

Health and Well-Being Board

Tuesday, 12 May 2015, Council Chamber, County Hall – 2.00 pm

Minutes

Present:

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Mrs S L Blagg, Mr JP Campion, Mrs C Cumino, Supt. A Franklin-Smith, Mr P Grove, Mr A I Hardman, Richard Harling, Dr A Kelly, Clare Marchant, Peter Pinfield, Gail Quinton, Dr Simon Rumley, Mr P Sheldon and Mrs M Sherrey.

Also attended:

Martin Heuter, Frances Howie, Richard Keble, Frances Martin, David Mehaffey, Dr Phillips, Chris Tidman and Harry Turner.

304 Apologies and Substitutes (Agenda Item 1)

Apologies were received from Simon Hairsnape who was represented by Paul Sheldon; and Hannah Campbell who was represented by Phil Grove.

The Chairman welcomed the new members of the Board; Superintendent Alex Franklin-Smith from West Mercia Police, Noreen Dowd from NHS England, Margaret Sherrey for the District Councils in the North of the County, and John Campion, the new County Council Cabinet Member for Children and Families.

Harry Turner, Chairman of the Worcestershire Acute Hospitals NHS Trust, Chris Tidman, Deputy Chief Executive of the Acute Hospitals NHS Trust and Dr Phillips, Chief Medical Officer, attended for item 7.

305 Declarations of Interest (Agenda Item 2)

None.

306 Public Participation (Agenda Item 3)

Maddy Bunker, Chairman of the Carers Consultative Group made a short statement regarding Agenda Item 6 The Carers' Strategy:

- They accepted the strategy had made considerable progress since it was last at the Health and Well-being Board (HWB) in November 2014,
- They welcomed the commitment not to charge eligible carers for services for the current financial year and hoped that could continue throughout the

lifetime of the strategy,

- They felt the assessment strategy had been clarified but they had some concerns about the reliance on digital technology,
- They wished for a commitment from the HWB to further enhance co-production, especially in acknowledging and recognising the role of carers, and
- They were committed to working with other carers and officers to produce an action plan and to monitor the implementation of the strategy.

307 Confirmation of Minutes
(Agenda Item 4)

The minutes of the 3 March 2015 were agreed to be a correct record of the meeting and were signed by the Chairman.

308 Autism Strategy
(Agenda Item 5)

Richard Keble asked the HWB to note the outcome of the consultation about the All Age Autism Strategy and approve the final draft of the Strategy. The adult Strategy had been seen by the Board in November 2014 when it had been agreed to develop it as an all age strategy.

The consultation documents had been presented to the Worcestershire Autism Strategy Partnership Group, CCGs, NHS Trusts and the voluntary and community sector. Following responses the strategy was revised.

After the presentation had been finalised a detailed action plan would be developed and implemented. An official launch would take place during summer 2015.

Board members made the following comments;

- Healthwatch wished to endorse the strategy and thanked officers for responding to comments made at the November meeting regarding co-production,
- In response to a query about how oversight would be managed it was explained that the Autism Partnership would monitor progress of the strategy and there would be an annual report to the HWB,
- The Local medical Committee had queried what happened to the services that were provided to children once they reached 18. It was explained that a working group was continuing to look at how services could be extended to include adults,
- It was accepted that a reasonable number of responses had been received. The strategy had been written as a co-production with the Autism

group and schools so the content was not new to many people and as their views were already reflected in the document there had been less need for them to comment through the consultation.

RESOLVED that the Board:

- a) **Noted the outcome of the consultation about the All Age Autism Strategy;**
- b) **Approved the final draft of the All Age Autism Strategy; and**
- c) **Requested that the Strategy be brought back to the HWB for an annual update.**

309 Carers' Strategy
(Agenda Item 6)

Richard Keble explained that a first draft of the Carers' Strategy had been presented to the HWB in November 2014 when it was decided to develop an all age strategy. Consultation for the new strategy had taken place from 26 January 2015 to 8 March 2015. Not many responses had been received but carers had been included in producing the strategy that went out for consultation. The views of the overview and scrutiny panel had also been included.

Once approved by the Board a detailed action plan would be produced with the Carers' Consultative Group which would include a clear parent carer pathway. Further work would be done to renew the commitments by employers and providers in a Worcestershire Carers' Charter and the layout would be updated. An official launch was then planned for National Carers Week, 8-15 June and would be hosted by the Health and Well-being Board.

Members made the following comments:

- Healthwatch felt that credit was due to the County Council for listening to those on the front line. They especially liked the 'strategy on a page' which was included in the strategy document,
- Members of the Board would welcome an update on how the strategy was being implemented at a future Board meeting,
- Further details were given of how young carers were engaged in the consultation. It was appreciated that it was not easy for people to comment on a full strategy document so key issues had been presented to some groups. In future increased use of social media would be important.

310 Acute Hospital Services: Emerging Concerns and Actions
(Agenda Item 7)

RESOLVED that the Board:

- a) **Noted the outcome of the consultation about the Carers Strategy,**
- b) **Approved the final draft of the Carers Strategy; and**
- c) **Requested that the Strategy be brought back to the HWB for an annual update.**

A range of concerns about the Acute Hospital Trust had been identified and had resulted in a Risk Summit on 25 March and a Care Quality Commission Inspection on 24 March.

There had been three main areas of concern:

1. Performance - which included issues around
 - i) Key targets,
 - ii) Urgent care – work was underway to improve this area which would be monitored through the systems resilience group,
 - iii) Mortality rates – Provisional data was given at the Rick summit which suggested that rates were up to 10% higher than expected.
2. Workforce – which included the resignation of 5 Emergency Department Consultants, although appointments had now been made, and staffing in general surgery and women and children's services.
3. Leadership and Culture – which included accusations of bullying and harassment that had led to a review by the Good Governance Commission, the results of which were awaited.

There had been a question at the Risk Summit that the Trust Board did not know about some areas of concern, but assurances had been given the Trust Board was functioning adequately.

The HWB did not have direct accountability for the acute hospital services but did have a responsibility to ensure concerns were placed on public record and to seek assurances that they were being addressed.

Chris Tidman, Deputy Chief Executive, gave a presentation about what the Trust was doing now and would do in the future to address the concerns.

- Key performance targets were being pursued but further improvements were required and would be

monitored closely,

- Additional support had been brought in with an interim Chief Medical Officer and an Improvement Director,
- Improvements had been made in the Emergency Department, the Urgent Care pathway had been improved and a Patient Care Improvement Plan had been produced,
- There had been increased openness and transparency in reporting and through the Trust Board agenda,
- Their approach would be to look for support and advice from partners,
- An Organisational Development plan would be put in place to support staff,
- Protocols had been signed off concerning ambulance handovers and delayed transfers of care numbers.

In the ensuing discussion the following points were made:

- HWB Members thanked Chris Tidman for his presentation and commented that it was much more positive and a marked difference to responses that had previously been received from the Trust,
- It was suggested that closer collaboration would be useful with other health and social care providers, for example using the same definitions and data for targets,
- The Acute Trust should work with Healthwatch to gain the views of Worcestershire residents to whom they were accountable,
- An improved, more open communications strategy would be useful, which was more pro-active and produced jointly with partners,
- It was clarified that a review by a specialist would occur within an hour in the Emergency Department but out of hours specialists would visit people on the ward within 12 hours,
- Mortality rates took age and case mix into account so that data could be standardised. Worcestershire rates were higher than average and a robust procedure was to be introduced to review all deaths and escalate any concerns,
- The use of the term 'bed blockers' should be seen as offensive and it was not a term used by the Acute Trust,
- A whole system finance response had been mapped by the CCGs, County Council and the

Acute Trust so that joint savings can be achieved through combining resources through programmes such as Well-Connected,

- The Risk Summit included actions for all the Health and Social Care Partners and not just for the Acute Trust so action needed to be taken jointly,
- It was suggested that patient and staff experience had improved in certain areas of the hospital, but it was acknowledged that the CQC view was still awaited,
- The Systems Resilience Group would be monitoring progress against the actions listed at the Risk Summit in respect of urgent care and the HWB would seek reassurance from them,
- The Chairman of the Acute Trust concluded by stating that patient safety and care was the top priority for the Trust Board and if concerns arose they should be informed as early as possible. They would welcome a HWB member at Board meetings and wondered if including someone from the Acute Trust on the HWB would improve partnership working.

RESOLVED that the Board;

- a) Thank Harry Turner, Chris Tidman and Dr Phillips for attending the meeting, and**
- b) Continue to monitor the situation and receive a further report at the next HWB meeting.**

311 Children and Young People's Early Help Strategy
(Agenda Item 8)

Gail Quinton asked the HWB to approve the proposed refresh to the governance arrangements for the Children and Young People's Early Help Strategy and note the feedback from the recent Children's Services Safeguarding Peer Review.

The Early Help Strategy reported to the Children's Trust Executive Board which was a sub group of the HWB. All six districts have County Council funded Early Help Services.

It was proposed that the Children's Trust Executive Board be replaced with a Children and Families Strategic Group. The Group would be able to carry out more detailed work and strengthen oversight.

John Campion, Cabinet Member for Children and Families, supported this change to the governance arrangement. The Peer Review had been clear and it was very important to get the first part of persons' life

right.

The Chairman suggested that it would be useful to continue the discussion of the role of HWB in Early Help and its contribution to the wider children's agenda at the next Board Development session in June.

The next Stakeholder Event on 4 June would include looking at some findings about Early Help and that would be fed into considerations that would contribute to the next Joint Health and Well-being Strategy.

RESOLVED that the Board:

- a) **Approved the proposals to refresh the governance arrangement, by replacing the Children's Trust Executive Board as a sub group of the HWB, with a Children and Families Strategic Group and strengthen the involvement of other groups (e.g. Health Improvement Group) in overseeing the implementation of the Children and Young People's Plan;**
- b) **Noted the feedback from the recent Children's Services Safeguarding Peer Review,**
- c) **Would consider and agree the role of the Health and Well-being Board in leading the development and implementation of the revised Early Help Strategy and its contribution to the wider Children's agenda, at the Board Development meeting on 16 June 2015,**
- d) **Noted the plans to refresh the Children and Young people's (CYP's) Early Help Strategy to capture the role that all partners have in meeting 'early help' demand and to inform future funding / commissioning decisions, and**
- e) **Noted the timescales for consultation to inform the development of the CYP's Early Help Strategy including using the stakeholder event (4 June) arranged on reviewing the Health and Well-being Strategy.**

**312 JSNA:
Worcestershire
Health
Indicators
Summary
(Agenda Item 9)**

Frances Howie stated that generally Worcestershire was a healthy place to live and compared favourably against many health and well-being indicators.

Members were asked to feed into the Stakeholder event on 4 June to ensure that issues they were concerned about were considered when the Joint Health and Well-being Strategy was renewed.

313 Health Improvement Group Annual Report
(Agenda Item 10)

In the ensuing discussion the following comments were made:

- Members queried the timescales for when improvements would be seen for some indicators. It was explained that those areas relevant to the Joint Health and Well-being Strategy where further improvement was required would be considered by the Health Improvement Group who report back to the HWB,
- Childhood obesity remained a concern but at a stable level,
- Falls had reduced as a result of falls prevention activities which had been successful,
- It was queried whether Councils should become more active in areas such as using planning to limit the numbers of fast food outlets or licensed premises. A Planning for Health paper had been produced to inform planning and licensing decisions,
- Health Chats were being introduced which included rigorous training for staff.

RESOLVED that the Board:

- a) Noted the contents of the report,**
- b) Make use of the information alongside the JSNA and other data to inform the renewed priorities,**
- c) Requested the Health Improvement Group to respond to areas of concern; and**
- d) Ensure that all partner organisations were fully involved, through the groups highlighted, in addressing the concerns raised.**

Frances Howie confirmed that the Health Improvement Group was a sub-group of the HWB that was responsible for developing and implementing Strategic Plans against the priorities in the Joint Health and Well-being Strategy. There had been good attendance at the HIG by all members. They had received updates on the Obesity Plan, the Alcohol Plan and the Mental Well-being and Suicide Prevention Plan. A Suicide Audit Group had also met and reported that no further concerns had been raised about the Bromsgrove footbridge.

The HIG had received updates from Malvern Hills and the Worcester City about their district plans to improve health and well-being. It had also considered Planning for Health, the Pharmaceutical Needs Assessment, Health Impact Assessment, the Director of Public Health Annual

Report and updates on the Care Act and Future Lives.

The Chairman of the HWB Chaired the HIG and agreed that attendance had been good. Board members felt it was a good idea for the HIG and its District Council members to review local policies such as planning before issues were reported to the Board to consider the wider determinants of health.

As Health and Well-being was one of the Council's Corporate Priorities and part of making Worcestershire World Class, Board Members felt it was important to receive updates from the HIG every six months.

RESOLVED that the Board:

- a) **Considered and commented on progress made between September 2014 and March 2015,**
- b) **Requested that the next Health Improvement Group Bi-annual report be presented to the Board in November 2015.**

314 Development of new models of integrated care - The Worcestershire 'Trailblazers'
(Agenda Item 11)

Following the Five Year Forward View published in October 2014, local health and social care economies were invited to apply for Vanguard status to develop new models of care. Worcestershire's joint bid was supported by the Regional NHS England team but had not been successful.

The Strategic Partnership Group (SPG) proposed to identify three Worcestershire Trailblazers to develop new models of integrated care focused around clusters of GP practices. The Trailblazers would have access to support and be expected to share their experiences.

The terms of reference of the SPG would be revised to allow Chief Officers of the commissioning and provider organisations to support the Trailblazers.

Board members were keen that examples of good practice should be shared and the voluntary and community sector wished to continue to be involved.

RESOLVED that the Board:

- a) **Support the development of 'Worcestershire Trailblazers'; and**
- b) **Support the development of revised Terms of Reference for the Strategic Partnership Group and the development and implementation of a countywide support programme.**

315 Better Care Fund 2014/15 Update and 2015/16 Plan
(Agenda Item 12)

Frances Martin thanked Christopher Bird for his efforts in producing the Better Care Fund (BCF) accounts and made the following comments about the BCF:

- Once the contingency was taken into account, the BCF outturn position moved to break even,
- Part of the Winter Pressures budget was unfunded. It was proposed that the extra amount be reimbursed from the 2015/16 BCF,
- The BCF Operationalisation Guidance detailed that money could be withheld if certain conditions were not met,
- Quarterly and annual reports were required by NHS England but the monitoring reports needed to be signed off by HWB before submission. It was proposed that the Chairman have delegated authority for signing off the quarterly returns before they are reported at the next Board meeting.
- It was recommended that the target for reducing emergency hospital admissions remain at 3.5%.

RESOLVED that the Board:

- a) Noted the outturn position of the 2014/15 Better Care Fund,**
- b) Agreed the proposal to reimburse the 2014/15 CCG overspend arising as a result of Systems Resilience Group decisions with a reduction in the 2015/16 BCF Winter Pressures allocation,**
- c) Noted the financial implications of the recently released BCF operationalisation guidance, including the requirement for the Board to sign off quarterly monitoring reports,**
- d) Approved the proposal that the quarterly BCF returns can be signed off by HWB Chairman rather than the full Board,**
- e) Approved the proposal to retain the 3.5% target for reduction in emergency hospital admissions reduction in the BCF plan.**

316 Future Meeting Dates
(Agenda Item 13)

Wednesday 15 July – Pershore Civic Centre
Tuesday 30 September – County Hall, Worcester
Tuesday 3 November – Malvern District Council Offices

All meetings start at 2.00pm.

Development (Private) Meetings 2015

Tuesday 16 June
Tuesday 13 October
Tuesday 8 December

**317 South
Worcestershire
CCG Quality
Premium - Local
Indicators**
(Agenda Item 14)

All held at County Hall at 2.00pm

A paper was tabled by South Worcestershire CCG regarding the Quality Premium. CCGs were required to select local indicators to form part of the measures against which their performance would be measured. £5 per head of population would be available if the measures were fully delivered although it would be very difficult to fully achieve all the measures.

CCGs had discretion on the indicators they wished to include related to:

1. Urgent Care
2. Mental Health
3. Health Outcomes

Suggestions were made for indicators to be included, ready for further discussion at the next development meeting.

RESOLVED that the Board:

- a) **Noted the proposed local indicators for inclusion in the South Worcestershire CCG Quality Premium for 2015/16,**
- b) **Agreed to consider them further at the June development meeting, and**
- c) **Delegated to the Chairman the authority to formally endorse the final set of indicators on behalf of the Board.**

The meeting ended at 4.10 pm

Chairman

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