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Health and Well-Being Board
Tuesday, 27 February 2018, Council Chamber, County Hall - 2.00 pm

Minutes

Present:

Mr J H Smith (Chairman), Kevin Dicks, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Dr C Marley, Jo Melling, Gerry O'Donnell, Peter Pinfield, Mr A C Roberts, Jonathan Sutton, Simon Trickett, Sarah Wilkins and Avril Wilson

Also attended:

Liz Altay (Public Health Consultant), Matthew Fung (Public Health Consultant), Rod Reynolds and Helen Roberts (Safer Roads Partnership)
Tim Rice (Senior Public Health Practitioner) and Kate Griffiths (Committee Officer)

474 Apologies and Substitutes

Apologies were received from Catherine Driscoll and Jo-Anne Alner.
Sarah Wilkins attended for Catherine and Jo Melling attended for Jo-anne.

475 Declarations of Interest

None

476 Public Participation

None

477 Confirmation of Minutes

The minutes of the last meeting held on 5 December 2017 were agreed to be a correct record of the meeting and were signed by the Chairman.

478 Quality of Acute Hospital Services

Michelle McKay sent her apologies. Simon Trickett explained that Michelle's report and presentation which had been included in the agenda showed the result of the latest feedback following the CQC core service reviews; urgent and emergency care and medical care; carried out in November 2017.

All areas inspected had improved, but the overall rating of the hospital had not changed as only four of twenty two core services had been inspected. If two service areas were rated as inadequate the overall rating had to remain as inadequate. Inspections were on-going and there was determination to continue the improvement that had begun, although it was recognised that there was still a long way to go.

In the discussion the following points were made:

- There had been a national directive to cancel all non-urgent operations, but the rate of cancellations in Worcestershire had been one of the lowest in the country; this was partly due to the fact that Worcestershire had learnt how to prepare for winter from previous difficult times and had not booked so many operations for early January and also that they managed to make good use of the Kidderminster and Redditch sites. There were signs of improvement in waiting times so that the backlog of operations was now one of the least in the West Midlands
- The public may have been struggling to see what improvements had been made; this could be due to the temporary and interim appointments in the Leadership team in the last few years but now the Leadership team was more stable with permanent appointments who were committed to supporting staff while at the same time being appropriately challenging
- There was some outstanding practice which could be highlighted such as mental health care and the holistic care on Evergreen Ward
- It was admitted that the necessary 'change in culture' was complicated to explain. In the past the hospital had operated as a series of silos with each department working separately. Under the new culture all departments needed to work together to make the system as a whole more efficient,
- It was felt that prior to the new Chairman and Chief Executive being appointed there had been a normalisation and defensiveness of poor practice but now the judgement had been accepted and the need for change was recognised which allowed the defensiveness to be dropped.

RESOLVED that the Health and Well-being Board noted the contents of the report regarding the quality of Acute Hospital services at Worcestershire Acute Hospitals NHS Trust.

479 Sustainability and Transformation Plan Update

Frances Howie explained that the Sustainability and Transformation Partnership had produced a Statement of Commitment concerning collaborative working and integrated care across the system. Previously the language used had been 'accountable care,' it had now changed to 'integrated care'. The statement was a commitment to the principles and benefits of working

together and would be taken to the Board meetings of all the organisations who were STP partners.

Jo Melling said that NHS England supported the statements and wished to work differently as a regulator in order to support systems better.

During the discussion the following points were made:

- The Cabinet Member for Adult Services felt that the County Council were broadly supportive of the step forward in integration but wanted the STP to maintain flexibility which it needed to be sustainable and to allow for the differences in the Herefordshire and Worcestershire systems
- Finances were still a concern. It was accepted that all partners had budgetary constraints and that collective responsibility was needed to address them, but there did not seem to be any clarity over how this would happen and the public still had little idea of what the changes would mean for them
- It was agreed that the financial gap was enormous due to demographic growth and infrastructure which could not be afforded. Therefore the infrastructure costs needed to be reduced and better use needed to be made of staff and resources
- The Board asked what role the district councils, housing authorities and voluntary sector could play in the STP and how they could contribute more. They felt excluded but were actually necessary for the prevention agenda. It was noted that until now there had been helpful joint working around drawing up the overarching plan, but that specific co-production was needed as this shapes operational change
- Integration of partners was important for children too and that message may have been implicit in the statement but was not mentioned explicitly
- The structural integration between social care and the NHS did not exist in Worcestershire like it did in places such as Manchester but Worcestershire was very good at operational integration. Worcestershire was also becoming good at single line management and working in neighbourhood teams
- Worcestershire had in the past based all its commissioning on contracts but now services were becoming more based on a local area and it was this set up which would allow district councils to become involved and have an impact. It was felt that the locality emphasis suited care delivered through the three conversation model and community assets added resilience

- Board Members pointed out that 'Prevention' was not explicitly mentioned in the statements but were assured that this had a high profile in the STP Plan
- There was some concern that the Herefordshire and Worcestershire footprint was not large enough to deliver expert care in some service areas. The STP Board had already considered that there should be a link to other areas such as Coventry and Warwickshire to provide some services.

RESOLVED that the Health and Well-being Board:

1. **Noted the Statement of Collaborative Working which had been drawn up through the Sustainability and Transformation Partnership (STP) Board for discussion at Board level across the two Counties, and**
2. **Confirmed commitment to adopting these principles in the next phase of collaborative work towards an Integrated Care System.**

480 Road Safety Team

Following work done on the Joint Strategic Needs Assessment the Health and Well-being Board felt that accidents on the roads was an area where they little information. As a result Rod Reynolds and Helen Roberts from the Safer Roads Partnership had been invited to the meeting.

Rod Reynolds explained that the people killed and seriously injured on the roads was a tragedy for those involved and also had a huge impact on the services involved in terms of cost and staffing issues. The Safer Roads Partnership looked at where, why and what was happening on the roads and what partners could do together to address the issues.

The Warwickshire and West Mercia Road Safety Teams worked in partnership as The Road Safety Partnership. Funding had been reduced in 2010/11 but a cost recovery scheme through speed awareness training allowed the Partnership to continue.

Helen Roberts, Partnership Business Analyst, presented figures on the risk and impact of those killed and seriously injured (KSI) on the roads. There had been a big increase in those killed on the roads in Worcestershire.

Of the district areas, Wychavon saw the highest numbers of KSI accidents while Bromsgrove has the highest number of deaths by road accidents. As well as the high emotional cost, accidents in Worcestershire cost £114

million. All accidents were recorded by causation factors according to the Officer who attended at the time. These causes were split into 5 groups, with speed and poor driving recorded as the main reasons for accidents.

The SRP also recognised an increase in risky behavior – 56% feel that speed cameras save lives while 48% feel they are used to make money. A higher number of people than in previous years felt that they knew how much alcohol was too much and there was an increase in the feeling that people felt that accidents were things which happened to other people.

Various educational campaigns had been run to try to address those risky behaviours. The road Safety Teams also carried out speed enforcement.

In the ensuing discussion the following points were made:

- The accident figures took into account the increased housing development and were based on how many vehicle miles were travelled each year and how much that was increasing. The figures were numbers of KSIs rather than a rate compared to the overall number of road users and it was noted that this reduced their meaningful analysis, but was the only available data
- The SRP looked at various factors such as the economy, rates of employment, weather and planned events and then policing was arranged appropriately
- A higher proportion of non-Worcestershire residents were caught speeding than Worcestershire residents; but Worcestershire residents were caught up in any resulting accidents
- It was confirmed that Worcestershire's increase in the number of deaths on the road was quite high, in fact in 2016 Worcestershire was nearly the worst in the country (42 out of 43) for the number of people killed or seriously injured per vehicle mile and since then the numbers have increased
- In Bromsgrove the high number of deaths was not due to the motorway. In fact the number of people killed or seriously injured was highest in 30mph areas
- Some accidents were due to road use by older people and also medications which interfered with people's ability to drive
- Only recently have the police been able to test for

drugs on the roadside and it was an emerging issue. Campaigns would be targeted in future to reflect drug use and it was noted that community pharmacies were a good partner in campaigns aimed at older people and prescribed drugs

- There had been no significant decrease in the numbers of drink drive fatalities following campaigns. Board Members wondered if the campaign needed to be changed. The SRP felt that the Grey Area campaign stating that the only safe level of alcohol was none and social media campaigns which were getting people to ask 'why did I do that' were successful
- A question from outside the Board asked about what actions could be taken when motoring affects people in their own homes and people become scared about what was happening on the roads. If Road Safety Officers feel that people are behaving in an anti-social way they would refer them to the police
- Rod Reynolds thanked the County Council for its support.

RESOLVED that the Health and Well-being Board thanked Rod Reynolds and Helen Roberts for highlighting the issues concerning road safety and would want to include road safety data in future JSNA work.

481 Pharmaceutical Needs Assessment

The Health and Social Care Act 2012 gave Health and Well-being Boards statutory responsibility for developing and updating Pharmaceutical Needs Assessments (PNA). The PNA was first published in April 2015 so a refresh would be required by April 2018.

It was acknowledged that the PNA presented an opportunity to explore how pharmaceutical services could further help to deliver the priorities of the HWB. A working group was formed with representatives from public health, the CCGs, the local Medical Committee and Healthwatch. The PNA documentation was then consulted on between October and December 2017 and it was concluded that pharmacies were well placed to deliver the outcomes desired by the Health and Well-being Strategy. There were no significant gaps or needs in pharmaceutical provision and everyone in Worcestershire could get to a pharmacy within 15 minutes.

15 recommendations came out of the refresh. They supported the STP as well as the HWB strategy.

Board members supported the idea that pharmacies should be optimised and GPs reported that they were trying to make more use of them. It was suggested that pharmacies could carry out health MOTs as they used to.

Board members were pleased that Healthwatch as well as a wide range of stakeholders had been involved in refreshing the PNA.

Frances Howie explained that the PNA would be taken through the STP Prevention Board and the Pharmaceutical Committee would be involved to ensure the recommendations were operationalised.

RESOLVED that the Health and Well-being Board:

a) **Noted the content of the 2018 pharmaceutical needs assessment;**
b) **Accepted the proposed recommendations, and**
c) **Agreed that progress on the actions be reviewed annually by the Health and Well-being Board.**

482 Children and Young People's Plan

Sarah Wilkins, Interim Assistant Director of Children's Services gave an update on the Children and Young People's Plan (CYPP). Since it has been approved by the Board, the CYPP has had quite a high profile at County Hall and had good Partner engagement.

The Governance structure of the Plan had developed since it has been signed off and the Connecting Families Strategic Group – a Sub Group of the HWB – was working on implementing the Social Care Improvement Plan, The Education Strategy, the SEND Strategy and the Early Help Strategy. The Connecting Families Strategic Sub- Group of the HWB was looking at KPIs in order to see where the key improvements were required. However it had been identified that some local events and activities were not being picked up because only the higher level plans were being recorded. Work was also on-going with Adverse Childhood Events (ACEs) and Signs of Safety.

Going forward the sub group was looking at developing KPIs and also whether its terms of reference needed to be updated.

In the discussion the following main points were made:

- They were not yet at the point of capturing wider local effort but it would be best if that was fed back

through the Health Improvement Group

- Although there was particular responsibility for and focus on vulnerable children in Worcestershire, the County Council needed to remember that outcomes needed to be maximised for all children in the county
- The Childrens' and Family subgroup specifically focussed on KPIs concerned with the strategies but other groups did look at wider issues for example The HWB Strategy was an all-age strategy, the Health Improvement Group looked at District Activities and the Health Protection Group looked at public health. When the KPIs had been defined they should return to the HWB for clarity
- The Cabinet Member with responsibility for children's services said that the situation in Children's services was improving and he had confidence in the top team that they could continue to make improvements. They were being supported by the Councillors who had agreed an £10.5million increase for safeguarding and vulnerable children in the recently approved budget.

Two questions were asked, one from a member of the public and one from a Councillor from outside the Board. Written answers were promised for these questions.

RESOLVED that the Health and Well-being Board:

a) Noted the update on the Children and Young People's plan, and

b) Agreed that quarterly updates should be brought to the Health and Well-being Board from the CYP Sub-group.

483 Suicide Prevention Plan

Suicide prevention had previously been included in the Mental health and well-being plan but was not included in the current version so a separate Suicide Prevention Plan had been developed, which was in line with national requirements.

Every week one person died in Worcestershire as a result of suicide. Suicide was preventable so this plan was an evidence and system approach to prevention. The plan would work to reduce the rate of suicides and offer better support for those affected by it.

The plan would be led by a multi-agency steering group; data would be collated then a plan would be shaped. The steering group would report annually to the Health Improvement Group. It was a four year plan which would

work to reduce the stigma of suicide as well as increasing training across the system.

RESOLVED that the Health and Well-being Board:

a) **Noted and approved the Worcestershire Suicide Prevention Plan; and**
b) **Confirmed a system commitment to suicide prevention and that each organisation would contribute to the plan's delivery.**

484 Director of Public Health Report

Deferred to the next meeting.

485 Memorandum of Understanding for Housing

Tim Rice explained that the Housing Task and Finish Group had looked at the National Memorandum of Understanding (MoU) on housing, health and social care and wanted to improve Worcestershire's position and partnership working.

Currently, review work was being completed on OT work and housing services was contributing to that work. Now teams were based at Neighbourhood level there was more co-operation between district councils and housing providers. The Better Care Fund also required co-operation with housing providers, especially around the use of the Disabled Facilities Grant.

There was an opportunity for District Housing providers to become more involved in commissioning opportunities as well as the STP. The CLG Committee for Housing and Older People made recommendations which mirrored the issues in the report but also reported that housing was not routinely being integrated with health and social care but efforts should be made for this to happen.

In the following discussion it was clarified that:

- Work on the Care Leavers Protocol and housing was being done but was not part of the MoU which concentrated on housing and older people
- Board members felt it was good that health, social care and housing should be considered together
- The MoU had a narrow remit and was led by the national memorandum. Issues such as health and homelessness were dealt with by the Homeless Health Charter and work around that area was being led by the Strategic Housing Partnership and the District Councils
- The representative from housing hoped that there

could be a development session on housing which could invite representatives from the Registered Social Landlords; he felt more could be done around health and housing
- It was pointed out that two strategic changes needed to be considered at the development session – firstly that the funding supporting housing would be changing after the summer and secondly the Homelessness Reduction Act would be brought in on 4 August.

RESOLVED that the Health and Well-being Board:

a) **Noted the contents of the report and the progress made to date on joint agency work on the housing and health Memorandum of Understanding;**
b) **Supported the view that current and future commissioning arrangements and opportunities should support the ambition of the MoU;**
c) **Agreed to incorporate Local Housing Authorities into relevant BCF planning;**
d) **Should encourage housing to be embedded into the development work relating to the new CCG Neighbourhood teams and the Adult Social Care Three Conversation model; and**
e) **Agreed to hold a Board Development session on housing on 24 April and embed the MoU principles and practise, specifically relating to 3-5 above, following which the Board would agree the next steps for the MoU Task and Finish Group and/ or project managed groups to progress this work.**

486 Future Meeting Dates

Dates for 2018

Public meetings (All at 2pm)
- 22 May 2018
- 25 September 2018
- 13 November 2018

Private Development meetings (All at 2pm)
- 27 March 2018
- 24 April 2018
- 19 June 2018
- 17 July 2018
- 23 October 2018
- 4 December 2018

The meeting ended at 4.30 pm

Chairman ……..