



**Committee and Date**

Health and Wellbeing Board

17 November 2022

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 8  
SEPTEMBER 2022  
9.30 - 11.35 AM**

**Responsible Officer:** Michelle Dulson

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**Present**

Simon Whitehouse – Accountable Officer / Executive Lead Shropshire, Telford and Wrekin Integrated Care System – Acting Chair for this meeting  
Simon P Jones – PFH Adult Social Care and Public Health (Chair) present for part of meeting  
Kirstie Hurst-Knight – PFH Children & Education  
Cecilia Motley – PFH Communities, Culture, Leisure, Tourism & Transport  
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention  
Tanya Miles – Executive Director for People  
Laura Fisher – Housing Services Manager, Shropshire Council (virtual)  
Angie Wallace - Shropshire Community Health Trust (substitute) (virtual)  
Shirley-Ann Cavill – SaTH (substitute) (virtual)  
Lynn Cawley - Chief Officer, Shropshire Healthwatch (virtual)  
Jackie Jeffrey - VCSA  
David Crosby - Chief Officer, Shropshire Partners in Care  
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, Midlands Partnership NHS Foundation Trust (virtual)

**25 Election of Chairman**

In the absence of the Chairman for part of the meeting, it was moved, seconded and

**RESOLVED:** That Simon Whitehead be elected Chairman for this meeting.

**26 Apologies for Absence and Substitutions**

Patricia Davies - Chief Executive, Shropshire Community Health Trust  
Nigel Lee - Interim Director of Strategy and Partnerships, SaTH  
Stuart Bills - Superintendent, West Mercia Police

Substitutes:

Angie Wallace - Shropshire Community Health Trust (substitute) (virtual)  
Shirley-Ann Cavill – SaTH (substitute) (virtual)

**27 Disclosable Interests**

None received.

## 28 Minutes of the previous meeting

RESOLVED: that the Minutes of the previous meetings held on 19 May 2022 and 14 July 2022 be agreed and signed by the Chairman as a correct record.

## 29 Public Question Time

No public questions were received.

## 30 System Update

### Urgent and Emergency Care Plan update – Winter plan

This item was deferred to the next meeting.

### ICS Update

The Board received the report of the ICB Director of Strategy and Integration – copy attached to signed Minutes – which provided an update to the summary of the Integrated Care System (ICS) development programme across Shropshire, Telford and Wrekin presented at the last meeting of the Board and gave an update on the establishment of statutory functions of the ICS, specifically the creation of the Integrated Care Partnership (ICP) and the development of the integration strategy for Shropshire, Telford and Wrekin.

The Director of Strategy and Integration introduced and expanded on the report and provided more information around where they were with the establishment of the statutory functions within the ICS and particularly that of the ICP. She drew attention to the diagram on page 3 of the report which set out a breakdown of the key points to know around the ICP. The ICPs would play a critical role in bringing together health leaders and local authorities to start to think ‘out of the box’ around some of the solutions for Health and Wellbeing whilst addressing any inequalities. She went on to describe the next steps including development of the Interim Integrated Care Strategy. She explained that the ICB would have an ongoing role in shaping that interim plan and the longer-term five-year view of what those priorities were and how to take them forward.

It was hoped that the first ICP meeting would be chaired by Telford and Wrekin Council on the 6 October 2022. The Terms of Reference for both Health and Wellbeing Boards were being considered in shaping the Terms of Reference for the ICP and it was hoped to publish those draft Terms of Reference shortly. The first meeting of the ICP would be discussed at the next meeting of the HWBB.

The Executive Director of Health, Wellbeing and Public Health reassured the Board that it would have sight of the draft Strategy at its next meeting in November as it would be a priority for the Board. The Director of Strategy and Integration stressed the importance of not seeing the Strategy as the final point and that it was interim and a blueprint process with many more opportunities between now and March for the partnership to put the meat on the bones of those initial priorities and plans.

**RESOLVED:** That the Board note:

- 1) the detail contained in the report;
- 2) the statutory requirements for ICBs and LA's, as core members of the system wide ICP, to develop an Integrated Care Strategy;
- 3) that this strategy must be informed by the work of the HWBBs and through engagement with local partners and communities;
- 4) the proposed Terms of Reference of the Shropshire, Telford, and Wrekin ICP (attached as an appendix to the report).

### Shaping Places

The Board had received a paper, for information, on Shaping Places for Healthier Lives which was a three-year programme funded by the Health Foundation in partnership with the Local Government Association, for which Shropshire was one of five council areas in England to win the funding after a three-stage application process.

The Executive Director of Health, Wellbeing and Public Health highlighted the two training sessions that had been developed within Shropshire with the voluntary sector, Shropshire Council and all its partners, there was limited capacity and everything people needed to know would be in these sessions which would be recorded. It was for frontline staff, members and volunteers across the whole system. She agreed to bring an update on the social taskforce to the next meeting of the Board.

A brief discussion ensued in relation to rural poverty and the recognition by government of rural deprivation.

### **31 Innovative practice - Digital report (deferred from last meeting)**

The Board received the report of the Digital Champion Lead – copy attached to the signed Minutes – which updated members on the Shropshire Council Digital Skills Programme. The Customer Services Manager introduced and amplified the report. He reported that the programme had had some very positive outcomes due wholly to the efforts of the Digital Champion Lead who had set up the initial pilot and had kept it going throughout the pandemic but also managed to expand it and commissioned the providers as well as monitoring the outcomes.

The Customer Service Manager highlighted the significance of the project in helping people to use the internet which had a very unique payback because, more than any other medium, the internet could bring the outside world into somebody's home, turning their four walls into four windows instead. It was felt that the benefits of this project was the familiarity of having broadband and the technology to access the internet and could help people who were otherwise very isolated and vulnerable to stay safe and independent in their own homes. It was hoped that the work would continue and that the project would be delivered to 500 people by the end of March 2023.

The Board thanked the Customer Service Manager and the Digital Champion Lead

for their report. It was felt that the real-life case studies really brought the paper to life, especially the impact that it had had on them. In response to a query about how this project would be upscaled, the Customer Service Manager expressed his hope that the project would be rolled out more widely and that investment in the region of £80,000 would be required for salaries and equipment etc in order to reach twice as many people. It was hoped that this project would assist older people to manage their health care differently, for example booking GP appointments on-line and ordering prescriptions etc.

Concern was raised in relation to deprivation, access to Wi-Fi, mobile phones with data etc. In response, the Customer Service Manager explained that it was a concern however there were some good broadband deals around and that some customers did have their own IT equipment but didn't know how to use it, whilst some equipment had been provided via grants and that going forward it would be a mix of the same. The Customer Services Manager would update members around the level of uptake and the level of skills increase. The Executive Director of Health, Wellbeing and Public Health felt the report highlighted how a small amount of investment could offset a huge amount of health and wellbeing costs further down the line.

**RESOLVED:**

The Board noted the contents of the report and the innovative work taking place.

**32 Severe Mental Illness and Complex need. A Qualitative review of service user experience.**

The Population Health Fellow for Shropshire Council gave a presentation following a qualitative review of patient experiences of services in the Shropshire, Telford and Wrekin area – copy of slides attached the signed Minutes – and which covered the following areas:

- Definitions of severe mental illness and complex need
- Project roll out
- Survey Results and emerging themes
- Semi structured interview results and emerging themes
- Overview
- Key recommendations and questions

The Population Health Fellow drew attention to the survey results. When asked how easy or difficult it was to get help, 48% felt it was difficult or extremely difficult to get help due to a number of reasons, including a poor understanding of the help that was available, long waiting lists, lack of trust and poor communication. It was felt that unless someone was very sick, they would be bounced around a lot of different services and would not get the help needed.

Other themes that emerged from the project included the inappropriate use of services that did not meet the needs of service users, connections between services whereby voluntary organisations and GP services had slightly more positive feedback, whereas the feedback for mental health services ranged from very positive

to less positive and the crisis emergency services flagged up more negative experiences. The same trend emerged when asked to consider how their treatment had been tailored to their individual needs.

It was felt that people's negative experiences were in part due to service delivery concerns and that the system was over capacity with long waiting lists and inappropriate services for their needs. Staff concerns were also picked up and it was felt that if these concerns were addressed this would naturally translate to better patient experiences. The Population Health Fellow then drew attention to the real-life stories set out in the slides, in particular the respondent who needed help with managing their finances and taking public transport which highlighted a theme around gaps in life and/or social skills.

Turning to the semi-structured interview results, a lot of similar themes arose including long waiting lists, lack of support in between treatments, which was where the voluntary sector came in with more positive feedback. Some of the things that it was felt would improve patient experience of care for their particular needs included more patience, more professional and more access.

As a whole it was felt that there was generally a lot of good work happening, but they were not as connected or as streamlined as maybe the physical health services were. The Population Health Fellow drew attention to the recommendations set out in the slides.

The Chairman thanked the Population Health Fellow for her presentation which really brought the slides to life and highlighted the need for integration and better connectivity of services. He felt there was a role here for the NHS around integration and how to bring physical health services and mental health services together in a more equitable way, along with a role for the NHS and its broader partners e.g. social care, local authorities, voluntary/community sector in order to get a better outcome for the population that was served.

A brief discussion ensued in relation to the work currently ongoing in relation to the issues raised. It was agreed for the work that has been done to be fed through into the structures already in place and have conversations around the transformation programme that was in place across the mental health services and connect those parts of the conversation. The Head of Joint Partnerships drew attention to social prescribers who were available in all GP practices and had a wealth of knowledge around what was happening in those communities along with care coordinators whom GPs could refer patients. She informed the Board of an awareness raising event on 10 October in Shrewsbury Abbey, which would have all kinds of voluntary sector organisations as a marketplace for all staff across all services, to see what all those organisations were doing and the connections between those organisations.

The Head of Joint Partnerships thanked the Population Health Fellow for her work which was part of a national programme funded by Health Education England, part of which involved taking part in workshops around population health and what that means and how to analyse population health. The work undertaken would be a good launch pad to really do something about improving work around integration and the work that was already being done.

### 33 The Khan review: making smoking obsolete

The Board received the report of the Consultant in Public Health and the Public Health trainee – copy attached to the signed Minutes – which provided a brief summary of the Khan review into making smoking obsolete which concluded that the government target for smokefree 2030 would be missed by at least 7 years. The report also outlined the burden of smoking and smoking-related ill health and health inequalities in Shropshire. It summarised the current tobacco control efforts in Shropshire and highlighted the recommendations contained in the Khan report.

The Public Health trainee gave a presentation – copy of slides attached to the signed Minutes – and highlighted the implications of the Khan Review for Shropshire. She reported that smoking was the biggest single cause of illness and death nationally and that although the numbers of people smoking in the UK (14%) had come down since the 1970s and 1980s due in part to tobacco control, the numbers were still significant.

The Public Health trainee drew attention to the smoking burden in Shropshire and how that compared to the national average and to the Council's 15 nearest neighbours. Smoking prevalence in Shropshire was similar to the national picture, however hospital admissions were higher in Shropshire than the national average and higher than other local authorities and perhaps not performing as well as it might.

Whereas smoking in Shropshire was similar to what it was nationally, it could be seen that for some particular groups it was a health inequality issue and that the smoking prevalence in those particular groups was high in Shropshire and higher than the national average. This suggested that there were some particularly at-risk groups in Shropshire who were really affected by the health inequalities related to smoking.

The Public Health trainee looked at what smoking really costs us as a society not just in terms of health and social care, but in terms of productivity and loss of earnings. Shropshire were currently spending around £14-16m so this was a significant issue for Shropshire. She then went into more detail around the Khan review of the smoke free 2030 ambition set out by government in 2019 that had been published earlier in the year. The main headline from the report was that the target was going to be missed by at least seven years and for those who were most deprived in society, that target would not be met until 2044.

The Public Health trainee drew attention to the main recommendations of the review which focussed on strengthening tobacco control and the critical recommendations contained within the pictorial illustration of what the review was all about. The critical recommendations were 'must do now' recommendations that would have the most impact.

The Public Health trainee informed that Board of the work currently being undertaken within Shropshire to tackle smoking and smoking related inequalities which fell into four main areas, the first being tobacco control led by trading standards including enforcement activities which disrupted the supply chain of illegal tobacco and

particularly identifying, detecting and preventing the sale to minors. The second area was the tobacco dependency treatment programme, which was part of the NHS long-term plan, the third point was the new national scheme for community pharmacies to provide follow-up post-discharge community support. The final area was local authority level support, including the social prescribing service. There were also plans in place to operate a new service looking at behavioural support for those discharged from mental health inpatient treatment.

Concern was raised about the recommendation of offering vaping as an alternative as it was felt that the impact and consequences of vaping were not yet known and that schools were reporting a significant rise in the number of quite young children now vaping rather than smoking. In response, the Public Health trainee reported that Public Health England were very clear that vaping was not risk free and that research was emerging about the potential risks of vaping and research that she had seen had shown that vaping was about a third as dangerous as smoking as there weren't as many chemicals and toxins present in vaping smoke compared to cigarette smoke. Vaping was considered as a very good quit tool and not a 'cool' tool and concern was expressed about how vaping was being made to look attractive to children. More work was therefore needed around this messaging.

#### **RESOLVED:**

To note the contents of the report and to receive updates going forward.

#### **34 JSNA update**

The Board received the report of the Executive Director of Health, Wellbeing and Public Health – copy attached to the signed Minutes – which provided an update on Shropshire's JSNA including progress to date, future direction and timescales.

The Executive Director of Health, Wellbeing and Public Health highlighted a number of key points. She updated the Board in relation to the Place-based JSNA work which was moving forward, and drew attention to the screenshots of the web-based tool which were attached to the report, and which was the baseline information that would be pulled into a web-based profile that the public would be able to access. It was hoped to launch this later in the year. The screenshots were contained in the report just to share with the Board the progress that was being made and she explained that data would be added to the web-based tool as the thematic JSNAs were progressed. It would also be an important tool for the population health management going forward.

The next part of that would be the place-based JSNAs which would take the information from the web-based tool plus the additional information held from research and from various needs assessments. It would also bring in stakeholder and patients voices, asking them about the big issues around health and wellbeing that mattered to them and listening to those realities that were coming from those communities. This work had started in Highley and will be undertaken in Oswestry and St Martins before being rolled out across the other areas to capture that data. There was a stakeholder event taking place the following Monday in Highley in order to develop the recommendations based on that information going forward. The

Executive Director of Health, Wellbeing and Public Health agreed to update the Board at its next meeting.

Turning to the Pharmaceutical Needs Assessment, the Population Health Manager gave a brief summary and drew out a few salient points. He reported that there were 47 pharmacies within Shropshire local authority area. 421 resident questionnaires were received which was smaller than they would have wished and was slightly skewed towards women and more affluent socio-economic groups. He then took members through the results and key messages of both the patient and the pharmacist surveys and he summarised the recommendations (set out on page 52). In conclusion, it was considered that the current pharmaceutical service provision in Shropshire was insufficient and that in areas of development and population growth, additional pharmacy provision would be required.

Concern was raised about the shortage of pharmacists seen in recent months in the South of the County and people were needing to travel to access a pharmacy. A query was raised as to whether there was a shortage of pharmacists nationally and whether there was any way to encourage people to become pharmacists. In response the Accountable Officer/Executive Lead for Shropshire, Telford and Wrekin ICS explained that the workforce issue was similar to other NHS workforce challenges nationally, around how many staff were needed, how many could be trained, over what time period, how to retain current staff, how to develop staff from the local area and how to make the area an attractive place to work etc. He informed the Board that from April 2023 community pharmacies would be the responsibility of the ICB, so there was an opportunity going forward to think about how we want to work locally with existing pharmacies and what the future provision would look like.

**RESOLVED:**

To note the contents of the report and to receive updates going forward.

**35 Health Protection update (including COVID-19)**

The Board received the report of the Consultant in Public Health for noting (copy attached to the signed Minutes) which addressed immunisation and screening and provided an overview of communicable, waterborne and foodborne diseases. She explained that there had not been a Health Protection meeting since the last meeting of the HWBB and that a more detailed update would be provided to the next meeting.

The Consultant in Public Health reported that the Health Protection Strategy had been out for consultation. Any member of the Board who wished to comment needed to let her know that day.

**36 Chairman's Updates**

The Chairman updated the Board in relation to the following items:

- The Air Quality report, which had been scheduled for this meeting, had been deferred to the next meeting. This was also the case for the Safeguarding Annual Report which was reported to this Board annually.



- The Shropshire Healthy Weight Strategy consultation had now gone live. It opened on the 5th September and closed on the 31st October. Members should have received an email about this. The public and stakeholder survey could be found on the 'Get involved' section on the front page of the Council website.
- Resilience film – The Health and Wellbeing Strategic Manager would send the link to Board Members.

<TRAILER\_SECTION>

Signed ..... (Chairman)

Date: