

## Health and Well-Being Board

Tuesday, 14 February 2017 Council Chamber, County Hall -  
2.00 pm

### Present:

### Minutes

Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman),  
Ms J Alner, Mrs S L Blagg, Dr R Davies,  
Catherine Driscoll, Jane Francis, Dr Frances Howie,  
Sander Kristel, Clare Marchant, Dr C Marley, Cllr. K May,  
Cllr. G O'Donnell, Peter Pinfield and Simon Trickett

### Also attended:

Bridget Brickley, Sarah Dugan, Jo Galloway, David  
Mehaffey, Gareth Robinson and Sarah Smith.

### Available papers

The members had before them the Agenda papers  
(previously circulated) which included the Minutes of the  
meeting held on 1 November 2016.

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

#### 404 Apologies and Substitutes

Apologies were received from Marc Bayliss, Simon  
Geraghty and Anthony Kelly.  
CI Jane Francis attended for Supt. Kevin Purcell

#### 405 Declarations of Interest

None

#### 406 Public Participation

Graham Vickery contributed a comment and question  
after the Board had discussed the Ofsted inspection of  
Children's Services (see minute 414).

#### 407 Confirmation of Minutes

**RESOLVED** that the Health and Well-being Board  
agreed the minutes of the previous meeting on 1  
November 2016 to be an accurate record of the  
meeting and were signed by the Chairman.

#### 408 Sustainability and Transformation Plan

Sarah Dugan updated the Board on the public  
engagement. To date there had been 120 events held  
and 897 responses. The public supported the general  
direction of STP and recognised that they had a  
responsibility for their own health but were asking to be  
pointed in the direction of trusted sources of information.  
There was a strong preference for accessing services  
through GP surgeries and for care to be delivered closer  
to home. Concerns were raised about the reduction in  
the numbers of community beds, the use of technology  
and transport; further work would be done in those areas.

An STP delivery Board had been set up to drive delivery of the plan and they reported to the Programme Board as required.

The focus was still on four main themes of

1. Back office and infrastructure
2. Prevention and supporting self-care
3. Home, not hospital; a different modal of care
4. Reviewing how and when specialist services were used.

It was felt that further work was needed on how the golden threads of prevention, mental health and well-being, and children and young people fitted in with the work-streams.

The engagement would run until the end of February and once the responses had been analysed the document would be refreshed and presented to the Health and Well-being Boards, perhaps at a joint Herefordshire and Worcestershire meeting.

During the discussion various points were made:

- A hopper bus service between Worcestershire Royal and the Alexandra hospital had begun on 6 February and over 5 days had taken 192 people between the hospitals,
- More work was being done on the analysis of community beds, checking whether the assumptions made about the length of stays were accurate. Different models were run using a 14 day stay for an aspirational plan and 20 days in the realistic plan. Work was being carried out to see how community and acute hospital services would need to be organised differently to enable the aspirational model to be achieved. Social care demands as well as hospital demands were being considered during the bed modelling exercise. Demand management would be important in achieving the aspirational targets. The reduction in community beds could only happen once community services were running at optimal capacity and efficiency,
- Healthwatch felt that more involvement was needed from patients, users and carers and more details regarding finances were required
- Transport between Evesham and Bromsgrove was an issue as there were no direct bus services
- Stroke services were being kept under review
- The Prevention Board had met and would oversee the programmes of digital inclusion, making every

contact count, social prescribing and lifestyle programme change. The Board would also ensure that prevention remained at the heart of the work-streams being looked at in the STP

- The current engagement was to ensure that the STP was moving in generally the right direction. More detailed work and specific consultation would be needed later in the process.

**RESOLVED that the Health and Well-being Board noted the progress on the development of the Sustainability and Transformation Plan and in particular noted the public engagement work.**

**409 Public Consultation on the Future of Acute Hospital Services in Worcestershire**

Simon Trickett explained that public consultation had started on 6 January for the Future of Acute Hospital Services in Worcestershire and would run until 30 March 2017. There had been good engagement with lots of comments on transport and how transport and clinic times fitted together.

A final recommendation, following the consultation, would be presented to the Governing Bodies of the CCGs at the end of May. If the recommendations were accepted the implementation phase would begin.

During the discussion it was pointed out that the public were worried whether the capacity would be available once the new model had been decided on. It was pointed out that part of the plan had been implemented already on a temporary emergency basis with the centralisation of maternity and paediatric services. For these plans to become permanent they needed £29 million of capital investment along with an additional 80 beds in Worcester and a reduction of those beds at Redditch.

The Chairman's suggestion that the recommendation should use the word note rather than consider was agreed.

**RESOLVED that the Health and Well-being Board noted the report on the public consultation on the Future of Acute Hospital Services in Worcestershire.**

**410 Children and Young People's Plan Refresh**

The CYPP was a high level strategic document which set out the ambition for children and young people's services across the Worcestershire Partnership. It would be judged by the outcomes of what young people achieved and how well the partners worked together.

There was a significant difference between the educational attainment of children in the County compared to vulnerable or looked after children.

A multi-agency approach between children's services and health, along with clear priorities was necessary. The Connecting Families Strategic Group suggested using their resources to focus on a multi-agency workforce plan.

It was agreed in 2015 that there would be a strategic sub group of the HWB to oversee partnership working. This group did not get off the ground so it was proposed that the Connecting Families Strategic Group be refreshed and clarify its aims. This would be a sub group of the HWB. The terms of reference have been finalised and Nathan Travis from the Fire Service would be the Chairman.

A draft plan would come to the Health and Well-being Board in April so feedback can be gained in May and June and sign-off can happen in July.

In the ensuing discussion the following points were clarified:

- The work of connecting families was good but was on too small a scale. Its work needed to be spread across the County
- It was crucial to listen to the voice of young people. This would happen through the Youth Cabinet, Children in Care Councils and going into schools;
- Obesity in children should be mentioned in the plan
- This plan could not be separated from the Ofsted report. The HWB had a strategic responsibility for health and well-being and should provide challenge and ensure things were being done. There was a large amount of information available regarding children's services e.g. JSNA and HWB members should consider what would be useful to them
- Worcestershire Safeguarding Children's Board was also involved
- GPs were a useful source of information and communication with them was key. The Connecting Families Group would play a key part in disseminating information. The CCG representatives on the HWB had a role in spreading information to GPs and onwards to families. However there was some concern

amongst the GP practices that the reduction in the number of Health visitors meant that they were now not so confident that information was being passed on. However it was stressed that this paper was a strategic level document rather than dealing with how information would be spread on the ground.

**RESOLVED That the Health and Well-being Board:**

- a) **Approved the proposals to refresh the Children and Young People's Plan (CYPP) for 2017 to 2021 and for the plan to act as framework for a whole-system response to improving outcomes for children, young people and their families;**
- b) **Approved the proposal to strengthen the already well-established Connecting Families Strategy Group and for this group to take responsibility for overseeing the implementation of the refreshed CYPP. This effectively replaced the proposed Children and Families Strategic Group which was never fully implemented; and**
- c) **Noted the timescales for consultation to inform the refresh of the Children and Young People's Plan which included seeking the views of children, young people and families and agreed that the plan will be completed by July 2017.**

**411 Acute Trust Performance**

Frances Howie explained that this issue had first been considered by the HWB in May 2015 when concerns had been raised by routine monitoring and some whistle-blowing by staff. Action plans had been put in place but concerns were still live this winter and had culminated in risk summits in December and January following the CQC re-inspection in November, and the Section 29a enforcement notice. The Trust was now in the consultation period for the Future of Acute Hospital Services, Sustainability and Transformation planning was underway and there were high levels of scrutiny. It was the duty of the HWB to improve the health and well-being of the local population, lead integration, influence commissioning across the system and seek assurance about risks to the safety of the population.

Sarah Smith from the Acute trust clarified that the CQC had not yet issued its report. Following the re-inspection in November a risk summit, convened by NHS Improvement had taken place at the recommendation of the CQC. Certain actions were taken immediately, such

as creating 2 extra medical wards from surgical wards, and capacity had been increased at Aconbury East to support patients who were ready to move on from their acute hospital stay. This enabled safety to be improved. There had been on-going communication with the CQC and a response was being prepared to the Section 29A letter detailing a rapid action plan covering: the safety and effectiveness of care, urgent care and patient flow, governance and safety. The immediate response to the CQC was required by 10 March.

During the discussion various points were made:

- In order to make the immediate changes and identify the priorities a programme team had been created with a Director of Performance. The Chairman had been honest with staff and stakeholders
- In order to reverse the public loss of confidence it would be necessary to follow through on the plan and show improvements,
- There had been a lot of changes in leadership, but now a new Chief Executive, Chief Nurse and Finance and Medical Officers had been appointed. This would support other levels of staff and help with morale
- The wider Health environment was being supportive
- In order to prioritise what needed to be done the actions required had been grouped into themes such as safety. Children's safeguarding risk management was being checked to ensure that the Trust was not becoming too used to risk. The CCG were also becoming more vigilant about safety and quality at Worcestershire Acute and twice monthly assurance meetings were now being held
- The number of hospital beds had fallen since the NHS had been created whilst population had risen. Bed capacity was a major issue with Worcestershire Royal sometimes running at 100% occupancy. Changes needed to be implemented by the STP to enable the NHS to cope with an increasing ageing population by increasing community services. Hospital is not the right place for frail people and necessary stays should be as short as possible. Capacity in terms of staffing was more of an issue rather than the physical number of beds
- The term frailty should be used rather than elderly
- Healthwatch were going to be doing some surveys with patients in hospitals

- An environment of openness and transparency was being cultivated and the Trust wanted to hear from people who had specific concerns.

It was accepted that a lot needed to be done and the improvements could only be started by 10 March deadline.

It was agreed that once the Chief Executive had started she would be invited to attend a future HWB with the Chairman.

**RESOLVED that the Health and Well-being Board:**

- a) thank Sarah Smith and Gareth Robinson for attending the meeting to discuss the current situation at the Worcestershire Acute Hospital Trust, and**
- b) invite the new Chief Executive to attend a future meeting of the Board to give a further update.**

**412 Worcestershire  
Adults  
Safeguarding  
Board**

Following the Care Act the Local Authority had to set up an Adults Safeguarding Board with a core, multi-agency membership and set procedures in place. They had a person centred approach and were independent of the County Council. Jo Galloway, Chief Nursing Officer for Redditch and Bromsgrove and Wyre Forest CCG (representing Kathy McAteer, the Chairman of the Adult Safeguarding Board) and Bridget Brickley, presented details of the 2015-16 Adults Safeguarding Board Annual Report.

The focus of the Board was on achieving outcomes for people who self-neglect and the role of the Board had been updated with 7 Strategic priorities decided.

Following the CQC inspection the Chairman of the Safeguarding Board had requested that representatives of the CCGs and the Acute Trust attend the May meeting of the Safeguarding Board in order to give assurances regarding safety.

Due to changes in classification of concerns under the Care Act, the number of cases had fallen. The number of cases had also reduced due to increased work on pressure sores and better understanding that the issue involved safety rather than safeguarding.

The majority of concerns were raised by care agencies

with most being physical abuse or neglect. Work was being done with health services to ensure they knew what to report and how to label the issue – for example some instances of physical abuse should actually be recorded as domestic abuse. Older women were most at risk. Improvements had been made in asking people what outcome they were looking for and concentrating on a person centred approach. One of the key risks for delivery included staff capacity.

During the discussion the following points were made;

- Working with the Safeguarding Children's Board was a priority, but further work was needed to ensure that roles were not being duplicated
- It was agreed that it would be helpful for both the Children's and Adult's Safeguarding Boards to attend the same HWB meeting to discuss the cross cutting issues,
- Work was also being done on transitions
- It was important that people understood what constituted a safeguarding issue so that scarce resources could be used effectively.

**RESOLVED that the Health and Well-being Board considered cross cutting themes and agreed to refer issues either directly to The Safeguarding Board or through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.**

**413 Better Care Fund**

Sander Kristel reported that the period 8 for the BCF was still underspent by the amount of roughly £700,000. There was good integration between health and social care and delayed discharges were currently at their lowest level.

Planning was taking place for 2017/18 which included evaluation of the current activities. It had been hoped that the BCF for 2017/18 would be approved before the end of March but as the national guidance was yet to be received that was unlikely to happen.

**RESOLVED that the Health and Well-being Board noted the update on the Better Care Fund.**

**414 OFSTED Inspection of Services for children in need of help and**

Catherine Driscoll updated the Board regarding the action plan which had been put in place since the Ofsted report on 24 January judged services to be inadequate.

The report contained 14 recommendations which have led to a wide ranging improvement plan being developed



## **protection, children looked after and care leavers**

with 8 high level outcomes. County Council had agreed to further resources being made available to help with the improvements. Ofsted stated that they had seen improvements since their last visit but improvements were not progressing fast enough. Meetings at strategic level must constantly look at themselves to see what difference they are making to children and their families.

In the ensuing discussion the following points were made:

- The whole County Council was responsible for turning things around and all partner agencies had a responsibility to help with improvement. District Councils accepted they had an input, especially with housing. Meetings had taken place between Chief Executives and Leaders of local councils as well as with housing suppliers
- The District Council Representatives on the Board stated that they reported back to their own Executive Board briefings but not publically to the rest of the Council
- The Chairman allowed Councillor Vickery, who was not a Board Member to address the Board. Councillor Vickery pointed out that a question had been asked in Council on 9 February 2017 suggesting that the County Council should call for assistance from outside the Council. The suggestion was not accepted. He wondered how far you could expect individual councillors to take responsibility for the service to 700 children. He said he had concerns regarding the sub group of the HWB which never met; the Corporate Parenting Board which was not allowed to carry out scrutiny; the HWB which was not a scrutiny Board; and wondered how individual councillors were expected to exercise oversight? He felt there needed to be some clear instructions regarding what was expected from Councillors corporately and individually so there would be effective change
- In response the Chief Executive said that all Councillors have a Corporate Parenting responsibility even though they may sit on different Boards and have various responsibilities because of the roles they fill. It was suggested that the responsibilities for Councillors could be clarified in the induction for new Councillors after the election
- One of the Cabinet members responded that it depended on the individual Councillor and what was asked of them. Councillor Vickery knew the

responsibilities of constituency Councillors but could not come to terms with the Corporate responsibility being shared equally, regardless of their roles and experience which were not equal. Should the Board take on any actions? The Chairman responded that he was confident in the plan that had been put in place

- It was clarified that the HWB had the strategic overview and ensured the wider, system wide view from all Partners was considered rather than just the view of the County Council. The HWB did not have responsibility for Children's safeguarding, it was a strategic Board. The Chief Executive was clear that the response was a Corporate one, a whole system response and all members needed to be engaged.

**RESOLVED that the Health and Well-being Board noted the update in relation to the recent Worcestershire Ofsted Inspection and the County Council's response regarding the Improvement Plan.**

**415 Development Session**

At the previous development session on 25 January it had been agreed that:

- Task and finish groups would be set up where necessary. The first one would be for housing, particularly the use of the BCF and the Disabled Facilities Grant
- The Board would look at the Forward Plan at the next meeting.

**416 Future Meeting Dates**

**Dates for 2017**

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

- 25 April 2017
- 11 July 2017
- 10 October 2017

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

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

The meeting ended at 4:25pm

Chairman .....