

Health and Wellbeing Board

Minutes - 10 February 2016

Attendance

Members of the Health and Wellbeing Board

Councillor Sandra Samuels OBE	Chair, Cabinet Member for Health and Wellbeing
Ros Jervis	Service Director - Public Health and Wellbeing
Councillor Paul Singh	Shadow Cabinet Member for Health and Wellbeing
Alan Coe	Chair Wolverhampton Safeguarding Board
Ian Darch	Third Sector Representative
Simon Hyde	Chief Superintendent West Midlands Police
Linda Sanders	Strategic Director, People
Steven Marshall	Director of Strategy & Transformation
Dr Arko Sen	Wolverhampton Healthwatch
Jeremy Vanes	Chairman, The Royal Wolverhampton NHS Trust

Employees

Carl Craney	Democratic Support Officer
Richard Welch	Head of Community Recreation
Manjeet Garcha	Executive Lead Nurse
Juliet Grainger	Substance Misuse Commissioning Manager
David Loughton	Chief Executive of Royal Wolverhampton Hospital NHS Trust

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 Karen Dowman (Black Country Partnership NHS Foundation Trust), Dr Helen Hibbs (Wolverhampton City Clinical Commissioning Group), Cllr Val Gibson (City of Wolverhampton Council), Tim Johnson (City of Wolverhampton Council), Professor Linda Lang (University of Wolverhampton), Cllr Roger Lawrence (City of Wolverhampton Council) and Cllr Elias Mattu (City of Wolverhampton Council) together with Viv Griffin (City of Wolverhampton Council).
- 2 Notification of substitute members (if any)**
Steven Marshall attended as a substitute member for Dr Helen Hibbs (Wolverhampton City Clinical Commissioning Group).
- 3 Declarations of interest (if any)**
No declarations of interest were made relative to matters under consideration at the meeting.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting held on 2 December 2015 be confirmed as a correct record subject to the addition in Minute No. 1 of “Alan Coe – Independent Chair, Wolverhampton Children’s and Adults Safeguarding Boards” as having submitted an apology for absence.

5 **Matters arising**

With reference to Minute No. 8, (“Beat the Streets” initiative), Ian Darch advised that he had expressed his concerns at the previous meeting on the perception of the voluntary sector in relation to the process for commissioning the “Beat the Streets” initiative especially in the light of the funding cuts experienced by that sector. Ros Jervis, Director of Public Health, explained that “Beat the Streets” was a national initiative and could only be delivered by that company. She advised that the voluntary sector would play an integral role in delivery of the Obesity Action Plan and many other such initiatives. Ian Darch commented that he understood that the Public Health Funding Settlement had yet to be announced but that in the event that this would lead to further reductions in funding of the voluntary sector that any information be made known at the earliest opportunity. Linda Sanders, Strategic Director – People confirmed that the Public Health Funding Settlement had yet to be announced and commented that the “Beat the Streets” initiative was a national brand which could be delivered quickly.

Resolved:

That a meeting be held between Ian Darch, the Director of Public Health and Richard Welch, Head of Service for the Healthier Place Service to discuss this matter further.

With reference to Minute No. 10 (Better Care Technology), Dr Arko Sen suggested that optimum use need to be made of technology across the health and social care economy. The Strategic Director – People advised that technology was used across a range of services and its use was not confined to older people.

6 **Chair's Update**

The Chair, Cllr Sandra Samuels OBE reported that the official launch of the “Beat the Streets” initiative had been launched formally at Woodthorne School that morning. She reminded the Board that currently within the city 34.5% of adults and 65% of young people were classed as inactive. The initiative would run for seven weeks from Wednesday 24 February to Wednesday 13 April 2016 and that on-line registration for the scheme would be available from 15 February 2016.

190 Beat Boxes would be fitted across the city and 60,000 cards would be distributed. Up to 30,000 would be distributed to schools that registered for the scheme and the remainder would be available from distribution points which were at a variety of facilities including community centres, leisure centres, Phoenix Health Centre, the Civic Centre and the Wolverhampton Art Gallery. As at Friday 5 February 2016 45 schools had signed up to the initiative.

She advised that maps indicating the location of Beat Boxes were available for inspection together with examples of the fliers which were to be used to publicise the initiative. The objective of the initiative was to encourage children and young people to become active and also to encourage parents out of their cars with children

walking to school. The Director of Public Health reported that registration was open to teams and groups as well as individuals. Ian Darch asked whether there was any material available which could be distributed by the voluntary sector.

Resolved:

That a copy of the hyperlink together with a supply of fliers be forwarded to Ian Darch for onward transmission to voluntary sector organisations.

The Chair reported that she had attended, as an observer, a meeting held in January 2016 of the Wolverhampton City Clinical Commissioning Group (WCCCG) where discussions had been held in relation to funding and capital projects. She had raised the lack of General Practitioner (GP) facilities in the Whitmore Reans area. Subsequently, a bid had been made by the WCCCG to upgrade the facilities at the Whitmore Reans Health Centre.

The Chair reported on an outbreak of Novovirus at New Cross Hospital which had affected two Wards. David Loughton CBE Chief Executive of the Royal Wolverhampton NHS Trust advised that the outbreak had been spasmodic and was now relatively under control. He reported that the opening of the new Accident and Emergency Centre had created sufficient additional bed space to enable Wards to be closed and a deep clean exercise to be undertaken. The Director of Public Health commented that similar outbreaks had been experienced by many Acute Trusts across the country and on the excellent working relationship between the Council and the Trust's Infection Prevention and Control Team.

The Chair reported that she had attended a meeting of the National Tuberculosis (TB) Board when it had been considered whether the issue of TB should be included within Joint Strategic Needs Assessments (JSNA's). She advised that treatment was currently available for TB at the Refugee and Migrant Centre. Funding was available for patients to be screened at the Refugee and Migrant Centre with a target of 125 patients being screened from Wolverhampton and Walsall by the end of March 2016. Consideration was also being given to screening for Hepatitis at the Refugee and Migrant Centre.

Resolved:

That the Director of Public Health draw to the attention of the JSNA Working Group the possible inclusion of the issue of TB within the emerging JSNA.

The Chair reported on the problems with the Zika virus and that 3,893 cases which had been experienced in Brazil. A Briefing Note had been prepared by the Director of Public Health to appraise Councillors of the issue and the information was also available to employees. Dr Arko Sen commented that it had yet to be confirmed that mosquitos were the source of the problem. The Director of Public Health confirmed that the cause of the problem had yet to be confirmed and on the need to provide clinicians with the latest information. She reported that the Public Health Team was working closely with the Acute Trust and the Clinical Commissioning Group on the dissemination of relevant information.

The Chair reported on the future governance partnership arrangements for the Black Country NHS Partnership Foundation Trust, following a period of consultation, a combined partnership between the Black Country Partnership NHS Foundation Trust, Birmingham Community Healthcare NHS Trust and Dudley and Walsall Mental Health Partnership Trust had been agreed. This was a constructive move that would

ensure the sustainability of Mental Health Services across the Black Country and beyond and bring with it both clinical expertise and economies of scale.

At the invitation of the Chair, the Director of Public Health reported on a broad healthy lifestyle survey was being undertaken on a face to face basis with 9,000 residents. The purpose of the survey was to enable a greater understanding of lifestyle choices.

Resolved:

That a further report on the initial results of the survey be submitted to the next meeting.

7 Summary of outstanding matters

Resolved:

That the summary of outstanding matters be noted.

8 Health and Wellbeing Board Forward Plan 2015/16

Resolved:

That the report be received and noted.

9 Better Care Fund 2015/16 progress report and 2016/17 outline plans

Steven Marshall, Director of Strategy and Transformation, Wolverhampton City Clinical Commissioning Group presented a report on the development and progress of the Better Care Fund including progress with the Dementia and Mental Health Workstreams and the outline plans for 2016/17. He reminded the Board that the Better Care Fund programme was delivering system wide changes with the aim of delivering the following six outcomes:

- Reduced Delayed Transfer of Care (“DTC”);
- Reduction in avoidable emergency admissions;
- Reduced admissions to residential and nursing homes;
- Ensured effectiveness of reablement;
- Improvement patient/service user experience;
- Improved dementia diagnosis rates.

He advised that “DTC” remained a key issue to be delivered but that difficulties were still being encountered in achieving the target. A tri-partite agreement had been established between the Council, Clinical Commissioning Group and the Acute Trust to address this matter. With regard to the reduction in emergency admissions he advised that there had been an increase but this was due to the method of calculation with episodes of care and emergency admissions having conflicting numbers. There was, however, a requirement to report against the MAR (hospital data). He explained that the number of emergency admissions had actually reduced. In relation to the reduced admission to residential and nursing homes target, he reported that the figures had reduced and that Wolverhampton was one of the best performing areas in the country.

He reported that with the exception of the “DTC” progress in achieving the targets was positive. He drew to the attention of the Board the establishment of the Community Neighbourhood Team (CNT) model. This model would see the establishment of three CNT’s wrapped around small numbers of GP practices. He outlined the composition of the core teams which would include District Nurses and Social Workers.

He drew to the attention of the Board the current financial position together with the current projected overspend. With regard to the 2016/17 financial year, he explained that the final guidance was still awaited and the timetable for sign off of the Delivery Plan which necessitated a requirement for delegated authority to be granted in order to meet the time frame.

The Chief Executive of the Royal Wolverhampton NHS Trust commented on the emergency admissions target and advised that attendance at the A&E Centre had broken records three times in as many weeks and that this presented an issue with 19 patients waiting in corridors on the previous evening. For the first time in his NHS experience however, bed availability had not been a problem. With regard to "DTC" he reported that the position had improved enormously in Wolverhampton in recent times. The Strategic Director – People commented that the Council, the Acute Trust and the WCCCG continued to work together to address this problem but that maintaining people at home did have financial implications.

Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust enquired whether the Better Care Fund programme would be continued beyond 2018/19. The Director of Strategy and Transformation responded that there was an assumption, at national level, that Health and Social Care would be integrated more by 2020 and that the Better Care Fund would continue but would require more than joint commissioning.

Resolved:

1. That the progress report on the current year's activity be noted.
2. That the intention to advise the Health and Wellbeing Board of the intention to establish a Section 75 agreement between City of Wolverhampton Council (CWC) and the Wolverhampton CCG for the purposes of delivering the Better Care Fund in the business year 2016/17, and process for developing this agreement, along with the progress to date be endorsed.
3. That the draft Section 75 agreement be taken to the CCG governing body meeting on the 8 March and to the CWC Cabinet meeting scheduled for 23 March 2016 for final approval by both partner organisations.
4. That the process for developing the 16/17 delivery plan, the progress to date be noted, and that the final approval of the 16/17 BCF delivery plan be delegated to the Chair of the Health and Wellbeing Board, Cllr Samuels and Cllr Mattu with advice from the Transformation Director CCG (Steven Marshall), and BCF Lead for the CWC (Viv Griffin) during March 2016.

10

Joint Strategy for Urgent Care - Equality Analysis - Implementations of recommendations

The Director of Strategy and Transformation presented a report which detailed action taken following the previous update in June 2015 on the equality analysis report relating to the Joint Strategy for the Provision of Emergency and Urgent Care in Wolverhampton.

The Independent Chair of the Children's and Adults Safeguarding Boards referred to paragraph 3.3 of the report inasmuch as it only indicated the training undertaken by the WCCCG staff. The Director of Strategy and Transformation explained that the report was a response to the Strategy Document which was the responsibility of the

WCCCG. The Chair of the Royal Wolverhampton NHS Trust advised that a new approach had been adopted by the Trust in relation to the collation and collection of training data and that it would be possible for figures in relation to training undertaken by Trust employees to be provided. The Strategic Director – People commented that specific training was not provided by the Council in relation to equality and diversity as it was an integral part of the Council's operating procedures. The Independent Chair of the Children's and Adults Safeguarding Boards reminded the Board that the original recommendations had required training data to be provided by all relevant agencies. The Strategic Director – People reiterated her earlier comments that this did not relate to the Council inasmuch as it had no responsibility for the urgent care of patients. Manjeet Garcha, Director of Nursing and Quality, WCCCG commented that generic information from the WCCCG was submitted regularly to the respective Safeguarding Boards on this issue and reminded the Board that the WCCCG as a Commissioner, was required to ensure that its Service Providers satisfied its requirements in respect of such training.

Dr Arko Sen enquired as to the possibility of equality and diversity training being provided to volunteers alongside NHS staff.

Resolved:

1. That the progress in relation to implementation of recommendations 8, 10, 11, 19, 20 and 21 in the Equality Analysis document which supported the Joint Strategy for Urgent and Emergency Care be noted;
2. That the relevant data in relation to training on equality and diversity undertaken by employees of the WCCCG and RWT be provided to the Independent Chair of the Children's and Adults Safeguarding Boards;
3. That the training needs of volunteers in relation to equality and diversity matters be considered alongside the needs of NHS staff, if appropriate.

11

Obesity Call to Action - Progress Update

The Director of Public Health presented a report which provided an update in relation to progress made for the Obesity Call to Action and subsequent production of an Action Plan on 29 July 2015. The report outlined the development of a whole systems approach which had been adopted and progress made against the five year Action Plan.

Cllr Paul Singh welcomed the report and initiatives but enquired as to whether there was any data available against which progress could be measured. The Director of Public Health advised that the aim of the plan was to reduce the percentage of residents who were overweight or obese. She explained that there was a 12 month delay involved with the collection and publication of the relevant data. Data collected by School Nurses had recorded, however, a slight reduction in the number of overweight children but there had been no movement in the number of obese children. Cllr Paul Singh expressed concern in relation to the ability of the Council to measure progress in the absence of relevant data. The Chair advised that the data would be available but was not to hand immediately. The subject of progress with Child Obesity was also being considered by a joint meeting of the Health and Children and Young People and Families Scrutiny Panels.

She reminded the Board that it was estimated that 40% of eleven year olds in the city were obese. She referred to paragraph 4.1 of the report inasmuch as it referred to the Public Health Funding Settlement and the cut imposed in the Autumn Statement. The Director of Public Health advised that the Wolverhampton budget had been

reduced by 6.2% which amounted to a £1.33 million in year reduction. A further reduction to the budget of 3.5% was anticipated. The funding formula was being revised and could lead to further significant reductions in the money available to the City of Wolverhampton Council.

Resolved:

That progress made against the Obesity Call to Action be noted.

12

Public Health Commissioning Intentions 2016/17

The Director of Public Health presented a report in connection with the Public Health commissioning intentions for 2016 – 17 and the aspirations for commissioning to improve the health of the population to 2019. She reminded the Board that a five year contracting strategy had been approved in 2014 and since that time a huge amount of work had been undertaken which would continue into future years. She reported that the Healthy Child programmes; 0-5 (Family Nurse Partnership and Health Visiting) and 5-19 (School Nursing) would remain as currently specified with the Royal Wolverhampton NHS Trust until August 2017. Redesign of these services and planning for a comprehensive consultation had commenced and would be fully developed during 2016 – 17 with a new contract commencing on 1 August 2017.

She referred to section 3 of the report inasmuch as it referred to “aspirations: tackling the big six health issues in Wolverhampton” and explained that in the absence of the Public Health Funding Settlement it was only possible to confirm the continuation of mandated services at the present time. In order to achieve longer term impact to improve the health of the population of Wolverhampton certain interventions were required but this would be dependent on the availability of resources. She emphasised that discretionary services were at risk depending on the funding made available in the Settlement.

She advised the Board that the spending review and Autumn Statement covering 2016 – 17 onwards represented an average real term saving of 3.9% each year to 2020 – 21. The savings would be phased in at 2.2% in 16 – 17, 2.5% in 17 – 18, 2.6% in each of the following two years and flat cash in 20 – 21. To prepare for this anticipated reduction scenario planning had been undertaken to prioritise Public Health programmes. Minimum provision would cover only prescribed service delivery. After the prescribed provision prioritisation would be undertaken to retain critical services tackling the key health issues for Wolverhampton. Discretionary activity would then only be provided if it was affordable within a revised total programme.

The Chair of the Royal Wolverhampton NHS Trust welcomed the report. He referred to Public Health voluntary sector contracts for the delivery of peer support, young people’s counselling and welfare and advice services expiring in 2016 and noted that a review commissioning and procurement exercise would be commenced later this year. He commented that there was a sense of trepidation felt by the providers of services to young people especially having regard to the reduced level of the voluntary sector. He requested that the voluntary sector be informed of the financial position at the earliest opportunity. The Director of Public Health acknowledged the position and the need to be open, honest and transparent with the voluntary sector on the financial position.

Resolved:

1. That the commissioning intentions be endorsed;

2. That the implications of the spending review and Autumn Statement on the public health grant allocation might require the reprioritisation of future commissioning intentions and the current contracting portfolio be noted;
3. That it be noted that any reductions would be applied to ensure delivery of prescribed services: Children 0 – 5 (health Visiting), sexual health, NHS health checks, National Child Measurement programme and surveillance and monitoring of health protection incidents, outbreaks and emergencies as primary functions.

13

Francis Inquiry - progress on implementing recommendations

The Director of Nursing and Quality, Wolverhampton City Clinical Commissioning Group presented a report which updated the Board on the progress made by the CCG in implementing the recommendations from the Francis Inquiry and a number of other reports. She suggested that an over-arching report on quality be submitted to future meetings.

The Chair of the Royal Wolverhampton NHS Trust commented that organisational memory was an issue in the short term for a variety of reasons especially having regard to staff turnover. He questioned how the health and social care economy would make the necessary steps to retain the knowledge and avoid moving backwards. The Chair suggested that quality checks needed to be conducted on at least a quarterly basis.

The Independent Chair of the Wolverhampton Children's and Adults Safeguarding Boards supported the comments made previously and commented on the duplication of reporting between this Board and the Safeguarding Boards. He opined that when lessons had been learnt from previous experiences that there was a need to ensure that this had actually occurred.

The Director of Public Health commented that improvements in the quality and safety of care provided had improved. She suggested that a quality and safety framework was required which ensured that continued improvement occurred.

The Chief Executive of Royal Wolverhampton NHS Trust reported on the difficulties the Trust encountered after recruiting nurses from abroad in obtaining the necessary immigration documentation. Furthermore, he commented on the problems with retaining qualified nurses once they had commenced their duties, with many choosing to seek alternative employment in locations such as Southampton. He advised that following the Care Quality Commission (CQC) inspection of the Manor Hospital at Walsall there was now an expectation that the RWT Maternity Unit would take responsibility for a further 500 deliveries. This was likely to re-ignite previous complaints regarding the closure of the Maternity Unit at Stafford Hospital.. The Chair queried whether the RWT had sufficient capacity to cope with the additional demands. The Chief Executive of Royal Wolverhampton NHS Trust reminded the Board of the decision taken by the Trust to undertake capital expenditure on a major project prior to the formal approval of the Business Case by the Department of Health while other Trusts had awaited formal approval or had taken no steps whatsoever.

Ian Darch commented that the human factors needed to be taken into account and that while the quality and safety issues were important the culture of each organisation was equally important.

Resolved:

1. That the report be received and noted;
2. That further consideration be given to the development of a quality and safety framework with the outcome being reported to a future meeting with a view to quarterly reports being submitted to the Board;
3. That the framework include an indication as to the most appropriate body to receive progress reports on specific developments from the various Inquiries / reports.

14

Wolverhampton City Clinical Commissioning Group Primary Care Strategy

The Director of Strategy and Transformation presented a report which informed the Board of developments with regard to the Wolverhampton City Clinical Commissioning Group (WCCCG) Primary Health Care Strategy. The Strategy had been approved in principle by the WCCCG Governing Body on 12 January 2016 and which had been ratified at a Members Meeting on 20 January 2016. He reported that the Strategy detailed what was to be delivered in relation to Primary and Community Care.

The Independent Chair of the Wolverhampton Children's and Adults Safeguarding Boards suggested that the document needed to make more reference to Safeguarding and in terms of GP engagement with Safeguarding issues to ensure that GP's were equipped to deliver what was expected of them. The Director of Nursing and Quality undertook to ensure that this issue was addressed through workforce development. Dr Arko Sen suggested that reference needed to be made in the document to tackling inequality issues.

Ian Darch commented that the WCCCG with support from the Voluntary Sector Council had been successful in obtaining a grant from the Big Lottery Commissioning Better Outcomes Fund to develop a Business Case that would appraise the option of using a Social Impact Bond to finance Voluntary and Community Sector (VCS) preventative well-being interventions for older people. WCCCG's overall aim was to make savings by reducing ambulance call outs, emergency hospital admissions and delayed discharges of older people. Initial cost profiling had indicated that investment in VCS prevention could lead to cashable savings of approximately £1 million over 5 years to the WCCCG. The City of Wolverhampton Council would also benefit in terms of savings and improved outcomes for older people. He suggested that reference to the Social Impact Bond proposition could be included in the Strategy.

The Director of Strategy and Transformation advised that an allocation of funding was also available for voluntary sector organisations to apply for funding to assist community care providers.

Resolved:

1. That it be noted that the Strategy had been adopted by the WCCCG Governing Body and ratified by the WCCCG members;
2. That the comments made during the consideration of the Strategy be noted.

15 **NHS Planning and Strategic Transformation Plan 2016/17**

The Director of Strategy and Transformation reported on planning guidance received from the Department of Health which required an Operations Plan to be produced for 2016 -17 and a Sustainability and Transformation Plan for 2020. Three years fixed funding had been indicated together with indicative funding for a further two year period. The Sustainability and Transformation Plan required a larger footprint than just Wolverhampton to be considered and the recognition that it had a wider footprint than the Black Country given the treatment of patients from South Staffordshire and Shropshire. He advised that various configurations of Trusts and organisations would be looked at.

He commented that this would be a thorny issue to address and would pose a challenge to social care providers. A systems submission was required by the end of June 2016 and a number of cross organisation Working Groups were being established to work on these requirements. The Strategic Director – People commented that there was a need to add value without duplicating effort and that there was a desire for the Black Country Authorities to work together at a Combined Authority level and/or across the Black Country.

The Chair queried whether these issues were to be considered by the Combined Authority, once established. The Director of Strategy and Transformation advised that the responses would be health driven nationally.

The Chair of the Royal Wolverhampton NHS Trust questioned what the changes would mean for that Trust. He suggested that local solutions were required rather than a footprint being imposed by the Department of Health. He commented that the identification of “the Wolverhampton ask” was required as the first step in responding to this issue.

Resolved:

That the report be received and noted.

16 **Children and Young People's Plan - progress report**

Resolved:

That this matter be considered at the next meeting of the Board.

17 **Minutes from Sub Groups**

Resolved:

That the minutes of the following meetings be received and noted:

i) Children’s Trust Board – 1 December 2015;

ii) Integrated Commissioning and Partnership Board – 3 December 2015.

[Carl Craney, Democratic Support Officer, reported that it would not be necessary to pass a resolution to exclude the press and public as the report on NHS Capital Programme due to be considered at Agenda Item No. 19 was not available]

18 **Exclusion of the Press and Public**

See Minute No. 17 above.

19 **NHS Capital Programme**

See Minute No. 17 above.