HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 24th September 2014 at 2.00pm in the Walker Room, Meeting Point House, and Telford TF3 3HS.

PRESENT: Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr P Watling (Telford and Wrekin Council) D Evans (Clinical Commissioning Group), Cllr E Clare (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), Liz Noakes (Telford and Wrekin Council), J Chaplin (Healthwatch Telford and Wrekin)

Also Present: K Ballinger, (Healthwatch Telford and Wrekin) C Jones (Assistant Director: Family, Cohesion & Commissioning), F Beck (Executive Director for Commissioning Telford & Wrekin CCG), M Bennett (Head of Commissioning for Integrated Care)

Officers: M Cumberbatch (Legal Services) J Power (Delivery and Planning Manager) and J Clarke (Democratic Services Officer).

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HWB-01 MINUTES

RESOLVED – that the Minutes of the meetings of the Health and Wellbeing Board held on 12th March 2014 be confirmed and signed by the Chair subject to the following changes:

Page 7 – NHS Future Fit Programme Report the ninth paragraph should be changed from "A report …" to "A public consultation document …".

Page 8 – NHS Future Fit Programme Report the fourth paragraph should be amended from "... but that this would not be good for everyone…" to "… but that this may not be good for everyone ...".

HWB-02 APOLOGIES FOR ABSENCE

Cllr R Overton (Chair) (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), L Johnston (Telford and Wrekin Council), D Wickham (NHS England Shropshire and Staffordshire Area Team) and D Harrison (Clinical Commissioning Group).

HWB-03 DECLARATIONS OF INTEREST

None

HWB-04 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-05 UPDATE FROM THE STRATEGIC COMMISSIONING GROUP

C Jones and F Beck presented a joint report on the work undertaken by the Strategic Commissioning Group and the Commissioning and Transformation Partnerships (CATPs).

The aim of the Strategic Commissioning Group was to ensure that the commissioning processes deliver performance improvements against the Health and Wellbeing Priorities by:

- Encouraging integrated working between local health, social care and public health commissioners

- Using the JSNA to systematically inform partners commissioning intentions

- Developing commissioning as a strategic function that uses system thinking and agreed commissioning models to understand the relationships between need, demand and outcomes for service users.

Commissioning and Transformation Partnerships (CATPs) were established with responsibility for ensuring delivery against the priority areas and were accountable to the Strategic Commissioning Group and provided regular updates on their progress focussing on commissioning activity against key Health and Wellbeing Board priorities.

Key partners were:

- Better Care Fund Programme Board
- Community Safety Partnership
- Living Well Board
- Children, Young People and Families Board

The Community Safety Partnership was responsible for the priority to reduce the misuse of alcohol and drugs and their priorities were:

- Overall crime be reduced in the Borough
- Anti-social behaviour be reduced and include environmental crime
- Greater community cohesion in the Borough
- Reduce the fear of crime and keep residents in Telford and Wrekin safe

Key DAAT Board headlines were:

- Staffing issues
- The retendering of Inpatient Detoxification Services (October 2014)
- Moving Forward event - key messages were being used to shape the future model for commissioning
- September was National Recovery Month

The Living Well Board has responsibilities for the Health and Wellbeing Priorities as follows:

- Reducing the numbers of people who smoke
- Reducing the numbers of adults and children with excess weight
- Improving emotional health and wellbeing.

Work was underway on establishing a Living Well Board and the focus of the work programme would be to co-ordinate and maximise collection action to promote positive wellbeing, healthy lifestyles and root causes of poor health.

A meeting of the Board would be held on 22nd October 2014, which would be the first official meeting, although some workshops had already taken place with key stakeholders.

The Children, Young People and Families Board was responsible for the Health and Wellbeing Priority

- Reduce Teenage Pregnancy

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A SEND Local Offer had been developed and was published on the 1st September.

The Early Health Offer and Strategy Action Plan was another priority of the Children, Young People & Families Board. This used a whole system approach with a strong focus on prevention and was encapsulated into one document to identify any gaps in service. Action plans to close these gaps would be drawn up. It was hoped that this may ease emotional health dependency on CAMHS.

Appendix 1 to the Report was the Disabled Children's Charter Update. Work had been undertaken on the Charter which was largely based on SEND.

A TACT Workshop had been undertaken in regard to Alcohol abuse and it had found that people who had previously been in detox where back were they started and it was hoped that through the procedures in place in Telford that this would be avoided, although there was still more work to do. Further details on performance would be reported over time following the joining up of priorities and by working smartly to improve the outcomes and cut costs.

The report was welcomed by the Board and it was noted that this was a work in progress which needed to be flexible so that health and wellbeing of local people was met.

A discussion took place including:

- The positive journey of the Children, Young People & Families Board
- Ensuring that the Health and Wellbeing Priorities were not lost sight of
- Living Well Board highlighted "Stoptober" which started shortly to try and increase the numbers of quitters
- Care Act Workshop – SEND legislation principles underpinned both the Care Act and SEND as well as Health and Social Chare and Children and Adult Services
- Synergies gained from joined up commissioning ie support planning
- Working with Clients for creative solutions which would mean better experiences and outcomes for the Client and would reduce costs
- The availability of "Demonstrator" Funds for pilot schemes - this was currently being explored
- Using JSNA for commissioning intentions made sure that the needs analysis informed the priorities before taking the plans forward
- Educating all teenagers around teenage pregnancy with education programmes in Schools
- Universal services for all teenagers

RESOLVED – that

a) the Board acknowledged the recent progress on HWB priorities made through the Commissioning and Transformation Partnerships (CATPs); and

b) the Disabled Children's Charter Update Report be noted.

HWB-06 HEALTH AND WELLBEING BOARD STRATEGY OUTCOME MEASURES: PERFORMANCE 2013/14

J Power presented a report on the strategy outcome performance measures for 2013/14.

It was brought to the Board's attention that this was the last time that the report would appear in this format as the report was being developed to firmly embed the information against the

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Health and Wellbeing Board Strategy Outcome Measures. The Strategic Commissioning Group would drive performance although the end of year report 2013/14 showed both progress and challenges against the outcome measures.

The report highlighted that against each of the priorities the Health and Wellbeing Strategy identified a serious of outcomes measures in order to track progress and movement. HWB priorities focussed on issues that were challenging. Many of these measures were slow moving, due to there being a relatively small number of cases (population based) to show any real statistical change.

The Board expressed disappointment that the report would no longer be produced in this format as they found it very useful as they could see, at a glance, areas that needed more investigation.

A discussion took place including:

- Suicides – emotional health and wellbeing key priority
- Self-harm admission rates being higher than average – this needed further detailed information
- Smoking in pregnancy rates – 6th worst in country
- New smoking cessation service
- CCG continued to put smoking in pregnancy as a key issue – Whole system approach required ie low birth weight babies and not breastfeeding. The need for primary and secondary care to work together
- Emotional Health and Wellbeing being a pan agency approach as inter-partnership working was much more effective

It was highlighted that there were some contradictory indicators regarding the misuse of alcohol and drugs and improving the care and quality of life. It was explained to the Board that there were random fluctuations regarding the direction of travel on some areas depending on the indicator but it was good that the Board looked at the report in detail and highlighted these areas. It was suggested that the priorities could be looked at over several years in order to highlight if there were any trends. It was important to understand the driver and causation ie suicide rates – bullying/cyber bullying and see what impact these negative outcomes produced.

Healthwatch Telford and Wrekin, from their prospective, found this report very informative.

D Evans highlighted the recent coverage in the press relating to the 1 year survival rates for cancers in which Telford and Wrekin had been listed in the 10 worst performers. The CCG were meeting with McMillan during the forthcoming weeks in order to see what lessons could be learnt and how things could be improved ie

- Early diagnosis
- Information
- Signs and symptoms
- Good access to diagnostic testing

These were all recognised as major contributing factors.

A report would be brought back to the Board at a later date.

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RESOLVED – that suicides be highlighted as an area that had unacceptable progress and improvement. Detailed analysis by the CATPs be undertaken and report back to the Board.

HWB-07 THE BETTER CARE FUND HEALTH & SOCIAL CARE INTEGRATION

M Bennett, C Jones, and F Beck gave a brief update on the Better Care Fund Health & Social Care Integration.

Following the Health and Wellbeing Board's approval to the draft plan for submission in February 2014 a Better Care Commissioning and Transformation Group which reported to the Health and Wellbeing Board had now been set up. The Plan had been fairly well received although nationally there had been some issues. There was a lot of work to be undertaken with the early implementation of a robust system.

The Health and Wellbeing Board needed to re-submit the plan by the 19th September 2014 and although national conditions remained unchanged the following key changes needed to be demonstrated within the revised Better Care Fund (BCF):

- A more detailed case for change and plan of action must be set out
- A more detailed analysis or risk (including mitigation) and risk sharing agreement must be defined and included in our resubmission
- The plan must demonstrate an alignment with other NHS and Council plans
- Each plan proposal must be described in more detail
- We must detail protection being given to social care services through BCF
- We must show evidence of engagement with stakeholders
- We must show how we have involved providers
- Specific requirement to show how we will reduce admissions by 3.5% with detailed modelling and phased activity assumptions to be included

The Department of Health had put in place a Better Care Task Force. This Task Force had introduced and taken a number of temperature checks in order to assess progress.

The amended plan must be signed off by the Chair of the Health and Wellbeing Board, Chief Accountable Officer of the CCG and the Chief Executive of the Shrewsbury and Telford Hospital NHS Trust.

Following the revisions needed to the initial plan, the project team were currently making the updates. The updated plan would be shared with the Board as soon as possible, once the plan had been approved for submission.

A formal review meeting was undertaken to look at the strengths and weaknesses of the plan and work through the submission and feed in any extra information where necessary. A Step Change engagement workshop had taken place with the acute hospitals and a phased plan had been drawn up to improve the detail on the pilot and build on the work developing through the community capacity. This was one of the few areas working at this stage during 2014, most other areas were only in the planning stages.

D Evans confirmed that there had been no failing on the initial submission but that nationally further assurance was sought on the level of affordability of the BCF.

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A discussion took place including:

- The amount of work being undertaken behind the scenes
- Concerns around the risks and contingency around the representation of the SaTH on the Programme Management Board
- The importance of SaTH being involved – some progress had been made and there was now some representation on the Programme Management Board
- Hospital Wards being manned by agency staff and by working with partners the reduction in costs
- Investment in preventable care
- Switching around of hospital beds from acute to non-acute
- Unsustainable health system which needed to change
- BCF taking service development to a different level
- Integration of Services to improve patient experience
- One size approach did not fit all
- Reporting back in a way that the public can understand
- Communication being a key point during discussion with clinicians/public/patients and carers

D Evans asked if there could be an amendment made to the fourth bullet point in the recommendation due to the change of his Title. This would now read:

"delegate power to the Chairman of the Health and Wellbeing Board, in consultation with the Accountable Officer (CCG), to approve any further minor amendments or minor additions to the BCF plan as required by both the National Audit and Cabinet Office"

The recommendation subject to the amendment proposed by D Evans was proposed by P Watling and seconded by G Green.

RESOLVED – that:

a) the revised requirements to put in place a Better Care Fund be noted;

b) the BCF plan (submitted to NHS England on 19th September 2014) be approved;

c) delegated power to the Chairman of the Health and Wellbeing Board to sign any further documentation relating to the revised BCF plan document, that may be required, be approved; and

d) delegated power to the Chairman of the Health and Wellbeing Board, in consultation with the Accountable Officer (CCG), to approve any further minor amendments or minor additions to the BCF plan as required by both the National Audit and Cabinet Office, be approved.

HWB-08 HEALTHWATCH TELFORD AND WREKIN ANNUAL REPORT

J Chaplin informed the Board that this was a report for the first year of Healthwatch as it had started from scratch last year.

K Ballinger reported to the Board that 1st April 2013 to 30th March 2014 had been the formulative year of Healthwatch. K Ballinger had joined in May 2013 and the report formed a snapshot of the year but did not tell the complete story.

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From April to August they had received outcomes for the uptake of the sexual health services which had flagged up significant issues. A formalised project plan had been drawn up to engage with the public to see what could be done and make the services as good as they could be.

During the first 4-5 months Healthwatch had spoken to approximately 3,000 people by:

- Arranging engagement events
- Attending at Parish Council meetings
- Coracle Regatta in Ironbridge
- TParty and TLive

They were trying to find different was to engage and gain a larger picture of what mattered and the engagement would continue throughout the Borough in a rolling activity which included:

- Talking to groups in Asda Donnington
- Attending at Supermarkets in Newport
- Visiting groups

They had also visited the Terence Higgins Trust, spoken to the Afro-Caribbean community and with young people.

Leaflets advertising the website had been distributed at the Lions event in Wellington and people were asked to post their comments on the website.

Key areas were:

- CAMHS and Autism
- Mental Health Service In-patient experiences
- Sexual Health Services
- Access to GP Appointments – the local area had over 400 more patients per GP than other areas

Healthwatch sit on the Primary Care Joint Commissioning Board and representing the people of Telford and Wrekin on matters such as:

- FutureFit
- BCF
- Information Sharing Meetings with social Care

There had been 6 enter and view visits but capacity was an issue with volunteers.

Healthwatch were committed to making things as good as they could for the people of Telford and Wrekin.

A discussion took place including:

- Simplifying medical terms into language the public could understand ie Phlebotomy into blood tests
- Healthwatch Board of Directors
- Youth Healthwatch

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- Sexual Health Work and working with young people
- The relationship between Healthwatch locally and Healthwatch England
- Sharing of information through the health network
- Escalation of national issues to NHS England

RESOLVED – that both the report and the full annual report be received and noted.

HWB-09 NHS FUTUREFIT PROGRAMME REPORT

D Evans updated the Board on the FutureFit Programme and the Programme Management Board.

The Programme Management Board had met on the 17th September 2014 and the evaluation panel drew up a set of 8 scenarios on the possible ways that acute services could be provided in the future. The information was tabled at the meeting as follows:

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<table>
<tr><td>1</td><td colspan="2">Do Minimum - Provider & Commissioner efficiency strategies implemented but no major service change. Existing dual site acute services (including A&E).</td><td>Four community hospitals and MIUs providing services as currently.</td></tr>
<tr><td>2</td><td>EC with UCC & LPC at RSH; *</td><td>DTC with UCC & LPC at PRH;</td><td rowspan="7">Two to five further UCCs ideally co-located with LPCs & CUs</td></tr>
<tr><td>3</td><td>EC with UCC & LPC at PRH;</td><td>DTC with UCC & LPC at RSH;</td></tr>
<tr><td>4</td><td>EC with UCC at new site; *</td><td>DTC with UCC & LPC at PRH;
UCC & LPC at RSH;</td></tr>
<tr><td>5</td><td>EC with UCC at new site; *</td><td>DTC with UCC & LPC at RSH;
UCC & LPC at PRH;</td></tr>
<tr><td>6</td><td>EC & DTC with UCC & LPC at RSH; *</td><td>UCC & LPC at PRH;</td></tr>
<tr><td>7</td><td>EC & DTC with UCC & LPC at PRH;</td><td>UCC & LPC at RSH;</td></tr>
<tr><td>8</td><td>EC & UCC with DTC at new site; *</td><td>UCC & LPC at PRH & RSH;</td></tr>
<tr><td colspan="4">* the potential to locate consultant-led obstetrics either at the Emergency Centre or at PRH should be considered as a variant to these options.</td></tr>
</table>

Key

DTC	=	Diagnostic & Treatment Centre
EC	=	Emergency Centre
LPC	=	Local Planned Care Facilities
RSH	=	Royal Shrewsbury Hospital
PRH	=	Princess Royal Hospital

There were variations with regard to maternity services and the Programme Board had not set fixed points in the programme. There were differing views on the co-location of obstetrics with the emergency care centres.

There had been four recent engagement events at:

- Oswestry
- Newport
- Newtown
- Ludlow

All of the information that had been received from these events had been taken on board. A feasibility study report and further work on the scenarios would take place in order to make a shortlist of the 8 scenarios.

A workforce workstream had been created and the clinical model had been broadly accepted. This work had just begun and once the shortlist had been drawn up then the evaluation panel make a decision.

Further engagement and public consultation sessions would take place on the short list had been drawn up but this would not be until after the Elections in 2015 as this timescale would be unrealistic.

A question was raised as to whether it would be an option to move the mother and baby unit from Princess Royal Hospital (PRH) after millions of pounds had been spent and it had only just been opened in September. D Evans replied that there would be no fixed point as that could appear in some people's eyes that the process had already been determined. There was a potential that this could be moved and there would be an open approach when determining the options shortlisted.

A further questions was raised regarding the cost implications of moving the mother and baby unit. D Evans explained that there was a lot of work to be undertaken in determining the options but it was possible that the cancer unit or the maternity unit may be moved.

A discussion took place including:

- Community Hospitals in Shropshire but none in Telford and Wrekin
- Model of Care for both the rural and urban areas
- The need for FutureFit and not current fit
- Young people to design the services for the future

The Board asked why they had not been told about the 8 options prior to the meeting as these had been available since 17th September. The Board would have found it useful to have seen these options prior to the meeting. D Evans confirmed that he would take the comments back to the Programme Management Board.

Following a question regarding the location of the engagement event in Newport, D Evans confirmed that there would be two further events to be held in the centre of Telford and another in Shrewsbury. The engagement event in Telford would be held on the 15th November.

D Evans informed the Board that there would be a FutureFit 2 document. This would deal with care closer to home and how to provide the community with resources and services for patients that were the right care at the right time in the right place.

<u>RESOLVED</u> – that the report be noted.

HWB-10 <u>SHROPSHIRE/TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP 5 YEAR STRATEGIC PLAN</u>

D Evans reported that there was a requirement for the Clinical Commissioning Group (CCG) to collectively produce a 5 year strategic commissioning plan in conjunction with our key commissioning partner which, for Telford, is Shropshire CCG.

The plan would run for 5 years from 2014/15 to 2018/19 and described the system vision. This had been developed in consultation with main provider organisations.

This would feed into a larger footprint. Staffordshire had 1 plan into which 5 CCGs had signed up to.

There were 3 components:

- BCF
- FutureFit
- Modernisation of Mental Health Service

In relation to the modernisation of the mental health service there had been the closure of the old victorian Shelton Hospital and the creation of the new Redwood Centre which was closer to home. There were two different scenarios to consider being operational and strategic.

Concerns were raised regarding the changes to the Mental Health Service. The changes regarding the Redwood Centre were to be accompanied by a much greater service which had not materialised. D Evans confirmed that they would be revisiting the assumptions to ensure the outcomes were being met. This was a starting point and SaTH were co-operating with the Mental Health Foundation to ensure there requirements were being put right.

Physical Health and Social Care need a much bigger piece of work to pull it all back together.

The FutureFit 2 Strategy was broadly in line with FutureFit and involved the work around patients and primary care and would begin to look at integrated services such as integrated care needs and mental health care needs. There were concerns around the current provision of the counselling services and prevention work.

Board Members raised concerns regarding Page 9 of the Draft Strategic Plan around two site working. This was something that they were not happy to sign if the Board were not in agreement.

A question was raised as to why the HWB needed to sign the document. D Evans replied that this was a requirement of NHS England.

Board Members suggested that there needed to be a legal discussion around the signing of the document.

D Evans commented that this document had been put forward by 2 CCGs and that it was in regard to the strategic role of Health and Wellbeing Boards nationally. A group of clinicians had concluded that it was unsustainable to continue with the 2 sites that were currently in place.

Board Members expressed their disagreement with the clinicians and suggested that if they signed the document they would be agreeing to 1 site. It was suggested that legal advice be taken before the Board accepted the document.

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M Cumberbatch advised that the Board needed to decide whether they wanted to sign the plan, the significance of not signing it, or whether they just wanted to put forward their comments on the plan.

M Cumberbatch stated that as this was a CCG report the legal issues could be reviewed and then the document could be brought back to a future meeting when the Board could be advised as to the legal requirements and the consequences of providing a signatory to the plan.

Members were concerned that they would not be able to sign the document as it stood as there were issues in the document that the Council did not agree with.

Board Members raised the fact that Shropshire had not signed up to the document.

It was suggested that the report could be noted with the exception to the references to 1 site.

P Taylor suggested that legal advice was taken to clarify who actually needed to sign the document as there appeared to be reference to the Head of Adult Social Care. The Board needed to know if it was an officer of the Council or members of the Health and Wellbeing Board who needed to sign as the Board was made up of a range of organisations. He also felt that it was difficult to express the strategic plan in the whole Shropshire context as the document was a footprint for Shropshire and Telford and Wrekin.

Further concerns were raised regarding the document as it seemed to be arguing against a 2 site future and it was felt that there was a strong need to protect services in Telford and Wrekin and how these discussions affected the position going forward.

It was suggested by Board Members that the document would not be endorsed at this time but that it be deferred for further clarity of information until the December meeting.

The NHS England Area Team were not in attendance so the Board could not seek a response to clarify matters during the meeting.

D Evans accepted and understood the Board Members' views. However, the plan would be reviewed in the future by the CCG and NHS England who co-commission primary care. Two site working would not mean that someone who lost an A&E would have nothing to replace it that was not what was being proposed. Local Service provision for most urgent care would be provided with 1 centre for life-threatening care only. Evidence around outcomes had suggested that mortality rates had improved in a 1 site scenario. Heart attack and stroke mortality rates as well as paediatric mortality had improved having the emergency life-threatening centres. Urgent care would still be delivered in both Shrewsbury and Telford and Wrekin by emergency care centres.

Following the debate it was suggested that there be an amendment to the recommendation. P Watling proposed that the recommendation read "the 5 year plan brought back to the December meeting of the Health and Wellbeing Board following legal advice". This was seconded by E Clare.

<u>RESOLVED</u> – that the 5 year plan be brought back to the December meeting of the Health and Wellbeing Board following legal advice.

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HWB-11 CCG QUALITY PREMIUM 2014/15

D Evans presented the CCG Quality Premium 2014/15 report.

The quality premium paid to CCGs in 2015/16 would reflect the quality of the health services commissioned by them during 2014/15. The payment was based on six measures that covered a combination of national and local priorities. These were:

- Reducing potential years of life lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15% of quality premium);
- Improving access to psychological therapies (15% of quality premium);
- Reducing avoidable emergency admissions (25% of quality premium);
- Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15% of quality premium);
- Improving the reporting of medication-related safety incidents based on a locally selected measure (15% of quality premium);
- A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15% of quality premium).

The CCG end of year projections were considered to be over ambitious and these had been refined slightly.

The Impact of Action was to reduce the potential years of life lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality, which included improving equity of access to psychological therapies.

There were several projects which would contribute toward the successful admissions avoidance programme which included the Better Care Fund (BCF) and the Urgent Care Centres. There would also be more focus on the friends and family test.

It was asked if a further report could be brought regarding the action plan compared against the quality premium outcome as there was currently no detailed plan.

RESOLVED – that the quality premium targets for Telford and Wrekin Clinical Commissioning Group (CCG) as set out in Section 3 of the report be agreed.

HWB-12 PHARMACEUTICAL NEEDS ASSESSMENT BRIEFING

L Noakes gave the Board a briefing regarding the Pharmaceutical Needs Assessment.

The Health and Wellbeing Board had a legal duty to publish a revised Pharmaceutical Needs Assessments (PNA) by 1st April 2015. Prior to the sign-off a period of public consultation needed to take place, which was expected to be at the end of November 2014.

The PNA was part of the wider Joint Strategic Needs Assessment (JSNA) and would be used to make decisions on services which were provided by the local community pharmacies. In addition, the PNA would also be used by NHS England to decide if and where new pharmacies were needed.

A report would be brought back to the Board in March 2015.

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RESOLVED – that the Pharmaceutical Needs Assessment (PNA) refresh process be endorsed.

The meeting ended at 4.22pm

Chairman:

Date:

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