

Telford and Wrekin Health and Wellbeing Board (HWB)

13th June 2012 at 2.00pm

Reception Suite, Civic Offices, Telford

Key Decisions/Actions/Discussion:

Agenda Item	Discussion Points	Who
1.	<p>Attendees: Cllr Richard Overton (Chair and Deputy Leader TWC), Cllr Liz Clare (Cabinet Member: Adult & Social Care), Laura Johnston (Director of Children & Family Services), Dr Catherine Woodward (PCT Director of Public Health), Dr Mike Innes (Chair of T&W Clinical Commissioning Group), Dylan Harrison (CCG Non-Executive Director), Karen Kalinowski (Assistant Director: Care and Support TWC), Clare Hall-Salter (TWC Partnership and Planning Manager), Paul Taylor (TWC Assistant Director: Social Care Specialist), Jon Power (Delivery and Planning Manager TWC), Helen Onions (Public Health Specialist), Paul Clifford (Corporate Director TWC), Lilian Owens (LINKS), Michael Bennett (Lead Joint Commissioning and Contracting Manager), Andy Challenor (Community Engagement and Equalities Manager TWC), Nigel Newman (Communications Manager TWC), Stephanie Jones (Scrutiny Group Specialist TWC) and Jayne Clarke (Democratic Services Support TWC)</p> <p>Apologies: Cllr Paul Watling (Cabinet Member: Children, Young People & Families), Richard Partington (Managing Director TWC, David Evans (Chief Operating Officer T&W CCG), Dag Saunders (LINKS), Leigh Griffin (Deputy Chief Executive West Mercia PCT Cluster), Clive Jones (TWC Assistant Director: Family and Cohesion Services), Fran Beck (Executive Lead Commissioner CCG)</p>	
2.	<p>Action notes 25.04.12:</p> <p>Tobacco Control in Telford and Wrekin: This was to be joined up with TWC and there was due to be a meeting held shortly.</p> <p>Proposed Future Agenda Items: Some of the proposed Agenda items were covered at this meeting.</p>	
3.	<p>Health and Wellbeing Board Communication and Engagement</p> <p>A joint report was presented by Andy Challenor, Nigel Newman and Clare Hall-Salter on the Health and Wellbeing Board Communication and Engagement.</p> <p><u>Framework 2012/13</u></p> <p>The framework document aimed to help the Board to co-ordinate and deliver high quality communication and engagement which would allow local people to access services, obtain information, stay healthy and get involved with the decision making process. It also set out shared definitions in order to</p>	

establish a common understanding by the target audience. It further aimed to give clarity and purpose to the engagement process. The Health and Wellbeing board were asked to

- Agree the shared definitions
- Agree the commitment and standards for communication and community engagement
- Note the HWB communication and engagement action plan
- Think about the process of how the HWB will identify its key communication messages for both stakeholders and local people.

Action Plan 2012/13

The Action Plan was to ensure that the HWB listened, informed, promoted, sought views as well as engaging and communicating with the stakeholders and that outcomes were communicated back in order to establish trust and dialogue. The HWB would need to agree and communicate key messages, priorities as well as drafting the strategy, evaluating efficiencies and co-ordinating activities.

Stakeholder Engagement Event

The engagement event would be the core to the development of the Board, the strategy, healthwatch and the vision for public health. It was envisaged that this workshop would be informative and be used to gather initial views and ideas of stakeholders. All members of the HWB were also invited to attend at that event.

A discussion took place including:

- The wording “communication and engagement” and the removal of “communication”
- Ensuring that the Public Health Transition Coms Plan ties in with this plan
- Acknowledging in the action plan that we have reducing resources and growing needs
- Making the inclusion of Children and Young People more prominent
- Summary Leaflets listing the key items to be produced
- LINKS to be central to the engagement
- Youth LINK to review CYP accessibility to the plan
- Invitation to the Member of the Youth Parliament to the Stakeholder Event

AC/NN

LINK

AGREED – That the Health and Wellbeing Board:

- a) agree the shared definitions;
- b) agree the commitment and standards for communication and community engagement;
- c) note the HWB communication and engagement action plan;
- d) think about the process of how the HWB will identify its key communication messages for both stakeholders and local people.

<p>4.</p>	<p>Joint Health & Wellbeing Strategy Development Update</p> <p>Jon Power and Helen Owens presented a joint update report on the Health & Wellbeing Strategy Development which built on the report in April 2013.</p> <p>The report set out the draft priorities for stakeholder consultation in order to identify if the right areas had been chosen and that all avenues had been covered. Feedback was currently being collected but one area which needed to be highlighted was substance misuse. The reduction of excess weight in children was a further area that needed to be looked at although this could be taken population wide.</p> <p>The stakeholder event was due to take place on 3rd July and would provide an opportunity to have an “active dialogue” with a wide range of partners. For those stakeholders who would be unable to attend a request for their views would be sent. A copy of the questions would be available on the Council Website and information in “Your Voice” which was sent out to households within the Telford and Wrekin Borough.</p> <p>With regard to engagement “Asset Mapping” would identify resources and the capacity to deliver the proposed priority. A methodology proforma containing a set of consistent questions would be piloted by Public Health on reducing excess weight in children. It was then hoped that this could be rolled out to other key areas if successful.</p> <p>Talks with Social Care and the CCG would begin over the next few months with a view to bringing together the basic strategy. The working draft would be brought to the September HWB meeting. The Strategy needed to be signed off and in place by April 2013.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Excess weight in children/population wide – these were two very different approaches to intervention – emphasis should be to prevent weight gain and the promotion of health for children and life expectancy for adults • Strategy would need to deliver a life course approach • Asset Mapping – radical approach and brave decisions • Mental Health – currently not in proposed priorities, preventative care very effective <p>AGREED – that the report be noted.</p>	<p>JP/HO</p>
<p>5.</p>	<p>Scrutiny Arrangements</p> <p>Stephanie Jones presented a report to flag up the changes to health scrutiny arising from the Health & Social Care Act.</p> <p>Key Changes:</p> <ul style="list-style-type: none"> • The Act conferred the health overview and scrutiny function directly to 	

	<p>the local authority itself rather than to the health scrutiny committee.</p> <ul style="list-style-type: none"> • The Act extended local authority health and scrutiny powers from “local NHS bodies” to “relevant NHS bodies or relevant health service providers”. This had been interpreted as all commissioners and providers commissioned and funded by the NHS including GPs and voluntary and private sector providers. • Scrutiny powers will extend to the Health & Wellbeing Board as a committee of the local authority <p>Further detailed guidance and regulations were awaited from the government and there would be further discussion with Council and the Health & Wellbeing Board about the roles and relationships once the picture was clearer. It would be important to develop constructive working arrangements between scrutiny and the Health & Wellbeing Board and to avoid the potential for duplication of work programmes. The work programme for the scrutiny committee was in the process of being agreed. The suggested items were listed in the report and the Board was invited to comment or to suggest other issues which scrutiny could look at. A meeting had been arranged for the Chairman of the Health & Adult Care Scrutiny Committee and the Chair of the Health & Wellbeing Board and Cllr Clare to compare and discuss work programmes.</p> <p>Members of the Board suggested the Community Trust and the South Staffordshire & Shropshire Healthcare NHS Foundation Trust as suggestions for the scrutiny work programme. The good work of the Joint Health Overview & Scrutiny Committee on the hospital reconfiguration was noted.</p> <p>Cllr Overton remarked in the light of changes to scrutiny from the Health & Social Care Act that he valued the work of scrutiny and would not want to see any changes to the health scrutiny arrangements.</p> <p>It was highlighted that this may have the potential of the duplication of work programmes of the HWB and the Health Scrutiny Committee and a good constructive relationship was needed and work programme priorities identified in order to avoid any duplication.</p> <p>AGREED – that the report be noted.</p>	
6.	<p>CAMHS Update:</p> <p>Michael Bennett presented the progress update on the CAMHS Review.</p> <p>The CAMHS review began around 18 months ago after concerns had been raised across the stakeholders. This now needed to be built on and taken forward. A review had been commissioned by Shropshire for additional work to be undertaken on staff, service users, partners and carers. There needed to be a strong framework as there had been concerns at the lack of HWB intervention and inconsistency. A strategic group had been set up and some “quick win actions” had been implemented. There had also been some work around developing better information. A set of actions/requirements together</p>	

	<p>with a range of strategies/actions were needed to widen how this was looked at and provide potential going forward. Two workshops had taken place on needs assessment and outcomes and service models in order to shape the future service. The workshops had not helped as much as was hoped but some key points were as follows:</p> <ul style="list-style-type: none"> • A single point of access (Family Connect) • A tool to triage referrals • A pathway for transition between tiers of the Service and between child/adult services • Consideration of the name of the services to reduce stigma • Where appropriate, joint assessment should be the norm. <p>Service issues were outlined in the presentation and a service improvement plan would be produced to help understand how CAMHS could make improvements. An implementation Group had been set up and workshops organised to look at the issues.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Timescales for formal decisions • Part of a wider discussion about services with the Community Trust • Ofsted Inspection of Safeguarding Children and Looked After Children • Name change <p>The presentation was noted and a further report would be received at the September 2012 meeting.</p>	<p>MB/CHS</p>
<p>7.</p>	<p>NHS Changes Update: Local impact / Development of HWB across West Mercia</p> <p>Apologies had been received from Leigh Griffin. Dr Mike Innes would cover the report at item “8.”</p> <p>AGREED – that:</p> <ul style="list-style-type: none"> a) minutes of each Health and Wellbeing Board business meetings are shared with PCT Cluster Board members for information; b) regular reports are provided to the Cluster Board providing a summary of the working of health and wellbeing boards and a ‘read-across’ of their differing approaches; c) the Deputy Chief Executive of the Cluster works with all four health and wellbeing boards in an enabling way, to identify and share best practice and variations in approach. 	<p>LG</p> <p>LG</p> <p>LG</p>
<p>8.</p>	<p>CCG Update</p> <p>Dr Mike Innes gave a brief overview of the reports.</p>	

	<p>A meeting was to be held on 22nd June – Development of SHA – in Birmingham. This meeting would be to feed into the secondary legislation for Health and Wellbeing Boards ie political proportionality, voting restrictions and access to information provisions.</p> <p>CCG authorisation would be in wave 2 and the CCG were currently undergoing submissions and e-mailing the 360° Stakeholder questionnaire. This was a major piece of work which included a review of performance, a review of the paper documentation and authorisation of key Members following on from Shropshire CCG who were in wave 1. Appointments to the Board were expanding and Members of the Board had already been recruited. There were currently 7 posts being advertised together with 2 Board Observers.</p> <p>Four Commissioning Support organisations had put forward submissions and were being evaluated for a preferred supplier of support services.</p> <p>AGREED – that the report be noted.</p>	
9.	<p>Public Health Transition Update: Project update / Development of Public Health Vision</p> <p>Clare Hall-Salter gave an update on the Public Health Transition Project.</p> <p>The draft Plan had been rated Green by the SHA. Following feedback on the RAG scale, 41 items had been given the Green rating and 5 received Amber rating. Whilst this was a good result, the Board needed to take heed of the assessment. The plan was to work towards the key milestones and to keep involvement with the Public Health Vision. Five key project work streams had been tasked with scoping in order to achieve a successful transfer by April 2013. Legal support to aid with the transition had now been identified within the Council. Concerns had been identified with the allocation of the shadow budget and a further announcement on the formula was awaited. Further work was needed on emergency planning and progress will be reported to a future meeting of the Board. Telford and Wrekin Council would be required to set out a vision for public health and a task and finish group had been identified to lead on this work.</p> <p>AGREED – that the progress with respect to the transition plan and approach taken be noted.</p> <p>Paul Taylor gave an update on the Public Health Vision and Building the Team in Telford and Wrekin.</p> <p>The report set out the initial thoughts for developing the Vision for Public Health and the approach to the programme of engagement which would need to take account of the new emerging Council Priorities. Engagement and consultation with the general public together with stakeholders was fundamental to development of the Vision. The report set out a timeline for development and signing off of the Vision and this would be brought back to a future meeting for approval.</p>	

	<p>A discussion took place including:</p> <ul style="list-style-type: none"> • The budget • Work streams <p>AGREED – that</p> <p>a) Board Members/Members welcome the opportunities offered by the Public Health changes and support the emerging framework (4.11) and vision statement (4.12) as a baseline for wider engagement and consultation;</p> <p>b) Board Members/Members support the approach set out to engagement and consultation.</p>	
10.	<p>Equality Diversity System Event Update</p> <p>Dr Mike Innes gave an update on the progress of the adoption of the Equality Delivery System. The CCG needed to demonstrate that it was and would continue to meet its duty. Following the workshop in March it was decided that the Equality Delivery System (EDS) would be used. The current baseline assessment from the EDS on the “Goals” following the RAG rating was 1 Green and 3 Amber. The PCT/CCG were now considering further community engagement in order to gather further opinions of the stakeholders. A second workshop was to be arranged. Observations from Equality and Diversity were that this had not been properly addressed as it should and a plan of action would be put in place.</p> <p>AGREED – that the progress made in adopting the EDS and the next steps proposed be noted.</p>	
11.	<p>Walk-In Practices – Initial Discussion</p> <p>Cllr Richard Overton opened a discussion around GP Practices/Walk-in Practices and the inability to get an appointment. The discussion included:</p> <ul style="list-style-type: none"> • Not uncommon to be unable to get an appointment • PRG’s consultation on “how to do it better?” • Encourage Practices to quantify access to appointments • Change from “planned” to “unplanned care” • CCG unable to influence walk-in practices at present. NHS Commissioning Board is responsible for commissioning GP Practices. • Better ways of managing health care advice – “Access to Medical Services” • LINKs to undertake an interim review • Suggestion to call in a report to the HWB, while the responsible officer within the PCT is still available <p>This item would be brought back to a future meeting.</p>	<p>LINK PT</p>

12.	<p>Proposed Future Agenda Items – noted and an additional agreed item:</p> <ul style="list-style-type: none"> • Health Visiting/Family Nurse Partnership 	
13.	<p>Dates of future meetings:</p> <p>SHWB meeting 12th September 2012, 2pm – 4pm, VIP Suite, Civic Offices SHWB meeting 14th November 2012, 2pm – 4pm, VIP Suite, Civic Offices SHWB meeting 23rd January 2013, 2pm – 4pm, venue TBC SHWB meeting 13th March 2013, 2pm – 4pm, venue TBC</p>	

The meeting ended at 3.59pm

Signed

Dated