

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 15th May at 2.00pm in the Wrekin Room, Business Development Centre, Stafford Park 4, Telford

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr E Clare (Telford and Wrekin Council), P Clifford (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), D Evans (Clinical Commissioning Group), Cllr G Green (Telford and Wrekin Council), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), D Wickham (NHS England Shropshire and Staffordshire Area Team), Cllr P Watling (Telford and Wrekin Council), Dr C Woodward (Telford and Wrekin Council), C Davis (Healthwatch Telford and Wrekin)

Officers: J Eatough (Assistant Director: Law, Democracy and Public Protection), K Kalinowski (Assistant Director: Care & Support), P Taylor (Assistant Director: Social Care Specialist), C Jones (Assistant Director Family & Cohesion Services), J Power (Delivery & Planning Manager), H Onions (Public Health Specialist), J Rowe (Assistant Director: Neighbourhood and Leisure Services), V McKay (Interim Service Delivery Manager, Children and Family Services), S Davidson (Service Delivery Manager – Leisure), S Norwood (Commissioning Specialist), L Mills (Head of Health Inequalities and Lifestyles), N Wilde (T&W CCG), J Meakin (T&W CCG), C Hall-Salter (Partnership and Planning Manager), M Cumberbatch (Legal Services Manager), F Bottrill (Scrutiny Group Specialist) and J Clarke (Democratic Services Officer).

Also in attendance: Cllr D White

The Legal Services Manager opened the meeting at 2pm.

HWB-1 ELECTION OF CHAIR

As this was the first meeting of the Health and Wellbeing Board (HWB) in its formal capacity nominations were requested for a Member of the Board to Chair the meeting.

Cllr R Overton was nominated as Chair of the Board. This nomination was moved by Cllr A England and Seconded by Cllr P Watling. A vote took place and it was:

RESOLVED – that Cllr R Overton be elected Chair of the Health and Wellbeing Board.

HWB-2 ADJOURNMENT OF MEETING

The Chair adjourned the formal meeting of the Health and Wellbeing Board in order to receive a presentation by Dr W Bird.

The formal meeting re-commenced at 14.43pm.

HWB-3 MINUTES

RESOLVED – that the notes of the meeting of the Shadow Health and Wellbeing Board held on 13th March 2013 be confirmed and signed by the Chair.

HWB-4 APOLOGIES FOR ABSENCE

D Harrison (Clinical Commissioning Group)

HWB-5 DECLARATIONS OF INTEREST

Cllr J Seymour declared an interest in Agenda Item 6 Continuing Health Care.

HWB-6 CLINICAL COMMISSIONING GROUP UPDATE

D Evans gave a verbal update on the Clinical Commissioning Group (CCG).

The CCG were in the final stages of agreeing the main contract for mental health services. All other contracts had been agreed.

Recently, there had been significant challenges with regard to A&E waiting times and a number of actions by the Trust and partners had been taken in order to rectify this. Overall there had been an improvement since April but the CCG were uncertain as to whether this was because of the actions taken or if there had generally been a drop in demand. It had been noted that there had been a drop in demand nationally. A meeting was being planned in order to discuss urgent care planning for next winter.

The CCG Guidance and assurance was in progress and the CCG were pleased to note that the Dashboard was in place. This was centred around the JSNA. This would be brought back to a future meeting of the HWB.

D Evans announced, for information, that one of the GPs had left the CCG Board. A replacement had been sought and Louise Warburton was to join the CCG Board.

A discussion took place around the mental health services contract.

RESOLVED – that a report be brought back to a future meeting of the Health and Wellbeing Board.

HWB-7 NHS ENGLAND AREA TEAM UPDATE

D Wickham tabled a document giving an update on the Shropshire and Staffordshire Area Team.

Mid-Staffordshire Foundation Trust (MSFT) - A Trust Special Administrator (TSA) had been appointed by the Secretary of State following the announcement that the MSFT was not clinically or financially sustainable. Although it was noted that the Trust was clinically safe. Monitor, the health system regulator, had powers to ensure continuity of services to patients. The TSA had 150 days to determine which providers would provide these services. A review of service configuration would be undertaken to determine patient specific services following the commissioner's views, consultation with local people and by market engagement. The CCG commissioner would determine location specific services. Area Team and CCG were monitoring the service and quality risks. The implications for Telford and Wrekin would be of minimal impact. It was currently unknown if there would be any implications for other hospitals ie Stoke. There was no obligation for TSAs to link with the Health and Wellbeing Boards, however the MSFT TSA was linking. With regard to any future reconfigurations it was thought better to work proactively than to have to use the external TSA process.

Risk Summit – A risk summit was a formal meeting called in accordance with the National Quality Board (NQB) Guidance and considered quality and safety within a Trust. Its purpose was to assess concerns and risk and to ensure joint action plans and to support the Trust. A local Risk Summit had been held during the last week which brought together the combined concerns of commissioners and providers. The Shrewsbury and Telford NHS Trust summit included:

- Finance
- Safety
- Risk

The role of the HWB was an important one as they needed to be aware of what was being commissioned and the health outcomes.

Area Team Commissioning – The Shropshire and Staffordshire Area Team directly commission primary care. All of these areas overlapped with the CCG, social care, children and public health commissioning and were of interest to the HWB with regard to commissioning plan alignment and achievement of health outcomes of HWBs. The Area Team would also play a role in supporting the CCG and local health economy with regard to service reconfiguration.

A discussion took place including:

- Risk Summit
- 97.5% occupancy rate
- Performance and quality issues – ie waiting times
- 18 week referral targets
- Accountability of the TSA
- Links with Scrutiny and the TSA
- NHS Strengthening
- Screening and Immunisation

HWB-8 CONTINUING HEALTH CARE

Cllr D White presented a report on Continuing Healthcare following a Scrutiny Review. The Health and Adult Care Scrutiny Committee had been looking in depth at Continuing Healthcare (CHC) in Telford and Wrekin over the last five months. A series of recommendations had been made that would, if implemented, improve the CHC assessment process. A fair assessment process would ensure that all patients would have their needs assessed appropriately in order to determine both health and social care needs. It was also hoped that these recommendations would also address the funding issues for the Council's Adult Care budget. The key areas of concern included:

- The change in the rate of CHC funding in Telford and Wrekin over the last 4 years.
- The difference in the rate of CHC funding between Telford and Wrekin and other local authorities in the West Midlands and the national average.
- That the report reflected the dissatisfaction with the CHC process from families and other organisations involved in CHC
- It was recognised that it is the responsibility of the CCG to make decisions about CHC funding.
- The Committees primary concern is that patients and their families get a fair deal
- Patients receiving CHC funding will have all the health and care cost met through the NHS as NHS services are free at the point of delivery

- Patients who are assessed as not eligible for CHC funding will not be eligible for local authority funded care if they have capital over about £23,000. In these circumstances the patient will have to fund their own care needs.
- The Committee were very concerned about patients who had received CHC funding for many years – but were reassessed as not being eligible. The patients need would not have reduced – but the high quality of care would reduce the symptoms.
- CHC is a complex process and people do not understand the assessment process or what it means
- The Committee had heard that due to the reduction in funding there was a risk that some care homes would go out of business or local services will be commissioned by other areas
- The appeals process must be explained to patients and their families and they should have access to advocacy services
- The CCG has recently taken over formal responsibility for CHC and this is an opportunity to work together to resolve these issues. It will be important to agree procedure between LA/CCG and all parties
- 3 companies had set up practice to sue on CHC funding issues
- If process is right first then CCG will be less likely to end up in Court fighting cases.
- Shared funding – examples of this would be useful
- The person is most important in all cases
- National Framework can be interpreted in different ways
- There is a good working relationship between CCG and T&W
- The report and recommendations have been presented to the CCG Board

Agreement had been reached in some areas and as there were excellent working relationships between the CCG and T&W it was hoped that they would continue to listen to each other and work together. It was important to get the process right at this early stage and have a strong basis to take forward and work with. The CCG would provide a formal response, but their initial comments were that in relation to the recommendations there were some that would be accepted, there were some that were already being addressed and there were some that the CCG could not accept as they are outside the National Framework.

The report was welcomed as it brought the issues out into the open. A discussion took place including:

- The length of time taken to make final funding decisions
- Relationship issues
- The need of patients/families to fully understand the process from the outset.

The Chair thanked the Scrutiny Committee for all of their hard work and thanks was also received from Mr Steve Wood.

RESOLVED – that:

- a) following consideration of the Scrutiny Report that a response be brought to a future meeting of the Health and Adult Care Scrutiny Committee; and**
- b) the level of CHC funding, the number of jointly funded care packages made following a CHC assessment and the total funding contributions by partner organisations on a quarterly basis as set out in recommendation 21 of the Scrutiny Report be monitored.**

The Social Care Specialist presented a report on the Continuing Health Care and Whole System Approach which gave an update from the Council's perspective. The report sought to re-assure people on behalf of the CCG and the Council that no individual had been denied services. There was a process in place in order to make emergency decisions and no one should have to wait for care. The care for a patient would be exactly the same whoever was to fund their care. CHC funding procedures since 2009 had impacted on the Council's Community Care Budget. In January 2012 the PCT had agreed to offset a sum of money, together with one-off payments for 2011/12 and 2012/13. There was an estimated funding activity of £8m which had once been funded by the NHS. The Council's budget had been cut by the Government by 27%, rising to 33% in the coming year. Scrutiny had highlighted the impact on individuals and families and that there may be a need to some individuals to self-fund all of their care. Adult Social Care Services needed to develop a specialised knowledge and re-train social workers to play a pro-active part in the funding of care. Patients should be re-assessed if there was a dispute in order to help the Council to avoid any legal challenge.

The CCG and TWC had agreed to take part in a joint workshop. This was a very positive step and the workshop would be used to find a middle ground to work from.

A discussion took place including:

- The necessity to adhere to the National process and its complexities
- Working effectively together and moving forward in a positive way
- Working within the rules without anyone falling through the gap
- Service provision by the CCG
- Getting the decisions right
- Like for like comparisons and use of the data and graphs

The Scrutiny Recommendations had been taken on board by the CCG and some of the recommendations had already been implemented. Further recommendations were in progress although the CCG could not implement all of the recommendations as the National Framework would not allow this.

The Board were asked to have agreed an approach within 3 months. This was thought to be an ambitious target and it was suggested that a report was brought back to the HWB in three months time.

RESOLVED – that:

- a) the information set out in the report be noted; and**
- b) that the Officers of the Council and the CCG report back in 3 months time on the development of a jointly agreed approach to CHC funding decisions alongside a sustainable financial agreement for both organisations.**

HWB-9 HEALTHWATCH TELFORD & WREKIN UPDATE

The Chair welcomed C Davis, Parkwood Healthcare, the representative for Healthwatch Telford & Wrekin, who had taken over from LINK on the 1st April 2013.

C Davis gave a brief overview of the work that had been taking place since 1st April.

With regard to staffing, 1 member of staff had come over from the Local Involvement Network and had taken up the position of Community Engagement Officer. A new Manager, Kate Ballinger, had also been successfully appointed from a strong pool of applicants and started

on 20th May 2013. The next post to be recruited to would be the Research Assistant, this was a key post and would involve data management and data handling. With regard to the Chair and the Board of Directors this was a tough process to go through. Interviews were mid-way through for the Chair and it was hoped that this position would be appointed to within the next two weeks. If no appointment was made at that time then Healthwatch would raise its profile and re-advertise as it was thought better not to appoint rather than rush in.

It was hoped that Healthwatch would build on the legacy left by LINK and that volunteers would not be lost. An event had recently taken place which had looked at the concerns, challenges and local context. This was considered to be the first step forward in community engagement giving an introduction to Parkwood Healthcare and setting the platform to build the relationships.

The contract monitoring was going well and meetings were to be held quarterly, although, at present the meetings had been taking place monthly to give regular feedback.

The website was now up and running and included contact details. There was a link through to the "My Life" portal for Adult Social Care. Feedback on the website was welcomed.

There were ongoing discussions with the community and stakeholders regarding a permanent base for Healthwatch. Healthwatch was currently based at The Place, Oakengates.

A joint simulation event in partnership with Shropshire was being organised to look at scenarios which would give helpful debate and understanding.

There was a lot of work being undertaken behind the scenes and there would be a launch event early in the summer.

It was suggested that Healthwatch did not lose the input of young people and the necessity to keep the engagement with Youth LINK.

One of the key priorities was Young People and how to keep them engaged.

RESOLVED – that

- a) a key priority for Healthwatch Telford & Wrekin would be Young People; and**
- b) the report be noted.**

HWB-10 OVERVIEW: ANNUAL PUBLIC HEALTH REPORT FOR TELFORD AND WREKIN 2012/13

The Director of Public Health gave a brief overview of the Annual Public Health report for 2012/13.

The Health and Care Act made it a responsibility of the Board to receive and publish the report annually of the Director of Public Health. The report was currently in its final editorial stage and this report to the Health and Wellbeing Board was to summarise some key features prior to its presentation to the Board at the July meeting.

Key priorities of the Health and Wellbeing Board were informed by the local Joint Strategic Needs Assessment (JSNA) and the Public Health Outcomes Framework. This added value across the range of HWB priorities.

The current Director of Public Health was leaving the position on the 31st May 2013 but would like to be given the opportunity to see the report through to presentation at the July HWB. The Director of Public Health asked if she could attend at the July meeting to present the Report.

Cllr Richard Overton thanked Dr Catherine Woodward for her involvement and wished her well in the future.

RESOLVED – that

- a) **the current Director of Public Health be invited back to the July meeting of the Health and Wellbeing Board to present the Annual Public Health Report 2012/13; and**
- b) **that the report be noted.**

HWB-11 TELFORD AND WREKIN CCG DRAFT LONG TERM CONDITIONS STRATEGY

The Head of Commissioning Primary Care and Planned Care and the Commissioning Manager, Market Development gave a joint report on the Telford and Wrekin CCG Draft Long Term Conditions Strategy.

The Clinical Commission Group (CCG), with the approval from the Telford and Wrekin CCG Board, had commenced a programme of work to improve the quality of care delivered to patients and carers in Telford and Wrekin who have long term conditions.

The strategy would provide a framework and action plan to deliver measureable improved outcomes to include improved life expectancy or enhanced quality of life for those with long term conditions. This would be a concise document that linked to the Joint Strategic Needs Assessment (JSNA) and would cover 5 key areas:

- Principles
- Prevention
- Identification
- Management Planning
- End of Life

The delivery approach would focus on prevention and earlier diagnosis as well as the treatment of symptoms.

Engagement within Telford and Wrekin has been shared with commissioners and providers and the report detailed the progress made to date.

An implementation action plan was currently being pulled together and would be developed alongside the consultation and engagement programme.

A discussion took place including:

- Urgent care pressures
- Planned care on chronic conditions
- Important to get the strategy right at the beginning

- Important to include children and young people and not just adults
- Specific conditions – ie cardio vascular and dementia
- Stroke prevention – GP Registers
- Engagement with Carers Partnership Board
- Integrated care
- Working, thinking and planning together for a broader impact

It was asked if Clare Hall-Salter could send Nicky Wilde details of the partners/stakeholders database for engagement purposes.

The final version of the strategy documentation and implementation plan would be brought back to the Health and Wellbeing Board for an update in July/September 2013.

RESOLVED – that

- a) the key health messages, the draft Long Term Conditions Strategy “on a Page” and the actions to date be noted;**
- b) stakeholder/partner database for further engagement purposes to be sent to Nicky Wilde and**
- c) the final version of the strategy with an implementation plan be brought back to the Health and Wellbeing Board for an update in July/September 2013 be agreed.**

HWB-12 SEXUAL HEALTH SERVICES & COMMISSIONING PROCESS

S Norwood presented a report of the Director of Children & Family Services which gave an update on the current position and future commissioning process for the delivery of Sexual Health Services in Telford & Wrekin.

Sexual health services were transferred to the Council on 1st April 2013, although some elements of care will be commissioned by the Clinical Commissioning Group or the NHS England.

Telford and Wrekin PCT had completed a competitive tendering process in order that they could meet the needs of the community and to ensure the integrity and transparency of the procurement process. The contract had been awarded to the Staffordshire and Stoke on Trent Partnership Trust who had many years experience of delivery sexual health services. The new contract provided improved services from a mixture of one-stop shops, satellite clinics and targeted clinical outreach for vulnerable/at risk groups. This followed the Department of Health’s best practice which encouraged open access to integrated services. Opening times would be extended to include evenings and weekends.

Sexual health services were now available in 16 GP clinics with links to pharmacies which undertook Chlamydia screening and testing as well as emergency contraception.

To support early diagnosis and to help people living with HIV in Telford the Council had commissioned the Terrence Higgins Trust to provide a range of programmes including self-help groups.

Reducing the number of teenage pregnancies was one of the Health and Wellbeing Board’s ten priorities. A Teenage Pregnancy Board would be re-launched in 2013/14 and this would also be extended to sexual health services, smoking and alcohol.

A discussion took place including:

- Clinic locations at ie Aqueduct, Wellington, Sutton Hill, Newport
- Attendance was available at any service anywhere in the Country
- The relationship with looked after children in care
- Measurement of service developments
- The effectiveness of one-stop shops

This was a positive level of provision with longer days and weekends which would lead to a more anonymised service which could be accessed more easily now that the service had been de-centralised

It was suggested that an update be brought to the September meeting of the Health and Wellbeing Board.

RESOLVED – that the report be noted.

HWB-13 JOINT HEALTH AND WELLBEING BOARD STRATEGY DEVELOPMENT UPDATE

The Delivery & Planning Manager and the Public Health Specialist presented an update on the Health and Wellbeing Strategy.

The asset mapping work had now commenced with the Board sponsors and officers. A common template was used in order to have systematic structured discussions. Through this engagement process a series of underlying principles had emerged including:

- Equality
- Accessibility
- Integration
- Quality
- Engagement
- Financial Sustainability
- User Satisfaction
- Early intervention and prevention and Safeguarding

This had been an important piece of work to develop an understanding of each of the priorities in order to inform the Board of how to drive the priorities.

Nine of the templates had been received at the point the report had been written and from the responses received some common themes had been highlighted:

- A quality and evidence based National document underpinned the local processes
- Safeguarding children and young people and vulnerable adults
- Equality issues

The common areas for specific focus during 2013/14 would include:

- Review and re-establishment of partnership governance arrangements for the priorities
- Refresh and update of strategies and action plans, including an update of related JSNA intelligence

Key areas that sponsors and officer leads where value can be added across the priorities by the board were included:

- That the priorities were championed across the health and wellbeing partners
- That governance, oversight and challenge for improvement on priority outcomes was given
- That interdependencies across the priorities join up with the key workstreams to work more efficiently and effectively

The next steps were to bring the templates together in order to analyse the common challenges, risks and opportunities. It was also envisaged that this analysis could also be used to complete the development framework.

These reports would be brought to the next meeting of the Board.

A discussion took place including:

- Existing Partnerships and strategies
- Physical activity for the over 55s
- Re-enforcing the message “health through fitness”
- Engagement of Ward Members and ward health profiles developed
- Cultural activities for both health and wellbeing
- Some templates need to be brought back to Board – ie Autism
- Value for money services
- “Dementia Friends” – free courses

RESOLVED – that:

- a) progress report would be brought back to the Health and Wellbeing Board; and**
- b) that the report be noted.**

The meeting ended at 4.31p.m.

Chairman:

Date: