

## **HEALTH AND WELLBEING BOARD**

### **Minutes of a meeting of the Health & Wellbeing Board held on Wednesday, 9 December 2015 at 2.00pm in Meeting Rooms G3 and G4, Ground Floor, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT**

**A**

**PRESENT:** Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr K Blundell (Telford and Wrekin Council), J Chaplin (Healthwatch Telford and Wrekin), Cllr E Clare (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), L Noakes (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council) and Cllr P Watling (Telford and Wrekin Council).

#### **ALSO PRESENT:**

A Challenor (Community Engagement and Equalities Manager, Telford & Wrekin Council); P Fenn (Cohesion Locality Manager, Telford & Wrekin Council); R Foster (Commissioning Specialist (Commissioning – Vulnerable People) , Telford & Wrekin Council); A Hammond (Deputy Executive Integrated Care of Telford & Wrekin Clinical Commissioning Group); T Jones (Deputy Executive Quality and Engagement, Telford & Wrekin Clinical Commissioning Group); H Onions (Consultant in Public Health, Telford & Wrekin Council); and S Wain (Group Specialist Commissioner, Telford & Wrekin Council)

**OFFICERS:** J Eatough (Assistant Director: Legal, Democratic & People Services), D Moseley (Democratic Services Support Officer) (for minute numbers HWB-23-33); J Power (Delivery & Planning Manager) and P Smith (Democratic Services Team Leader) (for minute number HWB-34).

#### **HWB-23      MINUTES**

**RESOLVED** – that the minutes of the meeting of the Health and Wellbeing Board held on 9 September 2015 be confirmed and signed by the Chairman

#### **HWB-24      APOLOGIES FOR ABSENCE**

D Evans (Clinical Commissioning Group) and L Johnston (Telford and Wrekin Council)

#### **HWB-25      DECLARATIONS OF INTEREST**

Councillor A R H England declared a personal interest in agenda item 7 – Mental Health Commissioning Strategy 2016-19 – in relation to his role as a partner governor of the Partnership Trust and membership of the Strategic Development Board.

#### **HWB-26      PUBLIC SPEAKING**

No Members of the public had registered to speak.

**HWB-27      HEALTH AND WELLBEING BOARD STRATEGY REFRESH - UPDATE**

The Assistant Director: Health, Wellbeing and Public Protection reminded the Board that the current Health and Wellbeing Board Strategy for the period 2013/14 to 2015/16 was due for review. The purpose of the strategy was to identify the priorities against which the Board would drive delivery. The Board had agreed the review process in June 2015 and this report provided an update on progress since then towards developing and finalising the strategy document as well as highlighting the next steps.

The draft strategy set out the agreed new vision and articulated the new cross-cutting priorities to drive delivery for the next three years. Taking into account local demographics and the current economic climate the identified priorities were to:-

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

Initial public consultation had taken place which supported the priorities identified by the Board. The report set out the next phase of public consultation and stakeholder consultation which would take place early in 2016. It was also recognised that further development was needed in relation to the work programmes to underpin delivery of the strategy and development of a performance framework to monitor and demonstrate progress against priority areas. It was intended that the final strategy would be presented to the Board for approval at its next meeting on 9 March 2016 and published before 1 April 2016.

The Board welcomed the strategy and holistic community approach to well-being that it represented. Some clarification was provided on the partnership landscape and the intention that future consultation rounds would rename the “strong communities” board. The developing relationship with the CCG was praised. The detail of the consultation was questioned, with the high levels of respondents to the public consultation who said they felt “healthy and good” or “very healthy and good” being a consistent self-representation which was also reflected nationally and in the 2011 census. Members agreed it was important to support the remaining 25% and to robustly challenge any perceptions that long-term medical conditions resulted in individuals being ‘unwell’.

**RESOLVED – that**

- (a) the draft strategy for consultation be approved;**
- (b) the outline consultation process at Section 1.3 of the report be approved;**
- (c) the focus of the consultation as outlined at Section 1.3 of the report be approved; and**
- (d) the timetable for the approval of the strategy be approved.**

## **HWB-28      UPDATE ON THE WELLBEING & PREVENTION STRATEGY**

The Commissioning Specialist (Commissioning – Vulnerable People) informed the Board of the evolution of the Wellbeing and Prevention Strategy from its original purpose of setting out Telford & Wrekin Council’s local approach to promoting the wellbeing and independence of an individual under Section 1 of the Care Act 2014, to its current status as a partnership document with the CCG incorporating children and families as well as adults had increased the risk of overlap with the Health and Wellbeing Board Strategy. The report set out the background to this evolution and made clear distinctions between the two strategies.

The report went on to set out the consultation methodology and findings of the public survey “Are you healthy, safe and independent?” which had been delivered by the Council’s Community Participation Team which aimed to open up a conversation with the community to find out from people what helped them and what difficulties they had in keeping healthy, safe and independent. The findings of the survey would be used to sense check the wellbeing and prevention principles, as well as informing the Health and Wellbeing Strategy priorities, the Public Health Annual Report, the Safeguarding Adults Board Strategy and Commissioning Strategies.

The Community Engagement and Equalities Manager reported on the findings, particularly drawing attention to the “Being healthy and feeling good” section of the results. Long-standing disability or illness was a general theme in why individuals reported that they did not feel healthy or very good but there were few suggestions as to how the community of voluntary groups could support them which suggested that many people were unaware of the support available.

The Board welcomed the views of the public gained through the consultation process and made a number of observations:-

- Lack of time and poor work life balance was often cited as being a barrier to feeling healthy or being in control of life and it was felt important that individuals needed to be supported to see wellbeing as part of their daily routines;
- Improving sporting links with the business community could see greater take up of leisure facilities and link into work-life balance concerns;
- Workplace wellbeing linked to the work of the Living Well Board and could be promoted through local business - engagement in this area was just beginning, including the development of a website to make it easier for employers to get in touch;
- The impact of the weather on how patients access services was noted and it was suggested that some connection could be made with Snow Wardens to lessen anxieties about slipping in poor weather;
- Anxiety about going out linked to loneliness which was expected to be an issue in the future but it did not appear as a key feature in this consultation;
- With regard to loneliness, it was appreciated that isolated groups were unlikely to have featured in the consultation and further work needed to be done on engagement;

- When achieving desired outcomes for some people and families were more challenging and required additional support, work with partners to assist individuals to stay in their own homes and training between partners would be key;
- Overall, a joined up, partnership approach was key to efficient resource use and it would be vital to know what facilities were already available to draw upon, rather than simply developing new facilities to address issues.

**RESOLVED –**

- (a) that the update be noted and progress since receipt of the last priority report be acknowledged;**
- (b) that the Board’s feedback and comments on the principles and emerging themes from the “Are you healthy safe and independent” consultation be provided as set out above; and**
- (c) that Board Members be committed to ensuring that the wellbeing and prevention principles are embedded in the delivery of the new Health and Wellbeing Board priorities.**

**HWB-29      MENTAL HEALTH COMMISSIONING STRATEGY 2016-19**

The Deputy Executive Integrated Care of Telford & Wrekin Clinic Commissioning Group and Group Specialist Commissioner gave a presentation to the Board regarding the three stage review of the mental health services strategy 2016-19. The presentation covered:-

- The three stages of the review as comprehensively set out in the report, the problems to be solved and how solutions could be reached;
- The three ambitions behind the strategy, fully detailed in the report: to develop supportive communities, ensure early intervention and commission quality services;
- An explanation of the Telford Model of Care based on the Kings Fund Model with supportive communities, person-centred co-ordinated care and empowered individuals and professionals at its core;
- Feedback from engagement with service users, carers, volunteers and professionals had been positive with some suggested tweaks to the ambitions. A specific link had been drawn with the 0-25 model for children and young people, asylum and ex-servicemen and women and the addition of a section on suicide prevention.
- A detailed action plan for delivery over the next two years would be complete by the end of January;
- Initial actions focussed on pressures related to Bed base actions, acute care, rehabilitation, improved access to psychological therapies, service specification;
- A Mental Health summit at the end of April was proposed and it was suggested that the Board should be invited to attend.

The Board welcomed the joined up feel of the strategy and commended the joint working between the Council and the CCG. Members made a number of comments on the draft:

- The inclusion of suicide prevention in the strategy was welcomed;
- Challenging the stigma mental health among employers linked to the work of the Living Well Board;
- The Board emphasised that joint working was key, questioning links to CAMHS and the inclusion of transition and early help processes and whether the Council's Mental Health Services and South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) were fully engaged. It was acknowledged that 0-25 Services needed to be referenced in the model and whilst joint working relationships were still developing, SSSFT had recognised the need to change and risen to the challenge, particularly regarding improved access to psychological therapies and developing service specification;
- A commissioner representative on the group of Governor Representatives for the Telford and Wrekin Constituency would be useful

The Board looked forward to receiving the next report at the March meeting of the Board.

**RESOLVED** – that the Board's comments on the first draft of the mental health strategy be provided as set out above;

#### **HWB-31      COMMUNITY SAFETY PARTNERSHIP UPDATE**

The Board considered the report of the Cohesion Locality Manager and Consultant in Public Health which provided an update on the Board's priority to reduce the misuse of alcohol and drugs in the wider context and statutory requirements and governance arrangements of the Community Safety Partnership (CSP). The report comprehensively set out progress on this priority and the Consultant in Public Health drew attention to key elements, particularly on the development of new pathways to support recovery and further development of the delivery of mutual aid and peer support. The challenges ahead included transforming treatment services to deliver a more recovery-orientated approach, the need to understand and develop a response to the changing pattern of substance abuse towards a rise in the use of legal highs and reducing budgets, with the impact of the reduced Public Health Grant not being fully known.

The Cohesion Locality Manager drew attention to the Community Safety Partnership Board priorities for 2015/16:

- To reduce re-offending
- To reduce the impact Anti-Social Behaviour and Environmental Crime has on people, places and communities
- To reduce crime and increase confidence in reporting
- To reduce the misuse of drugs and alcohol

The Community Safety Partnership continued to be reliant on funding from the Office of the Police and Crime Commissioner in order to deliver against its four priorities. The Board were also informed that due to the level of housing opportunities in the borough, there was an increase in offenders being accommodated within Telford and Wrekin which the associated increase in the risk of re-offending.

The Board applauded the improved performance in the reduction of alcohol and drugs misuse set out in the report. It was noted that drug and alcohol recovery services were successfully delivered by the Council, with an improving trend against national performance indicators. In addition, the delivery of a successful shared care pathway in GP practices was at the forefront of the model of delivery.

With regard to the Community Partnership Board Strategy and Priorities, the Board noted the general tendency for crime to be under-reported and welcomed initiatives to increase confidence in reporting. It was considered that alternative avenues to report crime would be helpful and reference was made to the “safer places” campaign. The inclusion of support for victims of Hate Crime under the reduction of crime and increase confidence in reporting priority was welcomed.

The Board sought further clarification on the increase of offenders settling in the Borough and were advised that the Reducing Reoffending strategic group, through the Community Rehabilitation Company had commissioned Nacro to provide a Housing Coordination post which would work with partners, private landlords and third sector organisations to understand current service provision, develop a single allocation pathway into suitable accommodation and identify the relevant support that would be required. Offenders were primarily settled locally in areas with high levels of HMOPs from HMP Hewell and HMP Featherstone. The Board supported efforts to work with accredited landlords to help offenders settle locally and avoid concentration in particular areas. The Board also sought and received reassurance that the Police and Crime Commissioner was sensitive to local urban needs, which differed greatly from the needs of surrounding rural areas which made up West Mercia.

The cross-cutting nature of the Community Safety Partnership’s priorities with those of the Health and Wellbeing Board to strengthen communities was noted.

The Board expressed interest in the commissioning of domestic violence homicide reviews and the Cohesion Locality Manager agreed to share the findings and recommendations of the Strategy and Action Plan.

**RESOLVED – that**

- (a) the progress across the Community Safety Partnership organisations made towards reducing the misuse of drugs and alcohol priority in the second year of strategy implementation be acknowledged;**
- (b) the challenges in improving outcomes as set out in the report be acknowledged;**
- (c) the CSP under its statutory responsibilities, is required to develop and refresh a Partnership Strategic Plan and develop key priorities which also support the Police and Crime Commissioner objectives be acknowledged; and**
- (d) ongoing financial support from the Office of the Police and Crime Commissioner (OPCC) be acknowledged.**

## **HWB-32      FUTURE FIT UPDATE**

Dr M Innes of the Clinical Commissioning Group presented the summary of the last Future Fit Programme Board meeting. The summary included the revised timeline for the next phase of the programme, which anticipated the identification of a preferred option in June 2016 followed by public consultation throughout December 2016 and January 2017 ahead of the local pre-election period in 2017 and a final decision in June 2017. The report also considered the management of key interdependencies, rural urgent care, Community Fit, clinical design, impact assessment, workforce, assurance, engagement and communications, finance, programme risks, programme execution plan and programme management.

Assurances were given to the Board that the Women and Children Unit served the whole of Shropshire and Powys and definitely could not close over winter.

The Pilot of Urgent Care Centres had changed over time with a different service being provided over two sites and it was acknowledged that a consistent offer around the community was required.

The Board noted that it had been agreed that SaTH would work on developing the Business Case and reassurance was given that the differing issues affecting Shropshire and Telford & Wrekin would be properly considered as understanding the different issues was essential to being able to apportion resource to manage them.

**RESOLVED – that the summary of the last Programme Board report be acknowledged**

## **HWB-33      PHARMACEUTICAL NEEDS ASSESSMENT 2015/16 – 2017/18 – REVIEW OF PROVISION IN SOUTH TELFORD UPDATE**

The Consultant in Public Health advised the Board that following publication of the Telford & Wrekin Pharmacy Needs Assessment (PNA) 2015/16 – 2017/18 in March 2015, an in-depth review of pharmacy provision in South Telford had been undertaken as requested. As anticipated, the review had indicated that there were higher than average levels of need for pharmacy services within the population living in the South Telford cluster.

Telford & Wrekin Council's Research and Intelligence Officer informed the Board that Community engagement work suggested that people in South Telford had longer journey times to their nearest pharmacy and access to pharmacies in the evenings and at weekends was poorer than for the borough population as a whole. Existing pharmacy contractors in South Telford considered that there was easily accessible and sufficient out of hours service provision but were willing to review provision.

The Board welcomed the report and the majority of Members were satisfied that the Review demonstrated a high level of need in South Telford where service levels were inadequate, particularly in terms of the accessibility of out of hours services. Whilst it was acknowledged that residents in some rural areas of the borough had equal or longer distances to travel to their nearest pharmacy, it was recognised that

limited transport facilities in South Telford placed residents at a disadvantage. However, Members asked to be advised if it came to light that any other areas were similarly deprived so that equity of service could be sought. The Board acknowledged that Contracts had not received any complaints about the service but were of the opinion that if residents had never had a high level service, they did not know what they were missing. The relevance of the PNA to the work of the Better Care Fund and the wider NHS services reconfiguration Future Fit work programmes was also noted.

**RESOLVED** – that the Chair of Health & Wellbeing Board write to the Commissioner in order to appraise NHS England of the findings of the review of pharmacy provision in South Telford and feed into the reconfiguration of Future Fit work programmes

**HWB-34      CCG QUALITY PREMIUM 2015/16**

The Deputy Executive Quality and Engagement (NHS Telford and Wrekin Clinical Commissioning Group) informed the Board that the ‘Quality Premium’ was intended to financially reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commissioned and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes. In accordance with Guidance, the maximum quality premium payable to the CCG was £5 per head of population and the quality premium paid to Telford and Wrekin CCG in 2016/17 would reflect the quality of the health services commissioned by the CCG in 2015/16. It would be based on the national mandated Quality Premium measures as detailed in the report – two of which (urgent and emergency care, and mental health) allowed the CCG to select one or several measures from a pre-determined menu – and two measures selected by the CCG based on local priorities (reduction in the number of mothers Smoking at Time of Delivery and early detection of cancer). All of the measures and expected impact were comprehensively set out in the report. The CCG recognised that due to its organisational restructure the Board was receiving the report late and that there had been missed opportunities to more fully engage with the Board on the selection of optional indicators.

**RESOLVED** – that

- (a) the Quality Premium indicators submitted to NHS England by NHS Telford and Wrekin Clinical Commissioning Group (CCG) be noted; and**
- (b) the expected impact of the measures outlined in the report as detailed in Section 3 (Impact of Action) of the report be noted.**

The meeting ended at 4.10pm

**Chairman:** .....

**Date:** .....