

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 7 December 2016, at 2pm, Meeting room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present:

Councillor R A Overton - Cabinet Member for Housing, Leisure & Health TWC (**Chairman**), S Ali –Interim Director T&W CCG, J Chaplin - Healthwatch, T Harding – Community Safety Partnership, Dr J Leahy – Chair of T&W CCG (**Vice Chairman**), Councillor J M Seymour - Conservative Group TWC, C Jones – Director of Children’s & Adult Services TWC, L Noakes - Director of Public Health TWC.

HWB-27 Apologies for Absence

Councillor E A Clare - Cabinet Member for Culture, Sports, Parks & Green Spaces TWC, Councillor A R H England - Cabinet Member for Adult Social Care & Older People TWC, D Evans – Chief Operating Officer T&W CCG, Councillor K L Tomlinson – Lib Dem Group TWC, Councillor P R Watling – Cabinet Member for Children, Young People and Communities and R Woods – NHS England (North Midlands – Shropshire & Staffordshire).

HWB-28 Declarations of Interest

None declared

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HWB-29 Minutes

Resolved – that the minutes of the meeting of the Health and Wellbeing Board held on 7 September 2016 be confirmed and signed by the Chairman.

HWB-30 Public Speaking

No members of the public had registered to speak.

HWB- 31 SUSTAINABILITY & TRANSFORMATION PLAN (STP)

The Board received the report from David Evans, which was delivered by the Interim Director Salma Ali. It was noted that the STP for Shropshire, Telford and Wrekin had been submitted to NHS England on 21 October 2016 after a request for more granularity following earlier submission in June. Since then high level feedback had been received that NHS England was not satisfied with the current iteration although governance was good and made a number of recommendations including the further development of the Neighbourhood plans and at an accelerated pace.

The neighbourhood structure would be used as a basis for providing health and care services for people who needed professional help but for whom hospital was not necessary. The starting point for the STP was fifteen neighbourhoods across Shropshire in which GPs,

social care, community nurses and therapists, community mental health workers and learning disability practitioners would increasingly work together as a single team to provide a consistent range of services at a local level. For patients who needed hospital care, for emergencies or planned surgery/ treatments the STP proposed two centres of expertise, one specialising in emergency care and the other in routine surgery or planned care.

An outline of the components of the local Neighbourhood work was appended to the report. Three Neighbourhoods covering Telford had been identified, based around General Practices with a number of practices still to be formally linked together, which would bring together health and care services and physical and mental health. Pilot sites would be established in the South Telford and Newport Neighbourhoods.

It was noted that the appropriate level of attention had not been given to this area as it had done with the acute hospital services. The Board expressed their concern about the apparent lack of communication to service users about Neighbourhood plans; it was felt that this should have been a priority from the start. The Board noted that it was important to ensure the proposed changes were explained carefully and comprehensively to local people; that involving them in the design of the new services would be crucial to their success.

The CCG recognised that there needed to be more of a balance between neighbourhood and hospital reconfiguration; that the reason for the focus on acute services was due to concerns being raised initially by the Hospital Trust which is where work started, whereas data on community services and primary care was more difficult to pull together and had taken longer to collate. In terms of financial methodology, it was felt that financial assumptions had also been focussed on acute reconfiguration and that this was not helpful to prevention and Neighbourhood streams. The STP partnership meeting was due to take place shortly, where the balance of the programme would be reassessed. It was also noted that although Powys was part of Neighbourhood working it was not represented on the STP Board. The Board requested that the Minutes be circulated following the meeting of the STP partnership meeting.

The governance arrangements for the STP programme had been set out in Appendix 2 to the report and at Appendix 3, a Compact of Agreement between all the organisations involved had been drawn up by the Partnership Board for consideration by all boards. The STP would continue to be developed over forthcoming months and public consultation was anticipated on FFP in December. A communications strategy had been developed to explain the STP and its relationship with FFP to external and internal audiences.

A question was raised about the STP Compact and whether this had been endorsed by the Partnership, which was a necessary step before the HWB could endorse it. The Board noted the Compact contained some over-statements, that although aspirational, it was unrealistic to aim to be 'the healthiest population on the planet'. The Board suggested that the Compact needed to go back to the STP Partnership before being presented for endorsement to HWB. The recommendation was amended to this effect.

The Board acknowledged that the health and care community faced significant financial challenges. The CCG reported that plans to reconfigure current expenditure to enable a financially sustainable position to be reached were still under discussion.

An update on the Future Fit Programme (FFP) formed part of the report. The Board noted that the outcome of the financial and non-financial appraisal had been submitted to the Programme Board on 5 October but the decision-making on a preferred option had been deferred by the Programme Board and CCG Boards for a month in order to give the Programme the opportunity to respond to concerns raised by TWC about the options appraisal process.

The Board noted that NHS reconfiguration programmes were subject to assurance and approval by NHS England before entering into a public consultation process. The pre-consultation business case would make the case for changing acute hospital services in Shropshire and Telford & Wrekin. The business case would also outline how the proposals would meet the four mandated Department of Health (DH) tests for service reconfiguration and the affordability in capital and revenue terms. The report of the Clinical Senate following its independent clinical review would also form part of the business case submission to NHSE as part of the Stage 2 Assurance process. The business case would be presented to the CCG Boards prior to resubmission to NHSE.

RESOLVED – that:

- a) the current position with respect to the STP and Future Fit Programme be noted;**
- b) the STP Compact could not be endorsed at this time.**

HWB- 32 DEMENTIA STRATEGY FOR TELFORD & WREKIN

The Board received the report from Laura Thorogood and Francis Sutherland that provided an update on the development of the dementia strategy and the process to develop a vision for people living with dementia and their carers. The Board noted that the Strategy described present services together with benchmarking against other areas; details about the support provided including spend; the future needs and the gaps; the work streams set up to ensure delivery of the vision.

The Board noted the focus of the delivery of the Dementia Strategy and Action Plan as:

- Improved public awareness of memory problems and addressing stigma to increase numbers of people visiting their GP, as the gateway for a diagnosis.
- Improved professional awareness of dementia to develop early identification of memory problems and ensure seamless transfer to appropriate services for a timely diagnosis, ensuring access to care and support services, as early as possible.
- Improved professional training and awareness to improve quality of care to identify and diagnose people with dementia in the early stages of the disease to prevent crisis and the subsequent need for intensive services.
- Improved consistency and quality of end of life care to improve people's experience of health and social care services.

It was reported that five work streams, subgroups of the Health Economy Dementia Steering Group (HEDSG), had been set up to take forward the work of the footprint. Each was led by either a person living with dementia, third sector or commissioner. HEDSG would monitor the work and feedback to HWB.

The Board noted the previous joint strategy between TWC and T&W CCG 2009 -2013 had achieved significant changes in the landscape to support people living with dementia (PLWD) and their carers. The Dementia Strategy 2016-2019 was appended to the report and outlined the aims to be achieved by 2020. It was proposed that the Kings Fund 'House of Care' model had been adapted to create the T&W House of Care which was a whole system approach that put individuals at the centre of care. The Board was assured that the ethos and principles that underpinned the model would help to address many issues and mirrored what service users and professionals had said.

The Board acknowledged the current landscape where the older population was increasing at a greater rate and the resilience and requisite skills that would need to be built into the service to support this. It was noted that prevention and early intervention services would be needed and the impact of caring on carers mental health and stress levels would need to be considered.

The Board noted the work being done and Members were pleased that an additional Admiral Nurse had been employed, however, it was highlighted that it would be essential for service offers to be clear, otherwise this could lead to possible inequity in the provision of services across the borough. It was noted that a lot of the work would be developed within STP Neighbourhoods, that linkages/ communications between teams, GPs, Neighbourhood workers and specialists were key, together with the development of comprehensive models such as diagnosis and memory services. It was also noted that a Community Hub was in development which would be somewhere for people to receive support in a crisis.

A question was raised about measuring the effectiveness of the strategy and plans. It was confirmed that feedback would be sought from service users and families. It was also highlighted that the CQC inspection (2016) highlighted the local memory service as outstanding taking into consideration safety, caring, effective, responsive and well led. The only issue that had been raised was the high caseload of the home treatment team in Telford. It was reported that the diagnosis rate for Telford and Wrekin was at 63.7% but the target was 66.9% to be achieved by April 2017.

A question was put forward to the Director of Children's and Adult Services about the Council's role in dementia services and whether sufficient support could be provided. A new approach had been adopted for the early help offer; work was being done with patients and families to look at the strengths of family and community support, in order to identify where residential care could be provided later in the process so that patients could stay in their homes for longer and live as independently as possible with domiciliary care provision. New assistive technology was also being invested in, which relied on contributions from the Better Care Fund and the CCG through capital funds linking with STP Neighbourhood work.

RESOLVED – that

- a) the update and progress of the development of the Dementia Strategy since receipt of the last Board Report in January 2015 be noted;
- b) constant development be recognised and the strategy be updated with a 'live' Action Plan to include work activity in relation to prevention and Neighbourhood working.

HWB- 33 HEALTH & WELLBEING BOARD PROPOSED PRIORITY WORK STREAMS

The Board received the report from Liz Noakes about the proposal to refocus the work of the HWB on three key priority work streams in order to drive delivery against the Health and Wellbeing strategy in areas where progress has not been as significant as anticipated.

The Board noted that the previous report in June 2016 had outlined an approach to delivering the HWB Strategy and its associated priorities together with a work programme to deliver the strategy. The HWB Strategy Delivery Group had since reviewed the work programme and agreed it reflected work already planned by Commissioning and Transformation Partnerships (CATP) but did not necessarily demonstrate the impact of the Board in driving the priorities. Therefore, it was recommended that cross-cutting work streams be considered that could not be allocated to one CATP to deliver alone to ensure that work would be driven, joined-up, and effective across the local health and social care economy.

The proposed priority workstreams, rationale and reporting timescales had been identified for the Board's approval:

- Excess weight – linked to 'Encouraging Healthier Lifestyles' priority
- Toxic trio (domestic abuse, drug misuse and alcohol misuse and poor mental health) – linked to 'Improve Mental Wellbeing and Mental Health' and 'Encouraging Healthier Lifestyles' priorities. Members of the Board expressed the importance of this issue and were pleased that this had been recognised as a priority.
- Community resilience, the public narrative – linked to 'Strengthen our Communities and Community Based Support' priority.

The Board was assured that progress would be reported following work on scoping the work streams and key deliverables; CATPs would continue to deliver against their own work programmes and would report as planned to the HWB on an annual basis. Progress against the Mental Health Strategy and Action Plan would also continue to be reported to the Board on an annual basis.

Resolved – that:

- a) the proposed priority work streams for:
 - **Developing community resilience: shaping the public narrative**
 - **Whole-systems approach to tackling excess weight**

- **Collaborative approach to reducing harm caused by the “toxic trio” (domestic abuse, alcohol and drug misuse and mental health) be approved; and**

b) the proposed reporting timescales and next steps highlighted at section 1.2 and 1.4 of the report be approved.

HWB-34 PRIORITY UPDATE: ENCOURAGING HEALTH LIFESTYLES

The Board received the presentation from Louise Mills which provided information about the whole-systems approach being taken to tackling excess weight. The Board noted it was necessary to:

- develop a shared understanding of the local excess weight issue
- identify and agree opportunities to provide systems leadership to secure collaboration in an area where despite efforts, progress remained limited
- focus on practical actions that made a real difference and for actions to be taken forwards by HWB, partners, officers, teams and communities
- ensure ownership of the issues and the role required.

The Board considered the services that were working well in T&W which included:

- personalised advice and support
- support for the under 5's – Healthy Mums, Healthy Start, breastfeeding, parenting programmes, midwifery and health visiting
- schools delivering activities to support healthy eating and lifestyle choices (school meals and the sport premium)
- good quality leisure provision and green space,
- active travel initiatives & walking and cycling strategy,
- MECC training and signposting

The Board was provided with comparison data on the gap in prevalence of underweight, healthy weight, overweight and obese in T&W and England in 2015/16, which demonstrated the scale of the challenge. The number of children in Reception Year of healthy weight was 1481, in Year Six it was 1,136. In Reception Year 287 children were overweight, 225 were obese; in Year Six 315 children were overweight, 406 were obese. In 2013-2015 the estimated numbers of adults with healthy weight was 27,700, overweight was 54,500 and obese was 42,400. The Board noted that there was already an understanding of local prevalence of overweight and obesity; that obesity did not affect all groups equally; it was more common among people from more deprived areas, older age groups, some black and minority ethnic groups and people with disabilities.

The Board approved the next steps which included greater analysis to identify the priority groups that caused increased costs and further work would be done to gain an understanding of why Telford and Wrekin was amongst the worse areas in the country for obesity. It was proposed that this would include exploring the relationship between obesity and deprivation, educational attainment and additional contributing factors (prevalence of fast food outlets) and comparison with other authorities.

Current partnerships leading the work included

- Early Help Partnership Board
- County Sports Partnership
- School Sport Partnership
- Neighbourhood working (STP) – prevention at scale

The Board was assured that the opportunities outlined in the report would influence activity; supporting early years, working with health partners and through commissioning. It was noted that reaching primary age children was essential but that educating the children alone was not enough, therefore the initiatives to influence parents were welcomed but it was still necessary for the schools to be accountable. The workforce was well resourced for this work and a time limited task force will be assembled. Public messaging and narrative on obesity had to be carefully considered. The Chair of HWB agreed to attend the working group.

HWB-35 EARLY HELP UPDATE REPORT

The Board received the report from Liz Noakes which summarised the progress towards implementing the Early Help strategy and priorities. The Board was reminded that the Early Help strategy set out the programme of work that would be undertaken locally by the partnership (overseen by the Early Help Partnership Board) to provide early help to children and their families. The current strategy was due to be refreshed and updated to reflect the new priorities and to articulate the steps the Early Help Partnership Board would take to support the development of other public sector universal services, the voluntary sector and communities to deliver early help and preventative services.

Performance against outcomes was routinely monitored by the Early Help Partnership Board and the last six months performance was summarised in the main report.

- The Board noted the significant progress in commissioning the Emotional Health and Wellbeing Service for children and young people. The service specification had been informed by comprehensive engagement activities, consideration of local insights and comparison of local to national insights. The Joint Health Overview and Scrutiny Committee had approved the engagement and communication strategy. An update for partners on progress would be available in January 2017 aligned with the procurement timescales and the formal decision making process.
- Funding has been secured from NHS England to develop the Telford and Wrekin Future in Mind (Tackling Wellbeing) Programme - a school led multi-agency programme of training and development for emotional health and wellbeing. It was reported that the programme of work had been highlighted by NHS England for its innovation in engaging the education sector. It was due to be extended early next year to include additional partners including GP's and the voluntary sector.
- Additional resources had been secured from Transformation funding to appoint a mental health practitioner to work across TCAT and New College to align with the new Emotional health and wellbeing service due to launch in May 2017.

- A number of service developments to respond to the unmet needs of parents had been identified by the Board previously. Progress included production of an on-line Parenting Handbook and commissioning of a voluntary led parental befriending service that had provided support to 60 families since October 2015.
- Additional support for parents of children aged 0-2 years had been provided through 23 health professionals across health visiting and midwifery.
- During July, the partnership received notification of a successful Big Lottery Fund bid to further develop the HENRY Parenting Project. Telford and Wrekin Council was one of three partners to work with the national organisation HENRY over the next 4 years. The project was expected to provide training to 140 volunteers and had a target to retain 48 as active volunteers. The first volunteer cohort had been trained to provide support to families from January 2017. It was expected that 260 families would receive support through the project.
- A particular success had been the work undertaken by the Health Visitors working with Children Centre teams and Early Years Consultants to better coordinate the 2 year progress review (Review@2). This had demonstrated added value in joint training, working in a different way and improved data sharing, which would be embedded into all early years' settings over the next academic year.

It was reported that current contractual arrangements for the provision of Family Nurse Partnership, Health Visiting and School Nursing Services were due to end on the 31st August 2017. The Board noted that a programme of consultation and engagement activities was underway, led by public health as the lead commissioner.

The vision for the newly designed Early Help and Support Service was outlined. It would become an all age service working alongside other partners and community members completely immersed in communities supporting adults, children and families. The primary purpose of the service was to reduce demand on statutory higher tier more expensive services such as social care by targeting support to our most complex families whilst strengthening early help prevention working arrangements to ensure individuals are supported to get the "Right Help at the Right Time" to live active healthy independent lifestyles by utilising their own networks and community assets. The Board noted that restructuring was underway and acknowledged that a better offer of support was envisaged, which would add value through the collaboration of TWC and community/voluntary groups who were enthusiastic about providing services in the community.

RESOLVED – that

- a) the progress made by Early Help Partnership organisations towards improving outcomes for children and families be recognised; and
- b) it be noted that the Early Help Strategy will be updated to reflect the new priorities of the board.

The meeting ended at 3.47pm

Chairman:

Date: