



Committee and Date
Shadow Health & Wellbeing Board

1 June 2012

9.30 a.m.

Item No

5

Public

MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY 11 APRIL 2012 AT 2.00 P.M.

2.00 P.M. – 3.00 P.M.

Responsible Officer Fiona Howe
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Present

Councillor K Barrow Leader of Council (Chairman)
Councillor A Hartley Portfolio Holder for Health and Wellbeing, Shropshire Council
Paul Tulley Chief Operating Officer, Shropshire County CCG

Officers

Mr K Ryley Chief Executive, Shropshire Council
Mr D Taylor Corporate Director – People
Dr L Griffin Deputy Chief Executive, West Midlands PCT Cluster
Prof. Rod Thomson Director of Public Health
Helena Griffiths Health and Social Care Development Officer
Carolyn Healy Partnership Co-ordinator, Shropshire Council

67. APOLOGIES

Apologies were received from Councillor Charmley, Dr Morton, Dr Gowans, and Celia Walden.

68. DECLARATIONS OF INTEREST

No declarations of interest were received.

69. MINUTES

RESOLVED:

That the Minutes of the Shadow Health and Wellbeing Board meeting held on 18 January 2012 be approved and signed by the Chairman as a correct record.

70. PUBLIC HEALTH GUIDANCE

Consideration was given to a report of the Director of Public Health in respect of Public Health guidance from the Department of Health.

The Department of Health had published updated guidance on the transfer of Public Health functions to Local Authorities, and the development of Public Health England. As the receiving organisation, the Local Authority would be fully involved by the PCT and CCGs in the development of public health, take the lead in the development of the local public health transition plan, and delegate responsibility for delivery of public health services negotiated locally.

Discussions were continuing over the transfer of staff, and drafting a plan to identify good practice from both organisations, and feedback on this project had been positive. It was noted that all functions would transfer on 1 April 2013 with development work ongoing throughout 2012, including the transfer of PCT contracts on relevant public health functions.

Members were advised that the 'Healthy Lives, Health People: Towards a workforce strategy for the public health system' consultation was due to conclude at the end of June 2012, to work towards developing the strategy, and prepare for the transfer of the PCT workforce to the Local Authority in 2013. The Board was advised that there were a range of existing staff employed with the Local Authority, such as environmental Health, and trading standards, and thought needed to be given to how those services would fit into the new Public Health system.

RESOLVED:

- (a) The report on Public Health guidance and consultation be noted.
- (b) That feedback on the consultation be considered at a future meeting of the Shadow Health and Wellbeing Board.

71. PUBLIC HEALTH OUTCOMES FRAMEWORK

Consideration was given to a report of the Director of Public Health on improving outcomes and supporting transparency.

In setting the Public Health Outcomes Framework for the future, focus would be given to 2 overarching areas, including health and wellbeing, and care outcomes. The core outcomes for Shropshire included improving health inequalities between the poorest and more affluent communities, which would be a significant challenge to address. There were several subthemes within the core outcomes, with a range of indicators to help develop local priorities, with the JSNA informing on areas of local importance.

Health and wellbeing encompassed a wide remit, including air pollution and employment, and it was essential that the Board considered more than just illness when striving to improve health and wellbeing in Shropshire.

The Chief Executive indicated that the term 'health and wellbeing' should

encompass a broader range of aspects, from physical and mental issues, to cultural connections. The benefit of using the term in such a way would ensure that they were not just thinking about health, as that was not exclusive to issues facing communities, and outcome measures needed to be pinned down to incorporate all aspects.

The Corporate Director, People, requested that housing provision be considered when setting the framework, stating that the Black Report had indicated that housing was one of the most important aspects for improving health. The Board was advised that housing was hidden within other indicators, such as winter deaths, poor insulation and isolation, and agreed that the Health and Wellbeing Strategy needed a broader approach to cover all aspects and improve health outcomes.

72. REVISED TERMS OF REFERENCE

The Chief Operating Officer, Shropshire County Clinical Commissioning Group, provided an update on the revised Terms and Conditions for the Shadow Health and Wellbeing Board.

Members were advised that the duties and priorities of the Board were similar to those approved by the Board on 25th May 2011. However, the Board was being asked to agree amendments to the Membership, in line with changes to the Health and Social Care Bill, outlined in 'Liberating the NHS: Legislative Framework'.

The Board was advised that Cabinet had approved the Terms of Reference, with a caveat to review, and amend, within 12 months to ensure its content fully reflected the statutory nature of the board. The Leader stressed the importance of the work being undertaken by the Board, and that they would need to have real teeth and operate with determination to make a difference to health outcomes.

The Corporate Director, People, advised the meeting that although the Board would be responsible for overseeing the operation of the Children's Trust and Adult Safeguarding Board for Children and Adult, the Children's Trust would continue to sit alongside the Health and Wellbeing Executive, and the overall responsibility for safeguarding fell to the Leader and Chief Executive. Concerns were raised over the danger of safeguarding gaps, and confirmed that it would be the role of the Board to ensure they were identified and addressed. The Chief Executive addressed the Board, stating that there was a wider issue of balance, and ensuring that children of all ages adopt healthy lifestyles earlier in life, and the issues affecting them should not be given a low priority.

RESOLVED:

- (a) That the Terms of Reference for the Shadow Health and Wellbeing Board be approved.
- (b) That the Terms of Reference be reviewed and amended over the next 12 months to fully reflect the statutory nature of the Board.
- (c) That an appropriate Member Development Programme be created to support Members in new ways of working.

73. WARM HOMES HEALTHY PEOPLE FUND

Consideration was given to a report of the Health and Social Care Development Officer, outlining plans to continue and extend the existing Shropshire Heatsavers Project, which provided co-ordinated support to people at risk of death and serious health problems from cold weather, in partnership with other agencies and the voluntary sector.

The Board was advised that work undertaken by a Scrutiny Task and Finish Group had enabled proposals for Shropshire Heatsavers Project to be developed in partnership with Shropshire County PCT, and the Voluntary and Community Sector.

Demand had not been as high as expected, and only half the number of vulnerable people had been identified, but this was mainly due to the mild winter, and people not becoming visible to receive assistance. The Department of Health had confirmed it would be supporting the continued use of the funding for projects under the Warm Home Health People Project criteria, and it was intended that remaining funding be allocated to the emerging Warm Communities Project, which was a partnership with Marches Energy Agency, Social Landlords, and Shropshire Council to address fuel poverty, sustainability and efficiency.

The Director of Public Health advised the Board that the funding was achieved through a bidding process, and that Shropshire had received a bigger slice than other neighbouring counties, which was down to the hard work of officers on the project.

In response to questions raised by members of the Board, the Health and Social Care Development Officer indicated that the PCT held data evidence of winter deaths, as well as a collection of case studies which could be used as examples and give a better idea of the projects successes.

RESOLVED:

- (a) Continue the project aims and elements that remain with available funding, including Awareness Training and Emergency Repair Grants.
- (b) Continue to support Shropshire Heatsavers.
- (c) Provide evaluation for the Shropshire Cold Weather Plan 2012/13.
- (d) Develop Shropshire Warm Communities Project.

74. FIRE DEATH PROVISION PROGRAMME

The Director of Public Health presented a verbal report on Shropshire's Fire Death Provision Programme, advising that the Fire Service had raised this issue with Public Health in the first instance.

A strong correlation had been identified between people vulnerable through cold,

and those likely to die due to fires. The Fire Service had identified those at risk as being vulnerable, isolated, and unable to heat their homes safely and thereby putting themselves at risk. The Service was intending to build on the work they had already completed, and develop safety checks to include Public Health checks.

An 'opt in' pilot to provide home assessments had been undertaken during 2011, which had proven beneficial to patients who signed up for the scheme, but numbers were lower than expected due to the 'opt In' nature of the scheme. In order to address the issue, an 'opt out' service was being developed, which would ensure that vulnerable members of the community were more easily identified and suitable care and support provided. The scheme would be widely promoted with local communities to ensure people were aware of the service prior to it being rolled out.

There was strong evidence to show that the project could help reduce, or prevent death rates amongst the most vulnerable members of society, so it was essential that the service was offered in a proactive manner. There had been concerns raised over confidentiality issues of information sharing with partner health providers, but assurances would be given to patients that personal information would be protected.

In response to questions raised by Members, the Director of Public Health confirmed that local Councillors would be included in the engagement process as active members of the community, and that the Fire Service would be providing free installation and checks of smoke alarms for those residents who demonstrated a need for financial assistance. It was noted that the Fire Service would also be providing checks on electric blankets.

RESOLVED:

That the Shadow Health and Wellbeing Board consider Fire Death Provision Programme at a future meeting.

75. HEALTH AND WELLBEING PRINCIPLES AND PRIORITY FOR ACTION

Consideration was given to a report of the Director of Public Health, updating the Board on health and wellbeing principles and priorities for action over the coming 12 months.

The proposed draft principles and priorities for action were aimed at focusing the work of the Shadow Health and Wellbeing Board to achieve some 'quick wins', which could develop the work of the Board prior to the development of a Joint Health and Wellbeing Strategy.

There were four priority areas, including, helping children and young people to be healthy, improving the mental health and wellbeing of the young and old, helping older people and those with long term conditions to live independent lives, and working in partnership to ensure that health and social care knit services together through commissioning and delivery to support priorities and better outcomes. It was noted that other areas would also be considered, but those 4 key priorities had been identified through work undertaken with Stakeholders as important to the community.

The Chief Executive stated that the 'quick win' priorities demonstrated how the work of the Board could make a difference. It was important that the key areas identified early outputs, and measured the impact for all projects and show how the work of the Board was benefiting the health and wellbeing of the community.

The Corporate Director, People, indicated that the priorities were appropriate, but stressed that more emphasis would be need on children and adult services to ensure clear arrangements with continuing health care if the priority around partnership working was to succeed.

RESOLVED:

That the Shadow Health and Wellbeing Board approve the principles and priorities for action.

76. JOINT HEALTH AND WELLBEING STRATEGY DEVELOPMENT

Consideration was given to a report of the Partnership Co-ordinator, setting out the purpose and vision for the Joint Health and Wellbeing Strategy, and timelines for its development.

The Board was advised of the importance of confirming the process and timetable to bring together the Joint Health and Wellbeing Strategy, and refresh the long term vision at regular intervals. The Board needed to have an understanding of how the Health and Wellbeing Strategy sat with strategic plans, and then connect those strategies to provide a cohesive approach.

The Board and Stakeholders would be meeting in May 2012 to 'sense check' the emerging priorities and understand the current activity around the key priorities and consider its effectiveness. Stakeholder comments would also be sort through the Stakeholder Alliance social network, and the outcomes from those events, together with the Joint Strategic Needs Assessment information would be presented to the Board as a draft of the Health and Wellbeing Strategy on 1st June 2012.

The Chief Executive stressed the importance of linking up strategies to drive up the quality of life in Shropshire. However, the Board should not be focusing on individual areas, but maintaining linkages between strategies and understanding how those strategies sit with each other. If the Board was able to understand those relationships, it would be in a better position to set the Joint Health and Wellbeing Strategy with more confidence.

RESOLVED:

- (a) That the Shadow Health and Wellbeing Board approve the purpose, process and timescales for development of the Joint Health and Wellbeing Strategy.
- (b) That the draft Health and Wellbeing Strategy be considered by the Shadow Health and Wellbeing Board on 1 June 2012.

77. PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health tabled the Public Health Annual Report, for Members information, stating that the document focused on lifestyles and encouraging, and helping people to live healthier lives.

78. DATE OF NEXT MEETING

RESOLVED:

That the next meeting of the Shadow Health and Wellbeing Board would be held at 9.30 a.m. on Friday, 1 June 2012 in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury.

Chairman:.....

Date:.....