



Committee and Date

Health and Wellbeing Board

27 March 2015

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON
20 FEBRUARY 2015
9.30 AM – 12 NOON**

Responsible Officer: Karen Nixon
Email: karen.nixon@shropshire.gov.uk Tel: 01743 252724

Present

Councillor Karen Calder (Chairman)
Councillor Ann Hartley, Professor Rod Thomson, Karen Bradshaw, Dr Helen Herritty, Paul Tulley, Jackie Jeffrey, Councillor Tim Barker (Substitute for Councillor Lee Chapman), Carole Hall (Substitute for Jayne Randall-Smith)

Safer Stronger Communities:

Frances Darling, David McWilliam, Jayne Randall, Tom Currie, George Branch, Barbara Stafford-Cairns, John Das-Gupta, Irfan Ghani, Angela Parton, Andrew Gough, Chris Jensen, Louise Jones.

Also Present

Councillors Madge Shingleton, Gerald Dakin and Dave Tremellen, Ruth Houghton, Sam Tilley, Kerrie Allwood.

94 Apologies for Absence and Substitutions

Apologies for absence were received from Councillor Lee Chapman, Stephen Chandler, Dr Caron Morton, Dr Bill Gowans and Jane Randall-Smith.

Councillor Tim Barker substituted for Councillor Lee Chapman, Carole Hall substituted for Jayne Randall-Smith (Healthwatch) and Ruth Houghton substituted for Stephen Chandler.

95 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.

96 Minutes

RESOLVED:

That the Minutes of the meeting held on 20 January 2015 be approved as a correct record and signed by the Chairman, subject to the following:

That the fifth bullet point of Minute 91.3 be amended to read 'To strengthen Governance arrangements...'

Matters Arising

Paul Tulley would be updating the Board in relation to the Co-Commissioning of Primary Care later on in the meeting.

In relation to urgent care (Minute 85.4), the Chairman confirmed that responses to the letters had been circulated to Members of the Board and that an informal meeting had been arranged between the Health and Wellbeing Board and the local health economy leaders, including Peter Herring, on 2 March 2015.

97 **Public Question Time**

There were no public questions, statements or petitions received.

98 **QUALITY & PERFORMANCE**

99 **Better Care Fund - Partnership Agreement**

99.1 The Head of Social Care Efficiency & Improvement introduced a report, copy attached to the signed minutes, which set out the Better Care Fund Partnership Agreement. The Better Care Fund Manager amplified on the report and explained that the Partnership Agreement was between Shropshire Council and Shropshire CCG to support delivery of the Better Care Fund.

99.2 A template provided by NHS England and the Local Government Association had been used to complete the agreement which had been presented to Shropshire Council Directors, the CCG Quality, Performance and Resources Committee, the CCG Board and the Council's Cabinet and had been signed off subject to some minor amendments. It needed to go back to the CCG Board and Cabinet and would also come back to this Board.

99.3 The Chairman commented that this Partnership Agreement had formalised a very good working relationship between the Council and the CCG and she thanked the Officers for a job well done.

99.4 The Chief Operating Officer explained that the issue of a Conflict of Interest Policy had not been resolved and further work was required. It had not been formally agreed which Policy would apply to this Board. In response, the Better Care Fund Manager reported that work was ongoing and needed to be concluded by the end of March.

99.5 **RESOLVED:**

- a. That final amendments be agreed by the Health & Wellbeing Delivery Group in cooperation with the Portfolio Holder for Adult Social Care and the CCG Clinical

Lead for the Better Care Fund and reported back to the Health and Wellbeing Board at its next meeting on 27 March 2015.

- b. That the agreement be reviewed by the Health & Wellbeing Delivery Group and the findings reported to the Health and Wellbeing Board in 6 months' time.

100 Co-commissioning Update

100.1 The Chief Operating Officer gave a verbal update. He informed the Board that the CCG's application for delegated authority from NHS England for Primary Care Co-commissioning had been approved, limited to GPs this year 2015/16. NHS England had retained some aspects around payments, individual practitioners etc and there was some ambiguity around who would be responsible for premises. He explained that there would be a new Primary Care Committee to manage those delegated responsibilities. Currently the resources to do the job sat with NHS England and detailed discussions had not yet taken place around which resources would transfer to the CCG in order to manage these responsibilities. In response to a query about how GPs felt about Co-commissioning, the Chief Operating Officer explained that GP views had been sought and although not entirely enthusiastically it was supported.

100.2 The Chief Operating Officer updated the Board in relation to the Primary Care Infrastructure Fund of £1 billion which all GP practices had been invited to bid into. £250 million was available during 2015/16. All bids needed to be in by 16 February 2015 and decisions would be made by the end of March 2015. A number of practices in Shropshire had put bids in and it was hoped that some would be successful. In response to a query the Chief Operating Officer informed the Board of the criteria for the bidding.

100.3 In response to a query about the role of NHS England on the Health and Wellbeing Board, the Chief Operating Officer explained that following a management restructure locality directors had been appointed and from the 1 April 2015 Shropshire would share one with Telford and two CCGs in Derbyshire. Once their new structures were in place a formal discussion about its role on the Board could take place.

100.4 The Board discussed and agreed what it felt was appropriate input from NHS England. As NHS England continued to be a formal statutory member of the Board and as NHS England continued to commission local services for pharmacy, prisons, special commissioning, armed forces and more, the Board felt that NHS England should continue to have a presence on the Board. The Chairman requested that the Board write to NHS England setting out its requirements and what was expected of them.

100.5 **RESOLVED:**

- a. that the Board write to NHS England setting out its requirements and expectations of NHS England going forward.

- b. that details about Co-commissioning be bought back to a future meeting of the Board.

101 JOINT MEETING WITH SAFER STRONGER

102 Local Government Declaration on Tobacco Control and NHS Statement of Support for Tobacco Control

102.1 The Director of Public Health introduced and amplified a report, copy attached to the signed minutes, which set out the Local Government Declaration on Tobacco Control and the NHS Statement of Support for Tobacco Control. The Local Government Declaration was a statement of the Council's commitment to ensure tobacco control was part of its mainstream public health work and that it took comprehensive action to address the harm from smoking. The NHS statement enables the health community to show their support for tobacco control and to fulfil ongoing commitments to tackle the harm caused by smoking.

102.2 The Director of Public Health explained that as well as a health issue, it was also an issue for the Criminal Justice system, who dealt with a range of issues including the supply of no duty paid tobacco and illicit tobacco. In response to a query the Service Manager - Safer & Stronger Communities explained that it was very difficult to say how prevalent illicit tobacco sales were nationally and regionally. Any intelligence received was acted upon however this did not seem to stop the problem. Public Protection in conjunction with the Police were working to get more information about sources of illicit tobacco in order to make more of an impact, however this was not an easy task.

102.3 RESOLVED:

- a. That the Health and Wellbeing Board consider the content of the Local Government Declaration on Tobacco Control and the NHS Statement of Support for Tobacco Control.
- b. That Shropshire Council and all NHS Organisations be requested to sign up to the Declaration and NHS Statement of Support for Tobacco Control.

103 Safer Stronger Priorities

103.1 The Team Manager - Safer Communities Coordination introduced and amplified a report, copy attached to the signed minutes, which set out the Safer Stronger Communities Partnership Priorities alongside those of the Health and Wellbeing Board, Children's Trust and Shropshire Safeguarding Children's Board. It was hoped that the Safer Stronger Communities Board and the Health and Wellbeing Board could work together more closely to tackle their priorities and share resources more effectively.

103.2 It was agreed to consider Agenda items 11 (Substance Misuse), 12 (VCS Criminal Justice Forum of Interest Key Priorities) and 13 (Mental Health Services update) before coming back to the recommendations contained within this report.

103. Having considered the presentations and discussions from the meeting, the Board **RESOLVED** that:

- a. the Health and Wellbeing Board consider Substance Misuse as part of the Health and Wellbeing Strategy Refresh.
- b. Information sharing protocols across partners be reviewed and specific actions taken to provide information sharing with regards to illegal highs and harm reduction (as discussed in paragraph 104.4).
- c. the development of a Criminal Justice Mental Health pathway be considered (see paragraph 105).
- d. future joint meetings take place twice yearly.

104 **Substance Misuse**

104.1 The DAAT (Drug & Alcohol Action Team) Manager introduced and amplified a report, copy attached to the signed minutes, which set out current activity to respond to local drug and alcohol issues. She drew attention to the three key areas of work, the retender of the community substance misuse services, developing a local response to the increasing use of novel psychoactive substances (legal highs) and the 'Blue Light Project' which explored how treatment resistant drinkers could be better managed.

104.2 In response to a query about substance misuse, the DAAT Manager explained that the service did have links with homelessness groups and had looked at what could be done to help support the rough sleepers in Shrewsbury. In relation to legal highs, she reported that she was currently awaiting a response in relation to hospital admission rates. It was felt that information from West Midlands Ambulance Service would also be useful to understand rates of ambulance call outs that did not go to hospital.

104.3 In response to a query about the responsibility of shop keepers, the DAAT Manager explained that if the legislation was contravened then an enforcement order could be made. The Service Manager - Safer & Stronger Communities informed the meeting of a piece of work being done nationally to engage with sellers. She explained however that it was very difficult because if a retailer were to acknowledge there was an issue then they would be aware that they were not meeting the requirements of the legislation (i.e. selling products for human consumption).

104.4 A detailed discussion ensued in relation to information sharing and the Director of Public Health agreed to take this forward as Chairman of the Safer Stronger Partnership. It was felt that if a working solution could be found to bring information together, this could be a model for other information sharing.

104.5 The DAAT Manager explained that if dependent drinkers were managed in a different way this could lead to better outcomes for the patient and less impact on public services. High level strategic buy in was requested.

104.6 RESOLVED:

- a. That the local response to drug and alcohol misuse and how this is changing through current work and initiatives be noted.
- b. That the areas of development as proposed in 3.9 to respond to Novel Psychoactive Substances and treatment of resistant drinkers be discussed.
- c. That a local media campaign regarding illegal highs be developed.
- d. That the Health and Wellbeing Board consider drug and alcohol misuse as a key priority.
- e. That the Blue Light project be supported at all levels.

105 VCS Criminal Justice Forum of Interest Key Priorities

105.1 The Operations Director, YSS introduced and amplified a report, copy attached to the signed minutes, which looked at the work of the Criminal Justice Forum. The Forum brought together a number of agencies who took a coordinated approach to tackling a range of cross cutting issues including mental health, unemployment, substance misuse and homelessness in order to try to reduce the health and criminal justice impact.

105.2 The Operations Director wished to bring to the attention of both the Health and Wellbeing Board and the Safer Strong Communities Board the needs of these people and the need to work in partnership to address their needs. It was suggested that as part of the retendering process for the Substance Misuse Services, discussions should be had with Mental Health colleagues about how to include issues around mental health as part of the service specification.

105.3 The Head of National Probation Services in West Mercia drew attention to Public Health England's publication 'The Balancing Act' which highlighted the points raised by the Operations Director. He agreed to send a link to this document to all Members.

105.4 The Head of Social Care Efficiency & Improvement informed the meeting that the Care Act places a statutory duty to provide services for the social care and health needs of offenders in prison, focussing on prevention and wellbeing. The implications of this would be considered as part of the Care Act implementation and reported to the Health and Wellbeing Board.

105.5 RESOLVED:

- a. that the Safer Stronger Communities and the Health and Wellbeing Boards take steps to ensure that a more holistic approach is taken for the commissioning for mental health and substance misuse, in particular.
- b. That a Criminal Justice Mental Health Crisis Care pathway be considered for development.

106 Mental Health Services Update (to include S136)

106.1 The Commissioning Lead – Mental Health and Learning Disability introduced and amplified a report, copy attached to the signed minutes, which provided a brief summary of the Mental Health services commissioned by Shropshire CCG and summarised the future commissioning intentions of Shropshire CCG for 2015/16.

106.2 In response to a query about whether the right engagement between the CCG, Substance Misuse Services and Criminal Justice Forum was taking place, the DAAT Manager felt that more work was needed to develop those relationships.

106.3 The Chairman thanked the Commissioning Lead for her very helpful paper which provided a good starting point to understand what mental health looked like in Shropshire.

106.4 RESOLVED:

- a. That the Substance Misuse Commissioner and Mental Health Commissioner discuss the Substance Misuse retender process for Mental Health inclusion in the specification.
- b. That the Mental Health Commissioner provide more information to the Safer Stronger Communities on the Criminal Justice Liaison Group.

Signed (Chairman)

Date: