

Health and Wellbeing Board 21st April, 2016

REPORT FROM THE HEALTH AND WELLBEING DELIVERY GROUP

Responsible Officer

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1. Summary

- 1.1 This report highlights key work of the Delivery Group, not inclusive of the Better Care Fund, including the three Health and Wellbeing Exemplar areas of work, Healthy Weight and Diabetes Prevention, Mental Health, and Carers.
- 1.2 This report will also highlight Future Fit's Strategic Outline Case (SOC) that was approved by Shrewsbury and Telford Hospital NHS Trust Board on 31st March 2016, in order to provide the Board an opportunity to discuss and consider its position with this work.
- 1.3 Both the Telford and Wrekin and Shropshire County CCG Boards have been asked by the Trust to provide a letter of support to the assumptions within the SOC. However, both Boards have deferred a decision on this matter pending further details from the Shrewsbury and Telford Hospital Trust. While the HWBB is not part of the governance process of this work, it is felt that the Board provides an appropriate opportunity for this discussion. Please see **Appendix C** for the CCG Board paper for the meeting held in Shrewsbury on the 12th of April 2016.
- 1.4 With regard to the HWB Exemplars the Delivery Group has approved the interim and outline action plan developed Mental Health Partnership Board to take forward the Mental Health Exemplar work. The five areas to develop immediately are:
 - 1.4.1 Mental Health Needs Assessment – focussing on crisis care as a starting point
 - 1.4.2 Single Point of Access
 - 1.4.3 Section 136
 - 1.4.4 Further joint working between ASC and SSSFT
 - 1.4.5 Dual DiagnosisMore details can be found in the background section of this report.
- 1.5 As a starting point for the Healthy Weight and Diabetes Prevention, Shropshire has been successful in gaining a place on the LGA and Design Council's 'Design in the Public Sector' support programme. This allows us the support of the LGA and Design Council over the course of 120 days from March to July 2016, enabling the partnership to consider the problem of healthy weight and diabetes in our county through a 'design lens'. It provides the opportunity to consider how we might design interventions, pathways or other solutions to reverse the trend, and prevent people from becoming diabetic.

- 1.6 Four people from Public Health the Community Trust and the CCG are taking part in the Design programme and are supported in Shropshire by a working group with representation from across the health economy and the Prevention Group (subgroup of the HWBB). The first part of this work is to collect ethnographic information in Shropshire; to better understand the scale and to better understand what Shropshire people need to adjust lifestyle behaviours that lead to Type 2 Diabetes. More details can be found in the background section of this report.
- 1.7 The Carers Partnership Board is leading the work on the Carers Exemplar. The starting point for this work is the development of a local Carers Strategy. It is planned that the outline of this strategy will come to a future HWBB to agree scope and ambition following the next Carers Partnership Board.
- 1.8 The HWB Strategy outlines Life Expectancy and Healthy Life Expectancy as our long term measures for improving the Health and Wellbeing of Shropshire People. We also use the JSNA and the Public Health Outcomes Framework to help us understand the overall health of our population. However, as we move forward with the development of the Exemplars, a set of measures will be developed to understand impact and progress of each of these schemes.

2. Recommendations

- 2.1 To note, discuss, and provide comment on the Future Fit Strategic Outline Case
2.2 To note, discuss progress, and provide comment on the HWBB Exemplars

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3. Risk Assessment and Opportunities Appraisal

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

4. Financial Implications

- 4.1 There are no financial implications directly associated with this report.

5. Background

Mental Health

5.1 A working group of the Partnership Board met to discuss the best way to develop the HWBB Exemplar work. The group considered the priorities of the HWB Strategy – Prevention and Sustainability, as well as the output of the Mental Health Partnership day at the end of November (notes and 6 actions detailed below), the information gathered through the HWB consultation, and the priorities discussed previously by the Mental Health Partnership Board.

5.2 The group agreed that the development of a mental health needs assessment (to understand population-level need regarding mental health), prior to creating a detailed action plan was vital. However, the group also agreed that while we are developing the needs assessment there are a number of actions that we would like to take forward as a matter of priority. Therefore, the interim action plan (**Appendix A below**) highlights 5 priorities:

1. Mental health needs assessment
2. Single point of access
3. Section 136 and detention

4. Joint working between ASC and SSSFT
5. Dual diagnosis – substance misuse and mental health

Healthy Weight and Diabetes Prevention

5.3 Initial Project with the Design Council and LGA

Agreed vision:

“Helping adults in Shropshire who have ‘pre-diabetes’ to avoid progression to diabetes”

Agreed scope:

Adults aged 18+ years who have Impaired Glucose Tolerance.

Some will already be identified (GP records), others will be currently ‘unknown’ (these would be found via opportunistic screening, health check, CVD risk register patients, etc.).

Agreed objectives:

- Gain commitment from health and wellbeing partners to work on this topic to ‘exemplar’ standard – to make a real difference in the field of healthy weight and diabetes prevention.
- Undertake ethnographic research with the target population to understand their capabilities, opportunities and motivations: understanding how they feel, what they think would make a difference and what they need for behaviour change (what makes them ‘tick’).
- Develop these insights to know how to engage with the population.
- Identify the high-risk population and create opportunities for change that reduces rates of diabetes.
- Use the insights to design initial interventions/responses to alter behaviour and encourage achievement and maintenance of healthy weight.

Please see **Appendix B** below for the HWDP Draft Action Plan. This action plan will be further developed over the coming months.

6. Additional Information

7. Conclusions

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) Karen Calder, Portfolio Holder
Local Member
Appendices Appendix A and B below, Appendix C attached

Appendix A

Mental Health Exemplar Interim Action Plan (OUTLINE & DRAFT)

A working group of the Mental Health Partnership Board met to discuss taking forward the HWBB Exemplar. A range of information was discussed including:

- Agreed priorities of the Mental Health Partnership Board;
- Engagement and actions gathered through the Partnership Mental Health Event and the Pentagon (partnership chairs) meeting;
- HWBB strategy and consultation results regarding mental health;
- Implications of the care act, local commissioning for mental health including the 0-25 (CaMHs) Transformation Plan, crisis care concordat, crisis line, dementia action plan

In line with the HWB Strategy, it was suggested that the Exemplar work needed to focus on Prevention/ Early Help and Access at the right time.

It was agreed that over recent years we had made significant effort to develop our understanding of children and young people's mental health and the local service offer; however we don't have the same level of understanding regarding adults' mental health. In line with the Pentagon request we need to conduct a mental health needs assessment in order to develop our knowledge and action plans. It was also clear that there are some pieces of work that we need to develop at the same time as a needs assessment, hence the development of an Interim Action Plan. Revised action plan to be developed following the approval of the Needs Assessment.

The Mental Health Partnership has agreed the Draft Outline Interim Plan – 10th March 2016 – and has been approved by the Health and Wellbeing Delivery Group on the 12th April 2016

Action	Detail	Lead Officer/ Organisation	Timeline
1. Mental Health Needs Assessment – focus adult	<ul style="list-style-type: none"> • Scoping – determining what will be included (adult autism needs assessment may be required) • Data gathering – input from health and all relevant partners will be vital • Engagement across stakeholders/ the public 	Emma Sandbach (ES), Public Health <i>Action: working group to include ES, Richard Kubilius, Cathy Riley, Paola Alessandri-Gray</i>	9 months – to be completed by January 2017 <i>Sections to be published when complete</i>
2. Single point of access	<ul style="list-style-type: none"> • Building on developing work with statutory partners to explore models for a single point of access • Exploring models for implementation • Information Sharing • Project support by Shropshire Together 	Debbie Martin (DM), Shropshire Council <i>Action: working group to include</i> <ul style="list-style-type: none"> • Andy Begley • Kevin Mansell (SSSFT) • Richard Kubilius (CCG) 	12 months – April 2017

		<ul style="list-style-type: none"> • Emmanuel Le Goff (Shropdoc) • Sarah Dillon, Lindsey Huxtable • ShropCom & SaTH • Jayne Randall 	
3. Detention & Section 136	<ul style="list-style-type: none"> • Work with Safer Stronger Communities to understand why section 136 assessments are increasing in Shropshire • Explore different options for improvement 	<p>Sarah Dillon/ Cathy Riley/ Linda Izquierdo</p> <p>Action: PB to explore best route to discuss with the Safer Stronger Communities Board – link people include Paul Bowers (SSSFT) and David McWilliam (West Mercia Police)</p>	Autumn 2016
4. Early Help/ Prevention Integrated working	<ul style="list-style-type: none"> • Explore models of integrated working to include: <ul style="list-style-type: none"> ○ Rapid assessment by the crisis team ○ Joint ASC and SSSFT early help offer to those with low to moderate mental health needs (following Let's Talk Local model) ○ Appropriate training ○ Peer support via existing groups and the voluntary and community sector 	<p>Sarah Dillon, Shropshire Council</p> <p>Action: Cathy Riley and Sarah Dillon to take forward</p>	Summer 2016
5. Dual Diagnosis	<ul style="list-style-type: none"> • Explore models of working with those with substance misuse issues and mental health concerns • Explore models of working with those with mental health concerns and Autism 	<p>To be determined</p> <p>Action: To explore further at the next Partnership Board meeting</p>	On going

Appendix B

Draft Project Tracking Template

Project:		Healthy Weight & Diabetes Prevention			
Status	Priority	Deadline	Task	Assignee	Description
Stakeholder involvement			Action: Gain commitment for project work		
<input type="checkbox"/>	High		Identify and involve stakeholders	Charlotte Cadwallader to co-ordinate	Work with partners to identify those who need to be involved
<input type="checkbox"/>	High		Set up project working group/design group	Sally Wagg	Schedule meeting dates
<input type="checkbox"/>			Reporting structure	Prevention Group	Prevention Group to oversee project
<input type="checkbox"/>			Project development and leadership	HW Design group	Healthy Weight Design Group to co-ordinate project development and lead on programme
<input type="checkbox"/>			Set up regular meetings for the Healthy Weight (HW) Design Group	Sally Wagg	
<input type="checkbox"/>					
Ethnographic research			Action: Undertake ethnographic research with target population		
<input type="checkbox"/>	High		Gain insights about population capability, opportunities and motivation for behaviour change	HW Design Group	
<input type="checkbox"/>	?	Potential	Write tender brief for NSMC or similar organisation	HW Design Group	If agreement
			Create topic guide for research work with the population	HW Design group	
<input type="checkbox"/>	?	Potential	Arrange interviews, focus groups and other opportunities to speak with patients, the public and professionals	HW Design Group	If agreement

<input type="checkbox"/>	High		Gather an understanding of the 'pathway' for someone who is screened and found to have IGT	HW Design Group	Work with professionals and patient/public
<input type="checkbox"/>			Contact eye screening provider to find willing participants for research	?	
<input type="checkbox"/>					
<input type="checkbox"/>					
Collate existing research		Action: Analyse existing Shropshire ethnographic research undertaken by partners			
<input type="checkbox"/>			Ask partners to share existing papers, reports and findings around healthy weight and/or diabetes	Sally Wagg	
<input type="checkbox"/>			Collate findings and analyse themes from existing Shropshire work	Charlotte Cadwallader	Pull these findings into a report. Work with the PH Intelligence Team.
<input type="checkbox"/>					
Analyse insights		Action: Collate and analyse findings from new and existing research to understand priorities			
<input type="checkbox"/>	High		Triangulate themes from existing information with new ethnographic research	HW Design Group	Pull these findings into a report
<input type="checkbox"/>	High		Work with the Public Health Intelligence Team to understand the findings	HW Design Group & Health Intelligence	
<input type="checkbox"/>					
<input type="checkbox"/>					
Identification/Screening		Action: Identify existing and potential opportunities to increase screening for IGT			

<input type="checkbox"/>	High		Contact and request data from GP records on existing patients with IGT	CCG	This population could test the initial interventions/ responses
<input type="checkbox"/>	High		Identify existing opportunities for screening - understand current opportunities for screening including the NHS Health Check, workplace screening, pharmacy, opportunistic during GP visits	HW Design Group	Describe pathways and opportunities
<input type="checkbox"/>			Identify further opportunities to increase opportunities for screening	HW Design Group	
<input type="checkbox"/>			Work with partners to develop opportunities for screening	HW Design Group & HWBB	Will need involvement of GPs and other partners
<input type="checkbox"/>		?	Workforce screening days to be arranged?		If agreement
Communication & Engagement		Action:			
<input type="checkbox"/>			Making the population aware of existing services- promoting Help2Change's Help2Slim etc	Providers of services	
<input type="checkbox"/>			Promote the intervention amongst the population	HW Design Group	Work with comms partners
<input type="checkbox"/>			Promotion of any new/increased opportunities for screening	HW Design Group	Work with comms partners
Design of Intervention/Response		Action: Design potential interventions			
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
Evaluation		Action			
<input type="checkbox"/>					