

## Health and Well-Being Board

**Tuesday 11 March 2014, County Hall, Worcestershire County Council, – 2.00pm**

### Minutes

#### Present:

Cllr. Marcus Hart (Chairman)	Worcestershire County Council
Cllr. Sheila Blagg Sally Ellison	Worcestershire County Council Member from the Voluntary and Community Sector
Dr Anthony Kelly	South Worcestershire CCG
Cllr. Elizabeth Eyre	Worcestershire County Council
Trish Haines	Chief Executive, WCC
Simon Hairsnape	Redditch and Bromsgrove / Wyre Forest CCGs
Dr Richard Harling	Director of Adult Services and Health, WCC
Cllr. Adrian Hardman	Worcestershire County Council
Cllr. Anne Hingley	North Worcestershire District Councils
Gail Quinton	Director of Children's Services, WCC
Dr Simon Rumley	Wyre Forest CCG
Peter Pinfield	Healthwatch
David Williams	NHS England
Supt. Mark Travis	West Mercia Police

#### In attendance:

Diana Fulbrook	Worcestershire Safeguarding Children's Board
Kate Griffiths	Democratic Services, WCC
David Mehaffey	South Worcestershire CCG
Pete Morgan	Worcestershire Safeguarding Adults Board
Mick O'Donnell	Redditch & Bromsgrove and Wyre Forest CCG

#### Available papers:

The members had before them:

- A. The Agenda papers and appendices referred to therein (previously circulated);
- B. The minutes of the meetings held on 29 January and 11 February 2014.

	A copy of document A will be attached to the signed minutes.
<b>210. Apologies and Substitutes (Agenda item 1)</b>	Apologies were received from Dr Carl Ellson, Lesley Murphy, and Dr Jonathan Wells. David Williams represented Lesley Murphy.
<b>211. Declarations of Interest (Agenda item 2)</b>	None
<b>212. Public Participation (Agenda item 3)</b>	None
<b>213. Confirmation of Minutes and Matters Arising (Agenda item 4)</b>	<p>The minutes of the meetings of 29 January and 11 February 2014 were agreed to be a correct record and were signed by the Chairman.</p> <p>Peter Pinfield asked if the Chairman was aware that another incident had recently taken place at the Bromsgrove Road Bridge.</p> <p>The Chairman reassured the Board that he was aware of the incident and a watching brief was being kept on the situation as agreed at the January Board meeting.</p>
<b>214. CCG Operational Plans (Agenda item 5)</b>	<p>Operational Plans were a requirement of the three Worcestershire CCGs under the NHS planning guidance and financial allocation "Everyone Counts" issued on 19 December 2013. The emerging themes from David Nicholson's Call to Action and CCG priorities had already been presented to the HWB.</p> <p>Worcestershire had a financial gap of £20 million and during the next 5 years that gap would increase. There was not a reduction in funding but the NHS needed to avoid spending that amount of money in the face of demand and cost pressures.</p> <p>Strategic "Units of Planning" had been created and each health and care economy needed to produce a 5 year Strategy by June 2014. Each CCG also had to produce a 2 year Operational Plan. Use of the Better Care Fund would be an integral part of the Strategy and Operational Plans.</p> <p>Operational Plans were not traditional plans but a statement that CCGs planned to deliver the following:</p> <ul style="list-style-type: none"> <li>•The NHS Constitution requirements,</li> </ul>

- Specific improvements in outcomes for the local population,
- Outcome measures against the Better Care Fund,
- Activity levels (i.e. patients seen in specific areas), and
- Financial balance & compliance with NHS rules.

Feedback had been received on the 1<sup>st</sup> submission of the plans. Following refinement the Plans will be resubmitted and then brought back to the HWB. They would form part of the 5 Year Strategic plan.

The 3 CCGs were setting Plans aimed at delivering the performance standards in the NHS Constitution and were working on checking the quality assurance of the cost improvement plans received from providers. Targets were also being set for infection control and meeting the friends and family test.

Each CCG had set a specific trajectory for 8 nationally set health outcomes:

- Reducing the number of potential years of life lost from conditions considered amenable to healthcare,
- Improving the health related quality of life for people with long term conditions,
- Reducing the number of emergency admissions for conditions that should not require acute health care,
- Reducing the proportion of people reporting a poor experience of hospital care,
- Reducing the proportion of people reporting a poor experience of care outside hospital in general practice and the community,
- Improve the proportion of people accessing psychological therapies,
- Improve the proportion of people accessing dementia diagnosis within primary care,
- Reduce the number of *Clostridium Difficile* infections.

Each CCG had also proposed a local priority:

- Redditch and Bromsgrove - Reducing unnecessary emergency admissions,
- South Worcestershire – Reducing mortality from respiratory diseases in under 75s,
- Wyre Forest – Improving self reported mental health wellbeing.

In 2015/16 it was planned to reduce acute spending by £7million pounds and increase spending in other areas by 12%.

In the ensuing discussion the following points were raised:

- The reduction in spend would mean that more people would need to be seen in the community rather than in acute hospital settings;
- The increase in the number of elderly people would have to be offset by better health and better management of long term conditions, including tackling obesity and more proactive care,
- All health and social care providers were being informed about these plans. Further discussions will take place before the 5 year Strategy is published in June. All 3 CCGs, the County Council and NHS England needed to agree and sign up to the Strategy.

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

**(a) Thanked the CCG for this update, and**

**(b) Requested that the third draft of the Strategy be brought to the Board on 13 May.**

## **215. CCGs Urgent Care Strategy (Agenda item 6)**

The Draft CCG Urgent Care Strategy was proposed to run from April 2014 for 3 years and was almost ready for sign off. The Urgent Care Board had been in place for a year and had had monthly meetings. The Health Overview and Scrutiny Committee had considered the draft and requested that the consultation be extended for a further four weeks.

Worcestershire struggled to meet the target of the 4 hour wait in A&E and although there had been some improvement more needed to be done. Over the last two years A&E attendances had fallen but waiting times had increased.

Emergency admissions had risen over the last five years. Admissions from A&E had risen by 12.8% although admissions from other sources had reduced by 8.2%. Overall admissions needed to be reduced further.

The Partners have agreed the vision for urgent care is:

*"To ensure the people of Worcestershire have access to the right urgent care service that is of a consistently high quality and which is available 24 hours a day 7 days a week".*

Urgent care was complicated and needed to be

simplified. Unnecessary admissions needed to be avoided and better use should be made of community based services. Lots of projects were already in place.

In discussion the following points were made:

- The current generation often go direct to A&E because it can be difficult to get an appointment at their GPs. In response the CCG clarified that a survey had found that lots of people knew they shouldn't go to A&E but thought it was easiest. The task was to clarify the message about what services were suitable but first ensuring the correct services were available at the correct time,
- Members were glad the consultation had been extended as the public still had concerns,
- There was concern that the walk in centre was closing and that the closure might have an impact on the numbers attending A&E. The homeless especially relied on the walk in centre. A CCG representative explained that people should be attending their GP surgeries which are able to treat minor injuries. David Mehaffey explained that services for the homeless were being re-commissioned and would be funded by NHS England,
- There was still concern that an 8.00-8.00 service was not available and GP services should be extended before the centre closed. Dr Ellson was the Lead on providing a 7 day a week service and currently 4 bids had been put in to the Prime Ministers challenge fund for this area,
- Members asked whether nurses would be taking a greater role in enabling a 7 day a week service. They were informed that they would be used in integrated community teams and on virtual wards in the north of the County. Nurses were also necessary in ensuring that there was more access to primary care,
- There needed to be a shift towards community care but it would be important to ensure that the necessary providers and services were in place before acute services could be reduced.

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

**(a)Reviewed the current draft of the county wide Urgent Care Strategy;**

**(b)Offered comment before individual Governing Bodies and Boards of local partner**

**organizations formally adopt the strategy.**

**216. Acute Services Review  
(Agenda Item 7)**

The review was currently developing governance and assurance mechanisms and working on understanding the transport routes for patients around the county. The final decisions of the review would first need to be approved by NHS England and then considered by the Health Overview and Scrutiny Committee and the HWB and that process would be completed by December 2014. The programme Board has recently appointed an independent Lay Chairman Jo Newton.

**RESOLVED: that the Health and Well-being Board note the update on the Acute Services Review.**

**217. Future Lives: Pathways to independence - Update  
(Agenda item 8)**

Future Lives was a major programme for DASH in order to meet the requirements of the Care Bill and achieve substantial savings. Further integration of health and social care was a key part of the programme.

Keeping Well (formerly known as Ageing Well). This project included offering information and advice to enable people to stay healthy and independent. There was currently a tender exercise for digital access for health and care information and advice. Secondly the workstream intended to build community resilience and increase volunteering which would result in less demand for health care. Thirdly prevention, early help and other support services would be recommissioned.

The Recovery project was reviewing re-ablement and rehabilitation services with a view to developing a more integrated service that could reduce emergency hospital admissions, allow early discharge, and reduce the number and intensity of long term care packages.

New models of care had four workstreams:

- Cost management which would develop alternatives to high cost home or residential care and negotiate with providers for a quality service that was value for money,
- Assessment and case management, which would look to streamline processes including through use of technology such as self-assessment online and integrated health and social care records,
- Social care market development would allow people to purchase their own care packages using their personal budgets and direct payments,
- Strategic management would involve a review of the staff and skills required in the future.

Assistive technology would mainstream telecare as part of the support planning process.

Finally safeguarding would offer a challenge to the other projects, review adult protection policies and procedures in light of the Care Bill and ensure the Worcestershire Safeguarding Adults Board was fit to assume its new statutory role.

In discussion the following points were made:

- There was some concern about the expected role of volunteers. Volunteer groups incurred running costs and costs for training and other expenses which was not always recognised. Safeguarding or First Aid training was necessary but came at a cost. The Director of DASH responded that different providers were being encouraged into the market and Worcestershire Voices were working closely with the County Council. There was also the 'neighbourly help' side of volunteering which needed to be encouraged,
- The Chairman of Healthwatch gave his thanks for the consultation exercise which was very extensive. The Director of DASH appreciated that the Healthwatch Chairman was able to be present at most of the consultation meetings,
- Following a query about consultation with housing groups assurances were given that Registered Social Landlords and housing providers had been consulted and were involved in the programme.

**RESOLVED** that the Health and Well-being Board noted the progress made with the Future Lives programme.

**218. Protocol  
between HWB,  
WSAB and  
WSChB  
(Agenda item 9)**

The intention of the protocol was to have mutual understanding between the safeguarding boards and the HWB. The Chairman of the Safeguarding Children's Board confirmed that they were happy with the completed document and felt it was something they could work with. The Chairman of the Safeguarding Adults Board explained that the document had originated from the desire to ensure there were no gaps or overlaps in their work and felt it would form a firm basis for their future work.

It was pointed out the wording of the HWB constitution which stated that the Board will "Ensure that effective arrangements are in place for Safeguarding at-risk adults and children" should read The Board will "support the Safeguarding Boards and their arrangements for safeguarding".

**219. Worcestershire Safeguarding Children's Board Annual Report (Agenda Item 10)**

**RESOLVED:** that the Health and Well-being Board approved the protocol between the safeguarding boards and the HWB.

The Chairman of the Worcestershire Safeguarding Children's Board introduced her report and highlighted key issues for the Board. It was acknowledged that expectations were now higher and to help with this a peer review had been commissioned. It was felt that there was not really enough information to fully judge outcomes and there were some doubts about the consistency of the information available. It was also recognised that data protection caused some problems for efficient information sharing. In conclusion children in Worcestershire were generally safer than they had been in the previous year.

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

- a)Received the 2012/13 WSchB Annual Report;
- b)Noted the progress of the work of the board; and
- c)Requested that the 2013/14 WSCB annual Report be presented to the Health and Well-being Board in July 2014 prior to going to the Cabinet in July and to full Council in September 2014.

**220. Future Meeting Dates (Agenda Item 11)**

Future Meeting Dates 2014.

Public Meetings

- Tuesday 13 May 2014 2.00pm
- Tuesday 22 July 2014 2.00pm
- Tuesday 23 September 2014 2.00pm
- Tuesday 4 November 2014 2.00pm

Development Meetings (Health and Well-being Board Members only)

- Tuesday 1 April 2014 2.00pm
- Wednesday 18 June 2014 2.00pm
- Wednesday 15 October 2014 2.00pm
- Wednesday 3 December 2014 2.00pm

The meeting ended at 3.45pm.  
Chairman.....