

Health and Well-Being Board

Tuesday, 3 November 2015 County Hall, Worcester - 2.00 pm

Minutes

Present:

Mr M J Hart (Chairman), Mrs S L Blagg, Mr J P Campion, Mrs C Cumino, Mr S Hairsnape, Mr A I Hardman, Richard Harling, Mr S Jarman-Davies, Dr A Kelly, Clare Marchant, Hannah Needham, Mr G O'Donnell, Mrs J Ringshall, Dr S Rumley and Mrs M Sherrey.

Also attended:

Kate Griffiths, Sandy Hogg, Frances Martin and Nisha Sankey.

Available papers

The members had before them the Agenda papers and the minutes of the meeting held on 30 September;

Copies of those documents will be attached to the signed Minutes.

341 Apologies and Substitutes

Apologies had been received from Jo-Anne Alner, Lee Davenport, Carl Ellson, Peter Pinfield, Jonathan Wells and Simon White.

Steve Jarman-Davies attended for Jo-Anne Alner, Jo Ringshall attended for Peter Pinfield and Hannah Needham attended for Simon White.

Marcus Hart was late for the meeting due to attending a funeral; the meeting was Chaired by Richard Harling.

342 Declarations of Interest

None

343 Public Participation

None

344 Confirmation of Minutes

A correction was required in that Margaret Sherrey be added to the list of attendees at the last meeting but otherwise the minutes were agreed to be a correct record of the previous meeting and were signed by the Chairman.

345 Update on the Development of a Worcestershire Health and Care Winter Plan

Simon Hairsnape introduced this item. The Health and Care System was most under pressure during winter making it necessary to have a clear Plan to ensure there were sufficient resources available to meet demand and for escalation if necessary.

The Worcestershire Health and Care Winter Plan had

been agreed by the two health trusts, the Ambulance Trust, CCGs, and the County Council through the Systems Resilience Group and formal sign off from NHS England was expected. Sandy Hogg, (Associate Director of Urgent Care Transformation and System Resilience) gave details to the Board.

Sandy explained that the Winter Plan was produced based on guidance from a number of national bodies. The plan referenced other plans such as the 'flu immunisation plan, the cold weather plan and last year's winter plan.

This year NHS England had issued System Resilience Funds back in March as part of CCG baselines and the money had been used to fund urgent care pathways, along with the Better Care Fund. An extra non-recurrent £250,000 would be made available for mental health liaison services.

All key services would operate seven days a week including over the Christmas holiday period. In the acute hospitals 60 additional beds with the necessary staffing would be opened - 28 additional beds were already open at Worcestershire Royal.

There were three main urgent care pathways for hospital discharge:

1. Discharge to home
2. Discharge to a community hospital or
3. Discharge to a care home for assessment

Discharge numbers were agreed every week and it was expected that numbers would increase over the winter.

The Plan also included arrangements for escalation as there may be surges in demand when other plans such as the infection control plan and the adverse weather plan, as well as additional action would be needed. Managers met twice a day to manage patient flow and Executives met weekly.

The Plan had been approved by the Systems Resilience Group and was now with NHS England for sign off. The Plan would be kept under active review.

In the ensuing discussion the following main points were made:

- It was clarified that there had been a review of last year's plan and activity so this year they were ensuring that front line staffing was in place and

346 Integrated Recovery

that there would be sufficient management oversight over Christmas and New Year. It was understood that maximising patient flow was important. Plans for escalation were being tested over the next few weeks,

- Additional beds had been made available at Worcestershire and there would be more at Redditch if they were required,
- It was important that communication reached the public so that they went to the most appropriate place for their needs rather than just attending A&E. All partners had signed up to the communication plan which included weekly press releases, posters, newsletters and emails to patient groups and encouraging staff to cascade messages to their families.

RESOLVED that the Health and Well-being Board:

- a) noted the information regarding the development of the Health and Care Winter Plan; and**
- b) helped to cascade key communications messages.**

Frances Martin explained that the NHS, South Worcestershire Clinical Commissioning Group and Worcestershire County Council's South Worcestershire Integrated Recovery Programme was a series of commissioning projects that were working towards greater integration of health and social care for older people who needed support to regain their independence following a crisis at home or admission to hospital.

Nisha Sankey, Head of Transformation for South Worcestershire CCG, gave further details about the commissioning of recovery beds over and above those provided within the community hospitals or the Timberdine Unit.

Analysis had shown if an increased number of people can be cared for at home and if length of stay reduced then there should be sufficient capacity between the new single integrated community-based inpatient nursing and rehabilitation unit and the community hospitals along with a small number of pathway 2 **residential** beds, Plaster of Paris beds and Pathway 3 discharge to assess beds. The project was exploring options for commissioning these.

In the ensuing discussion various points were clarified:

- The long lead in time from the tender in February 2016 to implementation in October 2016 was a

'worst case scenario' if a competitive tendering exercise became necessary; however managers wished to provide as much stability for staff as possible;

- The length of stays in community hospital beds were monitored and the modelling worked on an average length of stay of 21 days. The quicker people are able to go home the more like they were to regain their independence;
- It would be necessary to work with providers to ensure the right care was available in the community to enable people to be cared for at home rather than in bedded facilities. The expectation was that as capacity for care at home was increased the requirement for beds would fall;
- Simon Hairsnape wished to note that the Better Care Fund was a countywide fund which was expected to meet local needs on an equitable basis but this project so far just covered south Worcestershire. Ideally the sign off of this project should be for the whole county so in due course the north of the county would need to be considered.

RESOLVED that the Health and Well-being Board:

- a) Noted the progress with the development of the integrated health and adult social care recovery services in South Worcestershire and the plan to progress integration further;**
- b) Noted current availability, usage and future requirements of recovery beds in South Worcestershire;**
- c) Endorsed the process and timeline for commissioning recovery beds, and asked that the Cabinet Member for Health and Well-being and the NHS South Worcestershire Clinical Commissioning Group Chief Clinical Officer finalise the specifications , agreed the costs that can be met from the Better Care Fund, and determined how providers should be procured, noting the delegated authority awarded by Worcestershire County Council Cabinet in July 2014 to the Cabinet Member for Health and Well-being;**
- d) Agreed to extend the Better Care Fund funding for Howbury House Resource Centre until 30 September 2016, to allow sufficient time to complete the review of recovery beds and implement the resulting commissioning process; and**
- e) Noted that this project was only for South**

Worcestershire and that the Better Care Fund was for the whole of the County.

347 Better Care Fund

Frances Martin presented her report which gave an update of the Better Care Fund (BCF).

The number of emergency hospital admissions had reduced by more than expected, likely as a consequence of integrated working of which BCF funded services were a key component.

The amount of the BCF 2016/17 had not been confirmed; however it was expected to be the same size as in 2015/16. Details of all schemes funded in 2015/16 and proposals for expenditure in 2016/17 would be brought to the February Board meeting for approval, noting that the Board had previously committed funding to the new integrated community-based inpatient nursing and rehabilitation unit, and to Howbury House.

RESOLVED that the Health and Well-being Board:

- a) Noted the contribution of the Better Care Fund in reducing emergency hospital admissions and facilitating acute hospital discharges as per the Q1 return to NHS England; and**
- b) Noted that the current basis for Better Care Fund budget planning for 2016/17 is for no increase in BCF allocation.**

348 HIG Bi-Annual Report

Richard Harling gave a brief overview of the work of the Health Improvement Group (HIG). The HIG monitored the delivery of Strategic Plans such as Alcohol, Mental well-being and suicide prevention, Obesity and Tobacco control. The HIG also looked at plans from the District Councils.

The report in the agenda gave details of work that had taken place during the first year of the Tobacco Control Plan. Outcomes were good as smoking prevalence was going down and had decreased more in Worcestershire than nationally. Smoking in pregnancy rates remained worse in Worcestershire than the England average.

The drug and alcohol contract had been re-commissioned from 1 April 2015 with the contract awarded to Swanswell Charitable Trust for an initial period of three years. The numbers of people returning after drug treatment remained high but this was the case nationally.

The report also gave details about the District Council

plans as well as other issues the HIG had looked at.

The following comments were made:

- Gerry O'Donnell explained that Wychavon District had recently appointed a Health Improvement co-ordinator and Health and Well-being was one of the key aims in the new District Council Strategy;
- It was clarified that there was a Strategic Plan for each of the Board's priorities and the HIG monitored progress against the actions within each plan;
- Board Members felt that it was not enough to just note the report; they felt the question 'what more can we do?' needed to be asked. Actions needed to be measured to show what difference had been made and what impact particular programmes had had;
- It was suggested the each of the key priorities be looked at in more detail at the next few meetings. More feedback was needed to show what impact particular action plans had had, especially how children had been affected.

RESOLVED that the Health and Well-being Board

- a) Considered and commented on progress made between April 2015 and September 2015,**
- b) Agreed that the Health Improvement Group Bi-Annual Report was presented at the meeting in May 2016; and**
- c) Requested that the individual strategic plans for each priority area be considered at the next few meetings to see the impact of any actions taken.**

349 Future Meeting Dates

The next meeting would be the development meeting on **8 December** at County Hall.

At the last development meeting it had been decided that public meeting should be quarterly and there should be more development meetings as listed.

2016

Public meetings – these are for 'mandated' items, assurance against progress of Joint Health and Well-being Strategy and other key system plans

- 09 February 2016
- 10 May 2016
- 13 September 2016
- 1 November 2016

Private (Development) meetings - for discussion of big issues and/or board development

- 26 January 2016
- 1 March 2016
- 12 April 2016
- 14 June 2016
- 12 July 2016
- 11 October 2016
- 6 December 2016

The meeting ended at 3.05.

Chairman