

## 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 .....

# Sustainability and Transformation Planning

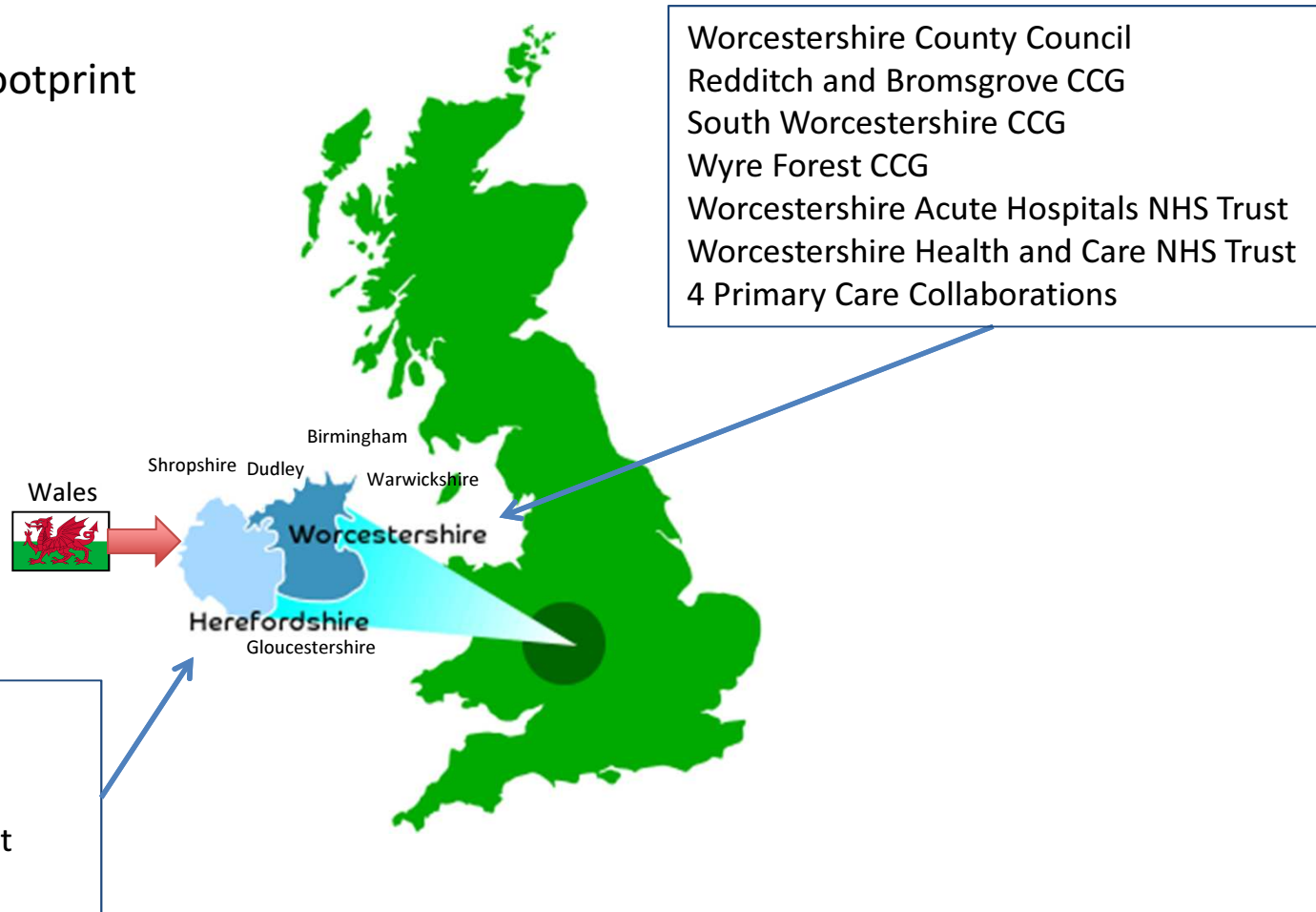
## Progress Update

Worcestershire Health and Well Being Board  
10 May 2016

# Reminder of the planning footprint



- Big geography, small population
- 785,000 people (smallest in WM)
- 2 HWBs
- Relatively simple footprint



# The core focus of STPs



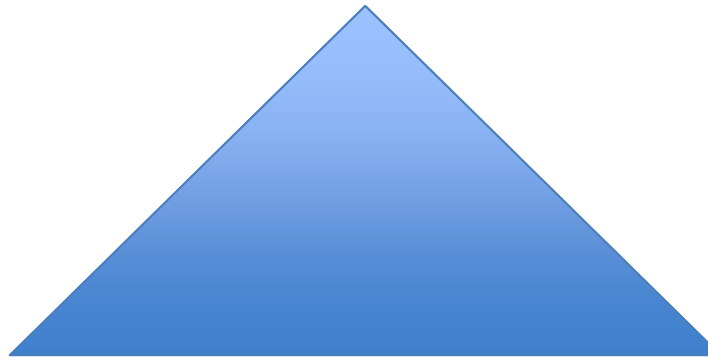
## Focus on The Triple Aim



### Health and Well Being



### Care and Quality



### Finance and Efficiency

# Progress to date



## February:

- First presentation to HWB on the planning requirements.
- Confirmation of the planning footprint covering Herefordshire and Worcestershire.

## March:

- Establishment of programme leadership and governance.
- Co-production principles reaffirmed.
- Initial analysis of existing planning approach reported to HWB development session.

## April:

- Analysis of the triple aim gaps reported to NHS England through a planning return.

----- **We are here**

## May:

- First “all agency” strategic away day to discuss the response to the triple aim analysis.

## June:

- Second away day to develop and refine proposals.
- First formal submission to NHS England on the Sustainability and Transformation Plan.

# Some emerging priorities for review



- **Cancer** - improve patient outcomes by better performance in prevention, early identification, diagnosis and treatment.
- **Stroke** – improve patient outcomes by reducing risk factors and improving services for responding to stroke events.
- **Maternity** – give children a better start in life through reducing risk factors (maternal smoking, improve flu vaccinations and improved breastfeeding rates).
- **Mental health and wellbeing** – improve access to services such as psychological therapies.
- **Frailty and dementia** – improve out of hospital community nursing and social care services to reduce the need for hospital admission and improve independence.
- **Acute services** – support local providers to come out of the CQC special measures regime.

# Changing the “ways of working”



- **Workforce** – review and respond to the challenges of demand and supply across primary, community, acute, social care services, VCS and carers.
- **Digital** – maximise the opportunities for remote monitoring and care provision, particularly in areas.
- **Estate, infrastructure and back office** – maximise opportunities to work more efficiently by sharing resource, skills and buildings.
- **Personal care planning** - particularly planning for care in the last six months of life.
- **Public and patient engagement**, including better self care to support independent living.
- **Leadership and decision making** to enable front line staff to make the right decisions with patients, the public and the Worcestershire £.
- **Wider determinants of health** – making stronger links between population health impact and wider public services such as housing, planning, leisure, education and economy.



# Questions for the HWB



- **Working together, partners across the system have identified the priority areas, are HWB members satisfied that they are the right areas of focus?**
- **Are HWB members supportive of the key areas to focus on for improved “ways of working”?**
- **Are there other areas of focus that HWB members would like to see included?**

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# DISTRICT PLANS

**“District Councils have a key role to play in keeping communities safe & healthy. They have a distinct, local role in service provision, economic development, planning, and helping to shape and support their communities – all key areas that are increasingly recognised as vital components of a true population health system. “**

# DISTRICT PLANS

**District Councils influence public health through their direct roles and functions and also through their unique position to influence local partners. Among their core functions that impact upon public health and the wellbeing of their communities are planning, housing, leisure and green spaces, and community safety**

# WYCHAVON

## Priorities 2013 – 16

- **Older People & Management of Long Term Conditions**

- Rural communities door knocking programme; (7)
- 258 referrals to agencies that have been able to improve people's health & wellbeing.
- Success of Dementia Awareness work resulted in the Meeting Dem project being delivered in Droitwich
- Older person showcase events
- Support programmes to reduce isolation

- **Obesity**

- Get Wychavon Active roadshows ; Sportivate
- Health Chats (includes Alcohol)
- Implementation of Sport & Leisure Strategies

# WYCHAVON

## Priorities 2013-2016 (cont'd)

- **Mental Health & Wellbeing**
  - Garage Arts: workshops for people with mental health issues and learning disabilities
  - Mapping of mental & emotional health services was completed in 2015-16. A mental Health Champion project just commenced.
  
- **Alcohol**
  - Wychavon District Council : Civic Centre a “dry” building
    - Alcohol campaigns
    - Health chats training
  
- **Health Inequalities**
  - Droitwich Foodbank; 40 volunteers, 173 food parcels in 2014/15.
  - Westlands Health & Wellbeing Forum

# DISTRICT PLAN PRIORITIES 2016 -2020

HWB PRIORITIES	WYCHAVON HEALTH PROFILE PRIORITIES	LINKED WYCHAVON GOAL
	Homelessness	Y
	Smoking in Pregnancy	
Physical activity at every age	Obesity & Excess weight	Y
	Rurality	Y
	Older people	Y
Reducing Alcohol consumption	Reducing alcohol consumption	
Mental & emotional health throughout life		Y

# Observations

- Partnership activity really successful
- Key achievements in Ageing Well and Obesity
- Limited achievements in Mental Health and Alcohol

**Role of the HIC is critical to success**



## Excerpts from The CLORE Report

- **“Public leisure, sport and physical activity are critical contributors to a healthy active nation. Never before has there been a more cogent and mutually pressing period for working together both at a national level and vitally at a local level to achieve a healthier nation.”**
- **“However importantly there is a definite recognition, and seemingly new motivation, for fresh and deeper conversations at a local level between providers of public leisure, sport, physical activity and local authority public health commissioners towards a greater understanding of health inequalities, and delivering a healthy active society.”**

**The district plans received since the HIG has been set up have been well received by all partners and it has been demonstrated how Health and Well-being priorities are being supported and delivered in the localities. District updates will take place annually.**

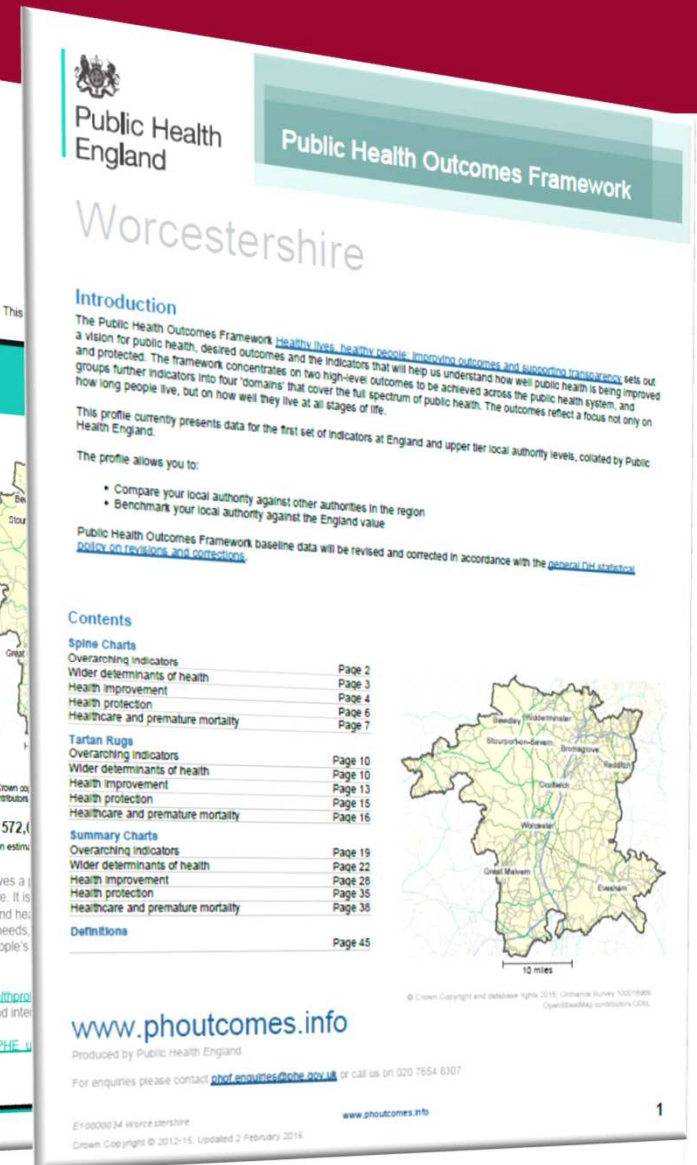
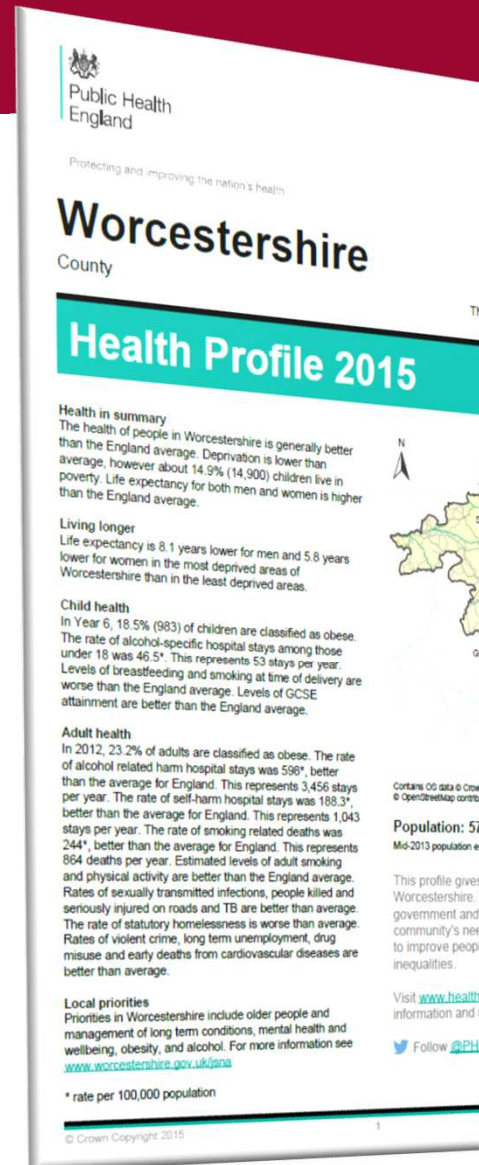
# Worcestershire Health Indicators Summary

May 2016

# Health Indicators

- Drawn from 2 reports from Public Health England updated each year
  - Health Profile for Worcestershire
  - Public Health Outcomes Framework report for Worcestershire
- Both show Worcestershire compared to regional and national benchmarks
- Highlight indicators where we are significantly different to the average

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# Things we do well on

- In general health and well-being in Worcestershire is better than the England average
- There are many areas that have improved and in general there are fewer indicators that we are worse on than in the last two years
- Indicators where we continue to do particularly well are:
  - Overall life expectancy and healthy life expectancy
  - Mortality from common conditions and those considered preventable
  - The proportion of low birthweight babies
  - Rates of people killed or seriously injured on the County's roads
  - Cancer screening coverage
  - Injuries due to falls
  - Emergency readmissions to hospital within 30 days

# Areas that have improved

- Alcohol-specific hospital stays in under 18s
  - The rate of under 18s admitted to hospital for alcohol-specific conditions has reduced from 66 per year to 53 per year and is no longer significantly higher than average although they remain somewhat higher.
- Hospital stays for self-harm
  - The standardized rate of admissions to hospital for self-harm is now significantly lower than the England average
- School readiness for most pupils
  - The latest figures for 2014/15 are almost exactly on the England average having increased by over 8% since last year and about 18% from 2 years ago
- Treatment completion for tuberculosis
  - As expected this has reverted to being just above average and the number of cases is well below the average

# Areas that have got worse

- **Adult obesity**

- The number of overweight adults is estimated to be higher than average and this is once again significant. The rate has only gone up from 66% to 67%, but methodological changes mean that this is now significant

- **Social isolation of carers**

- The percentage of adult carers who have as much social contact as they would like is significantly lower than the England average

- **School readiness amongst those receiving free school meals**

- The proportion of those on free school meals achieving the expected level on the phonics screening check is now showing as significantly worse

The local rate is not much worse (57.7% compared to 58.1% last year), but the national average has improved

# Areas of ongoing concern

- Obesity

- Breastfeeding

- Despite improving from 64% to 70% Worcestershire still has significantly lower rates of breastfeeding than the England average

- Older people and people with long-term conditions

- Fuel poverty

- Although it has improved slightly the percentage of people experiencing fuel poverty in Worcestershire is still significantly higher than the England average

- Other issues

- Smoking in pregnancy

- The proportion of women in Worcestershire who are smokers at the time of delivery is higher than the England average

Some progress has been made with rates improving from 14% to 12½%



# Areas of ongoing concern

- School readiness amongst those receiving free school meals
  - The proportion for those on free school meals has increased by nearly 10% but remains below average
- Successful completion of drug treatment
  - The percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months has improved somewhat for non-opiate users
  - For non-opiate users it is now 30% (up from 23% last year)
  - For opiate users it is still just 5%, meaning 95% of opiate users who leave treatment are back in treatment within 6 months
- Flu vaccination rates
  - These have been significantly below the England average for the last two years
  - However the rate for at risk individuals has gone from significantly worse to significantly better than average

# Recommendations

- a) Note the contents of the reports
  
- b) Request the Health Improvement Group to respond to areas of concern