



Date: Monday, 13 September 2021

Time: 10.00 am

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

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## HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

### TO FOLLOW REPORT (S)

#### **3 Minutes (Pages 1 - 4)**

To confirm the minutes of the meeting held on 12 July 2021 as a correct record  
TO FOLLOW

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## SHOPSHIRE COUNCIL

### HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 12 July 2021

10.00 - 11.13 am in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,  
Shropshire, SY2 6ND

**Responsible Officer:** Amanda Holyoak  
Email: amanda.holyoak@shropshire.gov.uk Tel: 01743 257714

#### **Present**

Councillor Simon Jones (Chairman)  
Councillors Gerald Dakin, Geoff Elner, Kate Halliday, Tracey Huffer and Chris Schofield

#### **1 Apologies for Absence**

Apologies for absence were received from Councillors Roy Aldcroft, David Minnery (Substitute: Ed Towers), and Dan Thomas.

#### **2 Disclosure of Pecuniary Interests**

None were declared.

#### **3 Minutes**

#### **RESOLVED:**

That the Minutes of the Health and Adult Social Care Overview and Scrutiny Committee meeting held on 14 June 2021 be approved as a correct record.

#### **4 Public Question Time**

No questions had been received from members of the public.

#### **5 Member Question Time**

No questions had been received from Members.

#### **6 Shropshire Joint Strategic Needs Assessment Update**

The Director of Public Health presented the report updating the position regarding Shropshire's Joint Strategic Needs Assessment (JSNA) 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.

She drew attention to the steps already taken and the work being undertaken following the Covid 19 Pandemic. Referring to the Special Educational Needs Assessment (SEND), she explained that work on this element had restarted earlier in 2021 and the draft document, produced collaboratively, had been sent to all members of the SEND

Partnership and the Health and Wellbeing Board. Further qualitative and quantitative data would be added to the document and progress was being made.

The Committee noted that the work on the Pharmaceutical Needs Assessment (PNA) had a completion date of March 2022. This work involved engagement with many parties and collaboration with Telford and Wrekin colleagues in order to both avoid duplication and to inform the work on the integrated care system.

Finally, the Director of Public Health explained the different elements of the Place Based Needs Assessment (PBNA) Needs assessments covering the County's 18 Place Plan areas. She added that the county would be divided into 3 to 4 waves of JSNAs. She explained that 3 Place Plan areas, namely Whitchurch, Oswestry and Highley, had been identified as potential priority areas subject to stakeholder agreement based upon wider determinants, health needs, rurality and that in aggregate they covered a wider geography of the County. She also drew attention to the Web-Based JSNA that would be run in parallel and related to the development of a new online profiling tool produced by Public Health in conjunction with the Business Intelligence team.

In response to questions and comments from Members, the following points were made:

- The Place Plan areas bordering with other areas (Wales, Staffordshire) would include consideration of issues that may overlap between the boundaries.
- The costs of the update of the JSNA may require additional support, staffing resource, for analytical research. The programme was scheduled for two-year completion but, should a quicker timescale be required, more resource would be needed to complete the necessary work.
- Weight management remained a priority; a wider cross county approach was being taken including monitoring and a web tool for data collection. Different patterns emerged across the county and a wide approach was required including food management, use of green space etc.
- It was recognised that data collected during the period of the Pandemic was unique; communities and local partners would help in the interpretation of raw data, analysis of trends would be undertaken, Census detail would be taken into account and future planning would include projections about future needs.
- All 18 Place Plan areas would be considered during the two-year period on a phased basis and the south west of the county could be considered as part of the second wave.
- Services remain available for health checks, social prescribing according to needs. Work in future would be commissioned to meet the needs of the local community.

It was noted that input from Members was welcome and all emailed comment and response would be shared with all members of the committee.

In drawing the debate to a close, the Portfolio Holder for Adult Services, Health, Housing and Assets, stressed the huge scope of the JSNA, the importance of an up to date JSNA that was fit for the future and commended all those involved in its development.

## RESOLVED:

- i) That the preliminary data and information list for the Place Based JSNA be reviewed and consideration be given to any additions to appendix 1;
- ii) That the proposed work programme and resourcing be noted; and
- iii) That the proposed wave 1 place based JSNA areas be considered and approved, including an understanding that the South West of the county be considered in wave 2.

## 7 Social Prescribing

The Head of Joint Partnerships presented the report providing an update on the Social Prescribing offer and its development in Shropshire including recent progress on the Adult programme as well as progress in developing the Children and Young People's Social Prescribing offer.

She explained social prescribing as a programme of referring people to support in their community that empowered them to take control of their health and wellbeing. This was undertaken by non-medical 'link workers' who gave time and support to allow a person to connect to community groups, activity of interest, and statutory services for practical and emotional support.

She added that in Shropshire, Public Health, the Voluntary and Community Sector and Primary Care had been working collaboratively for over 3 years to develop and roll out a preventative model to support people in the community where they lived providing support to emotional wellbeing and support to give them the confidence and motivation to take positive lifestyle decisions. The programme was rolled out across all Shropshire Primary Care Networks (PCNs) and GP practices in 2020/21.

She drew attention to the ongoing data collection and monitoring and the positive outcomes from social prescribing exemplified by the data, for example, improved wellbeing, reduction in loneliness, increase in physical activity, improvements to low level mental health issues. Close work with the voluntary sector and strong collaborative working to fill in gaps and ensure activities were built in the right way to provide appropriate support where needed.

The Committee further noted the social prescribing work benefitting young people, particularly work being undertaken in the south west of the county following GP and school referrals where additional young people's services were being provided in boxing, theatre and music studies and mentoring.

Responding to Members' comments, the following additional points were made:

- Further research was required to establish the reasons for no onward referral from social prescribing for some mental health difficulties.
- Awareness that children's mental health was a national concern; social prescribing would not take precedence over Early Help referrals. Social prescribing could be

appropriate for low level mental health issues and could provide support to existing services without duplication.

- Community engagement remained vital in the development of social prescribing programmes. PCNs and their constituent bodies remained valuable components of engagement.
- Promotion of social prescribing was ongoing and developing; there remained a need to be careful re capacity issues and, going forward, to continue to work with GP practices.
- Noted that currently 12 FTEs working as social prescribers across the county, a joint endeavour across healthcare and the local authority.

Concluding, the Portfolio Holder for Adult Services, Health, Housing and Assets stressed the importance of roles working on the social prescribing project to straddle the local authority and the health authority and he commended the success made to date on this project that would be built upon and developed in future.

**RESOLVED:**

That the update on progress made on the social prescribing project be noted and endorsed.

**8 Work Programme**

The Scrutiny Officer presented the report detailing the Committee’s Work Programme for the municipal year 2021/22.

As a result of consideration of the previous agenda item on social prescribing a Member requested an update on this project, including case studies, in approximately 6 months’ time. This was agreed by all.

**RESOLVED:**

That the Work Programme 2021/22 for the Health and Adult Social Care Scrutiny Committee be approved with the addition of an update on the social prescribing project, including case studies, in 6 months’ time.

Signed ..... (Chairman)

Date: .....