



Committee and Date
Health & Wellbeing Board
24 January 2014
9.30 am

Item
2
Public

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON
22 NOVEMBER 2013 AT 9.00 AM IN THE SHREWSBURY ROOM, SHIREHALL**

Responsible Officer Karen Nixon
Email: karen.nixon@shropshire.gov.uk Telephone: 01743 252724

PRESENT

Members:

Karen Calder	Portfolio Holder for Health (Chairman)
Ann Hartley	Portfolio Holder for Children's Services
Lee Chapman	Portfolio Holder for Adult Services
Prof. Rod Thomson	Director of Public Health
Stephen Chandler	Director of Adult Services
Karen Bradshaw	Director of Children's Services
Dr Caron Morton	Accountable Officer, Shropshire CCG (Vice-Chairman)
Dr Helen Herritty	Chairman, Shropshire CCG
Dr Bill Gowans	Vice-Chairman Shropshire CCG
Paul Tulley	Chief Operating Officer, Shropshire CCG
Jane Randall-Smith	Chairman, Shropshire Healthwatch
Ros Francke	substitute for Graham Urwin, NHS England
Marion Youens	substitute for Jackie Jeffrey, VCSA

Officers and others in attendance:

Penny Bason	Health & Wellbeing Co-ordinator
Andy Begley	Head of Adult Social Care Operations
Phil Brough	Partnerships Networks Officer
Gerald Dakin	Health Scrutiny Chair
Dr Julie Davies	Director of Strategy and Service Redesign
Paul Haycox	Shropshire CCG
Ruth Houghton	Head of Social Care, Efficiency and Improvement
David Sandbach	Member of the Public
Emma Sandbach	Public Health Specialist, Shropshire Public Health
Madge Shinerton	Shropshire Councillor
David Tremellen	Shropshire Councillor

29. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

29.1 Apologies for absence were received from Jackie Jeffrey Chairman VCSA, Dr Sal Riding Shropshire CCG and Graham Urwin, Director Shropshire and Staffordshire Area Team, NHS England.

29.2 Substitutions notified were as follows: Marion Youens substituted for Jackie Jeffrey (VCSA) and Ros Francke substituted for Graham Urwin (NHS England).

30. MINUTES

30.1 **RESOLVED:** That the Minutes of the two previous Health and Wellbeing Board meetings held on the 6 and 16 September 2013 respectively, be approved and signed by the Chairman as a correct record.

31. PUBLIC QUESTION TIME

31.1 A public question was received from Mr David Sandbach, which was read out by the Chairman as follows;

31.2 What will happen post 25th November “A Call to Action” conference.

31.3 The context for this question was provided by George Rook: The HWBB is clearly still developing. I wonder whether it will really be able to influence commissioning and care provision in Shropshire. The CCG knows very well what is needed in the future in health care, service redesign, 7 day working, moving £s from acute to community and primary. They will do that anyway.

31.4 The Council is just cutting beyond the bone, and will be unable and or unwilling to engage in effective redesign and integration, unless they get the commissioning and tendering right first time, next year.

31.5 It seems to me that the HWBB will just hitch a ride on the back of the change that will happen anyway. They are already doing that with tele-care. HWBB has no resource. How can it achieve anything significant? And the big challenge is just round the corner, as we head into reconfiguration of acute services in Shropshire. This must happen regardless of political challenge and lay opposition. This is a case where the people may not know what is good for them”.

Source: Comment on the Shropshire Health and Wellbeing Stakeholder Alliance.

Priority 7 - Developing collaborative commissioning between the local authority and the Clinical Commissioning Group.

31.6 The Accountable Officer for Shropshire CCG replied by saying that post 25 November, the results from ‘A Call to Action’ would be used to help shape future public health services. Over two and a half thousand responses had been received to date and it was these that would feed into the process. The Health and Wellbeing Board has a massive influence and fortunately it did not need money to collaborate, which was what it was currently doing very effectively.

31.7 In a supplementary question, Mr Sandbach asked if the Health and Wellbeing Board would be prepared to approach the Telford and Wrekin Health and Wellbeing Board to advance the restructuring of hospitals due to take place in September 2014 to an earlier date. If this was not possible, he asked if it would be possible to have a green paper on this in April 2014.

31.9 The Chairman acknowledged the supplementary question, and stated that the financial challenges facing the Acute Trust, would not be solved by simply reconfiguring services. Reconfiguration was not predicated as a money saving exercise, but it was to future-proof services. In working across the board with GP’s, commissioners and clinicians for the collective vision was seen as the best way forward.

32. DISCLOSABLE PECUNIARY INTERESTS

32.1 There were none.

33. JSNA – RURAL HEALTH AND WELLBEING SURVEY

33.1 The Board received and welcomed the report of the Public Health Specialist – copy attached to signed Minutes – which set out the results of the Rural Health Survey undertaken between May and July 2013. This targeted people living in the rural areas of Shropshire.

33.2 The Chairman asked how this could be used in the future and its impact on the JSNA. It was noted that it was hoped to refresh this for the JSNA next year, although there was currently no dedicated timeframe.

33.3 The Accountable Officer for Shropshire CCG commented that this was a good piece of work, which the CCG would be keen to use in the future and suggested that it may need to be repeated in 2/3 years time to ensure it was still adequately addressing the needs of the public.

33.4 It was confirmed that this survey had also linked in to the work of Councillor Cecilia Motley and rurality issues, being worked on elsewhere in the Council. This undoubtedly strengthened the rural position of Shropshire in presenting their case to central government. Other possible areas identified for development in future were Safeguarding and Adult Social Care.

33.5 **RESOLVED:** That the report be noted.

34. HEALTHWATCH SHROPSHIRE 'ENTER AND VIEW' (E&V)

34.1 The Chairman of Healthwatch Shropshire gave a brief presentation on Enter and View (E&V); a core activity for Local Healthwatch, where following careful planning teams of lay people, trained in carrying out E&V, enter a service provider's premises, make observations, collect views and duly produce a report.

34.2 It was emphasised that this was now a much more robust system. Training sessions were starting in November 2013, with a view to developing an integrated work programme based around key priority themes for 2014 that will use E&V in conjunction with other Healthwatch Shropshire activities.

34.3 The importance of not duplicating work was highlighted and working in an integrated manner was seen as essential. It was requested that the Board be kept informed of activity.

34.4 **RESOLVED:** That the report be noted.

35. QUALITY SURVEILLANCE GROUP

35.1 The Board received and generally welcomed a briefing document from NHS England – copy attached to signed Minutes – which highlighted key information for the Health and Wellbeing Board on Quality Surveillance Groups (QSG's).

35.2 The Public Health Specialist explained that there was a wealth of data and information within the briefing document which set out clearly future arrangements.

35.3 QSG's would take a key leadership role at both local and regional level. Actions available to QSG's were outlined as was a Risk Summit. A table showing the status of Shropshire and Staffordshire QSG ratings was also provided. In response to a

question about whether the Maternity Services Review had been completed, it was confirmed that yes it had and a final report on this was due around 2/3 December. Until it had been formally reported to the Board it would remain on the at risk register, which was noted.

- 35.4 It was highlighted that there was no scrutiny for Independent Sector providers and that this should be built in if possible. A question was also asked about how Shropshire Council's scrutiny would get regular feedback on this. It was noted that this would happen through the Adult Safeguarding Board in the first instance. The Director of Adult Services agreed to meet with the Chairman of the Health and Adult Social Care Scrutiny Committee to discuss appropriate methods of reporting.
- 35.5 It was requested that staff numbers be published, including information on satisfaction and morale and general wellbeing levels.
- 35.6 Furthermore it was requested that more information be provided on specialist services such as Children's Services, Primary Care and information from areas commissioned by the Local Area Teams (LAT)
- 35.7 **RESOLVED:**
- a) That the contents of the briefing document be noted.
 - b) That a further document be provided to include information from specialist service areas, particularly Children's Services, Primary Care and information from Local Area Teams (LAT's) taking into account cross border issues

36. HEALTHWATCH SIMULATION EVENT AND ACTION PLAN

- 36.1 The Health & Wellbeing Co-ordinator introduced and amplified a report – copy attached to signed Minutes – on the Healthwatch Simulation Event and Action Plan. A copy of the full report had also been published on the website. This covered three main areas of work, including how to use the VCSA effectively.
- 36.2 The Chairman confirmed that she was willing to take on the oversight of this and report back to the Board which was duly agreed.
- 36.3 **RESOLVED:**
- a) That the contents of the report, including the actions within the table be noted.
 - b) That the actions be monitored on a quarterly basis through the Health and Wellbeing Board.

37. ASSISTIVE TECHNOLOGY – CREATING A MEMORANDUM OF UNDERSTANDING

- 37.1 Paul Haycox introduced a report and gave a presentation – copy of report and slides attached to signed Minutes – on Assistive Technology and working together across the local health and social care economy through a Memorandum of Understanding (MoU).
- 37.2 In response to concerns expressed regarding broadband 'not spots', Paul Haycox confirmed that the rural nature of the county was recognised and commented that homes could utilise their Sky dishes to access services.

- 37.3 Mr Sandbach made a statement; he believed that the MoU should be signed off jointly by the Chairs of the Shropshire Council H&WB and the Telford and Wrekin H&WB. Furthermore he stated that the MoU needed to be clear about ethical standards and the application of e-health; there needed to be a 7th principle about ethics.
- 37.4 The Chairman concurred that the MoU needed to take into account ethical uses of technology and the Accountable Officer, Shropshire CCG, suggested that the MoU should include wording to reflect that it underpinned the values identified in the NHS Constitution. This was agreed.
- 37.5 Throughout the document it referred to 'patients' which did not necessarily reflect all cases. It was therefore agreed that this terminology should be changed to 'citizen'.
- 37.6 **RESOLVED:**
- a) That the principles identified in the presentation should form the basis of a Memorandum of Understanding.
 - b) That authority be delegated to the Health and Wellbeing Executive Group to finalise the Memorandum of Understanding and progress signing.
 - c) That a progress report be provided to the February 2014 Green Paper meeting
- 38. MEMORANDUM OF UNDERSTANDING – MEDICAL HEALTH SCHOLARSHIP SCHEME**
- 38.1 The Committee received the report of the Director of Public Health – copy attached to the signed Minutes – who gave the background to this scheme, which was intended to enhance Shropshire as a place to work.
- 38.2 **RESOLVED:** That subject to the paper being amended to reflect that Shropshire Community Group had also pledged the same amount of money to support this, the Health and Wellbeing Board supported this scheme.
- 39. ORGAN DONATION**
- 39.1 The Director of Public Health introduced this item – copy of report attached to signed minutes - and explained the background to how this issue had arisen; opting out of organ donation as opposed to opting in as currently happens in England.
- 39.2 A brief discussion ensued and Mr Thomson undertook to go away to work in conjunction with the Commissioning team and colleagues around the table to take this issue to the public and engage public opinion, whilst also using it as a vehicle to educate the public generally and possibly stimulate more donors.
- 39.3 **RESOLVED:** That the Director of Public Health report back to the Health and Wellbeing Board on his findings in relation to organ donation in 6 months time.
- 40. 2014 THE YEAR OF DEMENTIA TRAINING & AWARENESS RAISING FOR SHROPSHIRE**
- 40.1 The Health & Wellbeing Co-ordinator introduced and amplified a report – copy attached to signed Minutes – on the progression of ongoing work around dementia.
- 40.2 Continuation of the work was generally supported by the Board and it was suggested that to focus on one area at a time would be beneficial in future.

40.3 Mr Sandbach stated that he personally believed citizens needed a clear strategy, setting out the direction of travel and key performance indicators, which was noted by the Board.

40.4 **RESOLVED**

- a) That the Health and Wellbeing Board note the contents of this report.
- b) That the Health and Wellbeing Board endorse 2014 as the Year of Dementia Training and Awareness Raising for Shropshire.
- c) That the Health and Wellbeing Board endorse the development of a Dementia Stakeholder Reference Group, which will meet 6 monthly to discuss current service developments.

41. CALL TO ACTION/CLINICAL SERVICE REVIEW

- 41.1 On behalf of the Shropshire Clinical Commissioning Group, the Accountable Officer, Shropshire CCG verbally reported that work on this was now complete.
- 41.2 Feedback was being considered by a workshop on Monday 25 November and the launch of the Clinical Services Review would be taking place. If there was a case for change this would be looked at and if so, how urgent this was would be taken into account.

42. INTEGRATED TRANSFORMATION FUNDING

- 42.1 On behalf of the Integrated Transformation Fund Task and Finish Group, Dr Julie Davies verbally reported that the group had been set up to meet weekly to progress work on this. In addition, an Integrated Transformation Funding (ITF) Workshop was being held following the Health and Wellbeing Board meeting that day, to provide a clear steer as to how to take this forward.
- 42.2 It was anticipated that all work should be complete around the end of January 2014, after which it was suggested that an extraordinary meeting of the Health and Wellbeing Board may be required. This was duly noted.

43. FAMILY NURSE PARTNERSHIP: SUPPORTING FAMILIES

- 43.1 The Director of Public Health verbally updated the Board on the programme that was currently being worked on to provide a targeted service, which was noted by the Board.

44. SCHOOL NURSE REVIEW

- 44.1 This item was deferred to a later meeting of the Health and Wellbeing Board.

45. SHROPSHIRE SAFEGUARDING CHILDREN BOARD – ANNUAL REPORT

- 45.1 The Director of Children's Services introduced and amplified an Annual Report of the Shropshire Safeguarding Children Board - copy attached to signed minutes – and also available on the web. Subject to Shropshire CCG's attendance being properly reflected it was
- 45.2 **RESOLVED:** That the report be received and noted.

46. DATE OF NEXT MEETING

46.1 **RESOLVED:** That the next meeting of the Health and Wellbeing Board be held at 9.30am on Friday 24 January 2014 in the Shrewsbury Room at Shirehall, Shrewsbury, SY2 6ND.

Chairman :

Date :

The meeting finished at 10.40 am