

HEALTH AND WELLBEING BOARD

Wednesday, 16 November 2016

<u>Present:</u>	Councillor	P Davies (Chair)
	Councillors	P Gilchrist Chris Jones T Smith
	Ms N Allen	NHS England
	Mr P Byrne	Mersey Fire and Rescue
	Ms S Edwards	deputy for Sheena Cumisky, Cheshire and Wirral NHS Partnership Trust
	Mr P Garrigan	Mersey Fire and Rescue
	Ms J Hassall	Director of Children's Services
	Mr G Hodgkinson	Director of Adult Social Services
	Ms J Holmes	Chief Operating Officer, WUTH
	Ms F Johnstone	Director of Public Health
	Ms V McGee	Director of Integration and Partnerships Wirral Community NHS Trust
	Ms A Roberts	Community Action Wirral
	Ms C Sutton	Senior Contract Manager, NHS England North
	Ms J Webster	Head of Public Health
	Dr S Wells	Chair, CCG.

41 DECLARATIONS OF INTEREST

Members were asked if they had any pecuniary or non-pecuniary interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

Councillor Phil Davies declared a non-pecuniary interest by virtue of being a member of the Improvement Board.

Councillor Phil Gilchrist declared a non-pecuniary interest by virtue of being the Appointed Governor: Cheshire and Wirral NHS Partnership Trust and also a member of the Improvement Board.

Councillor Chris Jones declared a personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

Ms A Roberts declared a non-pecuniary interest by virtue of being a member of the Improvement Board.

Councillor Tony Smith declared a non-pecuniary interest by virtue of being a member of the Improvement Board.

Dr Sue Wells declared a non-pecuniary interest by virtue of being a partner in a GP Practice.

42 **APOLOGIES FOR ABSENCE**

Apologies were received from David Allison, CEO Wirral University Hospital Trust, James Berry, Mersey Fire and Rescue, Andrew Cannell, CEO, Clatterbridge Cancer Centre, Sheena Cumiskey, Cheshire and Wirral NHS Partnership Trust, Phil Davies, Chair, Healthwatch, Wirral Jon Develing, Accountable Officer, Wirral CCG, Clare Fish, Executive Director for Strategy, Councillor Jeff Green Chief Superintendent Ian Hassall, Merseyside Police and Gary Oakford, Mersey Fire and Rescue.

43 **MINUTES**

Resolved - That the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 13 July, 2016 be approved as a correct record.

44 **SUSTAINABILITY AND TRANSFORMATION PLAN (STP)**

The Chair explained to the Health and Wellbeing Board that as this report was being published at 4.00pm today members clearly had not had the opportunity to read this and therefore it was unreasonable for the Board to discuss this item. Dr Sue Wells confirmed that the report would be available on the CCG Website. The Chair informed members that discussion on this item would therefore be deferred to a special meeting of the Board which would be open to members of the public at a date to be arranged.

Resolved – That discussion of the Sustainability and Transformation Plan be deferred to the next special meeting of the Board at a date to be arranged.

45 **HEALTHY WIRRAL LOCAL DELIVERY SERVICES PLAN (LDSP) (UPDATE)**

The Director for Health & Care, Graham Hodgkinson, provided the Board with an update on the Cheshire and Wirral Local Delivery System Plan (LDS). The LDS covered a wide geographical area and had built on existing improvement programmes including Healthy Wirral, Caring Together, The West Cheshire Way and Connecting Care. Members were informed that increased demand on health services coupled with an ageing population meant that if this work was not furthered there would be a £314m financial gap by 2020.

The development of the Local Delivery System Plan had provided the opportunity to consolidate these improvements. Knowledge of local challenges had been used to identify four priorities to make health and care system sustainable in the near, medium and long term.

With regard to managing care in the most appropriate setting it was reported that there would be a significant focus on prevention to help people live healthier lives and thereby reduce demand on health and care services. This

would involve building on work already progressed to develop strategies to improve the management of care in areas including Alcohol related harm, Hypertension, Respiratory and Diabetes. This would enable closer working with other health and social care partners as Accountable Care Systems were developed which would allow better use of resources.

The priority of reducing variation across the system recognised that there was variation in how different health providers applied some policies and clinical pathways. This would mean that hospitals and other care providers would develop standardised care pathways and common approaches to areas such as Infection Prevention and Control and Referral Management. In order to do this Information Technology platforms would be developed to support these improvements and to improve the management of patient pathways in a more consistent way.

It was recognised that back office functions were vital to support organisations in achieving their goals and historically many of these functions had existed in isolation although some work had been progressed to share functions such as payroll. There was an opportunity to further improve efficiency and productivity by developing collaborative working across major support functions and in some cases developing joint teams to support a wider group of health providers. This would enable the use of expertise that has to date not been shared outside individual organisations and the shared purchasing power that collaboration presented enabling a better deal from some of suppliers to be utilised.

Graham Hodgkinson outlined the changes on collaborative working. A major part of this priority would be to enable healthcare providers to access shared care records in a local setting to improve patient care and experience. It was reported that this work was already well progressed and would be furthered to better utilise the use of data to support people who were at risk of developing long term conditions.

It was reported that there would health and care would also be working together more as a system and would be looking at ways in which leaders, both clinical and non-clinical could work effectively to progress priorities and to achieve a sustainable health and care system for Cheshire and Wirral.

With regard to engaging with communities and staff whilst many local health systems had already begun to engage with their communities about the challenges faced by the NHS, the development of the LDS plan enabled this engagement to be widened in an open and transparent manner. There was a commitment to engaging and communicating with communities and staff throughout and this would provide the opportunity for people to have their say on the priorities outlined as we move forward in partnership.

With regard to Cheshire and Wirral approach four priorities had been identified that would make the health and care system sustainable in the near, medium and long-term. To transform services, the need to reduce demand, reduce unwarranted variation and reduce cost had been recognised. It was concluded that for this to be comprehensively address the areas that had the greatest impact to the system must be prioritised

Resolved – That the report be noted.

46 **A & E DELIVERY BOARD (WUTH)**

The Board gave consideration to a report of David Allison, CEO and Janelle Holmes, Chief Operating Officer, WUTH that provided members with an update on the formation of the Wirral Health Economy A&E Delivery Board. The report confirmed the Terms of Reference including Health Economy Partners roles in sustained delivery of A&E performance and contained recommendations for both reporting and ongoing visibility across the Health economy for services which impacted on emergency patient flows. It further provided an update on the health economy assessment of its state of readiness to deliver the national service improvements outlined in the A&E Rapid Implementation guidance.

It was reported that earlier in the year following continued poor performance nationally against the 4 hour standard of 95% of patients to be seen, treated and either admitted or discharged from A&E a directive had been issued by NHS England supported by NHS Improvement to establish both local (Wirral) and system wide (Wirral & West Cheshire) A&E delivery boards. These were to replace the previous CCG led System Resilience Groups (SRG) and be chaired by the provider organisation focused specifically on improving performance against the 4 hour standard. The expectation was that the members of the group were at executive / senior management level with the authority to make decisions on behalf of their organisation at the Board.

It was reported that whilst accountability for the delivery of the 4 hour standard sat within A&E and therefore the acute provider it was recognized that reliability of delivery was based on whole health economy patient flow and as such needed to be owned by all health and social care commissioners and providers. This was because any changes to capacity or demand across the health & social care economy had a direct impact on patient flow into ED, through the hospital and back home. Because of this accepted interdependency it was critical that there was a clear line of sight & transparency of all services which supported urgent care and patient flow across the whole system.

On the 29th September 2016 the inaugural meeting of the Board had been held. At the meeting the Terms of Reference attached to the report as (Appendix1) had been agreed by all health & social care partners.

The Board were informed that as part of the refresh two pieces of work were expected from each health economy and reported nationally these were:

- To undertake a baseline assessment of current service provision across all points of delivery against nationally agreed best practice outlined in the 'A&E Rapid Implementation Guidance' (Appendix 2)
- To align health economy escalation plans and expected response using the nationally agreed OPEL system (Appendix3)

The self-assessment for the Wirral Health Economy had been undertaken in partnership with all health economy providers including the North West

Ambulance Service (NWAS). The results were detailed in (Appendix 4) of the report.

It was noted that as a health economy Wirral already had an overarching action plan to improve patient flow & ED performance developed & monitored by the Urgent Care Recovery Group.

The key service improvement actions required as a result of the assessment were therefore included in the health economy plan.

It was also reported that health economy partners were in the process of reviewing & aligning the new OPEL system to the existing system so that at any given time the health economy had a OPEL score (1 -4) but more importantly that the expected actions to support de-escalation were undertaken by each partner. It was noteworthy to recognise that some of these expected actions might/would have a resource implication for partner's e.g. opening additional capacity.

With regard to the next steps it was noted that in recognising the agency interdependencies it was equally important that the A&E delivery board had a full overview of the systems in place across Wirral which supported patient flow. This needed to include:

- What services had been commissioned and their current capacity to include Primary, community, secondary & adult social care. The agreed contracts & provision including the services commissioned within the 'Better Care Fund'.
- Performance against agreed KPI's or improvement KPI's for the commissioned services.
- Where new services had been commissioned to support patient flow through the 'better care fund' that there was defined tracking of expected outcomes to monitor return on investment.
- Any proposed changes to capacity (decommissioning of services)
- Any unplanned changes to capacity (loss of a care provision)

This would enable the system to understand the impact on performance of any changes to current capacity and demand and support the decision making process for any future investments in services

Janelle Holmes, Chief Operating Officer noted that the Wirral A&E Delivery Board reported directly through to the Wirral & West Cheshire A&E Delivery Board. However, each provider would need to agree how the reporting from the Board was fed into their existing governance arrangements.

It was recommended that the outputs from the Wirral A&E Delivery Board were reported to the Wirral Health & Wellbeing Board going forward so that there was clear line of sight at Health Economy level.

Val McGee commented that a lot of work had been undertaken in preparation around rapid community service, signposting, triage and a single point of contact outside of hospital.

Dr Sue Wells commented that everyone must work together as it was in everyone's interests as long term hospital stays could result in patients

becoming reconditioned and there were a number of clinical reasons demonstrating that care in the community or in the patient's own home was a better option so it was important to get this right.

Councillor Chris Jones questioned how this would work if patients were not able to get an appointment at their GP practice. Janelle Holmes explained that there would be urgent access back to GP practices and alternative ways of dealing with this.

Resolved - That;

- 1. the progress to date on the establishment of the Wirral A&E Delivery Board be noted.**
- 2. the Board provide any feedback on the Terms of Reference.**
- 3. the interdependencies of all health economy partners to the reliable delivery of the 4 Hour standard be recognised.**
- 4. that the new national escalation system (OPEL) actions may result in a resource implication for providers be understood.**
- 5. the Wirral ED Delivery Board update as a standing item on the Health & Wellbeing Board.**

47

OFSTED REPORT

Julia Hassall, Director of Children's Services, provided the Board with a presentation that outlined the Ofsted Inspection of services for children in Wirral. The Ofsted inspection had taken 4 weeks, involved 12/13 inspectors and looked at 1000 pieces of information. It was reported that Ofsted had made 26 recommendations which must be delivered at pace for the Council to improve. These related to the Council's own work, the contributions of partners, and the LSCB. A 3 month action plan had been developed from the Improvement Plan which set out the difference in practice the service would be making over November 2016 – January 2017. This would be updated on a rolling basis to maintain pace and keep a sharp focus on the impact of the actions of the service on the experiences of children, young people and their families and staff.

The presentation set out the vision – 'Happy, Safe, Achieving – Only the best for our children.' Following the recommendations made in the report the presentation outlined the way forward by working together with partners to achieve the targeted outcomes in the Children's Improvement Plan under the headings of Practice, People and Performance. It was reported that the service had listened to children views and by aiming to create and sustain a good environment for excellent social work was targeted to develop plans which were promises to children to make a difference. This would be achieved in ways that involved children where everyone was accountable for doing the best for them.

Julia Hassall concluded the presentation by outlining the implications for the Health and Wellbeing Board that included the provision of leadership, insight

and effective governance for a whole-system focus on improving health and wellbeing of the most vulnerable children and families.

Resolved – That;

- 1. the presentation be noted.**
- 2. regular progress reports, relevant to the Health and Wellbeing Board, be reported back to future meetings.**

48 MERSEY FIRE AND RESCUE REPORT

Phil Garrigan, Deputy Chief Fire Officer, attended the meeting and provided the Board with a presentation that requested members to note the development of the Safe and Well visit by Merseyside Fire and Rescue Authority (MFRA) and endorse the proposal to pilot the scheme across Merseyside utilising its prevention teams in order to demonstrate (with evaluation) the impact of such activity on health outcomes. Appendix A of the report outlined the Consensus Statement on Improving Health and Wellbeing between NHS England, Public Health England, Local Government Association Chief Fire Officers Association and Age UK.

It was reported that the focus of the service had now changed to one that was preventative. The Fire and Rescue service had unique access to homes and had therefore an opportunity to broaden their approach. Extensive work had been undertaken to identify what the Health Inequalities were and there was now a real opportunity to pilot the scheme in Wirral and to feedback and evaluate outcomes utilising all resources. The proposed areas of work were outlined to members and following on from a Home Fire Safety Check staff could progress to a 'Safe and Well' visit. On Merseyside these key deliverables had been identified as;

- Falls Reduction
- Bowel Cancer Screening
- Alcohol Reduction
- Smoking Cessation
- Hyper tension (under consideration)

MFRA hoped to demonstrate through the pilot scheme the tangible positive outcomes of Safe and Well visits to Health Partners. Following the pilot schemes evaluation, MFRS would seek to explore a longer term commissioning model enabling Health Partners to access circa 240,000/300,000 p.a. Safe and Well interventions (60k visits x 4/5 Health interventions per visit).

Future proposals could include the extension of the programme across the whole service – Fire fighters undertake the vast majority of HFSC's across the Merseyside area.

The proposal would utilise the unique access that the service had into people's homes in order to tackle the health inequality that exists whilst maintaining its focus on fire prevention in the homes of the most vulnerable. A copy of the MFRS Safe and Well form was attached as an appendix to the report.

Members of the Board welcomed the initiative and commented that the MFRS had a privileged position of being trusted and could access people's homes.

Resolved – That;

- 1. Phil Garrigan, Deputy Chief Fire Officer, be thanked for the report.**
- 2. the Health and Wellbeing Board endorse the proposal to pilot the scheme across Merseyside utilising its prevention teams in order to demonstrate (with evaluation) the impact of such activity on health outcomes.**

49 **ALL DAY HEALTH CENTRE GP SERVICES**

Carla Sutton, Senior Contract Manager, NHS England North (Cheshire & Merseyside) presented the Board with a report that outlined changes to GP provision at the All Day Health Centres, and the development of a proposal to provide a fairer, more equitable access to primary medical care services, outside of normal core hours.

After a review of GP Services by NHS England and how patients accessed care had been considered by an Urgent Care Review by NHS Wirral, it had recognised that the All Day Health Centre was predominately accessed by patients using the services whilst also being registered at other Wirral Practices.

Discussions between NHS England North (Cheshire & Merseyside) and NHS Wirral CCG in the last two years had led to the development of a proposal to provide a fairer, more equitable access for GP services over seven days per week and outside of normal core hours at a large scale in multiple hubs in key locations, to all Wirral residents, away from the main Hospital site.

It was reported that this action had been responsive to the GP Five Year Forward View (October 2014) focus of improving access to GP services, and this drive had been given further direction within the General Practice Forward View (Chapter 5, April 2016) in which CCGs were required to Commission routine appointments at evening and weekends to meet demand, plus additional investment for improved IT access to patient records

The report provided details of the proposed Pilot Service Model and the proposed delivery sites. With regard to the Patient List it was noted that The All Day Health Centre had a very low registered practice list (approximately

600 patients, in comparison to the average practice size of 6000 patients). The patients were generally evenly spread across Wirral.

It was noted that without the funding for the wider GP service, maintaining the registered list would not be a viable option as a stand-alone service. A patient engagement exercise had commenced with the registered patient list regarding the list dispersal and would continue over the next ten weeks.

A dedicated team would communicate directly with the registered patients by

- writing to all patients on the registered list
- offering direction and support to find new GP practices closer to the patient home address
- dedicated phone line and email address to help answer queries (including translation services)
- hosting two engagement 'drop in' sessions at the All Day Health Centre site
- the team would review the registered list for any patient identified as vulnerable or requiring additional support in finding a new practice (patients with on-going treatment, children on 'at risk' registers etc.)
- helping patients with particular needs or requests find a suitable practice (for example patients looking for evening appointments will be directed to appropriate practices)

In the majority of cases patients would be able to secure registration at practice closer to their home address, which would also result in less travel. It was noted that Wirral was fortunate to be able to offer good choice of GP practice to Wirral residents.

Resolved – That the content of the report, the transfer of resources and the on-going development of a Wirral Wide service within primary care be noted.

50 CRISIS CARE CONCORDAT - ONE YEAR ON

Suzanne Edwards, CWP Wirral Acting Service Director, attended the meeting and provided the Board with a presentation on 'Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis' – One year on!'. It set out how partners could work together to deliver high quality response when people, of all ages, with mental health problems urgently needed help. The Concordat provided;

- Access to support before crisis point
- Urgent and Emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well and preventing future crisis
- Expected that in every locality in England, local partnerships of health, criminal justice and local authority would agree to commit to Mental Health Crisis Declarations.

The Board were informed of the Crisis Care principles, the benefits of the Concordat, Wirral's Declaration and Wirral's Action Plan. The report detailed what was already being done and the achievements one year on. It also set out the challenges to the Concordat including resources, workforce, skills and expectations and gave details of monitoring and implementation.

Resolved – That;

- 1. the report be noted.**
- 2. Suzanne Edwards be thanked for the report.**

51 **NHS ENGLAND QUARTERLY ACCOUNTABILITY REPORT**

Nicola Allen, Head of Medical, NHS England attended the meeting and presented the Board with the NHS England Quarterly Accountability Report. The aim of the report was to update the Board regarding the activities and responsibilities of NHS England. The report outlined the national and regional context together with specific updates on priorities that the Local NHS England Teams were responsible for progressing.

With regard to strategy and planning it was reported that the 2017-2019 NHS Operational Planning and Contracting guidance had been issued on 22 September 2016. Operational plans would describe the organisational level approach to delivering the STP for the next two years and would be accompanied by a two year contract. The 'nine must dos' carried over from last year were set out in the report.

The report outlined the GP Forward View that had been developed and published in April 2016. This was a 5 year plan to stabilise, develop and transform Primary Medical Care which would benefit from a £2.4bn investment in Primary Medical Care between 2016/17 and 2020/21. Across the GP Forward View there were in excess of 80 commitments to deliver with 56 having significant elements of regional or local delivery. The main themes of the document in meeting the five year forward view challenge were set out in the report.

With regard to Delivery and Assurance the report provided an update on the CCG Improvement and Assessment Framework, the revised assurance framework for CCGs from 2016/17 onwards. There was an increased focus on clinical priorities within the Five year forward view

In relation to Operational Resilience five A&E Delivery Boards have been established across Cheshire & Merseyside with executive membership and leadership for each. . Each A&E Delivery Board had submitted plans for Winter that had been reviewed jointly with NHS Improvement. A further assessment would take place but there remained a substantial risk to the A&E 4-hour standard.

The report updated the Board on Health Outcomes Mental Health and noted that further to the Mental Health Taskforce Report published earlier this year NHS England had published The Mental Health Five Year Forward View Dashboard on 27th October 2016. The dashboard would be updated quarterly and can be accessed through the NHS England website.

With regard to CAMHs it was reported that NHS England had identified an additional £25 million which could be made available for CCGs in 2016/17. It is expected that these funds will support CCGs to accelerate their plans and undertake additional activities this year to drive down average waiting times for treatment, and reduce both backlogs of children and young people on waiting lists and length of stay for those in inpatient care.

The report also provided details of Right Care and reported that NHS England was investing in this programme to enable every health economy in England to embed the NHS RightCare approach at the heart of their transformation programmes.

The programme was committed to improving people's health and outcomes. It ensured that the right person had the right care, in the right place, at the right time, making the best use of available resources. Further details of the programme were outlined in the report.

There were four CCGs engaged in the Wave one roll-out of RightCare nationally, one of these was NHS Wirral CCG.

Resolved – That;

- 1. The report be noted.**
- 2. Nicola Allen be thanked for the report.**

52 DATE OF NEXT FORMAL BOARD MEETING

The date of the next formal Board meeting would be Wednesday 15 March, 2016 at 4:00pm in Committee Room 1 Town Hall, Wallasey. A date would also be arranged for a special meeting of the Health and Wellbeing Board to discuss the Sustainability Transformation Plan.