



Committee and Date

Health and Wellbeing Board

8 September 2022

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 19 MAY 2022

9.30AM – 11.50AM

Responsible Officer: Michelle Dulson

Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present

Simon Jones – PFH Adult Social Care and Public Health

Kirstie Hurst-Knight – PFH Children and Education

Cecilia Motley – PFH Communities, Culture, Leisure & Tourism and Transport

Rachel Robinson - Director of Public Health

Tanya Miles – Executive Director for People

Lynn Cawley – Shropshire Healthwatch Jackie Jeffrey – VCSA

Sonia Roberts (Substitute for Jackie Jeffrey) – VCSA

Laura Fisher – Housing Services Manager (virtual)

1 Apologies for Absence and Substitutions

Laura Tyler – Assistant Director for Joint Commissioning

Jackie Jeffrey – VCSA

Stuart Bills- Superintendent Stuart Bills

Patricia Davies – Chief Executive, Shropshire Community Health Trust

David Crosby – Shropshire Partners in Care

Sara Ellis - RJAH

2 Disclosable Pecuniary Interests

None received.

3 Minutes of the previous meeting

RESOLVED: that the Minutes of the previous meeting be agreed and signed by the Chairman as a correct record.

4 Public Question Time

No public questions were received.

5 System Update

Shropshire, Telford & Wrekin Urgent & Emergency Care (UEC) Improvement Plan

The report of the Director of Urgent Care & Planning, Shropshire, Telford & Wrekin CCG had been received by the Board (copy attached to the signed Minutes) which set out the context of the Urgent & Emergency Care Improvement Plan for the current financial year. She gave a summary of the plan and took the Board through the headlines of the Plan. She explained that following development of an initial improvement plan for UEC the previous year this plan built on that and set out a set of objectives and aims and deliverables for the coming financial year.

The Director of Urgent Care & Planning drew attention to the UEC Improvement Plan Review development process that had been utilised in the development of the plan and the development of its three priorities, as follows: Pre-Hospital; Hospital improvement and flow; and Discharge. She explained that they had tried to be very clear about the set of parameters they wished to focus on in order to ensure they were going to be deliverable. The crafting of the plan was very much aligned to tackling some of the most prominent issues that they had been challenged with and making some real improvements within the next financial year.

The Director of Urgent Care & Planning took the Board through the three priorities in more detail along with the range of linked programmes across the system that were being delivered that did not fall directly within the remit of UEC but were inevitably important in enabling them to deliver what was required. She explained that there was a whole programme of work looking at the whole pathway but being very distinct about the things to be focused on and the things it was felt would provide the most benefit in the next 12 months. This was a distinct part of a much longer-term journey that really focussed in on what could be achieved within that time frame.

The Director of Urgent Care & Planning explained that there was a process of this going through approvals, the Urgent and Emergency Care Board had approved it in principle as a set of priorities and a good discussion was had at the Urgent Care Delivery Group the previous day to work up the next level of detail around these plans and that would then go through the Urgent and Emergency Care Board at the end of May. This would then be monitored throughout the year and supported with data flow and communications to ensure the best results were achieved.

The Executive Director of Health, Wellbeing and Prevention commented that the Board would be particularly interested in understanding the detail of the whole plan and requested that more detail be brought back to a future meeting. In response, the Director of Urgent Care & Planning agreed to bring back the next set of detail which would make it easier to see how this tracked through in terms of some of the improvement areas and how that was then monitored. She explained that there had been a lot of discussion around the ambulance piece because it had been an area of particular concern and she stressed how interconnected all the

elements were. By doing the things set out in the plan it would absolutely improve performance where it was known it needed to be improved particularly around some of the issues with ambulance delays.

Members felt this work was heading in right direction. However, some residents in rural divisions in the south of the county had great difficulty even seeing their GP just because of distance, so it was critical therefore that the client group understood how they should behave if they felt they were in need of care and how that should be conveyed to them fairly simply. Although not at that stage just yet, it was felt to be a very important part of this because then there would be a good chance that the general confusion that so often surrounds hospital admittance, treatment and discharge would be cleared up and patients would understand the process.

Lynn Cawley, Shropshire Healthwatch commented on the importance of all of this but also of importance was gathering the patient experience along the way as these things move forward. She reported that Shropshire Healthwatch was planning a piece of work to try to gather the wider experience of ambulance services and while hearing in the press of difficulties across that service, they would also expect to hear some positive comments from people as well. They hoped to understand the challenges, particularly across the rural parts of Shropshire and also ask people what they think could help while they were waiting because there did not seem to be a quick solution to those long waits.

Healthwatch were also keen to help people understand how to use the NHS in its current form as we move forward. She felt there was a huge education piece to be done around those communities of people who were relatively new to this area or even new to the country about how the NHS works and how to access it.

SHiPP update

The Head of Joint Partnerships gave a presentation (copy of slides attached to signed Minutes) which updated the Board on the position since the last meeting. She reminded the Board of the priorities and drew attention to the programmes and subgroups.

She reported that a number of presentations and discussions had taken place around inequalities and she assured the Board that work was ongoing in earnest with the development of a health and inequalities plan that was Shropshire focused and were working closely with NHS colleagues on a broader system health and inequalities plan. She explained that the Shropshire Plan was focused on the wider determinants of health thinking about all the ways in which inequalities are understood in communities and what can be done about it across all services.

The Head of Joint Partnerships drew attention to projects underway for which they had received funding from NHS England to work in partnership with the voluntary sector to deliver. She explained the Core 20 Plus 5 approach which was designed to focus care and look at inequalities for those people who were most deprived and those with particular health issues.

The Head of Joint Partnerships turned to the work being undertaken around Children and Young People, Local Care Transformation Plan and Personalisation / Personalised Care which were some of the key areas of focus. She also highlighted Involvement which was a cornerstone of all programme development and was linked to the ICS involvement work and strategy developments.

The Head of Joint Partnerships drew attention to the areas they wished to bring back to the Board, including the metrics for mental health and dementia, end of life and VCSE infrastructure and community capacity building.

Lynn Cawley, Shropshire Healthwatch informed the Board that Healthwatch ran its annual event the previous week which had a focus on end of life and they were able to launch the system end of life strategy which was really helpful. They had a great panel of speakers so people heard about the work that was currently being done about advanced care planning including the work being done in care homes.

BCF update

The Board received the report of the Assistant Director, Joint Commissioning and Head of Joint Partnerships (copy attached to the signed Minutes) which highlighted developments and system risks that had arisen over the last few months and included the 2021/22 Better Care Fund End of Year Report at Appendix A of the report.

The Head of Joint Partnerships introduced and amplified the report. The BCF End of Year report was due on 27 May 2022 and the Board were being asked to endorse it with the proviso that the admission avoidance metric be updated before it was finally signed off by the Executive Director of People as proxy.

The Head of Joint Partnerships took the Board through the key elements of the Better Care Fund final report for the year. She confirmed that all BCF metric targets had been met or exceeded except one, 14 days length of stay which had been missed by 0.4%. The report also highlighted the year-end feedback and highlighted that the greatest challenge was the local context, which included financial, demographic and rural challenges which made it more difficult to deliver services and reduce inequalities. She drew attention to the Joint Commissioning update and the additional

areas they were developing. She reported that the paper highlighted the reliance on grant funding to support system flow and that this remained a risk for the system.

The Director of Partnerships, Shropshire, Telford and Wrekin CCG thanked the Assistant Director, Joint Commissioning and the Head of Joint Partnerships for all their work around the BCF and joint commissioning work. She highlighted work that could be done that was linked to the place-based work as it was developed over the next 12 months around what was in the BCF and how that supported the system to function and the place to deliver eg around how much non-recurrent funding ends up in the BCF and how to get some recurrent funding to really deliver some positive changes for the population of Shropshire, Telford & Wrekin. Members were pleased to hear that the BCF had been approved nationally.

Healthy Lives

The Board received the report of the Health and Wellbeing Strategic Manager (copy attached to the signed Minutes) which provided an update on Healthy Lives, the multi-agency prevention programme of the Health and Wellbeing Board.

The Health and Wellbeing Strategic Manager informed the Board that the Healthy Lives Steering Group meetings had restarted in February 2022 and she gave an example of some of the topics that had been focussed on. She drew attention to the Governance Structure. The priorities for the group to collaborate on were discussed and would be reported to the HWBB.

In response to a query, the Health and Wellbeing Strategic Manager explained how the outcomes and impact of the Healthy Lives programme would be measured.

6 Ophthalmology Transformation Programme

The Programme Lead and the Clinical Lead for Eye Care Transformation gave a presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- Background
- Long Term Plan
- Local Requirements
- Case for change
- What the programme covers
- Completed engagement activity
- Next steps

The Programme Lead reported that the programme had started in February 2022 and would run over a couple of years. The first phase was engagement about patients' experiences of eye care in the county and their thoughts around how it could be improved. The first round of engagement had just been completed but further engagement would take place later in the year.

The Director of Public Health thanked the officers for their presentation which was helpful in understanding the process, which sounded very rigorous and she requested that an update come back to the Board in the Autumn once the proposals had been worked up. It was agreed to come back to the Board in 6 months-time with a bit more detail around the proposed future eye care model.

In response to a query, an update was given in relation to paediatric ophthalmology which was included as part of this programme, the design work for which had just begun so it was unclear what this would look like. Concern was raised about SATH's provision of paediatric eye care and the fact that they were no longer accepting any referrals as they no longer had a specialist consultant. In response, the Interim Director of Strategy and Partnerships informed the Board that SATH were looking at arrangements going forward, and in the meantime had a locum consultant. Going forward they were looking to join forces with neighbouring services.

7 Air Quality

The Board received the report of the Public Protection Officer (copy attached to the signed Minutes) which provided a brief update on progress with the statutory Air Quality work and improvements in air quality in Shropshire. The Public Protection Officer gave a presentation on Local Air Quality Management (LAQM) in Shropshire (copy of slides attached to the signed Minutes) which covered the following areas:

- Air Quality
- LAQM
- Monitoring
- Current levels and limits
- Air Quality Management Areas (AQMA) in Shropshire
- Current work
- Potential Interventions

The Public Protection Officer highlighted the three aspects of air quality work being undertaken in Shropshire (strategic, Local Air Quality Management and responsive).

He reported that there were two Air Quality Management Areas in Shropshire (Shrewsbury Town Centre and Bridgnorth) which were areas where the levels of pollutants exceeded those in the UK guidelines. He went on to discuss the current work being undertaken in the Air Quality Management Areas. Each AQMA was required to have an Air Quality Action Plan setting out specific measures and how it was proposed to reduce levels. The Action Plans for Shropshire had last been updated in 2008 so were currently being updated. He reported that the air quality in Shropshire's AQMAs had only come down to the national average during lockdown.

The Public Protection Officer informed the Board that a further report would be presented to the September meeting when it was hoped to have completed the work.

In response to a suggestion, it was confirmed that a green wall would be considered alongside other measures.

8 Healthwatch Shropshire Crisis mental health services for Children and Young People

The Board received the report of the Chief Officer, Shropshire Healthwatch (copy attached to the signed Minutes) which reported on Mental Health Crisis Services for Children and Young People in Shropshire, Telford and Wrekin. The Chief Officer gave a presentation (copy of slides attached to the signed Minutes). She firstly thanked the Board for the opportunity to present the report and she thanked the young people, parents and professionals who had shared their opinions.

She explained that all age mental health had long been a priority of Healthwatch since it was established in 2013 but that this was one of the hardest to reach groups of the population and it highlighted how much reliance was placed upon partners across the system in particular providers when doing pieces of work like this to help promote it so that as many views as possible were captured.

This piece of work was undertaken as a result of the CQC Inspection at SATH and the report in February 2021, when Healthwatch Shropshire was asked by The Director of Nursing to do a piece of work that captured the voices of the children and young people themselves. The Chief Officer gave more context on why this piece of work was undertaken.

As part of the approach and because they particularly wanted to hear from the children and young people themselves, both SATH and MPFT were asked to forward the information to the young people experiencing crisis mental health services. This was unfortunately not possible and impacted upon the number of children and young people they heard from. Instead, the usual methods of press release, poster and social media

campaign were used to reach out to children and young people, their families and professionals, some of which may not have used crises mental health services referred to in the report.

MPFT felt that there was some confusion amongst the population about which services they were actually using which highlighted the need for better information for children and their families about the services they were using and how they all worked together.

The Chief Officer then drew attention to the range and complexity of the issues and their impact on children's mental health, along with the range of services available.

One of the young people that they heard from highlighted the issue of waiting times to be seen and described the impact on their mental health but also the impact on them of seeing the psychologist and how much it helped them and enabled them to go back into school and get a place at college.

The Chief Officer explained that they were keen to understand what people felt could make a difference particularly when experiencing a long wait for that specialist provision. For a lot of young people, it was important that they could see the same person as they did not really want to have to talk about how they were feeling and what they were thinking to lots of different people. Another comment was the expectation that they would only get treatment when they reached crisis point.

Attention was then drawn to the main issues described by parents/carers, how the help could be improved and the key messages for Shropshire, Telford and Wrekin Integrated Care System.

The Board thanked the Chief Officer for her detailed report and noted that although this piece of work had been completed, the view of children and young people were still being sought. A comment was made that the report had been difficult to read due to the messages being drawn out. Board Members queried the next steps and what could be done to move this forward and help those young people who continued to need help and support. A further report was requested for a future meeting.

It was confirmed that the Director of Partnerships would be requested to pick this up through the Children and Young People's and Mental Health conversations so that the 11 key points were built into the conversations being held with providers. Work would be undertaken in partnership with the local authority from an education point of view as well as a health point of view. It was suggested that the two Health and Wellbeing Boards (Shropshire and Telford & Wrekin) act as sponsors for this report and to hold the system to account in terms of what was being done to move these key points forward.

It was confirmed that work was ongoing on a Children's commissioning plan which would be central to systematically picking up these whole-system issues. A brief discussion ensued around all the issues raised within the report along with the current work being undertaken including looking at other ways to engage children and young people and gather feedback which would inform the work going forward.

It was suggested that a meeting of the Children and Young People System Partnership Board be convened to decide how the 11 recommendations in the report be taken forward and reported on delivery through the Place Based Boards.

9 JSNA update

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

The Executive Director of Health, Wellbeing and Prevention reported that the JSNA was a statutory requirement of the HWBB and regular reports came to the Board but as an update had not been received for some time, this was just a brief update on the work that had been happening. One of the programmes of work had been to develop a SEND Needs Assessment which she was pleased to report had been delivered. The second piece of work was around a Pharmacy Needs Assessment across Shropshire, Telford & Wrekin (although two separate Needs Assessments are required) and she assured the Board that work was progressing to deliver that and an update would be provided in the Autumn.

The other aspect was a Place-Based Needs Assessment with a web-based tool, the first stage of which was complete and gave an overview of key data, including the wider determinants of health, for Shropshire. The other piece of work was being developed in three waves, the first being a profile for Highley. The next profile to be developed would be for Oswestry.

The Executive Director of Health, Wellbeing and Prevention drew attention to other needs assessments that were being developed. In response to a query it was confirmed that it was hoped to demonstrate the interactive facility of the web-based tool at the next meeting.

10 Health Protection update (including COVID-19)

The Board received the report of the Consultant in Public Health for noting (copy attached to the signed Minutes) which provided an overview of the

health protection status of the population of Shropshire. It addressed immunisation and screening and provided an overview of the status of communicable, waterborne and foodborne diseases.

The Consultant in Public Health introduced and amplified her report. She informed the Board that a Shropshire Health Protection Strategy was being written jointly with Telford and Wrekin. The first draft would be written by 31 July with a final draft in September 2022.

In relation to the currently reported cases of Monkeypox, it was explained that this was a virus related to chicken pox but was not easily transmissible and that sufferers generally recovered quite well. It was reported that there were no cases in the West Midlands.

11 Chairman's Updates

The Chairman updated the Board in relation to notifications of change of ownership and opening times for C G Murray & Son Limited (now PCT Healthcare Limited) and changes to the supplementary opening hours of Asda Stores Limited, Old Potts Way, Shrewsbury. These would be attached to the webpage for the meeting.

The Chairman made the following statement:

'This is the first board since the Ockenden Review was published (30th March 2022). I know all of our thoughts are with the families who have suffered so much distress and shared their experiences.

It is reassuring that many measures and recommendations in the report are already in place to improve services at the Trust, and it is making itself accountable to the parents and families affected, to restore public confidence and transform its culture. Our Scrutiny processes have an important role to play in monitoring outcomes, particularly in this case our Joint Health Overview and Scrutiny Committee across Shropshire, Telford & Wrekin which has responsibilities for scrutinising health services within their areas. In addition, as partners and in chairing this Statutory Health and Wellbeing Board, the Board acts to ensure that key leaders from the health and care system work together to improve the health and wellbeing of Shropshire. As Chair of the Board we make the commitment to continue to work together in this way'.

<TRAILER_SECTION>

Signed (Chairman)

Date: