



Committee and Date

Health and Wellbeing Board

16 January 2020

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 14
NOVEMBER 2019
9.30 AM - 12.05 PM**

Responsible Officer: Michelle Dulson

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Present

Councillor Lee Chapman (Co-Chair)	PFH Organisational Transformation and Digital Infrastructure
Councillor Rob Gittins	Deputy PFH for Public Health
Councillor Ed Potter	PFH Children's Services
Mr David Evans	Accountable Officer, Shropshire CCG
Rachel Robinson	Director of Public Health
Andy Begley	Director of Adult Services
Karen Bradshaw	Director of Children's Services
Lynn Cawley	Chief Officer, Shropshire Healthwatch
Jackie Jeffrey	VCSA
Ros Preen	Shropshire Community Health Trust
Nicky Jacques	Chief Officer, Shropshire Partners in Care
Laura Fisher	Housing Services Manager

Also in attendance:

Val Cross, Tanya Miles, Penny Bason, Cathy, Riley, Anne-Marie Speke, Wendy Bulman and Stewart Smith.

36 Apologies for Absence and Substitutions

The following apologies were reported to the meeting by the Chair:

Martin Harris, STP Programme Director

Councillor Dean Carroll, PFH ASC, Housing and Climate Change

Bev Tabernacle, Director of Nursing RJ&AH Hospital

Dr Julie Davies, Director of Performance and Delivery Shropshire CCG

Gail Fortes-Mayer, Director of Contracting and Planning Shropshire CCG

The following substitutions were also notified:

Councillor Rob Gittins substituting for Councillor Dean Carroll

37 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.

38 Minutes

It was noted that Councillor Lee Chapman's Job Title was now the Portfolio Holder for Organisational Transformation and Digital Infrastructure and that Megan Nurse's Job Title was Managing Director, Midlands Partnership NHS Foundation Trust.

RESOLVED:

That the Minutes of the meeting held on 12 September 2019, be approved and signed by the Chairman as a correct record, subject to the above.

39 Public Question Time

No public questions were received.

40 System Update

i. Shropshire Care Closer to Home

The report of the Shropshire Clinical Commissioning Group which provided an update on the Care Closer to Home programme was received for information only (copy attached to the signed Minutes).

RESOLVED: That the report be noted.

ii. Healthy Lives Update

Val Cross, the Health and Wellbeing Officer introduced and amplified her report (copy attached to the signed Minutes) which provided the Board with an update on the Healthy Lives programme.

The Health and Wellbeing Officer updated the Board on the following areas:

- Cardio-Vascular Disease (CVD) risk prevention
- Physical Activity – Elevate
- Social Prescribing
- Carers

In response to a query, the Health and Wellbeing Officer reported that the impact on both the lives and wellbeing of children was indeed being considered and that All-Age Strategies were starting to be produced eg All-Age Mental Health Strategy and All-Age Carers Strategy. She informed the Board of a Social Prescribing event taking place on 5 December with a focus on young people.

In response to a query in relation to the future roll out of AF (Atrial Fibrillation) devices, the Director of Public Health explained that costings and the outcomes of roll out were currently being worked up and that this would be reported to a future meeting of the Board.

The Accountable Officer reported that each PCN (Primary Care Network) would have a mandatory social prescribing function. The Director of Public Health informed the Board of a workshop taking place on 12 December where partners had been invited to look at rolling out the social prescribing model across the County including how to link in volunteers. A clearer picture would therefore be presented to the next meeting of the Board setting out the current position and what happens in Shropshire. Invitations would be cascaded widely the following week.

RESOLVED: That the report be noted.

iii. Better Care Fund, Performance

Penny Bason, the STP Programme Manager introduced her report (copy attached to the signed Minutes) which set out the Better Care Fund (BCF) Plan for 2019/20, along with the variation to the Section 75 Partnership Agreement for endorsement by the Board.

The STP Programme Manager reported that the BCF Plan had kept the same focus as previously which matched the national Eight High Impact Model to keep people out of hospital for as long as possible. The BCF Plan still had to go through the assurance process but in terms of expenditure and narrative, the BCF Plan matched that in the STP Plan.

The STP Programme Manager explained that variations to the Section 75 Partnership Agreement were around changes within the scheme in relation to pooled budget amounts, risk sharing and how to work together.

The Chairman congratulated the STP Programme Manager for pulling the Plan together which had been a huge amount of work.

The Chairman then highlighted the risks around the continued reliance on grant funding and the ability to plan in the longer term for Adult and Children's Social Care and he urged Members to lobby their MPs and Central Government for a longer-term solution.

RESOLVED:

- A. That the BCF plan attached at Appendix A be endorsed.
- B. That the variation of the Section 75 Partnership Agreement attached at Appendix B be endorsed, prior to final approval by Shropshire Council and Shropshire CCG.
- C. That the risks associated with continued reliance on grant funding to pay for system initiatives to support transfers of care and admission avoidance be noted.

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

David Stout, the Interim Transformational Director gave a presentation on the STP Long Term Plan, which gave a high-level overview and timeline of the system Long Term Plan (LTP) submission (copy of slides attached to the signed Minutes). He reported that the LTP was due for submission the following day, Friday 15 November 2019. He commented on the phenomenal amount of engagement that had gone into producing the LTP and was confident that it contained no great surprises.

The Interim Transformational Director then gave a brief update on the individual Chapters contained within the LTP, as follows:

- Chapter 1 – sets out how the Plan was pulled together; the vision of working together more collaboratively and blurring the boundaries between commissioners and providers; plans for an Integrated Care System; the approach to system development, including the establishment of a shadow ICS Board which would start meeting in early 2020 to help drive forward implementation of the Plan; person-centred approach to system development.
- Chapter 2 – Provided an overarching view of the health and wellbeing of the population for which the two JSNA documents feed into.
- Chapter 3 – Population Health Management (PHM), ensures services are based on data and evidence to ensure that the delivery of health and care services achieve the best outcomes.
- Chapters 4, 5 and 6 are the service transformation elements of the Plan.
- Chapter 4 – to ensure enough effort was put into prevention to keep people healthy for as long as possible and ensure that people only go to hospital when they really need to. This was a key part of the Plan and focused on how to stop the increase in non-elective admissions.
- Chapter 5 – addressed Mental Health prevention and its impact on A&E attendance.
- Chapter 6 – focused on people who most need acute care.
- Chapter 7 – sets out the plan to transform the workforce.
- Chapter 8 – looked at clinical and non-clinical support services and working together to drive efficiencies.
- Chapter 9 – sets out the vision for digital support and utilising technology more effectively.
- Chapter 10 – sets out the estates strategy and opportunities to improve/use more effectively.
- Chapter 12 – sets out the next steps in delivery of the Plan.

The Interim Transformational Director informed the Board that although the LTP did not financially balance, it set out a reasonable, plausible plan. The LTP was due to be signed off mid-December so they had from now until April 2020 to develop an implementation plan. He confirmed that the delivery plan would come back to this Board at a future meeting.

Concerns were raised about whether the Plan was ambitious enough to deliver prevention, particularly for young children and families and the impact on children's health and wellbeing. In response, the Accountable Officer felt that

the LTP needed to be as ambitious as possible and that this would be tested as it was implemented. It was confirmed that children were a key priority and were addressed in all sections of the LTP rather than having a separate section for them.

The Chairman noted that a lot of ambition had been invested in the expectation of delivery and that this ambition needed to be translated into what the technical requirements would be. He urged caution not to underestimate the difficulty and time required to achieve a culture change and new ways of working.

RESOLVED: That the update be noted.

41 **MMR Vaccination, Uptake and Action**

The Board received the report of the Healthy Child Programme Co-ordinator (copy attached to the signed Minutes) – which set out the requirement to introduce an MMR Elimination Strategy.

The Director of Public Health gave some background and context in relation to vaccinations and immunisations. She informed the Board that 330 children die each day from Measles but that 30m have been saved due to vaccination. She explained how vaccination programmes provided 'herd immunity', and that, depending how contagious a disease was, this required approximately 90-95% coverage. When coverage dropped below 95%, that had an impact on communities and the 'herd' immunity. The Director of Public Health confirmed that although Shropshire did very well and were above national rates, the coverage had started to drop with uptake of the second dose of MMR at approximately 88%. The reasons for this drop was less about confidence in the vaccine but more around timing, access, childcare and supply issues etc.

The Healthy Child Programme Co-ordinator informed the Board that in 2016 the World Health Organisation had declared that the UK had achieved elimination of Measles however, following uptake of the second dose dropping to 88%, elimination has not been sustained so the status has been withdrawn. As well as concern for vulnerable populations, further NHS England analysis suggests that immunity in those aged 15-20 years old and also possibly those aged 10-15 years old had fallen below 95%. Although there had not been any major outbreaks in the UK, there had been some in Europe and it was important to be aware that the risk was higher when travelling abroad.

The Healthy Child Programme Co-ordinator reported that Public Health England had produced an MMR Elimination Strategy and that each Local Authority had been asked to create an Action Plan to raise awareness of the importance of vaccination. There were four main components, set out on page 18, which included provision of a catch-up programme for those aged between 15-20 and 10-15. To this end, there was currently a GP catch-up programme under way, information had been sent to schools to encourage them to share the information with parents and check the immunisation status of children when starting school. She then drew attention to the Action Plan, set out at Appendix 1, and the recommendation on page 17.

In response to a query, the Healthy Child Programme Co-ordinator confirmed that partner organisations had liaised around getting the message out and were taking responsibility to raise awareness within their own organisations. The Chairman commented that Councillors often attended School Governor meetings, and, as such, could raise awareness of this issue with schools. A general update on immunisation was requested for a future meeting.

RESOLVED:

1. That the contents of the report be noted and that the action plan and work being carried out to improve awareness be supported.
2. That Members of the Board act as champions within their services and communities to raise further awareness and encourage immunisation uptake.

42 Healthwatch NHS Long Term Plan Report

The report of the Chief Officer, Healthwatch Shropshire was received (copy attached to the signed Minutes) which set out the key messages that emerged following the engagement programme undertaken jointly by Healthwatch Shropshire and Healthwatch Telford & Wrekin to inform the STP Long Term Plan.

The Chief Officer informed the Board that the engagement programme had taken place between March and May this year and was the largest piece of engagement work they had been asked to do thus far. A total of 641 comments had been heard and they had been assured that the findings would be considered in the Long Term Plan. The Chief Officer commented that respondents wished to receive feedback on the impact of their responses and how they had been implemented. She thanked STP partners for their assistance in promoting events, local groups, 1:1s with carers, dementia sufferers etc.

The Chief Officer drew attention to some of the findings, as follows:

- Clear/consistent communications were really important;
- Consistency of staff, knowledgeable about other services available as well as their own, including in the voluntary sector;
- Supporting carers and recognising the role they play;
- Call for more staff/money;
- Concern around the roll out of digital technology going forward – record sharing, may have to become more IT literate;
- Services communicating clearly with each other;
- Prevention should be the key work in the Long Term Plan.

The Chairman congratulated the Chief Officer for a tremendous piece of work. He commented that the voice of the people should be the prime focus and stressed the importance of having the opportunity to capture and ground the STP in what was important to people. He was interested to learn that out of the top ten priorities the top four were the same for everybody. He cautioned that although data sharing was important, some people did not want to use technology and that service design should ignore this at their peril.

In conclusion, the Chief Officer stressed the power of face to face engagement and the importance of regular communications with the public about what was happening and how it affected them.

RESOLVED: That the contents of the report be noted.

43 **Health & Wellbeing Board workshop - update on the first workshop**

The report of the Health and Wellbeing Officer/Healthy Lives Co-ordinator was received (copy attached to the signed Minute). The Health and Wellbeing Officer/Healthy Lives Co-ordinator explained that the focus for the day was Place Based Working and Priority Setting. She drew attention to the aims and outcomes of the workshop and gave a summary of the key discussion points and the themes that emerged (set out at paragraphs 3.2.1 to 3.2.4 of the report). She informed the Board that a further workshop had been arranged for 5 December 2019.

The Director of Public Health reported that the JSNA (Joint Strategic Needs Assessment) had been discussed at the workshop. She explained that the JSNA needed to be updated every three years but that Shropshire had been using a rolling process. Also, the following Individual Needs Assessments required updating; Care Closer to Home, Older People, Musculoskeletal and that these should come to the Board in the New Year for sign off.

The Chairman requested that a representative from education be invited to the workshop on 5 December 2019 and he questioned to what extent they could, as a system, commission their way out of certain inequalities, he also suggested that members of the Board had the opportunity to influence their organisations to deal with the wellbeing of their workforce and to influence behaviour to challenge the system.

RESOLVED: That the report be noted.

44 **Domestic Abuse contract. New initiatives and overview of the work done in Shropshire**

The report of the Shropshire Domestic Abuse Service was received (copy attached to the signed Minutes). Wendy Bulman introduced this item and gave a presentation (copy attached to the signed Minutes) which covered the following areas:

- History
- Accommodation
- Children – who do we support
- Outreach
- Shropshire Domestic Abuse Service (SDAS)
- Survivors Empowering and Educating Domestic Abuse Services (SEEDS)

She gave a brief history and informed the Board that the service had been around for 20 years and that since 2017 the Service had sat within South Shropshire Housing

Association (Connexus). She reported that the service had 20 bed spaces across the county and, following a change to the contract, stock could be increased as needed. Ms Bulman highlighted the 10 bed refuge accommodation and drew attention to the Children in Need contract which provided funding for three years to support children. She went on to discuss the support offered to children which included talking about how they felt, understanding healthy relationships and helping to change their own futures. They also worked in partnership with schools.

Ms Bulman then discussed the outreach services, what was offered, who could access the services etc. She highlighted a number of courses offered, including weekly education programmes, parenting courses and a pilot for male perpetrators and female victims which was also being offered, which demonstrated the impact each were having on the other, in order to help the couple stay together going forward in a safe relationship.

Ms Bulman drew attention to the work of Shropshire Domestic Abuse Service (SDAS) which was a Multi-Agency service which ensured users being supported could access support from other agencies. The service had Leading Lights Accreditation, which ensured that it was fit for purpose and delivered against recognised standards. She then explained that the service had its own Management Group to ensure scrutiny of the service was undertaken.

Finally, Ms Bulman explained about Survivors Empowering and Educating Domestic Abuse Services (SEEDS) which was a monthly drop-in group for survivors of domestic abuse. The Chairman felt that it was important for the Health and Wellbeing Board to have awareness of this service as it impacted across the system. The Director of Adult Services thanked Ms Bulman for her presentation and reported that wider work was taking place which would be reported to the Board. The Director of Public Health explained that domestic abuse was a priority within the JSNA.

The Chief Executive welcomed the report and stressed the importance of bringing the Police and the Community Safety Partnership to the table and to encourage more police involvement. In response, Ms Bulman confirmed that the police did have involvement for those high-risk cases.

RESOLVED: That the contents of the presentation be noted.

45 **Direct Payments Workshops**

The Chairman introduced Stewart Smith, the Personalisation Development Officer, Tanya Miles, Assistant Director Adult Social Care, Chris Roberts, the Development and Project Manager and Mary Hastings, a recipient of Direct Payments who gave a presentation following the recent Direct Payments Workshops held at the Guildhall. The presentation highlighted personal experiences, occasions when Direct Payments helped/when it hindered and why there was a need for the system to change.

The Board were informed that a Direct Payments Board had been set up by staff and people in receipt of Direct Payments, of which Mary was the Co-Chair. Mary explained the need for change and how being Co-Chair had challenged her to step up. She found it very empowering to be contributing alongside a team of

professionals, being the voice for other vulnerable people and, most importantly, being seen and valued as another human being.

The Personalisation Development Officer then discussed the two workshops that had been held which focused on 'Tell our story' which was intended to reframe thinking around Direct Payments. The workshops highlighted a desire to improve and work together alongside health services.

The Development and Project Manager then set out the next steps and the work required to move forward. This included the use of technology, to allow more creativity and flexibility for those in receipt of Direct Payments who should be involved in the development of their own care plans. Work would also be undertaken around creating a pool of Personal Assistants, pre-payments would be looked at in the future and a Task and Finish Group had been set up to start looking at work around support planning.

The Chairman thanked everyone for their informative presentation and for sharing their personal experiences. He had found it very powerful and inspiring and he looked forward to further updates. In response to a query, the Development and Project Manager confirmed that best practice would be shared within the NHS going forward. The Director of Adult Services felt that the results that came out of the workshop demonstrated the power of engagement and spoke to the wider agenda of a shift in the whole landscape of Health and Adult Social Care.

46 **Chairman's updates**

- The Chairman drew attention to the new combined Drug and Alcohol Strategy. It had been proposed that the strategy be consulted upon. It would therefore be sent to members of the Board towards the end of the month.
- At the request of the Chairman, Laura Fisher the Housing Services Manager gave an update on arrangements for cold weather provision and she reported that an update would be presented to the Board at its next meeting in January which would include the Annual Rough Sleeper Count.
- The Chairman informed the Board that its response to the Green Paper consultation had been acknowledged.
- The Chairman informed the Board that a report on Dementia had been requested for the 16 January 2019 meeting.

47 **AOB**

The Chairman informed the Board that NHS England had granted an application for a change of ownership for Rowlands & Co (Retail) Ltd at 5 Cross Street, SY12 0AW by Day-Night Pharmacy Ltd.

<TRAILER_SECTION>

Signed (Chairman)

Date: