

## **Report to the Health Overview Scrutiny Committee: Shropshire Health and Wellbeing Board (HWBB)**

**Date of meeting:** 21<sup>st</sup> September 2020

**Presenting Officers:** Cllr. Lee Chapman Cabinet member for Transformation and Digital Infrastructure and HWBB Co-Chair. Rachel Robinson, Shropshire Director of Public Health.

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### **Summary**

This report provides an overview of the Shropshire HWBB, and includes: its purpose, membership, governance, describes the sub groups and operational work.

### **1.Purpose**

The purpose of the Health and Wellbeing Board (HWBB) is to bring together key leaders from local health and care organisations to work together to improve the health and wellbeing of local people and to reduce inequalities that are the cause of ill health. HWBB members work together to understand their local community's needs, agree priorities, and make decisions to improve the health and wellbeing of local people in Shropshire.

Health and Wellbeing Board Aim and Vision

#### **Our Aim:**

*To improve the population's health and wellbeing;  
to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.*

#### **Our Vision:**

*For Shropshire people to be the healthiest and most fulfilled in England*

### **2.Membership**

Membership consists of 11 voting members from Shropshire Council, Elected members, the VCSA, Shropshire CCG and Healthwatch. The 6 non-voting members are from: all the Shropshire Hospital Trusts, Shropshire Partners in Care and Housing Services in the Local Authority. (see appendix 1)

### **3.Governance**

Figure 1 shows the current HWBB structure. The strategy for 2021-2026 is currently being written, this will take into account the impact of COVID on the responsibilities and roles of local systems. Changes to this structure will be reflected subsequently in revised structures.

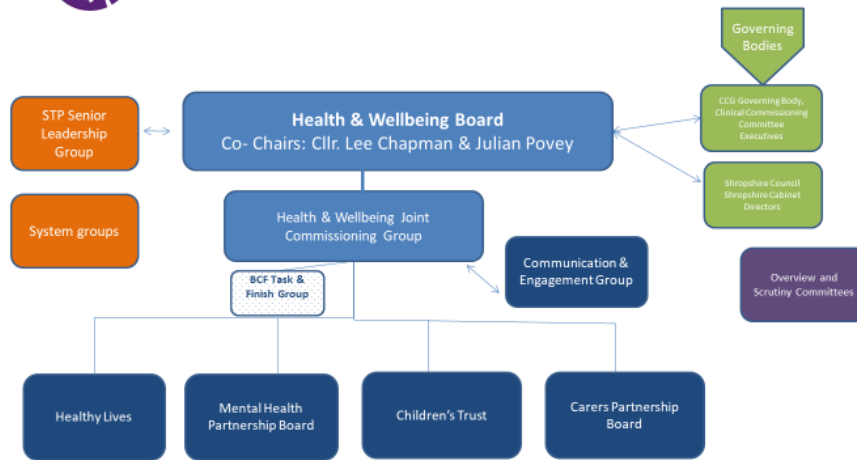


Figure 1 Shropshire Health and Wellbeing Board structure

The HWBB works closely with the STP to provide a system wide approach to health and wellbeing. STP updates are standing agenda item at Board meetings and both groups have similar or linked identified priorities. Some are indicated in the table below and reflected in the Governance Structures of the STP which recognises the responsibility between the STP and the HWBs. (See Figure 2)

HWBB	STP
Healthy weight and physical activity	Healthy weight
Alcohol	Alcohol abuse and alcoholism
Mental Health	Mental Health
Adverse Childhood Experiences	Mental Health - Trauma Informed Care. Developing a digital solution to support trauma informed care for people who have had adverse experiences in childhood

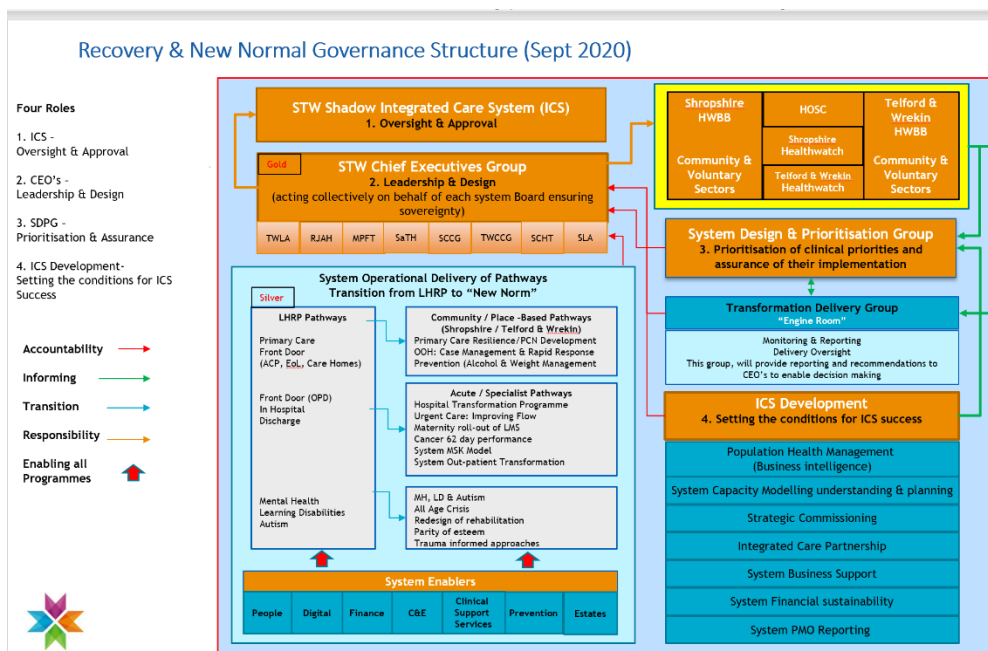


Figure 2: STP Recovery & New Normal Governance Structure (Sept 2020)

#### 4. Statutory duties

It is the responsibility of the Health and Wellbeing Board to:

- Identify the priority health and wellbeing needs in our area through the **Joint Strategic Needs Assessment** undertaken by Public Health. The Joint Strategic Needs Assessment (JSNA) uses evidence to identify health needs within the Shropshire population. This information is then used in the planning and commissioning of services to ensure that we are prioritising the most important areas of health and wellbeing.  
A sub group that reports into the HWBB will be developed to facilitate and operationalise this work.
- Develop a **Health and Wellbeing Strategy**. The Health and Wellbeing Board launched a five-year Health and Wellbeing Strategy in 2016, which sets out the long-term vision for Shropshire and includes identifying the immediate priority areas for action and how Shropshire intends to address these. The strategy for 2021-2026 is currently in development.
- To lead on the integration of commissioning, service delivery and pooled budget arrangements, which includes the **Better Care Fund** (BCF)
- To publish and keep up to date a statement of the needs for pharmaceutical services, referred to as the **Pharmaceutical Needs Assessment** (PNA).

In addition, the Board:

- Has oversight of the **Children and Adults Safeguarding Boards** through receiving annual reporting
- Receives annual assurance reports on health protection issues in Shropshire with a historical focus on immunization and screening programmes.

#### 5. Sub groups

Sub groups of the HWBB are:

##### a) Healthy Lives

Healthy Lives is the name of the prevention programme of the Health and Wellbeing Board. Partners (see Figure 3) work together proactively rather than in isolation, to reach Shropshire's residents before their health or condition develops or gets worse. The programme has Governance structures in place which includes: Project Implementation Documents, action plans and a risk register. The group meets monthly and is innovative in its approach to move the priorities forward.

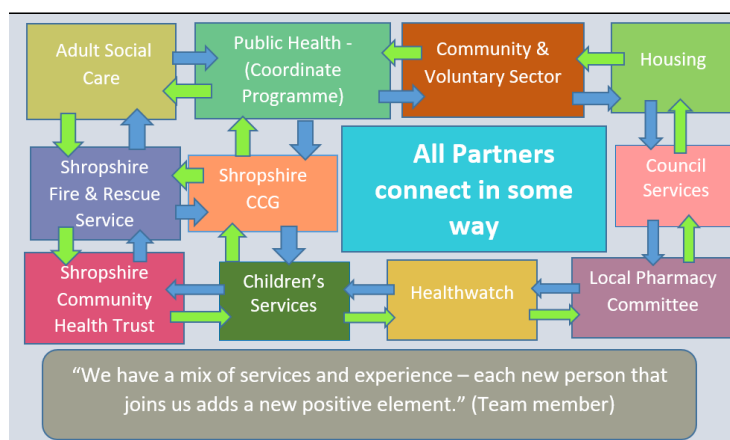


Figure 3 Healthy Lives Main partners

Key programmes of work focus around HWBB priorities, and the priorities and examples of work are provided below. Reporting comes to the HWBB meetings provided by the Healthy Lives Programme Coordinator.

Area	Partner and Example of work
Social Prescribing	A main programme area. Expansion of Social Prescribing to new areas/practices and uptake of the offer from clients has been a success.
Carers	Implementation of All-Age Carers Strategy for 2017-2021 (Through the Family Carers Partnership Board)
Physical activity (including Musculoskeletal - MSK and falls prevention	Let's Talk about the F word – falls prevention campaign with resources  'Elevate' programme for over 65's who are a bit unsteady on their feet, and at risk of falling, rather than frail.
Mental Health	Suicide Prevention Strategy (Through the Mental Health Partnership Board)
Cardio-Vascular Disease (CVD)	Use of Alivecor Kardia Atrial Fibrillation (AF) testing devices in the community for early detection.
Shropshire Fire and Rescue Service (SFRS) - Safe and Well visits	Reaching vulnerable groups (Through SFRS)
NHS Health checks	Working with low performing practices to increase uptake of NHS Health checks
Housing	Broseley project (Through the Housing Team)
Food Poverty	Action Plan in place to reduce food poverty in Shropshire. )Led by the Shropshire Food Poverty Alliance.)

a) Communications and Engagement Group

Membership consists of Comms. leads across the system. The group does not now formally meet, but press releases, campaigns and relevant information are cascaded across partners with the aim that information is shared and will reach the right audience.

b) Mental Health Partnership Board

The Mental Health Partnership Board reports to the Health and Wellbeing Board and includes; the 0-25 Emotional Health and Wellbeing Service for Young People, Suicide Prevention and the Mental Health Needs Assessment.

c) Children's Trust

The Children's Trust has been replaced with an annual Children's Summit ([see report here](#)) and the Healthy Child Programme (HCP) Partnership Board now reports to the HWBB.

The purpose of the HCPPB is to have an overview/oversight of the HCP delivery and work in partnership with key stakeholders to ensure effective delivery across agencies to meet the outcomes for children, young people and their families and to identify work that is required to improve or monitor effectiveness.

key areas of work have included Adverse Childhood Experiences (ACE), school readiness and emotional health and well-being as well as the implementation of the new 0-19 (up to 25 where SEND identified) Public Health Nursing Service.

d) Family Carers Partnership Board

The Family Carers Partnership Board includes representatives from carers, statutory services, the voluntary and community sector and health. The implementation of the strategy is supported and

advised by the Shropshire Family Carers Partnership Board (FCPB), and regular progress reports are made to the Health and Wellbeing Board.

e) Shropshire Local Outbreak Engagement Board

This group is required as part of Local Outbreak Control Plans. The objectives of the Local Outbreak Engagement Board are to:

1. Act in the interests of the health of the public in Shropshire
2. Provide democratic oversight and assurance of:
  - i. Plans to prevent and manage outbreaks of COVID-19 within Shropshire
  - ii. Actions taken to prevent and manage outbreaks and their outcomes
3. Engage and communicate with residents and stakeholders
4. Represent public and stakeholder concerns regarding local outbreaks and outbreak plans
5. Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response
6. Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate
7. Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately.
8. Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks.

Members of the Board include cross party representation and nominated representatives from the Health and Wellbeing Board and system partners. The board is supported by the Shropshire Health Protection Cell. Please see Figure 4 for Governance structure.

The Board is accountable to the public through to the public facing Shropshire Health & Wellbeing Boards and link with the Governance of the Local Outbreak Management Plan

Appendix 2 contains the draft Terms of Reference and membership detail.

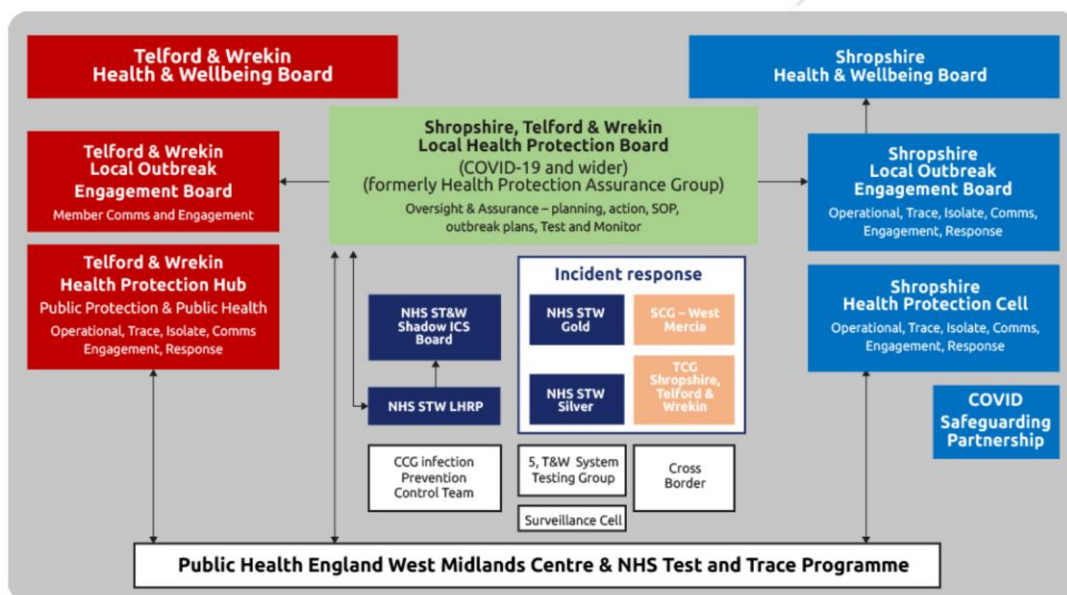


Figure 4: Governance Structure

f.) Joint Strategic Needs Assessment working group

This group was established prior to COVID to deliver the JSNA programme but was paused due to the pandemic. This remains a key area of work for the board moving forward,

## 5.Operational work

Health and Wellbeing Board work never ceases. Careful agenda planning ensures relevant papers are called for and the appropriate challenge comes from the Board. This includes: annual reporting from Safeguarding, sub-group reports and follow-up papers requested from the Board. E.g. the 0-25 Emotional Health and Wellbeing Service.

The Board is open to working with local partners to showcase their good practice. This was demonstrated this year with a presentation from a Shropshire primary school, describing work they had implemented with their school community to gain their 'Wellbeing Award'.

The Board responded to questions within the Prevention green paper in October 2019 and raised that with less than 5% being spent on preventative health and care, it is essential that we look at spending across government. The balance of investment needs to shift from treatment to prevention.

### Health and Wellbeing strategy 2021-2026

The HWBB will be refreshing its strategy for 2021-26. Two half day workshops took place last year and were well attended by Board members. Using evidence base, scoring and discussion key priorities were agreed as:

- **Adverse Childhood Experiences** - starting early and building ambition.
- **Workforce** - including elements such as: a healthy informed workforce, who have an awareness of prevention and looking at embedding behaviour change (a technique which help to put people back in control of their own lives, through making positive choices around their own health and wellbeing).
- **Healthy Weight and Physical Activity**

Smoking in Pregnancy, Social Prescribing, Domestic Abuse, Dementia, Alcohol, Mental Health - wellbeing support, suicide prevention, County Lines and Air Quality were also recognised as ongoing priorities.

Also recognised were:

- Wider determinants of health - use of green spaces, planning policy and housing etc.
- Role of the VCSE as a core element of our system
- Meeting the needs of seldom heard groups and those of the nine protected characteristics
- How Place Based Working and Priority Setting is part of developing our integrated working, trusting, developing and designing collectively.

This was agreed by the Board at the January 2020 meeting.

## 6.Conclusions

The HWBB takes its position seriously. Although it recommends rather than commissions or has the power to instruct services to change, it provides challenge and influence.

The new strategy creates an excellent opportunity to build on knowledge, experience and learning from partners. The Covid pandemic has demonstrated health inequalities and the impact of the wider determinants of health and this will continue to be an integral part of the strategy as will the work around health protection.

## Appendix 1

### HWBB Shropshire membership – May 2020

<b>Voting members</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Andy Begley	Executive Director Adult Services, Public Health & Housing & Interim Chief Executive	Shropshire Council
Lee Chapman (Chair)	Cabinet Portfolio Holder Organisational Transformation and Digital Infrastructure	Shropshire Council
Dean Carroll	Cabinet Portfolio Holder ASC, Housing & Climate Change	Shropshire Council
Edward Potter	Cabinet Portfolio Holder Children's Services	Shropshire Council
Rachel Robinson	Director of Public Health	Shropshire Council
Karen Bradshaw	Director of Children's Services & Interim Chief Executive	Shropshire Council
Jackie Jeffries		VCSA
David Evans	Accountable Officer	Shropshire CCG
Dr Julian Povey (Co-Chair)	Clinical Chair	Shropshire CCG
Dr Julie Davies	Director of Performance & Delivery	Shropshire CCG
Lynn Cawley	Chief Officer	Healthwatch
<b>Non-voting</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>
David Stout	Chief Executive	SCHT
Louise Barnett	Chief Executive	SaTH
Nicky Jaques	Chief Officer	SPIC
Mark Brandreth	CEO	RJAH
Megan Nurse	Non-Executive Director	MPFT
Laura Fisher	Housing Services Manager	Shropshire Council



## **Appendix 2:**

### **Shropshire Local Outbreak Engagement Board**

#### **TERMS OF REFERENCE**

#### **1.0 Background**

##### ***Health Protection Responsibilities***

Directors of Public Health (DPH), and since 1 April 2013 Local Authorities (LA), have been responsible for improving the health of their population. DPHs have an assurance role in health protection issues including outbreaks however, depending on the scale and specific outbreak, provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England. Public Health England (PHE) is an executive agency of the Department of Health. One of the most important functions of PHE is to protect the public from infectious disease outbreaks. PHE provides the surveillance, epidemiology and expertise in outbreak management. The management responsibility for outbreaks will vary depending on the outbreak. An outbreak should be reported to the “Proper Officer” in this case PHE regional team.

##### ***COVID-19***

COVID-19 is a novel coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development. For this reason, the UK government is planning for the longer term and the importance of protecting health underpins the opening up the UK economy.

From June 2020 the government will be launching the national Test and Trace service, which will form a central part of the Covid-19 recovery strategy. The objectives are to:

- i. control the Covid-19 rate of reproduction I;
- ii. reduce the spread of infection and save lives; and
- iii. help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four ‘tools’ to control the virus: test, trace, contain and enable.

##### ***Test and Trace service***

The ‘contain tool’ includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities are required to develop and implement Local Outbreak Control Plans.

#### **3.0 Objectives**

##### ***Introduction***

Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through system wide Covid-19 Health Protection Boards, that provides multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment and PPE. They will be supported by system-wide partners and work in collaboration with Local Resilience Forum and a Board led by Council Members to communicate openly with the public via the HWB, the member led board is referred to as the Local Outbreak Engagement Board.

The objectives of the Local Outbreak Engagement Board will be to:

- a) Act in the interests of the health of the public in Shropshire
- b) Provide democratic oversight and assurance of:
  1. Plans to prevent and manage outbreaks of COVID-19 within Shropshire
  2. Actions taken to prevent and manage outbreaks and their outcomes
- c) Engage and communicate with residents and stakeholders
- d) Represent public and stakeholder concerns regarding local outbreaks and outbreak plans
- e) Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response;



\*Chair

Member	Title	Organisation
Dean Carroll*	Portfolio Holder for Adult Social Care, Public Health & Climate Change	Shropshire Council
Gwilym Butler	Portfolio Holder for Communities, Place Planning & Regulatory Services	Shropshire Council
Lezley Picton	Portfolio Holder for Culture, Leisure, Waste & Communications	Shropshire Council
Rob Gittins	Deputy Portfolio Holder, Public Health	Shropshire Council
Heather Kidd	Councillor (Liberal Democrats)	Shropshire Council
Kate Halliday	Councillor (Labour)	Shropshire Council
Lynn Cawley	Chief Officer	Healthwatch
Jackie Jeffrey	Chief Executive – CAB	Shropshire Voluntary & Community Sector Assembly
Ray Wickson	Chair	Shropshire Association of Local Councils (SALC)
Richard Sheehan	Chief Executive	Chamber of Commerce
Nicky Jacques	Tbc	SPIC
tbc	Tbc	Schools
Penny Bason	Communities COVID Lead	Shropshire Council
Andrea Harper	Head of Communications and Engagement	Shropshire, Telford & Wrekin CCG
Andy Begley	Interim Chief Exec	Shropshire Council
Mo Lansdale	Shropshire Local Policing Commander	West Mercia Police
Rachel Robinson	Director of Public Health	Shropshire Council
Maria Jones	Communication Lead	Shropshire Council
Sarah Dodds	Engagement Lead	Shropshire Council

- f) Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate
- g) Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately.
- h) Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks

#### 4.0 Membership

Members of the Board will be including cross party representation and nominated representatives from the Health and Wellbeing Board and system partners.

Other individuals may be invited to any meeting as and when appropriate. Members may nominate a relevant substitute if they are unavailable to attend a meeting. The composition and terms of reference of the Board will be reviewed by the Board no less frequently than once every 12 months and after three months.

The Board will be chaired by the Portfolio Holder for Adult Services, Health and Climate Change. In the event that neither the chair nor deputy are present to chair the meeting, a chairperson will be elected from the remaining members.

#### 5.0 Support

Public Health will provide administrative support to the Board.

#### 6.0 Quorum

The Board shall be Quorate if any three persons are present including the Chair and/or Vice-Chair.

#### 7.0 Frequency of Meetings

The Board shall meet with such frequency as are required but as a minimum fortnightly until September 2020 when the frequency of the meeting will be reviewed. Additional meetings and sub-meetings shall be scheduled when appropriate and as required to respond to local need/issues arising.

#### 7.0 Accountability

The Board will be accountable to the public through to the public facing Shropshire Health & Wellbeing Boards and link with the Governance of the Local Outbreak Management Plan (appendix 1).

### **8.0 Confidentiality**

All information presented to the board will be confidential. All persons sitting on the board will be expected to adhere to confidentiality protocols. Any actions or decisions that need to be made public, will be made public facing via the HWB.