

Health and Well-Being Board**Tuesday, 22 May 2018, Council Chamber, County Hall - 2.00 pm**

		Minutes
Present:		Mr J H Smith (Chairman), Simon Adams, Joanne Alner, Elaine Carolan, Dr R Davies, Kevin Dicks, Catherine Driscoll, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Ruth Lemiech, Gerry O'Donnell, Mr A C Roberts, Paul Robinson, Margaret Sherrey, Jonathan Sutton and Mark Travis.
Also attended:		Liz Altay – PH Consultant, Morag Edmondson – Healthwatch Worcestershire, Kate Griffiths – Democratic Services and Rosie Winyard – PH Commissioning Lead.
487	Apologies and Substitutes	<p>Apologies for absence had been received from Peter Pinfield, Simon Trickett and Avril Wilson.</p> <p>Simon Adams attended to represent Healthwatch, Ruth Lemiech for the CCG and Elaine Carolan for Adult Services.</p>
488	Declarations of Interest	None
489	Public Participation	None
490	Confirmation of Minutes	The minutes of the last meeting held on 27 February were agreed to be an accurate record of the meeting and were signed by the Chairman.
491	Implementing "Improving Health and Care Through the Home: a National Memorandum of Understanding" in Worcestershire	<p>Frances Howie explained that a Development meeting had taken place on 24 April about Health and Housing which had been attended by Board Members and the Chief Executives of the four main Social Housing Providers.</p> <p>There had been strong agreement that although there were already examples of good practice and partnership working, the current positive conversations between partners offered a good opportunity for increased co-operation to understand and meet the needs of vulnerable people. If housing provision was improved</p>

there would be a beneficial impact on other health and social care services.

The report described what needed to happen next:

- Current needs assessments and information would be assessed to see how they could be improved to assist in the planning of resources and services,
- Workshops would be held to consider which key services operate in the wider system, which commissioned services would be in scope for review and where improved co-operation could take place to avoid duplication,
- There would be a requirement on all statutory agencies to identify how they were implementing the MoU and working together with Partners.

RESOLVED that the Health and Well-being Board:

- a) Confirmed its commitment to supporting the delivery of the principles of "Improving Health and Care through the home: A Memorandum of Understanding (Feb 2018)",**
- b) Agreed to the implementation and monitoring of the initial actions at 9,10 and 11 of the report, in conjunction with the Worcestershire Strategic Housing Partnership and to develop an action plan with timescales from the initial evidence and resources workshops, and**
- c) Agreed to receive bi-annual reports setting out progress against the MoU Indicators of Success through an action plan, the first report being provided to the September Board.**

492 All Age Autism Strategy for Worcestershire - Update

Elaine Carolan explained that the report was the regular update about the All Age Autism Strategy. The agenda included the action plan.

The Partnership Autism Group had organised a successful employment event to enable employers to understand more about employing people on the Autistic Spectrum and to create opportunities for people. The event had pulled together learning disability and autistic spectrum information in order to give a consistent message to employers. It was hoped that the event could be repeated in future.

A position had been created within the Commissioning Unit to give work experience to someone on the Autistic Spectrum. Partners were encouraged to look for similar opportunities in order to raise awareness of what

**493 Healthwatch
Worcestershire
Autism
Spectrum
Conditions
Report**

valuable employees people on the Autistic spectrum could be.

The Commissioning Unit was refreshing the Strategy for 2018 and wanted it to remain all age.

Owen Cave, one of the Co-Chairs of the Autism Partnership Board, mentioned that the Business and Training events were successful and they hoped to continue them as well as working with the Chamber of Commerce. The CCG had taken over commissioning a large proportion of services and would be reviewing the Governance of the Aspergers Group so it seemed a suitable time to review all the governance arrangements around the Autism Group.

Following a query, Jennie Dalloway, Lead Commissioner from the CCG, clarified that they were looking at the reasons for the increase in referrals to the umbrella pathway. It was partly due to improved awareness and that schools were working to provide the best support for their children. It was important to understand the reasons for the referrals to ensure that the necessary services were in place.

RESOLVED that the HWB noted progress made on Worcestershire's All-Age Autism Strategy since the last update in July 2017 and that a refresh would be completed during 2018.

Healthwatch had recently completed work about Autism in Worcestershire. Feedback had been gathered from people with Autistic Spectrum conditions and their carers, about health services, information, support and diagnoses. 150 Surveys had been completed and 70 people had been spoken to. Feedback had also been requested from GP practices, the Acute Trust, the Health and Care Trust and the Ambulance Service about the levels of awareness amongst their staff and whether they were making any adjustments within their service to support people with Autism.

The Conclusions from the work were framed around the priorities in the All Age Autism Strategy and looked at what progress had been made and what action was still required.

The main finding was that there needed to be more awareness across all health services of Autistic Spectrum Conditions. Therefore training was needed for staff.

A further finding was that health services needed to make further adjustments for people with Autism. Some services already had a flagging system to mark records that the person may have some additional needs and some departments had Champions for Autism who had attended further training than the majority of staff. Ideally the system of Champions should be expanded and used more formally.

A number of comments were about the lengthy wait for a diagnosis and the fact that it was not clear what would happen next in the process. Once a diagnosis had been made 69% of carers felt that the people they cared for did not receive the support that they needed. There were also concerns about appropriate mental health support, both for people on the autism spectrum and for their carers.

It was hoped that the responses received would be incorporated into the refreshed autism strategy and that the health services would improve training. The Acute trust has said they would work more closely with the Trust to see what training was available. Healthwatch would like refreshed guidance to be made available for GP surgeries.

In future Healthwatch would continue to work with the Autism Strategy Partnership Board. A suggestion was to award services with good practises an 'Autism friendly award'. An update would be requested from the Commissioners and the Trust on how far they had got with the recommendations.

In the ensuing discussion the following main points were made:

- The Healthwatch report was helpful and had come at a useful time to be considered when the Strategy was refreshed. The Council had found that it was useful that the strategy was for all ages,
- The views of Parents and Carers were very important to be included in the strategy,
- It was clarified that the survey had not asked about Autism and Education but the survey had been sent to all schools as a way of reaching people on the Autistic spectrum and asking about their experiences with Health Services,
- It was mentioned that there had been issues with some people accessing CAMHS and whether anxiety or other mental health concerns were

seen as part of their autism rather than a separate need. Owen Cave expressed his personal experience that it took 14 months to access mental health services,

- Mr Cave as Co-Chair of the Autism Strategic Partnership Group asked representatives of the CCG to consider training when commissioning autism services. He also mentioned that he had sent a letter to the Special Educational Needs and Disabilities Board regarding concerns about transitions when young people on the autism spectrum leave school. It was agreed that Mr Cave would forward a copy to Mr Hart,
- This report came from Healthwatch and dealt with health services, but it was noted that the Autism Strategy should also have input from other organisations. The police and housing providers were therefore urged to engage with the strategy,
- Frances Howie confirmed that it was a statutory duty for the County Council to produce the Strategy but the refresh should ensure it included partnership working and at scale training.

RESOLVED that the Health and Well-being Board considered Healthwatch Worcestershire's Autism Spectrum Conditions Report – March 2018 and the recommendations made in relation to the priorities within the Worcestershire All Age Autism Strategy.

494 Carers' Strategy

Elaine Carolan explained that the County Council worked with the Worcestershire Association of Carers (WAC) on the Carers Strategy and they had reached the third year of a five year all age strategy. The action plan was included in the agenda.

Mel Smith from WAC told the Board that they welcomed the commitment to the funding of the Carers' Hub. She explained that an increasing priority was work with older carers and understanding their specific needs which included fear of one of them needing to move to a care home.

Carers Action Worcestershire were also working to fulfil the strategy and had brought in an additional £150,000 in funding for carers in Worcestershire.

Lots of carers were finding they had to deal with more complex needs and the demands being placed upon unpaid family members were increasing.

The following points were made during the discussion:

- Consideration of carers should be embedded in all the work done by the Council and healthcare providers. The STP was mindful of carers but was now at the position whereby statements of principle needed to transfer into actions,
- The figure showing that the numbers of carers' assessments had fallen was because they were the numbers referred back to the County Council with unmet need. Higher numbers of carers were having their needs met through Community Assets than previously,
- The Carers Hub dealt with carers from the age of 18 and the Young Carers service continued to look after carers to the age of 25 so there was an overlap to ensure there was not a gap at transition. The Carers Hub was always aware to try to identify young carers,
- Chris a member of the Right Support for Carers Sub Group and the Partnership Board explained that much had improved for Carers but there was more to do such as working with older carers and allaying their fears about suitable housing for their dependents.

RESOLVED that the Health and Well-being Board noted the update on the third year of the Carers' Strategy and commented on the next two years of the Strategy.

495 **Adverse Childhood Experiences (ACEs) Action Plan**

Liz Altay reminded the Board that they had received a report on the link between Adverse Childhood Experiences (ACEs) and serious negative health and social outcomes at the December meeting of the Board. This report gave an update about the workshop which took place in January. Almost 100 people attended and proposed actions were considered. Various practitioners agreed that the information was valuable and would play a role in their work going forward. An action plan was included in the agenda.

Various points were raised in the discussion:

- It was clarified that at present the action plan was to raise awareness of ACEs, to enable partners to identify them and introduce work to reduce the impact they had on people's lives and prevent them from occurring for the next generation,
- The action plan identified some next steps but it was early in the process
- It was difficult to identify at what point you could or should intervene in an attempt to stop ACEs and

- therefore difficult to prevent
- Board members hoped that a framework for accreditation was being sought and it was agreed it was something the Working Group could look at,
- A Select Committee was considering the issues around ACEs and what services were already in place,
- Worcestershire Office of Data Analytics (WODA) was suggested as the best place to go for information in order to enable prevention and intervention,
- It was suggested that the Connecting Families Strategic Group who oversee the implementation of the Children's Plan should consider ACEs although that may be making the priorities of the group too wide.

RESOLVED that the Health and Well-being Board:

- a) Considered the ACEs event write up and draft ACE action plan, and**
- b) Would ensure that each organisation represented by the Board continue to attend future ACE events and play an active part in the delivery of action to prevent and respond effectively to ACEs across the life course.**

496 Hig Update

Frances Howie told the Board that the update from the Health Improvement Group (HIG) consisted of reports from Wyre Forest, Bromsgrove and Malvern Hills on the progress of their health and well-being plans.

The Board also had a programme of work and looked at issues such as Air Quality, the STP, Social Prescribing, loneliness, and updates on homelessness duties and the JSNA.

Training had been organised on dementia, 5 ways to well-being and the Best bar none and Rural communities project.

The terms of reference would be looked at to see if they needed updating and it was pointed out that attendance from some organisations had been patchy so nominations should be considered.

The representative from the South Worcestershire District Councils explained that the priorities for the District health and well-being plans flowed from the priorities in the Joint Health and Well-being Strategy and

**497 Strategic
Substance
Misuse
Oversight
Group Annual
Report**

that Wychavon and Malvern worked very closely together due to some sharing of officer positions and functions. Mental health, obesity and social mobility were important issues for Wychavon. He believed that not enough was made of the contribution that leisure providers could offer.

In Bromsgrove the Best Bar None project was working to improve safety, Sajid Javid had held a pensioners fair and a dementia awareness event had gone very well.

It was suggested that there should be a closer link between the HIG and neighbourhood teams.

RESOLVED that the Health and Well-being Board:

- a) Considered and commented on progress made by the Health Improvement Group (HIG) between October 2017 and March 2018, and**
- b) Asked organisations to consider membership and attendance to ensure that the HIG could operate effectively.**

Alcohol was one of the priorities in the Joint Health and Well-being Strategy and the strategy mentioned that the County should commission effective services. The Substance Misuse Oversight Group was responsible to the HWB as well as the Safer Communities Board. The Board had previously been concerned at the reduction in funding for some of the contracts which supported substance misuse but the presentation would detail that services had not been adversely affected. Rosie Winyard gave the presentation.

The Oversight Group was made up of commissioners and providers and had the objectives of providing oversight and leadership in the County, ensure specialist advice was provided, consider learning arising from serious incidents, support delivery of a range of strategic plans and through engagement with providers and service users assist with market shaping.

The Group considered various issues and give advice on strategy such as the National Alcohol Strategy and the Drug Strategy. Performance reports were considered by the group using the national drug treatment monitoring system and quality issues were considered by looking at CQC reports.

Some of the issues considered at the quarterly meetings were Children and young people, GP shared care,

criminal justice, drug and alcohol strategies and evidence reviews. The Blue Light project brought together a range of groups and helped people with long term alcohol problems. Various task and finish groups had considered individual topics in more depth such as criminal justice, residential rehab, employment and accommodation. One group considered people who had co-morbid long term mental health issues along with alcohol mis-use.

Swanswell was a specialist drug and alcohol service which provided interventions and various other services such as accreditation for GP practices who had specific expertise in substance mis-use. The staff had been able to encourage people they dealt with who had substance mis-use problems to seek treatment for physical or mental health issues. Swanswell also had a dedicated children and families service and carers support.

Links between the Substance Misuse service and other services such as the acute trust, children and young people's services, homeless services and prisons were important to their success as was their peer mentor and volunteer service.

Swanswell had been commissioned in Worcestershire since 2015 and were now part of Cranstoun. 30 GP practices provided shared care in Worcestershire and 100 pharmacies offered services. The amount of funding available to Swanswell had reduced by 12.5% during the contract however due to their successful performance the contract had been extended to 2020.

The benefits of drug and alcohol treatments were £4 social return for every £1 invested in drug treatments and £3 social return for every £1 invested in alcohol treatments.

Following the presentation the following points were made:

- Action was generally taken once people reached a specific threshold, however Swanswell did provide targeted services to people at a lower threshold where advice and information could be provided. Prevention work concentrated on young people and they made visits into schools and co-ordinated work with the Children and Young People's services,
- The use of drugs and alcohol were coping mechanisms and it was recognised that the wider issue was to help or support people before they got to the stage of relying on drugs or alcohol; for

example the 5 Ways to Well-being

- Homelessness was also an issue linked to drug and alcohol use and the work on ACEs was recognised as being important preventative work in all those areas
- Although there were a variety of great initiatives in Worcestershire, Board members were concerned in case there was duplication of efforts. The prevention work of all partners needed to be co-ordinated,
- Help in one area of the system such as reducing homelessness contributed to prevention in other areas of the system,
- It was good that shared care provision allowed people to access specialist care through their normal GP practice,
- It was pointed out that the improved service provision coming after a 12% reduction in budget should be celebrated as it proves service transformation was possible.

RESOLVED that the Health and Well-being Board noted the report of the Strategic Substance Misuse Oversight Group and consider any points which may inform the future work of the HWB.

498 Children and Young People's Plan Update

Catherine Driscoll explained that the Children and Young People's Plan (CYPP) had 4 ultimate outcome areas: that children are safe from harm; young people reach their full potential; they make a positive contribution in their communities and they can live healthy, happy and fun filled lives. The plan was created in partnership with young people. The Connecting Families Strategic Group agreed to oversee the CYPP so had two roles. Firstly their more general role was to support Connecting Families and secondly to oversee the CYPP.

A development day was being planned for June when progress would be judged against the plan and key performance indicators and success measures would be discussed. It was clarified that the CYPP should be thought of as a Partnership plan rather than County Council Plan. A full report would be brought to the next HWB.

RESOLVED that the Health and Well-being Board noted the update on the Children and Young People's Plan.

499 Future Meeting

The Chairman reminded Board Members that the next

Dates

public meeting would be held on 25 September.

The Development meeting dates on 19 June and 17 July had been cancelled.

A new Development meeting date would be set up to consider Issues at the Acute Hospital; possibly towards the end of July.

The meeting ended at 3.45pm

Chairman

This page is intentionally left blank