



### Committee and Date

Health and Wellbeing Board

13 September 2018

## **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 5 JULY 2018**

**10.30AM – 12.45PM**

**Responsible Officer:** Michelle Dulson

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### **Present**

Councillor Lee Chapman (Co-Chair)	PFH Health and Adult Social Care
Dr Julian Povey (Co-Chair)	Clinical Chair, Shropshire CCG
Nicholas Bardsley	PFH Children's Services and Education
Lezley Picton	PFH Culture and Leisure
Andy Begley	Director of Adult Services
Dr Julie Davies	Director of Performance and Delivery, Shropshire CCG
Jane Randall-Smith	Shropshire Healthwatch
Irfan Ghani	Public Health
Neil Carr	Chief Executive, SSSFT
Kathy Riley	MD, Coverage Care Services Limited

### Also in attendance:

Penny Bason, Pam Schreier, Val Cross, Lisa Wicks, Stewart Smith, Gordon Kochane, Laura Fisher, Tanya Miles.

## **18 Apologies for Absence and Substitutions**

The following apologies were reported to the meeting by the Chair

Neil Nisbet	Finance Director and Deputy Chief Executive, SATH
Karen Bradshaw	Director of Children's Services
David Coull	Chief Executive Coverage Care Services Limited
Sarah Hollinshead-Bland	Service Manager for Adult Safeguarding
Phil Evans	STP Director
Rod Thomson	Director of Public Health
Simon Freeman	Accountable Officer, Shropshire CCG

### The following substitutions were also notified:

Irfan Ghani substituted for Rod Thomson, Director of Public Health.

## **19 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.

## 20 Minutes

It was confirmed that Dr Julie Davies had tendered her formal apologies for the meeting.

### **RESOLVED:**

That the Minutes of the meeting held on 24 May 2018, be approved and signed by the Chairman as a correct record, subject to the above.

## 21 Public Question Time

The Chairman drew attention to a letter received from NHS England which was a formal request for a review of a controlled locality following receipt of an application to open a new pharmacy in a controlled locality, namely Baschurch.

Councillor Bardsley explained that this matter had been discussed by both Baschurch and Ruyton XI Towns Parish Councils, and although it was accepted that the area was growing rapidly, and at some stage it may no longer be appropriate to remain a controlled locality, at the present time, it was felt to be very much a rural area with the vast majority of patients coming from the rural area and as such should remain a controlled locality.

The existing GP practice had a dispensary from which it relied upon to subsidise the income of the practice and it was felt that this would be jeopardised if there was a competitor within the locality.

The Chairman informed the Board that the matter had been discussed with the Director of Public Health who confirmed that Emma Sandbach would be meeting with the author of the letter following which the Health and Wellbeing Board would have an opportunity to make written representations, subject to the outcome of that meeting.

Board Members agreed for a response to be sent along the lines discussed.

Mr John Bickerton referred to questions he had asked at previous meetings to which he felt he had not received satisfactory responses. The Chairman felt that Mr Bickerton's questions had been fully answered by the Director of Public Health via letter and in person. He confirmed that the Better Care Fund was on today's agenda and Mr Bickerton's concerns would be taken on board.

## 22 System Update

- 22.i The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin  
Penny Bason, the Health and Wellbeing Co-ordinator introduced and amplified the STP Programme update (copy attached to the signed Minutes).

She reminded the Board of the priorities for STP that had been agreed and touched on the timeline of key STP activities.

The Health and Wellbeing Coordinator drew attention to the STP System thinking which included national leads engagement, developments in the system governance framework, the better use of data and partnership working. She then highlighted the Key Progress since the last review meeting.

Finally, the Health and Wellbeing Coordinator touched on the System Organisational Development & Leadership and the NHS England Dashboard which was included for information.

Concern was raised that an executive lead had not yet been identified for the digital roadmap work. It was felt that the STP Programme Board needed to mobilise that work stream. In response, the Health and Wellbeing Coordinator reported that work was ongoing to identify a lead and she would take the comments back to the STP Board.

The Health and Wellbeing Coordinator answered a number of queries and confirmed that there was a significant amount of work still to be done. In response to a query the Health and Wellbeing Coordinator explained that the market place event had been cancelled due to capacity and officer time, and it was felt to be a step too far at the present time.

## 22.ii Future Fit

Pam Schreier, the Communications and Engagement Lead for Future Fit gave an update (copy of slides attached to signed Minutes). She informed the Board that they were 5 weeks into a 14 week consultation and she drew attention to the key activities to date which included the following:

- Four well attended public exhibitions;
- Pop up displays;
- Meetings with seldom heard groups;
- Engagement with patient groups and GPs;
- Local Joint Committees;
- Involving Councillors, MPs and Welsh Assembly Members;
- Ongoing staff engagement;
- Media liaison.

The Communications and Engagement Lead confirmed that all comments and feedback were being captured. She informed the Board that 1050+ completed surveys had been received, with 3,400+ visits to the website and more than 110,000 impressions on twitter.

She reported that a mid-point review would be taking place to analyse the data received to date in order to assess and inform future engagement activities.

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

## 23 Report from the HWB Joint Commissioning Group

### 23.i Better Care Fund Update & Performance

Penny Bason, the Health and Wellbeing Co-ordinator introduced and amplified the report (copy attached to the signed Minutes) which provided an update on the progress on the Better Care Fund (BCF) development and development of the section 75 Partnership Agreement (pooled budget), it also sought delegated authority to the HWB Joint Commissioning / Delivery Group to take the detailed work forward.

It was confirmed that at the last meeting the S75 Partnership Agreement had not yet been signed off and it was confirmed that the agreement was still being worked through and that a revised draft was attached at Appendix A of the report. The key differences to the previous draft agreement were set out at Paragraph 1.4 of the report, whilst paragraphs 1.5 to 1.20 set out the schedules to the agreement which required further work.

The Health and Wellbeing Coordinator informed the Board that there were three options for risk sharing however, it was not clear whether the three alternatives had been agreed as acceptable to each organisation.

The Chairman expressed his concern that agreement had not yet been reached especially on the Terms of Reference and although it was clear that work needed to be done, there was no clear mandate setting out what work the Board was being asked to delegate to the HWB Joint Commissioning / Delivery Group.

It was suggested that an Extraordinary meeting of the Health and Wellbeing Board could be arranged in order for the Terms of Reference to be agreed if the Board felt delegation was not appropriate.

The Chairman proposed that the Health and Wellbeing Board impose a timeline of four weeks for completion of the Agreement and if progress was not achieved within four weeks then a letter of concern would be written to NSH England in order to escalate the situation.

#### **RESOLVED:**

- a) That the HWBB approve the Draft Partnership Agreement found in Appendix A, and delegate Authority to the HWB Joint Commissioning / Delivery Group to determine the detail of the schedules as described in Paragraphs 1.5 to 1.10 of the report; and
- b) That work be taken forward on the schedules and recommendations as set out in report.
- c) That if progress was not achieved within four weeks then a letter of concern would be written to NSH England in order to escalate the situation.

### 23.ii Healthy Lives

Val Cross, the Health & Wellbeing Officer and Healthy Lives Co-ordinator gave a presentation (copy attached to the signed Minutes) which provided an update on the Healthy Lives Programme and covered the following areas:

- Upscaling the Healthy Lives Programme for 2018/19;
- Communications Strategy;

- Shropshire Visibility at regional and national level;
- Social Prescribing;
- Carers;
- Cardio-Vascular Disease (CVD);
- Diabetes (pre-diabetes);
- Mental Health;
- Musculoskeletal system (MSK), Falls and Physical Activity;

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

## 24 Shropshire Care Closer to Home

- 24 Lisa Wicks, the Head of Out of Hospital Commissioning & Redesign Shropshire Clinical Commissioning Group introduced and amplified her report (copy of report and slides attached to the signed Minutes) which provided an update on the Shropshire Care Closer to Home project. She informed that Board that the objective of the project was to provide greater care to people in their homes where appropriate.

The Head of Out of Hospital Commissioning & Redesign informed the Board that Governance underpinned the programme board which was made up of key stakeholders across the health economy and enabled its work to be open and transparent. A detailed SWOT Analysis had provided the programme board with real learning about gaps in their Commissioning Strategies.

The Head of Out of Hospital Commissioning & Redesign briefly touched on system integration and planning and informed the Board that a further stakeholder event was being held on 25 July 2018. She then went on to explain that the programme was divided into three phases, the first of which was presently operational in the form of the Frailty Intervention Team based at the Royal Shrewsbury Hospital. Phase 2 concerned the development of a model for case management for primary care, which had just been completed, whilst Phase 3 would introduce a model for Hospital at Home along with a crisis response team and the provision of step-up beds.

In response to concerns that the VCS had not been involved, the Head of Out of Hospital Commissioning & Redesign gave assurance that the VCS would be involved and an invite to the Stakeholder event on 25 July had been extended to them. The Chairman paid tribute to Rachel Wintle for her hard work with the VSCA and hoped that a suitable replacement would be chosen as soon as possible.

The Head of Out of Hospital Commissioning & Redesign confirmed that a further update would be provided to a future meeting of the Board later in the year.

**RESOLVED:** That the contents of the report and presentation be noted.

## 25 Partnership Summit

25. Stewart Smith, the Personalisation Development Officer introduced and amplified his report (copy attached to the signed Minutes) which gave an update on the recent Partnership Boards Summit meeting which brought together a wide range of experts

from Adult Social Care, Children's Services, Health and the voluntary sector. The focus of the event was co-production and discussion took place about how to create the right culture and environment for effective co-production and how to ensure people were at the heart of all we do.

The Personalisation Development Officer informed the Board that a meeting of the Partnership Board Chairs had taken place on 20 June 2018 where four key actions were identified, set out in Paragraph 2 of the report.

The Chairman was pleased that the Summit had been so well attended and that there had been a good discussion on co-production. He felt that the next item to address would be the 'So what?' questions and whether it would make a difference to how business was conducted.

The Personalisation Development Officer hoped that if the different organisations were sighted on what each other were involved with then there would be no duplication. They would therefore be hard pressing the Board Chairmen to get together on a quarterly basis to discuss the work each were doing.

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

## 26 Suicide Prevention Strategy

26. Gordon Kochane, the Public Health Speciality Registrar introduced and amplified his report (copy attached to the signed Minutes) which provided an update on the work of the Suicide Prevention Action Group including delivery of the Suicide Prevention Strategy.

The Public Health Speciality Registrar highlighted the Mental Health Needs Assessment quick notes which he recommended people read in full. He reported that a meeting of the Mental Health Strategy Task and Finish Group was taking place that afternoon in order to shape what the Suicide Prevention Strategy would look like. He also informed the Board of a Suicide Prevention event taking place on 11 September at Shrewsbury Football Club which was open to the wider community and was looking to identify the hidden population, look at what could be done to help spread the message in order to reduce the stigma, raise awareness of the risk and to reach those in crisis as early as possible.

The Public Health Speciality Registrar drew attention to the work of the Suicide Prevention Action Group in relation to its communications plan and work to produce a 'z' card which would be discrete and include various information about who to contact in a crisis, with the tag line 'Pick up the phone, you're not alone'.

The Public Health Speciality Registrar requested assistance from the Board in identifying any groups / guest speakers / those affected / representatives from high risk groups etc that could be invited to the Suicide Prevention network meeting in order to talk about their experiences and help to identify the hidden populations at risk.

Concern was raised that the impact on primary care was not being considered as a high percentage of mental health was managed at a primary care level. The Public

Health Speciality Registrar felt that it would be helpful to have a GP Practice representative at the event also.

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

## **27 HOST provision and Homeless Reduction Act**

27. The reports of the Director of Adult Services had been received for information (copy attached to the signed Minutes). Laura Fisher, the Housing Assistance Manager introduced and amplified the reports which updated the Board on changes brought about by the Homeless Reduction Act 2018 and the work being undertaken in regard to rough sleeping in the county including the Homeless Outreach Triage Service.

The Housing Assistance Manager gave a brief summary of the most significant changes brought about by the Homeless Reduction Act 2018 and reported that this had led to a significant increase in workload for all officers due to an increase in the number of clients presenting as having a housing need, an increase in the length of time to interview and the ongoing reviewing of personalised housing plans for all open cases. She then touched on the three elements of funding and answered a number of queries.

The Housing Assistance Manager informed the Board of the work being done by the Rough Sleeper Task Force and the Host service, a multi-agency approach to support those identified rough sleepers.

The Board felt that a multi-agency approach worked extremely well and had the best opportunity for success.

## **28 Tech Severn Event**

28. The report of the Director of Adult Services had been received for information (copy attached to the signed Minutes) which informed the Board of the first Tech Severn Conference taking place on 17 July 2018 at Theatre Severn. The event would be looking at how technology may help solve many of the challenges facing councils and local businesses in the future and would concentrate on four centres of excellence, namely: Assistive technology; Digital Health; Eco technology and modern methods of constructions.

It was hoped that by looking at these areas it would begin to help address the increasingly older population and their healthcare needs in a very rural county by turning towards technology to see how care could be delivered more efficiently and effectively. A number of such projects would be showcased at the event.

Signed ..... (Chairman)

Date: