



**Committee and Date**

Health and Wellbeing Board

14 September 2023

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 15 JUNE  
2023  
9.30AM – 11.20AM**

**Responsible Officer:** Michelle Dulson

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**Present**

Kirstie Hurst-Knight – PFH Children & Education (Remote)  
Cecilia Motley – PFH Health (integrated Care System – ICS) & Communities (Co-Chair)  
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention  
Tanya Miles – Executive Director for People  
Mel Holland – Substitute for Laura Fisher (Remote)  
Claire Parker – Director of Partnerships  
Claire Horsfield – Substitute for Patricia Davies  
Carla Bickley – Substitute for Nigel Lee  
Lynn Cawley - Chief Officer, Healthwatch Shropshire  
Jackie Jeffrey - VCSA  
David Crosby - Chief Officer, Shropshire Partners in Care  
Stuart Bills - Superintendent, West Mercia Police  
Dan Quinn – Shropshire Fire and Rescue Service

**1 Apologies for Absence and Substitutions**

Laura Fisher, Housing Services Manager, SC – substitute Mel Holland (remote)  
Patricia Davies, CE, SCHAT - substitute Claire Horsfield  
Sara Ellis, RJA  
Simon Whitehouse, ICB CEO  
Nigel Lee, Interim Director of Strategy and Partnerships, SaTH – substitute Carla Bickley

**2 Disclosable Interests**

None received.

**3 Minutes of the previous meeting**

**RESOLVED:**

that the Minutes of the previous meeting held on 20 April 2023 be agreed and signed by the Chairman as a correct record

**4 Public Question Time**

No public questions had been received.

## Strategic Items for discussion

### 5 Healthwatch "Your Care Your Way"

The Board received the report of the Chief Officer, Healthwatch Shropshire – copy attached to the signed Minutes – which reported on meeting the communications needs of people across Shropshire. The Chief Officer introduced and amplified her report. She highlighted the main findings and gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- What we did and why
- Who we heard from
- What people told us
- Positive experiences
- Impact
- Key issues
- What people want
- Recommendations
- Ongoing work by Healthwatch England
- Meeting the Accessible Information Standard - The CQC

She stressed the importance of people being able to have information that they can read and understand with or without support. She informed the Board that the NHS Accessible Information Standard became law in 2016 as part of the Equalities legislation and was about giving people who were disabled, or people with sensory loss or impairment and their carers the right to get health and social care information in a way that they could understand it.

In 2022 Healthwatch England worked with charities including RNIB, RNID, Mencap and SignHealth to look at how the standard could be improved, for example, at the moment the standard does not include those for whom English was not their first language not those for whom literacy was an issue. The Chief Officer explained what they did to capture the views of the public which included an online survey, a focus group and visits to community groups. Many of the people they spoke to were not aware of their rights under the standard and were asked questions including about how they received information about their health and/or social care and whether they felt they understood it. They were asked what would make a difference to them to improve their experience of receiving information – this links to the personalisation agenda of the ICS.

In the majority of cases, people felt that their understanding was limited. The Chief Officer stressed that the onus was on professionals to ensure that people understood the information they were given. She took members through the effects of not understanding health or social care information and highlighted the key issues including lack of awareness of the standard, digital inequalities, privacy issues and unsupportive staff/services. She then drew attention to the recommendations being made to the Integrated Care System and the ongoing work of Healthwatch England including lobbying Government to have the standard reviewed and expanded.

The Personalised Care Programme Manager gave another perspective and highlighted the synergies between the pieces of work undertaken by Healthwatch and the work that was continuing and developing through the Understand, Prepare and Prevent piece of work to help young people at a time of transition to understand the importance of taking up their annual health checks etc and was an opportunity to use the practical information that had been developed by Parent and Carer Council (PACC) in partnership with young people, carers and people living with learning disabilities and autism and was a way to bring to life the information that Healthwatch had gathered.

She drew attention to a toolkit that had been developed to understand how to practically inform the development and reasonable adjustments that needed to be made for people to understand the process and the experience that they might have and how to inform health and social care colleagues about those reasonable adjustments. Discussions had also taken place with the GP Board about supporting the development and use of Health passports and looking at those reasonable adjustments as well and she gave an example of how this worked in practice. The Executive Director of Health, Wellbeing and Prevention confirmed that the recommendations would be taken forward and brought back to the Board as progress develops. It was suggested that an overarching recommendation be added that each organisation feeds back as to what was happening in their organisation and whether this was being done as a system rather than in isolation. It was also suggested that a paragraph be included in the Joint Forward Plan that all partners should be adhering to the standard.

A brief discussion ensued in relation to 'Easy Read' and it was agreed to look into this issue.

**RESOLVED:**

1. Each organisation feeds back as to what was happening in their organisation and whether this was being done as a system rather than in isolation.
2. Include information about the Accessible Information Standard in the Joint Forward Plan and refer to the connection with Person Centred Care.
3. To note and support the recommendations contained in the report.

**6 Healthier Weight Strategy**

The Board received the report of the Public Health Registrar, the Consultant in Public Health and the Public Health Development Officer – copy attached to the signed Minutes – which provided an overview of progress to date with development of the Healthier Weight Strategy for Shropshire. The Public Health Registrar introduced and amplified the report. She highlighted the main findings and gave a presentation (copy of slides attached to signed Minutes) which covered the following areas:

- Why weight matters
- What we know locally
- Healthier Weight Strategy for Shropshire 2023/2028

- Underpinning principles
- Delivery themes
- Recommendations

The Public Health Registrar explained that there was a rising tide of unhealthy weight and that two out of three adults were overweight in Shropshire, this was a growing problem and was only getting worse and that rates of childhood obesity were about 5 times higher now than they were in the 1990s. Excess weight leads to a multitude of health problems, reduces life expectancy and also prolongs the amount of time that people were living in poor health all of which increased the cost to the NHS, to healthcare and to social care (social care costs were double for someone experiencing severe obesity).

She went on to say that our bodies were not designed for the environment in which we now lived and where what we eat is less and less recognisable as real food, about 50% of which is ultra-processed and were exposed to increasingly time poor, stressful and sedentary lifestyle. Our body's normal response to this environment is fuelled by our biological and genetic disposition to hold on to weight and calories even when we try to lose it, so individual weight support may be useful for some but would be limited at population level given the significant changes to our environment. The focus on individuals did derive stigma and discrimination for those who were experiencing unhealthy weight which was counterproductive to the problem and that preventing unhealthy weight in the first place whilst modifying our environment were key. The most deprived groups had double the risk of obesity than the least deprived groups and that that gap was widening with age.

The Public Health Registrar informed the meeting that locally the rates of obesity in Shropshire were higher than the national average including those in early pregnancy, the highest rates being in the most deprived areas, in the context of living in a low-wage economy with rising levels of children in poverty and higher than average levels of food insecurity in the County and she drew attention to the many assets and opportunities available in Shropshire for improvement that could be utilised. The Public Health Register went on to highlighted and explained the high-level strategic priorities, the underpinning principles and the three strategic delivery themes (set out in Appendix A to the report).

A brief discussion ensued around inequalities, food insecurity, the cost of living crisis, access to good quality food and tackling stigma. In relation to psychological support for families around healthy weight, the Consultant in Public Health informed the Board that there was a deficit in the availability of psychological support generally but that the tier 3 service was very small and would not cover the need described. A key part of this and something that was considered early in the strategy development was around looking from infancy at how not only feeding children/weaning babies on to healthy foods but also starting to create a good relationship with food rather than food being 'good' or 'bad' but being seen as fuel for our bodies and these things could be built into the mainstream services, so they were more psychologically informed.

The Head of Joint Partnerships felt the strategy needed to be more explicit in how it linked to the Joint Forward Plan and the work of partners. In response to a query, it was explained that the emergent weight management drugs had not been

considered so far in the Strategy due to timing but conversations were needed and thought given across the system and linking in with health partners to manage the messaging around this.

**RESOLVED:**

- 1) to provide feedback and comments on the Draft Strategy
- 2) to approve the draft Strategy for public and stakeholder consultation
- 3) to contribute to the development of the action plan required to underpin delivery of the strategy
- 4) to note that the final version of the Strategy will return to the HWBB for endorsement following the public and stakeholder consultation, prior to going to partner governing bodies and Council Cabinet for approval

**Reports for approval of recommendations, with discussion by exception**

**7 Shropshire Integrated Place Partnership (ShiPP) & Better Care Fund**

The Board received the report of the Head of Joint Partnerships (Shropshire Council/STW ICB) and the Assistant Director of Joint Commissioning (Shropshire Council) – copy attached to the signed Minutes – which provided an overview of the ShiPP Board meetings held in April and May 2023 and included actions, for assurance purposes. The report also included an update on the Better Care Fund planning progress which highlighted the development of a two-year plan, with sign off required by 28 June 2023.

The Head of Joint Partnerships introduced and amplified the report. She explained that they had been working with a working group across the system to pull together the two-year Better Care Fund Plan for 2023-2025. She highlighted one of the areas that was new and taking a lot of time which was around the demand and capacity modelling plus additional indicators around falls. They were continuing to work through these areas.

She explained that being a two-year plan meant there would be some changes for the first year, and although using the same three priorities (prevention, admission avoidance, system flow and delayed transfers) many of the programmes remained the same particularly for the first year, recognising that the two-year plan gave opportunity for some changes, particularly around commissioning and how more work could be done together in the following year. She reported that the plan was not yet ready and so delegated authority was being sought to sign off the Plan which would be brought back to the next meeting. She confirmed that system partners would have sight of the plan before it was signed off.

**RESOLVED:**

1. to recognise the work underway to address the key priorities of ShiPP, as well as the risks in the system, highlighted by the Board.
2. to note progress and endorse the Better Care Fund (BCF) two-year plan priorities and development areas.
3. to delegate sign off for the 2023/24 two-year plan to the Executive Director of People, Shropshire Council, and Director of Delivery & Transformation,

Integrated Care Board (following endorsement of system partners through the appropriate governance and Chief Officers group).

## 8 ICS Strategy Update - Forward Plan

The Board received the report of the Director of Partnerships and Place, NHS Shropshire, Telford and Wrekin – copy attached to the signed Minutes – which provided an update on the development of the Joint Forward Plan (JFP). The Director of Partnerships and Place introduced and amplified her report. She explained that the JFP was constantly being improved but they were getting close to submission and the deadline for it to be submitted to the ICB Board was the following week.

It was felt that the latest version (10) was an improvement as they had tried to create those links that were being talked about through the engagement process and consisted of those high-level actions with other strategies and action plans sitting underneath. She drew attention to the positive feedback received from NHS England including in relation to the green climate section which was felt to be the best in the region.

Once the JFP was submitted and published on 30 June, that was just the next stage in making the plan live and she was keen that the plan be constantly updated and developed and fed into the other strategies and action plans. She explained that going forward some of the ambitions contained in the plan would be moved into actions and closed off once those actions were delivered in accordance with the timelines. Finally, she drew attention to the action plan which had been turned into more of a programme plan that could be monitored to look at the outcomes and impacts of this.

The Chief Officer, Healthwatch Shropshire felt it important to reiterate that the public could continue to contribute their views and ideas. She reported that Healthwatch Shropshire were basing their forward plan for this year on that JFP and the priorities of the HWBB and reiterated her request for Board Members to let her have their thoughts on any pieces of work they felt that Healthwatch could do. They were about to gather feedback on virtual wards and were currently doing a piece of work around diabetes and requested Board Members promote that. They were also about to publish a piece of work into people's experiences of raising concerns and complaints across health and social care. It was hoped that the feedback gathered by Healthwatch could inform some of these developing programmes of work.

### **RESOLVED:**

To note progress on the development of the JFP.

## 9 Vaping and CYP update

The Board received the report of the Public Health Consultant – copy attached to the signed Minutes – which provided an update on development of a Position Statement on Underage Vaping for those working in educational establishments, professionals and others working with children and young people who vape.

The Assistant Director of Integration and Healthy People introduced and amplified the report which updated the Board in relation to the work of the Task and Finish Group who had been leading on this and who have developed a Position Statement. The report also detailed some of the additional work that had been happening including looking to do further comms directly with children and young people and with parents and carers and were really keen to get that voice of the child in that piece of work to help develop resources that were appropriate for the Shropshire population.

The Task and Finish Group were really keen to develop a clear understanding of where across Shropshire younger people were using vapes along with the age profile around that and there would be three aspects to that, a question will be included in the Children and Young People's JSNA, focus groups directly with children and young people, and through partnership work with Shropshire Community NHS Trust and the Public Health Nursing Service they will be including a question on vaping in their school survey. This would help to build a picture of what was happening locally.

The Assistant Director of Integration and Healthy People reported that some national resources had now been published which would be looked at and made use of as part of this Comms work. She also reported on a national call for evidence around children and young people and vaping and the Public Health Consultant was coordinating the response for Shropshire, and she requested Board members contact him with their thoughts so they could be built into the response.

Turning to the Position Statement, the Assistant Director of Integration and Healthy People drew attention to the Shropshire Stance which included a joint statement from the Executive Director of Health, the Executive Director of People and the Chief Medical Officer for NHS Shropshire, Telford and Wrekin which recognised the links with the exploitation agenda and the Trading Standards issue. The Position Statement gave a very firm view for Shropshire that vapes were not for children, there was no evidence around the use of vapes for children and young people so the safest and healthiest option was not to smoke or vape. The only evidence around vapes was in relation to them being a quit aid for adult smokers and that evidence was only in the short to medium-term and so the long-term effects of continuing to use vapes were unknown.

A brief discussion ensued. The Portfolio Holder for Children and Education requested a copy of the literature once ready so that she could share it and help get the message out because the issue of vaping was very real in Shropshire. The Executive Director for People thanked the Task and Finish Group for focusing on this very real issue that we have in Shropshire and she endorsed the Position Statement which would be circulated to all schools and organisations that work with children and young people.

She stressed the importance of the Health and Wellbeing Board supporting the Local Government Association's call for action to Central Government for vapes to be in plain packaging, to be out of sight and for mandatory age of sale signage on vaping products, along with a ban on free samples.

**RESOLVED:**

To note the contents of the report and support the LGA's call for action banning free samples and for vapes to be in plain packaging.

## **Reports for Information**

### **10 Health Protection Update**

The Board received the report of the Consultant in Public Health – copy attached to the signed Minutes – which provided an overview of the health protection status of the population of Shropshire. It also provided an overview of the status of communicable, waterborne and foodborne disease.

### **11 Joint Strategic Needs Assessment (JSNA)**

The Board received the report of the Public Health Intelligence Manager – copy attached to the signed Minutes – which provided an update on Shropshire's JSNA along with progress to date, the future direction of the JSNA and timescales.

### **12 Healthy Lives Update**

The Board received the report of the Health Improvement and Health Protection Operational Lead – copy attached to the signed Minutes – which provided an update on Healthy Lives, the prevention programme of the Health and Wellbeing Board. It summarised update reports that had been to the Healthy Lives meetings and included outcomes and actions from the discussions.

### **13 Chair's Updates**

The following notifications from NHS England about changes in pharmacy ownership have been received (not all relating to Shropshire):

- Lloyds Pharmacy Ltd in Burntwood Shopping Centre is now owned by Littleover Healthcare UK
- Lloyds Pharmacy Ltd at 4 Rugeley Road, Chase Terrace, Walsall is now owned by Littleover Healthcare UK Ltd
- Lloyds Pharmacy Ltd at Park Medical Centre, Ball Haye Rd, Leek, is now owned by LP SD Seventeen Ltd
- Lloyds Pharmacy at 116-119 Lower Galderford, Ludlow is now owned by Gill & Nagra Ltd
- Lloyds Pharmacy at Sandy Lane Health Centre, Rugeley is now owned by LP SD Seventeen Ltd

A summary would be placed on the Council website.

In response to concerns about whether the prescription deliver service had been passed over to new provider, the Director of Partnerships would find out the new arrangements and ensure that people were aware.

<TRAILER\_SECTION>



Signed ..... (Chair)

Date: