

## Health and Well-Being Board

### Tuesday, 14 June 2016 Council Chamber, County Hall – 2.00 pm

#### Minutes

#### Present:

Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman), Jo-anne Alner, Mr M L Bayliss, Mrs S L Blagg, Anne Clarke, Carole Cumino, Chief Supt. Lee Davenport, Dr R Davies, Catherine Driscoll, Mr S E Geraghty, Dr Frances Howie, Dr A Kelly, Clare Marchant, Frances Martin, Mr G O'Donnell, Peter Pinfield and Simon Trickett

#### Available papers

The members had before them the Agenda papers (previously circulated); which would be attached to the signed Minutes.

#### Special Public Meeting

This meeting was held in public at the suggestion of the previous Chairman, to provide an update the Board regarding the Sustainability and Transformation Plan (STP).

The Worcestershire Leaders Board were invited to attend the meeting to receive the update.

#### 374 Apologies and Substitutes

No apologies had been received from Members of the Board.

Members of the Worcestershire Leaders Board (who were not also members of the Health and Well-Being Board) who attended were:

Adrian Gregson	Leader of Worcester City Council
Phil Grove	Leader of Malvern Hills District Council
Marcus Hart	Leader of Wyre Forest District Council
Jack Hegarty	Chief Executive of Wychavon and Malvern Hills District Council
Sheena Ramsey	Chief Executive of Worcester City Council
Nina Woodford	Representing the Leader of Bromsgrove and Redditch District Council

Jane Ball, Deputy Director of Strategy and John Burbeck, Interim Chairman, from the Worcestershire Acute Hospital Trust also attended the meeting.

Sarah Dugan, Chief Executive, Worcestershire Health

		and Care Trust attended and presented the item on the Sustainability and Transformation Plan.
<b>375</b>	<b>Declarations of Interest</b>	None
<b>376</b>	<b>Public Participation</b>	<p>A question had been received from Bryn Griffiths, Secretary of the Worcestershire Trades Union Council.</p> <p>The Chairman read out the question:</p> <p><i>In order to counter-balance the current excessive secrecy by which the Sustainability and Transformation Plan is being formulated and seemingly implemented, will the Board in the interests of transparency and democracy instruct that the submission to be emailed to Board members also be shared at the same time with all county councillors and with the public on the Council's website?</i></p> <p>He answered:</p> <p>As Chairman of the Health and Well-being Board, I can confirm that all papers and presentations discussed at public Board meetings will be available on the County Council website. The general public and all county councillors can access the Council's website.</p> <p>However, requirements for the submission due to NHSE by end June have changed since this was last discussed at Health and Well-being Board. This will NOT be a final submission, but a draft in development.</p>
<b>377</b>	<b>Sustainability and Transformation Planning</b>	<p>Sarah Dugan (CEO of Worcester Health and Care Trust) as Strategic Lead for the STP, explained that the STP Programme Board had met yesterday so there had not been the opportunity to distribute further information before the meeting and she was therefore giving a verbal update.</p> <p>At the last Health and Well-being Board on 10 May the Chairman had suggested that this meeting be a public one to sign off the initial submission of the plan. Since that time the timescales had changed and the next submission would not now be made until 30 June, with further work needing to continue after that point.</p> <p>The STP was fundamentally about implementing the 5 year Forward View across the Herefordshire and Worcestershire footprint. At present planning was being done to see how value could be added by working</p>

together across the range of workstreams. Some workstreams were clinical such as with mental health, maternity and cancer and some were enablers such as IT, digital and workforce. All the workstreams from the different organisations would be included in the plan.

The STP Programme Board had decided on its top priorities which would need to be addressed to meet the Triple aim gaps of Health and Well-being; Care and Quality and Finance and Efficiency.

The Public Health Directors of the two Counties were leading on the Well-being aim. The Care and Quality gap was partly about addressing the special measures position of acute services but the issue would need to be re-solved by all organisations working together. This would then also result in improved outcomes for patients. Managing demand and doing things differently would be important to manage the Finance and Efficiency gap.

After the next submission of the plan on 30 June there would be more engagement with the public, patients and staff. Timeframes had been difficult with the amount of information and planning needed.

It had been recognised that a smaller number of priorities were needed to meet the triple aim gaps. These were not yet finalised but were likely to be:

- Improving Health and Well-being – This would include increasing prevention work, improving resilience at community and personal level with self-care and maximising the use of digital solutions,
- Developing multi-specialty community provider models – care would be redesigned and be based around individuals in their own homes. There was a real appetite for this work and lessons were being learnt from the pioneer work done in Holland and Sweden. Co-production was important so that patients could tell their story once and then carers would have access to that information,
- Developing improved networks for secondary care services – Acute providers would be supported to get out of special measures and outcomes improved in areas where they were not as good as they should be, such as with cancer, stroke, maternity and neo-natal care. Current arrangements were being reviewed to see whether they were being done at the correct level

or whether it was necessary to bring in specialists from further afield even though care may be delivered locally,

- Developing a workforce model – This would look at the types of roles which are required to meet the other priorities. A core team of staff would be required to work around individuals and carry out broader more generic roles. Worcestershire needed to be an attractive employer having good clinical networks and a strong model of care which improved outcomes and attracted staff. This would allow primary care to be provided at scale and demand would fall for acute treatment. Sustainability of staffing in General Practice and acute secondary care specialities was necessary.

It was proposed that the draft submission be emailed to the HWB on 24 June prior to 30 June but it was still unclear when the final plan would need to be submitted. There was a national meeting with Simon Stephens on 8 July when the timelines would hopefully be clarified. Work was on-going with regard to details and modelling for finances. A further report would be brought to the Development meeting on 12 July.

John Burbeck confirmed that the Acute Trust were very involved in the STP process and supported Sarah and her team and the excellent work that was being done. Critical and analytical thinking was occurring and GPs and medics were coming up with new ideas. Existing organisational boundaries would not be staying in place and more patients would be dealt with at, or closer to, home. He was optimistic, but recognised that there was a steep climb ahead.

In response to a question about the increased use and cost of agency staff it was confirmed that it was a concern that was being addressed. More staff had been choosing to work through an agency because they felt it gave them more flexibility; or to work for neighbouring areas who paid more. Now a national agreement had been reached and a cap put on agency pay so that all neighbouring organisations were paying the same. The use of agency staff would continue to be scrutinised.

Workforce planning had previously been carried out by individual organisations but now under the STP they were looking at economies of scale which could be achieved by working together and also new care pathways. Worcestershire needed to be seen as a great place to live and work. It was recognised that more

people wished to work part time or flexibly and it was necessary to allow people to work in different sectors under one contract. New roles were also being developed such as physicians assistants.

Clare Marchant reported that Simon Stevens had said that not all areas had as much local government input as Worcestershire. There was also more involvement from Healthwatch the VCS and patient groups at an early stage. Prevention should not just be the preserve of Public Health and needed input from other sectors such as employment, education, the police and District Councils. It was a big shift to move the focus from hospitals to the community and people were letting go of organisational boundaries.

The Chairman of Healthwatch attended STP meetings and was involved in communication and engagement with user and carer groups. People wanted to know how these changes would affect them so it was important to have the support of HWB Board members as well as the Leaders Board, for when there was wider consultation with the public.

A representative from the District Councils felt that District Councils could help to spread the message in rural areas, especially prevention through their leisure services and recognising the importance of Broadband.

Members from the Worcestershire Leaders Board welcomed hearing about the STP and made the following comments:

- They appreciated that being open and transparent was important and felt more comfortable that this was being addressed,
- They were pleased with the smaller number of priorities as issues were less likely to get lost,
- They recognised that getting people to take responsibility for themselves was difficult but everyone around the table had a role in achieving that,
- The STP was now part of the priorities of the District Councils; and community resilience was something they could work on – particularly in rural areas and with mental health,
- They felt adequate housing was also important for the prevention agenda and was a responsibility of District Councils,
- They recognised that the transport infrastructure could impact on the STP,
- There was a slight concern about the increased

use of technology but it was explained that the digital challenge was for everyone. Not all members of the public would use it but there would still be benefits to organisations in making increased use of technology even if users did not, and a set of digital inclusion initiatives were already in place.

The representative from the Voluntary Sector welcomed the recognition that the STP was not just a public sector health and social care planning tool but included and required input from other sectors including the VCS.

HWB members welcomed the focus on prevention and recognised the good resonance with the Health and Well-being Strategy. It was confirmed that the five approaches to prevention from the Health and Well-being Strategy would be included in the STP.

Sarah concluded that there was complete agreement the 4 priorities and the Hereford and Worcestershire aspects of the plan were very consistent. The STP area was also to be 1 of 4 local pathfinders regarding acute services in rural areas.

**RESOLVED that the Health and Well-being Board and the representatives present from the Worcestershire Leaders Board:**

- 1. Noted the progress on the development of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP);**
- 2. Noted that requirements for the 30 June submission had changed, away from being a final submission, and towards being a developing plan;**
- 3. Agreed that a further update would be circulated to members of the Board for comment before submission on the 30 June; and**
- 4. Noted that public engagement would begin over the Summer months.**

**378 Future Meeting Dates**

**Public meetings (All at 2pm)**

- 13 September 2016
- 1 November 2016

**Private Development meetings (All at 2pm)**

- 12 July 2016
- 11 October 2016

- 6 December 2016

The meeting ended at 3.00 pm

Chairman .....