

Telford and Wrekin Health and Wellbeing Board (HWB)

13th March 2013 at 2.00pm

Wrekin Room, Business Development Centre, Stafford Park 4, Telford TF3 3BA

Key Decisions/Actions/Discussion:

Agenda Item	Discussion Points	Who
1.	<p><u>Attendees:</u> Board Members: Cllr Richard Overton (Chair HWB and Deputy Leader TWC), Cllr Arnold England (Cabinet Member: Leisure & Wellbeing), Cllr Liz Clare (Cabinet Member: Adult & Social Care), David Evans (Chief Operating Officer T&W CCG), Dawn Wickham (Representing Graham Urwin NHS Commissioning Board), Dag Saunders (LINKS), Paul Clifford (Director of Adult and Community Services TWC), Dylan Harrison (CCG Non-Executive Director), Dr Mike Innes (Chair of T&W Clinical Commissioning Group).</p> <p>Support Officers: Clare Hall-Salter (TWC Partnership and Planning Manager), Jon Power (Delivery and Planning Manager TWC), Helen Onions (Public Health Specialist), Karen Kalinowski (Assistant Director: Care and Support TWC), Clive Jones (TWC Assistant Director: Family and Cohesion Services), Christine Harrison (Service Delivery Manager- Commissioning) and Jayne Clarke (Democratic Services Support TWC).</p> <p><u>Apologies:</u> Board Members: Cllr Paul Watling (Cabinet Member: Children, Young People & Families), Dr Catherine Woodward (PCT Director of Public Health), Graham Urwin (NHS Commissioning Board LAT Director), Laura Johnston (Director of Children and Family Services T&WC).</p> <p>Cllr Richard Overton welcomed Dawn Wickham from NHS Commissioning Board who was representing Graham Urwin.</p>	
2.	<p>Action notes 23.01.13:</p> <p>There were no specific action points arising from the Minutes of the last meeting as a number of the items discussed were Agenda items at this meeting.</p> <p><u>RESOLVED</u> – that the minutes of the meeting held on 23rd January 2013 were a true record.</p>	
3.	<p><u>Areas of Focus:</u></p> <p>Update on Telford and Wrekin CCG</p> <p>David Evans updated the Board on the Telford and Wrekin CCG.</p>	

	<p>The Clinical Commissioning Group (CCG) had been notified at the end of January 2013 by the National Commissioning Board (NCB) that it had been authorised as a statutory organisation of the NHS with 3 conditions. These conditions related to the Memorandum of Understanding with Shropshire CCG and a Service Legal Agreement with Staffordshire and Shropshire Commissioning Support Unit. Further evidence had now been submitted to the Panel and it was hoped that at its meeting on the 22nd March that these conditions would be removed.</p> <p>With regard to service and financial planning a lot of work had been undertaken on the transition of services and around the legacy documents and it had been decided that a bottom-up budget approach would be used. It was believed that a budget in the region of £184m would be available for Commissioning Services although there were some outstanding issues around specialised services ie neuro-surgery and heart/liver transplants. A £3m-£4m dental budget had been allocated to the CCG but it was believed that this should lie with the NHSCB.</p> <p>There continued to be pressure within Shrewsbury and Telford Hospital NHS Trust in relation to their performance position and treatment times.</p> <p>A project plan event was due to take place on 12 April and invitations had been sent to all participants which included the Senior Responsible Officer (SRO).</p> <p>The first Board meeting had taken place on 12th March and it had been reported that there were long waiting lists for spinal surgery at the Robert Jones and Agnes Hunt Hospital and that it was important to be explicit about the longer waiting times.</p> <p>A discussion took place and it was raised that there were concerns from patients regarding the waiting times, cancelled appointments and referrals out of the area, particularly over the last 2-3 months.</p> <p><u>RESOLVED</u> – that the report be noted.</p>	
4.	<p>Update on Shropshire and Telford and Wrekin Whole System Compact and Whole System Proposal</p> <p>David Evans gave an update on the Shropshire and Telford and Wrekin Whole System Compact and Whole System Proposal.</p> <p>The Whole System Compact document had been drawn together by all health and social care partners within the Shropshire and Telford and Wrekin Health Economy and set out the agreement for joint working arrangements.</p> <p>A weekly meeting of Chief Officers of NHS Organisations and Directors from both Shropshire and Telford and Wrekin were now taking place to look at the health economy as a whole. There was a risk of cost transference and it needed to be clear how the organisations could work together.</p>	

	<p>A discussion took place including:</p> <ul style="list-style-type: none"> • Patient representatives • Listening to Local Authorities with regard to resources • Patient experience • Cost savings and the impact on patients • Net savings and re-distributed funding <p><u>RESOLVED</u> – that the report be noted.</p>	
5.	<p>NHS Commissioning Board Update, including transition progress</p> <p>Dawn Wickham gave a presentation on the NHS Commissioning Board which included transition progress.</p> <p>There had been changes to the Commissioning Board. An Area Team for Shropshire and Staffordshire had been established, this was part of the national NHS working at an area level. Members of the Area Team were:</p> <ul style="list-style-type: none"> • Graham Urwin – Director • Dr Ken Deacon – Medical Director • Brigid Stacey – Director of Nursing • Ros Francke – Director of Finance • Dawn Wickham – Director of Operations • Sultan Mahmud – Director of Commissioning <p>The makeup of the Commissioning Board was exactly the same around the Country as it was now following a single operating model to ensure national service delivery.</p> <p>The PCTs were now being replaced by CCGs and Local Authorities. The Commissioning Board’s new roles and responsibilities were:</p> <ul style="list-style-type: none"> • Primary Care – GP Providers • Dentists • Opticians • Community Pharmacies • Some Public Health • Infant vaccinations and children’s services 0-5 until 2015 <p>This would be a dual role system in order to both develop and hold to account CCGs and work closely with Telford and Wrekin Council, only intervening where necessary.</p> <p>The Commissioning Board would be working with 8 CCGs and would work in partnership with Health and Wellbeing Boards in its own right as a Commission. It would hold the Board to account for the NHS Mandate in order to move towards outcomes rather than measuring targets, working jointly on areas such as poverty and equality and would have an overview of the system re-configuration.</p>	

	<p>Specialised Commissioning is managed by Birmingham and the Black Country.</p> <p>Offender Health would be managed by the Area Team as Shropshire and Staffordshire had the largest amount of prisoner/offender institutions within the West Midlands, although there were no institutions within Telford and Wrekin.</p> <p>With regard to the financial prospects for 2013/14 all CCG budgets had increased by 2.5%. The Telford and Wrekin Public Health Budget had increased by 2.8% on its transfer to the Local Authority on 1st April 2013. NHS providers were to receive funding increases of 2.5% for inflation, although NHS providers would be required to deliver 4% year on year efficiency gain. The Area Team budget for Shropshire and Staffordshire was £422m with a budget of £36m for Telford and Wrekin.</p> <p>The transition from strategic health and PCTs to the CCG and the new Area Team had been more challenging in some areas. The Legal Transfer was currently with the Department of Health and it was hoped that during the final 2 ½ weeks that the legacy and handover documents together with intelligence and information on quality issues would be handed over.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Public/Patient Participation • Health Service – Access to GPs • Cost inflation figures • Offender health outside of the prison service • Primary Care Access (future meeting agenda item proposal – Baseline information on Primary Care in the context of our HWB priorities) • Area Director responsibilities and Shropshire and Telford Area Team Lead Officers • “Joined-up” Public Health Service • Public Health Contracts • Joined up commissioning of GP’s (proposal to discuss this at a future Board meeting) 	
6.	<p>Implications of the Francis Report (NHSCB)</p> <p>Dawn Wickham gave a presentation on the Francis Report.</p> <p>The Report had been published on the 6th February 2013 and looked at Staffordshire NHS Trust between 2005-2009 and the serious problems and the lessons to be learnt.</p> <p>The report highlighted the terrible unnecessary suffering that had taken place and listed 290 recommendations in order to change the culture of the Hospital and put patients first.</p> <p>Four key themes were identified:</p>	

	<ul style="list-style-type: none"> • Standards and Compliance • Openness, transparency and candour • Compassionate, caring and committed nursing • Strong leadership <p><u>Standards and compliance</u> – a patient was entitled to expect a basic standard of care and permit the hospital to continue care. To prevent providers from providing services if standards cannot be met. An example of this would be 24/7 A&E Care and the number of clinicians needed to run a safe and effective service. The delivery of the service may have to be achieved in a different way ie a senior clinical review to be undertaken within 12 hours of arrival. This would have an impact on ways of working and service delivery together with provider needs ie less senior staff in hospitals at night and weekends gives poorer outcomes for patients. This will cause challenges for CCGs, the NHS and Local Authorities.</p> <p><u>Openness, transparency and candour</u> – Truthful to patients where harm has been caused. Saying “we’ve got it wrong”.</p> <p><u>Compassionate, caring and committed nursing</u> – better training, better nurses. Nursing - the ability to care not just to pass an exam. Absolute compassion.</p> <p><u>Stronger healthcare leadership</u> – Code of Conduct and Code of Ethics – failure to live by them. This needs to be strengthened.</p> <p>HWBs and Partners are engaging better than before. There would be a push for this to continue and to make effective changes and improvements. There was a need to look at the current position and how to move forward.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Listening to patients concerns earlier • The ability to meet new standards • Pressure on the health economy • Waiting times – reasonable timescales • Different approaches to resolving challenges • Compassionate nursing – how do we measure up • Challenges for health and social care • Patient focus at all times • Nursing – qualification and training • Health care assistants • Hospital care delivery package – compassion from all hospital staff • Responsibility including partners, agencies, HWBs and officers of Local Authorities 	
7.	<p>Care and Support Bill & Care and Support Funding Update</p> <p>Paul Clifford presented a report on the Government’s proposals for adult care and support contained in the Social Care draft Bill to reform legislation of social care and to bring together the updated legal framework which was</p>	

	<p>welcomed.</p> <p>The Dilnot report recommended that funding was “not fit for purpose” on a national scale the Government had produced a short paper entitled “Policy Statement on care and support funding reform and legislative requirements” on 11th February 2013 and changes would be introduced from April 2015. The Council currently had 4 levels of funding criteria for care. The Local Authority contribute and put together care for packages for those with the most substantial level of need but following the changes in 2015 some of these people will be knocked out of the system.</p> <p>There were bigger changes with regard to deferred payments set against property. Appendix 7b to the report set out the funding regime.</p> <p>A cap would be introduced on care costs but not residential day-to-day costs which could cost up to £12,000 per year. Once the cap on care costs had been reached then any further costs would be borne by the Local Authority. Stay at home care funding would have changes to thresholds for homeowners which would be valued on a sliding scale.</p> <p>The implications for the Local Authority would be the actual care costs that would be incurred. Raising the threshold of loans and costs over £75,000 would increase administration costs ie support for assessments and annual support for self-funding clients.</p> <p>The cap for costs up to the age of 18 was £0. There would be a sliding scale for 18-65 year olds, but where a person was born with a condition then the cap would remain at £0.</p> <p>There would be one more financial year before the changes come into place in 2015, but it was important that the Local authority start to look at the implications for service and financial planning.</p> <p>A further report would be brought to the HWB in July.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • What this meant for residents • Implications for the Local Authority • Government Model <p><u>RESOLVED</u> – that the report be noted.</p>	
8.	<p>Public Health Transition Progress Update</p> <p>Paul Clifford presented a report on Public Health Transition.</p> <p>The basic message was that the transition process was on track despite the delays with the regulations and guidance and should be able to move forward quite comfortably on 1st April 2013 without major issues.</p> <p>A new structure of senior management in the Council had taken place with a</p>	

	<p>major investment into business development and Health and Wellbeing. Public Health was intrinsic to the Board and this was reflected in the structure and job titles.</p> <p>The Board were asked to welcome opportunities that the new arrangements bring to the area.</p> <p><u>RESOLVED</u> – that</p> <p>a) the new public health responsibilities placed on the Council from 1 April 2013, the transition planning and activity that has taken place and the final arrangements now made through delegated authority to ensure the Council meet these responsibilities be noted;</p> <p>b) the opportunities that the new Health and Wellbeing and Public health arrangements bring for the area be welcomed.</p>	
9.	<p>LINK Interim Annual Report and DVD</p> <p>Cllr Richard Overton thanked Dag and LINK for their work to date.</p> <p>Dag Saunders gave a verbal update on LINK.</p> <p>Following the White Paper Bill LINK had been visiting local groups to explain the changes.</p> <p>Youth LINK had undertaken a lot of work and had held a meeting last Friday.</p> <p>CCG work in participation had meant that there were approximately 20 active groups.</p> <p>A lot of good work had taken place in Donnington and it was hoped to replicate this in other parts of the Borough.</p> <p>This had been LINK’s most active year with visits to hospitals and care homes.</p> <p>LINK had been invited to have representation on the Health and Wellbeing Board whilst it was in its shadow form and this was not mandatory. Dag Saunders thanked the Board for giving LINK this opportunity.</p> <p>A short film was presented highlighting the work that had been undertaken by LINK and to promote the transition into Healthwatch.</p> <p>The film was to be shown in the Telford Town Centre in April.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • LINK transition to Healthwatch and the continuance of the good work undertaken, including Youth LINK • Youth ambassadors; 	

	<ul style="list-style-type: none"> • The importance of not losing volunteers 	
10.	<p>Healthwatch Update</p> <p>Christine Harrison gave a verbal update on Healthwatch.</p> <p>The procurement process had now taken place and Parkwood Healthcare and been announced as the successful provider.</p> <p>The legacy of LINK was built on working with partners to capture what was the important work. Healthwatch wanted to assure the Board that it would continue to build on this work and take it forward from the 1st April 2013.</p> <p>A meeting with Parkwood and Key Stakeholders was to take place shortly in order to build a positive relationship. There would be a Q&A session regarding the implementation plan which would be brought to the Board at the next meeting by a representative of Healthwatch.</p>	
11.	<p>Improving Carer’s Health and Wellbeing – Strategy Update</p> <p>Christine Harrison gave an update on the Improving Carer’s Health and Wellbeing Strategy which was one of the Board’s key priorities.</p> <p>The report focussed on adult carers as the timing for young carers was slightly different with the draft consultation period being 2013-16. Review date for young carer’s strategy was 2015. There was connection between the adult and young carer’s strategy and work, as this was vital.</p> <p>There were eight key outcomes:</p> <ul style="list-style-type: none"> • Information, advice and support • Time for yourself • Having your say • Planning for the future • Feeling safe and secure • Promotion of well-being • Meeting diverse needs • Life outside of caring <p>These were developed from the evidence within the JSNA for carers.</p> <p>A stakeholder event had been held which had proved very helpful with constructive feedback. The three top priorities were:</p> <ul style="list-style-type: none"> • Information, advice and support • Planning for the future • A life outside caring <p>The consultation exercise closed on the 20th February 2013 and feedback</p>	

	<p>would be included in the final documentation by the end of March. It would then be taken forward for approval by the CCG and Cabinet.</p> <p>A summary position had been produced connecting young carers beginning their journey into adult carers. It was hoped to connect across with the Carer’s Contact Centre in the Service Level Agreement in order to strengthen the voice of young carers. The newsletter had been amalgamated and it was hoped to build on the Carer’s Partnership Board to strengthen representation.</p> <p>A further report would be brought back to the Board together with an action plan in future.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Young carers – need the highest level of support but are those least likely to be able to benefit from services • CYP Families Board • Calendar of priorities • Combined Carer’s Contact Centre • Transition from young carers to adult carers • Opportunities for older young carers <p><u>RESOLVED</u> – that the report be noted.</p>	
<p>12.</p>	<p>Position Reports on Programmes transferring to the Council (for information)</p> <p>Four update reports had been supplied for information giving an update on the following areas:</p> <ul style="list-style-type: none"> • NHS Health Checks • Tobacco Control and Smoking Cessation Services • Children and Young People – Health Promotion • Making Every Contact Count and Healthy Lifestyles Hub <p>A discussion took place regarding Health Checks and around the 1 practice that was not currently delivering this service. This was due to the trained member of staff currently being on maternity leave and no other staff member had been trained to deliver the health checks. This needed to be moved forward, although it was a very small practice and health checks may have been undertaken by an independent provider.</p> <p>A discussion took place around Children and Young People’s health promotion and access to school nurses. The rooms supplied for the nurses were inadequate for them to perform their role and support the children properly. This seemed to be a key point and would be considered when the Healthy Child Programme was before the Children and Families Board.</p> <p>A suggestion was made that the HWB write a letter of support to the Government for the minimum cost of alcohol. This was agreed by the Board.</p>	

13.	<p><u>Board Function and Governance:</u></p> <p>Revised Terms of Reference for HWB</p> <p>Clare Hall-Salter presented a report on the Health and Wellbeing Board Terms of Reference following The Health and Social Care Act 2012 which would come into force on 1st April 2013. The Board would then become a full Committee of the Council.</p> <p>The Terms of Reference had been to Council's Constitution Committee and had been agreed at the Full Council meeting on 7th March 2013.</p> <p>The key points were:</p> <ul style="list-style-type: none"> • Membership – each opposition Group with 4 or more elected members shall have one place on the Health and Wellbeing Board with voting rights. • The Chair of the CCG would be the Vice-Chair of the Health and Wellbeing Board. • The HWB would report to Full Council and the CCG • Health Scrutiny function had been delegated to the relevant Scrutiny Committee by Full Council with the power of referral to the Secretary of State. <p><u>RESOLVED</u> – that the report be noted.</p>	
14.	<p>HWB Stakeholder Engagement and Development Update</p> <p>Clare Hall-Salter gave an update on the HWB Stakeholder engagement event and the LGA HWB Development Workshop.</p> <p>The second stakeholder event had taken place on 30th January 2013 and provided an update on progress to stakeholders that had attended the first event in July 2012. This had been a very positive meeting and launched the Strategy together with the priorities and principles. The event concentrated on the priorities and the priority leads and local sponsors had been able to work together during the event to choose two key priorities which would be used to identify areas for improvement and actions and to highlight future work and planning.</p> <p>The next steps would be to collate the information and make this available on the website. The Priority Leads would then further develop the specific outcome measures which would underpin the performance framework for the HWB Strategy.</p> <p>Outcome measures would be reported back regularly and stakeholders and providers would continue to be involved. It was suggested that a further stakeholder event was held in 6 months time, September 2013, and that the HWB continue to review the attendance list.</p>	

	<p>The HWB had been offered up to 4 days of support from the LGA. The first session had taken place on 11th October and looked at the structure of the LGA Development Tool. The provider engagement workshop held on 9th January 2013 was the second development session and health providers and organisations were invited to discuss their thoughts around future engagement. On 27th March 2013 it is proposed that the HWB have the final LGA workshop which would involve Board Members and support Officers exploring the difference that the Board would make as a collective Board.</p> <p>RESOLVED – that</p> <ul style="list-style-type: none"> a) the updates received in relation to Telford and Wrekin Health and Wellbeing Board engagement be noted; b) the next Stakeholder Event to be held in September 2013 be agreed; and c) the focus for the final LGA development session be agreed. 	
15.	<p>HWB Strategy Development and JSNA (including sign off of final strategy)</p> <p>Jon Power and Helen Onions presented a joint report on the final version of the HWB Strategy and the next steps to deliver the JSNA.</p> <p>The final set of 10 priorities had now been identified together with the Lead Officer and Board Sponsor for each of the priority areas.</p> <p>The next steps would be to approve the Strategy and for the Lead Officers to engage with the Board Sponsors in order that they understood their roles and then work on delivering the strategies.</p> <p>The output from the engagement was to feedback and work better/differently against the priorities in order to develop over the next few months.</p> <p>The ‘making it happen’ focus to drive the new priorities was discussed. The Board had to seize the opportunities to improve the health and wellbeing of the community and draw from the engagement event in order to raise awareness of health and wellbeing issues.</p> <p>A detailed performance framework for the strategy was currently in development. This built on the set of outcome measures outlined within the strategy. A further report would be brought to the May meeting in order for the Board to understand the position and challenge and ask questions in order to make improvements.</p> <p>The JSNA was an evidence based framework and had identified priorities to be updated and developed. Some priorities may cease and new priorities come along.</p> <p>Information regarding Public Health outcomes framework, benchmarking and area profiles could be found on the JSNA website and any feedback would be welcomed.</p>	

	<p>There had been two important developments:</p> <ul style="list-style-type: none"> • A meeting with Voluntary Groups on 25th March who are firmly involved with the JSNA. These services have grass routes intelligence and the HWB can draw from this. • On the 4th April there would be a JSNA Development Group. <p>A report would be brought back to the Board once the key messages had been identified for the JSNA. The reports would be taken to CCG, HWB and Council to promote and highlight the latest community intelligence.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • 10 priorities and other work • Working with Sponsors <p>RESOLVED – that</p> <p>a) the final draft of the Health and Wellbeing Strategy be approved; and</p> <p>b) the arrangements for progressing priorities and ‘making it happen’ work programme be noted.</p>	
16.	<p>Proposed Agenda Items for May to include:</p> <ul style="list-style-type: none"> • Proposed working arrangements for Health and Social Care Scrutiny • HWB Partner Schools Initiative • Physical Activity ‘The Gold Legacy’ - Dr W Bird • Offenders and Health and Wellbeing – G Branch • National Pledge – Children’s Outcomes • Impact of the HWB – what difference have we made at each meeting • Annual Public Health Report • Continuing Health Care • Census – Health Information (July/September HWB meeting) 	
	<p>Dates of future meetings:</p> <p>15th May 2013, 2pm – 4.30 pm, Business Development Centre 17th July 2013, 2pm – 4.30pm, NFU Offices, Southwater Way 18th September 2013, 2pm – 4.30pm, Business Development Centre 13th November 2013, 2pm – 4.30pm, Business Development Centre 22nd January 2014, 2pm – 4.30pm, Business Development Centre 12th March 2014, 2pm – 4.30pm, Business Development Centre 14th May 2014, 2pm – 4.30pm, Business Development Centre</p>	

The meeting ended at 4.06pm

Signed

Dated