

Health and Well-Being Board

Tuesday, 26 February 2019, Council Chamber, County Hall - 2.00 pm

Present:

Minutes

Mr J H Smith (Chairman), Carole Cumino, Catherine Driscoll, Ian Hardiman, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Lucy Noon, Gerry O'Donnell, Mr A C Roberts and Avril Wilson

519 Apologies and Substitutes

Apologies had been received from Paul Robinson, Jonathan Sutton and Simon Trickett.

Carole Cumino attended for Jonathan Sutton and Lucy Noon for Simon Trickett.

The Board had a new representative from West Mercia Police, Chief Superintendent Tom Harding but unfortunately he had sent his apologies for this meeting.

520 Declarations of Interest

None

521 Public Participation

None

522 Confirmation of Minutes

The minutes of the meeting held on 13 November 2018 were agreed to be a correct record of the meeting and were signed by the Chairman.

Frances Howie noted:

- that the SEND monitoring visit took place on 11 December 2018. The verbal feedback had been positive with the change in culture and pace of change being noted. The Health and Well-being Board had oversight of SEND services
- The conversation around the housing system review was continuing at the Housing Partnership meetings
- The Prevention Board would be discussed at the private Development Session along side the NHS long term plan. Details would then be brought back to the next public meeting.

523 Autism Strategy

Details of the updated strategy were presented by Owen Cave, Chairman of the Autism Partnership Board, Bridget Nisbett, carer of a young man with Autism, Laura Westwood, Commissioning Manager and Co-Chair of the Autism Partnership Board and Elaine Carolan, Strategic Commissioner.

Elaine Carolan explained that a lot of work had gone into making the Strategy an all age strategy. The interests of lots of groups were represented on the Board but there was more to do such as increasing engagement with older people and young people in schools. The Board had carried out their own self-assessment annually even though they were only asked to complete the national self-assessment at irregular intervals. At present national guidance was awaited and when that was received a new strategy would be developed.

The Partnership Board was now attended by Children's Commissioners, the CCGs, SEND and education. An engagement event had taken place in January regarding this refreshed version of the strategy, but a full consultation would be undertaken once the national guidance was received and the strategy was fully reviewed. For this refresh the priorities had been reduced from 8 to 5 and a priority had been added regarding employment. The Strategy had been written in line with the Health and Well-being Board Strategy and work was on-going to align it with the NHS long term plan.

The last Self-Assessment had raised various points such as how the Autism Partnership Board fit with the Criminal Justice System and that some specific queries were difficult to answer as the issues sat partly within Learning Disability Services; however it was noted that waiting times had improved.

A few years ago the Board had produced a training pack for GPs and it was hoped that could be refreshed and also adapted to be used by other groups. An employment event would take place at the end of March which aimed to show employers that they didn't need to make many adaptations in order to allow people with autism to be valuable employees. Pathways to diagnosis were being reviewed and it was also hoped that work could be done to find out the numbers of people locally with autism as they were currently assessed from estimated national figures.

During the discussion the following points were clarified:

- The self-assessment framework was a government process carried out every 2-3 years but often the questions were changed. The local assessment was carried out every year using the previous questions and that showed consistent improvement
- Input from Healthwatch had been valued and the Partnership Board had asked them to return to follow up the work they had carried out. They also wanted them to look at the Children's offer and what was offered to people at school leaving age as it sometimes appeared that the offer was not maintained
- The Partnership Board were aware that a high proportion of people in the Criminal Justice System had undiagnosed autism or learning disabilities. However it was hoped that people could be helped or diagnosed at an earlier stage in the criminal justice system
- NHS England were responsible for commissioning services for people in prisons and it was hoped that assurance could be provided that GPs provided the same level of services to people in prisons as they provided to the general population
- It was sometimes unclear whether some people fitted within the remit of the Autism Partnership Board
- One of the priorities was around accessible information so that people knew who to ask for help with diagnoses, especially older people. More people were now being signposted to helpful services while they were waiting for a diagnosis
- Information about Autism was shared with District Councils via the Strategic Housing Partnership. Registered Social Landlords had well developed support measures available
- There was an issue around mental health and autism and who was responsible for providing services. These issues were also linked to employment and homelessness
- The Cabinet Member for Adult Services welcomed the refresh and felt that the strategy had had an effect by clarifying who was responsible for services. It was a step forward for the CCG to be in charge of commissioning autism services, but he felt there was more to do on integration
- Healthwatch had agreed that they would carry out follow-up work following their initial report
- The Safer Communities Board should receive a presentation about the Autism Strategy which

524 Dementia Strategy 2019-2024

would help with awareness raising and would give attendees the opportunity to see how they could contribute to the priorities

- The Health and Well-being Board wished to receive a follow up report when the national guidance had been received
- The issue of funding was raised as the Autism Partnership Board worked on behalf of the County Council, CCG, Health and other organisations.

RESOLVED that the Health and Well-being Board noted the refreshed and updated All Age Autism Strategy.

Lucy Noon gave a brief overview of the Dementia Strategy. The report was a useful starting document as a dementia strategy was required by April 2021 under the NHS 5 Year Forward View. Further development would take place across Herefordshire and Worcestershire.

Dementia was a significant challenge within the two Counties due to an aging population and more than 12,000 people were affected. During a review carried out in September 2017 it was discovered that GPs underperform against the Dementia Diagnosis rate and moving individuals onto Individual Pathways. The service GPs provide was generally good but more could be done to ensure a more consistent approach, for example, the effect a busy waiting area and having to negotiate on-line help could have on people. An integrated response to services was required for carers, people with dementia and their families.

Previous Strategies were being refreshed and workshops had taken place with health bodies but other statutory organisations such as the County Council still needed to be consulted. Following further work on the strategy the completed document would go back to the STP Board.

The key messages were detailed including:

- Focus on prevention
- Building dementia friendly communities
- Identifying champions
- Greater support for carers
- Building on identification and diagnosis
- Greater recognition of palliative care

The key challenges included:

- The stigma and fear about dementia

- Increasing demand due to an ageing population
- Complexity owing to co-morbidity
- Capacity pressures in care homes, home care and respite care
- Financial constraints

The HWB Board were not being asked to approve the strategy at this point. The action plan was in draft form and a number of partners named in it had not yet been fully involved. The key actions were to improve the support offered to family and friends of people with dementia, improve dementia care provided by care homes and improve care for those with advanced dementia living at home.

During the ensuing discussion the following main points were made:

- There were already examples of good practice and some authorities had been designated 'Dementia Friendly' so it was important to learn from them
- District Councils were responsible for planning issues, so they needed to be involved more fully in developing the strategy. They already provided some initiatives such as Dementia Towns, Cafes and supermarkets. Some Parish Councils had also set up activities and the Diocese were working on Dementia Friendly Churches. It was important that they contribute to the strategy and signpost what was already available
- Once the initial diagnosis had occurred; the process of which was recognised as being sensitive in itself; the situation should be de-medicalised to allow people to live well with dementia
- The opportunity and decision to engage more widely with the people of Worcestershire was welcomed
- There needed to be more focus on how people could reduce the risk of getting dementia in the first place, and this included stopping smoking, being a healthy weight, drinking only to safe levels and increasing physical activity
- The Dementia Action Alliance was recognised as being active, and it was noted that GPs could develop social prescribing more fully to help people to live well with dementia as well as with prevention
- The Adult Services Business Plan contained a

theme of Community resilience which included living with dementia in the community. The aim was for a more integrated approach to community resilience across the different tiers of local government as well as across wider partners

- Harrison Marsh from the Alzheimer's Society explained that guides were available for smaller councils. The guides covered rural areas and sport and leisure and contained advice on how to help people with dementia
- The STP and the Health and Well-being Strategy both have a commitment to work in an integrated way to improve the health of people within Worcestershire and to shift towards a stronger emphasis on prevention. Improvement on uptake of the GP NHS health checks programme would impact on reducing cardio-vascular risk and thus the risk of vascular dementia.

RESOLVED that the Health and Well-being Board:

- a) noted and supported the on-going work to produce a dementia strategy; and**
- b) recognised that the event on 12 March would mark the launch of the next phase of the work where it was expected co-production, integration and prevention would be addressed.**

525 Children and Young Peoples Plan (CYPP) Strategic Partnership Update

Frances Howie explained that the Children and Young People's Strategic Partnership was a sub-group of the Health and Well-being Board which supported and implemented the Children's and Young People's Plan. The Board had met twice and would be dealing with a range of subjects such as Troubled Families, SEND, prevention and early intervention. A full Annual report would be brought back to the Board in September. There was considerable energy and commitment from members of the Partnership.

Two grants had been received from the Department for Work and Pensions for work on parental conflict and training for front line staff. A conference would be held on 12 April.

It was clarified that the group concentrated on work to do with the Children and Young People's Plan. It worked across Worcestershire with Health Services and Education. The Safeguarding Board had the specific remit to consider safeguarding issues. The Chairmen of

the Safeguarding Boards, Health and Well-being Board and Safer Communities Board met quarterly to ensure everything was covered.

RESOLVED that the Health and Well-being Board:

- a) **Noted the update from the first two meetings of the newly formed Children and Young People's Strategic partnership; and**
- b) **Would receive a full bi-annual report from the Strategic Partnership including an update on its activities and progress against the dashboard going forward.**

526 Veteran Friendly Accreditation of GP Surgeries

Lucy Noon reported that 15 GP practices across Worcestershire held Veteran Friendly Accreditation. Dr Jonathan Leach worked with all the new GP registrars and delivered training about providing services for those who had left the armed services.

RESOLVED that the Health and Well-being Board received this update following the notice of motion to Council from Councillor Bob Brookes and noted that work was progressing.

527 Development Sessions

At the next development session on 26 March the NHS Long Term Plan would be discussed as well as looking at the Board's Terms of Reference and the Prevention Board. The Health Overview and Scrutiny Board would also be looking at the NHS Long Term Plan on 5 March. The next Stakeholder event would look at prevention.

There was a concern that leisure providers were not sufficiently engaged with the Board. It was suggested that the Sports Partnership should be invited to a future meeting.

528 Future Meeting Dates

The next meeting on 26 March would be a development meeting held in private.
The next public meeting would be on 21 May.

(Following the meeting the date of the next development meeting was confirmed as 30 April 2019)

The Chairman informed the Board that it was Gerry O'Donnell's last meeting as he was moving away and would not be standing for re-election in Wychavon. The Chairman wished him all the best for the future and thanked him for all the work he had done for Health and Well-being.

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The meeting ended at 3.30 pm

Chairman