

Telford and Wrekin Health and Wellbeing Board (HWB)

23rd January 2013 at 2.00pm

NFU Offices, Agriculture House, Southwater Way, Telford, TF3 4NR

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), Dr Catherine Woodward (PCT Director of Public Health), Ros Francke (Representing Graham Urwin NHS Commissioning Board), Lilian Owens (LINKS (representing Dag Saunders)), Laura Johnston (Director of Children and Family Services T&WC), 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), Karen George and Eunice Foster (Heart and Stroke Network), Sara Vale (Health Visiting and Family Nurse Partnership) and Jayne Clarke (Democratic Services Support TWC)</p> <p><u>Apologies:</u> Board Members: Cllr Paul Watling (Cabinet Member: Children, Young People & Families), Dag Saunders (LINKS), Graham Urwin (NHS Commissioning Board LAT Director)</p>	
2.	<p>Action notes 14.11.12:</p> <p>There were no action points arising from the Minutes of the last meeting.</p>	
3.	<p><u>Board Function:</u></p> <p>Health and Wellbeing Board Engagement</p> <p>Clare Hall-Salter presented an update on the activity which had taken place or was due to take place regarding engagement.</p> <p>A provider engagement workshop had been held on 9th January 2013 which had been facilitated by the LGA as part of their development support to the HWB. The workshop had involved senior representatives from 7 key health provider organisations. The providers were keen to get involved early on in the engagement process around the HWB priorities and the mechanisms for</p>	

	<p>engagement and effective communication. The voluntary sector, in particular, expressed the need for greater input in the development of the JSNA in identifying the needs of the local community. Providers did not request a seat on the Board and did not feel it necessary to attend at all meetings of the HWB. There was potential for some “joining up” across geographical boundaries, where appropriate, in terms of future engagement across Shropshire and T&W HWB. The 7 key health providers had been invited to attend at the stakeholder engagement event to be held on 30th January. Additional representation had also been requested from these organisations in order to contribute towards the asset mapping. An update on progress would be given during the event and a draft Agenda for the stakeholder event on the 30th January 2013 had been circulated.</p> <p>The first HWB Newsletter had been produced in October 2012 which had been circulated by e-mail and published on the HWB website. A second newsletter would be published in March in advance of the Board becoming statutory and would include engagement feedback.</p> <p>It was raised that the HWB should also engage with Primary Care providers.</p> <p><u>RESOLVED</u> – that</p> <ul style="list-style-type: none"> a) the updates received in relation to the Telford and Wrekin Health and Wellbeing Board be noted; b) that the proposed next steps for provider engagement be agreed; and c) the agenda for the second HWB stakeholder engagement event to be held in January 2013 be agreed. 	
<p>4.</p>	<p>Progress Report Health and Wellbeing Strategy and Joint Strategic Needs Assessment</p> <p>John Power and Helen Onions presented a joint report on recent developments on both the Health & Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA).</p> <p>A piece of work had been undertaken benchmarking the developing work against the National guidance and the HWB were currently in line with this and adhering to best practice in both the strategy and the JSNA. The review has continued since the publication of the national Operating Principles for JSNA and JHWS and these guidelines, through the six operating principles, confirm the HWB’s robust approach to both the JSNA and JHWS.</p> <p>An issue had arisen during the development of the HWB strategy due to feedback from the consultation around the priority ‘ensuring people have a positive experience of health and care services’. A question was asked as to whether this should be a cross-cutting principle or a stand alone priority. A discussion took place including:</p> <ul style="list-style-type: none"> • positive experience at the heart of the service design 	

- should be “part of the day job” rather than a separate plan
- using a cross-cutting approach the priority could be lost
- already 3 other cross-cutting principles
- suggestion it could be both
- most important priority of the 10
- integral to commissioning
- underpins the whole ethos/attitude to care services
- reporting process – 1 annual overarching report

AGREED – that the priority of ‘Ensure people have a positive experience of health and care services’ should be a cross-cutting principle and that it would continue to be an Agenda item, as appropriate.

With regard to the priority of Smoking and Drug / Alcohol Misuse, it was suggested that this was split into two priorities:

- smoking
- misuse of alcohol / drugs

A discussion took place including:

- the ability to give both priorities the appropriate focus
- the need for different approaches for each priority
- easier to monitor and evaluate if separate priorities

AGREED – that the priority of Smoking and Drug / Alcohol Misuse be separated into two priorities of:

- **Reduce the number of people who smoke**
- **Reduce the misuse of alcohol and drugs**

As the Board becomes statutory and formal from 1st April 2013. This would be an opportunity to build a new relationship between the Council and the CCG which in turn would help the Board to work better and more effectively. A discussion around existing priorities would take place at the stakeholder event as well as identifying 2 or 3 “Making It Happen” themes. A list of priority sponsors from the Board were identified to champion the 10 priorities at the upcoming stakeholder engagement event and to sit around the table for the discussions. The priority sponsors were identified as:

- Excess Weight – Cllr Arnold England
- Improve Life Expectancy / quality of life – Cllr Richard Overton
- Teenage Pregnancy – Dave Evans
- Emotional Health & Wellbeing – Dag Saunders / Lillian Owens
- Support Autism – Dylan Harrison
- Smoking – Paul Clifford
- Drug / Alcohol Misuse – Laura Johnston
- Support Independent Living – Catherine Woodward
- Dementia – Mike Innes
- Improve children and adult carer’s health and wellbeing – Cllr Paul Watling

	<p>It was also suggested that sponsors be included in any relevant cross-cutting priorities – NHS Commissioning Board rep would be the sponsor for positive experience of health and care services.</p> <p>The role and expectations of the sponsor were outlined in the paper and the sponsors would meet with the leads at the stakeholder event. Cllr Paul Watling was unable to attend at the stakeholder event and it was agreed that Clive Jones would be his representative. Cllr Liz Clare was also unable to attend at the event and was not allocated to a priority at this stage.</p>	
5.	<p><u>Other Areas of Focus</u></p> <p>Health and Wellbeing board as a Statutory Committee of the Council</p> <p>Paul Clifford gave an update on the current position as the Board approached formal status on 1st April 2013. The regulations and secondary legislation was still currently awaited and was expected at the end of January. This meant that work currently being undertaken was from the guidance rather than the secondary legislation so may be subject to change.</p> <p>Several issues had been highlighted including:</p> <ul style="list-style-type: none"> • Formal status of committee • Existing legislation which may need to be set aside • Changes to voting rights • Equal voting powers for officers and Members <p>Any proposed changes to the Board would be taken to the Council Constitution Committee and then recommended to Full Council for approval. An updated list of proposed Board members was tabled at the meeting. Although LINK was on the list of representatives from 1st April this would be replaced with Healthwatch. An approach had been made from the Criminal Justice Board for the Probation Service to be considered as a board member and a discussion took place around concerns of the size of the board and how to differentiate between requests to be members of the Board. The Board concluded that they would continue to limit the membership but invite specific groups to attend at the meetings where necessary or form sub-committees/forums. The HWB was not currently politically balanced and this was something that the Board might want to consider. A public questions session may also be considered, similar to the procedure of Full Council. This would allow the public to have the opportunity to contribute to the meetings.</p> <p>It was suggested that Council would delegate the role of scrutinising health and social care matters to the relevant Scrutiny Committee.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • The size and structure of the committee • Sub-committees/forums to report back to HWB • Public questions / advance notice of questions • Political Balance • Proposal of Mike Innes as Vice-Chair to represent Health 	

	<p><u>RESOLVED</u> – that the provisional recommendations be referred to Council Constitution Committee and then on to Full Council for approval.</p>	
<p>6.</p>	<p>Heart and Stroke Network (Can you Feel It) Project</p> <p>Karen George and Eunice Foster gave a presentation on the Heart and Stroke Unit (Can you Feel It) Project.</p> <p>Care homes had a significant number of hospital admissions from falls and dementia and a pilot study was undertaken. Following this study a training programme was developed for care workers in order to try and reduce the number of ambulance call outs and reduce hospital admissions. It was also hoped that care home staff would develop a more proactive approach to the management of illness.</p> <p>There were currently 170 care homes across Shropshire with a bed provision of 4700 and a workforce of approximately 8000 staff who would potentially require the stroke management training. The number of staff that had been trained to date was 125 and data from 14 care homes had been assessed. In November 2012 the number of homes actively taking pulses was 23. The analysis of data had not been as successful as hoped and the reporting system had been amended to try and address this.</p> <p>The key message from the project was to move away from the current thinking regarding aspirin and instead to move towards using warfarin as the first line treatment for Atrial Fibrillation (AF). A number of patients with AF had been identified since introducing the project and they were now on an anticoagulant.</p> <p>The next steps were to firm up the data collection and to work closely with CCG Chairs and GPs across Shropshire/Staffordshire on the project. Links had been made with Social Care and the project was now included with their training. A poster had been presented at the 2011 Stroke Forum in Glasgow and flyers had been developed for distribution to all care homes. Patient information leaflets were currently being produced. The training package was now available on the website and a data report had been produced. A competency framework was being developed. RCN Accreditation had been achieved which was funded by T&W PCT. Social care had purchased 15 BP machines which were able to detect AF. A train the trainer package had also been developed. A meeting had taken place with an educational lead from Boots in Nottingham Head Office and they had agreed to include AF training into their e-learning package in April 2013. The e-learning package had also been put onto the Shropshire OD website and negotiations were taking place with SHA. An invitation had been received to present the poster at the International Forum on quality and Safety in Healthcare in London in April 2013.</p> <p>A discussion took place including:</p>	

	<ul style="list-style-type: none"> • A local initiative that had gone national and regional • Training in care homes and relationship with Shropshire Partners in Care • Partnerships with care workforce – LAs / Health Agencies / Domicillary agencies • Training in both residential and nursing homes • Nursing care • Presentation of training to full time carers 	
7.	<p>Health Visiting – Early Implementation /Family Nurse Partnership</p> <p>Sara Vale presented an overview report on Health Visiting and the Family Nurse Partnership.</p> <p>The Health Visiting Implementation Plan 2011-15: A call to Action was published in January 2011 and set out the commitment or a larger, re-energised Health Visiting Profession. It was aimed at transforming, increasing and redesigning the service in order to deliver the following four key offers for families and communities:</p> <ul style="list-style-type: none"> • Community development • Universal Services – including the Healthy Child Programme • Universal Plus • Universal Partnership Plus <p>The national documentation for the vision for health visiting provision was based on progressive universalism detailing a core service to be received by all families based on the healthy child programme. This was a core model with every family having an entitlement to the service.</p> <p>In a local context this means that for T&W the whole time equivalent (wte) health visiting workforce in May 2010 was 36.1. Commissioners have agreed an increase of 5.6 wte by 2015 which equates to a total health visitor workforce for T&W of 41.7 wte. It was noted that this total also included other posts which have a health visiting qualification ie family nurses / safeguarding/ and looked after children nurses / health visitor coordinator. These were not all hands-on posts.</p> <p>Case load numbers would reduce from 373 children to 311 children per wte by 2015.</p> <p>NHS Telford and Wrekin and Shropshire County PCT were one of 6 additional Early Implementer Sites (EIS) in the 1st wave – 2nd cohort. Significant progress had been made and close monitoring was taking place. Work would continue with key partners with a commitment to deliver the full offer to families by 2015.</p> <p>The Family Nurse Partnership is an intensive home visiting programme offered as an alternative to health visiting and uses a different model of working which is reflected in the skill set and training of the team. The caseload was based on 100 first time parents under the age of 19 from the</p>	

	<p>time of booking the pregnancy with midwifery service until the child is 2 years of age. There were a team of 4 family nurses and one supervisor working across T&W. Each nurse has a small case load of 25 families per 1 wte and was able to deliver an intensive home visiting programme following additional training.</p> <p>The local Family Nurse Partnership Advisory Board (FAB) had been convened to meet quarterly and key stakeholder representation and reporting arrangement were currently being clarified.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Case loads • Growth of workforce • Partnership Working • Links to the Strengthening Families Task Group 	
8.	<p>Development of A Local Healthwatch</p> <p>The development of a local Healthwatch report provided an update on the position regarding the procurement process and the current development of the local Healthwatch.</p> <p><u>RESOLVED</u> – that the report be noted.</p>	
9.	<p>Update on the Unscheduled Care Programme</p> <p>Mike Innes presented an update on the unscheduled care programme of activity across Shropshire. The programme of work had been in progress for approximately two years and had been driven by population needs:</p> <ul style="list-style-type: none"> • Be “joined up2 and responsible for care • Understanding the Urgent Care service • Appropriate access to care • Hospital admissions only when necessary • Hospital stays to be short, safe and effective • Home care, even when patients are ill. <p>It had become clear that these themes work for both scheduled and unscheduled care.</p> <p>There was concern regarding walk-in-centres and their capacity to see patients, especially with the added pressure of winter. The CCG was hoping to secure extra funding to expand the walk-in element of the Centres from 29 to 60 appointments.</p> <p>Access to primary care was currently being looked at and an audit of the finances being undertaken up to the end of the financial year.</p> <p>A discussion took place including:</p>	

	<ul style="list-style-type: none"> • Access to walk-in-centres • Rapid Access to Intervention and Diagnosis (RAID) <p><u>RESOLVED</u> – that</p> <p>a) the progress to date and focus on the main themes be noted; and</p> <p>b) the next steps to deliver transformational change in Unscheduled Care be noted.</p>	
10.	<p>Autism Strategy</p> <p>Michael Bennett presented a report on the Autism Strategy.</p> <p>Following the Autism Strategy guidance, the PCT needed to have both a strategy and a pathway to diagnosis in place by end March 2013.</p> <p>The Telford and Wrekin Strategy had been developed with the aim of addressing the five core areas highlighted within the national strategy. This was to ensure an all age approach that incorporated the needs of both children and adults.</p> <p>A national template had been set although local areas could adapt this to redesign their service model. The local autism strategy included:</p> <ul style="list-style-type: none"> • A user and carer led service • Locally rooted services with care closer to home • Services that offer early recognition and intervention, that encourage and facilitate recovery and maintaining independence • A review of the workforce skill base • Development of training programmes for staff to enable them to deliver high quality effective services. <p>Autistic Spectrum Conditions (ASC) was a HWB priority and would be closely monitored by the local partnership.</p> <p>The action plan focussed on the following specific priorities for children, young people and adults:</p> <ul style="list-style-type: none"> • Workforce development/training of staff who provide services for people with autism across children’s and adult services • Assessment of needs, identification and formal diagnosis of ASC if wanted • Having an effective ASC pathway in place for children, young people and adults • Development of co-ordinated high quality services so that individuals of all ages with ASC can lead ordinary lives • Planning in relation to the provision of services as individuals with ASC move from children to adults (Transition planning) • Local planning and leadership for the provision of services including data collection, meaningful engagement and consultation with children, 	

	<p>young people, adults, families and carers.</p> <p>The aims of the strategy were:</p> <ul style="list-style-type: none"> • Ensure a planned and open approach to commissioning of services for people with all ages of an autistic spectrum condition, making use of information about demand, unmet needs/service gaps, resources and involvement of the third, independent and voluntary sector. • Ensure that services are centred on service users' needs and where appropriate family carers. • Develop approaches that engage individuals and family carers in quality assurance, training of staff, recruitment and co-production of service development • Ensure a transparent relationship with stakeholders in the commissioning and provision of services. • Provide direction and structure for both Health and Social Care provision within Telford and for other mainstream services such as Housing, Leisure, Education/School and Training. • Continue to review service requirements identified through the Joint Strategic Needs Assessment with due regard to available resources and the need to work within existing decreasing budgets for the main Stakeholder organisations <p>A Transition service for 15-25 year olds was now in place to ensure effective transition of those in children's services and needed ongoing support into adulthood.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • Children with trauma • Labelling • Care homes/therapeutic care • Early years training • Diagnosis and screening • Transitions • Referrals • Early recognition <p><u>RESOLVED</u> – that the report be noted.</p>	
11.	<p>Child and Adolescent Mental Health Service Review Update</p> <p>During 2011 two reviews of the CAMHS were carried out. The recommendation was to develop an Adolescent (15-25) service across the two main providers and to re-design the service to meet the emotional health and well-being needs of young people.</p> <p>CAMHS needed to decide whether to put the service out to tender or to give the current provider a chance to provide the new service. It was decided to use a partnership approach as this could be delivered more quickly and there would not be the need to go out to tender. As this raised issues for the</p>	

	<p>Foundation Trust outside help was sought. The providers had been officially told that this was the way forward. An implementation plan was being developed and a steering group was held monthly. A maintenance plan was currently being worked through. The Community Trust was now very much engaged and had taken on board the risks of not making the changes. The Foundation service had been less forthcoming and a challenging conversation had been undertaken to get them to engage. A Service specification model was being used to assess the options. More formal options would be brought back to HWB in July 2013 although this would be a real challenge.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • 15-25 service • Placement stability team • Development of service 	
12.	<p>Service & Financial Planning Update</p> <p><u>NHS Commissioning Board:</u></p> <p>Ros Francke gave an update on the development of the NHS Commissioning Board Local Area Team.</p> <p>All senior appointments to the NHSCB had been put in place by December 2012.</p> <p>Planning Guidance had now been received and the NHSCB were putting plans together based on central priorities and it was hoped that there would be joined-up planning and that HWB would be key in the partnership. It also encouraged the HWB to review key actions and re-iterated the contributions that NCB / CCGs can make in order to help reinforce and support.</p> <p>This had been a key week for finances. The CCG plans and NHSCB area team plans were not a clear picture so it had been difficult to give any real feedback.</p> <p>A further report would be brought to the next meeting once more information was available.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • 7 day working <p><u>Clinical Commissioning Group:</u></p> <p>Mike Innes presented a report on the development of CCG.</p> <p>David Evans had now been officially appointed Chief Officer.</p> <p>The CCG had received approval and authorisation with only 3 conditions. These were technical items and were work in progress. It was expected that these conditions would be closed off before April.</p>	

RESOLVED – that:

- a) note the progress to date; and
- b) the Board agree to take a major role in a transformational process for our local health and economy.

Mike Innes also presented a report on the Clinical Commissioning Group Finance.

Delivery of the 2.5% savings required had been a challenging budget for the CCG and had required a reduction in administrative activity and sharing functions with the local authorities and neighbouring CCGs.

Although the budget allocation for next year had yet to be determined the CCG had started considering plans to deliver budget for the coming year as well as the medium to long term financial position.

A discussion took place including:

- Uncertainty on the coming budget
- Specialised Commission Services
- Level of support to CHC
- Retrospective claims

RESOLVED – that

- a) the Board note the situation for the current year; and
- b) the Board note the work that is happening for the future.

Council:

Paul Clifford gave a brief overview of the Council's budget for children's services, adult social care and public health for information.

The Government cuts of 27% were in cash terms alone, this was on top of the savings for 13-14 / 15-16.

An action plan for Safeguarding to enable cost improvements had been put in place following the continuing overspend on the children's placement budget. There were no quick wins and this would be monitored on a monthly basis. This was the position across all Local Authorities due to the increasing population of children in care.

The Adult Social Care Budget was on the bottom quartile compared with other Local Authorities. The CCG were still able to support the CHC. It was hoped that resources could be moved around to support where needed.

13. **Public Health Transition Progress Update (including contracts update and Draft Public Health Vision)**

	<p>Following that late announcement of Public Health grants for the next 2 years, the savings proposals for Public Health have been revisited. Discussions with the Director of Public Health on the original proposals highlighted areas of concern underpinned by the evidence of local need and inequalities from the JSNA, relevance to the agreed Health and Wellbeing priorities and some local poor performance indicators in the recently published Public Health Outcomes Framework (PHOF) which the Council will be monitored against from April 2013. In summary this review resulted in a reduction in the proposed savings to protect investment in specific areas.</p> <p>A document was tabled that superseded the previously circulated report following the refreshed proposals around the savings for public health:</p> <ul style="list-style-type: none"> • £1.48m for 13-14 • £1.98m for 14-15 <p>Contingencies had also been built in until everything became clearer.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> • The impact on Local Authorities following the late announcement of the Public Health grant • Transfer of clinical services 	
14.	<p>Position Reports on Programmes transferring to the Council (for information)</p> <p>The briefing notes provided the Board with an update on:</p> <ul style="list-style-type: none"> • Obesity (Children, Young People and Adults) • Mental Health Promotion • Contraception and Sexual Health Services` 	
15.	<p>Proposed Agenda Items for March:</p> <ul style="list-style-type: none"> • Position reports on Programmes transferring to the Council (for information): Health Check/Tobacco control and smoking cessation/CYP Health Promotion; Healthy Lifestyles hub and MECC • Public Health Report; • Carer’s Strategy Update (to include young carers); • HWB Strategy development and JSNA 	
	<p>Dates of future meetings:</p> <p>SHWB meeting 13th March 2013, 2pm – 4.30pm, Business Development Centre</p> <p>HWB meeting 15th May 2013, 2pm – 4.30 pm, Business Development Centre</p>	

The meeting ended at 4.41pm

Signed

Dated