HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 11th March 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 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), Cllr P Watling, (Telford and Wrekin Council), D Evans (Clinical Commissioning Group) and L Johnston (Telford and Wrekin Council)

Also Present: H Onions (Consultant in Public Health), H Patel (Pharmaceutical Advisor), M Bennett (Head of Commissioning, Integrated Care), L Mills (Service Delivery Manager, Health Improvement), V McKay (Service Delivery Manager, Commissioning Vulnerable People) J Smith (Service Delivery Manager, Access and Assessment) S Wain (Group Specialist Commissioner) and N Morrow (Telford & Wrekin CCG Commissioner).

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

HWB-31 MINUTES

RESOLVED – that the Minutes of the meetings of the Health and Wellbeing Board held on 21st January 2015 be confirmed and signed by the Chair.

HWB-32 APOLOGIES FOR ABSENCE

D Wickham (NHS England Shropshire and Staffordshire Area Team), P Taylor (Telford and Wrekin Council) and Dylan Harrison (Clinical Commissioning Group)

HWB-33 DECLARATIONS OF INTEREST

None

HWB-34 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-35 PHARMACEUTICAL NEEDS ASSESSMENT 2015/16 – 2017/18

H Onions and H Patel presented a joint report on the Pharmaceutical Needs Assessment (PNA) for 2015/16-2017/18.

The Health and Wellbeing Board had a legal duty to publish a revised PNA by 1st April 2015. The draft Telford & Wrekin PNA had been developed in line with national guidance and expectations and best practice.

A 60 day consultation period had taken place with statutory consultees, with the responses and suggestions being taken on board and used to develop the PNA going forward.

The Board discussed the report and Cllr P Watling raised the lack of provision of out of hours services in South Telford and no pharmacy was open until 11pm as there were in other areas of Telford. It was also asked if there had been any feedback regarding this during the consultation and if this was an issue with service users?

A public survey had taken place but nothing specific had been raised within the consultation and there was significant provision elsewhere. This had not been raised through the JSNA. H Patel suggested that a bespoke piece of work regarding the provisions within South Telford could be undertaken.

Cllr J Seymour raised concerns regarding the lack of provision of pharmacies within the rural area and felt that this was not being addressed. Large areas of the rural community were outside of the 1.6 mile distance to a GP dispensary. She also felt that the survey that was circulated did not cover the rural areas. It was further felt that the "over-the-border" provision did not meet the criteria as this was also the rural area.

H Patel expressed that it was very difficult to encourage pharmacies to set up in the rural area and operate as a business as it may not be commercially viable. There were 100 hour delivery & collection services offered by dispensing practices to the rural areas. Patients often had to pass a pharmacy when travelling in to use GP services. A repeat prescription collection and delivery service was also available.

Cllr J Seymour commented on Appendix VII of the report regarding the take up of enhanced and advanced commissioned services. She asked if the pharmacies were pro-active in taking up these services as these services gave a lot of scope for expansion of the business or were they prevented due to constraints and costs?

H Patel confirmed that pharmacies were paid by activity and some pharmacies had become Healthy Living Pharmacies and giving advice on services such as healthy eating and exercise advice. The pharmacies were only paid for the activity and not for the business being there. Dispensing, the treatment of chronic illness and prevention of illness needed to be addressed through the JSNA and the provision of services needed to be less confusing to the public. There was also a need for the provision of health checks for those patients who could not access GP Practices. H Onions confirmed that they were looking at expanding out practices to make them more comprehensive. H Patel confirmed that NHS England supported the services within GP Practices and dispensaries but they were working towards getting the practices more involved with the items marked yellow on Appendix VII. The core role of the services was to give a safe supply of medicine and this was paramount, but if there was capacity to extend and add on services this would be encouraged. Emergency contraception services needed to be more uniform for patients and order that they were not confused with what was on offer. There was currently a push to consolidate the services, but this needed to go hand in hand with high standards and be a comprehensive service.

L Noakes commented regarding the lack of out of hours and weekend services within South Telford and suggested that an impact assessment was undertaken as there was an issue with equity. South Telford was an area with less car ownership and this may be an area to be picked up during the 18 month review. The Report was a comprehensive document and did describe the offer that pharmacies could make and this needed to be communicated to the public and all partners needed to work together to make this happen.

H Patel discussed communication and suggested that community pharmacies had a role to play within this area.

Cllr G Green referred to page 18 of the Report showing that there were no pharmacy services after 6pm and no services on a Sunday. One in three people in this area were without a car. There were further issues with mobility and there were a large number of over 65s and over 85s. Cllr Green was of the opinion that the deferral to review the service until 18 months' time was too long to wait.

H Patel confirmed that a bespoke piece of work regarding the offer in South Telford would be undertaken during the next 6 months.

Cllr E Clare asked what controls were in place over pharmacies purchasing the types/brands of medicines in order to keep them standardised.

H Patel explained that medicines were a difficult area. Pharmacies were sent medicines by wholesalers under a generic name and the pharmacies had no control on what brand of medicine the wholesalers sent. NHS England did not have a great deal of control of this area except for the quality control and safety of the medicines dispensed.

D Evans referred to page 23 and 24 of the report and explained the pressures on services. Access to acute care was very important to the public and was also important with regard to Futurefit.

J Chaplin informed the Board that Healthwatch were happy to continue to provide the view of the public. With regard to the supply of medicines held by pharmacies how could issues regarding the elderly and infirm be addressed.

H Patel confirmed currently Care Plans were not available to GP Practices or pharmacies although they did have access to the medicines required by patients. There were home medicine reviews and collection and delivery of medication services available to the public.

H Onions confirmed that this work all connected into the Futurefit programme and included the PNA.

M Innes confirmed that there was a need for shared information across health and social care services in order to better care for the population and this was the opportunity for the Health and Wellbeing Board to drive this forward and it was asked if there was a piece of work the Board could do around this area?

Cllr E Clare asked if the pharmacies were paid for providing the medicine review service and commented that the public may prefer to talk to the doctor rather than the pharmacy as the doctor had prescribed the medicine.

H Patel informed the Board that the pharmacies were taking a holistic approach and asking patients if they knew how to take the medicine, how to use the medicine and with regard to inhalers checking that patients were using them correctly. The pharmacies were also looking at waste medicines and the over-ordering of medicines. The budget for this work was already included within the pharmacy budgets it was just being used in a different way.

Cllr J Seymour commented that she supported the new pharmacy specific interviews with regard to new medicines. Cllr Seymour asked whether any pharmacy currently offered stop smoking services or if there would be no services in place until the 1st April 2015?

H Onions confirmed to the Board that there would be new providers of stop smoking services from April 2015 but that there were currently no services available within pharmacies.

Cllr Seymour asked if it was up to individual pharmacies to ask to take up these services?

H Onions confirmed that all pharmacies would be contacted with regards to the supply of services.

Cllr Seymour asked about emergency prescriptions and the supply of emergency medicines.

H Patel informed the Board that there was a provision for the supply of emergency medicine. The public used ShropDoc and A&E services in order to access emergency medicines but it was hoped that pharmacies could be encouraged to use this provision. There were concerns about the misuse of medicines but the pharmacies would feed back the information to the GP Practice to inform them that emergency medicines had been supplied.

Cllr Seymour further asked if this was only for specific medication and if this was illegal?

H Patel confirmed that this was not illegal, it was a private transaction and that the public would have to pay for this service as it was not an NHS Service.

Cllr Seymour suggested that the points raised by the Board be included within the final document.

H Onions said that there would be changes to the PNA and the suggestions made would be incorporated with the changes.

The Chair referred to the recommendations and asked the Board if they consider that they had read the report, fully taken part in a debate and give the responses careful consideration and if there were any amendments required to the recommendations.

H Onions informed the Board that they would be in a very weak position if the PNA was not adopted by the 1st April 2015 but recommended that an urgent review took place within 6 months.

M Cumberbatch advised that the Board must be happy with the summary that the report authors had given and from P8 – 1.6 with the body of the report. If the Board members were content with the changes proposed by the report authors, then they could decide that the final amended version be signed off by the Chair.

RESOLVED – that

a) **the PNA process had been undertaken in line with the national expectations and that associated statutory duties for the HWB be noted;**

b) **the content of the PNA Equalities Impact Assessment and remedial actions set out to reduce the negative impacts identified be agreed;**

c) **all consultation responses received from both the statutory consultees and the wider respondents be considered;**

d) **the draft Telford and Wrekin Pharmaceutical Needs Assessment 2015/16-2017/18, subject to any amendments recommended in the report, which were**

appropriate in consideration of the consultation responses, be adopted and that the Chair of the Health and Wellbeing Board be authorised to approve and sign off the final amended version for publishing;

e) An equity review of the provision within South Telford be undertaken and reported back to HWB in September 2015.

HWB-36 LOCAL AUTHORITY COMMISSIONING INTENTIONS

L Mills and V McKay gave a brief summary of the report which provided information around the local authority commissioning intentions for public health, universal whole population and vulnerable children, young people and adults.

Appendix 4 to the Report detailed the Procurement Plan and set out the detail relating to the allocations, timescales and outcomes together with desired outcome of high level strategies.

A key area of work was the offer of early help for children, young people and families with the focus being on taking a preventative approach.

A significant development with regard to commissioning would take place from 1st October 2015 whereby the Local Authority would take over responsibility from NHS England of 0-5 year olds. The transfer would encompass the 0-5 Healthy Child Programme which included the health visiting service, Family Nurse Partnership services - a services for teenage mothers.

Stop smoking services had been discussed during the previous item.

A tender process for the clinical element of the Drug and Alcohol Recovery Service (DARS) , the alcohol counselling service and the day care services was being undertaken.

Work with General Practices was being undertaken to expand the existing provision for shared care with regard to substance misuse to increase capacity and access within the community.

With regard to children and young people it was the intention to have an outcome based commissioning approach with personalisation and prevention to close the gap for the disadvantaged.

The Care Act 2014 would have an impact regarding adults. There were now a number of statutory requirements including advocacy services and a market position statement.

The Children's SEND reforms were generally progressing well and cost improvement plans were now in place.

For children in care including foster care it was the intention to make sure good outcomes were achieved.

Safeguarding was covered within the Better Care Fund.

L Noakes commented that the purpose of the report was to ensure that the commissioning intentions were aligned with the Health and Wellbeing Strategy and were integrated in their approach.

A discussion took place including:

- the monetary values not being shown on some items in Appendix 4 to the report
- children's commissioning work was clear on the needs of young people and these were being met appropriately
- making every contact count – workforce and partner agency training
- case studies to be brought to the Board on how the improvements were beginning to take shape
- holistic approach
- voluntary sector – grants and access to funding
- joined up decision making
- Strategic Commissioning Group
- Mapping of provisions and identifying gaps in service

RESOLVED – that the high level of commissioning principles of the Local Authority and the details proposals outlined in Appendices 2, 3 and 4 be noted and endorsed.

HWB-37 NHS TELFORD AND WREKIN CCG STRATEGIC COMMISSIONING INTENTIONS 2015/16

D Evans presented a report on the commissioning intentions for NHS Telford and Wrekin CCG for 2015/16.

From 1st April 2015 the CCG would be responsible for Primary Care Commissioning. This had not currently been looked at within the report and a paper would be brought back to the Board in due course. The vast majority of the commissioning work related to GMS Services and general practice services. The Local enhanced services would also need to be looked at with regard to the ring fenced monies.

It was important to make sure that the NHS Constitution was being met and included:

- A&E
- Elective Care
- Dementia
- IAX

Constraints gave a clear planning framework and this had to be adhered to.

An electronic format of the document would be circulated to the Board.

Cllr P Watling asked if the Better Care Fund (BCF) had been given a delivery value and if the budget had been agreed?

D Evans replied that the budget for the BCF had been agreed but that it had challenges with regards to acute providers being signed up to the agreement and this needed to be rectified. It would be necessary to take money from the acute budget and put this into the BCF. An invitation had been given to SaTH for a £3m contract variation. This was a global amount that sat with SaTH and a reduction in the contract would cause the contract to be varied and money released out of the current contract.

A discussion took place with regard to the voluntary sector, it's importance in supporting the sustainability of the health and social care system. D Evans outlined how the CCG had undertaken a process of awarding grants to the voluntary sector recently. He understood that this had not reduced the overall investment into the voluntary sector from the CCG but agreed to confirm if there had been a reduction of funding from the CCG to the third sector to this Board.

L Noakes suggested that the Board would be very interested in working with the CCG and seeing a Primary Care Strategy now the CCG had responsibility for commissioning General Practices.

A discussion took place including:

- Public Health budget
- 7 day working
- End of Life Plan
- Integrated Care

Following the discussion a suggestion was put forward to amend the recommendation to read:

"To consider the contents of the Commissioning Intentions for 2015/16 and ensure that they are aligned to those of the wider Health and Social Care plans."

RESOLVED – that the contents of the Commissioning Intentions for 2015/16 are aligned to those of the wider Health and Social Care plans.

HWB-38 BETTER CARE FUND: DEVELOPMENT OF THE SECTION 75 PARTNERSHIP AGREEMENT

M Bennett and V McKay presented a report on the Better Care Fund and the development of the S75 Partnership Agreement.

From April 2015 there would be a single Agreement and a single pooled budget for the Better Care Fund (BCF). The agreement would represent the new ways of working between the two authorities and partner organisations with the Health and Wellbeing Board having oversight of these arrangements.

The template for the S75 Agreement was currently being worked through by NHS England and Bevan Brittain (Legal Advisors). A Pooled Budget Monitoring Group was being mandated to work through other services and the Community Trusts in order to look at the pooled budget. The risks of such an agreement were understood and monitoring and governance arrangements had been arranged and this work should be completed by the end of March 2015.

The Schedules and agreements were currently being worked on.

A discussion took place including:

- Pooled Budget Monitoring and the difficulties surrounding this. Michael Bennett confirmed that there would be a report back to this Board concerning the pooled budget work
- Template agreement
- Schedules and monitoring

It was expected that the date of implementation would be 1st April 2015.

RESOLVED – **that**

a) **the progress which had taken place to development a Section 75 Partnership Agreement be noted;**

b) **the arrangements of the Section 75 Partnership Agreement over the coming year be overseen.**

HWB-39 PRIORITY UPDATE: MENTAL HEALTH AND WELLBEING – COMMISSIONING STRATEGY UPDATE

S Wain and N Morrow presented a report on the Mental Health and Wellbeing – Commissioning Strategy.

Cllr A England asked how Telford and Wrekin would join up with the Foundation Trust. Cllr England felt that he would only be consulted a Lead Member for Mental Health and not be consulted as a governor of the Trust. He wanted to ensure that there was a strong consultation process including the foundation of the Trust.

N Morrow explained that engagement had taken place with the Foundation Trust so far regarding developments, conditions and outcomes.

Cllr J Seymour endorsed the consultation from users, their families, carers and members of the public who wanted mental health services to be responsive and have a real grasp of the needs of the local community.

S Wain informed the Board that there was a related piece of work was currently being undertaken with providers and the voluntary sector.

M Innes hoped that some views with regard to Mental Health could be normalised. The Telford and Wrekin CCG were lead Commissioners with regard to the health economy and were engaging with Shropshire to represent their views and take into account any similar needs and expectations.

S Wain informed the Board that a Crisis Concordat county-wide piece of work was being undertaken in order to pull together a joint action plan for crisis care between Telford and Wrekin and Shropshire and planning a joint contract negotiation and management.

L Noakes welcomed the development of the Strategy and stressed the need to take a holistic view with regard to physical health, affected mental health and people with severe mental health conditions who had significantly poorer physical health and lower life expectancy and felt that the draft Strategy should be brought back to the Board in September not December.

L Johnston welcomed the report especially with regard to children and that engagement would obtain diverse views in order to put service provisions in place. Improvements could be made to benefit transition arrangements which were currently a cause for concern.

J Tozer gave his concerns regarding the timing of the engagement and that the Police and other partners were keen to give their views but had not been listed as consultees and

sought clarification if their views would be sought. He felt that the county-wide approach was very important.

J Chaplin confirmed that Healthwatch had already been involved in the consultation process and were happy to continue to have an input and to work closely with the process and contribute to the writing of strategies.

D Evans informed the Board that the CCG Board had made a commitment, through the executive team, regarding the transitions for those with mental health, disabilities and long term conditions. The transition stage following an 18th birthday meant that the service user would have to deal with a complete set of new people within the health and social care environment. This service was currently disjointed and let down, children, their families and carers.

The Chair spoke of the lack of mental health services within Telford and Wrekin following the closure of Castle Lodge. The Redwood Centre was now open but this was not a local service and Telford was in need of a local Hub.

D Evans explained that the CCG were mindful of the situation it was proposed that a report be brought back to a future meeting of the Board and it was suggested that this would be during the Summer.

Following the discussion it was

RESOLVED – **that**

(a) the approach outlined in the Report be endorsed; and

(b) a programme of engagement be confirmed and for the Chair to have delegated authority to sign off the programme.

(c) The draft mental health strategy be considered by the Board in September 2015

HWB-40 PRIORITY UPDATE SUPPORT PEOPLE TO LIVE INDEPENDENTLY

L Thorogood and J Smith presented a report on the Health and Wellbeing Priority – Supporting People to Live Independently.

The focus of the report was to align the priorities but to be mindful of the critical elements of the Care Act 2014 ("the Act") being compliance and responding to the current financial climate.

The draft Wellbeing and Prevention Strategy was attached at Appendix 1 to the report and set out the local approach to promoting wellbeing and independence across the continuum of need.

Appendix 2 and 3 of the report contained The Adult Social Care – Right help, Right time to Promote Independence – Commitment Statement 2015-2016 and the Adult Social Services Information and Advice Strategy 2015-2018.

The Prevention Strategy was in line with the principles of outcomes based commissioning.

Following consultation in December 2014 it was the intention to make a change in direction of Telford and Wrekin's Commissioning intentions in order to undertake as much as possible within the local community and to support people to live independently. The Commissioning and Operational Teams would work closely in order to move the strategy forward and comply with the duties and principles of the Care Act. A 3 week project was currently being undertaken looking into prevention within the community.

L Johnston confirmed that in terms of strategies and commissioning intentions and outcomes that the achievement of a personalised approach would be reviewed in order to see what was currently available and how improvements could be made before proceeding with an all-age approach. Community based solutions were reducing delay and dependence on services. It was also hoped that the promotion of assisted funding to keep people in their homes would be supported by domicillary care and assisted help.

Cllr J Seymour welcomed the report but noted the risks which lay in the short term and how resources were shifted from the high costs services to support a preventative approach. It was fundamental to support this process or the BCF would not happen.

Cllr A England commented that the report led back to working with the voluntary sector. He also asked if discussions could take place with associations such as the Armed Forces Veterans and SAFA to see if they could help to support service users rather than the Local Authority.

J Smith informed the Board that an asset-based social work system was the way forward. Services users were unaware of the local services but better communication around what was out there would help to grow services.

All of the comments from the HWB meeting would be fed back to P Taylor for the Care Act Board.

RESOLVED – that

(a) the update and progress since the last Board report on this priority be noted;

(b) feedback and comments on the draft proposed documents being

i. Wellbeing and Prevention Strategy (Appendix 1)
ii. Adult Social Care Commitment (Appendix 2)
iii. Information and Advice Strategy (Appendix 3)

as part of the wider consultation process be provided.

HWB-41 NHS FUTUREFIT PROGRAMME REPORT

D Evans gave a brief overview of the report on the NHS Futurefit programme.

The report gave details of the shortlisting which had taken place and which had been to the CCG and Trust Boards. An Evaluation Panel had been established which had looked at the long list and had narrowed this down to a short list which was currently being considered and included:

- Emergency Centre (EC) and Diagnostic & Treatment Centre (DTC) on a New site;
- EC on a New site, DTC at Princess Royal Hospital (PRH)

- EC on a New site, DTC at Royal Shrewsbury Hospital (RSH)
- EC at PRH, DTC at RSH
- EC at RSH, DTC at PRH
- Do minimum (existing dual site acute services maintained, provider and commissioner efficiency strategies implemented but no major services change).

M Innes commented that Urgent Care Centres (UCC) included an acute provision and would remain in Shrewsbury and Telford.

D Evans further commented that these UCCs were likely to be prototyped and repeated elsewhere.

L Noakes asked if confirmation could be given to the Board, similarly to that given to the CCG Board, that if the new build was no longer a viable option financially that further options from the long-list would then be considered.

D Evans commented that if any option dropped out as being unaffordable and this affected only 1 option on the short list then this was likely to continue. If, however, more than 1 of the options were affected then the short list would have to be reconsidered.

L Noakes confirmed that 3 of the short-listed options did include a new build and that this would ultimately affect the short list leaving very few options.

D Evans confirmed that if this was the case then they would revert back to the long list.

A discussion took place including:

- Evaluation Panel
- The ranking of the current short list options
- Affordability of the short list options
- The weighting of the options

M Innes informed the Board that the testing of the affordability of each option was done in its own right.

D Evans further commented that each option outlined its own business case which showed both financial impact and non-financial impacts and benefits. It would not be possible to put forward and unaffordable option.

Further discussions took place including:

- The shortlisting of the 6 options
- Critical Care Units and agreed extra facilities
- Urgent Care Centres

D Evans informed the Board that it had always been the intention of the Programme Board to consider having Urgent Care Centres in both Shrewsbury and Telford and Wrekin. However, the opening hours and other basic information was still to be considered and the core offer although viability of services to the rural settings needed more work.

Following the drawing up of the short list the money and affordability aspects were being looked at further which included both the capital and revenue context.

M Innes confirmed the system of approach was a “bottom up” design and that the affordability was tested initially and once this had been established the quality of the offer was considered.

Cllr A England asked the Board to note that Telford and Wrekin Council had always demanded that there was 24 hour A&E provision for the Borough.

L Noakes discussed the weighting procedure and the process that would now be followed and suggested that the Treasury determine a higher weighting for affordability that as was the case at the shortlisting stage.

D Evans confirmed that neither of the CCGs would sign up to build something that was unaffordable.

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

HWB-42 CHILDREN, YOUNG PEOPLE & FAMILIES BOARD PROGRESS UPDATE (2014/15)

L Johnston presented the report on the Children, Young People and Families Board.

The Board had now been in existence for 4 years and this report had focussed their priorities and now had 5 strategic priorities which were:

- Early Help
- Strengthening Families
- Children in Care
- Aiming High for Disabled Children
- Achievement for All

One of the key priorities within these areas was teenage pregnancy.

The report was welcomed by the Board and a discussion took place which included:

- Early Health’s clear strategy and prevention to reduce the need for services later
- The use of proactive link to re-shape the Youth Service with a targeted approach
- Positive issues around prevention work
- Government criteria in reducing exclusions

The Board raised concerns regarding the homelessness rates for 16 and 17 year olds which had jumped to 77.5%

L Johnston confirmed that the Council were currently looking at these issues and that a “step up and step down” facility at Dodmoor would help to provide support to young people and this area of work was also being driven forward by the Homelessness Partnership in conjunction with the Community Safety Partnership.

Cllr J Seymour asked if the pregnancy rates for 15-17 year olds included those teenagers who were married.

L Noakes confirmed to the Board that the figures were calculated regardless of marital status. She also confirmed to the Board that whilst the numbers had fallen up to 2013 but not as fast as nationally. An action plan was being drawn up to look at this area.

RESOLVED – **that**

(a) the progress made against the priorities Children, Young People and Families Board strategic priorities and the Health and Wellbeing Board's Priority "Reducing Teenage Pregnancy" be considered; and

(b) specific areas where greater focus/improvement should be sought by the Board and identified.

The meeting ended at 4.11pm

Chairman:

Date: