



Committee and Date

Health and Wellbeing Board

19 June 2015

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD ON 8 MAY 2015
9.30 - 11.30 AM**

Responsible Officer: Karen Nixon
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Present

Councillor (Chairman)
Councillors Lee Chapman, Professor Rod Thomson, Stephen Chandler, Karen Bradshaw, Dr Helen Herritty, Dr Bill Gowans, Rachel Wintle (substitute for Jackie Jeffrey) and Tim Barker (substitute for Ann Hartley)

Others in attendance:

Kerrie Allward, George Candler, Gerald Dakin, Lynne Deavin, Sue Ibbotson, Adrian Osborne (SATH),

1 Disclosable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

2 Apologies for Absence and Substitutions

Apologies for absence were received from Karen Calder, Caron Morton, Paul Tulley and Jackie Jeffrey.

Cllr Tim Barker substituted for Ann Hartley and Rachel Wintle substituted for Jackie Jeffrey, VCSA.

In the absence of the Chair and Vice-Chair, Cllr Lee Chapman was appointed as Chairman for the meeting.

3 Minutes

RESOLVED: That the Minutes of the meeting held on 27th March 2015 be approved as a correct record and signed by the Chairman.

4 **Public Question Time**

Members of the Board received a written copy of the responses to the four questions posed by Mr David Sandbach under Public Question Time (copy attached to the signed minutes) and the Board thanked Mr Sandbach for his questions.

The Board agreed that the topic of health hubs was an important issue for the prevention element of the health agenda and enabling the community to manage conditions. The Board discussed the potential of redesigning library services and the opportunity that this created for community-based prevention initiatives. It was emphasised that the plans for Future Fit included a community hub element as an integral part of addressing the wider determinants of health and that community resources needed to be citizen led.

It was emphasised that a unified Health and Wellbeing Strategy was required to address community-based challenges in Shropshire. Ongoing conversations would include discussion about Health and Library Services working together and include health in hub development discussions.

5 **Better Care Fund - Update and Performance**

The Director of Adult Services presented the programme update for the Better Care Fund (copy attached to the signed minutes). Members of the Board were asked to note the content of the report and the provision of a draft 'Conflict of Interest' policy. Board Members were asked to provide comment on the draft policy to Kerrie Allward and Stephen Chandler.

The Board agreed that the report and draft policy were an excellent start and thanked the Director of Adult Services and the team for their work.

RESOLVED:

That the content of the report be noted by the Board and that comments or amendments to the draft 'Conflict of Interest' policy be provided.

6 **Mental Health Crisis Care Concordat (MHCCC) Update Report**

Louise Jones, Commissioning Lead Mental Health and LD, Shropshire CCG, presented a report into the Mental Health Crisis Care Concordat (copy attached to the signed minutes). It was illustrated that the Crisis Care Concordat set out how organisations would work together and better in order to improve outcomes for those with Mental Health issues. The four key areas of access to support before crisis point, urgent and emergency access to crisis care, the right quality of treatment and care when in crisis and recovery and staying well, and preventing future crisis were emphasised. Key actions included the piloting of a Mental Health Crisis Helpline, improving access for young people and developing improved coordination of crisis responses across agencies. It was noted that the new Mental Health Crisis Helpline went live in April 2015.

The Board discussed the content of the report and highlighted the importance of prevention in developing emotional resilience amongst individuals and the community, particularly amongst young people and families. The importance of parity of esteem between mental health and physical health was stressed. Building community capacity was discussed as having a key role in prevention and ensuring mental health and wellbeing.

It was raised that the voluntary and community sector could have been better consulted on the development of the Crisis Care Concordat. With a key role in providing mental health services, the voluntary and community sector alongside Healthwatch wished to have had more opportunity to have been involved in the development of the Crisis Care Concordat and development of the action plan.

It was queried if a member of the Mental Health Trust had been invited to attend the Health and Wellbeing Board meetings. It was stated that the Chair had been trying to establish a working relationship with non-executive leads at all Trusts and would be following up that opportunity. It was also detailed that the Mental Health Trust had not signed up to the VCSA Compact but that the newly developed Health and Wellbeing Communication and Engagement Strategy would require this action.

The issue of the de-commissioning of Rapid Assessment Interface and Discharge (RAID) within Telford & Wrekin was raised as an issue of potential health inequality for Shropshire residents living close to the Telford area. Healthwatch stated that they were already working to investigate this issue and would return to the Board with information and an update in the near future.

The Board requested more information about measures of success for the action plan. It was agreed that the action plan and development work would return to the Board at a future meeting to provide an update on the impact of the Helpline and other measures. Louise Jones agreed to share the Helpline telephone number with all Board Members in order to increase promotion of the service.

The Board thanked Louise Jones for the report.

RESOLVED:

- a. That the Board noted the report and developing action plan.
- b. That attendance of the Mental Health Trust at future Health and Wellbeing Boards be followed up.
- c. That Healthwatch return to the Health and Wellbeing Board with a report on the impact of de-commissioning of RAID services in Telford & Wrekin.
- d. That Louise Jones return to the Health and Wellbeing Board with an update report in the future.
- e. That Louise Jones would circulate the Helpline telephone number to all Members of the Board following the meeting.

7 Care Act Update

The Director of Adult Services explained that the statutory changes around the Care Act had strengthened the rights of carers. It was explained that the Care Act has two phases of implementation and that the next phase would affect people

currently funding their own care when a cap on care costs takes effect from April 2016. Preparation to implement the changes were currently underway. It was stated that Shropshire Council was acting as a national leader in the transformation of Adult Services.

It was discussed that there was a risk in seeing the Care Act as something separate and distinct from the rest of the work across the health and wellbeing economy. The Health and Wellbeing Board needed to be aware of the changes through the Care Act and how Shropshire Council would develop services. The Board was asked to consider the report and progress made to date (copy attached to the signed minutes).

The Board congratulated the Director of Adult Services on the work thusfar to transform Adult Services. The Board discussed the importance of taking an asset-based approach to health and wellbeing and seeing the Care Act as an integral part of what we did and taking its vision as a steer for behaviour. It was agreed that this will be important for the Health and Wellbeing Strategy.

RESOLVED: That the recommendations be agreed.

8 Shropshire Pharmaceutical Needs Assessment

The Director of Public Health presented the final report (copy attached to the signed minutes) of the Shropshire Pharmaceutical Needs Assessment (PNA). The Board had previously considered an earlier draft of the report. The Director of Public Health explained that the consultation period for the draft document had now ended and that received feedback had been included in this updated version. It was explained that the PNA is a new responsibility for the Health and Wellbeing Board, but that the commissioning of pharmacy services remains the responsibility of NHS England who will utilise the report's information and recommendations.

The Director of Public Health thanked the Local Pharmaceutical Committee for its support in collating the returns from pharmacies. It was stated that the creation of the PNA involved a significant exercise in collaboration, alongside the work of Shropshire Public Health, noting the involvement of Tracy Savage from the CCG.

It was emphasised that pharmacies had a key role in health promotion and prevention in diverting individuals from using emergency services when other services may be more suitable. The Board discussed how pharmacies should be fully networked into the health and care system, but it was understood that this was a challenge and required the leadership of the Health and Wellbeing Board in bringing together agendas.

There was discussion about completing a 'lessons learnt' exercise around the process of creating the PNA. It was suggested that it would be helpful if all parties who were involved could note their commitment to undertaking this exercise and report back to the Board in the future.

RESOLVED:

- a. That the recommendations, as tabled in the report, be agreed.
- b. That a 'lessons learnt' exercise around the process of creating the PNA to be completed by those parties involved in the formation of the document.

9 Healthy Child Programme

Lindsay MacHardy, Associate Director of Public Health Performance, presented a report (copy attached to the signed minutes) on the Healthy Child Programme. It was explained that recent changes included Public Health taking responsibility for the commissioning of the School Nursing service as of April 2015, and that from October 2015, it would also take commissioning responsibility for Health Visiting services. The report also detailed work underway to bring together services such as School Nurses, Health Visitors, the Family Nurse Partnership and Children's Centres in order to reduce duplication and to find any opportunities for improved provision. It was emphasised that the team were looking to streamline and integrate services where possible.

It was highlighted that many programmes were showing positive improvement on health and wellbeing including reduced numbers of women smoking during pregnancy, the beginning of a change in trends of child obesity and successful programmes such as TaMHS and Early Help.

It was stated that locality reports were key for developing services for children and young people and that it would be useful for the developing JSNA to include these in order to ensure that young people get the best start in life. Accident prevention across the lifecourse was also highlighted as a key area for development by the Board and it was requested that the Board make a focus upon this topic.

It was also suggested that there was a key role for partners including the Voluntary and Community Sector, providers such as Shropshire Community Health NHS Trust, the CCG and others to work together to contribute towards improvements. The Board discussed the role of creating a new forum for these discussions, but it was suggested that there were existing forums through the Children's Trust or Family Solutions that might be able to adopt these roles and investigate the suggestions posed in the report.

The Board thanked Lindsay MacHardy for the report.

RESOLVED:

- a) That the Board welcomed the report and discussed key 'areas' for ensuring children and young people received the best start in life.
- b) That further investigation of existing forums to assess the recommendations and priorities proposed in the report be made.

10 Health and Wellbeing Programme Update

This report was presented by the Chief Officer of Healthwatch Shropshire (copy attached to the signed minutes). The Board had already read an earlier draft of the strategy and action plan and it was explained that changes had been made as the result of a consultation and feedback received. It was made clear that the action plan was a draft document to be shaped by the operational group who were to be elected to continue the communication and engagement work on behalf of the Health and Wellbeing Board.

It was explained that a patient experience group was to be restarted with the intention that as well as having membership from the health sector and voluntary and community sector, it would also include representation from Shropshire Council.

The Board commended the Task & Finish Group on the work that had been completed on behalf of the Health and Wellbeing Board. It was stated that the composition of the operational group to continue the communication and engagement work should include representation across all partners involved in health, social care and wellbeing. The operational group would require a clear understanding of its intention and it was stressed that keeping the message as simple wherever possible was preferable. The process of delivering messages and seeking responses around health and wellbeing must not add a level of bureaucracy and instead must free people to deliver help and guidance.

The Board discussed the importance of how messages around health and wellbeing were everyone's responsibility and that communities must be empowered to be able to take responsibility for their health.

RESOLVED:

- a. That the Board approved the final draft of the Strategy
- b. That membership of the future Communication and Engagement Operational Group should come from all partners across the health and wellbeing economy and therefore all partners would be invited to participate on the Operational Group
- c. That the Communication and Engagement Task & Finish Group should invite all partners to nominate membership of the Operational Group. The Operational Group would continue the work around communications and engagement on behalf of the Health and Wellbeing Board and would continue to formulate the action plan.

11 Public Health Annual Report

The Director of Public Health presented the Annual Report (copy attached to the signed minutes). The report would be published as widely as possible via digital format. The report outlined the achievements and challenges for the Public Health team and the Director of Public Health's message focused on reducing physical

inactivity and maximising volunteering opportunities for Shropshire residents, particularly those that involved physical activity.

During the Health and Wellbeing Board’s Year of Physical Activity, it was stated that the Public Health team was focusing upon reducing physical inactivity and highlighting the physical health benefits such as reducing heart disease and stroke, as well as the mental health benefits. The work would also highlight the engagement activities underway.

Miranda Ashwell, Programme Lead for Physical Activity, would return to the Health and Wellbeing Board to update on how the Board could assist in promoting the message around physical activity and how it could influence partner organisations. The Director of Public Health stated that he would be looking to the Board and other partners for ‘champions’ to promote the message of physical activity.

The Voluntary and Community Sector reminded Board Members of the VCSA’s Annual Assembly on the 20th May and reminded members that they would be encouraged to take part in the ‘midday mile’ walk taking place around Shrewsbury Town Football Club. The Board were also reminded of the Shrewsbury and Telford Hospital NHS Trust’s ‘Social Network’ event taking place on Saturday 6th June where individuals were encouraged to run, walk or cycle a distance of 18 miles to raise money for the Lingen Davies Cancer Fund.

The Board also discussed the recent Health and Wellbeing Launch Event for the ‘Year of Physical Activity’ and congratulated the team on the good session.

The Board discussed how it was important to ensure that volunteering roles did not become akin to an unpaid job and that members were mindful that not too much was asked of volunteers.

RESOLVED:

- a. That the report be noted and that the key focus for reducing physical inactivity was ensuring that employers were supported to enable their employees to be more physically active in the workplace in order that physical activity became a normal part of daily life.
- b. That Board members be asked for their individual activity commitment as Champions.

Signed (Chairman)

Date: