

Telford and Wrekin Health and Wellbeing Board (HWB)

12th September 2012 at 2.00pm

Walker Room, Meeting Point House, Telford

Key Decisions/Actions/Discussion:

Agenda Item	Discussion Points	Who
1.	<p>Attendees: Cllr Richard Overton (Chair and Deputy Leader TWC), Cllr Arnold England (Cabinet Member: Leisure & Well-being), Cllr Liz Clare (Cabinet Member: Adult & Social Care), Cllr Paul Watling (Cabinet Member: Children, Young People & Families), David Evans (Chief Operating Officer T&W CCG), Dr Catherine Woodward (PCT Director of Public Health), Dr Mike Innes (Chair of T&W Clinical Commissioning Group), 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), Andy Challenor (Community Engagement and Equalities Manager TWC), Dag Saunders (LINKS); Clive Jones (TWC Assistant Director: Family and Cohesion Services) Kim Grosvenor (Group Specialist Commissioner TWC), Christine Harrison (Commissioning Service Delivery Manager TWC) Callie-Ann Bradley (SARC and Rape Lead, West Mercia Police) and Jayne Clarke (Democratic Services Support TWC)</p> <p>Apologies: Leigh Griffin (Deputy Chief Executive West Mercia PCT Cluster), Laura Johnston (Director of Children & Family Services); Dylan Harrison (CCG Non-Executive Director), Paul Clifford (Corporate Director TWC),</p>	
2.	<p>Action notes 13.06.12:</p> <p>CAMHS Update:</p> <ul style="list-style-type: none"> • This item was deferred to November due to the review. <p>Walk-in Practice:</p> <ul style="list-style-type: none"> • This item was deferred to November in agreement with the Chair <p>Proposed Future Agenda Items: Some of the proposed Agenda items were covered at this meeting including:</p> <ul style="list-style-type: none"> • Communication and Engagement Update • Agreeing Our Health and Wellbeing Strategy Priorities <p>Health and Wellbeing Board Minutes:</p> <ul style="list-style-type: none"> • The minutes from the meetings of the Health and Wellbeing Board would be circulated to the Cluster Board for information. <p>Noted correct term: Equality Delivery System, not Equality Diversity System</p>	CHS

Board Function:

3. **Agreeing Our Health and Wellbeing Strategy Priorities**

A joint report was presented by John Power and Helen Onions which gave an overview of the implications of the draft Department of Health Guidance on Joint Strategic Needs Assessments and Health & Wellbeing strategies.

A key message which had come out of the guidance was that the T&W HWB's approach to the assessment and strategy was working in line with the Guidance.

The current position was that the HWB aimed to move forward in order to develop the Strategy which needed to be in place no later than the end of March 2013. Consultation and community engagement events had taken place to inform the discussions needed to agree the set of priorities.

Consultation and engagement activities had taken place:

- Stakeholder event (July) asking participants for responses and views
- Survey of the Community Panel (consisting of approximately 1,100 members)
- On-line survey on the Council's website
- Information in the Your Voice Newsletter distributed to all households within Telford and Wrekin

The key messages to come from the consultation were:

- Economic circumstances and the disadvantaged
- Drug and alcohol misuse and the impact on individuals and socially
- Excess weight in children to be broadened to all age groups within the household

Results of the Surveys were given at item 7 of the report.

The items considered to be missing from the proposed priorities were:

- Drug and Alcohol misuse
- Excess weight in adults

The longer term conditions caused by these two missing priorities were also of concern, although these could be dealt with under the life expectancy priority.

A discussion took place including:

- The piece of work undertaken by the PCT and T&WC stood up extremely well and it was commended
- The capacity to have an effective impact on the issues
- The results regarding smoking needed further investigation
- Education services and cross-cutting principles
- Links with other Strategic Boards and holding them to account re

	<p>Education and Economy and wider determinants of health</p> <ul style="list-style-type: none"> • Measuring priority outcomes • Excess weight in children and adults • Lead officer sponsors <p>RESOLVED – that</p> <p>a) Health and Wellbeing Board priorities be agreed;</p> <p>b) the Health and Wellbeing Board defer the lead officer alignment decision for further discussion at the Executive Group Meeting.</p>	
4.	<p>Board Structure/Representation/Role</p> <p>Clare Hall-Salter presented a report regarding the Board structure which reflected the emerging development of the Board. It was clear from the feedback received from the Stakeholder event that no one structure/size fits all and the Board would need to be creative in ensuring that the views of all providers, stakeholders, service users and communities were represented and were able to be involved and influence the decision making process. There were no easy solutions to this and further discussions would be held. A number of initiatives had come forward to support the development of Health and Wellbeing boards including HWB Chairs Network; HWB Simulation Events; HWB Network; HWB Development Tool and up to 4 days bespoke support for T&W from the Local Government Association West Midlands Region. Further reports would be brought back to the Board following the release of new regulations during the Autumn in order that the Board would be fully compliant by April 2013.</p> <p>Following amendments to the National Health Service Act 2006 the responsibility to scrutinise health and social care services now fell to the Council. It was likely that the Health Scrutiny Committee would continue to undertake this task on behalf of the Council. A paper would be taken to Cabinet and to Council to make the decision. LGA best practice advised that a protocol or a Memorandum of Understanding was put in place between Health Scrutiny and the HWB.</p> <p>Cllr Liz Clare would represent the Board as Vice-Chair for the shadow year. Cllr Arnold England's role as Cabinet Member for Leisure & Wellbeing was essential for HWB.</p> <p>It was recognised that full support arrangements for HWB needed to be clear. In the interim Paul Clifford had convened an informal meeting group of officers, which had taken place two weeks ago, including children's services/public health/adult services. Pulling together the Agenda had become more difficult due to the number of items that were needed at each meeting. Discussion would need to take place on how to deal with this ie more frequent meetings or sub groups on behalf of the HWB bringing recommendations to the Board.</p> <p>A discussion took place including:</p>	

	<ul style="list-style-type: none"> • Representation on the Board • Scrutiny Arrangements • Membership of the HWB Executive Group to include CCG <p>AGREED – that:</p> <p>a) Members note the updates received in relation to the Telford and Wrekin Health and Wellbeing Board;</p> <p>b) the HWB Development Tool is to be completed individually by Members of the Board working independently and the results collated and presented for discussion at the November meeting;</p> <p>c) that the desired aims for the initial development session would be to focus on the role of the HWB, structure and operation;</p> <p>d) that the HWB work with the Scrutiny Committee to develop a full memorandum of understanding/protocol</p> <p>e) the frequency of HWB meetings would remain bi-monthly, but with a structured agenda.</p>	CHS
5.	<p>Communications and Engagement Update:</p> <p>Andy Challenor presented an update report on communications and engagement.</p> <p>The HWB and Public Health Transition engagement plans had now been incorporated into one comprehensive plan which was well co-ordinated and had no duplication. An extranet site had been created which included key strands such as Health and Wellbeing, Healthwatch, CCG, Your Views Matter consultations together with information on the HWB including dates, minutes and agendas. Consultation exercises had been undertaken through July and August and 749 completed surveys had been returned. A full database of stakeholders had now been compiled. It was hoped that a HWB newsletter would be produced in September/October. Feedback from the surveys on the way HWB communicated and engaged with stakeholders and local people had identified the need to highlight priorities and be open and transparent with its strategies. Questions were also raised as to what difference the HWB would make. The HWB needed to be careful with its communication messages and needed to clarify how the HWB would help with communities and show how people influence any decisions made.</p> <p>AGREED – that the report be noted.</p>	
6.	<p>Health Performance Update:</p> <p>This item was deferred to a future meeting due to the ongoing review.</p>	
	<p><u>LINK and Healthwatch Update:</u></p>	

<p>7.</p>	<p>T&W LINK Annual Report</p> <p>Dag Saunders presented the annual report on T&W Link.</p> <p>Last year had been a very active year working under the “host” group of Volunteers who formed LINK. The Youth Link had produced a very successful model on involving young people and this was to be used as Good Practice. LINK’s work on “enter and view” had been expanded and had included premises such as GP Practices. This had not been the most successful area of work in the final year of LINK and it was hoped that Healthwatch would continue where LINK had left off, although with their limited resources Healthwatch would need to set out its priorities.</p> <p>Cllr P Watling complimented the Youth LINK for the informed discussions and engagement sessions that had recently taken place.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Youth LINK and Youth Think Team and working with Children in Care and young people placed outside of T&WC care • Engagement and activity • Healthwatch <p>AGREED – that the report be noted.</p>	
<p>8.</p>	<p>Development of Local Healthwatch</p> <p>Christine Harrison presented a progress update on the development of the local Healthwatch.</p> <p>A very strong partnership approach had been taken to delivering Healthwatch. Stakeholder consultation had been sought on the following 3 questions:</p> <ul style="list-style-type: none"> • How can we ensure everyone can access local Healthwatch in ways that suit them? • How can we ensure local Healthwatch is able to represent the views of everyone in ways that suit them? • What does a good health and social care consumer champion look like? <p>Following consultation the project group now had a strong platform for shaping Healthwatch. Information cards and leaflets had been produced to be taken away; these had also been distributed by LINK. A community dialogue approach and local consumer champion had proved very positive as had the recent workshops.</p> <p>The next step was to shape the service specification with the following key messages:</p>	

	<ul style="list-style-type: none"> • Building on what is good • Recognising areas of improvement • Managing expectations • The importance of maximising what was available • The significance of volunteers • The need for a strong structure of Healthwatch <p>A designated website had been established solely for Healthwatch to enable feedback to be submitted. A group e-mail had also been set up for information sharing. A further workshop was to be held at the end of September.</p> <p>The work needed to be finalised by 31st March 2013 and the Group was currently on target for key milestones.</p> <p>Healthwatch now had a National brand and an example of the logo was shown to HWB.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • The Healthwatch Brand • Youth LINK Good Practice • Strengthening links with children and young people • Tendering and support offered to potential bidders <p>AGREED – that the report be noted.</p>	
<p>9.</p>	<p>Sexual Assault Referral Centres Presentation</p> <p>Callie-Ann Bradley gave a presentation on the Sexual Assault Referral Centre (SARC) in Worcester.</p> <p>The West Midlands was one of the last areas to be allocated a Sexual Assault Referral Centre. It was proposed that this would be a one-stop-shop for all victims of rape and serious sexual abuse and to bring all of the services together. West Mercia was a large area to cover and the facilities were based where there was a large concentration of cases.</p> <p>The new facilities were based in Worcester, although the SARC at West Road, Wellington would remain open to service the local area.</p> <p>The objectives of SARC were to provide a holistic service for all victims of rape and serious sexual abuse; ensure all victims have access to services; ensure services are within reach of all victims in our communities; promote the recovery and health of victims following a rape; streamline the pathways into care; improve confidence in the community to seek support after rape; provide 24hour support and to provide the ability to self-refer.</p> <p>The new facilities enabled early evidence kits to be available in the toilets. There was a child-friendly suite which had rooms for both the younger children as well as adolescents. Interview facilities together with training</p>	

	<p>facilities were now available to safeguarding teams, officers and doctors.</p> <p>At the West Road site the Safeguarding Teams serviced Telford and Shropshire. The site included medical and interview suites and now rented extra space for counselling services.</p> <p>Crisis workers were very important and G4S Medical supplied workers who were on call 24-7.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • The differences between services at Worcester and Wellington • Rotation of Staff • Recovery and Convictions • Sexual Violence Board • Prevention and early intervention • The reluctance of male victims to come forward • The work of Health Visitors/Family Connect and Safeguarding Advisors <p>A variety of statistics for Telford and Wrekin were given and discussed and it was agreed that a copy of the statistics would be circulated once available.</p>	CHS
10.	<p>Commissioning Framework for Dementia Presentation</p> <p>Kim Grosvenor gave a presentation on the commissioning framework for dementia.</p> <p>In March 2012 the Prime Minister launched the National Challenge on Dementia in order to escalate major improvements in dementia care by 2015.</p> <p>During 2011 only 38.1% of residents in Telford & Wrekin received diagnoses which meant that 1,047 people did not. This meant that Telford & Wrekin was one of the poorest performing PCT/CCGs in the UK.</p> <p>When diagnoses were not made it led to people accessing unscheduled care and the need for care starting at a much earlier time. The cost of dementia care is higher than that of cancer, heart disease and stroke combined. It was estimated that £11m was spent on dementia care and there was a greater stress and strain to cover for carer “burn-out”.</p> <p>Late diagnoses or no diagnosis at all led to:</p> <ul style="list-style-type: none"> • not benefitting from the early support • a lack of co-ordinated care • a lack of resources to keep people safe at home and support for carers • inappropriate care in hospitals and care homes ie the use of medication to sedate patients • inappropriate training of staff and carers • poor quality end-of-life care <p>All of these factors result in higher care costs.</p>	

	<p>The diagram at Appendix 1 to the report showed the Pathway for Dementia which was a range of choices and information for community wellbeing services and re-ablement services. It also listed the more specialist care ie speech and language therapy and good quality end-of-life care.</p> <p>The “Memory Service”, which was a dedicated service, gave a dementia passport for personalised care and enhanced nurse service in order to keep people within their homes and nursing homes rather than hospital beds through a range of support.</p> <p>There was to be a training event held in Worcester in November on Health and Social Care.</p> <p>Improvements were to be made on:</p> <ul style="list-style-type: none"> • increasing local diagnosis rates • pathway for dementia • early identification services • the dementia model • GP Home visits • Care in hospitals • End-of-life services <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Effect of dementia on carers – agreed that an update on the Carer’s Strategy be brought to a future HWB meeting • Young carers • Identification of dementia cases • Emotional and recreational wellbeing and respite <p>AGREED – that:</p> <p>a) the Board acknowledged and supported dementia as a strategic priority across health and social care;</p> <p>b) the Board supported the proposal that the Health Economy Steering Group, responsible for meeting expectations in the Commissioning Framework, should be accountable to the Health and Wellbeing Board and this should be reflected in the governance arrangements of the Steering Group;</p> <p>c) the Board acknowledged good progress in implementing component parts of the National Dementia Strategy;</p> <p>d) the Board acknowledged and supported areas for accelerated improvement, specifically increasing diagnosis rates in Telford & Wrekin.</p>	CH/KG
11.	<p>Regional Stroke Review Presentation</p> <p>Mike Innes gave an update on the Regional Stroke Review.</p>	

	<p>This was a very important piece of work and had now become a region-wide review of stroke services and the proposed objectives of the review were:</p> <ul style="list-style-type: none"> • to undertake a full review of services currently provided across the region • to look at models of best practice • for each area, to compare what is happening with best practice • to formulate options to inform commissioners in their planning after 2012/13 <p>The review was rapid but it was only an advisory outcome for CCGs to take on.</p> <p>The stroke strategy would be a life-course for the whole stroke ie from prevention to end-of-life care. Work should be based on the best evidence of variations of services across the region. Postcode variations were not recognised on the national agenda. The consultative process had a tight time line and confusing terminology. The final product would need to be taken to public consultation in early 2013. Recommendations would be needed by March 2013.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Public consultation • 8 stages of stroke pathway • Pre-hospital care • National Stroke Strategy <p>There was a note of concern regarding the critical mass of numbers, on where the unit would be in the future and the public impact of any changes to service. It was suggested that this item would come back to the HWB as a future agenda item.</p> <p>AGREED – that:</p> <p>a) the rationale for a review and plan for action be noted;</p> <p>b) the Joint HOSC take the major oversight role for this programme of work.</p>	MI
12.	<p>CCG and NHS Commissioning Board Update</p> <p>Mike Innes gave a brief update on the progress of the Clinical Commissioning Group (CCG).</p> <p>The CCG had been making progress through the authorisation process in Wave 2 and had submitted a suite of documents on 30th August 2012. Following the assessment, the CCG will receive a final report with recommendations. Both T&W and the CCG were optimistic that the assessment would be “Authorised now” albeit with some conditions. The CCG had now appointed all members of the Governance Board and the</p>	

	<p>executive and managerial structure had been finalised and were in the process of being appointed to the roles. It was expected that all roles would be filled by the end of September. The CCG was currently on target financially for the year.</p> <p>AGREED – that the progress to establish the CCG as a Statutory Organisation be noted.</p>	
13.	<p>Public Health Transition Update</p> <p>Paul Taylor presented a report on the Public Health Transition Arrangements.</p> <p>A paper would be taken through the Council’s process and on to Cabinet later this month.</p> <p>The report flagged up issues relating to public health activity and the ring fenced grant. A joint submission by the PCT and the Council had been made stating that it needed to know what the ring fenced grant would be as soon as possible and that the amount needed would be equal to the current spend. Feedback had been received that the Council would not be “worse off” under the new formula.</p> <p>Work on the Public Health Commissioning contracts was underway and this was by far the biggest element of spend needed. It was expected that the completion of this contract activity would be 31st March 2013.</p> <p>AGREED – that:</p> <ul style="list-style-type: none"> a) the uncertain situation, the tight timescales and support for the prudent approach being recommended towards the award of future public health contracts be noted; b) delegation of responsibility to the Director of Adult & Community Services, in consultation with the Direct of Public Health and Cabinet Lead/Shadow Health and Wellbeing Board Chair , to progress the consideration of future commissioned services and the award of relevant contracts for those public health services within the finances available once the Public Health ring fenced grant is announced. 	
14.	<p>Children’s Safeguarding and Looked After Children Ofsted Inspection Update – For Information only</p> <p>Clive Jones gave a brief update and thanked everyone involved for their hard work.</p> <p>AGREED – that the update be noted.</p>	

15.	<p>Care and Support White Paper and Bill – For Information only</p> <p>Paul Taylor gave a brief update on the White Paper on Adult Care and Support that was published by the Government on 11th July 2012.</p> <p>The paper updated the vision for adult social care and also aimed to simplify law around this area. The staff were all aware of their new responsibilities.</p> <p>With regard to the “caring for our future” progress report on funding reform, it was clear that the Government agree with the principles of the Dilnot Commission’s recommendations but the report did not address the recommendations.</p> <p>Nothing had come forward in the current round of funding announcements for 2015.</p> <p>The Adult Social Care departments were under huge pressure.</p> <p>The deadline for comments on the Care and Support Bill was the 19th October 2012.</p> <p>AGREED – that</p> <p>a) the content and implications of the Care and Support White Paper, Bill and Progress Report on Funding Reform be noted; and</p> <p>b) comments on the Care and Support Bill be made by 19th October deadline.</p>	PT
16.	<p>Proposed Future Agenda Items – noted and an additional agreed item:</p> <ul style="list-style-type: none"> • Learning Disability Self Assessment • Carers Strategy • 	
17.	<p>Dates of future meetings:</p> <p>SHWB meeting 14th November 2012, 2pm – 4pm, venue TBC SHWB meeting 23rd January 2013, 2pm – 4pm, venue TBC SHWB meeting 13th March 2013, 2pm – 4pm, venue TBC</p>	

The meeting ended at 4.54pm

Signed

Dated