



**Committee and Date**

Health and Wellbeing Board

8 May 2015

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING  
HELD ON 27 MARCH 2015  
9.30 - 11.40 AM**

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

**Present**

Councillor Karen Calder (Chairman)  
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler,  
Dr Bill Gowans, Paul Tulley, Jane Randall-Smith and Rachel Wintle (substitute for Jackie  
Jeffrey)

**107 Apologies for Absence and Substitutions**

Apologies for absence were received from Karen Bradshaw, Director of Children's  
Services, Dr Caron Morton, Dr Helen Herritty and Jackie Jeffrey.

Rachel Wintle substituted for Jackie Jeffrey, VCSA.

**108 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.

**109 Minutes**

**RESOLVED:**

That the Minutes of the meeting held on 20<sup>th</sup> February 2015 be approved as a  
correct record and signed by the Chairman, subject to the following;

**Matters arising;**

At Minute 99.5 a) Better Care Fund Partnership Agreement, it was explained that  
due to the need to do more work around conflicts of interest, this would now be  
reported back to the Health and Wellbeing board in May 2015.

At Minute 100.4, Co-commissioning Update, it was noted that Debbie England of  
NHS England would be attending future Health and Wellbeing Board meetings.

## 110 Public Question Time

The following statement and public questions were received from Mr David Sandbach;

**Statement:** I am concerned that the debate about funding health services in Shropshire is starting to demonise people who live in Wales. My concern stems from the report on the front page of the Shropshire Star on the 18<sup>th</sup> of March 2015 and the following piece on page six.

**Response:** The Chair explained that she had commented in the local newspaper (the Shropshire Star) because of the negative impact being made on Shropshire's health budget as far as sexual health services were concerned. She confirmed that in no way did she wish to demonise the people of Powys. It was noted that both the CCG and Health and Wellbeing Board had made representations to the Welsh Affairs Committee re. cross border issues. The Director of Public Health also made clear that there were no objections to people coming across the county border to access Shropshire's services, but unfortunately in respect of Powys, there was no way of re-charging for those services as happened with Cheshire and Staffordshire. This gave rise to an element of concern with regard to the cost to date of £90,000 to the Shropshire health economy.

It was noted that the CCG had similar pressures for urgent care too, amounting to £700,000 across the two CCG's (Shropshire and Telford).

As a supplementary question, Mr Sandbach asked to see the documentary evidence of this, which Dr Julie Davies offered to supply to Mr Sandbach after the meeting and go through the information with him if required.

### Questions:

- Q1 'The Health Gateway review recommendations:  
Level - Do Now – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately. The Core Group should ensure that a whole system affordability position is agreed to inform the Programme and the development of business cases – this is a do now task in the report.  
Other whole system reconfiguration programmes have found it beneficial to reach joint agreement on an affordability envelope or baseline, sometimes referred to as a "single version of the truth". This provides a firm basis for assessing the affordability of options, and ensures the credibility of any business cases submitted to external bodies for approval. The Future Fit Programme needs to progress this urgently if it is to proceed with its current timetable.

Where is the Core Group up to?’

**Response:** The CCG confirmed that this was currently being reviewed by the Programme Board and that pleasingly the Core Group was working on a joint agreement on affordability. It was anticipated that this work should be complete by the end of June 2015.

Q2. ‘Are there any plans for opening additional intermediate care beds as a means of managing winter pressures in 2015?’

**Response:** the CCG confirmed that it was their ambition to reduce bed based care and the reliance on intermediate bed care.

As a supplementary question Mr Sandbach asked if there were plans to open additional care beds on a temporary basis and were SATH looking at opening up the old maternity unit for this use?

**Response:** It was confirmed that this option was currently being explored, but it was stressed that this was only at the exploratory stage.

Q3. ‘When will citizens see the benefit of a 20% reduction in emergency admissions from nursing homes and how many admissions will this amount to in a year?’

**Response:** The Care Home Advance Scheme (prototype) data was due in next month and this will be reported on when received.

## 111 QUALITY & PERFORMANCE

### 112 Update Report on Year of Physical Activity Plans

The Director of Public Health introduced and amplified an update report, copy attached to the signed minutes, on 2015, the Year of Physical Activity. It was noted that a Launch event would be held on 28<sup>th</sup> April.

It was agreed that a conversation should be started about measuring the outcomes from this and it was suggested that the Health and Overview Scrutiny Committee could be commissioned to look at this and report back to the Board on their findings. This was duly agreed.

#### **RESOLVED:**

- a) The Health and Wellbeing Board to make its 2015 a '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 Everyday' principles and structure.

- c) Organisations to assess their contribution to the physical activity agenda based on the 'Everybody Active Every Day' options.
- d) That the Year of Physical Activity action to be based on optimising opportunities across organisations, departments and services, within existing resources.
- e) That the Health and Overview Scrutiny Committee be commissioned to look into measuring the outcomes of this initiative and that a report on their findings be made back to the Health and Wellbeing Board in Autumn 2015.

## 113 FOR DECISION/RATIFICATION

### 114 Heatsavers - Shropshire Evaluation

A report on the Heatsavers Research Project was introduced and amplified by the Project Lead Officer - copy attached to the signed minutes. In doing so, the links between poor housing and poor health and how Heatsavers helped people claim the correct benefits were highlighted.

In relation to a question about bulk buying of oil for areas of the county where mains gas did not exist, it was explained that most Parish Councils ran such schemes. Mrs Shingleton said that the Shropshire Association of Local Councils would be best placed to conduct a survey across the county if required. The Chair welcomed this and thanked Mrs Shingleton for her suggestion.

It was agreed that the Heatsavers work was helpful as a needs assessment and that it should sit within the Board's preventive agenda, coming within the Better Care Fund work, which was logical. The cross-cutting nature of the problem was noted too.

#### **RESOLVED:**

- a) That the content of the Heatsavers report be noted.
- b) That the Heatsavers Scheme should form part of the Health and Wellbeing Board's Prevention Strategy.
- c) That the Heatsavers Scheme which links into Health and Wellbeing work, would be taken forward by the Health and Wellbeing Delivery Group
- d) That a progress report be made back to the next Health and Wellbeing Board meeting with regard to a timeframe on implementing the above.
- e) That a bulk buying fuel survey be developed by Housing for distribution by Shropshire Association of Local Councils.

## 115 Shropshire CCG 2 Year Plan

The Chief Operating Officer, Shropshire Clinical Commissioning Group (CCG) introduced and amplified a report, copy attached to the signed minutes, summarising NHS England's planning requirements and Shropshire CCG's progress in meeting those requirements via the development of a refreshed 2 year plan.

It was noted that there were some new elements to this draft plan such as the Mental Health Crisis Concordat. Main changes were largely around the Better Care Fund.

The Chair picked up on patient safety and asked if this was new. In response the Chief Operating officer said it was not new, but the item had been strengthened in this latest draft. A brief overview was requested and agreed.

It was confirmed that following the discussion of substance misuse at the previous H&WB meeting, this issue was being worked on too. Alcohol Misuse was already in the draft, but this was now being pulled together with Substance misuse and connections were being made. An assurance was given that this matter would be incorporated into the final version in due course.

The Director of Adult Services supported the draft document and in doing so he suggested that in future more joint planning would be welcomed. He also requested that the following be incorporated as far as possible; the Winterbourne View, Primary Care and positive examples of good practise and innovation were also supported.

It was suggested an example of leading good practise was the local emphasis on rural solutions, with the recent successful bid for the new GP practice at Whitchurch hospital being cited as a good example of this. It was generally agreed that this should be expanded and discussed further before possibly taking this forward formally with leadership from the Health and Wellbeing Board.

**RESOLVED:** That subject to the foregoing

- a) The content of the Shropshire CCG Draft 2 Year Plan be noted.
- b) It be noted that this was a draft plan for final submission to NHS England in early April 2015 and that the plan will be further developed to address feedback received from NHS England and other key stakeholders.
- c) The statutory duties of the Health & Wellbeing Board in relation to the alignment of CCG plans and the Health & Wellbeing Strategy be noted.
- d) It be agreed that there was appropriate alignment between Shropshire CCG's 2 year plan and Shropshire's Health & Wellbeing Strategy.
- e) A brief overview on Patient Safety be made to a future meeting of the Health and Wellbeing Board.

## 116 Shropshire Pharmaceutical Needs Assessment (PNA)

The Director of Health introduced and amplified a report on the formal consultation being undertaken on the draft Pharmaceutical Needs Assessment (PNA) in Shropshire, a copy of the report is attached to the signed minutes.

The consultation was due to end on 15 April 2015 and the final report would be made to the next Health and Wellbeing Board meeting on 8 May.

In response to a query about abbreviations used within the report it was explained that AUR stood for Appliance Use Review and SAC stood for Stoma Appliance Customisation.

Services were reasonably good across the county in pharmacy provision, however as noted within the report, there were some gaps. It was highlighted that the PNA would form part of the Joint Strategic Needs Assessment (JSNA).

A discussion ensued about what weight NHS England gave to this and the document's usefulness. It was agreed that a letter to NHS England be written seeking clarity and requesting to understand what actions would be taken to address the gaps.

Finally thanks were expressed by the Director of Health to Lyn Deavin for her excellent support in developing the PNA.

### **RESOLVED:**

- a) That the contents of the PNA be noted.
- b) That a letter from the Health and Wellbeing Board be sent to NHS England requesting clarity about the PNA and local developments.
- c) That a final report be made to the next Health and Wellbeing Board on 8 May 2015.

## 117 Communication and Engagement Strategy and Action Plan Update

The Chief Officer, Healthwatch, introduced a report, copy attached to the signed minutes, on progress with the Health and Wellbeing Board Communication and Engagement Strategy and Action Plan which was being progressed by the Task and Finish Group.

It was agreed that ongoing work on communication and engagement was required due to the number of organisations and bodies involved across Shropshire and Telford and the need to draw together communications and engagement.

Whilst 'Shropshire Together' was welcomed, it was agreed that clear guidelines needed to be drawn up about how and when to use this branding.

**RESOLVED:**

- a) That initial comment and input to the draft Communication and Engagement Strategy and Action Plan be provided (further opportunity to give input has been provided through the online questionnaire);
- b) That the development of a permanent communication and engagement subgroup be endorsed with a role to i) develop communication and engagement programmes in line with the key programme development in Shropshire, and ii) make recommendations to the Health and Wellbeing Board as required and iii) share, where appropriate, information and ideas for collaboration, joint working and input to the JSNA; and
- c) That the branding of 'Shropshire Together' should continue to be used and recognition be built as the platform for delivering and supporting messages and engagement across the Shropshire Health economy.

**118 FOR INFORMATION**

**119 Children's Trust Report**

The Portfolio Holder for Children's Services, Shropshire Council, introduced and amplified the Children's Trust report, copy attached to the signed minutes, which provided regular assurance to the Health and Wellbeing Board on the work of the Trust and highlighted areas for closer consideration by the Health and Wellbeing Board.

A discussion ensued about Looked After Children living within Shropshire from out of County – there were currently known to be 93 different placing authorities in Shropshire which was of concern.

It was agreed that health inequalities for Looked After Children and NEETS (Not in Education Employment or Training) were to be considered.

Under 18 conception data was good, but there was a acknowledgment not to get complacent and to keep focussed.

**RESOLVED:**

- a) That the information and actions in the report be noted.
- b) That partner agencies be considered and endorsed to provide/promote opportunities for those young people identified as NEET, including those children looked after by the Local Authority.
- c) That Health Inequalities for Looked After Children and Care Leavers be considered as a future agenda item for a future Health and Wellbeing Board

meeting.

**120 NHS Future Fit Short List**

The Chief Operating Officer, Shropshire CCG, presented a report, copy attached to the signed minutes, setting out the options for acute and community hospital services identified by the NHS Future Fit Programme Board. Each option (apart from the 'Do Minimum') proposed a way of configuring services, designed to deliver the previously agreed Clinical Models of care.

These options were now subject to detailed development in advance of a full economic assessment.

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

Signed ..... (Chairman)

Date: