



Committee and Date

Health and Wellbeing Board

31 July 2015

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD ON 19 JUNE 2015
9.30 - 11.20 AM**

Responsible Officer: Karen Nixon
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Present

Councillor Lee Chapman (Chairman for the meeting)
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Karen Bradshaw,
Dr Caron Morton (Vice Chairman), Dr Bill Gowans, Jane Randall-Smith, Rachel Wintle and
Ruth Houghton (substitute for Stephen Chandler).

12 Apologies for Absence and Substitutions

Apologies for absence were received from Karen Calder, Stephen Chandler, Dr Julie Davies, Dr Helen Herritty and Paul Tulley.

Ruth Houghton substituted for Stephen Chandler and Kate Garner substituted for George Candler, Director of Commissioning.

In the absence of the Chair and Vice-Chair at the start of the meeting, Cllr Lee Chapman was appointed as Chairman for the meeting (Dr Caron Morton, Vice-Chair, was late arriving).

13 Disclosable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

14 Minutes

RESOLVED: That the minutes of the meeting held on 8 May 2015, be approved as a correct record and signed by the Chairman.

15 Public Question Time

Several public questions were received from three individuals; David Beechey, Daphne Lewis and David Sandbach. Written responses to the questions posed were circulated at the meeting (copies attached to the signed minutes). Unfortunately none of those asking public questions were present at the meeting and therefore there were no supplementary questions. The questions posed by David Sandbach were taken with Agenda Item 8 – Community Hub Development (see Minute No. 19).

In respect of the Public Toilet question posed by Daphne Lewis, it was agreed that work was currently underway by several organisations; the main task was how to join this work together to promote Safe Places and get wider engagement. It was suggested that SALC may be a conduit through which provision across the County could be ascertained. Another suggestion was to involve the Chamber of Commerce.

After some debate it was agreed to take this issue forward with SALC and to update the Board on progress at a future meeting.

16 **Better Care Fund Update June 2015 - For Decision**

The Head of Planning and Partnerships, Shropshire CCG, introduced and amplified a progress report on the Better Care Fund (copy attached to the signed minutes). In doing so, she made reference to a recent national change in the methodology used for calculating the payment for performance on emergency admissions. This had altered the original trajectory and therefore the Board was advised that this metric might possibly change in future.

The Accountable Officer, Shropshire CCG assured that underpinning work was going on to bolster this and she offered to make a detailed performance report to the Board on hospital admissions in the future.

Health colleagues reported that there had been a significant rise in delayed transfers of care and an unprecedented number of de-tox's in hospitals. There was obviously more work to be done on this and admission avoidance in future.

From the local authorities perspective it was noted that work was being undertaken in Housing Services and Adult Care to identify exactly who was falling through the gaps and how to commission services more effectively.

Workforce development and an available supply of care services within the rural community was discussed.

RESOLVED:

- a) That the Health and Wellbeing Board noted that content of the report and that no amendments had been received since the last Board meeting.
- b) That the Health and Wellbeing Board approved the HWB Conflict of Interest Policy.

- c) That the Health and Wellbeing Board noted the contents of the Performance report.
- d) That the Health and Wellbeing Board should receive reports back on Winter Resilience Work and Housing around Community Support at future meetings.

17 Quality Premium Indicators 2015/16 - For Decision

The Head of Planning and Partnerships, Shropshire CCG, introduced and amplified a report (copy attached to the signed minutes) on quality premium indicators which were intended to reward CCG's for improvements in the quality of services they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.

The Chairman welcomed the report and asked if there would be an update on alcohol readmissions. He was advised that a report on this would be made to a future meeting of the Board.

It was noted that the national metrics centred largely on the elderly and it was hoped that in the future a metric for children and young people might be introduced.

RESOLVED:

- a) That the following national measures be approved by the Board;

Urgent and Emergency Care Measures

The CCG has opted for both measures Ai and B, allocating 20% and 10% of the quality premium payment to each measure respectively.

Measure Ai - Avoidable Emergency Admissions Composite measure - a reduction, or a zero per cent change, in the annualised trended change in the Indirectly Standardised Rate of emergency admissions for these conditions over the 4 years 2012/13 to 2015/16. The CCG achieved an 11.5% reduction against this measure in 2014/15 putting it in a very strong position to achieve this quality premium measure.

Measure B – DTOC performance has been worse in 2014/15 than in the previous year.

This allows a reasonable margin for improving performance in 2015/16 and achieving the measure

Following consideration the CCG felt it most appropriate to split the quality premium payment across two measures, but to weight the proportion towards the strongest indicator.

Mental Health Measures

The CCG has opted for Measure A, allocating 30% of the quality premium payment to this measure.

Measure A – Reduction in the number of patients attending an A&E department for a mental health-related need who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E.

Local measures

The following indicators are recommended to the Health & Wellbeing Board for approval on the basis of their alignment to the Health & Wellbeing and Better Care Fund priorities, the ability to make progress in year and the data available:

People with diabetes diagnosed less than 1 year referred to structured education

Performance against this indicator allows room for improvement within 2015/16. Currently patients can be referred into the structured education programme by a GP, diabetic specialist or by self referral. The SCHAT diabetic referral team currently record referrals and attendances and if this indicator is chosen this information can be shared on a monthly basis. This indicator also builds on the processes used for the COPD indicator chosen for 2014/15 so we would be embedding knowledge and understanding for our patient groups but also embracing a culture of referral to education for our patients from our practices. In addition, in year there are already plans to look at the way education is delivered for Diabetes and therefore this also aligns with our commissioning intentions and the national focus on Diabetes.

Hip Fracture: Multifactorial risk assessment of future falls

This work aligns to the work already in train for the prevention strand of the Better Care Fund. Our current performance allows room for improvement and a significant number of CCG's are achieving 100%. There are proposals being considered for the further development of our falls provision which would support this indicator. However, some focused work with key provider staff to ensure the universal use of multifactorial assessment could increase our performance in this area without further investment.

b) That a report be made back to the Board on Alcohol Re-admissions.

c) Future consideration required for metrics regarding Children and Young People and Mental Health.

18 Primary Care Co-commissioning Update - For Discussion

The Accountable Officer, Shropshire CCG gave a verbal update on progress with Primary Care Co-commissioning where CCG's have taken on responsibility for commissioning the majority of GP services (from April 2015). The GP budget had now transferred, but this did not include pharmacy or dentistry and a formal committee had been set up to look at this in more detail.

Managers were looking at the transfer of Quality and Safety issues. There was currently a focus on GP premises and work was being undertaken to secure premises for those GP practices that were at higher risk. It was also noted that

there were some GP partnerships that were also at risk within Shropshire and that work was ongoing to stabilise the situation for GP practises.

RESOLVED: That an update be made to the September meeting of the Board

19 Community Hub Development - For Discussion

Kate Garner, Local Commissioning Manager, was present for this item in place of George Candler, Director of Commissioning.

The report (copy attached to the signed minutes) was introduced and amplified by Kate Garner who commented that the public questions posed by David Sandbach in relation to community hubs had provided a great prompt when looking at Community Hubs from Shropshire Council's point of view. In summary, Ms Garner confirmed that the Council did not want to lose any community based assets.

Main comments made from the floor;

- People use services they understand, therefore you need to signpost people to the right services. This will be even more crucial as we move away from bed based care and towards a more diverse range of services available through local provision.
- Community hospitals often have a great civic pride attached to them and it would be great to harness this and make hubs part of that civic pride too.
- The notion of community strength and resilience was highlighted and it was suggested that it would be beneficial to bring services in to support existing community services.
- It was important to be joined up, but also it was important to act with humility when delivering services to communities.
- Resources in the community were essential. For the prevention agenda to be addressed there needed to be a universal offer.
- A bespoke approach was supported, whilst being careful to avoid duplication.
- It was agreed to link together the vision of Community Hub Development with Community Fit

RESOLVED:

- a) That comments made by Board Members on progress to date and areas of further opportunity be noted.
- b) That a further update be requested in 4 months' time, on progress made and how this links in to the wider resilient communities agenda.

- c) That the approaches made by Shropshire Council and Health be linked up in a unified way; with the Better Care Fund workstream being the logical interface.

20 Health and Wellbeing Board Strategy Framework - For Information

The Health and Wellbeing Co-ordinator reported that more time was required for this piece of work and therefore this would be reported to the next Health and Wellbeing meeting on 31 July 2015.

21 Map of Maps Update - For Information

The Board noted that Bharti Patel-Smith's name should not have been allocated to this item and instead, the contact should have read George Candler, Director of Commissioning.

Kate Garner was present on behalf of George Candler and in giving a verbal update she apologised for the delay in getting this work started. However, she reassured the Board that this was now being taken forward and that work was now in progress.

Jane Randall-Smith from Healthwatch asked that she be copied into the discussion as she was currently working on Shropshire Together and this tied in to that.

The Board agreed that the Map of Maps was an opportunity to simplify things and communicate information widely.

RESOLVED: That a progress report be made back to the Board in 6 months' time.