

HEALTH & WELL-BEING PARTNERSHIP BOARD MEETING
Thursday 29 October 2009
in the Ludlow Room, Shirehall

MINUTES

Present:-

Simon Kenton – Joint Commissioning (SC/PCT) (Chair)
Mike Ablitt – Shropshire Fire & Rescue Service
Marian Youens – Chair of A4U
Simon P Jones – Shropshire Council
John Dodson – Senior Citizens Forum
George Candler – Assistant Director, Community Services
David Beechey – CINCH & LINKS rep
Tom Dodds – Performance Team (CS) Shropshire Council
Heather Osborne – Age Concern
Ruth Houghton – Shropshire Physical Disability and Sensory Impairment Partnership Board/ rep for Learning Disability Area Partnership Board
Miranda Ashwell– PCT (repping for Lindsay MacHardy)
Di Beasley – SC (repping for Stephen Chandler)
Nicky McPherson – Mayfair Centre (presented item4)
Kath Goodchild – Healthy Living (presented item 4)
Helen Rogers – Joint Commissioning (presented item6)
Jenny Henrywood – Shropshire Council (presented item9)
Kaye Strauss (Minutes)

Apologies:-

Val Beint – Shropshire Council
Trish Rowson – SATH
Rowena Clayton – GOWM
Stephen Chandler – Shropshire Council
Chris Child – Energise Shropshire
Lindsay MacHardy - PCT

1.0 Welcome & Apologies

SK welcomed everyone

The apologies were noted.

2.0 Minutes & Matters Arising from meeting held on 6 May 2009

The minutes were noted and accepted as an accurate record of the meeting.

Matters arising were:-

Page 2 item 3.2:- It was reported that the CAA case studies are being incorporated into the Annual Assessment and the outcomes strategy for best practice across the Council has made a difference.

Page 4 item 7:- The workshop was a productive event with the youth parliament in attendance. Attendees looked at the priorities and picked up on actions for key areas within the new LAA (2011 onwards) and this will be taken forward.

ACTION

3.0 Performance

3.1 Q 2 Performance Report

TD spoke from the report and provided a brief summary of 3 key indicators that reflect downward trends which he felt needed to be highlighted rather than discussing all the indicators within the report viz:-

NI136- (People supported to live independently)

This is a complex indicator which is also funded through other partnerships to help people to live at home. He mentioned that the Grant Services Report will be sent out in the near future. Even with the downward trend TD is confident that the target will be achieved by 31 March 2010.

NI130 –(Direct Payments and Individual Budgets)

There is a range of initiatives that can affect this indicator e.g. personalisation. The focus is on achieving 30% of all carers using this system of funding by 2011 so the target should be reached by 31March 2010.

NI152 (Working age people on out of work benefit)

There are negotiations in process at the moment due to the baseline being moved from just vulnerable people to supporting all unemployed people, therefore the criteria for this indicator needs to be re-negotiated.

TD mentioned that NI117 (16 to 18 year olds who are not in education, employment or training) needs to be monitored because it has an effect on NI152

TD drew everyone's attention to point 11 within the report (LPSA rewards allocation) where funding allocations for delivery groups were agreed by the Leadership Board in September 2009 (£150k per group, £100k for worklessness and £100k for business support) and he said that there are two papers on the agenda today that will meet the criteria and fit into this funding allocation, viz. Social Marketing and Dancing For Health, if approved by the Board.

This reward money originated from the old LPSA which the Government provided so initiatives (projects) come to the board and they then decide which initiative should be funded as appropriate for the criteria from within the Health and Well-being Government initiative. The LSP protocol needs to be looked at so guidance and deadlines can be reached. TD to discuss with VB and Celia Bahrami and report back at next meeting so funding can be allocated to initiatives that are put before the Board. Sufficient information needs to be provided to various health and wellbeing groups so they are

TD

aware of the availability of funding via this Board. TD to provide information to the Area groups. It was mentioned that initiatives have already been taken up by Area Groups so maybe pick this up in an application for match funding so it can be built into this e.g via the Local Joint Committees.

TD

3.2 Delivery Plans

TD has produced A3 size documents of 5 delivery plans that he will email to all members for their information as he wasn't able to table them at the meeting but he tabled the LAA Outcomes mapped to H&WB Board Aims and drew everyone's attention to the Medium Term Actions column because it mirrors what the priorities are e.g. dementia/alcohol misuse/worklessness, so when these actions are agreed it needs to then be taken forward which means also having the partners commitment and contribution to each initiative approved. Maria Boxall asked that this be made clear so that delivery of these initiatives can take place. Therefore partners need to identify their contributions and provide this at the next meeting. A forward view is needed to be able to develop the delivery plans. TD needs to put this as an item on the agenda for the next workshop so as to be able to populate the action plan for next year. The workshop needs to be utilised so that the Board can develop and refine the action plans to be able to deliver the initiatives approved.

TD

ALL

TD

TD would appreciate comments back from the members pertaining to the document he tabled and the deadline for this is 20 November 2009.

ALL

TD to email an electronic version of the document to all members. The February meeting will be too late.

TD

KS to email out suggestions for December dates and finalise the workshop.

KS

3.3 Financial Status Report on LAA

TD discussed this within item 3.2.

4.0 **Healthy Living Centre**

NMc and KG introduced themselves and sent Anne Seymours apologies as she was not able to make it (she works at the Chapel Centre in Whitchurch). KG works at Mayfair Centre in Church Stretton and NMc works at Doorway for Health in North Shrewsbury.

This initiative has been running for 8 years and the slides on the presentation show what type of work they do. It is an independent, non-profit organisation with funding from various sources. The beneficiaries are young and old as well as people from deprived areas. They pride themselves in the fact that they make a positive

difference to people's lives by the services they provide but three trends they would like to point out which they make use of to improve people's lives are;-

1. Positive mental health
2. Cohesion
3. Building better lifestyles

They have volunteers who work with them on various activities e.g. arts and crafts, youth work, coffee mornings. Positive outcomes from these activities are many e.g. a sense of well-being, reduction in anxiety, improved social lives, improvement of confidence, providing a safe environment for parents/carers to be able to take respite for a day.

They also provide targeted areas of services e.g. dementia and diabetes sessions. They have found that the exercising lessons they provide give strength and balance to people's lives. The services are organic i.e. find out what the local needs are and then provide the services e.g. Mayfair has 87% of their clients have health conditions which have improved through their exercise and eating healthy classes.

They have evidence to prove how people's lives and habits have changed. The service has 290 volunteers who provide over 500hr s/week to their communities. The buildings are multi-purpose so this assists with cohesion because there are times when more than 1 class is active within the building which means each class member has to be tolerant of the other (e.g. youth group and elderly exercise classes). This creates a sense of belonging. It is important to build on the strengths of the local communities.

There is now a need for more space so they can be fit for purpose. They are a well-established organisation that the communities trust. They would appreciate the Boards ideas/comments on how they can progress and possibly fit within the criteria so they can move out into other communities besides the 3 they already serve. They do have a nominal for the services they provide i.e. £2/person.

HO felt that developing these centres around the county is a good idea so partnershiping with other organisations would be important

RH suggested marketing this via the Transformation Adult Social Care agenda so discuss this after December. SK suggested dovetailing this into other centres.

MA suggested making use of the fire station buildings throughout the county so that they could be shared e.g. multi-purpose building. This is suggested as another type of resource instead of a financial resource.

ALL
RH

KG has leaflets available if anyone would like to take some away with them, which explain and promote what these 3 services provide.

5.0 Social Marketing with emphasis on active living

GC explained that this is a new concept to local authorities but not so for the private sector. The report presented gives an overview of changing people's views and activities regarding well-being. This information was taken from the Sports England data and the appendices show examples of people changing their activities to improve well-being. Sports England has a wealth of data which can be utilised to progress social marketing with Shropshire. There has been a lot of planning work put into place to be able to bring it to the focus groups within Shropshire so as to be able to see if it will work within the county with two initiatives i.e. walking and dancing.

For example if a person does no activity or form of exercise then walking would be a good target area for a starting point. Mental well-being is also important and it has been proven that dancing helps improve mental well-being which is also a 2012 Olympic focus. It is also a sociable activity which meets the social element of well-being.

There are 3 focus groups which met last week for the first time (north/central/south Shropshire). MAsh sat in on one of the groups and they are looking at what will be plausible for marketing within Shropshire. GC mentioned that there is a report coming out in November on outcomes (Art Alliance) so this could be a driving tool for Shropshire. The national strategy is to include more partners so when these partners are identified in the new year this should be progressed. More research is needed to see what the triggers are for influencing change.

HO felt that for older people there is a need for one step down from walking and dancing because some older people don't have the confidence to walk or dance e.g. Extend classes. Day centres could help with utilising the focus groups to include all demographics within Shropshire. DB agreed that there is a need to look at demographic profiles to incorporate all groups of people within the county. JD suggested that Extend be marketed via hospitals and doctors because this is an area (patients discharged from hospitals) that definitely needs assistance in promoting well-being. There needs to be an extension of Extend. Healthy Living Centres could help in this area because there is a definite lack of assistance in the rural areas. He suggested putting a pack together that links all these initiatives together that can be passed to patients via doctors or hospitals. MAsh has a link via physical activity pathway so will provide JD with this information.

MAsh

GC explained that the focus groups mainly involve the older people groups so do not include mental health or physical disability groups, but feels that the dance initiative may help MH and PD groups.

6.0 Dementia

HR gave a brief presentation on dementia and mentioned that demographics show there is a worrying trend. As the presentation on Healthy Living Centres has shown people have different needs. There is a need to capture early on set via the Dementia Strategy and memory clinics are being looked into where Pathways may be able to assist in developing this within Shropshire. They are also obtaining input from care groups on how this issue can be addressed. The vision won't change but there could be an overarching statement.

They could look at extending opportunities for support to volunteers in day centres. They are also looking into the training aspect of dementia to improve services. An impact study is being progressed and will be submitted to SATH.

RH felt that there is a definite need to train hospital staff in being able to assist dementia patients that are in hospital for other medical issues via the use of a 'grab sheet' which would have a positive outcome. It is important to make people safe so signposting should be implemented in this area of service to help make people safe. Supporting People projects could assist in awareness of dementia. Memory clinics are an area which could help with identifying carers of people with dementia.

DB said there is a definite need for information sharing via GPs but this could then cause an issue around confidentiality. The Alzheimer's Society could have clinics within GP surgeries to help with links and integration through the work they do within the surgeries.

HO also mentioned the issue regarding alcohol related dementia (Korskoff Syndrome). HR said that there is a steering group meeting next Tuesday where experiences will be shared to the information groups.

Communication is crucial for people with dementia and this really needs to be developed within partnerships to ensure service users are safe, so awareness is very important.

The board considered that a metric relating to dementia could be considered as part of the refreshed LAA.

7.0 Age Concern Living Well

HO gave a brief explanation on what the Living Well Project is about. They have funding from Shropshire Council and it's a project to help improve the quality of life and fits in well with what the Healthy Living Centres are all about. She explained that the fun factor of life is important for the elderly. The preventative element of the project is

very important for example, people who are hard of hearing feel very isolated. They have many volunteers but need support to keep progressing this.

Age Concern have many links so the service can help signpost people to engage in activities and assist older people in helping themselves. They have various activities that they offer and one in particular has been a great success i.e. IT classes. They have at present 4 classes but there is a waiting list due to the popularity of the class. They are in partnership with the Library which assists the sensory impairment side of the project. They have Extend classes are looking to develop this network. Will Fit has also been helpful in getting people involved in gentle exercise as well as improving IT skills.

The current activities are:

- Salsa classes at Lantern Monday am
- Tea dances at St Giles Tuesday am
- Thai Chi at URC Tuesday pm
- Yoga at Radbrook Tuesday pm (new)
- IT at Library & Louise House Tues, Wed Fri
- Creative writing – Library monthly
- Reading groups – Library & Lantern monthly
- Extend exercises in our day centres
- Annual Afternoon of Entertainment
- Bi-annual literary competition
- Arts projects at various times

Participation may vary but on any given week around 75 older people take part in the activities and number are rising. They are very Shrewsbury focused but would like to be able to progress this into other areas within Shropshire. There is a list on things to do and in linking with other organisations e.g. day centres this should be a possible avenue of progression for the service.

Their principles for living well are:

- Non-ageist
- Affordable
- Preventative
- Self sustaining
- Fun

The outcomes they are wanting to achieve for older people are:

- Not isolated and are socially integrated
- Have increased confidence
- Are better informed
- Have improved mental and physical health
- Reduction in ageist views and beliefs

- Supporting older people in their choice of independent lifestyles
- Signposted on to Age Concern and other services

The future activities that the project is looking at are;-

- IT classes in Ludlow in New Year
- Dance Troupe – Telford but has potential
- Wii Fit's for day centres – seeking volunteers

Other ideas that may be looked into depending on financial assistance are:

- Shared allotments/gardening
- Walking groups
- Extending activities across county
- OTAGO – Falls exercise
- Peer health group – using IT
- Digital photography

8.0 Carers Strategy Update

DB gave an overview of the progress of the Carers Strategy where the action plan has been updated. She asked the members to please note two specific events that will be taking place and diarise if possible i.e.

26 November – Vision and Pathway Carers Strategy
4 December - Carers Rights Day

She highlighted a few points within the report viz.

- A number of training events have taking place within START (Short Term and Reablement Team) which in turn has seen an improvement in hospital discharges and carers' assessments being completed.
- There has been an increase in up-take regarding carers direct payments. Information leaflets are available regarding the re-introduction of direct payments for carers so if members would like some please contact DB.
- Information relating to carers is now being captured by the Blue Bade Service and this information is used to refer onto respective social care teams in assisting carer's assessment progresses.
- The emergency carers respite scheme was launched in September this year and leaflets were distributed to 4,00 carers in Shropshire. DB asked the members to promote this within their organisations.

ALL

9.0 Dancing for Health

JH gave an overview of why this proposal has been put forward for consideration and approval for funding as well as considering a nominee to sit on the Board of the Dance4Health Project Steering Group.

It has been developed over the last two years, starting as a partnership with SSDC and BDC Arts and Leisure Development Services, STAP and the PCT. Dancing has become a more popular form of exercise, where the TV programme Strictly Come Dancing has helped promote this as well. The Be Healthy Strategy and Dance 4 Life has also emphasised dancing as a good form of exercise. Wiltshire Council did some research on dance exercise (as shown in the slides) and they found that the outcomes were positive not only for improved health but also cohesion. There was a marked engagement of local communities. Dance is a fun and accessible way for people of all ages and abilities to get physically active and healthy. According to the Central Council for Physical Recreation (CCPR) dance is a popular activity for over 5 million participants, which is 10% of the UK population.

They are hoping to link with other organisations via what has been established in their frameworks e.g. training dance teachers which will include training in health as well as dance, as well as mentoring opportunities. The project will signpost people to local opportunities to be able to participate in dance, working alongside the Council's physical activity social marketing project. It includes a range of strands to support the development and infrastructure of community dance and Continued Professional Development of dance leaders, which will help to share best practice within a leaders' network.

It will also allow community dance leaders to link with health professionals, sports and exercise professionals and encourage partnership working. This project meets a large number of the Health and Well-being Partnership Board aims which is emphasised in appendix 1.

The total project budget over two years is £300,600 where they have been able to secure, and requested some of the funding with other organisations e.g. Telford and Wrekin Council, Cultural Olympiad Legacy Trust Funding, Arts Council England, PCT but would like to request the Board to contribute £30,000 per annum for two years. A full breakdown of the project costs is shown in appendix 2 of the report.

SK said that in principle it could be agreed but cannot take a final decision today until other initiatives have been put forward e.g. Healthy Living Centres. He asked if this project cannot be funded via another Board within the LSP and asked TD to investigate this option. GC said that it was not possible but will wait to hear back from TD.

TD

A proforma and process would be developed to assess and consider applications. This would be available at the next workshop in December.

TD

10.0 Shropshire Alcohol Strategy – update

A report was forwarded to all members for information but due to time constraints, SK decided, to provide an update at the next Board meeting in February. KS to amend future items list.

11.0 Date of Next Meeting

The next meeting (workshop) will arranged by KS for December 2009 as per the agreement of the Board.

KS

The following meeting (Board) will be Wednesday 3 February at 2pm in the Ludlow Room

Simon Kenton - Director of Joint Commissioning