Health and Wellbeing Board, 19th June 2015
Public Questions – DAVID BEECHEY

I understand that there is a proposal for the introduction of local JSNAs and while this appears to be a good idea I would like to know how it would work in practice. In particular I would like to ask the following questions:-

1. **How is it intended to define 'local'? It has been suggested that some commissioning should be devolved to existing Local Joint Committees but these now only meet twice a year with limited admin support and no funding so how would this work?**

Answer:

The intention is to develop **Locality JSNAs or Locality Evidence Bases** using the 18 Place Plan area geographies. The Shropshire Place Plans include a wealth of rich information that inform us about local areas. The 18 Place Plans identify the infrastructure and investment needs within each community; and are aimed at ensuring that Shropshire Council and our partners understand the local priorities within each community and that resources can therefore be targeted appropriately. By drawing together the Place Plans, health and wellbeing data collected by public services (including hospital, economic, environmental information), quantitative and qualitative information gathered through partner organisations including Healthwatch and VCS organisations, and through our own surveys and engagement processes, we can begin to build a rich picture of each area to support the targeting of resources and to support the development of communities.

We are in the process of working out how we develop the Locality Evidence Bases and our level of ambition and ability to combine our resources needs to agreed and established. To inform this, scoping work will be carried out to establish the data that is currently contained within the Place Plans and the JSNA and the additional intelligence that is held by the council and our partners. It is envisioned that we can create a draft resource that can be consulted on internally and externally.

LJCs are an important part of Shropshire Council's locality commissioning approach and we envisage the Locality Evidence Bases as an important development to support LJCs decision making processes.

LJCS are meeting regularly with the majority of them using delegated funding to commission youth activity this year. Whilst LJCs may not have the grant making budget that they originally had, the council's vision for LJCs is to support the creation and maintenance of Resilient Communities through opportunities for locality commissioning.

2. **To what extent will parish and town councils be involved in the development of local JSNAs? These councils vary considerably in their size and capacity but they differ from VCS organizations in that they are statutory bodies that have tax raising powers which are (so far) unrestricted. If they are to be involved are there any plans, in conjunction with SALC, to provide training and capacity building and, possibly, to encourage clustering of councils to increase their effectiveness?**

Through combining information from across services and organisations based on the Place Plan area geography and by working with the Place Plans, we envisage town and parish councils to be at the heart of this developing evidence base. As described in the question we need to continue to work closely with Town and Parish Councils and SALC to understand local need. Capacity building is something that the HWBB is keen to support throughout our communities and there is an opportunity through the council's Transformation Challenge Award project to deliver a programme of capacity building training and support to town and parish councils and the VCS.

3. **Local neighbourhood plans are intended to identify priorities within local communities for the size and location of housing and other forms of development (including medical facilities) within their areas while place plans should identify priorities for expenditure of community infrastructure levies (CILs) arising from local housing developments. To what extent would these plans contribute to local JSNAs?**

As described above, Place Plans are a key component of the developing Locality Evidence Base/ JSNA. The intention is to draw together evidence from across Shropshire Council and all partners, including engagement and consultation information to inform decision making at a local level. Infrastructure planning, including housing and the environment, is a key element of this.

Health and Wellbeing Board, 19th June 2015

Public Questions – DAPHNE LEWIS, on behalf of the Patient & Public Engagement Committee (committee to the Board, Shropshire Clinical Commissioning Group).

QUESTION:

Have the HWBB, Public Health and the Local Authority considered whether the accessibility of Public Toilets in Shropshire, particularly in Shrewsbury, could lead to an increase in medical and psychological complications – with their attendant cost implications - amongst the population?

A number of Public Conveniences have closed in recent years, meaning there can be considerable distances between facilities (bearing in mind a few hundred yards can be a very long way to the aged or disabled). Existing facilities are not always easy to find, particularly for people with sight impairment.

There are huge numbers of patients in Shropshire whose quality of life is literally dependent upon speedy access to a safe and private facility. This need is likely to increase as our population ages, in particular with conditions such as prostate cancer, diabetes and IBS. The anxiety caused by people afraid to venture into town for fear of embarrassment will undoubtedly lead to other medical conditions both physical and mental.

Presumably the town has reduced the number of public conveniences on the basis of cost, but is this effective long term? Or would it be possible for the Local Health Economy to pioneer a scheme (Comfort Scheme?) where businesses are prepared to offer a toilet for public use. If they were to display a sticker on the door possibly bearing an NHS logo, that would imply the toilet is for use of patients, and would deter inappropriate use.

I raise this question based on personal experience of two family members who are afraid to leave the house for fear of being 'caught short'. This means there is very limited exercise in their lives, and very little enjoyment of shops and social interaction.

Daphne Lewis 09/04/15

Answer:

Thank you for your question regarding public conveniences. The Board understands that for many people concern of this nature are very important to their wellbeing. According to the NHS Choices website, urinary incontinence and IBS affects millions of people in the UK, with a number of causes (as you suggest in your question).

The Board would foremost encourage anyone with concerns of this nature to be in contact with their GP or health professional to discuss medical advice, if not already done so. There are a number of medical interventions plus practical advice that a GP can provide in order to

support people who have concerns. Some may be shy about discussing with GP, however it is an important issue that should not be dismissed.

The HWBB would like to encourage our older and/or vulnerable citizens, or those with a medical condition, to feel confident to access town centres. There are a number of possibilities for consideration:

Encouraging people to contact their GP, pharmacy or nurse for helpful advice;

- Investigate linking with other schemes such as Safe Places (described below) and Dementia Friends;
- Use our networks including town and parish councils and the Business Board to promote awareness of the public facilities and perhaps businesses that are happy for their facilities to be used.

An example of partnership working in Shropshire for vulnerable people is the **Safe Places** initiative:

'Safe Places' is a short term safe place for vulnerable people who feel threatened.

How does it work?

- *Shops businesses and public buildings sign up to the project.*
- *Staff are briefed in what to do if someone needs help.*
- *The premises that sign up are provided with a sticker symbol that goes in a visible place in the window.*
- *The scheme is supported by West Mercia Police. Local Police Community Support Officers are aware of where local Safe Places are.*
- *People using the 'Safe Places' Project are given a card by the organisations involved which has the same Safe Places symbol as the window sticker. They add details of people to contact if help is needed. Cards can also be obtained from hatecrime@shropshire-disability.net or ann.shaw@westmercia.pnn.police.uk*
- *If the person feels threatened or has a crime committed against them while they are out in the community they can come into any 'Safe Places' premises to ask for support.*

Town and Parish Councils are key stakeholders in any discussion regarding town centre facilities. Discussions regarding facilities may be included in community development discussions.

Health and Wellbeing Board, 19th June 2015

Public Questions – DAVID SANDBACH

Providing Clarity on the use of the term Community Hub developments -

We have used the descriptions of visions for Community Hubs from Shropshire Council's paper to this Health & Well-Being Board meeting and the Future Fit Clinical Design Workstream Final Report to initially assess their commonalities, opportunities and differences.

The assessment has shown that the overarching statement made within the Future Fit document – 'the Community Hub will be the place I go when I have a question or a problem' is shared by Shropshire Council in its aspirations. Other commonalities include an aspiration to create a gateway to a hub of services, a focus on prevention – supporting people away from crisis, a desire to utilise the resources and assets within communities to promote good health and well-being, and a recognised importance of effective signposting and referring activity as well as a sense that even if you're not quite sure what the problem is, someone at the Hub will want to try and help you.

Both visions describe the opportunity to bring health and social care services closer together, and both models rely on maximising opportunities within communities to create Hubs - we will all have to use existing resources to do this and to shape our services to best meet the needs of our communities.

The primary difference between the two models is that the one described within Future Fit is fundamentally focussed on health and tackling issues with our health system and Shropshire Council aspires to delivering a range of face to face services with an early help/preventative focus – libraries, customer service points, information, advice and advocacy – along with effective signposting to other activity. The two models have come from different organisations as a solution to tackling challenging issues within their areas of responsibility and it is only natural that these are focussed in this way. This difference will give clarity to future discussions on developing the two models and could actually be helpful in ensuring that they complement each other.

It will be clear from the documentation that this concept is still in development and the point raised in the question is key in this development. Essentially if we get this right individuals should not need to know the difference between these elements, they should know where they can go to access help and the schemes should work together to provide this.

Our communities are likely to already contain the assets and resources that are required to start creating Community Hubs and opportunities to do this should be harnessed and not lost. Evidence and intelligence should be used to inform the development of Community Hubs, e.g. the data that is being collected to support the thinking on how Resilient Communities can be created and maintained. As both Community Hub models are in the early stages of development, there is an excellent opportunity for joint working to deliver them within localities using existing assets and resources and shaping the services whose delivery will benefit residents in a myriad of ways.

The Health & well-Being Board may wish to recommend that further joint work between Shropshire Council, Shropshire CCG and communities is undertaken to fully understand the opportunities that exist to create Hubs as described and to pull in elements of the Resilient Communities activity – e.g. creating an evidence base for locality working, the Community Connector role – to create the best possible solutions for residents.

Please see Appendix A below for extracts of hub development documentation.

Q 1.

Community Hubs and Community Connectors Our Resilient Communities approach will be built around the development of "Community Hubs" which will act as "gateways" to a diverse range of local activities.

People involved in the Future Fit program have signalled the eventual introduction of "Health Hubs". Will Community Hubs and Community Connectors be the same as Health Hubs?

In principle Community Hubs development (both Council and CCG) is likely to be something to be considered on a locality by locality basis depending on local opportunities. As discussed above, the use of Community Hub currently has different emphasis for the Local Authority and the CCG. For Shropshire Council Community Hubs will be places that support early conversations with local residents that give them the best possible chance of accessing the support that they need within their communities – this support will no doubt, often be within the services and activity that make up a Health Hub. Each community is different and the assets available within it to create and deliver our visions of Community Hubs, Health Hubs and Community Connectors will vary. Working together to find those opportunities and make something out of them is the challenge we should rise to.

Community Connectors will connect people to the activity of the organisations present in their location and often these organisations and the services they deliver will be based in a hub environment. The Community Connectors role is different to that of service delivery through hubs and whichever organisation was delivering the role would be expected to knowledgeable about what is delivered or organised locally regardless of sector or theme.

Q 2.

Who will pay for the Health Hubs?

As outline above Health Hubs is not a specific term used in the documentation. However, as the approach to Hubs is developed as set out in the response above the funding of this activity will be determined. As always the most efficient way of using resources will be paramount

Q 3.

I am getting older and worry about being confused when it comes to people trying to help me. So how will I know the difference between a community hub, a community connector and a health hub?

We jointly have to be clear at a strategic level about what each of things are for and what we expect them to achieve, making reference to how each complements the other. We then have to translate this through to localities to enable delivery on the ground. It's patently obvious that each 'resource' has to have a relationship with the other within each locality, that is meaningful and productive for the people using them, and it would be useful if each 'resource' was clearly and consistently identifiable to help people understand what they are and what their purpose is.

The most important thing is that the people looking for help in their communities find it as quickly and easily as possible. This is equally dependent on effective communication between locality based 'resources' such as hubs and community connectors to ensure quick and easy signposting and referring take place, as it is on the right help being available.

The activity of the Community Connector in making and encouraging 'warm referrals' and linking people up to the good things that are in their communities, is really important is supporting this effective communication, which can be difficult to achieve.

Here are some of the key principles of the Community Connector role -

- Community Connectors will connect people to the activity of the organisations present in their location, e.g. all the voluntary and community groups, commissioned services, Shropshire Council, the town/parish council, health services, the police, fire and rescue service. The creation of a Local Community Directory will be key to this.

- Community Connectors should be supported to think of the best solutions for the people they are working with and not only what the organisation they are linked to can offer.

- There is a need for a change to the current culture in which services are delivered, if Community Connectors are going to achieve their full potential and community resilience accessed for the benefit of the people using those services.

- Community Connectors should not be located in or linked to solely one place in a locality, but have the ability to operate in all the suitable places where people go to do things, complementing any existing signposting or referral activity.

Appendix A

Extract from Shropshire Council's Community Hubs paper to the H&WBB May 2015

Our Resilient Communities approach will be built around the development of "Community Hubs" which will act as "gateways" to a diverse range of local activities. The effectiveness of community hubs in reaching the people who will benefit from them, will be maximised through the development of Community Connector roles. Residents coming into the hubs will get the right information and support at the right time – the right things often being something that family, friends and the community can offer and the right time being as early as possible. We know that we have to end a culture of people only being signposted into social care or health care provision that they then cannot access until they reach a certain eligibility level or have experienced a crisis.

Our approach is designed for everyone within their local community. We want to increase the demand on universal early advice, information and guidance provision and by having a very different conversation about what a person needs, how their need can be met and reducing demand on expensive specialised services at a later date.

Through the development of Community Hubs, Shropshire Council wants to work with partners to re-design existing face to face customer focused services and to use the transformation of our Libraries and Customer Service Points as a catalyst for change. While we recognise the importance of technological solutions in enabling remote access to services, we also know that face to face contact is vital to potentially vulnerable residents in order to give them the best chance of finding support within their community and reducing the need for expensive “professionally led” interventions. By having a very different conversation as early as possible about what a person needs and how their need can be met, we will reduce demand on expensive specialised services at a later date.

We will harness the existing energy and commitment of a range of partners, and develop community hubs as the natural home for cross-sector working and for the redesign of services around people. We will do this by:

- Creating vibrant inclusive sustainable places run by the community for the community
- Coordinating and building volunteer activity and supporting the growth of community led initiatives
- Transforming the way that information, advice and guidance, prevention and early help services are delivered by Shropshire health and social care partners.

What will the future look like?

The development of community hubs within the context of a resilient community approach will be part of the catalyst for changing how we:

- Maximise the opportunities for health care and social care integration in communities
- Integrate Adult Social Care (ASC) and Children & Young People’s Services (CYPS) early help provision in communities and adopt a family approach
- Enable primary health and Community & Care Co-ordinators to effectively link into the wider community resources that will ensure that the most frail and vulnerable patients are supported
- Use and invest in the resources available in our communities to signpost/connect people to activities that they will enjoy and benefit from, e.g. through the community co-ordinator and community connector roles
- Make referrals into services and move people between services and community resources, i.e. stepping people up and down between different levels of support
- Utilise all the resources available in a community to address loneliness and to promote good health and well-being
- Build ‘teams around the community’ that will emphasise prevention and early help and will reduce the overall demand on the public sector.

Community Hubs, the spaces at the centre of this approach, aim to meet the needs of the people that they serve and to host a range of transformed services including libraries, Customer Service Points, information, advice and guidance, early help for adults and children, community health, community mental health, voluntary groups who are delivering

commissioned services and community groups providing local activity. All of this provision will adopt the ambition to involve all the local resources in helping people to find solutions to their particular issues.

We will know that we will have got this right when:

- Everyone agrees that living at home is normal and people live independently at home for longer
- People feel connected to their communities, know where they can go to get advice and can help others to get the advice that they need
- People are more active as they feel safe, welcome and that someone is looking out for them when they go out
- All the activity in and around the hub is intelligently designed and delivered, joined up and has a local flavour

Extracts from Clinical Design Workstream Final Report

P18

5.2.3. Empowered communities

The development of community hubs will provide a focus for community mobilisation. They will be experienced as a 'cared for', non-institutional environment, welcoming to everyone, whether there by appointment or 'walk in'. It will provide consistent services and activities which not only promote patient and community empowerment, but also enhance the quality and sustainability of local NHS acute, planned and long term condition services. The community hub will 'be the place I go when I have a question or a problem'.

P56

7.5 Community Hubs

Community hubs should have a number of characteristics and co-locations which would strengthen their connection with the local community and individual patients. This would not only provide a number of valuable community orientated services, but also improve the quality and sustainability of any co-located NHS acute, planned and LTC services. Community hubs would become 'the place I go when I have a question or problem'.

These characteristics should include:

- A 'cared for', non-institutional environment which was welcoming to everyone, whether there by appointment or 'walk in'.
- A strengthening of 'community spirit' which values the hub as an integral part of the local community (and which mitigates the risk of this being lost through a more strategic design and use of beds)
- Consistent services, many open 24/7, which are sustainable through achieving a 'critical mass'

- Local people involved in the design and running of the services which are built around an ‘asset based’ model of what already works well.
- A co-location of services carefully designed to improve the overall quality of acre in a cost efficient way
- A potential for tailoring services in different areas of the county according to demographic need
- An emphasis on prevention, self-management and patient empowerment
- More help for carers to help them cope, rather than purely the provision of respite
- A more timely access to expert opinion, responding earlier to need even if it is undifferentiated and of low acuity
- A way of doing things that reduces social isolation and enhances inter-generational mixing (e.g. co-locating Sure Start children’s services in an environment catering largely for the elderly).
- Enabling community services to be more effective and better integrated with services which require beds
- A range of community services which ‘waters down’ the tendency to base planning only on ‘beds’

Because of these characteristics, citizens and patients will want to come to a community hub for a variety of reasons:

- Prevention
- Addressing the wider determinants of health. The more the better!
- To experience a ‘cared for’ environment which tackles social isolation, and promotes making every contact count
- With an undifferentiated need
- ‘dis-ease’, anxieties, wants, crisis, etc
- Providing excellent navigation and signposting for medical, social and mental health needs
- Including the ability to check on appointments anywhere in the system
- Because ‘I’m anxious’
- Handled through contact with voluntary sector and only escalated to a health professional if required
- For LTC education to improve self-management in groups to provide economy of scale and a social environment
- For non-urgent, holistic, integrated assessments, including social, medical and mental health, possibly performed by a single generically skilled professional
- Community and care co-ordinator functions and skills might be well placed here
- To access an expert opinion which may not be directly available 24/7 but which can be signposted to or accessed remotely via ‘telehealth’

Extract from first Community Hospitals Cross Cutting Themes meeting – May 2014

The community hub functions would provide a more holistic environment in which (next to which / co-located with?) acute, planned and LTC care can be delivered. This would include:

Diagnostics

- Observation (6-12 hrs with clear escalation protocols)
- Pharmacy with ‘named responsible pharmacists’ for people with LTCs and networked urgent care functions)
- Place of safety
- Early follow up after discharge from hospital
- Planned care remote consultations
- DAART facilities – ‘comprehensive geriatric assessment’ as part of UCC service and as a referral destination following assessment elsewhere
- Beds for re-ablement. Although reablement at home would be the default, there are patients with a slower trajectory of recovery, who cannot yet transfer safely, whose comorbidity persists or whose level of confusion means they don’t stay in bed who will require bed based care for a short period. The potential for networked care utilising
- private sector (care home) beds and minimising beds at community hospitals was discussed (to be continued at next meeting).
- Co-location of teams including community nursing, social care and community mental health teams who work in different care settings and follow the patient in their journey.
- A ‘skills lab’ providing generic health care training to everyone who wants it, including HCA’s, carers, volunteers, care home staff etc. This has the potential for income generation and achieving academic standing to enhance quality, sustainability, recruitment and retention.