Committee and Date
Health and Wellbeing Board
3 March 2022

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 11 NOVEMBER 2021
9.30 AM – 12.15 PM

Responsible Officer: Michelle Dulson
Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present
Simon Jones – PFH Adult Social Care and Public Health
Kirstie Hurst-Knight – PFH Children and Education
Cecilia Motley – PFH Communities, Culture, Leisure & Tourism and Transport
Rachel Robinson - Director of Public Health
Tanya Miles – Director of Adult Services, Housing & Public Health
Mark Brandreth - Accountable Officer, Shropshire, Telford and Wrekin CCG
Claire Parker – Director of Partnerships, Shropshire, Telford & Wrekin CCG
Dr John Pepper – Chair, Shropshire, Telford & Wrekin CCG
Lynn Cawley – Shropshire Healthwatch Jackie Jeffrey – VCSA
Jackie Jeffrey – VSCA
Patricia Davies – Chief Executive, Shropshire Community Health Trust
Ben Hollands – Midlands Partnership NHS Foundation Trust
Sara Ellis - RJAH
Laura Fisher – Housing Services Manager

150 **Election of Chairman**

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RESOLVED:

That Councillor Simon Jones be elected as Chair of the Health and Wellbeing Board.

151 **Apologies for Absence and Substitutions**

The following apologies were noted:

David Crosby – Chief Officer, Shropshire Partners in Care
Angie Wallace - SATH

152 **Disclosable Pecuniary Interests**

Jackie Jeffrey declared that the VSCA received funding from the Better Care Fund.

153 **Minutes of the previous meeting**

9 September 2021 - Paragraph 140 - Integrated Care Systems Update

It was confirmed that the third paragraph on page 3 should read as follows:

'The Director of Public Health was keen to link the Shrewsbury Health and Wellbeing Hub into the JSNAs and taken to the Health and Social Care Overview and Scrutiny committee. It was confirmed that an equality impact assessment was being done which would go through the Project Board and would be linked into the JSNA. The Director of Public Health requested a full integrated impact assessment be undertaken'.

RESOLVED:

That the Minutes of the meetings held on 8 July and 9 September 2021 be approved and signed by the Chairman as a correct record, subject to the above amendment.

154 **Public Question Time**

No public questions were received.

155 **System Update**

Integrated Care System (ICS) update

The Programme Director for Shropshire, Telford & Wrekin Integrated Care System introduced and amplified the ICS update and presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- The Integrated Care System Development
- Urgent Care and Ambulance Pressures
- Covid-19 Vaccination Programme
- Hospital Transformation Programme
- Community Diagnostic Hubs
- Elective Waiting Times
- SaTH CQC Inspection

The Programme Director updated the Board, she recapped the reasons for ICS's being set up and explained that the Bill was still going through Parliament. She explained what the new structure would look like from April next year with a view that the structure would be much more fit for

purpose. From 1 April 2022 there would be an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) and that those two bodies together would make up the Integrated Care System (ICS). The ICB would probably look different to the current ICS Board, in that it would be smaller but would have the same chair, there would be non-executive Directors on that Board who would be new to the system so could not currently be in a non-executive role on any of the current organisations. There would also be some new Executive Directors, indeed there were four mandated executive roles in the legislation, and they were the Chief Executive, a Director of Nursing, a Medical Director and a Chief Finance Officer. In addition to this, there would also be partner members who would be the two Local Authorities, a representative section of provider organisations and GP members. Decisions would be made across those three sections. In order to retain the history and knowledge within the organisations they were asking the chairs of the current provider organisations to chair some of the subcommittees of the ICB so that they also became involved in the workings of the Board.

The ICP was a much less mandated grouping of people and would be chaired by the two Local Authority Leaders and would probably meet two to three times a year and it would have representatives from the ICB, representatives from the Local Authorities, representatives from Healthwatch and whoever else it was wished to have on that Board, for example, Police, Fire Service etc. The primary function of the ICP was to set the Integrated Care Strategy for the system. Sitting elsewhere in the system would be the two place-based arrangements which would link closely to the Health and Wellbeing Board and were largely focussed on the population of those particular places on and around arranging provision of health care and care for the people in those populations. There would also be a provider collaborative which was where the providers could get together and decide what might be the best way of providing care beyond the boundaries of organisations themselves and linking up care, so it was more streamlined for patients. Still in development within the system was the neighbourhood arrangements which were centred around the 8 Primary Care Networks and that was about focussing multi-disciplinary arrangements around individuals, families and making sure that care could be concentrated in the right places, for the right people.

More detail was requested with regard to neighbourhood arrangements and what was meant by neighbourhood. In response, the Programme Director explained that there was flexibility to design what they wanted it to be but were centred around populations of around 30-50,000 people and around the Primary Care Networks which were already in place across the system. She confirmed that their purpose was to ensure good primary care provision, bringing multi-disciplinary teams together e.g., social workers, GPs, other providers of community services to particularly focus on individuals and families who have particularly complex needs.

As Shropshire was a very large county with a very large rural population, especially in Shropshire, concerns were raised over difficulties accessing care in some of the rural areas due to having to travel a long way, if they were elderly, they may not have transport, public transport wasn't always available and have to rely on other people to drive them. It was requested that some form of outreach be built in to deliver services more effectively to the rural areas instead of rural areas always having to go to a central point. The Programme Director explained that they were currently trying to set the infrastructure in a way that could respond to those needs and that both place-based Boards as they evolved would need to take that on board as a particular issue for this area and work with the neighbourhoods to ensure they could provide better solutions for people. She confirmed that the ethos was to provide care in people's own homes as much as possible.

The Director of Adult Services wished to highlight that the covid services for Shropshire, Telford and Wrekin were among the top performing regions in delivering the covid vaccination to children aged 12-15 and she wished to congratulate the team. She requested the Director of Public Health to update the Board in terms of the booster programme. The Director of Public Health commented on the importance of the flu and covid vaccination programmes this winter and would refer later in the meeting to the winter wellness campaign that was being launched to encourage people to ways of keeping well over winter. The vaccination programme across the county had been phenomenal but people still needed to come forward for their booster vaccinations. She then drew attention to the mobile covid bus particularly in the South of the County.

RESOLVED:

That the contents of the update be noted.

Joint Commissioning Board

The report of the Assistant Director of Joint Commissioning was received (copy attached to the signed Minutes) which provided an update from the Joint Commissioning Board and sought approval for the Better Care Fund (BCF) submission for 2021/22 which was due to be submitted on the 16 November 2021.

The Head of Joint Partnerships gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- BCF Introduction
- Key changes within policy guidance
- BCF national conditions 2021/22
- Updated Shropshire H&WB Governance

- Approaches to Integration
- BCF Key Themes
- Discharge Alliance
- Disabled Facilities Grant
- Metrics

The Assistant Director went into more detail about the additional metrics being measured this year which included a focus on length of stay 14 days and length of stay 21 days. She explained that the data packs had been set nationally based on a local authority area and which was based on an average 18-months data pack. However, the concern with doing that is that the 18 months also included the covid period where it had skewed the data somewhat across the system. Hence they looked at the average data set over the 18 months, but also then looked what that average was, as well against Quarters 3 and 4. They knew as a system that Quarters 3 and 4 were always quite a difficult time of year, so targets had been set based upon those Quarters 3 and 4, so it looked like they were not putting any stretched targets in. However, as a system they felt they would be very much stretched targets due to the pressures on the acute services and the issues across workforce and recruitment. These targets had been very much set against a background of increasing pressure and it was felt that they were going to be quite stretched.

The Assistant Director reported that the discharge alliance group would monitor these targets. She explained that when they went to some of the regional meetings the feeling was that as long as we had a real understanding and justification as a system about: why we were setting those targets, were really clear about how those challenges were trying to be met and what would be done in the future, they were happy with what was being proposed so far.

The Assistant Director informed the Board that a new target of percentage of patients discharged back to their normal place of residence, which again, was an average annual target. This target had been kept the same as there were real pressures in getting people home particularly with recruitment in the domiciliary market in particular, so there had been an increase of people going into care homes. This would also be a stretched target along with unplanned hospitalisation for chronic care sensitive conditions where the target was based on what the trajectory would be for the annual target.

The Assistant Director reported that the submission had been sent through to the regions to sense check and get some initial feedback prior to the submission date of 16 November 2021. She confirmed that all of the BCF strands and plans would be reviewed going forward to make sure they were fit for purpose. The Head of Joint Partnerships summed up where they were in terms of response from the region. They had had some comments back and some suggested amendments around further

linking the narrative document with the expenditure tab, particularly around enablers e.g., domiciliary care and how people were going to be moved through the system more quickly. That was one area that need to be bolstered within the narrative document matching back to the financial template. The other area around the metrics, although it explained why they were setting the metrics where they are, was a request to have additional ideas about where we are at now, what the challenges were, and how those improvements were going to be made. This was why within the recommendations, the HWBB were being asked to delegate sign off by the Director of Adult Services outside of the meeting so those adjustments could be made. No adjustments to the finances had been suggested by the regions so overall the feedback was positive.

In terms of hospital discharge, the Director of Adult Services explained that this system performed really well in terms of discharging patients in a timely manner, and she requested that the Assistant Director gave a run-down of the additional capacity and investment that the Shropshire system had put in place to support the system as it went into winter. She confirmed that the HWBB would receive a report on the Shropshire Winter Plan at its January meeting.

In response, the Assistant Director explained that as a system, they had been looking at where additional capacity was needed and where the biggest impact would be. She reported that they had successfully managed to get some additional funding to really bolster first, the Reablement Team to ensure people could be discharged from hospital quickly, and also an element of support for domiciliary care, as there had been a few issues with the throughput which thankfully, was starting to improve. The Assistant Director then went on to explain some of the other work being undertaken to try and support the system, including a recruitment and retention campaign. There was a huge amount of work behind the scenes to support the system.

RESOLVED:

1. To note the contents of the report;
2. To note and approve Shropshire's BCF planning template submission set out in appendices A and B; and
3. To approve delegated authority for final sign off of plan, if regional feedback suggests amendments.

156 **Health Inequalities and Wider Determinants of Health**

Health Inequalities plan update

The Consultant in Public Health introduced her report (copy attached to the signed Minutes) and gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- Development of Shropshire Health Inequalities Plan
- Background
- Population Health Board and ICS Priorities.
- NHS Priorities with impact on Health Inequalities.
- Shropshire Priorities and Principles
- Next steps

The Consultant in Public Health explained that Shropshire's Health Inequalities Plan was intended to draw together in a single document a range of plans and priority work programmes that were already under way. The provisional intention was to document at a high level, a summary of information in relation to those existing plans and pull them into the Shropshire Health Inequalities plan. In looking at relevant data and information, gaps in activity may be identified, in which case there may be a need to start additional or enhanced work programmes. The plan would include priorities for tackling health inequalities that were relevant to the Integrated Care System, that were Health and Wellbeing Priorities or those relating to the wider Council. Each of the work programmes to be included in the plan would be aligned under one of the four domains within the population health model.

In terms of the key programmes that were identified for more detailed performance management in terms of delivery, they would be mindful of the evidence both in terms of the factors which predispose individuals and population groups to health inequalities as well as the evidence provided through the national Marmot reviews. These reviews set out the key areas where the evidence suggests attention should be focussed in order to reduce health inequalities whilst recognising the importance of promoting a healthy standard of living including the role of central government.

The Consultant in Public Health drew attention to the various priorities that were to be included. She explained that the Population Health Board was a group sitting under the Integrated Care System Board and which oversaw the development of the system-wide approach to health inequalities, which included NHS England's health inequality priorities for integrated care systems. There was an overarching framework for the system, system-wide prevention and equalities programmes and sitting alongside were the priorities local to Shropshire.

The Consultant in Public Health then gave more detail around the NHS preventions and transformation programmes that would be delivered to Shropshire residents and that could have a significant impact on the population if they accessed the services as intended. Looking at the

principles which would underpin the approach to health inequalities, these included the need to adopt a whole-system approach to the issue, recognising the complexities that sit behind problems and the vital importance of understanding problems from the perspective of those with lived experience. She confirmed a successful bid to the LGA/Health Foundation in securing monies that would include an opportunity for a local learning programme in relation to adopting a whole-system approach. The need for co-production has also been discussed as an additional principle.

In response to the issue of access to services in rural areas, she referred to section 3.8 of the report which made reference to the opportunity that would be expected around introducing a specific focus on rurality as a factor to explore in tackling health inequalities. Members welcomed the focus on rurality and felt it would be helpful to contact rural Parish Councils who had a good knowledge of their local communities and the problems and health determinants within them. In response to a query about where education sat, the Consultant in Public Health confirmed that this would absolutely be included in the plan.

RESOLVED:

To note the contents of the report and presentation.

Food Insecurity findings report

Ms Sophie Padgett, Shropshire Food Poverty Alliance Co-ordinator introduced her report (copy attached to the signed Minutes) and gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- Children's food insecurity in Shropshire;
- What their 2020/21 research told them;
- Key areas of work identified; and
- Evidence from other sources.

The Head of Service, Joint Partnerships updated the Board in relation to the funding received by Shropshire on the back of Marcus Rashford 's campaign around holiday hunger in particular. She explained that funding for holiday hunger began in March 2020 and had been used for free school meal vouchers, in particular, but also for work with other intersectional organisations to be able to provide funding because it was recognised that between about 7,500 children received school vouchers and this was expanded to those who were on the fringe of entitlement so that schools had a bit of leeway to give vouchers to people they recognised needed it even if they did not apply for them or did not make the threshold for free school meal vouchers.

They also worked with partners to ensure that people who came through different routes highlighting their need that they would be able to access funding another way e.g., fuel poverty grants etc. The funding had been received in tranches, for the third tranche (Household Support Grant) they were working collaboratively with the voluntary sector to see how the money should be spent in this area and again were focussing on doing this in a number of different ways.

The Chair of the VCSA was pleased to see the shift in attitude away from the stigma and lack of empathy about how people got to that stage. It was felt that this would help people access support in a dignified way. She requested that the HWBB review this again to ensure a continual shift towards dignity and to challenge and eradicate stigma around poverty in Shropshire.

Ms Padgett responded to a number of queries from members of the Board.

RESOLVED:

To note the recommendations contained in the report.

Energy Redress Project

Mr Simon Ross from the Marches Energy Agency gave a presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- Update on the Healthy Homed Shropshire project.
- How cold is too cold? Guidelines for a healthy home.
- Those with health conditions now April 2021 – all Shropshire.
- ICS: design framework.
- Next steps: Energy diaries.
- Next steps: Developing health relationships.
- Next steps: Capital funding.

The Director of Partnerships agreed to have a conversation with Mr Ross outside of the meeting in order to link up the relevant people.

The Housing Services Manager highlighted the excellent work being done through the private sector housing team and she confirmed that additional funding had been secured around helping people with their energy bills.

RESOLVED:

To note the contents of the presentation.

Trauma Informed Approach and Resilience workshop update

The report of the Health and Wellbeing Officer was received (copy attached to the signed Minutes) which provided a summary of two trauma informed workshops which were held for Shropshire Health and Wellbeing Board (HWBB) and Shropshire Integrated Place Partnership (ShIPP) members.

The Health and Wellbeing Officer reported that there had been a good response and that a lot of discussion/enthusiasm had been generated. The workshop consisted of a screening of a powerful film called 'Resilience; the biology of stress and science of hope', followed by facilitated discussions, as detailed in the report.

The Health and Wellbeing Officer highlighted the work taking place in the UK and explained the ambition for Shropshire and drew attention to the recommendation seeking a commitment from all system partners to resource implementation of a trauma informed approach in Shropshire.

Following a brief discussion, it was **RESOLVED** in principle to explore the following:

- A commitment to resource from HWBB and ShIPP member organisations, in order to implement a trauma informed approach in Shropshire.
- A commitment to specific resource to develop a trauma informed workforce through-out Shropshire.
- Discussion on key areas of development for focus over the next 3 years, including development of/sourcing appropriate training packages, and a continued call for action to screen the film.
- This report goes to the Joint Commissioning Group for resource alignment.

157 **West Midlands Ambulance Service Annual Report**

Mr Vivek Khashu, the Strategy and Engagement Director, West Midlands Ambulance Service (WMAS) introduced and amplified the WMAS Annual Report (copy attached to the signed Minutes). He gave a presentation which looked back at the previous year but where relevant he drew out where things had changed and moved on.

The presentation covered the following areas:

- Refresh of 5-year Strategy including the vision, strategic objectives and values. The previous vision had been reaffirmed and an additional value, environmental sustainability, had been added.
- ICS priorities – the WMAS worked with six ICS across its region.

- Service lines – demonstrated all the constituent parts of the organisation.
- National CQC ratings and single oversight framework segmentation. There were now at segmentation level 2.
- Surge management of covid-19 related calls.
- Actions taken to manage the initial surge of Covid-19.
- BAME risk assessments.
- Summary of achievements through the challenges of covid-19.
- Flu and Covid-19 vaccinations - 91% of staff have been vaccinated.
- Call answering. EOC performance >2 minute 999 call answer delays. Performance much better than peers.
- Remain the only Ambulance Service to achieve all E&U targets (response time standards). However that would not be the case next year as the response times had deteriorated over the course of the year.
- Conveyance rates - had progressed relatively well.
- Hear and treat for Category 3 or 4 whereby a clinician speaks to the caller to ascertain their needs - much closer to 20% now and as a result take fewer patients to hospital.
- Lost hours at hospital (>15 minutes pre-handover) – by October this had increased to 28,000 hours which was unprecedented.
- Patient transport (PTS) – All KPIs achieved.
- Achievement of Quality Account Priorities 2020-21.
- Compliments and complaints. There had been an increase of 1% and 9% respectively.
- Integrated Emergency and Urgent care (integration of the services 111 and 999) achievements in 2020/21.
- Integrated Urgent Care future model of delivery.
- Health and wellbeing arrangements for staff.
- Sickness 2020/21 - just below 5%.
- Staff turnover - relatively stable, young workforce.
- Awards and recognition.
- Representation - how constituted as a Board and workforce.
- Global digital exemplar site investment.
- Digital developments e.g., roll out of ipads to all frontline staff.
- Electric vehicles/fleet - no more than 5 years old, first to have electric vehicles.
- Ockenden report – actions identified.
- Looking forward to 2021/22.

The Chairman noted his disappointment that the report did not contain more detail on performance at a local level, the performance of the service specifically across Shropshire and the outcomes for Shropshire patients. As noted in the report Shropshire and Telford and Wrekin CCG were one of the 20 commissioners for the service however data was not presented even at this level. In addition, as noted in the report, the service is located in the heart of England, covering an area of over 5,000 square miles, of which 80% is rural landscape, it would therefore be

expected that there would be variation across these areas, particularly rural areas such as Shropshire and transparency around the performance across the County is essential. He therefore requested that further data highlighting performance and outcomes for the service across Shropshire, compared to peers and variation across the County in performance be brought back to this board and to be presented to the Health Overview and Scrutiny Committee, for Scrutiny.

RESOLVED:
That further data highlighting performance and outcomes for the service across Shropshire, compared to peers and variation across the County in performance be brought back to this board and to be presented to the Health Overview and Scrutiny Committee, for Scrutiny.

158 **Vision for Dementia**

Ms Francis Sutherland, Shropshire, Telford & Wrekin CCG, introduced and amplified the report of the Dementia vision and new model of care (copy attached to the signed Minutes) which provided details of the new revised Dementia model that had been co–produced and co-designed with people living with Dementia and their carers, in order to improve services.

Ms Sutherland and Mr George Rook, the Chairman of the Steering Group gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- Dementia Vision Statement
- Key Elements of the model
- General Practices are the keystone in this model and will be Dementia Friendly
- Assessment to be completed within 4 weeks of a referral
- Wish to rename the assessment service, to remove the implication that dementia is just about memory.
- Dementia Navigator
- Admiral Nurses
- Peer support group
- Annual Dementia Reviews in general practice.
- Information and data sharing across the system.
- Crisis Team - to keep people at home.
- Provide better support in Care Homes.
- Respite for unpaid carers and social care.
- Carer support for every person providing unpaid care.

In conclusion, Ms Sutherland stated that for this to work the whole system had to work together and understand what their vision was and how it was going to be implemented and sought commitment from the HWBB to their vision and new model of care for dementia and the carers of people with dementia.

Mr Rook commented that when implemented this model would be the best provision in the UK.

RESOLVED:

To note the contents of the report and to receive six monthly updates from the Implementation Steering Group.

159 **Joint Strategic Needs Assessment (JSNA) update**

RESOLVED:

That this item be deferred to a future meeting of the Health and Wellbeing Board.

160 **COVID-19 verbal update**

The Director of Public Health for Shropshire provided an update on Covid 19 within the county and made the following observations:

- Case numbers remained high in Shropshire.
- In the previous week there had been 1232 cases.
- The current rate stood at 378.6 per 100,000 which was above the figures for both the West Midlands and for England.
- The over 60's rate had started to rise.
- There were 6 deaths in the latest week.

RESOLVED:

To note the contents of the Covid-19 update.

161 **Chairman's Updates**

The Chairman updated the Board in relation to the following items:

- Defibrillators - Correspondence from SALC asking for HWBB support work happening around provision of defibrillators in communities.

- Pharmacy ownership notifications - correspondence from NHS England Primary Care Support England has been received. The correspondence and report for full reasoning will be on the Council website on the Health and Wellbeing Board meetings page; and

- The Drug and Alcohol Strategy consultation - Members were encouraged to respond to the consultation, and an update would be provided at the January Board meeting.

Signed …… (Chairman)

Date: