

Date: Thursday, 14 July 2022

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

Contact: Michelle Dulson, Committee Officer
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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

6 **System Update** (Pages 1 - 10)

a. Outputs of the Shrewsbury Wellbeing Hub Engagement

Edna Boampong, Director of Communications and Engagement,
Shropshire, Telford and Wrekin Integrated Care System (ICS)

b. How the ICS will work with Health and Wellbeing Board after July 2022

Nicky O Connor, ICS Programme Director, Shropshire, Telford and
Wrekin ICS

c. Shropshire Integrated Place Partnership (ShIPP) update

d. Joint Commissioning Board/Better Care Fund (BCF)

Laura Tyler, Assistant Director, Joint Commissioning, Shropshire
Council and NHS Shropshire, Telford and Wrekin

e. Healthy Lives Update – Trauma Informed focus

Val Cross, Health and Wellbeing Strategic Manager, Shropshire
Council

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	14 th July 2022			
Title of Paper	Shropshire Integrated Place Partnership (SHIPP) update			
Reporting Officer and email	Penny Bason, Head of Service, Joint Partnerships Penny.bason@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	<input checked="" type="checkbox"/>	Joined up working	X
	Mental Health	<input checked="" type="checkbox"/>	Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X
	Workforce	<input checked="" type="checkbox"/>	Reduce inequalities (see below)	X
What inequalities does this paper address?	As Inequalities is a priority of SHIPP, the Board and its programmes work to reduce inequalities and health inequalities in Shropshire. The key areas of focus for this paper include CYP mental health, Personalised Care and SHIPP Metrics. The Metrics work has been done in collaboration with the Shropshire Inequalities Plan to ensure that we are working to understand how we are reducing inequalities.			

1. Executive Summary

As a reminder, the purpose of Shropshire Integrated Place Partnership (SHIPP) is to act as a partnership board of commissioners, providers of health and social care and involvement leads, in Shropshire, to ensure that the system level outcomes and priorities agreed at ICS and Programme boards are implemented at place level in Shropshire. The Board will take into account the communities and people we work with, the individuals/ citizens (including carers) that we serve, the different delivery models needed, and our focus on reducing inequalities.

SHIPP has adopted the key priorities of the HWBB as well as place-based priorities of the ICS. They are:

- Children's and Young People's Strategy
- Prevention/Healthy Lifestyles/Healthy Weight
- Mental Health, Workforce
- Community Capacity & Resilience with the VCSE
- Local Care and Personalisation (incl. involvement)
- Supporting Primary Care Networks
- Integration and One Public Estate
- Tackling health inequalities

This paper presents an overview of the Shropshire Integrated Place Partnership (SHIPP) Board held on 16th June 2022 and includes **Children & Young People's Mental Health, SHIPP Metrics and Personalised Care.**

2. Recommendations

This report is for information. The Health and Wellbeing Board is asked to recognise the work underway to address the key priorities of SHIPP, particularly the work around Children & Young People's Mental Health, the development of SHIPP Metrics and the Personalised Care work.

3. Report

This paper presents an overview of the Shropshire Integrated Place Partnership (SHIPP) Board held on 16th June 2022

Children & Young People’s (CYP) Mental Health “Developing a Whole System Strategic Approach to CYP Mental Health” was presented to the Board. There was discussion around:

- a. Mapping current provision within the system and what investment currently goes into that provision
- b. The make-up of the ICS CYP Mental Health Group and the role of subgroups
- c. Consultation with children, young people and their families and how that might best be achieved i.e., via groups like Healthwatch
- d. Recruitment of Healthy Living Advisors focussed on SEND
- e. How the current support system is functioning from a primary care perspective.

The Board noted the recommendation for “My Healthy Mind” an online single point of access, signposting project and a proposal for a potential joint post for a website/social media support manager. The Board suggested that further scoping and discussion was needed regarding the work and suggested bringing in the prevention elements as well as to rationalise groups and governance.

Personalisation/ Personalised Care (including co-production). The Board were asked to consider the NHSE/I MOU Funding Options for Personalised Care. Three pathway options were presented and discussed; including:

- Integration with Annual Health Checks (MH/LDA Pathway development)
- Long Term Conditions / NHS@Home / Cardio-Vascular Disease (CVD) ‘Healthy Hearts’ Pathway Development
- CYP (Pathway Development)

All options were endorsed, particularly option 3 which included creative health, development of social prescribing pathways with BeeU and development of system CYP Social Prescribing. The Board felt that the non-clinical pathways and prevention elements of this pathway would partially address current gaps in provision. It was noted that the final MOU would return to the board for approval.

Metrics - a draft long list of metrics document was circulated and a shortlist of metrics to be considered for the ICB Assurance process was presented (attached as Appendix A). It was noted that this is a developing piece of work connected to the Shropshire Inequality Plan and metrics, to avoid duplication. The metrics are linked back to SHIPP priorities. A workshop planned for September would be a good opportunity to decide on future direction as well as what metrics the board would like to commit to in the long term. The addition of metrics around substance misuse and CYP Mental Health were requested and with those additions the Board accepted that this document form the basis for the first submission into the ICB.

Workshop - the Board agreed to hold a joint development workshop with the HWBB in September to consider work on the priorities, further the work on the metrics and understanding progress, and to further develop the terms of reference in light of the advent of the ICB. It will take place on the 29th September.

Risk assessment and opportunities appraisal	The work of SHIPP aims to reduce inequalities found in our community and to address variation in care across our services.
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(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

Financial implications	There are no direct financial implications as a result of this report.
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(Any financial implications of note)	
Climate Change Appraisal as applicable	Working to support people in local communities, reducing the need to travel is very important to the work and priorities of SHIPP.
Where else has the paper been presented?	System Partnership Boards
	Voluntary Sector
	Other
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)	
Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr. Simon P. Jones – Portfolio holder for Adult Social Care and Public Health	
Appendices Appendix A - Proposed Annual and Quarterly Metrics to be reported to the ICB Assurance Framework	

Appendix A - Proposed Annual and Quarterly Metrics to be reported to the ICB Assurance Framework

Annual Metrics 2022 – 2025 (to be cross referenced)	Quarterly Metrics 2022/23 (RAG Rating, or numbers)	Priority
B05 16-17 year olds not in education employment or training (NEET) whose activity is not known	Implementation of CYP Social Prescribing, Implementation of CYP Integration Pilot	Workforce, Children and Young People
Unemployment rate those with mental illness	Quarterly Individual Placement Support (IPS) Service Activity Data	Workforce, Mental Health
Educational attainment FSM vs Non-FSM status	Implementation of personal care and support plans, implementation of CYP Integration work	Children and Young People, Inequalities
PHOF - C21 Admission episodes for alcohol related conditions (revised parameters)	Implementation of Alcohol Care Teams	Local Care, Inequalities, Mental Health
E03 – Under 75 mortality seen as preventable (2019 variant, 1 year range) Value per 100,000 population	SMI Health Checks, Implementation of Trauma Informed Programme	Mental Health, Inequalities
PHE (Child and Maternal Health, Early Years section). Child development. % achieving the expected level in communication skills at 2 - 2 1/2 years	Implementation of Social Prescribing pathways for maternity services	Children and Young People, Inequalities
PHE (Child and Maternal Health, Early Years section). Child development. % achieving a good level of development at 2 - 2 1/2 years	Implementation of CYP integration pilot (and expansion as appropriate)	Children and Young People, Inequalities
C03a Obesity in early pregnancy	Development/ Implementation of Healthy Weight Strategy	Healthy Lifestyle, Inequalities
C22 Estimated diabetes diagnosis rate for people aged 17+	Implementation of diabetes improvement plan	Healthy Lifestyle, Inequalities
C03c Smoking in early pregnancy trend data not available on PHOF	TBD	Healthy Lifestyle, Inequalities
Non Elective Admissions	Implementation of Local Care – Case Management	Local Care
PHE – E11 Emergency re-admission to hospital within 30 days of discharge	Implementation of Local Care – Hospital at home	Local Care
POF Premature mortality (under 75) from CVD	NHS Healthchecks (redesign and activity)	Healthy Lifestyle, Inequalities, Local Care
Early diagnosis and treatment for cancer C23 – Percentage of cancers diagnosed at stages 1 + 2	Implementation of community cancer champion model	Healthy Lifestyle, Inequalities, Local Care

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	14 th July 2022			
Title of Paper	Joint Commissioning Board – Better Care Fund (BCF) & Working with the Voluntary, Community and Enterprise Sector (VCSE)			
Reporting Officer and email	Laura Tyler, Assistant Director for Joint Commissioning Laura.Tyler@shropshire.gov.uk Paula Mawson, Assistant Director for Integration and Healthy Population Paula.Mawson@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x
	Workforce	x	Reduce inequalities (see below)	x
What inequalities does this paper address?	All programmes of the BCF must support the reduction of health inequalities, by ensuring those who need it most have access to services. Working through the VCSE to understand our population, to connect with people in the communities where they live, and to provide activity that improves the health and wellbeing of all people, with a particular focus on those who need it most (thus reducing inequalities).			

1. Executive Summary

This paper is a regular paper for the HWBB to highlight our Joint Commissioning work. It includes an update on the Better Care Fund, Market Position Statement and details our work with the VCSE with a particular focus on community led approaches and infrastructure developments. The paper highlights the importance of community led activity for the improvement of health and wellbeing and reduction of health inequalities.

2. Recommendations

1. Endorsement - that the Board accepts this report for information and endorses the work taking place.
2. That the Board recognises the vital role of the VCSE in Shropshire and receives a report in the future, constructed jointly with the VCSE, detailing the progress of the infrastructure work, and requesting discussion on medium- and long-term approach to ensuring the work can continue.

3. Report

3.1 Better Care Fund Update

Shropshire has not received any further feedback on the annual return.

At a regional meeting last month, it was stated that the framework guidelines for 2022/23 would be issued in mid-July with no details on the timescales to submit this year's plan, although it is anticipated that timescales will be short. It was stated that this year's plan will be for one year with next year anticipated to be a two-year plan, however this is subject to change.

The metrics may slightly change, however the focus on both Prevention and hospital discharge will remain the themes for funding. It was signalled that in addition to the annual submission, a demand

and capacity template will be a new requirement along with ensuring carer support is included within this year's return.

It was also confirmed that at this stage the Health and Wellbeing Board will remain the statutory body to sign off the annual submission.

The next stage will be a review of all the projects currently within the BCF and ensure delivery is set against the criteria as part of the annual submission.

3.2 Joint Commissioning

Fair cost of care work is continuing with work with Providers to encourage them to complete their returns.

The Market Position Statement is progressing with meetings planned with health to look at areas of complexity and demand across all ages.

Current winter planning with system partners is underway including reviewing the previous year and focussing on how we further develop and enhance the voluntary and community sector support to the system and align resources to ensure best use of resource and timely response.

System partners had a session to focus on quality assurance for social care providers and how we can work collaboratively together to align resources and work proactively together to support the sector. Partners agreed this work on a joint quality assurance framework should be progressed.

3.3 Working with our Voluntary, Community and Enterprise Sector (VCSE) – Community led approaches and infrastructure

In 2015 the report; *A guide to community-centred approaches for health and wellbeing, Public Health England and the NHS* highlight that, 'Local government and the NHS have important roles in building confident and connected communities as part of efforts to improve health and reduce inequalities'. The report highlights that there is significant evidence that community led activity supports population health and reduction of inequalities. Additionally, the National Institute for Health and Care Excellence (NICE) endorses community engagement as a strategy for health improvement and there is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering.ⁱ

The report goes on to say that community-centred ways of working have often been poorly understood and located on the fringes of mainstream practice, which has largely been dominated by professionally led solutions. There are a number of reasons why this situation needs to change:

- we are unlikely to narrow the health gap in England without actively involving those most affected by inequalities. Participatory approaches directly address the powerlessness and low self-esteem associated with structural inequalities. They also help improve access and uptake
- the assets within communities, such as skills, knowledge and social networks, are the building blocks for good health and cannot continue to be ignored. A sole focus on community needs and deficits limits the options available, and sometimes increases stigma by labelling people with problems
- health behaviours are determined by a complex web of factors including influences from those around us. Community engagement and outreach are often a vital component of behaviour change interventions and the support from peers who share similar life experiences can be a powerful tool for improving and maintaining health
- social isolation and loneliness is a major public health issue, associated with higher risks of mortality and morbidity. But people can 'recover' from loneliness, meaning that there is scope for interventions to improve social connections
- wellbeing is a key concept for a functioning and flourishing society and community life, social connections, and active citizenship are all factors that enhance wellbeing. Thinking about how to enhance the informal ways people connect with others and offer assistance opens up the possibilities for positive change
- a flow of new ideas and intelligence from local communities is needed to give a full picture of what works and what is needed. Local government and ICSs now have the freedoms to

involve communities in jointly developing locally tailored solutions in the current period of austerity, the Wanless review's conclusion that high levels of public engagement are needed in order to keep people well and manage rising demand remains highly relevant.

More recently, the Integrated Care System (ICS) "*implementation guidance on partnerships with the voluntary, community and social enterprise sector*" ("VCSE") highlights that VCSE organisations are key strategic partners, emphasising the value of the sector's contribution to both the design and delivery of services. The VCSE sector will continue to play a crucial role within systems at a place and neighbourhood level to provide care and support as close to people as possible as well as decreasing health inequalities.

In Shropshire we recognise that working with our VCSE provides public services a primary source of understanding and developing relationships with our communities. Our VCSE are able to coordinate and mobilise the wealth of community activity and good will that exists in Shropshire. The amount of community support and interest in helping each other was never more evident than through the Covid pandemic; our VCSE were able to bring people together and ensure that this large mobilisation of community activity was done in a safe and supported way.

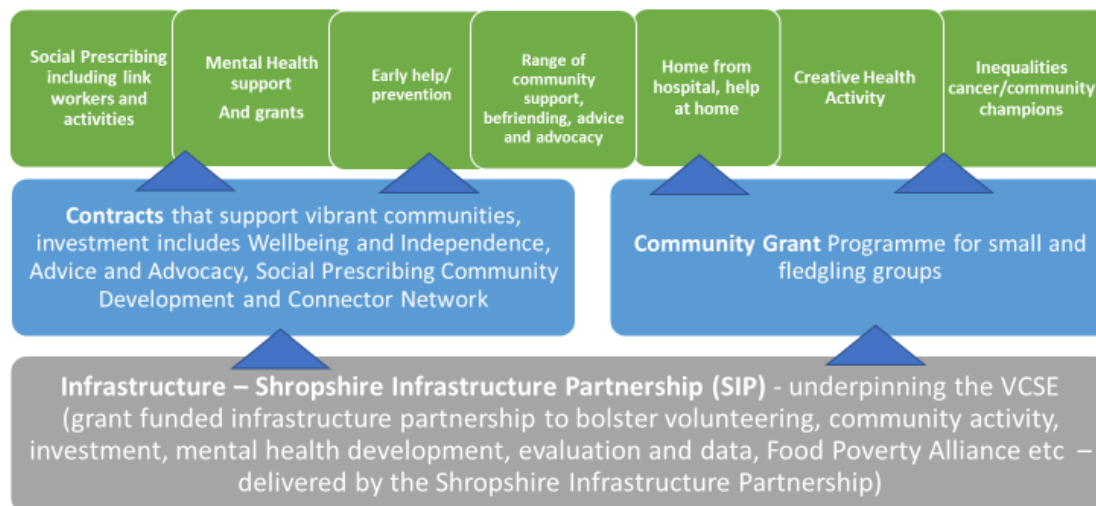
Strategically, we have worked for many years with our [Voluntary and Community Sector Assembly \(VCSA\)](#) and its forums of interest to ensure that the voice of the sector is a core part of our decision making. More recently the [Integrated Care System has signed a Memorandum of Understanding](#) with the Voluntary and Community Sector.

Through the Better Care Fund (and other community grants), Shropshire health and care system have also contracted with the VCSE for many years. Through this, the VCSE has been able to provide a range of vital services, work with those most at risk of social exclusion and enable individuals to contribute to public life and the development of their communities.

While we have contracted and grant funded the VCSE for community activity, in the past, public services in Shropshire have not significantly funded our VCSE core infrastructure support for the sector, reducing its ability to provide opportunities for capacity building, policy development, fund raising, planning, volunteer support and brokerage. However, since the pandemic, Shropshire Council has been able to grant fund the Shropshire Infrastructure Partnership (SIP) with a focus on developing a robust infrastructure support offer within the VCSE. This support offer includes bolstering volunteering, volunteer brokerage, fund raising and support for fledgling and established community groups regarding constituting, volunteer policies, safeguarding and improving the community offer. In addition, for 2022-24 the grant fund will provide additional infrastructure and community development around food poverty, mental health, as well as developing a framework for routine and systematic evaluation and data to inform our system's decision making.

This infrastructure work will bolster the VCSE's ability to deliver on the contracts, grants and community led activity happening in our local areas and include measures to monitor the impact and outcomes. The diagram below demonstrates in grey and blue some of the investment into our VCSE and in green the outputs that we see in our communities. This isn't the complete picture investment or activity, but it starts to describe how the funding and activity are connected, and how infrastructure funding supports the overall delivery of community activity.

Community investment and activity



An example of how this work in practice is the Volunteer Brokerage that has occurred as a result of the 'Be Part of History' volunteering campaign for Shropshire, Telford & Wrekin's Vaccination and Covid Testing programmes. The Shropshire Infrastructure Partnership have been able to continue to work with the 100s of volunteers who stepped forward to support during Covid, to connect the volunteers with other volunteering opportunities. This has been particularly helpful for the community development element of Social Prescribing where community development and volunteer brokerage work together to address gaps and develop the community offer.

A future report will be brought to the December board to demonstrate the activity and impact of current services and investment and planning for the medium and long term.

<p>Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>Funding to support VCSE Infrastructure funding has been made available through local grant programmes. There has currently not been agreed a commitment to Public Sector investment and therefore the medium- and longer-term development of the work is at risk.</p>	
<p>Financial implications (Any financial implications of note)</p>	<p>There are no direct financial implications identified in this update report</p>	
<p>Climate Change Appraisal as applicable</p>	<p>Promoting local activity e.g., community-based activities and social prescribing reduces car journeys. All commissioned services consider climate change in its design and implementation.</p>	
<p>Where else has the paper been presented?</p>	<p>System Partnership Boards</p>	<p>Joint Commissioning</p>
	<p>Voluntary Sector</p>	
	<p>Other</p>	
<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) N/A</p>		
<p>Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health</p>		

Appendices

N/A

ⁱ A guide to community-centred approaches for health and wellbeing,
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report.pdf , accessed June 2022

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