

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 10th December 2014 at 2.00pm in NFU Meeting Room, Agriculture House, Southwater Way, Telford.
TF3 4NR

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr A England (Telford and Wrekin Council), 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), L Johnston (Telford and Wrekin Council) and D Wickham (NHS England Shropshire and Staffordshire Area Team)

Also Present: K Roberts (Better Care Project Manager), H Onions (Consultant in Public Health), L Mills (Service Delivery Manager – Health Improvement), H Potter (Research & Intelligence Manager), D Clayton (Research & Intelligence Officer) J King (Communications & Marketing Officer) and P Fenn (Cohesion Locality Manager).

Officers: M Cumberbatch (Legal Services) and J Clarke (Democratic Services Officer).

HWB-13 MINUTES

RESOLVED – that the Minutes of the meetings of the Health and Wellbeing Board held on 24th September 2014 be confirmed and signed by the Chair subject to the following changes:

HWB-06 Page 4 – Second paragraph should read “series” and not “serious”.

HWB-10 Page 10 – Sixth paragraph should read “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 in the community . . .”.

M Innes informed the Board that although the 5 Year Strategic Plan (HWB10) was due to be brought back to the December meeting, the CCG had taken advice from NHS England who had confirmed that there was no requirement for the Health and Wellbeing Board to sign off the Plan and that this item of business was therefore withdrawn.

HWB-14 APOLOGIES FOR ABSENCE

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

HWB-15 DECLARATIONS OF INTEREST

None

HWB-16 PUBLIC SPEAKING

No members of the public had registered to speak.

**HWB-17 STRATEGIC COMMISSIONING GROUP REPORT: FUNDING TRANSFER –
NHS ENGLAND (SHROPSHIRE AND STAFFORDSHIRE AREA TEAM)
PARTNERSHIP AGREEMENT (“LANSLEY”) AND OTHER AGREEMENTS**

P Taylor and K Roberts gave a brief overview on the funding transfer from NHS England (Shropshire and Staffordshire Area Team) and the Partnership Agreement and other Agreements.

C Jones was working on behalf of the Council alongside K Roberts who was working with the CCG. The summary of the report explained the Agreement in respect of the grant to Section 256 of the National Health Service Act 2006 referred to as the “Lansley monies” (transfer of funding from the NHS to the Council). This would be a transparent and open agreement.

Four further agreements were also to be signed off which were funding transfers from the CCG of pooled monies and were a combination of Section 256 Agreements and Section 75 Agreements as listed below:

Section 256 Agreements

- Appendix 1 - The NHS England (Shropshire and Staffordshire Area Team) Partnership Agreement (Lansley) £3,548,832
- Appendix 2- NHS Telford and Wrekin Clinical Commissioning Group: Rehabilitation, Reablement and Intermediate Care £976,000
- Appendix 3 - NHS Telford and Wrekin Clinical Commissioning Group: Maintaining Named Individuals £355,000

Section 75 Agreements

- Appendix 4 - NHS Telford and Wrekin Clinical Commissioning Group and Telford and Wrekin Council: Carers £515,500
- Appendix 5 - NHS Telford and Wrekin Clinical Commissioning Group and Telford and Wrekin Council: Intermediate Care (Beds and Community) Services £323,100

The funding referred to in the various agreements would be transferred into a single Section 75 Partnership Agreement from April 2015-16 onwards and discussions were taking place between the two authorities to agree and establish the distribution of the available resources.

Further work on the Agreements would be needed and a more detailed report of the Section 75 Partnership Agreement would be presented to the Health and Wellbeing Board on the 11th March 2015.

Recommendations:

1. Discuss and approve the signing of the agreement between NHS England and T&W
2. Note the four additional funding agreements between the two authorities also due to be signed at the same time

3. To note the work that is taking place to prepare for a new single Section 75 Partnership Agreement and request a further report, prior to the commencement in April 2015.

A discussion took place including:

- The dates and timings for the 2014/15 Agreements and the April 2015 Agreement
- Schedule 3 – Intermediate Care beds at Cartlidge House (9 beds) and Morris Care (10 beds). The changes had been made in order to ensure sure the right money was put into the right agreements for future years.
- Healthwatch would welcome the opportunity to work with all bodies to inform the public of any outcomes

RESOLVED – that

- a) **The signing of the agreement between NHS England (Shropshire and Staffordshire Area Team) Partnership Agreement and Telford and Wrekin Council be approved;**
- b) **The signing of the four additional agreements between the two authorities be undertaken at the same time be noted;**
- c) **The work taking place to prepare for a new single Section 75 Partnership Agreement be noted; and**
- d) **a report be brought back to the March 2015 Health and Wellbeing Board Meeting prior to the commencement of the Section 75 Agreement in April 2015.**

The Chair informed the Board that Kit Roberts would leave the Local Authority at the end of the year. Kit had been with the Council for 7 years working mostly as a Joint Commissioning Manager – Adults with Learning Disabilities. Previously Kit had worked for Walsall MDC, MENCAP, the Learning & Skills Council and Primary Care Trust. Since July 2014 Kit had played a key role alongside CCG Colleagues in developing the Better Care Plans.

Kit's tenacity and passion for public service, particularly for people with learning disabilities would be missed by colleagues across the health and local authority sector.

The Chair thanked Kit on behalf of the Health and Wellbeing Board and wished her the very best in her retirement.

HWB-18 CATP FOCUS: LIVING WELL PROGRESS UPDATE

L Noakes, H Onions and L Mills presented the first report of the Living Well Board updating the HWB on the progress made to date.

The first meeting of the Board took place in October following a period of planning work and two workshops held in August 2014. The workshops identified a number of work programme areas for the Board to focus on over the next 6-12 months to support the delivery of the strategic priorities. These were:

- Public Mental wellbeing
- Information, advice and signposting

- Workplace Health
- Healthy environments
- Making Every Contact Count

The Board were asked to support and endorse that the Living Well Board were following the correct direction of travel and to endorse the work being undertaken.

The Living Well Board had been looking at the priority to reduce smoking and the journey to becoming smoke free. Page 8 to the report summarised the progress and performance actions. The HWB had signed up to the Local Authority Tobacco Control Declaration and had submitted a response to the Government's consultation on standardised packaging.

Trading Standards had started a project focussing on compliance and the selling of tobacco to people under age.

Work continued to engage with young people and ethnic groups.

Appendix 1 to the Report gave details of the Stoptober campaign which took place in 2014.

There was currently a decline in the numbers of smokers accessing quit services and the introduction of E-cigarettes had become a national feature of this. Despite this drop, there continued to be a high level of quit rates and a high quality service and those that quit remained quit.

Stop Smoking services were currently being re-tendered and a new contract would be in place for April 2015.

A discussion took place including:

- New contract for quit services that commenced last August
- Confusion regarding staying quit figures (effectiveness of support service) and the number of people accessing the service declining. The figures were disappointing but were being addressed .
- Ensuring that as many people as possible access structured support and medication. Stoptober was previously about quitting by using willpower – during 2014's campaign the message to the public was not to go it alone but to seek help and support.
- The use of E-cigarettes in place of accessing cessation services.
- The Survey results and the questionnaire
- The involvement of pharmacies being providers of stop smoking services or offering clinic space delivering intervention.
- The sub-contracting and pricing arrangements for stop smoking services.
- E-cigarettes – only 1 licensed product which was like an inhaler and not an e-cigarette. The likelihood of further products being licensed as medical products and accessing national guidance on using licensed products.

- Mixed messages the public are receiving by pharmacies stocking e-cigarettes on their shelves.
- Figures on 4 week and 12 week quit rates and how many were still quit or had accessed further services were asked to be presented in the next Living Well report highlighting what was being done well and if there was more that could be done. A discussion took place around smokers taking a number of quits but given the impact of stopping smoking on health, smoking cessation was still a cost-effective intervention.
- Training on making every contact count and the 5 ways to wellbeing and the difficulties of getting the message across:
 - Strong, positive approach and taking steps to have a positive impact on lives
 - Not just explanations but demonstrations by people of their stories by means of an online platform to encourage others
 - Use of social media
 - Peer to peer recommendation
 - Subliminal messages
- Reporting back measures included the facebook posts figures and how many viewed/read a particular page
- Accessing and posting stories needed very basic training

The links relating to the stories/videos/transcripts would be circulated to Board Members following the HWB Meeting.

RESOLVED – that

- a) the five work programme priorities of the Living Well Board be endorsed:**
- b) a progress report in 2015/16 be brought to the Health and Wellbeing Board;**
- c) the key collective action being taken to reduce smoking across the Borough with partners be recognised.**

HWB-19 CATP FOCUS: COMMUNITY SAFETY PARTNERSHIP UPDATE

H Onions and P Fenn gave an update on reducing the misuse of alcohol and drugs and on the wider context of governance through the Community Safety Partnership.

The drugs and alcohol strategy was presented to the Board in March 2014 and this paper gave an update on that strategy and included an update on the Community Safety Partnership and the wider community safety agenda.

The report included highlights on work undertaken including:

- Engagement
- Scrutiny Review of the drug and alcohol strategy and the implementation of a strategy Partnership Workshop for service users, stakeholders and partners

- Scrutiny Committee's visit to Drug and Rehabilitation Service (DARS) and Telford After Care Team (TACT)
- The TACT Recovery and Aftercare Celebration of Success event – the award ceremony celebrated individual's recovery achievements. The event was considered to be very successful and it was hoped that this would now become an annual event.

A question was raised with regard to the engagement of young people and whether there was involvement with NACRO Services. It was also asked if further details of engagement undertaken could be reported at a future meeting.

There were currently projects running in schools

- Y6 – Crucial Crew – aimed at primary schools on substance misuse
- Y9 – Projects for secondary age children regarding drugs and alcohol

It was hoped that engaging with young people would help to shape the provision of services and it was the intention to consult with young people during the tendering processes.

A further question was raised with regard to work through the Courts and "Willowdene". Intensive support was given to people who committed crimes through drug and alcohol abuse. Crime had been cut as a result of properly joined up services ie Courts/CPS/Police/Willowdene as this had maximised the impact.

Willowdene was a key partner and anyone who spent more than 2 days in police custody received support with processes and pathways being put in place for individuals.

A discussion took place around the Community Safety Partnership Plan and it was asked that the officers clarify that a plan was in place. P Fenn confirmed that it was a risk not to have a plan in place going forward as this would impact on funding but reassured members that a 2 year plan was in place and had been endorsed approximately 18 months ago and this would be reviewed at the end of the 2 year period.

A discussion took place on the budgets and the funding of the drug and alcohol strategy. A question was raised as to whether there was any comeback on the PCT with regards to having to offset the savings due to the poor information during the transfer of the funding. H Onions explained that the PCT was no longer in place during the Public Health Transfer huge amounts of information had been received and although most of the areas were clear, some historical areas were not so clear and had taken a little time to fully understand.

A comment was made regarding the Scrutiny recommendations and it was asked that the recommendations be taken on board. P Fenn replied that there was a good relationship between the CSP and the DAAT Board and that they had recently reviewed and refreshed the Terms of Reference.

It was confirmed that all comments would be fed back to the CSP meeting which was due to take place on 11th December.

A report would be brought back to the Board next year.

RESOLVED – that the progress made towards reducing the misuse of drugs and alcohol priority since April 2014 across the Community Safety Partnership (CSP), specifically the:

- **collaboration with stakeholders at the Moving Forward workshop and the Celebrating Success Recovery Event**
- **development of governance arrangements and the performance and outcomes framework reporting**
- **work undertaken with the Scrutiny Committee**
- **prevention and awareness raising work in schools and with the general public**
- **Community Safety Partnership (CSP) under its statutory responsibilities is required to develop a Partnership Strategic Plan which outlines the actions to be taken by partners on collectively working together to reduce crime and disorder and anti-social behaviour (ASB) across Telford & Wrekin.**
- **Continued financial support from the Police and Crime Commissioner**

be acknowledged.

HWB-20 ANNUAL PUBLIC HEALTH REPORT 2014

L Noakes presented the Annual Public Health Report for 2014 which was a statutory responsibility of the Director of Public Health and was presented to both the Health and Wellbeing Board and Cabinet.

There was a long history of the reports being published and this report focused on the wider determinants of health which included:

- Lifestyles Community and social networks
- Employment
- Education
- Physical living environment

L Noakes highlighted that 80% of the determinants of health lie outside of the control of the NHS. The report highlighted some of these wider determinants, how they influence health and wellbeing and some of the actions being undertaken to address these and makes high level recommendations She summarised the key issues within each of the following chapters:

- The best start in life
- Helping people to find jobs and stay in work
- Being Active – access to green and open spaces, active travel and the role of leisure services
- Strong communities, wellbeing and resilience

The Board were asked to support the recommendations set out in the Annual Public Health Report and thanked the officers within her teams and across the Council for their hard work in contributing to this report

M Innes welcomed the report and congratulated the Team on their work and linked the work to the upstream measures needed to support the work on the Better Care Fund.

The Chair thanked L Noakes for the report.

RESOLVED – that the recommendations in the report set out as follows:

- 1 The Early Help Partnership, which reports to the Children Young People & Families Board, should work with schools to develop a schools-based programme to improve emotional health and wellbeing of children and young people;**
- 2. The Council should be an exemplar employer for promoting and supporting improvements in employee health and wellbeing, using an evidence-based and innovative approach;**
- 3. The Living Well Board, in collaboration with employers, should develop a workplace wellbeing offer within the Telford Bondholders Scheme; and**
- 4. The Council should work with wider partners to ensure that the universal offer for physical activity and also the targeted work to address health inequalities provides opportunities comprehensively across the life course**
- 5. The Public Health Team should work with the Development, Business & Employment Team to develop specific policies which support the creation of healthy environments, for example, controlling the number of new fast food outlets within local centres and near schools, in the Shaping Places Development Strategy.**
- 6. The Council, partners and communities recognise the valuable contribution volunteering can make to volunteers themselves and to others and support the development of more volunteering opportunities.**
- 7. The Council, partners and communities use the ‘5 Ways Telford’ social media blog to cascade ‘people like us’ stories to inspire others to take simple steps to feel well, be more positive and get more from life.**
- 8. In order to fully realise the opportunities for Making Every Contact Count it is recommended that:**
 - a) The Council develop and roll out Health & Wellbeing Making Every Contact Count training for front-line council services, who have received Public Health grant funding, to ensure our workforce feels confident in using brief advice to raise lifestyle and wellbeing issues with customers and;**
 - b) The NHS Telford and Wrekin Clinical Commissioning Group support collaborative work on Making Every Contact Count across the Local Health Economy, for example through use of the NHS standard contract to specify MECC training and delivery requirements for providers**

be supported.

HWB-21 HEALTH WARD PROFILE UPDATE

H Potter and D Clayton tabled a presentation regarding Ward Health Profiles.

The profiles covered the key health messages and gave a Red/Amber/Green (RAG) rating of areas for Members to concentrate on. The profiles were based on the current 33 ward boundaries and would be published in January 2015.

A discussion took place including:

- Slide 3 – Ageing Well – concerns were raised regarding distorted figures which did not show the pockets of deprivation within wards. As these wards appeared to be less deprived it would make it more difficult to access grants and sustainable initiatives ie The Big Lottery. The slides had been prepared on the data available at the time, new data would be available in 2015 and updates would be given when appropriate. It may be possible in the future to break down the figures further depending on the area being considered. Some of these issues may be addressed when the boundary review takes place in 2015.
- The comparisons between the Borough and England figures
- The report was a starting point but there was more work to be done through liaison with Doctors Surgeries and Ward Members and the wider Health Profession.
- Training and Engagement
- Access to the information via the Website
- National significance of child sexual exploitation and the Rotherham recommendations. These recommendations would be included in the JSNA

HWB-22 LOCAL ACCOUNT

P Taylor presented the Local Account which was for information only.

The first Local Account was produced approximately three years ago and gave details of performance around Adult Social Care. Inspections were undertaken by the Care Quality Council (CQC), similar to those of Ofsted. Although regulation and inspection had now ceased, the CQC still undertake some regulation and inspection through a sector led improvement approach and through Peer Challenge. The Local Authority had been through a peer challenge during 2013.

The Local Account would be published and brought to the attention of the public and a wide range of stakeholders.

HWB-23 CQC INTELLIGENCE MONITORING OF GP PRACTICES

M Innes gave a verbal update on behalf of D Evans in respect of the Care Quality Council (CQC) and the monitoring of GP Practices through Independent Regulations of Health and Social Care 2009.

In 2013 there were major revisions to the way monitoring of Hospitals and General Practices took place. This was now being dealt with by way of a rolling programme over 3 years for every GP Surgery and for new practices. A prioritisation process took place by scoring all practices by performance measurement and then using the scores to draw up a programme of monitoring. The scores were published on the 17th November, but was shortly after withdrawn due to unclear/incorrect scores. The new scores would be published on Tuesday 23rd December 2014 for all GP Practices and would be split into two types of list:

- Routine inspection

- Themed inspection

The Borough area was being inspected with the theme of Mental Health in 2015.

The practices would be adjudicated to see if they were safe and the CQC had the power to close premises, if necessary, or issue recommendations for remedial action.

The meeting ended at 3.36pm

Chairman:

Date: