

Health and Well-Being Board

**Tuesday, 4 November 2014, 2.00 pm, Council Chamber,
County Hall**

Minutes

Present:

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Mrs S L Blagg, Mrs E A Eyre, Mr S Hairsnape, Mr A I Hardman, Richard Harling, Dr A Kelly, Clare Marchant, Mr P Pinfield, Gail Quinton, Dr Simon Rumley, Mrs C Cumino and Mrs A T Hingley

Also attended:

Frances Howie, Frances Martin and Richard Keble

261 Apologies and Substitutes

Apologies were received from Cllr. Hannah Campbell, Brian Hanford, Superintendent Mark Travis and Dr Jonathan Wells.

Cllr. Phil Grove attended on behalf of Cllr. Campbell.

262 Declarations of Interest

None.

263 Public Participation

There were two public participants.

Anne Duddington spoke on behalf of the three carers involved in the Carers Strategy Working Group and made the following main points about the Carers' Strategy Refresh:

- The working group only actually involved carers in person at one meeting and the document that was being presented to the Board bore little resemblance to the last version they saw,
- Carers and carers' organisations had been asking for updates on the strategy for over a year but the paper had only become available when the Board agenda was published,
- The vision, principles and outcomes were discussed in very broad terms at a meeting in March but no discussions had taken place since and even the definition of carer had changed since that early meeting,
- The term 'we' was used throughout the document without reference to whom this term refers,
- A small group of carers had looked at the document last week and felt it lacked evidence and used terminology that was not accessible. The carers on

the strategy group felt insulted by the document and felt it did not give the impression that their roles were valued,

- Good examples of strategies developed in partnership were the Learning Disability Strategy and the previous Carer's strategy.
- Finally carers were very unclear about what would happen next as the document did not state what type of support and services carers could expect from April 2015.

Colin Archer made a statement as a Board member of Carers Action Worcestershire which was a consortium of the four main carer focussed organisations in the county. He felt the Carers Strategy Refresh did not 'reaffirm the commitments originally made' as was claimed. He went on to make the following points:

- Early drafts of the strategy covered carers of all ages so it was a disappointment to find that the young carer's strategy would now be a separate document,
- They had concerns about the lack of health partner involvement and the fact that there was no mention of the NHS Commitment to Carers,
- 6 weeks was too short for the consultation period,
- They would like to know what approach would be taken to charging for services for carers which are currently provided free and there was no indication of the level of funding to be committed to supporting carers,
- The definition of a carer had been changed and they wanted to know why,
- Finally they disagreed with the statement that the 'statutory and voluntary sector partners would nominate a main contact to develop a detailed action plan and oversee implementation' because they felt that should be the role of the commissioner.

The Chairman thanked the public participants and stated that the Carers Strategy refresh would be discussed at item 6 on the agenda.

264 Confirmation of Minutes

The minutes of the meeting of 23 September 2014 were agreed to be a correct record of the meeting and were signed by the Chairman.

265 Autism Strategy Update

Richard Keble explained that following the Autism Act 2009, the National Strategy for Autism required local authorities to develop a local Autism Strategy and to appoint a lead commissioner which in Worcestershire was Elaine Carolan.

The strategy had been developed by the Autism Strategy Partnership Group which included adults with autistic spectrum conditions, family carers, third sector partners, Worcestershire Health and Care Trust, the Council and CCGs. The strategy gave the commitment by all partners to comply with national requirements.

Due to different legislative frameworks it was proposed that there be a separate Autism Strategy for Children and Young People and for an all age strategy to be developed over time.

It was proposed that there be a six week consultation with the outcome being brought back to the Board in January.

In the following discussion the following points were made:

- That although there were some different drivers for Adults and Children's strategies, in the long term the aim should be an integrated strategy. It was suggested that further work be carried out and then following an update in January one integrated strategy be produced, perhaps in March 2015.
- It was agreed that a longer consultation period would be preferable,
- It was queried whether any schools were included in the Strategy Partnership Group. When informed that that Schools were not specifically included in the consultation the Board requested for them to be included,
- The Board wished to know if employers and further education providers had been included in the production of the Strategy. It was pointed out that the Strategy was at present concentrating on adults so education providers were not included, but it was agreed that when they considered whether the adults and children's strategy could be better integrated they would look at options of including employers and educational establishments,
- It was confirmed that input had been received from the Health and Care Trust but CCG input could be improved and further training for staff around autism needed to be addressed. It was pointed out that the voluntary sector was likely to have an important role in supplying training.

266 Carers Strategy Refresh

In summary the Chairman explained that further work was required to integrate the Children's and Young People's Autism strategy with the adult strategy. The consultation would go ahead as planned but a progress report would be required at the January HWB meeting with a view to sign off one combined strategy in March.

RESOLVED that the Health and Well-being Board:

- a) Considered and discussed the content of the Draft Autism Strategy for Adults in Worcestershire;**
- b) Authorised consultation on this strategy and requested a progress report on the integration of the adults with the children and young people's strategy be brought back to the Board in January 2015 for consideration,**
- c) Request that the integrated strategy be brought back for consideration and sign off in March 2015.**

Richard Keble explained that the Carers strategy was being refreshed in the light of various policies and the Care Act 2014. The strategy covered adults aged 18 and over. A Young Carers' strategy would be brought to the Board meeting in January.

In response to comments already made by Board members regarding consultations it was suggested that the planned six week consultation could be extended and the final strategy would then return in March 2015.

The Chairman moved the motion that a twelve week consultation period would be more appropriate than six weeks. This was agreed by the Board who felt the extra time would be required to adequately consult with the number of carers' organisations in Worcestershire.

In answer to the question put by the public participants about the definition of a carer which had been changed in the refreshed strategy, it was explained that the definition now matched the definition in the Care Act.

Again following previous comments the strategy would be looked at to see if it would be possible to integrate the Adult and the Young People's strategy.

A Board member suggested that the strategy should be re-worked before it went out to consultation but generally

Board Members felt that if the process and what was being consulted on were clarified, the consultation should go ahead.

Worcestershire was a well-connected pioneer so should ensure it worked well with partners. The last carers' strategy had been considered a Worcestershire Strategy rather than a Council Strategy. The Chairman agreed it should be a Worcestershire Strategy and that the consultation should go ahead, but with a longer consultation time that allowed the Council to listen and be prepared to amend the strategy.

RESOLVED that the Health and Well-being Board:

- a) Considered and discussed the content of the Draft Adult Carers' Strategy for Worcestershire;**
- b) Authorised consultation on this strategy and requested that a progress report on the extended consultation and the integration of the adults with the children and young people's strategy be brought back to the Board in January 2015 for consideration,**
- c) Request that the integrated strategy be brought back for consideration and sign off in March 2015.**

267 The Better Care Fund

Frances Martin confirmed that the Better Care Fund (BCF) Plan had been approved with no conditions.

In the summer the Board had signed the agreement for the Better Care Fund forecast overspend. The Board had approved the use of £500,000 from winter pressures contingency monies, but had asked that action be taken to try to reduce the overspend. Action had been taken to mitigate the overspend and it had improved to a forecast £232,000 underspend taking into account the winter pressures contingency money.

Now the BCF plan was in place a huge amount of work was needed to ensure delivery.

When asked how it was planned to engage with the public it was explained that a plain language version of the plan was being developed which would then be distributed more widely.

268 Health Improvement Group - Bi-annual Report

RESOLVED that the Health and Well-being Board:

- a) **Noted the full Better Care Fund Plan submitted on 19 September 2014,**
- b) **Noted the current forecast position of 2014/15 Better Care Fund schemes and the further measures put in place to manage demand,**
- c) **Supported the ongoing work (through the Well Connected programme) to implement the Better Care Fund Plan for 2015/16 in the context of the Worcestershire Five Year Health and Care Strategy. This would include development of an appropriate Section 75 agreement,**
- d) **Would consider any proposals for redesign and re-commissioning of services funded by the Better Care Fund as they arose, including as they relate to integrated health and adult social care re-ablement and rehabilitation services.**

Frances Howie gave an overview of the Health Improvement Group (HIG) which was set up in March 'to lead, co-ordinate and ensure progress of action to improve health and well-being, focussing on health inequalities and the wider determinates of health and well-being in Worcestershire.' Members of the group have met three times and include District Councils, the Police, Housing, Voluntary Sector Representatives, CCGs and the University of Worcester.

The HIG supported and monitored the delivery plans of three of the four HWB priorities, the alcohol plan, the mental well-being and suicide prevention plan and the obesity plan. The HIG also considered District health and well-being plans. The HIG Annual Report would be presented to the HWB in May 2015.

Board Members queried what impact the HIG had and what outcomes were achieved. It was explained that this report was just an introduction to the work of the HIG and outcomes would be included in the individual plans which would be reported in the annual report.

In his '5 year View of the NHS' Simon Stevens looked to local leaders to take action about alcohol and obesity issues. Board members wished to know what actions

269 Consumer Experiences of the Health and Social Care Complaints System

Worcestershire were taking. It was clarified that the plans for the priority areas were focussed and dealt with specific actions such as assessing planning applications for fast food outlets close to schools.

Each District Council had Health and Well-being Groups who had the support of Public Health consultants. Each area looked at issues which were relevant to the local area for example Malvern Hills had a project which looked at the high number of falls in their area.

RESOLVED that the Health and Well-being Board:

- a) Considered and commented on progress made between March and September 2014, and**
- b) Requested that the Health Improvement Group Annual Report be presented to the Board in May 2015.**

Peter Pinfield explained that Healthwatch Worcestershire had produced a report about consumer experiences of the health and social care complaints system. The report had been well received by central government and Health and Social Care Organisations and he hoped that all HWB members could ask their organisations to look at their own complaints procedures and ensure that they were simple, compassionate and responsive to patients and service users.

He hoped that the possibility of a Worcestershire wide complaints model could be considered. As Worcestershire was a Well Connected Pioneer he wondered whether it could sit within the communication and engagement work stream and take place over the next 12-18 months.

Board Members were happy to consider a common set of standards rather than one combined complaints policy. They wished to ensure that Children's issues were included as well as adults and also to consider the impact on staff who were complained about.

RESOLVED that the Health and Well-being Board:

- a) Received and took note of the Healthwatch England Report "suffering in**

270 **Adults
Safeguarding
Board Annual
Report 2013/14**

Silence...listening to consumer experiences of the health and social care complaints system,"

- b) Asked the key stakeholders to raise the contents and recommendations of the report with their respective Boards, and**
- c) Should look at the possibility of developing a Worcestershire wide complaints model that incorporated some commonly owned basic principles. This model would sit within the well connected communication and engagement work stream that was currently being developed as part of our integration of services strategic aim. A future report would then be provided to the HWB outlining a plan for change.**

Pete Morgan, the former Independent Chair of the Worcestershire Safeguarding Adults Board, presented the Annual Report for 2013-14.

During the last six months the number of alerts increased but that was due to a change in the recording procedures. The number of alerts which were converted into referrals did not increase. Some of the alerts were found to be non-safeguarding issues. The outcome of the Francis report may mean that there was an increase in in-patient referrals.

During 2013/14 a lot of work had been carried out to ensure that the Safeguarding Board was Care Plan compliant and some groups were held in abeyance. The new structure was beginning to bed down and a virtual network had been created.

The Board was urged to think about resourcing for the Board which currently had a budget of £70,000 compared to the Children's Safeguarding Board which received £140,000. In some areas the two boards did work together and as the Council encouraged people to Think Family the Board was reminded not to forget that families were often made up of three or more generations not just parents and children.

A Board member asked how cases were selected for a serious case review. It was explained that it was detailed in the Care Act that a particular case had to give multi agency learning where abuse or neglect had caused a death or serious harm. A referral would then be made to a sub-group where an independent Chairman would

271 Analysis of safeguarding in Worcestershire in response to the Francis Report

decide if it should become a serious case review. Councillors and MPs could refer cases directly and members of the public could make referrals through an agency.

Mr Morgan wished to leave the meeting with the thoughts that there should be lower levels of bureaucracy in place to enable people to be able to learn lessons more easily and also to be better at celebrating good practice.

The Chairman and Board Members thanked Mr Morgan for the work he had done with the Safeguarding Adults Board.

RESOLVED that the Health and Well-being Board noted and endorsed the Worcestershire Safeguarding Adults Board Annual Report 2013/14.

Pete Morgan and Diana Fulbrook (Independent Chairman, Worcestershire Safeguarding Children's Board, explained that even though there was no direct reference to safeguarding in the Francis Report the provided reports gave details of the implicit recommendations concerning adult safeguarding.

For Adult safeguarding details were given regarding:

- Safeguarding Alerts,
- Reporting processes understanding,
- Complaint procedures,
- Commissioning activities, and the
- Relationship between the Worcestershire Safeguarding Adults Board and the Care Quality Commission.

For Children's safeguarding details were given surrounding:

- Quality and safeguarding assurance
- Culture
- Voice of the Child and Family/User feedback
- Openness, transparency and candour
- Information

It was confirmed that there were not any outstanding issues but it was pointed out that the report represented a snapshot in time and organisations could not afford to be complacent. Pete Morgan was concerned at the lack of respect that some agencies showed for Safeguarding

adults by not providing their reports when requested. He felt the onus was on the HWB to ensure that engagement and positive management of these issues continued. Further assurances would be included in the next annual report.

RESOLVED that the Health and Well-being Board:

- a) **Noted the Worcestershire Safeguarding Children's and Safeguarding Adults analysis of Safeguarding in Worcestershire,**
- b) **Supported the WSAB in implementing its proposed actions in response to the Francis Inquiry, and**
- c) **Noted the progress of WSCB's assurance process in response to the implications of the Francis Inquiry review and requested further updates through the WSCB annual report as necessary.**

272 Future of Acute Hospital Services in Worcestershire

Simon Hairsnape explained that the assurance process was proceeding with the Clinical Sennate assessing the preferred option. However with the election coming up in May 2015 it would not be possible to consult during the purdah period leading up to the election. Consultation would therefore be starting in late spring 2015. Decisions would then be made in Autumn 2015 and implementation would be likely in early 2016. In the meantime the programme board would continue to work to ensure that acute services were safe.

RESOLVED that the Health and Well-being Board noted the update regarding the Future of Acute Hospital Services in Worcestershire.

273 Future Meeting Dates

Development Meetings all at County Hall
Wednesday 3 December 2014 2.00pm

Dates 2015

Public Meetings 2015

Wednesday 28 January 2.00pm

Tuesday 3 March 2.00pm

Tuesday 12 May 2.00pm

Wednesday 15 July 2.00pm

Tuesday 22 September 2.00pm

Tuesday 3 November 2.00pm

Development Meetings 2015
Tuesday 10 February 2.00pm
Tuesday 14 April 2.00pm
Tuesday 16 June 2.00pm
Tuesday 13 October 2.00pm
Tuesday 8 December 2.00pm

The meeting ended at 3.45pm

Chairman