

Health and Well-Being Board

**Tuesday, 10 October 2017, Council Chamber, County Hall -
2.00 pm**

		Minutes
Present:		Mr J H Smith (Chairman), Ms J Alner, Dr R Davies, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Sander Kristel, Gerry O'Donnell, Peter Pinfield, Mr A C Roberts, Margaret Sherrey, Mark Travis and Simon Trickett
Also attended:		Fay Baillie, Derek Benson, Felix Borchardt, Bridget Brickley, Kathy McAteer, Michelle McKay and Tim Rice.
450	Apologies and Substitutes	<p>Apologies for absence were received from Carole Cumino, Catherine Driscoll, Carl Ellson, Anthony Kelly, Clare Marley and Steve Stewart.</p> <p>Jonathan Sutton attended for Carole Cumino. Nick Wilson attended for Catherine Driscoll and Simon Adams represented Healthwatch until the arrival of Peter Pinfield.</p>
451	Declarations of Interest	None
452	Public Participation	None
453	Confirmation of Minutes	<p>Anne Duddington had requested an amendment to the draft minutes.</p> <p>Minute 440 – Carers strategy should now read:</p> <p>"...but was concerned about the resilience of carers and felt that services for parent carers needed to be further developed to bring them in line with the outcomes in the strategy."</p> <p>Subject to this amendment the Minutes were accepted as an accurate record of the meeting and were signed by the Chairman.</p>
454	Worcestershire Acute Hospital - CQC and	Michelle McKay, Chief Executive of Worcestershire Acute Hospital Trust thanked the Board for the opportunity to provide an update on the current situation.

Performance update

In mid-July 2017 the CQC had issued a Section 29a notice which required the hospital to improve by 30 September. They were due back at some point in October, for an unannounced inspection, to assess the progress made.

The improvement plan that had been developed would provide evidence of the work being done to make improvements, but they must show that the improvement was consistent. Information was provided about how patient flow was being improved and peer reviews would be carried out across the trust. Normal work would be continuing and assessors would need to be able to see that.

A cultural change programme had been launched the previous week which was a recruitment and retention policy. A People and Culture Strategy was currently going through the governance process.

In the following discussion the following points were clarified:

- Richard Haines had been appointed as Director of Communication and Engagement and was working on a public engagement strategy which would involve Healthwatch,
- The hospital was very aware of the patient experience and care being carried out in the Emergency Department corridor. Work was ongoing with the aim that there would be no more corridor care by December,
- Capital investment was being used to develop streaming of patients so that in future 25-30% of emergency patients would go through the new pathway rather than the emergency department,
- Recruitment was an issue with the County Council as well as the hospital. Michelle McKay said she was surprised that Worcestershire's nursing vacancy rate was not bad when concerned to the regional figure. All the local health organisations were competing for the same pool of staff,
- With Winter Pressures looming, Board Members felt more should be done to inform the public about appropriate use of the Accident and Emergency department. Michelle agreed that communications were planned to address that issue and also what the community could do for themselves, such as have the flu vaccine,
- The Chairman felt that more could be done to tell people about Minor Injuries Units, such as the one

**455 NHS Local
Maternity
System Board
Plan**

in Evesham.

RESOLVED that the Health and Well-being Board noted this update about Worcestershire Acute Hospital performance and the CQC

Fay Baillie, Divisional Director of Nursing and Midwifery, presented the Local Maternity System Board (LMS) Plan. As part of the Governance arrangements, all participating organisations needed to be happy with the plan before it went to the National Team.

The LMS was part of the Sustainability and Transformation Plan and was organised on the same footprint. The Secretary of State had an ambition to reduce the numbers of still births, neonatal deaths and maternal deaths through the strategy 'Better Births'. Unlike the STP the LMS was part of statute but reported through the STP.

Information from public health had been used to create the plan. The plan looked at issues such as why the population were getting more obese, smoking in pregnancy and why Worcestershire was an outlier for small birth weight babies and caesarean sections. Pre-conception care also needed to be done better.

The next steps involved putting a project plan together with timelines and an implementation strategy.

During the discussion the following points were made:

- The maternity pathway was broader than just the birthing phase and although the plan reflected the importance of antenatal care and support after birth this would need to be further strengthened as plans develop,
- Public Health and the County Council were pleased to be involved in the plan and County Midwifery services and Children's services were working together more closely. In future there would be a second strand of work concerning vulnerable children and getting the right support for them in the community, Making sure that community assets to support vulnerable families are strengthened,
- An experimental hub had been started in Kidderminster as an antenatal group but had expanded and now operated as a drop in breast feeding clinic, weight management support group and held coffee mornings and support sessions. The next hub to be organised would be in

**456 Worcestershire
Safeguarding
Children's
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Evesham and would offer whatever support was needed in that area,

- This was the first example of a detailed STP programme area, which operated on the Herefordshire and Worcestershire footprint, reporting to the Board. Differences in approach between Hereford and Worcestershire had been identified and peer reviews were happening so both areas received the same level of challenge and were able to learn from each other,
- It was suggested that members should consider whether all reports should contain a section on patient involvement and co-production,
- It was clarified that the LMS would be seen by Herefordshire HWB as well as Worcestershire's Board,

RESOLVED that the Health and Well-being Board approved the Local Maternity System Board Plan in principle, subject to the comments above, having received and reviewed the plan on behalf of Worcestershire.

Derek Benson, the Independent Chairman of the Worcestershire Safeguarding Children's Board explained that the annual report was for 2016-17, so did not include the follow up from Ofsted regarding Children's safeguarding in Worcestershire or the appointment of Essex Council as an Improvement Partner.

Ofsted had reviewed the Safeguarding Board and found that it required improvement to be good. An action plan was in place against which progress was being charted on a quarterly basis and progress was being made.

During 2016/17 the Board had a particular focus on 6 main areas. They included:

- Child Sexual Exploitation - Superintendent Kevin Purcell was the strategic lead for that area of work in Worcestershire,
- Early Help. The pathway was being looked at and consideration was being given to whether partners were aware of the role,
- Family front door – this was launched in July 2016 but there were certain issues such as inappropriate placement of thresholds and processes not being robust enough,
- Young people at the point of transition

- Children with disabilities
- Strengthening the Board's learning and achievement framework

The Board was compliant in its statutory requirements (although they could be subject to change under the Children and Social Work Act) however that was not enough; the Board needed to do more to make a difference to the lives of children. There was a strong commitment amongst partners to safeguarding children, but there were failings. The Board would seek reassurance around the early help offer and the family front door would be monitored. There was a lot of work to be done.

It was hoped that by the time of the next annual report the Board would be more positive.

In the ensuing discussion the following points were made:

- When asked what effort was made to involve District Councils in the work of the Board the response was that a Chief Executive of a District Council was a member of the Board but more could be done such as the Chairman visiting more District Councils to update them and involve them in improving services,
- The number of health reviews for Looked After Children had dipped; unfortunately this was the same around the country,

Felix Borchardt, Chairman of the Child Death Overview Panel, joined the meeting at a later point and explained that the relatively small numbers of deaths meant that statistical conclusions could not be reached and their focus had been on modifiable factors. Such factors were determined locally and Worcestershire made a point of including more factors than some other areas so that there was more opportunity for learning and action. However this did mean that it was difficult to compare figures with other regions or nationally. Nonetheless the importance of smoking and obesity in raising the risk of child death should not be ignored.

Working with other agencies had been effective on issues such as the safer sleeping initiative. They had now resolved the previous backlog of looking at cases.

RESOLVED: that the Health and Well-being Board
a) Noted the key headlines and conclusions from the 2016/17 Annual Report;

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Safeguarding
Adults Board**

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

Kathy McAteer, the Independent Chairman of the Board, explained that it was a statutory requirement of the Care Act to have a Safeguarding Adults Board and publish an Annual Report. The Board had a 3 year plan which ended in March 2018.

The Board's priorities were;

- Improving Communication – with actions such as developing a website,
- The Mental Capacity Act – to gain assurance that agencies had delivered training and that practice was becoming more consistent,
- Listening to adults with care and support needs - it is a care act requirement that the adult should be at the centre of the process,
- Cross Cutting Work with other Boards – Safeguarding Children's Board, HWB and also Community Safety Partnership,
- Working with Partners to understand risks to Adults – ensuring the right information was being collected and spreading knowledge gained from safeguarding adults reviews,
- Increasing community awareness – prevention strategy launched.

The foundations were in place to meet all the statutory functions and no major risks were identified. Some areas of work had slipped, but targets should be achieved by the end of the year. The main problem was the lack of capacity in terms of personal able and willing to serve on the Safeguarding Board and its sub groups.

5 Reviews had been started – 1 completed and published and 4 still in progress. Some Boards had not carried out any reviews but it was good to get referrals from other agencies. The Worcestershire conversion rate (concerns being converted into full enquiries) was improving and was currently at 20% (the national benchmark was 25%).

Most abuse happened within peoples own homes and was carried out by people known to the adults involved. Most were elderly women and it was known there was an under-reporting from Asian groups.

The safeguarding board were assured that making care personal was being embedded in policies and practice at the County Council although they were less assured that it was happening in other organisations.

There were 4 key areas of focus for the future:

- Improve awareness of professionals and the public as to what safeguarding is,
- Create a reference group to listen to service users,
- Seeking assurance from partners around mental capacity
- Work with the Safeguarding Children's Board on transitions

In the ensuing discussion it was clarified that:

- There were shortfalls in capacity to deliver the functions of the Board rather than shortfalls in the capacity to deliver services around safeguarding,
- It was difficult to compare the numbers of cases to the numbers seen before the introduction of the Care Act as definitions had changed,
- It was thought that the number of 2400 individual cases was quite high. There was a triage system which assessed whether the report was a safeguarding issue but professionals did not want to discourage people from reporting concerns,
- Reports of concerns about home care and residential care should be dealt with when commissioners dealt with the quality of services although the Safeguarding Board would look for patterns of concerns. There was a link between safeguarding and quality assurance as concerns about quality could be an early warning sign of safeguarding issues,
- The deprivation of liberty standards was a concern for the Council and was an expensive but un-costed burden,
- Safeguarding concerns about vulnerable and homeless people should be picked up by the agencies who had contact with them. The Board was looking to improve its links with the housing sector,
- There was still work to do to get service user engagement on the Board. An advert would be put in the press in order to attract people to the Board,
- The Health and Well-being Board was addressing the issue of homelessness firstly through the

**458 Joint Strategic
Needs
Assessment
Annual update**

refreshed JSNA which recognised homelessness as an emerging theme and secondly through inviting a housing representative to sit on the Board,

- It was pointed out by a District Councillor that they did not know what services were available for homeless and vulnerable people and would appreciate more information.

RESOLVED that the Health and Well-being Board agreed to consider any cross cutting themes and to refer issues either directly to the Safeguarding Board or through the next joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.

It was a statutory duty to have a Joint Strategic Needs Assessment (JSNA). The aim of the information was to allow commissioners to make evidence based decisions about public health and to be able to reduce inequalities. Frances Howie asked Board Members to consider whether we make the best use of the data so that system leaders and commissioners have a shared understanding of vulnerability, risk and prevention.

People in Worcestershire were generally healthy but there were inequalities which were not being dealt with. It was important that people had a healthy life expectancy rather than having a long period of poor health which put a lot of demand on services.

The social gradient needed to be considered, with a significant difference between the most and least deprived populations, of how long people live and how long they live in good health. This was partly because those in deprived areas go for help at a later stage.

A large proportion of the population were overweight which was not normal or good. The current generation of children were more overweight than any previous generation so it was likely they would be the least healthy adults ever and would therefore have the greatest need for health services.

The main areas of focus in the Health and Well-being Strategy were:

- Being active at every age
- Mental well-being
- Alcohol harm

Each district had different areas of concern which needed

to be addressed. Countywide the areas of concern were:

- The narrowing gap between Worcestershire and England
- Infant mortality
- Drug misuse deaths
- Excess weight and diabetes
- Violent crime
- Homelessness
- Autism spectrum disorder

In the ensuing discussion the following points and questions were raised:

- Various members felt that the data was not being used effectively. It was suggested that prevention strategies should be applied to the emerging issues,
- It was queried whether causation was being examined, as it was proven that adverse childhood events affected well-being and could lead to homelessness,
- The data should be used to focus actions towards things which could be affected and improved,
- The rates of smoking in the general population was not included in the data and should be addressed as an on-going concern, and specifically included in the JSNA for next year,
- The priorities were multi-faceted and had various boards looking at the issues. There should be more co-ordination so that countywide priorities could be identified. The data should be used to meet partnership priorities and maximise outcomes,
- Was there enough presence in the communities, should the focus be on pockets of deprivation and carrying out work at a community level to make a difference to hard to reach people. Resources needed to be targeted differently,
- It was confirmed that specific communities were being targeted in some areas of the county,

In response it was pointed out that there were positive messages and smoking levels were lower than before. It was recognised that there were clusters of unhealthy behaviours so there needed to be a single response to those in a vulnerable position and although adverse events could lead to homelessness there were some resilience factors which led to better outcomes.

There was a HWB private development session on 7 November which could concentrate on vulnerability and

risk and look in particular at data and priorities so that we could consider what HWB members, as systems leaders, could do better together.

RESOLVED that the Health and Well-being Board:

- a) **Noted the information on progress and issues relating to Health and Well-being Board Priorities, equality and inclusion,**
- b) **Noted the emerging issues and ensure commissioners and system partners to consider these for action during the next planning period;**
- c) **Noted the briefings and other further reports available and ensure the evidence is embedded across the health and care system; and**
- d) **Will use the development session on 7 November to assess the JSNA information and consider whether existing priorities are fully intelligence led and where new joint working may be beneficial.**

459 HIG Bi-Annual Update

The Health Improvement Group had met twice since its last update and received presentations about Wychavon and Redditch.

There would be a stakeholder event on 15 November entitled Think Drink and all members would be receiving invitations.

Wychavon District Council was holding events to mark World Mental Health Day.

RESOLVED that the Health and Well-being Board:

- a) **Considered the progress made by the Health Improvement Group (HIG) between April 2017 and September 2017; and**
- b) **Encouraged each organisation represented by the Board to play an active part in the Stakeholder event of 15 November, as well as in the broader delivery of the Joint Health and Well-being Strategy and fully participate in providing the necessary updates and information for the reporting of progress.**

460 Health and Housing

Tim Rice gave a brief update on the work of the Housing Task and Finish Group. Housing was a complex area of work with a number of challenges.

The governance arrangements needed to be right and it

**461 Worcestershire
Time to Change
Hub**

was important that housing authorities at District Council level should be represented at the HWB to ensure the Memorandum of Understanding can be fully implemented and issues such as homelessness were adequately understood.

Future commissioning needs should be considered to ensure effective working between housing, health and social care. There was a huge amount of data available and an information and exchange communication platform was being set up to share ideas.

Board members were keen that the right person be appointed to the Board, that they should just represent housing issues and that the appointment of the co-opted member should be reviewed in 12 months.

It was suggested that more focus should be put on the importance of housing on for care leavers.

RESOLVED that the Health and Well-being Board;

- a) Noted this first interim report; and**
- b) Agreed that the governance arrangements should be strengthened and the Memorandum of Understanding should be supported, through inviting a single senior officer representative of the Local Housing Authorities to become a Co-opted member of the HWB for an initial period of 12 months when the appointment would be reviewed.**

Frances Howie explained that the report as printed in the agenda should have included the equality and diversity implication that the Time to Change Hub would have an impact on those with the protected characteristic of disability through mental ill health.

The report asked the Board to sponsor the bid on behalf of the member organisations.

RESOLVED that the Health and Well-being Board:

- a) Agreed to oversee and endorse the Time to Change Hub application in Worcestershire, as the hub "host",**
- b) Required each organisation represented by the Board to commit to sign the Time to Change employer's pledge to demonstrate the importance of embedding mental health and anti-stigma activity within their own organisation; and**

**462 Future Meeting
Dates and
Meeting
Frequency**

- c) Supported the collective production and ownership of the Local hub action plan.**

Dates for 2017

- 7 November 2017 – Development (private) session to consider the effective use of JSNA information.
- 5 December 2017 – Public Meeting

Dates for 2018

Public meetings (All at 2pm)

- 27 February 2018
- 22 May 2018
- 25 September 2018
- 13 November 2018

Private Development meetings (All at 2pm)

- 30 January 2018
- 27 March 2018
- 24 April 2018
- 19 June 2018
- 17 July 2018
- 23 October 2018
- 4 December 2018

The meeting ended at 4.15pm

Chairman