



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

Date: 17 March 2023

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

Date: Monday, 27 March 2023
Time: 10.00 am
Venue: Shrewsbury/Oswestry 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 Health & Adult Social Care Overview and Scrutiny Committee

Nicholas Bardsley	Tracey Huffer
Steve Charmley (Chairman)	Heather Kidd
Gerald Dakin	David Minnery
Geoff Elner	Dan Thomas (Vice Chairman)
Kate Halliday	

Your Committee Officer is:

Ashley Kendrick Democratic Services Officer
Tel: 01743 250893
Email: ashley.kendrick@shropshire.gov.uk

AGENDA

1 Apologies for Absence

To receive 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 (Pages 1 - 4)

To confirm the minutes of the Health and Adult Social Care Overview and Scrutiny Committee meeting held on 30 January 2023.

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 5pm on Tuesday 21st March 2023.

5 Members Question Time

To receive any questions of which Members of the Council have given notice. The deadline for this meeting is 5pm on Tuesday 21st March 2023.

6 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

7 Update on Shrewsbury Health and Wellbeing Hub (Pages 5 - 24)

To receive an update from NHS Shropshire Telford and Wrekin on the progress and next steps with the Shrewsbury Health and Wellbeing Hub.

8 Update on Highley Medical Practice (Pages 25 - 26)

To note the update on Highley Medical Practice following the last meeting of HASC on 30 January 2023 – attached.

9 Statement from HASC to the Welsh Air Ambulance Proposals and Consultation (Pages 27 - 28)

Members are asked to consider the draft statement (attached to the agenda) from the Committee and confirm whether they are happy for it to be submitted on their behalf.

10 Social Prescribing (Pages 29 - 42)

To receive an update on progress and impact of Social Prescribing for Shropshire people, including development areas such as working with Adult Social Care, Accident and Emergency and Children and Young People.

Report attached

11 Rural Proofing in Health and Care Services (Pages 43 - 44)

Members are asked to confirm a Task and Finish group should be convened to progress the draft Terms of Reference (attached to the agenda) that will report back to the committee in the summer 2023.

12 Work Programme

Verbal update from the Scrutiny Manager

13 Date of Next Meeting

To note that the next meeting of the Health & Adult Social Care Overview and Scrutiny Committee will be held at 10am on Monday 15th May 2023.

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SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 30 January 2023

Times Not Specified in the Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Ashley Kendrick

Email: ashley.kendrick@shropshire.gov.uk Tel: 01743 250893

Present

Councillor Steve Charmley (Chairman)

Councillors Nicholas Bardsley, Gerald Dakin, Geoff Elner, Kate Halliday, Heather Kidd,
David Minnery and Dan Thomas (Vice Chairman)

42 **Apologies for Absence**

Apologies had been received from Councillor Tracey Huffer, who was being substituted by Councillor Bernie Bentick.

43 **Disclosable Interests**

No interests were declared.

44 **Minutes**

RESOLVED:

That the minutes of the meeting held on 12 December 2022 were confirmed as a correct record.

45 **Public Question Time**

A public question was received from Gill George in relation to the Hospital Transformation Programme.

The full question and response provided are available from the webpage for the meeting:
[Response - Public Questions - Jan 2023 HTP.pdf \(shropshire.gov.uk\)](#)

46 **Members Question Time**

There were no member questions.

47 **Update from the Joint Health Overview and Scrutiny Committee (JHOSC)**

Members were advised that the last meeting of JHOSC took place on Monday 23 January 2023, where members received an update on staffing in maternity units. Members noted that the main areas of focus for the work programme were community-based services, emergency and urgent care, and mental health services.

Members noted that the staffing levels were at full occupancy within the maternity units and queried the level of support for this service and whether this could be duplicated in other service areas to improve staffing numbers.

48 Welsh Air Ambulance - Changes to Sites

Members were advised that proposals had been made to change the location of the Welsh Air Ambulance bases. This included the current site at Welshpool which was the closest to the Shropshire border and often provided assistance to Shropshire residents.

It was confirmed that the committee would submit a formal response to any consultation and members were encouraged to also submit responses as individuals. A new date for the consultation was awaited following a delay from 9 January 2022.

Members requested a presentation on any proposed closures, together with a request for data relating to the number of emergencies dealt with by the Welsh Air Ambulance in Shropshire.

49 Carers Strategy

Laura Tyler, Assistant Director for Joint Commissioning, and Margarete Davies, Care Support Team Manager, gave a presentation which provided an overview of the All-Age Carer Strategy (AACCS) Review 2022- 2027 which details the priorities carers feel are most important to them to support them in their caring role.

The Strategy is supported by an action plan to demonstrate how Shropshire Council will deliver the priorities and what measures are in place to monitor success. These documents would be taken to Cabinet for adoption in March 2023.

Concern was raised that carers in rural areas would not receive the same support offer as those in towns. It was suggested that a session is held with local members to understand the needs of those in rural areas, build on support systems already in place and improve outreach support. It was noted that there should be a focus on rural areas in the action plan.

Members noted that the data suggested that over 50% of carers were not known to Shropshire Council or Mobilise Online and therefore the correct support may not be in place. It was questioned as to how these people could be reached. Members were advised that this was a priority and further work with parish councils, GP surgeries and hospitals could lead to more efficient communication and lead to a whole system approach. Raising awareness was vital in ensuring carers were aware of the support available to them. A briefing session for Shropshire Councillors and Town and Parish Councillors was requested. A further request for the number of carers, prior to the age standardisation method being used when collating data from the census, was received.

The Executive Director for People advised members that it is proposed that the Strategy together with the action plan are discussed with colleagues at the ICS. She encouraged members to consider factoring the action plan into the committee's work programme.

Members queried the amount of people waiting for care packages, how the strategy acknowledges the budget cuts and why patients who had been declared fit to leave hospital were not being discharged. Members were advised that data was not to hand at the meeting but was requested on a regular basis. They were further advised that the team were looking at how to support people during the discharge process and the support available to carers.

It was felt that it would be useful to have a map detailing the geographic spread of new and existing carers across the county.

50 Updates on Shrewsbury Health and Wellbeing Hub

Gareth Robinson, Jackie Robinson and Emma Pyrah from NHS Shropshire, Telford & Wrekin gave a presentation to provide an update on the Shrewsbury Health and Wellbeing Hub, which provided an overview of engagement to date, options and project timelines.

Members were made aware that 9 essential criteria had been agreed and applied when selecting 47 initial sites with 10 sites now being shortlisted. It was not possible to share the location of these sites at present due to commercial sensitivity.

Members requested further information regarding the weighting of the criteria. It was confirmed that this would be provided following the project board meeting next week.

It was clarified that although there may be some flexibility within the Hub for additional services, the focus was on Primary Care.

NHS Shropshire, Telford and Wrekin were thanked for the improvement in engagement and communication. A request for an update on the impact on pharmacies associated with the existing GP Practices was received. It was advised that the pharmacies are an important part of the stakeholder group and that colleagues from the NHS would endeavour to speak with Pharmacy Liaison group to provide an update.

Members noted that WSP would be carrying out a Traffic Impact Assessment for proposed sites which should address concerns of the impact of the Hub on the local area.

Members noted that a further update would be given at the committee meeting in March 2023.

51 Work Programme

It was agreed that the following topics would be covered at the March meeting:

- Update on the Health and Wellbeing Hub – some discussions may be held in exempt session due to commercial sensitivity.
- Welsh Air Ambulance (dependent on when the consultation is launched)

- Health in All Strategy – progress and impact update although it would be confirmed if this would be held as a briefing session.
- Rural proofing in terms of health services – agreeing how this could be addressed.

It was suggested that mental health services in Shropshire should be added to the work programme, which would then feed into Joint HOSC.

It was further suggested that the committee look at how adult social care is going to achieve the proposed budget savings.

With regards to rural proofing, a request was made to look at how the ICS strategy is being rolled out; this could be through a Task and Finish Group to identify what questions need to be raised and what answers are being sought.

A suggestion was received that health data is more readily and more regularly available, such as the number of patients fit for discharge and ambulance waiting times, as currently data had to be requested. This would allow members to monitor and identify issues in advance and take early action rather than retrospectively. The Scrutiny Manager would discuss this further with the Executive Director of People and the Executive Director of Health.

A query was raised on Highley Medical Practice regarding the size and location of the practice, the scope of the tender and who would be providing the service. The Executive Director for Health agreed to provide an update and reassured members that there would not be a gap in provision.

52 Date of Next Meeting

Members noted that the next meeting of the Health & Adult Social Care Overview and Scrutiny Committee will be held at 10am on Monday 27th March 2023.

Signed (Chairman)

Date:



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Shrewsbury Health and Wellbeing Hub

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Progress Update

Shropshire Health and Adult Social Care Overview and Scrutiny Committee

27th March 2023

Agenda Item 7

Recap of progress so far



Shrewsbury Hub Development has 3 Options Appraisal components

Option appraisal	Status	Outcome
Providing sustainable fit for purpose GP premises	Complete	Single site new build through national Cavell programme is the only viable option – only source of funding at the scale required
Location of single new build site	In progress	Target date for completion of prioritised list and identification of preferred site option early May 2023
Configuration of other services to be co-located with the 6 GP Practices at the new site	In progress	Currently seeking the views of the public through engagement events

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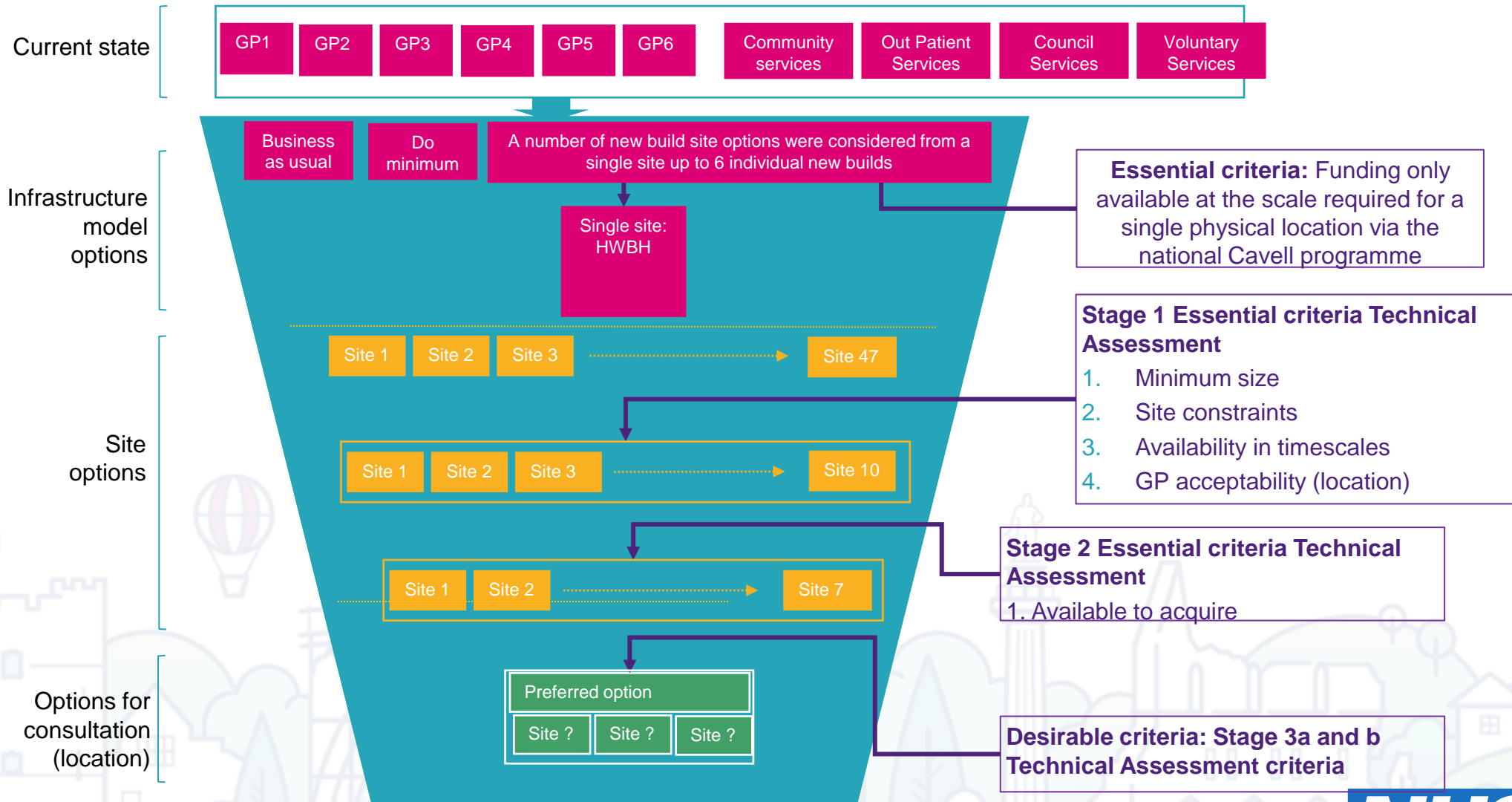


Site options appraisal process



Options Appraisal (2) location

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Site options appraisal Process Summary

Part	Description	Output
1	Identification of all potential sites	Long list
2	Stage 1 Technical Assessment Essential Criteria applied to the long list	Medium list
3	GP practice validation of medium list sites	Shortlist
4	Stage 2 Technical Assessment Essential criteria 'is the site available to acquire?' applied	Shortlist
5	Stage 3 Technical Assessment Desirable criteria applied (current stage, will be concluded by the end of March 23)	Detailed assessment analysis for each of the appraisal criteria
6	Stage 4 System Stakeholder Site Options Appraisal Workshop (this is a change to the original process, see detail in next slide)	Prioritised shortlist and identified preferred site option

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Proposed Stage 4 Workshop Format

1. Invitees:- Project Board, Practice representatives, Health and Adult Overview Scrutiny Committee, Stakeholder Reference Group, Healthwatch, Technical experts, Senior officers of LA , External facilitator
2. Face to Face
2. The technical experts will present their findings and rationale.
3. To allow for complete objectivity the sites will not be named at this stage of the workshop. The process will be to discuss the facts of each of the shortlisted options and consider what could be considered as more suitable than others, and have an evidence trail in place to support this process.
4. There will be no preferred option information shared at this stage of the workshop.
5. At the end of the workshop the final site list will be named in terms of location.
6. Non-disclosure agreement form prior to participation.
7. The group is being engaged to offer transparency in the process and to inform the final prioritised site list, but it is not a decision-making group. The group views/findings will be shared as a recommendation for the ICB Board to consider.
8. Indicative date is early May 2023
9. We will try and make the workshop venue accessible by public and private transport.
10. Ahead of the workshop more details will follow.



HASC are formally invited to attend and participate



Site options appraisal criteria and method of assessment



Site options appraisal - Stage 3 (current stage): technical assessment criteria

	Criteria
Stage 3a	1. Ability to achieve planning permission to deliver a Health Hub on the site
	2. The site should have 'clean title' i.e. free from any insurmountable restrictive covenants and low amount of general covenants
	3. The site should have access to statutory utilities and adopted highways, existing or to be created
Stage 3b	1. The site location should be well located and in close proximity to serve the patients of the 6 participating practices
	2. The site should be easily accessible by sustainable travel methods eg. on foot, cycle and by public transport (on existing primary bus route, park and ride or to a proposed route in conjunction with Shropshire Council) and also by car
	3. The site should be located within or near to an area in Shrewsbury which has the highest levels of overall deprivation
	4. The site should allow for future adaptability, expansion and development for future partner services
	5. The site is flexible in terms of the building plan which will impact upon the footprint subject to planning constraints



Change to Criteria weighting and scoring

- It is proposed to move away from the original proposal to numerically weight and score each of the criteria as this is not the current recommended best practice approach.
- It is proposed for each of the criteria to be assessed against the following 5 categories:



- The technical experts will provide definitions for how they have applied them for each of the 5 categories.
- Given the degree of concern expressed by the public in relation to the travel impact, it is proposed to share the definitions and the output of the assessment with Healthwatch for sense checking prior to presentation at the workshop
- **Examples for illustration purposes** of what the outputs of this approach would look like are included on the next 2 slides



EXAMPLE FOR ILLUSTRATIVE PURPOSES ONLY: Travel time (public transport) evaluation

LSOA population weighted travel times by public transport

Sites	Average travel time	% within 15 mins	% within 30 mins	% within 45 mins	% within 60 mins	Max (mins)
Current	15 mins	42%	87%	100%	100%	38
Site 1	27 mins	12%	60%	99%	100%	48
Site 2	26 mins	14.5%	62.3%	99.3%	100%	50
Site 3	31 mins	8.1%	48%	89.1%	99.4%	58
Site 4	23 mins	17.7%	81.5%	100%	100%	45
Site 5	36 mins	3.2%	34.2%	70.2%	97.9%	65
Site 6	18 mins	32%	78%	100%	100%	42

See overleaf

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-
-
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+
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+

Key

++	No change	-	<100% in 45 mins OR max >50 mins
+	Max > 40 mins	--	<100% in 60 mins OR max >55 mins
/	Max > 45 mins		



EXAMPLE: evaluation matrix

		BAU	1	2	3	4	5	6	
Stage 3	1 Feasibility	> 1. a) Ability to obtain Planning consent?	/	/	+	/	+	-	/
	2 Accessibility	2. a) Travel time (public)	++	-	-	--	+	--	+
		2. b) Travel time (peak)	++	/	++	+	+	/	+
		2. c) Travel time (off peak)	++	+	+	-	+	-	+
		2. d) Number of changes (public)	++	++	+	-	+	-	+
		2. e) Number car parking spaces	-	-	/	/	+	/	-
	3 Deprivation	3. a) Average deprived groups (public)	/	--	/	--	+	/	+
		3. b) Maximum deprived groups (public)	--	+	--	--	/	/	-
	4 Adaptability	4. a) Size of site	-	-	/	-	/	-	-
		4. b) Flexibility of site	--	++	++	++	++	+	-
	5 Site flexibility	5.a) Complexity of build	--	+	+	++	+	-	--

See previous

EXAMPLE FOR ILLUSTRATIVE PURPOSES ONLY

ALL DUMMY DATA



Communication and Engagement



Community Based Comms and Engagement

- Since our last meeting, the targeted community engagement phase has begun using a focus group model. We have been engaging with our target groups since the end of January and more activity is scheduled until the end of March.
- We are particularly engaging younger people under age 24 years, older people over age 80 years, carer organisations, expectant parents, ethnic minority groups and faith groups. These groups were identified by a gap analysis exercise.
- To enhance reach to target groups, a comprehensive stakeholder toolkit has been created which includes email and website templates, social media posts and graphics, for wide distribution within networks.
- Community engagement work has been extensive and has included attendance at multiple special interest groups such as dementia and carer support groups, disability networks, LGBTQIA+ groups, parent's groups, day centres and veteran groups.
- Communications activity has included clinical staff participation in short videos to share their views on the hub and why they feel it will benefit their patients and staff. These clips will be uploaded onto the hub landing page of the NHS STW website which we signpost people to for further information.
- A feature on current GP pressures and why the hub could help, written by Dr Matthew Fallon, GP partner at Claremont Surgery, has been shared on the NHS Shropshire Telford and Wrekin website for important context and was recently covered by the Shropshire Star: [Doctor says Shrewsbury GP hub is an opportunity they must not risk losing | Shropshire Star](#)



National programme update

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- The national programme team has taken a decision to “slow down” the process to allow all pilot programmes to develop at the same speed. As you know, some areas were ahead of the funding approval period.
- This does not impact on the financial decision timelines previously shared as the 2024/2025 spending review period for capital allocation in 2025/26.
- In regard to Shrewsbury Health and Wellbeing Hub:
 - The project team will continue to develop the options appraisal process.
 - We will complete the public engagement activity.
 - The project team will complete the pre-consultation business case. The current timeline for consultation start is September 2023.
 - In line with our statutory duties, the project team we will present those findings to Shropshire Council Health and Care Scrutiny Committee.



Response to outstanding HASC questions



Response to questions not yet answered

HASC Question	ICB Response
11/7/22 Whether overseas examples of primary health care provision had been taken into account;	The integrated health and wellbeing hub single site model designed with primary care at its centre is mandated as part of the national Cavell programme therefore STW has not explored alternative models of delivery from overseas
31/10/22 “Had unintended consequences been considered – particularly the impact a hub might have on recruitment and retention in practices in more rural parts of the county, other providers and would an independent pharmacy be located at the hub and if so what would be the impact on existing provision in the community;”	The potential co-located services include a pharmacy. The appointment of a pharmacy within the hub would be subject to a formal procurement exercise. The ICB will consider any unintended consequences on pharmacy provision in the practice existing locations as part of its planning. The Local Pharmaceutical Committee are a member of the Stakeholder Reference Group.
31/10/22 “Was it correct that services delivered from the hub would be available to patients from other practices in the county;”	Where capacity allows and it makes sense to do so, the co-located services in the hub will be available to patients from other practices. Detailed demand and capacity modelling as part of the development of the business case will inform this decision.
30/1/23 Can the HASC be provided with the weightings and scores for the options appraisals	Only yes/no essential criteria were applied in the options appraisal for delivering sustainable fit for purpose premises for the 6 GP practices. The next stage where weighted and scored desirable criteria are applied was not reached as the application of the first stage essential criteria resulted in there being only one viable option of a single site new build via the national Cavell programme as the only source of capital funding. The Project Team is adopting an alternative assessment process than weighting and scoring for the site options appraisal as set out in this briefing report



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Thank you

Highley Medical Practice Update to HASC 27.3.23

Stage 1 – Procurement of a replacement GP Provider

- The existing GP Partnership at Highley Medical Centre gave formal notice to the ICB to end their GP contract by 1 April 2023. This was announced publicly in November 2022. The ICB is committed to maintain GP services in Highley and the procurement of a replacement provider will be complete by 23rd March 2023 at which point the successful bidder will be announced
- The current GP provider has agreed to continue service provision until the end of June 2023 to enable the new provider sufficient time to safely plan for and mobilise. This has been communicated to patients via a number of routes other than the practice and we thank the parish councillors for their support with this
- In the short to medium term, the new service provider will continue to deliver services from the current practice premises

Stage 2 – Integrated Health and Wellbeing Hub development in the Severn Centre

- Following the production of the Locality Joint Strategic Needs Assessment, a collaboration between Shropshire Council, the Primary Care Network (PCN), ICB, Halo Leisure and other stakeholders including the Town Council, is prioritising access to General Practice services and other health and wellbeing services for Highley patients and residents. The primary focus of this work is to secure an option that sustains Primary Care provision and increased opportunity for wellbeing in the parish.
- An exciting opportunity is being explored, with partners, to locate services to the Severn Centre in Highley to create an integrated health and wellbeing centre. A business case is in development through a multi-stakeholder project group including the Local Authority, Integrated Care Board, Primary Care Network, Parish Councillors and Halo Leisure.
- Engagement events with the local community were held in February and further events are planned in May.



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Statement from Shropshire Council Health Overview and Scrutiny Committee

Proposed changes to the bases used by the Welsh Air Ambulance

Shropshire's western geographic boundary is the border with Wales. The area is significantly rural with a number of the communities located closer to and looking toward services in Wales to meet their needs, including health services.

In terms of people being able to access the support, advice and services that they need, the border with Wales is largely a political distinction. It is not and should not be a barrier to people having their needs met and having their voices heard, especially where this relates to emergency services such as the Welsh Air Ambulance.

The Welsh Air Ambulance is highly valued by the communities that live in western Shropshire where the very rural nature of the place means that the speed of response by road ambulance is significantly longer than in more urban areas, let alone the time to travel to the hospital setting with the appropriate level of emergency and/or specialist care.

The value of the Welsh Air Ambulance Shropshire communities. This is demonstrated by the amount of fund raising that takes place, and the level of concern about the proposed changes. This latter point is evidenced by the more than 1200 signatures (and rising) collected by a local resident confirming people's concerns about the impact of the proposed changes to the Welsh Air Ambulance base in Welshpool, which have been collected from people living across southwest Shropshire. The former point is reflected by a recent example of a local community that donated £600 in the memory of a community member. Whilst this is not a large sum in itself, it was raised by a small community, and this takes place many times over. Town and Parish Councils are also consistent in their contribution to the Welsh Air Ambulance and to the Air Ambulance based in Cosford.

Neighbouring Air Ambulance provision. The Committee are interested to understand what engagement and conversations have taken place to understand the implications and impact of the proposed changes on neighbouring geographies and services. What would the changes to coverage mean for the Marches area, and for demand on the England based Air Ambulances that provide reciprocal cover into mid Wales when there is availability and demand?

Planned engagement and consultation. The Committee is concerned that any engagement and consultation on proposals that impact on the current provision of the Welsh Air Ambulance affecting Shropshire communities must be accessible to those communities and that their voices will be heard. This is particularly relevant to those that may be directly affected in the west of the county. Access will be in terms of

- physical access to engagement and consultation events that are taking place in communities in the area, or are being held in places that people living in their communities can easily travel to e.g. using public transport and not just by car.
- paper, telephone and/or digital access opportunities and awareness raising need to be designed with a clear understanding of the communities being engaged and consulted with. Rural areas do not have consistent or good mobile or broadband coverage which can limit people's access ability to get involved. Populations in rural areas are older than those living in more urban areas in Shropshire. Whilst this doesn't mean that all older people wouldn't use digital engagement opportunities,

alternative opportunities for them to share their thoughts need to be included. This might be through face-to-face opportunities, the ability to make representation using telephone calls, or in writing by post.

- If there is a genuine interest in and commitment to learning what all people and communities think and have concerns about in relation to the proposed changes to the service, then working with the Council and the local Shropshire Councillors will be valuable. This will provide the reach into these communities and the benefit of local knowledge and understanding on what would work best to hear from those communities.

The members of the Shropshire Council Health Overview and Scrutiny Committee are concerned that communities in Shropshire should be able to take part fully in any engagement and consultation on changes to services that will directly impact them, and that they have equal opportunity to be heard and what they have to say valued. Failure to meaningfully engage with these communities means that the views of almost 20,000 people (mye 2019) will not have been listened to. These are people who live in significantly rural communities where populations are older and access to health services is limited. Timely responses to emergency calls by land ambulances within the target timeframes is challenging at best. In addition, data trends confirm that if you are involved in a road traffic accident in Shropshire you are more likely to be in one where casualties are killed or seriously injured rather than slightly injured, compared to other areas of the country. This reflects the types of roads and those who use them and the very real need for robust Emergency Medical Retrieval and Transfer provision.

Members of the committee are also concerned that the change to bases may also result in changes to the hospitals that patients are flown to. Many people in Mid Wales and along the Shropshire side of the border who need the Emergency Medical Retrieval and Transfer provision offered by the Air Ambulance are flown on to Shropshire's acute hospitals. Would the changes to the bases result in different acute hospitals being the destination for patients? If so, Members are interested to understand what assessments have been carried out into the impact such a change could have on these patients and their families and friends in terms of recovery, mental health and anguish, the financial costs and travel time? What engagement has taken place to inform such impact assessments, and what actions are being planned to mitigate any issues that have been identified?

The demography and geography of West Shropshire means that the communities there deeply value the Welsh Air Ambulance and particularly the speed of response to emergencies that the base at Welshpool airport provides. This is evidenced in the public fundraising for the service and the concern now being demonstrated by the ongoing collection of signatures.

March 2023

HASC

27th March, 2023

Social Prescribing

Responsible Officer Penny Bason, Head of Joint Partnerships

Email: Penny.bason@shropshire.gov.uk
Claire.sweeney@shropshire.gov.uk

Tel:

Fax:

1. Summary

- 1.1. Social Prescribing is an important programme in our system that supports people to take control of their health and wellbeing and improve their chances of preventing ill health. The Shropshire model described in this report is an integrated programme and a collaboration between Primary Care Networks, Public Health and the Voluntary & Community Sector (VCSE). Within the Health Wellbeing and Prevention directorate, the Healthy Lives Team delivers the service. The Voluntary and Community Sector deliver the Community Development element of the service, and some of the link worker time. The programme benefits a range of referral and delivery partners including Primary Care, Social Care, Job Centre Plus, the VCSE, Libraries, Sports and Leisure, self referral and more.
- 1.2. The programme is achieving fantastic results and can demonstrate significant improvement in outcomes for people who take part (details in Appendix B below). We believe that the success of the programme is in large part due to the integrated approach we have taken with Primary Care, the Voluntary and Community Sector, Public Health and many other partners.
- 1.3. This report provides an update on the offer and its development in Shropshire. It describes the programme and recent progress on the Adult programme, as well as progress in developing the Children and Young People's Social Prescribing offer. Referral data can be found in Appendix A, Children and young people's data in Appendix B and a summary of comments from clients can be found in Appendix C.

2. Recommendations

- 2.1 Note and endorse the progress and improved outcomes for Shropshire people.
- 2.2 Note the development areas, particularly working with Adult Social Care, A&E and CYP, and discuss how system partners can support this work.
- 2.3 Discuss if there are any areas the committee would like to know more about.

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
- 3.2. As a health and care system we work to reduce inequalities in Shropshire. All decisions and discussions must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health.

4. Financial Implications

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

5. Background

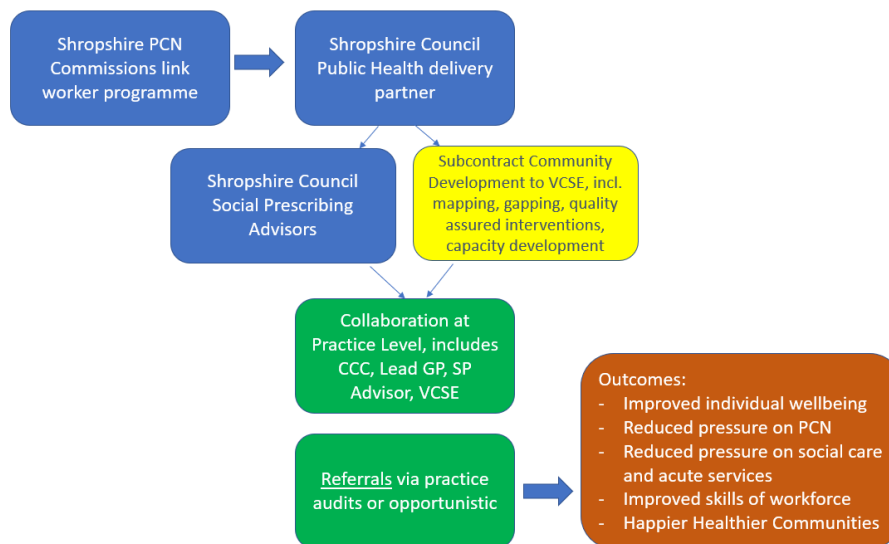
Adults Social Prescribing Programme

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

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

5.3 In Shropshire, Public Health, the Voluntary and Community Sector and Primary Care have been working collaboratively for over 6 years to develop and roll out a model that supports people in the community where they live. This model is preventative in its approach; it supports people with their emotional wellbeing as well as physical health and social issues and supports them to have the confidence and motivation to take positive lifestyle decisions. The model started in 3 practices in Oswestry, and was soon joined by 8 additional practices; in 2020-21 the programme was rolled out across all Shropshire PCNs and GP practices.

Diagram 1 below describes the delivery model:



5.4 Additionally, the system has invested in 'Winter Pressure Link Workers' who are employed by a range of providers including Shropshire Council, Age UK and Shropshire Mental Health Support Service. These Link Workers work through the winter months, primarily with those who are vulnerable (including the those discharged from hospital), offering help at home, befriending, shopping and a variety of other support offers to keep people well this winter. Shropshire Council is also investing further in Social Prescribing through the Local Shropshire Target Operating Model, and our Demand Management work to reduce preventable demand on children's and

adults social care provision. The size of the team also means that Shropshire Council has invested in Team Leaders to ensure the fidelity of the programme and high-quality service delivery.

6. Data

6.1 A robust data set has always been collected and monitored as part of the programme. This has included referral (referral data from across the PCNs can be found in Appendix A), and outcomes data including Measure Yourself Concerns and Wellbeing (MYCAW), Office of National Statistics (ONS) wellbeing scale used for all people/ patients; and a loneliness scaling tool. These tools give before and after measures to show outcome data across the programme. This can easily be extracted and illustrated on Power Bi.

6.2 2018/19 Westminster University Evaluation found that:

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

6.3 A more recent look at all the data across Shropshire found that:

Across all practices in Shropshire there are 1433 SP clients with baseline and follow-up data for the MYCaW concerns. 77% reported an improvement in their Concern 1 and 73% reported and improvement in their Concern 2; with 58% voicing an improvement in their wellbeing.

Reasons for referral in order of most common are:

- Lifestyle risk factors (including smoking, weight and physical activity)
- Mental health
- Lonely or isolated
- Long term health conditions

Referrers include:

- GP practice
- Schools
- Self referral
- Adult social care
- Job centres
- Mental health social work team
- Enable

6.4 Additionally, Appendix C below provides a summary of comments made by clients during their follow up appointments.

7.0 Summary of key information:

- ❖ Shropshire Social Prescribing is an integrated service with the voluntary and community sector, Primary Care, Local Authority and partners;
- ❖ There have been over **6500** referrals to date;
- ❖ Increase in referrals of **52%** compared to 2021-22
- ❖ The service is up and running in all GP practices in the Shropshire Council area which are part of the Shropshire PCNs;
- ❖ The service is preventative in nature, and it works to improve wellbeing in order to prevent further issues
- ❖ The community development element is delivered by our VCSE colleagues, Qube, Community Resource and Hands Together Ludlow
- ❖ The Mayfair Centre in Church Stretton deliver social prescribing advising for the Church Stretton Practice;
- ❖ Outcome measures demonstrate improved health and wellbeing of those who participate in the programme;
- ❖ Additional to this model, the Winter Support Service is mobilised across Shropshire to support winter pressures across the system.

8.0 Development

- The service is embedded in all four Primary Care Networks (PCNs) in Shropshire (North, Shrewsbury, South East and South West)
- In addition to Social Prescribing, the Healthy Lives Team are commissioned to deliver Health and Wellbeing Coaching in the South East and South West PCNs
- Social prescribing community development officers are mapping and filling gaps in provision for example setting up a new pain management support group in Shrewsbury
- The service is working with the Shrewsbury PCN to a trial group consultations project for people who have recently been diagnosed with diabetes
- New Social Prescribing posts have begun to work on the RESET multidisciplinary team project supporting those at risk of rough sleeping and substance misuse
- Working with adult social care to identify people at an early stage who might benefit from Social Prescribing in order to prevent issues escalating to a higher level of need later on
- Working with partners to trial supporting those in hospital or presenting to A&E to offer support in the community that could facilitate a timely discharge or redirect people to support in the community
- Developing a referral pathway to stop smoking support for those discharged from Redwood hospital
- Exploratory conversations about increasing the offer for stop smoking and weight management

9.0 Recognition in national publications or websites

- Delivered national webinar on creative health and social prescribing delivered by Naomi Roche
- Delivered on national Children and Young People's webinar delivered by Naomi Roche and Claire Sweeney
- Delivered on webinar for schools on our Social Prescribing for Children and Young People delivered by Naomi Roche and Claire Sweeney
- Delivered session to national personal health and social education (PHSE) group delivered by Claire Sweeney and Sharon Cochrane
- Shortlisted for Local Government Chronicles Award 2023
- <https://www.kingsfund.org.uk/publications/social-prescribing>
- [LGA Website](#) – presentation by Jo Robins and Lee Chapman
- [National Healthwatch website](#) – report by Healthwatch Shropshire

10. Social Prescribing. Children and Young People – Update

10.1 After the successful pilot programme in the South West PCN to bring social prescribing to the children and young people (CYP) of Shropshire, this programme has been rolled out across the county. Following in the footsteps of the adult programme, the CYP programme has been developed through engaging with local organisations, services and children. Two key components of the programme are to provide a link worker role to support CYP, and secondly to link with activities to enable young people to engage, motivate, gain confidence, grow as individuals, set and achieve goals, manage their mental health and inspire.

10.2 The programme aims to work collaboratively with Primary Care, schools, the voluntary and community sector and young people, to help us understand what kind of support is having an impact on children and young people's wellbeing. Both the one to one sessions with the advisor and the additional activity aim to provide feedback from young people.

10.3 In 2021, the service was complemented by the additional activity, which was commissioned by Shropshire Council in the wake of the pandemic. Four providers formed the 'Provider Collaborative' who delivered different activity for young people in the south west. By forming a collaborative, the providers worked together to give young people the best opportunity to benefit from our offer. Bringing together partners who all have specific areas of interest and something different to enhance young people's experiences as well as the opportunity to continue to learn from each other is central to the idea. Some elements of the 'Collaborative' continue to work with young people and increase our awareness of the barriers and challenges young people are experiencing, with a focus on continuously improving outcomes through social prescribing lies at the heart of this collaborative.

10.4 Learning from the 'Collaborative' has helped develop the Oswestry Test and Learn Integration project 'Community Collaborative' as well as the development of subsequent grant programmes for CYP. The Oswestry Community Collaborative has brought together voluntary and public sector organisations to develop preventative community activity for children, young people and their families.

10.5 As a group we aim to share experience, resources & knowledge while also offering peer support to overcome some of the practical issues that are faced by young people living in our rural communities.

10.6 Shropshire Telford & Wrekin & BeeU has been selected as one of 8 sites nationally to take part in the INSPRYE Programme.

This project is a partnership between University College London, the Anna Freud Centre, the Child Outcomes Research Consortium (CORC; who have longstanding relationships with many CAMHS across the UK and who have developed a range of tools for measuring mental health outcomes in CYP), the National Academy for Social Prescribing (who are leading on advocacy and development of the national SP scheme), and the Youth Social Prescribing Network (who represent community organisations and link workers in youth SP).

The INSPYRE project seeks to build on the existing knowledge and practice in CYP Social Prescribing and increase Social Prescribing referrals in young people by developing a new care pathway for CYP on Child and Adolescent Mental Health Service (CAMHS) pathways. Nationally, CYP referred to CAMHS face long waiting lists, with 76% of CYP experiencing a deterioration in their mental health during their wait. INSPYRE will offer SP to CYP as soon as they are placed on waiting lists to support mental health and experiences of care

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

<https://www.gov.uk/government/publications/life-chances-fund>

Cabinet Member (Portfolio Holder)

Cllr Cecilia Motley

Local Member

n/a

Appendices

Appendix A – Social Prescribing Referral data

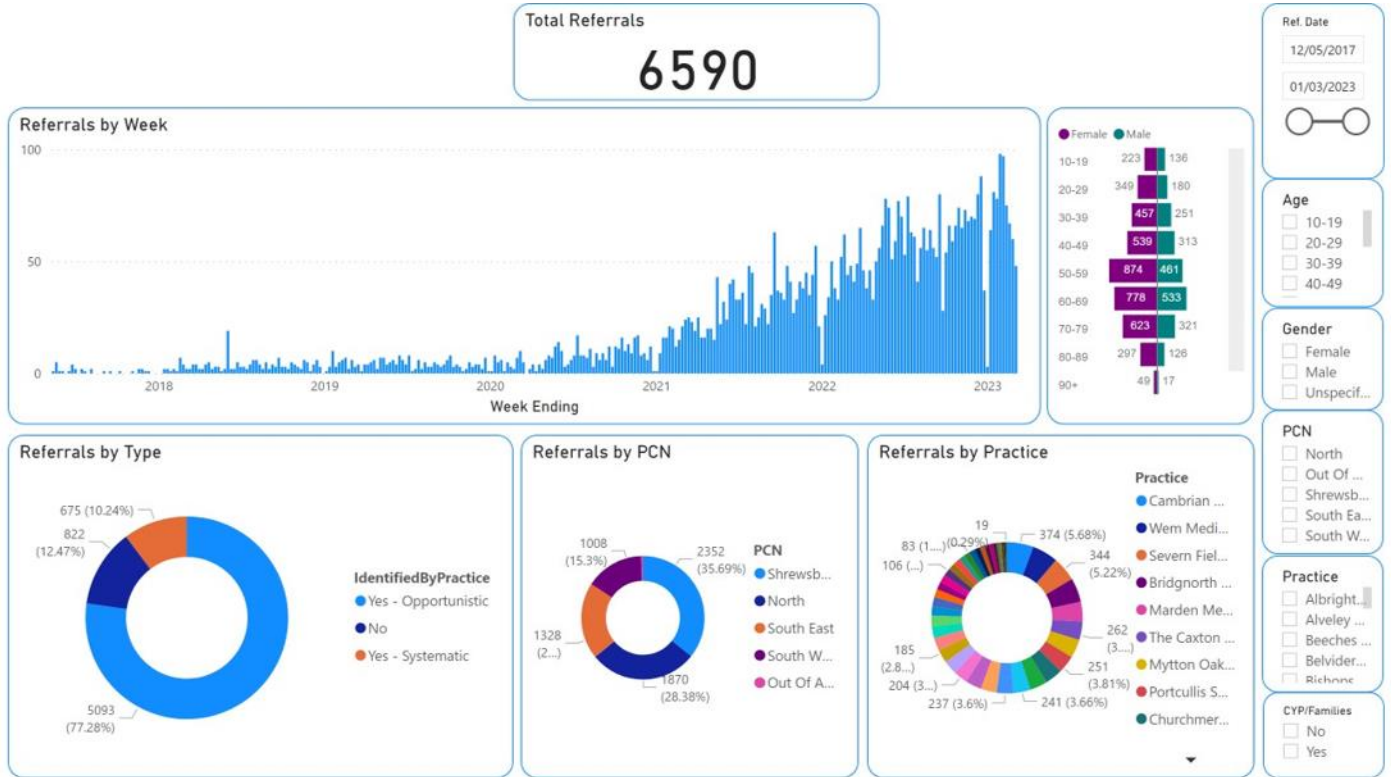
Appendix B – CYP data

Appendix C – Satisfaction statements

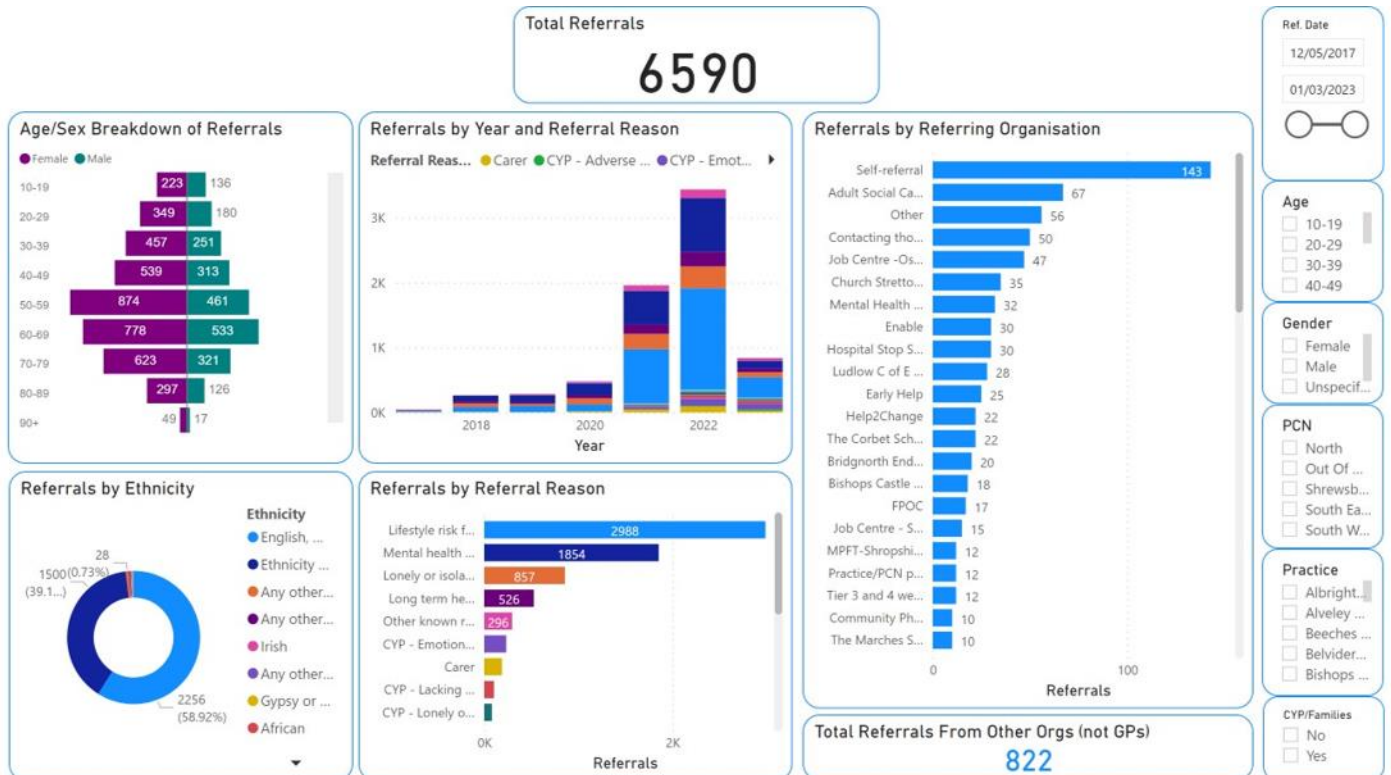
Appendix D – Team picture and Social Prescribing in Action

Appendix A

Social Prescribing Update:



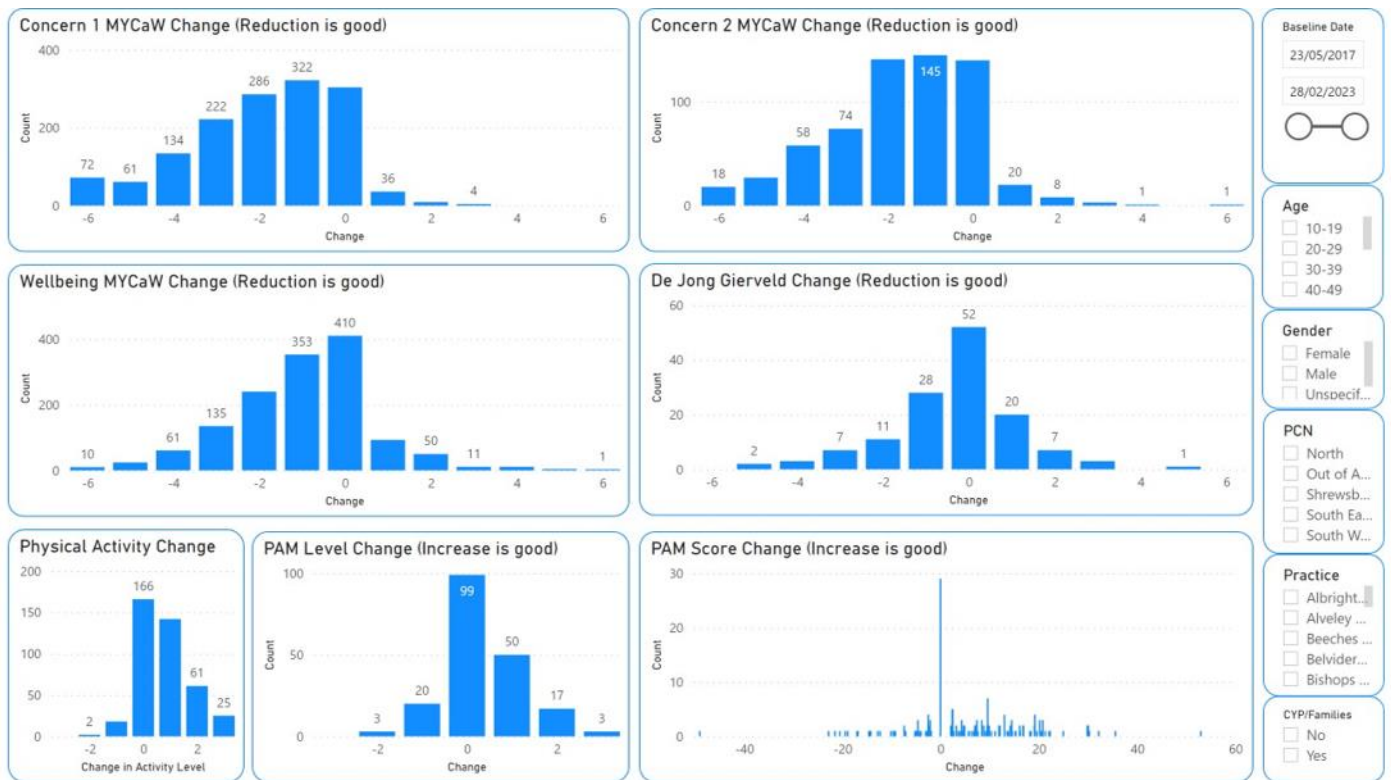
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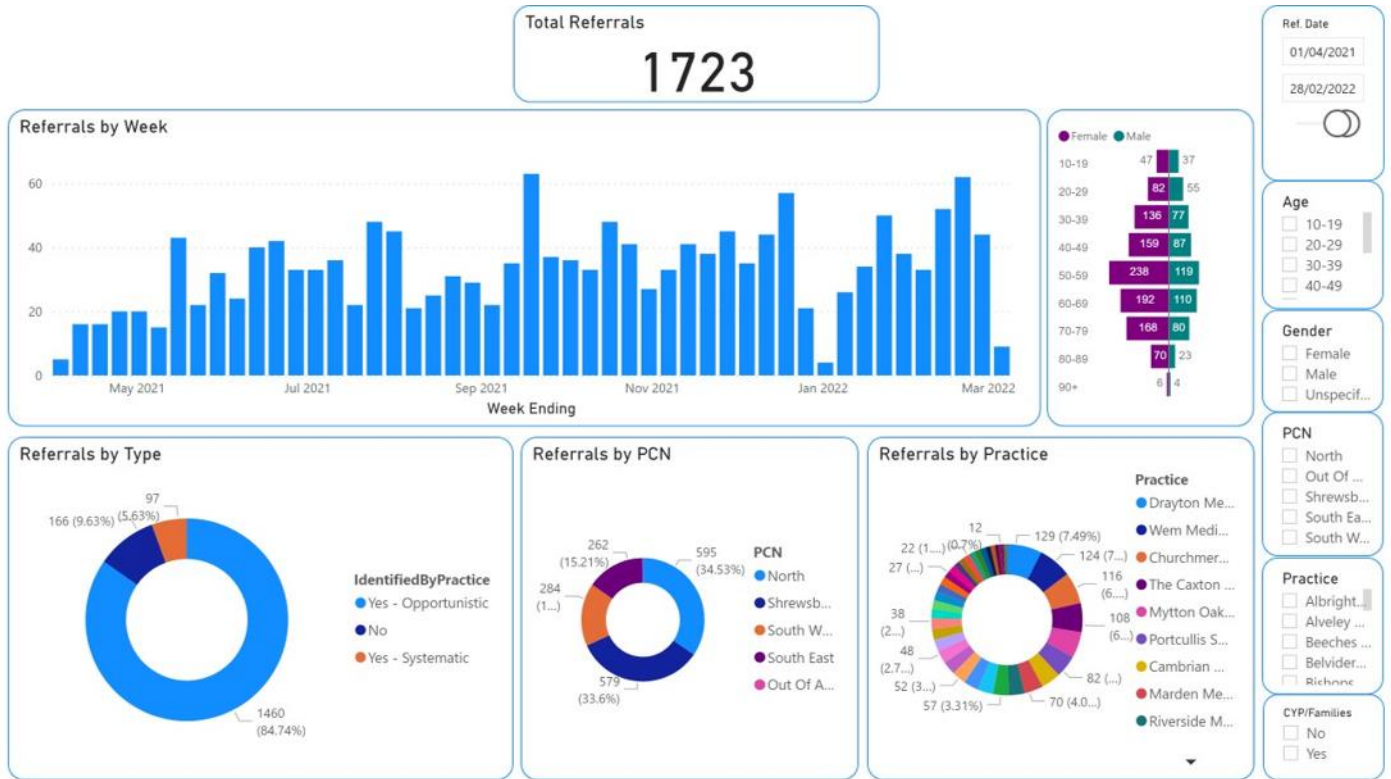
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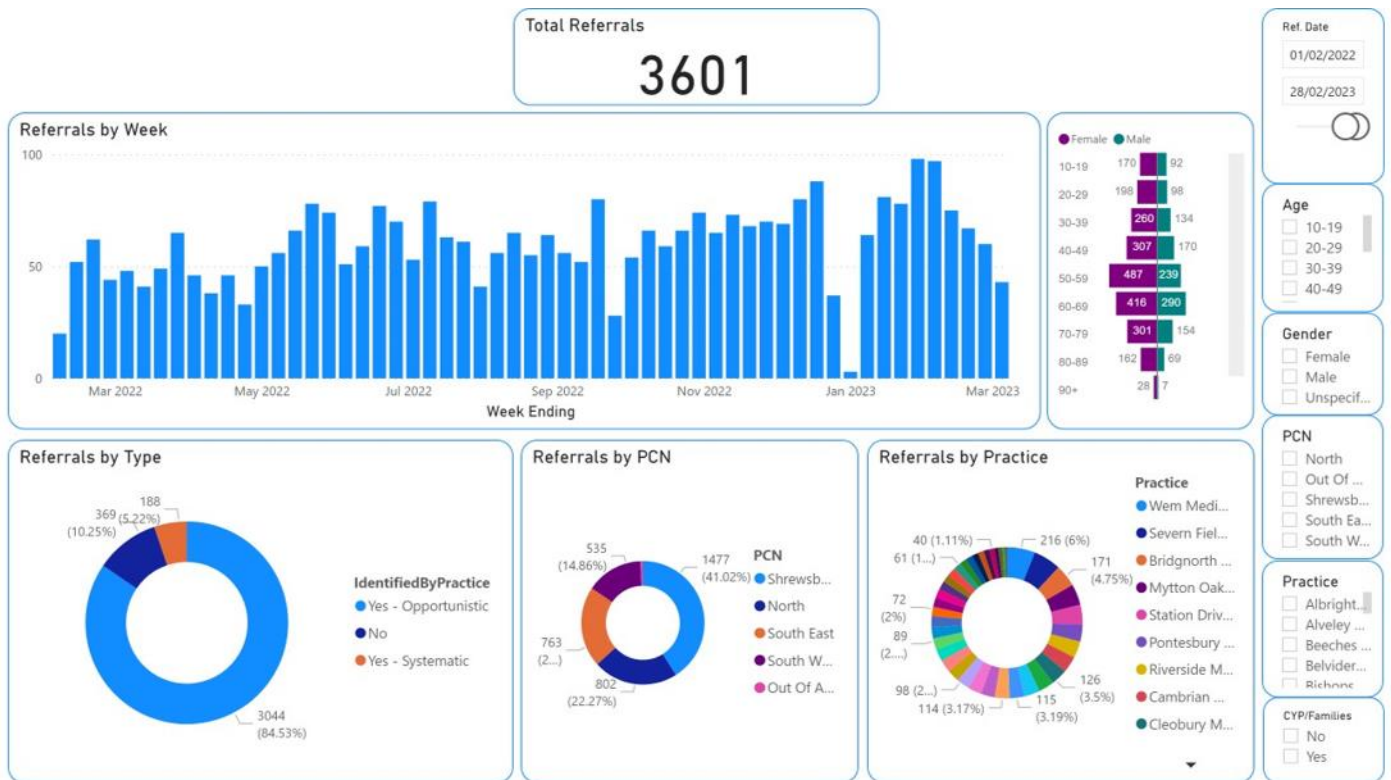
MYCAW follow up



Referrals 01/04/21-28/02/22

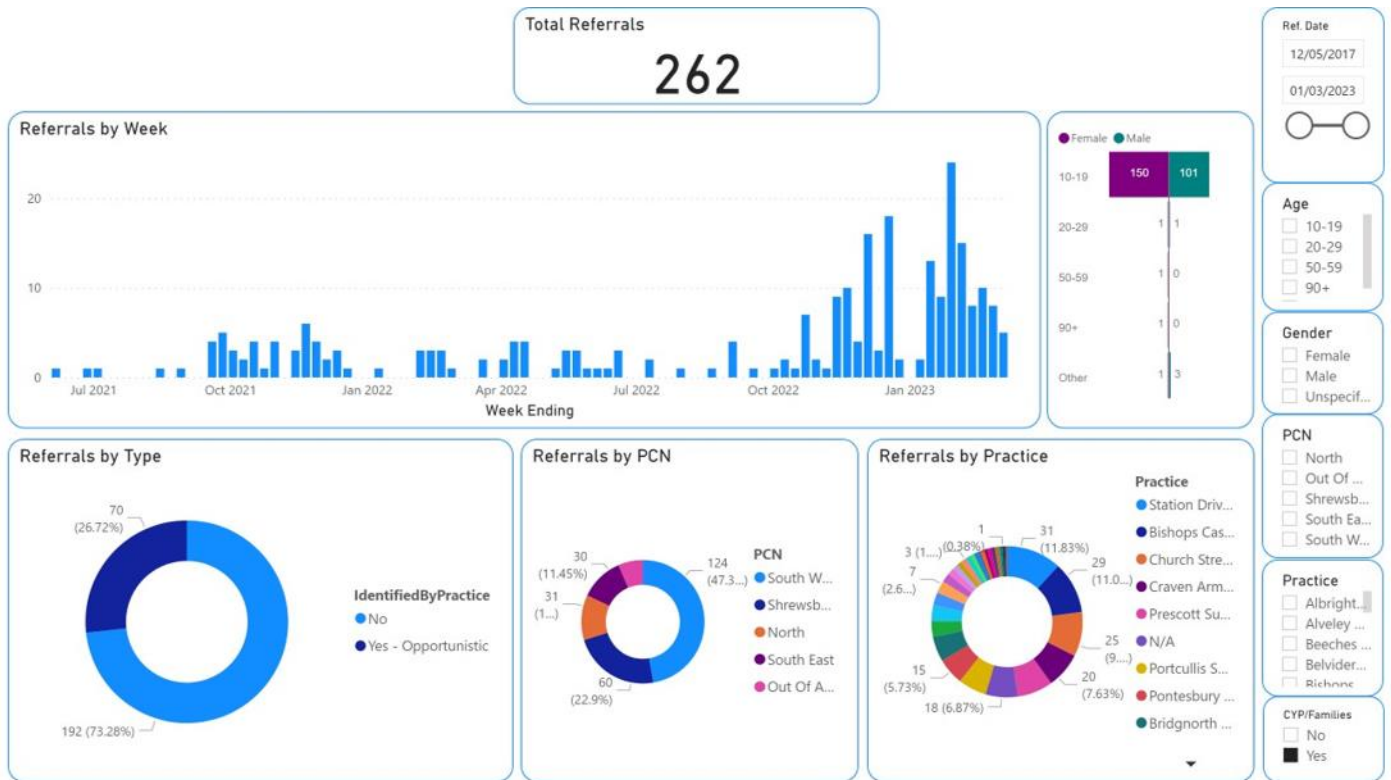


Referrals 01/04/22 – 28/02/23 increased by 52%



Appendix B

Children and Young People's Social Prescribing Report



Appendix C

Feedback Summary to March 2023

Collated March, 2023.

High levels of satisfaction:

How convenient and suitable was the location/venue? **4.84 / 5**

How easy was it to discuss your concerns with your Social Prescribing Advisor? **4.84 / 5**

“Mitch was a welcome support whenever he rang, as was Rob before him. Normal conversation was key to my particular situation. Some weeks the only person i spoke to was a grocery delivery person. Hard to believe but true. **I now have more communication with others** as I have visits from other organisations which is so beneficial. Hubby cannot converse logically 90% of the time & i so need that normality that has long gone, so thank you ,Mitch & Rob for your time & care.”

“Jo Aston was beyond brilliant. She **explained everything clearly and was excellent**. I suffer with severe deafness and she was so well aware and made the sessions so pleasurable”

“Amazing, really helped me so much with everything and my life is on the up with support off Elwyn, he's been so friendly and understanding and he's also **helped me with so much such as providing me with resources and information to get me to where I am now.**”

“Isobel was great at listening at a low point for me. **I find it hard to talk and Isobel was the first person I had opened up to.**”

“I find it very difficult to open up about my problems. **Rob encouraged me to open up** and after a very short while felt comfortable talking with him.”

“Very helpful with my **weight but also help with my Mums condition (dementia)** sent me information on both problems”

“I have been able to **stabilise my pre-diabetic sugar levels and increased my exercise**. My weight is stable but I know and understand that I do need to reduce my weight. This is my next goal. All advice given has been **positive and achievable.**”

Appendix D
Team picture and social prescribing in action





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Terms of Reference for the Rural Proofing in Health and Care Task and Finish Group

Context

Members of the Health and Adult Social Care Overview and Scrutiny Committee frequently highlight concerns about rurality and access to health and care services through their work. This task and finish group has been proposed in order to draw together the key points and observations that have arisen through the work of the committee during 2022/23, and to take the opportunity to learn from other areas of the country.

Objectives

- To understand what rural proofing means for Shropshire
- To set out/define what 'rural' and 'rurality' means for the Shropshire Council area, including inequalities and access to services
- To identify a view/position on rural proofing affecting Shropshire communities and services (based on work during the year), and through additional research
- To use the evidence collected to propose a consistent set of criteria to be recommended for use to evaluate rural proofing in strategies, plans, policies and service design and provision in health and care in Shropshire

Impact expected/Added value

- Defining a set of criteria for rural proofing in Shropshire – a checklist to evaluate reports/ proposals/ service developments

Information required

- Evidence of rural proofing being considered and contributing to topics that have been considered by the committee in the past year
- Evidence of the importance of rural matters being holistically and comprehensively considered in the development and implementation of strategies, plans, policies and service design and provision measures for Health and Care
- Examples of good practice of rural proofing contributing to Health and Care Service developments from other areas of the country

Methods to be used

- Desktop review of guidance and best practice e.g. Rural Service network
- Desktop review of the impact assessments carried out by NHS and Care organisations in Shropshire (including those based outside of the area commission/provide services in Shropshire)
- Engagement with local organisations with knowledge and an interest in Rural Proofing e.g. Community Resource, Town and Parish Councils etc

- Benchmarking with other similar county unitary and county councils to identify examples of best practice from their experience, and how their HOSC functions have approached rural proofing

Timescales

Suggested approach:

- 3 months Task and Finish Group reporting back to the committee in June/July 2023

DRAFT