

DUDLEY HEALTH AND WELLBEING BOARD

Wednesday, 26th March, 2014 at 3.00 pm
in Committee Room 2, The Council House, Dudley

PRESENT:-

Councillor Crumpton (Vice-Chair) (In the Chair)

Councillors Branwood and Miller

Director of Adult, Community and Housing Services, Assistant Director of Planning and Environmental Health, Director of Public Health, Dr S Cartwright – Dudley Clinical Commissioning Group; Alison Taylor, Local Area Team, NHS Commissioning Board, Andy Gray, CEO Dudley CVS; and Pam Bradbury, Chair of Healthwatch Dudley.

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 Commissioning, Clinical Commissioning Group and Mr J Jablonski (Directorate of Corporate Resources)

Also in attendance

Jayne Emery, Chief Officer of Healthwatch Dudley (for Agenda Item No. 10) and 4 members of the public.

36. COMMENTS MADE BY THE CHAIR

The Chair welcomed everyone to the meeting in particular Dr Jennifer Deveraux an FY2 – Trainee Doctor – currently on secondment to the Office of Public Health.

37. APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were submitted on behalf of Councillor S Turner, Pauline Sharratt, Paul Maubach, Chief Superintendant Johnson and Karen Jackson.

38. DECLARATION OF INTEREST

Dr S Cartwright declared a non-pecuniary interest in Agenda Item 7 – Urgent Care Centre (UCC) Procurement and draft UCC Service Specification (Version 0.6) in that the present walk in centre was on the same site as his practice – Keelinge House Surgery.

39. MINUTES

RESOLVED

That the minutes of the meeting of the Board held on 28th January, 2014, be approved as a correct record and signed.

40. NEXT STEPS FOR THE HEALTH AND WELLBEING BOARD INCLUDING WORK PROGRAMME FOR 2014/15

A joint report of Officers was submitted on next steps and the work programme for the Board for 2014/15.

A number of issues were considered in relation to:-

- Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment
- Community Engagement and Communications
- Quality assurance
- Governance
- Draft work programme 2014/15

Arising from the presentation given of the content of the report and its Appendices, the Chair expressed concerns regarding the publicity that needed to be given to future Board meetings being held in the community and to the timing of Board meetings, which were currently shown as commencing at 5.00pm. He indicated that he would raise these concerns with Councillor S Turner.

RESOLVED

That the information contained in the report, and Appendices to the report, submitted on the issues indicated above be noted and endorsed with particular reference to updated Governance arrangements set out in Appendix 1 to the report, the adoption of a user friendly Board reporting style draft guidelines set out in Appendix 2 to the report, the dates for future meetings of the Board to be held in the community on

Tuesday, 17th June, 2014
Tuesday, 30th September, 2014
Tuesday, 16th December, 2014; and
Wednesday, 25th March, 2015

currently shown as commencing at 5.00pm together with the other activities contained in the Work Programme set out at paragraph 19 of the report submitted.

41. DUDLEY CCG OPERATIONAL PLAN 2014/2015 – 2016/2017 AND STRATEGIC PLAN 2014/2015 – 2018/2019

A report of the Chief Accountable Officer, Dudley Clinical Commissioning Group (CCG) was submitted reviewing the CCG's draft Operational Plan for 2014/15 – 2016/17 and the development of the Strategic Plan for 2014/15 – 2018/19. A copy of the draft Operational Plan was attached as Appendix 1 to the report submitted.

As part of the presentation of the report given by Mr Bucktin particular reference was made to the issues that the Board were asked to consider as set out in paragraphs 17 to 24 of the report submitted.

Mr Bucktin also asked that authority be given to the Chief Accountable Officer of the CCG and the Director of Public Health to agree a target in relation to the reporting of medication errors.

Arising from the presentation given of the report and Appendix 1 to the report submitted, a number of particular comments were made, as follows:-

- That there were inconsistencies between figures shown in the draft Operational Plan and the Joint Strategic Needs Assessment/Health and Wellbeing Strategy in relation to emergency admissions and it was agreed that the Director of Public Health and Officers from the CCG be authorised to clarify the position.
- Regarding the content of the paragraph in the draft Operational Plan, page 7, entitled "The Challenge" it was considered that further wording should be included regarding community assets identified in the Joint Strategic Needs Assessment.

- That whilst it was agreed that hypertension was an appropriate local quality premium target, reference was made to performance in GP Practices falling below the level expected in relation to vascular checks. It was requested that arrangements be made by the CCG to ensure that vascular checks were back on track to meet the required target. In response it was reported that hypertension was recognised as being appropriate as it also had an impact on dementia and that the CCG were aware of the reduction in vascular checking and were investigating the matter. It was further reported that once all practices moved to a single IT system in the next calendar year there would be significant opportunities to deliver this service.
- In response to a query regarding the use of NHS 111 it was noted that the CCG were going out to tender in respect of the Urgent Care Centre proposals with the expectation that patients would phone NHS 111. Any issues relating to the performance of 111 would be dealt with separately.
- That whilst it was appreciated that the Operational Plan needed to be written in a prescribed manner, for non-medical persons it made difficult reading particularly with the use of a number of acronyms making it difficult to fully understand what was being reported on. The CCG therefore needed to be aware that the report would be viewed by different audiences who would not be fully aware of all the terminology used.

Following comments made consideration was then given to the issues set out in the report submitted at paragraphs 17-24 that the Board were asked to consider.

RESOLVED

- (1) That the information contained in the report, and Appendix 1 to the report, in respect of the draft Dudley CCG Operational Plan 2014/15 – 2016/17 and the development of the Strategic Plan for 2014/15 – 2018/19, be noted and that the CCG be requested to take on board the particular points as recorded above
- (2) That the issues identified in paragraphs 17-24 of the report submitted be responded to as follows
 - (i) That the Board was satisfied that the areas of focus shown on pages 9 and 10 of the Plan were appropriate.
 - (ii) That the Board was satisfied that the levels of “outcome ambitions” in relation to those areas identified in paragraph 10b of the report submitted and at pages 11-12 of the Plan were appropriate.

- (iii) That the local quality premium target indicator for 2014/15 – hypertension – was appropriate.
 - (iv) That the dementia diagnosis rate be used as a local performance measure for the Better Care Fund.
 - (v) That the actions described in relation to commissioning for quality and safety were appropriate.
 - (vi) That in relation to parity of esteem for people with mental health problems the actions set out in pages 14 and 15 of the Plan be supported.
 - (vii) That the proposed priorities of urgent care, planned care, integrated care and primary care development were relevant.
 - (viii) That the actions in respect of the six system characteristics for transformation as set out in pages 16 to 24 of the Plan were regarded as sufficient.
- (3) That the Board confirm that the Plan was consistent with the Joint Health and Wellbeing Strategy.
-

42. CHANGE IN ORDER OF BUSINESS

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

RESOLVED

That the remaining items of business be dealt with in the following order:-

Agenda Items numbers 8, 9, 10, 7 and 11.

43. GP ACCESS AND URGENT CARE

Neill Bucktin of the Clinical Commissioning Group(CCG) introduced a short animated film that had been produced in order to raise the awareness of the public in relation to GP access and urgent care. It was noted that these issues had been raised at the last meeting of the Board. The animated film known as a doodle ad was currently on You Tube and showed how work was taking place to improve access to GP Practices.

A particular aspect of this was the development of Patient Participation Groups by the CCG the intention being to have such a group in each practice in the Borough. Over 40 of the 49 practices in the Borough had a Patient Participation Group.

Arising from meetings of each group it was hoped to report on how access could be improved based on the ideas and suggestions coming from the groups.

A press release would shortly be issued by the CCG on the development of the doodle ad with the intention of spreading good practice around the GP Practices in the Borough. It was also commented that the Patient Participation Groups were a good way of getting the message out to the public about the Health and Wellbeing Board and for inspiring local people to the fact that they could make a difference.

RESOLVED

That the content of the film shown on improving GP access and Urgent Care and the comments made at the meeting on this be noted.

44. BETTER CARE FUND

A joint report of Officers was submitted updating the Board on Dudley's Better Care Fund proposals and to confirm direction and next steps.

As part of the consideration of this matter a visual presentation was also made and commented upon by the Director of Adult, Community and Housing Services and Neill Bucktin of the CCG. A copy of the presentation would be uploaded to the Council's Committee Management Information System.

The presentation covered a number of points and referred to progress since January, 2014 when the matter had been considered at the last meeting of the Board. A first draft had been submitted to NHS England on 14th February, 2014. The next submission to NHS England would be on 4th April, 2014 together with the CCG's Strategic Plan. Following the submission all Members of the Board would receive a copy of the full and final submission.

Other aspects of the presentation included the Modern Model of Integrated Care, a copy of the model which involved multi disciplinary teams as indicated at the last meeting of the Board, Taking the Prevention Model Forward, the Rapid Response Service, Performance Measures – Minimum Requirements, National Minimum Funding Level and Dudley Health and Social Care approach.

Regarding Next Steps, in addition to the timetable already indicated it was noted that the details to be agreed included confirmation of the governance arrangements under this Board including establishing shadow arrangements from 14th April, 2014 to be reflected in a Section 75 Agreement.

In conclusion the presentation also gave an indication of what success would look like.

Particular comments made on the presentation were as follows:-

- That Healthwatch should be asked to consider a different name to replace the one currently used i.e. Better Care Fund Dudley.
- That the Rapid Response Service was a real alternative to Hospital admission and would have benefits for the health system as a whole. It was indicated that there was a wish to provide care on a par with hospitals for example assessments could often be done at home rather than involving trips to a hospital by ambulance. Therefore, there would be developments in the assessment and treatment of people in their home.
- There was the need for assessment on a regular basis to ensure that the Rapid Response Service was of a high standard and work would be undertaken with colleagues in Healthwatch, other health colleagues, pharmacists and the Local Authority in relation to the Better Care Fund. There was national interest in the work being done in relation to this service and work was being done with other CCG's in the Black Country.
- That performance measures would be developed with Healthwatch and performance reported to the Board. The performance measures would be an aggregate of information at the Practice, Local and Borough levels.

- That the efficiencies to be delivered from within the fund of £4 million were to be reinvested into Rapid Response and GP leadership. A meeting will be held next week to finalise the submission.
- In response to a query about the increasing number of elderly in the population a response was given to the effect that forecast modelling was in place to assist with meeting increased demands and meeting needs with positive alternatives and the Better Care Fund would be able to expand the opportunities available.
- In response to queries regarding staff profiles and whether there were sufficient staff it was noted that there had been investment of £1 million in a significant organisational development programme leading to serious investment in staffing. It was recognised that there would be significant changes to how, where and the hours worked by staff with a coming together of different disciplines. However, this would enhance capacity and the approach would be reviewed so that the capacity required would be available. It was also noted that some staff were already working the hours and days required with some services to be available on a 24 hour basis. There would therefore be significant changes in ways of working which differed from those in the past the aim being to put the client first.
- That in response to a query about the opportunities for improving the end of life care it was noted that this was not always dealt with in a dignified manner and was not of a high quality. This issue was something that still needed to be addressed but discussions would be held as to the best way forward so that it could be planned with patients. The role of residential and nursing care homes was crucial in this and discussions needed to be held with providers.
- That if more people were going to be looked after in their own homes there was a need to understand the implications of this which could include loneliness and isolation and therefore there needed to be reassurance as to how people were going to be looked after.
- Success would largely depend on the use of the language of co-production so that individuals came together to provide the service experience required for patients and users. The Client would be the focus of the work undertaken.

RESOLVED

That the information contained in the report, presentation and comments made arising from the presentation, as indicated above, be noted on the further update of Dudley's Better Care Fund proposals to confirm direction and next steps.

45. UPDATE ON HEALTHWATCH DUDLEY PROGRESS

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

Jayne Emery, Chief Officer, Healthwatch Dudley, was in attendance at the meeting and commented on the content of the report submitted.

Particular comments were made in respect of the Information Points referred to at paragraph 7 of the report submitted and the fact that there were now 72 settings registered as Community Information Points. The training indicated had been a good opportunity for those involved to network.

Arising from the presentation given she commented that for the next meeting of the Board it was suggested that there be an opportunity for a discussion session about Healthwatch Dudley for example how its role could be maximised and with a possible focus on a specific topic such as the Information Points.

Arising from this a comment was made that it was important that the Board listened to what actual people had to say so that the voice of the people could be brought to the Board. This would necessarily include people's experiences whether they were good or bad.

A request was made for an FAQ about Healthwatch Dudley to be produced for circulation to all Councillors so that their awareness could be raised. It was indicated that Healthwatch Dudley were already considering this matter and how they could get people involved.

RESOLVED

That the information contained in the report submitted, as reported at the meeting, updating the Board on Healthwatch Dudley progress be noted and that the comments raised above be progressed, as appropriate.

46. URGENT CARE CENTRE (UCC) PROCUREMENT AND DRAFT UCC SERVICE SPECIFICATION (VERSION 0.6)

A report of the Chief Accountable Officer, Dudley Clinical Commissioning Group was submitted providing an update on the design and procurement of the new Urgent Care Centre (UCC) proposed and agreed at the Board meeting of the CCG on 9th January, 2014.

The submission of the report was in response to comments made at the last meeting of this Board.

Attached as Appendix 1 to the report submitted was the latest draft version of the Service Specification. The specification would be considered by the CCG Board on 4th April, 2014 to report progress, then finally to the Board on 8th May. It was noted that this matter was also being considered by the Council's Health Scrutiny Committee.

Comments on the draft UCC Service Specification were invited as it was considered that such comments would be invaluable to developing a UCC that reflected the needs of local people, was safe, affordable and fit for purpose.

Arising from the presentation given on the content of the report, and Appendix 1 to the report, submitted a number of comments were made, as follows:-

- The Chair of Dudley Healthwatch indicated that comments had already been sent to the CCG on the draft, however, there were still concerns about where people would go if their needs could not be met as it was considered that they would try to find another route into the system and the issue of unregistered patients. It was noted that currently people who used the walk in centre did not have to be registered.

Regarding the issue of registration this was seen as a fundamental issue given that this was the whole basis of the GP Service and the services being developed. Therefore, whenever possible people seen should be registered with a GP and if they were not registered attempts would be made to facilitate registration. Once the EMIS IT system was in place this would facilitate this and the UCC would be using the system as well.

As regards the service not meeting needs it was considered that the quality of the triage provided was an important factor in meeting this concern. This Board at its last meeting had raised concerns about GP provision and what clinical triage meant. There was a need to be careful therefore and work out what the quality of the triage was.

- There was a need to task the provider with seeking continuous feedback and it was important that the CCG facilitated this.

- It was considered that in order for people to envisage the system to be provided that a flow chart be developed to show what the service would look like.
- In respect of pathways it was noted that substance misuse was subsumed under mental health and that as regards the provision of substance misuse this was commissioned by the Office of Public Health. CRI was the service provider and had been awarded a new contract with effect from 1st April. There needed to be liaison with that new provider as to how they fitted into the system.
- It was considered that a wet room be provided so that those in need of such a room could be accommodated prior to being treated.
- There was a need for the Service Specification to fully recognise the particular needs of people requiring the psychiatric liaison service and to meet the needs of children.
- Concerns were raised at the low staffing ratio proposed which should be looked at in the light of experience.

Arising from the points raised it was indicated that they would be considered with particular reference to psychiatric services as mental health and those for children were already the subject of further work. The issue of triage would also receive further consideration.

RESOLVED

1. That the information contained in the report, and Appendix 1 to the report, submitted on the design and procurement of the new Urgent Care Centre involving the draft Urgent Care Centre Service Specification (Version 0.6) be received and noted relating to assurance on the planning and commissioning process of the new Urgent Care Centre.
2. That arising from consideration of the draft Service Specification the comments made, as indicated above be considered as the responses of this Board to the CCG for consideration and inclusion in the final draft version of the Service Specification.

The meeting ended at 4.50 pm

CHAIR