

Attendance

Members:

Cllr Sandra Samuels (Chair) – Cabinet Member for Health and Wellbeing
Maxine Bygrave – Chair, Wolverhampton Healthwatch
Cllr Steve Evans – Cabinet Member for Adult Services
Cllr Val Gibson – Cabinet Member for Children and Families
Ranjit Khutan – Wolverhampton University (substitute for Professor L Lang)
Chief Superintendent Simon Hyde – West Midlands Police
Cllr Paul Singh – Shadow Cabinet Member for Health and Wellbeing
Ros Jervis – Director of Public Health, Community Directorate

Staff:

Glenda Augustine	Consultant in Public Health, Community Directorate
Jill Canning	Programme Manager, Royal Wolverhampton NHS Trust
Helen Carter	Consultant in Public Health, Public Health England
Noreen Dowd	Interim Chief Operating Officer, Wolverhampton CCG
David Elliott	Service Lead for Health and Wellbeing, Public Health England
Viv Griffin	Assistant Director, Health, Wellbeing & Disability, Community Directorate
Helena Kucharczyk	Acting Business Intelligence Manager, Community Directorate
Michael Murphy	Interim assistant Director, Older People and Personalisation, Community Directorate
Dr Kiran Patel	Medical Director, Local Area Team, NHS England
Richard Young	Director of Strategy and Solutions, Wolverhampton CCG
Les Williams	Operations & Delivery Director, Local Area Team, NHS England
Carl Craney	Democratic Support Officer, Delivery Directorate

Part 1 – items open to the press and public

Item No. *Title*

1. **Apologies for Absence**

Apologies for absence had been received from Dr Helen Hibbs (Chief Officer, NHS Wolverhampton), Christine Irvine (Wolverhampton Voluntary Sector Partnership), Professor Linda Lang (Wolverhampton University) and Tim Johnson (Strategic Director for Education and Enterprise).

2. **Notification of Substitute Members**
Ranjit Khutan attended as a substitute for Professor Linda Lang.
(Wolverhampton University)
3. **Declarations of interest**
No declarations of interest were made relative to items under consideration at the meeting.
4. **Minutes of the meeting held on 8 January 2014**
Resolved:
That the minutes of the meeting held on 8 January 2014 be approved as a correct record and signed by the Chair subject to Maxine Bygrave (Chair, Wolverhampton Healthwatch) being included in the list of Members rather than employees.
5. **Matters arising**
There were no matters arising from the minutes of the meeting held on 8 January 2014.
6. **Minutes of the meeting held on 5 February 2014**
Resolved:
That the minutes of the meeting held on 5 February 2014 be approved as a correct record and signed by the Chair subject to Maxine Bygrave (Chair, Wolverhampton Healthwatch) being included in the list of Members rather than employees.
7. **Matters arising**
There were no matters arising from the minutes of the meeting held on 5 February 2014.
8. **Summary of outstanding matters**
Resolved:
That the summary of outstanding matters be received and noted.
9. **Chair's update**
The Chair, Cllr Sandra Samuels advised that she did not have anything to update the Board upon as all relevant matters were included on the Agenda for consideration.
10. **Health and Wellbeing Board Forward Plan 2014/15**
Viv Griffin presented the Health and Wellbeing Board Forward Plan for 2014/15.
Resolved:
That the Forward Plan 2013/14 be received and noted subject to the report on "Obesity call to action" scheduled for consideration at the

meeting on 7 May 2014 being slipped to the meeting on 9 July 2014.

11. **Better Care Fund – submission**

Richard Young presented a report and gave a PowerPoint presentation in connection with the work undertaken to date towards drafting the better Care Fund (BCF) Plan, creating the programme of work for 2014/15 and 15/16 and to create a pooled budget as an enabler for change within the local health economy from 2015/16 onwards.

He explained the difficulties in co-ordinating with the planning cycles of all partner organisations and, for that reason, work would be continuing on finalising the submission up to the deadline of 4 April 2014. Consequently, it was not possible for a final version of the Plan and submission to be considered at this meeting but undertook to ensure that these documents were circulated as soon as possible following finalisation. He assured the Board that the information now presented was very nearly complete and would only be subject to minor amendment and clarification. He responded to various points of detail and acknowledged the requirement to amend slightly certain elements to avoid double counting or over/under estimating the financial implications.

Resolved:

1. That the presentation and updates now made be received in order to enable the penultimate draft of the BCF Plan and submission of the relevant templates;
2. That the penultimate draft Plan be received subject to the incorporation of amendments as appropriate;
3. That, subject to 2. above, the Plan together with the associated supporting documents be approved for submission;
4. That the programme of work set out in the Plan be approved;
5. That the provisional allocations and expenditure set out in section 4 of the report be approved;
6. That the metrics and targets contained within the Plan, subject to minor amendments, and in particular, the local metric for recording of Dementia diagnosis within Primary Care as the BCF Local Measure, be approved;
7. That delegated authority be granted to the Chair of the Board in consultation with the Assistant Director, Health, Wellbeing and Disability and the Director of Strategy and Solutions to sign off the final version of the Plan, supporting documentation and templates for submission.

12. **Health and Wellbeing Strategy – 2013 -2018 – Performance Monitoring Report Quarter Three 2013/14**

Helena Kucharczyk presented the quarter three performance monitoring report which provided the Board with a comprehensive overview of performance against the five key priorities identified in the Health and Wellbeing Strategy 2013 – 2018. She suggested that the Board receive an updated performance monitoring report on a quarterly basis.

Sarah Norman enquired as to whether future reports would include the local

metric for recording of Dementia diagnosis within Primary Care as the BCF Local Measure. Helena Kucharczyk undertook to include this information in future reports.

Maxine Bygrave suggested that quantitative data collected by Wolverhampton Healthwatch in respect of "Patient Experience" be included in future iterations of the report. Helena Kucharczyk offered to include this data in respect of Mental Health patients on an annual basis and to explore options to update this type of data on a more regular basis with it being included as a separate section of the report.

Resolved:

1. That the report be received and the format be approved;
2. That the performance and issues raised as part of the Quarter three 2013/14 performance report be received and noted;
3. That future iterations include the local metric for recording data of Dementia diagnosis within Primary Care as the BCF local measure and quantitative data in respect of "Patient Experience" relating to Mental Health patients;
4. That a report in connection with the Joint Dementia Strategy be submitted to a future meeting of the Board.

13. **Health and Social Care Strategic Overview Group to inform Local Intelligence**

Glenda Augustine reported on proposals for the development of a strategic Health and Social Care Group to support the delivery of the priorities outlined in the Joint Health and Wellbeing Strategy 2013 – 2018 and the implementation of other integration initiatives, in particular, the Better Care Fund. The Board discussed the problems encountered to date in respect of data sharing protocols, the need for a simple but wide ranging agreement which could acknowledge exceptional circumstances to protect the position of all Partners and the proposal to include an Information Governance professional on the Group.

Resolved:

1. That the development of a strategic Health and Social Care Group, with a focussed overview on local intelligence, to support delivery of the priorities outlined in the Joint Health and Wellbeing Strategy 2013 – 2018 and the implementation of other integration initiatives, in particular, the Better Care Fund, be approved subject to a report on the proposed Terms of Reference and Governance structure being submitted to the next meeting of the Board;
2. That the formal title of the Group be determined by the Group itself.

14. **Feedback from Sub Groups**

• **Children's Trust Board(CTB)**

Cllr Val Gibson reported on the proceedings of the most recent meeting of the Children's Trust Board when the future structure, membership, frequency of meetings and Terms of Reference had been considered. A further report on these matters would be considered at the next meeting of the CTB with a report to this Board at the July meeting.

Resolved:

That the report be received and noted.

- **Adults Delivery Board(ADB)**

Viv Griffin presented a report on the work of the Adults Delivery Board in regard to the work plan for 2013/14.

Resolved:

1. That the report be received and noted including progress made across the Board's key priority areas;
2. That the progression of the City's bid for funding from the Better Care Fund in partnership with key partners from the CCG and the Acute Trusts be noted

- **Public Health Delivery Board (PHDB)**

Ros Jervis presented a report which advised the Board on the work of the Public Health Delivery Board and in particular matters arising from its meeting on 4 February 2014. She drew specific attention to the work undertaken in respect of "Obesity" which posed a major challenge for all partners. She advised that this topic would be the subject of the Public Health Annual Report which would be presented to the July meeting of this Board.

Resolved:

That the report be received and noted.

15. **Primary Care Development – "Engagement Session" – NHS England**

The Board received a PowerPoint presentation from Dr Kiran Patel in relation to Primary Care Quality from the perspective of the Birmingham, Black Country and Solihull Area Team of NHS England, in particular insofar as it related to Wolverhampton.

Cllr Steve Evans referred to the slide which drew particular attention to the age breakdown of General Practitioners (GP's) in Wolverhampton and enquired as to the steps proposed to address this issue. Dr Kiran Patel reported that the number of training places for GP's had been increased by Health Education England but that this would take up to seven years to have an effect. He commented that there was a need to seek the views of those GP's as to their future intentions and on the need to consider the increased use of Nurse Practitioners and Nurse Prescribers. Les Williams suggested that there was also a need to consider the current organisational structure of some GP practices, given the number of sole practitioners or two member practices. Ros Jervis confirmed this suggestion as some 63% of practices were comprised of one or two GP's. Dr Kiran Patel reported on the need to also have regard to the move to seven day working and the implications of the European Working Time Directive.

Maxine Bygrave queried the information relating to GP access and patient satisfaction as, in her opinion, it was at variance with the information held by Wolverhampton Healthwatch. Dr Kiran Patel acknowledged that there were several sources of patient experience data and that the information held by Wolverhampton Healthwatch could be more up to date than that held by NHS England. He emphasised the need to improve access at primary care level in order to avoid escalation up to acute level care.

The Chair, Cllr Sandra Samuels enquired as to the methodology for the assessment of suitability of the condition of GP premises. Dr Kiran Patel explained that such surveys would be undertaken through the CCG Capital

Priorities Premises Group.

The Chair, Cllr Samuels enquired as to the views of NHS England on the engagement with Healthwatch / Health and Wellbeing Boards / Health Scrutiny Panels. Dr Kiran Patel reported that NHS England worked closely with Healthwatch and Health and Wellbeing Boards but that the engagement with Health Scrutiny Panels was less well developed. In response to a further question from the Chair, Cllr Sandra Samuels, Les Williams reported that the Local Area Team worked closely with Healthwatch Wolverhampton and that data sharing also took place.

Resolved:

That the presentation be received and noted.

16. **Exclusion of press and public**

Resolved:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information contained in paragraph 3 of the Act, namely information relating to the financial or business affairs of any particular person (including the authority holding that information).

17. **Capital Programme Projects – NHS England**

Les Williams presented a report which outlined organisational changes within the NHS particularly relating to NHS Property Services and the present position with regard to the following GP premises in the City:

- Bradley;
- Bilston Urban Village;
- The Scotlands; and
- Heath Town.

He responded to questions relating to particular GP premises. Ros Jervis enquired as to whether the membership of the CCG Capital Priorities Premises Group included a representative from the Council's Property Team especially having regard to the Council's Corporate Landlord position. Les Williams advised that the membership was currently confined to NHS bodies only but undertook to investigate the possibility of such an invitation being extended.

Sarah Norman queried strategic the use and allocation of capital resources within the NHS insofar as it related to improvement and/or provision of GP premises. Les Williams explained that this issue was being addressed currently and that details could be included in future reports.

Resolved:

That the report be received and noted and future reports be submitted on a quarterly basis.