

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 18th September 2013 at 2.00pm at the Business Development Centre, Stafford Park 4, Telford TF3 3BA.

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 P Watling (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), D Wickham (NHS England Shropshire and Staffordshire Area Team), Helen Onions (Telford and Wrekin Council), D Saunders (HealthwatchTelford and Wrekin)

Also Present: H Swindlehurst (Clinical Commissioning Group), Fran Beck (Clinical Commissioning Group)

Officers: J Eatough (Assistant Director: Law, Democracy and Public Protection), M Cumberbatch (Legal Services), S Norwood (Commissioning Specialist), V Pike (Health Improvement Commissioner), D Robson (Service Delivery Specialist for Adult Safeguarding), K Roberts (Commissioning Group Specialist), C Hall-Salter (Partnership and Planning Manager) and J Clarke (Democratic Services Officer).

The Chair welcomed everyone to the meeting and announced that there would be a change in the advertised Agenda and that Item 8 - Children and Adolescent Mental Health Service - would be the first item of business following declarations of interest.

HWB-23 MINUTES

RESOLVED – that the notes of the meeting of the Health and Wellbeing Board held on 17th July 2013 be confirmed and signed by the Chair.

HWB-24 APOLOGIES FOR ABSENCE

D Evans (Clinical Commissioning Group).

HWB-25 DECLARATIONS OF INTEREST

None

HWB-26 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE

F Beck and H Swindlehurst gave an update on the Child and Adolescent Mental Health Service (CAMHS).

The Mental Health Service has assessed very few children who were diagnosed with mental health problems. The main results were:

- Eating disorders
- Depression
- Schizophrenia

It was reported that there were a lot of children with serious emotional problems who were vulnerable and may have had disturbed early years, may be looked after children or young

offenders. These children were not mentally ill, but had needs. There needed to be a comprehensive range of services in order to deal with the wide range of wellbeing and mental health issues of children and young people. Where children were very unwell and had early manifestations of mental health, there may be a need for a specialist bed.

CAMHS needed to interface with other services across the range ie the Local Authority, schools and GPs. There were specialist services to undertake any detailed work although Shropshire Community Trust were currently working to improve this element of the service.

There had been concerns raised with regard to waiting times and service delivery. The current position with regards to numbers exceeding the waiting list (as at August 2013) was:

- Priority 1 Patients – NIL
- Priority 2 Patients – 2
- Priority 3 Patients – 3

CAMHS were working on their data and due to inaccuracies the actual numbers could be worse. This would put CAMHS in a slightly worse position, although it would give a more accurate account of where it currently stood.

CAMHS was currently working alongside SHROPCOM and South Staffordshire & Shropshire NHS Trusts and through a collaborative approach was optimistic for a solution.

A discussion took place including:

- Pathway of care
- Waiting times
- Outcome measures
- Urgent care
- Benchmarking
- Family Connect
- Partnership working
- Difficulties of accessing CAMHS
- PODs (Parents Opening Doors) Workshop
- Joined up services ie CAMHS/Care/Court System
- Labelling
- Waiting times for the 4 tier service
- Support of Young People as they leave the system – the need for good transition arrangements

A question was raised regarding the most up to date figures which were:

- Priority 1 Patients – Nil
- Priority 2 Patients - 17 (although there were case reasons for these figures)
- Priority 3 Patients – 26

There would be an update on the position at a future meeting of the HWB.

RESOLVED – that the report be noted.

HWB-27 TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP UPDATE INCLUDING CALL TO ACTION

Dr M Innes presented the Clinical Commissioning Group's update which included the Call to Action.

NHS 111 Service

Following the decision of NHS Direct that it was not in a position to continue as the provider of the 111 service contingency plans had been put in place locally. West Midlands Ambulance Service had been commissioned to provide this service for Telford and Wrekin CCG until March 2015. Shropdoc would continue to provide the Out of Hours service.

In order to take forward the procurement exercise a local Project Board had been established with Shropshire CCG and had recently held its first meeting. During the period up to March 2015 there would be regular reports from the Project Board to the CCG Governing Board and to HWB.

A discussion took place including:

- Public confidence in the 111 system and adverse press
- Tender for out of hours service
- National campaign to promote the new 111 service

Maternity Review

There was a review of maternity services taking place and this was currently out to consultation. All stakeholders involved with maternity care were being asked to comment. Public information could be found at <http://www.telfordccg.nhs.uk/maternity-services>. The review was not about where maternity provision was, but about the new model of delivering the service.

A discussion took place including:

- Consultation with maternity practitioners and midwives
- Public facing questionnaire
- Update on engagement and results to be brought back to HWB at a future date

Call to Action

A presentation was given regarding the "Call for Action" which was appended to the Report as B1 and B2.

RESOLVED – that the report and presentation be noted.

HWB-28 TELFORD AND WREKIN COUNCIL UPDATE

The Interim Director of Health, Wellbeing & Care gave an update to the Board on key developments impacting on Adult Social Care with particular reference to the findings of the recent Peer Challenge and the current financial pressures facing the service.

A local Peer Challenge programme had been developed following the previous inspection regime being abolished. Telford & Wrekin Council had volunteered to be a pilot Local

Authority within the region and would be instrumental in shaping the format for future peer challenges.

The outcomes of the Peer Challenge were:

- a more personal approach
- each individual would know their personal budget
- changes in the way that community care facilities were delivered
- offer choice in the way support was provided and identify this early in the process
- more choice and control
- change the way community care was delivered

Actions relating to the Challenge findings would be incorporated within the existing Personalisation Transformation Plan and the Financial Improvement Plan.

The Peer Challenge highlighted the difficult financial situation facing both the Council and Adult Social Care. The Council would receive 33% less funding between 2010/11 to 2014/15 although Adult Social Care is expected to deliver its proportion of savings. However, due to current demands the service is projected to have an overspend of £4m at the end of the financial year. There was currently an unprecedented demand for services and the average cost per person was increasing. It was believed that savings could be made by reducing the unit price the Council paid for care. During 2014-2016 further saving of £6.5m would be required and the reductions in the amount of care provided and the number of people who received support would have to be introduced now, together with increased contribution from wider partners.

A further report would be brought back to HWB once the Financial Improvement Plan had been agreed and had taken into consideration the projected overspend and savings required in the next two years. This would be a very challenging time and resources needed to be prioritised and addressed collectively.

A discussion took place including:

- The strengths highlighted by the Peer Challenge
- Performance within the areas of work
- Overspend and reduction of budgets
- Challenging funding positions of all NHS Bodies
- Need to bring together the commissioning intentions of the NHS and Local Authority
- NHS Early Intervention
- NHS call to action and the fallback on adult care
- Personal budgets - not "one size fits all"
- Preventative care and early intervention to save costs later
- Look at supporting less costly care solutions
- Working together to protect and sustain services

RESOLVED – that

- a) the findings of the Peer Challenge Team and the Council's response be noted;**
- b) the financial challenges facing the Council and the impact they could have on the local health and social care system be noted.**

HWB-29 JOINT HEALTH AND WELLBEING STRATEGY: PERFORMANCE AND PARTNERSHIP PROGRESS UPDATE

The Interim Assistant Director: Health and Wellbeing gave an update on the partnership developments to drive delivery of the HWB's strategy priorities. She also gave progress on developing integrated approaches to commissioning between partners for "Early Help" and "Co-operative Commissioning".

The report talked about how the best outcomes were delivered and how to make it happen.

Asset Mapping workshops had taken place in order to engage stakeholders in discussion around the priorities. Workshops on emotional health and wellbeing were held in both August and early September. A workshop would take place on 26th September to discuss the priority of excess weight and for the drug and alcohol strategy a workshop in mid September/early October.

With regard to developing the Co-operative Commissioning Approach a group from the HWB met with key officers on the 18th August to develop proposals for collaborative commissioning across children, family, adult and health services in the Borough. The commissioning framework was used during the smoking cessation services procurement exercise to understand and map key functions together with roles and responsibilities across the HWB partnership. A set of principles were agreed together with commissioning groups, details of which could be found on page 5 of the report.

A discussion took place including:

- Early partnerships
- Workshops

RESOLVED – that

- a) the development of an operational and strategic commissioning group be supported; and**
- b) the continued development of the Early Help Partnership approach be supported.**

HWB-30 FOCUS ON HWB PRIORITIES

Reducing Teenage Pregnancy

The Interim Assistant Director: Health and Wellbeing presented a report on reducing the number of teenage pregnancies which included:

- performance in relation to reducing the under 18 conception rate
- a summary of progress of the Teenage Pregnancy and Sexual Health Strategic Partnership Board
- an update on sexual health services

During 2011 there were 126 conceptions amongst women under the age of 18 years within Telford and Wrekin. This equated to 37.4 per 1,000 population and the lowest rate recorded since 1992. However, the rate remained significantly higher than the national average for England which was 30.7 per 1,000 population.

The multi-agency Teenage Pregnancy Strategic Partnership Board had been re-launched and now included a broader sexual health remit. An asset mapping workshop had been held in July 2013 and was attended by 35 stakeholders across a number of partner agencies. Key areas for local improvement were identified as:

- use of social media as a way of communicating with young people
- link sexual health services to other local services ie Children's Centres
- sex education within schools
- share best practice
- support young parents
- support for parents to have the confidence to talk to their children about sex and relationships
- training and development for professionals on key teenage pregnancy/sexual health messages

Although the rates were going in the right direction and this was good news, there was still a lot of work to be done.

A discussion took place including:

- New ways of working
- Young Parents not necessarily bad parents
- Wider consultation in conjunction with a young apprentice talking to young parents
- Young People's website

RESOLVED – that

- a) the Board acknowledge the recent developments towards delivery of the teenage pregnancy priority; and**
- b) the report be noted.**

Reduce the Number of People who smoke

The Interim Assistant Director: Health and Wellbeing presented a report regarding a new strategic approach for tobacco control in Telford and Wrekin which was currently in development. The main elements of the strategy were:

- High quality, innovative stop smoking services delivered by new providers
- Reconvening the local tobacco control network across HWB partners
- Undertaking Ash CLear self assessment for tobacco control with partners
- Development of an action plan to reduce smoking in pregnancy
- Supporting national campaigns ie Stoptober, harm reduction and second hand smoke

Following a competitive tender process the Council had recently awarded a one year contract for stop smoking services to two new providers. There had, unfortunately, been a gap in service in Telford & Wrekin with no stop smoking services operating. The new contracts commenced in September and smokers identified as wanting to quit during August were now being followed up. The new services were now being established with GP practices and pharmacies and were also being marketed and communicated to the public. The implementation of the service development plans was also taking place.

Stop4Life was an experienced NHS funded stop smoking service who already provided this service to Councils within Staffordshire, Stoke on Trent, Coventry, Warwickshire and Worcestershire. The service model included:

- Proactive Community Outreach
- Primary Care sub-contracting arrangements
- Workplace service
- Online/Telephone support / home visits

The contract for Pregnancy Services was awarded to North 51 who would support 150 pregnant women to quit and give follow up support for 6 months through their Quit51 service.

The Council currently had a contract with Shrewsbury and Telford Hospitals NHS Trust (SaTH) which delivered stop smoking services in hospitals and supported both in and out patients.

A discussion took place including:

- Private contractors
- Gap in service
- Availability in Pharmacies
- Prevention specific work with Young People
- Tobacco Partnership
- The de-normalisation of smoking

RESOLVED – that the recent developments for the smoking priority, in particular the award of stop smoking service contracts and the outline of the developing strategic approach being taken for tobacco control, be noted.

HWB-31 WINTERBOURNE CONCORDAT

The Service Delivery Specialist for Adult Safeguarding presented a report following the national effort to respond effectively to the incidents at Winterbourne View.

A review group had been set up to take stock of the local position with regard to out of area placements and to plan the way forward locally for the challenges which had arisen following these revelations.

As Shropshire was also carrying out similar work there was a strong argument for collaborating across the Telford and Shropshire areas and pooling resources. The joint group had been meeting since December 2012 with agreed terms of reference and representation from:

- Telford and Wrekin Council
- Shropshire Council
- Telford and Wrekin CCG
- Shropshire CCG
- South Staffordshire and Shropshire Healthcare Foundation Trust
- Shropshire Partners in Care
- Taking Part
- Healthwatch

The group was seeking to construct an effective response on behalf of the agencies in our locality and rethink the approach to the care of people with learning disabilities. It was hoped that the practice of placing people in far away locations would be abandoned due to the risks it posed with infrequent monitoring and loss of contact.

There had been over 70 actions from the Winterbourne Concordat although not all applied to Telford and Wrekin.

A cohort of 29 had been classified following the guidelines. Telford and Wrekin needed to ensure that the residents who lived outside the locality benefitted from regular reviews regarding the appropriate care and that their return to the locality was promoted. The pathway included a presumption that people would return to the local area. This had to be undertaken carefully as the placements would be considered to be “home” for the residents. Safeguards needed to be in place in order for them to be guaranteed a high quality of life. Eleven of the cohort were subject to the Mental Health Act and deemed to pose a risk to themselves or others. These residents were dealt with under a separate category as they demonstrated the most challenging needs. There had been two of the cohort that had moved back to the Telford and Wrekin area and further moves had been planned for September. There was now a 6 monthly review cycle in place.

Concerns had been raised regarding whether the appropriate advocacy was provided, but this was difficult to ensure when the residents were placed a long way away.

The challenge was to work with the CCG and look holistically at the support of individuals. Partnership work with Shropshire and a link to autism and joint self-assessments would also be of benefit.

A discussion took place including:

- Advocacy
- Safeguarding
- Size of homes – ie 5 residents or less
- The relocation of residents back to Telford and Wrekin in a slow, controlled way
- Avoid relocating people out of the area
- Funding
- Lessons learnt
- Good practice

RESOLVED – that

- a) the work which was being undertaken in seeking to implement locally the plans and requirements set out at a national level and to bring about the changes needed to ensure that the occurrence at Winterbourne View are not repeated, be endorsed;**
- b) the multi-agency and multi-disciplinary nature of this task be recognised;**
- c) a further update on progress be brought to the Board.**

The meeting ended at 4.08p.m.

Chairman:

Date: