

Health and Well-Being Board

Wednesday, 28 January 2015, Council Chamber, County Hall

- 2.00 pm

Minutes

Present:

Mr M J Hart (Chairman), Mr A N Blagg, Mrs S L Blagg, Simon Hairsnape, Richard Harling, Frances Howie, Peter Pinfield, Gail Quinton and Carole Cumino

Also attended:

Peter Fryers, Caroline Galloway, Jo Ringshall and Laurence Tressler

Available Papers

The members had before them the Agenda papers (previously circulated) which included the minutes of the previous meeting. The agenda will be attached to the signed minutes.

274 Apologies and Substitutes

Apologies were received from James Baker, Hannah Campbell, Carl Ellson, Liz Eyre, Brian Hanford, Adrian Hardman, Anne Hingley, Anthony Kelly, Clare Marchant, Simon Rumley, Margaret Sherrey and Jonathan Wells.

Anthony Blagg attended for Liz Eyre and Frances Howie attended for Clare Marchant.

275 Declarations of Interest

None

276 Public Participation

None.

277 Confirmation of Minutes

The minutes of the meeting of 4 November 2014 were agreed to be a correct record of the meeting and were signed by the Chairman.

278 Worcestershire Public Health Annual Report

The Public Health Annual Report was a duty of the Director of Public Health. The report concentrated on health inequalities which were defined as variations in health not explained by biological factors such as age or sex. Poor health for people who live in certain areas was not inevitable and could be influenced by the choices and actions of individuals and organisations. There was a clear economic case for tackling inequalities because of the cost of lost productivity as well as the health and social care costs. For individuals, the Marmot Report

highlighted that nationally those on the lowest income lost around 17 years of disability free life compared to the highest. There was a gradient of health right across the population and the costs of dealing with poor health fell on taxpayers.

Overall health in Worcestershire was good and mortality from some of the common preventable conditions was low but there are differences between certain groups. The Report looked at the variations between groups and compared figures in the current report to the previous report of 2008 to examine progress, as well as considering local implementation of the recommendations of the Marmot report.

Life expectancy across the County had increased across the population since 2008. Death rates had fallen across the population and to a greater extent in more deprived groups, which meant that health inequalities had narrowed by this measure.

The report confirmed how important it was to give children a good start in life because inequalities at birth persisted throughout life. Babies from deprived areas were more likely to have mothers who were young, overweight or smokers and be under unprepared for school. Individuals' start in life had an effect on their future health and achievement throughout their lifetime.

Unemployment was lower in the county than the national average. Unemployment and low income had an effect on health outcomes. There were few low income households in Worcestershire and these tend to be concentrated in particular areas.

The areas with the best access to green space tended to be healthiest and have the highest levels of satisfaction with their area.

A small number of conditions were responsible for the majority of premature deaths and were all attributable to health related behaviours such as smoking, poor diet, physical inactivity and drinking too much alcohol.

In conclusion health inequalities had been reduced but persisted in some areas. The public sector had an important role in continuing to reduce health inequalities but could not do so alone. A more sustainable asset based approach, drawing on the resources of individuals, families, communities and businesses would be necessary for continued improvement. The

recommendations in the report were:

1. Intensive ongoing support for vulnerable families,
2. Intensive focus on early years development in priority areas,
3. Employment opportunities in priority areas,
4. Change to a place and asset-based approach to commissioning, and
5. Strengthen and improve prevention of ill health.

In the following discussion it was clarified that:

- The NHS used a formula to distribute money to CCGs according to need. Access to primary care services was typically poorer in the more deprived communities, with disproportionately high access to more expensive secondary care,
- There needed to be more discussions with communities about their role in improving their own health, perhaps through Local Councillors and with the support of Healthwatch,
- The Report gave some suggestions for investment, for example in prevention services for under 5s,
- Households living in poverty were measured using indices of deprivation which looked at whether households were in receipt of certain benefits,
- Information was not available to show if there had been a shift from people who were out of work and living in poverty to an increased number of people who were in work and living in poverty. However it might be possible to examine the relationship between employment and well-being in a future report,,
- The Council had a responsibility for giving people information about healthy lifestyles in a way they could understand, and individuals needed to take responsibility for taking action.

RESOLVED that the Health and Well-being Board:

- a) **Noted the contents and endorsed the recommendations of the Annual Report;**
- b) **Asked Board Members to disseminate the key messages and recommendations within their own organisations and should seek further endorsement; and**
- c) **Requested that member agencies working through the Health Improvement Group and Children's Trust develop a single action plan**

to address health inequalities based on the recommendations and priorities for action in the Annual Report.

279 Implementing the 2015/16 Better Care Fund Plan- Section 75 Agreement

Section 75 of the 2006 NHS Act formed the basis of a legal agreement between local authorities and the NHS for aligning funding and for one agency to commission on behalf of the other. The current section 75 agreement was being reviewed to reflect the Better Care Fund Plan and the respective priorities and commissioning intentions of the County Council and Worcestershire CCGs.

The 2014/15 Better Care Fund was monitored through the Integrated Commissioning Executive Officers Group and reported to the HWB. The forecast underspend was almost £800,000 but health and adult social care services had been under unprecedented pressure so far this winter and much of this was expected to be used by year end.

RESOLVED that the Health and Well-being Board:

- a) Approved the revision of the Section 75 Agreement for 2015/16 to reflect the better Care Fund Plan and other emerging priorities, operating models and Commissioning intentions; and**
- b) Noted the current budgetary position for the 2014/15 Better Care Fund.**

280 Pharmaceutical Needs Assessment

Caroline Galloway and Laurence Tressler from Arden commissioning attended the meeting for this item.

Following the report at the September meeting, which had launched the Pharmaceutical Needs Assessment (PNA) for consultation, the Board was asked to approve the final version.

A 60 day consultation had been completed and a good response received. The main difficulty people reported was accessing information about services rather than the services themselves and this was reflected in the recommendations.

The report had suggested that the Board ask NHS England to ask pharmaceutical service contractors to provide an action plan against the points raised under "Strategy to Reduce Barriers to Access Highlighted in

Public and Service User Engagement". Unfortunately NHS England was not able to ask for an action plan, but the Local Pharmaceutical Committee had agreed that it would work towards implementing the Joint Health and Well-being Strategy.

During the ensuing discussion the following points were raised:

- Contributors to the consultation were sought through the Viewpoint Survey,
- There had been some complaints about the hours that services were available, but although some supermarkets offered services for long hours it was realistic to accept that people in some areas of the County would have to travel further at certain times,
- Commissioners needed to be aware that out of hours prescribers should be able to carry medicines or be aware how the medicines would be available,
- Public Health worked closely with pharmacies in many areas,
- It was queried whether the 17% who were not satisfied lived in rural areas where there may be less accessibility to services, but information was not available about the location of those not satisfied.

RESOLVED that the Health and Well-being Board:

- a) **Approved the pharmaceutical needs assessment for publication and dissemination; and**
- b) **Approved the key messages to accompany the PNAs publication:**
 - **The evidence shows that there is no fundamental unmet pharmaceutical need in Worcestershire,**
 - **There is a high level of satisfaction with the pharmaceutical provision available to the public; and**
 - **There is an opportunity for community pharmacies to contribute to implementing the joint health and well-being strategy**

Action

increase. A number of organisations within Worcestershire had joined the Dementia Action Alliance and Jeremy Hunt, the Secretary of State for Health had written to the Chairs of all Health and Well-being Boards to encourage them to sign up to the Carers' Call to Action to help to improve the lives of carers of people with dementia.

The five aims were that carers of people with dementia:

- Have recognition of their unique experience,
- Are recognised as essential partners in care; valuing their knowledge and the support they provide to enable the person with dementia to live well,
- Have access to expertise in dementia care for personalised information, advice, support and co-ordination of care for the person with dementia,
- Have assessments and support to identify the ongoing and changing needs to maintain their own health and well-being,
- Have confidence that they are able to access good quality care, support and respite services that are flexible, culturally appropriate, timely and provided by skilled staff for both the carer and the person for whom they care.

Following sign up by the Board, commissioners of health and adult social care services would incorporate these aims into their commissioning intentions.

It was suggested that this be linked to the Carers Strategy and taken to the Older Peoples Forum.

RESOLVED that the Health and Well-being Board signed up to the Carer's Call to Action.

282 Crisis Care Concordat

The Crisis Care Concordat was a government policy priority for partner agencies to commit to working together to deliver better outcomes for people experiencing mental health crisis.

The Concordat was published in February 2014 and the first stage required local agencies to sign up to it by December 2014. The second stage required local agencies to produce an action plan by 1 March 2015.

RESOLVED that the Health and Well-being Board:

- a) **Noted that all local organisations had signed**

up to the Mental Health Crisis Concordat ; and

- b) Requested relevant officers to develop an action plan for sign off by the Chair and submission before 1 March.

283 Local Government Declaration on Tobacco Control

Tobacco use remained the primary cause of preventable illness and premature death. The Local Government declaration on Tobacco Control was a statement of a local authority's commitment to ensuring that tobacco control was given a high priority. The Council intended to sign the Declaration and would ensure implementation through the Tobacco Control Plan 2014-17 for Worcestershire; which was approved by the Health Improvement Group (HIG). The Plan would be co-ordinated and monitored by the Tobacco Control Alliance reporting to the Health Improvement Group (HIG).

There was a short discussion of E-cigarettes. There was some emerging evidence of harm and that they might be a gateway to the use of normal cigarettes. It was suggested that the Board keep this position under review.

RESOLVED that the Health and Well-being Board:

- a) Supported the signing of the Local Government Declaration on Tobacco Control by Worcestershire County Council and implementation through a partnership approach; and
- b) Encouraged the signing of the Declaration by District Councils, as well as the NHS Statement of Support by local NHS organisations.

284 Access to Services for Deaf People

Jo Ringshall, a Director of Healthwatch Worcestershire, explained that the issue of access to services by deaf people had been raised with Healthwatch by GPs and patient groups.

After a meeting with Deaf Direct it was decided to survey GPs to find out about existing practice and what was offered to deaf and hard of hearing patients. It was hoped to find examples of good practice which could be spread around other GPs and health services.

Questions were asked about whether there were:

- visual prompts in waiting rooms,

- flags on notes,
- set procedures in place,
- whether BSL interpreters could be booked,
- training for staff.

All 68 surgeries in Worcestershire were surveyed and 28 responded. With a 41% response rate the results had to be considered indicative rather than conclusive. The results were reviewed by a Task and Finish Group, who found:

- 50% had no visual indicators,
- 71% did mark files,
- Some offered a telephone only appointment system,
- 46% of staff had received deaf awareness training.

There was a concern that a lack of consideration towards deaf people had a cost to patients and their families and also to the NHS with missed diagnoses and worse health outcomes.

Patients were asked about their preferences and it was found to differ between profoundly deaf patients and those with some hearing loss. Most had to rely largely on friends and families to help with appointments which had implications for their privacy. It was part of the Public Sector Equality Duty for GPs and other health services to consider the needs of deaf people.

Board Members made the following comments:

- This was a good report that highlighted an issue which unfortunately was not new. NHS England was the commissioner for GP practices and needed to encourage and support practices to improve. People should also complain to register their views,
- It was important that receptionists had at least a basic level of training to ensure they spoke clearly. This applied to all health services, not just GPs.
- It would be useful if surgeries with good practice could be identified and examples disseminated.

RESOLVED that the Health and Well-being Board encouraged implementation of the recommendations of the report by all commissioners and providers of GP services in line with their Public Sector Equality Duty.

285 Health Protection Group

Frances Howie reassured the Board that the Health Protection Group had been meeting during 2014. The Group gave assurance that multi-agency arrangements were in place to prevent and respond to threats to health. The Group routinely considered issues such as emergency preparedness, immunisation, screening and infection control and in addition had considered air quality, the impact of funding reductions in regulatory services and outbreak management during 2014 and had not found any cause for concern. The Chairman confirmed that they had been reassured about Ebola.

RESOLVED that the Health and Well-being Board:

- a) **Noted the work of the Health Protection Group during 2014;**
- b) **Requested that a further report be brought back to the Board in a year; and**
- c) **Agreed to ensure the contribution of member organisations to health protection where required.**

286 Autism Strategy

Following the Board meeting in November The Autism Strategy was undergoing revision and consultation and a final report was expected in March 2015.

Resolved that the Health and Well-being Board noted progress with consultation of the Autism Strategy.

287 Carers' Strategy

Discussions had taken place at the November meeting about the need for further co-operation with carers on the production of the Carer's Strategy. A meeting had taken place with family carer's representatives and agreement had been reached on a document for consultation. After the twelve week consultation the strategy would be brought back to the May meeting.

Members wished to record that credit was due to the officers who were willing to go back and re-look at the strategy and work with users and carers to produce a strategy which was more likely to be acceptable.

RESOLVED that the Health and Well-being Board noted progress with development and consultation of the Carers' Strategy.

**288 Future Meeting
Dates 2015**

Public Meetings

Tuesday 3 March
Tuesday 12 May
Wednesday 15 July – Pershore Civic Centre
Tuesday 30 September – (Change of date)
Tuesday 3 November – Malvern District Council Offices

All meetings start at 2.00pm at County Hall unless otherwise listed.

Development (Private) Meetings 2015

Tuesday 14 April
Tuesday 16 June
Tuesday 13 October
Tuesday 8 December

All meetings start at 2.00pm and will be held at County Hall.

The meeting ended at 3.45 pm

Chairman