



**Committee and Date**  
Health and Wellbeing Board  
8<sup>th</sup> December 2016

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING  
HELD ON 6 OCTOBER 2016  
2.30 - 4.50 PM**

**Responsible Officer:** Karen Nixon  
Email: karen.nixon@shropshire.gov.uk Tel: 01743 257720

**Present**

Councillor Dr Julian Povey (Co-Chair and Chairman for the meeting) - Clinical Chair, Shropshire CCG  
Lee Chapman - Adult PFH, SCC  
Professor Rod Thomson - Director of Public Health  
Andy Begley - Director of Adult Services,  
Karen Bradshaw - Director of Children's Services,  
Linda Izquierdo (Substitute) (substitute for David Evans) - Shropshire CCG  
Daphne Lewis (Substitute) (substitute for Jane Randall-Smith) - Shropshire Healthwatch and Rachel Wintle - VCSA.

Also present: Penny Bason, Aaron Dias, Jan Ditheridge, Andrew Gough, Sally Halls, Peter Latchford, Andy Layzell, Daphne Lewis, Kevin Lewis, Jane Mackenzie, Jayne Randall, David Sandbach, Tracey Savage, Madge Shineton, Rev. Matthew Stafford, Sam Tilley, David Turner and Clive Wright.

**23 APOLOGIES FOR ABSENCE & SUBSTITUTIONS**

Apologies for absence were received from;

Karen Calder	PFH Health
Neil Carr	SSSFT
David Coull	Coverage Care
Dr Julie Davies	Shropshire CCG
Dave Evans	Accountable Officer, Shropshire and T&W CCG
David Minnery	PFH Children & Young People
Jane Randall-Smith	Shropshire Healthwatch
Vicky Taylor	Locality Director, NHS England, North Midlands Region
Mandy Thorn	Business Board Chair
Simon Wright	SATH

Substitutions notified;

Daphne Lewis substituted for Jane Randall-Smith (Shropshire Healthwatch)  
Linda Izquierdo substituted for Dave Evans (Accountable Officer, Shropshire CCG).

## 24 DISCLOSABLE PECUNIARY INTERESTS

There were no disclosures of a Disclosable Pecuniary Interest.

## 25 MINUTES

**RESOLVED:** That the minutes of the meeting held on 28 July 2016, be approved as a correct record and signed by the Chairman.

## 26 PUBLIC QUESTION TIME

Seven public questions were received by the Health and Wellbeing Board (copies of the questions and the formal responses are attached to the signed minutes) and were circulated at the meeting.

Reverend Matthew Stafford's question related to the proposed closure of 4 beds at the Lady Forrester Nursing Home in Much Wenlock by the CCG. By way of a supplementary question, he commented that he was concerned that these proposals were driven by financial pressure and not the needs of the local community.

Questions 2 and 3 were submitted by David Sandbach. There was no supplementary question to Q2 and in response to the formal answer circulated to Q3, Mr Sandbach circulated information relating to rates of survival at SaTH, Royal Worcester and New Cross Hospitals, commenting that in his view one A&E should be closed and urging the H&WB to back him on this stance.

Questions 4,5,6 and 7 had been asked by Mrs Janet Cobb, who was not present at the meeting but had asked that the following supplementary questions be put to the Board meeting on her behalf;

- a) TCP Plan – has this been declined?
- b) What expertise do ICF consultancy have in relation to people with learning disabilities (Can you confirm their website is <https://www.icf.com/> ) and the cost of this consultancy?

Unfortunately answers to these questions were not available at the meeting and officers undertook to look into these after the meeting and get back to Mrs Cobb.

## 27 BETTER CARE FUND UPDATE & PERFORMANCE

An update on the Better Care Fund and Performance to the end of Q1 2016/17 was given by Sam Tilley, Head of Partnerships and Planning, Shropshire CCG (copy of report attached to the signed minutes).

In doing so, it was noted that progress on non-elective admissions was on track and that Delayed Transfers of Care were improving, and overall appeared settled.

There were comments that the information provided in the report was slightly at odds with what was being experienced on the ground, particularly in regard to DTOC. Ms Tilley explained that the metrics used in the BCF were slightly different to other metrics used and that she was happy to go through the detail after the meeting. She believed the figures would align more closely in the future.

There was a request for more detail to be provided in the next report which was noted.

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

## 28 SYSTEM UPDATE - STP OVERVIEW AND NEIGHBOURHOODS UPDATE

A presentation (copy attached to the signed minutes) on the Sustainability and Transformation Plan (STP) was given by Mr Andy Layzell, Programme Director STP, Shropshire CCG, who introduced the four main components of the case for change, which he stressed was still 'work in progress' at this stage;

- The development of neighbourhoods
- The reconfiguration of acute services
- The continuing development of other services
- Making the best use of our resources

He stated that the system was working towards integration and reconfiguration for 2020. The process would be challenging, but he believed Shropshire could have genuinely good services in the future. In taking questions after the presentation, it was highlighted that the voluntary sector wished to be further involved at Board level.

A further presentation on the Shropshire and Telford & Wrekin STP: Shropshire Neighbourhoods Programme Update, was also given to the Board by Mel Duffy and Penny Bason (copy of presentation attached to the signed minutes).

The Shropshire Neighbourhood Model was outlined and a whole population approach to prevention explained. Community Resilience and Social Action was identified, including a Resilient Communities BCF workstream.

Both a Partnership Prevention Programme and Healthy Lives programme were highlighted, including a Healthy Lives Model Pilot in Oswestry. The aim of the Neighbourhood Care Model was explained including levels of care identified for Partner Services Neighbourhood teams – Community Health.

It was noted that excellent joint work had been done on this to date. The programme was currently being implemented and the 'next steps' were outlined. However, there were still big questions to be answered and issues to be addressed; adequate resourcing and the need to invest 'up front'; trajectories needed to be planned and 'prevention' which was longer-term also required adequate funding.

In conclusion, it was agreed that there was a need to work with existing assets to maximise output to the best effect, given that resources were so scarce.

**RESOLVED:** That subject to the foregoing, the presentations be noted.

## 29 GP CCG AND NHS ENGLAND UPDATE

Tracey Savage, Head of Primary Care Support & Medicines Management, introduced and amplified a presentation on General Medical Services (copy attached to the signed minutes) which briefly covered;

- Background – Shropshire CCG
- Primary care Governance Arrangements – Governance and Links to NHS England
- Quality of Primary Care – Quality Assurance of Primary Care and Quality Commission (CQC)
- Shropshire CCG Practices and CQC Outcomes
- Quality of Primary Care – Good practice
- Polypharmacy Review Project
- Primary Care - going forward: Primary Care Strategy
- Estates Strategy
- Workforce Capacity and Planning
- Identified Risks
- Sustainability and Transformation Plan

It was agreed that infrastructure planning should be looked at. There would be challenging times ahead and it would be important to work with communities.

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

## 30 STRATEGY TO REDUCE ALCOHOL RELATED HARM

A report (copy attached to the signed minutes) providing an overview on the recent refresh of the alcohol strategy for Shropshire, was introduced and amplified by Jayne Randall, Public Health Strategic Comm Lead, Shropshire Council.

**RESOLVED:**

- a. That the Health and Wellbeing Board accepts the Strategy as the final version.
- b. That the Health and Wellbeing Board supports the delivery of the Strategy by holding members of the Health and Wellbeing Board to account for its delivery.
- c. That the Health and Wellbeing Board approve the co-ordination of the strategy through the Alcohol Strategy Group.
- d. That half yearly progress reports be received by the Health and Wellbeing Board.

### 31 ANNUAL SSCB REPORT 2015/16

Sally Halls, Independent Chair, introduced and amplified a report (copy attached to signed minutes) and gave a brief PowerPoint presentation on the 2015/16 Annual Report (copies also circulated at the meeting).

Briefly a key issue in Shropshire services was the high number of Looked After Children from elsewhere that were living within the County; roughly around 400 LAC were currently in Shropshire (minimum), which was well above the national average. This had a big impact on GP's and health costs.

Three areas were currently being looked at;

- Neglect
- Domestic Abuse
- Sexual exploitation (inc child sexual exploitation and trafficking)

LAC were particularly vulnerable in Shropshire and it had been shown that Shropshire did not do well in dealing with perpetrators – this was an area that required improvement. However generally the Board was pleased to note that overall Shropshire was doing well. Agencies were generally effective in keeping children safe.

More children and families were getting help earlier and therefore numbers of referrals were reducing due to children and families getting help at an earlier stage to meet their needs.

Good progress was being made on priorities, whilst there was still work to do.

**RESOLVED:** That the Annual SSCB report 2015/16 be noted and received by the Health and Wellbeing Board.

### 32 REPORT FROM THE HWB DELIVERY GROUP; Partnership Prevention Programme and Social Prescribing

A report from the HWB Delivery Group on the Partnership Prevention Programme, Healthy Lives and Social Prescribing was received by the Board (copy attached to signed minutes).

In commenting, the Board made the following observations;

- Preventative in this context was planning; add in where we start from and where we are aiming for.
- Metrics were to be included – so as to prove what was happening with interventions.

**RESOLVED:** That the programme development and progress be noted by the Board.

### 33 PREVENT STRATEGY

A report on Shropshire's approach to the PREVENT Duty (copy attached to signed minutes) was introduced and amplified by Andrew Gough. In doing so he stressed that the terrorism threat in Shropshire remained low. The responsibility for co-ordinating Prevent in Shropshire had fallen to the Shropshire Community Safety Partnership and in response to the Prevent Agenda the Partnership had produced a strategy and action plan.

**RESOLVED:**

- a) That the Health and Wellbeing Board confirmed its support for the delivery of the Prevent Strategy.
- b) That agencies understand their responsibilities as part of the Prevent agenda
- c) That agencies ensure they have responses in place to address extremism and radicalisation.

<TRAILER\_SECTION>

Signed ..... (Chairman)

Date: