

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 14th May 2014 at 2.00pm in the Walker Room, Meeting Point House, and Telford TF3 3HS.

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council) and Cllr P Watling (Telford and Wrekin Council) D Evans (Clinical Commissioning Group), Cllr E Clare (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), Liz Noakes (Telford and Wrekin Council), D Wickham (NHS England Shropshire and Staffordshire Area Team), J Chaplin (Healthwatch Telford and Wrekin)

Also Present: K Roberts (Interim Service Delivery Manager, Commissioning)

Officers: M Cumberbatch (Legal Services) J Power (Delivery and Planning Manager) and J Clarke (Democratic Services Officer).

HWB-60 MINUTES

RESOLVED – that the Minutes of the meetings of the Health and Wellbeing Board held on 12th March 2014 be confirmed and signed by the Chair.

HWB-61 APOLOGIES FOR ABSENCE

Dr M Innes (Vice-Chair) (Clinical Commissioning Group) and D Harrison (Clinical Commissioning Group).

HWB-62 DECLARATIONS OF INTEREST

None

HWB-63 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-64 REVIEW OF THE HEALTH AND WELLBEING BOARD

J Power, L Noakes and M Cumberbatch presented a joint report which proposed a series of changes to the Health and Wellbeing Board which had been built on the discussions held at the development session on the 3rd April 2014.

The two key drivers for the proposed changes were:-

- The introduction of a Better Care Fund following the integration of Health and Social Care
- A review of the existing Partnership working arrangements led by the Council

It was proposed that the role of the Board be developed to become more strategic and focus on supporting and driving the integration and transformation of services in order to improve the health and wellbeing of our communities and to reduce health inequalities.

The focus of the commissioning and Transformation Partnership would be to bring greater consistency and better connection with partners as well as focusing on improving outcomes. In order to achieve this the “Telford £” would map resources currently used and may in the future involve the creation of pooled or aligned budgets which would focus on driving the integration of services and value for money.

A brief overview was given regarding refocusing the role of the Health and Wellbeing Board. It was proposed that the role of the Board be developed to become more strategic and focus on supporting and driving the integration and transformation of services to improve the health and wellbeing of our communities. This would also help to reduce health inequalities and ensure maximum value from the finite resources. It was proposed that the partnership landscape was amended and this was shown in Diagram 1 at 1.3 to the Report.

The Strategic Commissioning Group was officer and partner led and created a more joined up working relationship to give a better oversight with regard to the Telford £.

It was good practice for Committees and Boards to review their Terms of Reference at the commencement of the new municipal year but it was considered that it was more appropriate for them to be reviewed at this stage as it was more than twelve months since the Board had emerged from its “shadow” operation and a number of developments had taken place. There was now a provision for public speaking at Board Meetings and both Health and Wellbeing Board Strategic Commissioning Group and the Better Care Fund Project Management Group had been established.

There were a number of key changes as follows:

- Membership – the Chair of the Community Safety Partnership to become a member of the Health and Wellbeing Board
- Frequency of Meetings – a change from bi-monthly meetings to quarterly meetings with 2 development sessions per year
- Quorum for Meetings – the quorum be amended as follows “Quorum of one quarter is required, with a minimum of one Councillor Board Member from Telford and Wrekin Council and one Board member from the CCG required in attendance”.

The detailed Terms of Reference were set out at Appendix 1 to the Report and the key changes highlighted in yellow. (except the changes at paragraph 2.11 which would remain without the proposed amendments following comments from David Evans)

A discussion took place including:

- Living Well Board and the need for public health focussed strategy to drive integration and commissioning. This would be brought back to the Health and Wellbeing Board for the Board’s oversight and assurance
- Report to come back to HWB in early 2015 rather than January 2015 due to the changes to the meetings timetable
- There needed to be a focus on the whole agenda and not just on integration

- Concerns regarding the Health and Wellbeing Board becoming too “divorced” and another Board being created to sit underneath the HWB.
- Board Sponsors needed to be involved at the appropriate time
- The transformation role was now being put in place. It was also hoped that Board Members would feed into the process.
- The need for the Living Well Board to co-ordinate and deliver public health outcomes and in order to make an impact
- Remit of the Health and Wellbeing Board – to hold organisations to account
- In order that there was no duplication the Boards need to work together with Partners ie autism/alcohol and drugs
- Board Sponsors to keep a watch of the Working Groups which were more flexible than the HWB
- The recording of Agendas and Minutes from the Working Groups and access for HWB members – the need for effective communication

RESOLVED –

- (a) that the recommendation for amendment of the Constitution be taken to Full Council as appropriate;**
- (b) the role of the Strategic Commissioning Group be developed to integrate the commissioning actions of all of the proposed Commissioning and Transformation Partnerships;**
- (c) that Commissioning and Transformation Partnerships be established to bring greater consistency and connectivity to partnership working;**
- (d) that a Living Well Board was created;**
- (e) a report be brought back to the Health and Wellbeing Board in early 2015 by the Strategic Commissioning Group on the Telford £;**
- (f) that subject to the approval of the changes to the membership by the Council the Chair of the Community Safety Partnership be invited to become a member of the Health and Wellbeing Board;**
- (g) that the number of scheduled Health and Wellbeing Board meetings be set at four per municipal year; and**
- (h) that the Terms of Reference set out in Appendix 1 to allow meetings to be quorate in the event that NHS England and Healthwatch representatives are unable to attend.**

Support People to Live Independently

K Roberts gave an update on progress against the Health & Wellbeing Strategy priority “supporting people to live independently” and information regarding local performance against the related performance measures.

The report highlighted links between the priority and the whole Adult Social Care Outcomes Framework agenda and the wider whole system performance agenda.

There were 4 national priorities adopted for Adult Social Care set out in the Local Account for 2012/13 which were:

- Domain 1 – Enhancing the quality of life for people with care and support needs
- Domain 2 – Delaying and reducing the need for care and support
- Domain 3 – Ensuring that people have a positive experience of care and support
- Domain 4 – Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

With regard to Domain 4, this was part of the bigger picture which involved 21 separate indicators which could be found at Appendix 2 to the report.

The performance indicators, statistics and outturns from the periods 10/11-12/13 were showing some growth. The first six months of this year indicated that performance was going well although there was much more to do including:

- the self-assessment of staff
- community based low support options
- direct payments - against the national indicators this was not particularly going well but it was improving.
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital - these figures were showing as worsening although the performance at 6 months 2013/14 was to be confirmed
- People receiving re-ablement services – this was a locally agreed indicator but further scrutiny was needed. There was a link to the Better Care Fund. Overall it was getting better
- Delayed transfers of care from hospital – this currently showed a decrease in classification
- Carers make a real contribution to enable people to remain living at home. Performance of carers was good
- Better Care Fund – the target focus for the Better Care Fund was to transform public services for adults needing high levels of health and social care support, particularly frail older people at risk of and/or suffering from falls; dementia; long term conditions/end of life; high risk of admission to hospital or care home; discharged from hospital with a need for rehabilitation and/or enablement; self-help and self-care for as long as possible, wherever possible; enabling those at increased risk of hospital, nursing or residential care admission to have systems in place to get help at an early stage; ensuring financial efficiency

Five nationally set performance measures would be used to monitor progress for the Better Care Fund with associated metrics:

- Reducing non-elective hospital admissions, re-admissions and length of stay

- Reducing permanent admissions to residential and nursing care (ASCOF indicator)
- Patient experience
- Reducing delayed transfers of care (an ASCOF indicator)
- Improving the effectiveness of re-ablement/rehabilitation service (an ASCOF indicator)

P Taylor thanked K Roberts for her report.

Updated figures for 2013/14 had now been received:

- Proportion of people using social care who received self-directed support – 60%
- Proportion of people using social care who received direct payments – 11% outturn
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital – 67%
- People receiving re-ablement service who need no support at the end of their service - no local indicator
- Delayed transfers of care from hospital - this was now confirmed at 8.22% a worsening of performance

The report was open and honest. The activity did not say anything about the quality of the services.

There was now a journey to embed personalisation and there was a need to clearly support people to live at home. The performance agenda needed to be looked at together with the indicators for the Adult Social Care Outcomes Framework and the NHS Health Performance Framework. The review of priorities would be integrated within the Better Care Fund priorities.

A discussion took place including:

- Whole priority change of direction for BCF
- Delays and difficulties with payments
- Telford £ to secure best for individuals
- More detailed figures to be brought back to the HWB
- More control of personal finance
- People find change difficult to manage
- Cross party working very important
- Importance of working more closely with partners
- Carers and the carers' survey
- Development of community capacity
- Whole System Score Card Approach

RESOLVED – that:

- a) the report be noted; and**
- b) the Health and Wellbeing Board be kept informed of progress in the future, through reference to work undertaken in relation to 'Better Care Fund Plan' and a whole system/balanced scorecard performance approach.**

HWB-66 NHS ENGLAND – SHROPSHIRE AND STAFFORDSHIRE AREA TEAM
COMMISSIONING INTENTIONS FOR 2014/15

D Wickham presented a report on NHS England – Shropshire and Staffordshire Area Teams' Commissioning Intentions for 2014/15.

The report the impact of the commissioning intentions which were to further improve:

- quality and safety of care
- access to appropriate services for all our population, but especially the vulnerable
- performance of NHS services so that NHS England can deliver on NHS constitutional rights

Priorities aligned to national business rules and underpinned the planning criteria which included primary care, GP practices, pharmacy and dental services.

The delivery domains were linked to the outcome measures and had seven programmes which involved synergy and alignment:

- Programme 1 – reducing unwarranted clinical variation
- Programme 2 – primary care incentives and remunerations review
- Programme 3 – improved access
- Programme 4 – workforce
- Programme 5 – optimisation of professions allied to medicines
- Programme 6 – infrastructure – estates and IT
- Programme 7 – public empowerment

Work that would be undertaken around these areas would be:

- Partnerships with the CCG
- Alignment with the BCF and emergency admissions
- Self-care and expert advice to align with the BCF
- A mechanism to contribute to a long-term control map
- Access to out of hours dental services
- Avoidable admissions work

With regard to public health commissioning, it was aimed to work across all areas for maximum benefit in order to take this forward to a higher level.

Specialised services were not in place at the present time but this would be looked at centrally on a service by service basis in conjunction with the Commissioning Board, the CCG and NHS England Area Team.

A discussion took place including:

- Improving access to primary care and sustaining the workforce
- 7 day working
- Clustering of practices and IT issues
- Continuity of care
- Primary Care clinical vaccination services
- Synergies over a number of areas
- Primary care at scale
- Future Fit

- Important of communication of changes to service users
- Extensive period of engagement with regard to Primary Care and the need to talk to as wide a section of the community as possible
- Differences in contract payments

RESOLVED – that:

- a) the report be noted; and
- b) the Board highlighted health visiting (particularly the Healthy Child Programme), screening and immunisation and primary care as areas for improved synergy between the Council/Public Health, the CCG and NHS England Area Team’s commissioning intentions.

HWB-67 NHS FUTURE FIT PROGRAMME REPORT

D Evans presented a report on the NHS Future Fit Programme which provided an update on the progress and forward plans of the Programme.

The programme focused on acute and community hospital services in Shropshire and Telford and Wrekin. This involved all communities who used the services across Shropshire, Telford and Wrekin and Mid-Wales.

The aim was to develop a clear vision for excellent and sustainable acute and community hospitals which were safe, accessible and offered the best clinical outcomes, attract developing, skilled and experienced staff, provide rapid access to expert clinicians, work closely with community services and focus on those specialist services that could only be provided in hospital.

The Mental Health Care Bill would have an impact on primary care services within Shropshire, Telford and Wrekin and Mid-Wales.

It was hoped that this model would provide an excellent and sustainable future with the right workforce.

The programme had been approved by 4 of the 5 sponsors:

- Shrewsbury and Telford Hospitals
- Shropshire and Telford and Wrekin NHS Trusts
- 2 CCGs

Powys were in the process of confirming but they were just in the process of changing their Chief Executive on their Board.

The programme was currently in Phase 2 of the development of a model of care and there would be a period of engagement and public consultation.

A report would be brought to the Telford and Wrekin CCG after the general election in May next year (2015).

Appendix A to the report set out the case for change. This would involve an increase in sub-specialisation and specialisation; maintain a skilled workforce; changes to the population profile; higher expectations; clinical standards and development in medical technology; economic challenges; opportunity costs in quality of service; impact on accessing services for

populations living in two urban centres and much more sparsely populated rural communities in order to deliver the best possible services across two sites.

Appendix B to the report related to the “Moral Compass” and the principles for joint working. It was recognised that there would be some complex and difficult decisions to be made. This would involve:

- The ‘common good’ (for all who look to services in this geography for their health care) versus the individual or locally specific good (the preferences of sub groups)
- The present versus the future
- Organisational interest versus public interest
- One priority versus another when resources are limited

The principle solution would hope to gain the greater good for the greatest number of people but that this would not be good for everyone. This would involve changes to emergency and acute care but it was hoped to mitigate against this by using a pathway where services could be accessed close to home with shared decision making.

Appendix C to the report related to the Emerging Clinical Models of Care. D Evans thanked Bill Gowers, Mike Innes and Edd Borman for all of their hard work on the model.

It was suggested that there may be 1 acute and emergency care centre in the whole of Shropshire and Telford and Wrekin. This was a clinical model only. However to achieve this it would mean moving peoples care closer to home. Current A&E services would be split into walk in and urgent care centres. Heart attack/stroke patients would be seen at emergency care centres. These were relatively small numbers and the service was not being removed. Local acute services, a small proportion of planned care and elective surgery could be seen at the same centre together with complex ITU cases. Other planned surgery would be given at treatment centres which would be able to cover 80% of surgery, investigative medicine and diagnostics. The aim would be to then have follow appointments closer to home.

Engagement and feedback would be taken from patients. This facility would fit with the BCF and it was hoped to downstream as much treatment as possible rather than having to admit patients to hospital.

Several comments were made regarding the recommendation “e” to the report “consider how alignment between the Programmes’s Clinical Model and the Health and Wellbeing Strategy might be best demonstrated. Board Members were unhappy about endorsing this recommendation and suggestions were that this be amended to “acknowledge” or “note” the recommendation. The Borough was still growing with new housing in areas such as Newport, Albrighton and Shifnal and the members felt that they needed to consider the proposals more fully.

Following the discussions and the concerns raised David Evans agreed to withdraw recommendation “e” for further discussions to take place and that this report be brought back to the Board at a later date.

A discussion took place including:

- **Report to be brought back to the HWB after the general election 2015**
- **Case for change**
- **Need to look at community needs as Telford is a growing Borough**

- “current way of delivering services not sustainable” need to do things differently
- 1 site – this may not be Telford or Shrewsbury
- Need the right care at the right time by the right staff
- Not all achievable in the way the Board would like to see
- Integrated care records
- Partnership care
- Very little reference to mental health
- Integrated services
- IT issues
- Clustering of GP practices
- Acute and community hospitals were given up in order to have the Princess Royal Hospital

It was suggested to the Board that the wording of recommendation E was not quite right and that this recommendation would be withdrawn and brought back to the Board at a future meeting.

RESOLVED – that

- a) the Board note the Programme’s Case for Change;
- b) the Board note the Programme’s Principles for Joint Working;
- c) the Board note the current progress made by the Programme and its future plans; and
- d) the Board note the Interim Clinical Report (including the extent of its alignment with the Council’s Health and Wellbeing Strategy).

HWB-68 IMPLICATIONS OF THE CARE BILL: IMPLEMENTING THE CARE AND SUPPORT REFORMS – PROGRAMME START UP

P Taylor presented a report on the implications of the Care Bill: Implementing the Care and Support Reforms – Programme Start Up.

The report gave an update on the implications of the Care Bill and set out the requirements to effectively put in place a change management programme to deliver any necessary changes when the Bill becomes law.

The Bill is likely to place significant additional responsibilities on the Council and increase the cost of delivering community care services to those eligible for public support meaning that the Council would need to profile the additional costs into its budget planning process for 2015 and beyond. The Council would also need to continue with the transformation programme aimed at reducing care costs to the Council and exploring integration with partners. There would also be a need to find care outside of hospital settings due to the overall level of funding.

Policy and Best Practice Guidance emphasised the person-centred, asset based care as in the future people’s care and support needs would be expected to be met by:-

- Harnessing existing capacity within neighbourhoods and families to provide support
- Addressing people’s needs at an earlier stage and before the need for formal services
- The provision of high quality state support based on clear national entitlements

It also envisaged that care and support would be more effectively joined up across all local services (particularly health and housing) and would work more collaboratively across local authorities, providers and other statutory organisations.

The Bill would be used as a legal framework to be put in place for the BCF.

The timelines for the passage of the Bill could be found at 4.2 to the report. Unfortunately there was not detail available at present and it was expected that the guidelines and regulations would be out for consultation at the end of May or early June.

The key proposed changes were:

- Clarification of entitlement to care and support
- Development of national eligibility criteria (based on existing criteria)
- Family carers to be treated equitably with the person they care for
- Reform of funding of care and support
- Focus on prevention and wellbeing rather than crisis intervention
- Guarantee of service continuity between local authorities and should a service provide fail
- Simplification of system and flexibility for greater integration to achieve better outcomes
- Adult safeguarding put on a statutory footing

Key changes to the funding of care and support were:

- Separation of accommodation and care costs
- Accommodation costs payable by individual up to £12k per year
- £72k cap (no current cap) on total amount an individual would have to pay for care across their life time
- £123k upper capital threshold for means tested care (currently £23.5k)
- Right to deferred payment arrangement

Eligible cases would start to increase from April 2015 and this was expected to be a significant amount of people.

The risks and implications included:

- Loss of income from current service users
- New duty to pay for self-funding people once they reach the cap
- Additional assessment activity for carers and self-funders
- Under estimation of full costs at a national level and formula distribution
- Capacity to complete assessments
- Process and IT system change and state of readiness
- Unintended consequences – eg additional complaints, disincentives to family care, impact on the market through self-funders etc
- Implementing the Care Bill at the same time as dealing with budget reductions and the integration agenda

A programme management approach to delivering the transformation had been established and the key priority programme work streams were identified as:

- Deferred Payments

- Funding Reform
- Assessment
- Advice & Information
- Commissioning
- Adult Safeguarding Board

It was important to communicate and engage with stakeholders, health colleagues, workforce and organisations in order to deliver the plan and to make sure that everyone was up to speed with the new law and new systems prior to the Bill being implemented.

A discussion took place including:

- £72k fees
- Accommodation costs / assessments / contributions/ individual personal allowance
- Carers attendance allowance

RESOLVED – that

- a) the Health and Wellbeing Board note the implications and risks of the Care Bill and Reforms and the plans being put in place to ensure implementation of the Act when it becomes law; and**
- b) The Care Bill and its implications would be the focus of the next Health and Wellbeing Development Session in October.**

The meeting ended at 4.14pm

Chairman:

Date: