HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 17th July 2013 at 2.00pm at NFU Offices, Agriculture House, Southwater Way, 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 Taylor (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), D Harrison (Clinical Commissioning Group), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), S Mahmud (NHS England Shropshire and Staffordshire Area Team), Helen Onions (Telford and Wrekin Council), D Saunders (HealthwatchTelford and Wrekin)

Officers: J Eatough (Assistant Director: Law, Democracy and Public Protection), C Jones (Assistant Director Family & Cohesion Services), J Power (Delivery & Planning Manager), J Rowe (Assistant Director: Neighbourhood and Leisure Services), K Grosvenor (Specialist Commissioner), C Harrison (Service Delivery Manger – Commissioning), C Hall-Salter (Partnership and Planning Manager) and J Clarke (Democratic Services Officer).

HWB-14 MINUTES

RESOLVED – that the notes of the meeting of the Health and Wellbeing Board held on 15th May 2013 be confirmed and signed by the Chair.

HWB-15 APOLOGIES FOR ABSENCE

D Evans (Clinical Commissioning Group) and Cllr P Watling (Telford and Wrekin Council).

HWB-16 DECLARATIONS OF INTEREST

None

HWB-17 TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP UPDATE

Dr M Innes gave a brief update from the Clinical Commissioning Group (CCG).

The Comprehensive Spending Review for 2015/16 would have a significant impact on the CCG which would be challenging.

With regard to health and social care the CCG nationally would see a transfer of funds from the NHS in the region of £3.4 billion, which locally would be in the region of £6 million, approximately 3% of the current budget. It was not yet clear if this amount would be new money or whether this had already transferred over to the CCG. The finer details would need further consideration and a **report would be brought back to the Health and Wellbeing Board once this had been finalised.**

The CCG and the Council were working together to set out a plan on how care services could be integrated to provide care around the patient enabling more patients to be cared for at home and promote independent living for as long as possible. **It was hoped that a further report would be brought to the September meeting of the HWB.**

An Urgent Care Network Board (UCNB) had been established with membership from commissioners and providers across the community. The draft Terms of Reference of the

Board were appended to the report. The UCNB would be overseeing the implementation of 5 projects in order to put health and social care community in a good position ready for the winter season:

- Emergency Department Flow
- Admission Avoidance
- SaTH and Community Discharge
- Optimising capacity to support discharge
- Local Health Economy Hub

An update on these projects would be brought to the September meeting of the HWB. Further projects would be based on combined and comprehensive care of the frail, elderly and those with complex needs.

Telford and Wrekin CCG was working together with the Area Team of NHS England with regard to collaborative working in respect of primary care to ensure that service delivery met the needs of the population. There was now a Memorandum of Understanding between NHS England and CCG's in Staffordshire and Shropshire and quarterly meetings were arranged to discuss issues of concern.

Actions had been taken across the area regarding the Francis Report. The CCG had accepted the report and some work had been undertaken on "listening" events. A Board meeting had taken place between Shropshire and Telford NHS Trusts (SaTH) around the ongoing work.

A discussion took place including:

- Integrated Care
- Spending Review
- Integration Pioneers and funding a funding bid
- Community involvement
- Francis Report – listening to views of patients and carers

RESOLVED – that the report be noted.

HWB-18 NHS ENGLAND SHROPSHIRE AND STAFFORDSHIRE AREA TEAM UPDATE

S Mahmud gave a presentation on the Area Team and Primary Care Commissioning Overview and NHS England's response to the Francis Report.

The presentation was appended to the Report at Appendix 1.

A discussion took place including:

- NHS England Area Team's reporting procedure
- Delivery of meaningful services
- Setting up of Patient Forums
- Primary Medical Care - GP Practices and the ratio of GPs to Patients
- Geographical hotspots – **Sultan to provide additional information**
- Single Handed Practices
- Age profile of GPs
- Lack of access to female GPs

- Immunisation Rates and Good Practice
- Validity of the Patient Survey Findings
- Dental Services and the lack of access to emergency NHS appointments – **Sultan to bring a report on NHS Dentistry to HWB when ready**
- NHS England Area Team's Complaints procedure
- Patient and community involvement in the LAT

It was agreed that Sultan would bring the Primary Care Strategy back to the HWB as appropriate, and ensure that it was in line with HWB priorities. It was also agreed that representation from the T&W HWB would be sought to develop the Strategy.

It was also agreed that NHS England LAT would bring quarterly reports back to the HWB to include performance and complaints.

RESOLVED – that the report be noted.

HWB-19 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH FOR TEFORD AND WREKIN 2012/13

Dr C Woodward presented the annual Public Health Report for 2012/13 which highlighted the key messages and recommendations.

Dr Woodward thanked members of the Public Health Team and other officers of the Council who had helped with the production of the Annual Public Health report for their hard work.

The Report had been deliberately ambitious and challenging in its approach in order that it had an impact.

The Public Health Outcomes Framework was published in January 2012 and aimed to promote joint working across the NHS, local government, voluntary sector and communities. The Health and Wellbeing Board were taking the "life course" approach and this would be built on going forward.

If the recommendations were accepted by the Board, this would help to support the HWB rather than adding complexities. It was hoped that the Report would become a useful legacy for the Statutory Director of Public Health which set out the key priorities and framework for action.

Dr Woodward then gave a brief slide presentation. Low Birth Weight was an issue that had been brought to the Board's attention at an early stage. Cardiovascular disease and cancer remain the most significant cause of premature mortality (deaths under 75 years).
With regard to Alcohol misuse, a single subject report would be brought to the Board due to the performance metrics drifting. This was a priority of the HWB and it was important not to let this slip. The Board had recently sent a letter to the Government supporting the minimum pricing of alcohol. Due to the announcement on the 17th July that the Bill was not going ahead, **it was agreed that a further letter would be sent to the Government expressing the HWB's regret that this had happened**. An updated policy on the misuse of alcohol should have taken place 2 years ago and it was asked if this policy was due to be updated. It was confirmed that this was to be reviewed through the asset mapping timetable plan. A Lead Commissioner had just been appointed and would take the lead on updating the strategy and a progress report would be brought to a future meeting.

A question was raised regarding electronic cigarettes. **It was suggested that the benefits/harm of smoking electronic cigarettes was looked into and this reported back to the Board at a future meeting.**

A discussion took place surrounding the Children and Young People priorities and recommendations and the increase of incidents of self-harm of young people aged 12-18. Some of the CYP recommendations within the Annual Report would be picked up by the Children and Families Board and some would be the responsibility of the Local Children's Safeguarding Board.

AGREED – that recommendations 1 to 11 contained in the report be endorsed.

HWB-20 JOINT HEALTH AND WELLBEING STRATEGY: DEVELOPING OUR PARTNERSHIP AND OUTCOME FRAMEWORKS

J Power presented a report on the delivery of the Health and Wellbeing Strategy Priorities which included refreshed and refocused partnership arrangements to join-up strategic approaches to service design and commissioning and an emerging outcome framework against each of the Board's priorities.

The Report highlighted issues around commissioning that were needed to take forward the HWB Priorities. A position statement for each priority had been completed against the Health and Wellbeing Strategy underpinning the following principles:

- Equity
- Accessibility
- Integration
- Quality
- Engagement
- Financial sustainability
- Positive Experience of health and social care services
- Early intervention and prevention
- Safeguarding

The key messages from the initial analysis were:

- The need to ensure that delivery plans are in place for each priority
- A sharpened focus on integrated commissioning between services to avoid duplication and ensure an effective care and support pathway for service users
- A need for better joined-up working to address priorities holistically – for example challenges around the time of pregnancy – smoking in pregnancy and breast feeding rates

Also in response to the findings two new partnership groups were proposed:

- Co-operative Commissioning Partnership
- Early Help Partnership

The co-operative commissioning partnership would commence in August and bring together commissioners from the CCG and the Council's adult, children and public health commissioning functions. The initial meeting would focus on agreeing the Terms of Reference. Through its annual review the Children, Young People and Families Board were

developing an Early Help Partnership in order to ensure a joined-up strategic approach to support individuals and families and to address challenges quickly and appropriately. This partnership would also support the delivery of 3 HWB priorities:

- Excess weight in childhood / breast feeding
- Teenage Pregnancy
- Improving emotional health and wellbeing

A series of workshops would be developed over the summer for consultation on asset mapping and the holistic approach.

A progress report would be brought to the September meeting of the HWB.
Appendix 2 to the report set out a simplistic view of priorities and cross working partnerships to address the priorities. The delivery of the strategy relied on working with partners. Two stakeholder events had already taken place and a further engagement event was proposed for the Autumn. This was a way of allowing user groups, parents and service users to be heard. The results of the engagement event would be brought back to the Board.

Performance indicators would be used to get an understanding of where the priorities were being met and services delivered appropriately. The Director of Public Health's report also tied in with the work being undertaken and showed clear consistency and commonality in delivering the priorities. A report would be brought to the HWB 3 times per year.

A discussion took place including:

- The collaborative commissioning approach
- Joined-up working with users/providers/voluntary sector
- Active voluntary sector need to be engaged
- All Age Autism Strategy and links to Early Help Partnership
- Early Help Partnership
- Work of Carers and the Carers Partnership Board
- Local Safeguarding Children's Board and governance links to HWB and CYFB
- Misuse of alcohol/drugs – prevention work / follow up visits

RESOLVED – that

a) **the proposed refocused partnership arrangements taking forward the priorities be endorsed;**

b) **the proposed partnership stakeholder event in Autumn be endorsed; and**

c) **that the emerging priority outcome framework be endorsed.**

HWB-21 FOCUS ON HWB PRIORITIES

Improving Carer's health and wellbeing and Carer's Strategy

C Harrison presented a report on the Improving Carer's Health and Wellbeing and the Carers Strategy.

The Strategy had now been approved together with the Action and Implementation Plan.

There were currently 2 Strategies – Adults Care Strategy and Young Carers Strategy. It was a future aspiration to combine these two strategies into an all age strategy.

There were approximately 18,000 carers within Telford and Wrekin with 4,000 of these caring for over 50 hours per week. At 10.1-10.8 of the report was a jigsaw diagram showing how the Carers Strategy would work for Carers in Telford and Wrekin.

Information advice and support was key to Carers which centred around the Carers Centre Hub

Ongoing work included:

- Planning for the future – ie living wills / crisis planning
- Promotion of wellbeing
- Pampering/recreational sessions for carers
- Nursing Services
- Carers Partnership Board

Carers had identified that the key areas from the jigsaw model were:

- Being financially safe and secure
- Having a life outside of caring
- Taking time for themselves

Three power point presentations were received on the following subjects:

- A life outside Caring
- Healthy Eating Project
- Telford and Wrekin Young Carers Service

A verbal presentation was also received from a full-time carer who was able to talk about her experience of being a carer together with the help and support she had received both in London and in Telford and Wrekin.

A discussion took place including:

- Gap in identifying carers
- Carers Centre to work with GPs to identify carers
- Pop-up surgeries ie pharmacies / schools
- Schools to be more proactive in identifying possible young carers
- Drop-in Sessions within secondary schools
- Promotion of carers
- Cost-effectiveness of a joined-up approach

The Chair thanked the carers for all of their work.

RESOLVED – that

a) **the approval of the Carers Strategy 2013-16 by both the Council and the Clinical Commissioning Group be noted;**

b) **the strategic priorities and associated action plan be supported;**

c) **the progress being made with the Adult Carers Strategy be noted;**

d) **the value carers bring to the local health and social care economy be recognised and supported; and**

e) **the continued progress against the action plan for young carers be noted.**

Supporting People with Dementia

K Grosvenor gave a presentation on Health and Wellbeing Board Priority – Supporting People with Dementia.

Diagnosis of dementia for people of Telford and Wrekin was 44% which was below the national average of 57%. There was a lack of information and quality of end of life care offered to patients.

There were 4 priority work-streams:

- Public and Professional Awareness of Memory Problems
- Information
- Early Identification and Diagnosis
- End of Life

A Commissioning Framework and Action Plan had been drawn up to assure the Board that this was being monitored thoroughly and regularly.

A lot of work had been undertaken on public awareness and AFC Telford Football Club had made a video for youTube and raised awareness at football matches. There had been a lot of support from the press and publicity initiatives.

Two documents had been produced:

- Dementia Services Directory
- Dementia Passport

The Dementia Services Directory was a guide to dementia services within Telford and Wrekin whereas the Passport was a document that could be completed with important information ie medical history, contact details, medicines, allergies. The Passport would be a reference point to support a patients journey through the care settings and would remain with them at all times.

Other public awareness events had taken place during Dementia Awareness Week including a Dementia Awareness Day at Blists Hill Museum on 10th June 2013.

There was now the ability to feed into the West Midlands Dementia Care portal from which support services could be accessed.

A training pathway to meet local priorities had been produced. Worcester University had been invited to develop the programme that led on dementia, with Staffordshire University evaluating the training once it had been undertaken.

Shropshire and Telford NHS Trust had adopted the Pathway to Dementia and were currently embedding this within the Hospitals.

Diagnosis rates for Telford and Wrekin were poor although Telford and Wrekin were the best improving areas. A long term conditions group had been set up.

Other ongoing work included:

- Setting a minimum standard of care
- A review of the Dementia Register
- Improvement of diagnosis rates

An End of Life project had been piloted in Newport which involved identifying people at risk of developing Dementia and producing a virtual wrap-around support network to stop unnecessary admissions to hospitals and care homes.

Case Study

M Sadler from the Alzheimer's Society introduced Mr and Mrs T.

Mrs T had begun worrying about Mr T in 2008. Although Mr T had never really had a good memory, Mrs T noticed little things that were not quite right. Mr T was a sporty, fun loving man who over a few days developed a twitch in his shoulder. Mr T attended an appointment with his GP who referred him on to a Doctor at Princess Royal Hospital. Mr T attended the memory service who undertook a brain scan. It took 2 years for Mr and Mrs T to receive a firm diagnosis that Mr T had Alzheimers. Mr and Mrs T were given no information regarding the diagnosis and Mr T was refused medication at the time as the guidance stated that there was no need to give medication at that stage. Mr and Mrs T wanted Mr T to have the medication the stop the deterioration at an early stage and offered to pay to have the medication, if necessary. After 1 year the guidelines were changed and Mr T was able to receive the medication that he needed.

Mrs T researched the condition on the website. There was too much information contained on the web which gave the worse case scenarios which were quite frightening for Mrs T, so eventually she stopped researching.

Once Mr T was given the medication he was referred to the Alzheimer's Society Dementia Advisor Service. A representative from the Service attended at Mr and Mrs T's home 3 weeks after the referral. This made a huge difference to the lives of Mr and Mrs T. There was lots of information and they were given signposts for dementia and referred on to support groups. Mr and Mrs T stated that this services was "absolutely marvellous".

Mr T was able to access groups such as "Singing for the Brain". This group was highly valued by Mr T as people who would not necessarily talk would join in and sing. Mr T had also learnt to read music. The downside was that there were only 10 sessions 3 times per year, so there was a gap between the sessions and some of the attendees found it hard to understand why the weekly sessions had stopped.

Mr T also attended "Tea for Two" activities which involved both memory and physical activities to stimulate the brain.

Mr T had also received cognitive stimulation – Memory Joggers. This involved Mr T attending at 2 sessions per week for 4 weeks. Unfortunately this was a short burst of intensive sessions, but once this had stopped there was nothing to replace it. It was thought that this may have been better if it was a continuous weekly session.

Mrs T valued the support groups as they were a source of company and someone she could talk to who knew what she was going through and both Mr and Mrs T had made some good friends through the groups. Without the support groups Mr T would have lost a lot of stimulation and the company of other people.

There was now a Dementia Guidebook and Mr and Mrs T expressed that this would have been a big help to them if they had been given this on the initial diagnoses.

A discussion took place including:

- The gap in information whilst waiting for a diagnosis
- Information pack/ contacts for reassurance / someone to talk to
- Possibility of introducing activities for dementia patients in local leisure services

The Chair thanked Mr and Mrs T for attending at the Board.

A further discussion took place regarding:

- The need to support carers
- Breakdown of communication between hospitals and care homes
- Isolation of being cared for at home
- Walk about Wrekin – Walks for Dementia Scheme
- Training
- The length of waiting times

Dr M Innes discussed his role as a "Dementia Friend". There was a national 1 hour training programme for people to become a dementia friend and it was suggested that the Board received this training.

RESOLVED – that

a) **the significant progress made since the receipt of the last Report in September 2012 be acknowledged;**

b) **Board Members continue to champion Dementia as a priority across the Health and Social Care Economy and contribute to raising public and professional awareness;**

c) **Board Members become Dementia friends to demonstrate the Board's commitment.**

HWB-22 REVIEW OF THE TERMS OF REFERENCE OF THE HEALTH AND WELLBEING BOARD

J Eatough presented a report on the Terms of Reference for the Health and Wellbeing Board.

It was asked that the Board consider the changes to the HWB's Terms of Reference following the Board's move from shadow to formal committee status and to allow a procedure for public speaking to take place within the Health and Wellbeing Board Meetings. The advantages and disadvantages of public speaking were highlighted at 1.4 of the report.

A discussion took place in which members strongly supported public speaking.

<u>RESOLVED</u> – that

a) **the changes to procedure for Board Meetings as shown at Appendix 1 to the report be agreed; and**

b) **the recommendations for amendments of the constitution are taken to full Council as appropriate.**

The meeting ended at 4.43p.m.

Chairman:

Date: