

## **HEALTH & WELLBEING BOARD**

### **Minutes of a meeting of the Health & Wellbeing Board held on Thursday, 6 June 2019 at 2.00 pm in Quaker Room, Meeting Point House, Southwater Square, Telford, TF3 4HS**

**Present:** Councillors R C Evans, S A W Reynolds, H Rhodes,  
J M Seymour, J Leahy, C Jones, L Noakes, Condlyffe, P Moxley and M Harris

**In Attendance:**

**Apologies:** A J Burford, D Evans and S Dillon

**1           Declarations of Interest**

None.

**2           Minutes of the Previous Meeting**

A Member expressed their disappointment that the papers for this committee had not been received late, Officers and partners would be reminded of the importance of submitting reports in good time.

**RESOLVED** – that the minutes of the meeting held on 21 March 2019 be approved and signed by the Chair.

**3           Public Speaking**

There were no requests to speak.

**4           Drugs and Alcohol Strategy Update**

The Board received the report of the Assistant Director: Health and Wellbeing on the refreshed drugs and alcohol strategy for Telford and Wrekin. The strategy looked to re-focus priorities to reduce drug and alcohol misuse harm in the Borough.

A system wide approach for improving services had been undertaken, and significant service improvements had been seen. The treatment services had been transformed and there was a strong recovery community in place.

The Board noted that there was an aging cohort of opiate / heroin users with entrenched dependency, as well as a more complex cohort overall with complex social and health issues, even within the younger population.

A Member noted that in the later STP report that Telford and Wrekin was ranked 96 out of 149 for drugs and alcohol services, which was lower than expected. The Consultant in Public Health confirmed that the data within the STP report was several years out of date and the service had moved forward

in this time. Telford and Wrekin performed well for alcohol services but acknowledged that further work was needed on drug services. It was noted that alcohol related harm was also in the long term NHS plan.

In response to a question, it was confirmed that the service was increasingly looking to work with the whole family, for example, increased work with children whose parents were affected by drugs or alcohol misuse.

**RESOLVED that the refreshed Telford & Wrekin Drugs & Alcohol Strategy 2019-2022 be approved.**

## **5 Early Help Strategy and 0-19 Healthy Child Programme Update**

The Board received the update on the Early Help Strategy and the 0-19 Healthy Child Programme. The Commissioning Team had undertaken a procurement exercise and had awarded the contract to Shropshire Community Health Trust for the new model for the Healthy Child Programme. This would involve School Nurses and Health Visitors working closely together in an innovative way.

Members noted the strong links from this policy with other policies. It was noted that comprehensive training had taken place with professionals regarding the new strategy. The strategy aimed to reinforce the message that Early Help is everyone's responsibility.

In response to a question, Members were advised that it was hoped that progress on identified outcomes would be seen within 12 months. A discussion was held regarding improved outcomes for the whole family, not just the child.

A Member asked about smoking levels. The Consultant in Public Health advised that smoking in pregnancy was part of the local maternity system plan and the stop smoking service was delivered by midwives. This service was under constant review. For people other than pregnant women, stop smoking services were delivered through Council services.

**RESOLVED – that the contents of the report be noted.**

## **6 Better Care Fund Annual Update**

The Board received the update on the Better Care Fund (BCF). It was noted that there had been significant improvements to the service, and that Delayed Transfers of Care (DTOC) had been good and the Council had ranked 22<sup>nd</sup> nationally at month 12 for this. Areas of progress had included developing neighbourhood working into an integrated partnership and work on admission avoidance, particularly in the Newport area.

The Regional BCF lead had reviewed the service and reported to be happy with the progress made and had no concerns with the work done to date. It

was noted that there were still pressures in the system, notably population changes. There had been an increase in residents presenting at 80 or 90 years old who had previously not been known to services. Domiciliary care had been a challenge earlier in the year, but this had improved.

A significant concern was raised in relation to funding. The national funding formula had not yet been announced for the following year and the policy guidance had not yet been issued, it was unlikely this would be released before July 2019.

A Member raised a query regarding the spending on 'other care' in the annual budget and what this contained. Members were advised this included a range of services, including the disabled facilities grant (such as adaptations), previous CHC funding and some provider contracts.

In response to a question, Members were advised that the aim of the frailty front door was to stop people being admitted to hospital if there was another suitable alternative. Early identification of those service users was vital so that they could be diverted to more appropriate services to avoid them being admitted to an acute hospital. These people were usually over 75 with an acute onset illness, such as a UTI. Members noted the negative impact hospital admissions can have on vulnerable people, such as loss of muscle mass.

Members raised their concern regarding the lack of policy and funding, but acknowledged that it was out of the hands of the service. The Service Delivery Manager Community Early Help advised that although they do not have a formal Section 75 agreement in place, they are working as if they did.

Members stated that a further update report should be provided for the September Board, as by this time the guidance and funding formula should be received.

**RESOLVED to note the progress made and the action plan for the coming year and how it will support the integrated delivery of the cross-cutting priorities of the Health and Wellbeing Strategy.**

## **7 Health and Wellbeing Strategy Performance**

Members received the presentation on the Health & Wellbeing strategy performance data.

Members welcomed the improvement in relation to physical inactivity and active lifestyles and noted that the Council was the most improved Council nationally.

A Member queried if there had been a correlation between the low number of referrals into adult social care and hospital admissions going up. A Member raised concern that this may mean that residents were not qualifying for the appropriate care which may have prevented admission. Members were advised that a lot of the hospital admissions were inappropriate, with zero

length stays. Members were advised on the threshold for support under the Care Act and the various options of support in the community. A discussion was held regarding the rapid response nurse pilot scheme, which was not taken forward.

Members noted the health inequalities between areas of the most and least deprivation in the Borough and it was confirmed that further work was taking place to address this.

## **8 STP Report and System Operating Plan**

Members received the report of the STP Director, which included the operational plan for the upcoming year. The overall ambition of the STP was to create a joined up health service.

Members praised the report provided, which was considered to be informative. In response to a query about the CCG reducing funding for the Severn Hospice, it was confirmed that the STP includes representatives from the CCG and that discussions would be had regarding this.

Members raised their concern regarding fairness across the STP area and ensuring that Telford got its fair share. It was acknowledged that there would need to be ongoing work to find out what resources were needed in each community in an open and transparent manner. Members raised their concern regarding the inequalities between Shropshire and Telford and Wrekin. Members were advised that the Joint Strategic Needs Assessment (JSNA) would be updated which provided data down to ward level.

A discussion was held regarding NHS England viewing debt across systems, rather than in individual organisations.

Members requested that the JSNA be brought to the Health and Wellbeing Board.

### **RESOLVED – that:**

- a) **The system narrative submission, that has been developed collaboratively with all system partners, be noted; AND**
- b) **The current context, challenges, system structure, governance and performance, all of which are subject to change as the system works towards becoming an Integrated Care System, be noted; AND**
- c) **The system ambition and priorities ‘The ambition of Shropshire, Telford & Wrekin STP is to deliver joined-up transformed health and care services for local people’, be noted; AND**
- d) **The timeline, delivery and enablement programmes, approach to activity and capacity planning and overall system financial position be noted.**

## **9 Single Strategic Commissioner for Shropshire & Telford and**

## **Wrekin CCGs**

The Board received the report of the Accountable Officer, NHS Telford and Wrekin CCG. NHS England issued a directive that each STP area should have a single CCG and that each CCG needed to make 20% cuts to their running costs (excluding any clinical activity). A joint workshop took place with members of both Shropshire and Telford and Wrekin CCGs who came to the conclusion was the only choice they had was on a matter of timing for the merger.

The Vice-Chair stated that the CCGs had been clear that they would dissolve both CCGs and create a new single CCG rather than merge the organisations. The detailed proposals for the new CCG had to be taken to NHS England by September 2019.

Members queried what would happen to the deficit that Shropshire CCG had built, the CCG confirmed that the debt is owned by the system and there would need to be a whole system approach to reduce the deficit. Members expressed that the proposals should go to Scrutiny, which was agreed by the CCG.

Members again noted their concern that Telford would suffer more cuts than Shropshire and this was not fair on residents.

The CCG confirmed that by having one organisation rather than two would save the necessary 20% off the non-clinical budget, due to avoiding duplication. The CCG noted that they were determined that a strong Telford locality be maintained throughout the proposals. A discussion was held regarding existing deficits in the system and how these may have occurred.

Members considered that NHS England should attend the next Health and Wellbeing Board to explain the rationale behind the decision. Members requested that the proposals remain a standing item on the Health and Wellbeing Board agenda.

**RESOLVED - that the contents of the report be noted.**

The meeting ended at 3.55 pm

**Chairman:** .....

**Date:** Thursday, 26 September 2019