

Health and Well-Being Board

Tuesday, 25 April 2017 Council Chamber, County Hall - 2.00 pm

Present:

Minutes

Mr J H Smith (Chairman), Mrs S L Blagg, Catherine Driscoll, Dr Frances Howie, Dr A Kelly, Clare Marchant, Peter Pinfield and Simon Trickett. Richard Keble attended for Sander Kristel.

Also attended:

Kate Griffiths, Sheena Jones and Tim Rice, Ali Roberts and Ally Webster.

Available papers

The members had before them the Agenda papers and the Minutes of the meeting held on 14 February 2017 (previously circulated).

Copies of those documents will be attached to the signed Minutes.

417 Apologies and Substitutes

The Chairman welcomed Sheena Jones, the new Democratic Governance and Scrutiny Manager to the meeting.

The Chairman thanked Sheila Blagg for her work with the Health and Well-being Board. The meeting would be Sheila's last as she was standing down at the forthcoming election.

Apologies had been received from Carl Ellson, Simon Geraghty, Sander Kristel, Clare Marley and Mark Travis. Richard Keble attended for Sander Kristel.

418 Declarations of Interest

None

419 Public Participation

None

420 Confirmation of Minutes

The minutes of the meeting on 14 February 2017 were agreed to be an accurate record of the meeting and were signed by the Chairman.

421 Forward Plan and Related Actions

Frances Howie brought the attention of the Board to the items which would be considered at future HWB meetings. Amendments to the plan were that The Director of Public Health report would be moved from the October meeting and the June development meeting may

422 An Update on the Herefordshire and Worcestershire Sustainability and Transformation Plan

be used as a joint meeting with Herefordshire HWB to discuss the STP.

Board members were pleased that housing was being considered with the task and finish group as housing was a serious determinate of health.

RESOLVED that the Health and Well-being Board:

- a) Agreed the Forward Plan to February 2018;**
- b) Approve the proposal for a joint meeting of the Health and Well-being Boards for Herefordshire and Worcestershire in order to discuss the STP; and**
- c) Note the establishment of a Housing Task and Finish Group.**

Simon Trickett explained that the Sustainability and Transformation Plan (STP) was building on work which was already in progress and was developing the opportunities for local bodies to work on a more sustainable footprint.

The report gave feedback from the engagement process. The formal public engagement had concluded at the end of February 2017 and a revised draft plan was being produced. There was public support for the out of hospital care model but concerns over areas such as the reduction in the number of beds, transport and the use of technology. There would be on-going engagement with the workforce.

The Next Steps for the Five Year Forward View Document would be important for the future of the STP, especially how the accountable care system should be introduced.

Sue Harris confirmed that generally the public engagement had shown people supported the direction of travel especially improving collaboration between organisations and making more effective use of resources.

A meeting would be held the following day to confirm timelines for considering feedback and it was expected that the plan would be refreshed by the end of May ready for a joint Herefordshire and Worcestershire Health and Well-being meeting in mid-June.

During the discussion the following points were made:

- Board Members pointed out that Simon Stevens

suggested that two years were needed for reflection on the new plans and for time to involve councillors. Healthwatch felt Users, Patients and Carers also needed to get more involved in a meaningful way, although it was accepted that the purdah period for the general election may delay some conversations

- In response to a query about how informed the process was and whether the right information was available on why people turned up at A&E, it was suggested that the care codes which were used to classify each case were quite rigid and could not fully represent the full list of reasons why people attended A&E. The new system should be more collaborative with various professionals involved with individuals and enable better recording
- When asked if there was more for the HWB to do the response was that the issue was not just for the acute service but that all public sector organisations needed to be involved and people needed to take more action themselves
- Although prevention seemed to have been diluted by Simon Stephens in the Next Steps for the Five Year Forward View document, the STP Board were strengthening this area; however some delivery platforms such as digital delivery excluded some people
- There was concern that staff engagement was only happening in the NHS, but it was explained that all communications managers had received information to distribute to staff. However the feedback received so far had mainly been from NHS staff. As more work-streams were addressed there would be a widening out of communications to staff
- Chris Burden from the Health and Care Trust spoke at the invitation of the Chairman and explained that for services to be sustainable in future prevention and joint working were key.

RESOLVED that the Health and Well-being Board:

- a) Note the themes highlighted through the STP engagement exercise undertaken across Herefordshire and Worcestershire,**
- b) Note the publication of the "Next Steps on the Five Year Forward View" and the associated implications for Herefordshire and Worcestershire's STP; and**
- c) Having considered the process and**

423 Health and Well-being Action Plans 2016-21

timescales for updating Herefordshire and Worcestershire's STP in relation to the above, agree to progress the joint Herefordshire and Worcestershire HWB meeting.

The three priorities in the Health and Well-being Strategy represented the three biggest contributors to the load on the health and well-being system. All partners on the Board needed to be committed to take these issues back to their organisations and ensure the plans were being supported.

The Board knew the areas which needed to show change and what was wanted from the plans. It would be necessary to nudge people's behaviour towards being more health, as well as being prescriptive in certain areas.

Good Mental Health and Well-being Throughout Live

- Certain projects were being put in place in the community which were helping people through the tiers described in the 5 ways to well-being such as the dementia checkouts being set up at a Tesco store
- It was important to have early intervention with policies such as the Mental health pathway

Being Active at Every Age

- It was important that people start their lives being active and continue to be so throughout their lives
- The focus was now on being active which was a positive message rather than the negative message of tackling obesity
- Being active also helped to tackle the clustering of unhealthy behaviour and improving mental health and well-being
- Local Councils could help by encouraging and enabling a healthy environment such as encouraging cycling
- The graphs included in the agenda and information collected regarding physical activity were gained from a telephone survey. The figures may not be fully comprehensive but were all that were currently available.

Reducing Harm from Alcohol

- The biggest area of concern was among middle aged and elderly people. Self- help was being promoted but work was also being done in areas such as licensing
- Evidence showed that the numbers of people drinking at home had increased dramatically. Alcohol was available cheaply and easily from supermarkets and consumption by older people was the main concern
- It was expected that the government would put more effort into introducing a minimum price for alcohol after the election
- Alcohol did not just affect the health of an individual but affected the well-being of children and family members
- More consideration should be given to licensing issues before new premises or extensions to opening hours were agreed
- It was suggested that the police should be more closely involved, especially with District Councils as licensing authorities to support efforts to reduce alcohol consumption
- Following general discussion about action being taken locally and nationally to reduce alcohol consumption, it was suggested that the Board could pick this up as a specific topic later in the year.

It was suggested that a seminar be held on these 3 topics for new councillors after the election.

RESOLVED that the Health and Well-being Board:

a) Agree the three Action Plans:-

- 1. Good Mental Health and Well-being Throughout Life**
- 2. Being Active at Every Age**
- 3. Reducing Harm from Alcohol**

b) Should ensure that each organisation represented by the Board play an active part in the delivery of the three plans and fully participates in providing the necessary updates and information for the reporting of progress against the plans.

The Health Improvement Group had met twice since the last update and meetings were a good opportunity to exchange best practice. Attendance had been good from most Partners; the Health and Care Trust representation

Improvement Group

425 Children and Young People's Plan

had been strengthened and it was hoped that a representative from the Acute Trust would be appointed.

The agenda included plans from Bromsgrove, Malvern Hills District Councils and Worcester City Council which had been presented to the HIG in the last six months. The HIG also considered general items such as the STP; the Diabetes Prevention Programme; the Ofsted inspection of services for Children; Worcestershire Works Well; Air Quality and the Strategic Drugs Plan.

RESOLVED that the Health and Well-being Board note progress made by the Health Improvement Group (HIG) between November 2016 and March 2017.

Catherine Driscoll and Allie Webster explained the process and timescale for the introduction of the new Children and Young People's Plan (CYPP). The logo had been chosen by children, demonstrating the commitment to involving Children in the plan.

The presentation explained the expectations and priorities of the plan and provided a framework for all organisations working with children. The success measures would be informed by consultation and engagement, and a survey would shortly be available on the website. It was important that the CYPP connected with other plans in order to ensure the priorities were realised.

The CYPP would be part of the County Council's policy framework so following consultation the plan would be taken to Cabinet, Overview and Scrutiny and County Council before it was implemented.

During the discussion the following points were made:

- It was clarified that the plan was aimed at all children and would support young people to be able to grow up and live independently rather than be something that was done to or for young people,
- It was queried whether more should be included regarding the transition stage, and what the plan expected of children,
- The All Age Carers' Strategy needed to be linked to the Children's plan
- A HWB stakeholder event could be used to discuss the CYPP,
- Mental health and well-being should be a priority

in the plan

- The plan should be outcome led – that every child should have a good education and be healthy and fit
- When considering how to connect with other plans it would be useful to look at common areas and what could be achieved in a year rather than looking at the medium or long term aims of the plans
- Rather than being a fixed document this plan should be dynamic and be challenged on a regular basis
- All partners were asked to take details of the plan back to their organisations
- It was explained that the Ofsted report was about vulnerable children while the CYPP was broader and for all children. A service improvement plan had been submitted to Ofsted and conversations had taken place with other authorities to gather examples of best practice.

RESOLVED that the Health and Well-being Board:

- a) Note the emerging priorities and content of the new Children and Young People's Plan (CYPP);**
- b) Approve the look and feel of the new Plan; and**
- c) Approve the consultation and engagement plan leading up to approval of the new CYPP in July 2017.**

426 Better Care Fund

Richard Keble gave a brief overview of the current situation with the Better Care Fund. The period 11 forecast was for a £474,000 underspend, due to the reduced use of spot purchased urgent unplanned placements.

The 2017/18 Integration and BCF Policy Framework was released on 31 March. Worcestershire would receive £10.1 million as a one off payment which needed to be spent on adult social care needs and reducing pressures on the NHS. However the detailed grant conditions had not yet been released.

An evaluation of the benefits received from the Disabled Facilities Grant was needed as well as the consequences of the redesign of mental health services and whether the expected savings had been realised.

In the absence of the full guidance the process being followed was to make the first submission on 12 May 2017 with the final submission being made by 16 June.

**427 Worcestershire
Safer
Communities
Board -
Community
Safety
Agreement
2017/18**

The HWB needed to sign off the final submission in order to access to access the funds. It was therefore proposed that part of the HWB development meeting on 13 June be changed to a public meeting to deal with the sign off.

RESOLVED that the Health and Well-being Board;

- a) Note the projected budget forecast position (period 11) of the 2016/17 Better Care Fund (BCF) as reported to the Integrated Commissioning Executive Officers Group (ICEOG) on 10 April 2017;**
- b) Note the current assumed deadlines for both first and final submissions of the BCF plan to NHS England**
- c) Authorises the Director of Adult Services, in consultation with the Chairman of the Health and Well-being Board and the CCG Accountable Officers, to make the first submission of the BCF plan; and**
- d) Note that the final BCF plan will be approved at the Health and Well-being Board meeting on 13 June 2017.**

Tim Rice asked the Board to note the Community Safety Agreement (CSA) - a high level document produced by the Safer Communities Board (SCB). Much of the SCB work was directly relevant to or had an impact on the objectives of the HWB e.g. alcohol and substance misuse, domestic abuse and reducing reoffending. Certain members of the HWB – Local Authorities, CCGs and Police were also members of the SCB and Responsible Authorities under the Crime and Disorder Act. The CSA was a strategic document which highlighted safeguarding, with action plans being implemented by its sub-groups which were organised by the Public Health Team.

The Chairmen of the HWB, and the Adult's and Children's Safeguarding Boards had signed a protocol to support each other's work and the SCB was due to become a fourth signatory.

RESOLVED that the Health and Well-being Board

- a) Note the Community Safety Agreement (CSA) 2017/18, in relation to the sharing of business plans between the Adults and Children's Safeguarding Boards, the Health and Well-being Board and the Safer Communities Board; and**
- b) Note the Health and Well-being Board's areas of interest in the CSA, in particular the impact**

of violence upon the physical, mental and emotional well-being of adults, children and young people, the misuse of alcohol and substance misuse and the radicalisation of vulnerable people.

428 Acute Hospital Services

Future of Acute Hospital Services

Simon Trickett gave a brief update on the Future of Acute Hospital Services Process. The consultation closed on 13 March and the responses were currently being analysed. The public had some concerns over the sustainability of acute services and there were some anxieties over the permanent changes which had been suggested. A decision would be made after the purdah period.

Response to the CQC report

Following the receipt of the CQC warning notice, the Acute Trust had submitted their improvement plan by 10 March. The CQC had subsequently re-inspected the Trust. The Trust had now made permanent appointments to the Chief Executive and Chief Finance, Nursing and Medical Officer posts and this leadership was obviously positive but there was a long improvement journey ahead.

Board Members hoped that the new Chief Executive would be able to attend a Board Meeting in the near future.

429 Future Meeting Dates

Dates for 2017

Public meetings (All at 2pm)

- 13 June 2017
- 11 July 2017
- 10 October 2017

Private Development meetings (All at 2pm)

- 12 September 2017
- 7 November 2017
- 5 December 2017

The meeting ended at 4.06pm

Chairman