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Committee and Date

Health and Wellbeing Board

29 August 2014

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON FRIDAY 18 JULY 2014 9.30 AM - 12.00 PM

Responsible Officer: Karen Nixon
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Present

Councillor Karen Calder (Chairman)
Councillors Professor Rod Thomson, Stephen Chandler, Dr Caron Morton (Vice Chairman), Dr Helen Herritty, Paul Tulley, Jane Randall-Smith, Ros Francke (Substitute) (substitute for Graham Urwin), Nicholas Bardsley (Substitute) (substitute for Ann Hartley), Tim Barker (Substitute) (substitute for Lee Chapman) and Rachel Wintle (Substitute) (substitute for Jackie Jeffrey)

Others present:

Joyce Barrow, Amanda Holyoak, Louise Jones, Donna McGrath, Cecilia Motley, Dr Sal Riding, George Rook, David Sandbach, Madge Shineton, and Dave Tremellen.

21 Apologies for Absence & Substitutions

21.1 Apologies for absence were received from Karen Bradshaw, Lee Chapman, Ann Hartley, Dr Bill Gowans, Graham Urwin and Jackie Jeffrey.

21.2 Substitutions were notified as follows;

Cllr Nick Bardsley for Ann Hartley
Cllr Tim Barker for Lee Chapman
Ros Francke for Graham Urwin (NHS England)
Rachel Wintle for Jackie Jeffrey (VCSA).

22 Minutes

22.1 Arising thereon:

22.2 At minute 14.5 it was noted that the report on links made between the Community Safety Strategy Refresh and Domain 1 of the NHS outcomes framework, the JSNA and the BCF would be made to a future meeting.

22.3 Subject to it being recorded that Ros Francke (NHS England) was present, it was

RESOLVED:

That the Minutes of the meeting of the Health and Wellbeing Board held on 6th June 2014 be approved as a correct record and signed by the Chairman.

23 Public Question Time

23.1 Four public questions were received. (There were no statements or petitions).

23.2 The Chairman welcomed Mr George Rook and Mr David Sandbach to the meeting and thanked them both for submitting their public questions to the Board (a copy of each question and the relevant response is attached to the signed minutes).

23.3 Question 1

By way of a supplementary question, Mr Sandbach asked if data re. age and location could be provided in future as a standard report item.

In response Dr Morton confirmed that she would look into this.

23.4 Question 2

By way of a supplementary question, Mr Sandbach asked if the recent ruling regarding the Better Care Fund Impact Assessment would have any effect and would the changes in the rules have an effect on the Better Care Fund.

In response the Chair replied that this issue would be picked up at Agenda item 6: Better Care Fund Update.

23.5 Question 3

By way of a supplementary question, Mr Rook asked if you are not spending new money, how can you get the changes to make Shropshire Dementia Friendly? Where will the change and new work come from?

In response, it was explained that £60,000 had been spent on dementia services within this year and that the Better Care Fund was an opportunity to get more funding. However, it was also highlighted that it was about dismantling things, reducing duplication and working smarter; transformation was at the heart of future improvements. It wasn't always about purchasing 'more'.

23.6 Question 4

By way of a supplementary question, Mr Rook asked if people and their carer's were involved in how they spent Dementia Services funding and how would Dementia Services look in the future. He was aware that there didn't seem to be a lot of engagement and co-design to support people to live better with dementia.

In response officers assured that the original strategy had involved user groups, carers and the public and recently there had been involvement with the Carers Partnership Board and the Local Health Economy Dementia Steering Group.

24 **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.

25 **EVIDENCE: Shropshire Health Profile**

- 25.1 The Director of Public Health introduced and amplified the Local Authority Health Profile Summaries for the West Midlands area and particularly went through the health summary for Shropshire. In doing so, he explained the traffic light system used to monitor performance; in Shropshire 17/32 areas were green – significantly better than the England average and 15/32 areas were performing well in comparison to others.
- 25.2 It was pleasing to note that significant improvements had been made in Shropshire in the past 4 years and he assured that ongoing work would continue to make Shropshire's profile even better.
- 25.3 In response to a question about how this work linked in to the determinance of health, the Director of Public Health said he would be working with the Clinical Commissioning Group and looking below the figures at the different variations. He also cited a piece of work currently being undertaken by a scrutiny Task and Finish Group; looking at Childhood Obesity in Shropshire, which was welcomed.
- 25.4 It was queried if we were robust enough on fuel poverty and excess winter deaths (indicator 24), and it was also highlighted that there was little focus on numbers around killed and serious injuries on roads (indicator 32), given that Shropshire was such a rural county.
The Director of Public Health assured that all these areas were currently being worked on, but that more emphasis would be beneficial.

26 **QUALITY & PERFORMANCE: Better Care Fund Update**

- 26.1 The Director of Adult Services presented a report produced by Donna McGrath, Chief Finance Officer and circulated two further analysis documents setting out the Better Care Fund 2015-16 as per the original guidance and then based on the revised guidance (copies attached to the signed minutes).
- 26.2 The Chair highlighted that at paragraph 2.4 and 2.7 it stated there were no proposals to transfer budgets. The Director of Adult Services confirmed that some of the budget would be subject to a S.256 Agreement, but for other parts it would not be advantageous to go down this route. It would be important to consider which vehicles should be used to move the Better Care Fund forward; probably a mix of several, although what was currently in place was adequate for the time being.
- 26.3 Since the last meeting no formal guidance or change had been notified. The lack of guidance was unhelpful. Estimated timescales from informal feedback received

indicated a re-submission date of around mid-August to early September time with just a 2 week window to turn this around.

- 26.4 Concerns were expressed about the acute sector being raided and the potential to lose sight of the care focus and patient and care outcomes.
- 26.5 It was accepted that more engagement was required with stakeholders to enable better co-production. To this end it was agreed that the providers including SATH, be asked to attend the extra meeting, to ensure that they were content that this fitted in with their plans too.
- 26.6 Due to the tight timescales it was agreed that an extraordinary H&WB meeting be arranged in mid-August to discuss this further.

RESOLVED:

- a) That the Health and Wellbeing Board approved the total budget badged under the Better Care Fund for 2014-15 and the individual schemes as outlined in the report and within the additional attachments circulated at the meeting.
- b) That an extraordinary H&WB meeting be arranged in early August to discuss this matter further and that providers and SATH also be invited to attend as far as possible.

27 QUALITY & PERFORMANCE: Future Fit Update

- 27.1 Dr Caron Morton, Accountable Officer, Shropshire CCG, gave a verbal update on progress to date with the NHS Future Fit programme. She reported that in future it was proposed to submit the SRA report and programme and the Director's report to the Board for their information, which was welcomed.
- 27.2 The Clinical Design model had now been signed off. For urgent and emergency care a single emergency care centre had been approved. Planned care would be provided from a single unit, which would not be affected by emergency flows. Enhanced recovery would be provided at hospitals such as the Robert Jones & Agnes Hunt Hospital and long-term conditions would be treated in the home environment more.
- 27.3 Lots of work on the Emergency Care Centre was being done before consultations with the public were started and the Finance model was being worked on too. Public engagement events were being arranged via 2/3 large public meetings and appraisal work continued.
- 27.4 Work continued on the Assurance Work Stream and it was noted that Communications and Engagement work was going to be split into two distinct areas, requiring very different approaches;
- Statutory responsibilities
 - What do we want to do for the people of Shropshire

The wide-ranging form of engagement was welcomed by the Board.

28 QUALITY & PERFORMANCE: Operational Resilience and Capacity Planning

- 28.1 Paul Tulley, Chief Operating Officer, Shropshire CCG, briefly updated the Board on Operational Resilience and Capacity Planning for 2014/15 in Shropshire. He explained that Urgent Care Working Groups (UCWG's) would evolve to cover elective care and change their name to System Resilience Groups (SRG's).
- 28.2 Their role would be to plan for the capacity required to ensure delivery and oversee the co-ordination and integration of services. Proposals for Shropshire and Telford and Wrekin were to establish an SRG with membership broadly similar to the existing UCWG, but augmented to reflect additional elective care responsibilities (Chair: Dr C Morton).
- 28.3 In addition to this there would be a Current Planned Care Working Group to continue as a sub-group of the SRG, with responsibility for development and delivery of elective care elements of operational and resilience plans (Chair: Dr J Davies).
- 28.4 A new Urgent Care Working Group would also be established as a sub-group of the SRG, with responsibility for the development and delivery of urgent care elements of operational and resilience plans (Chair: D Evans).
- 28.5 The plan had to be submitted by the 30 July 2014. It was noted that last year £4m was received. This year £3m was expected.

RESOLVED: That the verbal update be noted.

29 QUALITY & PERFORMANCE: HWB Delivery Group Report to Board

- 29.1 The Director of Public Health introduced and amplified an update report from the Health and Wellbeing Delivery Group for information (copy attached to the signed minutes).

RESOLVED: That the report be accepted as an update by the Board.

30 FOR DECISION/ENDORSEMENT: CCG 5 Year Plan

- 30.1 Paul Tulley, Chief Operating Officer, Shropshire CCG, introduced and amplified a report (copy attached to the signed minutes) on the Shropshire and Telford and Wrekin Strategic Plan 2014/15 to 2018/19. In doing so he introduced it as a unit of planning; a point in time providing a description within a clear template prescription.
- 30.2 The Chair commented that she found this document easy to read but asked where was the Map of Maps?

At pages 45 and 72 she felt the references to the H&WB were rather thin and didn't properly reflect the actual work that was going on by the Board. Therefore it was requested that more detail be put in here.

RESOLVED: That subject to more detail about the H&WB being inserted at pages 45 and 72, the Shropshire and Telford and Wrekin Strategic Plan 2014/15 to 2018/19 be supported by the Board.

31 FOR DECISION/ENDORSEMENT: Shropshire Dementia Strategy Update

- 31.1 Louise Jones, Commissioning and Re-design Lead, Dementia Services, gave an update on the Shropshire Dementia Strategy 2014 to 16 and the Action Plan within the Dementia Strategy. She explained that they were working towards dementia friendly communities and a dementia friendly Shropshire. These documents will be used to develop existing work and also to develop new strategies.
- 31.2 It was noted that the local authority and health were now working together on this and that the recent joint appointment had also been very beneficial.
- 31.3 It was agreed that this was a piece of long-term work and that there was no rush to introduce metrics.
- 31.4 Extensive work undertaken by both George Rook and David Sandbach was highlighted by Dr Sal Riding and duly noted by the Board. It was agreed that following the meeting the Chair would meet them to discuss this further.

RESOLVED:

- a) That the revised Shropshire Dementia Strategy and Action Plan 2014 to 16 be adopted.
- b) That the Action Plan (Appendix A pages 13 to 25) be adopted.
- c) That progress against the action plan be evaluated on a six monthly basis and reported on to the Health and Wellbeing Board.

32 INFORMATION: Children Young People and Families Plan Final Document

- 32.1 This item was DEFERRED to a future meeting.

33 INFORMATION: Children and Young People Mental Health Services Update

- 33.1 This item was WITHDRAWN.

34 INFORMATION: The Local Nature Partnership Update/Plan Refresh

- 34.1 The Board received an update report from the Shropshire, Telford and Wrekin Local Nature Partnership which was amplified by Cllr Cecilia Motley. This had been in existence since 2012 and had a wide-ranging membership which looked at the environment from all angles.
- 34.2 The Chair welcomed the update and agreed that it would be beneficial to work together especially as a lot of the areas covered linked into existing work by the Board such as the Health & Wellbeing Strategy.

RESOLVED:

- a) That there were considerable areas of overlap with preventative interventions and the objectives of the LNP. Green infrastructure and tourism were areas of particular interest for the LNP which could also have a significant impact on Health and Wellbeing.
- b) That the LNP welcomed input from the Health and Wellbeing Board, particularly for the Natural Environment Investment Prospectus where case-studies or future investment opportunities with health impacts could be included.

Signed (Chairman)

Date:

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