# HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 21st January 2015 at 2.00pm in Meeting Room G3, Ground Floor, Addenbrooke House, Ironmasters Way, Telford TF3 4NT.

**PRESENT:** Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr A England (Telford and Wrekin Council), Cllr E Clare (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), Liz Noakes (Telford and Wrekin Council), J Chaplin (Healthwatch Telford and Wrekin), Cllr P Watling, (Telford and Wrekin Council), D Evans (Clinical Commissioning Group) and

Also Present: H Onions (Consultant in Public Health), M Bennett (Head of Commissioning, Integrated Care), L Cartwright (Interim Head of Commissioning, Planned Care/Long Term Conditions), Julia Meakin (Interim Head of Commissioning, Planned Care/Long Term Conditions)

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

## HWB-24 MINUTES

Cllr J Seymour commented on the Minutes of the meeting held on 24th September 2014 which had been approved at the last meeting of the Health and Wellbeing Board.

**RESOLVED – that the Minutes of the meetings of the Health and Wellbeing Board held on 10TH December 2014 be confirmed and signed by the Chair.**

## HWB-25 APOLOGIES FOR ABSENCE

D Wickham (NHS England Shropshire and Staffordshire Area Team),
Dylan Harrison (Clinical Commissioning Group) and L Johnston (Telford and Wrekin Council)

## HWB-26 DECLARATIONS OF INTEREST

None

## HWB-27 PUBLIC SPEAKING

No members of the public had registered to speak.

## HWB-28 BETTER CARE FUND UPDATE REPORT

M Bennett presented the update report on the Better Care Fund (BCF). The aim of the BCF was to transform the health and social care system promoting greater independence for patients and service users.

A response from NHS England, following re-submission of the BCF was received in September 2014 which was approved with support. An Action Plan was developed and agreed with NHS England and further evidence was submitted and re-assessed. Notification was received on 22nd December 2014 that the BCF had now been classified as "Approved". The submission was described as ". . . clear and ambitious and we support your ambitions. This puts you in a strong position for delivering the change outlined above . . .".

This BCF Programme Board adopted a Programme Management Office approach to delivering the programme. This included the establishment of 5 work-streams:

- Community Capacity
- Single Point of Access
- Single assessment and care planning
- Integrated Community Enablement Service
- Data Sharing

M Bennett informed the Board that there had previously been a noting progress of performance due to the development of the service. From January 2015 until April 2015 there will be performance monitoring for real and the first quarter will be compared with that of last year. Payments will be made from January 2015 and this will be monitored.

Work was being undertaken on avoidance and the reduction of hospital admissions, pilot pathways, and acute hospitals.

The benchmark regarding PbR emergency admissions had been lower for five out of the 7 months so far this year. July and September had been higher, however, this rate had still been above the BCF target for all 7 months.

A sample figure from the GP Survey regarding people feeling supported was very 84% locally, which was slightly below the national average of 85%.

With regard to the indicator “Proportion of older people (65+) who were still at home 91 days after discharge from hospital into regalement/rehabilitiation services”, 3.9% equated to 47 people. It was hoped that this figure could be brought down to 3% which is below trend. This would mean an overall reduction of 7% but there was work to be done to achieve this.

The budget was still being worked through and the detail of the S75 and S256 agreements was still being considered. This would be in place by April 2015.

In response to questions from the Board regarding the single point of access M Bennett informed the Board that there was currently a modelling activity taking place on the single point of contact but that this was slightly behind schedule and was currently being picked up with the Lead Officers in order that independent work streams interconnect with each other. P Taylor explained that this piece of work was very complex and involved lots of agencies. It was important that the solution work and the correct pathways were in place and work was being undertaken with the CCG and NHS England to ensure that the right skills and pathways were in place.

Cllr J Seymour asked for clarification regarding the value for money impact with regard to the flow of money to the acute sector if the targets were not achieved and that this may be seen as a disincentive. M Bennett confirmed that there was a clear requirement to reduce admissions that it was a national requirement to hold back a percentage of the funding in order to reduce admissions. Engagement was currently being undertaken with SaTH and a pilot pathway was being included as part of the work together with commissioning intentions.

D Evans clarified that the BCF nationally was intended to reduce impact on the acute sector. Concerns had been expressed around the Country and it had therefore been agreed that due to the element of risk that this money be held back.

Further discussions included:

- The three month pilot scheme
- The cost of admissions
- Rate of referral
- Working with GPs and Ambulance Services, rapid response and home visits.
- Working with enablement services and developing rehabilitation services.

J Chaplin confirmed that Healthwatch would like to contribute towards the work involved and liaise with their service users.

Cllr A England noted that the Local Authority, CCG, NHS England and the voluntary sector were working together to help to keep people as healthy as possible and to be cared for by their families within their own homes. He thanked the officers across the spectrum for all of their hard work.

**RESOLVED – that**

**a) the formal approval of the Better Care Fund be noted;**

**b) the progress and development of the work streams be noted; and**

**c) the respective organisations support and facilitate approved BCF implementation within the identified timescales.**

**HWB-29 HEALTH AND WELLBEING BOARD PRIORITY UPDATE: LIFE EXPECTANCY**

H Onions, L Cartwright and J Meakin presented a joint report on the Health and Wellbeing Board's priority on Life Expectancy and premature mortality rates and associated JSNA intelligence on the main causes of early death in Telford & Wrekin.

The report gave an update on the life expectancy figures from December 2014. Progress on prevention programmes such as smoking and obesity had been presented as a CATP priority at an earlier Board meeting.

The collaborative work being undertaken specifically focussed on the treatment of cardiovascular disease and cancer.

Figures relating to life expectancy for the period 2011-13 were appended to the Report at Appendix 1. These figures had been released in December 2014. The key messages were:

- both male and female life expectancy was significantly worse than the average for England during 2011-13
    - Women - 1.6 years below the national average
    - Men - 1.2 years below the national average
- Both male and female life expectancy at age 65 was significantly worse than the average for England during 2011-13
    - Women – 0.7 years below the national average
    - Men – 1.0 years below the national average

The two main contributors to early deaths were cancers and cardiovascular diseases (CVD). High blood pressure was prevalent in many cases of CVD and the primary care indicator was significantly worse than the benchmark. Associated costs for hospital admissions relating to CVD and cardiac surgery procedures were high.

Reducing premature mortality was an aim shared between the NHS and Public Health. And the CCG Quality Premium was measured by the Potential Years of Life Lost Plan (PYLL). In Telford and Wrekin 80% of the PYLL was associated with CVD, cancers and respiratory diseases during 2011-13. These rates were higher than the national average and were contained within some of the Wards with the highest levels of deprivation.

The CCG, together with the Clinical Pathways Committee were working with Telford and Wrekin Council to develop a PYLL action plan based on high impact interventions known to reduce early death rates. Initiatives included:

- Improvement of CVD management in primary care
- Diagnosis and treatment of hypertension
- Health Trainers in GP Practices
- Remote blood pressure monitoring by text message

With regard to improving cancer outcomes, there was currently a lot of work being undertaken on areas such as gynaecology, breast, head and neck and skin cancers. The Macmillan Pod would be visiting Telford and would be located in the Shopping Centre (opposite New Look) from 9th to 13th February 2015. The Pod would offer and opportunity for people to get further information relating to cancer and would signpost the public to other areas of support and would be part of a national cancer campaign.

The latest figures relating to waiting times and treatment times suggested that the CCG was still not meeting the 31 days cancer treatment target, although the figure had improved slightly from 88.1% to 89.9%. It was considered difficult to achieve the Government target of 94%.

With regard to the 62 day referral to treatment target, was also still below target but gain showed some improvement from 83.2% to 84.6%

A Cancer Survival Plan was being developed and the CCG had commenced discussions around the poor survival rates that had been reported in September 2014. A West Midlands wide meeting was due to take place and any recommendations from this meeting would reported back to the HWB. A Cancer Protected Learning Event was due to take place in February 2015 and was expected to focus on lung and breast cancer.

There had been a lot of good support from Macmillan and a strong partnership was being built.

A discussion took place around CVD which included:

- CVD inequalities between men and women
- The management of primary care
- Indicators being below the benchmark for last year
- Quality premium target plan to be brought back to HWB
- Concerns regarding life expectancy figures and the need to understand underlying issues and produce a key action plan
- Higher levels of morbidity in areas of high deprivation – the need to be proactive

- Profiling work – ie trends and hotspots
- Intervention work
- Getting people more active to reduce symptoms – eg mental health/diabetes

D Evans reported to the Board that the CCG had put in an application for delegated authority to take over the work around CVD primary care. The advantages of this were that specific local need could be investigated and more flexibly resourced. Approval was currently awaited from the Primary Care Commission.

Members discussed the figures relating to the waiting and treatment times for cancer patients. Delays in waiting and treatment times could be affected by complex needs and patient choice eg specialist provision which may lead to a delay or patient choice to attend a hospital from a different geographical area. Other factors involved patients choosing to delay their treatment eg to go on holiday. The figures involved were quite small and although the targets were not being met, it may be that only 1 or 2 patients' treatment was delayed. It was hoped that these figures would improve if the CCG received the delegated authority from the PCC.

It was important that all patients were supported and given relevant information regarding treatment and risks in order that they could make an informed decision.

The PCC had introduced an internal market in order to drive up the quality of care and drive down costs. Prevention and lifestyles messages needed to be communicated to the public regarding consulting a GP and the 1 year survival figures.

**RESOLVED – that in order to gain assurance that the collaborative action planned was adequate to impact on the poorer than average local outcomes for cardiovascular disease and cancer that the Board receive and scrutinise the cancer survival plan and the potential years of life lost plan at a future meeting of the Health and Wellbeing Board.**

**HWB-30 HEALTH AND WELLBEING BOARD PRIORITY UPDATE: SUPPORT PEOPLE WITH DEMENTIA**

M Innes presented the report which related to the HWB priority of supporting people with dementia.

The report provided an update relating to progress against the four identified priorities for dementia which were:

- Public and Professional Awareness
- Information
- Early Identification and Diagnosis of Dementia
- End of Life Care

These priorities were in line with the recommendations set out in the Prime Minister's Challenge on Dementia and the NICE Quality Standards.

There were an estimated 1,774 people within the borough who were likely to have a diagnosis of dementia. The overall dementia diagnosis rate for Telford and Wrekin was 52.4% against the national figure of 67%.

Further work was needed regarding the End of Life Care in relation to a diagnosis of Dementia. The following priorities were highlighted:

- Carers Support
- Dementia Action Alliance (DAA) needed to be up and running again following earlier work
- Cross-Shropshire Dementia Steering Group which included Shropshire Council, CCG and TWC in order to harmonise and give the same the provision of care across Shropshire. It was suggested that the Dementia Steering Group report through the BCF CATP as a way of reporting back to the Health and Wellbeing Board.

In summary the activity on Dementia was continuing. Although the figure of 67% had not been met presently, this figure was increasing on a month by month basis. The Dementia Bus was extremely helpful in raising public awareness.

A discussion took place including:

- Community programmes to help raise public awareness and professional awareness
- Targets and diagnosis rates
- The work SaTH was undertaking to raise awareness of the symptoms of dementia
- The harmonisation of services
- The differences between dementia and memory challenges
- Mid-cognitive improvement
- The incidence of dementia within care homes and variable diagnosis rates
- Supporting people with dementia within their own homes
- Community based support
- Challenge around behaviour and understanding relapses and remissions

**RESOLVED – that**

**a) the update and progress since receipt of the last Report in July 2013 be noted;**

**b) Board Members continue to champion Dementia as a priority across the Health and Social Care Economy and to contribute to raising Public and Professional Awareness; and**

**c) the Dementia Steering Group report into the Better Care Fund CATP**

The meeting ended at 3.18pm

Chairman:

Date: