

Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: 6 November 2019

**Committee:**  
**Health and Wellbeing Board**

**Date:** Thursday, 14 November 2019  
**Time:** 9.30 am  
**Venue:** Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Director of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Wellbeing Board**

VOTING

Shropshire Council Members

Lee Chapman – PFH Organisational  
Transformation and Digital Infrastructure  
(Co-Chair)

Dean Carroll – PFH ASC and Public Health  
Ed Potter – PFH Children’s Services

Rachel Robinson - Director of Public Health  
Andy Begley - Director of Adult Services  
Karen Bradshaw - Director of Children’s  
Services

Shropshire CCG

Mr David Stout – Accountable Officer  
Dr Julian Povey – Clinical Chair (Co-Chair)  
Dr Julie Davies – Director of Performance &  
Delivery

Lynn Cawley – Shropshire Healthwatch  
Jackie Jeffrey – VCSA

NON-VOTING (Co-opted)

Megan Nurse – Non-Executive Director  
Midlands Partnership NHS Foundation  
Trust

Interim Chief Executive, Shrewsbury &  
Telford Hospital Trust

Ros Preen - Shropshire Community  
Health Trust

Nicky Jacques – Chief Officer, Shropshire  
Partners in Care

Bev Tabernacle – Director of Nursing,  
Robert Jones & Agnes Hunt Hospital

Martin Harris – STP Programme Director

Laura Fisher – Housing for Shropshire

Your Committee Officer is Michelle Dulson Committee Officer

Tel: 01743 257719 Email: [michelle.dulson@shropshire.gov.uk](mailto:michelle.dulson@shropshire.gov.uk)

# AGENDA

## 1 Apologies for Absence and Substitutions

To receive apologies for absence and any substitutions notified to the clerk before the meeting.

## 2 Disclosable Pecuniary Interests

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## 3 Minutes (Pages 1 - 8)

To confirm as a correct record the minutes of the meeting held on 12 September 2019.

Contact: Michelle Dulson Tel 01743 257719.

## 4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 9.30am on Tuesday 12 November 2019.

## 5 System Update (Pages 9 - 16)

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

### **Shropshire Care Closer to Home**

Report attached.

Contact: Barrie Reis-Seymour, Shropshire CCG / Lisa Wicks

### **The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin**

A presentation will be given.

Contact: Martin Harris / David Stout, Telford and Wrekin CCG

### **Better Care Fund, Update and Performance**

Report to follow.

Contact: Penny Bason, Shropshire Council / Shropshire STP/Tanya Miles, Shropshire Council

## **Healthy Lives Update**

Report attached.

Contact: Val Cross, Shropshire Council

### **6 MMR Vaccination, Uptake and Action (Pages 17 - 26)**

Report attached.

Contact : Rachel Robinson and Anne-marie Speke, Shropshire Council

### **7 Healthwatch NHS Long Term Plan Report (Pages 27 - 30)**

Report attached.

Contact: Lynn Cawley, Healthwatch

### **8 Health & Wellbeing Board workshop - update on the first workshop (Pages 31 - 32)**

Report attached.

Contact: Val Cross, Shropshire Council

### **9 Domestic Abuse contract. New initiatives and overview of the work done in Shropshire (Pages 33 - 34)**

Report attached. A presentation will also be given.

Contact: Wendy Bulman, Connexus

### **10 Direct Payments Workshops**

A presentation will be given.

Contact: Tanya Miles/Stewart Smith, Shropshire Council

### **11 Chairman's updates**

### **12 AOB**

Correspondence – action for noting.

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## Committee and Date

Health and Wellbeing Board

14 November 2019

## **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 12 SEPTEMBER 2019 9.30 AM - 12.02 PM**

**Responsible Officer:** Shelley Davies

Email: shelley.davies@shropshire.gov.uk Tel: 01743 257718

### **Present**

Councillor Lee Chapman (Co-Chair)  
Councillor Dean Carroll  
Councillor Nick Bardsley  
Dr Julian Povey (Co-Chair)  
Dr Julie Davies

Clive Wright  
Rachel Robinson  
Karen Bradshaw  
Jackie Jefferey  
Cathy Riley

Ros Preen  
Nicky Jacques  
Martin Harris

PFH Health and Adult Social Care  
PFH ASC and Public Health  
DPFH Children's Services  
Clinical Chair, Shropshire CCG  
Director of Performance and Delivery,  
Shropshire CCG  
Chief Executive  
Director of Public Health  
Director of Children's Services  
VCSA  
Non-Executive Director Midlands Partnership  
NHS Foundation Trust  
Shropshire Community Health Trust  
Chief Officer, Shropshire Partners in Care  
STP Programme Director

### Also in attendance:

Tanya Miles, Penny Bason, Steve Ellis, Lisa Wicks, Anne-Marie Speke, Neville Ward, Jo Robins, Fiona Ellis, Emily Fay, Mark Brandreth and Gordon Kochane.

## **24 Apologies for Absence and Substitutions**

The following apologies were reported to the meeting by the Chair:

Andy Begley  
Lynn Cawley  
David Stout  
Ed Potter  
Megan Nurse

The following substitutions were also notified:

Nick Bardsley will be substituting for Ed Potter

Tanya Miles will be substituting for Andy Begley

Cathy Riley will be substituting for Megan Nurse

## 25 Disclosable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## 26 Minutes

### **RESOLVED:**

That the Minutes of the meetings held on 23 May 2019 and 4<sup>th</sup> July 2019, be approved and signed by the Chairman as a correct record.

## 27 Public Question Time

No public questions were received.

*The Chairman agreed to amend the agenda order to move Agenda Item 5 - School Readiness Report to later in the meeting to enable Councillor Nick Bardsley and Karen Bradshaw to be present when the item was discussed.*

## 28 System Update

### i. Shropshire Care Closer to Home

Lisa Wicks, the Head of Out of Hospital Commissioning and Redesign introduced the Shropshire Care Closer to Home update (copy attached to the signed Minutes).

She confirmed that the pilot for the phase 2 model of Risk Stratification and Case Management was now underway and letters had been sent out in a staged approach to seek consent from patients that wanted to be involved. At present only 11 patients had declined to be involved with the pilot.

The Head of Out of Hospital Commissioning and Redesign explained that a 3 month impact assessment, which was part of phase 3 was almost complete and the results would be shared with stakeholders in due course, however, clear themes already coming through from the assessment so far included the lack of a shared clinical record and 24/7 working.

The next steps of the programme were outlined by the Head of Out of Hospital Commissioning and Redesign and it was reported that over the past few months work had been undertaken with the Shropshire Council Public Health team to develop a current Joint Strategic Needs Assessment.

The Chairman thanked the Head of Out of Hospital Commissioning and Redesign for the update and stated that it was pleasing that only 11 patients so far had declined to be involved with the pilot.

ii. Primary Care Networks Update

Steve Ellis, the Head of Primary Care introduced the Primary Care Networks (PCNs) update (copy attached to the signed Minutes).

The Head of Primary Care referred to the Maturity Matrix produced by NHS England to support PCNs through their development. He noted that the matrix outlined the core components which underpin the successful development of networks.

It was reported that from July 2019 PCNs had been commissioned to provide extended access appointments and from April 2020 they will be required to deliver an additional 5 Directed Enhanced Services.

iii. The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin

Martin Harris, STP Director gave a verbal update on the STP Programme. Copies of the STP Long Term Plan were circulated (copy attached to the signed Minutes).

The STP Director explained that even once the plan had been submitted it would continue to evolve and change based on the feedback and views gathered across the system. He reported that the plan had to balance the needs of the population against national priorities.

The STP Director referred to the flow diagram which detailed the document development and sign off process and informed the meeting that initial system planning submission was due on 27<sup>th</sup> September 2019.

The draft content and involvement of the Board in the development of the Long Term Plan was outlined by the STP Director and he highlighted the vision going forward stressing the importance of working together as one to transform health and care for Shropshire, Telford & Wrekin to provide a better service for everyone.

In response to comments the STP Director agreed that the voluntary sector should be involved from the beginning and recognised that different care partners needed to be included in relation to Adult Social Care.

iii. Better Care Fund, Performance

Penny Bason, STP Programme Manager and Tanya Miles, Head of Adult Social Care Operations introduced this item.

The STP Programme Manager informed the Board that work was ongoing to meet the 27<sup>th</sup> September 2019 deadline and the full report would be presented at the November meeting.

The STP Programme Manager referred to an error in paragraph 1.4.1 of the report and stated that there had been confirmation on the continuation of the iBCF and Winter Pressures. The Head of Adult Social Care Operations added

that the roll over money was welcomed but stressed that the iBCF was not sustainable if long term funding was not granted.

The Board agreed that the Joint Commissioning Group in consultation with the Chairman be granted delegated authority to approve the plan for the 27<sup>th</sup> September 2019 deadline.

iv. Healthy Lives Update – Social Prescribing – Final evaluation report and ambitions for the future

Jo Robins, the Consultant in Public Health gave a presentation on the final evaluation report on Social Prescribing (copy attached to the signed Minutes).

The Consultant in Public Health explained that Westminster University had been commissioned to carry out an independent evaluation into the pilot Social Prescribing Demonstrator Site in Shropshire, and outlined the objectives and methods used.

The main findings from the evaluation were outlined by the Consultant in Public Health and it was noted that a significant 40% reduction in GP appointments had been achieved after 3 months.

**RESOLVED:** That the updates be noted.

## 29 School Readiness Report

Anne-Marie Speke, the Healthy Child Programme Co-ordinator and Neville Ward, the Senior Early Years and Childcare Officer introduced the report (copy attached to the signed Minutes) which outlined the work undertaken as part of the improving school readiness.

The Senior Early Years and Childcare Officer explained that the Department of Education had set an ambitious goal to halve the number of Children leaving reception without the appropriate level of communication and language skills they require by 2028. The initiatives already underway in Shropshire to meet this target were outlined by the Senior Early Years and Childcare Officer and he explained how the progress was measured.

The Senior Early Years and Childcare Officer referred to the Age and Stages Questionnaire (AQS), a parent led questionnaire that helped to assess the development of children in 5 domains and noted that where children were not meeting milestones in these domains, appropriate support was given to families and shared with the early year setting.

It was reported that training was to be rolled out by the Local Authority during 2019/20 to improve the overall level of communication between early years workforce and children, and the various sessions available in libraries were detailed.



It was noted that the Local Authority was working with all services that come into contact with families to make the most of every contact.

**RESOLVED:** That the contents of the report be noted.

### 30 **Suicide Prevention Strategy Update**

Gordon Kochane, the Public Health Consultant introduced his report (copy attached to the signed minutes) which provided an update on the Suicide Prevention Strategy.

The Public Health Consultant reported that Public Health were continuing to implement the strategy and referred to the Z card launch. The Z card was a quick reference guide which provided information for those at risk. He explained that feedback had been good and although there was a limited number of printed copies of the Z card an electronic copy was available.

**RESOLVED:** That the report be noted.

### 31 **Transforming Maternity Care Update**

Fiona Ellis, the Programme Manager introduced her report (copy attached to the signed minutes) which provided an update on the review of Midwife-led Care across Shropshire and Telford & Wrekin.

The Programme Manager recapped on why a change was needed and referred to the need for overnight closures of rural Midwife led units in order to ensure safe staffing levels across the service. It was noted that the proposed new model of care would offer more flexibility and better respond to the needs of women throughout their pregnancy, birth and beyond.

The outcomes of the options appraisal were outlined by the Programme Manager and it was explained that an access impact assessment had been commissioned with the findings considered by a professional group and CCG Board.

The Programme Manager informed the Board that a consultation plan was to be developed and the next steps were noted.

**RESOLVED:** That the update be noted.

### 32 **Healthwatch NHS Long Term Plan Report**

**RESOLVED:** Deferred to the next meeting.

### 33 **Shropshire Food Poverty Alliance Update**

Emily Fay, the Food Poverty Alliance Co-ordinator introduced her report (copy attached to the signed Minutes) which provided an update on the Shropshire Food Poverty Alliance.

The Food Poverty Alliance Co-ordinator outlined the work of the Shropshire Food Poverty Alliance which was formed in 2018 to tackle the issue of food poverty. She explained food poverty was affecting an increasing number of households in Shropshire with the use of food banks going up by 27% in North Shropshire and 23% in Shrewsbury. It was noted that public donations for some foodbanks were increasing in line with the demand, but others were not meeting this and also space was an issue. The Food Poverty Alliance Co-ordinator referred to the Yellowhammer document and how leaving the EU was likely to impact on low income groups.

The Food Poverty Alliance Co-ordinator drew attention to the projects in the county to improve access to low cost healthy food and noted that there would be a workshop in the New Year to share ideas. It was highlighted that the uptake of Healthy Start vouchers, which can be used by families in low incomes to buy fruit, vegetables and milk, was 52% and the Alliance was working with Healthy Lives to identify how to increase the uptake of these vouchers.

In response to the concerns in relation to leaving the EU, the Chief Executive explained that the Council was leading on this issue locally and if any other partners need to highlight potential issues to contact himself or the Director of Public Health.

Concern was raised in relation to the fact that some foodbanks were required to pay for venue hire to provide the service and it was suggested that provision for this should be built into the estates strategy.

In response to a comment that the projects referred to in the update report were mainly in urban areas and more rural projects were needed, the Food Poverty Alliance Co-ordinator explained that it was difficult to find existing organisations in rural areas to build on when developing projects.

**RESOLVED:** It was agreed that the Health and Wellbeing Board continue to support the work of the Shropshire Food Poverty Alliance.

### 34 **Update - Shropshire and Telford and Wrekin CCGs proposal to create a new single commissioner across the whole geographical footprint.**

Dr Julian Povey, Shropshire CCG Clinical Chair introduced the update report in relation to a Single Strategic Commissioner for Shropshire and Telford & Wrekin (copy attached to the signed Minutes). The report provided a further update and sought the support of the Board on the decision to dissolve the existing two CCG organisations with a view to creating one organisation.

The Shropshire CCG Clinical Chair explained that there were benefits of reducing to one organisation and noted how this would tie in with the target imposed on all CCGs by NHS England to reduce running costs by April 2020. He also referred to the NHS

Long Term Plan and the requirement to streamline commissioning organisations as another reason to move to the one organisation. He noted that work was proceeding to create a new CCG by April 2020 and this would redesign how the CCG works.

It was noted by Mark Brandreth (CEO - RJAH Hospital) that the proposal was logical and offered real benefit, adding that specialist services were currently too stretched over too many commissioners.

In conclusion the Chairman stated that the proposals were welcomed by the Board.

**RESOLVED:** That the update be noted.

35 **AOB**

None received.

Signed ..... (Chairman)

Date:

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Shropshire Clinical Commissioning Group



## **Health and Wellbeing Board Meeting Date: 14<sup>th</sup> November 2019**

**Responsible Officer:** Barrie Reis-Seymour, Shropshire Clinical Commissioning Group

**Email:** b.reis-seymour@nhs.net

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### **1. Summary**

This paper provides an update on the Shropshire Care Closer to Home programme.

### **2. Recommendations**

The Health and Wellbeing Board is recommended to note the information and progress outlined in the report.

## **REPORT**

### **Programme Phases & Progress Updates**

#### **Phase 1**

Phase 1 is presently operational in the form of the Frailty Intervention team (FIT) based within the A&E Department of Royal Shrewsbury Hospital and Princess Royal Hospital in Telford and the service is now running 5 days per week at both sites. Recruitment for a Consultant Geriatrician to complete the team has been successful. Positive results continue to be achieved by this team however workforce issues in both services remain a concern.

#### **Phase 2**

Case Management is now live in all eight pilot sites; Case Managers used a risk stratification tool called Aristotle to run lists of patients meeting the agreed criteria for Case Management and then worked with practice staff and GPs at each practice to curate and agree the list of patients to be contacted. Consent letters and forms were then sent and 41% of people have already consented to take part in the scheme.

The Case Management teams are now undertaking initial assessments and developing holistic care plans for those people who have returned consent forms and Case Managers are working with colleagues from health and social care partners to coordinate the delivery of these care plans. Very positive feedback has been received so far from patients and staff. A meeting is planned for 21<sup>st</sup> November to work with partners to agree how the continued roll-out of Case Management can take place across the system.

#### **Phase 3**

The draft models for Phase 3 services were approved by Shropshire Clinical Commissioning Committee in June 2019 and a three-month period of impact assessment took place to ensure the new models align with existing services and pathways. Unfortunately, not all partner organisations were able to complete the impact assessments within this timeframe. This may now result in a delay in the timeline of this area of the programme, although support is being provided to help in completing this work. The emerging themes so far include:

- Consistent agreement that they are great models of care and a welcome addition to the system providing care between community services and the acute;
- Workforce transformation, including numbers, skill mix and geographical spread of working, to enable delivery of the new models of care and ways of working;
- General resource including IT with the timely sharing of information amongst teams vital to this way of working;
- Estate and space – locations, buildings and hubs in appropriate areas
- Clarity around funding and investment with these being new additional services.
- The need for significant whole system engagement in moving towards 24/7 working to support the Phase 3 model:
- The need to consider equality and choice; particularly for the homeless and transient communities;
- Unpicking of attributable health/social care funding to individuals receiving integrated care etc.

### **Enablers**

A decision was made to implement a Shropshire Council system called Liquid Logic as an interim IT solution for Case Managers in the pilot sites. This will allow data flow from partner organisations and will enable Case Managers to have a comprehensive overview of the people they are working with using one system but holding information collected from all partner organisation IT systems. A Liquid Logic Task & Finish Group has been established and is reporting on progress to the Programme Working Group and Board. Meanwhile, work is ongoing to look at options to enable a two-way flow of data and electronic shared care plan as a long-term IT solution suitable for use across all services in Shropshire Care Closer to Home.

Health Education England and the STP are now organising workshop involving all partner and provider organisations across the system to undertake the whole system workforce transformation planning, to map out the shift required in terms of workforce that will move the system to a place of being able to deliver these new models of care and ways of working.

### **Next Steps**

Public Health Colleagues have now completed a second draft of the Joint Strategic Needs Assessment and this has been shared with colleagues across the health economy to identify the key themes from the document and draft the recommendations based on the information contained within it.

A public and provider event to explore the JSNA findings will take place on Wednesday 4<sup>th</sup> December and will be an opportunity to discuss in detail what the data indicates for the people of Shropshire. After this event, work will begin on developing the requirements for step-up community beds in Shropshire.

Themes from the JSNA are emerging as follows:

- Shropshire is predicted to have a higher than average increase in % of population over 65 years old by 2037
- Some areas in particular have a comparatively high elderly population such as Bridgnorth, North East Shrewsbury and South Shrewsbury
- There are some health conditions that are predicted to have a large increase by 2037 including falls, obesity and diabetes
- Mental health issues are predicted to become much more prevalent in the older population in the future
- Carers will require much more support and the acknowledgement that large numbers of carers of the 65+ population are themselves elderly with their own health conditions

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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<b>Local Member</b>
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<b>Appendices</b>
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**Health and Wellbeing Board**  
**Meeting Date: 14<sup>th</sup> November 2019**

**HWBB Joint Commissioning Report – Healthy Lives Update**

**Responsible Officer:** Val Cross, Health and Wellbeing Officer/Healthy Lives Co-ordinator

**Email:** val.cross@shropshire.gov.uk

**1. Summary**

1.1 This report provides updates for ‘Healthy Lives,’ the Partnership Prevention Programme of the Health and Wellbeing Board.

1.2 It includes information about developments and partnership working for; Cardio Vascular Disease (CVD) prevention, Physical Activity, Social Prescribing and Carers.

**2. Recommendations**

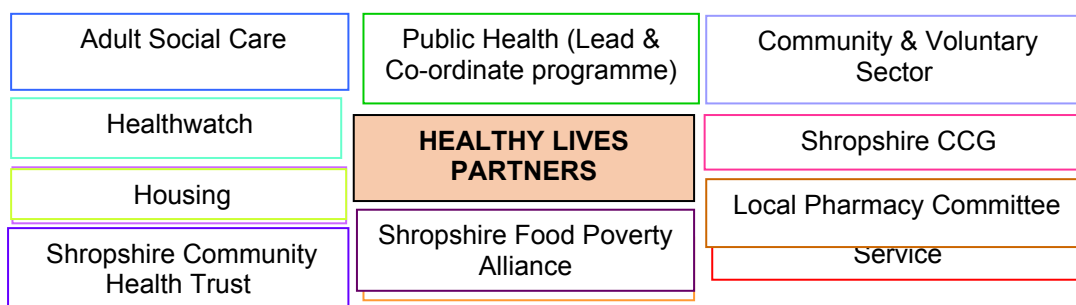
2.1 That the Board notes and supports the ongoing work.

**REPORT**

**3.0 Background**

3.1 Healthy Lives is the name of the prevention programme of the Health and Wellbeing Board. Partners across health, social care and the voluntary and community sector are working together proactively rather than in isolation, to reach Shropshire’s residents before their health or condition develops or gets worse.

3.2 Healthy Lives is a proactive and reactive programme, where these partner organisations are combining to innovate, make the best use of their human and monetary resources, and individual knowledge and expertise to help make a difference to Shropshire people. Evidence base is used for in all Healthy Lives work. Figure 1 illustrates some of the main partners.



*Fig. 1 Examples of Healthy Lives Partners for illustrative purposes*

**4.0 Programme updates**

#### **4.1 Cardio-Vascular Disease (CVD) risk prevention - Use of AliveCor Kardia Atrial Fibrillation (AF) testing devices in the community**

- 4.1.1 As part of a proactive approach to reach people early, before their condition gets worse, identifying opportunities to test for AF within community settings is always being sought. Most recently, at the 'Festival of Ageing' event which was held on the 15<sup>th</sup> October.
- 4.1.2 Around 50 people were screened, and 2 abnormalities were detected – these people were already of their condition, but it was helpful to show to others that the device did work and was effective at detecting the abnormality.
- 4.1.3 The Public Health CVD Programme Lead and two Shropshire Council graduates offered the testing. Feedback was that they felt people were mostly relaxed when taking the test and asked a great deal of questions regarding AF and how the test worked. A few were initially a bit nervous but soon came around after a little chat and reassurance.
- 4.1.4 Responses from the 'testers' as to how it felt, they said they enjoyed chatting to people in general about their health and wellbeing, and felt the simple nature of the test (small equipment, short test) appealed to a lot of people.
- 4.1.6 AF testing at Enterprise House at Bishops Castle is continuing, and still working well. Although the initial 'rush' has slowed, people are still taking the test and out of 122 people, 6 have had abnormal readings. These people have been given further information, and advised to make an appointment with their GP as per the protocol which is in place.
- 4.1.5 Expanding AF testing at future events and community hubs/locations county-wide will be taken forward as part of Healthy Lives programme work.

#### **4.2 Physical activity - Elevate**

- 4.2.1 'Elevate' is an evidence based programme, funded through the IBCF and delivered by a local provider. It is delivered by local experienced instructors in Postural Stability Instruction (PSI). The sessions build on core strength i.e. strengthening muscles to maintain strength and balance, rather than becoming muscular and is aimed at those aged 65+ who are a bit unsteady on their feet, and at risk of falling, rather than frail.
- 4.2.2 These classes continue to run successfully with good uptake, and levels of self-referral. The total number of referrals are 582. (502 at previous report) 58% are self-referrals and 39% are partner referrals which include; the Falls Team, Physiotherapy, family, GP practices, Community and Care Coordinators and Functional Fitness MOT events.  
5 classes have started, and 21 classes (these are 20 week classes) have been completed.  
73% of participants assessed at 20 weeks showed a reduction in falls risk through improved physical function, as measured by the 'Timed Up and Go' Score.

#### **4.3 Social Prescribing**

- 4.3.1 Social Prescribing is progressing very well. Key developments, including the University of Westminster evaluation and Primary Care Networks (PCN) have been reported in depth at the previous two Health and Wellbeing Board meetings. Hence this information is a simple update.
- 4.3.2 There have been 658 referrals to Social Prescribing to date. The top reasons for referral are; mental health difficulties, Risk of loneliness / isolation, Long term conditions and Lifestyle risk factors. Referrals in the younger age groups (39 and under) are noticeably increasing, which is a positive development in terms of access.
- 4.3.3 A GP Practice in Whitchurch started offering Social Prescribing in September, and referrals are underway.
- 4.3.4 Collaborative work continues with PCNs.

#### 4.4 Carers

- 4.4.1 The Shropshire All-Age Carers Strategy is undergoing a mid-term review. The Community Partnerships Team in Adult Social Care, Shropshire Council, has been conducting consultation via an on-line questionnaire and through meeting carers directly in groups and their communities.
- 4.4.2 The findings of this review are now being reviewed through a task and finish group, and a report will be provided to the Family Carers Partnership Board. This will inform next priorities in terms of the Strategy and Action Plan.
- 4.4.3 This will also come as a paper to a future Health and Wellbeing Board meeting.

#### 5.0 Risk Assessment and Opportunities Appraisal

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates. However the HWBB are asked to note the risks identified in the May 2019 paper, and continue to support the Programme.

#### 6.0 Financial Implications

There are no financial implications that need to be considered with this update

#### 7.0 Additional Information

#### 8.0 Conclusions

Excellent work is continuing through the Healthy Lives Prevention Programme.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing
<b>Local Member</b>
<b>Appendices</b>

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Shropshire Clinical Commissioning Group



**Health and Wellbeing Board  
Meeting Date 14<sup>th</sup> November 2019**

**Responsible Officer: Anne-Marie Speke**

**Email: [anne-marie.speke@shropshire.gov.uk](mailto:anne-marie.speke@shropshire.gov.uk)**

## **Measles Mumps and Rubella Elimination Strategy**

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### **1. Summary**

Measles is a highly infectious disease and can lead to serious complications. Following the implementation of the measles vaccine and the MMR immunisation programme, the UK reached elimination status in 2016. However, since this time the number of children receiving two doses of MMR has declined and no longer meet elimination status requirements. Ethnicity, deprivation and geography can impact on uptake rates. In addition, young people and teenagers aged 15-20 years are also a susceptible group. Public Health England have introduced an MMR Elimination Strategy as well as requesting that each local authority area develop their own local action plan.

### **2. Recommendations**

For the Health and Well-Being Board to receive and note the content of the report and support the action plan and the work being carried out to improve awareness. Members of the Board are also asked to act as champions within their services and communities to further raise awareness and encourage immunisation uptake.

## **REPORT**

### **3. Background**

Measles is highly infectious and can lead to serious complications and, on rare occasions, it can be fatal. Because measles is so infectious, very high coverage (over 95%) with two doses of the Measles Mumps and Rubella (MMR) vaccine is necessary to eliminate it. Measles vaccination has been available in the UK for the last 50 years and the Measles, Mumps and Rubella (MMR) immunisation programme for the last 30 years. In 2016, the UK reached 95% coverage of the MMR vaccine for 5-year olds and the World Health Organisation declared that the UK had achieved elimination. However, the uptake of the second dose of MMR remains below 95% at approximately 88%. And therefore, elimination has not been sustained. Further Public Health England (PHE), analysis also suggests that immunity in young people and teenagers are well below that required to interrupt transmission. The most susceptible age group are those born between 1998/09 and 2003/04 (age 15-20 years). There is also a disparity in uptake within certain communities e.g. areas of deprivation, ethnicity and geography.

There have been large outbreaks of measles in Europe and imported infections are a real risk to the UK elimination status.

Measles if contracted can result in significant days lost at school and employment. Sub-optimal immunisation take up also creates and increases risk of outbreak, which if it were to happen locally would require extensive resource to immunise communities at risk and would also have an increased burden on primary and secondary care.

### MMR Elimination Strategy

An MMR elimination strategy has been produced by PHE and all Local Authorities have been asked to develop their own action plan to raise awareness of the importance of vaccination. Further information on the MMR Elimination Strategy can be found by following the link.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/741055/Measles\\_local\\_government\\_case\\_study.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741055/Measles_local_government_case_study.pdf)

The strategy has four main components:

1. Achieve and sustain  $\geq 95\%$  coverage with two doses of MMR vaccine in the routine childhood programme (<5 years old)
2. Achieve  $\geq 95\%$  coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old)
3. Strengthen measles and rubella surveillance through rigorous case investigation and testing  $\geq 80\%$  of all suspected cases with an Oral Fluid Test (OFT)
4. Ensure easy access to high-quality, evidence-based information for health professionals and the public

### MMR uptake data 2018/19



Source: Public Health England Public Health

Profiles <https://fingertips.phe.org.uk/search/MMR#page=10/aid/11/stat/6/par/E12000005/ati/102/are/E06000051>

Recent data does suggest that there has been an increase in the uptake particularly of the second dose, which is encouraging.

In quarter 4 2018/19, 97.3% received one dose of the MMR vaccination by age 5, and 91.5% receiving two doses of the MMR vaccination by age 5.

<https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2018-to-2019-quarterly-data>

GP's have been commissioned to undertake a catch-up programme for MMR immunisation. This includes checking and updating the immunisation status of individual children and invite them to attend an appointment where one or more doses of the immunisations are missing.

Information has been sent to schools and early years settings to encourage them to share the information with parents/carers and also to check immunisation status of children when commencing in a setting.

Information has also been cascaded through social media networks.

A local action plan has been developed to raise awareness (see appendix 1) and this has been recognised by NHS England colleagues as being good practice and they have shared this with other local authorities.

#### 4. Additional Information

MMR Elimination Strategy

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/769970/UK\\_measles\\_and\\_rubella\\_elimination\\_strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769970/UK_measles_and_rubella_elimination_strategy.pdf)

MMR General Leaflet

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/543379/9867\\_MMR\\_A5leaflet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/543379/9867_MMR_A5leaflet.pdf)

Quarterly vaccination coverage report

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/834711/hpr3419\\_COVER.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/834711/hpr3419_COVER.pdf)

#### 5. Conclusions

We are seeing an overall improvement in MMR immunisation uptake and although further work is required to achieve this, a number of initiatives are underway. An action plan has been developed and this will be reviewed regularly to ensure effectiveness.

#### 6. Risk Assessment and Opportunities Appraisal

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

#### 7. Financial Implications

There are no current financial implications

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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Rob Gittins: Deputy Portfolio Holder, Public Health
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<b>Local Member</b>
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<b>Appendices: Appendix 1 MMR Shropshire Local Action Plan.</b>
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## Shropshire Council Public Health MMR Elimination Action Plan

Where	What	Timescales	Comments/status of action	Reach
Early Help Hubs	Information displayed and signposting	September 2019	Information disseminated to Early Help Commissioner who will action. To order posters etc attempted 08/08/2019 but publication order online down 8/8/2019- Information sent to be included in September Early Help newsletter	Professional- Public children and families
Maternity Hubs	Information displayed and signposting	When maternity hubs come on line- timescale will be dependent upon these being identified and up and running but will provide information for maternity asap.	TBC to await hubs to be developed.	Professional- Public children and families
Integrated 2-year review	Checking immunisation status and signposting	November 2019	This does happen and is part of the public health discussion with parents.	Children and families and Early Years professionals
2-year review	Checking immunisation status and signposting	September 2019	As above	As above
Early Years Foundation Stage progress check	Checking immunisation status and signposting	November 2019	To check with Early Years re this email sent 8/8/2019 also to add information into early years newsletter Presentation to Early Years Practitioners on 27 <sup>th</sup> November 2019	Professionals Early Years Practitioners and children and families
School readiness leaflet	Add in line re ensuring	End July 2019	Complete	Children, families and professionals



	immunisation schedules are completed			
Housing	Add in immunisation status check on housing provider checklist where available (check with Housing)	December 2019	To be commenced	Children, families and professionals
Safe and Well visits by Fire Service	Include information and signposting to safe and well visit for vulnerable families	December 2019	To be commenced	Children and families
First Point of Contact (FPOC) Shropshire Council	Ensure that FPOC have information on immunisation schedule and aware of signposting	October 2019	Complete 15th July 2019: Community Directory contacts updated and sentence regarding vaccinations included with advice to contact GP should they be required. 8/8/2019 CW emailed in relation to further information required by FPOC.	Children, families and professionals
Health Needs Assessments by Public Health Nursing service (PHNS)	Include immunisation status and signposting and information on web pages	December 2019	This does happen and our Looked After Vaccination rates are demonstrable of this This will also be included in HNA's for YR, Y6 and age 13 and backed up by CHAT web pages.	Children and families
Web pages	Add in information and signposting on health web pages Shropshire Council and Public Health Nursing Service	December 2019	Web being updated; already on current pages but these are being updated by end of Dec  Will also be part of the CHAT website	Children, families and professionals
Baby Buddy App	Explore opportunity	September 2019	Push notifications go out via Baby	Children, families and

	to add in to Baby Buddy App as reminder		Buddy app up to 6 weeks postnatal this is localised	expectant parents
GP newsletter	Add information re immunisations and boosters to GP newsletter	October 2019	Link with DC at CCG for information to go to GP's which will be distributed through locality meetings and newsletter. This will include wording from contract	GP's and practice staff
Schools/Early Years	To explore with school/EYS what they do if parent/carers complete admissions forms and indicate that immunisations are not up to date	December 2019	Email sent to Early Years' service manager to check this. To also check whether signpost and how frequently do they recheck. Schools do check immunisation status prior to school trips particularly abroad. To speak to schools in September	Early Years and school settings
Schools Newsletter	Add information re immunisations and boosters to school newsletter	December 2019	Schedule for September newsletter Complete	Children and families and professionals
Parent mail	Add information re immunisations and boosters to go out on parent mail	December 2019	To be explored in September	Children and families
Independent Schools	Send information regarding immunisations out with vision screening emails	October 2019		Children, families and professionals
Home Educated	Explore ways to send information out to Home Educated		PH Registrar trainee to look at possible media platforms AMS to look to see if we can send this out with other LA information to Home Educated.	Children, families and professionals
Apprenticeships/FE colleges and	Awareness raising to staff to enable	December 2019	To be explored in September	Young people, families and professionals

Universities	them to provide information and signposting. Provide information in different formats to promote.			
HCPPB	Present action plan at Healthy Child Programme Partnership Board and ask partners for additions and commitment to support action plan and	Initial meeting in July completed action plan by December 2019	Presented at Partnership Board-partners asked to provide additions by 2 <sup>nd</sup> August 2019	Board members and their organisations
Foodbanks	Add information re immunisations and boosters in Foodbank venues	December 2019		Children families and volunteers
Energise	Awareness raising and exploring how can impart in formation and signpost	December 2019		Professionals
Early Help/ Strengthening Families incl. Enhance	Ensure immunisation status is recorded and signpost where required	September 2019	Complete and information provided	Professionals
Early Years Forums	Awareness raising at early years forums to provide information and signposting to families	December 2019	Presentation planned 27 <sup>th</sup> November	Early Years practitioners
GP Locality meetings	Provide information and updates on	TBC		

	data and immunisations			
Sexual Health	Check immunisation status for MMR and HPV at SXH contacts and signposting if not vaccinated (to be added to new service specification which will commence April 2020)	From April 2020	Sexual Health Commissioner asked to include in new service specification.	Professionals
Parenting Programmes	Ensure that information and signposting is available at all parenting programmes	September 2019	To discuss with Parenting Coordinator	Children and families
After school clubs	Awareness raising to staff to enable them to provide information and signposting	December 2019	To email sent 8/8/2019 to see if this is part of traded service of occupational health to major employers 8/8/2019 Emailed communications to look at designing this	Professionals
Link to large employers in area to raise awareness	Awareness raising to all and provide information and signposting			
Screen savers (computers)	Link with communication teams to develop screen savers that can be used in organisations with key vaccination messages	VC/MJ		
School lesson plans	To check that key	AC	To commence	

<p>Communications</p>	<p>information is included Work with communication teams to look at alternative ways of promoting e.g. Roald Dahl, testimonials, social media (particularly young person social media)</p>	<p>VC/MJ</p>	<p>In progress Information sent out via social media and communication networks</p>	
<p>Health and Well-Being Board</p>	<p>Present paper to HWB and ask that Elected Members and partners promote to communities' sand organisations</p>	<p>AMS/DC</p>	<p>Scheduled for November Board meeting</p>	
<p>Communication through Churches</p>	<p>To link with Churches in local area to help raise awareness to parishioners</p>		<p>To be commenced</p>	

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## Health and Wellbeing Board

**Meeting Date:** 14<sup>th</sup> November 2019

**Item Title:** Healthwatch Shropshire and Healthwatch Telford & Wrekin NHS Long Term Plan Engagement Report (March – May 2019) – Key Messages

**Responsible Officer:** Lynn Cawley, Chief Officer Healthwatch Shropshire

**Email:** [lynn.cawley@healthwatchshropshire.co.uk](mailto:lynn.cawley@healthwatchshropshire.co.uk)

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### 1. Summary

Following the publication of the NHS Long Term Plan in January 2019, NHS England asked all regional Healthwatch to give people in their community the opportunity to have their say on how the national plan is delivered locally so that their views could be fed into the development of the NHS plans in their area. NHS England and Healthwatch England made it clear from the start that this piece of work should complement and support the public engagement conducted/planned by the NHS.

Local Healthwatch were asked to work within their Sustainability & Transformation Partnership (STP) area and so Healthwatch Shropshire worked with Healthwatch Telford & Wrekin between March and May 2019 to complete this engagement. Healthwatch Shropshire acted as co-ordinating Healthwatch. Healthwatch England provided support, including a Research Lead who quality assured our final report.

In Shropshire, Telford and Wrekin we worked with the STP team to agree our local priorities and approach. We decided to use a variety of methods to gather people's views to give them as many ways as possible to answer the question 'What would you do?' while also giving them the chance to share their current experiences of health and care services and voice their thoughts on how these services could be improved.

We chose to:

- Use two questionnaires designed by Healthwatch England; one focusing on the main priorities of the NHS Long Term Plan and the other focusing on specific health conditions (e.g. dementia, learning disability, autism, diabetes, arthritis, mental health, cancer, heart and lung disease) and multiple conditions
- Hold two public events; one in Shropshire and one in Telford & Wrekin, asking the broader question 'What would you do?'
- Run focus groups across the country with people with dementia and their carers and adults with learning disabilities and their carers

We heard the views of 641 people. Healthwatch Shropshire heard from 376 people and Healthwatch Telford & Wrekin heard from 265 people

# Key messages for the Shropshire, Telford & Wrekin Sustainability and Transformation Partnership

To achieve the following priorities people told us they want the NHS and social care to:

## 1. Improving how the NHS works so that people can get help more easily and closer to home

- Give us access to help and treatment when and where we want it
- Give us easier and quicker access to GPs
- Have enough staff, including specialist staff, to help us get a diagnosis and receive treatment more quickly
- Provide us with appropriate, clear and timely information and advice, e.g. from a single point of contact
- Let us know what support is available so we understand our options, including support from the community (e.g. advocacy support and support/social groups)
- Help us to stay in our own home for as long as it is safe to do so, including access to financial support, practical support and independent living aids
- Help us when we have to travel, including giving us information about transport and convenient ways to travel. (Remember some of us might be willing and able to travel further if it means getting a quicker appointment, diagnosis and treatment)
- Consider the timing of appointments so you take into account how we are going to get there and remember that some of us need to be supported to attend appointments, e.g. due to a health condition, including anxiety. Remember some of us might be willing and able to travel further/longer if it means getting a quicker appointment
- Give staff access to resources, training and research so they understand our needs, the full range of services and support available to us and can make appropriate referrals (e.g. to other parts of the NHS, social care, community support)
- Make sure services work more closely together, including sharing information and communicating better to avoid confusion and misunderstanding

## 2. Helping more people to stay well

- Make sure the information you give us is reliable and consistent and we can easily understand it (including following the NHS Accessible Information Standard), e.g. about how we can stay well and what to do when we first feel unwell
- Help us to make the right decisions that will keep us fit and healthy longer, including helping us to get good food, use gyms and have health checks (e.g. Annual Health Checks for people with learning disabilities)
- Contact those of us who are socially isolated and vulnerable to make sure we have equal access to information, advice and services

## 3. Making care better

- Make sure all staff take a person-centred approach to our care, that takes into account our individual needs and those of our family/carers, including information and support to make real choices (e.g. about end of life)
- Treat us all with compassion and see past a pre-existing condition to make sure other health problems are not missed, e.g. when treating those of us with a mental health condition or learning disability/autism
- Provide us with consistency to build our trust, including consistency of staff, information and advice, e.g. known carers, use of 'This is me' and the Butterfly symbol for people with a dementia diagnosis/confusion, across services and departments



- Make sure our care plans are created with us and our family/carers and that they are useful and meaningful

#### 4. Investing more money in technology

- Use shared digital records, including care plans, that can be accessed by all professionals involved in our care
- Support us to use technology but also recognise that we don't all have access to a computer or smart phone and we can't all use technology in this way (some of us don't want to)

The full report and detailed appendix (including all comments received) can be found on our website at:

<https://www.healthwatchshropshire.co.uk/report/2019-07-15/what-would-you-do-nhs-long-term-plan-shropshire-telford-wrekin-report>

## 2. Recommendations

That the Health and Wellbeing Board notes the content of this report.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b>
<b>Local Member</b>
<b>Appendices</b>

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## Health and Wellbeing Board Meeting Date: 14<sup>th</sup> November 2019

**HWBB Joint Commissioning Report – Health & Wellbeing Board ‘Place Based Working and Priority Setting’ Workshop**

**Responsible Officer:** Val Cross, Health and Wellbeing Officer/Healthy Lives Co-ordinator

**Email:** val.cross@shropshire.gov.uk

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### 1.0 Summary

- 1.1 A half-day Health & Wellbeing Board (HWBB) workshop was held on the 22<sup>nd</sup> October 2019, for which the focus was ‘Place Based Working and Priority Setting’. The workshop was well attended by HWBB members across the system, and excellent discussions took place. Everyone present agreed however, that a further workshop to discuss, agree and conclude the interventions and outcomes as a system was necessary.
- 1.2 A final workshop has been arranged for the 5<sup>th</sup> December and the outcome of this will be reported back to the HWBB.
- 1.3 This brief report describes the format of the workshop and a summary of key discussion points.

### 2.0 Recommendations

- 2.1 That the Board notes this report.

## REPORT

### 3.0

- 3.1 The aims of the workshop were:
  - To discuss and agree the role of the Health & Wellbeing Board in place based care/working, drawing in the 10 areas of the STP, Long Term Plan and cross-pollinating good practice happening across both
  - Use intelligence from the JSNA to agree ongoing priorities
  - Embed agreed priorities from the workshop in the refreshed Health & Wellbeing Strategy
- 3.2 The outcome of the workshop was that the role of the Board in place based care/working and priorities would be agreed, and embedded in the refreshed Health & Wellbeing Strategy
- 3.3 The workshop had preliminary presentations which included:
  - Health & Wellbeing Board responsibilities, current priorities and strategy
  - Joint Strategic Needs Assessment (JSNA)
  - Healthy Lives
  - Shropshire Integrated Place Based Working model

- 3.4 Large group discussion followed and general opinion was that it was difficult to hone in on specific health areas, as they are generally interlinked. However key themes emerged (but were not finalised as final priorities) which were;
- 3.2.1 *Workforce*: including elements such as: a healthy informed workforce, who have an awareness of prevention and looking at embedding behaviour change (a technique which help to put people back in control of their own lives, through making positive choices around their own health and wellbeing).
- 3.2.2 *Children and young people*: Adverse Childhood Experiences (ACE); starting early and building ambition.
- 3.2.3 *Weight Management/Diabetes*: The increase in adults who are overweight/obese is rising.
- 3.2.4 Other points raised and discussed included: the role of the VCSE as a core element of our system; the wider determinants of health, which are broader than just health and social care to make a difference, such as the use of green spaces, planning policy and housing; the importance of meeting the needs of seldom heard groups and those of the nine protected characteristics; and how Place Based Working and Priority Setting is part of developing our integrated working, trusting, developing and designing collectively.

#### 4.0 Risk Assessment and Opportunities Appraisal

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

#### 5.0 Financial Implications

There are no financial implications that need to be considered with this update

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing
<b>Local Member</b>
<b>Appendices</b>



## Health and Wellbeing Board Meeting Date

**Responsible Officer:** Wendy Bulman, Shropshire Domestic Abuse Service

**Email:** wendy.bulman@connexus-group.co.uk

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### 1. Summary

Shropshire Domestic Abuse Service (SDAS) are the Shropshire commissioned service provider for Refuge accommodation and Outreach Service across the County; 1 April 2017- 31 March 2020

SDAS also support outreach families affected by domestic abuse in Telford & Wrekin.

SDAS has various other funding streams as outlined in the presentation to follow which make up the whole service.

The current commissioned contract is for 3 years + 1 + 1 and is currently in the final year of the contract with confirmation 2020-2021 has been rolled on with the same value and conditions.

### 2. Recommendations

The Health and Wellbeing Board consider the information in the report presented and look to ensure domestic abuse services are financially supported going forwards.

## REPORT

A presentation will be given.

### 3. Risk Assessment and Opportunities Appraisal

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

### 4. Financial Implications

### 5. Background

### 6. Additional Information

### 7. Conclusions

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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<b>Local Member</b>
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<b>Appendices</b>
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