



Committee and Date
Health & Wellbeing Board
6 September 2013
9.30 am

Item
2
Public

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 5 JULY 2013 AT 9.30AM IN THE SHREWSBURY ROOM, SHIREHALL

Responsible Officer Michelle Dulson
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PRESENT

Members of the Shadow Board:

Karen Calder	Portfolio Holder for Health
Ann Hartley	Portfolio Holder for Children's Services
Tim Barker	Portfolio Holder for Adult Services
Prof. Rod Thomson	Director of Public Health
Dr Helen Herritty	Chairman, Shropshire CCG
Paul Tulley	Chief Operating Officer, Shropshire CCG
Graham Urwin	Director Shropshire & Staffordshire Area Team, NHS England
Jackie Jeffrey	Chairman, VCSA
Jane Randall-Smith	Chairman, Shropshire Healthwatch
Donna McGrath	Chief Finance Officer, Shropshire CCG (Substitute for Dr Caron Morton)
Ruth Houghton	Head of Social Care, Efficiency and Improvement (Substitute for Stephen Chandler)

Officers and others in attendance:

Emma Sandbach	Public Health Specialist, Shropshire Public Health
Phil Brough	Partnerships Networks Officer
Arren Roberts	Manager Business Design and Engagement Team
Sonia Roberts	VSCA Representative

1. ELECTION OF CHAIRMAN

1.1 It was proposed, duly seconded and **RESOLVED** that Karen Calder be elected Chairman for the ensuing year.

2. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2.1 Apologies for absence were received from
Dr Caron Morton (Accountable Officer, Shropshire CCG)
Dr Bill Gowans (Vice-Chairman, Shropshire CCG)
Karen Bradshaw (Director of Children's Services)
Stephen Chandler (Director of Adult Services)

2.2 Ruth Houghton (Head of Social Care, Efficiency and Improvement) substituted for Stephen Chandler and Donna McGrath (Chief Finance Officer, Shropshire CCG) substituted for Dr Caron Morton.

3. APPOINTMENT OF VICE-CHAIRMAN

- 3.1 It was proposed, duly seconded and **RESOLVED** that Dr Caron Morton be appointed Vice-Chairman for the ensuing year.

4. DISCLOSABLE PECUNIARY INTERESTS

- 4.1 There were none.

5. MINUTES

- 5.1 **RESOLVED:** That the Minutes of the Shadow Health and Wellbeing Board meeting held on 12 April 2013 be approved and signed by the Chairman as a correct record.

5.2 Paragraph 6.7 Mental Health Update

In response to a query the Director of Public Health confirmed that work was underway to identify a link person from each organisation to work on developing strategies and the commissioning of Services in relation to dementia and young people's mental health.

6. PUBLIC QUESTION TIME

- 6.1 No Public Questions had been received.
- 6.2 A report by Mr David Sandbach, former Chief Executive of SATH about urgent and emergency care had been circulated to all Members of the Board. It was agreed for this report to be considered at the next Green Paper meeting and for a response to be formulated.

7. WINTERBOURNE VIEW CONCORDAT

- 7.1 The Board received the report of the Head of Social Care Efficiency and Improvement – copy attached to the signed Minutes – which set out an initial stocktake of progress against key Winterbourne View Concordat Commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.
- 7.2 The Head of Social Care Efficiency and Improvement updated the Board on two of the items as follows:

5. Safeguarding

Question 5.3 – Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on?

The response would be that there were no specific hospital beds in Shropshire for this Client group.

7. Developing local teams and services

Question 7.2 – Do you have ways of knowing about the quality and effectiveness of advocacy arrangements?

The Board were reassured that the service were very aware of advocacy arrangements which were monitored through their contracts. They were not so clear on the quality of advocacy arrangements outside of the County but that there were clear actions in place to monitor this.

- 7.3 In response to a query about whether the service was aware of the number of patients and where they were, the Head of Social Care, Efficiency and Improvement was confident that this information was known, although it had not been easy to find. Concern was raised that these arrangements may not be reciprocated in Wales and so an additional duty of care was required to ensure this happened and to provide assurance. In response, the Head of Social Care, Efficiency and Improvement informed the Board that there were two residents in Wales both of which had been reviewed in the last twelve months. There were also no concerns with residents living on the Shropshire/Staffordshire border, these had been checked in May.
- 7.4 It was suggested that this report should link in with the Child Safeguarding Board. The Head of Social Care, Efficiency and Improvement confirmed that this item would come back to the Board at least quarterly for the next twelve months.

8. FRANCIS REPORT

- 8.1 The Chief Operating Officer gave a brief presentation on the service review of targeted mental health support following the Mid Staffordshire NHS Foundation Trust Public Enquiry by Robert Francis QC – copy of slides attached to signed Minutes. The Chief Operating Officer informed the Board that this was the second of two major reports, the first focussing on what happened in Mid Staffordshire. The latest report focussed on the response of external agencies. It was a three volume report which identified information that could/should have acted as a warning sign that something was wrong at the hospital.
- 8.2 The report contained 292 recommendations which affect all NHS organisations and it would lead to a significant piece of work to fully take account of the lessons learned from the report. The Chief Operating Officer briefly outlined what was happening in Shropshire to share the lessons. It was confirmed that regular progress reports would come back to the Board.
- 8.3 The importance of listening to patient's stories was highlighted and the Director Shropshire & Staffordshire Area Team, NHS England informed the Board that the Quality Surveillance Group which had representatives from the CCG, CQC, Director of Adult Services etc shared intelligence of every organisation which would provide oversight to the Board so it knew the arrangements were working.

It was agreed to take agenda items 9 (JSNA Assessment and Stakeholder Alliance Feedback – Assistive Technology and Isolation & Loneliness), 10 (Gusto) and 11 (Compassionate Communities) together.

9. JSNA ASSESSMENT AND STAKEHOLDER ALLIANCE FEEDBACK – ASSISTIVE TECHNOLOGY AND ISOLATION & LONELINESS

- 9.1 The Board received the report of the Public Health Specialist– copy attached to the signed Minutes – which highlighted information around the outcome on older people remaining independent for longer.
- 9.2 The Public Health Specialist explained that there was a wealth of data and information on the Shropshire population, which could provide valuable insight into which areas had populations that were more vulnerable to isolation, loneliness and remaining independent.

- 9.3 There were however still gaps in the information and the full picture was not yet known. Work needed to be undertaken to establish how best to use information from other sources to support work in this area.
- 9.4 The Public Health Specialist informed the meeting of individual projects which were being undertaken to support isolation and loneliness including Gusto and Dementia Friends.
- 9.5 **RESOLVED:** To note the contents of the report.
- 9.6 The Board received the report of the Partnerships Networks Officer – copy attached to the signed Minutes – which summarised the main themes arising from the live online discussions following engagement with the two priority groups focused around Outcome 4 of the Health & Wellbeing Strategy for older people to remain independent for longer.
- 9.7 The Partnerships Networks Officer presented feedback from the Stakeholder Alliance following discussions around assistive technology and preventing Isolation and loneliness – copy of slides attached to the signed Minutes. The Head of Social Care, Efficiency and Improvement confirmed that training for front line staff of Assistive Technology was being rolled out and that an increase in take up of Assistive Technology was being seen.
- 9.8 **RESOLVED:** That the Health & Wellbeing Board:
- A. Direct the Assistive Technology Partnership Steering Group to ensure the action plan makes significant effort to demystify Assistive Technology by:
 - i) putting service users at the heart of decision making;
 - ii) taking a partnership approach to delivery including joint policy and plans;
 - iii) using communication methods that make understanding the service offer easy and accessible;
 - iv) including appropriate training for frontline staff so that they understand what Assistive Technology is and can communicate that to prospective users.
 - B. Establish a task and finish group to identify where existing community networks exist, explore how to make these more accessible and well communicated to individuals, and identify gaps.
 - C. Address the stigma of loneliness by raising awareness of the issue.
 - D. Consider how to address the needs of carers in a meaningful way.
 - E. Consider addressing Isolation and Loneliness through all the priorities of the Health and Wellbeing Strategy.

10. GUSTO

- 10.1 The Manager Business Design and Engagement Team gave a presentation – copy of slides attached to the signed Minutes – about a new way for communities to come together to try new experiences and make new friends and to help older adults feel more connected to their communities.
- 10.2 The Manager Business Design and Engagement Team explained that the vision for Gusto was for a resilient, active, vibrant community of older adults in Shropshire, and provided an opportunity to tackle isolation and loneliness. He explained that this was a new approach which was demand driven and put people at the heart of

services. The next step for Gusto was to find a delivery partner to ensure its future sustainability.

11. COMPASSIONATE COMMUNITIES

- 11.1 Ms Sonia Roberts, VSCA representative for the Compassionate Communities in Shropshire project gave a presentation – copy of slides attached to the signed Minutes. Ms Roberts informed the Board that Compassionate Communities had been organically grown from within communities and was volunteer run.
- 11.2 When looking at what happened when professionals went home, it was found that there was a real peak when people living with long term illness felt isolated and lonely and this led to an escalation of their situation to a crisis pitch and impacted on their quality of life.
- 11.3 The aim of Compassionate Communities was to find peer support and assist with self-help within communities in order to reduce isolation by keeping people connected to their communities. Compassionate Communities had started in Church Stretton where 80 volunteers had been trained and were currently supporting 40 clients. These volunteers acted as a citizens' extension of the primary care multi-disciplinary team.
- 11.4 Ms Roberts explained how Compassionate Communities worked and what volunteers did. They were not trained in clinical skills nor personal care and the type of support provided was agreed between the volunteer and the Client. In order to ensure that Clients were not over dependent on their volunteer, all contact had to come from the patient.
- 11.5 Ms Roberts drew attention to the results of a cross sectional Audit which looked at activity and usage 6 months before and 6 months after the introduction of Compassionate Communities. Results included the following:
- The total number of home visits called for had reduced by 33%.
 - The number of calls to GP Surgeries reduced by 20%.
 - The number of attendances to hospital/emergency admissions reduced by one third.
 - The total calls/visits to Shropdoc had reduced by 40%.
 - The one indicator that did increase was planned hospital admissions – making/keeping appointments.
- 11.6 In conclusion, Mr Roberts felt that the evidence showed what could be achieved but that Compassionate Communities would only work if it was what the community wanted.

It was agreed to take agenda item 13 (Combatting Isolation and Loneliness) next.

12. COMBATTING ISOLATION AND LONELINESS

- 12.1 The Committee received the report of the Director of Public Health – copy attached to the signed Minutes – who gave a presentation in relation to combatting isolation and loneliness which were risk factors for ill health and had a significant impact on health and social care services. Reducing isolation and loneliness would have a substantial influence on the work streams of the Health and Wellbeing Strategy and should be considered as part of the Health and Wellbeing Board Preventative Agenda.

12.2 The Director of Public Health drew attention to a number of services, projects and initiatives both nationally and within Shropshire that were working to mitigate the effects of isolation and loneliness and increase people's connectivity within their communities.

12.3 **RESOLVED:** That the Health and Wellbeing Board

- A. require that the work streams reporting to the Health and Wellbeing Board (Steering Groups) incorporate actions that will mitigate against isolation and loneliness;
- B. develop a local measure for isolation and loneliness;
- C. require isolation and loneliness to be considered as part of all relevant commissioning and contracting processes within Shropshire Council and the CCG.

13. LETTER TO NHS ENGLAND RE RURALITY

13.1 Dr Julie Davies introduced this item and explained that there was an opportunity to influence the NHS England funding allocation in relation to financial pressures in Shropshire due to its' largely rural population. It was suggested that the letter from the CCG be used as the basis of a letter from the Health & Wellbeing Board.

13.2 A brief discussion ensued and Mr Graham Urwin, Director Shropshire & Staffordshire Area Team, NHS England explained that the former Secretary of State had promised a review, which started last year however, the decision had been made not to implement the changes.

13.3 **RESOLVED:** That a letter be sent to NHS England from the Health & Wellbeing Board re Rurality.

14. PUBLIC HEALTH OUTCOME FRAMEWORK

14.1 The Director of Public Health gave a presentation on the Public Health Outcomes Framework 2013-2016 – copy of slides attached to the signed Minutes. The Director of Public Health gave an overview of the four outcomes. He confirmed that this item would come back to the Board in September in order for areas of improvement to be highlighted and to decide which measures the Board wished to take forward.

15. DATE OF NEXT MEETING

15.1 The next Green Paper meeting for Members of the Board only would be held at 9.30am on Friday 9 August 2013.

15.2 The next public meeting of the Health and Wellbeing Board would be held at 9.30am on Friday 6 September 2013 in the Shrewsbury Room at Shirehall.

The meeting finished at 11.40am

Chairman :

Date :