

Minutes of the Dudley Health and Wellbeing Board

Wednesday 28th June, 2017 at 6.00 pm
In the Abbey Room, Dudley Archives, Tipton Road, Dudley

Present:

Councillors N Barlow, R Harris, P Miller and A Millward.
M Bowsher (Chief Officer Adult Social Care), S Bull (West Midlands Fire Service), J Emery (Healthwatch Dudley), Chief Superintendent R Fisher (West Midlands Police), A Gray (Chief Executive Officer - Dudley CVS), D Harkins (Chief Officer Health and Wellbeing), P Maubach (Chief Executive Officer - Dudley Clinical Commissioning Group), L Murphy (Independent Safeguarding Board Chairperson), J Simmonds (Service Manager Strategic Partnerships) and K Buckle (Democratic Services Officer).

Also in attendance:

S Brooks (Senior Account Manager – Communications and Public Affairs), A Hindle (Commissioning Manager for Integration), Dr. L Martin (Dudley Clinical Commissioning Group Clinical Lead on End of Life Palliative Care)

1 **Election of Chair**

Resolved

That Councillor P Miller be elected Chair of the Board for the 2017/18 Municipal Year.

(Councillor P Miller in the Chair)

2 **Election of Vice-Chair**

Resolved

That Dr D Hegarty be elected Vice-Chair of the Board for the 2017/18 Municipal Year.

3 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of N Bucktin, P Bradbury, Dr D Hegarty, K Jackson, T Oakman and M Rodgers.

4 **Appointment of Substitute Member**

It was reported that J Emery had been appointed as a substitute member for P Bradbury, for this meeting of the Board only.

5 **Declarations of Interest**

No Member made a declaration of interest in accordance with the Member's Code of Conduct.

6 **Minutes**

Resolved

That the minutes of the meeting of the Board held on 30th March, 2017, be approved as a correct record and signed.

7 **Progress Update – Dudley Health and Wellbeing Strategy 2017-2022**

A joint report of the Head of Healthy Communities and Place and the Service Manager – Strategic Partnerships was submitted on the development of the Dudley's Health and Wellbeing Strategy 2017-2022.

The Strategy had been circulated to Members prior to the meeting and was available on the Council's Committee Management Information System.

Members were requested to provide comments and observations in relation to the Strategy in order to provide a steer, which would result in the engagement with both communities and service users to commence work on delivery plans. The need for the Board to maintain oversight of the delivery plans and hold the systems to account, as far as delivery was concerned were referred to.

The Chief Officer Health and Wellbeing confirmed that she would email to Members details of the Community Groups that would be engaged with.

Following Members suggestions and comments in relation to the Strategy, it was agreed that the Service Manager – Strategic Partnerships would amend the Strategy to remove the words "Showcase Cinemas" from the logo and any reference to deprived areas within the Strategy. Suggestions were also made in relation to grammar and re-wording, which were noted.

Resolved

- (1) That the progress made in relation to the development of the Dudley Health and Wellbeing Strategy 2017-2022, be noted.

- (2) That subject to Members comments and suggestions as outlined above, the branding for the Strategy design and format, together with the Strategic objectives, be approved.
 - (3) That the next steps, consultation and launch of the Strategy, be endorsed.
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Launch of the Health and Wellbeing Board Strategy Final Consultation and Development of the Health and Wellbeing Board Website and Community of Practice

A report of the Senior Account Manager, Communications and Public Affairs was submitted on the approach to launching the Health and Wellbeing Board draft Strategy and also on communicating the work of the Health and Wellbeing Board to the public and partners (communities of practice).

Resolved

- (1) That the Launch of the Health and Wellbeing Board Strategy Final Consultation and Development of the Health and Wellbeing Board website and Community of Practice, be noted.
 - (2) That the approach for the Launch of the Health and Wellbeing Board Strategy and website, be approved.
 - (3) That the Board's Collective Commissioning Group oversee the work and launch of the website, be endorsed.
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Dudley End of Life Palliative Care Strategy Report

A report of the Commissioning Manager for Integration, Dudley Clinical Commissioning Group was submitted on the Dudley End of Life and Palliative Care Strategy "Plan on a page" and the processes for implementation.

In presenting the report submitted, the Commissioning Manager for Integration made particular reference to the remarkable decrease in the number of deaths in hospital, the three main partner organisations who had been involved in the development of the Strategy and the proposal to actively take forward a National Strategy, which would involve preparation of an action plan to address gaps in services in readiness for the national launch in February, 2018.

It was noted that the Dudley Boroughs' achievement rate was 46% higher than their peers in relation to accessing end of life care.

In responding to a question from a Member in relation care homes and the service provided, the Commissioning Manager for Integration, reported that there was a particular focus on advanced Care Plans being in place. It was accepted that one of the largest areas of reduction in deaths in hospital were due to those in care homes and bespoke funding was available for training staff in care homes, with the courses offered being oversubscribed. It was noted that training would continue.

The Chief Officer Adult Social Care, referred to the feedback received regarding Mary Stevens Hospice which evidenced the high regard that the population of the Dudley Borough had for the facility. Reference was made to the system of 'erring on the side of caution' by Care Works in Care Homes and the requirement of advanced care planning in order that Care Workers could be certain of the wishes of their patients.

The Chief Officer Adult Social Care also referred to the development of the Strategy, which would involve assessing the cohort of people involved and what they wished to achieve in order to shape the core of the Dudley End of Life Palliative Care Strategy.

J Emery referred to the added value that Healthwatch Dudley could provide to the development of the Strategy, including capturing those stories of patients which could provide a clearer picture on which services were required in the future in order to fill the gaps in services and shape the Strategy in the future.

Members echoed their appreciation for the work completed to date, referring to the significant achievement in the reduction of deaths in hospitals, which had produced a good a positive result.

Resolved

- (1) That the report submitted on the Dudley End of Life and Palliative Care Strategy 'Plan on a page' and the processes for implementation, be noted.
- (2) That the Dudley End of Life and Palliative Care Strategy 'Plan on a page', be endorsed.
- (3) That the self assessment and implementation process of the Dudley End of Life and Palliative Care Strategy, be approved.

Development and Commissioning of Dudley's New Care Model – the Multi-Speciality Community Provider (MCP)

A report of the Director of Commissioning, Dudley Clinical Commissioning Group was submitted on the progress to date with the development and procurement of the MCP.

The Chief Executive Officer, Dudley Clinical Commissioning Group, reported that the working as one team approach had resulted in positive initial evaluation, resulting in staff working more effectively together as one team across partner organisations, with Patients reporting that they feel much more included, with them only having to “tell their story” to one person, rather than repeating this several times. It was noted that this method of working also helped to tackle issues around isolation and loneliness.

The Chief Executive Officer, referred to dealing with multiple complex needs and by adopting the MCP approach patients had become more confident in managing their health, with opportunities emerging surrounding connecting patients to other organisations in order that their care could be managed. It was noted that the approach had resulted in access to General Practitioners reducing, with the care model producing the results that the Health and Wellbeing Strategy sets out.

The Chief Executive Officer reported on the purpose of the procurement of a long term contract over a 15 year period which would facilitate much more meaningful discussion around the prevention agenda, with the development of the MCP geared around the objectives that the Dudley Health and Wellbeing Board wished to achieve.

The procurement process and funding were referred to and it was noted that Social Care could be included once the MCP had been established and that the procurement process would take several months.

The Chief Executive Officer reported that a further update on the procurement process would be presented to the September meeting of the Board.

In responding to questions, the Chief Executive Officer advised that a detailed outcome framework had been produced which sets out the outcome objectives and undertook to forward the framework to Members.

It was noted that any increase in the level of funding allocated to the Dudley Clinical Commissioning Group would result in further funding being available to the MCP.

The Chief Officer Health and Wellbeing referred to the reducing Public Health budget and having passed on that reduction to the MCP in relation to the public health services that the provider would be responsible for.

The Chief Officer Health and Wellbeing undertook to provide Members with a diagram which sets out how the MCP will be paid for services.

Resolved

That the position in relation to the development of Dudley’s new care model, be noted.

Integration and Better Care Fund

A joint report of the Chief Officer Adult Social Care and the Director of Commissioning Dudley Clinical Commissioning Group was submitted on the year-end performance for the Better Care Plan for 2016/17 and planning for integration and Better Care Fund 2017-2019.

The Chief Officer Adult Social Care, referred to advised that the Better Care Fund has enabled conversations in relation to the totality of the funding involved and the effectiveness of those lines of investment. He referred to the lessons learnt in Dudley including the need to integrate and have aligned intentions, together with the need to change and challenge.

The Chief Officer Adult Social Care provided positive examples of the Better Care Fund, including the Fire Service responding more quickly to falls, which produced better, more expedient and cost effective outcomes which benefit both the Council and the Dudley Clinical Commissioning Group. He also referred to the reduction of waiting times in relation to obtaining Disabled Facilities Grants from 13 to 5 months.

The continuing work with both the Dudley Clinical Commissioning Group and the Dudley Group of Hospitals in order to reduce delayed transfers of care, including working on schemes and areas in order to achieve the targets set, was referred to. It was noted that scheme by scheme level data would be reported on in relation to delayed transfers of care.

The Chief Officer Adult Social Care reported on a high profile case that had recently resulted in prosecution regarding a vulnerable adult who had been financially exploited within the Dudley Borough and the continuing work in relation to the protection of vulnerable adults from such exploitation in the future, which would include raising the profile of this risk over the preceding 12 months.

It was also noted that the Transforming Care agenda will rightly seek to reduce the number of people with a learning disability in assessment and treatment units. It will also acknowledge that resources must be transferred from NHS England and Specialist Commissioning to enable the CCG and Local Authority to safely transfer people to the community. Clarity about funding flows has been sought from NHS England.

The continuing work involving a team of Social Care Assessors, smarter use of technology and utilising integrated stock in relation to preventing patients being admitted to hospital in the first instance was referred to.

The Chief Officer Adult Social Care confirmed that a report on cost, performance, benefit and outcomes on Integration and the Better Care Fund would be presented to a future meeting of the Board

Resolved

- (1) That the Year End Performance for the Better Care Plan 2016/17, be noted.
- (2) That the development of the Dudley Integration and Better Care Fund Plan for 2017-19, be noted.
- (3) That the Planning assumptions developed by the Integrated Commissioning Executive as the agreed basis for plan development, be confirmed.
- (4) That the arrangements for Plan development, sign-off and assurance, be noted.

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Pharmaceutical Needs Assessment (PNA) – Supplementary Statement – June 2017

A report of the Pharmaceutical Advisor – Community Pharmacy and Public Health on the changes to pharmaceutical service access and provision (community pharmacy locations) since the publication of the Dudley Pharmaceutical Needs Assessment 2015.

The Chair referred to the much needed introduction of the minor ailments service and specialist palliative care drugs supply service and thanked the Pharmaceutical Advisor on the update provided.

Resolved

- (1) That the Pharmaceutical Advisor be requested to provide Members with further details of the Supplementary Statement to the Pharmaceutical Needs Assessment.
- (2) That upon receipt of the further information outlined above, Members be requested to email any questions upon the document to Democratic Services for responses to be collated.

The meeting ended at 5.25 pm

CHAIR