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Committee and Date

Health and Wellbeing Board

26 February 2016

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 4 DECEMBER 2015 9.30AM – 12.10PM

Responsible Officer: Michelle Dulson

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Present

Councillor Karen Calder (Chairman)

Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler, Karen Bradshaw, Dr Helen Herritty, Jane Randall-Smith, Sam Tilley (substitute for Paul Tulley) and Rachel Wintle.

Also in attendance:

Miranda Ashwell, Penny Bason, David Coull, Jan Ditheridge, Janet Gittins, Sally Halls, Peter Latchford, George Rook, Madge Shingleton and Mandy Thorn.

52 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Dr Julie Davies, Ruth Houghton, Dr Julian Povey, Brigid Stacey, Paul Tulley and Simon Wright.

Sam Tilley substituted for Paul Tulley.

53 DISCLOSABLE PECUNIARY INTERESTS

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

54 MINUTES

RESOLVED: That the minutes of the meeting held on 23 October 2015 be approved as a correct record and signed by the Chairman.

Arising thereon;

At Minute 48 it was confirmed that the links being built and developed across Adult Social Care, Health and Housing were ongoing.

At Minute 49 it was confirmed that the winter messaging campaign would be ongoing throughout the winter period. The Director of Adult Services informed the meeting

that Heatsavers had been nominated in two categories of the prestigious Local Government Chronicle Awards and had been invited to attend the Awards Ceremony in January.

55 PUBLIC QUESTION TIME

Four public questions were received from Mr David Sandbach. A full copy of each question and the formal responses were circulated at the meeting (copies attached to the signed Minutes). As Mr Sandbach was not in attendance the Chairman requested that the responses be sent to him together with a request for him to submit any supplementary questions.

56 WHOLE SYSTEMS TRANSFORMATION - FUTURE FIT, COMMUNITY FIT, RESILIENT COMMUNITIES, BETTER CARE FUND

RESOLVED: that this item be deferred to the 22 January 2016 meeting.

57 BETTER CARE FUND UPDATE AND PERFORMANCE

A report which highlighted activity and performance to date and set out the planning that was currently underway to develop the Better Care Fund (BCF) plan for 2016/17 was introduced and amplified by the Director of Adult Services (copy attached to the signed minutes).

The Head of Planning and Partnerships, Shropshire CCG reported that the Q2 variance from target for reducing Non Elective (NEL) admissions to hospital was 1049. It was reported that the performance measures had not been circulated with the agenda however they were displayed on screen.

The Director of Adult Services drew attention to two indicators which had not performed well; unplanned admissions and delayed transfer of care together with two positive areas; reablement and mental health. He explained that NHS England had requested that the NEL target for Q4 2015/16 be revisited in order to allow greater opportunity to make credible progress whilst allowing payment by performance funds to be available to support transformation activity.

The Director of Adult Services felt it would be helpful to establish what level of detail/information the Board required in order to gain an understanding of the issues. The Chairman suggested that information about the plans that were in place, if they did not work, why not and what could be done better etc. would be useful. The Director of Public Health felt that the numbers did not give a feel for where the real issues were and what this meant for individuals.

The Director of Adult Services explained that it would be very challenging to bring all that information together as it was two ends of a spectrum. He would take it away and reflect on how best to provide confidence at a granular level together with ensuring sufficient strategic information was provided.

Concern was raised whether the funds committed to the BCF were adequate to have any real impact for transformation change especially as the payment by performance funds had not been realised. A query was raised about whether any patterns were emerging but it was felt not as straight forward as that.

The Head of Planning and Partnerships drew attention to Appendix 1 which had been circulated and which set out the focus of the BCF for 2016/17. Concern was raised that not all activity was captured within Appendix 1 and that if the Board wished to take a strategic approach to improve services they could not just focus on BCF but needed to look at all activity across the system. However it was felt that the BCF could be whatever the Board wished it to be if Members were willing to do the work.

RESOLVED:

- a) That the contents of the report be noted.
- b) That the contents of the performance submission be noted.
- c) That the principles of the planning to date for 2016/17 set out in Appendix 1 of the report be supported.

58 STRENGTHENING FAMILIES THROUGH EARLY HELP

The Troubled Families Strategic Co-ordinator gave a presentation on strengthening families through early help (copy attached to the signed Minutes), which covered the following areas:

- Identifying families in need of support
- Objectives of new programme
- Troubled Families Phase 2 – Aims to reach more families
- The families supported by the original programme
- Growing evidence of local cost savings
- The new evaluation / An evaluation based around you
- Supporting transformation change
- Principles of working and joining things up
- Challenges
- Aims of and key messages from Locality Meetings
- E-CINS Web based case management system
- Information sharing

The Troubled Families Strategic Co-ordinator felt that information sharing was really important but that it was difficult to change the culture of not wishing to breach confidentiality. In response to a query, the Troubled Families Strategic Co-ordinator explained that the E-CINS web-based case management system could be used extensively for reports and action plans and allowed those professionals assisting the family to access information and to communicate securely.

Concerns were raised about information sharing versus creating a relationship with the family and the dis-benefits of working on prevention to the detriment of early intervention.

It was agreed to take Agenda Items 10 (Draft Annual Report of the Shropshire Safeguarding Children's Board 2014/15) and 9 (Everybody Active Everyday Year of Physical Activity) next.

59 DRAFT ANNUAL REPORT OF THE SHROPSHIRE SAFEGUARDING CHILDREN'S BOARD (SSCB) 2014/15

The draft Annual Report for the Shropshire Safeguarding Children Board (SSCB) 2014/15 was received (copy attached to the signed minutes) which covered the reporting period between April 2014 and March 2015 and evaluated the work and impact of the Board whilst identifying priority areas of work for the period 2015-2016.

The Independent Chairman of the SSCB introduced the report and gave a presentation which covered the following areas:

- Local Safeguarding Children Board (LSCB) objectives
- Context for safeguarding children in Shropshire
- Performance and effectiveness of local arrangements / LSCB
- Conclusion and assessment of effectiveness of multi-agency safeguarding arrangements
- Priorities for 2015-16

In conclusion, the Chairman of the SSCB informed the meeting that based on the evidence, agencies in Shropshire were generally very effective at keeping children safe.

RESOLVED: That the report be noted.

60 EVERYBODY ACTIVE EVERYDAY YEAR OF PHYSICAL ACTIVITY

A report which updated the Board on progress with the Everybody Active Every Day Year of Physical Activity was received and amplified on by the Physical Activity Programme Lead (copy attached to the signed minutes). In 2015 society was 20% less active than in 1960 and if the current trend continued by 2020 society would be 30% less active. It was therefore hoped to create a cultural shift where physical activity became the norm.

Organisations in the public sector were looking at what they could do to create long term action plans that could be delivered within existing budgets in order to optimise opportunities for physical activity. The Physical Activity Programme Lead drew attention to two examples of Action Plans, attached at Appendices A and B to the report.

The Director of Public Health informed the meeting that The Shrewsbury and Telford Hospital NHS Trust had won Employer of the Year at the recent 2015 Energize Awards which recognised the work that it does to make sport more accessible for all through all of its work streams. The Physical Activity Programme Lead explained that it was not just about sport but about how often people actually move.

The Chairman felt that this was just the start of raising the profile of the dangers of physical inactivity and to turn around the direction of travel.

RESOLVED:

- a) That the Health and Wellbeing Board continues to lead a cultural turnaround in attitudes to physical activity amongst partners, raising the profile of physical activity in health and wellbeing, and the role all sectors play in creating a more active society.
- b) That the Health and Wellbeing Board expect, encourage and support organisations, services and departments yet to complete their EAED action plan to do so.
- c) That EAED action planning continue beyond 2015.
- d) That Bi-yearly reports go to the Health and Wellbeing Board on EAED action planning progress and actions delivered.
- e) That physical activity be included as part of the work of Health and Wellbeing Board Sub-groups, Better Care Fund etc.
- f) That physical activity be embedded into key Health and Wellbeing strategies and plans e.g. carers strategy, mental health strategy etc.

61 SHROPSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN

A report which provided an update in relation to the current position for child and adolescent mental health services in Shropshire was introduced and amplified by the Health and Wellbeing Coordinator (copy attached to the signed minutes).

The transformation plan included six key areas for development and included funding to allow some of the initiatives recommended in the Autism Needs Assessment to be undertaken. Progress reports would be received through the Children's Trust.

Concerns were raised about the difficulty accessing the service and ensuring that the emphasis was correct ie not focussing on higher level interventions at the expense of lower level interventions.

The Director of Public Health explained that the paper was exploring how to spend the additional funding however any additional concerns could become part of the discussion.

RESOLVED:

- a) That the report be noted.
- b) That the Health and Wellbeing Board receive progress reports through the Children's Trust.
- c) That the issues of concern be discussed at the next meeting.

The Chairman informed the Board that this was possibly the last meeting that the Director of Adult Services would attend and she thanked him for his contribution to the work of the Board and wished him every success in his new post.

<TRAILER_SECTION>

Signed (Chairman)

Date: