

Health and Well-Being Board

Tuesday, 11 July 2017 Council Chamber, County Hall - 2.00 pm

Present:**Minutes**

Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman), Simon Adams, Carole Cumino, Catherine Driscoll, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Sander Kristel, Gerry O'Donnell, Steve Stewart and Simon Trickett

Also attended:

Elaine Carolan, Michelle McKay, Hannah Needham and Mark Travers

Available papers

The members had before them the Agenda papers (previously circulated); which included the Minutes of the meeting held on 13 June 2017.

436 Apologies and Substitutes

Apologies for absence had been received from Joanne Alner, Andy Roberts, Margaret Sherrey and Clare Marley. Simon Adams attended for Peter Pinfield.

437 Declarations of Interest

None

438 Public Participation

None

439 Confirmation of Minutes

The minutes of the meeting held on 13 June were agreed to be an accurate summary of the meeting and were signed by the Chairman.

440 Carers Strategy

Elaine Carolan presented an annual update on the Carers' Strategy. She was accompanied by Maddie Bunker Chairman of the Carers' Partnership and Lucy O'Brien, a young carer. They had worked hard during the past year to produce an all age strategy.

- The numbers of carers assessments were falling which was a result of intervention occurring earlier rather than carers having to wait and rely on the comprehensive carers' assessment
- The carers' Partnership were pleased with the implementation of the strategy and the improved partnership working between the commissioners and providers and also social care and health,
- In future it was hoped that the HWB and the STP Board could sign the NHS England Commitment to Carers Memorandum of Understanding.

441 Autism Strategy

The Board were pleased that the strategy was for all ages as the transition points were easier. Anne Duddington, Chairman of the Worcestershire Parent and Carers' Community, commented that she was pleased at the progress of the strategy but was concerned about the resilience of carers and services for Parent Carers, now services were independent of the Council.

It was clarified that the statistics showed the numbers of carers supported by commissioned services in each district, not supported by District Councils

RESOLVED that the Health and Well-being Board noted the progress made on the all-age carers' strategy following previous discussions with regard to the need to mitigate health inequalities and the work done during the year to strengthen services/provision for young carers.

Elaine Carolan presented the annual update on the Autism Strategy and was accompanied by Spencer Craig and Lara Barnish. The last year had been challenging but progress had been made.

The Autism Partnership was delivering outcomes and improvements without any specific extra budget. The Council were ensuring that the CCG and health staff were appropriately trained and were working with staff who were engaged with work opportunities for people with learning disabilities.

The CCGs and Public Health had given a one off payment to the Asperger's Service which was being used to address waiting lists which would be cleared by October. Demand for services and diagnoses had increased, especially amongst older adults, possibly due to the fact that people were more aware of Autism and adults required a diagnosis to be able to access work place support. The Autism diagnosis service had only been available for the last few years.

Lara Barnish explained that she felt that there was information available but it was not getting to those who needed it in an effective way; lots of parents also had examples of ways they had been supported but that help was not consistently offered to all parent carers; there appeared to be a lot of perverse incentives around support for Autism and also that children with Autism were at increased risk of having mental health issues so early intervention was very important.

The Council supported the all-age strategy but recognised that more work was needed to ensure the process and service was more joined up.

Spencer Craig Chairman of the Autism Partnership Group, felt that they had come a long way over the last few years and had concentrated on training in the past year. For the next year they would concentrate on young people.

A young carer with aspergers felt the was a problem with the lack of sign posting to where support could be found. It was stated that this would be followed up after the meeting, and further information was being made available on the Your Life, Your Choice website.

Healthwatch was looking in detail at the experiences of people with autism with the health service. They would feed their findings into the umbrella pathway.

RESOLVED that the Health and Well-being Board noted the progress made on the all-age strategy and the significant progress that has been made on the Autism Self-Assessment (SAF) Update.

442 Future of Acute Hospital Services

Simon Trickett explained that after 5 ½ years of work the decision was about to be made regarding the Future of Acute Hospital Services in Worcestershire. Board members had received a copy of the Decision Making Business Case which included the 12 recommendations which would be considered by the 3 CCGs when they met at the Committee in Common on 12 July.

If the recommendations were approved then applications would be made for the capital investment for the infrastructure which would be necessary to implement the recommendations.

RESOLVED that the Health and Well-being Board welcomed the news that the Future of Hospital Services in Worcestershire Programme had reached the decision stage.

443 Michelle McKay

Michelle McKay, the new Chief Executive of Worcestershire Acute Hospitals Trust was welcomed to the HWB. The Board wished to hear about her vision and what approach she would be taking to address the issues raised by the CQC. It was hoped that she would be able to return to the Board in October to give an update on progress.

444 Sustainability and Transformation Plans

Michelle explained that staff wished to provide a first class service and recognised that was not what was happening at present. She believed that the challenges had been underappreciated and she would be concentrating on the workforce, looking at staff vacancies and the culture. There were also safety and quality issues to be addressed.

She recognised that it was difficult for staff to work in a negative environment but the Acute Trust had good staff and partners who would enable the improvement journey to progress.

Some questions and statements from Board members were addressed:

- There were high numbers of agency staff which made continuity of care and handovers difficult. Worcestershire was fortunate in the University which was training nurses. Worcestershire was not doing badly with its number of nursing vacancies were compared to national figures but that was not good enough and Worcestershire needed to become a more attractive and flexible employer,
- Healthwatch were pleased that a substantive management team was now in place,
- The CCGs were pressuring NHSi to offer more support to the Trust,
- Michelle felt that the systems within the hospital were similar to those in Australia although the bureaucracy was very different. The geography of the area also made the provision of services different

RESOLVED that the Health and Well-being Board thanked Michelle for attending the meeting, and invited her to attend the meeting in October to give a further update.

The STP had progressed and following the joint meeting of Herefordshire and Worcestershire HWBs, the Governing Bodies of the 3 CCGs had met and approved the plan. However the STP was an iterative process rather than the production of one document with the changing financial and demand projections meaning that the STP would need to be constantly assessed.

Engagement with the public had been happening since November 2016 and the comments had been fed into the most recent version of the plan. The urgent care and

mental health sections and prevention theme had been worked on following the feedback received. The framework was now in place and individual issues such as accountable care would be brought back to the Board when necessary.

During the discussion various points were made:

- Further communications and engagement was needed so the public can see what it means for them, and see the STP as a positive thing that would improve services,
- Further work would be done around the modelling of adult social care,
- Where people had the biggest problems accessing services was where partners did not work well together
- Worcestershire was beginning to work with other areas to improve services such as working with Coventry and Warwick on cardiology services and Herefordshire on Stroke services,
- The biggest challenge for the NHS was staff recruitment, retention and morale. It was important that potential staff saw Worcestershire as a destination of choice
- Rather than a focus on transport the issue should be about making services accessible,
- It was suggested that social media could be better used to engage with the public,
- The Social Care Improvement Board was working to improve workforce issues,
- There were good links with the University of Worcester who were training health and nursing staff,
- District Council staff would be given further information by the STP team in order to be able to offer reassurance the public.

RESOLVED that the Health and Well-being Board noted the agreed STP and the aims for the future of health services in Worcestershire

445 Better Care Fund

One of the duties of the Health and Well-being Board (HWB) was to agree how the Better Care Fund (BCF) was spent. The guidance for 2017/18 had been delayed but the HWB were asked to agree the programme in principle. The submission was required by 11 September so it was suggested that the decision be delegated to the Director of Adult Services in consultation with the CCGs.

The outturn from the previous year showed an

underspend of £178,000 and there was an overspend on plaster of paris placements. The performance metrics showed some improvements but more were required.

It was clarified that delayed transfers of care were down to 2% in June where they had been as high as 15%.

RESOLVED that the Health and Well-being Board:

- a) **Noted the financial outturn to the BCF for 2016/17;**
- b) **Noted the outcome of the evaluation of existing schemes and agreed the changes to current schemes as set out in paragraph 5 and appendix A;**
- c) **Agreed in principle the BCF programme for 2017/18 and 2018/19 as outlined in appendix B, and agreed to delegate to the Director of Adult Services in consultation with the Chief Officers of the Clinical Commissioning Groups the authority to make the relevant submission to the Department of Health,**
- d) **Noted the proposal to discuss further with the District Councils the opportunity to retain on a County-wide basis the additional Disabled Facilities Grant for 2017/18; and**
- e) **Noted the outline agreement between the CCGs and the Council for the deployment of the Department for Communities and Local Government grant.**

446 Health Protection Group

The Health Protection Group was a sub-group of the Health and Well-being Board.

There had been a fragmentation of the health protection system so it was important that the Council worked well with NHS England. Public health had a number of complex responsibilities with NHS taking some such as immunisation and screening; the CCGs were responsible for certain treatment programs and the Council needed to ensure that all partners were working for the protection of the public.

Overall immunisation uptake was good, emergency planning was robust and air quality ? there was room for improvement with 'flu immunisation in under 65s and pregnancy; shingles immunisation; breast cancer screening; cervical screening; and TB.

It was clarified that the issues to do with breast cancer screening was about updating equipment and some new populations had an increased level of TB which Worcestershire was not set up to support. Birmingham

were being asked for support as they are a higher incidence area.

RESOLVED that the Health and Well-being Board:

- a) **Noted the work of the Health Protection Group during 2016/17;**
- b) **Receive an annual report for assurance and by exception for escalation of any key issues;**
- c) **Supported a review of membership and business of the health protection group;**
- d) **Prioritised working together to resolve issues highlighted;**
- e) **Supported the specific priority and partnership work of the HPG in increasing flu immunisation uptake, particularly in pregnant women and at risk groups under the age of 65 in the first instance; and**
- f) **Supported the prioritisation of partnership working the sub group to achieve assurance of the capacity and quality of TB services in the county.**

447 Children's and Young People's Plan

Nathan Travers, Chairman of the Connecting Families Strategic Group and Hannah Needham updated the Board regarding the Children and Young Peoples' Plan.

A lot of work would be needed to embed the plan in everyday practice of the partners. Consultation had happened with carers and parents and 2600 responses had been received by end June. The survey results were available for District Councils to use.

The plan set expectations around the way of working and collective ambition for all children. The plan is high level with 4 outcomes that all young people:

- Are safe from harm
- Reach their full potential
- Make a positive contribution in their communities
- Live healthy, happy and fun filled lives

The key priorities had been identified and it was known what will change if the plan is working.

In the ensuing discussion the following points were made:

- It was queried why closing health inequalities was not included in the plan,
- It was also felt that young carers needed a specific mention,
- Key success measures had been identified and

performance indicators would be developed to ensure and monitored by the connecting families strategic group,

- When asked how the voluntary and community sector could contribute to the plan, the Board was informed that there was a VCS representative on the Children and Families strategic Group.

RESOLVED that the Health and Well-being Board:

- a) Noted the views of children, young people, parents/carers and practitioners summarised in the report;**
- b) Approved the new Children and Young People's Plan (CYPP) for 2017 to 2021 and for the plan to act as framework for a whole-system response to improving outcomes for children, young people and their families;**
- c) Agreed to recommend to the range of agencies and organisations represented on the Health and Well-being Board to seek approval for the CYPP to be adopted within their individual agency policy framework;**
- d) Agreed to commit to receiving quarterly updates to monitor progress with implementation across the various partner organisations**

**448 Pharmaceutical
Needs
Assessment**

The Pharmaceutical Needs Assessment (PNA) was a requirement of the Health and Care Act and needed to be refreshed by April 2018.

The refresh included consultation with partners and bordering authorities.

RESOLVED that the Health and Well-being Board;

- a) Noted that a refresh of the Pharmaceutical Needs Assessment (PNA) is about to commence. The deadline for publication of the PNA being 31 March 2018, with it being a requirement of the Board under the Health and Care Act 2012;**
- b) Delegated responsibility for responding to neighbouring Health and Well-being Boards' Pharmaceutical Needs Assessments to the Director of Public Health in consultation with the Chairman of the Health and Well-being Board; and**
- c) Supported the establishment of a working group with the membership as set out in paragraph 6 of the report.**

449 Future Meeting Dates

Dates for 2017

Public meetings (All at 2pm)

- 10 October 2017

Private Development meetings (All at 2pm)

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

The meeting ended at 4.06 pm

Chairman

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