



Committee and Date
Health and Wellbeing Board
17 January 2019

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON
1 NOVEMBER 2018
9.30 - 11.00 AM**

Responsible Officer: Michelle Dulson
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Councillor Lee Chapman (Chairman)	PFH Health and Adult Social Care
Professor Rod Thomson	Director of Public Health
Councillor Lezley Picton	PFH Culture and Leisure
Councillor Nicholas Bardsley	PFH Children's Services and Education
Andy Begley	Director of Adult Services
Karen Bradshaw	Director of Children's Services
Dr Simon Freeman	Accountable Officer
Dr Julie Davies	Director of Performance and Delivery, Shropshire CCG
Rachael Allen	Shropshire Healthwatch
Jackie Jeffrey	VCSA
Dr Tony Marriott	Chair GP Federation
Peter Loose	Chair Shropshire Partners in Care

Also in attendance:

Val Cross, Penny Bason, Michelle Davies, Phil Evans, Laura Fisher, Tanya Miles, Jo Robins, Lisa Wickes, Councillor Madge Shingleton, Councillor Karen Calder and Councillor Gerald Dakin.

39 Apologies for Absence and Substitutions

The following apologies were reported to the meeting by the Chair

Neil Nisbet	Finance Director & Deputy CE SaTH NHS Trust
Julian Povey	Chairman, Shropshire CCG
Anne-Marie Speke	Healthy Child Programme Coordinator, Shropshire Council
Di Beasley	NHS Telford & Wrekin CCG

40 Disclosable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

41 Minutes

RESOLVED:

That the Minutes of the meeting held on 13 September 2018, be approved and signed by the Chairman as a correct record.

42 Public Question Time

A public question was received from Mr Bill Ross, Chair Strettondale PPG in relation to the number of children self-harming, the rise in suicides amongst young males and loneliness in old age (copy attached to signed Minutes). The following response was provided by Professor Rod Thomson, Director of Public Health:

Given the reported number of children self-harming, the rise in suicides amongst young males and loneliness in old age:-

1a. What plans has the Board developed for health & social care services to address these issues in Shropshire?

Our suicide prevention strategy highlights as a priority raising awareness of the risks/symptoms of self-harm and connecting early support given the association between people who have taken their lives by suicide and history of self-harm. We have identified men as a high-risk group for suicide and the Suicide Prevention Action group are currently designing targeted interventions aimed at high risks groups. We have a full action plan (currently being updated for 2018/19) for different aspects of suicide prevention which focuses on;

- *Eliminating stigma for talking about suicidal thoughts/self-harm and promoting seeking early help*
- *Raising awareness of risks and symptoms for those with suicidal thoughts or who self-harm to health and care professionals to assist with earlier identification and connecting to timely and appropriate support. Awareness raising to also be targeted to others who are most likely to engage with higher risk groups as well as to the wider population*
- *Provision of dedicated and tailored support for people bereaved by a suicide death*

A social prescribing programme has been developed to respond to some of these challenges. It works by using a formal referral pathway into health-promoting community interventions, targeting patients with social or behavioural factors that pose a risk to their health. The initial contact includes one to one support from a social prescribing advisor (trained in behaviour change), along with data recording and governance. People referred to the advisor are then connected to local community interventions that address their concerns and health needs. The community interventions are quality assured and outcomes reported back to the prescriber. Social prescribing has been developed to address multiple health needs, from long term conditions to mental health and also social needs such as loneliness and isolation.

There is as self-harm mitigation pathway and toolkit which is now available along with a suicide prevention strategy that is being developed across both Shropshire and T&W. These have been underpinned from a Children and Young People's (CYP) perspective with the Storm Training which is a skills and mitigation training. Mental

Health First Aid (MHFA) training to anyone who works with CYP continues to be delivered. MHFA for adults is also available via Joint Training.

Shropshire Schools and Mental Health Services along with other practitioners are part of the Anna Freud Project for improving Mental Health and schools links. There is a PSHE curriculum in relation to emotional health and well-being that is also in place.

1b. What are the timescales for implementing those plans?

The prevention strategy is due to run until 2021 with the Prevention Action group meeting quarterly to review actions and monitor progress.

Social prescribing has already been implemented at 10 GP practices across the county, with another about to start delivering imminently and two further practices in development. It is envisaged that this programme will continue to be developed at more practices over the coming year.

1c. What mechanisms are in place for measuring the success or otherwise of such plans?

Monitoring by the suicide prevention action group who report to the Shropshire Mental Health Partnership Board. The social prescribing programme is being measured in a number of ways to determine its effectiveness on multiple factors, this includes measuring reductions in health services utilisation, changes in clinical risk factors, self-reported measures on whether or not issues and concerns have improved, measures around loneliness and isolation, measures on physical activity and patient activation measures (PAM) to establish how capable those who are part of social prescribing are at managing their health conditions and needs once the intervention has been delivered.

Anna Freud project will be evaluated through the Anna Freud Centre. The training is evaluated on an on-going basis.

In relation to Q2

We are also looking at a social prescribing model for Children and Young People (CYP) particularly addressing loneliness and isolation in 16-25 age group but this had yet to be mapped out.

We are also looking at implementing a “train the trainer” model for themes such as seasons for growth, bereavement and loss programme for CYP this will be dependent upon the availability for the training next financial year.

In addition to the item at point 1:-

2. What is the next major initiative to be implemented?

Although there is much being designed and developed, the most immediate initiative to be launched will be roll-out of a wallet sized prevention “z-card” which will include

concise information on who to contact if in crisis (both for adults and children) and to be subtle enough to be concealed in a pocket if necessary – these will be distributed initially in areas with high footfall of risk groups (such as pubs, clubs, sports venues, farmers markets etc). It is intended that this information should also be available digitally and to work with web developers to ensure it is high in search results in various search engines.

Other programmes have already been undertaken such as undertaking a review of the range of local services which can support the wider determinants of why a person may choose to take their own life have been undertaken (including debt, relationship difficulties, bullying, long term conditions, carer stresses etc) to raise awareness between agencies of what is available locally and to aid in signposting. This is also linked to programmes such as Social Prescribing and the work within schools.

2a. When will it be implemented? A target date please; not just “as soon as xxxx is completed”

The implementation of the z-cards is planned for Winter 2018.

2b. Who is responsible for the implementation?

Shropshire Suicide Prevention Action group

2c. What difference will it make to the health & well-being of the population?

Targeted information on who to contact if in crisis or if concerned about someone else will be more readily available. We recognise currently it may not always be obvious who to turn to if having suicidal thoughts so by providing discreet cards that can be put in the pocket and referred to when needed we aim to reinforce our message of not being alone and that help is available. Our ambition is that by having access to this type of resource it will provide opportunity for those in crisis to speak to someone and to access immediate support.

2d. How will you measure its success?

Still to be finalised however, metrics discussed include monitoring numbers of z-cards taken from different locations, local suicide statistics, qualitative feedback where possible. Independent evaluation of the social prescribing programmes is under weigh; review of referrals to statutory and voluntary sector and reduction in suicides and self-harm.

A public question was received from Mr John Bickerton, local resident in relation to Care Closer to Home (copy attached to signed Minutes). The following response was provided by Dr Simon Freeman, Accountable Officer, Shropshire CCG and Dr Julie Davies, Director of Performance and Delivery, Shropshire CCG:

Dr Freeman informed Mr Bickerton that there was an assumption that Care Closer to Home would be funded from the retention of 80% savings from the reduction in emergency admissions over 3 – 5 years. In relation to the MLU, it was stated that women were choosing not to use the rural MLUs so were travelling to Telford or to the Obstetric Unit.

Dr Julie Davies explained that if they got the strategy right it would attract more doctors, nurses and carers to the county. She explained that some patients choose to travel out of county however. Updates would be given as the strategy was progressed to ensure it provided the desired effect.

It was agreed to take Agenda Item 10 (Wellbeing and Independence Contract) next.

43 Wellbeing and Independence Contract

Michelle Davies, the Service Manager for Commissioning Preventative Services in Shropshire introduced her report (copy attached to the signed Minutes) which advised the Board of Adult Social Care's procurement of a Wellbeing and Independence service for adults. The service would amalgamate and replace funding arrangements for a range of existing grants and contracts to procure a single contract.

The Service Manager informed the Board that this procurement exercise had been a good opportunity for the service to look at how to commission services differently based on outcomes. She detailed the engagement work that had been undertaken with stakeholders which included workshops, press releases, questionnaires (of which over 160 responses had been received). Feedback from these stakeholder events had been used to inform the procurement exercise. The three key themes that were concentrated on were: Practical help to remain independent (wellbeing and independence); Advice, advocacy and benefits; and Housing-related support.

The Wellbeing and Independence Service was the first of these themes to be procured and it was hoped that the solution would bring together a number of organisations to form a partnership or consortium in order to provide a solution which still retained choice. The Service Manager reported that the Contract was going out to tender on the 5 November and that responses were requested within 30 days. She explained that work was ongoing in relation to the re-procurement of Housing Support services and Advice, Advocacy and Benefits support.

Jackie Jeffrey declared an interest in relation to the Advice, Advocacy and Benefits Service and withdraw from any discussion in relation thereto.

Dr Julie Davies queried whether there was a link into the integrated falls pathway to ensure the service could be mapped all the way through the system. In response, the Service Manager confirmed that the CCG had been involved in the tender process to ensure that the contract would meet all the needs of service users.

In response to concern about the way in which the contract would be funded, the Service Manager reassured the Board that the administrative costs would not be too onerous to meet the requirements of the contract. A small investment would be required from each organisation in the consortium with the smaller organisations having the option not to come into the larger consortium, if that worked best for them.

RESOLVED: That the update be noted.

44 System Update

44i. The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin

Phil Evans, STP Director introduced the STP Programme update (copy attached to the signed Minutes). The STP Director informed the Board that there was a new STP Chair who had started a week ago and would be working on STP for six days per month. The new Chair was keen to meet system leaders, Stakeholders and MPs.

The STP Director updated the Board in relation to the System Diagnostic programme and development of ICS. He drew attention to the quantitative deep dive of all key data and matrix from which an analytical pack would be collated to help identify any potential quick wins. A timeline for this would be available shortly.

The STP Director also referred to the facilitated workshop for HWBB leaders on fully integrated Health and Social Care. He agreed to bring an update on this to a future meeting. The ICS roadmap and timeline would also come back to the Board once developed.

44ii. Future Fit

Dr Simon Freeman, the Accountable Officer, Shropshire CCG introduced the Future Fit update (copy attached to the signed Minutes). He confirmed that the consultation had ended in Mid-September and they were now in the process of managing the review and collating the responses. The Programme Board would be reviewing responses at its meeting on 22 November 2018. Joint HOSC Chairs would also have an opportunity to go through the responses. It was hoped to have a decision by the end of January 2019.

44iii. Shropshire Care Closer to Home

Lisa Wickes, the Head of Out of Hospital Commissioning and Redesign introduced the Shropshire Care Closer to Home update (copy attached to the signed Minutes). The Head of Out of Hospital Commissioning and Redesign drew attention to the update report and attached timeline. She reported that although it had been hoped to set up week long design modelling of phase 3, this had not been possible due to partner pressures and so a phased approach was being undertaken. It was hoped to conclude the design phase in January 2019 when it needed to be signed off through the various partner Governance structures.

The Chairman was disappointed that they had been unable to adopt a collective design approach but hoped that the scope was wide enough to integrate and be owned by the various organisations rather than imposed on them by the CCG. It was confirmed that the Working Group would be signing off the models so all partners around the table would be able to ratify the models.

The Director of Public Health expressed concern that some of the content of the JSNA was factually incorrect based on an agreement with the CGG. The Head of

Out of Hospital Commissioning and Redesign responded and it was agreed to resolve this issue outside of the meeting. Any adjustments to the paperwork would be reported to the Board.

RESOLVED: That the updates be noted.

45 **Better Care Fund Performance**

Penny Bason, STP Programme Manager introduced her report (copy attached to the signed Minutes) which provided an update on the progress of the Better Care Fund (BCF) including current performance and the Q2 return. She confirmed that the Section 75 Partnership Agreement had been signed off by the CCG and Shropshire Council.

The STP Programme Manager drew attention to the good performance against the national metrics for Delayed Transfers, Re-ablement, and Care Home Admissions (detailed in Appendix A), however she cautioned that the non-elective admissions target was in danger of not being met for some time. She also highlighted progress on the 8 High Impact Changes which were now being looked at as a whole system. She expressed concern that the BCF was expected to mature by quarter 4 of this year however she felt there was a long way to go on some of these 8. She confirmed that plans were now in place for developing a 'Red Bag' scheme in Shropshire.

Dr Simon Freeman, the Accountable Officer expressed caution that some of the Quarter 2 figures from SaTH were due to changed pathways and not reducing figures.

RESOLVED: That the update on current performance and the Q2 return be noted.

46 **Transforming Care Partnerships**

Peter Loose, Chairman of SPIC declared an interest and left the table.

Andy Begley, Director of Adult Services introduced and amplified a report (copy attached to the signed Minutes) which provided an update on the current position with moving long stay patients, of which Shropshire currently had five, out of long stay beds into the community into specialist accommodation and avoiding readmission.

Tanya Miles, the Head of Social Care Efficiency & Improvement reported that of the five patients in Shropshire, four were ready to be discharged into specialist provision, one patient was due to be discharged before Christmas whilst three would be discharged after Christmas.

Concern was raised about the long-term sustainability of funding for this in the future. Dr Simon Freeman, Accountable Officer informed the Board that the Transforming Care Partnership had been commissioned nationally by NHS England but would now

be funded jointly between the CCG and the Council. The Director of Adult Social Care explained that the issue of funding was complex but agreed that the sustainability of funding needed to be looked at.

RESOLVED:

1. That the progress set out within the report be noted and that a further update report be received in 2019.
2. That the changes to roles, in particular that of Senior Responsible Officer and Deputy Responsible Officer be noted.

47 0-25 years Emotional Health and Wellbeing Service

Steve Trenchard the Programme Director for Mental Health introduced and amplified his report (copy attached to the signed Minutes) which informed the Board of progress made in the first 18 months of the Bee U Children and Young Peoples Service (CYP) jointly commissioned by both CCGs and the two local authorities in Shropshire, Telford and Wrekin.

The Programme Director for Mental Health reported that following an Intensive Support Team visit four areas of concern had been identified, as follows:

- Lack of capacity to develop pathways;
- Commissioning governance;
- Provider issues – access to info/data, meetings with partners re Action Plan;
- A clear timeline of when to expect to see improvements being made.

The service was being re-procured as the current approach was predominately medically led which was not appropriate for some behaviours.

The Chairman was encouraged that the team was working on this to develop a greater understanding of the issues. Karen Bradshaw, the Director of Children's Services reported that the Local Authority were supportive of the move away from a medical model and drew attention to an issue around a small number of higher level needs and who would take responsibility for them.

The Director of Public Health drew attention to the Chancellor's Statement which promised additional funding for mental health for children in schools. He urged that the best use be made of these resources and noted that there would be an opportunity for review when the system refresh was undertaken.

RESOLVED:

1. That the contents of this update and progress made be noted.
2. That the Health and Wellbeing Board maintain CYP Mental Health as an issue of shared system concern, and that the 0-25 Service be kept under close review and that a further report on progress be presented to a future meeting.

48 Healthy Lives Update

i. Healthy Lives Update

Val Cross, the Healthy Lives Coordinator introduced and amplified her report (copy attached to the signed Minutes) which provided the Board with an update on the Healthy Lives programme, including information about the 'Challenge Fund' bid, carers work, operational meetings, publicity and specific programme updates.

The Healthy Lives Coordinator drew attention to the unsuccessful bid for challenge funding, the ongoing work to implement the All-Age Carers Strategy and Action Plan and the work undertaken to develop a brand for Healthy Lives.

RESOLVED: That the contents of the report be noted.

ii. Social Prescribing update

Jo Robins, the Consultant in Public Health introduced and amplified her report (copy attached to the signed Minutes) which provided an update on progress and outlined the ambitions for the future. She then gave a presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- New Opportunities;
- The Challenges across the system in Shropshire;
- The Shropshire Approach / Local Context;
- Social Prescribing – How can it help?
- Shropshire Model – Holistic;
- The Social Prescribing Advisor role;
- Measures being used;
- Impact including GP feedback;
- Interim findings and Early evaluation data;

The Chairman was pleased that the programme had continued to grow and confirmed that the Board continued to support it.

Jackie Jeffrey from the VCSA welcomed the approach and the opportunities to collaborate but was concerned that it moved the pressure from primary care on to the voluntary sector which received no funding. In response, the Consultant in Public Health explained that the voluntary sector were being supported and it was hoped to find potential sources of funding for the sector to access. The Accountable Officer stated that he was not in a position to commit any money from the CCG.

The Director of Adult Services was very supportive of this model but felt that more focused was needed on prevention. The Chairman assured the meeting that the Board would keep a watchful eye on progress, especially in relation to funding.

RESOLVED:

- 1. That endorsement for a system wide approach to social prescribing which builds on the good practice in place and expands the model as part of the Healthy Lives Programme be sought.
- 2. That a joint partnership funding stream to achieve the expansion of the existing social prescribing model be identified.

49 Any Other Business

In relation to the application to open a new pharmacy in Baschurch highlighted by Councillor Bardsley at the meeting on 5 July 2018, the Chairman was pleased to confirm that the status quo had been retained.

Dr Simon Freeman explained that the issue could be more complicated as it was more about where patients lived and not where the practice was, for example Clive cannot dispense to Prees patients.

<TRAILER_SECTION>

Signed (Chairman)

Date: