CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

Minutes - 28 June 2017

Attendance

Members of the Health and Wellbeing Board

Councillor Roger Lawrence	Chair (Labour)
Councillor Sandra Samuels OBE	Cabinet Member for Adults
Councillor Val Gibson	Cabinet Member for Children & Young People
Councillor Paul Singh	Conservative
Councillor Paul Sweet	Cabinet Member for Public Health and Well Being
David Baker	West Midlands Fire Service
David Watts	Service Director - Adults
Elizabeth Learoyd	Healthwatch Wolverhampton
Ros Jervis	Service Director - Public Health and Wellbeing
Dr Helen Hibbs	Wolverhampton Clinical Commissioning Group
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust
Alan Coe	Wolverhampton Safeguarding Board
Helen Child	Third Sector Partnership
Steven Marshall	Wolverhampton Clinical Commissioning Group

Employees

Helen Tambini	Democratic Services Officer
Richard Welch	Head of Healthier Place
Brendan Clifford	Integrated Project Director
Sarah Smith	Head of Strategic Commissioning

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence**
Apologies for absence were received from Chief Supt Jayne Meir, Linda Sanders, Dr Alexandra Hopkins, Tim Johnson, David Loughton and Alistair McIntyre.

2 **Notification of substitute members**
Jo Cadman attended as a substitute for Tracy Taylor.

3 **Declarations of interest**
There were no declarations of interest.

4 **Minutes of the previous meeting - 29 March 2017**
Resolved:
That the minutes of the meeting held on 29 March 2017 be approved as a correct record and signed by the Chair.

5 **Matters arising**

The Chair said farewell to Ros Jervis and thanked her for her service on behalf of the Board

The Chair also welcomed Councillor Jasbir Jaspal in her capacity as Chair of the Health Scrutiny Panel, who would be attending future meetings as an observer.

6 **Health and Wellbeing Board - Forward Plan 2016/17**

Ros Jervis, Service Director – Public Health and Wellbeing presented the report.

Ros Jervis referred to the Development Day scheduled for October and stated that it would be helpful if the Board could consider ideas in advance so that arrangements could be agreed at the next meeting in September.

The Board was advised that further discussions around the wider perspective of the Sustainability and Transformation Plan (STP), future place based commissioning arrangements across the Black Country and accountable care would need to take place.

Alan Coe, Wolverhampton Safeguarding Board referred to the Safeguarding Board Annual Report and suggested that subject to it being available, it should be submitted to the meeting in September.

Resolved:

1. The Board approved the current Forward Plan.
2. That, subject to availability, the Safeguarding Board Annual Report be submitted to the meeting on 20 September 2017.

7 **Ideas for Development Day**

The Chair raised three issues for discussions on Development Day.

Firstly, the impact of Brexit on workforce issues across the health and welfare sector, including the pressures on General Practitioners (GPs) and the effects of using minimum wage to deliver social care.

Secondly, any opportunities which might arise from the West Midlands Combined Authority. This should be clearer by October as it had recently been announced the WMCA Chief Executive would be starting in September.

Thirdly, to look at using estates and shared premises in a better way to release resources through better integration.

Resolved:

The Board noted the three ideas raised at the meeting.

8 **Better Care Plan 2017/18**

David Watts, Service Director - Adults and Steven Marshall, Wolverhampton CCG presented the report.

David Watts reported that on the last two occasions, the Better Care Plan (BCP) had been delayed and although it was still delayed, progress was being made.

He requested that the Board note the progress made during the last financial year and to approve the Plan, with the proviso that minor amendments would need to be made when full planning guidance had been issued. He also advised that significant amendments might need to be made due to the outcome of the recent General Election.

Key points of the plan were the reporting of National Performance Metrics, which include admissions to residential or care homes and a focus on health and social care.

David Watts provided a progress summary:

There was a significant improvement in the number of delayed transfers of care, which were down 18%, however the target had been a 57% reduction. This was partly due to the number of acute and non-acute mental health patients being delayed for some time.

There was a reduction of 1600 emergency admissions, including over 500 of the most complex cases.

The number of care home admissions had increased significantly to 395 and it was acknowledged that improvement was required as the target was 250. This would require a cultural change, focussing on assisting people to stay in their own homes where possible. There had been improvements to the effectiveness of re-enablement, caused by changes to benchmarking and the Council was managing to support this enablement.

The 2017/19 draft narrative plan was close to completion. The reporting timetable did not need to be completed for quarter one as it would be monitored locally.

In answer to a question regarding an update on graduating, Steven Marshall reported that they were still waiting to hear as the outcome had been delayed due to purdah, but this was the only place in the ADAS region to have applied. Some areas of performance might mean that we might not be able to graduate.

The Board inquired if the draft plan would be signed off after the guidance had been published and David Watts confirmed that if the Board was required to sign off the work the Chair would be asked.

Resolved:

1. That the progress made during the 2016/17 of the BCF programme be noted.
2. That the BCP draft narrative plan 2017/18 be approved.

9 **Sustainability and Transformation Plan (STP) - the Wider Perspective**

Helen Hibbs, Wolverhampton CCG, David Watts, Service Director - Adults and Brendan Clifford presented the report.

Helen Hibbs referred to the previous report and confirmed that this document reiterated that the work would need to continue along the same trajectory. That placed an onus on systems across the STP area to work collaboratively across commissioners, providers and local authorities, with a focus on patients and accountability. However, coordinating the four local authorities and four large providers to establish an accountable care system would take several years.

The STP process was continuing with Andy Williams as the Black Country STP Lead. A draft memorandum of understanding was being circulated and the four CCGs had joined a Commissioning Committee to work more collaboratively.

Some STP areas had been allowed accountable systems and there was a discussion about doing that in Wolverhampton and it was identified that working with all GPs was essential for that to work. Locally, the Transition Board had become the Systems Development Board.

David Watts reported that an area the local authority was keen to support was on care and support closer to home, with a paper on the Local Place Based Offer.

The Chair informed the Board that each local authority was taking the memorandum of understanding back to their respective Cabinet and there was general support for it. He referred to the significant issues currently faced by Sandwell in respect of boundaries due to its position on the west of Birmingham and to the general complexities surrounding the politics of health. It was important that the services which were better delivered locally needed to be identified, to provide better care and support closer to people's homes and Wolverhampton had a commitment lead on the place based agenda and the opportunity to frame and shape the STP, enabling parties to work closely and effectively on a place based agenda.

Jeremy Vanes suggested a higher focus on the four-hour emergency target as horizontal integration was a lengthy and complex task. Considerable advanced work had been undertaken on centralising pathology services and the acute trusts had a large amount of work controlling services.

The Chair reported that in response to this, chairs of the acute trusts were meeting monthly to prepare.

Jeremy Vanes also raised the issue that the Black Country was not the only STP which affected the Royal NHS Trust; Staffordshire STP also had an influence, with a capped expenditure regime which dramatically affected financial services. The issues at Telford and Shrewsbury's ER services also impacted on their boundaries.

David Watts reported that a Healthwatch public engagement session was taking place next week to start dialogue with key statutory organisations and the public.

The Chair informed the Board that an internal bulletin for Health and Wellbeing Board was being prepared, but that partner organisations were welcome to circulate and publish it too.

Resolved:
The Board noted the progress of the developing Black Country Sustainability and Transformation Plan.

10 **Quality and Safety Framework 2017-20**

Steven Forsyth, Wolverhampton CCG presented the report.

He reported that the Quality and Safety Framework had been condensed to improve its accessibility. The framework was a suite of documents with the main part detailing what actions had been done.

On the CCG's Quality and Safety Committee there is a lay member for policy accountability, a patient representative, seven public volunteers as patient reviewers, 12 nurses with a breadth of experiences, three pharmacists, three doctors and four non-clinicians.

The CCG has been rated "Outstanding" by NHS England and their Zero Incident Framework also as "Outstanding". They had been shortlisted for two awards, one for patient safety, which had been won in care homes and one for quality team of the year, with the results being announced next week. They had also been asked to be a Q Community member, which was an indication of how well they were progressing. They have been accepted as a pilot for the Health Care Foundation, to look at providing advanced care plans for people at the end of life.

Steven Forsyth drew the Board's attention to the outcome measures to define quality and the key priorities for the year going forward. Those included recruiting a GP for adult safeguarding, introducing specialist drama productions for better training and managing serious incidents in GP surgeries. They would be applying scrutiny to learn lessons by improving the "Friends and Family Test" responses and results which would improve the quality of care from the Medicine Optimisation Team.

Alan Coe, Wolverhampton Safeguarding Board commented that the safeguarding adults section did not mention that this was a statutory duty, and it would be helpful to add that, together with. an emphasis being placed on making safeguarding personal by encouraging people to be a part of decisions and how the NHS's duty of candour puts the pressure on to own and identify concerns.

Brendan Clifford asked how the local authority could work together on equality to strengthen its clinical governance and if the development of the "one-stop shops" (OSS) was in collaboration with the local authorities.

In response to the issues raised above, David Watts, Service Director - Adults reported that it was in collaboration and was following their strategy to drive those behaviours. Ros Jervis, Service Director- Public Health and Wellbeing added that a member of the public Health and Wellbeing Board team was a member on each of those and that the report detailed the breadth of quality and safety issues, with lessons being learnt from the mid-Staffordshire crisis and the Francis Report.

Resolved:

1. The Wolverhampton CCGs refreshed Quality Improvement Strategy 2017-2020 be noted.
2. That Board support the priorities and objectives outlined within the Strategy.

11 **Overview of Primary Care Strategy and Estates Update**

Helen Hibbs, Wolverhampton CCG provided an update to the Board.

She confirmed that the PCS had been ratified in January 2016 and a program of work launched in Summer 2016. Since then, several task and finish groups have been established and the GP Five-Year Forward View highlighted that more finance and focus on primary care provision was necessary as it -was the bedrock of the NHS with 90% of consultations remaining in primary care.

The CCG had set up a task and finish group that identified priorities and milestones such as workforce, patient access and improving practices working collaboratively. That was a challenge but progress had been made; out of 45 practices only a couple were not aligned to groups, with the groups being aligned to vertical integration projects, of which there were currently five. Practices have subcontracted their GMS contracts to the hospital which could free up resource.

There were three other groups, Primary Care Home 1 and 2, whose model was devised by the National Association of Primary Care, which investigated the provision of shared services in different practices. One example would be during weekend openings, where specialists only need to be in one practice. Another was sharing back office functions to benefit from economies of scale. GPs were starting to come together with groups of 30-50,000 patients, a size which allowed them to know their patients without the organisation becoming too large.

There had been issues with Estates for some time and the BCF was currently scoping hubs in each locality to deliver health and social care. Practices could bid for money from the BCF, with practices who were strategically aligned given preference. One of the key problems in primary care was workforce, especially recruiting and retaining General Practitioners in the city.

The Board inquired as to how the strategy and forward view would fit in with the STP and would the work be done collaboratively. It was reported that work was being undertaken collaboratively and that primary care was very place based. However, some things could be shared across the STP footprint, such as estates and ways of working. The Board observed that the number of premises were likely to become surplus.

The Board welcomed the report and Jeremy Vanes observed that the hospital has been able to align datasets, enabling them to see the bigger picture via individual patient journeys. He also stressed the importance of workforce retention and their attempt to create a pipeline of sufficient GPs and adapting careers to be more varied and modulated through portfolios of roles to attract people into primary care.

Resolved:
The Board noted the continued achievements being realised by the CCG within Primary Care and Estate.

12 **Perinatal and Infant Mortality in Wolverhampton**

Ros Jervis, Strategic Director – Health and Wellbeing presented the report, which was created from regional information from the ONS.

She requested an information sharing agreement be negotiated to increase the availability of local data, but highlighted the significant improvements in Wolverhampton. All providers and agencies including the voluntary sectors have worked to reduce infant deaths, with the number of deaths per 100,000 live births falling from 7.7 to 5.6, a 27% reduction regionally compared to a 9% national reduction.

The Board suggested writing to the Medical Director to request more specific, local data.

Ros Jervis stated that the only statistically significant factor affecting the mortality rate was smoking during pregnancy or in homes after birth. Smoke free Wolverhampton was combatting this, with a reduction from 20% of mothers smoking at delivery to 16%. It was observed that child deaths overlap with child safeguarding.

Resolved:
The childhood mortality data for England and Wales and the current trend in infant mortality in Wolverhampton be noted.

13 **Draft People Directorate Commissioning Strategy**

Brendan Clifford presented the report and he introduced Sarah Smith, the new Head of Strategic Commissioning to the Board.

He confirmed that Wolverhampton was amongst the first in the country to create a People Directorate Commissioning Strategy. The Board discussed the role of providers in the community and that they need to be made aware of commissioning. The report would be made more accessible by reducing the content and a councillor development session was planned for 12 July 2017. Wolverhampton Healthwatch was assisting with public engagement and it had been shared with CCG colleagues.

The Board observed that accessibility was essential for public engagement to be meaningful and that an executive summary would make that easier. Whether what had been commissioned was beneficial also needed to be identified as previously commissioned services had failed to live up to expectations. The type of care desired should be stipulated in the report.

The Board also observed that there was an opportunity to align housing and commissioning, particularly in Adult Social Care, with the two strategies potentially being brought together in the future.

Sarah Smith reported that monitoring success was part of the commissioning cycle and that there was an overlap with care homes which would be united further in future. The strategy would be amended to ensure that it was clear and understandable before being made available to public.

Jeremy Vanes referred to those who have no recourse to public funds accessing urgent and maternity care, with further implications for overseas patients. He noted that it was difficult to police that issue and he was interested in the scale and scope of the service as, if effective, this was important work.

Elizabeth Learoyd, Healthwatch Wolverhampton agreed to devise a user-friendly questionnaire.

Resolved:
The Board noted the strategy.

14 **Towards an Active City Strategy**

Richard Welch, Head of Service – Healthier Place Service presented the strategy, which had a target of everybody being active every day of the week. Sport England expected areas to have clear directions of travel.

He stated that in November 2015, a whole systems approach had been undertaken and this strategy had been approved by Cabinet to encourage the inactive to become

more active. This was unlike the previous strategies which encouraged people into elite sports. Wolverhampton was one of the first to launch a physical activity strategy. It had a focus on people, place and business, as environment needed to be considered.

Under the Health and Wellbeing Board, there would be an Active City Board. The 'West Midlands on the Move' strategy was in development and undergoing a consultation phase with support from the WMCA Mayor.

Resolved:
The Board noted the principles adopted within the physical activity framework.

15 **Joint Strategic Needs Assessment - Programme Update**

Ros Jervis, Service Director – Public Health and Wellbeing informed the board that an overview report had been completed in the Spring. Progress was being made; however, there were still challenges. It was available on the Council website and partners needed to ensure they were using the information constructively and using the JSNA. To do that, the platform would be changed and the JSNA hosted in an interactive manner, which presented a cost implication.

Ros invited partners to provide financial support to develop the platform and keep it up to date as more detail was required on partner subject areas. Children's Services were doing further research on neglect.

Richard Welch requested contributions towards the financial implications.
to provide support to develop platform.

Resolved:

1. The completion of the Joint Strategic Needs Assessment (JSNA) Overview report 2016/17 be noted.
2. The topics prioritised for the next year to be developed into topic-specific JSNAs be noted.
3. Progress on developing an interactive interface for the JSNA products be noted.