



Date: Thursday, 9 June 2016

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

Contact: Karen Nixon, Committee Officer  
Tel: 01743 257720  
Email: [karen.nixon@shropshire.gov.uk](mailto:karen.nixon@shropshire.gov.uk)

## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **3 Minutes (Pages 1 - 8)**

To approve as a correct record the minutes of the previous meeting held on 21 April 2016, which will follow.

Contact: Karen Nixon Tel: 01743 257720

#### **6 System Update (Pages 9 - 14) STP**

A report will be made.

Contact: Dave Evans, Accountable Officer Shropshire CCG and Telford & Wrekin CCG

#### **Leadership Centre Offer Update – for Information**

A report is attached.

Contact: Andy Begley, Interim Director of Adult Services 01743 253704

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## Committee and Date

Health and Wellbeing Board

9 June 2016

### **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 21 APRIL 2016 9.30 - 11.10 AM**

**Responsible Officer:** Karen Nixon  
Email: karen.nixon@shropshire.gov.uk Tel: 01743 257720

#### **Present**

Councillor Karen Calder (Chairman)  
Councillor Lee Chapman,  
Professor Rod Thomson, Shropshire Council  
Andy Begley, Shropshire Council  
Karen Bradshaw, Shropshire Council  
Dr Julie Davies, Shropshire CCG  
David Evans, Shropshire CCG  
Adelle Wilkinson was also present representing Healthwatch.

#### Also in Attendance:

Mrs M Ashwell, T Brettell, G Candler, Mrs A Creighton, G Dakin, Dr I Ghani, Mrs J Gittens, Mrs L Laverton, Mrs P Moseley, Mrs J Randall, Mr D Sandbach, Mrs M Shingleton and Mrs S Tilley.

#### **72 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies for absence were received from Dr Julian Povey, Rachel Wintle, Jane Randall-Smith, Jan Ditheridge, David Coull, Mandy Thorn, Mike Brandreth, Joyce Barrow and Mike Ridley.

Adelle Wilkinson substituted for Jane Randall-Smith (Healthwatch, Shropshire).

#### **73 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.

#### **74 MINUTES**

Subject to 'Councillor' being deleted from Brigid Stacey's prefix, it was

**RESOLVED** That the minutes of the meeting held on 26 February 2016 be approved as a correct record and signed by the Chairman.

Arising thereon;

At minute 69 c) It was confirmed that since Paul Tulley had left, this work would be picked up by Dr Julie Davies and Fiona Ellis. They proposed to report back to the board via the Children's Trust

At minute 70 e) It was confirmed that this work would be included in the Annual Safeguarding Report (Andy Begley).

## 75 PUBLIC QUESTION TIME

Two public questions were received from Mr David Sandbach. A copy of each question was circulated at the meeting (copies attached to the signed minutes) and Mr David Evans provided the following verbal responses at the meeting on behalf of the CCG;

### Question 1 – Re. Price Waterhouse Cooper (PWC) report

Mr Evans said the PWC report contained some commercially sensitive material. A redacted version was being prepared and this would be published in the next week or so.

The Chairman welcomed this, saying she felt it was important for the detail to be made public; the work done by PCW should be transparent.

### Question 2 - Re. the success of operational arrangements over the Easter period

Mr Evans confirmed that both sites had been full and that challenges had been the greatest during the week after. A review of the challenges over Easter was currently being undertaken and he was happy to send a copy of this report to Mr Sandbach when this had been concluded.

By way of a Supplementary Question Mr Sandbach asked if a risk assessment was being arranged further to stories in the local press about ambulances being piled up outside the Princess Royal. Mr Evans confirmed this was being undertaken with the Ambulance Service and it would be reported back to the Health and Wellbeing Board at the next meeting.

## 76 ALCOHOL STRATEGY DRAFT

A presentation was given by Jayne Randall, Drug and Alcohol Lead, Drug and Alcohol Action Team, Shropshire Council, on the draft Alcohol Strategy for 2016-2019 (copy attached to the signed minutes).

The Chair said that this work sat comfortably under the cross-cutting theme of the Health and Wellbeing Board and that it would be sensible to expand this and take the work forward. The CCG also welcomed this work and commented that through

the Better Care Fund more could be done to promote better engagement and increase the profile.

In conclusion, it was agreed that not one organisation could tackle this. A multi-agency strategy would be required to broaden this out. Therefore other partners input would be welcome going forward.

**RESOLVED:**

- a) That the aims and objectives as presented for the Alcohol Strategy 2016-2019 be approved in principle.
- b) That alcohol be considered as a future strategic priority for the Health and Wellbeing Board.
- c) That the delivery of the strategy through partnership working be supported.

**77 BETTER CARE FUND 2016/17 SUBMISSION - Including Quality Premium Metrics**

A report presenting the Better Care Fund (BCF) narrative plan and activity and finance template to the Health and Wellbeing Board for final consideration and approval was received by the Board (copy attached to the signed minutes). It also considered Quality Premium as part of the BCF and a presentation was also made to the Board which covered NHSE requirements, the Narrative Plan, Funding, Schemes, Metrics and the next steps.

Unfortunately due to time constraints, the HWBB had not been able to have much input this time round with Quality Premium. This was flagged up to health partners and they assured that they would look at measures earlier next year to ensure there was a more timely input.

The Board did have some specific concerns it wished to raise with NHS England and therefore it was agreed that NHS England be invited to the next formal meeting of the Board so that issues could be raised with them directly.

A discussion ensued about the Better Care Fund and the STP and it was suggested that the BCF be re-positioned within the STP to influence changes within the whole system. The informal joint meeting between Shropshire's H&WB and Telford & Wrekin's H&WB in May was also welcomed.

Thanks were placed on record to all staff involved for their input into this plan, but especially to Tom Brettell and Sam Tilley.

**RESOLVED:**

- a. That the content of the Better Care Fund narrative plan for 2016/17 be noted and approved.

- b. That the content of the Better Care Fund activity and finance template 2016/17, including the metrics and pooled budget for 2016/17, be noted and approved.
- c. That the following 3 local quality premium metrics be approved and supported by the Health and Wellbeing Board;
  - A reduction in the rate of unplanned hospital admissions for people with chronic ambulatory care sensitive conditions;
  - An improvement in the percentage of diabetes patients receiving the recognised 8 care processes;
  - An improvement in the percentage of patients receiving IAPT commencing a course of treatment.

## 78 **REPORT FROM THE HEALTH AND WELLBEING DELIVERY GROUP - Exemplar Development, Mental Health and Healthy Weight**

A report from the Health and Wellbeing Delivery Group (copy attached to the signed minutes) was received and noted by the Board. This highlighted the key work of the Group which included the 3 Health and Wellbeing Exemplar areas of work; Healthy Weight and Diabetes Prevention, Mental Health and Carers.

David Evans confirmed the CCG were supportive of the overall direction of travel, but did have concerns around the level of sustainability. Regarding Shropshire, there were additional concerns regarding Community Fit and financial modelling.

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

## 79 **REFUGEE/ASYLUM SEEKER PROGRAMMES**

The Board considered a report (copy attached to signed minutes) on support to Syrian Refugees and Asylum Seekers in Shropshire. Shropshire Council had established a cross-party working group in the autumn of 2015 to formulate and co-ordinate the response from Shropshire to this international humanitarian crisis.

A copy of the full report that had been approved by the Cabinet at their meeting on 16 March 2016 was attached at Appendix A. It was noted that the first families would be arriving in Shropshire at the end of June 2016.

**RESOLVED:** That the recommendations included in the report at Appendix A be noted and supported by the Board.

## 80 **NEIGHBOURHOOD LIFE UPDATE**

A presentation on Neighbourhood Life was jointly introduced and amplified by George Candler, Director of Commissioning, Miranda Ashwell, Public Health Programme Lead and Angela Creighton, Shropshire Community Leisure Trust, SERCO (copy attached to the signed minutes).

They updated the Board on the progress of work to date on Shropshire neighbourhood life and especially the model embedded in Shrewsbury and Oswestry – a discussion was currently ongoing regarding Ludlow.

The Shropshire Community Leisure Trust ‘Everybody Active Everyday action plan included MI (Behaviour change), staff training and the engagement of ‘inactive people’.

**RESOLVED:** That the presentation be noted and the ongoing work regarding neighbourhood life be supported.

**81 OVERVIEW AND SCRUTINY UPDATE - For Information**

The Chair of the Health and Overview Scrutiny Committee undertook to circulate all members of the Board with an update on progress with health scrutiny generally after the meeting, which was welcomed.

**82 NATIONAL PHARMACY CONSULTATION - Response**

The Director of Health introduced and amplified a report (copy attached to the signed minutes) on the consultation ‘Community Pharmacy in 2016/17 and Beyond’, which set out changes for community pharmacies as the Department of Health looked to integrate more closely with other NHS services and at the same time make efficiencies that included budget reductions.

Shropshire’s main concerns about the proposed changes were about rural pharmacies; the consultation did not appear to take into account that rural communities could be disadvantaged.

**RESOLVED:** That the report be noted and approved subject to additions to be included from Shropshire Healthwatch, as Shropshire’s response to the consultation.

Signed ..... (Chairman)

Date:

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## **Minute 81 of Health and Wellbeing Board 21 April 2016 minutes**

**refers to the following:**

### **OVERVIEW AND SCRUTINY COMMITTEE UPDATE 21 APRIL 2016–**

**The Committee has considered the following in 2016:**

#### **Adult Safeguarding**

The Committee had asked to be kept informed of the development of the 'Keeping Adults Safe in Shropshire Board' and revised statutory obligations under the Care Act.

The Committee felt that there was now a genuine multi-agency approach to adult safeguarding and good progress to date in implementing the requirements of the Care Act and the Strategic Action Plan. The Committee will receive the Annual Report of the Board in September 2016 and a mid-year update will be circulated to Members.

#### **Non Emergency Passenger Transport**

The Committee asked Shropshire CCG to explain its plans for the implementation of a consistent approach to assessment for access to the non-emergency patient transport service. Dr Davies attending a meeting to set out the plans and answer questions. The Committee made suggestions relating to publicity around the changes and asked about the appeal process. It was agreed that if any significant concerns arose following implementation that Dr Davies would be asked to attend a meeting to discuss and address these.

#### **West Midlands Ambulance Service**

West Midland Ambulance Service and Shropshire CCG were asked to attend a meeting to explain the contributing factors underlying the deteriorating trend in response times in Shropshire – especially rural areas – and to discuss what is being done to address these concerns

It was agreed that WMAS, CCG and SATH be asked to attend the Committee on 25 July, with a report on:

- Ambulance turnaround times at RSH and PRH
- Working with other emergency services
- Initiative to address frequent callers
- GPs with ambulance scheme

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## Health and Wellbeing Board 9<sup>th</sup> June 2016

### Sustainability and Transformation Plans

**Responsible Officer** Julie Davies

Email: Julie.davies47@nhs.net

Tel: 01743 277500

Fax:

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#### 1. Summary

- 1.1 As the NHS England website states, 'In December 2015, the **NHS shared planning guidance 16/17 – 20/21** outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the **Five Year Forward View** vision of better health, better patient care and improved NHS efficiency.
- 1.2 To deliver plans that are based on the needs of local populations, local **health and care systems came together in January 2016 to form 44 STP 'footprints'**. The health and care organisations within these geographic footprints are working together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term.'
- 1.3 The Shropshire STP programme is being led by Simon Wright, Chief Executive of SaTH and the footprint for this area is the county of Shropshire; Shropshire Council area and Telford & Wrekin.
- 1.4 Appendix A provides a brief STP update for the HWBB (following the presentation of the STP at the February Board meeting) and Appendix B is the response from NHS England regarding the submission of initial Shropshire STP return.

#### 2. Recommendations

1. The Board note the progress of the STP as outlined in the appendices.
2. The Board discuss and provide input to the STP development.

### REPORT

#### 3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1 The HWBB works to reduce inequalities across Shropshire.

**4. Financial Implications**

None associated directly with this report. The STP however, must address the financial deficit of health and care in Shropshire.

**5. Background**

See summary

**6. Additional Information**

N/A

**7. Conclusions**

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b>
Cllr Karen Calder
<b>Local Member</b>
<b>Appendices</b>
Appendices A & B below

# Update for Partner Boards

This paper provides an update on the STP process so far and set out steps for agreement moving forward.

The STP is intended to be a strategic document that sets out the key priorities for the Shropshire and Telford & Wrekin footprint through to 2020/21.

It must be at a sufficient level of detail to allow tangible discussions to be held on the 2-3 big topics that are worthy of extra-ordinary effort for extra-ordinary gain. It is not expected to include every issue that systems will be dealing with over the 5 year period. It should cover how we will:

- Close the health and well-being gap – prevention, self-care, social capital
- Close the care & equality gap – models of care for acute, community, primary care
- Close the financial and efficiency – Deficit Reduction Plan

Of particular note for the HWBB will be the workstream that is being created around 'Neighbourhoods'. There will be a workstream for both Shropshire and Telford and Wrekin; each workstream will have Chief Officer Sponsorship from Clive Wright and Richard Partington respectively, along with Executive Leadership. These two workstreams will further develop solutions for place-based services, social capital and prevention and self-care. The workstreams will have a reporting line to the HWBB to ensure they develop proposals that are consistent with the priorities in the Health and Well-Being strategy, the JSNA and the Better Care Fund.

We have submitted an interim submission based on a centrally-determined template; this was not intended to be an executive summary of the final document, more an outline of work done so far and emerging priorities. We have also had a one to one session with the Chief Executive of NHS England and Chief Executive of other Arms Length Bodies (ALB); this is due to the fact that we were pre-designated as a high risk system. The feedback from this interim assurance process is attached.

A central element of the STP is the progression of the Strategic Outline Case for hospital services; following approval further work will take place on the wider models of care for the population. At a recent joint CCG board meeting the Strategic outline Case was approved by Telford & Wrekin CCG and not approved by Shropshire CCG. Further work is now in hand to describe the resourcing of the shift of activity from the acute services and the intention is for the Strategic Outline Case to be re-presented to the Shropshire CCG Governing Body for approval in June. The Strategic Outline Case needs to be approved in order to have a viable STP; the STP will be submitted by 30<sup>th</sup> June 2016. We will continue to progress the work on prevention and self-care and the Deficit Reduction Plan over the coming weeks.

It had been intended to submit the proposed STP to the Boards for the May/June cycle starting with RJAH FT Board on the 24<sup>th</sup> May 2016; we would then collate feedback and submit at the end of June. This is no longer possible because it was not approved by Shropshire CCG.

We have been informed that we will be called to another one to one session with ALB Chief Executives in July, following which we will receive feedback and guidance about how to proceed. In light of all the above, the STP will be submitted on 30<sup>th</sup> June following approval from the STP Partnership Board. Following feedback from national teams we will further refine the plan and submit to partner boards for approval of the final plan at a later date.



To  
Simon Wright  
Chief Executive Shrewsbury and Telford Hospital Trust

cc to  
CEOs from NHS England, NHS Improvement, CQC, PHE, HEE, NICE and LGA

By email

13<sup>th</sup> May 2016

Dear Shropshire and Telford and Wrekin

Thank you for your initial STP return and for making the time to come and discuss it with the ALB CEOs last week. They have asked us to feedback on their behalf, so that we can work with you to take this forward. The panel was impressed by the commitment to develop a genuinely sustainable plan that will transform the quality of care for your population over the next five years, and the evidence of partnership working across commissioning, provision and local authorities.

This letter captures some of the key elements of our discussion, sets out what we expect to see in your plan on June 30<sup>th</sup> and the support we can offer in the intervening period. This is not exhaustive, and so should be read alongside other STP guidance and advice from your regional ALB Programme Board.

As we discussed, the plans need to simultaneously address the in-year challenge of delivering the 16/17 position as well as putting in train the actions that will be needed to ensure a high quality, financially sound health system by 2020/1. We no longer have the luxury of trading off short stability against long-term benefit and it is our collective challenge to ensure the solutions we develop for today's problems provide a bridge to our strategy for tomorrow.

We recognise that your STP is a complex geography with many moving parts, and although we did not discuss all the areas that will be part of your STP plan, in our conversation we discussed a number of key themes that we expect to be fully developed as part of your plan, including the need to:

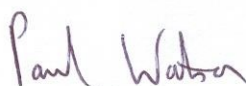
- Continue to develop a shared purpose across the footprint, using the STP to build the momentum you have already created, and drive the transformation required to close the three gaps (health, quality and finance).
- Set out a tangible/detailed model of care – including your acute services model and plans to improve primary and community services – with clearly defined choices and benefits for your population, not just in 2020/21 but working back from this for each year and in relation to your 16/17 control total, so that we can be assured it stacks up.
- This should include your plan for orthopaedics and reflect the scale of the challenge with regard to your frail elderly population.
- Set out clearly any dependencies for your plan to work – including any capital requirements (and in recognition of the current context, potential innovative options to meet them).

- Set out your plans to work with LAs and other partners to deliver not just the service changes, but the cultural changes required to support it.

To support the planning process, we will shortly release an 'indicative allocation' for 2020/1 for each footprint. These figures are – as the title suggests – indicative: final allocations will be subject to allocations decisions that are for the NHS England Board to make in due course. Overall the funding available for the healthcare system will be greater in 2020/1 than it is today, although the levels of future growth may be less than the NHS has enjoyed historically. We need to be clear that this is not about 'cutting' budgets, but about identifying the best possible use of resources so that we can meet the forecast rise in demand, and wherever possible, reduce that demand by improving the population health. The point of making these indicative figures available now is to provide a basis for local conversation about the best way to drive the necessary transformation, allowing you to reverse engineer back from 2020/1 to the 16/17 position.

We will use your June STP submission as the basis for a further conversation about concrete options, impact and timelines, so that together we can develop and implement a sustainable plan for transformation at pace.

Finally, we would like to personally thank you for taking on this vital leadership role, and do let us know if there is anything else the national or regional team can do to support you.



Paul Watson



Dale Bywater

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