

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 12th March 2014 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), 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), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), Liz Noakes (Telford and Wrekin Council), D Harrison (Clinical Commissioning Group), D Wickham (NHS England Shropshire and Staffordshire Area Team), D Saunders (Healthwatch Telford and Wrekin)

Also Present: H Onions, (Consultant in Public Health), L Mills (Head of Health Inequalities and Lifestyle), V Mckay (Interim Service Delivery Manager, Children & Family Services), K Roberts (Interim Service Delivery Manager, Commissioning) L Stepanian (DAAT Co-ordinator) and R Eryers (TACT Co-ordinator).

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

HWB-50 MINUTES

RESOLVED – that the Minutes of the meetings of the Health and Wellbeing Board held on 22nd January 2014 and 12th February 2014 be confirmed and signed by the Chair.

HWB-51 APOLOGIES FOR ABSENCE

Cllr A England (Telford and Wrekin Council) and Cllr P Watling (Telford and Wrekin Council)

HWB-52 DECLARATIONS OF INTEREST

D Saunders declared an interest on Agenda Item 9 – Commissioning intentions as he was a member of the Management Committee on the Senior Citizen Forum.

P Taylor declared an interest on Agenda Item 5 – Reduce the Misuse of Alcohol and Drugs as a Director for Provider Services.

HWB-53 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-54 FOCUS ON HWB PRIORITIES

Reduce the Misuse of Alcohol and Drugs – Telford and Wrekin Drug and Alcohol Strategy 2014/15-2016/17

H Onions (Consultant in Public Health) gave a report on the Telford and Wrekin Drug and Alcohol Strategy 2014/15 – 2016/17 which gave an overview of the health impacts caused by alcohol and drug misuse within communities.

The strategy contributed to the Co-operative Council's priorities to improve health and wellbeing, reduce inequalities, reduce the number of people who misuse drugs and alcohol and to develop an early help offer.

A series of aims and objectives were proposed across the strategy framework to reduce demand and risk, restrict supply, build recovery and reduce harm.

There were considerable cost savings linked to treatment and prevention and early intervention with children and young people. For every £1 spent on this work £5-£8 could be saved later by reduced crime, loss of income, productivity all of which impacted on the NHS burden and health and wellbeing.

The Consultant in Public Health gave a presentation on the strategy.

The key headlines were:

- High rates of early death from “preventable” liver disease
- An estimated 1,020 opiate and crack cocaine users with approximately 50% of these accessing treatment during 2012/13
- Drug treatment completion rates – 8% opiate users / 38% non-opiate users
- Alcohol consumption estimates 24,265 (18.7%) of adults were binge drinkers, 33,997 (26%) of adults were higher risk drinkers and 4,151 were dependent drinkers
- Approximately 440 hospital admissions per year were directly linked to alcohol
- With 3,370 admissions to hospital potentially relating to alcohol

Public Health England set out what needed to be done:

Alcohol

- Raise awareness
- Work with Schools and Education
- Behaviour change
- Intervention programmes
- Hospital liaison
- Treatment and care planning

Drugs

- Avoidable deaths from overdose
- Closer working with NHS, GPs and Pharmacies
- Harm reduction and risk reduction with prescribed / non-prescribed medicines
- Specialist treatment
- Holistic model with wider support for work and housing

A strategy framework had been produced which was based on 3 key areas:

- Reducing demand
- Building recovery and reducing harm
- Restricting supply

The aims of the strategy were to transform treatment and recovery services; expand the provision of mutual aid and service user-led programmes within the treatment system; develop a comprehensive programme for brief interventions which would raise awareness to reduce the risk of harm from drug and alcohol misuse.

A discussion took place including:

- Preventative work with the community ie Mutual Aid
- NHS Health checks and alcohol screening
- Schools and Colleges prevention programme
- Promotion of healthy lifestyles
- Hospital liaison services
- Alcohol and drugs budgetary arrangements
- Alcohol related cancers
- Data collection
- Working with partners, ie Criminal Justice System, DAAT Board and Licensing as well as using local intelligence
- Difficulties accessing support after 4pm on Fridays
- Engagement

The strategy was welcomed by the Board which was clear, simple and straight forward and had a clear pathway from prevention to treatment.

L Johnston, as the Board's sponsor for reducing the misuse of alcohol and drugs, commended all of the people involved in bringing together the Strategy which had taken a lot of hard work. The Board's sponsor had recently visited TACT and praised the exceptional level of awareness and the work which was undertaken with service users.

RESOLVED – that the Health & Wellbeing Board endorse and approve the Telford and Wrekin Drug and Alcohol Strategy 2014/15 – 2016/17 and note the governance which was in place to manage the implementation and to monitor the impact on outcomes and performance.

HWB-55 HEALTH AND WELLBEING SUPPORT/DELIVERY ARRANGEMENTS UPDATE

C Jones (Assistant Director: Family, Cohesion & Commissioning) and L Noakes (Assistant Director: Health, Wellbeing and Public Protection) gave a joint report on the Health and Wellbeing Support and Delivery Arrangements.

The report outlined the proposed changes with regard to the support of the Health and Wellbeing Board, which included the creation of a Strategic Commissioning Group.

The purpose of the Group would be to drive partnership working through the integration between NHS England, the Clinical Commissioning Group and Telford & Wrekin Council.

Appendix 1 to the report set out the Terms of Reference and the purpose of the Strategic Commissioning Group, together with the Membership.

The Strategic Commissioning Group would report back to the Health and Wellbeing Board on a quarterly basis.

A discussion took place including:

- Better Care Fund (BCF) Commissioning Support
- Co-Chairing of Strategic Commissioning Group
- Public/Patient representatives
- Development Sessions

It was suggested that as the Health and Wellbeing Board met on a bi-monthly basis, that a quarterly report would not fit the timetable. It was further suggested that a report be brought back to the Board every 4 months.

RESOLVED – that:

- a) the changes in support/delivery arrangements of the Health and Wellbeing Board outlined in this report be agreed;**
- b) the proposal for a report from the Strategic Commissioning Group to the Health and Wellbeing Board every 4 months be approved.**

HWB-56 FOCUS ON HWB PRIORITIES

Life Expectancy – Focus on Cancer

H Onions (Consultant in Public Health) and L Stepanian gave a joint report on the Health and Wellbeing Priority - Life Expectancy, with the focus being on cancer.

The report gave an overview of the local picture regarding cancer with a focus being on bowel cancer. It also presented an update on the work the CCG had been leading on with Shrewsbury and Telford Hospitals NHS Trust which aimed to improve the services provided for cancer patients throughout their care and treatment including reducing waiting and treatment times and the quality of the patient experience. Expansions and improvements following further development of the bowel screening programme were due to take place.

On average 222 people died before the age of 75 from cancers each year (115 male and 107 female). Approximately 56% of the early cancer deaths (124 per year) were considered preventable. This included oral cancers, lung cancers, colorectal cancers, skin cancers, breast cancers and cervical cancer.

Within those cancer deaths considered to be preventable 33% (40 per year) were due to lung cancer, 20% (25 per year) bowel cancer and 13% (17 per year) breast cancer.

Approximately 28% of early cancer deaths could be classified as amenable to healthcare, so could have been potentially avoidable through good quality healthcare. The top three in Telford & Wrekin were: Bowel cancers, 40% of amenable early cancer deaths; Breast cancers, 28% of amenable early cancer deaths and Bladder cancer, 9% amenable early cancer deaths (circa 6 per year).

The rates of early death from all cancers during 2010-2012 were significantly higher than the England average for both persons and females. The rate for men was similar to the national average.

There was a significant contribution to the gap in the figures regarding treatment and it was hoped that the work being undertaken on alcohol and smoking would contribute to an improvement on the gap.

During the period 2010-12 the early death rate for bowel cancer was significantly worse than the England average (circa 25 deaths per year before age 75). Bowel cancer screening currently had a 56% take up across Telford & Wrekin ranging from 45% to 67% across the general practices. Joint work had been planned by NHS England, the CCG and the Council to improve the take up rates.

The national bowel screening programme was being expanded to include bowel scope screening for both men and women from the age of 55 years. This was in addition to the NHS Bowel Cancer Screening Programme.

A discussion took place including:

- The new screening programme and incentive schemes to improve figures
- Underlying trends of non-take up of screening
- National Development Programme between CCG and NHS England Area Team
- Prostrate Cancer
- Awareness raising
- Patient experience

RESOLVED – that:

- a) the Board note the continued contribution early cancer deaths made to reduced life expectancy in Telford and Wrekin;**
- b) the Board recognised the importance of the bowel cancer screening programme developments in early detection and treatment;**
- c) the Board acknowledged the progress being made to improve cancer treatment and the experience of cancer care at Shrewsbury & Telford NHS Hospital Trust.**

HWB-57 CALL TO ACTION

David Evans and Mike Innes gave a brief overview on the Call to Action and the results from the engagement.

The Call to Action was a joint project between Shropshire and Telford & Wrekin Clinical Commissioning Groups.

Engagement had taken place in September, October and November 2013. Approximately 3,000 responses had been received with 250-300 of these being from Clinicians.

A conference took place at the end of November 2013 which launched the results and the initial analysis and looked at the responses. Both Local Authorities in Shropshire attended at the conference together with providers and members of the public. The event was well attended.

The key themes to come out of the engagement were that changes must be made. The preference was not to go to hospital, but be looked after closer to home or within the home. Access to services was important.

A newsletter had been produced, a copy of which was tabled at the meeting. A copy of the newsletter could also be accessed at Appendix 5 to the report.

A discussion took place including:

- Outcome of the Call to Action Conference
- Launch of the review of acute services
- Whole system approach
- Access to Primary Care ie GP Services, Dentists, Opticians

- Hospital re-structuring exercise
- Future Fit Programme
- Call to Action Feedback

RESOLVED – that the Board note the content of the report and the newsletter summarising the discussions and feedback received from the Call to Action consultation.

HWB-58 COMMISSIONING INTENTIONS

Local Authority Commissioning Intentions

V McKay, L Mills and K Roberts presented a joint report on the Local Authority Commissioning Intentions for Public Health.

This would be a universal whole population approach which included vulnerable children, young people and adults and would contribute to the early intervention and prevention priorities of the Clinical Commissioning Group.

The Local Authority would collaborate with the Clinical Commissioning Group as well as Shropshire and Staffordshire Area Team through the newly appointed Strategic Commissioning Group in order to deliver improvements in health and wellbeing outcomes.

A discussion took place including:

- Alcohol Services
- Contracts
- The reduction of the provision of in-patient beds / hospital detox beds
- Multi-systemic Therapy
- Social Impact Bonds
- Therapeutic input for children with special health needs
- Pooling of funds
- Transport Review
- Incorporation of re-ablement and rehabilitation into the Better Care Fund
- Carers Contact Centre / Carers Partnership Board
- Supporting people to live independently
- Dementia Services
- Care Bill

RESOLVED – that the Board note and endorse the high level of commissioning principles of the Local Authority and the detailed proposals outlined in Appendices 2, 3 and 4 to the report.

Telford & Wrekin Clinical Commissioning Group Commissioning (CCG) Intentions for 2014/15

David Evans presented an overview on Telford & Wrekin Clinical Commissioning Group's Commissioning Intentions for 2014/15.

The longer term implications for the CCG was to shift resources currently committed to acute care into integrated health and social care in the community, which represented a strategic ambition that was linked to the Better Care Fund Plan proposals.

The impact of the commissioning intentions was to improve:

- Quality and safety of care
- Self-care, complementing the Council's personalisation strategy
- Access to appropriate services for the whole population, especially the most vulnerable
- Integrated care close to home
- Value for money
- Performance of NHS Services in order for the NHS to deliver constitutional rights
- Configuration of services

The CCG's model for enhanced integrated care for health and social care could be found at Page 4 of the report.

It was the CCG's aim to move care closer to home and, where appropriate, self-care and self-management of conditions would be introduced

The CCG currently spent 54% of its budget on acute services which was above the national average. This was approximately £6-8m of funding which was not being spent in the right areas. A contract for £3m had been identified as one that could be used to support the Better Care Fund during 2014/15.

A discussion took place including:

- Special Educational Needs and Disability Reforms
- Preventative work through health and social care and within the education and youth services
- Children in Care
- Synergys – ie lifestyle pathways and termination services now linked to sexual health and CAMHS and early health links
- Mental Health Service Review
- IAP Programme

RESOLVED – that

- a) the Board note the information contain in the report; and**
- b) the areas for improved synergy between council/public health and CCG commissioning intentions were identified as: lifestyle pathways; termination services; Children and Adolescent Mental Health Service (CAMHS); Special Educational Need and Disability (SEND) Reforms; Children in Care and Adult Mental Health Services.**

HWB-59 FOR INFORMATION ITEMS

Telford and Wrekin Safeguarding Children Board Annual Report 2012/13

This report was an information only report and a link to the Report could be found at Item 10 – Appendix G1 to the Agenda.

Telford and Wrekin and Shropshire Adult Safeguarding Board Annual Report 2012/13

This report was an information only report and a link to the Report could be found at Item 10 – Appendix G2 to the Agenda.

The meeting ended at 3.47pm

Chairman:

Date:

DRAFT