

Health and Wellbeing Board

Monday 8 September 2014 at 6.00 p.m.

in a Conference Room at the Council House, Walsall

Present: Councillor M. Arif
Councillor C. Clews
Councillor P. Lane
Councillor I. Robertson
Councillor I. Shires
Mr. K. Skerman, Interim Director Adult Services
Mr. D. Haley, Executive Director Children's Services
Ms. U. Viswanathan, Interim Director of Public Health
Dr. A. Gill]
Dr. D. Nair] Commissioning
Dr. R. Mohan] Group
Dr. A. Suri] representatives
Ms. S. Ali]
Ms. F. Baillie, NHS England
Mr R. Pandaal] Healthwatch
Mr R. Przybylko]

In attendance: Ms. C. Boneham, Health and Wellbeing Programme Manager

131/14 Appointment of Chairman

The Board was advised that the Chairman, Councillor McCracken, had submitted her apologies for the meeting.

Councillor Robertson was nominated to Chair the meeting which he accepted.

Councillor I. Robertson in the Chair

Councillor Robertson suggested that the Board should consider in the future nominating a Vice-Chairman. He considered that the Vice-Chairman should be a Board member representing the Clinical Commissioning Group.

132/14 Apologies

Apologies for non-attendance were submitted on behalf of Councillor McCracken and Mr. J. Morris.

133/14 Substitutions

It was noted that Ms. D. Lytton was no longer the member for Healthwatch Walsall. Mr R. Pandaal and Mr R. Przybylko attended as representatives.

134/14 Minutes

Resolved

That the minutes of the meeting held on 7 July 2014 copies having been sent to each member of the Board be approved and signed as a correct record.

135/14 Declarations of interest

There were no declarations of interest.

136/14 Local Government (Access to Information) Act, 1985

There were no items to be considered in private session.

137/14 Healthwatch Annual Report

The Joint Chairs of Healthwatch Walsall, Mr Pandaal and Mr Przybylko, gave a presentation which gave an overview of the work of Healthwatch, explained the vision, key achievements in Year 1, and goals for year 2. The Healthwatch Walsall Annual Report 2013/14 was also submitted

(Presentation slides and report annexed)

Mr Pandaal and Mr Przybylko responded to questions and points of clarification from members on a number of issues particularly around methods of engagement. Mr Pandaal explained that a small grants scheme had been launched to engage with community organisations working with 'hard to reach' groups and that 13 applications had already been considered by the Healthwatch Board. He also explained the proposals in relation to provision of access points.

The Chairman thanked the Joint Chairs for their presentation.

138/14 Joint Health and Wellbeing Strategy **Suggested Performance Measures for Strategy Priorities**

The Health and Wellbeing Programme Manager, Mrs C Boneham, presented a report which provided a selection of suggested progress measures against the 19 recommendations for action in the Strategy.

(see annexed)

Resolved

- (1) That the selection of measures set out in the report be approved as a start of a process to show progress with the exception of those in priority 4, to be revised and reported to the next meeting of the Board.
- (2) To note that that the suggested measures may change as the thinking evolves in order to ensure the selection of robust measures and reduce reporting duplication between the Health and Wellbeing Board and linked Boards

139/14 Measures and progress report for priorities under the Strategy theme: 'Give every child the best start in life and enable them to make the most of who they are'.

The Health and Wellbeing Programme Manager, Mrs C Boneham, presented a report which provided a performance dashboard which had been developed using the suggested performance measures for the priority; and which had been populated using the information currently being used to assess progress by the named Boards and relevant commissioners and operational managers.

(see annexed)

The Board discussed the new performance template and made some suggestions for improvements. The Board also discussed the measures in the template during which time, the Director of Children's Services commented that as he was newly appointed, he would prefer to review the measures before being finally agreed.

Resolved

- (1) That the performance dashboard template be approved subject to revisions as discussed.
- (2) To note that the Director of Children's Services will review the measures under the theme and report back in due course.

140/14 The Urgent and Emergency Care System in Walsall

The Clinical Commissioning Group Accountable Officer, Ms. Salma Ali, presented a report which presented the vision and outline strategy for the urgent and emergency care system in Walsall.

(see annexed)

Ms. Ali explained that there was 2 phases of the strategy development process, one being the longer term 3-5 year plan and the other being to resolve immediate issues regarding the walk in centre services within the borough. She stressed that the outcome of the consultation on the future of the walk in centre services was still being evaluated by the Clinical Commissioning Group Board and no decision had yet been taken.

Resolved

- (1) To note the vision and outline strategy for the urgent and emergency care system in Walsall.
- (2) To note that the outcomes of the public consultation and detailed modelling work is being evaluated and will be presented to the Health and Wellbeing Board on 8 December 2014.
- (3) To note that the outline strategy will be reviewed and further amended once the outcome of the public consultation and modelling work is available.
- (4) To note that the vision is based on the values set out in the Clinical Commissioning Group's 5 year strategic plan, the national urgent care review led by Sir Bruce Keogh, the Walsall and Health and Wellbeing Strategy and the Better Care Fund.
- (5) To note that programme management arrangements will be established to take forward delivery of the strategy including identification risks and their mitigating actions.
- (6) To note that the Health and Wellbeing Board will receive a further report on the outcome of the Urgent Care Review on 8 December 2014.

141/14 Integration of Health and Social Care – Implementing the Better Care Fund

The Interim Director of Social Care and Inclusion, Keith Skerman, presented a report from the Integration Board which updated on the development of the Better Care Fund in Walsall and which sought approval for a revised approach to the allocation of the funding for 2015/2016:

(see annexed)

In presenting the recommendations, Mr Skerman cautioned that the target of 3.5% reduction in emergency admissions to the Manor Hospital was an ambitious target given that it was finding difficulty maintaining the current position.

The Board noted that the funding for 2015/16 amounting to £21,771m was a reallocation of existing monies and not new monies; and that it would become part of a pooled fund under a legal agreement between the Council and Walsall Clinical Commissioning Group (CCG). Mr Skerman advised that the agreement would be submitted to the Health and Wellbeing Board before being finally agreed.

A discussion took place on the proposed approach during which time Mr Skerman and the CCG accountable officer, Ms Ali, responded to questions in respect of the pooled budget arrangements. It was noted that an element of the budget was paid on performance and so if targets were not achieved, such as the hospital admissions target, there was a risk of penalties being imposed. Ms Ali said that a robust plan was being worked on in this respect.

The Chairman commented on the pressures faced by the Manor Hospital and particularly the situation at Stafford Hospital which was exacerbating the problem for the Manor Hospital and the local health economy. He said that he was minded to write separately to the Department of Health in respect of this issue and the Board supported this action.

In response to other questions from members on hospital admission numbers, Ms Ali explained the general reasons for these but said that this was a complex area to understand. The joint Chief Executive of Healthwatch Walsall, Mr Przybylko, mentioned that Healthwatch was just completing a piece of work to understand the reasons for readmissions. Ms Ali undertook to provide Councillor Lane as far as possible with a breakdown of the reasons for admissions and readmissions.

Resolved

- (1) That the revised approach to the allocation of the Better Care Fund against current services be agreed as set out in the report and that Cabinet and the Clinical Commissioning Group governing body be recommended accordingly.
- (2) That a target of a 3.5% reduction in emergency admissions to hospital be agreed during the calendar year 2015 compared to the calendar year 2014.
- (3) That this report be used as the basis for completing the next Better Care Fund national template submission by 19 September.
- (4) That the Chairman sign off the submission on behalf of the Health and Wellbeing Board.

- (5) That this report be used as a basis for reports to the governing body of the Walsall Clinical Commissioning Group and Cabinet.
- (6) To note that the two NHS Trusts (Walsall Healthcare Trust and Dudley and Walsall Mental Health Trust) that make up the constituent membership of the Integration Board will need to indicate their agreement to the Better Care Fund Plan prior to its submission on 19 September 2014.
- (7) That the Health and Wellbeing Board supports the Chairman writing to the Department of Health expressing his concern at the threats to the health economy in Walsall from the position faced by the Manor Hospital arising from the situation at Stafford Hospital.
- (8) That given that this was a critical strategy, the relevant Council Scrutiny Panel be invited to look at the approach in more detail.

142/14 Health and Wellbeing Board Work Programme 2014/15

The work programme was submitted

(see annexed)

It was noted that an e-mail had been sent to all Board members that day to draw attention to the draft new Pharmaceutical Needs Assessment which was due to go out to consultation. Board Members were encouraged to view the Assessment via the link provided in the e-mail and make any comments.

The arrangements and themes for future development days were discussed. It was considered that the Development Sessions should be twice yearly with the next session being November. With regard to the themes for the sessions, it was suggested that as both the Council and Clinical Commissioning Group had 4/5 year plans which would be much clearer in November and would link with the work on the Better Care fund pooled budgets, this would be a useful theme. It would also help members to understand how the Council and the CCG Board work to help integration and align longer term aspirations.

Fay Baillie, NHS England, suggested that it would also be useful to discuss the new responsibilities being transferred to Local Authorities in respect of health visiting.

143/14 **Communication**

The Board identified the following 3 key messages from the meeting:

- Health and Wellbeing Strategy priorities and performance measures.
- Reinforce messages about urgent and emergency care
- Endorsement of the Board for the first year activities of Healthwatch Walsall, inviting people to join the organisation.

144/14 **Date of next meeting**

The next meeting to be held on 20 October 2014 at 6.00 p.m.

The meeting terminated at 7.40 p.m.

Chairman:

Date: