

Health and Well-Being Board**Tuesday, 21 May 2019, Council Chamber, County Hall - 2.00 pm****Minutes****Present:**

Mr J H Smith (Chairman), Carole Cumino, Kevin Dicks, Dr Catherine Driscoll, Julie Grant, Mr M J Hart, Dr Frances Howie, Dr A Kelly, Jo Ringshall, Mr A C Roberts, Simon Trickett and Avril Wilson

Also attended:

Liz Altay, Elaine Carolan, Richard Keble, Dr Maggie Keeble, Rachael Lesley and Tim Rice

529 Apologies and Substitutes

Apologies were received from Adrian Hardman, Jo Melling, Peter Pinfield and Paul Robinson.

Julie Grant attended for Jo Melling and Jo Ringshall attended for Peter Pinfield.

530 Declarations of Interest

None

531 Public Participation

None

532 Confirmation of Minutes

The minutes of the meeting were agreed to be an accurate record of the previous meeting on 26 February 2019 and were signed by the Chairman.

Frances Howie commented that a Development Session was held on 30 April 2019 which had considered the NHS Long Term Plan and the Terms of Reference and Membership of the Board. Following further consideration of the Terms of Reference a report would be brought back to the September meeting.

533 Learning Disability Strategy

Elaine Carolan, Strategic Commissioner and Co-Chair of the Learning Disability Partnership Board, Lucy Hancock, Co-Chair of the Learning Disability Partnership Board, and Laura Westwood, Lead Commissioner attended to update the Board.

The Strategy was originally agreed in 2015 and had been refreshed. The Partnership was moving forward and work was on-going to produce an all-age Learning Disability

Strategy. Lucy Hancock gave brief details of her role as Co-Chair and explained that the Board had a Preparing for Adulthood Group which was working to ensure that people with Learning Disabilities had better opportunities, especially around the difficult time of leaving childhood and becoming an adult. It was seen as a bonus that one of the Co-Chairs was a young person with learning disabilities and a Young Persons' Reference Group was also going to be set up. The Learning Disability Board was working in tandem with the STP and the Staying Healthy Group and learning from those groups would feed into the Learning Disability planning work. The Board was also working with the Staying Healthy Group to look at ways to decrease the life expectancy gap of people with Learning Disability and the rest of the population.

In response to questions, various points were clarified:

- Lucy explained that although she had been told various services such as Connections would help her, she had found that she wouldn't have been in the position she was now without the help and support of her family, for example they were the ones who found her a college placement. However, she felt the situation was improving and people were now having a more positive transition experience
- There were strong links between the Partnership Board and Health Services, especially through the Staying Healthy Sub-group which was attended by the Acute Trust and information was fed back to the Health and Care Trust. These links were important in addressing health issues as people with learning disabilities may have difficulty vocalising their problems. Primary Care had an important role to play and most GP practices had a register of patients with learning disabilities and provided a yearly check for them
- It was recognised that the right people from children's services needed to be involved with the Partnership Board and be available to help with the transition stage from Children to Adults services
- To encourage more young people to contribute to the Partnership Board, the times of meetings were being considered, as the current day time meetings were not compatible with college attendance
- The Supported Employment Team helped support people with a Learning Disability into employment but their criteria for accessing the service was

quite tight and it was difficult to know how much support individuals would require; this meant that there was a limited number of people who could be helped at a time. A Work Options Group operated under the Partnership Board and it was hoped that more volunteering opportunities could be made available which would also help people gain skills and access employment. The Chairman suggested that he could write to District Councils to encourage them to help.

RESOLVED that the Health and Well-being Board:

- a) **Noted the refreshed and updated Learning Disability Strategy; and**
- b) **Agreed that the Chairman should write to District Councils to encourage them to support volunteering opportunities for people with learning disabilities.**

534 Carers' Strategy

Elaine Carolan and Carole Cumino, Chair of Worcestershire Carers' Partnership spoke to the Board about the Carers' Strategy. The contract with the Worcestershire Association of Carers was in its final year and a tendering exercise would be undertaken for next year. Activities over the last two years had helped to gain as much value out of the current contract value as possible, given that there was great pressure on funding.

Carole thanked Lucy for her comments about the support people with LD receive from their parents. The Parents of children with a learning disability have a lifetime of caring even though they may not think of themselves as carers. They have an important role both as a carer and often as an advocate for people who cannot speak for themselves. She welcomed the fact that there was an all age strategy but pointed out that more focus was needed on the transition points.

The partnership between various organisations such as the Department for Work and Pensions, and Health, with voluntary sector organisations and carers was welcomed and the services they offered provided value for money. The funding available to carers organisations was very tight but around 2,000 more carers were now being supported in the county for the same money.

Work was needed to ensure that services and funding were accessible to carers as they reported feeling as though they were having to fight the system to make things work. Safe, affordable and good quality replacement care was necessary and should be available

with more than two weeks-notice. Also having supportive GP practices was important so that they work together with carers and allow carers to feel recognised.

It was clarified that:

- The majority of money available for carers came from the Better Care Fund but money also received from Public Health and other parts of the system as the importance of carer's wellbeing was recognised across the system
- In the past, replacement care had included block purchased nursing home beds but there had been limited take up. The Council were now trying to find a balance between choice, location and availability. It was pointed out that the solution needed to consider self-funders as well as people who received Council Services. The Director of Adult Services agreed that there would be further discussions with the Carers Partnership
- The Think Carers Programme from the STP was useful in raising awareness but the Carers' Passport and Red Flag system needed to be rolled out to all carers
- There were concerns about carers securing continuing healthcare funding for the person they were looking after. It was agreed that the Lead for the Continuing Healthcare system would be asked to work with the Carers Partnership to look at improving the process
- One opinion was expressed that no young person should have to be a carer because the impact such responsibilities had on their lives was massive, however where young people already had caring responsibilities, their voices needed to be considered
- Very few assessments had been carried out for young carers because the agency responsible was struggling to cope with increased numbers of young carers with the existing level of funding.

RESOLVED that the Health and Well-being Board noted that this was the fourth year of the Carers' Strategy and noted the comments which had been made.

Group Update

Councils and three of the Districts had reported to the HIG within the last three months.

The HIG also looked at the various other issues:

- The merits of the JSNA had been considered and an awareness raising campaign carried out to show how easy it was to access useful information
- Licensing levers and how they could be employed by the District Councils had been considered
- A presentation had been received about the project – Men in Sheds which offered the opportunity for men to socialise and share skills
- The dementia strategy had also been considered.

During the ensuing discussion the following points were considered:

- There was a query as to whether the HIG was linked to Neighbourhood Teams and Primary Care Networks and it was noted that strengthening of NHS representation from Primary Care Networks could be possible. It was also noted that District Councils were keen to be involved with the Networks and there was variable progress on this across the county. Public Health Practitioners had specific alignment to both Districts and Neighbourhood Teams and were good facilitators of partnership working in this context
- With regard to membership, the District Councils were still considering their nominations to various bodies following the elections. It was suggested that there should be a representative of schools on the HIG – it would obviously be difficult for someone to represent individual schools but there were common issues such as obesity, which were relevant to all schools and the HIG was conscious that there should be more focus on Children's issues. However, it was noted that these issues also have oversight at the Children and Young People's Strategic Board, which is a sub-group of the Health and Well-being Board.

RESOLVED that the Health and Well-being Board:

- a) Considered and commented on progress made by the Health Improvement Group (HIG) between November 2018 and March 2019; and**
- b) Considered membership and attendance to ensure that the HIG can operate effectively and contribute to the Health and Well-being Board Strategy**

**536 Housing update
- progress on
the JSNA on
housing and
health and the
MOU on
Housing, Health
and Social Care**

Tim Rice explained that an outline had been developed for a new housing and health JSNA which would support commissioning and policy development. Any necessary consultation would take place and the final draft would be brought back to the Board in September.

Progress had been made on some of the key indicators in the national Memorandum of Understanding. The STP Prevention Board was concentrating on housing and work was on-going around homelessness with The Chief Executives and Leaders' Board receiving a presentation about rough sleepers.

A pilot for a Housing First Project was being planned to help people to return to independent living and Neighbourhood teams were able to signpost people to appropriate help with housing issues. A strategic housing workshop would take place in June and would concentrate on homelessness and rough sleeping. There was a new duty to refer placed on public bodies including the NHS and as a result, referrals had been sent through to District Councils.

During the discussion the following comments were made:

- It appeared that all the actions taking place were secondary prevention and dealing with problems once they had arisen. Do we know the effect of house building in the County and the effect on the infrastructure and environment? In reply the supplementary planning guidance was mentioned which tells developers to take account of health and well-being issues. There were also health impact assessments, with much of the work led by public health to ensure the right stock of housing was being built. Public Health were able to comment on local plans, and strategic housing partnership meetings were held. Five out of six District Councils were currently reviewing their District Plans and housing was part of that consideration. Housing was not a reactive service and organisations were considering the stock of housing and how it could feed into the prevention agenda.
- Work with Partners such as within Neighbourhood Teams had begun but needed to develop further
- A concern was raised about the numbers of new houses and whether there were enough GPs and NHS infrastructure to meet the health needs of a larger population. Planning lead officers had now

**537 Integrated Care
for Older People
in
Worcestershire
(ICOPE)**

met with representatives from the CCGs and health and population growth was being mapped against GP capacity so problem areas could be identified. There was an on-going discussion about receiving appropriate contributions from developers

- The Chairman asked if anything could be done to ensure people who were offered a place to live could afford to remain there. It was agreed that affordability was a complex issue, but welfare and benefits were a national issue. More intense work was on-going around how to help rough sleepers. A district Task and Finish Group were looking at what a Worcestershire Housing First Programme would look like. It would involve giving people a house and ensuring it was affordable and supporting the individual to become independent. It would mean a completely new way of working. The Group was hoping to have a final report by September
- There was a concern that the amount of affordable housing in Worcestershire appeared to be decreasing. It was agreed that it was a difficult issue which the District Councils were trying to deal with but it was partly a national issue.

RESOLVED that the Health and Well-being Board:

- a) Noted the progress on the housing and health JSNA; and**
- b) Noted the progress being made against the MoU on housing, health and care.**

Dr Maggie Keeble explained that the Integrated Care for Older People (ICOPE) in Worcestershire Strategy had recently been launched and had come from a World Health Organisation initiative. The Strategy was aimed at all levels of the system and involved working with adult social care, Public Health, NHS providers, older peoples' and carers' representatives and the University of Worcester

The aims were to:

- Improve the experience of aging for people
- Achieve the best outcomes for older people
- Improve the experience of caring for older people for care providers
- and to make most efficient use of resources

A 12-point framework had been developed and all of the points needed to work together for positive aging. The life

curve showed that if fitness could be increased and dependency decreased then quality of life would be improved for the individual and money could be saved by health and care services. Research had showed that people decline in a predictable way and people who were the most dependent cost £10,000 more per year than those who were less dependent. However, decline was not inevitable and by compressing the LifeCurve there was the potential for huge savings. This work ties in with the current Adult Social Care media campaign which highlights actions individuals can take to help themselves as they get older. Adult Social Care were looking to develop the use of the ADL LifeCurve App which suggested ways to help individuals remain independent. Public Health were already engaged with the message but District Councils and communities needed to be encouraged to engage with the project to create age-friendly communities and reduce barriers such as around the built environment.

There was a positive message that there was a different way of looking at aging and that becoming dependent was not inevitable.

Board Members made the following comments:

- Frances Howie said ICOPE was building on the message in the Director of Public Health's report which looked at living well into old age and it was good for Partners to work together
- Simon Trickett congratulated Maggie Keeble on her engagement work and that he had heard about the project from different areas
- Board Members agreed that they needed to support the project and encourage District Councils to fully engage.

RESOLVED that the Health and Well-being Board:

- a) Noted the successful launch of the ICOPE Strategy; and**
- b) Agreed to encourage local authorities across Worcestershire to consider working towards becoming an AGE Friendly Community.**

Liz Altay presented details regarding the Prevention Concordat for Better Mental Health. Good Mental Health and Wellbeing was one of the three priorities of the Health and Well-being Board's Strategy and progress on the plan was reported to the Health Improvement Group and through that to the Health and Well-being Board.

There were 5 objectives within the Good Mental Health and Wellbeing Action Plan:

- i. Increasing Mental health literacy
- ii. Promoting self-care and community assets
- iii. Improving access to local support
- iv. Having dementia friendly environments
- v. Ensuring services embed early intervention and prevention

These points go a good way toward meeting the action plan within the prevention concordat.

The Health and Well-being Board had sponsored a Time to Change Hub which was a partnership of local organisations committed to ending mental health stigma and discrimination. £15,000 funding had been received to co-ordinate the Hub as well as £10,000 for a Champion's fund. Time to Change want an Employers pledge to be signed by August 2019.

There were different workstreams around the Hub which covered the workplace, young people and recruiting and promoting mental health champions. Worcestershire have over 100 Champions signed up.

The prevention concordat required that Worcestershire had a suicide prevention plan, a Mental Health Champion on the Health and well-being Board, and a refreshed JSNA.

The slides showed that:

- The numbers of young people being admitted to hospital as a result of self-harm had decreased and was now lower than the England average
- The numbers self-reporting that they have high satisfaction had increased to slightly above the England average
- The number of people with depression and anxiety had increased to be the same as the England figure
- The percentage of adults in employment with contact with secondary mental health services was also the same as the England figure of 68%
- Health related quality of life for older people was higher in Worcestershire than the rest of England.
- It was clarified that there had been investment within CAMHS to provide additional capacity to help meet demand.

Anthony Kelly volunteered to be the Board Champion for Mental Health. Frances Howie confirmed that this was an

important piece of work and recommended that Member Organisations signed the pledge. It was confirmed that £25,000 funding for the Time to Change Hub would be provided for a further three year period.

RESOLVED that the Health and Well-being Board:

- a) **Noted the progress made on the Good Mental Health and Wellbeing Plan;**
- b) **Agreed to commit and sign up to a shared Prevention Concordat for Better Mental Health;**
- c) **Agreed that Anthony Kelly would become the Health and Well-being Board mental health champion as required for declaring a Prevention Concordat arrangement;**
- d) **Supported a multi-agency refresh of the Mental Health and Wellbeing Plan incorporating the prevention concordat requirements and findings from an updated Mental Health JSNA;**
- e) **Noted the progress and activities of the Worcestershire Time to Change hub sponsored by the Board and supported ongoing sustainability of this anti-stigma activity; and**
- f) **Request that each Board member organisation be asked to commit to signing the Time to Change employer's pledge by August 2019 as agreed in October 2017 to demonstrate the importance of embedding mental health and anti-stigma activity within their own organisations.**

539 Sustainability and Transformation Partnerships / Integrated Care Systems

Simon Trickett gave a brief update. He wished to update the Board about two issues contained in the Long Term Plan, firstly; that CCG areas should match the STP area which would mean the merger of four NHS Clinical Commissioning Groups :- Herefordshire, Redditch and Bromsgrove, South Worcestershire and Wyre Forest merging into one Clinical Commissioning Group. During June 2019 the CCGs would be consulting on their preferred option of merging by April 2020, and NHS England would then need to give final approval before it could go ahead.

The second issue concerned Primary Care networks which were seen as a good idea and would mean that GP surgeries would increasingly need to work together on issues such as staffing and also they would be used as a docking centre for community services.

**540 Better Care
Fund 2019/20**

Worcestershire already did this with Neighbourhood teams but the Long Term Plan meant they were a necessity.

David Nicholson was the new Chairman of the STP which would bring increased involvement of the acute trust, where he was also Chairman of the Board.

Frances Howie stated that changes to the CCG would be looked at again at the next meeting in the context of the Board's Terms of Reference. It would also be important to ensure County Council input to the governance of a wider footprint as it moved from an STP to an Integrated Care System over the next planned phase of work.

Richard Keble reported to the Board that the outturn for the Better Care Fund for 2018/19 was an overspend of £0.137 million. The overspend was largely mitigated by investment from winter pressures money. The overspend was caused by externally purchased packages of care to support the discharge of patients from hospital.

In terms of performance, the metrics were similar to the previous year, although the number of older people still at home 91 days after discharge from hospital had improved to just under the target of 86%.

Two changes mentioned were that firstly the closure of the Grange meant that recovery beds were now purchased from the independent sector and secondly the contract for the Worcester step down unit had been taken on by Coate Water Care although a recommissioning exercise was currently being undertaken for September 2019 onwards.

It was felt that the budget with the inclusion of the Winter Pressures money was sufficient for existing commitments.

It was pointed out that guidance for 2019/20 was yet to be received. It was a concern that a third of all adult services baseline budget came from grants such as the Better Care Fund meaning there was no guarantee that it would continue to be available. An answer to adult care funding was urgently needed on a national level.

RESOLVED: that the Health and Well-being Board

- a) **Noted the financial outturn to the BCF for 2018/19;**
- b) **Noted the progress made towards the national**

541 Future Meeting Dates

- targets for the BCF for 2018/19; and
c) Noted the significant cost pressures on the BCF for 2019/20 due to the pressures arising from the urgent care system.

The Development Session on 18 June would be cancelled.

The Chairman stated that it would be the last meeting for Marcus Hart who would be stepping down from the Board. He thanked Cllr Hart for his contribution to the Health and Well-being Board.

The Chairman also thanked Frances Howie for her work with the Board as she would shortly be taking up a full time position with the University of Worcester.

The meeting ended at 3.50pm

Chairman