



Committee and Date

Health and Wellbeing Board

11 November 2021

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 9 SEPTEMBER 2021 9.30AM – 11.25AM

Responsible Officer: Michelle Dulson

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Present

Dean Carroll – PFH ASC, Public Health and Assets including Population Health & Integration

Kirstie Hurst-Knight – PFH Children & Education

Cecilia Motley – PFH Communities, Place, Tourism and Transport

Rachel Robinson - Director of Public Health

Tanya Miles – Director of Adult Services, Housing & Public Health

Karen Bradshaw, Director of Children's Services, Shropshire Council

Dr Julie Davies, Director of Performance and Delivery, Shropshire, Telford and Wrekin CCG

Claire Parker – Director of Partnerships, Shropshire, Telford & Wrekin CCG

Lynn Cawley – Shropshire Healthwatch Jackie Jeffrey – VCSA

Nicola Daniels – VCSA

Ben Hollands – Midlands Partnership NHS Foundation Trust

Angie Wallace – Shrewsbury & Telford Hospital Trust

David Crosby – Chief Officer, Shropshire Partners in Care

Laura Fisher – Housing Services Manager

136 Apologies for Absence and Substitutions

The following apologies were noted:

Mark Brandreth - Accountable Officer, Shropshire, Telford & Wrekin CCG

Dr John Pepper - Chair, Shropshire, Telford & Wrekin CCG

Patricia Davies - Chief Executive, Shropshire Community Health Trust

The following substitutions were also noted:

Dr Julie Davies, Director of Performance and Delivery, Shropshire, Telford and Wrekin CCG substituted for Mark Brandreth

Nicola Daniels, substituted for Jackie Jeffrey, VCSA

137 Disclosable Pecuniary Interests

None were declared.

138 Minutes of the last meeting

RESOLVED

That the Minutes of the meeting held on 8 July 2021 be deferred to the next meeting.

139 Public Question Time

A question was submitted from the following members of the public:

Sue Gerrard, Sue Stewart and Marilyn Jones – regarding the future role of Making it Real in the Integrated Care System.

The Chair read out the question and response and stated that the response would be sent to the questioners and attached to the webpage for the meeting:

[Agenda for Health and Wellbeing Board on Thursday, 9th September, 2021, 9.30 am — Shropshire Council](#)

140 System update

Shropshire Integrated Place Partnership (SHIPP)

The Head of Joint Partnerships introduced and amplified the Shropshire Integrated Place Partnership update report (copy attached to the signed Minutes) which provided an update on the SHIPP priorities and progress being made in key programme areas including Personalisation and Personalised care.

The Head of Joint Partnerships highlighted the key areas of delivery and explained that the purpose of SHIPP was to act as a Partnership Board of commissioners, providers of health and social care and involvement leads in Shropshire to ensure that the system level outcomes and priorities agreed at Integrated Care System (ICS) and Programme Boards were implemented at place level in Shropshire. The Board worked with the priorities of the Health and Wellbeing Board and the priorities of the ICS to improve the health and wellbeing of people across Shropshire. She confirmed that the draft priorities of the Board had been updated following development of the draft Health and Wellbeing Strategy and would remain draft until it had been agreed and finalised.

The Head of Joint Partnerships reported that work was underway and good progress being made in the key areas of delivery and that connections had been made with various partnership boards. In response to a query, the Head of Joint Partnerships confirmed that that training was available for all sectors in order to create a team effort.

RESOLVED:

1. That the HWBB note the progress of SHIPP
2. That the HWBB note the work underway to deliver Personalisation / Personalised care in Shropshire.

Integrated Care Systems Update

Dr Julie Davies introduced and amplified the Integrated Care System (ICS) update (copy attached to the signed Minutes). She drew attention to the 10 pledges that she

hoped were becoming reasonably well known across the system and also the good progress that the system had seen which has been reinforced by feedback from the national board and from the region.

She then went on to update the Board on progress in the following key areas:

- Urgent Care and Ambulance pressures
- Covid vaccination service
- Hospital Transformation Programme
- Community Diagnostic Hubs
- Mental Health
- Elective waiting times
- Shrewsbury Health and Wellbeing Hub
- VCSE Memorandum of Understanding

The Chairman expressed his enthusiasm of the Community Diagnostic Hub model and looked forward to seeing it rolling out in a much wider and broader sense. The Chairman informed the Board that local MPs had raised the affordability gap issue in terms of hospital transformation plan with the Secretary of State for Health and Social Care in Parliament this week and he expressed his thanks to them.

The Director of Public Health was keen to link the Shrewsbury Health and Wellbeing Hub into the JSNAs. 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 Children's Services was pleased to see that the mental health issue, particularly for children and young people had been recognised and felt it was really positive to see the investments but she felt it was equally important to note that there were still some gaps and over the last few months the system had been experiencing some really challenging and complex children for which there was no ready solution available at the moment. She drew attention to the national shortage of tier 4 beds at a time when there was an increasing number of children requiring a tier 4 bed and queried what could be done nationally to put pressure on the system to secure additional tier 4 beds and should the Health and Wellbeing Board be doing something about this within the national system.

The Director of Children's Services also drew attention to the availability of those crisis beds for those children who might be waiting for a tier 4 bed or might be assessed whether they're eligible or require a tier 4 bed. She felt that the Board should understand the work currently being undertaken in this area and should receive regular updates as this was a key issue for some children and their families.

The Director of Partnerships agreed with the Director of Children's Services and felt that any pressure that could be put on nationally in order to increase the number of tier 4 beds for our existing children and our current circumstances was really important. However, she felt that what really needed to be done was to look at what the prevention and support model was going forward in order to stop these children ending up in crisis and needing tier 4 beds. She reassured the Board that the Children's and Young People Partnership Board were looking at doing a stock take review of children's and young people's services across the system to identify gaps,

prioritise funding streams, lobby for more funding for children's services to ensure that children's services were supported going forward.

The Chief Officer, Healthwatch Shropshire reported on a piece of work being undertaken jointly by Healthwatch Shropshire and Healthwatch Telford & Wrekin, at the request of SATH, to reach out to the children and young people using crisis mental health services to get their experiences and their views of what could be done to improve that experience of waiting potentially for those tier 4 beds but also to try to understand what they think could have helped prevent them reaching that point.

The Director of Adult Services raised the issue of urgent care and ambulance pressures, recognising the national pressures that were being seen as well as that in Shropshire as we enter into winter she felt that the HWBB needed to seek some assurance around that community offer in terms of how we are supporting the population of Shropshire to be well and healthy and to try and avoid going into A&E. She was aware of joint work being undertaken between West Midlands Ambulance Service and Community partners looking at that community offer and she recommended inviting them to the Board to provide an update.

RESOLVED:

1. That a further report be received on early intervention work in relation to children's mental health.
2. That the Chairman write to MPs asking them to take up with the Secretary of State for Health and Social Care the lack of capacity of tier 4 beds.
3. To request that West Midlands Ambulance Service attend a future meeting of the Board.

141 Joint Health and Wellbeing Strategy Consultation

The Health and Wellbeing Officer introduced her report (copy attached to the signed Minutes) which provided a summary of the Joint Health and Wellbeing Strategy (JHWBS) consultation and engagement process. She confirmed that the consultation survey was due to go live at 12.30 that day and would close at 5pm on 8 November 2021.

She reported that library staff would be able to assist members of the public to complete the survey online and that large print copies were also available. She urged members of the Board to highlight the survey at any meetings/boards that they attend as it was a joint Strategy and as much support as possible would be appreciated.

RESOLVED:

To note the Communications and Engagement and Action Plans, and to commit to supporting this process as equal partners to the success of the JHWBS.

142 Joint Strategic Needs Assessment (JSNA) Update

The Director of Public Health introduced her report (copy attached to the signed Minutes) which provided an update on Shropshire's JSNA, including progress to date, future direction and revised timescales.

The Director of Public Health reported that the first draft of the SEND JSNA had been completed and circulated to all relevant Boards in August 2021. A final draft was due to be completed in September 2021 before being published in October 2021.

She informed the Board that work on the Pharmacy Needs Assessment was progressing and a review of the evidence and resources was currently taking place jointly with Telford and Wrekin and would probably take until December to be completed. It was anticipated that engagement with communities would begin in September/October. Following this, the first of three reports would be published in March.

It was confirmed that data monitoring would continue with information and key outcomes being aligned to the Health and Wellbeing Strategy and the SHIP work.

Finally, she drew attention to a conversation held with MPFT following on from the previous meeting with regard to linking up around the mental health work and looking how that work could be supported. Ben Hollands, MPFT thanked the Director of Public Health for her support and that of the team for pulling together around the needs assessment for the mental health transformation.

RESOLVED:

To note the update and work programme/timescales.

143 Health in All Policies

The Director of Public Health explained that this paper built on a previous report that was presented to the Health and Wellbeing Board in March on the development of the Health and Wellbeing Strategy and the approach being taken to the wider determinants of health in the strategy. It presented a structured approach to embedding Health in all policies, which approach, she confirmed, had been approved by Cabinet in February 2020.

The Consultant in Public Health explained the approach in more detail and reported that the health in all policies approach that was being proposed was that each paper brought to the Health and Wellbeing Board should be screened for their health impact to ensure they link into the wider determinants of health eg economy, housing, transport etc. An assessment would be undertaken to give the information as to whether there was a need to undertake a more detailed health impact assessment to inform the actions to embed into policies. She confirmed that it was hoped to adopt a formalised way to embed health in all policies across the organisation but in this instance, clearly focussing on the Health and Wellbeing Board papers by ensuring that health was considered when bringing together all papers and all strategies.

In response to a query in relation to what was meant by 'a phased 'rolled out' approach' referred to in recommendation two, the Consultant in Public Health explained that staff would be upskilled in order to undertake the screening process for health impact in a similar way that individuals have been upskilled to do equality impact assessments and were proposing a rollout of a training programme to develop skills within the public health team. In response to a further query, the Consultant in Public Health explained that the timeline had been compromised by covid but work was now underway to organise an organisational-wide rollout and she imagined that the Health and Wellbeing Board rollout would align with the organisational-wide rollout however there was currently no timeframe for that but she hoped to report on it at the next meeting.

It was confirmed that recommendation 3 specifically applied to the Health and Wellbeing Board.

RESOLVED:

1. That adoption of the Health in All Policies approach by the Health and Wellbeing Board be approved.
2. That a phased "roll out" approach be taken to implementing the policy.
3. That the Health and Wellbeing in All Policies approach be underpinned by a Health Impact Assessment (HIA) process and be supported with training and awareness raising.

144 Air Quality Action Plan review and improvement interventions

The Chairman proposed that this item be deferred as there were some suggested proposals made in the report, that Board Members felt need further consultation and engagement with stakeholders, and with internal colleagues, as to how they had a knock-on impact on other plans and policies of the Council.

This included, in particular, a proposed trial lane closure in Shrewsbury which the Chairman felt needed very careful consideration, particularly alongside transport colleagues and cognisant of the big town plan. The Chairman felt it was right that this was all considered first, before asking the Health and Wellbeing Board to endorse that as an approach.

RESOLVED:

That this item be deferred to a future meeting for the reasons stated above.

145 Children's Speech & Language update

The Public Health Development Officer introduced and amplified her report (copy attached to the signed Minutes) which provided an update on the Speech, Language and Communication Needs (SLCN) workstream of action in Shropshire following the joint SEND CQC and Ofsted inspection which took place between 27 January and 31 January 2021.

The Public Health Development Officer highlighted the key points contained within the report and explained that reducing waiting times for those needing assessment and treatment from the speech and language therapy service was a priority as it was well in excess of 18 weeks. She explained that this was a national issue as speech and language was seen as a fundamental lifeskill. The focus of the workstream was on prevention and early intervention and a joint vision statement had been developed (set out at paragraph 3.2 of the report). It was hoped to spread the message that this issue should be everybody's problem and to ensure that the right support was available at the right time. It was also hoped to promote parental involvement.

It was hoped that the impact of all these measures would be that the percentage of children achieving the expected level across all goals in the 'communication and language' and 'literacy' areas of learning at the end of reception year would increase by 25% by 2025 and that the percentage of children not achieving at least the expected level across all goals in the 'communication and language' and 'literacy' areas of learning at the end of reception year, was reduced by half by 2028.

In response to a query, the Public Health Development Officer explained that the provision of education/training would be increased as the workstream developed and that referral processes would be changed to allow for engagement before referral.

RESOLVED:

To note that SLCN was 'everyone's business' and 'everyone's responsibility' and a whole system approach to SLCN should be a priority.

146 Armed Forces Covenant update

The Vet Hub Coordinator introduced and amplified the report of the Armed Forces Covenant Lead (copy attached to the signed Minutes) which gave an update on the Shropshire Armed Forces Covenant Draft Health Legislation and General Armed Forces Health Update and also provided an outline of rationale for the Covenant Duty and key development areas.

She drew attention to the Armed Forces Covenant duty that when exercising relevant functions, relevant public bodies must have due regard to the three principles of the Armed Forces Covenant, as set out in the report, to ensure that all veterans were treated fairly and not disadvantaged. She highlighted examples of good practice eg GP Veteran-friendly accreditation scheme, Veterans Aware and NHS guidance on the Armed Forces.

Nationally, there was evidence that GPs were unaware of how many veterans were registered with their practice. Improvements were needed in the identification of individuals but also an increase in the understanding of the health requirements of those who serve/have served in the Armed Forces. All veterans were entitled to priority access to NHS care for conditions arising from their time in the Armed Forces and clinicians needed to be aware of this.

Turning to GP Friendly Accreditation, the Vet Hub Coordinator reported that 4 GP practices in Shropshire had signed up to the scheme since March 2021 making a

total of 15 altogether and it was hoped to increase this number. She then drew attention to the Veterans Aware scheme at both the Robert Jones and Agnes Hunt Hospital NHS Foundation Trust and The Shrewsbury and Telford Hospital NHS Trust, set out in paragraph 4.2 of the report. The Vet Hub Coordinator informed the Board that the UK's first dedicated orthopaedic centre for Armed Forces veterans was to be built at the Robert Jones and Agnes Hunt Hospital near Oswestry.

The Chairman felt that Shropshire was a beacon for good practice and thanked the team and the Member Champions for all their hard work.

RESOLVED:

1. To note the contents of the report.
2. To note that all GP Practices in Shropshire were being encouraged to sign up to the Veterans Friendly Accreditation Scheme as set out at paragraph 6.1 and appoint an Armed Forces Champion.
3. To encourage all GP Practices and Health partners to sign up to the Armed Forces Covenant.

147 COVID-19 update

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

- Cases in Shropshire had not dropped since the summer, they had levelled off during the last two weeks but were still higher than the West Midlands.
- There had been 297 cases per 100,000 but the latest data showed that this had risen to 339 per 100,000.
- The pressure was not going away, it had levelled off high and was expected to continue to rise.
- Community transmission was on the increase and the Council were encouraging take up of the vaccine and testing.
- Outbreaks in care homes were increasing but fortunately there had also been a high uptake of vaccinations.
- Hospital admissions had plateaued and of those admitted, half had not been vaccinated. There had been 4 deaths in the latest week.
- Vaccination uptake across the county was very encouraging although there were pockets of younger people who were being encouraged to get a vaccination.

REOLVED:

To note the contents of the Covid-19 update.

148 Board members response to Healthwatch Spotlight report - remote appointments

The Health and Wellbeing Officer introduced this report (copy attached to the signed Minutes) and explained that an agenda item at the Health and Wellbeing Board (HWBB) meeting held on the 8th July 2021 was Healthwatch Shropshire's Spotlight report – remote appointments. Following a presentation of the report findings and recommendations, the HWBB Chair requested that Board members respond to the recommendations made in this report.

The Health and Wellbeing Officer thanked Members for their responses and requested that any outstanding responses be emailed to herself as soon as possible.

The Chief Officer, Healthwatch reported that it was planned to repeat the exercise in the future to see what improvements had been made and would report back to the Board.

RESOLVED:

To note the responses received and that a follow up report would be presented to a future meeting of the Board.

149 Chairman's Updates

The Chairman reminded those who had not already done so to submit their ACE workshop response. He also reminded members that an informal session would be held at the conclusion of the meeting to discuss system updates and membership of the Board.

Signed (Chairman)

Date: