

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Wednesday 6 June 2018 at 2.00pm in The Quaker Room, Meeting Point House, Southwater Square, Telford, TF3 4HS

Present:

Cllr A R H England (Chair) Cabinet Member – Communities, Health & Wellbeing, TWC
Dr J Leahy (Vice Chair) Chair, Telford & Wrekin CCG
P Evans Sustainability & Transformation Plan Representative
S Dillon Assistant Director, Adult Social Care, TWC
C Jones Director of Children's & Adult Services, TWC
L Noakes Director of Public Health, TWC
Cllr J C Minor Cabinet Member – Leisure, Green Spaces & Parks, TWC
Cllr J M Seymour Conservative Group, TWC
Cllr P R Watling Cabinet Member – Children's & Adult's Early Help & Support, TWC

Also Present:

Fran Beck – Executive Lead, Commissioning, Telford & Wrekin CCG; Michael Bennet, T&W CCG; Stephanie Eggleston, Senior Health Improvement Practitioner, TWC; Phil Evans – SMT Programme Director, T&W CCG; Louise Mills- Manager Prevention & Health Improvement, TWC; Helen Onions – Consultant in Public Health, TWC; Julie Smith, Manager, Community Early Help, TWC; Francis Sutherland – NHS Telford & Wrekin CCG; J Tangye – Democratic Services Officer, TWC; Steph Wain – Commissioning Specialist, TWC.

HWB-01 Apologies for Absence

Cllr S A W Reynolds -Cabinet Member – Education & Skills, W Condlyffe; D Evans, Superintendent T Harding; B Parnaby.

HWB-02 Declarations of Interest

None

HWB-03 Minutes of the meeting held on 7 March 2018

The Minutes of the meeting were approved as an accurate record.

HWB-04 NHS 111

Fran Beck, Executive Lead, Commissioning - NHS Telford & Wrekin CCG delivered a presentation on the current status of the NHS 111 Service in its transition from Shropdoc. It was noted that NHS number 111 was the main route that the patients in England and Scotland used to access medical care out of hours. T&W, Shrop were the only areas where a separate out of hour's number was in place. The CCGs were now poised ready to make the transition; final touches were being put in place for the transfer 17 July.

Fran Beck reported that it was important for the Health & Wellbeing Board to be aware of this, there was concern locally due to the change of model. Instead of going through to a Shropdoc clinician immediately, the patient would be triaged by a call handler and then transferred to a clinician. The early 111 model – was simply that a patient would be dealt with by a call handler then a decision was made by NHS pathways, which relied upon an algorithm to determine where the patient should be sent to – i.e. ambulance, pharmacy, in-hours GP. However, following national criticism, as a result, changes had been made. NHS 111 was now a big service driven by clinical assessment – if call handler required immediate clinical advice, the patient was put through to a clinician– the way it was staffed was a combination of provider of care and local GPs that contributed to an out of hours rota.

Across the West Midlands there was an alliance with Care UK, as a provider of 111 and WM Ambulance Service, providing integrated urgent care for the region. The CCGs had approved recommendation to switch direct number from Shropdoc to NHS 111. There had been a delay since 1st April due to the Welsh equivalent that was behind in rolling out 111; Powys still had no solution. The CCGs were trying to ensure Powys, Shropshire and Telford & Wrekin switched at same time which is why it was rolled back to 3rd July. In Wales the roll out had been delayed further to 1st October but Shropshire, Telford & Wrekin could not delay longer due to the procurement involved. This had led to some complexity, a transfer plan was in place to determine how communication be streamlined for all stakeholders, patients, practices – it was technically complex due to technical arrangements between borders of Powys and Shropshire; Shropdoc to Care UK and staff capacity.

The current position was being communicated through radio and newspapers, but despite this, the CCGs still expected people to call the old number but solutions were in place to re-route people to the right place. Telephony has been rigorously tested. The CCGs had seen an increasing number of people using 111; the interface between 111 and Shropdoc was already well established.

HWB-05 Intermediate Care Provided Through The Better Care Fund (BCF) - One Year On

A report was received from Michael Bennet, Telford & Wrekin CCG and Julie Smith, Service Delivery Manager, Community Early Help, TWC which outlined progress made over the last 12 months of the intermediate care service. The Board noted the work undertaken towards a fully integrated intermediate care service, which aimed to prevent admissions to an acute hospital, support residents to live in the way that they choose and reduce dependency on services.

It was reported that the functioning of the Intermediate Care Team had been improved by utilisation of the NICE guidelines for Intermediate Care and the National Audit Intermediate Care (NAIC) report in 2017 to carry out a review. The Council, CCG, Shropshire Community Trust, SaTH, independent and voluntary providers formed a Task and Finish group to review the pathways, interfaces, care types, hours and bed numbers and overall enablement principles to create an Intermediate Care Action Plan and an Operational Framework. NIAC reported that the Borough should be expected to have 35 beds

Intermediate Care beds occupied at any one time with an average of 28 days and 30 discharges per week through identified pathways. The beds would support 40% of discharges from hospital and admission avoidance 'step up' care- an alternative to hospital admission. There was also a financial need to reduce the number of commissioned beds. It was reported that NHS Resilience monies from 2016/17 were not available in 2017/18; the CCG had funded this at risk last year, which meant there was a significant shortfall in the funding of Intermediate Care beds in 2018/19. Improving performance - reduction in usage and length of stay- was required to manage the functions within BCF Pooled Budget resources.

The Board noted that there were challenges to achieve the benchmarks recommended by the NIAC report. It was reported that at the time the service was averaging 45-55 beds at any one time across the borough with lengths of stay in excess of 38 days. There were quality issues with discharge processes and the person/ patient experience was not joined up. The multidisciplinary team were also unable to recruit and retain staff. A Task and Finish group of providers, therapists, commissioners, social workers and practitioners was set up that evaluated the patient experience and flow, the challenges across teams and designed an Improvement Action Plan and an Intermediate Care Team Operational Framework (appended to the report). The Framework clearly set out processes to be followed; response times and responsibilities for actions in order to achieve the objectives for Quarter 1 of 2018/19 of no more 35 beds with an average length of stay of 28 days.

At the time of reporting there was an average of beds with an average length of stay of 25 days. There had been a transition from an old to a new bed based provider which had improved the service. The discharge ratio of 60:30:10 was being achieved which meant that more patients were discharged home with care for enablement at home.

It was noted that there would be challenges over the next 12 months. The 'Home First' approach was seen as best practice but it could be difficult to put in place. It was noted that recruitment to and retention of staff in the domiciliary care sector was difficult therefore staff resources and skills in enabling people and reducing double handed care was key and this was planned through the introduction of 'Smarter (single handed) Care' training and supported recruitment. Further development of the Intermediate Care Team was to be achieved through an Integrated Discharge Team function and Frailty Team in PRH supported by the STP.

The Board noted the progress made, the action plan for the coming year and how the integrated delivery of the cross-cutting priorities of the Health and Wellbeing Strategy were supported.

HWB-06 Mental Health Strategy and Suicide Prevention Update

The report was received from Francis Sutherland – NHS Telford & Wrekin CCG; Steph Wain and Helen Onion, Telford & Wrekin Council, which provided an update on the work being undertaken across Telford and Wrekin to improve and support the mental health of local residents. This included updates on Mental Health Strategy – including 0-25 emotional health and wellbeing service and support for survivors of Child Sexual Exploitation / Abuse (CSE/CSA); and Suicide Prevention.

Key pieces of work were described in the report that included Branches mental health hub which had been in place for a year and had increased its outreach sessions from a range of locations. The night service offered a safe place and had received positive feedback from partners. A mental health forum involving 20 organisations met on a regular basis to share best practice, develop new partnerships and solutions. Orchard Place, a dedicated mental health supported living scheme had been open for nearly 12 months. The Third Sector had been engaged to develop a local model for people who had experienced Emotional Trauma; identified as an unmet need locally. The focus of this work had been specifically on the support needs of those who had experienced child sexual exploitation / abuse (CSE/ CSA).

A model was being developed to offer psychological interventions to help people to cope with their trauma, and practical support to help them to build a better future. Local Providers and wider Third Sector would be encouraged to bid for funds in order to deliver the practical support. The Emotional Wellbeing service (IAPT) provided support to 19% of the population who were depressed or anxious. The service provided a 60% recovery rate; 90% were seen and commenced treatment within 6 weeks and 97% were seen and commenced treatment within 18 weeks. In 2018/19 19% access has been commissioned with this rising to 25% by 2020/21.

The service also provided an integrated service to support individuals with physical health issues. The main focus has been on Diabetes and respiratory conditions with the service working more closely with Musculo skeletal conditions. In addition the service also provided clinics in the DWP office and Job box.

The Board noted that the Early Intervention psychosis service was failing its target of 50% at this time and a performance notice had been issued to the Trust. A remedial action plan was in place. It was reported that issues had been solved and the service would meet the target in the next 2 months.

There were improved systems in place for DTOC between Health and social care to ensure delayed transfers were prevented, and where incurred, reduced. Commissioners were able to report an improved position in relation to DTOC. Both mental health commissioners had taken on responsibility for children's mental health services. Both commissioners attended regular meeting with the provider to address the remedial action plan. Key issues / progress was highlighted on recruitment and a proposals for Out of Area Looked After Children.

The Board noted the updates.

HWB-07 Toxic Trio Priority Work-Stream Update

The report from Helen Onions and Sarah Constable described the 'toxic trio' - the combination of risks caused by domestic abuse, substance misuse (alcohol and/or drugs) and poor mental health. The Board was aware that these factors frequently caused a perpetual cycle of behaviours which increased the risk of harm to children and young people and in families. The report provided an update on the work that had been undertaken in the last 6 months (following the update to the Health and Wellbeing Board in December 2017) and outlined the next steps for the work stream.

The Board noted that the main focus of this work-stream over the past 6 months had been domestic abuse, given that strategies and plans were already in place for the other two areas. The cross-government definition of domestic violence and abuse, 2018 was outlined in the report.

The Board was provided with an overview of the Domestic Abuse workstream since the last update. It was noted that the joint sub-group of the Safeguarding Children and Adults Boards, and Safer Telford & Wrekin Partnership had started to progress the strategy and work programme. The key elements were - understanding the level of domestic abuse in the Borough, reviewing the current domestic abuse safeguarding pathways and reviewing the current targeted support services for domestic abuse ensuring they were sustainable and met local needs. Raising awareness, training and education of professionals was also key as well as evaluation and monitoring of progress. The Board noted the progress against each of the key elements outlined in the report. In particular, it was noted that Telford continued to be a White Ribbon Town which meant that the Council and its partners supported people who campaigned to step up and positively make a stand towards ending domestic abuse. The Council would be re-validating its White Ribbon Town Status and supported the World Cup campaign, White Ribbon Week campaign.

The Domestic Abuse Strategy was in the process of being reviewed and updated through a Multi-agency group. The Strategy was being revised to reflect new legislation, to outline the current support available to victims and their families in the Borough, and to outline the areas for further development, for example the voluntary perpetrator programme. The Strategy would be finalised in July 2018 and the action plan agreed.

The Board noted the key linkage to substance misuse; the Telford & Wrekin Drug & Alcohol Strategy was being refreshed during 2018/19, which provides an opportunity to more closely align objectives and actions within the domestic abuse strategy and action plan. Work had been undertaken to establish and implement a dual diagnosis pathway, for people requiring treatment for substance misuse and mental health problems combined.

The ongoing monitoring of the progress of the workstream was through the already existing governance structures of the Safeguarding Children and Adults Boards and Safer Telford & Wrekin Partnership. However, the overall progress of this work stream would continue to be reported regularly to the Health and Wellbeing Board.

The Board:

- a) noted the work of the Toxic Trio priority work stream outlined in Part B of the report;**
- b) considered any further areas of partnership working; and**
- c) agreed to receive the Domestic Abuse Strategy 2018-2020 and associated action plan.**

HWB-08 Healthy Lifestyles Service

A report from Louise Mills, Service Delivery Manager, Prevention & Health Improvement, TWC; Stephanie Eggleston, Senior Health Improvement Practitioner, provided an overview

of the Healthy Lifestyle Service delivered by the council's Health Improvement Team. The Healthy Lifestyle Service was the main service available locally for adults wanting support to make improvements to their lifestyle. The report summarised the achievements during 2017/18 and the main areas for service improvement and development for 2018/19. The Board noted that the service made a significant contribution to all three priorities of the Health and Wellbeing Board; in particular encouraging healthy lifestyles and improving emotional health and wellbeing.

The Board noted the work of the service and its integration with the Council's contact centre, in supporting local people to make improvements to their lifestyle, particularly healthy eating, weight management, emotional health and wellbeing, physical activity, reducing alcohol consumption and support to quit smoking. It was reported that people were supported to understand the short, medium and longer-term consequences of their health-related behaviours, for themselves and others. Personal Health Plans were developed with a person's individual commitment to adopt health-enhancing behaviours by setting (and recording) goals to make improvements to their lifestyle, which included identifying support available in the local community to promote resilience, encourage positive social networks and peer support.

A performance summary was outlined in the report, it was highlighted that for 2017/18 significant improvement was shown across all metrics when compared to the previous year (2016/17).

The Board noted the content of the report.

HWB-09 Sustainability and Transformation Partnership Update Report to include an Update on Future Fit Consultation and Progress.

A report was received from Phil Evans, STP Programme Director which shared progress across the STP footprint. The Board was asked to note the upcoming STP Marketplace Event being held at Shrewsbury Football ground on 27 June. This provided an opportunity to hear more detail from the programme leads in a marketplace style. The Board noted the contents of the report and Appendix 1.

An update was provided on the Future Fit consultation. A mid-point review would take place, which was important for equalities duties – looking at rurality and deprivation as well as nine protected characteristics. The review would look at how the CCGs had engaged with public including hard to reach groups. An organisation called Participate would analyse at mid –point and at the end of the consultation. Post consultation, beginning of September, there would be 6-8 weeks to collate information for late October/ early November Future Fit Programme Board and there was engagement with the Shropshire and Telford & Wrekin Joint Health Overview and Scrutiny Committee on the timescale and discharging the health scrutiny function. It was reported that the final report would not likely be published until it had been through the NHS England process. The CCGs were obliged to demonstrate how feedback had been taken from the public through the consultation process. A timeline and relevant milestones would be set out shortly for both CCG Boards.

A question was raised about the finance underpinning the hospital reconfiguration; the £312million investment into health economy was welcomed but how much would be through private investment.

David Evans confirmed that the breakdown of the finance was not entirely clear. It was known that the majority of the funds would be generated from public dividend capital (PDC) probably up to £200m. There were effectively four funding sources – all Trusts in the country were allocated funds to upgrade buildings but the assumption from Treasury was that SaTH shouldn't need as much capital in its own allocation for the next 10 years because it would be receiving the £312m for Future Fit. It was estimated that £30-40m would be received via SaTH's capital allocation over next ten years, a small element would be from land sales – approximately £20m and something called Phoenix programme. The details of this programme were awaited and would be published by the Treasury. He noted that private capital investment in this instance was not like a PFI. It was thought that this would be received in tranches of £50m and it was clear that anyone putting in £50m would want to see something for it. Therefore none of the maintenance would be done from this but more likely to be new building. PDC interest rates would be at 3.5%, the CCGs did not expect the Phoenix programme to be significantly more. It was noted that the funding would bring the hospital buildings up to the standard required; which would be around £80m for RSH and £20m for PRH.

HWB-10 Life Expectancy Update

The Board welcomed the report from Helen Onions which provided an update on the life expectancy and healthy life expectancy picture in Telford & Wrekin and explored the inequalities gap in life expectancy related to socioeconomic deprivation. It included updates on the plans and programmes of work in place to tackle the main causes of reduced life expectancy, aligned to the HWB priorities.

The Board noted that life expectancy for males and females in Telford and Wrekin was improving and the gaps between local rates and the England averages were narrowing. However, male and female life expectancy remained significantly worse than the national averages. Further, despite the overall improvements, the inequalities gaps between our most deprived and most affluent communities was widening.

The Board noted that building community resilience and improving community-based support would have a positive impact, enhancing healthy life expectancy. The improved support offered to people in their own communities and the care closer to home agenda was felt would positively impact on self-reported health and wellbeing, improving both the quality and length of local lives.

It was reported that measures of life expectancy were key overarching indicators of the health of the population and were used to assess the impact of the HWB strategy. It was noted that life expectancy rates were affected by people's age at death, as well as the numbers of deaths and although small in number, deaths of people at younger ages, such as infant deaths and deaths from suicide, had a significant impact on reduced life expectancy. The recently published Telford & Wrekin updated JSNA mortality profile for 2018, appended to the report, provided details on the trends and showed a series of

improvements, across many mortality rates, with eight indicators turning from “red” to “amber”, including preventable mortality overall, liver disease and respiratory disease.

The local collaborative action being taken to address the main causes and risk factors which contributed to reduced life expectancy were noted as summarised in the report, including cardio-vascular disease, cancers and liver disease.

The Board noted the trends in infant mortality rate in Telford & Wrekin which had declined markedly from the late 1980s, but had slowly increased again in recent years. During the period 2014-16 the annual average number of infant deaths dropped to 11, compared to 14 during 2013-15 in 2015. The local infant mortality rate fell accordingly and was no longer significantly worse than the England average. However, it was reported that the local rate fluctuated due to the small numbers involved and the continued downward trend was not necessarily guaranteed. It was noted that a quarter of infant deaths under 1 year were potentially preventable. In Telford & Wrekin the high levels smoking in pregnancy and maternal obesity were the most significant preventable lifestyle related risk factors. High quality maternity services, including access to early antenatal and postnatal care were also vitally important to the health of both mothers and their babies. The Shropshire, Telford & Wrekin Local Maternity System (LMS) Plan, included a health and wellbeing work stream which focussed on prevention. The future configuration of local maternity services also had important context here, given the high levels of local need and deprivation and worse than average outcomes for women and children locally. The Council had commissioned the public health midwife service from April 2017, and our historically poor outcomes had improved in the past year. Smoking at the time of delivery fell to 17.3% in 2017/18, compared to 21.1% in 2016/17, which equated to 78 fewer women smoking at delivery compared to the previous year.

The report provided an update on Suicide Prevention; it was noted that suicide contributed particularly to reduced life expectancy in men in Telford & Wrekin, as over three quarters of all local deaths of people who took their own lives were male. The rate fluctuated due to the small numbers involved and the trend had been relatively static over time. The Council’s public health team lead on the suicide prevention plan which was part of the wider mental health priority.

The Board:

- a) acknowledged further improvement during 2014-16, on a series of measures which contributed to raising local life expectancy;**
- b) noted the significant alignment between the causes of reduced life expectancy and the HWB priorities, the NHS Sustainability and Transformation Plan (STP) and associated plans; and**
- c) recognised the relevance of the neighbourhood working plan to the improving life expectancy and healthy life expectancy agenda.**

The meeting ended: 4.17pm

Chairman:

Date: