



Health and Wellbeing Board

Minutes - 7 January 2015

Attendance

Members of the Health and Wellbeing Board

Cllr Sandra Samuels (Chair)	Cabinet Member for Health and Wellbeing
Maxine Bygrave	Chair, Healthwatch Wolverhampton
Alan Coe	Independent Chair, Wolverhampton Children's Safeguarding Board
Cllr Steve Evans	Cabinet Member for Adult Services
Cllr Val Gibson	Cabinet Member for Children and Families
Dr Helen Hibbs	Chief Officer, Wolverhampton City Clinical Commissioning Group
Christine Irvine	Wolverhampton Voluntary Sector Council
Ros Jervis	Director of Public Health
Tim Johnson	Strategic Director, Education and Enterprise
Prof Linda Lang	University of Wolverhampton
Sarah Norman	Strategic Director, Community
Cllr Paul Singh	Shadow Cabinet Member for Health and Wellbeing

By invitation

Cllr Roger Lawrence	Leader of the Council
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Council employees and representatives of partner organisations

Viv Griffin	Service Director - Disability and Mental Health
Maxine Bygrave	University of Wolverhampton
Sarah Carter	Programme Director - Better Care Fund, Wolverhampton Clinical Commissioning Group
Sarah Fellows	Mental Health Commissioning Manager
Alan Coe	Chair Wolverhampton Safeguarding Board

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies for absence (if any)**
No apologies were received
- 2 Notification of substitute members (if any)**
None
- 3 Declarations of interest (if any)**
None

4 **Minutes of the previous meeting**

Resolved:

The minutes of the previous meeting (5 November 2014) were agreed as a correct record and signed by the Chair

5 **Matters arising**

It was noted that the quality chapter of the Joint Strategic Needs Assessment would be reported to the March meeting of the Board

6 **Chair's remarks (if any)**

The Chair reported that on 12 December she had attended a meeting of the National Health and Well Being Board. Next week she would be attending the National Health Scrutiny meeting and would report the outcome to the next meeting.

7 **Summary of outstanding matters**

Resolved:

That the summary of outstanding matters be received and noted.

8 **Health and Wellbeing Board Forward Plan 2014/15**

The Forward Plan had been updated. The March meeting would receive reports on the Better Care fund, the Learning Disability Strategy and the infant mortality action plan.

There would be a need to plan the range of items that would be submitted to future meetings later in the year once dates had been agreed.

Resolved:

That the Forward Plan, as now updated, be received and noted.

9 **Wolverhampton Safeguarding Children's Board Annual Report 2013 - 14**

Alan Coe introduced the Safeguarding Children's Board Annual Report. He had just completed his first year as Chair of the Board. The annual report had attracted press coverage which indicated the high level of public interest in safeguarding issues.

There had been 20 changes to the membership of the Board during the year which reflected the widespread reorganisations. This had affected the ability of the Board to adopt a consistent approach to partnership working.

The Board had formal links to the Health and Wellbeing Board and other appropriate committees. The forward to the report outlined the main challenges facing the Board and in particular he drew attention to the funding of the Board and the inter relationship between the work of the Board and social care. He also spoke about the role of the Board in engaging with schools which at times could be difficult because they were often seen as remote and autonomous. However, work was ongoing to improve links with the schools.

Mr Coe sought assurance that all Health and Wellbeing Board members knew who their representatives on the Safeguarding Board were.

Dr Helen Hibbs noted that there was a need for more engagement with GPs regarding safeguarding issues. All GPs were required to have been trained to level 3

on safeguarding issues. A GP had been appointed with particular responsibility for safeguarding issues.

The level of engagement with the Be Safe initiative and with young people would be significant part of the forthcoming year. Young people were not currently as engaged with the Board as they could be but engagement was increasing.

The Be Safe initiative was engaging with vulnerable people. An intermediary was asking what impact safeguarding had on young people who had been the subject to safeguarding measures.

The Domestic Violence Health Adviser at Accident and Emergency at New Cross Hospital was an effective service. For 2014/15 the service was funded by the CCG and would be funded by the Hospital Trust after that.

Consideration was given to ensure all agencies represented at the Board had internal assurance mechanisms that could demonstrate their role and performance in relation to safeguarding arrangements for children and young people. The assurance mechanisms included the fact that the same agencies who attend the Safeguarding Board also attended the Health and Wellbeing Board.

It was noted that the Board was working with faith groups regarding safeguarding issues and looking to understand what help could be provided.

The profile of the board would be raised through greater use of social media.

Resolved:

That the report be noted.

10 **Health and Wellbeing Board - Governance arrangements including updated Terms of Reference and amendments to membership**

Consideration was given to a report on the governance arrangements for the Health and Wellbeing Board which included revised terms of reference and revisions to the membership of the Board.

It was noted that the CCG was reviewing its constitution which may result in changes to their representation on the Board. A GP would be elected to fulfil the role on behalf of the CCG.

The terms of reference of the Board had been amended to include specific reference to the Better Care Fund

It was noted that it would be for the Royal Wolverhampton NHS Trust to decide if their representative would be the Chair of the Trust or the Chair of the Trust Board

Resolved:

That the updated Terms of Reference and revised membership of the Health and Wellbeing Board be endorsed and implemented with effect from the

beginning of the 2015/16 Municipal Year subject to the approval of the Special Advisory Group, Standards Committee and Council.

11 Mental Health Strategy/ Mental Health - Crisis Concordat

A report was received which provided an update on the implementation of the Mental Health Strategy, including the key next steps. The Strategy included a number of key priorities and outlined the vision to develop integrated health and social care pathways care pathways as part of the Better Care Fund .

It was noted that the crisis concordat action plan needed to be submitted by end of March.

The aim of the Strategy was to improve clinical outcomes and to provide a focus on young people.

It was noted that some mental health and safeguarding placements were away from the city. Where this was the case and where mental health was an element in the placement there was a need to embed it into the care approach. The Board was informed that placements outside the city received robust case management. Work was underway to provide services within the city which would enable those placed outside the city to be brought back to area.

It was felt that the strategy needed specific reference to safeguarding and interaction with hard to reach groups. There was agreement that early intervention on mental health issues for children and young people was vital so they could access services.

Resolved:

1. That the development and implementation of the Mental Health Strategy, including submission of the Wolverhampton Crisis Concordat Declaration be noted
2. That a report be submitted to the next meeting of the Board with on how the strategy would include reference to safeguarding issues and engagement with hard to reach groups

12 Implementation of Action Plans following the Francis Report - Update

A report was received on the progress made to with recommendations of the Robert Francis QC report into the Mid Staffordshire Foundation NHS Trust. The appendix to the report detailed the work undertaken to date by the Wolverhampton City Clinical Commissioning Group

It was noted that in addition to the outcome of the Francis report there were a range of other national drivers which brought change at a local level. There was recognition that greater emphasis needed to be placed on openness and transparency.

A framework was in place to ensure that the CCG were meeting the recommendations of the Francis report and progress was being monitored. It was felt that regular progress reports should be made to the Health and Wellbeing Board.

Concern was expressed that the report made no reference to listening to staff especially whistleblowers. The Board was informed that the outcome of a national review was awaited.

It was noted that the pressures on accident and emergency were growing. 11% more people had been admitted and 20% more were attending accident and emergency which was unprecedented. It was felt that people were attending accident and emergency because they were unable to get GP appointments. Concern was expressed that when the frail and elderly were admitted it was often difficult to find places for them outside of the hospital to enable their release

Resolved:

1. That the report be noted
2. That progress reports be submitted to the Board every six months.

13 Better Care Fund - Update including Primary and Community Strategy and Primary Care Co-Commissioning Strategy

The Board was informed that the health economy needed to work differently or the CCG would run out of money in around a year to 14 months if spending continued at the current level. The importance of good outcomes was stressed. An efficiency review group had been established to look at where and how savings could be achieved. A report on the progress made by the review group would be submitted to the March meeting of the Health and Wellbeing Board.

The most important action was to achieve ministerial approval for the Better Care Fund plan. The Section 75 agreement was being considered and developed by the Governance Core Group and would be reported to the March meeting of the Board

It was noted that 6 performance metrics relating to the Better Care Plan that were emerging and would build system resilience and create alternatives to emergency admission. Workstream proposals regarding new service delivery models had been developed in draft, with further financial, metric, and activity analysis in progress, alongside the exploration of internal governance and decision making arrangements. Individual implementation plans were being developed which were very detailed and would be supported by the overarching programme plan. The initial draft primary and community strategy would be submitted to the next meeting of the CCG governing body and copies would be circulated to Health and Wellbeing Board members

It was reported that NHS England had offered a range of options for CCGs to become much more involved in the commissioning of primary care and this would present a number of issues which the Health and Wellbeing Board may need to consider. All the options would require increased involvement from both Health and Wellbeing Board and Health Watch. It would provide opportunities for the development of new systems and models of primary care. However it was noted that it was unlikely to be cost neutral.

The CCG, at its meeting on 14 January would consider the range of options and which the approach which should be taken.

Resolved

That the report be noted

14 **Proposals to deliver planned care for Wolverhampton residents at Cannock Chase Hospital - Update**

A report was received Proposals to deliver planned care for Wolverhampton residents at Cannock Chase Hospital.

The report detailed the responses received to consultation on the proposals. A total of 664 responses had been received together with a petition relating to breast care services.

Five main areas had been identified as raising concerns

- Transport/Travel
- Car parking
- Accessibility
- Clinical Standards
- Communications

An action plan had been developed to respond to the concerns raised especially transport.

The importance of ensuring consistency of clinical standards across the site was highlighted. It was noted that importance was being placed on patient engagement throughout the process. Details of the proposals would be sent to all GP practices within the next two weeks. The first transfer would take place in mid February and would be for orthopaedics

A meeting had been arranged for later in the month between the petitioners concerned with breast care and clinical leads, breast care services were not planned to move until later in the programme.

Resolved:

That the report be noted.

15 **Feedback from Sub Groups**

The Transition Group had met and the minutes reflected the clear focus of the Group on the Better Care Fund

The Children's Trust Board had finalised its terms of reference but had agreed to review them if circumstances changed. Work was ongoing with the voluntary sector to provide better outcomes for children. The Board had given consideration to a frontline case study discussion on obesity.