



**Committee and Date**

Health and Wellbeing Board

10<sup>th</sup> October 2014

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING  
HELD ON 29 AUGUST 2014  
9.30 - 11.45 AM**

**Responsible Officer:** Julie Fildes

Email: karen.nixon@shropshire.gov.uk Tel: 01743 252893

**Present**

Councillor Karen Calder (Chairman)

Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Dr Helen Herritty, Jane Randall-Smith, Graham Urwin, Dr Julie Davies (substitute for Paul Tulley) and Rachel Wintle (substitute for Jackie Jeffrey)

**Also Present**

Councillors Charlotte Barnes, Pauline Dee, Gerald Dakin and Madge Shineton

**38 Apologies for Absence and Substitutes**

38.1 Apologies for absence were received from Stephen Chandler, Karen Bradshaw, Dr Caron Morton, Dr Bill Gowans, Paul Tulley.

38.2 Apologies for late arrival were received from Graham Urwin.

38.3 Substitutions were notified as follows:

Dr Julie Davies for Paul Tulley  
Rachel Wintle for Jackie Jeffrey (VCSA)

**39 Minutes**

**RESOLVED:**

That the minutes for meetings of the Board held on the 18<sup>th</sup> July 2014 and 13<sup>th</sup> August 2014 be approved as a correct record and signed by the Chairman.

**40 Public Question Time**

There were no public questions.

## 41 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.

## 42 Better Care Fund Update

42.1 Kerrie Allward, the Better Care Fund Manager, updated the Board on the progress of the Better Care Fund application and the steps taken on the four plan improvement areas to ensure that the application was robust.

42.2 The Board noted that action had been taken to ensure that the four key strategic themes were clearly present in all plan documents as required by the demonstration of the golden thread. Each theme had been allocated a clinical lead or sponsor and a lead officer. In addition, each theme now had an identified objective and a description of integrated topics – ie budget.

42.3 The Better Care Fund Manager gave a detailed overview of the work undertaken since her previous report to the Board, which included progress with:

- Seven Day Working;
- Financial Modelling; and
- Stake Holder Engagement.

42.4 Members of the Board noted that they were required to sign-off the completed application at a special meeting of the Board on the 11<sup>th</sup> September 2014. Prior to this the first draft, which would be an outline of the submission, would be submitted to the Delivery Group for discussion and comment on the 1<sup>st</sup> September. The Better Care Fund Manager continued that the more detailed 2<sup>nd</sup> Draft would be distributed for comment and amendment on 9<sup>th</sup> September.

42.5 The final version of the completed application would be presented to the Board at a Special Meeting on the 11<sup>th</sup> September 2014 to afford Board Members the opportunity to make final adjustments and amendments. If the Board was minded the Chairman could be delegated authority for the final signoff and formal submission of the application on the 15<sup>th</sup> September 2014.

42.6 The Chairman thanked the Better Care Fund Manager and her team for their hard work to ensure that the Application was ready for the submission deadline and acknowledged the resulting additional work. She continued that the outline of the progress given to the Board by the Better Care Manager had given her great confidence in the robustness of the submission.

## 43 Future Fit Update

43.1 In the absence of Paul Tulley, Dr Julie Davies gave a verbal report to the Board on Future Fit.

- 43.2 It was noted that phase 1 of the programme had been completed and the second phase of the work, to estimate the likely activity and capacity impact of the new Clinical Model, was nearing completion. A third phase would be undertaken once a short list had been identified in order to assess the impact of each option.
- 43.3 Dr Davies reported that workshops to engage with the public regarding Future Fit and the reasons for change had been held in August. Further workshops were planned for September to build on the ideas generated in August, these would inform the Shortlisting at the end of September. She continued that between October 2014 and March 2015 there would be ongoing consultation with records being monitored to ensure that all parts of the population had the opportunity to participate and contribute their views and ideas on the future of the Health Service.
- 43.4 Councillor Pauline Dee was invited to the table and she raised concerns over the lack of publicity for the Public Workshops and the adverse publicity that this had caused. Councillor Tremellen also raised concerns that no public meetings were being held in East Shropshire. Mr D Sandbach, a Member of the public, was then invited to speak and he asked it to be noted that the information made available to the public had flaws in the Future Fit Clinical Model. He enquired why there were no second meetings planned for Shrewsbury and Telford.
- 43.5 In response Dr Davies agreed to report these comments to the Shropshire Clinical Commissioning Group with the recommendation that Shrewsbury and Telford should feature as locations for the public meetings to be held in September. She indicated that she was unable to comment on the Future Fit Clinical Model.
- 43.6 Members were reminded that Future Fit had offered to visit both Town/Parish Councils and Local Joint Committee meetings to give a presentation and answer questions.

#### **44 Local Area Team Update**

- 44.1 Graham Urwin of NHS England gave a verbal update to the Board.
- 44.2 It was noted that NHS England anticipated that as a result of changes in responsibility for service provision with the introduction of co-commissioning, the Clinical Commissioning Group (CCG) was expected to take significant steps in the coming year towards acquiring responsibility for the commissioning of service contracts and the overseeing of future contracts. He anticipated that NHS England would not therefore need to attend the Health and Wellbeing Board meetings so often, although he confirmed that they would remain as Board Members. The Director of Public Health suggested that it might be appropriate to develop a reporting framework for the services delivered by NHS England on behalf of the CCG.
- 44.3 The Director of Public Health added that NHS England had established a working group to examine primary care commissioning in Staffordshire and Shropshire and this was providing a useful perspective on how the NHS worked as a commissioning service. Work was also being undertaken on planning for the needs of an increasing population.

44.4 In response to a Board Member's query on the provision of resources to undertake the services that the CCG would be co-commissioning, Mr Urwin confirmed that where these services were already being resources he saw no reason why the NHS would not transfer the resources to provide these services if it was appropriate to do so.

#### **45 H&WB Delivery Group Report to the Board**

45.1 The Director of Public Health introduced this report, copy attached to the signed minutes, and updated the Board on the Delivery Group's work on:

- the development of the Dementia Strategy;
- developing emotional resilience amongst Shropshire's children, young people and their families; and
- the children and young people's Whole System Event (WSE).

45.2 He commented that the work to develop emotional resilience in children had demonstrated important links to safeguarding issues. It had been found that children with low self-esteem were more vulnerable to grooming and abuse. This had been previously brought to the attention of the Safeguarding Board and a paper had been presented to the Young People's Scrutiny Committee, with a further report going to the Scrutiny Committee in the near future on the work of CAMHS (Children and Adolescent Mental Health Service).

45.3 The Director of Public Health continued that work to develop children's emotional resilience was ongoing in schools. In addition to this work with CAMHS was continuing to embed improvements to the speed of access to mental health services for children.

45.4 A Board Member advised that the new Children's Commissioner had been appointed and would be in post on 13<sup>th</sup> October 2014.

#### **46 Organ Donation - For Decision**

46.1 The Director of Public Health introduced this report on the survey work, copy attached to the signed minutes, conducted to find if Shropshire residents supported the current 'opt-in' policy for organ donation or favoured a move to an 'opt-out' system.

46.2 Graduate trainees, Charlotte Cadwallader and Miriam Parker who had undertaken the survey gave a presentation on the results to the Board.

46.3 The Director of Public Health thanked the graduate trainees for their work on this project.

46.4 Councillor Barnes was invited to comment and she expressed delight that the conversation on this issue had been started in Shropshire. Whilst acknowledging

that decisions would be taken nationally she hoped that the work undertaken in the County would start a national debate.

- 46.5 Members of the Board discussed the findings of the survey and whether they could be considered to form a representative sample of the population.

**RESOLVED:**

That the findings of the Shropshire Organ Donation Survey be sent to the County's Members of Parliament and to the Secretary of State for Health, Jeremy Hunt, with a letter from the Health and Wellbeing Board asking for further action to be taken. The results of the survey to also be sent through the Health and Wellbeing Board Regional Network.

**47 Housing and the Impact on Health and Wellbeing**

- 47.1 This report on the impact of cold homes on health, copy attached to the signed minutes, was introduced by the Service Manager for Housing, Health and Wellbeing. It was noted that the role of housing had a part in the wider general discussion on health and equalities.

- 47.2 Members of the Board discussed table 1 on page 4 of the report which were the results of a survey undertaken into Shropshire's housing stock in 2011 and how this compared to the national average.

- 47.3 The Service Manager for Housing, Health and Wellbeing outlined the Council's Heatsavers Scheme and explained how it had been able to provide assistance to people referred to it because of fuel poverty or poor housing conditions. Funding for the scheme had come from successful bids to the Government's Warm Homes Healthy People Fund but this funding was no longer available for 2013/14, although referrals continued to be made to the scheme.

- 47.4 The Director of Public Health confirmed that the scheme had played a part in the work done on preventing excess winter deaths. In his discussion with the Department of Health he had been told that funding for the scheme had been stopped as the Government considered that this funding should form part of the provision provided by the Public Health grant. It was confirmed that the Department of Health had contributed £125,000 to a heating fund the previous year to reduce winter deaths.

- 47.5 Members agreed that the provision of help for people living in cold homes cut across many of the Better Care strategic themes. Dr Davies commented that it was too late to reallocate funding for this financial year but the situation should be monitored over the winter months and an application for funding made as part of the bidding process for 2015/16. She cautioned that there was no new money in the scheme and approving funding for Heatsavers would result in funding being withdrawn from another project. Further work could also be undertaken with partner organisations to see if there were any alternative means for delivering this service.

**48 Health & Wellbeing Board Peer Challenge**

Consideration of this item was deferred to a future meeting.

Signed ..... (Chairman)

Date: