

Health and Well-Being Board

Wednesday, 30 September 2015 Council Chamber, County Hall - 2.00 pm

Present:**Minutes**

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Ms J Alner, Mrs S L Blagg, Mr J P Campion, Mr Simon Hairsnape, Richard Harling, Dr A Kelly, Clare Marchant, Peter Pinfield and Simon White

Also attended:

Simon Adams, Frances Howie and Frances Martin

Available papers

The members had before them the Agenda papers (previously circulated); which included the Minutes of the meeting held on 15 July 2015.

329 Apologies and Substitutes

Apologies were received from Adrian Hardman, Gerry O'Donnell and Simon Rumley. Jonathan Sutton attended for Carole Cumino.

The Chairman welcomed Simon White, Interim Director of Children's Services to his first Board meeting.

330 Declarations of Interest

None.

331 Public Participation

There were two public participants.

David Trigger was a member of the Co-production Panel of the Coalition for Collaborative Care (C4CC) and was an NHS England Patient Leader. He wished to support the Healthwatch report on Co-Production. He explained that the process needed to start with people who were dependent on social care. A pilot in Cornwall was proving to be successful and was leading to a reduction in emergency admissions as well as reductions in care costs. With strong leadership he felt that Worcestershire could also do well with co-production.

Jim Smith and Jackie Payton were from the Worcestershire Coalition for Independent Living. They wished to support the Healthwatch report on Co-Production. They were pleased that there was a higher proportion of direct payments to individuals in Worcestershire than the national average. Users of services and carers needed to be part of the formation stage rather than just the consultation stage. Jackie Payton described a case study which demonstrated the benefits of co-production.

332 Confirmation of Minutes

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

333 2016-19 Joint Health and Well-being Strategy

Frances Howie explained that the process for the development of the Joint Health and Well-being Strategy had been brought to the Board meeting in March 2015. She was now bringing the draft strategy for comments, prior to the strategy going out to public consultation.

A Stakeholder event had taken place on 4 June with 140 attendees and following this and using data from the JSNA, a draft strategy had been developed. The strategy detailed six key principles and five approaches to prevention.

The draft strategy suggested that the three priorities for 2016-19 would be:

- Mental health and well-being throughout life
- Being active at every age
- Reducing harm from alcohol at all ages

A further stakeholder event had been organised for 10 November to start the public consultation process.

During the discussion the following points were made:

- The all age nature of the strategy and the emphasis on prevention were positive, but some members felt that the role of the Board to support and facilitate implementation was too passive. There should be more challenge and checking by the Board,
- Reductions in funding for prevention were being made, which seemed contradictory to the vision set out in the Strategy. However, it was pointed out that the Strategy was not mainly about spending dedicated prevention funding. A range of approaches to prevention were outlined, and the services commissioned and provided by all agencies had an opportunity to make a contribution,
- Members suggested that the document should include more detail about how the Strategy would be implemented. It was pointed out that the Strategy was a high level document. Action plans would be put in place to implement the Strategy and it would be their role to ensure improvements were achieved.

RESOLVED that the Health and Well-being Board

**334 Public Health
Ring Fenced
Grant**

- a) **delegated to the Chairman of the Board approval of the draft Joint Health and Well-being strategy within the next 14 days; following the necessary changes being made due to comments made by Board members; and**
- b) **noted the process for further consultation.**

In June 2015 the Treasury announced that the government intended to reduce the national Public Health Ring Fenced Grant (PHRFG) by £200 million, with this reduction being passed on to Local Authorities. Although not yet confirmed, it was thought that the reduction would mean a 6.2% reduction to all Local Authorities in-year and as the PHRFG was not a protected area of spend, further reductions of 25% to 40% were expected by 2020.

It was not clear when the Department of Health would confirm the reductions, so it may be necessary to make final decisions about how services would be affected before the reduction was confirmed to allow a sufficient period for implementation. A final decision had been delegated to the Cabinet Member for Health and Well-being in discussion with the Director of Adult Services and Health.

A list of discussions held with partners prior to the Board meeting was detailed in the agenda.

The main points made in the meeting were:

- The police had already been working towards cuts of 20% in their own funding and the proposed reductions of 25% to 40% would be challenging. West Mercia Police had a change programme in place which was nationally recognised and advocated a whole system approach. They requested that they put forward a written submission to the County Council prior to the final decisions being made. They were informed that a written submission would be helpful if it was submitted by the end of October and was solution focussed with constructive comments,
- The Clinical Commissioning Groups (CCGs) raised concerns that the reductions in the PHRFG were inconsistent with the NHS Five Year Forward View. They were also concerned about the potential for reductions to prevention services to increase costs to the NHS, both directly and indirectly. It was pointed out that it would be

impossible to make 25-40% savings without reducing some services, although the County Council would try to mitigate the impact of this,

- The County Council had written to the Government to ask for the PHRFG to be maintained, and other partners were encouraged to lobby them as well,
- Members believed it was necessary to be honest with the public that there would be an effect on front line services due to such a large reduction in funding,
- The Chairman agreed that 'they could do anything, but not everything.' He had written to the six local MPs and would listen to partners before final decisions were made. He felt that prevention was a key issue and there was a need to ensure that the money was spent in the best way and targeted to where it was most needed.

RESOLVED that the Board had the opportunity to consider and comment on the evolving proposals for savings and re-investment of the public health ring fenced grant in order to inform the final decision for each service.

335 Better Care Fund

Budget monitoring information about the Better Care Fund (BCF) was provided in the agenda papers. The Board was assured that monitoring was on-going to ensure that placements were as short as possible in order to allow that the schemes to be sustained during winter.

RESOLVED that the Health and Well-being Board:
a) Noted the current forecast outturn of the 2015/16 Better Care Fund and,
b) Noted the actions being taken in respect of those placement schemes currently overspending in an effort to sustain them until 31 March 2016.

336 Co-production

Peter Pinfield introduced his report by saying Worcestershire was the first county in the Country to introduce co-production as a way of working. He was leading it along with Worcestershire Health and Care Trust. The process would have benefits for all partners but would not be achieved overnight.

Simon Adams explained that the Joint Health and Well-

being Strategy set out a commitment to 'ensure patients, service users and carers were fully included in all aspects of service redesign and change in the development of integrated care and that they were fully involved in their own care and well-being.' The process was being tested with elderly service users with long term conditions and their carers.

The key principles were that 'consumers' should have an equal voice to the NHS and the County Council, be involved from the start of any service plan or amendment and be encouraged to share skills and experience.

Critical success factors were that organisations needed to commit the right resources to co-production, they should listen to 'consumers,' monitor how successfully consumers were involved and ensure that co-production was carried out in the same way by all health and care organisations.

Board Members supported the idea of co-production and its key principles but recognised that the difficult thing was putting the principles into practice. It was suggested that examples of good practice should be used to encourage partners.

The Chairman had attended the event on co-production and agreed with the principles and encouraged them to be put into action.

RESOLVED that the Health and Well-being Board:

- a) **Agreed to recommend that its member organisations formally agree the commitment to co-production including agreement to the Key Principles and Critical Success Factors through the governance arrangements of the individual member organisations,**
- b) **Requested that Commissioners consider how they would ensure that the providers they contract with to deliver health and social care services, undertake co-production and put arrangements in place to ensure they do so,**
- c) **Agreed to encourage commissioners and providers to develop a shared understanding of co-production, recognising that further work needed to be done to develop what co-production means in the following circumstances:**
 - **Commissioning**
 - **Service design, and how commissioners would ensure providers commit to co-**

337 Emotional well-being and mental health transformation plan for children and young people.

- production
- Health and care planning for individuals; and
- d) Review the progress of implementation in 6 months.

It was necessary for the Board to approve the Emotional Well-being and Mental Health Transformation Plan for Children and Young People so that it could be submitted to NHS England in a bid to attract additional national funding. The plan was based on successfully attracting additional funding so if the additional funding was not awarded the plan would need to be revised.

The services would be delivered by the Health and Care Trust but Commissioners reserved the right to take the service out to competitive tender if outcomes were not improving.

RESOLVED that the Health and Well-being Board:

- a) **Approved the draft Transformation Plan for submission to NHS England;**
- b) **Supported further development and implementation of the plan – subject to confirmation that additional funding would be available; and**
- c) **Approved the approach for commissioners to collaborate with the current NHS provider, whilst reserving the right to competitively tender if they consider that the collaborative process would not deliver improved outcomes or desired efficiencies, or where national or local guidance required a competitive approach.**

338 Safeguarding Children Annual Report And Child Death Overview Panel Annual Report 2014/15

Worcestershire Safeguarding Children Annual Report

Diana Fulbrook presented the Worcestershire Safeguarding Children Annual Report for the year up to March 2015. Partners had given a great deal of support to Safeguarding and achievements had been made with the establishment of a multi-agency Safeguarding hub and the development of a Child Sexual Exploitation Action Plan. User feedback had also greatly improved with Voice of the Child. Despite these achievements by the end of the year the Safeguarding Board found they could not be assured of the effectiveness of early help or the safety of the child protection system. To address the problems the County Council had set up a new 'Back to Basics' Improvement Board.

It was hoped that by the end of 2015/16 Partners would be able to manage demand which would result in a fall in the number of referrals through the Access Centre and improvements would be seen in front line practice.

Child Death Review Process for Worcestershire 2014-15

Felix Borchardt was Chairman of the Child Death Overview Panel. He explained that the Panel had reviewed 48 deaths and considered any modifiable factors. The majority of cases included similar issues such as chaotic households as well as health problems. The panel was able to recognize good practice and identify learning. A safer sleeping programme was being introduced.

In response to queries it was clarified that it was not always possible to prove what caused deaths but behaviours could be identified which made them less likely. It was also not possible to compare Worcestershire with other areas as the recording of associated factors was not consistent.

RESOLVED that the Health and Well-being Board:

- a) Considered the points which may inform future work of the HWB in respect of its strategic priorities; and**
- b) Identified cross cutting themes where the HWB had a role to play in reducing risks to children.**

339 JSNA Annual Summary

The Board was informed that the JSNA was a continuous process and that a range of materials were available on the website. Overall health in Worcestershire was better than nationally, however there were some inequalities with lower life expectancy in deprived areas. The JSNA Working Group quality assured materials and included representatives from the County Council, CCGs and Healthwatch.

RESOLVED that the Health and Well-being Board:

- a) Noted the JSNA Annual Summary,**
- b) Would take the JSNA Annual Summary into account in developing commissioning plans for health and social care in Worcestershire, and**
- c) Noted the next phase of JSNA activity.**

340 Future of Acute

A brief update was given by Simon Hairsnape. The CCGs and the Trust were still working on a 'modified

**Hospital
Services in
Worcestershire**

option 1' and would shortly be presenting the details to NHS England for agreement. It was hoped that the proposal would then be ready to go out to public consultation in the New Year.

The Board reiterated its position that they wished to see an outcome to the lengthy review process as soon as possible.

RESOLVED that the Health and Well-being Board noted this update.

**341 Future Meeting
Dates**

The Chairman brought the Board's attention to the meeting dates for 2016 which were listed on the agenda.

The meeting ended at 4.00 pm

Chairman