

## **Minutes of the Health and Well-Being Board**

### **Council Chamber, County Hall**

**Tuesday, 15 February 2022, 2.00 pm**

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#### **Present:**

Cllr Karen May (Chairman), Simon Adams, Liz Altay, Carole Cumino, Cllr. Lynne Denham, Kevin Dicks, Sarah Dugan, Paula Furnival, Cllr Adrian Hardman, Dr A Kelly (Vice Chairman), Rebecca Love, Jo Newton, Cllr Nyear Nazir, Cllr Andy Roberts, Tina Russell, Dr Ian Tait and Simon Trickett

#### **Also attended:**

Keith Brown – Chair of Worcestershire Safeguarding Adults Board (For item 10)  
Steve Eccleston – Chair of Worcestershire Safeguarding Children Partnership (For item 11)  
Ellen Footman - (For item 11)  
Adrian Over – Chair of Herefordshire and Worcestershire Child Death Overview Panel (For item 12)  
Tim Rice – Senior Public Health Practitioner (For item 9)  
Dr Jonathan Wells – NHS Clinical Director  
Gary Woodman – Chief Executive Worcestershire Local Enterprise Partnership

#### **634 Apologies and Substitutes**

Apologies were received from Dr Louise Bramble, Dr Kathryn Cobain and Jonathan Sutton.  
Liz Altay attended on behalf of Dr Cobain and Carole Cumino attended on behalf of Jonathan Sutton.

#### **635 Declarations of Interest**

Councillor Nyear Nazir declared an interest in item 5 – Integrated Care System (ICS) Commitment to Carers, as she worked for Worcestershire Association of Carers.

#### **636 Public Participation**

None

#### **637 Confirmation of Minutes**

The minutes of the last meeting held on 16 November 2021 were agreed to be an accurate record of the meeting and were signed by the Chairman.

## **638 Integrated Care System update**

Simon Trickett introduced the report and noted that this was particularly an update on the Integrated Care Board (ICB). He explained that the legislative timeline had slipped for the establishment of the ICB, with the dissolution of the Clinical Commissioning Group (CCG) now taking place on 1 July 2022.

Recruitment to key roles on the ICB were progressing well with the appointment of the new Chair and a Chief Nursing Officer. The Chair congratulated Dr Crishni Waring and Dr Kathryn Cobain on their new appointments.

Simon Trickett continued to explain that the Integrated Care Partnership (ICP) would sit alongside the ICB and would develop an Integrated Care Strategy to meet the health and wellbeing needs of those living in Herefordshire and Worcestershire. This would be based on the Health and Wellbeing Strategies for both counties, with some joint initiatives being shaped, whilst others remaining separate. It was suggested that the Health and Wellbeing Board could utilise future development sessions to focus on the development and delivery of the Integrated Care Strategy.

It was acknowledged that as the legislation was still emerging there could be further amendments to the organisational set up.

The role of Healthwatch was discussed, noting that whilst it would not hold a statutory role on the ICB, it could attend meetings and contribute under public participation. However, Healthwatch did have a statutory position in the ICP and was actively involved in integrated care discussions in Worcestershire.

It was queried how the work at local levels could be escalated up the system, for example all the positive initiatives in progress across the districts. It was felt there was an appetite to work differently, together, to achieve better health outcomes for the people of Worcestershire. Discussions about the ICS were meaningless unless practical outcomes were achieved. Health needs and inequalities must be better understood locally, then each part of the system should work together on the plan to address them. This included supporting those who had trouble accessing 'the system'. All were in support of continued and improved collaborative working.

### **RESOLVED that the Health and Wellbeing Board:**

- a) Noted the changes to the legislative timetable;**
- b) Noted the progress made on recruitment to the ICB Unitary Board;**
- c) Agreed to the Transition Plan for the Integrated Care Partnership outlined in the report; and**
- d) Agreed to include appropriate content in future Health and Wellbeing Board development sessions to enable it to take on the responsibilities on behalf of the Integrated Care Partnership.**

## **639 Health and Wellbeing Board and Worcestershire Executive Committee Joint Working Agreement**

Sarah Dugan explained that the Joint Working Agreement in the agenda described the proposed joint working principles for the Health and Wellbeing Board and the Worcestershire Executive Committee. This would continue to evolve, but aimed to bring clarity to how the two groups worked together. The document took account of the work that had been done with the Local Government Association to review the Health and Wellbeing Board, as well as workshops which had taken place with the ICS partners around 'place'. The list of subgroups detailed in the document may be amended in time. She advised that a 'Core Group' of members from both the Health and Wellbeing Board and the Worcestershire Executive Committee met regularly to ensure they were responding to the Health and Wellbeing Strategy, with the latter driving delivery, ensuring alignment and avoiding unnecessary duplication of effort.

**RESOLVED that the Health and Wellbeing Board ratified the joint working agreement between itself and the NHS Worcestershire Executive Committee whilst recognising it to be a live working document that would be revised as the arrangements and Integrated Care System evolve.**

## **640 ICS Commitment to Carers**

Paula Furnival explained that the Council wished to confirm its commitment to carers and the All-Age Carers' Strategy for Worcestershire, which was designed to be in place for the next five years.

It was noted that around three in five people would become a carer at some point in their lives although it was difficult to estimate more exact numbers. COVID 19 had an effect on the numbers of carers and also increased what had been expected of them. Furthermore, social care would be in a difficult position without the contribution of carers. Some organisations had statutory responsibilities towards carers, although some carers were not aware of the support which was available.

Caring responsibilities had an effect on the physical and mental health of individuals, affected people's confidence, with up to 20% at risk of having to reduce their working hours or leave work completely. Various support systems were in place for carers, and organisations across the county had signed the Herefordshire and Worcestershire Commitment to Carers.

The Commitment to Carers had been developed based on what was important to Carers. Physical and mental support needs should be considered as well as ensuring access to information and the ability to have a life of their own. Organisations needed to actively identify and support carers and co-produce services with them, to ensure their needs were met, as well as involving them in decision making. Overall, a 'Carer Aware' culture should be promoted so that carers felt supported and valued, knowing what support was available to them.

The Strategy set out outcomes that carers wanted to achieve and the principles - of co-production, innovation, evidence and best practice informing approach, partnership working and sustainable support. The Carers' Partnership would help to develop the Carers' Annual Action Plan.

Carole Cumino pointed out that the Carers' Strategy was an example of how services could be organised under the Integrated Care System. A system wide commitment to carers, along with a local Carers' Strategy. Communities and organisations would work together to provide slightly different services in local areas.

The Commitment to Carers had been developed over time, with carers involvement, and would be reviewed frequently. The Worcestershire Executive Committee was asked to oversee the challenge of organisations working together to make a difference for Carers in Worcestershire.

In the ensuing discussion it was noted that:

- Although it was easy to sign the Commitment to Carers, taking action was harder. It was suggested that the organisations represented on the Health and Wellbeing Board should lead by example and a working group should be set up to assess how the priorities in the strategy were being met. It was agreed the group would then feed back to the Health and Wellbeing Board on what was being achieved;
- There were often difficulties identifying carers, and when asked how organisations would share that information, the Board was informed that plans would be shared and included in the action plan and tender specification. The Board was assured that, although being able to identify carers was no longer part of the GP contract, it was still important to GPs;
- The Adult Scrutiny Panel had considered the Strategy with constructive challenge which had been addressed in the present version. Carers had reported that they were pleased to be involved in setting the outcomes but had been less involved in the rest of the Strategy; however, they had accepted that they would be involved in the important stage of action planning;
- Carers' play an important role in the community, saving the Council and health services significant sums, whilst putting their personal health and wellbeing at risk. This was considered a group that often experienced inequalities, that every organisation should invest in and support.

The Chair thanked all the unpaid carers whom she considered were heroes in the community.

**RESOLVED that the Health and Wellbeing Board:**

- a) Approved the Herefordshire and Worcestershire Integrated Care System Commitment to Carers; and**
- b) Approved the All-Age Carer's Strategy for Worcestershire (2021 to 2026).**

## **641 Mental Health Strategy**

The Mental Health Strategy had been under development since 2019. It was presented to the Health and Wellbeing Board in September 2021, amended in response to comments and received by the Herefordshire Health and Wellbeing Board before returning on the agenda.

The Mental Health Strategy would complement the Health and Wellbeing Strategy. The Mental Health Collaborative would oversee the delivery of the specific programmes of work.

Various points were clarified;

- In response to a query about when outcomes for patients would be seen, it was explained that the outcomes framework was being developed and could be brought back to the Health and Wellbeing Board. How often reports were brought back would need to be considered.
- It was agreed that, although not specified in the report, equality issues should be central to the strategy.

**RESOLVED that the Health and Wellbeing Board considered and approved the ICS Mental Health and Wellbeing Strategy.**

## **642 Safer Communities Board**

Tim Rice summarised the set-up of the Safer Communities Board (SCB) and explained that it complemented the Statutory Community Safety Partnerships in the North and South of the County. It was made up of 'Responsible Authorities' who must do all that they reasonably could to prevent crime and disorder, and there were a number of sub-groups which concentrated on different areas of activity. Strong partnership arrangements were important in this area of work and cooperation was taking place on various action plans and strategies such as the multi-agency needs assessment on the mental health commissioning responsibilities for victims of sexual violence. In future there would be a return to the meetings of the Safeguarding and Health and Wellbeing Board Chairs to look at cross cutting issues, which had stopped due to the pandemic.

The SCB worked with the Public Health analytical team on community safety areas of the Joint Strategic Needs Assessment and work was ongoing with the Police to improve data and analysis relating to domestic abuse. With the implementation of the ICS, it was anticipated that enhanced cooperation would take place.

Various comments were made by Board Members:

- When suggested that it should be possible for more prevention work to take place in regard to the numbers of children who had died due to domestic abuse, it was replied that various programmes were in place with Get Safe and the Drive Programme with the Police and Crime Commissioner, and that it was the responsibility of all to help to identify and reduce the numbers of perpetrators. It was felt that predictive modelling should make it possible, in some cases, to identify individuals who may become perpetrators,

- A Member reported that the Prevent training had been good and showed that it was relevant to everyone. It was suggested that after the next County elections the training should be mandatory for all new Councillors,
- It was hoped that the new Drug and Alcohol Policy would be considered by the Health and Wellbeing Board,
- Risks which were increasing varied regionally and locally, for example domestic abuse had seen some spikes in other areas and was now beginning to rise in Worcestershire,
- Worcestershire Children First was carrying out targeted preventative work and working to understand associated outcomes. Projects such as the Get Safe and Boys to Men were happening, but more targeted work was needed. It was recognised that substance misuse and mental health issues were major risk factors in parents not being able to safely care for their children. Worcestershire Families Safeguarding and Supporting Families First were multi-disciplinary services which had been receiving funding through the business rates pilot, but it was hoped would become a normal part of Worcestershire Children First services in future,
- Herefordshire HWB was also looking at preventative work based on identifying people who were at risk from the 'toxic trio' of mental health, substance misuse and domestic violence. It was suggested that the two counties could consider working together on a strategy.

**RESOLVED that the Health and Wellbeing Board:**

- a) Noted the content of the report, aimed at highlighting the role of the Worcestershire Safer Communities Board, updating on current activity and key areas of focus for all partners; and**
- b) Continued to support the work of the Safer Communities Board, both collectively and as individual agencies.**

**643 Worcestershire Safeguarding Adults Board Annual Report, 2020-2021**

Professor Keith Brown had become Chair of the Safeguarding Adults Board after the period of the annual report, but wished to state that he was enjoying working with the Board.

He presented the report and began by advising that the duty of the Board was to provide assurance that adults at risk were safeguarded from abuse or neglect. He explained that the business objectives for 2021 consisted of the wicked issues of rough sleepers, the role of the lead professional and exploitation. The membership of the Board had been consistent, and achievements had occurred despite the pandemic, such as being able to carry out work virtually and distributing information online. Worcestershire was at the forefront of work on exploitation and had jointly funded a position with the South Worcestershire Community Safety Partnership. Worcestershire was also involved with the Complex Adult Risk Management (CARM) framework.

Eight referrals had been made, with two meeting the criteria for a review to be commissioned. Reviews could take up to two years and cost a great deal and Worcestershire had been part of a pilot for rapid reviews which significantly reduced the time taken and cost of a review. Rapid reviews helped learning to be spread more quickly, and helped families to get closure at an earlier point.

The data showed that Worcestershire had a similar number of referrals to the rest of the Country. Most referrals were due to neglect and abuse. Professor Brown led national research into financial abuse, considered to be a huge issue, as it was believed only about 5% of occurrences were reported. The research was for an All-Party Parliamentary Group and would be reported to parliament.

Professor Brown reflected on the national staffing crisis in the health and care sector considering it to be the biggest risk in terms of safeguarding. He felt it would be important for the Safeguarding Adults Board to develop greater links with the ICS.

The following comments were made by Board Members:

- The Strategic Director for People endorsed the implementation of the rapid review process and agreed that staffing was a concern. The recommendations of the Scrutiny Panel's report 'Care work as a career' were being monitored and following the budget setting process there would be an uplift in carers' hourly rates. The Government had also announced that it was looking at foreign workers coming into the UK as a priority,
- The small number of Safeguarding Adult Reviews were queried, and it was explained that Worcestershire look at more than some areas. The Safeguarding adult reviews were only for the few most serious cases and there were lots of other ways that complaints and data were considered.

**RESOLVED that the Health and Wellbeing Board would consider any cross-cutting themes and would refer issues either directly to the Worcestershire Safeguarding Adults Board or through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.**

## **644      Worcestershire Safeguarding Children Partnership - Annual Report 2020-2021**

Steve Eccleston became Chair of the Board in April 2021; he explained that report belonged to all the safeguarding partners which were the CCG, Worcestershire Children First and West Mercia Police. The purpose of the report was to detail the effectiveness of arrangements, evidence the impact of outcomes for children, consider the information and evidence on what was best for children, analyse what future progress was needed and

explain the local response to national reviews and how feedback was sought.

The report looked at the second year of the Partnership which had to deal with a number of significant national developments. Centrally there had been review work over how the Partnerships were working, were they effective and what was best practice.

The pandemic had affected children and there had been a national increase in non-accidental injuries to babies, and the Partnership were quick to implement a safeguarding babies response. A backlog in referrals was identified and actions were put in place to address the issue. There had been two national reviews, the 'Out of routine' report was published in July 2020 and in September 2021 there was a national review panel thematic review 'The myth of invisible men' which looked at non-accidental injury in children. Following the report 'Everyone's invited,' a robust response had been put in place. Within Worcestershire there had been one safeguarding practice review – 'Sarah', and The Partnership would ensure learning from the review was embedded. A major focus over the first two years of the Safeguarding Partnership had been the implementation of the Get Safe programme.

Looking ahead there were various issues to consider:

- Online exploitation,
- Following the national review 'Arthur,' Worcestershire systems would be checked against the recommendations,
- How the Partnership could work more closely with partners within the ICS.
- A programme with the University of Worcester was looking at Early Help,
- The National Review Panel's thematic review on families where domestic abuse was a concern; and
- The Keep me Safe Strategy which was joint work with Herefordshire.

Tina Russell, Director of Children Services, felt that the Worcestershire Safeguarding Partnership was the most collaborative and supportive that she had seen and there was an effective Senior Management Group which removed barriers and enabled front line workers to build relationships.

Following a query about the review 'Sarah', it was noted that making the correct recommendations was important and work was done with experts to see how the recommendations would work in practice.

**RESOLVED that the Health and Wellbeing Board considered the report and highlighted any opportunities for collaboration and support between the Board and the Partnership on shared priorities and future work.**

## **645 Annual Report of the Herefordshire and Worcestershire Child Death Overview Panel**



Adrian Over, Chair of the Panel, detailed how the new joint Herefordshire and Worcestershire Child Death Overview Panel began reviewing cases in November 2019. Due to the pandemic the Panel met virtually bi-monthly. Four sources of data were used in the report; 61 cases which were reviewed in the two-year period, comparative national data, a thematic review and a regional themed review on suicide.

Liz Altay explained that all deaths of under 18s were reviewed. Overall half of the deaths were in the perinatal period which was a bigger proportion than seen nationally. 44% of deaths saw modifiable factors, either having poor physical health or living in complex social situations with the majority involving smoking.

Work was ongoing around the governance of the Panel. The Children and Young People Strategic Partnership would look at the recommendations from the first report and decide what actions were needed.

Board members commented that;

- With a number of recommendations being listed for the Mental Health Collaborative Liz Altay should be invited to their meeting to give further information,
- Sometimes successful academic achievement could mask children's distress. Young people and carers may not know where to go for support.
- It was requested that if any actions were delegated to the Children and young people's strategic partnership group they should then be reported back to the HWB.

**RESOLVED that the Health and Wellbeing Board:**

- a) **noted the new arrangements for the statutory revised child death review process and Child Death Overview Panel for Herefordshire and Worcestershire;**
- b) **received the first annual report of the Panel noting the numbers and patterns of child deaths reviewed and the thematic learning to prevent future deaths; and**
- c) **supported the recommendations of the panel, and that the Children and Young People's Strategic Partnership be asked to progress the actions identified; and**
- d) **that the Children and Young People's Strategic Partnership be requested to report back to the Health and Wellbeing Board on the outcomes of the actions taken.**

## **646 COVID-19 Health Protection Board Quarter 3 Update**

**RESOLVED that the Health and Wellbeing Board:**

- a) **Noted the delivery of Worcestershire's Outbreak Control Plan (OCP), the arrangements for governance and the current situation of Local Outbreak Response Team (LORT) operation; and**
- b) **Noted the plans for review of future Health Protection Governance and de-escalation of COVID-19 Acute response.**

**647      2020/21 Better Care Fund (BCF) Update**

**RESOLVED** that the Health and Wellbeing Board noted the **2021/22 Period 8 Better Care Fund Budget monitoring position, in line with national requirements.**

**648      Future Meeting Dates**

Future meeting dates were noted, including the additional date of 11 July 2022.

The meeting ended at 4.10pm

Chairman .....