



Bridgnorth

# Our Forward Plan 2024-25

**healthwatch**  
Shropshire

# What were our priorities 2023–24

Priority	Sample activity to date (for full details see KPI and Annual Report 2023–24)
1 Mental health (all age)	Attendance at MH, LD and Autism Operational Delivery Board of the ICS, Community mental Health Transformation Meetings
2 Prevention and place-based care (including informal carers)	E&V visits, attendance at FE Fresher’s fair to hear from young people, contribution to JSNA, started to identify a piece of work with SCHT to gather feedback on Virtual Wards
3 Acute care	E&V visits, attendance at UEC Delivery Board and Transformation meetings, re-engaging in meetings around maternity and the Maternity Voices Partnership to identify opportunities for joint working. Re-started regular engagement stands in hospitals and started the ‘Living Well with Cancer Project’
4 Public involvement across the ICS (and workforce engagement)	Continued to recruit to the HWS Board and volunteer roles and encouraging the team to join focus groups and workshops across the ICS (e.g. HTP and Housing and Health). Joined meetings across the ICS regarding the implementation of the Patient Safety Incident Response Framework (PSIRF) to explain the role of IHCAS and identify opportunities to support members of the public involved in PSIRF. Raising issues staff have shared with HWS, including through E&V and updating our webpage for staff <a href="#">Health &amp; Social Care Staff sharing concerns   Healthwatch Shropshire</a>
5 Inequalities	Highlighting inequalities and identifying opportunities for joint working to share people’s experiences, e.g. rural inequality. Attending the Digital Inclusion Network and building a relationship with HMP Stoke Heath to highlight issues faced by prisoners. Talking to groups, e.g. Dementia Carers
6 Primary care	Continuing to share experiences regarding access, e.g. to GPs, Dentists at system meetings, including ICS Quality and Performance and the HWBB.

# What were our priorities 2023–24

## Priority 7: Financial stability and long-term sustainability of HWS

### The role of Healthwatch England

Louise Ansari, National Director of Healthwatch England, has made a commitment to challenge the way local Healthwatch are commissioned and funded to make us 'more stable, with the right amount of resource' and Healthwatch England is 'looking at scenario planning for HWE resource and the network's resource to see what more we can do to strengthen Healthwatch.' At the moment, examples of this are:

- Creating more free training for local Healthwatch
- Offering small grants for local Healthwatch to do specific pieces of work, e.g. developing policies, delivering webinars, completing projects
- Supporting local Healthwatch to work with the ICS to ask for funding in different ways
- Recommending that HWE lead the commissioning of local Healthwatch going forward

### Action we have taken to reduce costs/spending in 2023–24

This year we have:

- Reduced the size of our staff team, e.g. not replaced our Admin Officer
- Reduced the number of hours for some roles, e.g. the Insight and Involvement Officer
- Used free advertising for staff roles
- Changed providers of our financial and HR services
- Cancelled mobile phone contracts and changed the provider of our photocopier
- Explored alternative office space and IT providers and found we are paying the market rate





Ludlow

# Priorities 2024-25

Each year we look at the priorities of Healthwatch England and our local health and social care system to identify where we can share the public voice and make a difference

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# Healthwatch England Priorities

In May 2023 Healthwatch England published [Our future focus](#) | [Healthwatch](#)

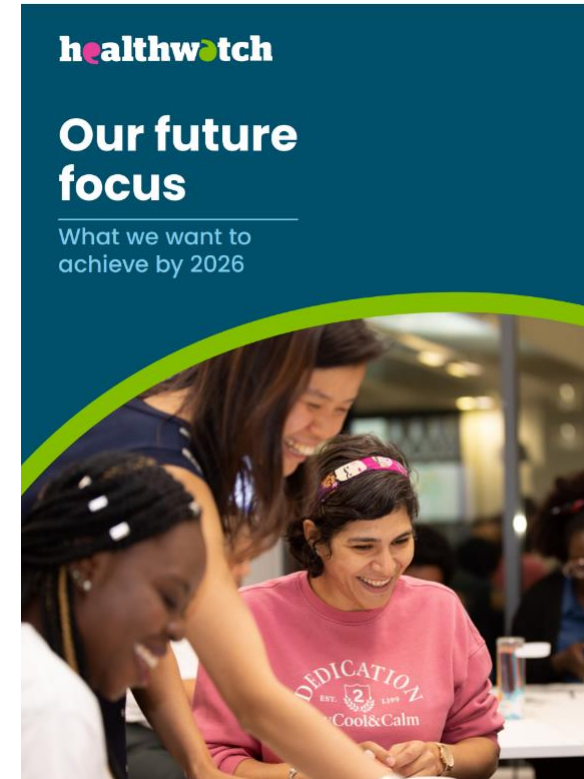
## Their aims are:

1. To support more people who face the worst outcomes to speak up about their health and social care, and to access the advice they need.
2. To support care decision-makers to act on public feedback and involve communities in decisions that affect them.
3. To be a more effective organisation and build a stronger Healthwatch movement.

**Three big issues** they said people want them to work on where they aim to support major improvement are:

1. People's experience of GPs, dentists and other primary care services because it is the number one thing people talk to us about.
2. Social care because it is a significant area of care people tell us needs fixing.
3. Women's health because women wait longer for care and have poorer experiences

- As an organisation we are aware that racism and other forms of stereotype, prejudice and discrimination in society affect people in many ways including access to, experience of and outcomes in health. We will continue to prioritise ways in which people of colour and all people with protected characteristics can be better supported by health and care systems in England.'



## Priorities for 24–25 not available at the time of writing this plan, but:

*01/05/24 CO emailed requesting latest priorities from HWE*

The Head of Network Development replied that at the latest Lead Officers meeting the director of Communications, Policy and Insight spoke about the following:

1. **Pharmacy First Report:** A report on pharmacy access and challenges is due to be published on 30/04. It will cover impact of closures, cost of living pressures, and medicine shortages affecting public confidence. Recommendations included targeted communication about the Pharmacy First scheme, addressing cost of living barriers, improving medication shortage communication, and involving pharmacy users in evaluation.
  - a) Healthwatch shared examples of how they might use the report locally.
  - b) There was a question raised about accessibility of consultation rooms.
2. **Diagnostic Hubs.** Report expected early June. This will highlight accessibility challenges.
3. **Social care.** This will focus on number of disabled adults without care.
4. **Women's health.** This will focus on cervical screening uptake, including among disabled women and Black and minority ethnic women.

### The three reasons why the push to increase the role of pharmacies is being undermined

Blog - 1 May 2024

William Pett, our Head of Policy, Public Affairs and Research reports that people welcome the launch of Pharmacy First. To harness the potential of community pharmacies, healthcare leaders need to address access barriers.



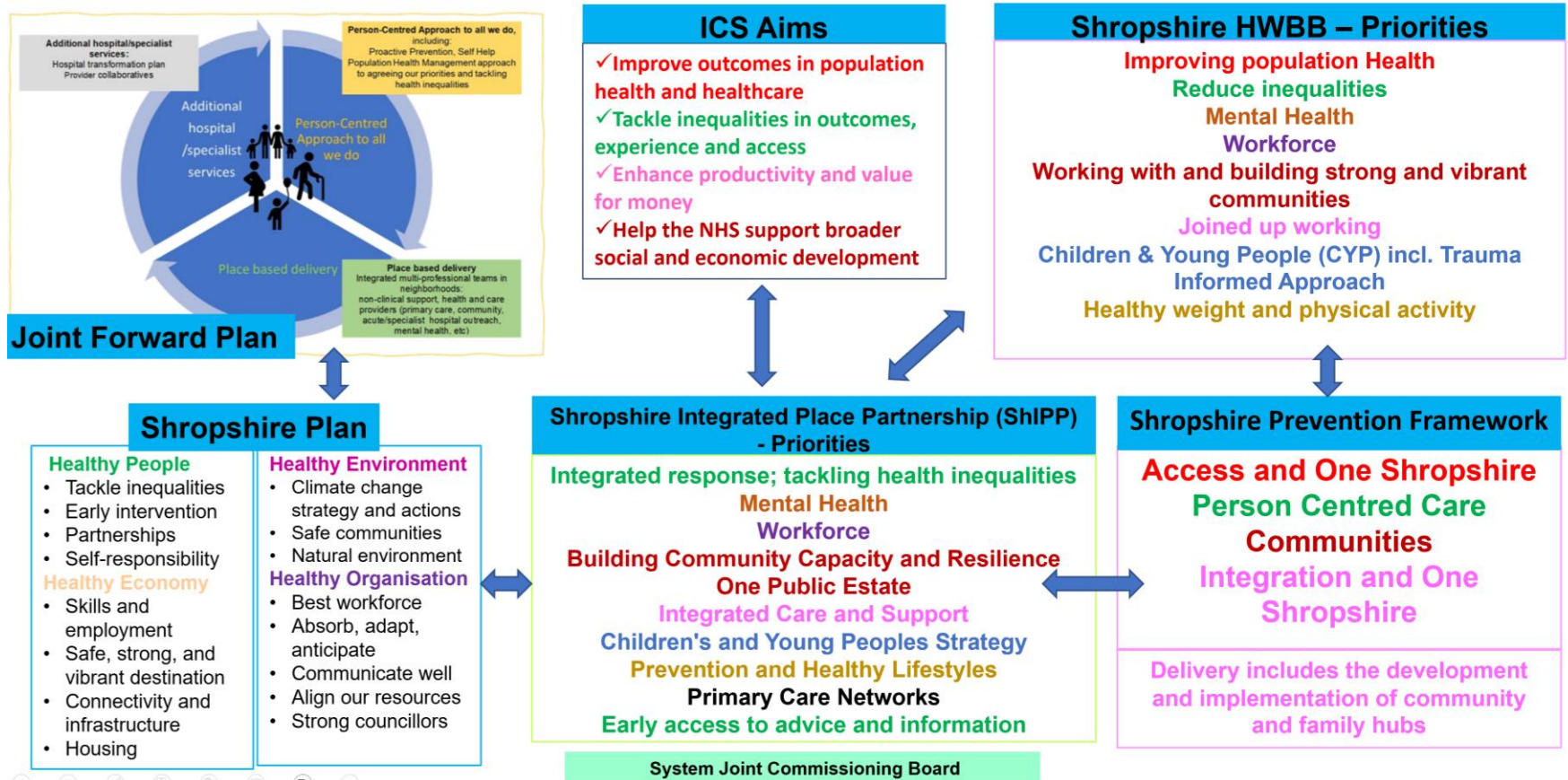
It is an exciting time for community pharmacy. The end of this month will mark three months of Pharmacy First in England, the scheme to expand pharmacy services that NHS England hopes will save 10 million GP appointments a year.

Official data on the number of Pharmacy First consultations is yet to be published, though the early signs appear positive. National pharmacy bodies and the government were quick to highlight in February that there had been around 3,000 consultations nationally in the first three days. Figures show that over 95% of pharmacies in England have signed up to the scheme.

# Local Priorities – Overview of the system

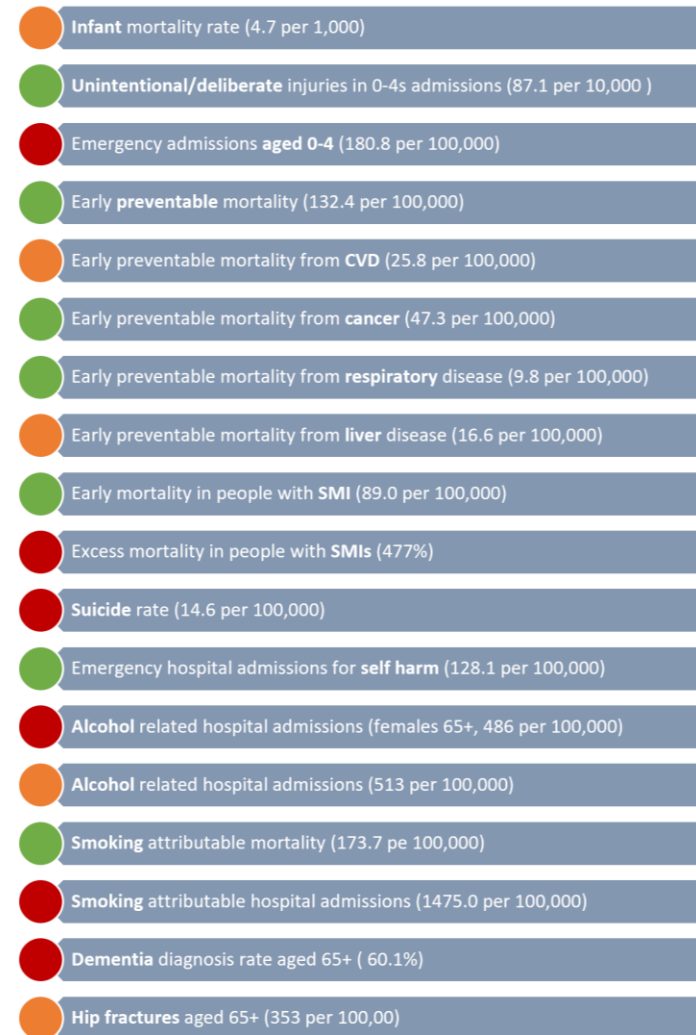
We attended the Health and Wellbeing Board and Shropshire Integrated Place Partnership Board Planning workshop on 18<sup>th</sup> April where they presented our system priorities:

## System priorities and linkages across Boards



# Local Priorities – Overview of the data

Colours compare Shropshire to the national average





## Case for Change

**The local picture:** Health behaviours, early interventions and preventable deaths and admissions



- Early preventable mortality (132.4 per 100,000)
- Early preventable mortality from CVD (25.8 per 100,000)
- Early preventable mortality from cancer (47.3 per 100,000)
- Early preventable mortality from respiratory disease (9.8 per 100,000)
- Early preventable mortality from liver disease (16.6 per 100,000)
- Early mortality in people with SMI (89.0 per 100,000)
- Excess mortality in people with SMIs (477%)
- Suicide rate (11.6 per 100,000)
- Emergency hospital admissions for self harm (128.1 per 100,000)
- Emergency admissions aged 0-4 (180.8 per 100,000)
- Alcohol related hospital admissions (females 65+, 486 per 100,000)
- Alcohol related hospital admissions (513 per 100,000)
- Smoking attributable mortality (173.7 per 100,000)
- Smoking attributable hospital admissions (1475.0 per 100,000)



Much Wenlock

Our ideas so far...

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## Thoughts from the Board and volunteers

We met with members of our Board and Volunteers on 9th and 15th of April and asked their thoughts and ideas for focused pieces of work, issues identified were:

Issues / potential priorities	Links to external priorities / Data
Access (including to GPs and impact on A&E, veterans)	Yes, e.g. Early prevention, Diagnostic Hubs (HWE), Veterans (ask from ICB)
Adult social care	Yes, e.g. care for adults with disabilities (HWE)
Aging population and impact on their health and wellbeing, e.g. of access to services, transport, housing (links to rural inequality)	Yes, e.g. mortality data, rural inequalities (HWE and ICB)
Mental health (including PTSD, Dementia, Traumatic Brain Injury, suicide, neurodiversity, farmers,)	Yes, aligns with all, data and ongoing MH transformation, suicide prevention
Working with organisations/businesses to evaluate internal health and wellbeing services, e.g. Mental Health First Aiders, Menopause support	No but this is not being looked at by anyone else, it does come under prevention
Unpaid carers (including Young Carers)	No, but a focus on young carers would show our interest in all-ages and there is a MH connection
Raising awareness and prevention, e.g. sharing healthy lifestyle information, diabetes, details of local support/groups	Yes, Shropshire Plan
Community pharmacy / Pharmacy First	Yes, HWE report and existing links through SHIPP
Women's health	Yes, coincides with the development of new Women's Health Hubs

# Summary of broad themes



# For more information

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