

## Health and Well-Being Board

**Tuesday, 3 March 2015, Council Chamber, County Hall –  
2.00pm**

### Minutes

#### Present:

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Supt. J Baker, Mrs S L Blagg, Mrs E A Eyre, Mr Simon Hairsnape, Mr A I Hardman, Richard Harling, Mrs A Hingley, Dr A Kelly, Clare Marchant, Peter Pinfield, Gail Quinton and Dr S Rumley and Jonathan Sutton.

#### Also attended:

Lynda Dando, Ray Eades, Tim Holman, Richard Keble, Frances Martin, Sylvia Meyrick, Sue Morgan, Sharon Paterson, Jo Ringshall, Harry Turner and Penny Venables.

#### Available papers

The members had before them the agenda papers (previously circulated).

**289 Apologies and Substitutes**

Apologies were received from Carole Cumino. Jonathan Sutton attended on her behalf.

**290 Declarations of Interest**

None

**291 Public Participation**

None

**292 Confirmation of Minutes**

The minutes from the meeting of 28 January 2015 were accepted as an accurate record of the meeting apart from an amendment detailed by Gail Quinton. She clarified that under the Public Health Report she had raised a concern about the lack of visibility about understanding the health outcomes of young offenders. This would be looked at by the Integrated Commissioning Executive Officers Group.  
The minutes were signed by the Chairman.

**293 Learning Disability Progress Report and Strategy**

The Co-Chairs of the Learning Disability Partnership Board, Tim Holman and Richard Keble gave a presentation about the annual learning disability Self-Assessment Framework (SAF), the learning disability strategy and expert members and family carers' feedback.

The following main points were made:

- The SAF had gone well and had improved from last year. Peer reviewers were positive about progress and impressed with the new Learning Disabilities Strategy,
- Worcestershire had scored itself quite harshly in the SAF; co-production was red due to not enough involvement in all the planning areas,
- The Strategy had been developed through the Partnership Board,
- A joint position statement with children had been developed to ensure there were good joined up plans for children, young people and adults with a learning disability, parents and family carers,
- Collaborative working was continuing between adults' and children's services although an all age Strategy was not currently possible because of wide differences in legislation,
- People with a learning disability and family carers were involved in planning services to ensure reasonable adjustments were made to improve access to universal services,
- People with a learning disability and family carers were listened to through the Partnership Board and sub-groups. A range of partners and the CCGs had also fed in comments,
- A quality impact assessment had been completed on the Strategy.

Expert Members said that they were pleased to be able to have a say at the Partnership Board and sub-groups and noted that Expert Members Co-Chaired these meetings. They also noted that:

- The Learning Disability Strategy promised co-production and the challenge would be to make sure that happened,
- Information would need to be accessible and although more materials were being put into Easy Read this did not always happen,
- They hoped the pledges made at the Peoples Parliament on Future Lives and the internet would be properly fulfilled.

Ray Eades said that carers were pleased with the strategy. The layout of the document meant that it was interesting to read. They were looking forward to the next stage which was the production of an action plan. He wished to particularly thank Sharon Paterson who had worked very hard on the document and looked forward to seeing the same standard of work and co-operation in

the future.

Board members were pleased to see how far the Strategy had progressed and how co-production had been demonstrated.

Following a query about out of county placements it was clarified that:

- Most adult social care placements were actually close to the county borders and were constantly being assessed to see if they could be transferred to Supported Living facilities.
- There were currently 6 hospital placements, 3 of which were due to be discharged imminently. That meant Worcestershire had one of the lowest numbers of people in hospital placements.

**RESOLVED that the Health and Well-being Board:**

- a) Noted the comments raised by Expert Members with a Learning Disability and Family Carers,**
- b) Agreed to formally respond to the key issues raised by Expert Members with a Learning Disability and Family Carers as set out in paragraphs 8-14 of Appendix 3,**
- c) Noted the Self-Assessment Framework submission on behalf of Worcestershire and requested that an Action Plan to address the 'Red' categories be developed and reported to the LDPB,**
- d) Approved the draft Adults Learning Disability Strategy, and**
- e) Approved the joint position statement of children's and adults' in respect of support for people with learning disabilities.**

**294 Future of Acute Hospitals in Worcestershire**

Simon Hairsnape explained that the timetable for the review remained the same. The proposed clinical model was being evaluated by the West Midlands Clinical Senate. It was expected that the proposals could be put to public consultation in June or July.

Penny Venables from the Acute Trust agreed it was important to move ahead as safety and sustainability needed to be considered and stressed that the Acute

Trust were committed to working with the CCGs. It was noted that the length of the process was having an effect on staff at the Alexandra Hospital in Redditch. She also confirmed that a group were meeting regularly to monitor the safety and sustainability of services.

In the discussion the possibility of a Health and Well-being Board Statement was raised. It was felt that this could help by reiterating the clinical case for change and stressing that the earliest possible public consultation was desirable, without supporting any particular clinical model. Board members supported this idea

**RESOLVED that the Health and Well-being Board thank Penny Venables and Harry Turner for attending the Board meeting and agreed that the Chairman in consultation with the Director of Adult Services and Health would produce a statement about the Future of Acute Services in Worcestershire.**

**295 Autism Strategy**

Board Members were asked to note the progress of the Autism Strategy. A draft all age Strategy was ready for consultation to begin on 4 March. It had previously been hoped that the strategy and consultation would have been completed and ready to be signed off by the March meeting but it was important to allow enough time for the adult's and children's elements to be brought together.

**RESOLVED that the Health and Well-being Board noted the progress achieved and approved the consultation on the all age Autism Strategy.**

**296 Joint Health and Well-being Strategy 2016-21**

The current Health and Well-being Strategy ended in March 2016 and work needed to commence to prepare a new strategy.

The key dates were:

- 4 June – Stakeholder event to reflect on the current strategy and principles and what would be required in a future strategy
- 22 September – The HWB would receive an update, agree the content and process of consultation
- November – Stakeholder event held as part of the consultation
- January 2016 – Draft report to the HWB Board
- March 2016 – HWB to sign off final version of the Strategy

As part of the strategy development process Board

**297 CCG  
Commissioning  
Plans 2015/16**

Members queried whether external challenge would be useful in reviewing the impact of the current Strategy and highlighting lessons learned. They also wished to highlight any 'quick wins' in the new Strategy.

**RESOLVED that the Health and Well-being Board agreed the process as outlined in the agenda report to review the current Health and Well-being Strategy and prepare a new Strategy for April 2016.**

David Mehaffey, Strategy Manager for South Worcestershire CCG, worked with Mick O'Donnell, Head of Strategy for Wyre Forest and Redditch and Bromsgrove CCGs, to produce their commissioning plans. Three distinct plans had been produced but took account of countywide issues.

South Worcestershire CCG

There were 32 practices for a population of 297,973 people and a commissioning budget of £322million. The CCG had a 5 year strategy in place with priorities of:

- Improving quality and patient safety
- Reducing health inequalities
- More independence for the frail elderly and those living with a long term condition and,
- Better and faster access to urgent care

Under the current funding formula South Worcestershire CCG had the 2<sup>nd</sup> lowest target and the lowest actual funding allocation in the area, although they were not the most challenged CCG. Half of the budget went on acute hospital services. It was difficult to compare year on year figures but mental health services were to get an increase of 3%, prescribing would increase by 4% and continuing Healthcare would increase by 7%.

Key financial plans for 2015/16 included:

- increasing overall mental health expenditure by £1.2m
- investing £95,000 in a social impact bond to address social isolation and loneliness
- £750,000 to further develop the Worcester urgent care centre
- £1.5m on proactive care services for the frail elderly
- £160,000 on a falls response service

Operational plans include:

- Transforming urgent care

- Commissioning primary care
- Developing new care models

The priorities and performance improvement were then given for urgent care, planned care, cancer care and mental health services.

#### Redditch and Bromsgrove and Wyre Forest CCGs.

In population Redditch and Bromsgrove and Wyre Forest were about equal to South Worcestershire. In 2015/16 Redditch and Bromsgrove would receive a funding increase of £282,000 while Wyre Forest, which had previously been comparatively over allocated, received a decrease of £398,000. Redditch and Bromsgrove needed to make a saving of 2.9% and Wyre Forest of 2.6%.

The overarching commissioning principles were a greater emphasis on prevention and self-care; an increase in the amount and range of care available in the community and corresponding reduction in hospital care; an increase in the amount of treatments delivered as day cases and an increasing focus and investment on mental health and well-being services.

Over 50% of the budget in both areas was spent on acute hospital services. For 2015/16 this would be £103m for Redditch and Bromsgrove, a small increase on 2014/15; for Wyre Forest a small increase would mean the acute services spend would be almost £68m.

The operational service delivery targets were detailed with targets for A & E waiting times, referral to treatment times, cancer care, infections and improving access to mental health services. 6 out of 11 targets were already being met.

In response to questions it was clarified that:

- the increase in mental health expenditure included prescribing as well as specialist services,
- acute hospital services received over 50% of the budget and therefore the bulk of the savings would have to come out of the acute budget. The CCGs would concentrate on continuing to reduce emergency admissions which had been reduced in the previous 2 years,
- Savings would be made by commissioners through the QIPP programme and providers would work on their own efficiency plans. The CCGs could not negotiate with acute service providers on price and could only reduce activity

**298 Primary Care Commissioning Plans**

through the actions of GPs and by reducing the numbers of people referred to or ending up in hospital,

- Healthwatch confirmed that they attended CCG Board meetings and stakeholders received reports on a bi-monthly basis. Each CCG also had a patient and public forum and as part of the planning process GPs and patient groups had been involved in the debate about budgets. SW CCG held a budget prioritisation exercise which resulted in the view that ambulance services, cancer care and dementia care were the three areas where the public wished to preserve funding.

**RESOLVED that the Health and Well-being Board noted the development of the commissioning plans for 2015/16 of the three Worcestershire Clinical Commissioning Groups.**

Lynda Dando, Head of Primary Care Development for South Worcestershire CCG explained that NHS England had invited CCGs to take an increased role in the commissioning of primary care.

Three options were available. South Worcestershire CCG had become one of sixty four CCGs who would be responsible for the management of GP contracts from 1 April 2015. This would enable the CCG to develop new contractual arrangements that encouraged more integrated and sustainable care. At present, recruitment was not a problem but they were aware that a large number of GPs were aged over 50 and the number of new GPs was falling.

The Governance arrangements had been mandated nationally and consisted of a Shadow Primary Care Commissioning Committee which had a Clinical Advisory Group and a Public and Patient group feeding into it.

Simon Hairsnape clarified that Redditch and Bromsgrove and Wyre Forest CCGs had opted for Joint Commissioning arrangements with NHS England for 2015/16. They wished to confirm that the financial challenges were being dealt with and concerns about conflicts of interest were resolved before moving to full delegated commissioning.

**RESOLVED that the Health and Well-being Board:**

- a) Noted the changes being put in place for GP**

## Commissioning, and

- b) **Noted the invitation for a Local Authority member of the Health and Well-being Board to join the Joint Committee between NHS England, Redditch and Bromsgrove CCG and Wyre Forest CCG as a non-voting member**

### 299 Urgent Care Study - Healthwatch

Following the Urgent Care Strategy which had been published in February 2014, Healthwatch Worcestershire were concerned that not enough account was being taken of why people went to A&E or MIUs and had therefore conducted a survey.

339 patients completed the survey. Those questioned had made their own way to A&E rather than be taken to hospital by ambulance. The numbers questioned were low due to a lack of HWW resources and the fact that the majority of throughput came via ambulances.

Key findings included that there was some confusion about MIUs and NHS 111 and what they could be used for. Most people accessed their most local service and only 10% had heard of the Urgent Care Strategy.

In conclusion people understood A&E and would not change their behaviour easily. There needed to be clear information about alternatives and trust that these would meet people's needs.

The recommendations included that there needed to be improved communication about the role of MIUs, NHS 111, and GP out of hours services regarding their opening hours and the range of conditions they treated.

The CCGs commented that the report largely highlighted issues they were already aware of and that NHS 111 had been designed to help but had added an additional complexity.

**RESOLVED that following the consideration of the Urgent Care Survey report the Health and Well-being Board encouraged the implementation of the recommendations by all commissioners and providers of Urgent Care Services.**

### 300 Review of Urgent Care Patient Flow

There had been an increase in demand for health and adult social care services both nationally and locally although this could partially be a result in the way the figures were now recorded.



One way to address this was with discharge pathways. The Patient Flow Centre co-ordinated complex discharges on behalf of the local NHS and the Council. People could either be discharged with support at home on pathway 1; discharged to a rehabilitation bed on Pathway 2 or discharged to a nursing or residential home for further assessment on Pathway 3.

These arrangements had been successful at increasing the numbers of complex discharges but there were still some delays. The local NHS, Council and the VCS were working together to respond to the demand and were increasing the capacity in Hospital and Rapid Response social work teams; increasing capacity in pathways 1 and 2; commissioning additional homecare and piloting 7 day working with home care providers.

The pathways were currently being reviewed and partners would continue to work together.

**RESOLVED that the Health and Well-being Board noted this update on urgent care.**

**301 Better Care Fund**

Sue Morgan explained that that the Section 75 Agreement had been updated to include the Better Care Fund and reflect the commissioning intentions of partners. The Agreement did not affect the way that services were provided – but merely described the arrangements for pooling and aligning commissioning budgets.

The report highlighted some amendments and these and the final financial schedule would be agreed by the Council and CCGs by the end of March 2015.

**RESOLVED that the Health and Well-being Board:**

- a) **Noted the list of services to be commissioned under the Section 75 Agreement in 2015/16,**
- b) **Noted the governance arrangements in place to monitor commissioning under the Section 75 Agreement, and**
- c) **Noted the financial contributions from partner organisations (subject to finalisation of allocations and contracts)**

**302 Five Year Forward View into Action - New Models of**

In December the Council had applied for the 5 year Forward View into Action Vanguard status. (Now called forerunners). Worcestershire had submitted a countywide bid which was had been judged against 270 others. The bid had not been successful but the work that had been

**Care**

undertaken had helped to clarify views on integration.

**Resolved that the Health and Well-being Board noted the outcome of the Vanguard Bid.**

**303 Future Meeting Dates**

**Public Meetings**

- Tuesday 12 May
- Wednesday 15 July – Pershore Civic Centre
- Tuesday 30 September
- Tuesday 3 November – Malvern District Council Offices

All meetings start at 2.00pm. To be held at County Hall unless otherwise stated.

**Development (Private) Meetings 2015**

- Tuesday 14 April
- Tuesday 16 June
- Tuesday 13 October
- Tuesday 8 December

The meeting ended at 4.25pm

Chairman .....