

Health and Well-Being Board

Tuesday, 22 July 2014, Council Chamber, County Hall,
Worcester,

Present:

Minutes

Mr M J Hart (Chairman), Dr Carl Ellson (Vice Chairman), Mrs S L Blagg, Mrs E A Eyre, Mr Simon Hairsnape, Mr A I Hardman, Dr Richard Harling, Dr A Kelly, Dr Simon Rumley, Mrs A T Hingley and Clare Marchant

Also attended:

Diana Fulbrook, Frances Howie, Frances Martin, Peter Harwood, David Mehaffey and Simon Angelides

Available papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the meeting of the Health and Well-being Board held on 13 May.

233 Apologies and Substitutes

The Chairman announced that there had been a change in membership for the Voluntary and Community Sector – Their new member was Carole Cumino who had sent along her substitute Jonathan Sutton. The new member from NHS England was Brian Hanford who had sent along his substitute John Omany.

Apologies had been received from Peter Pinfield who was represented by Carol Thompson, Gail Quinton who was represented by Siobhan Williams, Hannah Campbell and Mark Travis.

234 Declarations of Interest

None.

235 Public Participation

None.

236 Confirmation of Minutes

RESOLVED that the minutes of the meeting of 13 May 2014 were agreed to be a correct record of the meeting and were signed by the Chairman.

237 Five Year Strategy for Health and Care in Worcestershire

David Mehaffey briefly outlined that the 5 year strategy for Worcestershire Health and Social Care had been presented to the Board on 13 May and had been further refined at a workshop at the Health and Well-being Board Development session on 18 June. The final strategy was now presented to the Board for approval.

David wished to thank all those who had worked on the strategy especially those on the Strategy Steering Group as well as Philip Talbot, Richard Harling and Gail Quinton.

The Strategy was a combination of existing plans and to reflect the new Children and Young Peoples Plan changes would be made to page 24 of the Strategy. The Strategy set out that in future under the '5:40' concept, the ambition was to pool health and adult social care budgets for the highest risk individuals and commission an 'end to end' service for this group from a provider or consortium of providers.

Following the Board's approval NHS England would be informed and the Strategic Partnership Group would be responsible for overseeing delivery.

Board Members asked for clarity on a number of points:

- It was confirmed that all commissioning organisations had agreed to the Strategy,
- When asked to confirm that out of hours hospital discharges would not occur, David replied that he did not have absolute proof of that but felt that was the intention,
- Specialised Commissioning were typically complex treatments or procedures commissioned from specialist regional or national centres,
- There would not be any further public consultation on this Strategy because consultation had taken place on the individual plans that made up the Strategy.

RESOLVED that:

- a) The Board approve the five year strategy for Health and Social Care in Worcestershire, and**
- b) That the strategy would be reviewed on an annual basis.**

Liz Eyre, Chairman of the Children's Trust Board, a sub group of the Health and Well-being Board, introduced the Worcestershire Children and Young People's Plan Refresh. The Plan was intended to be relevant to all partners and the draft version had been presented to the Board on 29 January 2014.

239 Health Implications of Air Quality

The Board was asked to approve the plan, and Members were asked to integrate the Children and Young People's Plan with their own plans.

In the ensuing discussion the following points were made:

- More than 300 children are educated at home and a member wished to know what checks were done on these children. National guidelines does exist in this area, which Worcestershire follows to a great extent but there was little statutory guidance,
- It was suggested that the Plan should be taken to the CCG Governing Bodies to ensure synergy between the planning processes,
- The Plan was to be distributed around all Worcestershire schools,

The Chairman was impressed with the vision and values contained in the Plan and the progress against targets in the last 4-5 years.

RESOLVED that Health and Well-being Board:

- a) Approve the Children and Young People's Plan subject to any minor amendments, which would be delegated to the Children's Trust and**
- b) Members would ensure the Plan informs the plans and priorities of their own organisations.**

The Chairman explained that following a Scrutiny done by Bromsgrove District Council the Health Overview and Scrutiny Committee had been asked to consider Air Quality but had felt it was an issue for the Health and Well-Being Board.

As the Board had already agreed its priorities it was proposed that the issue be considered at the next review of priorities in 2016.

Richard Harling clarified that a study had found no evidence that air quality was causing an excess of hospital admissions or respiratory disease in Bromsgrove. Worcestershire Regulatory Services had produced a Worcestershire Air Quality Action Plan, which included actions in relation to air quality in ten Air quality Management Areas. Members believed the Board should

continue to focus on its four main priorities unless there was evidence of a serious new issue arising in year.

RESOLVED that the Health and Well-being Board would consider the issue of air quality when it reviewed its priorities for the next Joint Health and Well-being Strategy from 2016.

240 Mental Well-being and Suicide Prevention Plan

The Mental Well-being and Suicide Prevention Plan had been approved by the Health and Well-being Board in January 2014. The Suicide Audit Group had been set up and had so far met twice. The Group was chaired by a consultant in Public Health and consisted of representatives from West Mercia Police, the County Council, the Samaritans, the Health and Care Trust, the Probation Service and the University. The Terms of Reference were almost finalised. A recent incident had been a report of a threat of action rather than an attempted suicide. The Suicide Audit Group would report to the Health Improvement Group who would then report to the Board through its annual report.

The Chair thanked Frances Howie for the update as he had previously given his assurance that the issue would be monitored and he appreciated that the Suicide Audit Group would continue with this work.

RESOLVED that the Health and Well-being Board:

- a) Noted the progress made in the first 6 months of the Mental well-being and Suicide Prevention plan,**
- b) Supported the implementation of the Suicide Audit Group; and**
- c) Requested that future updates be brought to the Board as part of the Health Improvement Group Annual Report.**

241 Special Educational Needs Reform

Peter Harwood provided an update on the introduction of the Children and Families Act 2014 and emphasised that the latest transition guidance provided local councils with slightly more latitude in SEN provision than previously indicated. September 2014 was the start of a three year transition process. Worcestershire was on target to be compliant with the demands of legislation and had a structure in place to move forward. The reforms demanded that joint working between health, education

and social care, along with joint funding, was necessary to provide the best outcomes for disabled children and young people and those with SEN up to the age of 25, with single Education, Health and Care Plans (EHC). A personal health budget would be considered when individuals' cases were considered by the Multi Agency Review Group (MARG). Three families whose children had complex but not necessarily continuing needs would take part in a pilot.

The Health Sub-group would assess the demand for personal budgets in future and develop a model for commissioning health services. The SEN Reform and New Burdens grant would provide funding for two years to support implementation. The Higher needs funding scheme was now in operation and schools and educational settings had delegated funding for SEN up to £10,000. If there were additional needs SEN reform required education, health and care to fund elements of an EHC plan.

Liz Eyre wished to point out that up to £10,000 was available in schools for SEN and hoped that this money was used before further funding was accessed. PH clarified that up to £6000 per child was within the notional SEN budget in each school and added to the Average Weighted Pupil Unit (AWPU) provided the £10,000 figure. It was important to note that this was a notional figure and that it was not linked to individual need but available for the school to determine use to support all children with SEN.

It was recognised that this was complicated legislation and there was concern that people did not understand the implications. Peter felt that it was important that the information was disseminated and that health and care colleagues needed to know that SEN legislation applied up to the age of 25 because in the past there had been difficulties when individuals negotiated various age barriers.

Members requested that Governing Bodies of schools be involved when information was distributed. Peter explained that they had been involved in some briefings but agreed that more could be done. Carers' organisations would also be included.

The Chairman asked that a briefing note be provided for Board Members.

RESOLVED that the Health and Well-being Board

- a) **Noted the update on SEN**
- b) **Recognised the collective duty on health and education to provide for children and young people with higher needs above the £10,000 threshold and /or an EHC plan,**
- c) **Understood the graduated approach to special education needs, the central importance of the ordinarily available budget in schools and the notional SEN budget,**
- d) **Would receive a briefing note on the national guidelines and their implications.**

242 Worcester Acute Trust Application for Integrated Digital Care Fund

The Chairman brought to the attention of the Board a letter he had provided to the Worcester Acute Hospitals Trust about support the funding application for Integrated Digital Care.

RESOLVED that the Board noted this letter.

243 The Better Care Fund

Frances Martin gave a brief update about the report in the agenda and explained that the date for submission of BCF 2015/16 plans had yet to be confirmed although some authorities had been invited to use a fast track submission.

In respect of the BCF 2014/15, an additional £444,000 had been allocated and it was proposed that this be used for domiciliary care and stroke services. Frances distributed an addendum to the report resulting from the Quarter 1 monitoring figures. Three schemes showed an overspend and in order to reduce them it was planned that firstly community teams should support people at home using existing NHS and adult social care resources, then the next step would be for a bed to be accessed in a community hospital. If a community bed was not available a care home bed would be accessed.

It was recommended that a £500,000 contingency be set aside from the funding for winter pressures to mitigate any residual overspend on the three schemes.

In the ensuing discussion the following points were

made;

- Members felt that £500,000 was being over cautious but it was pointed out that if that proved to be the case future updates could make allowances for that,
- When asked whether some of the costs were for Children and Young People it was clarified that when the fund was signed off for 2014/15 it was agreed that previously funded children services projects would continue to be funded. The majority of the funding went towards older peoples services,
- Members felt that the timescales for submission of BCF 2015/16 plans were very tight especially as it was over the main holiday period, but were reassured that August was not a confirmed date and it was more likely to be some-time in September.

RESOLVED that the Health and Well-being Board

- a) noted the changing national position with regard to the production and assurance of Better Care Fund plans,**
- b) Noted that the deadline was likely to be September for the resubmission of BCF 2015/16 plans and agreed the delegation of approval of the final submission to the Chairman of the Health and Well-being Board in consultation with the Director of Adult Services and Health and the CCG Accountable Officers, and**
- c) Approved the expenditure of the additional allocation of £444,000 on domiciliary care and stroke services.**

Additionally the Board:

- d) Noted the overspend of existing 2014/15 Better Care Fund schemes and agreed the principles to be used to manage these,**
- e) Agreed the principles to be used when determining priorities for use of funding set aside for winter pressures, and**
- f) Asked relevant officers to develop and**

implement operational plans to manage overspends of existing 2014/15 Better Care Fund schemes and for use of funding for winter pressure in line with the principles set out above, and that they provide a report back to the Board in September about these plans and their progress.

Visit of the Health Select Committee

Frances then explained to the Board that Worcestershire had been privileged to receive a visit from the Health Select Committee. They had looked at the ambitions of integrated working in Worcestershire and the plans in place. Three expert witnesses had been called: Dr Richard Harling, Dr Carl Ellson and Dr Bernie Gregory and there had been a visit to Timberdine to the integrated rehabilitation unit. The Committee was also interested in how the Health and Well-being Board supported integrated care. Sarah Wollaston had chaired the Committee and had been welcomed to County Hall by the Leader of the Council.

Richard Harling thanked everyone for their contributions and explained that being one of the national Pioneer sites meant that Worcestershire had an opportunity to potentially influence national policy.

244 Future of Acute Hospital Services Worcestershire

Simon Hairsnape described how the Joint Services Review had begun in January 2012 with a case for change, aimed at finding the right solution for the people of Worcestershire.

By March 2013, two clinical models had been developed, option 1 and option 2. In September 2013 an Independent Clinical Review Panel (ICRP) chaired by Mr Nigel Beasley was asked to review these options. The ICRP published its findings in January 2014 and recommended a modified Option 1. This recommendation had been generally well received and fully supported by the local CCGs and Worcestershire Acute Hospitals NHS Trust.

In summary the Panel suggested:

1. Moving inpatient services for sick children to Worcestershire Royal Hospital. Establishing a new Paediatric Assessment Unit at the Alexandra Hospital;

2. Moving consultant led maternity services to Worcestershire Royal Hospital;
3. Enhancement of local access and birthing choice including consideration of a Midwifery Led Unit in North Worcestershire
4. Hospital based emergency services across Worcestershire will be networked and led by consultants with an Emergency Centre at the Alexandra Hospital co-located with an integrated Urgent Care Centre and a Major Emergency Centre at the Worcestershire Royal Hospital.
5. Need for clear communication with public about the proposed changes;
6. Important to address transport issues, including ambulance requirements.

Over the last few months this work has been taken forward by the Future of Acute Hospital Services in Worcestershire Programme. In particular the ICRP model has been fully developed by local clinicians.

Before the CCGs can start consultation, proposals have to be signed-off by NHS England through a robust national assurance process. If this process was satisfactory completed in August then consultation was expected to begin in early September and continue for twelve weeks. Following consideration of the feedback from the consultation the proposals would be amended, as required, and implementation would begin in January 2015. Consultation would take place with stakeholder groups by involving Overview and Scrutiny Committees, Patient, Public and Stakeholder Advisory Groups, by attending other peoples meetings and by roadshows and meetings.

During the following discussion various points were made:

- Originally it had been hoped to finish the consultation and to have a decision before the end of 2014 but with Christmas and the need to carefully consider consultation responses the decision is likely to be early in 2015,
- The consultation hoped to receive comments from people from throughout Worcestershire, not just from the Redditch area,

245 Learning Disabilities Self-Assessment Framework Briefing

- The Chairman hoped that the consultation would hold meetings at various times of day as well as at different locations and by using electronic media to ensure the best chance of involving as many people as possible.

RESOLVED that the Health and Well-being Board,

- a) Noted the Pre-consultation Business Case for the FoAHSW programme,**
- b) Noted the proposed approach to public consultation, and**
- c) Supported the initiation of public consultation on the Reconfiguration Proposal in September 2014.**

The Health and Well-being Board had four main priorities and was especially concerned about ensuring those priorities were met for four groups, of which learning disabilities was one. It was good practice for Local Authorities to complete a Learning Disabilities Self-Assessment Framework. The full completed template was available on line and the report included a summary, which indicated where improvements were needed and the associated actions.

One particular area for improvement was Learning Disability GP Health Checks. The report included a request that a GP champion for Learning Disabilities be identified to work with members of the Health Sub Group of the Learning Disability Partnership Board to increase coverage of these from the current level of 54%. The CCGs felt that it was important to find the right candidate who could be effective at a countywide level.

Richard Harling noted that as a consequence of the Board agreeing the self-assessment framework and actions arising, NHS England would need to take action as well as the County Council and the CCGs.

RESOLVED that the Board:

- a) Noted the summary of the 2013 Self-Assessment Framework submission,**
- b) Noted the main areas for improvement and**

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Safeguarding
Children Board
Annual Report
2013/14**

agreed the associated actions,

- c) Agreed to identify a GP Champion for Learning Disabilities to work with members of the Health sub-group of the Learning Disability Partnership Board in order to support the roll out of "My Worcestershire health plan", in particular to improve the coverage and quality of Learning Disability GP Health Checks and Health Action Plans.**

Diana Fulbrook, Independent Chairman of the Worcestershire Safeguarding Children Board, presented the Annual Report for 2013/14. She pointed out that the size of the report showed the level of expectation with regard to the Safeguarding Board, and clarified that the Safeguarding Board's role was to co-ordinate the activities of different agencies and ensure they were effective.

It had been a busy year with a major service review occurring. The Board were monitoring the effect of the lack of resources available even though Worcestershire County Council had put more money into Children Services.

The Report showed that there had been a dip in performance and the concerns had been detailed. However from all the evidence it could be said that Children were generally safe in Worcestershire but further areas for improvement had been identified and action would be implemented.

In the ensuing discussion the following points were made:

- It was pointed out that changes were still happening in Children's Services and retention of staff was an issue,
- There was a strong feeling that it was important that members of the Safeguarding Board played an active role and took information back to their own organisations,
- Diana admitted that there had been a high turnover of Board Members and frequent attendance by substitutes, which made the level of engagement variable. It was important for GPs to

be engaged and there had been a period when there had not been a named GP on the Board,

- Sheila Blagg was aware that joint working was taking place with the Adult Safeguarding Board and that was especially important for the 18-25 age group. Joint working was important as one of the messages from the Board was to 'think family,'
- There was concern that home educated children could fall 'out of sight' and could be difficult to monitor. Diana admitted the issue was a concern but the Government view was that parental choice to home educate must be respected.

RESOLVED: that the Health and Well-being Board

- a) Noted the 2013/14 WSCB Annual Report,
- b) Noted the progress of the work of the board,
- c) Agreed that the 2014/15 WSCB Annual Report be presented to the Health and Well-being Board in July 2015 prior to the Cabinet and then full Council.

247 HWB Stakeholder Event - Social Isolation in Older People

Frances Howie explained that Stakeholder Events had now been held about the four priority areas. The latest event had taken place on Thursday 26 June on the subject of Social Isolation in Older People. The event had gone well and had 65 attendees. Discussions took place on what was being done about the issue at present and how things could be improved.

There was evidence that social isolation could be as bad for peoples' health as smoking and the use of a Social Impact Bond was being pursued to fund work to reduce isolation.

RESOLVED that the Health and Well-being Board recognised the importance of social isolation and would welcome a fuller action plan at a future meeting.

248 Future Meeting

Public Meetings
Tuesday 23 September 2014 2.00pm Wyre Forest

Dates

House, Kidderminster
Tuesday 4 November 2014 2.00pm County Hall,
Worcester
Development Meetings all at County Hall
Wednesday 15 October 2014 2.00pm
Wednesday 3 December 2014 2.00pm

The meeting ended at 3.45pm.

Chairman