

## **Minutes of the Health and Wellbeing Board**

**19 May 2016**

**-: Present :-**

Caroline Dimond, Councillor Ian Doggett, Councillor Derek Mills, Martin Oxley, Councillor Julien Parrott, Nick Roberts, Joanna Robison, Councillor Jackie Stockman, Caroline Taylor, Ann Wagner and Richard Williams

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### **1. Election of Chairman/woman**

Councillor Mills was elected Chairman for the 2016/2017 Municipal Year.

(Councillor Mills in the Chair)

### **2. Apologies**

Apologies for absence were received from Pat Harris, Mayor Oliver, Mairead McAlinden who was represented by Ann Wagner, Alison Hernandez who was represented by Joanna Robison.

### **3. Minutes**

The Minutes of the Health and Wellbeing Board held on 24 March 2016 were confirmed as a correct record and signed by the Chairman.

### **4. Declaration of interest**

Councillor Doggett declared a non-pecuniary interest as he is a lay member of the Joined Up Medicines Optimisation Group.

### **5. Urgent items**

The Director of Children's Services requested that, as part of the implementation of the Ofsted improvement plan, the Health and Wellbeing Board consider its governance arrangements and those of the Children's Improvement Board and the Torbay Safeguarding Children's Board at its seminar in July.

### **6. Appointment of Vice-Chairman/woman**

Martin Oxley was appointed as Vice-Chairman for the 2016/2017 Municipal Year.

## **7. Job Description - Chair of the Health and Wellbeing Board**

The Board considered the job description for the Chairman of the Health and Wellbeing Board (HWB).

Resolved:

Subject to number 11 being amended to read:

‘To positively represent the Torbay Health and Wellbeing Board at regional and national forums, particularly in developing the Sustainability and Transformation Plan.’

the Monitoring Officer be recommended to include the job description for the Chair of the Health and Wellbeing Board to the Council’s Constitution.

## **8. Joint Health and Wellbeing Board Assurance Framework**

The Board received a report which sought to provide the HWB with assurance against delivery of the current Joint Health and Wellbeing Strategy. The report provided an update on work around Domestic Abuse, Alcohol, Mental Health and Ageing Well.

Domestic Abuse:

Members were advised by Nanette Amos, Project Manager for Public Health Commissioning that progress had been made to develop the governance arrangements around domestic and sexual violence and abuse (D&SVA). A Health and Wellbeing Board Sub-Group had been appointed to oversee the D&SVA strategy 2016, monitor the action plan, make decisions on local priorities and steer the efforts of the Experts Group. Members welcomed the proposals for ‘those informed and concerned’ about D&SVA in Torbay to be Members of the sub-group.

Resolved:

That, the Executive Lead for Children and Adults be a member of the Health and Wellbeing Board Sub-Group.

Alcohol:

Members were advised the alcohol strategy was being reviewed, indicators showed that Torbay was worst or third worst across six metrics such as deaths related to liver disease, alcohol related crime and alcohol admission related to children. These indicators together with the infrastructure that supported the strategy no longer existing, has resulted in Torbay’s alcohol strategy being in a worse position than five years ago.

The themes of the strategy include:

- Alcohol control;
- Reduction in alcohol related crime, disorder and impact on communities;

- Protection of Children and Young People from harm; and
- Prevention of alcohol related harm in adults

Each theme has an associated action plan and allocated lead agency that is responsible for delivering against the relevant plan.

#### Mental Health:

Members were advised that the Clinical Commissioning Group (CCG) had been working on cementing and further enhancing evidence based service delivery for mental health services as one of the essential elements to its Vanguard site status. As part of the Vanguard proposals it is hoped that an all age psychiatric liaison service, 24 hours a day, 7 days a week will be provided.

The services of Dartington Social Research Unit had been engaged to develop a systems approach to understanding the pathways in both Children's Mental Health Services and Adult service provision. The Dartington Team will be presenting to the Board's seminar in July.

#### Ageing Well Programme Board:

Members were advised that the Ageing Well Programme Board had discussed the legacy for the Ageing Well Torbay programme and that Ageing Well has operated without a locally agreed wider strategy. There is currently no active strategic document responding to the needs and opportunities of an ageing population in Torbay. In light of the Programme Board articulating key principles and the lack of a wider strategy the Programme Board has offered to lead the development of an Ageing Strategy for Torbay.

#### Resolved:

That the Health and Wellbeing Board accepts the offer from the Ageing Well Programme Board to take the lead in developing a five year Ageing Strategy for Torbay, with the strategy being available for consideration in March 2017.

## **9. Better Care Fund 2016/2017**

Members received a report on the Better Care Fund (BCF) 2016/17 and were advised that the BCF provides financial support for the integration of health and social care. The BCF requires the Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. The Comprehensive Spending Review confirmed that the BCF will continue into 2016/17, with a mandated minimum £3.9 billion (nationally) to be deployed locally on health and social care. In order to meet the timescales, the return was submitted to NHS England with a narrative confirming all parties were committed to the BCF total being the same as in 2015/2016. Members were also advised that any stress in the system hadn't been around committing to the BCF but around finance, both commissioners were in a slightly worse position than envisaged due to a lack of taxation in the system to meet demand.

#### Resolved:

That subject to continued support and assurance from NHS England, the Better Care Fund submission for 2016/2017, as set out in Appendix 1 to the submitted report, be endorsed.

**10. Wider Devon Sustainability and Transformation Plan - Progress and Next Steps**

Members received a presentation from Laura Nicholas, Strategic Lead for Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon). Members were advised that the Sustainability and Transformation Plan (STP) focused effort around the 'actual doing', it is expected that the STP will result in a concerted effort of system change in order to keep pace with the changing needs of local people.

The STP has to be produced and submitted by the end of June, this requires a lot of work in order to pull together a comprehensive strategy that answers the questions contained in the NHS Five Year Forward View. Following the submission of the STP, work on a two year strategic work programme will continue for example, the construction of a prioritised integrated STP Programme Plan, a refresh/update of existing strategies aligned to the STP and national policy.

Caroline Dimond, Director of Public Health advised the Board that she had been tasked with leading a three area team, to develop the prevention element within the STP. Caroline advised that in order to develop a Devon wide plan, the team had to identify the health and wellbeing gaps/challenges, develop a Devon wide, cross partner prevention plan which links to place-based prevention strategies and identifies particular interventions that would rapidly have an impact on savings. Caroline advised that the next steps for the prevention theme would be to identify where agencies can all work collectively to make an impact on savings while also addressing the challenges, develop a monitoring and evaluation framework and approval and engagement with the prevention element of the STP. Members noted that five diseases were causing 40% of emergency cost so work that targets younger people to aid prevention would assist care moving from a supportive model to an empowering model, to do so you have to think about education and environment. To succeed you need a healthy literate population.