



Committee and Date

Health and Wellbeing Board

11 September 2015

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD ON 31 JULY 2015
9.00 - 11.00 AM**

Responsible Officer: Karen Nixon
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Present

Professor Rod Thomson, Karen Bradshaw, Dr Caron Morton (Vice Chairman and Chair for the meeting), Paul Tulley, Jane Randall-Smith, Rachel Wintle and Ruth Houghton (substitute for Stephen Chandler).

Also in attendance/observing:

Jan Ditheridge, Ellie Johnson, Lindsay McHardy, David Sandbach, Madge Shingleton and Dave Tremellen.

22 Apologies for Absence and Substitutions

Apologies for absence were received from Karen Calder, Stephen Chandler, Lee Chapman, Dr Bill Gowans, Dr Helen Herritty and Gerald Dakin.

Ruth Houghton substituted for Stephen Chandler.

23 Disclosable Pecuniary Interests

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

24 Minutes of Previous Meeting

RESOLVED: That the minutes of the meeting held on 19 June 2015, be approved as a correct record and signed by the Chairman.

Following the recent loss of Karen Calder's husband Robbie, the meeting held a minutes silence as a mark of respect.

25 Public Question Time

One public question was received from Mr David Sandbach on involving the local Fire and Rescue Service in delivering integrated care services. A full copy of the question and the formal response was circulated at the meeting (copy attached to the signed minutes).

By way of a Supplementary Question, Mr Sandbach asked if the Fire Service could be included in the new work stream being headed up by Cllr Lee Chapman with Community Fit. He also requested that the group consider having a representative on it from the Housing sector.

It was agreed that these suggestions would be taken forward.

26 Better Care Fund Update & Performance

The Head of Partnership and Planning, Shropshire CCG, gave a brief verbal update on progress with the work of the Better Care Fund and Performance. In doing so she confirmed that there had been no significant changes on performance data since the last meeting. Work to agree targets for non-elective admissions continued. Shropshire continued to use the agreed target from the Better Care Fund submission, following a recent review by NHS England.

Looking more widely, delayed transfer of care (dtoc) continued to be an area of concern. Work was ongoing to improve this.

27 Community Fit

The Chief Operating Officer, Shropshire CCG, introduced and amplified a report, copy attached to the signed minutes on the first phase of Community Fit; a work programme to understand and quantify the consequences to the wider health and social care economy of the proposed Future Fit hospital reconfiguration programme.

The first phase of Community Fit was about gathering data and understanding community need. A Steering Group had been convened with partner representation.

Key points raised included;

- This would be managed as part of the Future Fit Programme, but may need it's own governance in the future.
- Next phases have yet to be determined.
- Important for the Health and Wellbeing Board (H&WB) to ensure and support Community Fit links in with other programmes in the Better Care Fund.

It was noted that this first phase should be complete by the end of October/November 2015.

RESOLVED:

That the report be received by the Health and Wellbeing Board and that through the Steering Group and work stream members, the relevant linkages be made to the existing programme of work. To facilitate this, Community Fit Steering Group members include Penny Bason, Health and Wellbeing Co-ordinator and Cllr Lee Chapman who has been asked to Chair the voluntary and 3rd sector work stream.

28 Healthwatch Quarterly Update

The Chief Officer, Healthwatch, introduced and amplified a report, copy attached to the signed minutes, on the outcome of its Annual Report for 2014/15 and also on the Reflective Audit (unpublished), that had been undertaken to find out how others viewed its effectiveness to date. The findings would inform the forward work programme for 2015/16.

Main points noted were;

- Enter and View was now established and reports could be found on the website.
- Healthwatch intelligence feeds into Care Quality Commission (CQC) prioritisation.
- Carers Respite and Ophthalmology were recent key areas of work.

Community engagement was doing well. The challenge now was to prioritise work. It was noted that a monthly 'hot topics' approach was to be introduced, which was welcomed.

The profile of Healthwatch still appeared to be an issue and this needed to be built upon. It was suggested that through the Communication Sub-Group the profile of Healthwatch could be promoted both within the Council and with partner organisations.

RESOLVED: That the report be noted and partner organisations would help support the profile raising of Healthwatch.

29 Health and Wellbeing Board Strategy Framework

The Health and Wellbeing Co-ordinator introduced and amplified a report, copy attached to the signed minutes - on progress with the Health and Wellbeing Strategy. The Board were asked to discuss the paper and confirm how they wished this to be taken forward. There was a vision and the priorities were set out in the report. Members were asked to confirm if they endorsed this or not.

The Board first looked at how the work was to be undertaken and it was agreed that this needed to be clear. Generally the Board was happy with the new strategy and in brief, Members made the following suggestions/observations;

- That JSNA and Child Poverty should be included within the Strategy.

- It was agreed that the priorities within the Strategy could be included under the heading of prevention as prevention flowed across everything.
- The Board was keen for this to be a long-term strategy and fully endorsed Health Resilience as the number 1 priority.
- At page 7, it was requested that the language in the text around care services needed to be tweaked slightly and that Housing needed to be an enabler.
- Provider partners requested inclusion of the Strategy at their Board meetings and the Health and Wellbeing Co-ordinator confirmed that this would happen as part of the Communications and Engagement Strategy.

In addition to the recommendation from the Peer Challenge about establishing a strategic forum for mental health, it was requested that a similar forum be set up for dementia. It was pointed out that there was already a Dementia Steering Group which involved both Shropshire and Telford and Wrekin councils with the CCG and the Chair warned of setting up too many similar groups. It was generally agreed to give dementia a focus, but there was a reluctance to set up another group.

RESOLVED:

- a) That subject to the foregoing, the vision, the priorities and the approach contained within the report be approved.
- b) That a further progress report be made on this to the next Health and Wellbeing Board meeting on 11 September 2015.

30 **Healthy Child Programme Health Visiting Report**

A presentation by the Public Health Lead, Children and Young People Team on the Healthy Child Programme: Commissioning was received and welcomed by the Board – a copy of the presentation is attached to the signed minutes.

This outlined the HCP (Healthy Child Programme) which was the main universal health service for improving the health and wellbeing of children from birth to age 19, through health and development reviews, health promotion, parenting support and screening and immunisation programmes.

From the 1 October 2015, local authorities would take over responsibility from NHS England for planning and paying for public health services for babies and children up to 5 years old. School nursing was already commissioned through the local authority.

The Governance structure was set out and within this, the accountability structure was set out too. It was requested that a link be put in to show the connection to the Quality Surveillance Group (QSG), which was duly agreed.

Briefly HCP Public Health Commissioning in Shropshire covered;

- Health Visiting Service
- Healthy Start – Vitamin Scheme

- School Nursing Scheme
- National Child Measurement Programme

Expected outcomes were;

- Improved quality of service
- Improved experiences of services
- Improved health and wellbeing outcomes
- Contribution to improved broader outcomes

It was noted that commissioning with partners such as Children's Services, Shropshire CCG, cross-border County opportunities and the Healthy Child Programme Partnership Board took place.

It was highlighted that in re-commissioning services in future, there would be opportunities to re-design how things were done. At this point it was specifically requested that the language used in letters to parents about under and overweight children be more sensitive in future. This was noted and it was explained that previously a national letter template had to be used, but with the recent changes, it was an area that could now be looked at and improvements made.

Local JSNA Children's data was also shared with the Board and was duly noted.

In respect of reporting mechanisms, it was agreed that it would be good to receive information at 1 or 2 meetings per year to discuss this altogether and take stock of similar areas such as Looked After Children.

It was also agreed that the strategic direction of Joint Collaboration was an approach that the Board could endorse.

RESOLVED: That subject to the foregoing, the presentation be received and noted.

31 Looked After Children

The Board received a report on Looked After Children (LAC), Health Inequalities, and the role of the recently published statutory guidance (March 2015) – copy attached to the signed minutes - which was introduced and amplified by the Designated Nurse for LAC.

The national guidance provided a clear framework for local areas to use to work towards improving health outcomes for LAC and reduce health inequalities within this vulnerable group of children, which was welcomed by the Board.

The following areas were briefly discussed by the Board;

- LAC population of Shropshire – there was a high percentage of residential LAC in the county compared to the rest of the country and that in turn meant they often had very complex needs.
- An explanation of the reasons for inequalities in health experienced by LAC

- The key points of the statutory Guidance which comprised the inclusion of LAC in the JSNA and Health and Wellbeing Strategy.

The Chair thanked the Designated Nurse for her informative report. It was noted that adequate resources were required, especially bearing in mind the huge impact on the CCG and GP services (continuity of care) and the impact on education too.

RESOLVED: That the Health and Wellbeing Board would address the health inequalities experienced by the LAC population in Shropshire by using the framework provided by the statutory guidance – published in March 2015.

32 Young Health Champions Update

The Board received a presentation by six Young Health Champions who were part of a health project supported by Shropshire Council's Children's Services and Shropshire's Clinical Commissioning Group (CCG) in partnership with Shropshire and Telford NHS Trust and other health organisations to recruit and train 300 young people to become health champions for children and young people.

Young Health Champions are health advocates on behalf of their peers. They also act as consultants to local health providers, offering advice on how to make their services better targeted to the needs of young people through;

- working with other young people to help to set up and support new health projects.
- becoming an active and key partner working with health organisations to help shape health services for young people.
- influencing young people to live healthier and active lives and provide peer support and a voice for young people around health issues.

To highlight their work, the Young Health Champions spoke in detail about 3 main projects out of 42 health projects that they were currently working on;

- **Diabetes Project (DiaBEATit)** – looking at Type 1 and Type 2 diabetes.
- **Mission Impossible** – a bus/transport project, which included a 'digital badge' for Year 6 and 7's.
- **Adolescent Help Line** – looking at mental health, CAHMS and setting up a call line for teenagers to fill a gap in service.

The Young Health Champions welcomed the offer from the Board of promoting their diabetes project and the Helpline number and the Accountable Officer CCG offered to supply the Champions with leaflets to help young people access GP services.

RESOLVED: That the presentation be noted.

33 Corporate Parenting Strategy (for information only)

The Board received the report of the Director of Children’s Services, containing Shropshire Council’s Corporate Parenting Strategy 2014-2016 - copy attached to signed minutes.

RESOLVED: That the contents of the Corporate Parenting Strategy 2014-16 be noted.

<TRAILER_SECTION>

Signed (Chairman)

Date: