

## WILTSHIRE HEALTH AND WELLBEING BOARD

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### MINUTES OF THE WILTSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 31 JULY 2014 AT WILTSHIRE COUNCIL, COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

#### Present:

Chief Executive or Chairman Bath RUH, Dr Simon Burrell, Dr Toby Davies, Debra Elliott, Julie Hankin, Chief Executive or Chairman Salisbury Hospital, Cllr Laura Mayes, Dr Helen Osborn, Cllr Sheila Parker, Maggie Rae, Dr Stephen Rowlands (Vice Chairman), Cllr Jane Scott OBE (Chairman) and Deborah Fielding/Simon Truelove (Chief Finance Officer CCG)

#### Also Present:

Laurie Bell, David Bowater, Frances Chinemana, Julia Cramp, Ian Gibbons, Michael Hudson, Nick Marsden, Kevin Mcnamara, Robin Townsend, Brian Warwick and Steve Wheeler (Healthwatch Wiltshire), Liz Brown (Dorothy House)

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#### 42 Chairman's Welcome and Introduction

The Chairman welcomed everyone to the meeting, reminding all present that this was a public meeting where members of the public were encouraged to become involved in the debate that would arise.

#### 43 Apologies for Absence

Apologies were received from:

- Angus Macpherson (Police & Crime Commissioner)
- Patrick Geenty (Wiltshire Police Chief Constable)
- Carolyn Godfrey (Corporate Director, Wiltshire Council)
- James Cawley (Associate Director, Wiltshire Council)
- Christine Graves (Healthwatch Wiltshire) – Steve Wheeler attended on her behalf
- Gareth Bryant (Wessex Local Medical Committee)
- Cllr Keith Humphries (Cabinet member for Public Health, Protection Services, Adult Care and Housing)
- Cllr Ian Thorn (Opposition Group representative)
- Patrick Geenty (Wiltshire Police Chief Constable)
- Ken Wenman (South West Ambulance Service Trust)

44 **Minutes**

The minutes of the previous meeting held on 22 May 2014 were approved as a correct record with the following amendment:

To include Julie Hankin and Iain Tully from AWP in the attendance details.

45 **Declarations of Interest**

No declarations of interest were received.

46 **Chairman's Announcements**

The Chairman made the following announcements:

**Winterbourne View**

An update could be found on page 13 of the agenda. Board members were also reminded that regular briefings were also provided to the Joint Commissioning Board (JCB) on the subject.

**Wiltshire Council's Public Health and Arts Development Service**

The Service would be hosting an Arts and Health in Wiltshire conference on 30 September between 10am and 4pm at the Devizes Corn Exchange. All Board members were welcome to attend, noting the positive impact arts could have on health and wellbeing.

**Question received in relation to shingles**

Susannah Ramsay from Sanofi Pasteur MSD was welcomed to the meeting and submitted a question in relation to the shingles immunisation programme introduced in September 2013. Assurance was sought on the measures in place to monitor the roll out of the programme.

Debra Elliott from NHS England responded to the question, confirming that vaccines provided by GPs were reported regularly and that all were supportive in working with partners to deliver an appropriate roll out. There was not as yet a full years data set available as the immunisation programme had begun in September last year. However it was understood that approx 60% of 70 year olds and 57% of 90 year olds had to date received the vaccination.

The rationale behind the emergence of the vaccination was to reduce the pressures on emergency admissions to hospital via severe shingle cases. Discussion took place on the effectiveness of the immunisation programme with the Chairman suggesting that a review on the take-up of the vaccine would be beneficial. The Board were supportive of this approach and agreed to establish a working group with representatives from the Clinical Commissioning Group (CCG), Public Health England, NHS England and Wiltshire Council's Public Health.

The Group would provide an update on its findings for the next meeting to be held on 25 September.

#### 47 **Mental Health and Wellbeing Strategy**

The Board at its previous meeting in May agreed that the draft Mental Health and Wellbeing Strategy would be brought back to the next meeting and the Board updated accordingly.

Maggie Rae, Corporate Director Wiltshire Council, provided an update on the draft strategy which included that Karen Spence from Wiltshire Council Public Health was working closely with colleagues at the CCG regarding its development.

The resulting strategy would emphasise the quality of life for individuals, their families and carers and parity of esteem providing equal focus on mental and physical health, noting that evidence suggested that physical health issues of those with mental health problems were often not dealt with appropriately and resulted in a lower life expectancy as a result.

Statistics highlighted included:

- 1 in 4 individuals would experience mental health problems in their lifetime.
- 1 in 10 new mothers expected to experience post natal depression.
- Mental ill health equated to approximately 23% of health issues in UK.
- 11% of the NHS budget was spent on mental health (almost double that spent on cancer).

The strategy was required to provide better outcomes for people and the aim for Wiltshire was to create environments and communities that keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.

Within the local area, the Quality Outcome Framework 2010/11 mental health register had just over 3k people in Wiltshire, with suicide figures reported as higher in the South West than the national average.

The draft strategy was being prepared using stakeholder feedback together with evidence provided via the Joint Strategic Assessment (JSA) and would emphasise the importance to service users.

Six main areas of activity had been identified to achieve the strategy

- Prevention and early intervention (including perinatal mental health)
- Promoting emotional wellbeing and tackling stigma and discrimination
- Personalised recovery based services with a wellbeing perspective
- Effective and efficient use of resources to ensure value for money

- Closer collaboration with service users, families and carers in the development of services
- Joint working with a wider group of statutory services

The 3 month consultation period was expecting to commence following approval from executive bodies to proceed in September which would include further engagement with stakeholders and service users.

The need to include a link to parenting and the need to ensure the message that bad parenting often resulted in a negative impact on children's emotional wellbeing and appropriate sign posting for all groups was highlighted as well as further reference required on crisis work. The work taking place with the police authority was highlighted as an example of positive joined up work being undertaken.

It was confirmed that the draft strategy had been presented to the CCG Board in July to seek approval to proceed to consultation. and had been discussed in public with a lot of positive feedback received. This included the need for an implementation plan which was expected to be prepared following consultation.

Acknowledging the need for appropriate stakeholder involvement, Brian Warwick, the attending Older People's Champion, would be contacted after the meeting to seek details on suggested stakeholders that may not already been involved.

Recognition was also given on the importance of developing a strong strategy but that specific targeted work (such as that taking place between the Bath RUH and AWP on maternity care) would continue in the interim.

To ensure the Strategy remained a focus for the Board, an update would be provided in September with a more detailed report and draft implementation plan inclusive of existing work presented in November 2014. Noting that a Children's Mental Health and Wellbeing Strategy was already in place, future reporting should also highlight how the two strategies linked together.

## 48 **Dementia Strategy**

Ted Wilson (CCG) was welcomed to the meeting to provide a presentation on the final draft Dementia Strategy and dementia programmes within Wiltshire following consultation undertaken through February to May.

The related Action Plan was currently being developed and would take note of the letter sent to all health and wellbeing boards notifying them of the need for a focus on dementia.

Reference was also made to the Health Select Committee Dementia Task Group which was due to report its findings on advanced dementia care to the Committee in September. Feedback received via the Committee would be

taken into consideration as part of the Strategy and further consultation on these elements would take place thereafter.

Rhian Bennett, the report author, was also welcomed to the meeting and confirmed that the main findings of the consultation highlighted that people were supportive of the draft strategy presented today.

Ensuing discussion included the need for a stronger focus on removing dementia sufferers from a hospitalised setting, noting that this was often not the best place to undertake assessments. It was however noted that many sufferers in acute care often had other acute conditions resulting in their hospitalisation.

The importance of providing families and their carers with a clear understanding of what support was available was also highlighted and the advanced Dementia Care Strategy would provide the tools for a pathway for the extreme sufferers who were not able to return home. A vision of care for people in residential and nursing homes was also highlighted as an area to be covered within the final Strategy.

The Chairman sought consensus from the Board that they were happy to agree for the Strategy to move forward which was given.

#### 49 **Pharmaceutical Needs Assessment (PNA)**

The Board were reminded that the development of the PNA was passed to the Wiltshire PNA Steering Group in September 2013 and that a draft was to be presented today for the Board's approval.

Prior to further discussion, the Chairman made the Board aware that Gloucestershire County Council had written to the Board to make it aware of their draft PNA as part of its consultation, details of which would be circulated to Board members after the meeting to allow contribution accordingly.

Kate Blackburn, Speciality Registrar in Public Health, was then introduced to take the Board through the Wiltshire PNA where the following information was provided.

Responsibility for developing the PNA transferred to Health and Wellbeing Boards via the Health and Social Care Act 2012.

The Wiltshire PNA Steering Group, chaired by the Cabinet member responsible for Public Health, Cllr Keith Humphries, had worked to identify pharmaceutical need in the local area and the resulting PNA would be used by NHS England in future considerations.

The PNA developed by the PCT in 2011 was of a good standard and was therefore used as the basis for development once responsibility was passed to the HWB and therefore the design and layout were the same.

All HWB were required to publish their PNA by 1 April 2015 and all main agencies would therefore need to be consulted as part of the process. Consultation would be taking place between October and November with a final PNA submitted to the Board for approval in February.

Details of the engagement undertaken to prepare the current draft PNA included reference to the Joint Strategic Assessment (JSA), questionnaires to patients and engagement with Healthwatch Wiltshire who, as a member of the Steering Group, had proven invaluable in helping to develop the document for consultation.

Although HWBs were required to assess the PNA within 3 years of its publication, the steering group planned to review regularly within this period to ensure it remained fit for purpose.

In opening up discussion to the floor several comments were received in relation to Out of Hours services with several members of the Board expressing concern over the service currently provided, noting that some medicines were currently only available via hospitals.

The benefits of ensuring medicines were available via pharmacies was highlighted with note made to the significant increase in individuals using pharmacies for advice since 2011.

The Board endorsed the proposal to proceed to consultation, requesting that the comments of the Board should be taken into consideration within that and looked forward to receiving the final PNA for approval in February 2015.

## 50 **Co-Commissioning of Primary Care**

On 1 May 2014 NHS England announced plans to allow CCGs to develop new models for co-commissioning primary care. CCG's were asked to submit their expressions of interest to NHS England by 20 June, indicating the form they would like co-commissioning to take and indicating a preference in terms of how it should evolve.

Deborah Fielding, Chief Officer CCG, confirmed that a submission had been made and that a central assessment team were now looking at the submission which included a wish by the CCG to have delegated responsibility to develop a local primary care strategy. This would include the ability to commission all primary care funding streams outside of core contracts, the responsibility of which was currently shared between CCG and NHS England, noting the benefits that joint resources would provide.

Clarification was made that Wiltshire was already in a strong position to deliver better integration and that no funds would be transferred until 1 April 2015 whilst the legalities of future commissioning were reviewed at a national level.

The Board were supportive of the proposed approach and looked forward to receiving further details on key milestones as they evolved.

## 51 **End of Life Care**

Dr Helen Osborn as Lead GP on the End of Life Care Strategy provided an update on its development and the End of Life Care Programme which included details on the rationale behind the need for a strategy. 70% to 80% of patients in Wiltshire currently died within a hospital setting rather than their preferred choice of home and there was a desire to reduce the number in line with patients wishes.

Following the development of the End of Life Care Strategy an End of Life Care Programme Board had been established to help with its development and delivery. This Board had met twice this year and initial work streams identified included:

- CHC fast track process review
- Electronic Palliative Care Co-ordination system (EPaCCs)
- Allowing a Natural Death (Treatment Escalation Plan and DNACPR<sub>2</sub>)
- User experience, baseline and monitoring
- Needs Assessment
- Current service mapping and baseline
- Care at Home
- Education

As further work was continuing on the development of the work streams it was proposed that the Board may wish to receive a further update in November when further detail would be available.

Liz Brown, Chief Executive Dorothy House, was in attendance and was invited to speak on the item where confirmation was given that hospices had been involved in the review and development of the strategy presented today.

The Chairman of the Board expressed the importance of ensuring a robust strategy with a clear programme on how all partners were working together to meet the needs of the individual.

Attention was drawn to the End of Life Care pathway of six steps that underpinned the strategies, these were:

- Discussions as the end of life approaches

- Assessment, care planning and review
- Coordination of care
- Delivery of high quality services in different settings
- Care in the last days of life
- Care after death

In noting the positive steps planned to ensure the needs of the individual were met, the attending Chief Executive from Dorothy House also emphasised the need for sufficient shift of resources to deliver support within the community.

To provide the Board with a clearer understanding of the process in action it was proposed that patient scenarios should be provided in future updates as well as a draft implementation plan. Both of these actions would give the Board confidence that the Strategy met the needs of the individual and provided a clear system for the individual to follow.

In discussing required resources, reference was made to carer support in some outerlying areas of the County which had in the past proven difficult to resource. Reference was also made to the need for a 24/7 crisis team for patients and their carers noting that the ambulance service was relied upon in many instances at the time of crisis. This emphasised the need for access to patient records out of hours to ensure the wishes of patients were followed.

The Companion Volunteer Scheme was referenced as a pilot scheme funded by the CCG to provide support which could be utilised in this area. Specially trained volunteers were able to working alongside the hospice to provide additional support for families and patients and alleviate pressures on the system.

Acute hospitals were supportive of this approach with Salisbury Hospital offering any support required, noting the benefits to those at end of life.

The Board requested that the comments made should be taken into consideration and that a detailed implementation plan as well as a further update should be provided.

The Board agreed to receive an update on End of Life Care at its next meeting in September and that a further update, together with detailed draft Implementation Plan, would be presented in November.

## 52 **Better Care Plan**

James Roach, Integration Manager, provided an update on the Better Care Plan and the progress made to date since the previous update to the Board.

Several updates to the report since it was written in June were now available, including that Wiltshire had been recognised nationally as a leader in terms of



best practice and had as a result been identified for fast track. This would result in early sign off of the Plan.

An investment of approx £27m had been made in the Better Care Fund for Wiltshire to take forward a number of core programmes overseen by a Better Care Plan Governance Group. The core spend was broken into several schemes details of which were provided within the report.

In addition to the workstreams the Plans were also required to meet a number of conditions, namely:

- Protection for social care services
- Seven day working in health and social care
- Better data sharing
- Joint approach to assessments and planning
- Agreement and monitoring of the consequential impact of changes in the acute sector.
- Renewed commitment across the programme in relation to a range of other enablers.

Details of schemes and impact to date were also highlighted. These included:

- Rapid response, discharge coordination and 7 day working
- Community teams – 3 pilot sites had been identified to launch integrated community care teams. All key partners were working together to ensure success.
- Single view of client – A project team had been established and good progress was being made. Within the next few weeks details of the adult social care database would be shared with GPs and would continue to be rolled out to as many as possible.

A launch event was taking place on 2 September for stakeholders to highlight some of the progress made in relation to the View of the Customer system. Further details would be provided to Board members following the meeting.

Ensuring discussion also included the existing 111 service with concern raised by several attendees on its suitability to deliver. The CCG confirmed that the service would continue to be monitored with reports to the CCG Executive Body. Further updates would also be provided to the HWB.

Reference was made to the risk associated in delivery of the Plan which included recruitment and retention of health professionals. Wiltshire Council was looking at ways to address this with the establishment of training academies being considered at present. Further details would be provided at a later date on the development of this.

Further information was provided on the 100 day challenge which would be going live from 1 September 2014. This was a system wide approach that

aimed to reduce the number of attendances and admissions for frail patients as well as reducing the amount of time they spent in hospital.

Details of the presentation made on the 100 day challenge can be found attached to these minutes but included that the challenge required full commitment and collaboration across the system to be successful.

The focus of the 100 day challenge would be:

- Case Management
- Primary Care Management
- Access and Referral Routes
- Managing Crisis
- Managing Sub Acute Patients in a Community Setting
- Reducing length of stay and improving discharge process
- Ongoing Measurements/Monitoring and Action

The support of the Board was sought to ensure the success of the challenge.

Reference was made to the health themed area board events taking place across the county in September and October and how key details from the Better Care Plan, 100 day challenge and CCG 5 year plan could be incorporated. Details of the area board dates would be circulated to Board members following the meeting.

The Board welcomed the presentation received and looked forward to receiving further updates on continued progress at the next meeting.

### 53 **Re-commissioning of Children's Community Health Services**

Julia Cramp , Joint Associate Director, and Deborah Fielding, Chief Officer CCG, provided the Board with a verbal update on the re-commissioning of children's community health services. This included that a consultation exercise was currently underway to develop a single service, noting that at present 5 separate providers delivered the existing service across the county.

A stakeholder event had taken place on 1 July with the involvement of Healthwatch Wiltshire as part of the consultation process and further continued consultation would continue.

Details of future engagement events would be circulated to Board members and a report would be presented to the next meeting of the Area Board in September to provide an update on progress.

### 54 **Date of Next Meeting**

The next meeting of the Board would take place on 25 September 2014.

### 55 **Urgent Items**

There were no urgent items for consideration.

(Duration of meeting: 3:00pm – 5:40pm)

The Officer who has produced these minutes is Sharon Smith, of Democratic & Members' Services, direct line 01225 718378, e-mail

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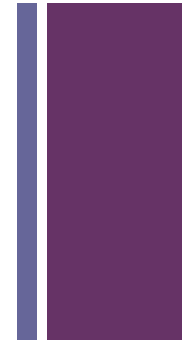
# Implementing the **100 day challenge** across Wiltshire

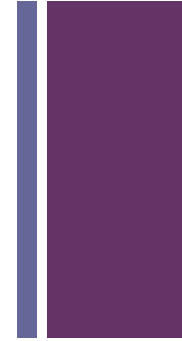
Draft Briefing Slides

James Roach  
Director of Integration

# + Context

- Ambitious but challenging admission avoidance and financial targets
- Activity reductions + cost savings not being achieved = **Increased pressure**
- Differing patient and practitioner experiences
- Not all stakeholders behind the message
- A Range of new schemes due to go live in September
- Need to enhance delivery focus and daily performance management
- Alternative models of care have to be credible , integrated and deliver
- ? Are we making a difference ?
- Expectations from Centre include *detailed risk assessments / commitment to expected reductions and an early implementer approach.*
- Wiltshire's enhanced fastrack status increases profile
- Need to clearly define our integrated delivery model and establish an accurate view on delivery





*Ambition into action*

***THE 100 DAY CHALLENGE***

# + What is the 100 day challenge ?

- Going live from the 1<sup>st</sup> September , this will be a system wide approach aiming at reducing the number of attendances and admissions for frail patients in Wiltshire and reduce the amount of time they spend in hospital.
- Includes all health and social care partners in Wiltshire
- Focusing on preventing avoidable admissions for a wider range of conditions
- Under the launch of a range of new innovative schemes and maximise /priorities the use of these schemes delivering ***right care in the right place***
- Requires full commitment and collaboration across the system
- Need for system to combine our approaches to care for frail individuals and help them stay home for longer.



# + Focus of the 100 day challenge



## **Case Management**

- Enhanced 7 day management of the high risk 2 % underpinned by frailty scores
- Community Geriatrician identification and monitoring of the highest risk patients from acute wards
- Focused discharge to assess programmes supporting transfer from wards
- System management of the EOL register
- Community geriatrician and multi morbidity clinics combining

## **Primary care management**

- Initiatives across all 58 GP Practices focussing on proactive care and support planning for frail elderly.
- For the more vulnerable patients and those with co-morbidities, there is evidence that these 'high risk' patients are best managed by a multi-disciplinary team who can work with the patient's GP to assess, plan and deliver a personalised plan of care, including assessing falls risk, reviewing and reconciling medications, screening for depression and social isolation, and documenting patient wishes for care at the end of life.

# + Focus of the 100 day challenge

## **Access and referral routes**

- An enhanced simple point of access with one number to call for services /professionals
- Detailed directory and clinical triage processes
- Improved connection to acute hospitals
- Ensuring complete access to services 7 days a week

## **Managing crisis**

- Enhanced HTLAH within the first 72 hours
- 72 hour pathway for EOL patients
- Commitment from ambulance trusts to convey to non acute locations
- Continued delivery of the successful care home support and dom care programmes
- Enhanced specialist input in community settings by the community geriatrician
- Geriatrician led discharge from ED with connection to existing front door models

## **Managing sub acute patients in a community setting**

- Launch of step up beds in community settings for a range of clinical conditions with average LOS of circa 7 days
- Relaunch of STARR and delivery of new intermediate care action plan
- Community nursing “ step up “ services to be prioritised and expanded



# + Focus of the 100 day challenge

## **Reducing length of stay and improving discharge processes**

- Green to go for Wiltshire to be launched
- System DTOC actions to be activated for each acute hospital
- Roll out of discharge to assess across the system
- Extended hospital to home pathways
- Commitment to consultant review within 24 hours
- Improved and enhanced ICB model ( formally STARR ) accessible 7 days a week
- Focused review of conversion rate and outlier volume ( agree targets )

## **Ongoing Measurement /Monitoring and action**

- System review check stage to go live at the same time ensuring ongoing review and action
- Launch of the **Multi Agency View** across general practice.
- New performance management process in place across system with new indicators
- CCG to launch daily system dashboard
- Daily exec leads monitoring performance
- Daily bed state reports
- Weekly issue logs / reports and formal monthly evaluations



## + What next ?

- Agree outline scope by 1<sup>st</sup> August 2014
- Update and request for support ay HWB on 31<sup>st</sup> July
- Outline communication plan to be drafted by 31<sup>st</sup> July
- Draft performance Dashboard in place by 1<sup>st</sup> August
- Commence system wide comms by 8<sup>th</sup> August

## Whats needed

- Full commitment and focus all stakeholders
- Alignment with prioritisation
- Operational and challenge mindset
- Clear message to providers
- Clear organisational message

