



Committee and Date
Shadow Health & Wellbeing Board
23 January 2013
9.30 am

Item
3
Public

MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON FRIDAY 14 DECEMBER 2012 AT 9.30AM IN THE SHREWSBURY ROOM, SHIREHALL

Responsible Officer Michelle Dulson
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PRESENT

Members of the Shadow Board:

Councillor Ann Hartley	Portfolio Holder for Health and Wellbeing (Chair for the meeting)
Councillor Steve Charmley	Portfolio Holder for Health and Wellbeing
Harmesh Darbhanga	Cluster Locality Support Member, Shropshire CCG
Dr Bill Gowans	Vice-Chairman, Shropshire CCG
Dr Helen Herritty	Chairman, Shropshire CCG
Dr Caron Morton	Accountable Officer, Shropshire CCG
Sonia Roberts	Chairman VCSA
George Rook	Chairman Shropshire LINK
David Taylor	Corporate Director – People
Prof. Rod Thomson	Director of Public Health

Officers and others in attendance:

Penny Bason	Health & Wellbeing Coordinator
Carolyn Healy	Partnerships and Health Integration Manager
Councillor M Shineton	ALC representative
Councillor G Dakin	Chairman of the Healthy Communities Scrutiny Committee

35. APOLOGIES

Apologies for absence were received from Councillor Keith Barrow, Leader, Shropshire Council (Chairman), Stephen Chandler and Janet Graham.

36. DISCLOSABLE PECUNIARY INTERESTS

There were none.

37. MINUTES

RESOLVED

That the Minutes of the Shadow Health and Wellbeing Board meeting held on Friday 5 October 2012 be approved and signed by the Chairman as a correct record.

38. PHARMACY PROVISION WITHIN PUBLIC HEALTH

Mr Terry Harte, Chairman of the Shropshire Local Pharmaceutical Committee and Mr Martin Lunt, Committee Member gave a presentation – copy attached to signed Minutes - on pharmacy provision within public health and circulated the Pharmacy Voice newsletter which focused on community pharmacies. Mr Lunt explained the role of the community pharmacist together with the role of pharmacy in improving health and wellbeing.

Mr Harte explained that with the help of the Director of Public Health, the Shropshire Local Pharmaceutical Committee were part of a national pilot called Healthy Living Pharmacy. These pharmacies delivered a broad range of high quality commissioned services eg smoking cessation and weight management and offered advice and signposting to other services where necessary.

Locally, there were 51 pharmacies in Shropshire located in the major towns and villages, 19 of which had acquired the Healthy Living Pharmacy status. Mr Harte discussed the range of other services that could also be provided by Healthy Living Pharmacies for example Men's health, Respiratory Medicine Used Reviews, Weight Management and sexual health. Healthy Living Pharmacies wished to become more integrated with Health Service provision and to provide real improvements in health outcomes.

The Director of Public Health explained that Healthy Living Pharmacies enabled local people to get high quality advice as easily as possible and could be seen as more accessible especially for men. Dr Morton explained that the CCG were keen to work collaboratively on commissioning in the future as this would have a clear impact on outcomes across the health economy. It was felt that further work could be done to promote the breadth of services provided by pharmacies.

In response to a query Mr Harte reported that he had not come across any issues in relation to lack of confidentiality and explained that private consultation rooms were available if required. A query was raised about how to convince patients to attend a pharmacy for medical advice and for them to trust that they will get the same level of professional advice as from their own GP. In response Mr Harte explained that more people actually attended pharmacies for medical advice than their GPs. Mr Harte informed the meeting that some areas, including Wales and Scotland, offered a minor ailment service in order to reduce the pressure on GP surgeries and A&E.

Mr Harte informed the Board that 40% of the medication prescribed by GPs were not taken correctly, whereas patients who attended a pharmacy would be more engaged with the service and would better understand their condition and the reason they were being prescribed particular medicines etc. A brief discussion ensued in relation to the wastage of medication and Dr Gowans reported that there was a lot of work going on to address this issue, which was really complicated. GPs were being trained away from just prescribing tablets to ensuring patients understood why they were being asked to take a particular medication.

39. OSWESTRY PATIENTS VOICE

Mr Malcolm Glover, Vice-Chairman of the Plas Ffynnon Patients Group gave a presentation about the work of Oswestry Patients Voice, which was a patient group for the four GP Practices based in Oswestry (Cambrian, Caxton, Plas Fynnon & Willow Street).

Mr Glover informed the meeting of the recent work of the Group assisting with the Flu Jab Campaign by promoting the campaign in the local press, handing out leaflets and providing information at GP surgeries, and outside supermarkets etc highlighting the benefits of being immunised. Members of the Group also assisted at Flu Clinics by recording numbers of patients, assisting with the queue and car park control. This had been a very worthwhile exercise which would be repeated in future years.

The Oswestry Patients Voice have made a number of suggestions for the future which have been passed on to the four GP surgeries and include a suggestion that they all hold flu clinics at the same time which would make it easier to promote. They had also booked a market stall at Oswestry Show for August 2013 to raise awareness of the Group and the work that they do.

The Chairman thanked Mr Glover for his informative presentation and congratulated the Group on its pro-active and innovative approach. In response to a query, Mr Glover reported that it was felt the uptake of flu jabs would be better this year. Dr Morton stated that the campaign had had a massive impact and had led to a stark improvement in the take up of flu jabs. The Oswestry Patients Voice had managed to access the hard to reach groups who were also the most vulnerable. The Director of Public Health endorsed the work of the group who had done an excellent job which he hoped could be replicated across the rest of Shropshire.

40. LONG TERM CONDITIONS STRATEGY

The Board received the report of Dr Sal Riding, Clinical Director and Long Term Conditions (LTC) Lead, who gave a presentation about the LTC Strategy developed for Shropshire County CCG. Dr Riding drew Members' attention to the eight areas identified in the LTC work plan and discussed each one in turn.

Dr Riding explained that there was a lot of overlap between the Health and Wellbeing Strategy, the NHS Mandate and the emerging Department of Health LTC Strategy and that more joined up working was required. The LTC Strategy was built on the views of the public following an event in February 2012 when the public were asked what they wanted to see in the Strategy.

In response to a comment from a member of the public, Dr Riding explained that the LTC reference group had the same vision of review being done in a systematic way, and being more about teaching patients to understand their condition and medication required as well as what to do if they become ill. It was felt that this job would probably fall to practice nurses to undertake.

The Partnerships and Health Integration Manager felt that the LTC Strategy did not overlap with the Health & Wellbeing Strategy as it provided the delivery vehicle for getting to where services needed to be in the higher level Health & Wellbeing Strategy.

RESOLVED: to note the report.

41. CLINICAL EVIDENCE FOR REFERRAL TO TREATMENT WAITING LIST TARGETS

Dr Caron Morton, Accountable Officer Shropshire CCG explained that Members had requested this information at a previous meeting and was for their information only.

42. FINAL HEALTH AND WELLBEING STRATEGY

The Board received the report of Ms Carolyn Healy, Partnerships Manager who drew attention to the revised outcomes table and described the key changes that had been made to the priorities and cross cutting principles.

In response to a query about what performance measures would be in place to measure success, Ms Healey reported that work was ongoing to develop key milestones alongside the national requirements. The public would be asked what they saw as a measure of success at the forthcoming Health & Wellbeing 'strategy to implementation' event on 31 January 2013.

The Director of Public Health explained that in addition to the obvious health outcomes linked to the strategy, there were other measures of success that contribute to health and wellbeing, for example positively influencing employment opportunities.

RESOLVED: to approve the Health and Wellbeing Strategy, subject to Cabinet endorsement and to note the date of 31 January 2013 for the action planning event.

43. DATE OF NEXT MEETING

RESOLVED

That the next meeting of the Shadow Health and Wellbeing Board be held at 9.30 a.m. on Wednesday 23 January 2013 in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury.

44. ANY OTHER BUSINESS

It was agreed to include an item for Public Questions on future agendas.

Professor Rod Thomson circulated a briefing paper about building effective engagement between health and wellbeing boards and criminal justice system agencies. It was agreed to include this item on the agenda for the next meeting.

45. EXCLUSION OF PRESS AND PUBLIC

It was **RESOLVED** that under paragraph 10.2 of the Council's Access to Information Procedure Rules that the proceedings of the Committee in relation to agenda item 11 shall not be conducted in public on the grounds that it involves the likely disclosure of exempt information defined by the category specified against the item.

46. SHROPSHIRE HEALTHWATCH – APPOINTMENT OF PREFERRED PROVIDER (EXEMPTED BY CATEGORY 3)

Ms Carolyn Healy, Partnerships Manager introduced the exempt report of the Group Manager, Care and Wellbeing.

The meeting finished at 11.30am

Chairman :

Date :