



Committee and Date

Health and Wellbeing Board

5 July 2017

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON
25 MAY 2017
9.30 - 11.28 AM**

Responsible Officer: Amanda Holyoak

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Present

Councillor Lee Chapman (Chairman), Portfolio Holder for Adults, Shropshire Council
Dr Julian Povey (Co-Chair), Clinical Chair, Shropshire CCG
Councillor Nick Bardsley, Portfolio Holder for Children and Families, Shropshire Council
Andy Begley, Director Adult Services, Shropshire Council
Terry Harte, Healthwatch (for Jane-Randall Smith)
Professor Rod Thomson, Director of Public Health, Shropshire Council
Michael Whitworth, Interim Director of Contracting and Planning - Shropshire CCG
Rachel Wintle – Voluntary and Community Sector Assembly

Also present:

Penny Bason, Health and Wellbeing Coordinator
Nicky James – SPIC (for David Coull)
Terry Harte, Healthwatch (for Jane Randall-Smith)
Gordon Kochane, Public Health Registrar
Lorraine Laverton, Children's Trust
Tanya Miles, Head of Social Care Operations
Tom Brettell, Better Care Fund Manager

1 ELECTION OF CO-CHAIRS

Councillor Lee Chapman and Dr Julian Povey were elected as co-chairs of the Board.

2 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from: David Coull, Chairman – SPIC, Simon Freeman, Accountable Officer - Shropshire CCG, Karen Bradshaw, Director of Children's Services - Shropshire Council, Dr Julie Davies, Director of Performance and Delivery – Shropshire CCG, Jan Ditheridge, Chief Executive - Shropshire Community Health Trust, Simon Wright, Chief Executive – SaTH, Jane Randall-Smith, Healthwatch

Michael Whitworth substituted for Simon Freeman., Nicky Jones substituted for David Coull, Terry Harte substituted for Jane Randall-Smith.

3 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.

4 MINUTES

The minutes of the meeting held on 23 March 2017 were confirmed as a correct record.

5 PUBLIC QUESTION TIME

Public questions were received from John Bickerton, Nicola MacPherson and Gill George.

Mr Bickerton asked whether there would be cuts in Health and Community Services in Shropshire, and about apparent differences of opinion on the Better Care Fund,

Nicola MacPherson had submitted a question on behalf of the VCSA Health and Care Forum about the financial challenges faced by the voluntary and community sector and how the Board could ensure threats to the sector were minimised in the face of potential cuts to funding for preventative services. Following discussion, it was agreed that the Board should look at this issue in depth at its September meeting.

Gill George's question asked about the possibility of exploring alternative approaches in other parts of the country, eg, those involving capital investment into community hospitals and modern health centres in areas poorly served by community hospitals, less focused on the organisational needs of the acute sector.

A copy of the questions and the responses made are attached to the signed minutes. In asking a supplementary question on behalf of Mrs George, Mr Deaves asked about a timescale for the actions recommended in the Optimity report, how they would be implemented and where the ultimate governance for implementation lay. The Director of Public Health confirmed that he would be meeting with Mrs George to respond to her question and take her through the detail of the Optimity report. The Chief Executive, Shropshire Council, commented that some powers to make decisions lay with the Council and some with the CCG. A tightly closed governance structure imposing decision would not work and conclusions about action needed were being arrived at together.

AGREED

That the Board would look at this issue of funding of the VCS and preventative services in depth at its September 2017 meeting.

6 SYSTEM UPDATE

The Board considered a report on Shropshire Neighbourhoods/Out of Hospital Work (copy attached to the signed minutes).

The Board noted that the Optimity report has been a catalyst for agreeing the key areas of work needed to support the planning and transformation needed as part of the STP

Neighbourhoods/out of hospital work. The Programme Board for this work had proposed five key workstreams: Prevention/Healthy Lives; Population Health Management; Primary Care Five Year Forward View; Admissions Avoidance; and Community Services Review.

Attention was drawn to the draft governance structure which highlighted the key programmes and was designed to build on work already taking place. Mental Health was intended to be woven into each of the workstreams.

Currently STP governance did not include reference to the Health and Wellbeing Board which was where accountability lay to the public of Shropshire. The Board felt that this accountability should be weaved into all governance structures and approaches.

The CCG Clinical Chair said the Optimity report had helped reset the agenda. The Chairman of the Board referred to the considerable amount of work needed. He stated the Board would need to be strong enough to take a long view and that the CCG and Council would need to work together jointly around the priorities identified, rather than simply align activity. The Board endorsed the approach set out in the report to take out of hospital work forward and the key workstreams.

The Chair thanked the Director of Public Health for the report and stated that the Board would expect regular updates.

7 DELIVERY GROUP UPDATE

Mental Health Partnership Board and Suicide Prevention Strategy

The Board received its regular update briefing (copy attached to signed minutes) designed to provide assurance from the Mental Health Partnership Board concerning the partnership approach to promoting and supporting the mental health and emotional wellbeing of the people of Shropshire.

The Clinical Chair of the CCG emphasised that Mental Health was paramount and that everyone needed support and development at some point in relation to mental wellbeing. The Chairman said that he had observed a Partnership Board meeting which had been well attended and included representation from a large range of organisations. It was confirmed that mental health would be embedded through all planning at every stage. Members felt that the vision was clear and precise.

AGREED

- i) to endorse and champion the vision of the Mental Health Partnership Board as “Shropshire is a place where mental health is everyone’s business, positive emotional wellbeing is promoted and services and communities work together to provide appropriate support when our people need it”
- ii) to endorse the key themes of the 12 month action plan.

Suicide Prevention Strategy

Gordon Kochane, Public Health Registrar presented the Suicide Prevention Strategy (copy attached to signed minutes) for agreement and endorsement by the Board.

He explained how the priorities within the Strategy had been identified, and how national guidance and feedback on the draft had also informed it. He reported on updates suggested at a recent Mental Health Partnership meeting.

Board members felt that the strategy was excellent but asked questions about information sharing, which was already difficult across the statutory services and would be even harder for third sector organisations to access. They heard that a Memorandum of Understanding was being developed which would include an information sharing agreement.

Members' attention was drawn to a workshop on 7 June 2017 on the Strategy which they would be welcome to attend if they wished to do so.

It was confirmed that the updated version of the draft would be circulated when available.

AGREED

To agree and endorse the Suicide Prevention Strategy for implementation within Shropshire.

Integration and Better Care Fund Plan 2017 - 2019

Tanya Miles, Head of Social Care Operations – Shropshire Council and Tom Brettell, Better Care Fund Manager introduced the report on the draft Integration and Better Care Fund plan for 17/18 to 18/19 and the 2016/17 Quarter 4 Performance Report. A presentation was made (copy attached to the signed minutes) which covered: reflections on 2016/17; the current position; the approach to the plan; national conditions and metrics; pooled budget and governance and sign off.

The Board noted that delayed guidance on the two year plan was still expected from Central Government and was not now expected until after the general election. However, this had meant that a 2 Year Plan had been created that suited Shropshire, was shorter and clearer and drove greater system integration.

It was likely that a special meeting of the Board would need to be arranged to sign off the Plan.

Michael Whitworth, Shropshire CCG, commented that as a relative newcomer to the CCG he had been encouraged by good partnership working and a proactive approach from the Council.

AGREED

The Board agreed the following statement regarding integration:

“The Health and Wellbeing Board believes integration is about putting Shropshire people at the heart of decision making. The Board uses evidence that is gathered through data and through engagement to develop a common purpose and agreed outcomes for people, with people; it is about taking a whole system approach to leading, designing and delivering services.”

Officers were thanked for the report.

Healthy Lives Update

The Board considered an update from the Healthy Lives Delivery Group (copy attached to the signed minutes). The Director of Public Health referred to Fire Service Safe and Well checks, and explained social prescribing. NHS England had asked Shropshire Council to take the lead on this in the Midlands. The Oswestry pilot was to be rolled out shortly.

The Chief Executive – Shropshire Council, referred to the need to establish base lines so it would be possible to measure and account for the difference this activity made. The Director of Public Health confirmed that it was intended to bring the evidence base to the Board and report on progress and plans for roll out on a regular basis.

The Clinical Chair of the CCG referred to the need for the approach to be owned by communities as well as GPs. The Health and Wellbeing Co-ordinator explained that social prescribing was unique in that referrals could be made from multiple sources, eg, GPs, mental health services, adult social care teams, community care co-ordinators and the voluntary sector.

It was noted that not all GP Practices had Community Care Co-ordinators and that they also had different roles in different practices. Ongoing work was needed to make Community Care Co-ordinators available to all, with a consistent offer.

Children's Trust Update

The Board considered its regular update from the Children's Trust (copy attached to signed minutes) which focused on: school readiness – 'All About Me'; embedding the adverse childhood experiences approach and provided an update on the 0-25 Emotional Health and Wellbeing Service.

The Board was asked to help in raising the profile of 'All About Me' and encourage all organisations in children and families to promote this strategy.

Attendance of Board Members was encouraged at a half day conference on 16 June 2017 to look at why organisations should be thinking about the 'Embedding the adverse Childhood Experiences' (ACE) approach.

It was confirmed that links between the 0-25 Emotional Health and Wellbeing Service and Mental Health Partnership had been formed so that approaches would be shared and there would be no risk of duplication of activity.

8 ARMED FORCES COVENANT

David Fairclough introduced a report on Shropshire Armed Forces Covenant in Healthcare (copy attached to signed minutes)

The key principal of the Covenant was to remove disadvantage to armed forces personnel, their families and veterans. The paper set out the key principles to which the Health and Wellbeing Board are expected to adhere to, and where possible, undertake recommendations in line with national best practice and Government guidance.

Karen Calder, Armed Forces Covenant Chair, explained that although the MoD delivered primary healthcare, Forces Personnel might not have access to a GP whilst on leave. It was hoped by the Covenant Partnership that each partner on the Health and Wellbeing Board would sign up to the key principles and make a specific pledge on how it could support armed forces personnel.

Attention was drawn to the national Armed Forces Covenant e-learning package for all health staff. The Board also discussed the difficulties experienced by veterans and their spouses in accessing NHS dentistry.

The Director of Public Health suggested that the Covenant identify which were the reputable Military charities as many had been formed in recent times.

The Chairman thanked David and Karen for the report and said that an update would be welcome on any support that the Board could provide in future.

Agreed

That the Director of Public Health write to the Local Dentistry Committee and NHS England to draw attention to the difficulties experience in accessing NHS dentistry;

That the Health and Wellbeing Board assist in promoting the national Armed Forces Covenant e-learning package for all health staff within Shropshire;

That the Health and Wellbeing Board endorse finding practical ways to identify a veteran within health services within Shropshire

That the Health and Wellbeing Board endorse that those within the military community, including spouses and veterans moving in to Shropshire have the opportunity to have their place on any NHS waiting lists moved with them

That the Health and Wellbeing Board endorse raising GPs awareness of the process when serving personnel are on leave and accessing primary healthcare

Signed (Chairman)

Date