

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 15 June 2016, at 2pm in the Meeting room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present:

Cllr R A Overton - Cabinet Member for Housing, Leisure & Health TWC (**Chairman**), Cllr E A Clare - Cabinet Member for Culture, Sports, Parks & Green Spaces TWC, J Chaplin - Healthwatch, Cllr A R H England - Cabinet Member for Adult Social Care & Older People TWC, D Evans - Chief Operating Officer: Telford & Wrekin CCG, Cllr J M Seymour Conservative Group TWC, Cllr P R Watling Cabinet Member – Children, Young People & Communities TWC, C Jones - Director: Children's & Adult Services and Statutory Director of Children's Services TWC, L Noakes - Assistant Director: Health & Wellbeing and Statutory Director of Public Health TWC

Officers:, J Power (Organisational & Delivery Manager TWC), M Cumberbatch (Democratic & Legal Services Manager TWC), R Smith - Assistant Director: Early Help & Support and Statutory Director of Adult Social Services, TWC J Clarke (Democratic Services TWC)

HWB-01 Apologies for Absence

Dr J Leahy – Chair of Telford & Wrekin CCG (**Vice-Chairman**), Cllr K Tomlinson Lib Dem / Independent Group TWC, D Harrison - Non-Executive Director: Telford & Wrekin CCG, J Tozer Community Safety Partnership, R Woods - NHS England (North Midlands – Shropshire & Staffordshire).

HWB-02 Declarations of Interest

None declared

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HWB-03 Minutes

Resolved – that the minutes of the meeting of the Health and Wellbeing Board held on 9 March 2016 be confirmed and signed by the Chairman.

HWB-04 Public Speaking

No members of the public had registered to speak.

HWB- 05 Review of the Terms of Reference of the Health and Wellbeing Board

The Democratic and Legal Services Manager and Deputy Monitoring Officer provided an update on the Terms of Reference of the Health and Wellbeing Board.

The terms of reference had been streamlined to make them more consistent with the terms of reference of other Council committees and to recognise the greater flexibility provided by more general terms of reference. Membership of the Board was discussed as set out in the terms of reference including quorum, disqualification and voting rights, and it was noted that outside bodies were often under-represented at the meetings. A question was raised about allowing outside bodies to have a named representative as a substitute. It was agreed that there were no foreseeable difficulties in allowing outside bodies to have substitutes provided they were named to ensure consistency of representation on the Board.

The Board acknowledged that NHS England had notified all Councils that it would not be attending Health and Wellbeing Board meetings in the future. It was noted that the NHS had a statutory position on the Board and it was agreed that future agenda items of particular relevance to NHS England should be highlighted and notified to NHS England.

RESOLVED – that the proposed Terms of Reference attached to the report at Appendix 1 be approved.

HWB- 06 Delivery of the Health and Wellbeing Strategy

The Board received the report which presented the model for the delivery of the Board's strategic priorities as outlined in the Health and Wellbeing Strategy that had been approved in March 2016. The model had been developed in order to assure that outcomes identified within the strategy would be delivered. The Board noted the structure and reporting arrangements proposed to hold the Commissioning and Transformation Partnerships (CATPS) and Mental Health Strategy to account, and also noted that the work programme would continue to be developed to take account of progress made and new areas of work. The Board acknowledged the cross-cutting value of the priorities and how not one partnership is involved.

Liz Noakes mentioned (at point 1.1 to the report) three key priorities

- Encourage healthier lifestyles
- Improve mental wellbeing and mental health
- Strengthen our communities and community based support

The Board acknowledged that further developments would be needed in order to progress the priority of 'Strengthen Our Communities and Community Based Support'. There was currently no CATP to lead on this and although initiatives/projects were being delivered which contributed to this priority, there was no central point of co-ordination. The local Sustainability Transformation Plan (STP) had key links to this area and therefore further work was needed to agree a consistent and effective way of managing these areas of work.

A performance framework was needed to support and monitor progress of the Board in moving ahead with its priorities and meeting its objectives. Key measures had been highlighted within the 'outcomes' column on the work programme, which would

be used as the basis of a performance framework against which the Board would receive annual updates. A proposed framework would be brought to the September Board meeting.

RESOLVED – that the Model for the delivery of the HWBB priorities, Reporting timetable, Development of a performance framework and ‘Development sessions’ for Board members be approved.

HWB- 07 Sustainability and Transformation Plan Update

The Board received an update on the Sustainability and Transformation Plan (STP) and the steps for moving forward. It was proposed that a strategic document would set out the key priorities for the Shropshire and Telford & Wrekin footprint to 2020/21. It was noted that the health economy was seen nationally as high risk, however this was within the context that 23 out of the 44 systems were considered high risk.

The Committee acknowledged the intention to provide a sufficient level of detail in the strategy to allow tangible discussions to be held on the 2-3 big topics that would be worthy of extra-ordinary effort for extra-ordinary gain, rather than include details on every issue that systems would be dealing with over the 5 year period. The following were proposed and would be covered in the document:

- Closing the health and well-being gap – prevention, self-care, social capital
- Closing the care & equality gap – models of care for acute, community, primary care
- Closing the financial and efficiency – Deficit Reduction Plan

The Board acknowledged that the workstream around ‘Neighbourhoods’ would be of particular note. It was proposed that there would be two workstreams; for Shropshire, and for Telford and Wrekin, which would further develop solutions for place-based services, social capital and prevention and self-care. The workstreams would report into the Board to ensure proposals would be developed that were consistent with the priorities in the Health and Well-Being strategy, the JSNA and the Better Care Fund.

Members discussed the Strategic Outline Case for hospital services and a concern was raised about the lack of agreement and lack of support from Shropshire CCG and what would happen if the position did not change. The Strategic Outline Case needed to be approved by Shropshire CCG in order for it to be viable; it would therefore be re-presented to the Shropshire CCG Governing Body for approval on 30 June.

Resolved – that the contents of the report be noted.

HWB-08 Better Care Fund Update Report

The Board received the report which summarised the performance and progress of the Better Care Fund during its first formal year of implementation. A plan for

2016/17 had also been submitted with the report for approval with support by the Board.

The aim of the BCF national programme, which was jointly led by NHS Telford & Wrekin Clinical Commissioning Group (CCG) and the Borough of Telford & Wrekin, was acknowledged by the Board as transforming the health and social care system through:

- resilient local communities focussing on well-being and prevention
- a wide range of personalised approaches to support people to remain independent
- reduced reliance on social care services
- reduced avoidable admissions

Also, through closer integrated working, in particular on:

- integrated preventative services delivered at a neighbourhood level
- integrated teams to support diagnosing, treating and supporting people at home over 7 days up to 24 hours / day

The Board noted that there was no nationally expected level of performance to reduce admissions but it was necessary to have a plan in place for delayed transfer care and 7 day working.

The report provided details of three key integrated care programmes that had been developed to deliver the BCF aims and objectives; the key performance metrics; the performance against the agreed BCF targets and progress in 2015/16 in terms of improvement and impact. The report outlined the national conditions that the programme needed to meet in 2015/16 and the two additional conditions for 2016/17. As part of national monitoring of all 2016/17 BCF plans, it was highlighted that 73 Key Lines of Enquiry (KLOEs) had been identified by the Department of Health to ensure that plans addressed the national conditions. This included an important change; the assurance through specific KLOEs to ensure that the BCF plan was aligned to other strategic and operational plans including the Sustainability and Transformation Plan, CCG Operational Plans and Council transformation plans.

For BCF performance in 2016/17 the vision for the BCF programme of work had been detailed in the Narrative Plan attached to the report, together with the key metrics for 2016/17. Key actions and outcomes had also been provided in the Action Plan attached to the report which outlined the overall programme of work to meet national KLoEs and local plans. The Board acknowledged the Section 75 Pooled Budget had been increased in 2016/17 and that the development of the s75 Agreement for 2016/17 was in progress and would be agreed by 30th June 2016:

Additionally, it was noted that a number of programmes of work that were not funded through the Pooled Budget but had the potential to contribute to the overall aims and outcomes of BCF.

Members agreed that things were moving in the right direction but there were concerns over the stats, particularly around delayed transfer of care, the use of recovery beds and discharges from hospital, and a query was raised regarding the

timescale for implementation of 7 day working. It was noted that integrated care teams including domiciliary care/ therapists had been staffed to provide 7-day care since April 2016.

RESOLVED – that; subject to final approval by the Chair and Vice-Chair:

- a) the outcomes of the Better Care Fund programme for 2015/16 be noted;
- b) the BCF submission for 2016/17 be approved with Support”;
- c) the progress of the development of the section 75 pooled budget Agreement be noted
- d) respective organisations should support and facilitate approved BCF implementation within the identified timescales.

HWB-09 Transforming Care Partnership for people with a learning disability and/or autism

The Board received the report on the Transforming Care Partnership (TCP) and noted the TCP programme had been endorsed to run from July 2016 - 31st March 2019 by NHS England (NHSE), ADASS and LGA. It was also noted that the aim at a national level was to reduce the number of beds provided across the country and the length of stay of placements, which was consistent with the current thinking that individuals should not live in NHS run provision. NHSE had established ‘footprints’ where CCGs and Councils aligned; for Shropshire this covered:

- Telford and Wrekin council
- Telford and Wrekin CCG
- Shropshire council
- Shropshire CCG

The Report detailed the current provision by NHSE Specialist Commissioning and Shropshire and Telford & Wrekin CCGs; and the target that had been set for the TCP to achieve by 2019. In addition to targeting a reduction of individuals placed in in-patient beds, it was reported that NHS England expected TCP to include an additional four cohorts of people (children, young people or adults) who met detailed descriptors provided in the report.

A TCP template (at Appendix 1 of the report), which would be in the public domain in the summer had been submitted to NHSE on the 11th April and a revised version on the 26th May. It was reported that all parties and stakeholders endorsed the principles and values which underpinned TCP. However, all parties, and especially the two councils, who were autonomous to the NHS England had raised concerns about potential financial risk both verbally and in writing, on several occasions. It was

noted that NHSE was aware that without clarity on how the financial risks would be fully mitigated, full approval would not be granted to this programme.

The Board noted:

- the impact of the TCP as outlined in the report, on the provision of support to individuals with learning disabilities and/or autism, at a community level, the culture, support and funding in schools/ special schools, support for families and access to support services, workforce development, public awareness and overall, provision of a bespoke, flexible and tailored service.
- the expected outcome – achieving efficiencies through the reduction in incidents of challenging behaviour, and the associated need for high levels of staffing to support individuals and placements in NHS funded provision. However, the expectation was noted, that this would take longer than the lifetime of the programme.

Cllr J Seymour raised concerns regarding the discrepancy on the numbers within the report and people being lost in the system, David Evans explained that there were some complex cases which had been in the system for a considerable time and there were difficulties in allocating the patients, Richard Smith commented that the cohort of people continued to change regularly and that these figures were broad figures from across the JSNA. Cllr P Watling commented that the working partnership between the CCG and the Council was extremely positive. He raised concerns with regard to young people with autism and other learning and health issues being taken through the criminal justice system – he would continue to raise this issue with the Youth Offending Service

Resolved – that

- The submissions made to NHSE at Appendix 1 of the report be noted;**
- The Values and Principles of TCP (at page 73 of Appendix 1) be endorsed with the caveat that that assurance is provided by NHS England that no authority will experience financial risk due to delivery of the TCP;**
- The principle of collaboration across the Shropshire footprint be supported;**
- The preparation of a statement of Commissioning Intentions for the Shropshire footprint be provided in relation to learning disability, which has the TCP as a main work stream; and**
- A further report on progress be brought to the HWBB in six months' time.**

The Board received the report on the on-going development of an evidence base to support policy and service design, including significant updates to the JSNA which were relevant to the priorities of the Board. The Board noted that updates would be received every six months.

The Board acknowledged the updates on projects currently underway which created and used an evidence base to understand demand on public sector services; including recent intelligence about the Borough and JSNA products available.

The Board acknowledged that information and intelligence about health and social care demand was already in use by the Council to create financial modelling and forecasting. Data identified and developed as part of the JSNA work would be helpful in refining the future financial models necessary to identify the impacts of demand and a changing health picture on Care services. It was also noted that it could help to identify the impact on the Council of changes and demands elsewhere in public services. This information would be valuable in producing information to support future budget strategy.

Cllr Liz Clare commented on the information identifying carers and people not recognising that they were carers and the deprived areas of Telford, e.g. Donnington. Liz Noakes said the source of information regarding carers was the ONS census but also highlighted the need for JSNA products to ensure strategy and action plans were evidence based. She was concerned that some JSNA products seen as the mortality profile were not listed and would be useful to the CCG. She also felt that the report “under-sold” the work that had been taking place. Cllr A England spoke about lottery bids and the need to drill down into the deprivation in order to obtain funding from bids. David Evans said that the purpose of the STP was a place- based/ neighbourhood model in order to address the needs in geographical areas and therefore granular level detailed information on neighbourhoods would be valuable.

Resolved – that

- a) the proposal to provide intelligence updates every 6 months be agreed;**
- b) the work that was being undertaken to improve the HWB’s understanding of demand on public services and how this contributes to the priorities of the Board be noted.**

HWB-11 Health and Wellbeing Priority Update: Life Expectancy

The Board received the update on the local picture of life expectancy and the main causes behind the reduced life expectancy position. It was noted that further work would be undertaken to better understand the local pattern and underlying causes.

It was reported that life expectancy rates remained highly relevant outcome measures for the three new HWB strategy priorities. The relevant prevention work, led by the Council to reduce the impact of smoking, excess weight and the misuse of drugs and alcohol would also be routinely reported to the HWB as part of the regular Living Well and Community Safety Partnership update reports.

Reducing the health and wellbeing gap was one of the key aims of the Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan. This plan was strongly aligned with the HWB strategy and it was noted should contribute significantly to improving life expectancy in Telford & Wrekin.

The update on life expectancy figures including the JSNA Mortality Profile 2015, which showed a picture of the comparative trends for life expectancy, alongside the main causes of reduced life expectancy and premature mortality. The key headline messages for life expectancy were separated into data for male and female life expectancy and the trends that had emerged. Both male and female life expectancy remained significantly worse compared to the national average across the borough but over the last 10 years the gap has narrowed in men but not in women. Detail was also provided on life expectancy against the national average, the effects of health inequalities, life expectancy for +65 years and healthy life expectancy.

The Board noted the detail provided in the report on:

- Overview on early deaths and causes of reduced life expectancy
- Understanding our life expectancy pattern better
- Sustainability and Transformation Plan context
- Tackling cardiovascular disease
- Improving Cancer Outcomes

Resolved – that

- a) **life expectancy rates remain highly relevant outcome measures for the three new HWB strategy priorities;**
- b) **the main causes of reduced life expectancy and associated inequalities be tackled through delivery of the HWB strategy work programmes and the NHS Sustainability and Transformation Plan process; and**
- c) **further intelligence on the causes of reduced life expectancy, as part of the JSNA updates be received when further analyses have been produced.**

HWB- 12 Oversight of Performance

None

HWB-13 CCG Quality Premium 2016/17

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For information only.

The meeting ended at 3.22 pm

Chairman:

Date: