary traffic and pedestrian management to safely manage events held "off highway" are predominantly processed under either Section 14(1) of the "Road Traffic Regulation Act 1984" or the "Town Police Clauses Act 1847"

3. Recommendations

That Cabinet

3.1. approve a consultation exercise on the proposed charging structure set out in the Appendix.
3.2. Note that, following the consultation, the final policy will be presented to Cabinet for final approval.

REPORT

4. Risk Assessment and Opportunities Appraisal

4.1. An opportunity to gain further feedback, comment and views from affected stakeholders including Town & Parish Councils and event organisers.

4.2. An opportunity for increased income to assist in savings target and in maintaining key services across Shropshire.

4.3. An opportunity to reasonably recoup officer's time and applicable costs in assessing, processing and advertising temporary legal orders required.

4.4. An opportunity to reasonably recoup officers time and applicable costs in advising, directing and liaising with organisers and interested parties.

4.5. Proposed charges for this service will be new for regular and event organisers. There is a risk that imposing a charge may impact on event organisers with limited or currently non-existent budgets – leading to proposed event applications being withdrawn, or increased request for fee waivers.

4.6. No foreseeable impact on Children and vulnerable adults

4.7. No foreseeable impact on Human Rights or Equalities. An Equality, Social Inclusion and Health Impact assessment is on-going with a view to being updated following the outcome of the consultation exercise.

5. Financial Implications

5.1. Estimated maximum income based on applications received and pending for this financial year and applying all charges as per draft charging structure (April 2022 to April 2023): £30,000, with applications from Town & Parish councils contributing approximately £12,000 of this figure.

5.2. A £25,000 per annum income from this proposed charging policy is included within proposed financial savings from 23-24 onwards.

5.3. Additional income will assist in contributing to the savings target for 23/24

6. Climate Change Appraisal

6.1. It's believed that the proposals would have no direct effect on:

- Energy and fuel consumption
- Renewable energy generation
- Carbon offsetting or mitigation
- Climate change adaptation

6.2. The maximum proposed charge for events likely to attract more than a thousand people from outside the local area and / or affecting a traffic sensitive route, may act as an incentive for event organisers to consider a less disruptive location and hence have a positive indirect effect on energy and fuel consumption.

6.3. The positive indirect on energy and fuel consumption would align with the "Healthy Environment" priority of the "Shropshire Plan".

7. Background

7.1 "Events" on the highway which require some form of TTRO (usually temporary road closure and/or temporary suspension of parking) include large annual shows such as Shrewsbury Flower Show, regular local Market events, fairs and festivals and sporting events. Organisers include but are not restricted to; Town & Parish Councils; private; community led and charitable organisations; television and film companies.

7,2 The reasoning for temporary road closures and other restrictions to be applied is predominantly to protect participants and attendees and to temporarily allow useable space on the highway to allow equipment and apparatus to be installed and people to attend without risk of traffic conflict.

7.3 Historically, whilst Shropshire Council have the ability and facilities to charge event organisers for the assessment, advice, and processing of the legal order if deemed necessary, the process has been largely accommodated as part of a wider ethos to assist event organisers on limited budgets and to promote events as beneficial to community engagement, increasing footfall, trade & tourism whilst raising Towns and County profile.

7.4 There is now an initiative to review this procedure, ensure recovery of reasonable costs, and introduce a reasoned/defendable charge where appropriate to do so.

8. Additional Information

8.1 Whilst the pandemic affected the number of events being applied for and taking place over the last two years – we are now seeing a resurgence of interest with a total of 139 separate events taking place between the beginning of March 2022 and the end of December 2022.

8.2 Any revised charge/process will be new to regular and historical event organisers. There may be some consideration to ensuring revisions are reasonable, defendable, pass scrutiny and accurately reflect officers time and incurred costs.

8.3 An initial "Benchmarking" exercise with similar neighbouring authorities has evidenced that, predominantly they do impose a

charge for this function although the calculations involved are varied.

8.5 Imposition of a fee could have a detrimental effect to registered charities and organisers wishing to donate all profit to a named charity. Therefore, Officers may make recommendations of a potential fee waiver for those events evidenced to be non-profit making and /or led by a charitable organisation where all profits are donated to charity.

8.6 The proposal is to implement a charge for applicants ranging between £40.00, and a maximum calculated charge of £1480.00 as detailed and dependent on applicant category, the potential for disruption and officers time involved.

8.7 In order to set a reasonable and appropriate charge that, as far as reasonably practicable, does not unduly deter event organisers on limited budgets and is defendable, the proposal is to apply percentage "discounts" to the maximum calculated charge that also more accurately reflect the "disruption effect" for each individual TTRO/temporary road closure.

8.8 As there are many variables to the types of event, event organiser, and the potential for disruption to traffic & businesses, a "caveat" is proposed in the eventual policy/guidance of officer discretion being used to levy an appropriate charge (within the price range stated and "less or more than") that more accurately reflects the anticipated level of disruption and officers time spent – i.e. a commercial event, anticipated to attract less than 500 people, could involve closing a traffic sensitive/arterial route or have some other factor requiring maximum officer input – conversely an event likely to attract over 1,000 people, but held in a field/on private and off a non-traffic sensitive road involving up to an hour of traffic management to see people safely in and out – may have minimal officer input.

9 Conclusions

9.1 Following the pandemic there now looks to be a resurgence of both established and new event organisers wishing to organise events that affect the highway, either by temporary traffic regulation orders applied or by managing an influx of additional traffic and thronging of people. Events vary regarding potential disruption and the officer input required to ensure the event can take place safely and legally, with appropriate consultation and communication. The proposal is to apply a reasonable charge to recoup officers time

spent – whilst also ensuring charitable organisations & public sector partners are appropriately considered.

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

- Place Overview Committee report 30th June 2022
- Briefing Note 30th June 2022
- Events List 2022 to date

Cabinet Member (Portfolio Holder)

Councillor Richard Marshall

Local Member

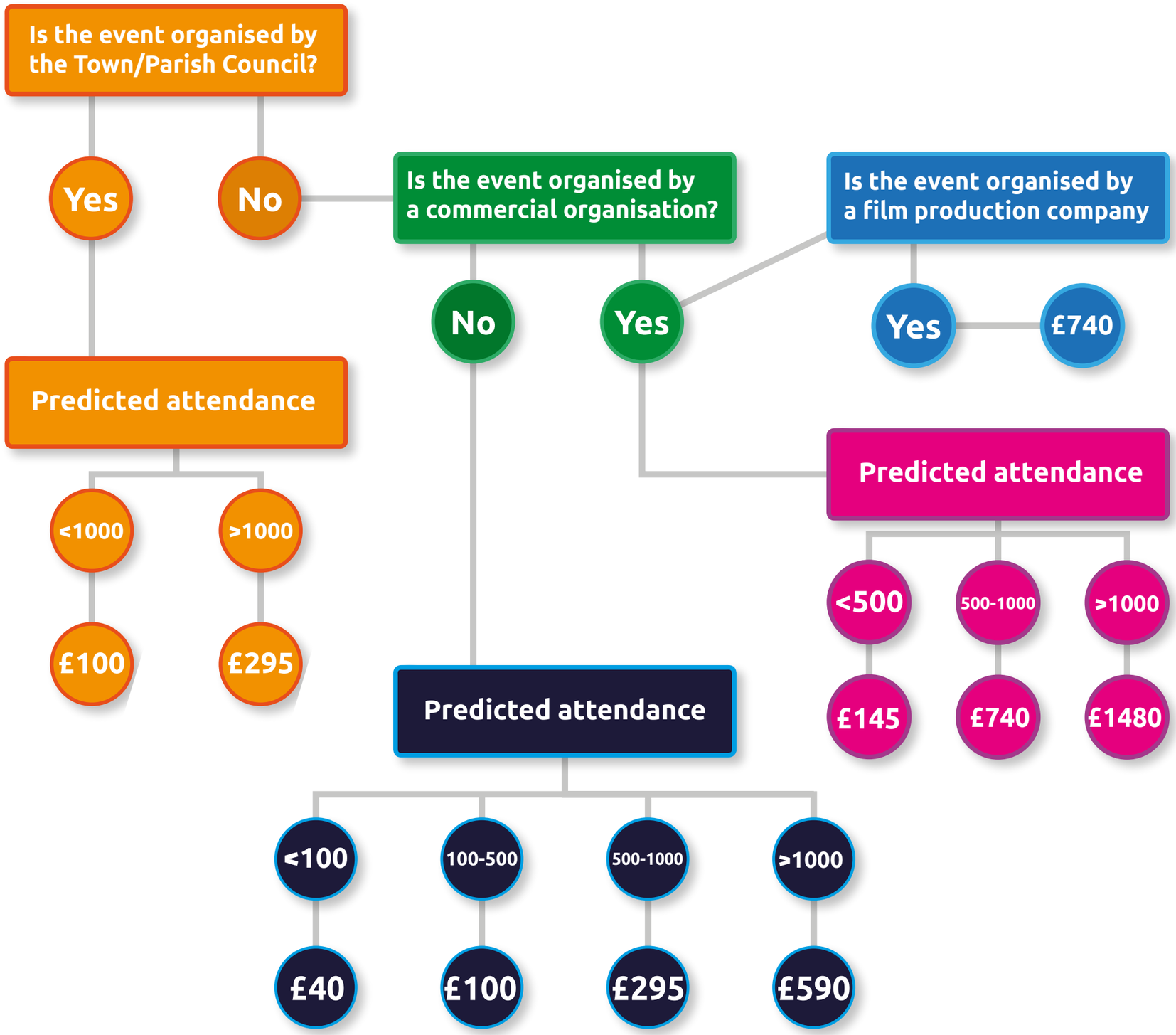
N/A

Appendices

- **Proposed charge structure**

This page is intentionally left blank

Applications For Temporary Road Closures (TTRO's) For Events



Applications from Town/Parish Councils

£100 Village Fetes; small Christmas light events

£295 Town Council organised carnival attracting over 1000 visitors; large Christmas light events

Applications from all other non-commercial event organisers

£40 Street Parties and remembrance parades

£100 Fetes not organised by charities or parishes

£295 Parade attracting between 500 and 1000

£590 people Sporting events (over 1000 spectators)

Applications from commercial organisations

£145 Open day organised by local business

£740 One-off commercial open air market

£1480 Events attracting very high levels of traffic from outside the local area and/or causing disruption to traffic sensitive routes.

* All events organised by registered charities for the sole purpose of generating income for their associated charity will be at no cost to the event organiser regardless of attendance.

In some cases officer discretion may be used to levy an appropriate charge that more accurately reflects the anticipated level of disruption and officers time spent.

This page is intentionally left blank

Committee and Date	Item
Place Overview Committee	
30th June 2022	**Public**

introducing a fee/charge for events on the highway involving Temporary Traffic Regulation Orders (TTRO's)

Responsible officer
Gary Parton– Network Coordination and Compliance Manager
Gary.parton@shropshire.gov.uk
01743 258786

1.0 Summary

1.1 A proposal to consider introducing a reasonable / defendable fee for events that take place on the highway which involve either a temporary road closure or some other form of Temporary Traffic Regulation order such as a temporary rescind of parking or parking restrictions.

2.0 Recommendations

2.1 For the committee to consider the proposal and offer recommendations on a revised draft policy and fee structure. Also to advise on a possible timeline to finalise a revised policy/fee structure with a view to presenting to Cabinet in 2022.

REPORT

3.0 Risk assessment and opportunities appraisal

3.1 An opportunity for a further income stream allowing assistance to fund and maintain a range of key services for Shropshire residents and those who visit the county.

3.2 Any revised charge/process would be new to regular and historical event organisers. There may be some consideration to ensuring revisions/fees are reasonable, defendable, pass Audit scrutiny and accurately reflect officers time and incurred costs.

3.3 Consideration of Town/Parish Council, community led and charitable events and an appropriate, reasonable process to reflect partnering initiatives, community engagement, Authority ethos and reputation.

4.0 Financial implications

4.1 Opportunity for increased income year on year.

4.2 Some community/charitable organisations may have limited budgets.

5.0 Climate change appraisal

5.1 None

6.0 Background

6.1 The council has always supported events in the county, which are popular with residents and visitors. They promote active lifestyles and, in most cases, boost the local economy. However, we also have challenging financial savings to deliver in 2022/23 and future years with a large structural deficit. Some commercial organisers have been achieving healthy profits from events in recent years and it seems both reasonable and appropriate to consider and apply charges for the use of the council's highways as many other local authorities do.

7.0 Conclusion

7.1 There is now an initiative to review the current process, look to increase income and introduce a reasoned/defendable charge where appropriate to do so.

Recommendations from the previous Place Overview Committee meeting, on 24th March 2022, concluded that a fee structure should be implemented, and that this be applied to Commercial Organisations but not to 'not-for-profit' events such as Charity events and some community led events.

For a proposed fee "structure" it would be felt reasonable by Officers for any fee, at minimum, to cover / recoup the cost to the Authority of officers time involved in assessing and processing any application and also any legal/advertisement costs involved. This would also be able to demonstrate a reasoned and auditable approach to how a proposed fee is structured.

The assessment/processing and advertisement costs on this basis are equal to (on some occasions greater than) the costs involved in processing a Temporary Traffic Regulation Order (TTRO) for works by Utility companies/other Statutory Undertakers. The fee for processing a TTRO for "works purposes" currently stands at £1,650.00 per application.

A benchmarking exercise with other Authorities already charging for this service evidenced some commonality in approach – i.e. Authority's implemented a 'sliding scale' of fee depending on a 'disruption effect' and whether an event would be affecting a traffic sensitive route; a classified road; a bus route; a pedestrianised zone as opposed to an event affecting unclassified roads; footways only; non traffic sensitive routes; cul-de-sacs.

For ease of application, and in order for Shropshire to remain competitive and attractive to event organisers, Officers would propose a fee of £1,240.00 for those events deemed to be in the higher of the sliding scale and £500.00 for those events deemed to be in the lower of the sliding scale.

The £1240.00 figure represents a 25% reduction/discount on the charge levied for TTRO's for 'works purposes' and is competitive to what neighbouring Authorities are charging event organisers for the same service. The £500.00 figure represents an approximate 60% reduction from the proposed £1240.00 figure and is deemed to reflect the minimal 'disruption effect' of restrictions on lower classed roads, whilst also not exceeding the charge levied by some neighbouring Authority's for the same service.

Officers would welcome further recommendations and guidance – with a view to finalising a revised policy/fee structure to be considered by Cabinet.

List of background papers: **Initial briefing note March 2022** **Formula for recovery of road closure costs**
Cabinet member: Dean Carroll
Local member N/A
Appendices **i. Initial briefing note to Directors and Portfolio Holder** **ii. Example of potential fee structure based on named responsible officer time, legal and advertising costs currently used for TTRO's involving "works" on the highway.**

This page is intentionally left blank

Briefing Note on introducing a fee/charge for events on the highway involving Temporary Traffic Regulation Orders (TTRO's)

Gary Parton, Network Coordination and Compliance Manager 28/06/2022

Notes:

The briefing note submitted in March of this year, and discussed by Committee on 24th March, set out some of the background, considerations and proposals for introducing a fee for those events which would involve assessing and processing a TTRO.

A recommendation was then made that a fee structure be implemented, and that this be applied to Commercial Organisations, but not to "not for profit" organisations.

Further advice and recommendations are now sought on a revised draft policy and fee structure – also considerations of possible exemptions or mitigations for charity & community organised events that may have limited budgets, in addition to applications received from Public Sector organisations such Town Councils, Business Improvement Districts and established/historic Market events.

As highlighted in the submitted report – a benchmarking exercise with other Authorities already charging for this service evidenced some commonality in approach – in that "non-profit" groups were either exempt from paying a fee or were subject to a significant reduction. Also, in some instances, Authorities have applied a "sliding scale" fee structure which is based on "disruption effect" and whether an event would be affecting a busy traffic sensitive route or a lesser class of road/footway which is not traffic sensitive.

Officers believe that, for any introduction of a fee structure, the emphasis would need to be on a justified "recovery of incurred costs" basis which is both defendable and reasonable and passes audit scrutiny.

On this basis, and as an example for discussion, Officers have used the breakdown of activities and costs currently used for recovery of TTRO/road closure costs that involve works on the highway (so those involving Utility Companies or other statutory undertakers) as a base for a similar fee structure for Events.

This is believed to be a reasonable approach as the work involved in assessing and processing a temporary legal order for Events is equal to, and can often be greater, than the work involved in TTRO's for works purposes.

The current fee for processing a TTRO for "works purposes" stands at £1,650.00 per application using this method of calculation

It's recognised that there should also be consideration of an appropriate and reasonable process which doesn't unduly deter event organisers, reflects partnering initiatives, community engagement and the Authorities ethos and reputation.

Officers have proposed that a "sliding scale" of charge, based on an events "disruption effect" would better reflect both the scale of the event and the work involved.

For ease of application, to reflect the often positive benefits that such events have on communities, and in-order for Shropshire to remain competitive and continue to attract event organisers, Officers would initially propose a fee of £1,240 for those events deemed to be in the higher of the sliding scale, and £500 for those events deemed to be in the lower scale.

The £1240.00 figure represents a 25% reduction or subsidisation on the charge levied for TTRO's for works purposes and is competitive to what neighbouring Authorities are charging for the service, The £500 figure represents an approximate 60% reduction from the propose £1240 figure and is deemed to reflect the minimal disruption effect of restrictions on lower class roads – whilst also not exceeding the charge levied by some neighbouring Authorities for the same service.

Officers would welcome further recommendations and guidance – with a view to finalising a revised policy/fee structure to be considered by Cabinet – and for a revised charging structure to be reflected in the Council-wide fees and charges proposals for 2023/24.

MARCH	Town/Area	Event	Name
20 Mar	Bishops Castle	Run	Bishops Castle 10K
13 Mar	Shrewsbury	Run	Shrewsbury 10K
27 Mar	Myddle	Run	Myddle Fun Run

APRIL	Town/Area	Event	Name
24 Apr	Shrewsbury	Bike	Bike4Life
3 Apr	Whitchurch	Run	Whitchurch 10K
3 Apr	Bridgnorth	Event	Tractor Run
10 Apr	Bishops Castle	Parade	Palm Sunday
8 Apr	Much Wenlock	Parade	Much Wenlock Parade
23 Apr	Shrewsbury	Festival	Fake Festival

MAY	Town/Area	Event	Name
7 May	Albrighton	Event	Albrighton Approbation
8 May	Ludlow	Run	Storm the Castle
27 May	Ludlow	fair	May Fair
27 May	Bridgenorth	fair	May Fair
28 May	Shrewsbury	fair	County Show
29 May	Shrewsbury	fair	Krazy Races

JUNE	Town/Area	Event	Name
2-4 Jun	Market Drayton	Festival	Rock'n' Bowl Festival
2 Jun	Markey Drayton	Festival	Market Drayton Fete
3-4 Jun	Shrewsbury	Music Fest	Revival Festival
3 Jun	Bridgnorth	Festival	Bridgnorth Carnival
11 Jun	Shrewsbury	Festival	Bell Vue Arts Festival
11 Jun	Church Stretton	Run	Church Stretton 10k
12 Jun	Shifnal	Air	Cosford Air Show
12 Jun	Whitchurch	Run	Whitchurch Triathalon
17 Jun	Oswestry	Run	Oswestry 5k
18-19 Jun	Broseley	Festival	Broseley Festival
18 Jun	Alderford	Run	Alderford Triathalon
18 Jun	Oswestry	Festival	Festival in the Park
18 Jun	Ludlow	Festival	Ludlow Fringe Festival
18 Jun	Shrewsbury	Festival	Hive Festival
18 Jun	Much Wenlock	Market	Much Wenlock Market
25 Jun	Shifnal	Festival	Shifnal Carnival
25-26 Jun	Shrewsbury	Festival	Shrewsbury Food Festival
25-27 Jun	Shifnal	Festival	Shifnal Fair
26 Jun	Bishops Castle	Parade	Midsummer Rejoicing
18 - 19 Jun	Broseley	Carnival	Broseley Festival

JULY	Town/Area	Event	Name
3 Jul	Cleobury Mortimer	Run	Cleobury Mortimer 10K
10 Jul	West Felton	Carnival	West Felton Carnival
9 Jul	Ludlow	Run	Ludlow 10k

9 - 10 Jul	Oswestry	Festival	Oswestry Food and Drink Festival
9 Jul	Albrighton	Fair	Fayre
17 Jul	Whitchurch	Run	Ultimate Triathalon
2 Jul	Shrewsbury	Parade	Yeomanry Freedom Parade
8 Jul	Bishops Castle	Carnival	Bishops Castle Carnival
16 Jul	Church Stretton	Festival	Church Stretton Festival
16 Jul	Whitchurch	Festival	Alder Fest
18 Jul	Shrewsbury	Event	Queens Baton Relay
23 Jul	Bishops Castle	Festival	Party in the Park
23 Jul	Bridgnorth	Event	Queens Baton Relay
29 Jul	Babbinswood	Festival	U Know Festival

AUG	Town/Area	Event	Name
05 Aug	Clun	Run	Clun Canter (off road 10k)
11 Aug	Shawbury	Air Show	RAF Shawbury Families Day
12 - 13 Aug	Shrewsbury	Festival	Shrewsbury Flower Show
20 Aug	Oswestry	Festival	Balloon Fest
20 Aug	Ellesmere Carnival	Carnival	Ellesmere Carnival
27 Aug	Market Drayton	Carnival	Market Drayton Carnival
27 Aug	Market Drayton	Carnival	MD Carnival
4 Aug	Burwarton	Carnival	Burwarton Show
16 Jul	Church Stretton	Carnival	Stretfest
6 Aug	Clun	Carnival	Clun Carnival
12 Aug	Rattlinghope	Festival	Farmer Phil's Festival
18 Aug	Weston Park	Festival	Camp Bestival
20 Aug	Much Wenlock	Market	Much Wenlock Market
26 Aug	Shrewsbury	Festival	Shrewsbury Folk Festival

SEP	Town/Area	Event	Name
01 - 5 Sep	Hopton Wafers	Music Festival	Audio Farm
03 Sep	Wem	Carnival	Wem Carnival
09 - 11 Sep	Ludlow	Food Festival	Ludlow Food Festival
11 Sep	Bridgnorth	Festival	Italian Auto Moto Fest
25 Sep	Wem	Run	Wem 10K
18 Sep	Shrewsbury	Parade	Battle of Britain Parade
22 Nov	Bridgnorth	Event	Prostrate Cancer Screening
11 Sep	Shrewsbury	Walk	Parkinson Walk
11 Sep	Shrewsbury	Run	Severn Bridges Race
4 Sep	Shrewsbury	Run	Triathalon
3 Sep	Ellesmere	Run	Triathalon
5 Sep	Burway	Run	Hill Climb
4 Sep	Shrewsbury	Festival	Shrewsbury Food Festival
12 Sep	Bridgnorth	Festival	Bridgnorth Walk and Marathon
17 Sep	Bishops Castle	Fair	Michalmas Fair
24 Sep	Market Drayton	Festival	Ginger and Spice Festival
26 Sep	Broseley	Market	Broseley Pop-up Market
26 Sep	Much Wenlock	Festival	Much Wenlock Games
30 Sep	Shrewsbury	Festival	Oktober Fest

OCT	Town/Area	Event	Name

01 Oct	Whitchurch	Carnival	Blackberry Fair
09 Oct	Shrewsbury	Run	Shrewsbury Half Marathon
16 Oct	Oswestry	Run	Oswestry 10K
30 Oct	Bridgnorth	Run	Bridgnorth 10k
27 Oct	Shrewsbury	Parade	Freedom Parade
8 Oct	Oswestry Apple Day	Event	Apple Day
24 Oct	Church Stretton	Run	Church Stretton 10K

NOV	Town/Area	Event	Name
5 Nov	Oswestry	Fireworks	
6 Nov	Whitchurch	Market	Made in Shropshire
9 Nov	Ludlow	Christmas	Lights Erection
11 Nov	Ludlow	Armitice Day	Armistice Day Service
11 Nov	Oswestry	Armitice Day	Service
12 Nov	Purslow	Remembrance Day	Service
13 Nov	Ludlow	Remembrance Day	Remembrance Day Parade
13 Nov	Bridgnorth	Remembrance Day	Remembrance Day Parade
13 Nov	Shrewbury	Remembrance Day	Remembrance Day Parade
13 Nov	Shifnal	Remembrance Day	Remembrance Day Parade
13 Nov	Market Drayton	Remembrance Day	Remembrance Day Parade
13 Nov	Wem	Remembrance Day	Remembrance Day Parade
13 Nov	Cressage	Remembrance Day	Service
13 Nov	Gobowen	Remembrance Day	Service
13 Nov	Whitchurch	Remembrance Day	Service
13 Nov	Baschurch	Remembrance Day	Service
13 nov	Oswestry	Remembrance Day	Service
13 Nov	Clun	Remembrance Day	Service
13 Nov	Cleobury Mortimer	Remembrance Day	Remembrance Day Parade
13 Nov	Ellesmere St.Martins	Remembrance Day	Service
13 Nov	Church Stretton	Christmas	Remembrance Parade
13 Nov	Trefonen	Remembrance Day	Service
13 Nov	Albrighton, Wolverhampton	Remembrance Day	Remembrance Day Parade
17 Nov	Oswestry	Christmas	Christmas Lights Switch on
19 Nov	Market Drayton	Christmas	Festival of Lights
19 Nov	Church Stretton	Christmas	xmas tree place
20 Nov	Much Wenlock	Christmas	Christmas Lights Erection
23 Nov	Shrewbury	Christmas	Christmas Lights Switch on
24 Nov	Church Stretton	Market	Christmas Market
24 Nov	Much Wenlock	Christmas	Christmas Lights Switch on
25 Nov	Bridgnorth	Christmas	Christmas Lights Switch on
25 Nov	Ellesmere	Christmas	Winter Festival
25 Nov	Craven Arms	Christmas	Christmas Lights Switch on
26 Nov	Church Stretton	Christmas	Christmas Lights Switch on
26 Nov	Shifnal	Christmas	Christmas Lights Switch on
26 Nov	Broseley Christmas Lights	Christmas	Christmas Lights Switch on
26 Nov	Whitchurch	Christmas	Christmas Lights Switch on
27 nov	Clun	Christmas	Christmas Lights parade
25 - 26 nov	Ludlow	Christmas	Winter Festival
4 12 1+122:14:	Shrewbury	Market	Farmers Market
13 Nov	Broseley Remembrance	Remembrance Day	Service

tennis ball trail

DEC	Town/Area	Event	Name
3 Dec	Much Wenlock	Christmas	Christmas Fayre
24 Dec	Church Stretton	Christmas	Carols
3 Dec	Oswestry	Christmas	Christmas Parade
2 Dec	Wem	Christmas	Wem Christmas Lights
14 Dec	Shrewsbury	Christmas	Chrewsbury Carols
4 Dec	Oswestry	Run	Santa Run
2 Dec	Oswestry	Christmas	Christmas live event
11 Dec	Bridgnorth	Event	Tractor Run
24 Dec	Shifnal	Christmas	Carols

Committee and Date	Item
Cabinet 18 January 2023	Public

Shropshire Inequalities Plan

Responsible Officer Paula Mawson, Assistant Director – Integration & Healthy Population

Berni Lee – Consultant in Public Health

email: ɯson@shropshire.gov.uk Tel: 01743 256039

1. Synopsis

Health inequalities are avoidable, unfair, systematic differences between population group that stem from wider societal inequalities. This plan aims to improve the lives of those with the worst health fastest and break the link between people's background and healthy life prospects.

2. Executive Summary

2.1 The Shropshire Plan, 2022-25, demonstrates a firm commitment to tackling inequalities within our Healthy People priority through the following specific objective: "We will tackle inequalities, including rural inequalities and poverty in all its forms, providing early support and interventions that reduce risk, and enable children, young people, adults and families to achieve their full potential and enjoy life". The Inequalities Plan presented to Cabinet in this report turns that commitment into a coherent plan with tangible actions and priorities that will be monitored moving forwards.

Health inequalities are defined as avoidable, unfair and systematic differences in health between different population groups. Inequalities in the determinants of health (such as housing, education and access to green space) translate into health inequalities. Therefore, action to reduce health inequalities requires action to improve outcomes across all the factors that influence our health. As such, health inequalities may be driven by:

- different experiences of the wider determinants of health including housing, education, employment for example
- differences in health behaviours or other risk factors, such as smoking, diet and physical activity levels
- differences in psychosocial factors, such as social networks and self-esteem

- unequal access to or experience of health services.

2.2 Action to reduce health inequalities requires improving the lives of those with the worst health fastest and breaking the link between people's background and their prospects for a healthy life.

2.3 In July 2021 West Midlands NHS England /Improvement requested that local Integrated Care Systems (ICSs) develop place-based Health Inequality Plans, illustrating how key NHS health inequality objectives would be met on a 'place footprint'. In responding to this request, it was agreed at the Health and Wellbeing Board (H&WBB) that for Shropshire a plan would be developed to include the following priority areas:

- ICS/NHS health inequality priorities (including NHSE's Core 20 Plus 5 national model clinical priority areas: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case)
- Shropshire H&WBB priorities as expressed through the Health and Wellbeing Strategy
- The 'wider determinants of health' as detailed in the Shropshire Plan
- Socially excluded groups (also referred to as 'Health Inclusion' Groups).

The Plan also includes high level details of the Primary Care Networks (PCNs) 'Tackling Neighbourhood Health Inequalities' plans.

2.4 The Inequalities Plan includes brief high-level details of the programmes of work already underway. Throughout the sections of the plan, programmes that are being led or delivered by the council are included, with activities often being delivered in partnership with our third sector partners and local NHS. These actions are wide ranging, reflecting the wider social and economic factors that impact on inequalities (e.g., education, employment, housing, planning). The plan also includes some health inequalities activities which are led by the NHS – with delivery supported by the Council and other key stakeholders.

2.5 The report that accompanies the Plan includes a wide range of details including the following:

- The factors that underpin health inequalities and the context within which they develop and become entrenched
- A brief overview of the evidence base for reducing health inequalities
- Key aspects of the national and local policy context for reducing inequalities and health inequalities
- Details of 'Core20PLUS5' framework and why 'rurality' has been identified as a 'plus' factor for the ICS
- The extent of health inequalities across Shropshire.

2.6 Through developing the plan the following gaps in action have been identified:

- Comprehensive Action to Reduce Smoking Rates
- Meeting the Needs of the LBGTQ+ Community across the Life Course

Contact: Paula Mawson Paula.Mawson@Shropshire.gov.uk

- Reference to the Accessible Information Standard.

2.7 Furthermore, whilst recognising that all the actions for the priority areas need to be delivered, it has been agreed that action and impact should be closely monitored for a number of key areas as specified in section 8.6 below.

2.8 The Inequalities Plan contains three overarching recommendations in Section 17 for all system partners, including, of course, the Council. These are:

- Development of a framework enabling progress in reducing inequalities to be periodically reviewed, including monitoring and tracking progress against key measures through development of an action log
- Continue to roll out and adopt a Health in all approach to our programmes and Policies
- All staff and partners acknowledge their individual organisational and collective shared responsibility to focus plans and implementation of services to seek to address variation in health and wellbeing outcomes.

Cabinet is specifically requested to agree these recommendations as they effect Shropshire Council.

3. Recommendations

That members:

- Note that the Shropshire Inequalities Plan has been endorsed by the Health and Wellbeing Board at its meeting in November 2022
- Approve Shropshire Council's commitment to those aspects of the Plan that are the responsibility of Shropshire Council, including the specific recommendations made in section 17 (appendix 1)
- Consider how plans and policies within their respective portfolio areas can be developed such that they contribute to a reduction in inequalities.

REPORT

4. Risk Assessment and Opportunities Appraisal

4.1 There is an opportunity in tackling inequalities and poverty in all its forms to enable young people, adults and families to achieve their full potential. Opportunities to:

- Close the gap in heathy life expectancy and other key health indicators between the most and least deprived groups in society
- Recognise and take action on the specific health inequalities that affect those living in a rural region like Shropshire
- Recognise and take action to support specific health inclusion groups who experience discrimination and barriers to accessing services which increases health inequalities.

4.2 The cost-of-living crisis represents a significant health risk to those already experiencing health inequalities in Shropshire. Even less vulnerable groups are likely to be affected by food and fuel poverty, as well as other negative socioeconomic effects of the crisis. This report recognises this risk and provides an opportunity to mitigate the worst impacts for those affected.

Contact: Paula Mawson Paula.Mawson@Shropshire.gov.uk

4.3 Further, it should be recognised that often those least able to adapt or cope with climate change (more disadvantaged communities) are likely to be hardest hit by its impacts. This has direct financial and service delivery implications for Shropshire Council that could be ameliorated through reducing inequalities.

5. Financial Implications

5.1 There are no direct financial implications arising from this report. However, it is widely recognised that reducing health inequalities will bring economic benefit to the whole county, not only to those in the most deprived communities.

5.2 The Health Inequality work programmes as detailed in the table in appendix 1, include key actions/milestones with dates, that those services/teams will take to progress and implement them. Most of the work programmes are ongoing, and as these have been provided for submission into this Inequality Plan, the assumption is that these have been costed and funded. However, it is possible (and to an extent to be expected) that some plans will, for a variety of different reasons, change. Any such changes will be reflected in future updates of this Inequalities Plan.

5.3 Appendix 1 refers to the Development and Delivery of the Shropshire Plan and Revised Target Operating Model (11.3 to 11.5). There is a separate governance process underway for these projects that will consider any costs and associated savings.

6. Climate Change Appraisal

6.1 This report has no direct effect on energy and fuel consumption, renewable energy generation, carbon offsetting or mitigation or climate change adaptation.

6.2 However, this report has indirect climate change outcomes that are related to tackling inequalities. Climate change has been identified as the most important health threat of the century, and also the "greatest opportunity to redefine the social and environmental determinants of health". The climate crisis will affect people differently depending on their susceptibility, risk and ability to cope. By addressing health inequalities, this will also increase climate change resilience. For example, by reducing housing inequality and improving home insulation we can reduce the health impacts of fuel poverty whilst also reducing greenhouse gas emissions. Also, by increasing access to public and active transport we can improve ill health associated with inactive lifestyles and poor services access whilst also reducing traffic-related emissions and pollution.

7. Background

7.1 In July 2021 West Midlands NHSE/I requested that local Integrated Care Systems (ICSs) develop place-based Health Inequality Plans, illustrating how key NHS health inequality objectives would be met. Given the broad action

Contact: Paula Mawson Paula.Mawson@Shropshire.gov.uk

required to reduce health inequalities it was agreed by the Health & Wellbeing Board that a broader Inequalities Plan should be developed for Shropshire. This plan recognises the importance of both health inequalities and the wider inequalities that underpin their development. Thus, the Shropshire Inequalities Plan includes the following priority areas:

- ICS/NHS health inequality priorities (including the 5 key planning restoration priorities and the Core20-PLUS-5' priorities)
- Shropshire H&WBB priorities as expressed through Health and Wellbeing Strategy
- The 'wider determinants of health' as detailed in the Shropshire Plan
- Socially excluded groups (also referred to as 'Health Inclusion' Groups)

The Plan also includes high level details of the PCN 'Tackling Neighbourhood Health Inequalities' plans. Further, it is recognised that there will be additional work programmes being undertaken across the system with potential impact on inequalities and health inequalities that are not included at this stage.

7.2 The intention of the Plan is not to duplicate existing work programmes but to draw together current activity aimed at reducing inequalities, seek to strengthen the plans, in particular through identifying synergies between them, to identify and address any gaps in support or provision and to enable monitoring of progress towards a reduction in health inequalities. Thus, the Plan includes brief high-level details of the programmes of work underway – being led either by the council and/or the local NHS, with activities often being delivered in partnership with our third sector partners.

8. Additional Information

8.1 In order to develop the Inequalities Plan a multi-agency group was convened with membership shown in appendix 1 (page 115) and development has been coordinated with NHS colleagues. Progress has been reported through the ICS's Population Health Board.

8.2 Health inequalities are defined as avoidable, unfair and systematic differences in health between different population groups. The attached report (appendix 1) includes the Inequalities Plan but in addition it:

- Provides a definition of health inequality and brief detail of how health inequalities are measured
- Sets out the factors that underpin health inequalities and the context within which they develop and become entrenched
- Illustrates the way in which individual factors can interplay with each other (intersectionality) – reinforcing and worsening inequalities and health inequalities
- Summarises the impact of Covid-19 in exposing and exacerbating health inequalities
- Provides a brief overview of the evidence base for reducing health inequalities
- Summarises key aspects of the national and local policy context for reducing health inequalities

Contact: Paula Mawson Paula.Mawson@Shropshire.gov.uk

- Provides details of 'Core20PLUS5' framework and why 'rurality' has been identified as a 'plus' factor for the ICS
- Outlines the extent of health inequalities across the Shropshire population.

8.3 The Plan acknowledges that in tackling the complex issues that underlie health inequalities there is a need to understand problems from the perspective of those with 'lived experience' of the issue and through adopting a 'whole system approach' built on complex systems theory. Alongside this, other principles that need to underpin action include:

- Intelligence led identification of problems and evidence-based solutions
- Community centred action – co-producing solutions building on local assets working with individuals and community and voluntary sector partners
- Those based on equitable targeting of resources
- Those built on place-based collaboration and co-production.

8.4 The Plan includes high level detail of the intended work programmes grouped under the Population Health Model domains, together with separate sections highlighting plans being implemented to meet the needs of 'social inclusion' groups and the plans being implemented by PCNs as part of their work to tackle neighbourhood health inequalities. The plan includes intended milestones, process and outcome measures and these can be used to monitor progress with delivery and effectiveness in terms of improved outcomes over time.

8.5 One of the key opportunities presented through developing the Plan is the scope it presents for an assessment of any key gaps in actions being taken across the system. Through discussion with system partners the following gaps have been identified and actions to address them will be developed across the system and included in future updates to the Plan:

- Comprehensive Action to Reduce Smoking Rates
- Meeting the Needs of the LBGTQ+ Community Across the Life Course
- Reference to the Accessible Information Standard.

8.6 Furthermore, whilst recognising that all of the actions for the priority areas need to be delivered it was agreed that action and impact should be closely monitored for the following key areas:

- The cost-of-living crisis and the systems response to this
- Development and implementation of plans to reduce smoking
- Maintaining a focus on delivering 'Health In All Policies' (HIAP) across the council and wider ICS (including use of the 'HEAT' tool and/or the integrated assessment framework agreed for the ICS, as appropriate)
- Strengthening the 'Early Intervention/Prevention' offer for Children, Young People and Families
- Strengthening prevention through the support of healthy lifestyles – including through making the environment in which people live more conducive to good health and considering the specific needs of those with disabilities
- Delivery of the NHS plans to meet the five clinical areas of focus included in the 'Core20PLUS5' framework
- Development and implementation of plans to tackle digital exclusion

Contact: Paula Mawson Paula.Mawson@Shropshire.gov.uk

- Further consideration of opportunities to improve work-skills among the population and increasing opportunities for higher paid work within the local economy
- Reducing dependency and the harms associated with drug and alcohol misuse, especially among young people
- Further consideration of the steps that can be taken with academic and other partners to better quantify and meet the health needs of Shropshire's rural population; exposing the rural health inequalities that exist.

Moving forward, the Joint Strategic Needs Assessment (JSNA) process should enable the further identification of challenges to health and well-being and how these may impact differentially across our communities.

8.7 It is recognised that further work is required to develop a comprehensive approach to monitoring delivery of the plans, including tracking progress against key measures through an action log. It is important that any monitoring is proportionate and where relevant consistent with other reporting frameworks such as those relating to the HWBB, the Population Health Board and the Shropshire Integrated Place Partnership (ShIPP).

8.8 Successful delivery of the Inequalities Plan will be dependent on all partner agencies and their staff acknowledging their individual, organisational and collective shared responsibility to focus plans, and the delivery of services, such that variations in health and wellbeing outcomes are reduced.

9.0 Conclusions

9.1 There is both a moral and economic justification for reducing inequalities and health inequalities. The attached plan details the factors that underpin inequalities and provides high level details of the work programmes which if delivered in a targeted way could lead to more equitable outcomes for the Shropshire population. The actions in the plan are wholly consistent with achieving the aspirations of the Shropshire Plan.

9.2 Rigorously applying a HIAP approach will enable the council and partner organisations to maintain a focus on improving health and reducing health inequalities in the longer term and it is important that progress is monitored over time.

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

H&WBB January 2022: Update on Development of a Health Inequalities Plan for Shropshire

H&WBB November 2022: Shropshire Inequalities Plan

Cabinet Member (Portfolio Holder)

Contact: Paula Mawson Paula.Mawson@Shropshire.gov.uk

Cllr. Cecilia Motley, Portfolio holder for Adult Social Care, Public Health and Communities

Local Member
N/A

Appendices

Appendix 1 Inequalities Report and Plan

Contact: Paula Mawson Paula.Mawson@Shropshire.gov.uk

Shropshire Council

Shropshire
Inequalities Plan

2022-2027

Contents

1. Introduction 1

2. Background and purpose of the Inequalities Plan 2

3. Definition of health inequalities and how they are measured 4

4. Causes of Health Inequalities 5

The Wider Determinants of Health 6

Impact of poverty 7

Protected Characteristics 8

Health inclusion groups 8

Lifestyles and Health Inequalities 8

Health and digital literacy 9

Stigma and Health Inequalities 9

Impact of rurality 9

Intersectionality and Health Inequality 10

Impact of COVID 11

5. The Evidence Base for Reducing Inequalities and Health Inequalities 12

6. Policy Context for Reducing Inequalities and Health Inequalities 14

7. Inequalities and Health Inequalities Across Shropshire 16

8. Development of the Inequalities Plan 22

Population Health Model 22

9. Underpinning principles 23

10. Structure and Content of HI Plan 24

11. Additional/Core Programmes of Work 26

Development and Delivery of the Shropshire Plan and Revised Target Operating Model 26

Working with our Voluntary, Community and Enterprise Sector 27

Early Help/Supporting Families 27

Delivering Social Value 27

The Holiday Activities and Food (HAF) Programme 28

The UK Shared Prosperity Fund (UKSPF) 28

12. Cost of Living Crisis 28

13. Identifying Gaps in Collective Action to Reduce Inequalities in Health 31

Comprehensive Action to Reduce Smoking Rates 31

Meeting the Needs of the LBGTQ+ Community Across the Life Course 31

Reference to the Accessible Information Standard 32

14. Overriding Priorities 32

15. Governance – Monitoring Delivery of the Inequality Plan 33

16. Key Areas of Focus for Shropshire 33

17. Recommendations 37

18. Shropshire's Inequalities Plan 38

Format of the Plan 38

19. References 112

20. Appendix 1 115

Membership of Inequalities Plan Steering Group 115

21. Appendix 2 116

Life Expectancy for Males by Electoral Ward 116

Life expectancy for Females by Electoral Ward 117

22. Appendix 3 Deaths from causes considered preventable, under 75 years, SMR 118

23. Appendix 4 119

Data Sources for Vulnerable Groups in Shropshire 119

24. Appendix 5 121

Vaccination coverage by IMD Decile to 30/06/22 121

25. Appendix 6 122

Source of Priorities for Inequalities Plan 122

26. Appendix 7 133

Core Work Programmes with Impact on Health Inequalities 133

27. Appendix 8 136

Social Task Force Action Plan to Address Cost of Living Crisis 136

Inequalities plan

"Richer communities get healthier – and healthier communities get richer. Healthy people work more, learn more and earn more"
(Rt Hon Sajid Javid, Secretary of State for Health and Social Care 8 March 2022)

1. Introduction

1.1 Health inequalities are unfair, systematic, and avoidable differences in health, and they are blighting the lives of thousands of Shropshire residents.

1.2 Inequalities in the social determinants of health translate into health inequalities. Therefore, action to reduce health inequalities requires action to improve outcomes across all the factors that influence our health. Only around 10% of our health is impacted by the healthcare we receive. Wider determinants of health such as the places and communities in which people live, education, housing, access to green space and individual lifestyle behaviours collectively have a much greater impact on health. In order to promote equitable health outcomes, inequalities in the wider determinants of health need to be eliminated. Taking action to reduce health inequalities is both a national and a local priority, the importance of which has been dramatically highlighted through the recent Covid-19 pandemic.

1.3 Given the need for concerted action to reduce health inequalities the Shropshire Health and Wellbeing Board (H&WBB) requested development of an Inequalities Plan which is included in this report. They requested that the plan should recognise the importance of both health inequalities and the wider inequalities that underpin their development. This report also:

- Gives background to the development of the Inequalities Plan
- Provides a definition of health inequality and brief detail of how health inequalities are measured
- Sets out the factors that underpin inequalities and health inequalities and the context within which they develop and become entrenched
- Illustrates the way in which individual factors can interplay with each other (intersectionality) – reinforcing and worsening health inequalities
- Summarises the impact of Covid-19 in exposing and exacerbating health inequalities
- Provides a brief overview of the evidence base for reducing inequalities

- Summarises key aspects of the national and local policy context for reducing health inequalities
- Provides a summary of local data illustrating the extent of health inequalities across Shropshire
- Details a high-level summary of current work programmes being delivered across Shropshire to address inequalities, (ie the Inequalities Plan)
- Provides reference to the cost-of-living crisis and action being taken locally to mitigate its impact on health inequalities
- Identifies key strengths and gaps in the local response to inequalities
- Acknowledges the need for a monitoring framework to be developed enabling progress in reducing inequalities to be periodically reviewed
- Provides a summary of the over-riding priorities and recommendations

Alongside this, attention is drawn to 'key areas of focus' which are considered particularly important to our work in Shropshire to reduce inequalities

2. Background and purpose of the Inequalities Plan

2.1 In July 2021 West Midlands NHSE/I asked local Integrated Care Systems (ICSs) to develop place-based Health Inequality Plans, illustrating how key NHS health inequality objectives would be met. In responding to this request, it was agreed that for Shropshire a plan would be developed to include the following priority areas:

- ICS/NHS health inequality priorities
- Shropshire H&WBB priorities as expressed through the Joint Health and Wellbeing Strategy
- The 'wider determinants of health' as detailed in the Shropshire Plan
- Socially excluded groups (also referred to as 'Health Inclusion' Groups)

2.2 The intention of the plan is not to duplicate existing work programmes but to draw together current activity aimed at reducing health inequalities, seek to strengthen the plans, in particular through identifying synergies between them, to identify and address any gaps in support or provision and to enable monitoring of progress towards a reduction in inequalities and health inequalities. As such this report includes high-level brief details of the

programmes of work underway – being led either by the council and/or the local NHS, with activities often being delivered in partnership with our third sector partners.

2.3 In order to develop Shropshire's Inequalities Plan a multi-agency group was convened with membership as shown in appendix 1 and development was coordinated alongside local NHS colleagues with progress reported through the ICS's Population Health Board.

2.4 This report is set out in two sections, as follows:

- **Section one:** Context**.** The factors that underpin health inequalities and the evidence for tackling them.
- **Section two:** Shropshire's Inequalities Plan. Tackling inequalities and poverty in all its forms, enabling children, young people, adults, and families to achieve their full potential.

Section 1:
Health inequalities context

The factors that underpin health inequalities and the evidence for tackling them

3. Definition of Health Inequalities and How They Are Measured

3.1 Health inequalities are defined as avoidable, unfair, and systematic differences in health between different population groups.

3.2 At a high-level, health inequalities are measured by differences in life expectancy and healthy life expectancy between different population groups. Mortality rates and healthy life expectancy reflect a social gradient where people living in more deprived areas live shorter lives with more years spent in poorer health. Likewise, those with disabilities – in particular those with a learning disability or severe mental illness die at an earlier age then the general population.

3.3 In recent years growth in life expectancy has stalled in the population as a whole and inequalities in life expectancy by deprivation have grown wider. Inequalities in healthy life expectancy are even wider than inequalities in life expectancy and as such people in more deprived areas spend, on average, a far greater part of their already far shorter lives in poor health [(1)].

3.4 The evolution of health inequalities is closely related to deprivation The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It broadly defines deprivation on the basis of a wide range of factors relating to an individual's living conditions, including levels of income, employment, education and local levels of crime. Deprivation is associated with poverty, but people may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income.

3.5 Whilst IMD is widely used to measure deprivation it is important to note that it is less sensitive to the types of deprivation experienced in rural areas, and as such has limitations in defining vulnerability to poor health in areas such as Shropshire.

Socio-economic status (SES) is commonly measured using a range of different indicators and is related to deprivation[(2)]. However, SES is essentially

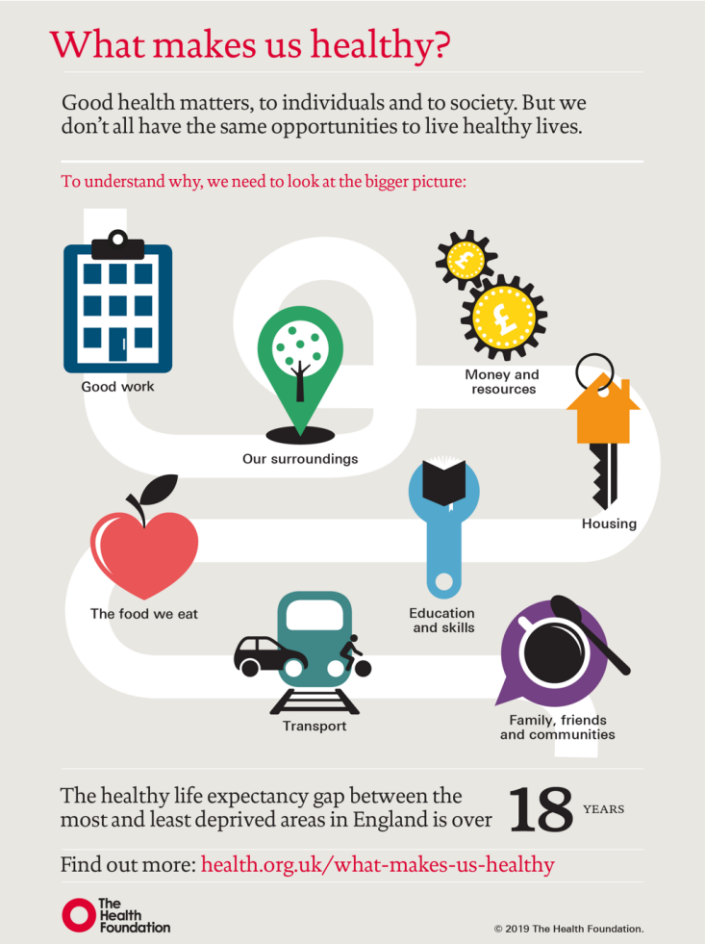
based on the type of work a person does and it too is related to health and health inequalities. For example, people in higher managerial and professional occupations are more likely to have a higher income, own their own home and enjoy better health than those in manual/low skill occupations.

3.6 To provide indicators at a more granular level the Public Health Outcomes Framework (PHOF) was developed in 2013 to enable measurement of progress in reducing health inequalities. The PHOF sets out a vision for public health, desired outcomes, and the indicators to help measure how well public health is being improved and protected across the England.

4. Causes of Health Inequalities

4.1 Population health is shaped by a complex interaction between many factors These include the places and communities in which people live, the wider determinants of health such as education, housing and access to green space, individual lifestyle behaviours and the quality and accessibility of health and care services, as summarised in figure 1, and described in more detail below.

Figure 1. What Makes Us Healthy



4.2 Health inequalities arise as a result of systematic variations in these factors across a population. As such, health inequalities may be driven by:

- different experiences of the wider determinants of health, such as the environment, income, or housing
- differences in health behaviours or other risk factors, such as smoking, diet and physical activity levels
- differences in psychosocial factors, such as social networks and self-esteem
- unequal access to or experience of health services.

4.3 The factors that underpin health inequalities are inter-related and disadvantages that are concentrated in particular parts of the population and can be mutually reinforcing, as described in more detail below. Lower socio-economic groups, for example, tend to have a higher prevalence of risky health behaviours, worse access to care and less opportunity to lead healthy lives. Furthermore, the interactions between the factors that drive Health Inequalities are complex and multidirectional, such that people can find it more difficult to move away from unhealthy behaviours if they are worse off in terms of a range of wider determinants of health [(3)].

4.4 Action on health inequalities requires improving the lives of those with the worst health fastest and breaking the link between people's background and their prospects for a healthy life. However, interventions to tackle health inequalities need to reflect the complexity of how health inequalities are created and perpetuated, or they could be counterproductive. For example, interventions to tackle a behavioural risk such as a poor diet should address the wider network of factors that influence this behaviour such as access to affordable healthy food, marketing and advertising regulations and the ease with which support can be accessed.

Further details relating to specific factors underpinning health inequalities are as follows:

The Wider Determinants of Health

4.5 The wider determinants of health are a diverse range of social economic and environmental factors, such as education, employment, income, and housing. These factors, individually and in combination with each other determine the extent to which people have the physical, social and personal resources to identify and achieve goals and deal positively with changes in their circumstances. Variation in the experience of the wider determinants of health (ie social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes.

4.6 The impact of disadvantage accumulates over the life course meaning that the future life-chances and health outcomes for children and young people exposed to disadvantage such as poor housing or low household income are

shaped by this experience. The more disadvantage and the longer this is sustained the poorer health outcomes are likely to be.

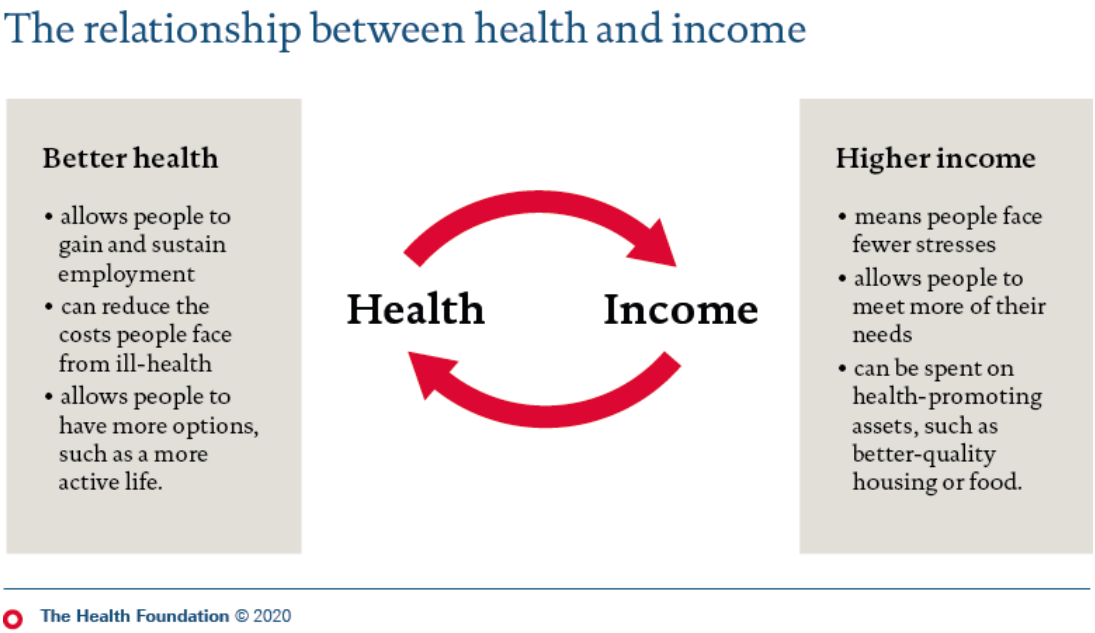
4.7 Research indicates that the wider determinants of health have a greater influence on health than health care, behaviours or genetics [4], however this evidence is not matched with the public's understanding of what influences health with a tendency for an individual's choices or behaviours, together with access to health care being perceived as more important influences on health than the wider determinants [5].

Impact of Poverty

4.8 Poverty and health are inextricably linked whereby those experiencing poverty suffer poorer health outcomes across the life course. In short poverty damages health and poor health increases the risk of poverty.

4.9 The way in which poverty impacts on health is complex and interfaces with other determinants of health such as housing, employment and education, however income in its' own right is a major determinant of health. Having an adequate income can help people to avoid stress and to feel in control of their lives. It also enables individuals and families to access experiences and material resources through which they can adopt and maintain healthy lifestyles and feel supported by a financial safety net. Through these mechanisms, people with an adequate income are more able to access the opportunities needed to live a long healthy and productive life. This relationship between health and income is summarised in figure 2 below.

Figure 2. The Relationship Between Health and Income



Protected Characteristics

4.10 Individuals more at risk of poor health or of experiencing health inequalities include those with 'protected characteristics. The protected characteristics defined in the 2010 Equality Act include [6]:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation

4.11 They are referred to as 'protected characteristics' because individuals can be discriminated against on the basis of any of these factors, and as a consequence their access to services and support can be affected ultimately damaging their health and/or mental well-being. It can be seen that some of the characteristics, such as race, are fixed, but the majority can change over a person's lifetime.

4.12 People in these groups frequently experience inequalities and these may also be linked to poverty or deprivation as set out in the section below (intersectionality).

Health Inclusion Groups

4.13 Inclusion health is a term used to describe any population group that is socially excluded. This can include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery but can also include other socially excluded groups.

4.14 Individuals in these groups often experience stigma and discrimination, frequently leading to barriers in accessing healthcare and other support services. Consequently, people belonging to inclusion health groups frequently suffer from multiple health issues leading to extremely poor health outcomes, often much worse than the general population and tend to die at a younger age [7].

Lifestyles and Health Inequalities

4.15 Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors for preventable ill health and premature mortality. All are socioeconomically patterned meaning that they are more prevalent among disadvantaged populations, and they contribute significantly to widening health inequalities. Smoking is uniquely harmful to health, causing damage not only

to smokers but also to the people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups.

4.16 Whilst there is an emphasis on promoting individual behaviour change to reduce unhealthy lifestyles (e.g., weight loss programmes) the evidence indicates that population-level interventions that are less reliant on individual agency/decision-making but instead aim to alter the environments in which people live should be implemented in order that inequalities are reduced [8].

Health and Digital Literacy

4.17 Health literacy refers to the extent to which individuals can find, understand and use information and services to inform health- related decisions and actions for themselves and others. Low health literacy is associated with a low level of knowledge and skill in managing health risks resulting in higher levels of morbidity greater difficulty managing long-term conditions, and higher premature mortality.

4.18 As much health-related information is now delivered digitally there is an equal need to improve digital literacy. Although the numbers of people in the UK lacking basic digital skills are reported to be falling, approximately 4% of UK households in 2020 lacked internet access and 4.8 million people had never gone online. Those from disadvantaged backgrounds will be over-represented among those lacking digital skills/access and the combination of low digital and health literacy risks exacerbating health inequalities [9].

Stigma and Health Inequalities

4.19 Stigma is defined as the co-occurrence of labelling, stereotyping, and discrimination in a context in which power is exercised. Those from disadvantaged circumstances, and those with protected characteristics and/or those belonging to socially excluded (health inclusion) groups frequently experience stigma. Such stigma is a significant source of stress and has a substantial effect on population health, similar to other social determinants of health. As such stigma has been identified as an independent factor driving health inequality [10].

Impact of Rurality

4.20 Overall, health outcomes are better in rural areas than in urban areas, however indicators can mask small pockets of significant deprivation and poor health outcomes. Current methods for identifying deprivation and health inequalities in rural areas are not adequate and consequently such inequalities are not currently being identified or addressed [11].

4.21 The nature of rural deprivation differs from that in urban areas, in particular with respect to transport, housing and the challenges associated with accessing services. Furthermore, whilst poverty is often conceived of as an

urban issue research has demonstrated comparable levels of poverty among rural and urban communities over an18-year period [12].

4.22 Access to well-paid work is a challenge in rural areas with a predominance of low paid tourism and hospitality related jobs that are frequently insecure and unpredictable. Consequently, there are high levels of in-work poverty. Lack of public transport and high costs compound challenges for those needing to develop skills and/or access employment opportunities. Further to this it is well-documented that the budget required by rural households to achieve a minimum acceptable standard of living is considerably higher than elsewhere in the UK. This higher cost of living is partly because of distance to services, poor access to lower priced shopping centres and the cost of heating homes which are often off-grid and less well insulated.

4.23 For example, a price comparison exercise across five towns in South-West Shropshire covering the independent shops and major supermarkets within them, showed that the price difference for the total cost of the items in the basket ranged from £18.51 in Ludlow to £43.69 in Clun, a difference of £25.18 which shows the higher cost of shopping locally in rural locations [13].

4.24 Following the publication of the recent All-Party Parliamentary Group (APPG) report into rural health it is clear that further work is required nationally to fully understand and address the factors underlying health inequalities in rural areas, such as Shropshire [14].

Intersectionality and Health Inequality

4.25 It is recognised that factors that underpin health inequalities do not operate in isolation of each other, but interact, reinforcing and amplifying their potency in damaging health. So, when looking at links with protected characteristics in terms of sex, women are more vulnerable to poverty than men primarily because they are paid less, work fewer paid hours over their lifetimes and lose income because of caring responsibilities. Female lone parent households have twice the poverty rate of male lone parents and single mothers in particular are more reliant on benefits and are thus vulnerable to welfare cuts.

4.26 In terms of race, those from ethnic minority groups are more likely to work in low paid occupations or earn below the living wage. Those from black ethnic groups have higher rates of unemployment and are more likely to have insecure work. Whilst pensioner poverty has fallen over recent years some pensioners are more likely to be in poverty than others in particular those with protected characteristics, as follows:

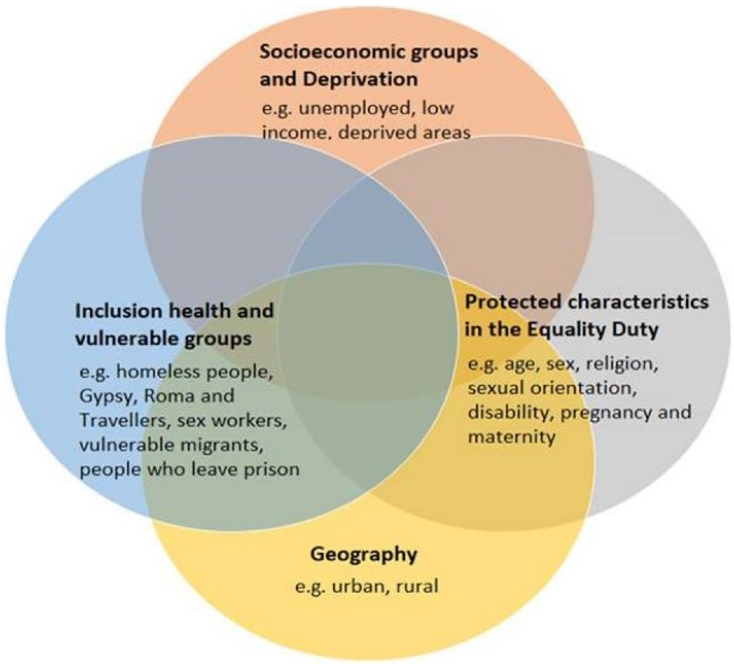
- Asian or Black pensioners
- Single female pensioners
- Pensioners with disabilities.

4.27 There is a very strong relationship between poverty and disability. Almost half of working age adults in poverty have someone who is disabled in their household. Poverty for those with disabilities is often related to the costs incurred for a disabled person to enjoy the same living standards as a non-disabled person. Disability-related benefits are included in measures of net income, but do not account for the additional costs incurred; thus, a disabled household may appear to have sufficient income whilst in reality their income is insufficient.

4.28 Whilst those with protected characteristics are independently more vulnerable to poverty there is an additional impact through intersectionality. For example, women with disabilities are lower paid than women without disabilities and youth unemployment rates for young people from Black, Pakistani, or Bangladeshi backgrounds are more than twice the rate among white, young people.

4.29 The overlapping dimensions of health and health inequalities are recognised and are illustrated in figure 3 below.

Figure 3. The Overlapping Dimensions of Health Inequalities [15]



Impact of COVID

4.30 The impact of Covid-19 was uneven across different population groups both in the UK and across the world. Health inequalities were exposed through the pandemic as the virus disproportionately impacted on groups already facing the worst health outcomes. The mortality rate from Covid-19 in the most deprived areas was more than double that of the least deprived. In addition,

some ethnic minority communities and people with disabilities experienced significantly higher Covid-19 mortality rates than the rest of the population.

4.31 The economic and social consequences of measures to contain the virus worsened these inequalities further, with people in crowded housing, on a low wage, unstable and frontline work experiencing more poverty and vulnerability to disease than other population groups [16].

4.32 The consequences of the pandemic and measures required to contain it will drive health inequalities in the foreseeable future because, for example, school closures particularly disrupted the learning of poorer children, leading to lower attainment which will have a legacy in terms of poorer future employment prospects for those affected. Mental health worsened for groups (women and younger adults) who had poorer mental health pre-pandemic. In addition, lockdowns and social distancing particularly reduced the ability of younger, lower-earning, and less educated people to work.

4.33 Importantly, as a result of the pandemic, there is increased awareness of what inequalities and health inequalities are and the ways in which they impact on people's lives. Locally relationships with communities and third sector groups were strengthened as a consequence of the action taken during the pandemic and as such present an opportunity for more collaborative action to improve health in the future.

5. The Evidence Base for Reducing Inequalities and Health Inequalities

5.1 Inequalities are not fixed, and evidence indicates that a comprehensive approach to tackling them can make a difference. Evidence also shows that having a more equitable society benefits the whole population, not just those living in the most deprived areas or currently experiencing the worst outcomes [17].

5.2 The national Marmot reviews provide a comprehensive overview of the action required to have a positive impact in terms of reducing health inequalities [18][19]. The reports emphasise the importance of early years development and in improving the socio-economic circumstances in which people grow, live, work and age and specify the following policy areas for intervention:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all

- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

5.3 The important role that communities play is also emphasised with a recognised need to work in partnership with communities, co-producing solutions and building community capacity and resilience. Given the wide range of causes of health inequalities, a joined-up, place-based approach is necessary to tackle the complex causal pathways that operate across the life course.

5.4 The Marmot reports provide strong evidence that health inequalities present across a social gradient, with those living in the most deprived areas having the worst outcomes. As such proportionate universalism is recommended whereby actions are universal, but with a scale and intensity that is proportionate to the level of disadvantage.

5.5 It is also recognised that adopting a Health in All Policies approach can support local authorities to embed action on health inequalities across all of their functions and such an approach is being adopted in Shropshire.

SECTION 2:
Shropshire's Inequality Plan

Tackling inequalities and poverty in all its forms, enabling children, young people, adults and families to achieve their full potential

6. Policy Context for Reducing Inequalities and Health Inequalities

6.1 It is widely recognised that reducing health inequalities would bring economic benefit to the whole country. The government has established a Cabinet level health promotion taskforce to move forward prevention policy and a health disparities White Paper is due later this year. The government's recent 'levelling up' strategy outlines the national ambition to spread opportunity more evenly across communities addressing the factors that predispose to health inequalities. One of the 12 'missions' within the strategy is to close the gap in healthy life expectancy between local areas where it is highest and lowest by 2030. This is widely recognised as being an ambitious target that will require concerted action across multiple policy agendas simultaneously in order to be successful [20].

6.2 In terms of NHS policy, the 2012 Health and Social Care Act introduced duties on a range of NHS bodies to have 'due regard' to reducing health inequalities in exercising their functions [21]. The NHS long term plan (LTP)[22] signalled more comprehensive action across the NHS to both strengthen the prevention of ill health and to reduce health inequalities. The LTP incorporates the delivery of a number of transformation programmes that have the potential to make a significant contribution in reducing inequalities. These include:

- **Maternity transformation –** with increased roll-out of 'continuity of carer' and a reduction in smoking in pregnancy
- **Cancer and Cardiovascular Disease transformation –** with increased opportunity for early diagnosis and treatment
- **Diabetes prevention –** with earlier identification and the provision of expert support

6.3 There is also a focus on improving children's health, respiratory health and mental health. These developments present significant opportunities for reducing health inequalities.

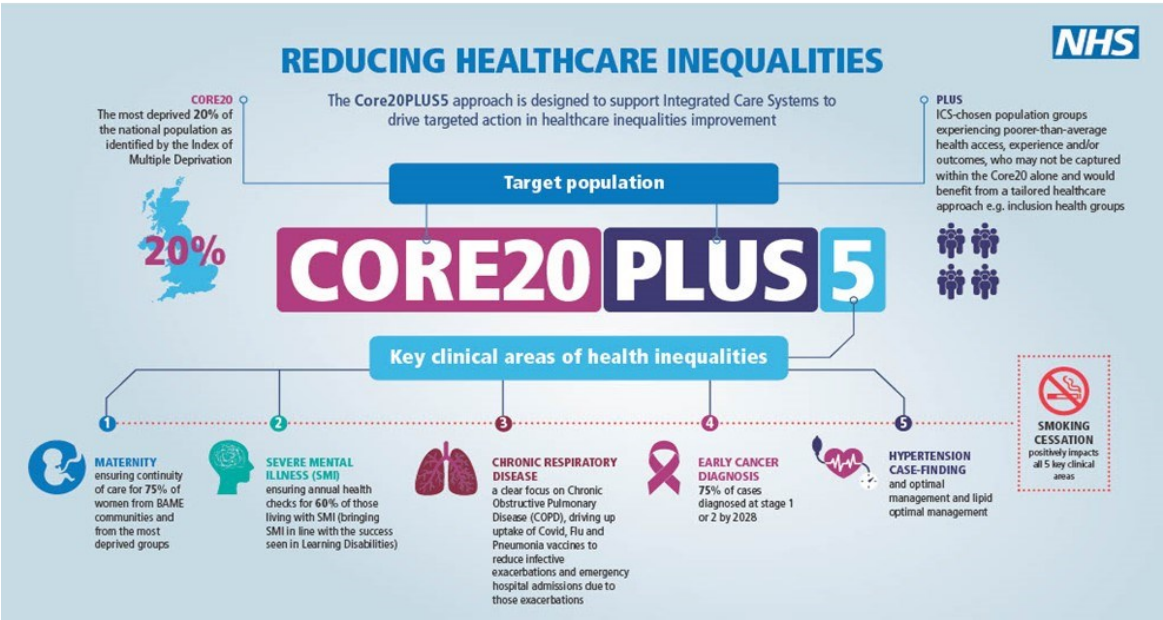
6.4 More recently Integrated Care Systems [23] have been introduced across the country with the specific purpose of bringing local partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

6.5 Shropshire Council is an active partner within the local ICS and will be working alongside NHS colleagues in achieving these objectives.

6.6 In order to focus specific action on health inequalities NHSE/I has introduced the 'Core20PLUS5' framework to drive a reduction in health inequalities. The approach defines a target population cohort - the 'Core20PLUS' - and identifies '5' clinical areas requiring accelerated improvement, as shown in figure 4 below [24].

Figure 4. The 'Core20PLUS5' Framework



6.7 In addition to the Core20PLUS5 approach each Primary Care Network (PCN) [25] is required to draw up specific plans to tackle neighbourhood health inequalities and the Public Health team are supporting them in taking forward this commitment.

7. Inequalities and Health Inequalities Across Shropshire

7.1 The 2021 census indicates that Shropshire has a population of 323,600 people [26]. Further breakdown of the population from this census is not yet available but in the 2011 census 2% of the population were from an ethnic minority group, 5% claimed to have bad or very bad health and 9.5% were aged 75 years or over [27].

7.2 The IMD score as described in paragraph 3.4 above, was last calculated in 2019. Shropshire has an average score of 17.2 and is ranked as the 174th most deprived out of a total of 317 lower tier local authorities in England. When looking at smaller geographical areas – Lower Super Output Areas (LSOAs) Shropshire has 2 LSOA's within the 10% most deprived LSOAs nationally and a further 7 sit within the most deprived 20% of LSOAs nationally, as follows [28]:

A LSOA within the most deprived 10% in

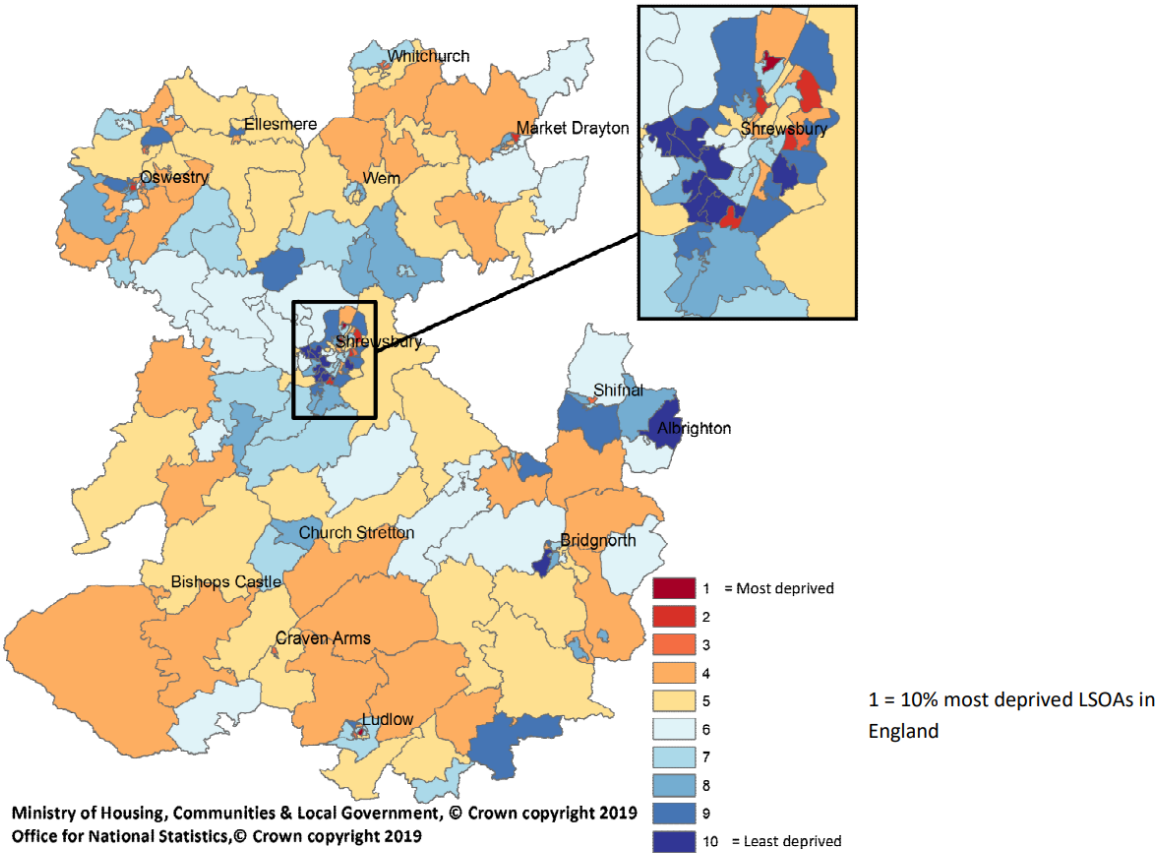
- Harlescott ward (Shrewsbury)
- Ludlow East ward

A LSOA within the most deprived 20% in

- Monkmoor ward (Shrewsbury)
- Oswestry South ward
- Meole ward (Shrewsbury)
- Castlefields and Ditherington ward (Shrewsbury)
- Market Drayton East ward
- Sundorne ward (Shrewsbury)
- Oswestry West ward

7.3 Figure 5 maps LSOAs by their deprivation decile with the red areas being the most deprived areas and the dark blue areas the least deprived areas

Figure 5: Map of LSOAs by Deprivation Decile



7.4 It follows that worse health outcomes might be expected for residents living within the most deprived LSOAs but the extent to which this is evident in ward statistics will depend on the overall population of the ward and the proportion of the population that sits within the deprived decile.

7.5 Table 1 includes some high-level indicators relevant to the assessment of health inequalities and illustrates how Shropshire compares to England and then the range in measurements across Shropshire's electoral wards.

Table 1: Indicators of Inequality Across Shropshire

Measure	England	Shropshire	Range (Ward)	Range (Ward)
IMD Score	21.7	17.2	3.7 (Copthorne)	37.6 (Harlescott)
Life expectancy at birth, (Male)	79.7	80.5	75.3 (Sundorne)	85.8 (Copthorne)
Life expectancy at birth,(Female)	83.2	83.6	79.5 (Tern)	89.6 (Clun)
Deaths all causes, all ages, (SMR)	100	96.7	65.4 (Copthorne)	145 (Worfield)
Deaths all causes, under 75, SMR	100	89.7	55.2 (Clun)	149 (Sundorne)
Preventable deaths, under 75, SMR	100	85.7	48.2 (Corvedale)	160.6 (Sundorne)

7.6 It can be seen that based on IMD on average Shropshire (17.2) is less deprived than England (21.7) (but noting that IMD does not adequately reflect rural deprivation and as such this cannot be accounted for). It can also be seen that there is wide variation in average IMD by electoral ward with Copthorne having a score of 3.7 as compared to Harlescott at 37.6.

7.7 Life expectancy for males and females and deaths as measured through the Standardised Mortality Ratio (SMR) (i.e., death rates standardised for differences in the age and sex profile of the population so they can be compared on a 'like for like' basis) can be seen to be on average better in Shropshire than in England. However, it is also evident that there is wide variation by electoral ward, with lower life expectancy within Sundorne and Tern and higher life expectancy in Copthorne and Clun.

7.8 Appendix 2 includes further detail of life expectancy for males and females by electoral ward.

7.9 In looking at the SMR it can be seen that compared to England the death rate (for all causes and all ages) is 34.6% less in Copthorne ward but 45% higher in Worfield. Likewise, for deaths under 75 years the death rate is 44.8% lower in Clun than in England as a whole and 49% worse in Sundorne. This pattern is mirrored for preventable deaths aged under 75 where again the Sundorne population compare less well – having a death rate 60% higher than the national average for this health indicator.

7.10 Appendix 3 provides details of the SMR for deaths considered preventable in those aged under 75 years by electoral ward.

7.11 Healthy life expectancy (HLE) is another important indicator in the context of health inequalities as it measures the average number of years a person would expect to live in good health based on contemporary mortality rates and the prevalence of self-reported good health, as reported through the Annual Population Survey.

Table 2: Healthy Life Expectancy (in years) in Shropshire and Inequality in HLE

Indicator	Shropshire	England
HLE Males	62.8	63.1
Inequality in HLE Males	5.5	9.7
HLE Females	67.1	63.9
Inequality in HLE Females	3.5	7.9

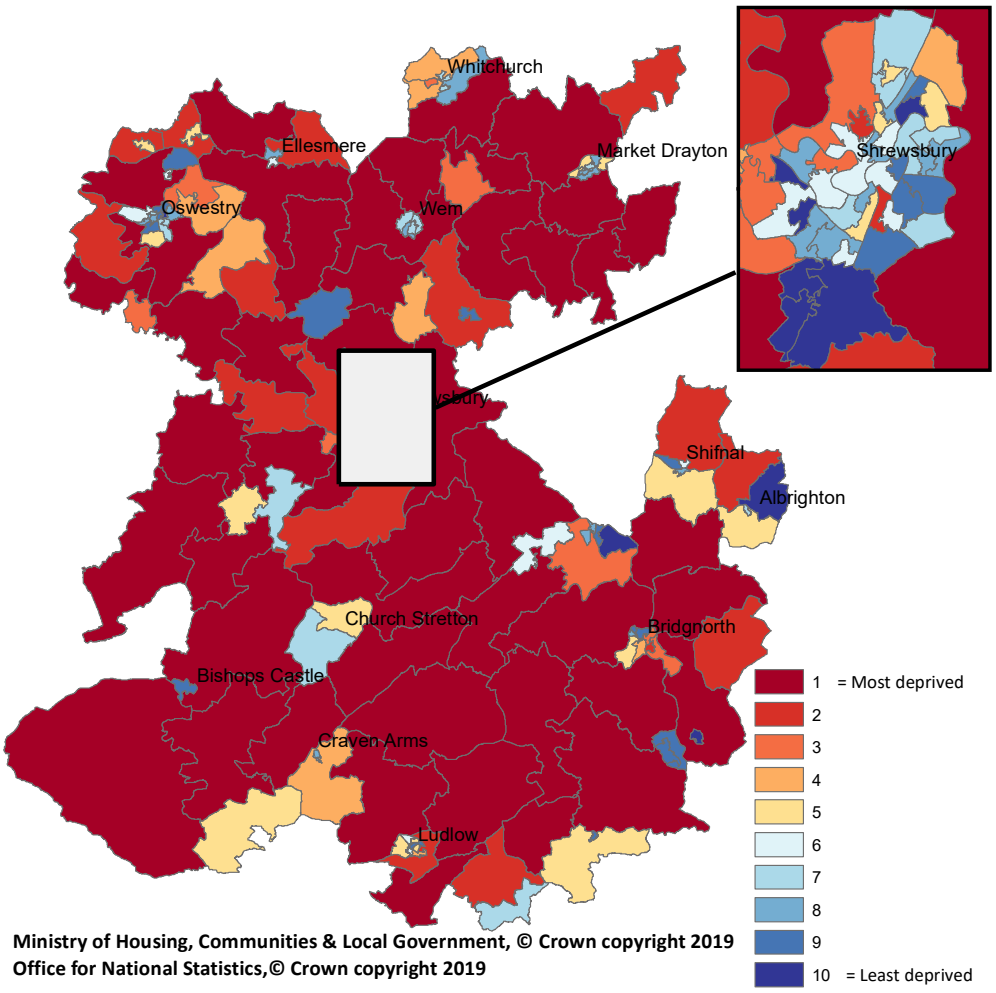
7.12 Table 2 illustrates how HLE in Shropshire compares to the England average and also provides an overall measure of inequality in HLE across the county. It can be seen that males in Shropshire have a lower HLE than the England average, whilst females in Shropshire have more years in good health than the England average. There is inequality across the county (i.e., the difference in HLE across deprivation deciles within Shropshire) with, on average, men in the least deprived areas enjoying 5.5 years in better health and the women 3.5 years.

7.13 In order to illustrate the impact of rurality on deprivation figure 6 maps the 'Barriers to Housing and Services' domain of the IMD. This domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services (such as distance to shops and services), and 'wider barriers' which includes issues relating to access to housing such as affordability and homelessness [(29)].

7.14 For this domain Shropshire has an average score of 25.4 and is ranked as the 68th most deprived local authority in England out of a total of 317 lower tier authorities. Forty-seven of Shropshire LSOA's are within the 10% most deprived nationally and 35 LSOAs in Shropshire are ranked within the 5% most deprived for the Barriers to Housing and Services domain nationally.

7.15 It is notable that this domain is weighted less heavily (9.3% towards the total IMD score) as compared to other domains such as employment (22.5% towards the total IMD score). This illustrates how IMD might not be appropriately weighted for the type of deprivation experienced in rural areas.

Figure 6: Map of LSOAs by Decile for the 'Barriers to Housing and Services' Domain of the IMD



Ministry of Housing, Communities & Local Government, © Crown copyright 2019
Office for National Statistics,© Crown copyright 2019

7.16 As described in section 4 above there are a wide range of factors that make individuals and communities vulnerable to health inequalities. Table 3 provides details of the numbers of individuals that fall within a selection of 'vulnerable' groups. Whilst not all vulnerable groups are included below the table does provide an illustration of the large number of individuals who are at risk of experiencing inequalities in their health.

Table 3: Illustration of the Number of Vulnerable Individuals in Shropshire

Vulnerable Group	Number *
Children in absolute low-income families	8,922[a]
Children in relative low-income families	11,038[b]
Children in care	504[c]
Children in receipt of Free School Meals	6,598
Number of excluded pupils	1,375
Number of NEETs	590
Number claiming Universal Credit (in employment)	8,555
Number claiming Universal Credit (not in employment)	10,432
Number on PIP payments	12,881
Number claiming carers allowance	5,532
Number homeless	253
Number living in fuel poverty (16.5% of households) n=145,430 households with 2.2 persons per household	52,791
Number on SMI register	2,830
Number on LD register	1,806
TOTAL	**124, 107****

See appendix 4 for data sources

** (NB: There will be double counting between these groups but counterbalanced by vulnerable groups not included e.g. LGBTQ+, carers not in receipt of carer's allowance, people with disabilities not in receipt of benefits or on the LD register, those experiencing domestic abuse, those with common mental health disorders, sensory impairment, digitally excluded individuals etc)

7.17 All groups who are vulnerable to experiencing health inequalities tend to be vulnerable to experiencing poorer access to services. This was apparent during the roll-out of COVID vaccinations whereby data indicates that vaccination uptake in certain population groups was less good than for others. Appendix 5 shows vaccination uptake by deprivation decile and shows that uptake in more deprived population groups is lower than those living in more prosperous areas.

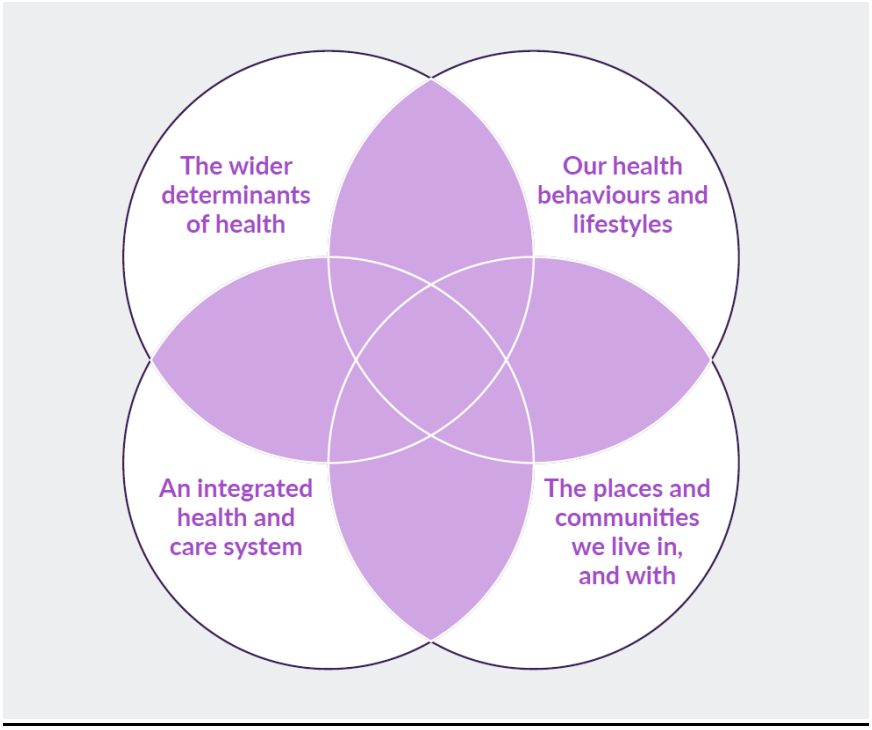
7.18 Shropshire's Joint Strategic Needs Assessment (JSNA) process will provide further insight into the health of the population at a more granular level, as will the Director of Public Health's annual report.

8. Development of the Inequalities Plan

Population Health Model

8.1 Across the ICS there has been a commitment to adopt a population health approach to improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across the entire population. In order to support this approach, the Population Health Model has been adopted. By using data to gain an understanding of population need and then to risk stratify populations, interventions can be targeted at those groups in greatest need of support.

Figure 7: Population Health Model



8.2 Figure 7 illustrates the key components of the Population Health Model – whereby there are four interconnected pillars/areas for action that need to be addressed to secure health improvement and reduce health inequalities.

These are:

1. **The Wider Determinants of Health** - working in partnership to tackle health inequalities through addressing the social determinants of health such as education, employment, income, housing and transport
2. **Healthy Behaviours and Lifestyles** - aligning and coordinating prevention programmes to maximise impact and reduce barriers to healthy lifestyle choices
3. **The Places and Communities Where we Live** - working with our communities and other partners to co-produce health improvement solutions, based on local needs and assets
4. **An Integrated Care System** - health and social care commissioners and providers working together to commission and deliver services that meet the needs of Shropshire's population

8.3 This framework has been used to structure Shropshire's Health Inequality plan as described below.

9. Underpinning principles

9.1 It is important to note that the inequalities plan is drawing together existing work programmes being taken forward across the ICS footprint and as such the principles expressed here need to be considered in all service developments and interventions. Achieving this will be enabled through adopting the Health in all Policies approach [30] and through the adoption of the HEAT tool [31], as recommended by NHSE.

9.2 In tackling the complex issues that underlie health inequalities there is a need to recognise the importance of understanding problems from the perspective of those with 'lived experience' of the issue and adopting a 'whole system approach' built on complex systems theory (i.e. simplistic approaches ('sticking plasters') are not effective solutions to complex problems). Other principles that will underpin action include:

- Intelligence led identification of problems and evidence-based solutions
- Community centred action – co-producing solutions building on local assets working with individuals and community and voluntary sector partners
- Those based on equitable targeting of resources
- Those built on place-based collaboration and co-production

10. Structure and Content of HI Plan

10.1 The plan includes high level detail of the intended work programmes being taken forward to address NHS and Health and Wellbeing Board priorities, grouped under the Population Health Model domains, together with separate sections highlighting plans being implemented to meet the needs of 'social inclusion' groups and the plans being implemented by PCNs as part of their work to tackle neighbourhood health inequalities.

10.2 The structure of the plan together with a selection of the priorities included within each of the Population Health Model domains is illustrated in Table 4.

Table 4. Structure of Inequalities Plan

Wider Determinants	Healthy Behaviours and Lifestyles	Healthy places and communities	Integrated Health and Care
Marmot: *(i) Create fair employment* *(ii) Ensure healthy living standard*	*Marmot:* *(ii) CYP and adults – maximise capability and control* *(iv.a) Strengthen Ill-health prevention (lifestyles)*	*Marmot:* *(v) Create healthy and sustainable places and communities*	*Marmot:* *(vi) Give every child the best start in life* *(iv.b) Strengthen Ill-health prevention (transformation/ disease programmes)*
Inequalities Work Programme			
Embed Health in all polices	Smoking/tobacco dependency treatment	Air Quality/climate change	Rural inequalities
Housing	Healthy weight (incl NHS DWMP)	Planning	Population Health Management
Economy and skills	Physical Activity	Licensing	Restore NHS services inclusively
Workforce	Alcohol	Culture, Leisure	Mitigate digital exclusion
Education		Food Insecurity	Datasets are complete
Transport			COVID and flu vaccination
			Annual health checks LD and SMI

10.3 The source of the priorities included in the plan is detailed in appendix 6. Alongside these priorities details of the work programmes in place to deliver improvements to the 'wider determinants of health' and for social inclusion groups have also been included. From a council perspective these plans are consistent with meeting the aspirations of the Shropshire Plan.

10.4 The plan has been drawn together with the support of officers across the council and the wider NHS and reflects the plans that are currently or imminently being implemented. The plan includes intended milestones, process and outcome measures and these can be used to monitor progress with delivery and effectiveness in terms of improved outcomes over time.

11. Additional/Core Programmes of Work

11.1 The Inequalities Plan is detailed at the end of this section, but it is important to note that it is not inclusive of every activity, service or function with the potential to impact on health inequalities. Almost any health or support service has the opportunity to reduce health inequalities if it is targeted and delivered in the right way. Conversely if such services and work programmes are universally available and not targeted, they run the risk of widening inequalities.

11.2 Some of the core services and previous council investments and developments that could impact positively in reducing in health inequalities include the following:

Development and Delivery of the Shropshire Plan and Revised Target Operating Model

11.3 The Shropshire Plan is the overarching strategic plan for the council with 4 key priorities:

- Healthy people
- Healthy economy
- Healthy environment
- Healthy organisation

11.4 The plan makes a clear commitment to tackling inequalities and poverty in all its forms and recognises the importance of having an economy that enables skills development giving improved job prospects for the population as a vital ingredient for success. Further to this the Shropshire Plan seeks to develop and support safe, sustainable, diverse and

inclusive communities and to work in partnership to achieve shared priorities delivering improved services and opportunities for the Shropshire population.

11.5 In order to deliver the plan council officers are undertaking significant work to revise the way in which the council operates – developing a new Target Operating Model (TOM) to deliver strategic objectives in the most effective and efficient way. The following key work programmes will enable the council to further develop and maintain a focus on inequalities over the coming years:

- **Shropshire Local –** promoting accessibility to services, in particular for those with additional needs
- **Breaking Cycles –** tackling intergenerational disadvantage
- **Commissioning –** integrating approaches so complex needs can be best met
- **Digital Council –** that will include activity to address digital exclusion, a key driver of inequality

Working with our Voluntary, Community and Enterprise Sector

11.6 Shropshire has a strong history of community led approaches to help build connected and empowered communities. Shropshire Council has a good relationship with Voluntary, Community and Enterprise Sector organisations (VCES) through the Voluntary and Community Sector Assembly (and the Compact). Through working in close partnership on many projects and transformation programmes, and through a range of contracts and grant programmes work is underway to tackle heath inequalities.

Early Help/Supporting Families

11.7 Supporting Families launched in March 2021 and builds on the previous Troubled Families programme. The key focus of the programme is to build the resilience of vulnerable families [32] providing the right support at the right time. In Shropshire the Supporting Families programme is delivered through the Early Help service and provides targeted interventions for families with complex interconnected problems.

Shropshire Council, with system partners is creating a new vision and way of working with CYP and families based on a stronger and wider prevention offer which brings together service areas and programmes.

Delivering Social Value

11.8 The Social Value Act 2012 requires the public sector to ensure that the money it spends on services or goods creates the greatest possible economic, social and environmental value for local communities [33]. Implementing Social Value involves making procurement decisions in a way that ensures wider benefits are considered throughout the commissioning cycle. Examples of the type of Social Value that might be achieved could be a commitment from a contractor to pay a living wage to their employees or to employ target groups such as

young unemployed people, alongside delivering the service being commissioned. As such implementing Social Value approaches can positively support other local efforts to reduce health inequalities.

The Holiday Activities and Food (HAF) Programme

11.9 The holiday activities and food (HAF) programme allows children and young people aged 4 to 16, who are in receipt of benefits related free school meals (FSMs) and those who have been referred onto HAF by a professional to access free holiday provision during the Easter, Summer and Christmas school holidays. Funded by the DfE, the programme is being delivered across all local authorities over the next three years.

The UK Shared Prosperity Fund (UKSPF)

11.10 There are, and always will be, emerging opportunities through which the council and its partners can strengthen their approach to tackling inequalities. For example, over the coming months council officers will lead development of plans to draw down monies through the UK Shared Prosperity Fund (UKSPF). The overarching objective of the fund is, “Building pride in place and increasing life chances”. The programme covers three investment priorities that offer significant opportunity to reduce health inequalities, as follows:

- Community and Place
- Supporting Local Business
- People and Skills (including the ring-fenced Multiply allocation for improve the core skills and employability of adults)

11.11 Further details relating to these core work programmes are included in appendix 7.

12. Cost of Living Crisis

12.1 It is notable that since work on the Inequalities Plan started in September 2021 national and international circumstances have fundamentally changed in ways that will only worsen health inequalities.

12.2 The UK is currently experiencing an unprecedented Cost of Living Crisis (CLC) with inflation expected to reach a 40-year high as prices for food, fuel and other essential goods increase faster than household incomes. People are now expected to see the biggest fall in living standards in any single financial year since ONS records began in 1956-57. As a result, increasing numbers of people are unable to meet their basic living needs including adequate heating, nutrition and essentials such as clothing. While the entire UK population are affected by rising prices, the impact has, and will be, felt most by those living on a low income.

12.3 The average financial shortfall for a household is estimated to be £8,600 with 34.2% of the population living below the Minimum Income Standard from April 2022(34). Shropshire has a relatively low wage economy, with gross weekly full time pay of £584.60 against a UK average of £613.10) [(35).] Prior to the CLC low-income households were already financially challenged with18% in rent arrears, 12% in council tax arrears and 12% in electricity/gas arrears [(36).] Their hardship is expected to be compounded as inflation for lower earners is predicted to be 14% as they spend a higher proportion of their income on energy and food.

12.4 As a consequence of this cost-of-living squeeze, a wide range of impacts are anticipated, including the following:

- **Housing costs** will increase for many people - with larger mortgage repayments and anticipated rent increases in social and privately rented properties.
- **Fuel Poverty** Energy prices rose 54% in April and are due to increase again in October. In 2020 16.5% of households in Shropshire were identified as being in fuel poverty [(37)], with rates highest and rising particularly in rural areas. Many households in rural Shropshire rely on Oil or Liquid Petroleum Gas (LPG) central heating which is not subject to any price cap and spreading payments is not always possible, giving rise to particularly acute and severe financial pressure.
- **Food Poverty** 43% of households in receipt of Universal Credit are reported to be food insecure [(38).] Shropshire's foodbanks are seeing an increasing number of residents seeking support. In January 2021 it was estimated that 14% of Shropshire's population were experiencing food poverty [(39)].
- **Petrol/Diesel costs** The increasing cost of travel is being felt most acutely in rural areas causing financial pressure for people needing to travel for work. This increase disproportionately impacts on people who live in more rural areas and have to travel further for work, education and health and care. Rural residents travel further than their urban counterparts. On average those in small rural settlements travel more miles in a year than those in urban settings – 44% more miles in 2018/19. In the context of fuel prices this adds significant additional costs for rural residents and the cost pressure will likely result in further reduced access to services.

12.5 The CLC will push more people into poverty, and more people in poverty will lead to more people experiencing ill-health. There are key population groups who are likely to face particular hardship and as such be particularly vulnerable to ill-health including:

- **People with a long-term illness or disability** who are unable to work full time. This group are often on a fixed low income and face additional costs due to their illness or disability (an average of £583 per month extra for

people with disabilities). Increasing energy costs pose a particular challenge [40].

- **Low-income households** including those working in the care sector. Universal Credit claimants in Shropshire roughly doubled in 2020 and have remained at a similar level since. Nearly half of claimants are in work. Workers in the care sector are being impacted by the increases in fuel costs, particularly when working in rural Shropshire.
- **Older people.** Over 75,000 people in Shropshire receive a state pension, and 7335 receive Pension Credit. Older people need to keep their homes warm and are struggling with additional energy costs. A recent Age UK report showed the impact on older people living in the UK, with above average rates in Shropshire [41].
- **Families with children.** In 2020/21 8922 children in Shropshire lived in absolute low-income households and 11038 children lived in relative low-income households. Single parent households and families with 3+ children are reported to be most impacted by the cost-of-living increases.
- **Rural households.** People in rural households already experience higher costs for housing, transport and energy. The increase in the cost of living, combined with the distance to access key services will add additional cost for these people.

12.6 In order to mitigate the impacts of the CLC as far as is possible a Social Taskforce group has been meeting to review the evidence relating to the crisis in order to:

- Quantify the likely impacts of the CLC on different population groups
- Review the current support available
- Identify additional support required in the short and medium term
- Review communications to the general population, to the groups most severely affected and to front-line staff in health, care and other support agencies

12.7 The key priorities within the action plan developed by the Social Taskforce are enclosed as appendix 8. The CLC plan was considered by the H&WBB in July, but it is recognised that on-going review of the impacts and support available will be required as it is understood that the worst impacts of the CLC are yet to bite – particularly following the planned October energy price increase.

13. Identifying Gaps in Collective Action to Reduce Inequalities in Health

13.1 One of the key opportunities presented as a consequence of developing this plan is the scope it presents for an assessment any key gaps in actions being taken across the system. Through discussion with the steering group, with colleagues within the NHS and across the council and with the VCSA the following gaps have been identified.

Comprehensive Action to Reduce Smoking Rates

13.2 Smoking has been identified as the single largest driver of health inequalities in England. One study found that smoking accounted for a third of the difference in death rates between the lowest and highest socioeconomic groups. In addition, it has been identified that 50% of the deaths among people with Serious Mental Illness (SMI) are due to tobacco related illnesses. Tobacco control and smoking cessation services thus make a vital contribution in reducing health inequalities.

13.3 The recent Khan review [42] emphasises the need to make it as hard as possible for people to smoke, and as easy as possible to quit, leading to a smokefree generation. It points out that there are multiple benefits of making smoking obsolete in terms of improved population health alongside social and economic benefits. There is a key recognition that smoking impacts most on the poorest, the least educated, the least skilled and the underemployed. The report points out that the governments ambition for 'levelling up' will not be delivered without tackling smoking.

13.4 The report identifies 4 critical recommendations, as follows:

- Increased investment in smokefree 2030 policies and local stop smoking services
- Increase the age of sale in a bid to stop young people starting to smoke
- Promote vaping as an effective, although not risk-free, alternative to smoking
- Improve prevention in the NHS through fully delivering the commitments in the Long-Term Plan

Meeting the Needs of the LBGTQ+ Community Across the Life Course

13.5 The Health Inequalities Plan includes details of work underway to support the needs of older members of the LBGTQ+ community. However national statistics indicate that younger people (aged 16 to 24 years) were most likely to identify as LGBTQ+ in 2018 (4.4%) [43].

Given the health impacts of identifying or being identified as LBQTQ+ are significant including verbal harassment and physical violence, it is important that some assessment is made of the need for more comprehensive action in this area [44][45]. It is recognised that the imminent publication of the most recent census results will provide important context for action in Shropshire.

Reference to the Accessible Information Standard

13.6 The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need is provided through health and care services [46]. The Standard tells organisations how they should make sure that service users can access and understand the information they are given. This includes making sure that people get information in accessible formats. It is a legal requirement that all organisations that provide NHS care or adult social care must meet the requirements of the standard in full but there is emerging evidence that this is not always the case [47].

14. Overriding Priorities

14.1 While action to address health inequalities needs to be comprehensive and incorporate all of the planned actions included in the plan, the overriding short-term priority has to be the actions and priorities agreed through the Social Taskforce to address the CLC. Beyond this the following are key areas where action and impact should be closely monitored:

- Development and implementation of plans to reduce smoking
- Maintaining a focus on delivering ‘health in all policies’ across the council and wider ICS
- Strengthening the ‘Early Intervention/Prevention’ offer for Children, Young People and Families
- Strengthening prevention through the support of healthy lifestyles – including through making the environment in which people live more conducive to good health and considering the specific needs of those with disabilities
- Delivery of the NHS plans to meet the five clinical areas of focus included in the ‘Core20PLUS5’ framework
- Development and implementation of plans to tackle digital exclusion
- Further consideration of opportunities to improve work-skills among the population and increasing opportunities for higher paid work within the local economy (linked to UKSPF)

- Reducing dependency and the harms associated with drug and alcohol misuse, especially among young people
- Further consideration of the steps that can be taken with academic and other partners to better quantify and meet the health needs of Shropshire's rural population; exposing the rural health inequalities that exist.

15. Governance – Monitoring Delivery of the Inequality Plan

15.1 It is recognised that further work is required to develop a comprehensive approach to monitoring delivery of the plans included in the Inequality Plan. It is important that any monitoring is proportionate and where relevant consistent with other reporting frameworks such as those relating to the H&WBB, the Population Health Board and the Shropshire Integrated Place Partnership (ShIPP).

16. Key Areas of Focus for Shropshire

16.1 There are some particular issues identified in this report that are considered to be key areas of focus for Shropshire. Whilst these issues are referenced above, they are drawn together in this section as follows:

Social Determinants of Health

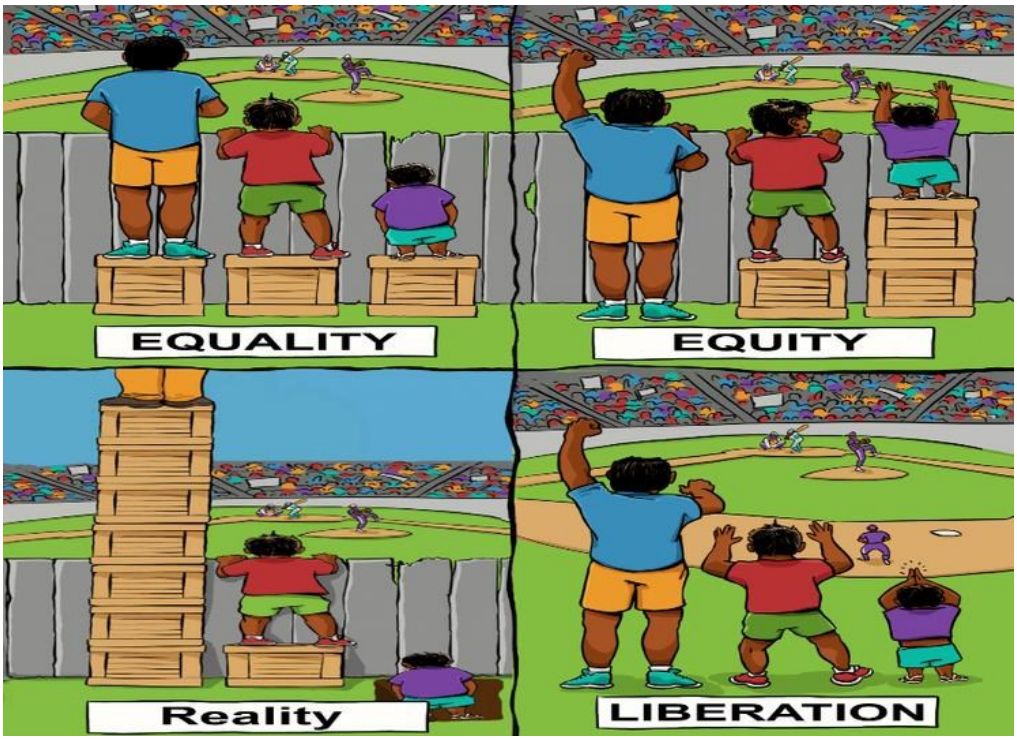
(i) It is clear that the 'wider determinants' (or social determinants) of health impact in diverse ways to influence health outcomes. These same factors affect educational, employment and other outcomes in similar detrimental ways – which go on to compound disadvantage and further undermine health living opportunities. This interrelationship is illustrated in Figure 8 over page.

Figure 8: Social Determinants of Health

Proportionate Universalism

(ii) There is strong evidence that health inequalities present across a social gradient, with those living in the most deprived areas having the worst health outcomes (and likewise worse education, employment and other outcomes). As such proportionate universalism is recommended in tackling inequalities whereby actions are universal, but with a scale and intensity that is proportionate to the level of disadvantage. Proportionate universalism results in the application of resources equitably across the population proportionate to need, as illustrated in Figure 9.

Figure 9. Proportionate Universalism: The Equitable Distribution of Resources Depending on Need



Rurality

(iii) The rural nature of Shropshire also impacts on inequalities and on health. Furthermore, current methods for identifying deprivation and inequalities in rural areas are not adequate making it difficult to identify and address them.

There are a range of relevant factors that impact in particular with respect to transport, housing and the challenges associated with accessing services. Securing well-paid work is a challenge in rural areas with a predominance of low paid tourism and hospitality related jobs that are frequently insecure and unpredictable. Consequently, there are high levels of in-work poverty.

Further to this it is well-documented that the budget required by rural households to achieve a minimum acceptable standard of living is considerably higher than elsewhere in the UK. This higher cost of living is partly because of distance to services, poor access to lower priced shopping centres and the cost of heating homes which are often off-grid and less well insulated.

All of these factors mean that the cost of living crisis (CLC) will be felt more sharply in Shropshire than in more urban areas of the country.

Cost of Living Crisis (CLC)

(iv) The CLC and a recent review links the 'dangerous consequences' of living in a cold home to a child's health and future life expectancy and will push more people into poverty, and more people in poverty will lead to more people experiencing ill-health. A wide range of impacts are anticipated, including the following:

- Housing costs will increase for many people - with larger mortgage repayments and anticipated rent increases in social and privately rented properties
- Fuel Poverty Energy prices rose 54% in April and are due to increase again in October. In 2020 16.5% of households in Shropshire were identified as being in fuel poverty (37), with rates highest and rising particularly in rural areas
- Food Poverty 43% of households in receipt of Universal Credit are reported to be food insecure (38). Shropshire's foodbanks are seeing an increasing number of residents seeking support. In January 2021 it was estimated that 14% of Shropshire's population were experiencing food poverty (39).
- Petrol/Diesel costs The increasing cost of travel is being felt most acutely in rural areas causing financial pressure for people needing to travel for work. Rural residents travel further than their urban counterparts. In the context of fuel prices this adds significant additional costs for rural residents and the cost pressure will likely result in further reduced access to services.

Health in All Policies

(v) It is recognised that adopting a Health in All Policies (HIAP) approach can support local authorities to embed action to improve health and reduce health inequalities across all of their functions and such an approach is being adopted in Shropshire.

Through adopting HIAP the factors that lead to variations in health can be identified and addressed. It can assist in enabling decisions on the distribution of resources to be made in the context of relative need, taking into account rurality as an independent but influential factor.

Joint Strategic Needs Assessment (JSNA)

(vi) The Joint Strategic Needs Assessments (JSNA) is a Statutory Duty placed on the Health and Wellbeing Board. Shropshire is currently developing 'Place-based JSNAs', focussed on our smaller localities which will help us to collectively understand the health and wellbeing needs of communities, understand the unique needs of people in a given location by working together to gain local knowledge and insight and take an asset-based

approach that seeks to highlight the strengths, capacity and knowledge of all those involved. The place JSNAs will be critical in underpinning the identification of needs and inequalities to inform future actions and priorities in this plan

17. Recommendations

17.1 Building on the governance requirements, priorities and key areas of focus set out above the following overarching recommendations are made:

- Development of a framework enabling progress in reducing-inequalities to be periodically reviewed, including monitoring and tracking progress against key measures through development of an action log
- Continue to roll out and adopt a Health in all approach to our programmes and polices
- All staff and partners acknowledge their individual organisational and our collective shared responsibility, to focus plans and implementation of services to seek to address variation in health and wellbeing outcomes.

We want everyone to have a good quality of life no matter where they live or the circumstances they were born into.

18. Shropshire's Inequalities Plan

Format of the Plan

Shropshire's Inequalities Plan is set out in 6 tables as follows:

- Table one: The wider determinants of health
- Table two: Healthy lifestyles
- Table three: Healthy places
- Table four: Integrated health and care system
- Table five: Social Inclusion groups
- Table six: Primary Care Network Plans

For each priority within the tables the following 'high level' information is provided:

- A description of the priority/issue and how it impacts on inequalities
- The associated work programme through which inequalities will be addressed
- The individual leading the work and the strategic group to which progress is reported
- Key actions and milestones associated with the work programme
- Key process measures associated with the work programme
- Key outcome measures associated with the work programme
- Targets related to the work programme or associated outcomes, where these apply

Please note:

Whilst all efforts have been made to ensure the contents of the plan below are correct at the time of submitting this report, it is possible (and to an extent to be expected) that some plans will - for a variety of different reasons - have been changed.

Any such changes will be reflected in future updates of this Inequalities Plan.

Table 1: Wider Determinants of Health

Population Health Domain: Wider Determinants

Marmot: (i) Create fair employment (ii) Ensure healthy living standard

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.1 **Embed Health in all polices**- a mechanism for screening for – and where necessary assessing the potential health impacts of developments/plans	Implementation of equality, inclusion and health screening tool (EIHIA)	Sue Lloyd, Consultant in Public Health, reporting to H&WBB	PH wider determinants team undertake 'face to face' training (March 2022) Council officers undertake 'face to face' training (March 2022) 'Leap into learning' training rolled out across the council (March 2023) Delivery of Health Impact Assessment Transport (May 2022)	100% of team trained 12 officers trained 10% of council officers trained) Health Impact Assessment complete	Number of EIHIAs completed prior to committee stage Skills and knowledge on delivery of Health Impact Assessment embedded in organisation	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.2 Housing – Influences health inequalities through the effects of housing costs, housing quality, fuel poverty and the role of housing in community life	Sufficient affordable and supported accommodation to meet identified need through production of a housing need and demand position statement which maps current provision and evidences current and future need for all tenures of housing, including specialist and supported accommodation	Jane Trethewey Laura Fisher reporting to Housing Executive Board	Undertake authority-wide housing needs survey (October 2022) Produce specialist accommodation and independent living strategy (March 2023) Produce affordable and intermediate housing options strategy (March 2023) Review and revise allocations policy (April 2023) Produce revised Housing Supplementary Planning Document (SPD) (March 2023)	Report produced Strategy published Strategy published New policy introduced SPD published	Numbers of additional affordable housing Numbers of additional specialist / supported accommodation	Minimum of 250 additional dwellings per year

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
Homelessness *see table. 5*						
1.3 Reducing fuel poverty and improving housing standards	Ensure all relevant domestic private rented property meets the Minimum Energy Efficiency Standard (MEES) Develop a sustainable affordable warmth strategy Delivery the private housing assistance policy.	Jane Trethewey / Laura Fisher reporting to Housing Executive Board	Undertake escalated enforcement approach. (September 2022 to March 2023) Strategy which sets out initiatives to tackle fuel poverty, whilst providing a road map for homes becoming net zero carbon. (February 2023)	Number of homes with Housing Health Safety Rating System (HHSRS) category 1 and 2 hazards Publish strategy Total number of Disabled Facilities Grants (DFGs) and major equipment grants provided Number of Disabled Facilities Grants (DFGs) provided	Reduce number of households living in fuel poverty. In 2020 16.5% of households (almost 23,000) were estimated to be in fuel poverty	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.4 **Economy and skills –** people lacking skills and job opportunities leads to unemployment, poverty and ill-health There is a need to create improved employment prospects through local economic policy and enabling infrastructure, education, skills, lifelong learning and labour market programmes. These need to be targeted to maximise opportunities to reduce health inequalities, improve health across the County and to seize opportunities to create economic growth. [1]	Improving overall employment rate/average earnings	Tracy Darke and Matt Potts, reporting back into the newly created Shropshire Economic Partnership Board	Adoption of Economic Growth Strategy with wellbeing & health embedded as a core value. The document is currently open for public consultation. Expected adoption and formal launch (December 2022)	Annual survey of hours and earnings	Median gross workplace earnings for full-time workers Annual Population Survey including NVQ level data Census data will also include specific qualification data	Shropshire 9% less than the national average (2021) Gap between national and Shropshire full time earnings closed by at least 50% by the end of the Economic Growth Strategy lifecycle (2027) * *Metric is subject to change and sign off of the Economic Growth Strategy following public consultation

[1] Shropshire Council (2022) Invest Shropshire

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.4 continued.,	Targeting skills development programmes	Tracy Darke and Matt Potts, reporting back into the newly created Shropshire Economic Partnership Board	Recruitment of senior skills and workforce development officer post. (Starting: September 2022). Targeting ESF programmes to support NEETs, the unemployed and those needing upskilling in work. Provide careers advice and guidance. Support transition arrangements into education, employment or training (TBC) UKSPF programme currently in development and will incorporate programmes under the banner of People and Skills, ultimately replacing ESF funded programmes. Submission of Investment Plan to Government (August 2022). Programme delivery (Expected: Autumn 2022)	Development of skills plan and associated engagement with FE, HE and private providers, and businesses Regular monitoring of ESF contracts. Maintaining the connections with providers offering programmes. Link internally with other groups/areas within the Council with an aim to reduce NEET figures UKSPF – Details TBC subject to sign off of Investment Plan by Government	16-17-year-olds NEET figures	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.4 continued.,	Supporting employment among those with Learning Disabilities (LD)/Mental Health (MH)/Long-Term Health Conditions (LTCs)	LD – Natalie Hawkins MH – Ruth Davies Enable manager – Roshni Shrosbree	Currently bidding for additional LD and MH funding. (Ongoing)	ASCOF 1E – Proportion of adults with learning disabilities in paid employment. 1F: Proportion of adults in contact with secondary mental health services in paid employment.	Gap in the employment rate between those with a learning disability and the overall employment rate	
1.5 Workforce – COVID led to unemployment/lower paid/less stable employment. We will work to make Shropshire workplaces fair, happy and healthy places for people to work in and promote wellbeing for all (See 1.4 also)	'Thrive at Work' West Midlands award. Shropshire Council has received foundation accreditation and now working towards bronze level	Carol Fox Reporting to: Workforce and Information Management Team Resources Management Team Health, Safety and Welfare Group	Foundation accreditation received (November 2021) Undertaking Bronze level at present (December 2022) Silver level achieved (March 2023)	Submission for bronze award December 2022	Shropshire Council will have an equitable wellbeing offer for all staff	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.6 Education including SEND – lower educational achievement is associated with poorer health and health inequalities. Inequalities in childhood are closely associated with measurably poorer health outcomes in adults and comparatively higher numbers of Adverse Childhood Experiences	Addressing sizable gaps in attainment between disadvantaged pupils and others	Steve Compton and school advisors Reporting to DMT	Where there are sizeable gaps in attainment follow up during School Improvement Assistance (SIA) visits (including interrogation of other factors) (Ongoing) All schools publish pupil premium and recovery premium plans Recovery Premium Funding plans are reviewed by the SIA (Ongoing)	School readiness: % of children with free school meal status achieving a good level of development at the end of Reception School readiness: % of children with free school meal status achieving the expected level in the phonics screening check in Year 1	Children with free school meal status achieving a good level of development at the end of Reception Children with free school meal status achieving the expected level in the phonics screening check in Year 1	
1.7 Early years	Improving outcomes for 24U children Improve uptake of 24U places (already above national but still leaves 20+% of our most vulnerable children not in a setting)	Alison Rae Reporting to EIS	Deliver Early Talk training to all 0-3 settings focussing on the settings with 24U children first. (From September 2022) Improve letter to parents to have more impact End of term (July 2022.)	% reduction in grey and black outcomes with Ages and Stages Questionnaire (ASQ) for 2-year-olds. % Uptake of 24U places increases	Improved outcomes for 24U children	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.8 Post 16	Partnership work to provide appropriate post 16 offer	Steve Compton/Matt Potts reporting to Early Help Partnership Board	Link with post 16 providers to ensure that all support options for young people/adults is available (Ongoing)	% reduction in NEETS	16-17-year-olds Not in Education, Employment or Training (NEET) or whose activity is not known Participation data for 16-17-year-olds	
1.9 Virtual School (responsible for education of children who are looked after)	Look at the SDQ (Strength and Difficulties questionnaire process) and how SDQs are used effectively at Personal Education Plans (PEP)s to identify and act on needs The SDQ is built into the PEP platform and there is a process in the meeting where the social/emotional needs of each Looked-After Child is discussed and planned for	Jo Kelly reporting to Children and Young Peoples' Board	To meet with Children Looked After (CLA) Service Manager and nurses. Agree way forwards e.g. PEP platform (Early September 2022) The scales on the PEP indicate improving outcomes for social and emotional well-being and relationships/behaviour. PEP Audit to include social and emotional wellbeing scales that are in the new PEP (launches 5th September) (Audit: November 2022)	2 scales in new PEP (social and emotional wellbeing and relationships and wellbeing) will measure improvements. Plan to run report that can show where the children are at by the end of the autumn term and again at end of summer term	Average Attainment 8 score (Average Attainment 8 score for all pupils in state-funded schools, based on local authority of pupil residence) Average Attainment 8 score of children in care (Key stage 4 average Attainment 8 score of CLA continuously for at least twelve months at the end of March (excluding children in respite care). Attainment & progress outcomes for CLA are in line with or better than the national averages	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
SEND **1.10 Speech and language focus** 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	Reduce the waiting list for Speech and Language therapy services	Stephanie Jones reporting to SEND Board/ Children and Young Peoples Board	All Early Years/Primary School settings to receive training on Speech, language and communication (September 2022) % of children achieving expected level of 'communication, language and literacy' to be reviewed in 2023 and annually until 2025	% of education and early years setting trained to deliver speech, language and communication intervention collected locally % of children on waiting lists for speech and language therapy collected locally	More children will achieve expected level of 'communication, language and literacy' (This may be impacted by Covid-19)	% of children achieving 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) No clear target set to date

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.11 Transport - impacts on health – systems need to be safe and accessible for all, enable active travel and use of public transport and minimise harmful impacts on population groups and the environment	Local Transport Plan 4 (LTP4)	Infrastructure Department, Place Directorate Steve Smith and Victoria Merrill. reporting to Place DMT on outcomes / recommendations from the Project Steering Group (cross-organisational representation)	Cabinet approval of draft portfolio of documents. Dates to be updated pending issue of new DfT guidance on LTPs expected (Spring 2023) Annual review of interventions and targets (Annual)	KPIs to be agreed through LTP4 to include decarbonisation/ improving quality of life	KPIs to be agreed through LTP4 to include decarbonisation/ improving quality of life	No targets set to date.

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
1.11 continued., The LTP4 considers and prioritises the mobility needs of people, places, and activities in promoting and maintaining healthy, equitable and sustainable communities. Local cycling and walking infrastructure plan (LCWIP) to encourage and enable sustainable physical activity in daily life for all population groups	Local cycling and walking infrastructure plan (LCWIP)	Rose Dovey reporting to Cabinet and Full Council	LCWIP finalised (March 2023)	Increased proportion of county with access to good quality cycleways and walking in areas of deprivation and low physical activity.	Shropshire as a zero-carbon county Healthier living for Shropshire residents. Reduced congestion and car dependency 	No targets set to date

Table 2: Healthy Lifestyles

Population Health Domain: Healthy Lifestyle Behaviours

Marmot: (iii) CYP and adults – maximise capability and control
(iv.a) strengthen Ill-health prevention (lifestyles)

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
2.1 Smoking – is the single largest driver of health inequalities in England. In addition, 50% of the deaths among people with Serious Mental Illness (SMI) are due to tobacco related illnesses The NHS is introducing new Tobacco Dependency Treatment services and public health need to reconsider what community support can be provided to smokers to enable them to quit	The NHS will lead the implementation of new or revised smoke-free pathways, as follows: • Maternity services • Acute Inpatient services • Mental Health Inpatient services	Lead - Emma Pyrah Reporting to: NHS Tobacco Dependency Treatment Steering Group	Maternity service commences and all national requirements including data recording and reporting fully met (August 2022) Acute service commences and all national requirements including data recording and reporting fully met (TBC 2022) Mental health services workforce education and socialising the model completed (Autumn 2022)	Data collection and monitoring systems need to be developed based on national guidance. In the first instance the data will be reported at provider level and will include: • Number of acute inpatients with completed smoking • Number of MH inpatients with completed smoking • Number of maternity bookings with completed smoking Smoking status at 28 days will also be captured for the above categories	TBC in the context of national KPIs for the TDT programme	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
2.1 continued.,	Public Health will lead on developing community-based smoking cessation support for: (i) Patients discharged following receipt of Tobacco Dependency Treatment (ii) Community based smokers	Berni Lee reporting to Healthy Lives Steering Group	Liaise with NHS colleagues and LPC/ community pharmacies to provide national 'advanced smoking cessation service' for those discharged (December 2022) Complete data modelling to inform capacity planning, service delivery options and costs for 'in-house' service (December 2022)	Number of pharmacies offering the service Number of smoking quitters supported through pharmacies Service model agreed and commissioning commenced	Smoking Prevalence 18+ Smoking Prevalence in adults in routine and manual occupations Smoking at time of delivery (SATOD) Smoking Attributable Mortality Smoking Attributable Hospital Admissions Number (%) smokers successfully quit at 4 and 12 weeks	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
2.2 Healthy Weight/ Obesity impairs health increasing the risk of several diseases. Socio-economic factors play a key role in driving obesity with adults and more so children in the most deprived areas having higher obesity prevalence than the least deprived areas	Development of Healthy Weight Strategy (HWS)	Berni Lee reporting to Healthy Lives Steering Group	Complete analysis of public/stakeholder survey to inform draft strategy (December 2022) HWS drafted (March 2023) Consultation on draft HWS completed (June2023) Final HWS presented to HWBB (September 2023)	Draft HWS produced Number of groups consulted Number of responses received	Obesity in early pregnancy Breastfeeding prevalence at 6-8 weeks Reception: Prevalence of overweight (including obesity) Year 6: Prevalence of overweight (including obesity) Percentage of adults (aged 18+) classified as overweight or obese	
	Establish work programme to promote healthy weight environment	Berni Lee reporting to Healthy Lives Steering Group	Agree priority areas for action (February 2023)	TBC (depends on priorities agreed)		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
2.2 continued.,	Roll-out of NHS provided Digital Weight Management Programme (DWMP) for those with type 2 diabetes or hypertension with a BMI of 30+ (adjusted for ethnicity)	Tracey Jones, reporting to Population Health Board	Practices actively encouraged to sign up to Weight Management DES (June 2022) Practices actively encouraged to sign up to make referrals to DWMP (Ongoing) Staff encouraged to self-refer to DWMP (Ongoing)	Number (%) practices signed up to WM DES Number patients offered/take up of DWMP Number of staff self-referring to DWMP		
	Provision of Tier 2 adult Weight Management (T2WM) Services Supporting weight management among children and young people	Berni Lee reporting to Healthy Lives Steering Group	Extend contract for commissioned Adult T2WM service (June 2022) Complete service promotion with key stakeholders to maximise direct and self-referral for eligible adults (June 2022) Agree specification for 'in-house' weight management service (or alternative) (December 2022) Agree resource and specification for weight management support among C&YP (December 2022)	Contract extended Number of referrals to service by source Number (%) of referrals completing T2WMP TBC (depends on specification) TBC (depends on specification)		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
2.3 Physical activity	Together We Move social movement established Approach to building physical activity into disease management programmes developed	Penny Bason reporting to Healthy Lives Steering Group	Stakeholder event (5th July 2022) Digital / data hub developed – to share practice / learning and encourage inspiration (October 2022) Communities of learning established (September – December 2022) Framework for action developed (January – March 2023) Resource for front line professionals developed (September 2022)	Number of attendees Number of champions registered Number of learning events held, and reports produced/distributed Number of organisations signed up Resource produced and distributed	Percentage of less active children and young people Percentage of physically inactive adults	Reduction in less active C&YP (27.8% December 2021) Reduction in physically inactive adults (26.6% April 2022)

Table 3: Healthy Places

Population Health Domain: Healthy Places and Communities

Marmot: (v) Create healthy and sustainable places and communities

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.1 Air Pollution - impacts on respiratory and cardiovascular health – particularly affecting those living in more deprived communities and who are at higher risk (e.g., through ill health, long term health conditions)	Implementation of Air Quality Management Area (AQMA) plans in Shrewsbury and Bridgnorth to reduce NO_2 concentrations Provide required / relevant air quality data and input into relevant areas of policy to target further pollutant reductions. <u>Planning / New Development</u> Review new development planning permission applications to consider impact on local air quality	Kieron Smith reporting to Air Quality Steering Group	Review Air Quality Action Plan (AQAP) for AQMA's to target reductions in NO_2 concentrations and select targeted interventions where necessary. (February 2023) Continue proactive monitoring for air pollution across the county. Report to Defra annually Environmental Protection will provide consultation / request air quality measures on applications with relevant air quality considerations (ongoing)	Council approval of Revised AQAP Maintain network of Diffusion Tube monitors and 2 real-time Earthsense Zephyr Monitors Number of planning applications assessed for potential impacts	Meet UK guidance values in next 5 years– to be decided on action plan review Maintain air quality measurements within the UK guideline values (excluding AQMAs) % Responded to within relevant consultee timescale (7/14/21 days)	TBC To work toward meeting WHO interim air quality target values

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.1 continued.,	Commitment from LTP to reduce business mileage and reduce pollutants from fleet vehicles	Will Nabih reporting to ICS Climate Group	Organisations to enable the option of agile (hybrid) working where there is no negative impact on service delivery (ongoing) ICS to develop a system Green Travel Plan, ensuring a hierarchy of travel starting with active travel. (Plan has been approved by ICB Board) Ensure that, for new (fleet) purchases and (fleet) lease arrangements, the system (and organisations) solely purchases and leases cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs) (Ongoing) Electric Vehicle (EV) charging infrastructure at base sites	Organisations have hybrid working policies and procedures Document published (April 2023) The NHS will cut business mileages and fleet air pollutant emissions by 20% (by 2023/24)		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.2 Planning decisions impact on health equity for example through creating healthy environments through accessible quality green infrastructure that supports cohesive communities	The Local Plan: Healthy places including: Implementation of new Health and Wellbeing policy (SP6)	Eddie West Joy Tetsill Andy Wigley reporting to Cabinet / Full Council	Adoption of The Local Plan (March 2023) Staff awareness training on SP6 requirements 100% of staff trained (March 2023) Community Infrastructure Levy/section 106 investment in healthy places (ongoing)	100% of staff trained by early 2023 Provision of quality green space & infrastructure	Number of planning consents which reference SP6 in planning conditions The quantum of quality/usable open/green space in new developments	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.3 Licensing decisions impact on health through: • controlling alcohol supply and gambling activities • protecting children and other vulnerable people from being harmed or exploited by the illegal supply of alcohol and illegal gambling activities • supporting effective management of the evening and night-time economy to reduce crime and improve safety	Licensing Act Policy Statement 5-yearly review Gambling Act Policy Statement 3-yearly review	Frances Darling Strategic Licencing Committee Full Council	**Licensing Act Policy Statement** Revised Policy April 2024 Preparation of draft revised Policy (April to June 2023) Consultation period (July to September 2023) Policy approved by full Council (December 2023) **Gambling Act Policy Statement** Revised Policy January 2025 Preparation of draft revised Policy (January to June 2024) Consultation period (July to September 2024) Policy approved by full Council (December 2024)	**Licensing Act** Prevention of crime and disorder Public safety Prevention of public nuisance Protection of children from harm **Gambling Act** Prevent gambling from being: • Source of crime or disorder • Associated with crime or disorder • Used to support crime Gambling is conducted in a fair and open way	Police data to track crime and disorder trends over time PHOF – PHE (Child and Maternal Health, school age children supplementary indicators) Admissions for alcohol specific conditions (under 18s)	Downward trends

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.4 Culture, Leisure - and creative sectors make a significant contribution to physical, mental and community health and well-being through providing people and families access to affordable activities and experiences. They can contribute to tackling health inequalities through delivering educational opportunity, promoting community cohesion and generating economic growth	Accessible and inclusive volunteering opportunities at Shropshire Museums to develop communication, confidence, technical and employability skills and combats social isolation	Becky Benson .	New opportunities made available to social prescribing networks. SEND employability skills programme (from April 2022)	5 Partners Volunteers 5 social prescribing referrals 5 SEND programme participants 50 older volunteering participants		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.4 continued.,	Shropshire libraries **Bookstart** Supporting Home Learning Environment to help develop Early Years Speech Language & Communication skills universally as well as targeted programmes such as Bookstart Early Years and SEND Offer as well as the Storytime resources	Annabel Gittins reporting to Libraries and Reading Agency Evaluations Group	Distributing all 470 1-2yrs packs And 1240 3-4 yrs. packs to most disadvantaged families (1 April 2022 to 31 March 2023)	Managing transition to new Bookstart Early Years Offer	Numbers of families receiving books since lockdown	
	Summer Reading Challenge (SRC) & HAF Programme. Pleasure & attainment reading for those most disadvantaged children (majority FSM)	Annabel Gittins reporting to Libraries and Reading Agency Evaluations Group	Progress chart for each setting to measure uptake and progression through the challenge (School summer holidays 2022)	Progress chart for each setting to measure uptake and progression through the challenge	More children reaching their reading target through the summer. Improving the return to school and attitude to learning	To reach 80% of all children attending HAF activities

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
3.5 Food Insecurity has a physical and mental wellbeing impact on everyone experiencing it. Food insecurity in childhood can have life-long implications impacting on educational achievement and general development and wellbeing	Implementation of the Shaping Places for Healthier Lives Food Insecurity Work Programme in SW Shropshire	Emily Fay reporting to Healthy Lives Steering Group	Development of learning and feedback structure which brings partners and people with lived experience together from across the system (December 2022) Identify pilot economic solution(s) to reduce food insecurity including help for people to maximise their incomes agreed (April 2023) Plan for frontline staff training to improve navigation of the system for people with multiple areas of need agreed (April 2023) Agree pilot social solutions which reduce food insecurity including trialling communications to reframe food insecurity and reduce stigma (June 2023) Develop communications plan for health professionals around food insecurity and health inequalities (June 2023) Plan to develop co-produced community led solutions which reduce food insecurity agreed (June 2023)	Learning and feedback plan produced Pilot economic solution(s) agreed Programme for staff training agreed Plan to reframe food insecurity agreed Communications plan for health professionals developed Plan for community led projects agreed	TBC with support from external evaluation provided by PPL/Cordis Bright	

Table 4: Integrated Health and Care System

Population Health Domain: Integrated Health and Care System

Marmot: (vi) Give every child the best start in life
(iv.b) strengthen Ill-health prevention (transformation/disease programmes

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.1 Restore NHS services inclusively (to include 20% most deprived LSOAs (Core 20) and ethnic minorities). Evidence suggests these are the groups for whom heath inequalities have widened most during the pandemic	ICB strategic health inequalities plan advocates addressing health inequalities as a core principle of all programmes of work. In following this approach there will be multiple leads for programmes of work across NHS priorities As a consequence of the pandemic there have been growing waiting lists for outpatient procedures	Julie Garside ICB Director of Performance and Planning Reporting to ICB Board TBC (vacant) ICB Director of Elective Care	Requirement produce board reports of waiting data differentiated by deprivation quintile and ethnicity incorporated into NHS Trust contracts. and to be adopted by the ICB (March 2022) Analysis of current referrals into outpatient services using methodology developed for vaccination programme (end of Q1) Map demand/access inequality +analyse outpatient procedure codes for areas of focus (September 2022)	NHS Trust and ICB reports show access by most deprived quintile and ethnicity EQIAS for all provider elective recovery plans	Service access rates by most deprived quintile/ethnicity No of planned care procedures in targeted populations	Level up access across STW in areas of selected focus

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.1 continued., Council Directors to determine action required to assure equitable access to council provided and commissioned services	Consider development of data management strategy to include measures enabling assessment of access rates	Helen Watkinson Reporting to New group and linked to data quality governance	Develop programme of intervention for selected clinical areas (October 2022) Implement targeted approach (April 2023) Decision on development of data management strategy (November 2022)	TBC dependent on decision	TBC	
4.2 Rurality Deprivation indicators can mask small pockets of significant deprivation and poor health outcomes in rural areas. Drivers of inequalities include social exclusion and isolation, access to and awareness of services. This is not captured in the 'Core20'	Secure support from NHSE/I, OHID and other national expert bodies to determine most appropriate method of assessing inequitable access to services for rural populations and inequitable outcomes	Tracey Jones/Berni Lee Reporting to Population Health Board	Progress discussions with NHSE/I, OHID, Institute of Health Equity UCL and Lincoln International Institute for Rural Healthcare (October 2022) Agree approach to be adopted (or piloted) across the ICS (December 2022)		TBC	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.3 Mitigate digital exclusion resulting from barriers such as poor access, connectivity, confidence, or skills. With increased use of digital services there is a danger of increased inequality.	Digital Exclusion Programme, as part of Digital Target Operating Model Contractual requirements to ensure providers are collecting and monitoring the impact of digital access in relation to service provided and evidence of alternatives for those who cannot access via digital means including evidence of safeguarding considerations. To work collaboratively with partners to increase digital inclusion	Nigel Newman reporting to Digital TOM Board System Data and contractual leads reporting to Digital System Strategy Group System Digital lead Rebecca Gallimore. Director of Digital Transformation, Reporting to Digital System Strategy Group	Full details of digital exclusion workstream specified (October 2022) Interdependencies with other council work programmes identified (December 2022) Inclusion of requirements re information standards and data collection within the NHS contracts. April 22. Included in schedule 2N Identification of digital inclusion and reduction of digital health inequalities as a key principle in draft system Digital Strategy (By June 2022) Finalise Digital Strategy and data transformation plan (Sept 22) Implement Digital Strategy including upskilling workforce (By December 2022 onwards)	TBA Reports to ICB boards and committees relating to assurance requirements of mitigating against digital exclusion by provider leads. Inclusion in sustainability and transformation developments EQIA of digital means of service access/ delivery and appropriate mitigation plans	TBA Increased uptake of digital means of access to healthcare Assurance of appropriate alternatives and levels of access to these	Equitable access to services and support for all population groups

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.3 continued	To actively promote and consider impact on digital inclusion in sustainability and transformation projects	Nigel Newman reporting to Digital TOM Board System Data and contractual leads reporting to Digital System Strategy Group Shropshire Telford and Wrekin ICS Digital Lead + LA Digital leads	Establishment of LA + NHS digital inclusion group April 22 Development of Digital Inclusion programme, including VCSE projects include device loan schemes and building digital literacy with digitally excluded groups at Place level; (By September 2022) Implementation of digital inclusion programmes (By December 2022)	Inclusion in sustainability and transformation programmes evidence of digital skill mapping and training for staff as appropriate.	Individual digital inclusion projects will have identifying measures of project success in terms of original outcomes i.e. increased self-reported confidence in use of digital technologies	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.4 Datasets are complete – disadvantaged groups need to be identified thus collection of ethnicity, other protected characteristics, and details of 'health inclusion' groups need to be recorded consistently across services.	Systems are asked to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and specialised commissioning. Systems should also implement mandatory ethnicity data reporting, to enable demographic data to be linked with other datasets and support an integrated approach to performance monitoring for improvement.	Individual provider organisation Data Leads + Executive Leads for inequalities in provider organisations Craig Kynaston System Head of Business Intelligence reporting to Population Health Board	Requirement in NHS Contract Schedule 2N to identify baseline and develop a programme of improvement for data collection (April 2022) Agreement of primary care to data sharing from practices into Aristotle tools (July 2022) Agreement of system data sharing approach across system (December 2022) Production of Digital and Data Strategy. (April 2023) Adoption by system of the Aristotle health inequalities platform and tools (Beginning April 2023)	Production of data improvement plans ICB monitoring of data collection via provider Contract review meetings	Improved percentage of recorded identified protected characteristics Improved access to linked datasets to analyse Health Inequalities Inclusion of Health inequalities analysis in service /system transformational programmes	Achievement of agreed data improvement plans per provider

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.4 continued.,			In line with the ICS Intelligence Function Guidance – Implement cross-system information governance arrangements, particularly between primary and secondary care and local government partners, that enable the safe and timely flow of information across the ICS and support the Integrated Care Board (ICB) to deliver its functions (March 2023) Adopt the What Good Looks Like framework principles including development of an ICS-wide intelligence platform with a fully linked, longitudinal dataset to enable population segmentation, risk stratification and population health management (April 2023)		Governance processes will allow data linkage for health and social care in a legal and compliant manner at system level	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.4 continued., Council Directors to determine action required to assure data sets are complete (protected characteristics) for council provided and commissioned services	Consider development of data management strategy to include measures to ensure appropriate collection of protected characteristics data	Helen Watkinson Reporting to New group and linked to data quality governance	Decision on development of data management strategy (November 2022)	TBC dependent on decision	TBC	
4.5 Strengthen leadership and accountability- this underpins delivery of the other key priorities Tackling inequality is not a separate programme and should be embedded in all decision-making, strategies, and delivery plans	Identification of executive level lead to ensure health inequalities embedded in its organisations business as usual and transformation programmes Development of system Health inequalities Plan as part of operational planning processes ensuring alignment to work of both Local Authorities and Population health Management Approach	Individual provider NHS organisations reporting to ICB ICB SRO Health Inequalities + provider leads	Named organisational leads identified (April 2022) Draft system plan (March 2022) Operational Plan submission and approval (April 2022) ICB Strategic Plan +accompanying high level plan approval (July 2022)	Implementation of actions within the high-level implementation plan accompanying the strategic plan	Reports to ICB to demonstrate how inequalities have been considered as part of decision making, strategies and delivery plans Delivery of health inequality commitments in operational plan	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.6 Population Health Management (*ie not one of the specified 5 priorities* but a local one involves the use of intelligence led methodology to inform health and care planning and the development of person-centred segmentation and risk stratification to identify at-risk groups, those with the greatest health inequalities or the most complex need	Population Health Enabling Workstream Establishing the 'engine room' for Population Health Management (PHM)	System Lead for PHM SRO TBC Reporting to Population Health Board/ Shropshire Health and Wellbeing Board (HWBB)	System lead for PHM identified. (October 2022) Review capacity requirements within the 'engine room' (October 2022) Requirements for 'engine room' agreed through Chief Executives Group and ICB Board (June 2022) Training being delivered (ongoing) Develop competency framework to support ongoing training/development (by November 2022) Requirements clarified and next steps defined (December 2022) Work programme refreshed (January 2023)	Engine room staff upskilled through training Competency framework in place to support ongoing training/development	Functioning and skilled 'engine room' for PHM	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.7 Personalisation/ Personalised Care Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision making that enables people to have a voice, to be heard and be connected to each other and their communities. Social Care have been using Personalised approaches for some time – this work about embedding culture change throughout Health and Care	Increase the number of Children and Young People (CYP) who have asthma personal care and support plans (delivered by GP, Community Nurse and Hospital)	Nicola Siekierski reporting to ShIPP Shropshire HWBB ICS CYP Board	Recruitment of Band 6 Asthma Nurse in GP Practices to identify CYP with an asthma diagnosis who require an Asthma Management Review, the service will prioritise areas of high deprivation to offer out appointments. (May 2022) Asthma App -offered as a personalised tool to enable CYP to self-manage their Asthma symptoms (June 2022) Co-Production of CYP Creative Health activities to support CYP with a diagnosis of Asthma. Expressions of Interest are currently being offered out across the creative communities to access grant funding for activities such as yoga, swimming, or singing which help manage the symptoms of breathlessness (March 2022)	Asthma nurse in post Numbers of CYP accessing the app. Uptake of Creative Health Activities by CYP Evaluation of health and wellbeing outcomes for CYP with Mental Health issues who have accessed Creative Health offers	CYP with asthma will manage their condition more effectively which will increase personal wellbeing and help reduce incidence of health interventions needed through mismanagement of condition Reduction in hospital admissions for asthma in CYP	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.7 continued.,	Clinical staff in all PCNs complete the Personalised Care Institute 30 min e-learning refresher training for Shared Decision Making (SDM) conversations	Emma Pyrah reporting to Primary Care Commissioning Committee (PCCC)	Commissioned providers (May 2022) All PCN clinical staff trained (September 2022) As part of a broader social prescribing service, a PCN and commissioner must jointly work with stakeholders including local authority commissioners, VCSE partners and local clinical leaders, to design, agree and commenced delivery of a targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs. This plan must take into account views of the people with lived experience (October 2022)			

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.7 continued.,			A PCN must review cohort definition and extend the offer of proactive social prescribing based on an assessment of population needs and PCN capacity (March 2023) PCNs must audit a sample of the Patients current experiences of shared decision making through use of a validated tool and must document their consideration and implementation of any improvements to SDM conversations made as a result (March 2023)			

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
Accelerate Prevention Programmes that proactively engage those at greatest risk of poor health outcomes (incorporating core20+50):						
4.8 COVID and flu vaccination The COVID-19 pandemic has highlighted existing health inequalities for ethnic minority groups and those living in more socioeconomically deprived areas in the UK. With higher levels of severe outcomes in these groups, equitable vaccination coverage should be prioritised[2] Barriers to vaccine uptake include perception of risk, low confidence in the vaccine, distrust, access barriers, inconvenience, socio-demographic context and lack of endorsement, lack of vaccine offer or lack of communication from trusted providers and community leaders[3]	A separate vaccination group has been set up within the ICS to look at uptake and delivery in vulnerable/at risk groups	Steve Ellis /Rachel Robinson reporting to Health and Wellbeing Board	Identify priority groups – rolling programme (Ongoing) Identify appropriate vaccination sites/delivery – rolling programme (Ongoing) Vaccination outreach plan in place – rolling programme (Ongoing) Vaccine delivery Covid-19 Influenza	Covid-19 vaccine outreach plan in place Number of areas of low uptake identified Proportion of areas of low uptake allocated a pop-up during campaign period Number of vaccination sites delivering to vulnerable/at risk groups	Place-based vaccine coverage: COVID-19 Flu IMD deciles % uptake age 12+, 18+, age 50+ * Uptake % by ethnicity Uptake % among individuals identified in at-risk groups (e.g. LD, SMI etc)	95% cover Covid-19 vaccination Regionally comparable cover in ages12+, 18+, age 50+ IMD 1,2 & 3 deciles for each vaccination campaign period Regionally comparable cover of individuals on GP Learning Disability Register deciles for each vaccination campaign period

[2] Inequalities in coverage of COVID-19 vaccination: A population register based cross-sectional study in Wales, UK - PMC (nih.gov)

[3] Factors influencing COVID-19 vaccine uptake among minority ethnic groups (publishing.service.gov.uk)

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.9 Annual health checks for people with a learning disability (LD) People with a LD have poorer physical and mental health than other people and die younger. Many of these deaths are avoidable and not inevitable Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and establish trust and continuity care	Work to increase the inclusion of all those with LD who should be on a GP LD register Improve the proportion of those on the register who receive a high-quality annual health check	Janet Gittins, LD Delivery Group reporting to LD&A Board	Monthly monitoring of registers list size and completed LDAHCs (Ongoing). Support provided to GP practices through service commissioned from MPFT to cleanse registers and complete LDAHCs. (Ongoing) Quality audit review pilot undertaken winter 2021. Audits to commence in (July 2022)	Increase in number (%) of people on a practice LD register Increase in number (%) on LD register who receive an annual health check which includes a Health Action Plan. Increase in number (%) on register who have received vaccinations (flu, covid) Reduction in health check DNAs Increase in those aged 14-21 on the LD register and accessing a LDAHC Improvement in quality of LDAHCs completed	TBC	Deliver annual HCs for 75% of those aged over 14 years on the practice LD register

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.9 Annual health checks for those with SMI. People with severe mental illness (SMI) have a life expectancy that is 15–20 years lower than the general population. This is partly due to physical health needs being overlooked. Smoking is the largest avoidable cause of premature death and individuals with SMI also have double the risk of obesity and diabetes, and three times the risk of hypertension	MPFT-commissioned to support development of an integrated physical health care pathway, including a dedicated clinical team, supporting GP practices	Claire Parker/Gail Owen reporting to Mental Health Transformation Board Claire Parrish MPFT & Gail Owen reporting to SMI PH Check Operational Group	Integrated pathway developed (March 2023) GP registers cleansed to ensure accurate population (December 2022) Additional posts for SMI and physical health recruited to (December 2022) Poster developed by Designs in Mind, going to print. Leaflet design on going (October 2022) Approach to co-production agreed (September 2022) Working on piloting an app to support outreach and help with compliance for the 6 categories (September 2022) Affinion devices received by MPFT, plans for training underway (October 2022) Looking at working with Charitable organisations around health and wellbeing activities for SMI, LD and A (December 2022) Resolution of inoperability issues/ data transfer between RIO and EMIS (September 2022). Pilot scheme has been successful.	Number of physical health checks completed (as % of those on GP SMI register) Number of physical health checks completed by MPFT Action plan is in place to drive forward progress Monthly reporting has been requested by NHSE, (Commencing September 2022) Increase in SMI PH checks % completed	Excess under 75 mortality in adults with severe mental illness Excess mortality in adults with severe mental illness	60% of patients on GP SMI registers receive physical health check PA

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.10 Continuity of carer. (CoC) Women from the poorest backgrounds and mothers from Black, Asian, and Minority Ethnic (BAME)* groups are at higher risk of poor birth outcomes. Women who receive continuity of carer (the same midwife (or team) caring for them during pregnancy, birth and postnatally) are 16% less likely to lose their baby and 24% less likely to experience pre-term birth. Continuity of carer will be targeted towards women from BAME groups and those living in deprived areas, for whom midwifery-led continuity of carer is linked to significant improvements in outcomes (Reference for BAME terminology https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/)	There are several initiatives to support this area including Digital Inclusion and Maternity HUB development as part of a broader strategy, plus further enhancements on patient plans	Nick McDonnell reporting to LMNS Board/ ICB Board	Following the first Ockenden review and NHS England Chief Nursing Officers CoC risk approach, SaTH have developed and will submit a revised CoC delivery plan for the 15th of June. This model will have Trust Board and LMNS Board approval and will look to identify how and when the trust will meet Local, Regional and National requirements. Further plans and milestones will be agreed following feedback on this (TBC)	Number (%) of women booked onto CoC pathway Number (%) of women in receipt of CoC Number (%) of BAME women in receipt of CoC Number (%) of women in lowest 20% quintile in receipt of CoC	Preterm births: % of deliveries Neonatal and stillbirth rate	Continuity of carer for 75% of women from BAME communities

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.11 Chronic Respiratory Disease: Respiratory disease is the third biggest killer in the UK and cases of Chronic Obstructive Pulmonary Disorder (COPD) and deaths from lung cancer or pneumonia are higher among those living and working in more deprived areas. Vaccination is particularly beneficial to those with chronic respiratory disease preventing acute illness and hospitalisations For COPD drive uptake of vaccines to reduce exacerbations/ emergency hospital admissions	For COPD drive uptake of vaccines to reduce exacerbations/ emergency hospital admissions	Steve Ellis Programme & Service Director and Deputy Senior Responsible Officer Covid-19 Vaccination Service reporting to Health Protection Board	Continue offer of evergreen Covid vaccination offer - targeted comms via Primary Care (Part of summer plan - (August 2022) If part of JCVI recommendation for Autumn Booster, agree targeted comms around the benefits of vaccination for those with chronic respiratory disease. (Autumn plan by December 2022)	Vaccination rate among those with COPD/chronic respiratory disease Flu vaccination coverage – at risk individuals	Under 75 mortality rates from respiratory disease considered preventable	Autumn COVID Booster - 90% Flu Vaccination - 85%

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.12 Early Cancer Diagnosis: Cancer that is diagnosed at an early stage, when it is small and hasn't spread, is more likely to be treated successfully. Late diagnosis is more common among deprived communities and among ethnic minority groups. The national ambition is that by 2028 75% of cancer cases will be diagnosed at an early stage (stage 1 or 2)	Meet early diagnosis objectives specified in local cancer strategy	Andrew Dalton, STW screening lead reporting to System Cancer Strategy Board	Restore compliance with the Faster Diagnosis Standard (FDS) across cancer pathways (December 2022) Community Diagnostic Hub (CDH) service operational (December 2022)	Cancer sites meeting/not meeting FDS CDH open	% of cancers diagnosed at stage 1 or 2 Under 75 mortality rate from cancer Under 75 mortality rate from cancer considered preventable	75% of cases diagnose d at stage 1 or 2 by 2028
4.12 continued.,			Improvement to all cancer pathways to ensure compliance with the 7 Rapid Diagnostic Centre (RDC) principles (April 2024)	Cancer sites meeting/not meeting RDC principles		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.12 continued.,	Meet objectives to restore and expand cancer screening services as specified in local cancer strategy	Andrew Dalton, STW screening lead reporting to System Cancer Strategy Board	Reduce Breast Cancer screening round length to achieve target interval (re-screen within 36 months of previous screen) (December 2024)	Breast screening uptake Breast screening round interval Bowel and cervical screening uptake	Number (%) of screen detected cancers	
	Cancer personal care and support plans Specifically addressing Health inequalities in screening and presentation as part of wave one core connectors programme	Tracey Jones reporting to Population Health Board	Co-ordinator post to develop Community Cancer Champions in Shropshire through third sector delivery partner Development of system implementation plan (May 2022) Recruitment of co-ordinator (June 2022)	Number of salaried / volunteer Connector roles and other programme roles Scale of activity undertaken by Connectors e.g., measures of engagement	Increase screening uptake in communities where this is low Raise awareness of symptoms that should prompt presentation to health care providers	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.12 continued.,			Development of KPIs (June 2022) Implementation of approach Q2 onwards Evaluation report as part of national wave one bid (March 2023)	Scale of impact of Connectors e.g.: attendance and input at Place/ICS governance groups attendance, and input with Service Providers re service deign and access attendance, and input with Core5 networks at Place/System level		
4.13 Hypertension Case-Finding: High blood pressure is a key risk factor for the development of cardiovascular disease (CVD). High blood pressure is frequently undetected and sometimes undertreated particularly among more deprived communities, some ethnic minority groups and those with some disabilities	Development of CVD prevention plan (to include hypertension (high blood pressure) case finding.	Emma Pyrah reporting to Population Health Board	CVD prevention plan agreed (December 2022) Comprehensive hypertension case finding plans and hypertension treatment plans implemented (December 2022)	Number (%) of registered patients on hypertension register Number (%) of patients on hypertension register being treated to target % of patients aged 45+ years with BP on record in last 5 years	Under 75 mortality rate from cardiovascular diseases considered preventable	80% of expected number with hypertension identified 80% of those with hypertension optimally treated

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.14 Diabetes - Significant inequalities exist in the risk of developing type 2 diabetes (linked to obesity and ethnicity), together with inequalities in access to health services and in health outcomes. The NHS Diabetes Prevention Programme supports those at high risk of type 2 diabetes to reduce their risk	Diabetes Transformation Programme	Fiona Smith reporting to Diabetes Programme Board	Diabetes Programme Board established (September 2022) Training matrix and competency framework designed for each practice/PCN and training delivered to practice staff (June 2023) Revise pathways to prevention programme ensuring appropriate targeting of those at risk (December 2022) Increased capacity in X-pert programme (T2 diabetics) (April 2023) Increased capacity in Daphne programme (T1 diabetics) (April 2023) Revise pathways structured education programmes ensuring appropriate	 Increase in recorded prevalence of diabetes (improved detection) Increase in % of patients with T1 and T2 diabetes receiving all 8 care processes and achieving all 3 treatment targets Improved quality and increase in referrals Increase in referrals from people from ethnic minority backgrounds	Reduced numbers of amputations, cardiovascular events and stroke. Reduction in additional risk of mortality for those with diabetes compared to general population In longer term a reduction in prevalence of Type 2 Diabetes	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.14 continued.,			targeting of those at risk (December 2022)	Increase in beneficiaries of X-pert including increased numbers from people from ethnic minority backgrounds Increase in beneficiaries of Daphne including increased numbers from people from ethnic minority backgrounds Increase in treatment targets reached (BP, Cholesterol, HbA1c)		
			Education course established for the housebound (April 2023) Education course established for those with a Learning Disability (April 2023)	Increase in number of housebound in receipt of education Increase in number with LD in receipt of education		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.15 Children & Young People (CYP) COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. In addition, plans to create a Trauma Informed workforce will be implemented	Creative Health opportunities for CYP including SEND Personalised care – physical health checks for CYP with SEND Personalised Care and Support Plans (PCSP) for Children and Young People who are accessing a Social Prescribing Link Worker	Nicola Siekierski reporting to Shropshire Integrated Place Partnership (ShIPP)	Take up of Creative Health opportunities to fill at least 75% of places being funded by this project. (June 2023) Evaluations to be completed by all successful providers of Creative Health activities, to include attendance, CYP feedback on the activity, lessons learned, patient reported outcomes using measures of health and wellbeing and the start and completion of the activities. Evaluations completed (June 2023) Feedback on this document to be collected and reported back to the CYP Social Prescribing Group as it is rolled out. Feedback on CYP PCSP end of each quarter. (Initially June 2022)	Numbers taking up the offer - Fill at least 75% of places Improvement in CYP's health and wellbeing score post non-clinical Creative Health intervention		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.16 Trauma Informed Workforce Trauma affects not only those who are directly exposed to it, but also to those around them (Van Der Kolk: 2014). Along with acute physical and emotional effects, children that have Adverse Childhood Experiences (ACEs) can show: reduced cognitive and social development, reduced school engagement, early adoption of health-harming behaviours, increased risk of health conditions and juvenile offending.[4] ¾ juvenile offenders have been exposed to traumatic victimisation and 11-50% have PTSD, Ko et al. 2008. Creation of a Trauma Informed Workforce across the whole system, using a tiered core training offer which is consistent, understood and will be used in practice forms part of this work	Roll out of Resilience Screening and workshops to all workforces to create awareness Identification of training package, and roll-out	Val Cross reporting to Health & Wellbeing Board	Workshops and screenings scheduled, feedback gathered and completed (November 2022) Identify training packages and levels required (by December 2022) Start to roll out in pilot area of Oswestry (December 2022)	Number of professionals accessing training, collation of feedback to inform work going forward Through Steering Group Training in area completed July 2023, and implementation in services and practice. Sustainable model to be used	Number of organisations who attended workshop Number of organisations accessing training packages and implementing in practice	

[4] Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis (thelancet.com)

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.17 Healthy Start Offer- Need to increase the uptake of the Healthy start offer for those eligible in Shropshire	Increase uptake of the Healthy Start Offer for eligible families through improved comms/health promotion across Shropshire	Steph Jones/Anne-Marie Speke Reporting to Children & Young people's Board	Health Promotional material to be finalised by (March 2023)	Healthy Start uptake statistics reported on nationally. % of entitled beneficiaries over eligible beneficiaries	% of uptake by those eligible for healthy start offer to increase by 5% by 2024 To achieve or exceed the national baseline % of uptake of Healthy Start	
4.18 Oral Health- Improve outcomes and reduce % of dental decay in Children and Young People in Shropshire	Targeted supervised toothbrushing programme for 3-5 y/o led by Shropshire Community Dental Service. Targeted in areas of high deprivation, which will be inclusive of CYP with SEND	Steph Jones/Anne-Marie Speke Reporting to Children and Young Peoples Board	A targeted programme aims to reduce the levels of tooth decay in Shropshire through supervised toothbrushing	Proportion of schools and early years setting staff rating supervised toothbrushing training as either good or excellent Number (or %) of early years settings and schools offered a Supervised Toothbrushing Scheme Number (or %) of settings taking part Number of early years and school staff involved in STS trained The % of schools briefed on the NDEP	% of early years settings or school setting staff rating supervised toothbrushing training as good or excellent Programme-Evaluated annually. Aim to have evaluated 2021-2022 impact by September 2023	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.19 **Best Start in Life:** Improving access to Early Help for families and CYP across Shropshire	Workstream has formed to work to improve Early help access across the whole system/partnership. Various opportunities to develop projects across the wider system through test and learn sites, that are based on a set of criteria relating to reducing health inequalities, that are needs led, and outcomes driven	Jo Robins/Fran Doyle/Penny Bason/Mel France Reporting to Early Help /Prevention Board	Joint work to develop new ways of working between early help teams, prevention, and NHS workforces Test out an integrated service delivery model in an area of need which adopts a multi-disciplinary across NHS and Local Govt. (April 2023) Develop a project board of senior leaders to support integration (September 2022) Formation of project group of reps from public health, Early Help, Children's Social Care, Education) (June 2022) Expansion of CYP Social Prescribing taking referrals from schools, GP practices and service providers (By January 2023)	Mapping of existing practice, and identification of evidence and best practice models from across the country and via the Early Intervention Foundation, OHID. Series of workshops to include service managers Creation of a multi-disciplinary team to test out joint working Develop vision and costings of resources for scale up Embed the approach into other service areas for Early Help, and create multiple offers for families and young people to participate in		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.19 continued.,			Expansion of a wider 'creative health offer' for CYP and families which is embedded into service provision, based on the learning from the current test and learn site (December 2023) Development of a test and learn triage approach that is easily and readily accessible and responsive, for families, CYP and local organisations which incorporates CYP Social Prescribing. (February 2023) Recruit two Social Workers, to support schools in two targeted areas where need is high and where interventions for YP are available (February 2023) Develop a joint approach through the newly recruited Family Support Workers, to build a team based on early intervention which support the Best Start and builds on a joint approach with the public health nursing service. (March 2023)	Identify opportunities where posts can in reach to the community and where common agendas such as breastfeeding support offer can be promoted and delivered to provide parents with greater levels of support Create a team approach to working with schools, engage with lead schools to agree an approach and ensure ongoing dialogue continues to shape the offer. Ensure schools are brought into the approach		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.19 continued.,			Development of a co-ordinated offer for schools which reflects service areas in the council, is based on need and targeted appropriately to schools using previous resources such as WISH, nutrition, PHSE, mental health and wider health issues. (April 2023) Development of a co-ordinated training offer for schools, based on need using best practice models and evidence of what works, targeted appropriately to needs. (February 2023) Needs assessment for children which includes population health data, acknowledges service data and uses predictive modelling for future service design/development. (March 2023)	Identify the various training resources and offers that currently go into schools and create one offer Collate together various sources of data into one document which clearly outlines needs of various groups and considers a range of conditions (health, care and wellbeing)		

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.19 continued.,			Analytical and business planning support to the Stepping Stones project through the development of a modelling tool that predicts numbers future numbers of LAC. (June 2022) Expansion of the existing Stepping Stones project to scale up service delivery. (February 2023) (See also Table 5 – Looked After Children category)	Produce a model tool that helps to predict demand at various points. Use the model to influence service models Develop a business case for the Stepping Stones project		
4.20 Children/Families in Need	Test out a multi-disciplinary team model working between the public health nursing service, Early Help, and Children's social care teams	Jo Robins/Mel France Reporting to Early Help/Prevention Board	Establish a practitioner group that meets regularly to identify common goals/challenges and identify ways of overcoming them. (June 2022) Ensure the integrated practitioner group received trauma informed training programme and parental conflict training. (January 2023)	Actions for change identified via practitioners that demonstrate challenges but changes Range of organisations committing to the practitioner group Range of practitioners participating in the group Use of learning to repeat the process in other areas of need across Shropshire	Reduction in the number of duplicated visits from different organisations for each family Increase in early identification of families and children at risk	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.20 continued.,	Supported by developments such as social prescribing, peer support for ante-natal care, peri-natal period, trauma informed and strengths-based training, parental conflict training Development of a community-based prevention offer in the Oswestry location that supports CYP/Families	Val Cross/Penny Bason/Steph Jones Reporting Early Help/Prevention Board Jo Robins/Mel France Reporting to Early Intervention/Prevention Board	Establish a peer support programme for parents that offers support during the ante natal period. (April 2023) Cross reference to trauma informed training programme and parental conflict training Establish a community collaborative that is led by the VCSE and supported by the LA to consider gaps, challenges and re-build a local preventative offer for CYP and families. (June 2022) Develop/Support the collaborative so that it becomes self-sustaining and involves multiple partners across the VCSE, working with Town Council By (July 2023)	A peer support programme is established in the Oswestry area that is delivered by the VCSE	Reduction in post-natal depression Identification of early risks associated with vulnerable families with actions to improve Improvement in uptake of access to local services Reduction in social isolation of pre and post birth parents Increase in uptake of parenting courses Number and range of organisations who attended workshop Number and range of organisations offering support for CYP and families Additional capacity created to support families and CYP experiencing multiple issues	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.20 continued.,					Projects developed and implemented that support reduction in domestic violence, improve maternal mental health, Reduce child exclusions, improves CYP mental health, improve access to food and access to local services Partner engagement and commitment across NHS, Fire and Rescue, Police, to support the development	
4.21 Complex need – focuses on those who experience multiple disadvantage. This may be linked to substance misuse, domestic abuse, social problems, housing/ homelessness, debt or other issues	Improved life expectancy for those with Serious Mental Illness (SMI)	Gordon Kochane Reporting to Health and Wellbeing Board	Post of Population Health Fellow to support the development of a Complex Needs Assessment & Strategy Date: In post (October 2022)	Needs Assessment complete by 30.09.22 Strategy complete: 30.09.22	Improved life expectancy of those with Serious Mental Illness (SMI) Better joined up working and understanding of how to support those with complex need	TBD

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.22 **Mental Health (Mental Health Transformation Plan)** Mental illness can be a key risk factor for health inequality. Once mental disorder has arisen, it is associated with a range of further inequalities. These include increased health **r**isk behaviour, reduced educational and employment outcomes, increased physical illness, and significantly reduced life expectancy, as well as discrimination The community mental health transformation aims to move away from siloed, hard-to-reach services towards joined-up care and whole population approaches	1) Health Equity Assessments have been completed for each PCN area and are the basis for which we target our VCSE engagement in the Programme. They included: - A summary of national evidence relating to inequalities amongst SMI - Current patient profile and how this compares to national trends - A detailed look at the prevalence of wider determinant and behavioural issues that drive demand Taking this data, we have decided to pilot initial grant scheme and additional commissioned services at North Shropshire PCN and PCNs in Telford and Wrekin (our test sites) **Under-represented Groups (Grant Scheme)** <u>North Shropshire</u> Men over-40. <u>Telford and Wrekin</u> 18-25-year olds. BAME communities.	Cathy Riley – SRO for Mental Health STW ICS	VCSE Services including Grant scheme live (December 2022).	To be confirmed: Number of adults and older adults have had at least one contact from NHS-commissioned VCS services disaggregated by, Age: 17-25, 25-65, 65+ years, gender, and ethnicity as a minimum Number of adults and older adults have had at least 2+ contacts from NHS-commissioned VCS services disaggregated by, Age: 17-25, 25-65, 65+ years, gender, and ethnicity as a minimum Number of adults and older adults receiving 2+ contacts in a dedicated 'personality disorder' pathway or service provision (including primary care, VCS, and MH services)	To be confirmed	To improve access for groups that have been identified in population health data as under-represented

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.22 continued.,	**Wider-Determinants (Additional Services)** 1. Housing 2. Financial Wellbeing 3. Lifestyle Services Landau are commissioned to deliver the grant scheme.			Number of adults and older adults receiving 2+ contacts in a dedicated community rehabilitation pathway or service provision (including primary care, VCS, and MH services)		
4.22 continued., Increase the number of patients offered a MECC conversation in line with training targets / Increase the number of staff trained to deliver MECC conversations across the Care Group - MPFT has reenergised its approach to MECC and has trained nearly 600 frontline staff to deliver brief interventions in the last 12 months. 2022-23 will see MPFT continue to grow these numbers	Increase the number of staff trained to deliver MECC conversations across the Care Group	Cathy Riley – SRO for Mental Health STW ICS	MECC training delivered (Ongoing)	Number of staff MECC trained	Increase the number of patients offered a MECC conversation (not currently measured/monitored)	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.23 Suicide Prevention A targeted approach to upskill the workforce on suicide risk and awareness of how to intervene has been taken with the launch of a Suicide Prevention training programme in Shropshire. skilling up the workforce to create awareness of suicide risk and the range of resources available to mitigate risk	Promote the range of training offers and resources for prevention of suicide and self-harm across the system including commitment that all workforce within the system should have at least a basic awareness of suicide risk and local support available	Gordon Kochane Reporting to STW Suicide Prevention Network Shropshire Action Group T&W Action Group	Agree Learning & Development workforce strategy for suicide/self-harm training to be included within PDPs[5]. Work started. (Date: TBC)	Evaluation forms, and plans for follow up surveys for how people have used their learning in their roles Potential commissioning/ funding a training review for suicide to see if it has had desired impact and reach	Reduction in intentional self-harm attendances at A&E %/Numbers of workforce trained and from which programme	To achieve our zero-suicide ambition PHOF indicator: Emergency Hospital Admissions for Intentional Self-Harm

[5] Self-harm and suicide prevention | Health Education England (hee.nhs.uk)

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.23 continued.,			Commitment for all staff within health and social care in Shropshire to have completed the Zero Suicide Alliance free online training as part of mandatory training. Launch event delayed. (Date: TBC) Workforce most likely to need to deliver an intervention to a person presenting with suicide ideation of who is self-harming to have accessed the Suicide First Aid (SFA) Intervention training and/or Self Harm intervention training SFA 3 x sessions offered (June, Oct & Dec. 2022) Self-Harm (May 2022) Frontline health, social care and third sector workforce who support higher risk of suicide cohorts to have either completed the Suicide Awareness training. 4 x sessions offered (May July Sept. Nov. 2022)	Use of Suicide Real Time Surveillance to monitor trends/themes and patterns of possible/probable suicide for targeted response	% of “priority” agencies who have accessed training Number of “hits” on ICS webpage for suicide resources	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.24 Social Prescribing (as an element of Personalised Care) Social prescribing in Shropshire is an integrated programme between Primary Care, Public Health and the Voluntary, Community and Enterprise sector (VCSE) that supports those in most need A Children and Young People's (CYP) Social Prescribing pilot in the SW is operational	Children and Young People's (CYP) Social Prescribing being part of the Early help offer. This focusses particularly on CYP mental and emotional wellbeing	Fran Doyle/Penny Bason reporting to Early Help Partnership Board Health and Wellbeing Board Shropshire Integrated Place Partnership	Business case submitted (March 2023) Evaluation of Children and Young People (CYP) pilot (December 2022)	Integration to Early Help as an offer for CYP and their families countywide	Improvements in Health and Wellbeing scores post SP intervention	TBD
4.25 Integrated Impact Assessment (IIA)– embed assessment of**:** Social Inclusion Equality Health Inequalities Quality Climate Change Economic Impact of all developments	Integrated Impact Assessment to be adopted across the ICS for project work for all change programmes	Edna Boampong Reporting to Population Health Board	Draft Screener tool developed to include HEAT tool as part of initial screener (June 2022) Online screener tool fully developed within system PMO platform. (August 2022)	IIA criteria in place for the use of the tool March 2023 IIA in developed IIA in use		TBD

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
4.25 continued.,			Development of methodology document. Development of Baseline template and full IIA templates. (August 2022) Adoption and implementation programme. (September 2022) Audit of tool application in practice. (March 2023)			

Table 5: Social Inclusion Groups

Social Inclusion Groups

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.1 Domestic Abuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status. Domestic abuse includes coercive, controlling, abusive and violent behaviour and can also occur between family members Temporary accommodation is not in the interest of the health and wellbeing of the household	Reduce homelessness due to domestic abuse (Identified in Shropshire Safeguarding Community Partnership Strategic Plan and Priorities 2020 – 2023)	Laura Fisher Shropshire Council Local Partnership Board and SSCP Domestic Abuse Group	Needs assessment completed (November 2022) Strategy completed (January 2023)	Needs assessment and strategies completed	Reduce homelessness due to domestic abuse SSCP business plan data	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.2 Exploitation (including transitional safeguarding) affects people of all ages regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status but in particular, children and young people and adults with additional care and support needs	Review the effectiveness of the Child Exploitation Pathway (Identified in Shropshire Safeguarding Community Partnership Strategic Plan and Priorities 2020 – 2023)	Jeanette Hill Shropshire Council SSCP Exploitation Group	A pilot weekly Adult Exploitation Pathway: Active Case Review Meeting/triage is currently underway, which is attended by the multi-agency partnership including: Adult Services Children's Services West Mercia Police Health We Are With You (Ongoing)	More young people will have a transition plan in place where concerns of exploitation are identified. More adults with care and support needs with risk factors around exploitation will have an appropriate plan of support in place	Needs will be identified and more young people at point of transition/adults will have plans of support in place to reduce escalation of risk/need Improved partnership information sharing	
5.3 Homeless Housing also in wider determinants	**Preventing homelessness:** Develop homeless and rough sleeping prevention strategy	Laura Fisher reporting to Housing Executive Board	Strategy which seeks to prevent homelessness and rough sleeping and ensure that those households who do become homeless are provided with an excellent service. (March 2023)	Strategy published	Percentage of successful homeless preventions Percentage of successful homeless reliefs Number of households owed main duty Number of rough sleepers at any one time	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.4 Learning Disability Ensuring the right care, support and accommodation is available at the right time to ensure individuals are able to achieve their aspirations and reach their potential	Variety of accommodation options available to house adult individuals and enable their greater independence LD and A 3-year road map	Vacant post to be filled Steve Ladd (Shropshire Council) Val Walsh (CCG) Reporting to LD&A Board Learning Disability Partnership Board	Property platform to provide data - determine accommodation to be commissioned and where (October 2022) Partnership working to implement/progress: housing developers, RSL's, planning and policy departments (January 2024)	Property Platform data	ASCOF- number of adult individuals with a learning disability living in their own home	
5.5 Autism Autistic people experience greater health inequalities including cardiovascular disease, epilepsy and poor mental health. NHS England » National Autism team update	Expansion of ASD Forensic Service Telford/Shropshire Creation of ASD mental health liaison Telford/Shropshire role	Val Walsh (CCG) Reporting to LD&A Board Autism Partnership Board	Increased recruitment to extend service to Shropshire (Complete) Recruit ASD MH liaison Clinician (Complete)	Numbers discharged Numbers discharged in a timely manner	Supporting Autistic People with Forensic risks to be discharged from hospital Supporting Autistic People who also have mental health problems to be discharged in a timely manner	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.6 Gypsy and traveller families Gypsies, Travellers and Roma are among the most disadvantaged people in the country and have poor outcomes in key areas such as health and education. Parliament UK: 2017		John Taylor Reporting to Head of Property and Development, Shropshire Council	Development of an 8-plot transit site in Shrewsbury (April 2022) Employ a Gypsy & Traveller Support Officer (Complete) Review SC Gypsy/Traveller caravan sites plot application process (June 2022) Anticipated site will be developed within the next 12 months (August 2023)	Report has approval from Cabinet to proceed with planning application. Appointed Officer April 2022 Reviewed June 2022	Meet the identified need for a transit site as per the GTAA recommendations	Support the Welfare, Education, housing requirements
5.7 Asylum seekers/ refugees	Government resettlement schemes -Syrian, Afghan and Ukrainian programmes	Laura Fisher Shropshire Council Reporting to DMT	Syrian: Resettle additional 5 families as per commitment to government 2022/23 Afghan: Resettle 5 families as per commitment to government 2022/23	Number of individuals/families resettled. Syrian and Afghan families: target of 5 families each. Ukrainian: No target. Dependent on how many people opt to be hosts	Syrian, Afghan and Ukrainian individuals/families resettled in safe accommodation which will impact positively on their health and wellbeing	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.7 continued.,		Ukrainian Visitors Steering Group	Ukrainian: Date: March 2022 DBS initiated Property inspected Welfare check completed Emergency payment made Monthly gift of £350 made Asylum Dispersal Awaiting update from government re: future numbers / duties	Numbers registered with GP. Data collected by Housing as part of monitoring for government / Home Office		
5.8 Unpaid Carers Affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status	Carers not identified early in their caring journey resulting in delayed support that may prevent crisis and provide a better quality of life for the carer	Margarete Davies Reporting to Shropshire Family Carers Partnership Board	Training provided to health and social care staff to help identify carers. (From September 2022)	Number of training sessions offered to GP Practice staff By: 2023 This will help carers access appointments for themselves and the people they are caring for. It will improve carer registration on GP practice systems (Carer flag) so that carers can be offered vaccinations and any other health related benefit for carers	Number of GP Practice staff attending Number of GP Practice asking if someone is an unpaid carer as a routine question Improved carer registrations on GP practice systems (carer flag) so that carers can be offered vaccinations and any other health support	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.9 Physical disabilities	Community equipment service aligned to Disabled Facility Grant offer, to complete adaptations to increase support and independence	Laura Fisher Reporting to Housing Services Management	New Disabled Facilities Grant (DFG) guidance published on March 2022 widening the scope, area of its coverage to include equipment when tied to the adaptation (Ongoing)	Reduce the time wating for DFG and equipment Local DFG process to reflect change in new DFG guidance and information	Increase number of people of all ages with disabilities or complex needs who can live in the community with improved independence	
	Recommissioning of Community equipment service	Deb Webster/Laura Fisher Reporting to Joint commissioning delivery group	Working across the ICS, T&W and Shropshire to provide a seamless allocation of equipment across all ages and disabilities. (Ongoing)	One access route (TBC) to health and social care equipment not identified through funding pathway. Seamless allocation of equipment to all age groups. Closer working across identified areas to maximise development of equipment provision across all fields.	Easy access to a~~n increased~~ range of equipment and information for all ages and disabilities. Development of pathways to streamline prescription and ordering and improve waiting times. Equipment supplier tenders to be opened Summer 2023 Equipment supplier commissioned by Autumn 2023.	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.10 LGBTQ+ People who identify as LGBTQ+ experience disproportionately worse health outcomes and have poorer experiences when accessing health services. Kings Fund:2021 Staff awareness and understanding of LGBT communities to help improve experience for LGBT people using our services. (adapted from National LGBT action plan priorities)	Safer Ageing, No Discrimination) SAND takes a targeted approach to increasing LGBT+ inclusion, challenging discrimination, promoting accessibility and equality of opportunity for LGBT+ people ageing in Shropshire, Telford and Wrekin. The Covenant – Safe Ageing No Discrimination (lgbtsand.com)	Tamsin Waterhouse Reporting to LGBTQ+ covenant planning working group (ICS have a support group for LGBTQ+ staff)	Shropshire Council signed up and committed to the pledge March 2022 LGBTQ+ covenant planning group first meeting May 2022, with monthly meetings thereafter Currently Adult Social Care in main, so not cross council yet. Action plan will be developed and reviewed. (October 2022)	Commitment made through the pledge to: providing the best possible quality services for older and old LGBT+ people Commit to learning what life can be – and has been – like for different LGBT+ people. Commit to vocally and visually supporting groups working with and for older and old LGBT+ people Commit to creating meaningful opportunities for LGBT+ people and groups to 'influence' what you do Commit to assess and evidence change, including work carried out to engage LGBT+ people (within the group/organisation and outside it)	This is a new group, and Action Plan will help to monitor progress	

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.10 continued.,	Shropshire agreed to be a test site for some research being conducted by the University of Birmingham into Social Work practice when working with LGBTQ+ adults	Tamsin Waterhouse	University to visit and discuss. (November 2022)	Provision of information on what is being doing well, and where we need to improve		
5.11 Services personnel and their families (including veterans)	GP Friendly accreditation scheme	Sean McCarthy Health and Wellbeing Board Shropshire Armed Forces Covenant Strategic Board	Engagement with CCG and PCN's to raise awareness of the accreditation (Ongoing)	Number of GP surgeries contacted	Number of GP Practices signing up to the GP friendly accreditation scheme.	10 GP practices during 2022
5.12 Drug and Alcohol Misuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status	Review publish & implement the Drug and Alcohol Strategy 2020-2023. (Identified in Shropshire Safeguarding Community Partnership (SSCP) Strategic Plan and Priorities 2020 – 2023)	Paula Mawson / Ian Houghton SSCP Drug and Alcohol Misuse Group Shropshire Council Combating Drugs Partnership – ICS Group with TWC & PCC as SRO	National Guidance Milestones: SRO & geography agreed for new Combating Drugs Partnership (CDP) (August 2022) CDP Terms of Reference (TOR) & governance agreed (September 2022) Completion of Needs Assessment (by November 2022)	Production of the CDP ToR Governance routes agreed for the CDP and place partnership Data analysis and engagement with people with lived experience and professionals to inform the needs assessment	Public Health Outcomes Framework -Successful completion of alcohol and drug treatment -Reduced deaths from drug and alcohol misuse -Admission episodes for alcohol related conditions	To be agreed as part of the performance framework development by December 22

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.12 continued.,	Deliver the local requirements of the National Drugs Strategy, From Harm to Hope, strategic priorities to: • Break supply chains, • Deliver a world class treatment & recovery system • Achieve a shift in the demand for drugs		Local Strategy & Delivery Plan agreed (December 2022) Local Performance Framework agreed (December 2022) Ongoing reporting of progress. (From April 23)	Local Strategy & Business Plan updated in light of new guidance Approval of the local strategy refresh with HWBB Local performance framework developed in light of the recommendations in the needs assessment and national guidance	Local performance framework will be developed to measure performance against the national outcomes framework from April 23	
5.13 Looked After Children Shropshire Council has statutory responsibilities to children and young people who are 'looked after' (cared for) by the Council and who have previously been looked after up to the age of 25	Within Social Care the Stepping Stones Programme is designed to enable more children to live safely at home, or to live in a foster home rather than residential care (See also Table 4 – Best Start in Life category)	Donessa Gray/Pippa Murphy Social Care/Early Help	Develop a business case and evaluation framework (May 2022) Upscale Business case agreed July 2022 (TOMS) Recruitment to additional posts (January 2023) Parent and baby assessment centre opening (October 2022)	Documents written by health colleagues – March 2022 Review and progress May 2022 Business case written by project Manager Ongoing project review and monitoring against targets set out in business case (financial and social outcomes)	Reduce the number of children suffering significant harm and enable them to remain safely in the care of their family Reduce number of children needing to remain in residential provision out of area and increase number who can safely return home	Reduce numbers by 15 by March 2024 15 by March 2024

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.14 Ethnic minority Groups	Provide outreach support to local Bulgarian and other Eastern European communities in Shropshire. Working at the core of the Communities Driving Change to understand issues relating to health and wellbeing, that are felt to be most important to communities themselves, and to identify gaps in service, engage and support community led action to address these issues	Hannah Thomas/Penny Bason ShIPP	Weekly drop-in sessions offering Welfare Support in Oswestry: support has included food provision, home essentials and internet access, registration of local services such as doctors/dentists/jobs, housing and financial difficulties. (April 2022) Extra session on Sunday (May 2022) Supporting Schools: Already in some primary schools in Oswestry supporting families with translation, cultural understanding (Ongoing) Drop in for Bulgarian/Eastern European students in Oswestry - barriers in school. Will then work with families. (April 2022) To develop an offer to deliver Blood Pressure and AF checks within the community which will support a wider piece of work around case finding (Ongoing)	Data collected on numbers accessing and reasons why	Eastern European individuals and families are enabled to live their lives well, and are able to access welfare support, translation and education understanding. Help to ensure that access to local services are planned and delivered in a way which best meet the needs of the local community	Estimate: 5 families or individuals per week 1 school per month Translation

Priority Group/Issues	Health Inequalities Related Work Programmes	Lead Individual/ Strategic Group	Key actions/ milestones (date)	Key process measures	KPIs/Key outcome measures	Target
5.15 Prisoners and their families	**Human Library** Pilot Human Library project with the Stoke Heath Prison to deliver mini Human Library event with 6 prisoners with equality responsibilities, as a first Human Library event in the world.	Mirka Duxberry Reports to: Head of Library Service	April/May 2022 + more events throughout 2022 to be decided Pilot completed – 6/6/2022 - First Prison to Host a Human Library - The Human Library Organization Two further events planned for Oct/Nov 2022 and March 2023	Direct impact evaluations (group/individuals)	Engagement around equality and diversity discussions, challenging unconscious biases	Prisoners Prison officers Prison culture

Table 6: Primary Care Network Health Inequality Plans

Tackling neighbourhood health inequalities

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
6.1 **Primary Care Networks (PCN) inequalities plan** PCN's must: Appoint a lead for tackling health inequalities within the PCN. A PCN must identify a population within the PCN experiencing inequality in health provision and/or outcomes and develop a plan to tackle the unmet needs of that population	***North Shropshire***: Foodbank population are offered screen on iPad using a ReQoL-20 survey in person, with a PCN mental health practitioner or a Foodbank volunteer. If users identify as requiring further support, they will be triaged by the PCN mental health practitioners ***SE Shropshire*** Blood pressure, cholesterol and atrial fibrillation monitoring, focussed on Highley. Community events with Public Health, GP fellow and Clinical Pharmacists present to undertake screening	Emma Pyrah Reports to: TBC	Offer of short Mental health questionnaire to Foodbank population, to identify if mental health support needed. Operating in Whitchurch Foodbank (Ongoing). Likely to start in Oswestry (Autumn 2022) and Market Drayton to follow (Date: TBC) Opportunistic blood pressure, cholesterol and atrial fibrillation monitoring Intervention in place. Referral to a healthy lives advisor for lifestyle advice and direction. Refer back to GP for more complex issues and medication. (1 event: May 2022, agreeing next steps: Ongoing)	Intervention with support that will be local, and in the familiar setting of their GP practice or Foodbank Trusted community preventative intervention	Improve access to local GP and mental health services for food bank users Reduced mental health emergencies and better mental health outcomes for this population Improve trust and familiarity with health services Reduced blood pressure readings and healthier lives with reduced in inequalities and better access to healthcare in communities	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
6.1 continued.,	***SW Shropshire*** Opportunistic BP check. Short, user-friendly MPFT recommended wellbeing screen offered in Foodbanks by PCN pharmacy technician and/or mental health practitioner Both underpinned with a protocol around how to direct individuals to further services should a potential issue be identified		Opportunistic BP check and Re-Qol-20 survey (wellbeing screen) offered in Foodbanks by PCN pharmacy technician and/or mental health practitioner, with protocols should an issue arise Operating in Craven Arms and Church Stretton Food Banks (Ongoing) Engagement with all food banks in the SW (December 2022)	Intervention with support that will be local, and in the familiar setting of their GP practice or Foodbank	Higher rate of detection of raised blood pressure and surrogate outcomes for improved outcomes in the longer run Development of a BP case-finding service with our local pharmacy partners and GP practices To help with development of a robust resilience screening tool Follow up of any individuals identified with a physical and/or mental health need to see if it resulted in an improved outcome/ engagement and any gaps	

Priority/Issues	Health Inequalities Work Programmes	Lead Individual/ Strategic Group	Key Actions/ Milestones (dates)	Key Process Measures	KPIs/Key Outcome Measures	Target
	Shrewsbury Increasing physical activity in more deprived populations		Provision of free health and wellbeing coaches and access to variety of group activities via Shrewsbury Town in the Community (STITC). Self-referral via email or telephone (Ongoing) Recruitment of care co-ordinator to support health inequalities work, with an emphasis on patient engagement (In place)	Individuals assisted to identify their physical and Mental health goals and how to achieve them	Improved physical activity levels in the population Ideal outcomes would be decreased levels of obesity, hypertension and cardiovascular disease but these may take some time to become apparent	

19. References

1. What are health inequalities? | The King's Fund (kingsfund.org.uk)
2. PowerPoint Presentation (publishing.service.gov.uk)
3. What are health inequalities? | The King's Fund (kingsfund.org.uk)
4. Wider Determinants of Health - OHID (phe.org.uk)
5. https://www.health.org.uk/publications/long-reads/building-public-understanding-of-health-and-health-inequalities
6. Protected characteristics | Equality and Human Rights Commission (equalityhumanrights.com)
7. Inclusion Health: Applying All Our Health - GOV.UK (www.gov.uk)
8. https://www.health.org.uk/publications/reports/addressing-the-leading-risk-factors-for-ill-health
9. https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/life-sciences-health-care/deloitte-uk-foph-negating-the-gap.pdf
10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3682466/
11. APPG Rural Health and Care | NCRHC
12. Poverty dynamics in Rural Britain 1991–2008: Did Labour's social policy reforms make a difference? - ScienceDirect
13. Food Insecurity Project: South-West Shropshire | Healthwatch Shropshire
14. APPG Rural Health and Care | NCRHC
15. Health Equity Assessment Tool (HEAT): executive summary - GOV.UK (www.gov.uk)

References continued.,

16. WP202201-Inequality-and-the-Covid-crisis-in-the-United-Kingdom.pdf (ifs.org.uk)

17. Reducing inequalities in health: towards a brave old world? | The King's Fund (kingsfund.org.uk)

18. Fair Society Healthy Lives full report (parliament.uk)

19. Marmot Review 10 Years On - IHE (instituteofhealthequity.org)

20. Levelling up white paper aims to address health inequalities (gmjournal.co.uk)

21. Health and Social Care Act 2012 (legislation.gov.uk).

22. NHS Long Term Plan v1.2 August 2019

23. NHS England » What are integrated care systems?

24. core20plus5-online-engage-survey-supporting-document-v1.pdf (england.nhs.uk)

25. NHS England » Network Contract DES

26. Microsoft Word - Census Table First Results- Rounded (shropshire.gov.uk)

27. Shropshire's profile | Shropshire Council

28. IMD_Overall_2019.pub (shropshire.gov.uk)

29. The English Indices of Deprivation 2019 (publishing.service.gov.uk)

30. health-all-policies-hiap--8df.pdf (local.gov.uk)

31. Health Equity Assessment Tool (HEAT): executive summary - GOV.UK (www.gov.uk)

References continued.,

32. 'Supporting Families 2021 to 2022 and beyond'

33. 1b_Social_value-Briefing.pdf (publishing.service.gov.uk)

34. 23.4 million people unable to afford the cost of living this spring | New Economics Foundation

35. Household income inequality, UK - Office for National Statistics (ons.gov.uk)

36. Millions of low-income households pulled under by arrears as living costs rise - Credit Connect (credit-connect.co.uk)

37. Financial hardship and economic vulnerability in England | LG Inform (local.gov.uk)

38. United Kingdom Food Security Report 2021: Theme 4: Food Security at Household Level - GOV.UK (www.gov.uk).

39. https://lginform.local.gov.uk/reports/view/lga-research/ficlga-research-report-financial-hardship-and-economic-vulnerability?mod-area=E92000001&mod-group=AllRegions_England&mod-type=namedComparisonGroupFinancial hardship and economic vulnerability in England | LG Inform (local.gov.uk)

40. Disability Price Tag | Disability charity Scope UK

41. it-doesnt-add-up---campaign-report.pdf (ageuk.org.uk)

42 Making smoking obsolete: summary - GOV.UK (www.gov.uk)

43 Sexual orientation, UK - Office for National Statistics (ons.gov.uk)

44. National LGBT Survey: Summary Report - GOV.UK (www.gov.uk)

45. LGBTQ+ facts and figures | Stonewall.

46. NHS England » Accessible Information Standard – Overview 2017/2018

47. Accessible Information Standards Survey - Deafinate Matters CIC

20. Appendix 1

Membership of Inequalities Plan Steering Group

Berni Lee	Consultant in Public Health, Health Improvement – Shropshire Council
Val Cross	Health and Wellbeing Strategic Manager – Shropshire Council
Sarah Dodds	Feedback Insight Team Leader Communications & Engagement – Shropshire Council
Sarah Hampson	Insight Officer Communications & Engagements – Shropshire Council
Jane Trethewey	Assistant Director Homes & Communities – Shropshire Council
Tracy Darke	Assistant Director Economy & Place – Shropshire Council
Tracey Jones	Deputy Director Partnerships – Shropshire Telford & Wrekin Commissioning Groups
Lois Dale	Rurality and Equalities Specialist, Resources Directorate – Shropshire Council
Alice Sheppard	GP Trainee/Population Health Fellow – Shropshire Council
Melanie Holland	Strategy & Development Manager, Homes & Communications – Shropshire Council
Penny Bason	Head of Service – Joint Partnerships – Shropshire Partnership
Lynn Cawley	Chief Officer – Healthwatch Shropshire
Heather Osbourne	Chief Executive – Age UK Shropshire Telford & Wrekin

21. Appendix 2

Life Expectancy for Males by Electoral Ward

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	79.7	79.6	79.7
Shropshire	-	80.5	80.2	80.8
Copthorne	-	85.8	83.2	88.4
Burnell	-	85.1	82.6	87.6
Harlescott	-	83.9	76.8	91.0
Loton	-	83.6	81.0	86.3
Clun	-	83.4	80.7	86.1
Radbrook	-	83.3	81.0	85.5
Llanymynech	-	83.2	81.1	85.3
Abbey	-	83.1	81.2	84.9
Bagley	-	83.0	81.2	84.7
Clee	-	82.9	80.8	85.0
The Meres	-	82.6	80.4	84.9
St Oswald	-	82.5	80.5	84.5
Alveley and Claverley	-	82.5	80.1	85.0
Corvedale	-	82.3	79.8	84.9
Ruyton and Baschurch	-	82.3	79.4	85.2
Bridgnorth West and Tasley	-	82.0	80.0	84.0
Bayston Hill, Column and Sutton	-	82.0	80.6	83.4
Prees	-	82.0	79.9	84.0
Whitchurch South	-	81.8	79.8	83.9
Longden	-	81.8	78.1	85.6
Shifnal South and Cosford	-	81.8	79.5	84.1
Shifnal North	-	81.6	78.7	84.4
Shawbury	-	81.4	79.5	83.4
Church Stretton and Craven Arms	-	81.4	79.7	83.1
Hodnet	-	81.4	79.6	83.2
Porthill	-	81.1	79.2	83.0
Ellesmere Urban	-	81.1	78.7	83.5
Oswestry South	-	81.0	78.7	83.3
Ludlow South	-	81.0	78.7	83.3
Broseley	-	80.9	79.3	82.5
Market Drayton East	-	80.8	78.7	83.0
Wem	-	80.4	78.6	82.3
Battlefield	-	80.4	78.0	82.8
Brown Clee	-	80.3	78.6	82.1
Severn Valley	-	80.3	77.6	83.0
Bishop's Castle	-	80.3	77.5	83.1
Belle Vue	-	80.3	78.2	82.3
Chirbury and Worthen	-	80.2	76.2	84.2
Albrighton	-	80.2	77.9	82.5
Gobowen, Selattyn and Weston Rhyn	-	80.1	78.2	82.0
Cheswardine	-	80.1	77.9	82.3
Monkmoor	-	79.9	77.8	81.9
Highley	-	79.8	76.9	82.6
Much Wenlock	-	79.7	76.1	83.3
Rea Valley	-	79.6	77.1	82.1
Whittington	-	79.3	77.3	81.3
Cleobury Mortimer	-	79.0	76.6	81.4
Bridgnorth East and Astley Abbotts	-	78.8	76.7	81.0
Worfield	-	78.8	76.8	80.7
Oswestry West	-	78.7	76.2	81.2
Ludlow East	-	78.5	75.6	81.3
St Martin's	-	78.5	75.7	81.2
Underdale	-	78.4	75.3	81.4
Market Drayton West	-	78.3	76.2	80.3
Tern	-	78.1	75.9	80.4
Bowbrook	-	78.1	75.4	80.8
Meole	-	78.0	75.2	80.9
Castlefields and Ditherington	-	77.7	75.0	80.4
Oswestry East	-	77.6	75.9	79.3
Ludlow North	-	77.5	72.6	82.3
Quarry and Coton Hill	-	76.7	74.2	79.3
Whitchurch North	-	76.6	74.7	78.5
Sundorne	-	75.3	72.7	77.9

Life expectancy for Females by Electoral Ward

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	83.2	83.2	83.3
Shropshire	-	83.6	83.3	83.9
Clun	-	89.6	86.7	92.4
Llanymynech	-	89.3	86.0	92.7
Bishop's Castle	-	88.1	86.0	90.2
Copthorne	-	87.7	84.9	90.5
Longden	-	86.9	84.0	89.9
Burnell	-	86.9	84.9	88.8
Bridgnorth West and Tasley	-	86.6	84.9	88.2
Ludlow South	-	86.5	84.6	88.4
Loton	-	85.7	81.9	89.6
Clee	-	85.7	82.7	88.7
Alveley and Claverley	-	85.6	83.7	87.6
Oswestry West	-	85.6	83.5	87.7
Belle Vue	-	85.5	83.6	87.3
Shifnal South and Cosford	-	85.4	83.4	87.3
Shifnal North	-	85.2	83.5	86.8
Ellesmere Urban	-	85.2	83.3	87.0
Chirbury and Worthen	-	85.0	81.5	88.4
Ruyton and Baschurch	-	84.9	82.7	87.1
Bagley	-	84.9	83.2	86.6
Oswestry South	-	84.8	82.7	87.0
Corvedale	-	84.7	80.3	89.1
Church Stretton and Craven Arms	-	84.6	83.1	86.0
Radbrook	-	84.4	82.2	86.7
Bowbrook	-	84.4	82.0	86.9
Battlefield	-	84.4	81.1	87.6
Albrighton	-	84.3	82.2	86.4
Prees	-	84.2	81.6	86.8
Porthill	-	84.0	81.3	86.7
Bayston Hill, Column and Sutton	-	84.0	82.5	85.5
Highley	-	83.9	81.2	86.6
Severn Valley	-	83.8	80.7	86.9
Much Wenlock	-	83.8	81.2	86.5
Rea Valley	-	83.7	82.0	85.3
Hodnet	-	83.6	81.6	85.6
Whitchurch North	-	83.5	82.2	84.8
Broseley	-	83.3	81.2	85.4
Gobowen, Selattyn and Weston Rhyn	-	83.3	81.7	84.9
Wem	-	83.2	81.4	85.1
Cleobury Mortimer	-	83.2	81.4	85.0
Shawbury	-	83.0	81.1	84.9
Harlescott	-	82.9	80.8	85.0
Whitchurch South	-	82.8	81.0	84.7
Market Drayton West	-	82.8	80.9	84.8
The Meres	-	82.8	79.5	86.1
Abbey	-	82.6	79.4	85.8
Ludlow East	-	82.6	80.7	84.5
Whittington	-	82.6	80.8	84.4
Ludlow North	-	82.4	80.2	84.5
Bridgnorth East and Astley Abbotts	-	82.3	80.7	83.9
Meole	-	82.3	79.8	84.8
Market Drayton East	-	82.1	79.8	84.5
Monkmoor	-	82.1	80.0	84.3
Cheswardine	-	82.0	79.9	84.2
Underdale	-	82.0	79.4	84.6
Brown Clee	-	81.8	79.4	84.1
Castlefields and Ditherington	-	81.7	79.1	84.3
Oswestry East	-	81.3	79.5	83.1
St Martin's	-	81.2	78.5	84.0
St Oswald	-	80.8	77.1	84.4
Worfield	-	80.2	77.2	83.2
Quarry and Coton Hill	-	79.7	76.7	82.6
Sundorne	-	79.6	76.6	82.7
Tern	-	79.5	75.9	83.0

22. Appendix 3 Deaths from causes considered preventable, under 75 years, SMR

Area	Count	Value	95% Lower CI	95% Upper CI
England	342,988	100.0	99.7	100.3
Shropshire	2,033	85.7	82.0	89.5
Sundorne	39	160.6	113.9	220.0
Underdale	42	151.8	109.2	205.5
Castlefields and Ditherington	42	147.1	105.8	199.3
St Martin's	46	135.9	99.5	181.3
Highley	38	128.1	90.6	175.9
Oswestry West	33	126.2	86.8	177.2
Quarry and Coton Hill	38	124.5	87.9	171.2
Harlescott	36	120.8	84.6	167.2
Ludlow East	35	117.6	81.7	164.0
Bridgnorth East and Astley Abbotts	69	116.8	90.8	148.0
Market Drayton West	69	112.9	87.8	143.0
Battlefield	30	109.6	73.9	156.5
Bowbrook	32	109.1	74.3	154.4
Whitchurch North	56	108.9	82.3	141.5
Tern	40	107.6	76.7	146.7
Oswestry East	65	106.8	82.4	136.1
Monkmoor	32	101.0	69.0	142.5
Oswestry South	31	99.7	67.7	141.5
Ludlow North	33	97.8	67.1	137.7
Wem	62	96.5	73.9	123.9
Whittington	31	95.9	64.9	136.6
Chirbury and Worthen	25	92.9	60.1	137.1
Severn Valley	32	89.8	61.2	127.1
Market Drayton East	37	88.4	62.2	121.9
Meole	27	86.9	57.3	126.4
Brown Clee	30	86.3	58.0	123.6
St Oswald	30	85.3	57.6	121.8
Gobowen, Selattyn and Weston Rhyn	43	84.3	61.0	113.5
Broseley	34	83.5	57.8	116.6
Ludlow South	26	82.2	53.5	121.0
Hodnet	26	81.5	53.0	119.9
Rea Valley	27	80.0	52.7	116.4
Shifnal North	30	79.9	53.9	114.1
Cleobury Mortimer	53	78.9	59.0	103.4
Bridgnorth West and Tasley	42	77.6	55.8	105.1
Belle Vue	24	77.3	49.5	115.0
Much Wenlock	28	77.3	51.1	112.0
Worfield	24	76.9	49.3	114.4
Porthill	22	76.3	47.8	115.5
Albrighton	25	73.7	47.7	108.8
Whitchurch South	25	73.1	47.3	107.9
Bayston Hill, Column and Sutton	72	72.7	56.9	91.5
Shawbury	24	72.4	46.4	107.8
Abbey	23	71.9	45.3	108.3
Ellesmere Urban	21	69.3	42.9	105.9
Shifnal South and Cosford	25	69.1	44.7	102.1
Ruyton and Baschurch	20	68.3	41.7	105.4
Alveley and Claverley	25	66.5	43.0	98.2
Loton	21	65.6	40.4	100.9
Bishop's Castle	22	65.4	40.8	99.6
The Meres	25	63.0	40.6	93.4
Radbrook	20	62.4	38.1	96.4
Clee	24	62.1	39.8	92.3
Llanymynech	22	59.6	37.1	90.7
Longden	19	58.6	35.3	91.6
Copthorne	17	58.0	33.4	93.4
Church Stretton and Craven Arms	46	57.5	42.1	76.7
Cheswardine	17	56.5	32.9	90.4
Prees	21	55.5	34.4	84.9
Clun	21	54.9	33.8	84.4
Burnell	20	54.5	33.1	84.7
Bagley	16	49.7	28.1	81.4
Corvedale	17	48.2	27.8	77.7

23. Appendix 4

Data Sources for Vulnerable Groups in Shropshire

Vulnerable Group	Number *
Children in absolute low-income families	8,922[a]
Children in relative low-income families	11,038[b]
Children in care	504[c]
Children in receipt of Free School Meals	6,598[d]
Number of excluded pupils	1,375[e]
Number of NEETs	590[f]
Number claiming Universal Credit (in employment)	8,555[g]
Number claiming Universal Credit (not in employment)	10,432[h]
Number on PIP payments	12,881[i]
Number claiming carers allowance	5,532[j]
Number homeless	253[k]
Number living in fuel poverty (16.5% of households) n=145,430 households with 2.2 persons per household	52,791[l]
Number on SMI register	2,830[m]
Number on LD register	1,806[n]
Total	**124, 107****

** **(NB:** There will be double counting between these groups but counterbalanced by vulnerable groups not included eg. LGBTQ+, carers not in receipt of carer's allowance, people with disabilities not in receipt of benefits or on the LD register, those experiencing domestic abuse, those with common mental health disorders, digitally excluded individuals etc)

a. **Children in absolute low-income families** Children in absolute low-income households (20/21) https://stat-xplore.dwp.gov.uk

b. **Children in relative low-income families** Children in Relative low-income households (20/21) https://stat-xplore.dwp.gov.uk

c. **Children in care (fingertips 2020)**

d. **Free school meals known to be eligible for free school meals** https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics

e. **Number of excluded pupils (fingertips)**

f. **Number of NEETs(fingertips 2020)**

g. **Number claiming UC in employment April 2022** https://stat-xplore.dwp.gov.uk

h. **Number claiming UC not in employment April 2022** https://stat-xplore.dwp.gov.uk

i. **Number on PIP payments PIP Cases with entitlement, Caseload by local authority** https://stat-xplore.dwp.gov.uk

j. **Number of carers claiming carers allowance** https://stat-xplore.dwp.gov.uk

k. **Number homeless** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1072068/Statutory_Homelessness_Stats_Release_Oct-Dec_2021.pdf

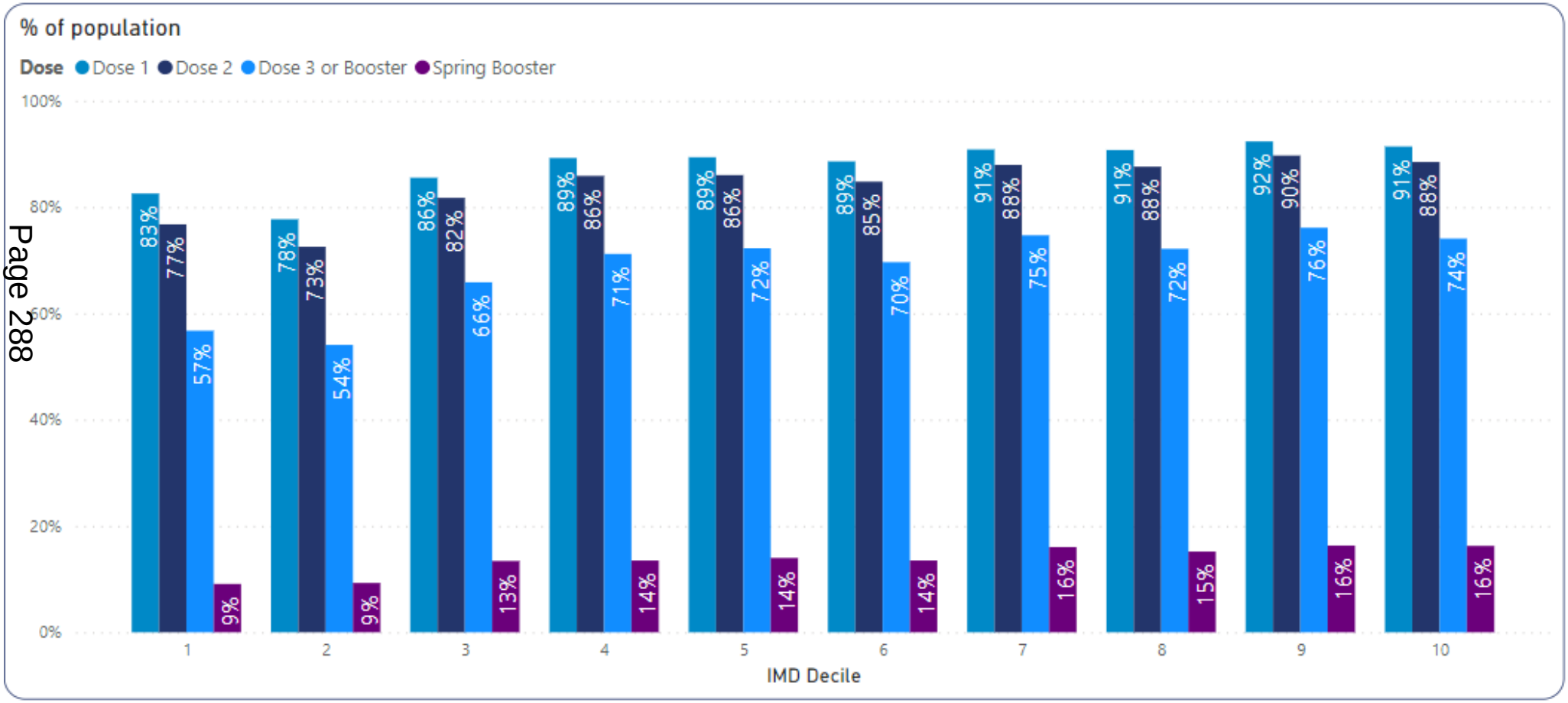
l. **Number living in fuel poverty** 16.5% of households identified as being in fuel poverty in 2020
Financial hardship and economic vulnerability in Shropshire | LG Inform (local.gov.uk)
Housing and households | Shropshire Council

m. **SMI register (QoF data)** QOF 2020-21 | NHS Digital

n. **LD register (QoF data)** QOF 2020-21 | NHS Digital

24. Appendix 5

Vaccination coverage by IMD Decile to 30/06/22



25. Appendix 6

Source of Priorities for Inequalities Plan

NHS Planning Guidance [Report template - NHSI website (england.nhs.uk)]	
Priority	**Explanation/rationale from source**
Restore NHS services inclusively (to include 20% most deprived LSOAs and ethnic minorities)	It is critical that systems use their data to plan the inclusive restoration of services, guided by local evidence. This approach should be informed by NHS performance reports that are delineated by ethnicity and deprivation, as evidence suggests these are the areas where heath inequalities have widened during the pandemic.
Mitigate digital exclusion	Systems are asked to ensure that: • providers offer face-to-face care to patients who cannot use remote services • more complete data collection is carried out, to identify who is accessing face-to-face, telephone, or video consultations, broken down by relevant protected characteristic and health inclusion groups • they take account of their assessment of the impact of digital consultation channels on patient access
Datasets are complete	Systems are asked to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and specialised commissioning. NHS England and NHS Improvement will support the improvement of data collection across all settings, including through the development of the Health Inequalities Improvement Dashboard, which will contain expanded datasets where there is currently a relative scarcity of intelligence, eg for people experiencing post- COVID syndrome. Systems should also implement mandatory ethnicity data reporting in primary care, to enable demographic data to be linked with other datasets and support an integrated approach to performance monitoring for improvement.
Strengthen leadership and accountability	Systems and providers should have a named executive board-level lead for tackling health inequalities. and should access training made available by the Health Equity Partnership Programme.

Priority	Explanation/rationale from source
Accelerate Prevention Programmes that proactively engage those at greatest risk of poor health outcomes	Uptake of the **COVID and flu vaccination**. Systems and providers should take a culturally competent approach to increasing vaccination uptake in groups that had a lower uptake than the overall average as of March 2021. Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes should be accelerated, as set out in the main 2021/22 planning guidance, including: • Ongoing management of **long-term conditions • Annual health checks for people with a learning disability.** • **Annual health checks for people with serious mental illness** • In maternity care, implementing **continuity of carer** for at least 35% of women, with the proportion of Black and Asian women and those from the most deprived neighbourhoods meeting and preferably exceeding the proportion in the population as a whole.
Population Health Management (i.e. not one of the specified 5 priorities but mentioned)	The development of primary and community services and implementation of population health management will be led at place level, with Primary Care Networks as the building blocks of local healthcare integration.
NHS LTP Prevention Priorities NHS Long Term Plan v1.2 August 2019	
Smoking	By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments. A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. On the advice of PHE, this will include the option to switch to e-cigarettes while in inpatient settings

Priority	Explanation/rationale from source
Obesity/Diabetes	The NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity) By 2022/23, we also expect to **treat up to a further 1,000 children a year for severe complications related to their obesity**, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health. The NHS Diabetes Prevention Programme supports those at high risk of type 2 diabetes to reduce their risk. We are now committing to fund a doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option to widen patient choice and target inequality. Expanding the Diabetes Prevention Programme is a key vehicle for tackling health inequalities, with a significantly higher take up from BAME groups than the general population. We will also continue to support local health systems to address inequality of access to multidisciplinary foot care teams and specialist nursing support for people who have diabetes. Medical research has shown that some people with type 2 diabetes can achieve remission through adoption of a very low-calorie diet. This allowed nearly half of patients to stop taking anti-diabetic drugs and still achieve non-diabetic range glucose levels. We will therefore test an NHS programme supporting very low-calorie diets for obese people with type 2 diabetes. The NHS will continue to take action on healthy NHS premises. All trusts will be required by the NHS standard contract to deliver against the hospital food standards (2019).
Alcohol	Over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish ACTs using funding from their clinical commissioning groups (CCGs) health inequalities funding supplement, working in partnership with local authority commissioners of drug and alcohol services.
Air Pollution	The NHS will work to reduce air pollution from all sources. Specifically, we will cut business mileages and fleet air pollutant emissions by 20% by 2023/24.

Priority	Explanation/rationale from source
The following are included in the LTP but were not identified as 'must do's' for ICSs	
Antimicrobial resistance	*The health service will continue to support implementation and delivery of the government's new five-year action plan on Antimicrobial Resistance.*
Homelessness	*People affected by homelessness die, on average, around 30 years earlier than the general population. 31% of people affected by homelessness have complex needs, and additional financial, interpersonal, and emotional needs that make engagement with mainstream services difficult. 50% of people sleeping rough have mental health needs, but many parts of the country with large numbers of rough sleepers do not have specialist mental health support and access to mainstream services is challenging. We will invest up to £30 million extra on meeting the needs of rough sleepers,* ***to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support****, integrated with existing outreach services.*
Carers and Young Carers	*Carers are twice as likely to suffer from poor health compared to the general population, primarily due to a lack of information and support, finance concerns, stress, and social isolation. Quality marks for carer-friendly GP practices, developed with the Care Quality Commission (CQC), will help carers identify GP services that can accommodate their needs. We will encourage the national adoption of carer's passports and set out guidelines for their use based on trials in Manchester and Bristol. These will be complemented by developments to electronic health records that allow people to share their caring status with healthcare professionals wherever they present.* *Carers should not have to deal with emergencies on their own. We will ensure that more carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it. Up to 100,000 carers will benefit from 'contingency planning' conversations and have their plans included in Summary Care Records, so that professionals know when and how to call those plans into action when they are needed.* *Young carers feel say they feel invisible and often in distress, with up to 40% reporting mental health problems arising from their experience of caring. Young Carers should not feel they are struggling to cope on their own. The NHS will roll out 'top tips' for general practice which have been developed by Young Carers, which include access to preventive health and social prescribing, and timely referral to local support services. Up to 20,000 Young Carers will benefit from this more proactive approach by 23/24.*

Priority	Explanation/rationale from source
Gambling	*We will invest in expanding NHS specialist clinics to help more people with serious gambling problems. Over 400,000 people in England are problem gamblers and two million people are at risk, but current treatment only reaches a small number through one national clinic. We will therefore expand geographical coverage of NHS services for people with serious gambling problems, and work with partners to tackle the problem at source*
Partner with local VCS	*The NHS will continue to commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups.*
Sept 30th Operational Guidance C1400-2122-priorites-and-operational-planning-guidance-oct21-march21.pdf (england.nhs.uk)	
Update on March Guidance	We will also continue the focus on the five priority areas for tackling health inequalities and redouble our efforts to see sustained progress across the areas detailed in the NHS Long Term Plan, including: • early cancer diagnosis, • hypertension detection, • respiratory disease, • annual health checks for people with severe mental illness, • continuity of maternity carer, and • improvements in the care of children and young people. To support this, we are improving the quality and presentation of health inequalities data and will shortly set out further details of our approach. We are also asking that all NHS Board performance reports include reporting by deprivation and ethnicity Continue to ensure health inequalities are considered within elective recovery plans and progress is tracked through board level performance reports. Systems are also asked to support their PCNs to work closely with local communities to address health inequalities.

Core20Plus5 core20plus5-online-engage-survey-supporting-document-v1.pdf (england.nhs.uk)	
Priority	**Explanation/rationale from source**
Core 20	The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).
Plus	ICS-determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. NB: For Shropshire this is defined as 'Rurality'
5 clinical groups	1. **Maternity:** ensuring continuity of care for **75% of women from BAME** communities and from the most deprived groups 2. **Severe Mental Illness** (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities) 3. **Chronic Respiratory Disease**: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) **driving up uptake of Covid, Flu and Pneumonia vaccines** to reduce infective exacerbations and emergency hospital admissions due to those exacerbations 4. **Early Cancer Diagnosis**: 75% of cases diagnosed at stage 1 or 2 by 2028 5. **Hypertension Case-Finding**: to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke

Priority	Explanation/rationale from source
Local ICS Priorities	
Integrated health equity and equality assessment framework	The intention is to develop one standardised overarching framework for delivering a variety of assessments that all fall under the umbrella of an Integrated Impact Assessment (IIA). The plan is to standardise the way this process is completed across the system (a measurable, gold standard approach), but also recognise that projects differ in size and resources and not all elements are relevant to every project. The IIA framework is intended to encompass the following elements: • Social Inclusion • Equality - across the 9 protected characteristics and also e.g. deprivation, carers, dementia, refugees (we need a mechanism to determine which other characteristics are relevant to a project) • Health Inequalities (as part of broader Health and Wellbeing?) • Quality (including clinical effectiveness, patient safety and user experience) • Climate Change • Economic Impact
Complex need	This will involve population level data analysis of prevalence of certain diagnoses and social determinants associated with high risk of developing complex needs. There will be a focus on making best use of local resources, targeting a population who have low, moderate, or serious mental illness, who experience multiple disadvantage and have complex lives. This disadvantage may take the form of (but not limited to) substance misuse, domestic abuse, social problems, housing/ homelessness, debt, or other issues. The life expectancy gap between those with Severe Mental Illness and the rest of the population is one of the worst nationally. Key anticipated outcomes include: ○ improved individual emotional and mental health and wellbeing ○ improved physical health of those with complex needs ○ reduced homelessness ○ better joined up services, and service offer ○ improved asset-based approaches to supporting people in local communities ○ Reduce impact on services (health, social care)

Priority	Explanation/rationale from source
Personalisation (if this is separate to Population Health Management)	Personalised care means people having choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs. This means a shift in power and decision-making, to enable people to have a voice, to be heard and be connected to each other and their communities. The following need to be enabled: • Care and support planning and shared decision-making – ensuring person-centred conversations with people about their life to inform their care plan • Personal health budgets and choice – to put people in control of their care • Social Prescribing – connecting people to communities, and the necessity of investing in and working with communities to ensure they have the capacity to support each other • Support for self-management – to help people better manage their health and wellbeing, through self-management education, health coaching and peer support
Shropshire Health and Well Being Board Priorities hwbb-draft-strategy-22-27.pdf (shropshire.gov.uk)	
Joined up working	The local System will work together and have joint understanding of health being social and economic, not just absence of disease. Partnership Boards will work more closely together to reduce duplication and make the best use of the skills and knowledge of people within them, and to engage with people who use our services.
Improving Population Health	Using a population health approach, we will aim to improve the health of the entire Shropshire population. This will include action: to reduce the occurrence of ill health; to deliver appropriate health and care services; on the wider determinants of health; and primary prevention as well as support (secondary prevention) for those currently on long waiting lists for procedures.
Working with and building strong and vibrant communities	Shropshire has a strong, vibrant community, many which have their own proud identity. We will work with our communities to reduce inequalities, promote prevention, increase access to social support and influence positive health behaviours. We will also pool information and resource to support people in our communities.

Priority	Explanation/rationale from source
Reduce Inequalities	We will have a clear and focused approach to health inequalities, including targeted work, and help give everyone in Shropshire a fair chance to live their life well, no matter where they live. Medical treatment alone cannot tackle inequalities and the biggest impact on our health and wellbeing includes having a job and income, access to education, and a decent home to live in
Focus 1: Workforce	During COVID many people have lost their job or had to take lower paid and less stable employment. We will work to make Shropshire workplaces fair, happy and healthy places for people to work in and promote wellbeing for all, no matter where they are employed.
Focus 2: Mental Health	The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin will guide our ambitions over the next five years. This strategy has a 'life course' approach from pregnancy to childhood to older age.
Focus 3: C&YP	COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. In addition, plans to create a Trauma Informed workforce will be implemented. This will enable understanding of certain behaviours and help promote resilience for our young people.
Focus 4: Healthy Weight and Physical Activity	Our ambition is to reduce levels of obesity in Shropshire across all ages. This priority will be linked to alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-vascular disease (CVD), and cancer risk; food insecurity and reasons around obesity will all be included.
Other Priorities	
Social Prescribing	Social Prescribing will remain a HWBB priority, and a pilot to expand the programme for children and young people in south-west Shropshire has commenced.
Alcohol	An estimated 35,319 adults in Shropshire aged 18-65 drink more than the Chief Medical Officer's guidelines of 14 units per week. Children affected by parental alcohol misuse are more likely to have physical, psychological, and behavioural problems, and alcohol is the 3rd leading risk factor for death and disability after smoking and obesity. PHE data for KSI on roads shows alcohol related collisions in Shropshire are significantly higher than the rest of England and the West Midlands, and successful alcohol treatment as lower than the rest of England. We will monitor this through the Alcohol Strategy and reporting to HWBB.

Priority	Explanation/rationale from source
Domestic Abuse	Domestic abuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status. Domestic abuse is coercive, controlling, abusive and violent behaviour. Such violence can also be directed towards children, other family members or friends of the victim. Some 30,475 women in Shropshire will experience domestic abuse during their lifetime
County Lines	County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and adults (including those with care and support needs) to move, [locally supply] and store the drugs and money. They will often use coercion, intimidation, violence (including sexual violence) and weapons. Shropshire Safeguarding Partnership report annually to the HWBB.
Smoking in Pregnancy	Babies born to mothers who smoke are more likely to suffer from respiratory disease as well as being at greater risk of sudden infant death. For mothers there is an increased risk of miscarriage, stillbirth, premature delivery and having a low-birth-weight baby. Rates of smoking in early pregnancy remain higher in Shropshire compared to the England average. The HWBB will continue to have smoking in pregnancy as a priority until rates decrease further.
Food Insecurity	Food insecurity has a physical and mental impact on the wellbeing of everyone experiencing it. Food insecurity remains a HWBB priority, and the developing Healthy Weight Strategy and our partnership with Shropshire Food Poverty Alliance to help address this issue will continue.
Suicide Prevention	Shropshire and Telford & Wrekin Suicide Prevention Network have launched a wallet sized Z-Card providing brief advice for anyone contemplating suicide or who is worried about someone else, along with primary contact numbers for immediate support. A targeted approach to upskill the workforce on suicide risk and awareness of how to intervene has been taken with the launch of a Suicide Prevention training programme in Shropshire.
Killed or Seriously Injured on Roads	More accidents occur on rural roads compared to urban roads in Shropshire and there are a similar proportion of traffic accidents on both urban roads and rural roads with a 30mph limit. Although COVID-19 has reduced traffic on Shropshire roads and thus those KSI, the risks will increase as the pandemic declines. Thus, KSI on roads will remain a HWBB priority

Priority	Explanation/rationale from source
Air Quality	Shropshire Council's 2020 Air Quality Annual Status Report (ASR) report that Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues because areas with poor air quality are also often the less affluent areas. Shropshire Council has a Climate Strategy and Action Plan and Shropshire, Telford & Wrekin ICS has climate change as a pledge.

26. Appendix 7

Core Work Programmes with Impact on Health Inequalities

Some of the core services and previous council investments and developments that could impact positively in reducing in health inequalities include the following:

Working with our Voluntary, Community and Enterprise Sector

Shropshire has a strong history of community led approaches to help build connected and empowered communities. Shropshire Council has a good relationship with Voluntary, Community and Enterprise Sector organisations (VCES) through the Voluntary and Community Sector Assembly (and the Compact). Through working in close partnership on many projects and transformation programmes, and through a range of contracts and grant programmes work is underway to tackle heath inequalities.

More widely the Integrated Care System recognises that prevention of ill health and a focus on inequalities is fundamental to longer-term sustainability of the system. Coproducing solutions with our communities, in partnership with the VCSE, is fundamental to both harnessing community ability and capacity, as well as improving population health. Strategically and operationally, the VCSE is an important partner in improving health, wellbeing, and care outcomes.

Consequently, the ICS has been developing its relationship with the sector and has recently signed a Memorandum of Understanding to clarify how all parties will work together. Despite these good working relationships, learning from Covid indicates that we have much more to do, and the public sector must consider how it supports the sustainability and growth of the VCSE if we are to address current and future health challenges.

Early Help/Supporting Families

The council delivers specific Early Help services including Targeted Early Help, Parenting, Family Information Service, and support for schools. The Council partners with schools, health services (including the Healthy Child Programme) and others to deliver a multi-agency offer to improve outcomes for children and families.

Shropshire Council, with system partners is creating a new vision and way of working with CYP and families based on a stronger and wider prevention offer which brings together service areas and programmes. This supports the integrated approach across people, place, wellbeing and health and provides a multiplicity of opportunities to enhance service offers and connections between service areas.

For families, children, and young people this builds on the work of Early Help, the Strengthening Families programme, (launched in 2021) bringing in the public health programmes and different commissioned services.

The results of these changes will ensure there is a re-emphasis on the importance of the first 1001 days of a child's life, enhancement of family help services through the creation of a network of family hubs, investment in infant and parental mental health, breastfeeding support, parenting programmes, speech and language development and delivering on key recommendations from the Early Years Healthy Development review , and the continuation of the Supporting Families programme, targeting support to Shropshire's most vulnerable children and families. The work will also build on the developing local evidence base around CYP Social Prescribing and drive forward prevention programmes based on community activity and partnerships with the NHS and our voluntary and community sector.

Delivering Social Value

The Social Value Act 2012 requires the public sector to ensure that the money it spends on services or goods creates the greatest possible economic, social, and environmental value for local communities. 1b_Social_value-Briefing.pdf (publishing.service.gov.uk) Implementing Social Value involves making procurement decisions in a way that ensures wider benefits are considered throughout the commissioning cycle. Examples of the type of Social Value that might be achieved could be a commitment from a contractor to pay a living wage to their employees or to employ target groups such as young unemployed people, alongside delivering the service being commissioned. As such implementing Social Value approaches can positively support other local efforts to reduce health inequalities.

Shropshire Council has a well-developed strategic approach to achieving Social Value through commissioning with guidance and support for commissioners and agreed priority areas that should be considered in seeking Social Value. More recently the development of a Social Value Fund has been piloted whereby contractors can take up the option of making a cash contribution in lieu of delivering Social Value through a contract. This offers the potential for a more flexible approach to securing Social Value that will be further evaluated over the coming months. There could be scope to secure additional benefits through Social Value by working collaboratively with other public sector commissioners and providers across the ICS, but this would require further exploration.

The Holiday Activities and Food (HAF) Programme

The holiday activities and food (HAF) programme allows children and young people aged 4 to 16, who are in receipt of benefits related free school meals (FSMs) and those who have been referred onto HAF by a professional to access free holiday provision during the Easter, Summer and Christmas school holidays. Funded by the DfE, the programme is being delivered across all local authorities over the next three

years. It has been nationally funded because of a recognition that children from low-income households are:

- less likely to access organised out-of-school activities
- more likely to experience 'unhealthy holidays' in terms of nutrition and physical health
- more likely to experience social isolation

A dynamic comprehensive HAF programme is being delivered across Shropshire benefiting children and young people in receipt of FSMs as well as other groups such as

- children assessed as being in need, at risk or vulnerable
- young carers
- looked-after children or previously looked after children
- children with an education, health and care (EHC) plan
- children who have low attendance rates at school or who are at risk of exclusion
- children living in areas of high deprivation or from low-income households who are not in receipt of FSMs

The Shropshire HAF programme is being delivered by the council in partnership with schools, voluntary and community organisations, and childcare providers across the county. The programme has been shown to hugely benefit the children and young people who live in the most challenging circumstances and continues to achieve a range of positive outcomes. Shropshire HAF celebration and feedback | Shropshire Council

The UK Shared Prosperity Fund (UKSPF)

There are, and always will be, emerging opportunities through which the council and its partners can strengthen their approach to tackling inequalities. For example, over the coming months council officers will lead development of plans to draw down monies through the UK Shared Prosperity Fund (UKSPF). The overarching objective of the fund is, "Building pride in place and increasing life chances". The programme covers three investment priorities that offer significant opportunity to reduce health inequalities, as follows:

- Community and Place
- Supporting Local Business
- People and Skills (including the ring-fenced Multiply allocation for improve the core skills and employability of adults)

27. Appendix 8

Social Task Force Action Plan to Address Cost of Living Crisis

Working together the Forum, through the Poverty and Hardship sub-group, have developed an action plan, the most significant gaps currently are the need to:

1) Review capacity across the system to support people in Shropshire with the cost-of-living crisis. Consider which resources and skills are available. Triage and offer specialist support for those in need.

2) Improved information sharing between partners in relation to the cost-of-living crisis to ensure that partner organisations are kept informed of up-to-date information on assistance available so they can cascade to the people they support (eg, Household support fund, HAF scheme).

3) Joint working to create protocols around more common debts.

4) Workforce training/Improved signposting information for frontline staff and volunteers to boost their knowledge of support available and increase confidence to hold difficult conversations around the increases in the cost of living.

5) Data & Insight. Continue to review what insight is held on groups most likely to be impacted by the cost-of-living crisis. Plan an event to learn what data is available. Do community organisations have case studies or insight which might help to identify the best way to support the groups identified in this plan? Can we target those at greatest risk?

6) Work with Stakeholders to review the Household Support Fund allocation to date. What worked well? How can we target better to vulnerable groups identified?

7) Joint communications on the cost-of-living crisis highlighting help available, including panels on Shropshire Radio. Key messages include: encouraging householders to contact Marches Energy Agency (MEA) now for help with energy efficiency measures over the summer to help householders get ready for Autumn/Winter & Energy advice; communications around how to make best use of the £650 government support payment and promotion of Breathing Space to prevent government support payments being allocated to overdraft/debt repayments/rent arrears.

8) Assessment of the impact of the cost-of-living crisis on the workforce, including how it will impact their ability to effectively do their jobs. A key focus on workers on lower incomes, particularly the impact on carers.

Shropshire Council

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank