



Date: Thursday, 9 September 2021

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Michelle Dulson, Committee Officer  
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## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### 5 **System update (Pages 1 - 6)**

Regular update reports to the Health and Wellbeing Board are attached:

##### **Shropshire Integrated Place Partnership (SHIPP)**

Report attached.

Contact: Tanya Miles, Executive Director of Adult Social Care, Housing & Public Health, Shropshire Council or Penny Bason, Head of Service, Joint Partnerships, Shropshire Council, Shropshire, Telford & Wrekin CCG

##### **Integrated Care Systems (ICS) Update**

Report to follow.

Contact: Nicky O'Connor, Shropshire, Telford & Wrekin CCG

#### 7 **Joint Strategic Needs Assessment (JSNA) Update (Pages 7 - 12)**

Report attached.

Contact: Rachel Robinson, Director of Public Health, Shropshire Council

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## Health and Wellbeing Board

### Meeting Date

**Paper title: Shropshire Integrated Place Partnership Board**

**Responsible Officer: Penny Bason, Head of Joint Partnerships, SC & STW CCG**

**Email: penny.bason@shropshire.gov.uk**

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### 1. Summary

- 1.1 This report provides an update from the Shropshire Integrated Place Partnership (SHIPP) Board to the Health and Wellbeing Board (HWBB). It updates the Board on the SHIPP Priorities and progress with regard to key programme areas including Personalisation and Personalised Care.

### 2. Recommendations

- 2.1 That the HWBB note the progress of SHIPP
- 2.2. The HWBB note the work underway to deliver Personalisation/ Personalised care in Shropshire

## REPORT

**(Include the body of your report here)**

### 3. Risk Assessment and Opportunities Appraisal

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

- 3.1 As a health and care system we work to reduce inequalities in Shropshire. All decisions and discussions must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health due to Covid 19.

### 4. Financial Implications

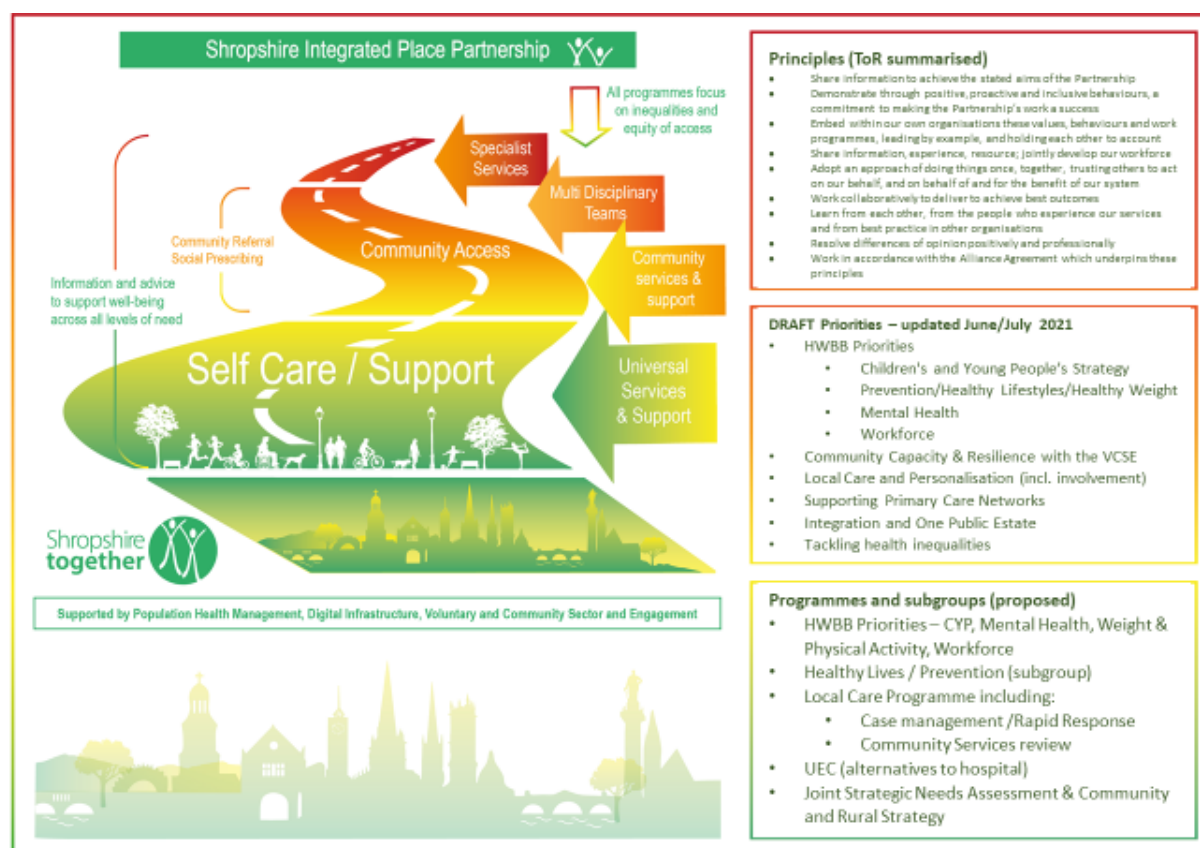
- 4.1 There are no direct financial implications as a result of this report, however the development of integrated working and the programmes of SHIPP will have financial implications in the future.

### 5. Report

- 5.1 As a reminder, the purpose of SHIPP is 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 ICS and Programme boards are implemented at place level in Shropshire. The Board works with the priorities of the HWBB and the priorities of the Integrated Care System (ICS) to improve the health and wellbeing of people across Shropshire.

5.2 The Draft Priorities of the Board have been updated following the development of the draft HWB Strategy and can be found in Diagram 1, below. The priorities will remain draft until the HWB Strategy has been agreed and finalised.

Diagram 1: SHIPP Priorities and Programmes



5.3 The key areas of delivering for the SHIPP include:

- Children and Young People (mental and physical health)
- Local Care - Case Management, Rapid Response
- Personalisation (including Prevention and Social Prescribing)
- Community Services review
- Joint Strategic Needs Assessment

Connect with partnership boards and receive reports from:

- Local Care - Respiratory redesign
- End of Life Review
- Mental Health and Dementia
- Urgent and Emergency Care

5.4 Work is underway to build on the proposed metrics of the HWBB and to agree metrics for each of the programmes that will be reported through the HWBB and the ICS Performance Framework; this work will be reported at the next HWBB.

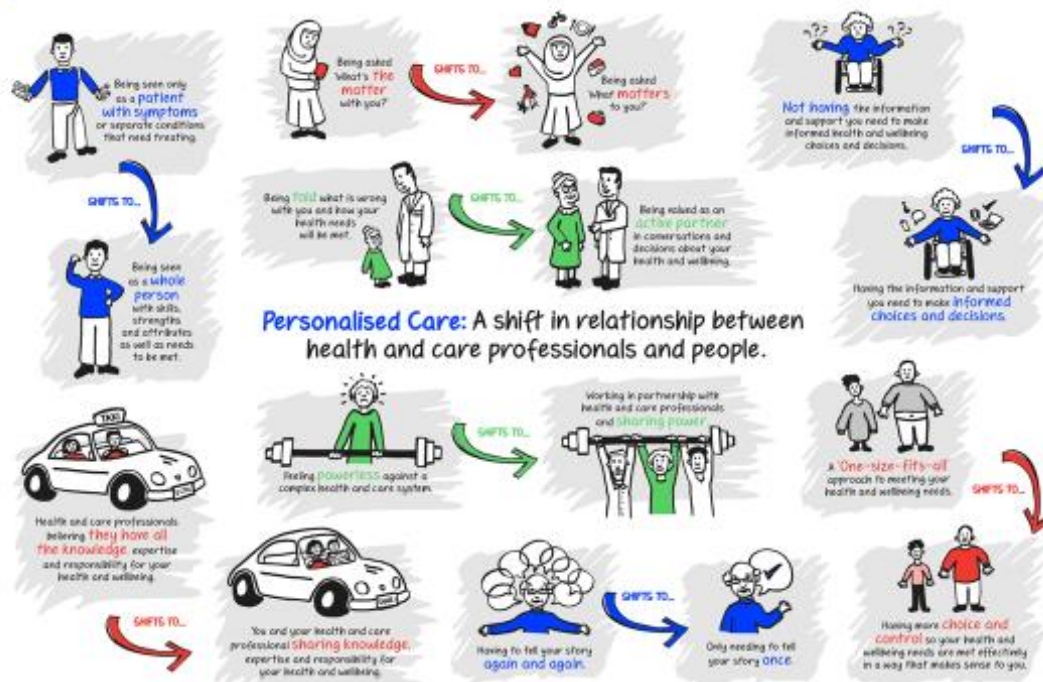
5.5 The SHIPP has pledged to work closely with all of our partners, including the people of Shropshire and the voluntary and community sector to develop and deliver services. SHIPP endorses the current work of the ICS to develop systematic approaches to involving local people in service development through coproduction. As well, SHIPP Board discussions have provided clear direction for the system to work collaboratively on prevention and inequalities;

including a commitment to support our voluntary and community sector partners where possible.

- 5.6 Going forward, SHIPP will work closely with the ICS Children and Young People (CYP) Board in order to ensure that children and young people are a key focus of service development and transformation for Shropshire. Anecdotally Covid has had a significant impact on children and young people, and mental health services have seen a significant spike in CYP accessing services. SHIPP has required CYP to be a main agenda item for each meeting, ensuring that progress on support and prevention services will focus on the needs of children and young people.
- 5.7 Additionally, SHIPP will also work closely with the Primary Care Networks, the Mental Health Board and other partners to ensure that the needs of Shropshire people of all age are addressed through the ICS transformation programmes. This includes work regarding mental health, end of life, dementia, care homes, and NHS 111.
- 5.8 Local Care (including Rapid Response and Case Management) as well as Prevention and inequalities are significant elements of SHIPP and will be a focus of future HWBB meeting. Priority prevention programmes delivered through Healthy Lives include Social Prescribing, weight and lifestyle services.
- 5.9 Personalisation/ Personalised Care is also a priority of SHIPP and a programme area of NHSE/ I designed to support the NHS to shift the relationship between health and care and the people we work with. It is intended to support the workforce to ensure that people have the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life. A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations. Personalised care is based on 'what matters' to people and their individual strengths and needs. Diagram 2 below provides some examples of how this works.

Diagram 2: NHSE/I Model of Personalised Care

People



5.10 Shropshire Telford and Wrekin (STW) ICS with NHSE/I, has developed a Partnership Agreement to deliver Personalised approaches with two key programme areas this year. 1. Children and young people, mental health, and 2. Children and young people, respiratory – Asthma support.

5.11 In addition to the Personalised Care Partnership Agreement, the system has agreed a workforce plan to complement the partnership agreement and to support the development of personalised care in STW. Training and development is largely delivered by the Personalised Care Institute who work with accredited training providers to enhance the skills of health, care and voluntary and community sector partners.

5.12 The Personalised Care Institute has been developed to:

- Enable people to have a feeling of equality through being listened to and involved in key decisions, leading to more choice and control.
- Provide the health and care workforce with the knowledge, skills, and confidence to work differently, have better conversations, and explore the wider determinants of health and care.
  - Health and care staff will have access to standardised training and development in personalised care.
- Provide the health and care system with a more consistent and coherent approach to training provision. There will be confidence that the training provided is evidence based and quality assured, leading to more straightforward commissioning.
  - Workforce leads are able to commission personalised care training from a nationally recognised body.
- Ease of access to local training via a list of approved trainers and training providers.

5.13 The workforce plan includes training for the following workforce areas:

	<b>Targeted Workforce</b>	<b>Training offer</b>	<b>Additional info</b>
Respiratory	Community Nurses Hospital clinicians Primary Care clinicians Social Prescribing/ VCSE	Shared Decision Making, Care and support plans for young people (as highlighted below in Annex 1)	Informed by coproduction Focus – Children and young people
Mental Health	Mental Health Trust Staff/ clinicians Social Prescribing Social Care VCSE	Shared Decision Making, Care and support plans, Coproduction, Creative health, Care and support plans (as highlighted below)	Informed by coproduction Focus – children and young people
Weight Management and Diabetes	Community Nurses Hospital clinicians Primary Care clinicians Social Prescribing	Shared Decision Making, Motivational Interviewing and Behaviour change	Adults focus

## 6. Additional Information

N/A

## 7. Conclusions

7.1 By working collaboratively across health, care, the voluntary and community sector and other partners on the programmes of SHIPP, there are great opportunities to improve services in Shropshire and support people to be as healthy as they can be.

**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)**

Cllr Dean Carroll, Chair of HWBB and Cabinet Member for Adult Service, Public Health, and Assets– including Population Health and integration

**Local Member**

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## Health and Wellbeing Board

Meeting Date: 9<sup>th</sup> September 2021

### Shropshire Joint Strategic Needs Assessment (JSNA)

**Responsible Officer:** Rachel Robinson, Shropshire Director of Public Health

**Email:** Rachel.robinson@shropshire.gov.uk

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#### 1. Summary

- 1.1 This paper presents to the Health and Wellbeing Board an update on Shropshire's JSNA; progress to date, future direction of the JSNA and revised timescales.

#### 2. Recommendations

- 2.1 The Health and Wellbeing Board:
- Note the update and work programme/timescales

### REPORT

#### 3.0 Background

- 3.1 The Local Government and Public Involvement in Health Act (2007) placed a duty on local authorities and PCTs (now CCGs) to undertake a JSNA in three-yearly cycles. Local authorities and CCGs have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies, through the health and wellbeing board. In practice, in Shropshire, these duties have been passed to Public Health to deliver on behalf of the Health and Wellbeing Board. Leadership for the JSNA sits with the Director of Public Health 1.
- 3.2 The JSNA seeks to identify current and future health and wellbeing needs in the local population and identify strategic priorities to inform commissioning of services based on those needs. These priorities in turn inform the Health and Wellbeing Strategy, a key document as a basis for commissioning health and social care services in the local area. The JSNA aims to:
- Define achievable improvements in health and wellbeing outcomes for the local community;
  - Target services and resources where there is most need;
  - Support health and local authority commissioners;
  - Deliver better health and wellbeing outcomes for the local community;
  - Underpin the choice of local outcomes and targets.
  - Importantly, the JSNA is not an end in itself, rather a framework of tools that are produced to inform commissioning.

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<sup>1</sup> Further guidance: [JSNA Toolkit: a springboard for action](#) and [Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)

- 3.3 Shropshire's original JSNA was completed in 2008/09, a further review was published in 2009/10 and the most recent report was published in July 2012. These JSNA reports were structured in four key areas following a Marmot approach: Starting Well, Living Well, Aging Well and Vulnerable groups. Within those groups several priorities were identified and described following a review of local intelligence and stakeholder engagement. Subsequently, updates have been published on the Shropshire Together webpages, giving updated profiles and needs assessments for key themes <http://www.shropshiretogether.org.uk/jsna/>.
- 3.4 Changes to the health and social care landscape, the requirement to produce an updated Health and Wellbeing Strategy and emerging priorities meant in 2019 there was an urgent need to update the JSNA, deliver several theme-based needs assessments and consider a new approach to the JSNA moving forward.

#### 4.0 Progress Update and Revised Timescales 2021/22

- 4.1 Due to the COVID-19 pandemic, resources were diverted to deal with the emerging issues and capacity pressures from February 2020. By March 2020 Public Health was operating in full business continuity mode with other service areas following in April 2020 resulting in the pausing of the JSNA place based work programme, however, mapping and monitoring of vulnerable communities and services has taken place to support the COVID-19 response.
- 4.2 An update on progress prior to COVID and the next steps is described below:
- The Initial focus of addressing the resetting strategic priorities was complete in November 2019 to January 2020 and presented back to the HWBB.
  - The urgent MSK, Older People and SEND Health Needs Assessments were partially complete. The first two reports were finalised, and a structure agreed for the SEND report, however due to the pandemic further work was paused.
  - In December 2020 it was agreed to restart the **SEND JSNA** bringing in resources by commissioning an external provider to complete the needs assessment report and engagement and this resource was added in April 2021. The first draft was completed and circulated for stakeholder comment in August 2021. A final draft will be completed in September 2021 for approval by local SEND Strategic and Partnership groups with the intention of publication in October 2021.
  - The **Pharmaceutical Needs Assessment (PNA)** has been identified as a priority by the Health and Wellbeing Board. Despite the suspension of publishing requirements to October 2022 by DHSC, Shropshire Council have approached and agreed in principle to deliver the PNA as an STP in partnership with Telford and Wrekin Council. This will allow efficiency around the process of undertaking primary research and wider evidence gathering and analysis whilst still leading to the production of two distinct PNA products reflecting the specific needs of those populations.
  - Draft content and evidence resource plans have been created for the PNA deriving from a review of previous PNA products and discussion with Pharmaceutical Services Negotiating Committee (PSNC). This review was widened to incorporate further best practice examples subsequent to stakeholder discussion in August 2021.
  - An initial meeting with the preliminary PNA Stakeholder Board took place on 7th July. Project timelines were developed by Shropshire Council and were approved by the PNA

SB. A review of information sources and methodology has commenced for completion in November 2021.

- April 2021 onward – The **JSNA** place-based programme has been restarted and planning initiated to put in place the new place-based approach, including web-based planning, agreement around wave 1 areas, preparation of surveys and report template production. This will run concurrent with the launch of wave 1 engagement by September 2021 with full delivery within 18 months to two years. The pace of the place JSNAs will depend on resource capacity; delivery of each need's assessment requires a small team. There are two key strands to the new JSNA:

1. **The Place-Based Need Assessments (PBNA)** - Needs assessments covering the County's 18 Place Plan areas. The plan remains to divide the County into 3 waves of JSNAs. 3 Place Plan area have been identified as potential priority areas subject to stakeholder agreement based upon wider determinants, health needs, rurality and that in aggregate they cover a wider geography of the County.
2. **The Web-Based JSNA** - In parallel will be the development of a new online profiling tool produced by Public Health in conjunction with the Business Intelligence team. This will enable users to profile a variety of different geographical areas with the priority focus being on traditional JSNA content, but also eventually incorporating wider measures allowing a more comprehensive viewing of the wider determinants of health and facilitating place-based approaches to be taken across the system. A proof of concept using Power BI, a ubiquitous and PHE endorsed business intelligence tool, is currently in progress.

Currently each Place-Based Needs Assessment will be broken down into logical navigable dashboards aligned with the expectations of a traditional JSNA;

- Local population demographic – who lives there
- Households – by type
- Health indicators
- Social Care indicators – users of Shropshire Council services
- Economic indicators – local deprivation, employment etc
- Education – achievements and inequality indicators
- Crime
- Environment

The dashboard would be implemented into the Shropshire Council public facing webpage similar to how existing reports have been such as the [Shropshire Snapshots](#) and forthcoming electoral ward information. Each data set would be accompanied by a narrative that updates depending on the place selected.

As well as quantitative data it is also under consideration how qualitative feedback will be captured and presented should we wish to include as part of this phase of the online dashboard development e.g. use of a word maps describing certain responses, specific embedded responses etc. estimated timescales for this are December 2021.

- Leadership will remain with the Director of Public Health while working closely with system partners in the CCG to align the Population Health Management Needs and the Associate Directors for Business Intelligence, Communities and Head of Partnerships to align to the data infrastructure and community engagement elements. Engagement and leadership from local members, the community and voluntary sector and key stakeholders are critical to the process and will be a key element of Governance Structures.

- This is a shared responsibility and joint programme of work and as such resources and support from across the system will be required to deliver the programme.
- Additional resources to support the role out of the programme have been brought in, including the new Head of Information and Insight and his Team within Shropshire Council and a new Joint population health post sitting within Public Health and the CCG.
- The Covid-19 pandemic and response to prevent and mitigate the harm that it can cause radically changed how society functions. Whilst much harm from Covid-19 has been prevented, it is important to develop a shared understanding of the impact of the events associated with the pandemic on inequalities, to support and sustain a recovery. Therefore, as part of the JSNA moving we will seek to incorporate the Health and Wellbeing Impacts of COVID-19 adding to the work already undertaken to consider those vulnerable and the social and economic impacts of COVID-19.
- The **Infant Mortality report** was completed in August 2021 giving an overview of comparative health outcomes and risk factors. Some of the key messages identified in the report were
  - The infant mortality rate (IMR) in Shropshire is 4.4 per 1000 live births which is similar to the IMR across England which currently stands at 3.9 per 1000.
  - The infant mortality rate in the West Midlands is consistently significantly higher than that of England.
  - Infant mortality in Shropshire declined between 2001 and 2015, however recent trends indicate a rise in IMR but is not significantly higher.
  - Key modifiable risk factors where Shropshire performs significantly worse than England include levels of smoking in pregnancy and maternal obesity.
  - Risk factors where Shropshire performed better than national averages include socio-economic deprivation, initiation of breastfeeding and other risk factors for SUDI.

Through the JSNA strategic group, key outcomes measures outlined in the HWB, including infant mortality trends will continue to be reviewed and the board will be alerted to any changing patterns, action around smoking in pregnancy and obesity remain a HWB priority.

- A **practice and place-based review of Community Mental Health** is underway in partnership between MPFT and Shropshire Council. This will allow a population health management approach to be undertaken combining evaluation of clinical PCN profiling to be combined with measures of the wider determinants of mental ill health. A review of risk factors and sources that can be aggregated to PCN level has been completed, and data acquisition and analysis for an initial draft is expected to be completed by October 2021.

#### Key milestones

- September 2021 – Final Draft of SEND JSNA. Development of proof of concept for Web-Based JSNA/Place-Based Profiling Tool with population data
- September 2021 – Launch of first 3 Place-Based Needs Assessments, analysis and engagement running concurrently; first draft of PCN Community Mental Health Profiles
- November 2021 – Initial Consultation for Pharmaceutical Needs Assessment (PNA) begins; source and methodology review completed
- December 2021 – Web-based tool go live.
- January 2022 – PNA Service Mapping
- March 2022 – First draft of PNA

- May 2022 – Formal Consultation on final draft PNA (90 days statutory period)
- July 2022 – Redraft and submission of PNA to HWBB for final approval.
- Summer 2023 – Full transition to Place-Based and Web-Based JSNA products.  
\*subject to change in agreement with HWB

## 5.0 Interlinkages to other programmes of work

1. Population Health Management
2. Transforming Insight Function
3. Health and Wellbeing Board
4. Business Intelligence Function Shropshire Council
5. Community and Rural Strategy

## 6.0 Risk Assessment and Opportunities Appraisal

- 6.1 It is proposed that a single, coordinated approach is taken to the development of place-based profiles and needs assessments which in turn support place-based working. This will take time to develop and is intrinsically linked to the refresh of the HWB Strategy.
- 6.2 Therefore, this paper seeks agreement to the approach and the sets out the anticipated direction of travel for the development of a coordinated evidence base for the whole system, delivered under the JSNA umbrella.

## 7.0 Financial Implications

To deliver needs assessments at scale across the place plan areas, additional project support would be required, upskilling of analysts across the system (currently being rolled out through the CSU academy and analyst network) and the support of colleagues in planning and partners in local communities. The support of these will impact the scale and pace of delivery.

<p><b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b></p>
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<p><b>Cabinet Member (Portfolio Holder)</b></p>
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<p>Cllr. Dean Carroll, Cabinet Portfolio Holder - Adult Social Care, Public Health and Assets</p>
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<p>Cllr. Kirstie Hurst-Knight, Cabinet Portfolio Holder - Children and Education</p>
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