

Health and Well-Being Board**Tuesday, 25 September 2018, Council Chamber, County Hall
- 2.00 pm****Minutes****Present:**

Mr J H Smith (Chairman), Catherine Driscoll, Mr M J Hart, Dr Frances Howie, Dr A Kelly and Mr A C Roberts, Mr J Sutton, Supt. Stacey Williamson

Also attended:

Derek Benson, Felix Borchardt, Bridget Brickley, Kath Cobain, Matthew Fung and Sue Ibbotson.

500 Apologies and Substitutes

Apologies had been received from Kevin Dicks, Adrian Hardman, Gerry O'Donnell, Peter Pinfield, Paul Robinson, Mark Travis, Simon Trickett, and Avril Wilson.

The following attended as substitutes:

Simon Adams for Healthwatch
Lynn Denham for the District Councils in the South of the County
Richard Keble for Adult Services
Ruth Lemiech for the CCG
Ian Miller for District Councils in the North of the County and Housing
Stacey Williamson for West Mercia Police

501 Declarations of Interest

None

502 Public Participation

None

503 Confirmation of Minutes

The minutes of the meeting held on 22 May 2018 were agreed to be a correct record of the meeting and were signed by the Chairman.

The minutes stated that reports on Housing and the Children's and Young Peoples Plan would be brought to the September meeting but these items were deferred to a future meeting.

504 Worcestershire Safeguarding Children's Board

Derek Benson, Independent Chairman of the Worcestershire Safeguarding Children's Board gave an overview of Board's Annual Report.

He felt that following the Ofsted report on services for

Looked after Children in Worcestershire, care services had been particularly scrutinised, but the Annual Report of 2017/18 showed the Board was further forward than the previous year and improved engagement with schools was promising. Other promising areas were work with other organisations on child sexual exploitation, Section 11 reports and domestic abuse.

Further work was required at a Strategic Level regarding private fostering, early help and children with disabilities. The Boards priorities in 2017/18 were around neglect, domestic abuse, exploitation and early help and they were concentrating on how they heard the voice of the child.

There was an underspend on the budget as less was spent on Serious Case Reviews and a new member of staff was off on long term sick leave and their salary was not spent. The Chairman of the Safeguarding Board assured the HWB that the money would not be lost and discussions were happening on whether the money was given back in year or contributions were given for future work.

There was a strong commitment to Safeguarding children across the partnership in Worcestershire. By September 2019 the Children's Safeguarding Board would cease to exist in its current form and Safeguarding Children would become the responsibility of the Safeguarding Partners; the Local Authority, the CCGs and West Mercia Police.

Felix Borchardt, explained that the Child Death Overview Panel had been notified of 25 deaths in 2017/18 and carried out 14 reviews. 11 reviews were pending. 40% were found to have modifiable factors. Ways to address such issues included informing teenagers that it was not a betrayal of trust to tell someone if their friend was having suicidal thoughts, promoting the safer sleeping policy through midwives and health visitors and increasing communication between agencies.

The report highlighted that information and data sharing with the Coroner as well as the Rapid Response teams had improved.

The Panel welcomed the move of National Oversight from the Department of Education to the Department of Health.

There was evidence that the Panel's procedures were good and would be included in new guidance for all

Panels.

In the following discussion various points were raised:

- The decision to stop providing e-learning in the future had been considered carefully by a sub-group of the Safeguarding Board, however it was decided that they were not getting the benefit for the expenditure. Some training would continue to be provided in other ways
- The Chairman of the Safeguarding Board pointed out that he had experience of CDOP reports in other areas and the Worcestershire one was better than elsewhere. It was hoped that the professionalism and strengths of the Worcestershire CDOP could be retained in the future
- The issue of exchanging information between the Safeguarding Board and the Corporate Parenting Board was raised as it was felt it could be improved. It was pointed out that giving feedback on reviews was difficult as it could be misconstrued as being the forerunner of retribution. Following LGA training at the Corporate Parenting Board the previous week, the Corporate Parenting Board had agreed that there should be some way of Serious Case Reviews being directly reported to them to help Councillors to fulfil their role as Corporate Parents
- The Chairman of the Safeguarding Board highlighted that the Safeguarding Board was actively looking at prevention with projects such as preventing abusive head trauma.

The Chairman thanked Derek and Felix for their presentations and agreed that the report had been more positive than the previous year as communication and information sharing had improved.

RESOLVED: that the Health and Well-being Board

- a) Noted the key headlines and conclusions from the 2017/18 Annual Report;**
- b) Considered the points which may inform future work of the HWB in respect of its strategic priorities; and**
- c) Identified cross cutting theses where the HWB has role to play in reducing risks to children**

Safeguarding Adults Board

Kathy McAteer had started the work at the beginning of the year being reported.

An error had been pointed out by Jonathan Sutton. There was a difference between the criteria for conducting a Safeguarding Adult Review (SAR) set out in the Safeguarding Adult Review Protocol (version 6) published on the Safeguarding website and the Draft Annual Report. The Protocol stated "SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support" whereas the draft report did not include this sentence. It was agreed that the protocols would be looked at to ensure the information was correct in different places.

Progress had been made through the year; they had concentrated on raising awareness of Adult Safeguarding and listening to those affected; this was partly achieved with the creation of an advocacy group. The priorities of the Board were Making Safeguarding Personal, the Mental Capacity Act and Deprivation of Liberty. They also aimed to work more closely with the Children's Board and Community Safety Partnerships.

As with the Children's Board there was an underspend on the Budget – but it would be ensured that the money was put to good use and not lost.

Some good work had been achieved, however it was recognised that more could be done.

During the discussion the following points were made:

- It was explained that the figure of nine referrals could not be considered as the right or wrong amount as it depended on the individual referring them. Different Safeguarding Boards had different numbers. Worcestershire tended to have more referrals and SARs than other areas who may carry out more internal or single agency reviews
- Each referral was considered by a sub-group to see if it met the criteria for a review. The case would then be referred to the Chairman of the Safeguarding Board who would review the recommendations and make the final decision as to whether a SAR was carried out. Details of why a referral did not meet the criteria could be provided if needed
- The Director of Children's Services felt it was positive that both the Safeguarding Boards for Adults and for Children had the same Chairman. She agreed that embedding the Mental Capacity

506 Director of Public Health Report and Joint Strategic Needs Assessment Update

Act (MCA) was important but it was difficult to embed, and clarity was needed about how 16/17 year olds were dealt with. She felt that 'making things personal' was a joy of the care Act

- Training would be provided for the Young Adults Team around the MCA and the Children Act
- Following the death of a homeless person in Worcester, Healthwatch were looking at vulnerable adults, the criteria for Safeguarding Adults Reviews, operators in Care and Self neglect. When the report was complete it would be shared with the Council. Worcester District had also commissioned an independent review into the death of the same individual
- Following Reviews The Safeguarding Board considered how it would be best to feedback learning and a new website was being created. Pressures were increasing on all agencies and it was recognised how important it was to work together and share information. Learning events to share good practice were based on safeguarding reviews. The focus was presently on domestic abuse and domiciliary care and sharing learning.

RESOLVED that the Health and Well-being Board considered any cross cutting themes and agreed 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.

Frances Howie urged district Councils to be aware of the wealth of data in the JSNA which was available on the website. The Director of Public Health Report focussed on prevention being better than cure; an idea which hadn't been taken seriously enough in recent years despite warnings from the health industry that things would not be sustainable by about 2020. Monetary investment was needed but also working better with our communities to ensure people took ownership of their own health.

Matthew Fung presented the JSNA Annual Summary:

- The JSNA was a tool to reduce inequalities in the local population
- Women in richer areas of the County live 6 years longer
- Generally healthy life expectancy was better in Worcestershire than nationally

- By 2033 it was expected that the numbers of people over 65 would increase by almost 30%. Action was needed to make services sustainable
- The positive mortality gap between Worcestershire and England had been narrowing in 2017 but more recent data suggested the trend may be changing in a positive direction and had begun to widen again
- There was a declining trend in the use of antibiotics but the decline had not kept pace with national trends
- Air pollution was rising but 0.3% of Worcestershire residents lived in air quality management areas compared to national figures of 0.2%. There would be fewer deaths if people moved from areas with high pollution to low, fewer deaths would result and millions could be saved in primary and secondary care in medication costs and social care costs
- School readiness in children who received free school meals was lower than in England
- Educational outcomes at KS2 were worse than England.

Frances Howie stated that Worcestershire was generally above average for most health outcomes however we should not be complacent as there were risks to future health. There were risks to children's future health due to excess weight, school readiness, smoking in pregnancy and breastfeeding rates leading to the current generation being the least healthy in recent times. Middle aged people were also following lifestyles which would lead to them living longer in poor health and there were persistent inequalities.

The report suggested how these problems could be approached:

- Creating healthy places – it was accepted that more could be achieved and not all opportunities had been grasped. System leaders could do more
- Supporting people to help themselves – there were lots of places to go for help and information but more systematic signposting was required with organisations working together. Progress was being made on social prescribing through the STP but that work needed to be scaled up. The fact that there was less money available could not be ignored so organisations needed to work together with what was available.

- Effective prevention services – small, hard to reach services were still being missed. Universal staff training was required and more done with midwifery, health visiting and school nursing. The targeting of services such as mental health, parenting services, diabetes prevention, falls prevention and weight management for those who needed them most was also required.

The report had four overall recommendations:

- 1) A system approach to prevention would be an investment for a healthier future and would reduce demand
- 2) Working with communities to enable people to help themselves and each other
- 3) To work better together
- 4) To set up a Worcestershire Prevention Board to drive a community assets approach.

During discussion the following main points were made:

- The Director of Children's Services welcomed the timely report and information about school readiness and concerns about KS2 results, which were improving but were still behind the national average, and also social care concerns. She believed that Services were intervening too late and were then trying to solve problems rather than preventing them. She hoped more would have been included in the report about mental health and well-being as it was believed ¼ of all teenage girls were self-harming. At present services were not easy to access and it was unfair to ask schools to act as mental health professionals. Looked After Children would all have suffered some sort of trauma in their life and work was needed to prevent later, lifelong problems. She also wished to mention that more should be done to improve the health and opportunities for people with learning disabilities
- A complete JSNA on mental health was being produced and would hopefully be available in early 2019
- Prevention and self-care were important concepts in the Five Year Forward View and the NHS 10 Year Plan but it was queried how Public Health could deliver that with financial cuts to services such as health visiting. A document claimed that 85% of Local Authorities were cutting funding to

public health. The Director clarified that she was referring to the general climate of austerity rather than any specific cuts to the Public Health Ring Fenced Grant. Spending needed to be on areas where there would be a high impact. A process of prioritisation had begun and questions needed to be asked about how things could be done differently. 12% had been taken out of the Health Visiting budget but transformation work was positive. The problem would come if the ring fence came off the grant and the money became part of the general Local Authority funding. The Chairman added that at the end of the day Local Authorities had to balance their books

- Sue Ibbotson from Public Health England, supported the focus on prevention and health inequalities, especially in early years. She agreed that the work needed a whole system approach. Similar work was on-going at a national level with NHS England and Public Health England. The focus of the report mirrored the founding principles of the NHS which were 'Healthcare for all' and 'Preventing ill health'
- It was suggested that one way to reach the right people and increase take up of different services was by co-production
- It was clarified that the Prevention Board would be different from the HIG in that one worked at an operational level while one would be working at the strategic leadership level
- 14 Neighbourhood teams had been established across Worcestershire with each one having a lead GP, nurse and social worker and were aligned to public health. They were a delivery units which could act on the information in the JSNA
- It was felt that it was time for a radical approach as previous approaches had not proved successful; there needed to be earlier intervention and a cultural shift was needed as the time certain professionals such as health visitors had for prevention work was limited.

- RESOLVED:** that the Health and Well-being Board
- a) Noted and discussed the content of the 2016-2018 Report of the Director of Public Health (DPH),**
 - b) Considered how organisations represented on the Board might best respond to the recommendations of the DPH Report,**

507 Health Protection Group Annual Update

c) Agreed to note and use the contents of the JSNA Annual Summary and compendium of indicators in service planning and commissioning.

Kath Cobain reported that health protection sought to prevent and reduce harm in communicable disease and minimise the impact of environmental hazards. The HPG aimed to give reassurance to the HWB that multi-agency arrangements were in place to protect the public. Different organisations were responsible for different areas, but the County Council had a statutory responsibility to ensure that each duty was carried out. Overall there had been a robust performance in protecting the Worcestershire population but there had been some fragmentation in the system so it was important to prioritise working together.

There were a number of areas for improvement

- The uptake of screening programmes were around the national average, which meant that for bowel screening 40% of eligible people do not participate in screening and there had been a decrease in the levels of breast and cervical cancer screening
- Some vaccinations uptake were reducing to nearer the national level and the flu vaccinations needed to be encouraged in the social care workforce and those under 65 who were at risk
- Poor air quality
- Some public ring fenced grant money would be used to help Trading Standards with proactive tobacco enforcement
- Equitable health care for the prison population, and
- Work now needed to be embedded following the TB services review, oral health needs assessment and UTI avoidance work.

Board Members agreed that the County Council and the Health and Care Trust should do more to highlight flu vaccinations. Social Care workers were entitled to free vaccinations at GPs or pharmacies with their work identification.

RESOLVED that the Health and Well-being Board

- a) Noted the work of the Health Protection Group during 2017/18,**
- b) Agreed that organisations should prioritise**

508 Better Care Fund

working together to resolve the issues highlighted; and

- c) Support the specific priority and partnership work of the HPG in increasing flu immunisation uptake, particularly the Health and Social Care workforce.**

The two year Better Care Fund Plan had been signed off last year so this report was just an update. New guidance would be produced for next year's plan. The outturn last year was a £1.3 million overspend after using nearly £200,000 of reserves. This overspend was largely due to the cost of funding care for people who had been discharged from the acute hospitals. The CCGs and County Council had covered the overspend from their base budgets.

There were a number of performance metrics set nationally. 4 out of 5 were still behind the target. They were within target for delayed transfers of care.

There had been 2 main variances from last year; firstly, the reduction of recovery beds in Wyre Forest and secondly, the step down unit in Worcester which allowed for faster discharge from hospital.

The forecast outturn for 2018/19 was expected to be £1.8 million largely due to discharge problems and the general pressure on acute services and the whole care system.

Comments made by attendees included:

- It was queried whether the fact that the numbers of older people who were still at home 91 days after discharge from hospital were 5% lower than the target meant that people were being sent home too early and whether the issue should be scrutinised. It was confirmed that it was being looked at to see how it could be improved
- The BCF was not just to reduce admissions to the acute sector and to facilitate discharge, it was used to help across the entire health and care system
- The rate of permanent admissions to residential care was a national metric and a lower figure was better. If support was not available in the community the rate of admissions would rise
- It was unclear if any work was being carried out to understand the flow of people from BME groups through emergency care but it felt it could be included in the capacity planning work which was

currently underway

- There was no formal agreement that the overspend would be split between the Council and the CCG but it was hoped that would be the case. There was also the possibility that that the amount received for the BCF could increase.

RESOLVED that the Health and Well-being Board

- a) Noted the financial outturn to the BCF for 2017/18;**
- b) Noted the progress made towards the national targets for the BCF for 2017/18; and**
- c) Noted the significant cost pressures on the BCF for 2018/19 due to the pressures arising from the urgent care system.**

509 Children and Young Peoples Plan Update

The Connecting Families Strategic Group was initially expected to monitor the Connecting Families Programme as well as having oversight of the Children and Young Peoples Plan (CYPP); however it was felt that the two areas were too much for one group to manage and a new Children and Young People's Group has now been set up. The first meeting of the group would be on 19 October so a report would be brought back to the November meeting.

Progress on CYPP continued, the Troubled Families Programme had been refreshed, the SEND Action plan was beginning to get going and there was a focus on looking at Adverse Childhood Experiences (ACES). The JSNA would be useful to the groups and a new Partnerships Manager had been appointed.

RESOLVED that a report would be brought to the November meeting of the Health and Well-being Board.

510 Future Meeting Dates

Dates for 2018

Public meetings (All at 2pm)

- 13 November 2018

Private Development meetings (All at 2pm)

- 23 October 2018
- 4 December 2018

Dates for 2019

Public meetings (All at 2pm)

- 26 February 2019

- 21 May 2019
- 24 September 2019
- 12 November 2019

Private Development meetings (All at 2pm)

- 29 January 2019
- 26 March 2019
- 30 April 2019
- 18 June 2019
- 16 July 2019
- 22 October 2019
- 3 December 2019

The meeting ended at 4.20 pm

Chairman