

DUDLEY HEALTH AND WELLBEING BOARD

Tuesday, 28th January, 2014 at 3.00 pm
in Committee Room 2, The Council House, Dudley

PRESENT:-

Councillor S Turner (Chair)

Councillors Branwood and Miller

Director of Adult, Community and Housing Services, Interim Director of Children's Services, Assistant Director of Planning and Environmental Health, Director of Public Health, Dr D Hegarty and Mr P Maubach - Dudley Clinical Commissioning Group; Alison Taylor, Local Area Team, NHS Commissioning Board, Pam Bradbury – Chair of Health Watch Dudley and Chief Superintendant Johnson – West Midlands Police.

In attendance

Assistant Director, Adult Social Care (Directorate of Adult, Community and Housing Services), Assistant Director (Quality and Partnership) (Directorate of Children's Services), Mr N Bucktin, Head of Partnership Commissioning – Clinical Commissioning Group, Ms K Jackson, Consultant in Public Health (Office of Public Health) and Mr J Jablonski (Directorate of Corporate Resources)

Also in attendance

Ms N Hussain, Stroke Programme Lead (for Agenda Item No. 8)

Ms L Prescott, Senior Development Officer, Dudley CVS (for Agenda Item No. 6)

Observer

Councillor Foster; together with Dr Rob Dalziel – Healthwatch Dudley and 7 members of the public.

23. COMMENTS MADE BY THE CHAIR

The Chair welcomed everyone to the meeting in particular Pam Bradbury the newly elected Chair of Healthwatch Dudley and Lorna Prescott, Senior Development Officer of Dudley CVS.

24. APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were submitted on behalf of Councillor Crumpton, Dr Cartwright and Andy Gray.

25. DECLARATIONS OF INTEREST

No member declared an interest in any matter to be considered at this meeting.

26. MINUTES

RESOLVED

That the minutes of the meeting of the Board held on 26th September, 2013, be approved as a correct record and signed.

27. PERFORMANCE MONITORING ARRANGEMENTS AND CURRENT PERFORMANCE STATUS

A joint report of Officers was submitted giving an overview of proposed arrangements by which the Health and Wellbeing Board could monitor performance outcomes against national and local priorities for health and wellbeing and an update on current progress in relation to national and local priorities and the implementation of Dudley Borough's Health and Wellbeing Strategy. Attached as Appendices 1 and 2 of the report submitted were Supporting Commentary for Indicators Significantly Below the England average (accompanies the outcomes frameworks report) and Local Indicators and Actions Health and Wellbeing Strategy Implementation Plan 2013/14 – 2014/15 together with Health and Wellbeing Priorities – Outcomes Frameworks.

Arising from the presentation given on the contents of the report, and its Appendices, a comment was made in relation to the indicator – Access to GP Services – in Appendix 1 to the report that the Lead should be amended to CCG/NHS England. It was indicated that this would be done.

RESOLVED

That the information contained in the report, and Appendices to the report, submitted on the current performance status for Dudley Borough be noted and that the proposed performance monitoring arrangements be agreed.

28. CHANGE IN ORDER OF BUSINESS

Pursuant to Council Procedure Rule 13(c), it was

RESOLVED

That Agenda Item Nos. 10 and 11 be considered as the next items of business

29. **PRESENTATION ON DEVELOPMENT OF CLINICAL COMMISSIONING GROUP'S STRATEGIC PLAN – EVERYONE COUNTS – PLANNING FOR PATIENTS 2014/15 – 2018/19**

A presentation was given on the development of the Clinical Commissioning Group's Strategic Plan entitled Everyone Counts – Planning for Patients 2014/15 – 2018/19. The presentation had previously been circulated to Board Members and was available on the Council's Committee Management Information System (CMIS).

The content of the presentation was a response to outline planning guidance from NHS England to whom the planned framework needed to be submitted by 31st January, 2014. The initial planning assumptions and the basis of those assumptions were set out in the presentation.

Contracts with the main providers had to be agreed by 28th February, and the substantive Plan would be submitted to this Board at its meeting to be held on 26th March, 2014. The Plan to be considered at that meeting would include further detail in particular key performance indicators. The final Plan will then be submitted to NHS England by 4th April, 2014.

The Plan will comprise a 2 year detailed operational plan and a 5 year plan to deliver six service models, as set out in the presentation. However, in addition to the requirement for a 15% reduction in emergency activity there would also be a requirement for a 20% efficiency gain for elective activity.

Arising from the presentation given comments were made and responded to regarding the process indicated in particular the agreeing of contracts before the final plan had been agreed.

RESOLVED

That the information contained in the presentation submitted on the development of the Clinical Commissioning Group's Strategic Plan entitled Everyone Counts – Planning for Patients 2014/15 – 2018/19, be noted and that a further report on this matter be submitted to the meeting of this Board to be held on 26th March, 2014.

30. URGENT CARE CONSULTATION OUTCOME AND THE RECONFIGURATION OF URGENT CARE

A report of the Chief Accountable Officer, Dudley Clinical Commissioning Group was submitted on the outcome of the Clinical Commissioning Group's (CCG's) consultation process in relation to the future clinical model for urgent care in Dudley and on the CCG's final proposals for urgent care in the light of the consultation exercise. Attached as Appendices to the report were two reports considered by the CCG at its Board meeting on 9th January, 2014. The first set out an overview of the consultation process and the feedback received and the second set out the CCG's proposed clinical mode for urgent care in the light of the outcome of the consultation process. The recommendations in both reports had now been approved by the CCG and had been the subject of a separate report to the Health Scrutiny Committee of the Council on 23rd January, 2013.

Mr Maubach, the Chief Accountable Officer, Dudley CCG, in presenting the report commented on the discussions held by his Board on this matter in particular the three main areas of concern regarding the transfer of the Walk In Centre to the Russells Hall Hospital site. These concerns had arisen from the Questionnaire Survey carried out by Health Watch Dudley during the period 29th November to 5th December, 2013. A copy of their report had previously been circulated to Members of the Board and an updated report had subsequently been e-mailed to them.

The three areas of concern were

- Whether co-locating the walk in service at Russells Hall Hospital would create additional pressure on the Accident and Emergency Service at Russells Hall
- That access to Russells Hall was better
- Parking at Russells Hall

There were considered to be no challenges or issues around clinical arrangements in relation to the proposal.

In relation to the three issues raised, Mr Maubach reported that it was considered that the pressure on A & E Services would in actual fact reduce as a result of the co-location of services as all patients would be triaged at the single point of entry; that access by public transport was better to Russells Hall and that the issue regarding parking was that whilst there were difficulties with parking at Russells Hall and it was free at the Walk In Centre there were other issues regards parking at the Centre and on balance it was considered that the advantages of the transfer outweighed any difficulties.

The recommendation that had been agreed therefore was for the creation of a new Urgent Care Centre on a 24/7 service basis maintaining the ability to walk in and integrating the out of hours service into the walk in service thus extending the activity beyond the current arrangements. There would also be an option within the Centre for appointments to be booked following triage over the telephone using the 111 service, particularly out of hours and at weekends.

However, also arising from the Survey undertaken, it was noted that the public preferred improved GP access and there was a recommendation contained in the covering report submitted as regards involving NHS England in this issue as a partner on the Board with the contractual responsibility for GP access.

Arising from the presentation given a number of questions were asked and issues raised to which responses were given, in particular

- That the scenario three model agreed upon would meet current levels of demand with the long term preference seeing a reduction in demand arising from improved GP access and efficiencies. There was, therefore, an important link between the two.
- As indicated above the new service would be provided on a 24/7 basis.
- The issue of quality of clinical care was a contractual challenge the key being to get the specification right. Mr Maubach undertook to report to a future meeting of the Board on the development of the specification.
- Arising from concerns raised about whether a person visiting the new centre would be guaranteed to see a GP it was considered that not everyone attending the new service would need to see a GP and their availability may depend on the time of day someone attended the centre. GP provision as part of the out of hours service would need to be included in the contract specification.
- The contract specification would need to be developed in relation to the high paediatric element attending the Walk In Centre and in relation to people with mental health issues. The Survey results arising from the work undertaken by Health Watch Dudley would assist with this.
- There did not appear to be any barriers to GP's fulfilling their contractual obligations so that GP access could be improved in Dudley.

- Various arrangements including developing joint Commissioning arrangements for GP services with NHS England and asking them to demonstrate how they intend to improve this in Dudley will be put in hand. NHS England for their part were aware of the issues and considering them.
- That there was the linked issue of variations in resources across practices in the Borough, which also required attention. The need for local determination of resources was suggested.
- The need for harmonisation of IT systems across practices was considered to be a big issue, however, changes would give rise to disruption in practices. The issue of whether the meeting of targets by practices during any period of change could be varied was raised. It was considered that practices in the Borough were moving towards linked IT systems as this was one of the key enablers to improving access.
- A report on the contractual element with joint Commissioning regarding future arrangements in terms of IT, the problems and what might be done to overcome this was requested for a future meeting of this Board.

Arising from the comments made the Chair indicated that he was more confident now about the proposal for an urgent Care Centre especially with regards to the 24/7 service aspect with the booking of appointments, however, he would like to see more details on access to GP's at the new Centre and how it was proposed that this work in practice.

He also referred to the scenario detail and estimated activity levels referred to in the second report to the CCG Board attached as an Appendix to the current report and considered that Scenario 5 was where the CCG would wish to be eventually whereas the current decision related to Scenario 3.

He therefore requested assurances regarding GP provision within the urgent Care Centre and for the CCG Board not to move to Scenario 5 until that aspect had come back to this Board.

RESOLVED

That, subject to assurances around GP provision within the new Urgent Care Centre and to the CCG Board not moving to Scenario 5 until this proposal had come back to this Board for consideration:-

- (1) The consultation process carried out by the CCG and its outcome be noted.

- (2) That the recommendations on the future configuration of urgent care as approved by the CCG in the light of the public consultation process be noted.
- (3) That NHS England, as a partner on this Board, with contractual responsibility for access to General Practice, be invited to demonstrate how they intend to improve this in Dudley.
- (4) That joint commissioning as a means of addressing the issue of access to General Practice be supported; and
- (5) That the CCG's proposals for the future configuration of urgent care be approved.

31. **HEALTH AND WELLBEING BOARD COMMUNITY ENGAGEMENT PRINCIPLES**

A report of a Senior Development Officer of Dudley CVS, prepared on behalf of the Health and Wellbeing Board Development Group, was submitted on a summary of findings from interviews with Board Members in relation to engagement and proposed principles in relation to involvement and engagement.

The Board was also invited to consider the principles to guide processes and practice in relation to the engagement and involvement of local people in the commissioning and provision of services and in the realisation of vision, aspirations and priorities in Dudley's Health and Wellbeing Strategy.

Attached, as an Appendix to the report submitted was a copy of a report entitled Engaging Together? Towards a collective approach of involving individuals and communities led by Dudley Health and Wellbeing Board.

Arising from a presentation of the content of the report, and Appendix to the report, submitted Lorna Prescott, the Senior Development Officer of Dudley CVS who had prepared the report was thanked for the work undertaken and it was noted that a further report would be submitted to the Board in due course.

RESOLVED

That, arising from consideration of the content of the report, and Appendix to the report, submitted on community engagement principles the Dudley Health and Wellbeing Board Development Group be requested to develop plans, which support the Board to undertake responsibilities in relation to engagement and involvement and address the issues raised by Board Members highlighted in the Appendix to the report submitted.

32. UPDATE ON HEALTHWATCH DUDLEY PROGRESS AND ACTIVITY IN
RELATION TO INTELLIGENCE GATHERING AND PUBLIC
ENGAGEMENT

A report of the Chief Officer of Healthwatch Dudley was submitted updating the Board on Healthwatch Dudley progress.

The Chair of Healthwatch Dudley, Pam Bradbury, was in attendance at the meeting and commented on the content of the report and on proposed topics for further consideration so that Health Watch Dudley became more proactive as opposed to the reactive work that had been undertaken.

The Healthwatch team were congratulated on the work done with particular reference to the report referred to in the previous Agenda item.

RESOLVED

That the information contained in the report, and reported at the meeting on the work being progressed by Healthwatch Dudley, be noted.

33. UPDATE AND PRESENTATION ON STROKE RECONFIGURATION
PROGRAMME

A report was submitted on an overview of the Birmingham, Solihull and Black Country Stroke Reconfiguration Programme whose aims were to draw together work undertaken to date by the Midlands and East Stroke Review and to understand if there was a need to reconfigure local Stroke Services to deliver improved patient outcomes. Attached as Appendices to the report submitted were details on Stroke Services specifications; Stroke Services Reconfiguration Programme Brief Birmingham, Solihull and Black Country, January, 2014 and the terms of reference for the Stroke Programme Board.

Nighat Hussain, Stroke Programme Lead, was in attendance at the meeting and circulated copies of a presentation entitled Reviewing Stroke Services for a Healthier Future. A copy of the presentation was available on the Council's Committee Management Information System.

In her commentary on the presentation she indicated that the review related to a possible reconfiguration of hyper-acute stroke units dealing with the first 72 hours after a stroke with other services still being provided in local Hospitals after that period. If current consultations were approved there would be six such units in the West Midlands. However, no decisions had been made and the review was looking at whether there was a need to change.

Arising from the presentation given Board Members queried the engagement of Adult Social Care and Healthwatch Dudley with the work to be carried on.

In response the involvement of Adult Social Care was acknowledged together with involvement in task and finish groups and a request was made for the Programme Board to consider how to involve Adult Social Care at a much earlier stage in the development.

Regarding the involvement of Healthwatch Dudley and other Health Watch's it was reported that further consultations with these Bodies would be welcomed either jointly through meetings with Healthwatch Chairs or on a one to one basis.

RESOLVED

- (1) That the programme scope and approach including governance arrangements be noted and endorsed.
- (2) That it be noted that the Board's primary point of contact were their local commissioners supported by Sandwell and West Birmingham Clinical Commissioning Group; and
- (3) That if consultation was required this would be determined in September, 2014, the proposals being the subject of a period of formal consultation.

34. BETTER CARE FUND DUDLEY

A copy of a presentation in respect of Better Care Fund Dudley was circulated at the meeting; a copy of the presentation was available on the Council's Committee Management Information System.

A commentary on the content of the presentation was given by the Director of Adult, Community and Housing Services and Paul Maubach, Chief Accountable Officer, Dudley Clinical Commissioning Group. It was noted that the information contained in the presentation would form the basis of the initial plan to be submitted to NHS England by 14th February, 2014 with the final plan to be submitted to the meeting of this Board to be held on 26th March, 2014. The final submission would then be made to NHS England by 4th April, 2014.

The model outlined in the presentation involving Prevention Hubs and GP's and multi-disciplinary teams was considered to be an exciting opportunity with the aim of brining about a transformation in the ways in which services were provided and in methods of working the approach was therefore innovative. Whilst the approach was based on national criteria it was also focused on what was considered would work best in Dudley.

The focus of the fund would be in relation to older people with frailties and how to bring the services together with the aim of limiting hospital admissions where alternatives might have been possible. The model was therefore multi-layered and services available would be wide ranging. The prevention hubs would provide a single point of contact again with the overall aim of reducing pressure and lengthy stays in Hospital and ensuring the elderly were in sustainable environments. The aim was to reduce emergency admissions by 15% and all unplanned admissions would be seen as a failure.

GP's had a pivotal role to play in the development of the model.

As regards the funding aspects of the proposal the only new monies were £1.57 million additional Section 256 funding (NHS England). The transfer of funding from the CCG will need to support a 15% reduction in emergency admissions. It was noted, overall, that the funding arrangements were very challenging and would also involve the need to deliver efficiencies from within the fund of £4 million. The net total fund was indicated to be £23.84 million .

The aims and ambitions of the Better Care Fund were therefore a sizable challenge the overall object being to enable people to stay longer in their own homes. A further significant financial aspect of the fund was the need to demonstrate that proposals could be delivered next year in 2015/16 without additional resources.

As regards the next steps following the submission of the final plan to NHS England on 4th April, 2014 shadow arrangements would be established from April, 2014 and Clinical Commissioning Group investment in key initiatives to support the fund would also apply from that date.

Arising from consideration of the presentation Councillor Branwood wished to place on record thanks to the Director of Adult, Community and Housing Services and the Chief Accountable Officer – Dudley Clinical Commissioning Group and their colleagues for their work that had been done to date in preparing the approach in respect of the Better Care Fund Dudley.

Comments were also made in relation to whether the reduction in emergency admissions by 15% was achievable and the need for the model to include systemic long term condition management. In response it was recognised that admission rates were lower than elsewhere in Dudley so delivering the reduction was a significant challenge.

Arising from a query regarding the preparedness of staff to meet the new and challenging environment envisaged by the introduction of the Better Care Fund arrangements it was reported that resources were available for staff development and meeting the challenges ahead including the cultural changes. It was also noted that the Voluntary Sector were key partners in the arrangements and reference was also made to the importance of the Ambulance Service in the arrangements, that service being a key part of the team.

At the conclusion of this item the Chair congratulated all those involved in developing the approach and cited the work done as a good example of working together.

RESOLVED

That the approach outlined in the presentation given and circulated at the meeting in relation to Better Care Fund Dudley be agreed and that a further detailed report be submitted to the meeting of this Board to be held on 26th March, 2014.

35. CHARTERS

It was reported that the Board had signed up to:

- (i) The Disabled Children's Charter for Health and Wellbeing Boards; and
- (ii) The Children and Young People's Better Health Pledge

and that the Council had signed up to

- (iii) The Local Government Declaration on Tobacco Control.

Copies of the Charters concerned had been circulated to Members of the Board. As regards the Local Government Declaration on Tobacco Control it was noted that this Council had been the first Black Country Borough to sign up to the Declaration.

RESOLVED

That the information circulated and reported on in respect of the Charters referred to be noted.

The meeting ended at 5.35 pm

CHAIR

DHWB/23