

Health and Well-Being Board

**Tuesday, 1 November 2016 Council Chamber, County Hall -
2.00 pm**

Present:

Minutes

Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman), Mrs S L Blagg, Mrs C Cumino, Dr R Davies, Catherine Driscoll, Mr S E Geraghty, Dr Frances Howie, Sander Kristel, Clare Marchant, Mrs K May, Mr G O'Donnell, Peter Pinfield, Dr Simon Rumley and Simon Trickett

Also attended:

Cllr. L Denham, Cllr. I Hardiman, Jack Hegarty, David Mehaffey, Sarah Dugan and Sue Harris (for item 6) and Kate Griffiths

Available papers

The members had before them the Agenda papers (previously circulated) which included the Minutes of the meeting held on 13 September 2016.

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

392 Apologies and Substitutes

Apologies for absence had been received from Jo-anne Alner and Anthony Kelly.

393 Declarations of Interest

None

394 Public Participation

Bryn Griffiths, Secretary of Worcester Trades Union Council asked a question regarding the Sustainability and Transformation Plan and the lack of financial information available.

The Chairman thanked the participant and promised a written response.

Another member of the public whose request to take part in public participation had been ruled too late to be included was also promised a written response.

395 Confirmation of Minutes

The minutes of the meeting held on 13 September 2016 were agreed to be an accurate record of the meeting and were signed by the Chairman.

396 Shaping Worcestershire's Future - Our

Simon Geraghty, Leader of the County Council, introduced the draft Corporate Plan. The Council's existing plan 'Future Fit' ran until 2017 and the refresh would run from 2017-22 and would continue to

Plan for Worcestershire 2017-2022

encourage self-sufficiency, health and social care integration. The refresh needed to ensure that the vision continued to be fit for purpose. It was a plan for the County rather than the County Council.

The Chief Executive of the Council gave details of what had been achieved so far especially regarding the health and well-being priority and it was known that there was a link between health and well-being and economic prosperity. Worcestershire was the first in the Country, out of 39 LEPs, in developing higher level skills; Worcestershire was the second in the Country in the level of gross value add and third in the country in productivity. This all led to greater prosperity which would help with living well longer rather than just living longer.

Other highlights were:

- Super-fast broadband which would help the link between health and technology,
- Work with children and families - included a reduction in the number of 'not in employment, education or training (NEETs) from 5% to 3%, and an increased number of apprenticeships,
- Increase in Extracare accommodation,
- Dementia friends training,
- Flood alleviation,
- Improving pavements – which would help people to walk and achieve their recommended 150 minutes of exercise a week.

The economy of Worcestershire had grown and the Council would continue in its efforts to create new jobs and build more houses. They needed to make the most of the unique selling points of environment of Worcestershire and had the ambition for the county's transport system to be in the best 25% in the county.

Two of the priorities were 'people' based: education was important as well as life -long learning and that was underpinned by effective safeguarding. Health and well-being could be improved by encouraging healthy active lifestyles which had more impact on peoples' lives than social care services. However when people did need more help, an evidence based approach would be used to ensure they were helped from self-sufficiency into receiving care in the best way.

At the recent Parish Conference people and enabling resilient communities were the focus, including dementia friends training, CSE hotspots and integrated workforce models.

397 Sustainability and Transformation Plans

Board members recognised that strategic plans needed a vision which was provided by the plan. The difficult financial climate was acknowledged which made it more important to help people make the right choices and work with partners in the community sector. However it was suggested that prevention could come through in the plan even more strongly.

RESOLVED that the Health and Well-being Board noted and supported the Corporate Plan refresh – Shaping Worcestershire's Future, Our Plan for Worcestershire 2017-2022.

Sarah Dugan explained that the intention had been to bring the full STP to the Board meeting, but NHS England had extended the national deadline so the document was still a work in progress. A summary of progress and draft proposals had been provided.

At the last meeting some details of financial allocation had been given but work on costings and how the investment money would be allocated was still being worked on and the position had become more challenging due to new control totals for providers.

The plan had four key priorities:

1. Maximising efficiency and effectiveness of the core infrastructure and back office functions,
2. Prevention and self-care, which was a golden thread which ran throughout the plan,
3. Developing out of hospital care, which would be developed while at the same time supporting people into care when needed. Expanded multi-disciplinary teams and pro-active approaches for people with long term-conditions would be important,
4. Clinically and financially sustainable services with streamlined, but minimised access points.

Mental health services was another golden thread throughout the plan. Maternity services and learning disability services were also important issues.

Key enablers included the workforce where it had been challenging to gain staff at all levels; and digital solutions which had received a multi-agency response.

The latest submission had been made on 21 October and feedback was now awaited from NHS England. Once NHS England had commented on the plan there would

be public engagement. The STP, including all the financial details would then be discussed at the next public meeting of the HWB. Specific areas would be consulted on and would be discussed by the Health Overview and Scrutiny Committee.

In the following discussion various points were made:

- Healthwatch had been pleased to be involved in STP discussions from the beginning but were disappointed that the finance details could not now be shared although it was understood that the pressure to keep details confidential was from the NHS England. They were satisfied with the work of the team STP team, but they would like more details to be made publicly available. There would be a public Healthwatch meeting on 11 November when the public could ask questions regarding the STP,
- The County Council Chief Executive felt that the financial challenges had been discussed at the previous two HWB meetings and the process had now moved forward. The details of the delivery programme had not been available at the last meeting. She agreed that the process had been inclusive and felt that Worcestershire and Herefordshire were ahead of some areas in sharing details,
- It was queried how the plan could be implemented with the current austerity. It was agreed that prevention was important but there was not enough investment and it was unrealistic to expect community services to pick up everything the NHS would not pay for,
- It was suggested that priority 4 should be listed first, but it was explained that it could only be delivered by getting the first 3 priorities right first,
- The fact that there may be changes to community hospitals but that they were not at risk of being closed should be more explicit in the plan. It was agreed that they play a vital role but the number of beds available may be reduced,
- It was clarified that references to 'place based estate' referred to the public sector estate and whether the best use was being made of it,
- A board member disagreed with a comment that Andrew Lansley's reforms had been a waste of time because they had allowed there to be more clinical involvement in decision making and the STP process was largely about clinical sustainability,
- Simon Trickett felt there had not been any secrecy

and there were no great surprises to come. The Telegraph report which had been quoted was aimed at other areas which were only just starting to look at centralising services unlike Worcestershire which had started its Future of Acute Hospitals programme 4 years ago. The numbers were known – there would be £1.327 billion to be spent in 2021 for the Hereford and Worcestershire footprint and it was known that increasing demand needed to be dealt with – he felt the STP was now a matter of how the spend would be allocated,

- It was a challenging time but there was collective commitment by partners to working together to get the best outcome for the public.

Following an invitation from the Chairman for invitations from the public gallery there were two comments:

- The document presented emphasised the positives so that it was difficult for individuals to judge the document and to say how it would affect them as individuals?
- Another member of the public felt that overall processes were improving services for patients but people still felt excluded from the process. He urged the STP staff and Board members to engage more fully with the public.

In response it was confirmed that a lot of what was included in the STP had been spoken about already but there were plans to increase the public conversation. The STP was not just the acute trust moving forward in isolation – it brought various plans and services together and that would make it easier for the public to assess the improvements.

RESOLVED that the Health and Well-being Board:

- a) Noted the progress on the development of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP);**
- b) Discussed and commented on the draft priorities;**
- c) Discussed and commented on potential approaches to engagement; and**
- d) Agreed to receive a formal update at the next Board meeting following the receipt of feedback on the draft plan from NHS England.**

398 Emotional Well-being and

The Emotional Well-being and mental Health Transformation plan for Children and Young People had been refreshed following its approval by the HWB a year

Mental Health Transformation Plan for Children and Young People

ago.

In the last year it there had been a focus to improve waiting times for child and adolescent mental health services, while at the same time there were increased levels of need and demand. The Youth Cabinet were passionate about improving mental health services.

The HWB had already seen the plan but were asked to disseminate it to the member organisations.

In the following discussion Board members were assured that the plan would also engage parents and children. Further detailed queries would be responded to after the meeting.

RESOLVED that the Health and Well-being Board:

- a) Approved the refreshed Transformation Plan and continued to support its development and implementation;**
- b) Agreed to support the dissemination of the refreshed plan across all agencies for comment and further buy in; and**
- c) Noted that the transformation plan would be implemented as part of the programme of work under the HWB Strategy priority of improving mental health and well-being.**

399 Health Improvement Group

The HIG continued to meet and receive updates on strategic plans and District Council plans. However it was felt that it would be useful to have more CCG input in future.

Reports had been received from Redditch and Wyre Forest and County Plans on loneliness, tobacco and mental health had been considered.

At the September meeting housing issues had been discussed which were strongly linked to health. A new Worcestershire strategic Housing Partnership plan was being consulted on which would bring a stronger approach to partnership working on health and housing. The HIG also agreed to help achieve more integrated and targeted services using the Disabled Facilities Grant.

The District Council Representative pointed out how vital Health Improvement Co-Ordinators were and was reassured that although some restructuring was happening in Public Health it was about filling a gap between the operational front line and the strategic level and would not affect the Health Improvement Co-

Ordinators.

RESOLVED that the Health and Well-being Board noted the update regarding the Health Improvement Group.

400 JSNA Update

The agenda report included a summary of figures relevant to the new priorities of the Health and Well-being Board. Dr Howie hoped that the information was being taken back to organisations and used to help decision making. There was a wealth of data available on the website and a list of current reports was provided.

The representative from the District Councils in South Worcestershire assured the Board that the information does get used by District Councils.

It was suggested that a development session next year should look at how other organisations or the districts could be helped or encouraged to make better use of the information.

RESOLVED that the Health and Well-being Board:

- a) **Noted the information on progress and issues relating to the priorities;**
- b) **Noted the emerging issues and requested the Health Improvement Group to consider these for action if necessary; and**
- c) **Noted the briefings and other further reports available.**

401 Better Care Fund

The Better Care Fund (BCF) was at present forecast to be underspent by £615k but as winter was approaching, some of the underspend may be required as demand for services increased.

The budget for Howbury had been reduced to 6 months because of its change of use and different funding source. Therefore £683,000 was available for recovery services which would take place in people's own homes. There had been a specific policy decision to make use of community hospital beds rather than rely on acute hospital beds.

The activity would continue to be reviewed and schemes were being evaluated. The results would be used to help planning for the next 2 years. However it was now known that in future there would be fewer national conditions imposed on the use of the BCF.

402 Future of Acute Hospital Services

RESOLVED that the Health and Well-being Board:

- a) **Noted the current BCF forecast for an underspend of £615k;**
- b) **Noted the current plans for use of the reserve created by the 2015/16 underspend**
- c) **Noted the latest BDF 2017/18 update.**

Simon Trickett explained that the Future of the Acute Hospital Services programme was a big part of the STP. Emergency service changes that had been made for safety reasons were now beginning to show improved clinical outcomes. For example since in-patient paediatrics and maternity services had been centralised there had been a 17% drop in the number of children needing to be admitted to hospital and where previously there had been a 34% rate for emergency caesarean sections the figure was now down in the mid 20%^s.

As mentioned at the last meeting, the process needed NHS England approval before consultation could commence. The NHS Assurance panel met on 21 October and would be applying 8 tests. Initial verbal feedback appeared positive with a report expected in the next week. However, as the Acute Trust was in special measures and the programme would need £30-£40 million of investment the National NHS investment Committee needed to take a view and that meeting would take place on 22 November.

RESOLVED that the Health and Well-being Board noted this update.

403 Future Meeting Dates

The Chairman called Members attention to future dates:

Private Development meetings (2pm, Lakeview Room)

- 6 December 2016

2017

Public meetings (All at 2pm, Council Chamber)

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

Private Development meetings (All at 2pm)

- 25 January 2017
- 14 March 2017
- 13 June 2017

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

The meeting ended at 3.50 pm

Chairman