



Committee and Date
Health & Wellbeing Board
25 April 2014
9.30 am

Item

Public

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON FRIDAY 21 MARCH 2014 AT 9.30AM IN THE SHREWSBURY ROOM, AT SHIREHALL, SHREWSBURY

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PRESENT

Members:

Karen Calder	Portfolio Holder for Health (Chairman)
Lee Chapman	Portfolio Holder for Adult Services
Ann Hartley	Portfolio Holder for Children's Services
Helen Herritty	Shropshire CCG
Ruth Houghton	Head of Social Care, Efficiency and Improvement (as substitute for Stephen Chandler, Director of Adult Services)
Nicola McPherson	substitute for Jackie Jeffrey, Chairman VCSA
Jane Randall-Smith	Chairman, Shropshire Healthwatch
Prof. Rod Thomson	Director of Public Health
Paul Tulley	Shropshire CCG
Graham Urwin	Director Shropshire and Staffordshire Area Team, NHS England

Officers and others in attendance:

Neil Adams	Screening and Immunisation Lead, NHS England
Tim Barker	Portfolio Holder for Performance
Penny Bason	Health & Wellbeing Co-ordinator
Gerald Dakin	Chairman of Health Scrutiny
Dr Julie Davies	Director of Strategy and Service Redesign
Lynn Deavin	Local Pharmaceutical Committee
Madge Shineton	Shropshire Councillor
Sam Tilley	Shropshire CCG

64. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

64.1 Apologies for absence were received from Karen Bradshaw, Director of Children's Services; Stephen Chandler, Director of Adult Services, Dr Bill Gowans, Vice-Chairman Shropshire CCG; Jackie Jeffrey, Chairman VCSA and Dr Caron Morton, Accountable Officer, Shropshire CCG.

64.2 Substitutions were notified as follows:

Ruth Houghton for Stephen Chandler, Director of Adult Services
Nicola McPherson for Jackie Jeffrey, Chairman VCSA.

65. MINUTES

65.1 Arising thereon;

24 January 2014 Minutes

Winterbourne View (Minute 51.4. d); It was reported that this work was had started and was in hand. It was requested that as part of this work a map of people placed out of county be included

Deprivation of Liberty Safeguards (Minute 52.5. e); To update the meeting Graham Urwin stated he was not aware of any outstanding issues at this time.

JSNA Health Inequalities (Minute 53.5 e); This matter had been considered at a Green Paper meeting. It was agreed that an update would be made to future meeting of the Health & Wellbeing Board; to note.

65.2 Subject to the foregoing, the minutes of the Health and Wellbeing Board meeting held on 24 January 2014 and the minutes of the Special meeting of the Health and Wellbeing Board meeting held on 12 February 2014 were both approved and signed by the Chairman as a correct record.

66. PUBLIC QUESTION TIME

66.1 The Chairman welcomed Mrs A McKittrick, a Shrewsbury resident, to the meeting and thanked her for submitting a public question to the Board.

66.2 Mrs A McKittrick, asked a question about the Quarry pool and fitness centre, in Shrewsbury, and why at a time when we are told to do more exercise and not be a burden to our overstretched NHS service, why would the Council consider closing or selling the centre rather than providing more visible support to the long term future of the town's fitness facility (a copy of full question and answer are attached to the signed minutes).

In response, the Chairman said that Shropshire Council recognised the importance of physical activity for Shropshire residents and visitors and was committed to getting more people, more active, more often working with its partners across the county. Shropshire Council had already publicly stated it was committed to the ongoing provision of a swimming pool for Shrewsbury and would not be closing any pool facility it has responsibility for in the town.

By way of background, Shropshire Council has pulled together a list of the 10 top investment sites in the county for perspective investors, which has been forwarded onto the UKTI (UK Trade & Investment). Within that list is the site that is currently occupied by the Quarry Swimming Pool.

The Quarry Swimming Pool facility whilst acknowledging that it is tired and well used is still operational - the most recent condition survey (undertaken in December 2011) did not identify any major structural problems. As one would imagine the building, because of its age, is not as energy efficient as any new build would be. Any potential new build, should funding become available in these difficult financial times, would be based on what is needed for the area, factoring in schools use, existing public use and future demand. No decision has been taken on this due to the financial challenges currently faced in the public sector.

Shropshire Council would consider any offer made for the site as it would any asset it holds however, as has already been stated, would not do this without continuing to provide swimming pool provision for the town.

66.3 By was of a supplementary question Mrs McKittrick asked if the Council would consider the setting up of a Community Trust to run the facility in the future and

maximise its use. The Director of Public Health agreed that a joint approach made sense and cited the swimming pool at Wem as an example of the local community getting involved. The Chairman endorsed this and agreed to feedback Mrs McKittrick's comments.

67 DISCLOSABLE PECUNIARY INTERESTS

67.1 There were none.

68. HEALTH & WELLBEING STRATEGIC REVIEW

- 68.1 The Board received a report (copy attached to signed minutes) which was a strategic review of the work of the Health and Wellbeing Board for 2013/14; basically a stock take of where the Board is and how far it had come since it began its statutory duties on 1 April 2013. It was generally agreed that the Board had come a long way and developed into an effective board.
- 68.2 It was agreed that there was a need to formally tie up the Memorandum of Understanding between the Health and Wellbeing Board and the Health Scrutiny Committee. There was a forthcoming scrutiny meeting on Monday 24 March and it was agreed that this should be raised there.
- 68.3 There was now a need try and include the public more, to make a difference. Whilst the Better Care Fund emphasised Adult Services, members were also mindful to include and promote children's health services too.
- 68.4 It was noted that a more structured format was now being developed to measure what the Board had achieved and to monitor work programmes in the future; this was welcomed.
- 68.5 In order to be clear and informed about matters it was requested that all H&WB members receive the minutes of the Health and Wellbeing Executive Committee (now Delivery Group), which the Director of Public Health undertook to arrange.
- 68.6 It was noted that the Board needed to evolve over time, especially in light of the new statutory duties (e.g. Better Care Fund).
- 68.7 In order to simplify things it was requested that a clear flow chart be made so that it was easy to see who did what. The CCG were commended on their work elsewhere in developing a 'Plan on a Page'. It was agreed that this type of template be used to work up a simple diagram for the H&WB's work.
- 68.8 **RESOLVED:** The Board agreed and confirmed that during 2014/15 the Health and Wellbeing Board's development would include the following;
- a) Through partnership working and collaboration of all Board members, the further development of the Boards governance and delivery mechanisms for the HWB Strategy and statutory functions, including reviewing and updating the Terms of Reference of all groups as appropriate;
 - b) Through partnership working and collaboration of all Board members, the further development of the collective understanding of the HWBB role in Quality and Performance of Health and Social Care in Shropshire and its role in supporting the Communication and Engagement around key transformation programmes;
 - c) The development of an induction pack for new members of the Health and Wellbeing Board to ensure that newly elected members from both Shropshire

Council, the CCG and the VCSA have a smooth induction into the Board in the future;

- d) The progression of the Board's engagement and consultation processes to include streamlining information collected across the Health and Social Care economy for input into the JSNA and decision making processes.
- e) That a joint communication strategy be developed to ensure the work of the Health and Wellbeing Board be publicised more effectively.

69. NHS ENGLAND – LOCAL PRIMARY CARE

- 69.1 An update on dentistry in the County was given first; all units of activity would be delivered by the end of March 2014. This included additional dental activity in Cleobury Mortimer this year and expanding services in Bridgnorth for people with special needs, which was welcomed.
- 69.2 A presentation on the General Medical Services that existed in the Shropshire County Area was then given by Graham Urwin, Director of Shropshire and Staffordshire Area Team, NHS England (copy attached to the signed minutes). This covered an overall summary, showing little change and a good GP to patient ratio in Shropshire of 1,948. Contractual actions in Shropshire practices were reported as generally well performing.
- 69.3 Positive updates were given for Shropshire including a new Cambria practice in Oswestry, work on a new surgery for Cleobury Mortimer and the resolution of a long standing partnership dispute at Bishops Castle.
- 69.4 Primary Joint Commissioning Board has 5 key programmes over the next year (see presentation attached to signed minutes).
- 69.5 **RESOLVED:** That the update be welcomed and noted and that a further report be made to the H&WB around August/September 2014 time.

70. IMMUNISATION & SCREENING UPDATE

- 70.1 A verbal report was given by Neil Adams, Screening and Immunisation Lead, NHS England, on the various strands of work being undertaken by a team of Public Health Specialists, both nationally and more importantly at local level across Shropshire on immunisation and screening.
- 70.2 Major achievements were highlighted in the following immunisation programmes;
 - Measles emergency programme
 - Progress made on the MMR 'catch up' campaign in Shropshire was welcomed, and it was noted that new programmes were being introduced, such as
 - Rotavirus
 - Seasonal Flu vaccinations, including the introduction of secondary school age children in the future (Years 7 and 8)
 - Meningitis B

- 70.3 In respect of screening the following programmes continued and it was noted that Shropshire performed well;
- Cancer screening; for Breast/Cervical/Bowel cancers
 - Diabetic Eye Screening
 - Triple A (Abdominal Aortic Aneurysm) Screening
 - Neonatal screening
 - Bowel screening
- 70.4 On the assurance side it was explained that regular meetings with the Directors of Public Health at both Telford and Wrekin Council and Shropshire Council were being made. In addition to this, a Quarterly Assurance Group had also been set up. It was pleasing to note that at a local level there was good close local working, but sadly there was frustration at national level, largely due to the inability to access data because of national restrictions.
- 70.5 In response to whether or not there was an opportunity to analyse the information by individual care home, it was confirmed that unfortunately this was not possible at this time. However, a piece of work was to be undertaken by Irfan Ghani around care homes and vulnerable groups and Neil Adams confirmed that he would be happy to share this information with Ruth Houghton in due course.
- 70.6 **RESOLVED:** That subject to the above, the verbal report be welcomed and noted.

71. TERMS OF REFERENCE: HEALTH & WELLBEING BOARD

- 71.1 Members received a report (copy attached to signed minutes) on the work of the H&WB which needed to be developed and reviewed in the light of the introduction of large scale transformation programmes being introduced throughout the health and social care economy in Shropshire.
- 71.2 **RESOLVED:** That Appendix A be accepted by the Board as its revised Terms of Reference.

72. BETTER CARE FUND

- 72.1 A verbal update was given by Dr Julie Davies. Work on this was ongoing. A draft had been shared with the area team last week and another workshop had been held earlier in the week which had been positive. It was hoped to look at this whole topic in detail at the special meeting of the H&WB next week (28 March), where it was hoped to finalise the draft.
- 72.2 The Chairman expressed her thanks to Dr Davies and all those others involved in this huge piece of work and very much looked forward to receiving the final report ahead of next week's meeting.

73. QUALITY PREMIUM

- 73.1 It was reported that the draft Quality Premium was discussed at the Green Paper meeting held on 21 February 2014 (a copy of this report was attached as an Appendix to the report). The final report was now for approval by the Board. In introducing the report, Dr Julie Davies amplified the measures outlined on pages 1 and 2. The Chair asked that on page 8 of the report it suggested that more work might be required and asked that if this was so, what was Plan B? Dr Davies

replied that it had been demonstrated that we could measure locally and therefore no plan B was required.

73.2 **RESOLVED:** that the following recommendations be supported:

- a) Measure 1 Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people - **that the minimum further reduction of 3.2% is set for this target.**
- b) Measure 4. Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in their local health economy in 2014/15 and showing improvement in a selected indicator from Domain 4 of the CCG Outcomes Indicator Set - **that the indicator chosen is the one for acute inpatient and A&E and that the percentage improvement in 2014/15 should be 5% to take the target average score for positive responses from 75% in 13/14 to 80% in 2014/15.**
- c) Measure 5 Improved reporting of medication-related safety incidents - **that the local providers chosen are Shrewsbury & Telford Hospitals Trust, Robert Jones and Agnes Hunt Orthopaedic Hospital and Shropshire Community Trust. The increase in reported incidents related to medication is to be set at 10% for all providers.**
- d) Measure 6 The local measure agreed by each CCG with their local Health and Wellbeing Board and with NHS England is - **People with COPD and Medical Research Council Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme. The target is a 20% increase in the number of this type of patient who is referred in year for a programme over and above the baseline measured for 2013/14.**
- e) Quarterly progress against all these measures will be taken formally to the Health & Well Being Executive with an exception report sent to the Health & Well-being Board for information.

74. FUTURE FIT

74.1 Paul Tulley described the Future Fit programme progress to date. The programme is being managed through five principal work streams. The clinical design work stream outputs are feeding into the development of the CCG 5 Year Plan (which will be brought to the next Health and Wellbeing Board meeting).

74.2 The Future Fit is governed by its own Programme Board which reports to the Boards of the sponsoring organisations: Shropshire CCG; Telford & Wrekin CCG; Powys Local Health Board; Shropshire Community Health NHS Trust; and Shrewsbury and Telford Hospital NHS Trust. These governance processes will ensure that priorities across the health economy will be fed into the five work streams.

74.3 It was agreed that the Health and Wellbeing co-ordinator would liaise with the Future Fit programme to ensure that the key points at which the Future Fit programme would need to engage with the Health and Wellbeing Board were planning into the Future Fit programme and into the work programme for the Health and Wellbeing Board.

75. DATE OF NEXT MEETING

75.1 RESOLVED:

It was noted that a Special meeting of the Health and Wellbeing Board had been arranged for Friday 28 March at 10.30 am, in the Oswestry Room at the Shirehall, Shrewsbury, primarily to sign off the Better Care Fund work.

In addition to this, the original diared meeting of the Health and Wellbeing Board would still be held on Friday 25 April at 9.30am in the Shrewsbury Room at Shirehall, Shrewsbury, SY2 6ND.

Chairman :

Date :

The meeting finished at 11.30 am