

Health and Wellbeing Board

Minutes - 20 July 2016

Attendance

Members of the Health and Wellbeing Board

Councillor Roger Lawrence	
Councillor Sandra Samuels	
Ros Jervis	Service Director Public Health and Wellbeing
Tim Johnson	Strategic Director - Place
Jeremy Vanes	Chair, The Royal Wolverhampton Hospitals NHS Trust
Linda Sanders	Service Director - People
Jan Sensier	Chief Executive, Engaging Communities, Healthwatch

Employees

Earl Piggott-Smith	Scrutiny Officer
Glenda Augustine	Consultant in Public Health, Community Directorate
Viv Griffin	Service Director - Disability and Mental Health
Tim Johnson	Strategic Director – Place

In Attendance

Alan Coe	Chair, Wolverhampton Safeguarding Children and Adult Board
Tracey Cotterill	Deputy CEO, Black Country Partnership, NHS FT
Mike Hastings	Associate Director of Operations, Wolverhampton CCG

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies for absence (if any)**
Apologies for absence had been received from the following member(s) of the Board

Cllr Paul Sweet
Dr Helen Hibbs, Wolverhampton City Clinical Commissioning Group
- 2 Notification of substitute members (if any)**
There were no substitutes for this meeting.
- 3 Declarations of interest (if any)**
No declarations of interest were made relative to items under consideration at the meeting.

4 **Minutes of the previous meeting**

The minutes to be amended to show Alan Coe and Linda Sanders as being in attendance at the meeting on 27 April 2016.

Resolved:

That the minutes of the meeting held on 27 April 2016 be confirmed, subject to the agreed changes, as a correct record and signed by the Chair.

5 **Matters arising**

There were no matters arising from the minutes.

6 **Summary of outstanding matters**

The Scrutiny Officer apologised for not including a written report in the papers for the meeting.

Viv Griffin, Service Director-Disability and Mental Health, gave a brief verbal report on matters previously considered by the Board.

Resolved:

The summary of outstanding matters be noted.

7 **Health and Wellbeing Board Forward Plan 2016/17**

Viv Griffin, Service Director - Disability and Mental Health, presented the Board's Forward Plan of items to be considered during the current year.

The Service Director emphasised the importance of effectively managing the Board's workload and suggested that items requiring priority focus be included at the top of agendas.

The Service Director added that partner agencies were undertaking a trial aimed at ensuring that the appropriate bodies were made aware of upcoming priority areas with a view to enabling them to schedule timely consideration.

Resolved:

The Board's Forward Plan 2016/17 is noted.

8 **How can the Council, hospital and CCG work more effectively together? verbal report (Chair)**

The Chair commented on the range of health issues facing the City and the work being done to improve the situation. The Chair commented on the successful bid for HeadStart programme and congratulated everyone involved for their efforts. The Chair commented on the benefits of the programme.

The Chair commented on the need for a joined up approach in tackling health issues and finding workable solutions that can improve the lives of local people.

9 **Making prevention everyone's business - Public Health Overview**

Ros Jervis, Service Director Public Health and Wellbeing, presented a report highlighting the importance of prevention being part of every member of the Board's work as part of efforts to promote good health. The members of the Board were invited to comment on the report.

Linda Sanders, Strategic Director, Community, welcomed the report and the importance given to supporting behaviour change and its focus on disease. The Strategic Director commented on the challenges presented by less generous funding for adult care social services. The Strategic Director commented on the introduction of the Telecare initiative as an example of work being done to contribute to improving health through prevention.

Resolved

That the report be received and comments noted.

10

Merit Vanguard - Black Country Partnership NHS Foundation Trust

Jo Cadman, Associate Director of Strategy, Black Country Partnership NHS Foundation Trust, gave a short PowerPoint presentation on work of the MERIT (Mental Health Alliance for Excellence, Resilience, Innovation and Training) programme.

The Associate Director commented that the scale of the programmes matches the size of the West Midlands Combined Authority, with only a few exceptions. The Associate Director outlined the rationale behind the initiative and the intended benefits, for example the opportunity to share good practice and a centralised bed management system. The Associate Director commented on the development of evidence based models across the partnerships and work done to improve skills and help reduce costs as part of the initiative.

The Associate Director commented on the opportunity to use the findings of the peer review to improve preventative services and clinical work streams outlined in the presentation. The Associate Director commented on the governance structure intended to deliver the shared vision across the seven national bodies.

The Chair commented on the need to support people with mental health needs to find employment and also to help people with mental issues to stay employed. The Board commented on the low level of funding for mental health services when compared to other services.

The Board were advised that each partner organisation is responsible for meeting their own responsibilities to handle personal information appropriately – it was accepted that not everything has been shared but the report highlighted the opportunity to share good practice.

The Board discussed the analysis of population figures compared the income summarised in the report and the difference in funding levels. The panel commented on the need for specialist mental health services.

The Board discussed the issue of sharing of personal data and records across the different agencies in the West Midlands region to improve health care.

Resolved:

That the report be received and noted.

11

Wolverhampton Local Digital Map

Mike Hastings, Associate Director of Operations, NHS Wolverhampton CCG, presented a report for approval by the Board of plans for Wolverhampton Local Digital Roadmap (LDR) as a requirement by NHS England in order to access funding.

The Associate Director explained that the proposal is an agreement between different health partner agencies who have each contributed to the drafting of the plan. NHS Wolverhampton CCG is the lead organisation responsible for the development of Wolverhampton LDR. The Associate Director explained that the plan was presented to the regional panel meeting in Birmingham. The plans will then be presented to national body for approval. The Board were advised that this is a condition of getting funding to invest in technology intended to transform the delivery of health services. Claire Skidmore is leading on the IT infrastructure and will be represented on the LDR Board.

The Associate Director explained the work being done with GPs to create longitudinal clinical records and progress for the sharing of patient data between primary and secondary care. The Associate Director commented that new system would allow access by The Royal Wolverhampton NHS Trust (RWT) to patient records, with patient permission. The Associate Director explained that RWT plan to make all correspondence electronic to support the plans. The Associate Director commented that the all the partner agencies are working well together and are very supportive of the programme aims.

The Board queried the reference in the report to the development of a shared care record across the whole health and social care economy and progress to date. The Board queried the sharing the records involving child protection issues. The Associate Director explained the issues in achieving this are not insurmountable; however the biggest issue is around complying with information governance requirements. The Associate Director commented that Better Care funding would be used to put a data sharing agreement into place. Furthermore, there will be a need to do a privacy impact analysis, which is being prepared, plus other initiatives to comply with governance requirements about the sharing of health care records.

A member of the Board commented about an event organised by Kings Fund which discussed the how a similar data sharing scheme had been delivered in Canterbury, New Zealand. The Board were advised of the benefits reported of medical staff having access to real time when caring for patients.

The Board commented on concern that there will be parts of the population will never be adopt to using digital technology and queried how the proposal would respond to this challenge. The Associate Director commented that the expectation that the need for paper systems will continue to be made available to the public as means of accessing services. The Board were advised that Government guidance is that access to services should be moved online – digital by default. The Associate Director reassured the Board that the new LDR will not remove existing methods of people accessing health care services on the basis of digital by design. The Board discussed that the Council is working on the principal of digital by design and not default as part of the Chanel Shift initiative to change how the public access Council services.

Ros Jervis, Service Director Public Health and Wellbeing, commented on the importance of using the work of the LDR to support the commissioning of services and also feeding into the work of the Joint Strategic Needs Analysis (JSNA).

The Board sought reassurance that the reference in the document to the safeguarding of adults, also applied to child care protection. The Associate Director confirmed. The Board commented that the aim of LDR programme is not just about information sharing and it was important that full use is made of the information.

The Board commented that the embedded documents listed in Appendix 2 of the report could not be opened and this problem should be corrected asap before it is shared with the public.

The Strategic Director, Community, queried the sign-off process for the LDR and if key people within the Council had been consulted about the plans. The Strategic Director commented that the report had not been shared with People Leadership Team and requested that it presented for more detailed consideration of the plan.

Cllr Samuels commented that the Cabinet Member with lead responsibility for Health and Wellbeing is Cllr Paul Sweet.

Resolved:

1. The Wolverhampton Local Digital Roadmap report to be presented to People Leadership Team.
2. The Board support the aims of Wolverhampton Local Digital Roadmap and approved the report.

12

Sustainability and Transformation Plans (STP) 2016/17 update - 2020/2021

Viv Griffin, Director Disabilities and Mental Health, gave an overview of the background and aims of the Black Country Sustainability and Transformation Plan (STP). The Director Disabilities explained that there has been a high level of engagement in the development of the plan, however there is more work to be done. The meetings with representatives of key partners have been positive and productive.

A final submission is timetabled to be completed in September 2016. The final version will provide details about specific areas of work, deliverables, outcomes and timings.

The Board agreed that the report should be added to the Forward Plan for consideration.

The Director of Disabilities outlined the main themes of the plan and explained that it was aimed at supporting people to be independent and move away from placements in institutional care settings. The amount spent on providing adult social care is too high.

The Board commented on the changes to the management and delivery of adult and social care as part of wider devolution plans affecting the Greater Manchester region. The Greater Manchester Devolution and Locality Plans will give local control over how public money is spent in the area to deliver agreed improvements in health outcomes.

The Board commented the plans include looking at alternative models for delivering primary care and a recognition that acute care is the most expensive care to provide.

Tracey Cotterill, Deputy CEO, Black Country Partnership NHS Trust commented on the speed of progress and the need for the Board to review progress.

The Chair commented that the Board will watch the developments in Manchester with interest to see how it progresses.

The Board commented on the importance of public engagement about the plans for transforming services to provide reassurance, where the plans raise concerns. The Board commented that the Sustainability and Transformation Plan (STP) has to be the vehicle for any joint work planning in the future. The Board queried how the plan will fit with the bigger picture of other health improvement initiatives. The Board were advised that the SDP should be the 'golden' thread that links all part of the work aimed at improving health outcomes.

The Board discussed the reference in the report to reducing the number of acute mental health sites across the Black Country from five to four. Jo Cadman, Associate Director of Strategy, Black Country Partnership NHS Foundation Trust, responded that there is a discussion needed about what the appropriate level of provision required to deliver improved quality and economies of scale across the acute care sector.

The Board discussed the implications of the £124 million local authority balance of challenge and to work to reduce this gap in funding.

The Strategic Director, Community, outlined the process by which the local authority and finance leads have been engaged in the process to assess the scale of the financial challenge

Jan Sensier, Chief Executive, Engaging Communities, Healthwatch, Wolverhampton expressed concerns the speed of the timescale detailed in the report will militate against full public engagement. The Chief Executive commented on the challenges in getting the public involved and the work done by Healthwatch Sandwell and Walsall to explain the implications of the plans. Mike Hastings, Associate Director of Operations, commented that in discussions with Stephen Marshall there was acknowledgement that the pace has been quick. The Board were advised that any planned changes to services would be subject to full public consultation. The issue of public consultation has also been embedded into the project plan.

Jan Sensier commented on the value of pre-consultation work done with the public to help inform the development of standards in Sandwell. Jan Sensier commented on the statutory processes that need to be completed before the plans can be implemented. The Board discussed the issue of ownership of the plan and how the views of different partner organisations will be considered. The Board accepted that further work was needed to consider the implications of the proposals and also the concerns that it may be seen as top-down re-organisation, which may lead to resistance from the public and staff.

The Board discussed the timetable for the STP and agreed that it would be useful for this information to be shared.

Linda Sanders commented that the issue about pre-consultation with the public will be discussed at the next regional STP meeting.

Jeremy Vanes, Chair, The Royal Wolverhampton NHS Hospital Trust, commented that the service supported the transformation plans and the need for change, but shared the concern about the speed of the plans and the implications for governance. For example, the issue of pooled budgets and the different financial position of the partners involved. The Chair added that there was also a need to consult with staff about the plans

Resolved:

1. That the report be noted and received.
2. That a progress report on STP is added to the Forward Plan for further consideration.

13 **Revised Mission Statement**

Ros Jervis, Service Director for Public Health and Wellbeing, explained the Board requested an updated mission statement to that presented on 27 April 2017. The mission statement has been amended in response to comments received.

Resolved:

That the report be received and noted.

14 **Director of Public Health Annual Report 2015 16 - Presentation**

Ros Jervis, Service Director Public Health and Wellbeing, gave an overview of the content of the public health annual report. 2015/16 The report will detail the history of public health and the changes in Wolverhampton population and place over the last 150 years. The report will give a historical overview of changes in the population and the opportunity to celebrate the progress made, for example the reduction infant death rates.

The Service Director commented Wolverhampton appointed its first medical officer for health 150 years who led work to tabulate the causes of death for the first time. The main cause of death at the time was TB and smallpox. The Service Director commented on changes in the causes of death overtime and the analysis of six biggest killers. The list the list has remained unchanged and are linked to poor lifestyle choices.

The Service Director commented on changes in life expectancy between men and women and the challenge of how to support people, who typically will need a high level of care and provision. The annual report is timetabled to be completed in October 2016 and presented to a future meeting of the Board for consideration.

Resolved:

1. That the presentation be received and noted.
2. That the Director of Health Public Annual Report 2015/16 be added to the Health and Wellbeing Forward Plan 2016/17 for future consideration.

15 **Minutes from sub Group (Children's Trust Board)**

Resolved:

That the report be received and noted.

16

Information and update item

The Chair wanted formally record his thanks on behalf of the Board to Viv Griffin for all work and support, who will be leaving the Council.

The meeting closed at 14:04