

**Health and Well-Being Board**  
**Tuesday, 23 September 2014, 2.00 pm, Council Chamber,**  
**Wyre Forest House, Finepoint Way, Kidderminster**

		<b>Minutes</b>
<b>Present:</b>		Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Mrs S L Blagg, Mr S Hairsnape, Mr B Hanford, Mr A I Hardman, Richard Harling, Dr A Kelly, Clare Marchant, Mr P Pinfield, Mrs C Cumino and Mrs A T Hingley
<b>249</b>	<b>Apologies and Substitutes</b>	Apologies were received from Cllr Hannah Campbell, Gail Quinton, and Dr Simon Rumley. Cllr Phil Grove attended on behalf of Cllr Campbell.
<b>250</b>	<b>Declarations of Interest</b>	None
<b>251</b>	<b>Public Participation</b>	None
<b>252</b>	<b>Confirmation of Minutes</b>	The minutes of the meeting held on 22 July 2014 were agreed to be a correct record of the meeting and were signed by the Chairman.
<b>253</b>	<b>Better Care Fund</b>	<p>Details of the Better Care Fund (BCF) had been discussed since the beginning of the year and at the last meeting responsibility for signing off the submission had been delegated 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.</p> <p>In brief, the BCF had been announced in 2013. It was not new funding but was money that was pooled under a section 75 agreement, which was intended to transform integration of health and social care. The BCF was an integral part of the Joint Health and Well-being Strategy and the Five Year Strategy for Health and Care under which there was a shared ambition to further integrate health and adult social care.</p> <p>The Worcestershire submission was authorised by the Chairman for the deadline of 19 September. The submission would go through a national assurance process which would last until the end of October.</p>

Sue Morgan and Chris Bird were thanked for their work on adding the required level of detail that had been needed for the submission. The 2014/15 element which had already been seen by the Board had remained unchanged.

The Worcestershire BCF for 2015/16 would include contributions from Worcestershire County Council (Capital Spending Social Care), the Disabled Facilities Grant (passed through to District Councils) and the three CCGs. The funding for 2015/16 was allocated to commission services in the following groups:

Admission prevention	£11,796,000
Facilitated Discharge	£8,254,000
Independent Living	£7,459,000
Payment for performance and ring-fenced fund	£9,684,000
<b>Total</b>	<b>£37,193,000</b>

Admission prevention included schemes such as urgent and unplanned beds, virtual wards, enhanced care teams and the recovery project (urgent homecare).

Facilitated discharge included discharge to assessment beds, enhanced interim packages of care, Timberdine nursing and rehabilitation unit and resource centres.

Independent Living schemes included looking at demographic pressures in domiciliary care and integrated community equipment.

Nationally mandated elements to be funded included carers, implementation of the Care Act and the Disabled Facilities Grant.

In the following discussion it was clarified that:

- Service user and carer representatives were feeding their views into work that was being done on a range of projects,
- For 2015/16 Worcestershire was planning to include a minimum contribution in the BCF, but the aspiration was to include more in future years.
- The submission would be given one of four levels of assurance from being 'fully approved' down to 'not approved.'
- A network of pioneers shared information about

work being done around the country. Other areas had not done anything majorly different or better than Worcestershire.

The Chairman reassured members that there had been lots of dialogue between the County Council and the three CCGs and public discussions had taken place before he had agreed to the final submission.

**RESOLVED that the Board:**

- a) **Endorsed the Worcestershire Better Care Fund plan submitted on 19 September 2014,**
- b) **Supported ongoing work (through the Well Connected programme) to implement the Worcestershire Five Year Strategy including identifying opportunities for further pooling of budgets; and**
- c) **Would consider any proposals for redesign and re-commissioning of services funded by the Better Care Fund as they arose, including as they related to integrated health and adult social care re-ablement and rehabilitation services.**

**254 House of Commons Health Committee's Visit to Worcestershire**

The House of Commons Health Select Committee had contacted Worcestershire to inform them that they wished to hold an 'inquiry examining the work of the 14 integrated care pioneers.' Written evidence was provided outlining the nature of the project and its long term objectives. A formal oral evidence session took place on Monday 14 July when three members of the Health Committee visited Worcestershire. Members of the Board, the Strategic Partnership Group and other colleagues participated in the day.

Following presentations, the oral evidence session and a visit to Timberdine nursing and residential unit, additional evidence was submitted. The Health Select Committee had also requested that they be informed about any areas where further support would be appreciated and this information had been supplied.

**RESOLVED that the Health and Well-being Board noted the report on the House of Commons Health Committee's visit to Worcestershire.**

**255 Worcestershire Response to the**

Jo Galloway provided a follow up report to the progress of the Francis Inquiry recommendations on behalf of the NHS Commissioners and Providers.

## Francis Inquiry - Follow up

The Francis Inquiry, published in February 2013 made 290 recommendations. All commissioning, service providers and organisations within the NHS were asked to consider the recommendations and apply them to their own organisation.

The key areas considered were:

Staffing – the National Quality Board report 'How to ensure the right people with the right skills are in the right place at the right time,' outlined the requirements for NHS Trusts to report on staffing capacity and capability. Regular information must be available to Trust Boards, available on their website and for national publication.

The Francis Review advocated a new 'shared culture in which the patient was the priority.' 'A Culture of Quality' workshop had been organised by the CCGs, and a task and finish group had been tasked with implementing a communications campaign to promote a culture of quality in Worcestershire.

Staff morale and engagement – annual staff surveys were monitored and staff were included as part of the quality assurance visit process.

Management of complaints – CCG complaints processes had been reviewed and complaints were monitored at bi-monthly Quality and Patient Safety Committees. Complaints from the main provider organisations were also regularly monitored.

Listening and responding to the patient voice – each CCG had an active Patient and Public Forum and they had recently completed a friends and family survey to capture patient experiences.

Recruitment and retention – a recruitment strategy was in place and the number of Health Care Assistants and apprenticeships had been increased and new roles such as physician assistants had been developed.

In conclusion work continued across the county to promote the 'culture of quality.'

In discussion the following main points were clarified:

- It was acknowledged that problems and mistakes could happen anywhere but now due to new processes and improved early warning systems,

**256 Joint Strategic Needs Assessment Update**

Worcestershire was in a better position to act quickly to prevent more serious problems,

- Patients and carers could feed into the process of quality assurance through the Patient and Public Forums,
- NICE guidelines on safe staffing related to numbers of staff as a proxy for quality of care, but by analysing published staffing numbers along with other information such as on complaints and the friends and family test, quality could be monitored.

**RESOLVED that the Board:**

- a) Received the health and social care economy wide update report reflecting NHS commissioner and provider and social care responses to key areas contained within the Francis Inquiry Review, and**
- b) Supported the County Wide vision to promote a 'Culture of Quality' across the health and social care economy through identification of common themes that required action on a partnership basis.**

The JSNA working group was a sub-group of the Board. It ensured that a suite of reliable materials were available on the website to inform priority setting, strategy development and commissioning.

Information was available on the four priority areas:

Older People – Worcestershire had a higher proportion of over 65 than the national average. The focus was on four areas:

- falls, there has been some improvement
- stroke, over the last 7 years numbers have been rising and numbers are projected to increase
- dementia, the exact prevalence was unknown but was likely to increase as the population ages
- Other issues, the number of older people with hearing and visual impairments was likely to increase, as were the numbers living with cancer, living alone or in a care home.

Mental health – This area had been the subject of a recent stakeholder event. Worcestershire had higher levels of protective factors for good mental well-being but there were pockets of high deprivation which presented

risks to mental well-being. The well-being of carers was of increased concern as was early intervention for children and young people with mental ill health.

Obesity – around two thirds of adults in Worcestershire are overweight or obese, almost a quarter of children aged 4-5 and a third of children aged 10-11 were overweight or obese. The steady rise in obesity for adults was not slowing down.

Alcohol – The rates of alcohol related mortality and months of life lost related to alcohol varied across the Worcestershire districts, but recently there had been a decrease in the number of alcohol related hospital admissions.

The Viewpoint survey suggested that people in the county felt that obesity was the greatest threat to health. Two thirds of respondents agreed that 'a healthy lifestyle would reduce the chance of getting ill', 40% of people felt they had control over their own health but only 25% felt they lived a healthy life.

National trends suggest that

- 38% of work related illness was due to work related mental health problems
- The average age of workers was increasing
- The public should be educated on the often high sugar content of fruit juices
- Cancer incidence was increasing while cancer mortality was decreasing
- Mortality from liver disease was increasing in England while it was decreasing in Europe
- Active travel should be encouraged because it was crucial to reducing the prevalence of obesity, but to improve uptake, safety of walking and cycling needed to be improved.

Other local issues:

- The proportion of women in Worcestershire who were smokers at the time of delivery was higher than the England average
- The percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months is lower in Worcestershire than the England average
- The number of people who re-entered drug treatment within 6 months was lower than the England average
- The rate of homelessness was higher than the England average
- Less than half of children reach school readiness by

- the end of reception
- Unemployment was decreasing

In the following discussion certain points were made:

- It was agreed that members would take this information back to their organisations to raise awareness and influence local decision making
- Workshops were held to enable people to get the best use from the website and there was a Health Improvement Officer in each District Council. Discussions on the JSNA took place with Open4business and the Chamber of Commerce. Work was also ongoing with schools and governors being invited to training sessions
- The County Council were working with the University of Worcester on dementia
- There was some concern that problems were persisting. It was acknowledged that the situation could be frustrating, especially in the face of rising costs of health and adult social care, however a key tool in tackling some of these was leadership from the Board to encourage local action by communities and individuals. It was also pointed out that whilst figures showed that whilst the problems have not yet been resolved, there were some signs of improvement in some areas, and solutions would take time.

**RESOLVED** that the Board:

- a) Noted the JSNA annual summary and other materials and the request to disseminate these within their organisations to ensure that they were used to inform decision making, and**
- b) Approved the proposed workplan of the JSNA working group for 14/15.**

**257      Pharmaceutical  
Needs  
Assessment**

Caroline Galloway explained that the Health and Social Care Act 2012 transferred responsibility for the developing and updating of Pharmaceutical Needs Assessments (PNA) to Health and Well-being Boards. NHS Arden Commissioning Support Unit had been commissioned to produce Worcestershire's PNA and they were being steered by a working group made up of relevant organisations.

The content of PNAs was defined by regulation and included the range and choice of pharmaceutical service

provision. The key findings showed that there was, on the whole, good access to pharmaceutical services.

In the following discussion certain points were made:

- Access to services out of hours was queried and it was stated that there had been an increase in the number of 100 hour pharmacies and that there was a rota for out of hours cover. The PNA included information about this and about how this information was made available to the public.

Once the draft PNA had been approved by the Board there would be a 60 day consultation which would include consulting neighbouring Local Authorities. The working group would oversee the analysis of responses and the PNA would be brought back to the Board in January 2015 for further consideration and final agreement so that it could be published by April 2015.

**RESOLVED that the Health and Well-being Board:**

- a) Approved the draft Pharmaceutical Needs Assessment for consultation and**
- b) Delegated responsibility for responding to neighbouring HWB PNAs to the Director of Adult Services and Health in consultation with the Chairman of the HWB.**

## **258 Digital Access and Inclusion**

Channel shift to digital access was happening across all sectors of society. Access to information and services were increasingly on line. However there was a risk that going digital could exclude some people. Age, social deprivation and education could influence the risk of digital exclusion.

Within Worcestershire a number of partners had come together to promote digital inclusion so everyone had the opportunity and support to go on line. The partnership was adopting the national 'Go-on' branding and the launch event was being held on 30 September at the Hive. A national 'Get On-line' week was being held in October.

Health inequalities was a cross cutting theme of the Joint Health and Well-being Strategy. Digital inclusion played a part in addressing inequalities so it was important for Board members to support Go On line week and promote digital inclusion.



Libraries were cited as a place to promote digital inclusion. It was raised out that those most at risk of digital exclusion included people who could not read and write and therefore might not visit libraries. However it was pointed out that increasingly libraries were taking on an extended role as 'community hubs'. There was a pilot in Malvern Hills where there was a computer and a volunteer available three mornings a week in a GP surgery. Digital champions were helping to clean and sell laptops previously used by the County Council.

**RESOLVED that the Board:**

- a) **Noted the importance of digital inclusion in building new approaches to health and social care,**
- b) **Noted the progress to date in developing a cross County digital inclusion strategy and plan,**
- c) **Supported and would promote the launch of Go On Worcestershire on Tuesday 30 September at the Hive, and**
- d) **Would support and promote Get Online week, 13-19 October.**

**259 Future of Acute Hospital Services in Worcestershire**

Simon Hairsnape gave an update on the Future of Acute Hospital Services in Worcestershire. At the July Board meeting a timetable had been given for the consultation process. However the preferred option was now being considered by the West Midlands Clinical Senate before consultation would be allowed to proceed. It was hoped that this could be completed and approval given for consultation by the end of October.

Clinically it was important to push ahead to consultation but the NHS would be bound by purdah in the run up to the general election in 2015, which would affect any potential consultation at that time.

Members were concerned that if consultation were delayed beyond the general election then emerging clinical risks might precipitate an emergency reconfiguration of services. It was agreed that clinical quality would need to be monitored closely and the Board kept advised of any escalation in clinical risk.

**RESOLVED that the HWB note the update on the Future of Acute Hospital Services in Worcestershire.**

**260 Future Meeting Dates**

The next HWB meeting would take place on:  
**Tuesday 4 November (2.00pm) at County Hall.**

Dates 2015  
Board Meetings - Public

- Wednesday 28 January 2015 (2.00)
- Tuesday 3 March 2015 (2.00)
- Tuesday 12 May 2015 (2.00)
- Wednesday 15 July 2015 (2.00)
- Tuesday 22 September 2015 (2.00)
- Tuesday 3 November 2015 (2.00)

Development Meetings – Members only

- 10 February 2015 (2.00)
- 14 April 2015 (2.00)
- 16 June 2015 (2.00)
- 13 October 2015 (2.00)
- 8 December 2015 (2.00)

The meeting ended at 4.15pm.

Chairman .....