

Health and Wellbeing Board

Minutes - 10 January 2018

Attendance

Members of the Health and Wellbeing Board

Councillor Val Gibson	Cabinet Member for Children & Young People
Councillor Paul Singh	Conservative
Councillor Paul Sweet	Cabinet Member for Public Health and Well Being
Bhawna Solanki	University of Wolverhampton
David Baker	West Midlands Fire Service
David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Dr Helen Hibbs	Wolverhampton Clinical Commissioning Group
Elizabeth Learoyd	Healthwatch Wolverhampton
Emma Bennett	Director of Children's Services
Helen Child	Third Sector Partnership
John Denley	Director of Public Health
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust
Linda Sanders	Independent Chair of Adults and Children's Safeguarding Board
Mark Taylor	Strategic Director - People
Sarah Smith	Head of Strategic Commissioning
Steven Marshall	Wolverhampton Clinical Commissioning Group
Councillor Jasbir Jaspal	Chair of the Health Scrutiny Panel – as an observer

Employees

Madeleine Freewood	Development Manager - City Health
Helen Tambini	Democratic Services Officer

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies for absence**
Apologies for absence were received from Councillor Roger Lawrence, Councillor Sandra Samuels OBE, Brendan Clifford, Chief Superintendent Jayne Meir, David Watts, Dr Alexandra Hopkins and Tim Johnson.
- 2 Notification of substitute members**
Bhawna Solanki attended on behalf of Dr Alexandra Hopkins.
- 3 Declarations of interest**
There were no declarations of interest made.

4 **Minutes of the previous meeting - 18 October 2017**

Resolved:

That the minutes of the meeting held on 18 October 2017 be confirmed as a correct record and signed by the Chair.

5 **Matters arising**

There were no matters arising from the minutes of the previous meeting.

6 **Health and Wellbeing Board Forward Plan 2017-2018**

Helen Tambini, Democratic Services Officer presented the report and highlighted key points.

John Denley, Director for Public Health confirmed that the Public Health Annual Report 2016-2017 would include a vision for public health and business going forward.

Linda Sanders, Independent Chair of Adults and Children's Safeguarding Board advised that the Adults and Children's Safeguarding Annual Reports would be available in the Autumn for the Board to receive.

In answer to a question regarding the rate of progress nationally for Placed Based Commissioning, Steven Marshall, Wolverhampton Clinical Commissioning Group (CCG) and Mike Sharon, Royal Wolverhampton Hospital NHS Trust (RWT) advised that there were no fixed models to follow and it was expected that each area would shape its own development and Wolverhampton wanted to be ahead with progress. National policy was changing and it was hoped that in the next six months some progress would be made.

Madeleine Freewood, Development Manager – City Health referred to item 10 on the agenda which proposed a five-step action plan for strengthen governance and system leadership within the Board. As part of that action plan, it was recommended that several issues would be added to the Forward Plan and that could be considered at the next Agenda Group meeting.

Resolved:

1. That the Board approve the current Forward Plan.
2. That the Adults Safeguarding Board Annual Report and the Children's Safeguarding Board Annual Report be added to the Forward Plan for consideration in Autumn 2018.

7 **Wolverhampton CCG Operational Plan 2017-2019 Update**

Steven Marshall, Wolverhampton CCG stated that the Wolverhampton CCG Operational Plan was a standing agenda item. The NHS had amended the annual cycle and it had now become a two-year plan. As the Operational Plan was still live, it was considered appropriate to give an overview of the key priorities and main activities of the last year.

Steven Marshall gave the following Operating Plan update:

Local Place Based Models of Care/Primary Care:

- Primary care groupings established, joint working underway with hub working together to deliver increased access in primary care on weekends and bank

holidays. Discussions underway to identify services that could be delivered at scale across primary care, for example wound care and joint injections.

- Development of Local Quality and Outcomes Framework (QOF) scheme underway.
- Performance dashboards developed for each care model to help determine patient outcomes, demand and variation.
- Working with key stakeholders across the health economy to develop an Accountable Care Alliance model, aiming towards shadow form by 1 April 2018.
- Implemented risk stratification, social prescribing and enhanced rapid response service provision which will help strengthen partnership/multidisciplinary (MDT) working with Health and Social Care as well as delivering admission avoidance and care closer to home.
- Two-way text messaging currently being piloted with a view to being rolled out to all practices by the end of the financial year.
- First phase of Care Navigation being rolled out in primary care (Minor Eye Conditions, Minor Ailments Scheme, etc.)
- Primary Workforce Strategy drafted and in the process of being finalised.
- Clinical Pharmacists working in practice groups.
- Practices undertaken Practice Resilience training.

Urgent and Emergency Care/Improving Flow and Admission Avoidance:

- Discharge to Assess Pathways implemented across all wards, regional recognition for D2A work and Direct Transfers of Care (DTOCs) reduced on track to hit NHS England trajectory.
- Frail elderly pathways being developed and falls service being redesigned in partnership with trust to have a much greater focus on prevention.
- Step up beds commissioned.
- Developed Integrated Emergency Care Passport jointly with Social Care, West Midlands Ambulance Service and RWT.
- Rapid response service provision has been enhanced to include seven days a week provision (over six months 3,375 patients were seen, 3,155 were successfully treated in the community, representing an 85% admission avoidance rate).
- Enhanced risk stratification and MDT approach with primary and community and social care services.
- Launch of red bag scheme.
- A&E Delivery Board is continuing to support schemes that will help improve patient flow and reduce impact on A&E during the winter period.

Elective Care:

- Musculoskeletal (MSK) service is embedded, community eye care services have been recently re-procured and work is ongoing with the Trust to redesign ophthalmology pathways and shift services into the community closer to home where possible.
- Currently scoping out opportunities to implement clinical assessment services in other specialities.
- The CCG is also currently in the process of reviewing and redesigning other pathways such as wound care pathway, End of Life, neuro rehab and heart failure.
- Continuing to support practices with offering choice to patients at point of referral.

- Working with providers to ensure patients are not waiting more than 18 weeks from referral to treatment and ensuring remedial action plans are put in place where required to deliver improvements.

Cancer:

- Strategic Cancer Group set up, responsible for ensuring oversight and implementation of Achieving World Outcomes Strategy.
- Recovery and Health Wellbeing sessions being delivered by RWT for breast cancer patients and looking to roll out to further specialities.
- Working with Cancer Research UK and GP practices to improve knowledge and information.
- Working with Cancer Research, RWT, GP practices and other key stakeholder to improve uptake of bowel screening.

Mental Health:

- Implementation of Primary Care Counselling Service.
- Improved access and waiting times, early intervention in psychosis and eating disorders with additional investment and remodelling of the pathways.
- Pump priming investment in peri-natal mental health (including multi-agency training) running this programme for our Sustainability and Transformation Plan (STP).
- Recommissioned autism and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic are on a pathway for adults.
- Reducing out of area placements (acute overflow and specialist).
- Better Care Fund – focus on urgent mental health care pathway, further alignment of all age 24/7 crisis care as part of crisis concordant with a focus to move to mental health liaison core 24.
- CAHMS Transformation Plan developed with focus on (Children and Young People (CYP), IAPY, CAHMS crisis services, tier 3 and improved access to tier 4, increasing access prevalent population).

In answer to a question regarding End of Life care, Steven Marshall confirmed that those were better for cancer patients due to the additional resources and focus. There was also a difference depending on where you lived in the city and it was hoped to standardise that. As there were no additional resources, any investment in one area would mean a loss in another and it was a question of prioritisation.

The Chair advised that hospices provided services for cancer patients; however, it was much more difficult to decide the type of End of Life care required for people suffering from other, longer term conditions.

In answer to a question regarding the priorities for improving primary care, Steven Marshall confirmed that quality and coverage were the key elements, with GPs working collaboratively using a multi-disciplined model. That included GP practices merging to provide better quality services in the community.

Helen Child, Third Sector Partnership stated that better care in the community was welcomed and she referred to the importance of supporting people with mental health issues, as many were left without support if they did not meet specific criteria.

Steven Marshall advised that previously under urgent care pathways some people had not meet the criteria and had been left without support. However, with primary care counselling and a more considered approach it was hoped to avoid that in the future.

The Chair advised that if the Operational Plan was updated before next year then a report would be submitted to the Board, if not the Board would receive the update report in 2019.

Resolved:

That the verbal update be noted.

8 Future of Acute Services

David Loughton CBE, Royal Wolverhampton Hospital NHS Trust and Mike Sharon, Royal Wolverhampton Hospital NHS Trust gave a presentation on the Future of Acute Services in the Black Country and highlighted key points.

Councillor Sweet referred to the pressure on acute services and the excellent work undertaken by staff at the RWT to minimise the impact on the public.

David Loughton CBE referred to maternity services and confirmed that the Trust had not experienced any problems in filling vacancies and the ratio of midwives to births was currently at target.

In answer to a question regarding changes to patient geography, David Loughton CBE advised that the changes since 2013-2014 were based on volume of numbers and he confirmed that people were happy with the service at Cannock.

Resolved:

That the update be noted.

9 Wolverhampton Pharmaceutical Needs Assessment 2018-2021

Seeta Wakefield, Public Health Speciality Registrar presented the report and gave a presentation on the Wolverhampton Pharmaceutical Needs Assessment 2018-2021 and highlighted key points.

She advised that 256 members of the public had responded to the pharmacy survey. The key findings of the survey related to opening times, accessibility and facilities. She confirmed that in terms of opening times and accessibility there were now several pharmacies open from 7am weekdays, several on Saturdays and 10 were open on Sundays. Those 10 were concentrated in more deprived areas where people could walk or there was good public transport; with people from more affluent areas more likely to be able to access those facilities by car. Most pharmacies were within a 30-minute drive or walk, or could be accessed by public transport. In respect of facilities, most had staff that could speak other languages; there was greater wheelchair access, more consultation rooms and home dispensing.

She confirmed that Lloyds Pharmacies would be releasing 190 pharmacies nationally (either through closure or by selling them to other pharmacies). There were eight Lloyds pharmacies in Wolverhampton; however, as yet there was no notification of how many, if any, would be affected, and if they were, in what way. Public Health would continue to monitor the situation on behalf of the Board.

The Chair referred to the important work undertaken by pharmacies in providing general health care advice.

John Denley, Director for Public Health referred to the importance of pharmacies in attracting people and other businesses to an area as they were very good businesses.

Jeremy Vanes, Royal Wolverhampton Hospital NHS Trust suggested that the Board would benefit from speaking with pharmacist to build a level of awareness regarding where and how to provide services.

Helen Child, Third Sector Partnership stated that it was often pharmacy staff who noticed problems at first hand, as they often saw people on a regular basis and during home visits and it was important that those skills were utilised appropriately.

John Denley advised that although facilities and building fabric were important, the most important thing was the build-up of relationships and being part of the community.

Seeta Wakefield confirmed that of the 64 customer facing pharmacies, 63 had closed rooms and the only outstanding pharmacy was looking to add a room.

Helen Child and Linda Sanders both referred to the terminology in correspondence and suggested that it would be helpful to simplify it.

Seeta Wakefield confirmed that this year timescales had been very tight; however, in future years issues including language, terminology and accessibility would be looked at more closely. She also advised that the HWBB would be consulted at an earlier stage next time in the process.

Councillor Sweet stated that he was aware of one pharmacy that had a private consultation room; however, it was very small and at the back of the premises and had limited availability.

Seeta Wakefield acknowledged that the situation was not perfect; however, improvements continued to be made to make premises more accessible, with 55 being wheelchair accessible.

Resolved:

That the report and presentation be noted.

10

Strengthening Governance and System Leadership

Madeleine Freewood, Development Manager – City Health presented the report and highlighted key points and asked the Board to consider the five recommendations.

The Chair stated that it was a very opportune moment to undertake a review and the recommendations should be supported.

Linda Sanders, Independent Chair of the Adults and Children's Safeguarding Board supported the recommendations and suggested that as part of the review, thought should be given to how the Board evidenced outcomes and impact. She referred to the joint protocol document referred to in the report, which was in the process of being reviewed, a pre-meeting had been scheduled for February 2018 and a meeting

would be held on 22 March 2018. She referred to the development of a HWBB Communications Strategy and suggested the potential value of aligning that with other partnership board communication plans. She referred to the Be Safe Junior Safeguarding Board and the important issues raised by members, including aspects around feeling safe, tackling drugs and alcohol abuse, domestic violence, guns, gangs and knife crime and the use of social media. Members had requested more information about partnership boards, in particular quarterly updates and as the Chair already provided meeting updates, it would be possible to add the Be Safe Junior Safeguarding Board to the mailing list.

Resolved:

That the Health and Wellbeing Board agree the five-step Action Plan, including the five recommendations listed below, to strengthen the governance and system leadership of the Board:

1. 360-degree review.
2. Update the Joint Health and Wellbeing Strategy for Board approval in July 2018.
3. Development of a Health and Wellbeing Board Engagement and Communications Plan, including mapping community stakeholders.
4. Develop a Wolverhampton specific Health and Wellbeing Board identity, including branding and web presence.
5. Identify opportunities for learning from others.