

Health and Wellbeing Board

Meeting Date: 8th July 2021

Paper title: Health and Wellbeing Board workshop summary

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1. Summary

This report is a summary of the Health and Wellbeing Board workshop, which took place on the 10th June 2021. The purpose of the workshop was: to bring the new Board together; provide an overview of the Health & Wellbeing Board – Purpose, statutory duties, member responsibilities and current priorities; and discuss if the priorities agreed in January 2020 (Workforce, Weight and Physical Activity, Adverse Childhood Experiences (ACE's)) were still the right ones, following the impact of COVID-19.

Up to date, localised health data and findings from the draft Shropshire COVID-19 impact report were provided to allow understanding of the current health picture. Discussion then followed to determine if the key priorities from January 2020 should remain.

Board members agreed the following:

Key focus priorities (Specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA))

Workforce: Agreed to remain a key focus priority. **Weight and Physical Activity:** Agreed this should remain a key focus priority but strengthen this to broader aspects of lifestyle such as alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk. **ACE's:** should be part of a wider key focus priority expanded to '**Children and Young People**' (CYP). **Mental Health:** moved to become a key focus priority.

Strategic priorities (These are the long-term aims and how we will achieve them) were agreed as:

Joined up working; Improving population health; Working with and building strong and vibrant communities; and **Reduce inequalities.**

Next steps will be to draft the 2021-2026 Health and Wellbeing Strategy based on the agreed priorities then engage stakeholders and the public with this draft. The strategy launch date is planned for January 2022. A draft timeline of activity can be seen in section 3 of this report.

2. Recommendations

That the Board agrees the content of this report as an account of the workshop and are active participants in the work going forward to develop and implement the strategy.

3. Report

At the end of 2019, Health and Wellbeing Board members met at two workshops to agree the Board priorities for 2021 to 2026. Not long afterwards, the world changed with the arrival of the global COVID-19 pandemic. As recovery started in Spring 2021, it was apparent that the identified priorities needed reconsideration. The health and wellbeing need of Shropshire people had changed. Many people for

example, had experienced financial hardship and or mental distress for the first time, and for others already experiencing difficulties, COVID had made this even worse.

On the 10th June, HWBB members came together for a short workshop which brought the new Board together, provided an overview of the Health & Wellbeing Board – Its purpose, statutory duties, member responsibilities and current priorities and to understand the health picture post COVID-19 in Shropshire.

The Governance structure of the Health and Wellbeing Board was explained in relation to other Boards, and this can be seen in appendix 1. The aims, vision and proposed principles of the HWBB were also provided and can be seen in appendix 2.

The workshop then looked in more detail using data from the Joint Strategic Needs Assessment (JSNA), Public Health Outcomes Framework data (Figure 1) and the draft COVID-19 in Shropshire report which had shown the risk level as 'high' for: Mental Health – anxiety and depression; Increase in low income families, child poverty and food insecurity; and Financial – provisional ONS data from December 2020 showed there had been more than 10,000 claimants for Universal Credit between March and December in Shropshire.



Better in Shropshire than England 	Worse in Shropshire than England 
Male life expectancy at birth	Smoking in early pregnancy
Violent crime – hospital admission rates for violence including sexual violence (all ages)	The percentage of adults who are overweight and obese 64.6%
Prevalence of obesity in year 6 children	Obesity in early pregnancy
Mortality rate from cancer (under 75 yrs)	Child development 2.5 years
New STI diagnoses rate 15-64 years (excluding chlamydia aged <25)	The number killed and seriously injured on our roads
Under 75's Mortality rate from all cardiovascular diseases	Estimated diabetes diagnosis rate for people aged 17+
Breastfeeding initiation	Statutory homelessness rate – eligible homeless people not in priority need
Under 75's Mortality rate from all causes	Excess under 75's mortality rate adults with severe mental illness
Teenage Pregnancy Under 18's conception rate	Age 16-25 Not in Education, Employment or Training (NEET)
% of children achieving at least the expected level in communication and language skills at the end of reception.	Successful alcohol treatment
Inequalities It is important to consider inequalities when looking at 'better than' or 'worse than' data. Although this provides an important measure, it can hide inequalities that exist within specific communities. For example, life expectancy is 5.4 years lower for men and 2.1 years lower for women in the most deprived areas of Shropshire than in the least deprived areas. Addressing inequalities will underpin this strategy so our more vulnerable population have a fairer chance to access to vaccinations, mental health support and other health and care services.	

Figure 1: [PHE Fingertips data](#) (2020)

Discussion followed with the key question: “Based on the information you have heard, and insight from your own organisation, are the current priorities the right ones”?

From the key focus priority areas, comments from the discussion included;

Workforce: Agreed workforce should remain a key focus priority area. Discussion points included: whether a new economy would come out of the pandemic; the effect of people losing their job during COVID, and some being affected more than others with their employment situation; and the effect of the 'gig* economy. (* instead of a regular wage, people get paid for the 'gigs' they do, such as deliveries)

Children and Young People (CYP): Complete agreement with a broader focus on Children and Young People and that this should be wider than the originally priority of ACE's/ Trauma. Discussion points included: CYP have not all had the same level of support at home during COVID; rising numbers of looked after children; and the effect of COVID on the mental health of CYP. (Linked to the 'Mental Health' key focus area)

Mental Health: Discussion and agreement the impact of impact of COVID had accelerated this to a key focus priority area, particularly for Children and Young People.

Healthy Weight and Physical Activity: Agreed this should remain a key focus priority area. Discussion points included: strengthening the Healthy Weight priority to broader aspects of lifestyle such as alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk; widen this priority to food inequality/poverty; and consideration of the broader reasons around obesity.

It is proposed that the 'Healthy Lives' steering group is renamed the 'Prevention' steering group and oversees Healthy Weight and Physical Activity and broader aspects of lifestyle detailed in the priority above.

Strategic priorities were agreed. Discussion points included;

Inequalities: Important to have a clear and focused approach to health inequalities work, and make impact by population health management targeted interventions, not generic ones.

Joined up working: Joint understanding of health being social and economic, not just absence of disease.

Working with and building strong and vibrant communities: Pooling information and resource to support people in our communities.

Improving population health Importance of primary prevention as well as support (secondary prevention) for those currently on long waiting lists for procedures

Other focus priorities remain as agreed at the 2019 workshop: Social Prescribing, Domestic Abuse, County Lines, Alcohol, Smoking in Pregnancy, Food Insecurity, Suicide Prevention, Killed and Seriously Injured (KSI) on Roads and Air Quality. Although these are listed, they should not be considered as 'separate' priorities and will form part of the key and strategic priorities above.

Next steps

Next steps will be to draft the 2021-2026 Health and Wellbeing Strategy based on the agreed priorities then engage stakeholders and the public with this draft. The strategy launch date is planned for the January 2022. A draft timeline of activity can be seen below.

Draft Timeline summary						
July 2021	Aug. 2021	Sept. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022
08.07.21 Workshop report to HWBB	02.08.21 Onward. Create communication materials	06.09.21 Consultation period begins	11.10.21 CYP consultation ends	08.11.21 Consultation period ends	Write up of final strategy with findings	13.01.22 Final draft to HWBB
12.07.21 Draft strategy to HWBB and SHIPP members	31.08.21 Comms. materials printed	06.09.21 Consultation info disseminated		11.11.21 Draft Consultation response report to HWBB		14.01.22 Strategy launch with press release. Published on SC and partner websites
26.07.21 HWBB Responses deadline	31.08.21 All comms materials ready	13.09.21 CYP consultation starts				

Conclusions

The workshop was a worthwhile event, which achieved its purpose. The key and strategic priorities were agreed by Board members and will now enable the strategy to be drafted and go out to public and stakeholder consultation.

4. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

Equality and equity elements were included in the prioritisation process, and the development of the HWBB strategy will include broader public and stakeholder engagement and consultation.

5. Financial Implications

There are no direct financial implications that need to be considered with this update, however the development of a new HWBB strategy will aim to support strategic planning and commissioning for the system.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)
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Cllr. Dean Carroll, Portfolio Holder for Adult Social Care, Public Health and Assets – including Population Health and integration
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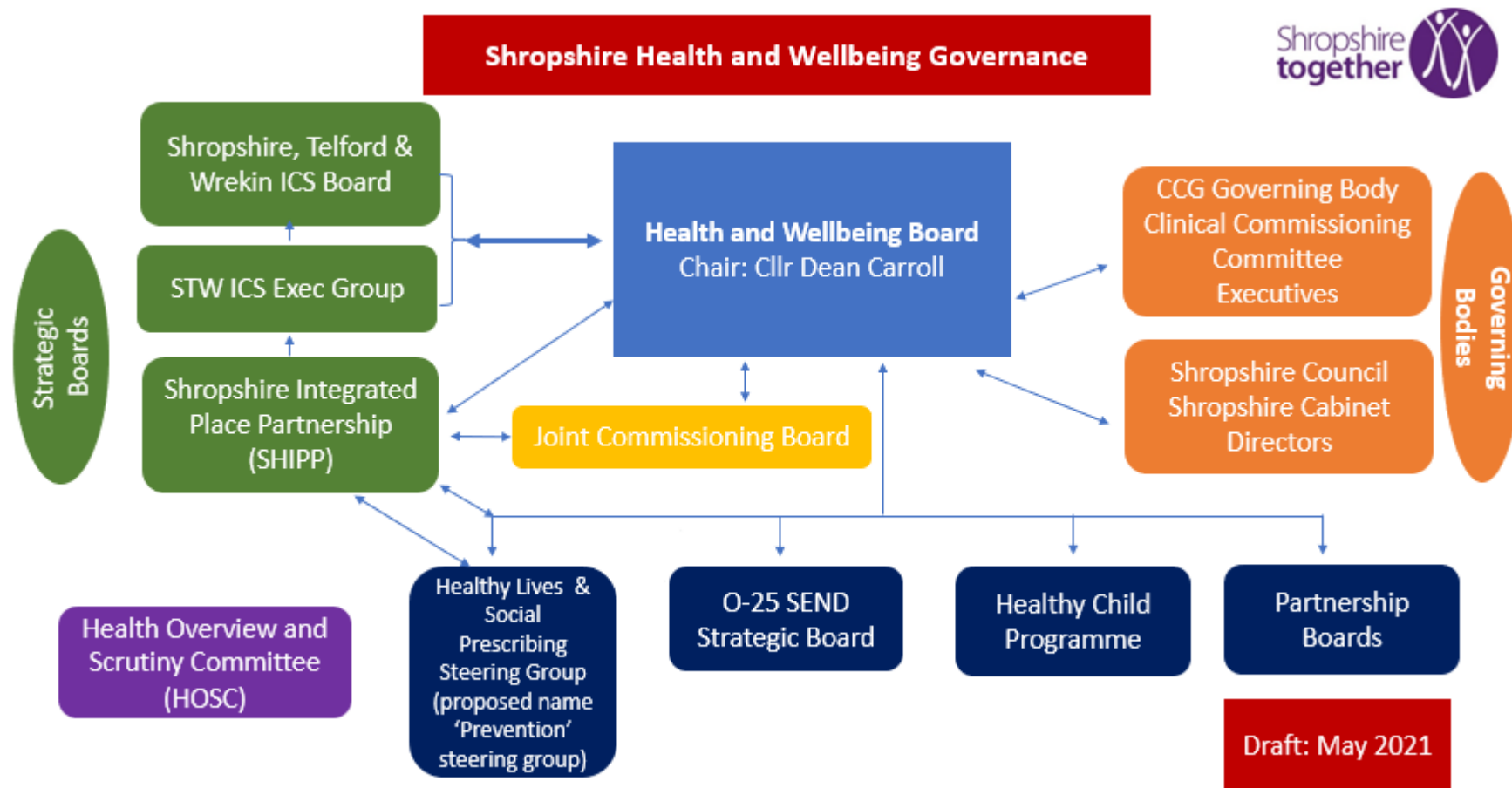
Local Member

Appendices

Appendix 1 HWBB Governance Structure

Appendix 2 Shropshire Health and Wellbeing Board proposed Aim and Vision
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Appendix 1 HWBB Governance Structure



Shropshire Health and Wellbeing Board

Proposed Aim and vision

Our Vision:

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

Our Aim:

- To improve the population's health and wellbeing across Shropshire
- 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
- Ensuring that prevention is at the heart of improving health and well-being and reduce ill health and the associated demand on health and care services
- Providing democratic input into the Integrated Care System
- To work with our communities and population to lead their role in improving their own health and wellbeing

Proposed Principles

To drive a genuinely collaborative approach to the commissioning and delivery of services which improve the health and wellbeing of local people, the Board will abide by the following principals:

- The Health & Wellbeing Board will work primarily to improve the health and wellbeing of the citizens of Shropshire;
- The Health & Wellbeing Board will work collaboratively and consensually;
- The Health & Wellbeing Board will add value over and above our current arrangements to really tackle key priorities and delivery outcomes for our communities.
- Transparency in decision making, representing the views of local populations and allowing people to have their say and opportunity to influence decisions.