



Committee and Date

Health and Wellbeing Board

20 January 2015

11.00am

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD ON 21 NOVEMBER 2014
8.30 - 10.35 AM**

Responsible Officer: Michelle Dulson
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Present

Councillor Dr Caron Morton (Chairman for the meeting)
Councillor Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler,
Karen Bradshaw, Dr Helen Herritty, Dr Bill Gowans, Jane Randall-Smith and
Jackie Jeffrey

Also Present

Councillors Tim Barker, Gerald Dakin, Pam Moseley and Madge Shingleton, Superintendent
James Tozer

65 Apologies for absence

- 65.1 Apologies for absence were received from Board Members; Councillor Karen Calder (Chairman), Paul Tulley (Shropshire CCG), and Graham Urwin (NHS England).
- 65.2 Apologies were also received from Andy Begley, Ruth Houghton and Dr Colin Stanford.

66 Minutes

- 66.1 **RESOLVED:** That the Minutes of the meeting held on 10 October 2014 be approved as a correct record and signed by the Chairman.

67 Public Question Time

- 67.1 There were no public questions.

68 Disclosable Pecuniary Interests

- 68.1 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.

69 Future Fit Programme Update (Quality & Performance)

- 69.1 Dr Caron Morton, Accountable Officer, Shropshire CCG, introduced her report – copy attached to the signed minutes – which outlined the development of a long list of options for delivering the Future Fit clinical model together with the evaluation criteria to be used in determining a short list.
- 69.2 She drew attention to the eight options to be considered and highlighted the evaluation criteria against which the long list would be reduced to a short list of approximately three options which would be worked up in greater detail.
- 69.3 In response to a query Dr Morton explained that the Clinical Design workstream had been asked to identify options for how the clinical model of care might be delivered. It was felt that in order to achieve the best outcomes for patients the ideal option would be to have co-located Emergency Care Centres however there was some debate about whether the existing provision would be adequate. It was confirmed that Paediatric Assessment was still operational 7 days a week through the Emergency Care Centre at the Royal Shrewsbury Hospital.
- 69.4 Dr Morton reported that further work was required to pad out the evaluation criteria and the impact of deprivation etc. She invited the Board Members to a 2½ hour session to work through the detailed evidence base behind the Evaluating Criteria. Possible dates for this session would be circulated to Members following the meeting. (Elected Members had already been invited to a similar session on 28 November which was already arranged).
- 69.5 **RESOLVED:**
- (a) That the Long List of Options for delivering the Clinical Model be endorsed; and
 - (b) That Health and Wellbeing Board Members be invited to a separate meeting arranged by Dr Morton to work through the detailed criteria (2½ hours approximately) very shortly.

70 **Better Care Fund Update - Shropshire (Quality & Performance)**

- 70.1 The Director of Adult Services introduced his report – copy attached to the signed minutes - which gave an update on progress. He advised the Board that Shropshire had received an outcome of 'Approved with Support' and drew attention to the next steps and the areas requiring further action. It was agreed that this was a good outcome for Shropshire, especially when compared against the national backdrop.
- 70.2 The Director of Public Health highlighted the scale of the work being undertaken and commended the Head of Planning & Partnership and the Better Care Fund Manager for all their hard work. The next phase would be no less demanding and a significant level of officer time was being committed to taking this forward.
- 70.3 A brief discussion ensued in relation to how the Better Care Fund would help deliver better outcomes within the whole system.
- 70.4 **RESOLVED** that the Health and Wellbeing Board:

- (a) Noted and acknowledged the Nationally Consistent Assurance Review (NCAR) process and current status;
- (b) Noted and agreed the plan for updating the Better Care Fund Plan in line with NCAR recommendations

71 **Launch Year of Physical Activity 2015 (For Decision/Endorsement)**

- 71.1 The Public Health Programme Lead, Physical Activity introduced her report – copy attached to the signed minutes – which proposed that the Shropshire Health and Wellbeing Board adopt 2015 as the Year of Physical Activity in order to raise the profile of physical activity and the roles and responsibilities of partners in contributing to creating a more active society.
- 71.2 The Public Health Programme Lead drew attention to the Public Health England publication 'Everybody Active Every Day' which was an implementation and guidance report outlining the options for action. The idea was to create the right environment in order for people to build physical activity into their day.
- 71.3 The Director of Public Health felt that a sustained effort could bring about a real sea change to how people live by optimising opportunities for them to become more active more often. It was about relatively simple changes across the entire population including how to build physical activity into people's lives as a default.
- 71.4 It was agreed that this item come back before the Health and Wellbeing Board in two months' time and that individual organisations feed into this what they consider the collective strategy/pledge should be.
- 71.5 **RESOLVED:**
- (a) That the Health and Wellbeing Board make 2015 their 'Year of Physical Activity' to address physical inactivity as a major risk to health.
 - (b) That the approach of the 2015 Year of Physical Activity be based on 'Everybody Active Every day' principles and structure (Appendix A to the report).
 - (c) That organisations assess their contribution to the physical activity agenda based on the 'Everybody Active Every Day' options.
 - (d) That the Year of Physical Activity action be based on optimising opportunities across organisations, departments and services, within existing resources.
 - (e) That a progress report be made back to the Health and Wellbeing Board in two months' time.

It was agreed to take Agenda Item 11 (Neighbourhood Life) next.

72 **Neighbourhood Life (For Information)**

- 72.1 The Director of Commissioning and the Public Health Programme Lead, Physical Activity gave a presentation – copy of slides attached to the signed minutes – which highlighted a pilot scheme undertaken in Market Harborough set up to help inactive people to become more active in order to meet the Chief Medical Officer's guidelines of 1 x 30 minutes per week of physical activity and then building on that to increase activity levels.
- 72.2 The Director of Commissioning informed the Board that the learning from this and other pilots around the Country was being applied in Shropshire with a more ambitious target of 150 minutes of modest physical activity. The Shropshire pilot was being funded by Sport England and would target 500 inactive people in Oswestry (200), Shrewsbury (200) and Ludlow (100). The funding would include training for a health & wellbeing coach for the first three months.
- 72.3 The results from the pilot in Market Harborough were discussed together with community engagement issues. Officers were working with job centres, voluntary sector organisations and GP practices in order to identify the target cohort. It was agreed to report progress to the Board in three months' time.
- 72.4 **RESOLVED:** That the presentation be noted and that a progress report be made to the Health and Wellbeing board in three months' time.

73 Children's Trust Update (For Decision/Endorsement)

- 73.1 The Director of Children's Services introduced the report of the Children's Trust – copy attached to the signed minutes – which highlighted issues raised at the Children's Trust either for information, endorsement or decision.
- 73.2 The Director of Children's Services drew attention to the changes to the arrangements for supporting children with special educational needs and disabilities (SEND) in schools and further education.
- 73.3 In 2013 the Children's Trust recommended that the health and Wellbeing Board hold off on sign up to the Disabled Children's Charter and the Director of Children's Services reminded the Board that the Children's Trust had not felt confident twelve months ago that it could deliver the key objectives of the Charter. However the situation had been reviewed and it was now felt, due to extensive work with SEND reforms, that the Board could indeed sign up to the Disabled Children's Charter. It was agreed that Actions would be reported through SEND 0-25 Strategic Group and the Children's Trust.
- 73.4 The Director of Children's Services further updated the Board in relation to the Children and Young People's Whole System Event due to take place in 2015.
- 73.5 The current position in relation to CAMHS (Child and Adolescent Mental Health Services) Tier 3 - Specialist multi-disciplinary support, as highlighted in the report, was amplified by Dr Julie Davies.
- 73.5 **RESOLVED:** That the report be noted and that the Health & Wellbeing Board sign up to the Disabled Children's Charter, the key objectives of which are set out at paragraph 1.3.3 of the report.

74 Mental Health (For Information)

- 74.1 Dr Julie Davies introduced this report – copy attached to the signed minutes – which provided the Board with a briefing regarding the publication of ‘Achieving Better Access to Mental Health Services by 2020’ which set out the government’s vision of how it could achieve ‘parity of esteem’ between mental health services and physical health services.
- 74.2 She confirmed that the CCG would be driving delivery of the policy and was pleased to inform the Board of a successful bid for a £250,000 investment in crisis care which was to be used to fund a 365 day Crisis Helpline to support existing services.
- 74.3 It was agreed for the Board to receive quarterly updates.
- 74.4 **RESOLVED:**
- (a) That the contents of the report be noted.
 - (b) That quarterly updates be made to the Health and Wellbeing Board in future.

75 Crisis Care Concordat Update (for Information)

- 75.1 Dr Julie Davies introduced her report – copy attached to the signed minutes – which provided a brief summary of the work undertaken since the last meeting and notified the Board about the Crisis Care Concordat Action Plan that was now being developed.
- 75.2 Dr Davies confirmed that the CCG had met with the Probation Service who had confirmed they wished to be part of the Concordat agreement. The Concordat is due to be signed at the end of December.
- 75.2 **RESOLVED:** That the contents of the report be noted.

76 Health & Wellbeing Strategy - Refresh Process (For Information)

- 76.1 The Health and Wellbeing Coordinator introduced this item – copy of slides attached to the signed minutes – which gave a brief update on the JSNA and Health and Wellbeing Strategy Refresh.
- 76.2 The Director of Public Health highlighted the work needed to be done to refresh the Strategy. He informed the Board of the Peer Review which would be taking place the week commencing 19 January 2015. He explained that the Health and Wellbeing Strategy needed to focus on things that would make the most difference and where the Board had a leading role.
- 76.3 The Board needed to think about whether it was fit for purpose and had to be clear about what that purpose was and what were the things locally, it wanted to do to make a difference to the health of our communities.

76.4 **RESOLVED:** That the contents of the presentation be noted.

77 Next Steps Towards Primary Care Co-Commissioning (For Information)

77.1 The Chairman stated that the next meeting of the Board would include detailed discussions about the Health and Wellbeing Strategy and Primary Care Commissioning together with the following items:

- Second Phase of the Future Fit Programme;
- Long term Strategy for GP provision (5-10 years); and
- Role as Commissioners and whether to Co-Commission Primary Care.

<TRAILER_SECTION>

Signed (Chairman)

Date: