

Health and Well-Being Board**Tuesday, 9 February 2016 Council Chamber, County Hall -
2.00 pm****Minutes****Present:**

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Mrs S L Blagg, Mr J P Campion, Carole Cumino, Dr R Davies, Mr S Hairsnape, Richard Harling, Frances Howie, Dr A Kelly, Clare Marchant, Peter Pinfield, Mrs M Sherrey, Simon Trickett, David Watkins and Simon White

Also attended:

Chris Burden, Sarah Dugan, Kathy McAteer, David Mehaffey, Lynne Taylor and Chris Tidman.

Available papers

The members had before them the Agenda papers which included the minutes of the meeting held on 3 November 2015. Copies of these documents will be attached to the signed Minutes.

**346 Apologies and
Substitutes**

Apologies were received from Jo-anne Alner, Simon Geraghty, Gerry O'Donnell and Simon Rumley.

Jo Melling attended for Jo-anne Alner, David Watkins attended for Gerry O'Donnell and Simon Trickett attended for Carl Ellson who was unable to attend the start of the meeting.

**347 Declarations of
Interest**

None

**348 Public
Participation**

None

**349 Confirmation of
Minutes**

The minutes were agreed to be a correct record of the meeting on 3 November 2015 and were signed by the Chairman.

**350 Joint Health and
Well-being
Strategy - Draft**

Frances Howie presented this report and highlighted the changes in the new strategy from the previous version. It was pointed out that an easy read version of the strategy had been available as part of the consultation and that the final version would be re-formatted and would include some of the easy read language and style.

The Consultation included asking people their thoughts about the length of the strategy – the last strategy lasted for three years but 4 years would align with other strategies. 77 % agreed with the priorities and it would be ensured that each age group would be considered for

each priority.

At the first workshop, criteria were agreed to enable the potential priorities to be ranked.

- Some respondents felt that Obesity should be included as a priority rather than being active, but it was agreed that being active was a simpler more positive message rather than using the negative message of trying to reduce obesity,
- Drugs were not included as a priority along with alcohol as they do not meet the criteria of affecting large numbers of the population,
- Health inequalities were not included as a priority on their own as they affected each of the other priorities and a programme of work was already in place following the Director of Public Health's report,
- Other issues such as a focus on carers and Safeguarding Children were already being dealt with via the Carers' Strategy and the Safeguarding Children's Board. It was felt to be important not to confuse the responsibility of the Board,
- Early help would be picked up in the more detailed action plans and Children and Families would be a thread through all the plans.

In the ensuing discussion the following main points were made;

- The health and social care system Sustainability and Transformation Plans would run until 2021 so it was suggested that the Health and Well-being Board strategy should match. It was pointed out that this extended length would also allow more time to be able to see the impact of the action plans. The general consensus was that the plan should run for 5 years,
- There were relatively few responses to the consultation, although there had been an increase on the previous exercise. It was agreed that more should be done to engage the public throughout the life of the strategy,
- Some members felt that it was unclear how the aims would be achieved. It was clarified that the Health Improvement Group (HIG) would be delegated the task of producing the detailed plans to enable improvements to occur. Each CCG and District Council had representatives on the HIG so could contribute to the action plans. The HIG reported to the HWB on a six monthly basis.
- When queried why smoking was not included as a priority it was explained that the Tobacco Control

plan already reported to the HIG and through them to the HWB. It was also noted that the smoking prevalence rates continue downward and so this would not be a priority.

RESOLVED that the Health and Well-being Board:

- a) **Considered the responses to the consultation on the Joint Health and Well-being Strategy;**
- b) **Endorsed the revised version;**
- c) **Delegated the final approval of the Strategy to the Chairman, once the discussions of the Board and the suggestion that the Strategy should run for five years, were taken into account,**
- d) **Requested that the Health Improvement Group start action planning against the Strategy, and embed co-production into the process, and**
- e) **Confirmed that members of the Board were fully committed to action planning and implementation.**

**351 Update on HWB
Priorities -
Obesity**

The Chairman allowed Cllr Graham Vickery to make a statement regarding Item 6 – Impact of the Obesity Plan.

Cllr Vickery applauded the target of the Obesity Plan to tackle the obesogenic environment but felt further steps needed to be taken and that planners and District Councils should take the plan into account when agreeing to the placement of take-away outlets.

He felt that all members of the Board should ensure their organisations take action and all canteens in their offices and schools should be audited. He believed there should be a strategy for intervention and people should not just be left to help themselves.

Frances Howie then gave her presentation regarding the obesity plan. She explained that there had been a lot of activity but it was recognised that it was difficult to measure any improvements in the short term.

Following the development of the Obesity Plan an Action Group had been set up and a newsletter produced. The plan had 4 aims:

- Empowering individuals to take responsibility for their own and their families' diet and physical activity habits,
- Tackling the obesogenic environment,
- Developing a healthy workforce,
- Developing robust care pathways.

It was too soon to see hard evidence of change; and the results for adults were self-reported so needed to be treated with caution; but there was confidence that the evidence based actions would be successful in the longer term. The information for children was reliable as measuring took place in schools at reception and year 6. The children's results were moderately positive and for reception aged children the gap has narrowed between the Worcestershire figures and the England average. At year 6 the number of obese children was below the England average although the England figure in itself was cause for concern.

The work had also included significant training for front line staff on topics such as eating well on a budget and courses such as From Couch to 5K running. In answer to Cllr Vickery's concerns, conversations were happening with District Planning departments for more consideration to be taken as to where fast food outlets should be allowed. The Health trainers service had been stopped but the Living Well Programme was focusing on lifestyle changes and the health checks programme for those aged 40- 74 years was continuing. Engagement through the HIG was good and they had considered work done elsewhere such as by the University and the Redditch Overview and Scrutiny process.

During the following discussion various points were made:

- Members were unclear how much influence the Board had at District level. It was explained that a technical guidance document had been produced for use by planners at District level, on issues such as considering exclusion zones or opening times for food outlets around schools. The Chairman felt that it should be made a material planning consideration and be part of the National Planning Policy Framework,
- Members wondered how the work was being targeted to the people or areas which were most in need. 25% of people were overweight in deprived areas compared to 18% elsewhere so it was agreed that it was important to target messages, and it was noted that the Living Well service was focussed in areas of disadvantage,
- Working with families and 0-19 year olds was important to ensure people were on the right track. However mailings had been sent to schools and training offered for governors but the offers had not been taken up,

- Board members felt that it was not just about restricting fast food outlets close to schools but finding a whole system solution and lots of actions were needed to approach the problem from different angles. It was noted that the Action Plan was very wide ranging, in response to this complex issue,
- One Member felt that obesity should be treated like other addictions and it was pointed out that education along with other interventions can be successful in the long run as it had been with smoking. It was noted that changing addictive behaviours does require system changes, as in the case of smoking.

RESOLVED that the Health and Well-being Board;

- a) Noted the delivery against the Obesity Plan,**
- b) Recognised the challenge of measuring the impact of the work in the short term,**
- c) Supported the legacy work on obesity in Board members' own organisations, especially through commissioning, and**
- d) Considered the development of a cross-system social marketing programme to further tackle obesity.**

352 2016/17 Better Care Fund

Richard Harling explained that as of November 2015 the Better Care Fund had been expected to overspend by £90,000 but was now at £78,000 underspend. The CCG contribution to the fund had been increased by £400,000 but the County Council contribution through the social care Capital and the Disabled Facilities Grant had not yet been confirmed.

All the individual schemes had been evaluated and would continue apart from Pivotell. With the additional funding from the CCGs £973,000 was uncommitted for next year. £217,000 would be used to fund the shortfall on Pathway 1 of the hospital discharge service and suggestions for the rest of the money included using it for winter pressures, mental health services and home care.

Members felt that Worcestershire was in a reasonable place with regards to the BCF and consideration should be made as to how the BCF could be used to help the integration agenda. They felt it would be possible to start thinking about how the fund could be spent in 2018 and whether it could be used to fund different things.

353 NHS Planning Guidance and Development of Sustainability and Transformation Plan

RESOLVED that the Health and Well-being Board:

- a) Noted the CCG contribution to the Better Care Fund for 2016/17,**
- b) Approved the allocation of these to individual schemes as set out in paragraphs 14-20,**
- c) Noted the remaining CCG contribution still to be committed, currently £973,000,**
- d) Approved the use of £217,000 to address the funding gap in Pathway 1, noting that this reduced the CCG contribution still to be committed to £756, 000,**
- e) Noted that the Worcestershire County Council contribution had not yet been confirmed by central government, and;**
- f) Agreed that the Chairman of the Board in collaboration with the CCG accountable officers had the authority to commit the remainder of the CCG contribution and the Worcestershire County Council Contributions once these were confirmed.**

David Mehaffey explained that the NHS was planned on 5 different layers from national to sub CCG level; now a sixth layer was being added between regional and national. Some service areas lent themselves to working at this wider level such as stroke, cancer and cardiac services. The new layer was predicated on partners having a Sustainability and Transformation Plan (STP) and would allow new ways of sustainable working.

There were presently 211 CCGs and it was planned that Hereford and Worcestershire should come together to form the smallest area and create a STP. The two areas already have good co-working and it was anticipated that the two Health and Well-being Boards should be able to work together well.

In the discussion the following points were made:

- £1.8b would be available next year through the STPs,
- The Chief Executive of the Acute Hospital Trust had met with Wye Valley and believed that they could work together well and were working on the opportunity to see what worked well on a larger scale and may look at combining some back office services,
- At present Herefordshire worked closely with Gloucester and that arrangement would need to be worked through,
- It was possible that the HWB would consider

**354 South
Worcestershire
New Model of
Care Strategy**

some sort of joint working or convening a joint board but that would need to be done on a case by case basis,

- Members felt that it was important to free up estates for local economic growth and also that the plans kept their clinical ownership,
- It was clarified that the 111 service would be re-commissioned at a national level and the out of hours service would be re-commissioned but at a local level,
- The final submission for plans was July 2016 and updates would be brought to future HWB meetings.

RESOLVED that the Health and Well-being Board:

- a) Noted the requirements of the NHS Planning Guidance for 2016/17 and the need to develop a Sustainability and Transformation Plan covering 2016/21,**
- b) Noted that the planning footprint required for the plan needed to be proposed to NHS England by 29 January 2016,**
- c) Approved the proposed governance arrangements for overseeing the development and delivery of the Sustainability and Transformation Plan.**

David Mehaffey explained that NHS South Worcestershire CCG had been working on their New Model of Care for 9 months. It was their proposed response to the Five Year forward View that was looking to address the potential £30bn national funding gap.

The proposed model would develop an integrated Multi-specialty Community Provider (MCP). This model would look at commissioning from a patient perspective rather than a provider one. An MCP would bring together a range of health and social care services for a segment of the population with the most complex care needs. A single contract would be developed covering primary care, acute care, community care and social care meaning that care for patients would be more joined up.

It was likely that joint working with the other CCGs within Worcestershire would occur. The CCG was currently seeking feedback about this approach.

Panel members agreed this was an interesting proposal which would help to progress integration but it needed to include the North of the County as well as the South.

**355 Worcestershire
Safeguarding
Adults Board**

RESOLVED that the Health and Well-being Board noted the development of the proposed strategy for South Worcestershire.

Kathy McAteer the Independent Chairman of the Worcestershire Safeguarding Adults Board presented the Annual Report for 2014/15.

The following main points were made:

- The Board had been preparing to ensure that they were compliant with the Care Act. This included improving the Board Governance with a new constitution and Board Structure.
- Achievements included improved engagement with carers and service users, increased public awareness and development of a new multi-agency Mental Capacity Competency Framework.
- The number of alerts received had increased but the number moving on to referral or on to case conferences had reduced. New multi-agency Threshold Guidance had been introduced with screened out lower level concerns and enabled improved consistency of decision making,
- Data trends showed that there had been some under-reporting for minority ethnic groups which was equal to national trends; physical abuse and neglect were the most frequent sort of abuse and data was starting to be collected on self-neglect cases.
- Independent sector referrals had increased by 13% which was partly as a result of public awareness after the Winterbourne View Inquiry. Referrals now averaged 50 per week which was in line with the national figure.
- A new risk assessment process had been put in place and the Council had increased the resources available.
- Strategic Objectives had been developed around key roles and functions.
- The Board was committed to Multi-Agency Safeguarding Hubs but changes to the system would be called in and scrutinised at their next meeting. They were also assessing whether agencies had competencies with deprivation of liberty safeguards.
- Priorities for 2015/16 had been developed and future annual reports would focus on reporting on the delivery of the Strategic Plan as well as having a shorter summary and easy read versions.

Richard Harling thanked Kathy for the work she had done

356 Future of Acute Hospital Services

to ensure the Safeguarding Board was prepared for the Care Act.

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

Carl Ellson presented the clinical model that had been unanimously approved by the Programme Board and would now go to the Clinical Senate and through the NHS England assurance process. It would then be presented for public consultation in the summer.

95% of people in Worcestershire would see no change with the new model. There would be greater separation of emergency and planned care and centres of excellence for planned surgery would be created. Redditch would have urgent care centres for adults and children and the A & E for adults would remain. In patient care for children would be centralised at Worcester along with consultant births and emergency surgery.

Chris Tidman supported this model which had received a consensus of clinical opinion. The model would allow health services to move forward with confidence and he believed the three hospitals had a bright future and supported the centres of excellence being developed at the three sites.

The Chairman endorsed this model and believed that changes were needed to ensure the clinical and financial sustainability of healthcare in the County.

RESOLVED that the Health and Well-being Board:
a) Received and endorsed the changes to the Clinical Model which was previously approved by the Future of Acute Hospital Services in Worcestershire Programme Board, and:
b) Reaffirmed its support for the case for change.

357 Children's Plan Update

Simon White noted that the paper was for information and that the Children's plan would be refreshed to reflect the priorities in the new Joint Health and Well-being Strategy. A further update would return to the Board in due course.

RESOLVED that the Health and Well-being Board:
a) Noted the content of the report and the progress made on implementing the Children

358 Future Meeting Dates

- and Young People's Plan
- b) **Approved the refresh of the Children and Young People's Plan following the approval of the Joint Health and Well-being Strategy; and**
- c) **Will receive a further update at a future meeting.**

This would be the last Health and Well-being Board meeting for Simon Hairsnape who was moving to a new position in Herefordshire and also for Richard Harling who would be working for Staffordshire County Council. The Chairman thanked them for the considerable work they had put into the Board and wished them well for the future.

There would be a private Development meeting of the Board on 1 March and the next public meeting of the Board was 10 May.

The meeting ended at 4.02pm

Chairman