

**Committee and Date**

Health and Wellbeing Board

13 February 2025

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 19
SEPTEMBER 2024
9.30 - 11.45 AM**

Responsible Officer: Michelle Dulson

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Present

Cecelia Motley – PFH Adult Social Care and Public Health (Co-Chair)
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention
Tanya Miles – Executive Director for People
Laura Fisher – Head of Housing, Resettlement and Independent Living, Shropshire Council (remote)
Nigel Lee - Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW (ICB)
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care

Also present: Penny Bason, Gordon Kochane, Laura Tyler (remote), Mel France (remote), Tracey Jones, Naomi Roche, Phil Northfield (remote), Councillor Heather Kidd, Councillor Geoff Elner, Councillor Peggy Mullock (remote)

12 Apologies for Absence and Substitutions

Apologies had been received from:

Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin
Patricia Davies - Chief Executive, Shropshire Community Health Trust
Nick Henry – Paramedic & Patient Safety Director WMAS
Zafar Iqbal - Associate Medical Director Public Health, MPFT

13 Disclosable Interests

None received.

14 Minutes of the previous meeting**RESOLVED:**

That the minutes of the previous meeting held on 16 July 2024 be agreed and signed by the Chairman as a correct record.

15 Public Question Time

None received.

16 Suicide Prevention Strategy Update

The Board received the report of the Public Health Consultant which updated the Board on the local response to the recently published data indicating an increase in the local suicide rate and progress with delivery of the objectives within the Shropshire Suicide Prevention Strategy.

The Public Health Consultant thanked partners for supporting the recent World Suicide Prevention Day. It was important to get the messages out there, to raise awareness of risk and the support that was available and to encourage more people to be confident and comfortable speaking about suicide and suicide risk in order to address the stigma that was often associated with it.

The Public Health Consultant introduced and amplified his report. He took Board Members through the latest data which indicated that the suicide rate for Shropshire had increased above the England Average (although more recently published data indicated that the rate had decreased slightly but was still high compared to previous years). The Action Group were keen to understand the reasons behind this and recognised that it occurred during the covid/lockdown period.

In response, an exceptional meeting was held of the Shropshire Suicide Prevention Action Group and the Public Health Consultant explained the activities that were then undertaken which included an audit of coroner inquests with a verdict of death by suicide, enhancement of real time suspected suicide surveillance system and a new Suicide Death Review Panel in order to identify themes or trends happening in our communities that could benefit from a more immediate preventative or targeted response.

The initial message from the audit was that there was nothing different to what the national evidence documented in terms of suicide and suicide risk. They looked at 114 inquests and, similar to the national data, the majority were male, the most common age group being 35 to 54 with no difference by deprivation, half were in paid employment and a quarter of retirement age. Of those in employment, the following sectors feature heavily; agriculture, forestry and fishing, manufacturing, building and construction, professional, scientific/technical and the health sector, which also aligns with what was being seen nationally. He explained that there was no data around suicide attempts or thoughts of suicide and that the Action Group were exploring how to capture that data.

The Public Health Consultant drew Board Members' attention to the risk and life events prior to death data along with data around contact with services. He reported that a GP suicide prevention toolkit was being developed for launch in October which would support GPs in having those conversations if someone did present with thoughts of suicide including the use of language and how to have that conversation. He went on to discuss progress with delivery of the Suicide Prevention Strategy, details of which were contained in the report.

In conclusion, the Public Health Consultant reported that a Real Time Surveillance Co-ordinator had been appointed to work across, Shropshire, Telford and Wrekin on the expansion of the surveillance system. He reminded the Board that Shropshire, Telford and Wrekin were one of the first local areas to establish a suicide bereavement service and had recently appointed a new bereavement officer who was keen to connect with all services, teams and offers throughout Shropshire, Telford & Wrekin. He also drew attention to the counselling offer for those bereaved by suicide along with two survivors of bereavement by suicide peer support groups. Finally, he highlighted the training that was available in order to promote a suicide risk aware workforce and enhanced offers that mitigated suicide risk and targeted higher risk groups.

Concern was raised that very rural areas tended to have higher rates of suicide especially amongst retired members of the farming community who perhaps felt there was nobody around who was interested or would listen to their concerns and although the work being done to engage with the farming community through the Shropshire Rural Support Network, which included visits to the livestock markets , was a good starting point but a lot of people just did not know where to go for support. In response, the Public Health Consultant explained that this was something that they were exploring with those who work with the farming and rural communities, eg suppliers to farms, vets and others who they would engage with on a regular basis to explore how to promote offers and training and understanding better what would be helpful.

A brief discussion ensued around information sharing for other areas of the community who may also be in need of support, including those living with a cancer diagnosis, women going through the menopause and men on release from prison. The Chief Officer, Shropshire Healthwatch drew attention to the Health and Wellbeing Champions within Stoke Heath prison who were trained to support other prisoners and wondered if they could be made aware of the training offers available. Members agreed to contact the Public Health Consultant outside of the meeting with any links that they may feel would be useful.

The Executive Director of Health, Wellbeing and Prevention stated that it was critical that suicide awareness be owned by each member of the Board and suggested a recommendation be added that Board Members were committed to undertaking and refreshing their suicide awareness training and to take this through to their relevant boards. The Public Health Consultant drew attention to bespoke training in the form of an online webinar being offered to Members, senior officers and members of the HWBB on 26 September at 5.30pm to 7pm.

Board Members **RESOLVED** to:

- endorse the activities presented within this update
- contribute and support the continued delivery of the Suicide Prevention Strategy and evolution and delivery of the Action Plan
- support the recommendation that system partners continue to prioritise suicide prevention actions and promote the workforce to access suicide prevention training to help contribute towards efforts in reducing local deaths
- receive regular updates on progress with suicide prevention activity

- undertake and refresh their suicide awareness training and to take this through to their relevant boards.

17 Inequalities Plan, Progress update

The Board received a report and presentation from the Public Health Principal, Public Health Development Officer and the Head of Health Inequalities at Shropshire, Telford & Wrekin ICS which updated the Health & Wellbeing Board on the ongoing work undertaken by health, local authority and voluntary and community sector agencies to reduce inequalities within the County, as outlined in the Shropshire Inequalities Plan (2022-2027), and the delivery of the plan to date.

The Executive Director of Health, Wellbeing and Prevention introduced the report and the Public Health Principal who gave some context around the Shropshire Inequalities Plan which targeted inequalities using a population health model approach, focusing on various determinants and specific vulnerable groups. The Public Health Principal reported that significant work had been completed or was on track regarding wider determinants, healthy places, and lifestyles, with many social inclusion groups showing substantial progress.

The Head of Health Inequalities at Shropshire, Telford & Wrekin ICS discussed the Core 20 Plus 5 strategy which targeted the 20% most deprived areas and specific groups such as the homeless, immigrants and sex workers etc, focusing on five clinical areas where data showed the most significant differences in health outcomes, along with smoking status which impacted all 5 key clinical areas. It was explained that the Core 20 plus 5 for children and young people was less developed.

The Head of Health Inequalities highlighted the NHS 5 key lines of enquiry which formed part of the programmes of work that the NHS report against. She then took members through the overview of progress against the 2023-24 Healthcare objectives in the implementation plan. Results from Q1 and Q2 of the current year were now being collated and would be brought back to the Board along with an update on work being done to develop a metrics dashboard.

In conclusion, the Public Health Principal drew attention to the Plans and Priorities for 2025 which involved place-based early intervention and continuous development to meet population needs and a refresh of the Inequalities plan. She thanked everyone who had contributed to the report and for the enormous amount of work that was taking place and confirmed that updates would be presented annually to the Board.

A brief discussion ensued. The Executive Director of Health, Wellbeing and Prevention emphasized the importance of collaboration, regular updates, and monitoring metrics. She also mentioned the need to keep the programme high on the agenda. The Chair highlighted the strength of bringing agencies together and working collaboratively and would wish to see regular updates coming to the Board. In response to concerns that the report did not show the impact of all these programmes on inequalities, the Executive Director of Health, Wellbeing and Prevention explained that there was a full detailed plan that could be shared with the Board, but that today's report summarized the direction of travel/progress against the action plan.

The Executive Director for People discussed advocacy for Shropshire because nationally counties like Shropshire were not well understood, and so neither was the impact on residents of living in a county like Shropshire and she suggested that Board members write to various Secretaries of State highlighting Shropshire's unique issues.

Board Members **RESOLVED** to:

- note the progress made in delivery of the Shropshire Inequalities plan to date, and for the HWBB partner agencies to continue to work together to deliver the Plan commitments.
- approve the forward plan and priorities outlined for the next 12-month period listed in this report.
- receive six monthly updates on the continued progress of the Inequalities plan.

18 Rural Proofing - approval and progress

The Board received the report of the Health Overview and Scrutiny Committee Rural Proofing in Health and Care Task and Finish Group which reported on its findings and recommendations following its investigation looking at the options to effectively 'rural proof' the amendment or introduction of strategies, plans, policies and service design and provision in health and care in Shropshire which had been adopted by the Health Overview and Scrutiny Committee (HOSC).

Councillors Heather Kidd and Geoff Elner introduced and amplified the report. Councillor Kidd, who chaired the Task and Finish Group explained that rural proofing in health and care was important because residents' outcomes and experiences were not great and wished to produce a report that would give equitable outcomes for everybody. She thanked all officers, partners and witnesses for their evidence which was all available within the report.

Some of the key issues discussed were notable inequalities in provision between rural and urban areas, higher transport costs, poor digital activity, and challenges in recruiting and retaining staff in rural areas. Fourteen recommendations had been made in the report with the first being the full adoption of the rural proofing toolkit into an integrated impact assessment process. Other recommendations included ensuring that rurality and accessibility factors were key considerations when adapting and considering new services or policies, evaluating the impact of digitalisation and recognising the role of the voluntary sector.

Councillor Elner emphasised the lack of understanding of local issues by those outside the county, his frustration around decisions about where to locate and deliver services being generally based on finance instead of some system of weighting to evaluate alternative methods of delivery. Councillor Kidd stressed the importance of measuring the impact on residents. Some recommendations had already been adopted, and the HOSC would monitor the effectiveness of service delivery.

The Chief Officer of Healthwatch Shropshire explained that health inequalities and rurality were big issues for them but, being a very small team, did not have capacity

to engage with rural communities in the way in which they would like to, but would be happy to work in partnership with other parts of the system to get this lived experience from residents. She was concerned that there were a number of demographics where people's voices continued to be unheard.

A brief discussion ensued and the Director of Strategy & Partnerships SATH/Chief Strategy Officer NHS STW (ICB) mentioned planning for the next year and looking at refreshing commissioning intentions and would use this report to inform their priorities. The VCSA representative thanked both Shropshire Council and the Task and Finish Group for recognising the value of the voluntary sector and the challenges it faced. The importance of addressing lived experiences and digital exclusion was also discussed.

The Board **RESOLVED** to:

- Note the report and recommendations of the Task and Finish Group attached at Appendix A.
- Endorse those recommendations outlined in the report which relate to the Board which were included in section 7 of the report.
- To receive an update on progress next year.

19 CYP JSNA update

The Board received the report of the Public Health Intelligence Manager which presented the final drafts of two out of five chapters of the Children and Young People JSNA:

- Population and Context for children and young people
- Early Years (0-4 years)

The Public Health Intelligence Manager introduced and amplified her report and explained that progress against the actions and recommendations would be reported to the Board. Three more chapters would be presented to the November meeting of the Board, with each chapter having a focus on rurality and inequalities.

The Board **RESOLVED** to endorse the recommendations contained in the report.

20 Cost of Living Dashboard update

The Board received the report of the Public Health Intelligence Manager which presented an update on Shropshire's Cost of Living dashboard, progress to date, future direction, and timescales.

The Public Health Intelligence Manager introduced and amplified her report. She explained that the dashboard would not be static, it would be published on the website and promoted as a tool for all partners to use to guide their needs and decision making around cost of living. This sat alongside an employment JSNA dashboard which contained information around the job sector and employment and used together were a helpful suite of tools especially for the social task force group to use to inform their delivery and action plans.

The Board **RESOLVED** to note the contents the report.

21 ICP Dashboard update

The Board received the report of the Executive Director of Health, Wellbeing and Prevention which provided an overview of the approach to Population Health Management across the Integrated Care System. It provided an update of the KPI and Performance Monitoring element of the work programme and specifically those metrics that relate to the Integrated Care Strategy which built on the Health and Wellbeing Board and SHIPP Metrics.

The Executive Director of Health, Wellbeing and Prevention introduced and amplified the report. She explained that the dashboard was one of the developments to try to pull together at a high level some of the outcomes and various indicators which sit beneath it to monitor whether they were making a difference.

The Director of Strategy & Partnerships SATH / Chief Strategy Officer NHS STW (ICB) thanked colleagues for their work on this and he discussed the need for a refresh of the Integrated Care Strategy and requested feedback on the draft strategy document.

It was suggested that there may be an opportunity through the strategy and through the KPIs to really embed the inequalities and rurality issues that had been discussed by the Board throughout the meeting.

In relation to the CYP JSNA, the Executive Director for People felt that the Board really needed to look at some of the statistics contained within it because Shropshire's children and young people were below their statistical neighbours, below the West Midlands and below even the England average in many areas and the Board needed to look at the actions being taken to improve the health outcomes for the children and young people of Shropshire. She suggested that this be looked at as a future Agenda item.

A brief discussion ensued around the Darzi report which addressed the challenges faced by the NHS.

The Board **RESOLVED** to:

- Note the outcome metrics included in this report
- Note the progress to date against the Integrated Care Strategy and Health and Wellbeing Board Strategy Outcomes and consider any additional or amended outcomes for consideration within the framework

22 Women's Health Hub Progress report

The Board received the report of the Public Health Principal - Healthy Population Lead & Women's Health Hubs Lead STW which provided an update on the work being done around women's health and wellbeing hubs

The Public Health Principal - Healthy Population Lead & Women's Health Hubs Lead STW introduced and amplified her report. She highlighted four key areas including

the opening of the first health hub in Highley. An invitation for expressions of interest had been issued to all the Primary Care Networks (PCNs) to support the development of this work, with two core elements being around the expectation for collaborative community focus from GP Colleagues, along with a specific piece of work and additional funding being made available focusing on inequalities. She then drew attention to the final page of the report which highlighted the programme enablers and gave a good insight into how this work was cross cutting across the system.

The Chief Officer, Shropshire Healthwatch drew attention to the work she had undertaken some time ago around menopause information for Muslim women in Craven Arms for whom English was not their first language and who lacked transport. The Public Health Principal felt it would be useful to raise this at the Women's Health Steering Group. She also reassured the Board that some of the initial responses to the expression of interest was very much around talking to more isolated communities within already isolated communities and felt that the outcomes and recommendations of that report should be shared with the associated PCNs.

The Board **RESOLVED** to:

- Note the content and programme updates and the progress to date.
- Note that the first programme delivery milestone had successfully been met.
- Note that the work reflects the delivery area of Shropshire, Telford, and Wrekin.
- Endorse the approach set out in the report.

23 **Chairman's Report**

The Chairman reported that the pharmacy updates would be published on the website after the meeting.

Concern was raised that community pharmacies were struggling. The Chief Officer, Shropshire Healthwatch reported that they were doing a piece of work in relation to access to pharmacies and wished to promote the survey on the Healthwatch Shropshire website. The Executive Director of Health, Wellbeing and Prevention reported that the pharmacy JSNA would be starting in January 2025.

24 **ShIPP Update**

The Board received the report of the Head of Joint Partnerships, Shropshire Council/STW ICB which provided an overview of the ShIPP Board meeting held in July 2024 and included actions, for assurance purposes, for information.

25. **AOB**

It was agreed for the Chief Officer, Shropshire Healthwatch to bring a cancer report to the next meeting.

Signed (Chair)

Date: