HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 6 FEBRUARY 2014

Present: Dr Bal Bahia (Newbury and District CCG), Councillor Marcus Franks (Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Rachael Wardell (WBC - Community Services) and Dr Rupert Woolley (North and West Reading CCG)

Also Present: Jessica Bailiss (WBC - Executive Support), Steve Duffin (Head of Adult Social Care Change Programme), Balwinder Kaur (WBC - Adult Social Care), Councillor Gwen Mason, Philip McNamara (Newbury and District CCG), Councillor Joe Mooney (Community Care, Insurance), Councillor Graham Pask, Cathy Winfield (Berkshire West CCGs) and Lesley Wyman (WBC - Public Health & Wellbeing)

Apologies for inability to attend the meeting: Leila Ferguson

PART I

81. Declarations of Interest

Councillor Gordon Lundie declared an interest in all matters pertaining to Health and Wellbeing, by virtue of the fact that he was a director of the pharmaceutical company UCB, but reported that, as his interest was not personal, prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

82. Better Care Fund

Rachael Wardell introduced the item to Members of the Health and Wellbeing Board. The purpose of the report circulated was to update the Board on the Better Care Fund (BCF) and seek agreement to the high level plan as to how the single pooled budget would be used.

The BCF was originally known at the Integrated Transformation Fund (ITF), which supported the integration of health and social care services. Included within the guidance when the BCF became the ITF was that some of the money would be required to meet the obligations of the Care Bill.

BCF plans had to deliver on the following national conditions:

- Protecting social care services:
- Seven day services to support discharge:
- Data sharing and the use of the NHS number:
- Joint assessment and accountable lead professional:

The proposed use of the BCF was outlined from paragraphs 4.2 to 4.9 of the report.

4.2: Direct Commissioning of Care by Community Nurses and other community clinicians: This created a single pathway and reduced the delay for patients accessing a package of care.

This built upon an expectation of professional trust. Steve Duffin reported that each proposal could be viewed in more detail under page 18 of the report. It was acknowledged that staff training would be required.

4.3: Access to Health and Social Care services through the HUB: This hub was already in existence in a sense however, there was a growing need for a single Health and Social Care Hub. The aim would be to reduce four points of access down to one. Rachael Wardell reported that there was reference to the Hillcroft front door within the report as there were already aspects of a hub in place there. Councillor Marcus Franks noted that the sum of £279k capital monies was a minimal amount. It was confirmed that £279k represented the total capital available from the BCF and not the total available within the system for development.

4.4: Creating the role of a Personal Recovery / Key worker: This was referring to individuals within the community who were often labelled as a key person/worker.

It was asked why this key person would not be a general practitioner (GP). GPs were an expensive part of the system and it was therefore unwise to maximise their capacity.

Councillor Gordon Lundie queried if additional people would need to be recruited for this role and it was confirmed that there would be an element of new staff but also current staff through redeployment.

Dr Bal Bahia queried if steps were be taken to map what was currently available and whether the third sector were being approached. Rachael Wardell confirmed that it drew upon the strength based approach of the family group conferencing model.

4.5: Joint Care Provider: This involved combining the care assessment and delivery units of the Council's Maximising Independence Team, Homecare Team and the Berkshire Healthcare Trust's Intermediate Care as all provided similar care.

4.6: Social Care seven day working: Councillor Lundie asked if this was different to seven day discharging. Rachael Wardell confirmed that it was very closely linked and was focused around seven day discharging.

Councillor Graham Pask questioned how much input would be required to deliver this proposal. It was reported that there was a lot of pressure due to the weekend mortality rate. The whole system was being requested to gear up towards delivering the same level of quality seven days per week. Councillor Pask referred to his own personal experience and stated that there was a long way to go before this was achieved. Rachael Wardell reported that there was a responsibility to ensure that this was achieved, her front door services saw a peak of patients on Friday afternoons. People were being pushed into the acute system prior to a weekend.

Cathy Winfield reported that she had suggested bringing a paper to the next Board meeting in March on the urgent care system, as it was an important issue for the Board to be aware of.

RESOLVED that Cathy Winfield would bring a report to the next Board meeting in March on the urgent care system.

Councillor Joe Mooney raised his concerns about seven day working. People were often discharged on a Friday from hospitals without any papers. It was vital that people were discharged with the necessary papers. Councillor Gordon Lundie noted Councillor Mooney's point however, stated this was a discussion for another time.

Cathy Winfield explained that £15 million of the BCF was from the four Clinical Commissioning Groups (CCGs). 8% of this was new money that could be spent on new projects. The saving had been made though the Quality Improvement Productivity Prevention Plan (QIPP). Much of the saving had been generated through reduced hospital activity and therefore the impact needed to be managed collectively.

4.7: Hospital at Home: Philip McNamara explained that this had been touched on at the last meeting of the Health and Wellbeing Board. The aim was to make the system more

efficient though directing people away from Accident and Emergency services, if they could receive their treatment in a more suitable setting. It was for those patients who needed sub acute but intensive support in a more suitable environment. A feasibility study was being carried out on the proposal of a Newbury urgent care facility. This was currently only being explored as an option.

Councillor Pask was concerned that GP involvement might be greater than envisaged. He referred to page 22 of the report and queried what a virtual ward bed was. Philip McNamara reported that this was a clinically led pathway where patients were treated where was most appropriate, possibly a sub acute unit. Dr Bal Bahia stated that patients wanted local care and this was a step in the right direction. Dr Bahia stated that the most able person should be providing the treatment and this was not necessarily GPs.

Lise Llewellyn reported that Croydon had been practicing the hospital at home method for several years and the patient satisfactory levels were very high.

Councillor Franks noted that the maximum stay on a Hospital at Home ward was seven days. Cathy Winfield reported that the aim was to have people moving through the system and therefore seven days was the absolute maximum length of time people should stay in one of the Hospital at Home wards. It was hoped that most patients would move on from the ward within three to five days.

4.8 Nursing / Care Home project: Rachael Wardell reported that this was about better management of what took place in care homes. Care within care homes would be improved if it was standardised. Currently patients could be admitted to hospital before being seen by a GP. The aim was to improve the education and support of staff looking after people in care homes.

Councillor Mooney reported that the level of admissions within the community concerned him. Often people were sent to hospital as a first resort where as it should be a last resort. Councillor Mooney stressed that re-ablement services needed strengthening, in order to reduce admissions to hospital. Dr Bahia reported that admissions to hospital were avoided wherever possible. Lise Llewellyn felt that communication and marketing was a fundamental part of changing peoples' expectation that hospitals were always the safest place to be. It was noted that great deal of workforce training would be required.

4.9: Meeting the requirements of the Care Bill: This included expanding eligibility for Council Services to meet the new lower eligibility criteria and providing far more support to carers. It would mean that individuals would receive care at an earlier stage which will have a positive impact on admission avoidance and on maintaining independence.

Rachael Wardell explained that this led the meeting into the second stage of the discussion required.

Current guidance on the BCF had become firmer although elements were still unclear. Guidance stated that the cost of implementing the Better Care Bill was included within the BCF. Guidance was not clear about whether there would be further funding to meet the demands of the Care Bill.

Steve Duffin reported that Officers had worked through what the Better Care Bill would cost and were of the view that the BCF would not sufficiently cover its demands. Three Local Authorities including West Berkshire, Wokingham and Northumberland had their eligibility criteria set at critical and would need to move to satisfactory, which brought with it cost implications. The Better Care Bill was still going through the parliamentary process and therefore it was difficult to predict the overall cost implications.

Councillor Lundie questioned if the Better Care Bill would be retrospective. Steve Duffin reported that it was not about how much was paid but the cost of care packages and therefore was not retrospective. Caps would be introduced at certain points and there

was a risk that people would resist entering the care system until these were in place. Lise Llewellyn queried if care at home contributed to an individuals care account and Steve Duffin confirmed that it did however, this type of care was not as expensive.

Rachael Wardell drew the Boards attention to Appendix C and D on page 35 and 37 of the report, which showed two ways of modelling the BCF. The balanced version was what the Area Team would expect West Berkshire Health and Wellbeing Board to approve. The model on page 37 showed what the Better Care Bill would cost West Berkshire if the BCF was expected to cover it.

Councillor Lundie noted that the balanced version (Appendix C) enabled the preparation of the Better Care Bill but not its implementation. Rachael Wardell highlighted that Appendix D showed the gap in funding if the BCF was expected to meet the cost of the implementation of the Better Care Fund in its entirety.

Cathy Winfield stated that the Area Team would expect West Berkshire to submit a balanced budget and not a deficit.

Rachael Wardell reported if West Berkshire submitted the balanced sheet (Appendix C) they would be indifferent to other local authorities. If West Berkshire were to also voice the financial risk shown in Appendix D they would not be alone in doing so.

RESOLVED that the Board were in favour of submitting Appendix C and for the financial risk in Appendix D to be highlighted in the submission.

(The meeting commenced at 9.00 am and closed at 10.15 am)

CHAIRMAN …….

Date of Signature …….