

Health and Well-Being Board

Tuesday, 10 May 2016 Council Chamber, County Hall – 2.00 pm

Present:**Minutes**

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Ms J Alner, Mrs S L Blagg, Anne Clarke, Mrs C Cumino, Dr R Davies, Mr S E Geraghty, Frances Howie, Dr A Kelly, Clare Marchant, Mr G O'Donnell, Peter Pinfield, Dr Simon Rumley, Mrs M Sherrey, Simon Trickett and Simon White

Also attended:

Sarah Dugan, Richard Keble, Frances Martin, David Mehaffey, Kate Griffiths

Available papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the meeting held on 9 February 2016 (previously circulated).

Copies of documents A and B will be attached to the signed Minutes.

359 Apologies and Substitutes

Apologies had been received from John Campion and Lee Davenport.

360 Declarations of Interest

None

361 Public Participation

Jonathan Sutton spoke on behalf of Maggs, YMCA, St Basil's and St Paul's in relation to item 10 on the agenda. He was joined by Claire Badsey.

Jonathan stated that they welcomed the signing by the Health and Well-being Board of the Charter for Homeless Health. People who were homeless had worse health than most yet find it harder to get help and they called on the HWB to take action by acting on the commitments of the charter. Organisations working with those at risk of homelessness would welcome a meeting with officers of the County Council as improvements would only be made with collective efforts.

Claire Badsey who has been homeless and used the services of St Paul's, read a poem entitled Stereotypes to engage the Board and explain that not everyone who was homeless or at risk of becoming homeless fit the

362 Confirmation of Minutes

stereotype.

The minutes of the last meeting of 9 February 2016 were agreed to be an accurate record and were signed by the Chairman.

363 Sustainability and Transformation Plan

The Chairman welcomed David Mehaffey and Sarah Dugan to the meeting.

There had not been a report within the agenda as events were moving quickly with the planning and consideration of the Sustainability and Transformation Plan (STP) and it had been felt that it would be more useful to have a presentation of the up to date situation at the meeting.

The footprint of the STP covered Herefordshire and Worcestershire so was large in terms of geography but small in population. It covered Councils, CCGs, NHS Trusts and primary care organisations. The STP would address the Triple Aim – Health and Well-being, Care and Quality and Finance and Efficiency.

The STP had been discussed at HWB meetings since February. Work had been carried out to establish the programme leadership and governance and analyse the detail of the triple aim gap. Away days would be held to develop proposals and the first formal submission would be made to NHS England in June.

Some emerging priorities for review had been identified which would result in improved patient outcomes as well as helping with each of the aims of the STP.

Changes to 'ways of working' were needed, including workforce challenges, which existed across all the organisations (including making use of volunteers; making better use of digital technologies and connecting areas; also public and patient engagement so that everyone understood and aimed towards having independent living as the norm. The wider determinants of health needed to be considered to enable stronger links between health and services such as housing leisure and education.

Various points were made during the discussion:

The Chief Executive of the County Council felt there were four main areas to concentrate on:

- Prevention
- Interacting with Communities
- Workforce models

- Acute models

The Healthwatch representative felt that it was important for the STP 'process' to maintain communication with the HWB and the relevant Council Officers and to use joint working where possible. Also engagement with carers and the public in general was important. He was concerned about the size of the financial challenge and also the communication challenge of getting the right message over to the public.

It was recognised that engaging effectively with the public and the workforce was not easy but as STPs were part of a national process to deal with a national situation there would be national help with communicating with the public. The Board was reassured that a carers' workshop had been held and carers had been invited to the South Worcestershire CCG Board meeting. The programme Board representatives were important in the process of feeding back to their organisations as well as with engaging with the wider public. Board members were reminded that the STP was not starting from scratch but was consolidating various processes which had already been started and communication with staff and the public would be a continuing process.

Board members felt that the slides did not show how important prevention was in the process.

RESOLVED that the Health and Well-being Board:

- a) Thanked David and Sarah for their presentation, and**
- b) Would use the meeting on 14 June to receive a further update on the STP and enable full discussion by the Health and Well-being Board prior to the submission to NHS England.**

364 Director of Public Health Annual Report

It had been agreed that this item be deferred until the next meeting.

365 Autism Strategy

The Chairman welcomed Richard Keble, Strategic Commissioner for Adult Services and Spencer Craig, Chairman of the Autism Strategy Partnership Group.

The Strategy had been approved last May by the Health and Well-being Board and the All Age Strategy had been launched on 8 October 2015. It was noted that the production of the strategy had been challenging with the

large number of partners and the financial situation.

The report in the agenda detailed what had been achieved and what was still to be completed. Work was on-going to produce measurable outcomes and a further report would be brought back to the HWB in 2017.

Questions were asked concerning the following areas:

- CCGs were concerned about achieving a seamless transition when children with ADD reached an age when they left Children's services when they may have been in special units and were discharged back to the care of a GP. There was awareness of the difficulties as paediatric and adult services had traditionally been separate and with different legislation. Work was on-going to improve the transition.
- It was clarified that anyone would be able to attend the workshop on 30 June but it was recognised that they were not in contact with everyone on the spectrum or their carer's,
- The Family Psychologist Service offered 6 sessions of support, which could be accessed even if a diagnosis had not been made. They also provided a diagnosis service,
- Support will be re-commissioned for next march so will be reviewed over the next six months.

RESOLVED that the Health and Well-being Board noted progress made on the strategy.

366 Carers Strategy

Richard Keble was joined by Anne Duddington who represented Maddy Bunker, Chairman of the Carers Partnership.

The Carers Strategy was approved by the HWB in May 2015 and aimed to work with all age groups.

Progress was being overseen by the Carers Partnership (formerly the Carers Consultative Group) and a Memorandum of Understanding between the County Council's Adults and Children's Services. The main agreements were listed in the agenda report.

Anne Duddington gave a statement from the Carers Partnership. They welcomed the acknowledgement that the role of unpaid carers was vital and also that two new contracts; one for Young Carers and the one for Adult Carers looking after adults; had been awarded. They were also pleased that it was recognised that more

needed to be done to support parent carers looking after children with disabilities.

They wished to offer their support and involvement in developing a service for parent carers who needed support as carers, as well as information about services for their children. They also offered their support with the reconfiguration of Adult Social Care which would result in changes for carers as to how replacement care was agreed. They wondered about how the Operational Lead role would work and the role of the Carers Unit.

Anne Clarke explained that to comply with the Care Act they were moving towards more joined up assessments. Carer's assessments would be done along with an individual's needs assessment. The assessments would be more locality based rather than being done by a central Carers Unit. One of the 13 Locality Managers was formerly the Manager of the Carers Unit and would now become the Operational Lead.

Board Members were impressed that there was now greater evidence of co-production than had been obvious a year ago. The update was a credit to officers as it was more readable, with matrices and with the strong voice of the carers and service users coming through.

It was requested that further updates should include what impact the Better Care Fund had carers. The Strategy would be reviewed annually at the HWB.

RESOLVED that the Board noted the progress made on the Carers Strategy.

367 Health Improvement Group

Frances Howie explained that the HIG met regularly and had good support from its members however the HWB were asked to consider whether or not the representatives from their individual organisations were the right ones. The Board was asked to remember that the impact on outcomes of the activity being undertaken would only be evident in the longer term. The Board had asked for increased oversight of the work of the Home Improvement agency and public health would now be represented on their management Board, following a discussion at the HIG.

Gerry O'Donnell, Wychavon Cabinet Member for Health and Well-being and representative of the South Worcestershire District Councils on the HWB gave a presentation stating 'District Councils had a key role to

play in keeping communities safe and healthy.' Their core functions had an impact on health although planning and housing did not yet link closely enough with health.

He gave details of how Wychavon District Council were tackling the priorities of Older people and the management of long term conditions; obesity; mental health and well-being; alcohol and health inequalities.

Tackling obesity or increasing physical activity was an area where the districts were taking action. Prevention was a main part of their strategy and implementing sport and leisure activities were important and leisure providers were being encouraged to promote the health benefits of their services. However it had been noted that there were not enough measures of success or outcomes in the contracts awarded by District Councils.

A mental health champions project had just commenced to help 11-21 year olds and highlight mental health in education. Various campaigns were running around alcohol but it was an area the HIG needed to revisit. Various projects were also running to address health inequalities such as the Droitwich Foodbank and Westlands Health and Wellbeing Forum.

A number of the HWB priorities were linked to Wychavon priorities but some areas such as homelessness and rurality were priorities under the Wychavon plan but not for the HWB.

Gerry felt that Partnership activity was really successful with achievements in Ageing Well and Obesity but more needed to be done in mental health and alcohol. He felt district Health Improvement Co-ordinators were critical to success. The district plans had been well received by partners at the HIG and demonstrated that the HWB priorities were supported and delivered in the localities.

The Chairman confirmed that the HIG met regularly and was well attended.

Board members asked if there were specific prevention areas that the HIG wished to feed into the STP before June.

In response to a query it was clarified that the HIG did not look at specific hotspots for road traffic accidents but county data was available

The list of actions in the agenda under the Obesity Plan

were generally local actions that contributed to the plan. The Change for Life campaign had national recognition and funding, so it was sensible to use their materials. Locally the eating well on a budget scheme which used a train the trainer approach was proving successful.

It was suggested that as the STP was countywide could it be used as an opportunity for further joint working across the districts and scaling up some existing projects.

RESOLVED that the Health and Well-being Board:

- a) Considered and commented on progress made between December 2015-March 2016; and**
- b) Requested that the Health Improvement Group Bi-Annual report be presented to the Board in September 2016.**

368 Charter for Homeless Health

The Chairman noted that the meeting had already received input on this item during Public Participation and agreed that the Board should not just sign the Charter without ensuring that action was being taken.

The representative from Healthwatch Worcestershire thanked the Chairman and Board for signing and felt it was a positive way forward.

RESOLVED that the Health and Well-being Board:

- a) Noted the signature of the Charter for Homeless Health by the Chairman, on behalf of the Board,**
- b) Noted and committed to the three commitments of the Charter, including contributing to a more detailed needs assessment, and to integrated commissioning,**
- c) Agreed for the Director of Public Health in co-production with other stakeholders take this issue to the Health Improvement Group for implementation working in tandem with the development of the Worcestershire Strategic Housing Partnership Plan.**

369 Better Care Fund

Frances Martin explained that an update on the BCF had been received at each HWB meeting for the previous two years. It was an intrinsic part of the Sustainability and Transformation Plan. There was a slight update to the report in the agenda in that the final submission date had been 3 May rather than 25 April. They were now awaiting feedback. The NHS England representative explained that feedback would not be received until the end of May

370 **Worcestershire
Health
Indicators**

as national moderation would occur first.

RESOLVED that the Board:

- a) **Noted the current rating of the Worcestershire 2016/17 Better Care Fund plan, which was 'Approved with Support' and**
- b) **Noted the ambition to move to 'Approved' status by the final submission date of 3 May.**

Frances Howie explained that the data presented was used to produce the JSNA, JHWS and the STP. However it should be noted that the data was constantly changing and was at a county level so the local details were masked.

In general health and well-being in Worcestershire was better than the England average. Areas which had improved or got worse were listed in the agenda. For the areas of concern such as adult obesity, social isolation of carers and school readiness amongst those receiving free school meals, initiatives were in place; for example the living well service and physical activity programme to address obesity and the re-commissioning of the 0-19 service to help with school readiness.

Other areas of concern were rates of breastfeeding, fuel poverty, smoking in pregnancy, successful completion of drug treatment and flu vaccination rates.

Board members felt that recommendation c was important and organisations should be asked what they had done over the previous 12 months. It was agreed that it was important to engage staff and offer the necessary training to make every contact count.

Reducing smoking was important and District Councils were involved in creating smoke free environments. The role of the County Council was in education and promoting individual responsibility. Smoking was a priority but not in the top three for the HWB. It was requested that smoking remain on the report as a health indicator.

Board members requested that figures on obesity be brought as a trajectory to future meeting. It was pointed out that it was now felt to be more important to increase levels of physical activity, if people were previously sedentary, rather than focussing on levels of obesity.

RESOLVED that the Health and Well-being Board:

- a) **Noted the contents of the reports**

371 Health Protection Group

- b) Requested the Health Improvement Group make sure that areas of concern were included in the action plans that report to the HIG,**
- c) Encouraged its members and stakeholders to consider areas of concern in individual organisational plans; and**
- d) Requested that the next indicator update should include trajectory data so that progress can be understood.**

Frances Howie explained that the Health Protection Group sought assurance that the public was protected from health threats. The Group were assured that emergency preparedness plans were in place. Data was received about immunisations and screening and any areas of concern such as areas of lower uptake were addressed. The situation regarding outbreaks was monitored and Worcestershire was at an average level. New regulations had been brought in about air quality so public health was working with Worcestershire Regulatory Services.

RESOLVED that the Health and Well-being Board:

- a) Noted the work of the Health Protection Group during 2015,**
- b) Asked that a report be made annually to it for assurance, and by exception for escalation of any key issues; and**
- c) Asked that Members own organisations contributed to improvement where needed.**

372 Future of Acute Hospital Services

Simon Trickett gave a brief update that progress was good. Everyone agreed that the programme had taken too long, which had resulted in changes being made to services for safety reasons rather than being planned. Previously the Clinical Senate had highlighted three areas of concern but following further work they were presently in the process of their return visit to see if those issues had been resolved. The written report should be received by the end of May. The proposed clinical model would then be taken through the NHS England assurance process and would be ready to go out to public consultation in September 2016. Implementation would then take place in 2017.

373 Future Meeting Dates

The Chairman proposed that the first part of the private development session on **14 June 2016** be changed to a public meeting to look at the STP and enable full discussion.

The next public meetings would be:

- 13 September 2016 and
- 1 November 2016.

Private Development Meetings:

- 12 July 2016
- 11 October 2016
- 6 December 2016

The meeting ended at 3.50pm

Chairman