



Committee and Date

Health and Wellbeing Board

4th December 2015

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD ON 23 OCTOBER 2015
9.30 - 11.35 AM**

Responsible Officer: Karen Nixon
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Present

Councillor Karen Calder (Chairman)
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler, Karen Bradshaw, Dr Helen Herritty, Rachel Wintle, Carole Hall (substitute for Jane Randall-Smith) and Brigid Stacey (substitute for Dr Caron Morton)

Also in attendance:

Penny Bason, Andy Begley, Charlotte Cadwallader, David Coull, Jan Ditheridge, Gill George, Dr Irfan Ghani, Janet Gittins, Karen Gregory, Peter Latchford, David Sandbach, Madge Shingleton and Sam Tilley.

43 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Dr Julie Davies, Dr Bill Gowans, Dr Caron Morton, Jane Randall-Smith and Paul Tulley

Brigid Stacey, Acting Accountable Officer, Shropshire Clinical Commissioning Group, substituted for Dr Caron Morton and Carole Hall substituted for Jane Randall-Smith (Healthwatch).

44 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.

45 MINUTES

RESOLVED: That the minutes of the meeting held on 11 September 2015, be approved as a correct record and signed by the Chairman.

Arising thereon;

At Minute 39 the Chair requested the evaluation information again and The Acting Accountable Officer for Shropshire CCG undertook to provide this after the meeting.

46 PUBLIC QUESTION TIME

Four public questions were received; two from Mr David Sandbach and two from Mrs Gill George. A full copy of each question and the formal responses were circulated at the meeting (copies attached to the signed minutes).

Question 1 – by way of a supplementary question Mr Sandbach asked when he would see results for people with mental health illnesses in terms of for example a reduction in the number of admissions? The Chair answered that unfortunately there was no simple answer to this and perhaps this matter could be discussed in more depth at a later date with mental health colleagues. The Director of Public Health also added that mental health prevention was currently being promoted and that he would endeavour to supply Mr Sandbach with information about admission rates and mental health after the meeting.

Question 2 – by way of a supplementary question Mr Sandbach asked if the Health and Wellbeing Board had been briefed on how many empty beds may be left in the event that a, b, c1 and c2 did not go ahead. He stated that 'toxic real estate' may be left empty and he felt that the public needed to know what was happening.

Brigid Stacey, Acting Accountable Officer, Shropshire CCG undertook to take this question back to the Future Fit Core Group for consideration.

Question 3 – by way of a supplementary question Mrs George asked how far lobbying for enhanced health funding had got with NHS England. The Director of Public Health responded that some progress had been made for example in respect of Health Visiting, whilst evidence for other areas continued to be gathered. The Chair endorsed this by saying that lobbying with local MP's continued against rural health inequalities; it was a battle constantly being fought.

Karen Gregory (NHS England) undertook to take this question back to colleagues in NHS England and report back to the next Board.

Question 4 – by way of a supplementary question Mrs George asked if the Health and Wellbeing Board would also push for additional funding for Shropshire because of it's elderly age profile if at all possible. The Chair confirmed that yes the Board would.

47 BETTER CARE FUND - UPDATE AND PERFORMANCE

The Director of Adult Services gave a verbal update on recent developments on the Better Care Fund and Performance. He briefly made the following main points which were duly noted by the Board;

- Confirmation had been received from central government that the Better Care Fund would continue and guidance for 2016/17 was awaited.
- The Better Care Fund Task and Finish Group were currently deciding what national support would be appropriate to take up.

- Current Better Care Fund priorities were going through a refresh and re-prioritisation, whilst working groups were looking at key areas.
- The effectiveness of monitoring activities linked to the Better Care Fund were being looked at. It was hoped to make metrics simpler in future with better connections between activity and results.

48 PREVENTION, WINTER PRESSURES & JOINT PLANNING

A report giving an overview and direction of travel of partnership working between Adult Social Care, Health and Housing was noted by the Board. The housing aspect of the report was introduced and amplified by the Head of Adult Social Care Operations, who also circulated an update on Shropshire Heatsavers Evaluation including an update on the Bulk Buying Fuel Scheme (copies attached to the signed minutes).

Great progress had been made to date, especially over the past nine months, which had seen a significant transformation within housing services and operational relationships continued to build and develop across Adult Social Care, Health and Housing. A discussion ensued and the following main points were made;

- Promotion of the Community Energy Scheme, which aimed to reduce health inequalities, was to be promoted.
- The key link between Housing and Children's Services was to be highlighted.
- Look at initiatives for private landlords.
- Work with larger housing providers stressing the 'fit for purpose' aspect and the 50+ housing market and getting that message out.
- Noted that working with Planning colleagues and private developers had been highlighted at a recent Better Care Fund workshop.
- Encourage landlords to work in a more socially aware way in the future.
- Suggested to engage with the private nursing sector too.

In respect of the Immunisation update, Irfan Ghani, Consultant in Public Health, gave a presentation on the Shropshire Immunisation Profile (copy of presentation attached to the signed minutes) which briefly covered;

- The delivery model
- UK immunisation model
- Childhood immunisations (0-5)
- Adolescent immunisations
- Adult immunisations
- Seasonal influenza immunisation (including uptake for 2014/15)
- The routine immunisation schedule from Summer 2015
- Communications report for 2013/14 - for information

Generally vaccine levels in Shropshire were good in Shropshire; all target figures were better than the national average, which was welcomed by the Board.

There were some anomalies which were explained as follows;

- HPV vaccination levels for Year 8 school girls had reduced in 2013/14 compared to the previous year – firstly, this was thought to be due in part to using a new provider and secondly because the vaccine was now given in 2 doses, instead of 3.
- It was noted that there was a level of resistance amongst health and care staff to come forward for immunisation which was of concern. It was agreed that there needed to be a sea change in attitude to reverse this trend, so that uptake improved. Officers confirmed they were working on improving this.
- It was highlighted that social care workers were not currently included in the take-up stats and that could they be included if possible – it was explained that the immunisation programme sat with NHS England nationally and therefore this could not be influenced locally.

RESOLVED: That subject to the foregoing, the report be noted.

49 **COMMUNICATION AND ENGAGEMENT GROUP UPDATE**

An update report on the Communication and Engagement Group was introduced and amplified by the Health and Wellbeing Co-ordinator (copy attached to signed minutes).

Everyone was reminded to try and attend Communication and Engagement Group meetings as far as possible.

It was noted that the Group worked closely together in respect of winter messaging, including working with local members. Promotion of the Health and Wellbeing Board Strategy was also included.

RESOLVED:

- a) That the work and approach of the Health and Wellbeing Board's Communications and Engagement Group; to work collaboratively, as far as possible, on a local communication and engagement programmes be noted.
- b) That the local winter messaging campaign be discussed.

50 **FUTURE FIT & COMMUNITY FIT**

A report summarising the status of the NHS Future Fit Programme following a meeting of the Programme Board on 1st October (copy attached to the signed minutes) was received by the Board.

It was noted that Finance Directors were being asked to look at a system-wide deficit.

Future Fit would continue and the offer of accelerating Community Fit would be announced in the next few weeks – following the November Project Board meeting.

The Acting Accountable Officer for Shropshire CCG said she would take the Board's report to Chief Officers that afternoon and convey their concerns.

RESOLVED: That the report be noted and that a report considering system transformation would be presented to the Health and Wellbeing Board at their next meeting on 4th December 2015.

51 HEALTH AND WELLBEING BOARD GOVERNANCE UPDATE & TERMS OF REFERENCE UPDATE

The Chair introduced a report (copy attached to the signed minutes) updating the Board on Health and Wellbeing Board Governance and new Terms of Reference for the Health and Wellbeing Board and the Health and Wellbeing Board Delivery Group. She asked for comments on the draft terms of reference, particularly those regarding membership, which were briefly made as follows;

- To consider how Housing would be represented.
- The principle of joined-up working was generally supported.
- Was there a role for the Local Joint Committees to get the message out to everyone? It was agreed that the Chair would take this matter up with George Candler after the meeting.
- NHS England had a statutory place on the Board and whilst ideally they would want to attend if they could, it was not always possible and it was stressed that their role would be filled by CCG representatives locally, as happened in other Health and Wellbeing Boards nationally.
- It was requested that system leaders be invited to attend meetings as needed.
- Cllr Hartley requested more obvious connections to other delivery boards such as the Children's Trust.

It was noted that the key change was at paragraph 2.2 where the Better Care Fund formerly had two Groups, which was now reduced to just the one; The Health and Wellbeing Delivery Group.

RESOLVED:

- a) That subject to being able to invite as and when required certain individuals to contribute to the Health and Wellbeing Board, the updated draft terms of reference for the Health and Wellbeing Board be approved.
- b) That the updated draft terms of reference for the Health and Wellbeing Delivery Group be approved.
- c) That a further report be made to the Health and Wellbeing Board containing more detailed arrangements for devolved decision making in relation to the Better Care Fund.

<TRAILER_SECTION>

Signed (Chairman)

Date: