

## **HEALTH AND WELLBEING BOARD**

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 9<sup>th</sup> September 2015 at 2.00pm in Meeting Room G3, Ground Floor, Addenbrooke House, Ironmasters Way, Telford TF3 4NT.

**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), Cllr K Blundell (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), L Noakes (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council), R Wood (NHS England), G Stewart (on behalf of J Chaplin, Healthwatch Telford and Wrekin) and L Johnston (Telford and Wrekin Council).

Also Present: J Tiernan (Carers Commissioning Officer), L Langham (Chair, Carers' Partnership Board), C Jones (Assistant Director: Family, Cohesion & Commissioning), L Mills (Service Delivery Manager Health Improvement), C Harland (Public Health Commissioner), H Onions (Consultant in Public Health), S Norwood (Public Health Commissioner), A Hammond (Deputy Executive, Telford & Wrekin CCG), K Ballinger (Manager of Healthwatch), H Didlock (Telford & Wrekin Commissioning Specialist Children & Young People), F Sutherland (Telford & Wrekin CCG Head of Commissioning Mental Health), M Barker (Assistant Director: Planning Specialist), V Maher (Planning Policy Team Leader) and G Ashford (Principal Planning Officer).

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

### **HWB-10 MINUTES**

**RESOLVED** – that the Minutes of the meeting of the Health and Wellbeing Board held on 10<sup>th</sup> June 2015 be confirmed and signed by the Chair.

### **HWB-11 APOLOGIES FOR ABSENCE**

J Chaplin (Healthwatch Telford and Wrekin), J Tozer (Community Safety Partnership), D Harrison (Clinical Commissioning Group), Cllr P Watling (Telford and Wrekin Council) and D Evans (Clinical Commissioning Group).

### **HWB-12 DECLARATIONS OF INTEREST**

None

### **HWB-13 PUBLIC SPEAKING**

No members of the public had registered to speak.

### **HWB-14 PRIORITY UPDATE: IMPROVE ADULT AND CHILDREN CARERS HEALTH AND WELLBEING**

J Tiernan and L Langham presented a report regarding the progress being made with the HWBB priority to improve adult and children carers' health and wellbeing.

In order to drive forward the agenda a set of 8 outcomes had been drawn up within the Carers Strategy which were:

- Information Advice and Support
- Planning for the Future
- Promoting well being
- Time for yourself
- Meeting diverse needs
- A life outside caring
- Feeling financially safe and secure
- Having your say

These outcomes looked to deliver an all age service within the carers centre to support all aspects of carers needs. A carers learning hub had been set up and this offered a good range of services and was care compliant. A self-assessment form had been written by carers for carers and this was due to go live next month.

A Memorandum of Understanding – No Wrong Doors, which was a national agreement, was currently being localised within the Adult and Children and Family directorates and they were confident that this would be accepted.

The emergency response service for 72 hour care was currently out to tender.

With regard to the promotion of wellbeing, carers could access services which included workshops, pamper sessions and cookery courses.

Carers' educational wellbeing was commissioned by buying "off the shelf" workshops in relation to sessions such as dementia, stress and work life balance.

Advice and guidance was also given to carers with regard to a life outside caring and carers were given help to access employment in order to gain financial stability.

Members of the Board welcomed the report. A discussion took place including:

- Carer numbers and what could be done to access the carers who were currently under the radar
- Local Practice Model being rolled out
- GP involvement
- Carers champions
- Individual payments to carers and the Care Act Formula (at Appendix 1 to the report)
- Carers Assessment
- Audit of carers
- Awareness raising with employees and organisations
- People not recognising themselves as carers
- The importance of carers on the health and wellbeing economy

Following the discussion it was

**RESOLVED – that**

- a) the progress and achievements since the last Board report in June 2013 be noted and acknowledged;**
- b) the strategic priorities and associated action plans be supported;**

- c) **the significant and financial contribution family carers brought to the social and health economy be recognised and supported;**
- d) **the authority's continued progress in working towards Care Act compliance and collaborative practices and co-production with carers of all ages, in particular young carers and those in transition to adulthood, be noted.**

## **HWB-15     LIVING WELL PRIORITY UPDATE**

L Mills and C Harland presented a report on the priority of Living Well.

The focus of the Board's work was to co-ordinate and maximise collective action to promote positive wellbeing, healthy lifestyles and root causes of poor health such as housing and employment.

Five work programme areas had been identified as the focus for the Living Well Board:

- Public mental wellbeing
- Information, advice and signposting
- Workplace health and wellbeing
- Making Every Contact Count (MECC) Health and Wellbeing
- Healthy environments

The Partnership Board was still fairly new and the programmes were still in the planning phase. Staff training, tools and resources would gather pace and momentum as it moved into the second phase of its implementation.

Public mental wellbeing was described as people feeling good, functioning well and having a positive experience of life. A 'Telford 5 Ways' campaign had been developed which would encourage residents to:

- Connect
- Be active
- Take Notice
- Keep Learning
- Give

and it was hoped to embed this campaign into the work of the front line services within the Council. The resource pack was also available to Partners such as Age UK, Green Gym and Shropshire Wildlife Trust.

The Council had also been training front line staff to 'Make Every Contact Count' (MECC) which enabled them to provide brief advice about health to members of the public. To date 275 staff had been trained and this was expected to rise to 600 throughout the year via the online training facility. It was hoped that MECC would be used as a whole cascade approach and that the knowledge would be shared with partners such as Wrekin Housing Trust and The Job Box.

A discussion took place regarding embedding the training and improving health across the Council. The Fire Service, outside of this meeting, had indicated an interest in joining up the training and signposting to the relevant services. It was felt that this service was an "easy win" for a wide range of non-health staff.

Following the discussion it was:

**RESOLVED** – that the progress across the five work programme priorities of the Living Well Board be endorsed.

## **HWB-16 SMOKE FREE AMBITION**

H Onions and S Norwood presented a report on the Smoke Free Ambition.

Although smoking had declined, it still remained the single biggest cause of preventable early death and illness. It caused reduced life expectancy, ill health and inequalities resulting in a considerable impact on the public purse.

Telford & Wrekin Smoke Free Network were leading the local approach to smoke free using 'Smoking Still Kills' as a policy framework.

There remained work to be done in order to ensure that the two local NHS Trusts were completely smoke free and this needed a universally shared systematic approach to support the implementation of smoke free health and social care premises in both Telford & Wrekin and Shropshire.

The use of e-cigarettes was on the increase and national research indicated that quitters who used a combined method of e-cigarettes with local stop smoking services were achieving exceptionally high rates of success. There was still uncertainty surrounding the long-term impact of these products and the potential cost implications for the Council needed to be more clearly understood.

Colleagues from the Smoke Free Network aspired to introduce a local voluntary scheme for smoke free playgrounds and play areas. This would go out to public consultation with local residents and workers and this would gather information regarding the understanding and support for the scheme.

A discussion took place including:

- New smoking legislation in cars
- Smoke free NHS Sites including buildings and grounds
- Smoke free play areas
- Consultation
- Interpretation of the impact of E-cigarettes
- Differences between vaping and smoking
- The decline in the number of smokers seeking support from stop smoking services

It was suggested that the timescale for the smoke free ambition for the two local NHS Trusts was tightened up and the date of the end of 2016 put forward. An amendment to the recommendation was proposed and seconded.

Following the discussion it was:

**RESOLVED** – that:

- a) the Boards of Shrewsbury and Telford NHS Hospitals Trust and Shropshire Community Health Services NHS Trust review their smoking policies and work towards becoming totally smoke free as soon as is practicably possible and that

**delegated authority was given to the Chairman of the Health and Wellbeing Board to act as signatory to the written request with a aim to be smoke free by the end of 2016;**

- b) all Local Authority and all NHS-funded organisations across Telford & Wrekin and Shropshire sign up to the NHS Tobacco Control Declaration and that delegated authority be given to the Chairman of the Health and Wellbeing Board to act as signatory to the written request;**
- c) support was given in principle, subject to public consultation, the development of a local voluntary scheme for smoke free play areas in Telford & Wrekin; and**
- d) to report back to the Health and Wellbeing Board on progress.**

## **HWB-17     MENTAL HEALTH AND WELLBEING – COMMISSIONING UPDATE**

P Taylor informed the Board by way of a declaration that he was responsible for providing and commissioning the mental health and wellbeing services for the Council. It was noted, in any event, that the report was for endorsement only and no other decision was required. No objection to P Taylor remaining in the meeting was received. It was agreed that he would remain in the meeting.

C Jones and A Hammond gave a presentation with regard to the report which updated members on the progress to date on the review of spending on mental health within Telford & Wrekin and gave further information on the development of the mental health strategy.

In order to develop a coherent strategy, the review had been split into three distinct stages:

Stage 1 was almost complete and the total spend was £18.2m

Stage 2 would focus on the model of care that would meet the needs of the population and would draw on best practice which would put Telford on the map. Engagement would be undertaken with the voluntary and community sector as well as larger providers.

Stage 3 – It was intended that this stage would begin in December 2015 with a “bed Base” workshop to be held on 1<sup>st</sup> December. Service specification was to be revised and be signed off and incorporated into contracts and a robust action plan would need to be in place in 2016.

A discussion took place which included:

- Joint approach and joint commissioning
- IAPT (Improved Access to Psychological Therapies)
- The Council’s Scrutiny Report regarding Castle Lodge
- Running stages concurrently and working in parallel
- Mental health services for adults (not including older people)
- Transition arrangements for children into adulthood
- Older people (not dementia related support) ie psychiatric conditions
- Holistic model for people with mental health conditions and physical conditions

Following the discussion it was

**RESOLVED – that the approach outlined in the report be endorsed.**

## **HWB-18     MENTAL HEALTH CRISIS CONCORDAT BRIEFING**

F Sutherland and H Didlock gave a presentation regarding the report on the Mental Health Crisis Care Concordat Briefing which included a brief summary of the national objectives regarding the mental health crisis care and the local response and local implementation.

The national agreement aimed to have multi-agencies working together to support people who were in a mental health crisis and to provide a quality of service across Shropshire and Telford and Wrekin for everyone no matter where they were or who they were.

An action plan of 5 key areas had been drawn up:

- Commissioning to allow earlier interventions and responsive crisis services
- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well preventing future crisis

A copy of the action plan could be found at Appendix 1 to the report.

Achievements included:

- Out of hours access to records for children and young people
- CAMHS worker based in acute hospital
- Commissioning plan and joint services
- Zero children and young people detained in Police cells under s136 during the last year
- Tender exercise for information, advice and advocacy (TAAA)
- Helpline and Co-ordination Hub

The next steps were for the Strategic Group to update the actions plan on a monthly basis and reflect the CQC recommendations for the service development and for the commissioners for health and social care to review expenditure on mental health with a view to developing a new all-age mental health strategy, to include crisis provision and prevention for people with mental health issues.

A discussion took place including:

- Develop strategy to encourage working together
- Out of hours crisis within the strategy
- Mental health and substance misuse
- Preventative action
- Helpline – success rates, economies of scale and breakdown of calls within Shropshire and Telford
- Tier 4 beds
- Involvement of Community Safety Partnership

The Board thanked all of the officers for their efforts involved with this piece of work which was high on the national agenda and had to be signed off quickly.

Following the discussion it was:

**RESOLVED – that:**

- a) **commitment to the Crisis Care Concordat and the local declaration by all agencies be noted; and**
- b) **the contents of the report and support for the ongoing development of the Crisis Care Concordat be noted.**

**HWB-19      PRIMARY CARE COMMISSIONING INTENTIONS**

M Innes presented the report on the Primary Care Commissioning Intentions on behalf of Nicky Wilde who was unable to attend the meeting.

Primary care was the gateway to health services and played a pivotal role in co-ordinating a patient's journey towards improved health and wellbeing.

The CCG was one of 63 to be awarded delegated authority for primary care commissioning from April 2015 which allowed the CCG to make decisions on provisions such as:

- commissioning, procurement and management of Primary Medical Services contracts
- enhanced services
- local incentive schemes
- establishment of new GP Practices
- commissioning of urgent care for out of area registered patients
- management of poorly performing GP practices and decisions and liaison with the CQC
- discretionary payments

The Primary Care Commissioning Strategy set out 8 areas of commitment which were:

- Engagement, empowerment and involvement
- Sustainable multi-disciplinary and seamless care pathways
- Patient centred high quality and safe care
- Care closer to home – admission avoidance
- Improved access for urgent and routine care
- Reduced bureaucracy – Time to improve outcomes
- Reduction in variation in care outcomes
- Indicative Budget

A discussion took place including:

- Consultation
- The joining of practices
- Local Plan
- The reduction of variations between practices
- DATIX system
- Locally based commissioning which understood local need

**RESOLVED – that**

- a) **any conflicting issues with the wider Health and Social Care Plans be highlighted in due course; and**

**b) the contents of the report be noted.**

**HWB-20      COMMUNITY FIT UPDATE**

M Innes presented a report on Community Fit.

The Future Fit programme had signed off a proposal to support the initial phase of the community fit work plan. Phase one comprised of a work programme to understand and quantify the consequences to a wider health and social care economy of the proposed 'Future Fit' hospital reconfiguration.

The Clinical Model placed activity into the community in the future in order to deliver best practice and, although this had not yet been fully quantified, it was expected that 30% of services would go out into the community.

A second piece of work had been undertaken on 'Future Fit Two' which was now called "Community Fit". Phase 1 would involve looking at NHS community mental health and social services. Data would be collected and presented back to stakeholders in order to quantify what this would mean for services. The original timescale was for this to be undertaken by November 2015, but due to some challenges with regard to accessing data and data sharing there had been a delay and it was now expected that this work would be undertaken by February 2016. This was a powerful piece of work and the outcomes, together with a complete set of data, would be presented back to the Board in March 2016.

A discussion took place including:

- How the information would be used for the Telford approach
- Tools required to help better understand the model
- The work being undertaken to bring Community Fit together

**RESOLVED – that the report be noted.**

**HWB-21      HEALTHWATCH TELFORD AND WREKIN ANNUAL REPORT**

K Ballinger presented the Healthwatch Telford and Wrekin Annual Report. Healthwatch Telford and Wrekin continued to be closely involved with NHS Future Fit and the Better Care Agenda and had recently begun to look at patient experience of services delivered at home. Healthwatch now had 6 patient representatives who would be in attendance at the next meeting to represent the view of Telford and Wrekin.

From the 1<sup>st</sup> October 2015 Healthwatch Telford and Wrekin would become a limited company, which had involved a lot of work with the Council to ensure a smooth transition to the new working model. Statutory functions would take place to a lesser extent and they would be able to generate income in order to get the best service for Telford and Wrekin. There would be a continued level of support with regards to the pharmaceutical needs assessment and possible equity issues in South Telford. Healthwatch would also be able to take on commissioned work which would raise awareness of Healthwatch at the same time. It was felt that the public and patients were not as involved with the decision making process as they should be.

The Council now had a feedback Centre which took feedback on any health and social care services. This was an opportunity to increase information about the services which was an essential part of the work of Telford and Wrekin Council and there might also be an

opportunity to sell the feedback to providers. This may also be a way of introducing to the public Healthwatch Telford and Wrekin as a brand.

A discussion took place including:

- The funding, commissioning and budget of Healthwatch
- Building a national reputation

The Board welcomed the changes to Healthwatch Telford and Wrekin Limited and thanked everyone concerned for their support through the process

**RESOLVED** – that the contents of the report be received and noted.

## **HWB- 22     TELFORD AND WREKIN – LOCAL PLAN**

M Barker, V Maher and G Ashford presented a report on the Telford and Wrekin Local Plan.

The Local Plan would set out how and where development would take place and guide future planning decisions up to 2031 and affirmed the Council's commitment to protecting and enhancing the Borough's community green spaces, natural environment and heritage. It set out detailed planning policies used to determine planning applications. The Local Plan had to accord with the Government's National Planning Policy Framework (NPPF) and help to plan for an effective health service to meet the needs of local residents in the places and at the times required.

A presentation was given to Members highlighting the key messages from the Local Plan.

A discussion then took place including:

- Health hubs and supporting community based services
- Allocations of land
- Solar Panels
- Renewable/sustainable energy
- Integrated community services
- High streets dominated by unhealthy food options
- Health Centres/GP surgeries on the high street
- Social Connectivity
- Obesity in children
- Fitness through fun
- Hot food suppliers near to schools

The Chair asked the Board to feed back their suggestions to the Local Plan Team using the following link [www.telford.gov.uk/localplan](http://www.telford.gov.uk/localplan).

Following the discussion it was:

**RESOLVED** – that

- a) the Board encourage local partners to take part in the Local Plan consultation to assist in achieving the best possible health outcomes for the population of the Borough; and

**b) the report, the Local Plan and the issues raised relating to Health and Wellbeing be noted.**

The meeting ended at 5.01pm

Chairman:

Date: