

Health and Well-Being Board**Wednesday, 15 July 2015, Pershore Civic Centre, 2.00pm****Minutes****Present:**

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Mr S Adams, Ms J Alner, Mrs S L Blagg, Mr J P Campion, Mrs C Cumino, Mr Simon Hairsnape, Richard Harling, Dr A Kelly, Clare Marchant Mr G O'Donnell, Gail Quinton and Mrs M.A Sherrey.

Also attended:

Frances Martin, Mick O'Donnell, Nisha Sankey, Chris Tidman and Harry Turner.

Available papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the meeting held on 12 May 2015 (previously circulated).

Copies of documents A and B will be attached to the signed Minutes.

318 Apologies and Substitutes

Apologies were received from Adrian Hardman, Simon Rumley and Jonathan Wells. Simon Adams attended for Peter Pinfield and Gerry O'Donnell attended for the South Worcestershire District Councils.

319 Declarations of Interest

None

320 Public Participation

None

321 Confirmation of Minutes

The minutes were accepted as an accurate record of the meeting apart from Minute 317 which should have read that the Local Indicators for the Quality Premium applied to all Worcestershire CCGs not just South Worcestershire. The Chairman signed the minutes.

322 Acute Hospital Services in Worcestershire

Chris Tidman and Harry Turner from the Acute Hospital Trust attended the meeting and gave a presentation.

Following the Risk Summit and the CQC actions the main issues causing concern were all improving and the Trust had rated most of them as 'green'. Staffing levels and patient flow through the Emergency Department (ED) were rated by the Trust at 'amber': the flow through the

ED had improved but more needed to be done, and 2 of the 5 A & E consultants who had been recently recruited were locums. Progress had been made in improving relationships with partners.

An Urgent Care transformation team had been established. The numbers of delayed transfer of care (DTOC) had been agreed and were falling. The number and causes of medically fit for discharge (MFFD) patients needed further clarification. Some physical changes such as a larger discharge lounge were planned for before Christmas. Greater efforts were being made to plan discharges right from hospital admission and to discharge patients earlier in the day.

The HSMR (Hospital Standardised Mortality Ratio) and SHMI (Summary Hospital Mortality Indicator) were high. Analysis of data by cause of death showed that the main outliers were acute bronchitis and liver disease. 35% of deaths occurred after hospital discharge and a process had been agreed with CCGs to carry out further analysis of deaths post discharge.

The Trust had introduced a central register of all safeguarding adults' referrals, which had enabled cases to be better tracked. Of the 9 cases that remained outstanding at the end of June, 6 had been closed and of those 9, 4 related to discharge issues. Themes and learning were to be disseminated via Matrons meeting and reported via the QGC (Quality Governance Committee).

Staffing levels were being reviewed monthly at public board meetings. For fractured neck of femur, performance had improved against the target to get patients to theatre within 36 hours. Work was on-going to recruit a 5th stroke consultant in order to move to a 7 day service.

A number of other outstanding actions required follow up:

- The Systems Resilience Group (SRG) needed to review out of hospital capacity for the winter.
- Long term chairmanship of the SRG needed to be resolved.
- The Trust needed to agree a plan to address the fragility of Maternity and Emergency Care services.
- Issues raised by the Deanery based on Junior Doctors' feedback.
- The outcome of the Good Governance Institute report.
- Recruitment to substantive executive posts.

During the ensuing discussion the following points were made:

- When asked about mortality rates in emergency surgery and perinatal care it was explained that nothing stood out in emergency surgery. There had been a spike in perinatal incidents but this had now reduced and a peer review had been commissioned to check there were no further concerns. All deaths would be reviewed by the end of the year.
- When queried about when the Leadership positions would be made permanent Harry Turner explained that once the current review had been completed and the skills mix of people currently undertaking the roles had been assessed permanent appointments were likely to be made in the Autumn.
- Board Members commented that there had been an improvement in communications from the Trust and they now appeared to be more open and available for comment.
- Agency staff were only used if bank staff were not available so the amount paid to agencies was relatively low.
- It was agreed that a further report should be considered at the November HWB meeting, although it was pointed out that it would be useful to have an overview of the whole healthcare system, rather than just one element in the acute trust.

RESOLVED that the HWB:

- a) Thank Chris Tidman and Harry Turner for attending the meeting; and**
- b) Requested a further update take place at the November meeting, which may also need to include information from other health partners.**

323 5 Year Strategy for Health and Care Annual Review

Every HWB produces a five year Health and Care Strategy which brings together the various plans and activities of health and social care partners. The Worcestershire Strategy had been co-produced with partners, service users and carers. Appendix 1 showed progress against NHS outcome areas at the end of year 1.

In the following discussion the following points were raised:

324 Integrated Recovery South Worcestershire

- Members asked that information about years of life lost due to preventable causes be clarified so that it was easier for residents to understand. Information about the top three causes needed to be shown, along with what was being done to address them. It was confirmed that a summary was being worked on,
- Co-production had mainly involved older people, but the principles could be used across all ages including children and young people,
- The data for access to psychological therapies did not include people seen by independent providers.

RESOLVED that the HWB:

- a) Noted the progress made at the end of year 1 in achieving the Five Year Health and Care Strategy for Worcestershire; and**
- b) Asked that the next report be more user friendly, including a summary of the data against the HWB priorities.**

Nisha Sankey, Head of Transformation for South Worcestershire Clinical Commissioning Group (SWCCG), explained that the SWCCG and the County Council's Integrated Recovery Project was a series of change initiatives that aimed to achieve greater integration of health and social care for older people who required support to regain independence. The Board was asked to endorse the development of integrated services as part of the trailblazer bid.

It was planned to integrate the recovery at home and night services, firstly by working together and using the same processes and eventually moving to a single service managed by one provider. The plan for in-patient nursing and rehabilitation services was also to secure a single provider of services based at Timberdine. The future of Howbury would also be considered and a stakeholder event was planned to further discuss options.

Members queried why community hospitals were being excluded from these plans as they contributed to these services. It was explained that the contract for Timberdine, which provided a community hospital service for Worcester City, was expiring in April 2016 and therefore that re-commissioning and a tender for a new provider was required.

It was noted that the Better Care Fund had not been confirmed for 2016/17.

Resolved that the HWB:

- a) Noted and endorsed progress with the development of integrated health and adult social care recovery services in South Worcestershire and the plan to progress integration further as part of the South Worcestershire trailblazer bid,
- b) Approved the procurement of a single integrated community based inpatient nursing and rehabilitation unit, provided at the existing Timberdine site, noting the associated Better Care Fund implications and procurement timeline; and
- c) Noted the delegated authority awarded by Worcestershire County Council Cabinet in July 2014 to the Cabinet Member for Health and Well-being, in consultation with the Director of Adult Services and Health, to agree with NHS South Worcestershire Clinical Commissioning Group, the details of the specifications for integrated health and adult social care re-ablement and rehabilitation services, including Timberdine, the costs that can be met from the Better Care Fund and how providers should be procured.

325 Better Care Fund

RESOLVED that the Board noted the Better Care Fund Quarterly Report to NHS England, which had previously been approved by the Chairman under delegated authority.

326 Children's Plan annual report

Gail Quinton gave a brief outline of the Children and Young People Annual Report. The key areas of success for 2014/15 were listed in the agenda report along with areas of concern. Progress was being made but further work was needed in areas such as school readiness and educational attainment of disadvantaged children.

Regular information and a dashboard would be brought to the HWB and performance was considered by the Children and Families Strategic Group.

RESOLVED that the HWB:

- a) Noted the content of the report and the progress made on implementing the Children and Young People's Plan;

327 0-5s Public Health Transfer

- b) Agreed that the HWB receive reports at every other meeting which focus on the progress of the key areas of concern outlined in paragraph 26; and**
- c) Recognised the role of the HWB in working with partners, including parents, to improve outcomes for Children and Families.**

Responsibility for commissioning 0-5 children's public health services would be transferring from NHS England to Local Government on 1 October 2015. Health Visiting and Family Nurse Partnership were the main services which made up the Healthy Child Programme.

The public health ring fenced grant was expected to be reduced in year, and the current proposal was that this would lead to funding for 0-5 children's public health services being reduced by 10% from October 2016, with the services to be re-commissioned along with Early Help with the mandated elements of all services preserved. It was agreed that a further discussion on the public health ring fenced grant would take place at the next HWB.

Health visitor services had historically been provided on a GP registered population but in future would be provided on a resident population. Around 600 children would need to have their services arranged by other local authorities.

RESOLVED that the HWB:

- a) Noted the scope and progress of the forthcoming transfer of commissioning arrangements for 0-5s public health services;**
- b) Noted progress of implementation of the revised national health visiting model, in particular the move from a registered to a resident basis; and**
- c) Ask CCG Board members to disseminate the key messages to GPs.**

328 Future Meeting Dates

Future Meeting Dates

Tuesday 30 September – County Hall, Worcester
Tuesday 3 November – Malvern District Council Offices
Meetings start at 2.00pm.

Development (Private) Meetings 2015

Tuesday 13 October
Tuesday 8 December

All held at County Hall at 2.00pm

The meeting ended at 3.40 pm

Chairman