

Health and Well-Being Board

Tuesday, 13 May 2014, Council Chamber, County Hall,
Worcester.

Present:

Minutes

Mr M J Hart (Chairman), Dr Carl Ellson (Vice Chairman), Mrs S L Blagg, Mrs E A Eyre, Mrs T Haines, Mr A I Hardman, Dr Richard Harling, Dr A Kelly, Peter Pinfield, Gail Quinton, Dr Simon Rumley and Mrs A T Hingley

Also attended:

Clare Marchant, Sarah Edwards, Peter Fryers, Pete Morgan and David Mehaffey

Available papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the meeting of the Health and Well-being Board held on 11 March 2014 (previously circulated).

221 Apologies and Substitutes (Agenda Item 1)

Apologies were received from Sally Ellison, Lesley Murphy, Supt. Mark Travis, Dr Jonathan Wells and Cllr. Tom Wells.

John Taylor attended for Sally Ellison, Richard Hancox for Lesley Murphy and Paul Sheldon for Jonathan Wells.

222 Declarations of Interests (Agenda Item 2)

None.

223 Public Participation (Agenda Item 3)

None

224 Confirmation of Minutes (Agenda Item 4)

RESOLVED that the minutes of the meeting held on 11 March 2014 were confirmed as a correct record and were signed by the Chairman.

225 Worcestershire Safeguarding Adults Board. Annual Report and Response

Pete Morgan Chairman of the Worcestershire Safeguarding Adult's Board gave a brief introduction about the WSAB. Unlike the Safeguarding Children's Board the WSAB was not statutory but in the Department of Health paper No Secrets published in 2000, Local Authorities were recommended to have them unless they

**to the Frances
Report
(Agenda Item 5)**

could show good reason not to. There had been pressure for legislation to put safeguarding adults boards on the same legal footing as safeguarding children's boards and that would happen with the Care Act in 2015. Under the Care Act it would be a requirement for CCGs, the Police and Local Authorities to be members of the Board and it would be their duty to co-operate on safeguarding. They would also have to produce a strategic plan and annual reports, which Worcestershire already does.

The Board did not have a large budget so could not direct officers or agencies to take actions but it could hold members to account and take an overview of actions or events such occurred at Winterbourne View. The WSAB would be looking at its structures and procedures to ensure it was fit for purpose and ready for the implementation of the Care Act.

The number of alerts that become referrals could be used as an indicator of the effectiveness of the Board's procedures and how effective it was in weeding out issues which should not become referrals. Worcestershire had a reasonably successful rate and issues that were investigated were often substantiated.

50% of the abuse that was discovered takes place within care homes which reflected the fact that it was often easier to discover and identify in such a setting. Everyone needs to get better at recognising abuse in peoples' homes and be prepared to report it. Safeguarding was often seen as intrusive but it should be seen as enhancing peoples' lives.

This Annual report for 2012/13 had been published 6 months ago. The Annual report for 2013/14 would be brought to the HWB in about 6 months.

The WSAB's response to the Francis Report

The WSAB did not have to respond to the Francis Report directly and did not have the resources to carry out a review themselves but they took note of the Francis Report. The Francis Report wanted to reduce the likelihood of such abuse happening again. It was not possible to state that abuse could be stopped completely but concerns should be recognised at an earlier stage before they could become abuse. Then care needs to be taken that the good practice was maintained.

In the following discussion various points were made:

- Lots of changes had occurred in 2013/14 in the care system with the Acute Services Review and Integrated Care and members wondered if the WSAB would have a role in that system. Pete Morgan believed that the WSAB should be a part of the new system and Future Lives. The role of the WSAB was not to ensure safe services, which was the role of the commissioners but to protect adults with a care need who are at risk of abuse and neglect who cannot protect themselves. The WSAB also had a role in saying to commissioners – ‘prove your services are safe’,
- When asked if he could state that services in Worcestershire were safe Pete Morgan replied that he would never say that because there was always room for improvement and that Worcestershire should not become complacent,
- Richard Harling confirmed that the WSAB was not responsible for quality assurance but Future lives had done lots of QA and monitoring of council funded places. He recognised that self-funders also needed assurance and in future this may become more implicit in the system with the establishment of the E market place: the County Council would only allow providers onto the list if they met core quality standards,
- The WSAB was restricted financially and only had a small budget but safeguarding actions were not actually carried out by the Board but by other agencies. This means that the cost of safeguarding in Worcestershire was largely hidden. The WSAB did have a strategic and operational plan and its objectives had been reviewed for 2014/15.

RESOLVED that the Board:

- a) thanked Pete Morgan for bringing the WSAB Annual Report and the analysis of the Francis inquiry for Safeguarding Adults;**
- b) Supported the implementation of the proposed actions in response to the Francis inquiry;**
- c) Requested an update on the implementation of**

the recommendations in six months, and

- d) **Would welcome the 2013/14 Annual Report to the HWB in six months.**

226 Acute Services Review (Agenda Item 6)

CCG members explained that the work of the 3 subgroups continued. They were continuing to assess Option 1 which came out of the Independent Clinical Review panel. The subgroups were the clinical subgroup (which was further split into emergency care, planned care and women and children) the financial group and the patient / stakeholder group.

Two assurance meetings would take place before there was public consultation. The three groups under the clinical sub group would contribute to a meeting on 3 June and a document would be released giving the clinical overview. A financial model would then be agreed during June once the clinical impact of the new system had been compared to the current system and the finance impact on providers and commissioners had been assessed.

It was clarified that the Integrated Impact Assessment Review was a required part of any reconfiguration and looked at access, impact on the environment and travel times. This assessment was part of the patient/ stakeholder engagement sub-committee.

RESOLVED that this update be noted.

227 Worcestershire Health Indicators Summary (Agenda Item 7)

Peter Fryers, Consultant in Public Health explained that national products were used to show routine indicators then local figures would be highlighted if they differed greatly compared to the national average. Two reports were used for this report. Firstly the annual health profile for Worcestershire report showed spine charts with the differences from the national and regional average but also showed levels in each of the districts. Secondly the Public Health outcomes framework report showed wider indicators and whether the indicators were moving in the right direction. Caution must be taken not just to look at differences from the average because if everyone was at a poor standard in a particular indicator, action still needed to be taken.

In general Worcestershire had good health and well-being. Against the majority of indicators Worcestershire does the same or better than the national average. Worcestershire was especially good with overall life

expectancy, mortality from common conditions, rates of people killed or injured on roads, proportion of low birth weight babies, cancer screening, injuries from falls and readmission to hospital.

There were some indicators where Worcestershire compared less favourably that related to the Board's priorities:

Obesity - the indicators recorded a low level of breast feeding rates, adult obesity was estimated at higher than average and there were concerns for the number of diabetics being diagnosed.

Alcohol – Hospital admissions for those under 18 were above average, an issue which could perhaps be partly addressed with help in schools.

Mental health and well-being – Hospital admissions for self harm admissions were higher than the England average, and this would be picked up by the Suicide audit group.

Older people / Long term conditions – the rate of fuel poverty was high.

Other areas where Worcestershire compared less favourably, but which were not priorities for the Board were:

- The numbers of people screened for diabetic retinopathy
- Tuberculosis treatment completion – although the numbers of cases were very low
- Homelessness
- Smoking in pregnancy
- School readiness. 73% of pupils on free school meals did not reach a good level of readiness by the end of reception year
- The numbers successfully completing drug treatment: 93% of opiate users were back in treatment within 6 months

In the ensuing discussion the following main points were made:

- With regard to when indicators can be reassessed, some would not show significant changes in less than a year so the figures are

updated annually,

- These indicators could help inform commissioning by highlighting areas for concern. The indicators were routinely discussed with the CCGs to inform their annual planning process,
- The diabetes indicator presented the diagnosed number of diabetics against the expected number. It suggested that there were undiagnosed diabetics, however it needed to be interpreted with caution as the model used to generate the expected number of diabetics might not be wholly accurate,
- The rates of childhood obesity had come down in the last year but it was not yet clear if that would be a continuing trend.

In summary it was stated that health and well-being was good in Worcestershire. The indicators mainly highlighted those areas already identified as priorities of the Board, thus vindicating these choices. Action plans had been approved by the Board and the relevant sub-groups were overseeing progress.

RESOLVED: that the HWB

- a) Noted the contents of the report**
- b) Agreed to consider progress against indicators relating to the Board's priorities as part of routine updates, and**
- c) Agreed to continue to monitor those other areas where Worcestershire compared less favourably, particularly early years development and drug treatment.**

228 CCG operational plans (Agenda Item 9)

The HWB had received an Operational Plan at the March meeting and members had received a hard copy of the plans which had now been accepted by NHS England. The plans are now being implemented.

RESOLVED that the Board noted this update.

229 5 year Strategy for Worcestershire

David Mehaffey gave a presentation on the 5 Year Strategy for health and care in Worcestershire. Rather than produce a strategy for each CCG, the footprint for strategic planning was countywide. The Strategy was

Health and Social Care (Agenda Item 12)

an overarching strategy that brought together the various change programmes that are currently being developed and implemented by partners in Worcestershire. Delivery of the Strategy would be co-ordinated through the Well Connected programme and overseen by the Board's Health and Social Care Strategic Partnership Group.

The 'plan on a page' showed a summary of the vision, principles and outcomes of the Strategy as well as the component programmes of work: Urgent Care, Integrated Care, Out of Hospital Care, Specialised services, the Acute Services Review and Future Lives.

On 4 April the outline strategy was submitted to NHS England who had indicated that it was developing satisfactorily. Comments from the Board development session on 18 June would be included before the next draft was submitted on 20 June to NHS England and there would be an opportunity for the Board to sign off a final version on 22 July.

In the ensuing discussion the following points were made:

- It was suggested that further discussions should be held to clarify how the Children and Young People's plan related to the Strategy,
- Members wondered whether the plan would be affordable as it appeared to be very ambitious. It was confirmed that the Strategy was supported by CCG financial plans and was expected to be achievable within the resources available although this would be challenging,
- There had already been engagement with patients, service users and carers through the various programmes that made up the strategy.

The Chairman thanked David for his presentation and asked Members whether they agreed with the recommendations.

RESOLVED that the Board noted the presentation on the draft 5 Year Strategy and that the final version should be presented to the Board in July 2014 following further discussion at the development session on 18 June 2014.

Fund and Benefits of Pioneer Status (Agenda Item 8)

integration of health and adult social care and would play a key role in achieving the 5 Year Strategy. In 2015/16 the Fund would be a minimum of £37Million. The Board had agreed expenditure of this sum in outline and needed to finalise the expenditure in detail. At the same time, as part of Well Connected, the County Council and CCGs were exploring an extension of the Better Care Fund to create a much larger pooled budget for health and adult social care of the highest risk individuals. Despite recent reports in the newspapers the Better Care Fund was not being put on hold or stopped.

Worcestershire's national Integration Pioneer Status had brought an enhanced national profile and a range of support, which should help the county move further and faster with integration of services.

RESOLVED that this update be noted.

231 Winterbourne View (Agenda Item 10)

Following the original Panorama programme from 2011 an action plan and protocols had been developed and revised to ensure the safety of people. The original review was for people with learning disabilities but Worcestershire expanded the action plan to include people with mental health issues and children with complex needs. All the points from the action plan have now been completed apart from one on information sharing which was nearly complete.

Now Worcestershire does not have anyone inappropriately placed. Of the 5 people who were in Winterbourne View all were subsequently moved into residential care although one has since been moved back into hospital.

A census held on 30 September found that some hospitals did not know where their residents had come from – none of which were Worcestershire residents. An internal audit of processes was carried out which found that some contracts were not compliant. This was now being addressed and 75% are now correctly in place.

At the time of Winterbourne View Worcestershire had 9 people in hospital settings; today there are 7 people and by 1st June 3 people would be discharged and 4 would remain appropriately placed.

Sarah Edwards also explained:

- that users and carers were consulted via the LD Partnership Board about issues such as ensuring that Worcestershire residents were placed in local

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(Agenda Item 11)**

placements,

- Ministry of Justice placements were checked by NHS England but the care plan was completed by the local team. The care team needed to ensure that they turned up at care review meetings and if they had any concerns about placements they would contact the commissioners of the placement, NHS England,
- Information about Winterbourne View Review was cascaded to the partnership board and the Joint Commissioning Executive.

Members confirmed that they were aware of the complex needs team and that they acted quickly and consistently if any concerns were raised. They appreciated that a lot of work had taken place and were satisfied that everything was under control.

RESOLVED that the Board considered the actions taken were an acceptable response to the Winterbourne View Enquiry.

Public Meetings

Tuesday 22 July 2014 2.00pm

Tuesday 23 September 2014 2.00pm

Tuesday 4 November 2014 2.00pm

Development Meetings all at County Hall

Wednesday 18 June 2014 2.00pm

Wednesday 15 October 2014 2.00pm

Wednesday 3 December 2014 2.00pm

The meeting ended at 3.40pm

Chairman