

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 18 SEPTEMBER 2014, IN JUBILEE ROOM, AYLESBURY VALE DISTRICT COUNCIL, THE GATEWAY, GATEHOUSE ROAD, AYLESBURY, HP19 8FF, COMMENCING AT 1.35 PM AND CONCLUDING AT 5.27 PM.

MEMBERS PRESENT

Ms J Adey (District Council Representative), Ms J Baker OBE (Healthwatch Bucks), Mrs P Birchley (Cabinet Member for Health and Wellbeing), Mr T Boyd (Strategic Director for Children's Services), Ms I Darby (District Council Representative), Mr C Etholen (Deputy Cabinet Member for Health and Wellbeing), Dr A Gamell (Chiltern Clinical Commissioning Group), Ms N Lester (Chiltern Clinical Commissioning Group), Ms A Macpherson (Cabinet Member for Children's Services), Dr J O'Grady (Director of Public Health), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Dr G Payne (Medical Director, NHS England Thames Valley Area Team), Ms R Rothero (Interim Strategic Director for Adults and Family Wellbeing), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group) and Dr K West (Aylesbury Vale Clinical Commissioning Group)

OTHERS PRESENT

Mr D Johnston (Service Director, Child and Family Service), Ms K McDonald (Health and Wellbeing Lead Officer), Ms L Perkin (Programme Director for Integrated Care) and Ms H Wailing (Democratic Services Officer)

1 WELCOME AND APOLOGIES

Apologies for absence were received from Graham Jackson and Dr Stephen Murphy.

The Chairman welcomed David Johnston, Interim Service Director for Safeguarding for Children.

The Chairman welcomed Trevor Boyd as the Interim Strategic Director for Children's Services.

The Chairman welcomed Rachael Rothero as the Interim Strategic Director for Adults and Family Wellbeing.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF THE MEETING HELD ON 24 JULY 2014

The Minutes of the meeting held on 24 July 2014 were agreed and signed as a correct record.

4 PUBLIC QUESTIONS

There were no public questions.

5 DISCUSSION RE: OFSTED REPORT

Angela Macpherson, Cabinet Member for Children's Services, introduced this item and said that the Ofsted Inspection Report had been received on 8 August 2014. It had been a very sobering and disappointing report, although the outcome had not been entirely surprising. In 2013-14 there had been an unprecedented rise in demand for Children's Services. There had been a 70% increase in referrals to the First Response Team. There had also been a 12% increase in the number of looked after children, which was an all-time high figure for Buckinghamshire. They also experienced significant difficulties in attracting experienced social workers to BCC. All these factors had created a 'perfect storm,' and due to these pressures there had been a backlog of cases.

David Johnston, Interim Service Director for Safeguarding for Children, then gave a presentation on the Ofsted Inspection Report and Improvement Plan. David Johnston had been in post since two days prior to the Ofsted inspection.

David Johnston said the following:

- Children's Services employed a significant number of agency staff, and there were upwards of 80% agency staff in the First Response Team. There was also a high turnover of staff.
- BCC had made 28 adoptions in the previous year. Some local authorities made over 100 adoptions a year (although these were larger authorities).
- Initial health assessments for children in care were crucial but the Council had very little control over these out of County. Some children had not been seen for up to 62 days since they began their placement. Following through a case for neglect was much more difficult if no health assessment had been carried out.
- The Children in Care Council had been functioning very well 18 months previously but there had not been any succession to replace Council members as they left to go to further education.
- Corporate parenting training was being held on 19 October 2014. All elected members and senior staff were corporate parents. There was also an extended corporate parenting responsibility to other partners too, who collectively were looking after the most vulnerable people. Corporate parenting responsibilities were not well understood, which was why the training was being held.
- Case records and how they were kept was very important. Looked after children needed to be able to access their records as adults and gain a clear picture of what they had been like as children. Murray Ryburn (Birmingham University) had written about records and how they conveyed information. They needed to turn from identifying problems to helping with solutions.
- When the Ofsted inspection had been carried out, 25% of foster carer reviews had been out of time. They were now all held on time, and a new manager was in place.
- 11% of looked after children in Buckinghamshire went to University. In some authorities this figure was as low as 4%.
- In the previous year, a number of Independent Reviewing Officers posts had been cut at the same time as the number of looked after children had increased. This was being addressed.
- There were 19-20 independent fostering agencies working in Buckinghamshire.
- 52% of looked after children were placed outside Buckinghamshire.
- Work was underway to review all unallocated cases.
- A 'Staying Put' Policy had been created, which allowed young people to remain with their foster families when they reached 18.
- A multi-agency thresholds document had been agreed and was being implemented. It would be reviewed.

- They were raising awareness of private fostering, when a child stayed with other people with their parents' agreement for more than 27 days. There had been an increase in privately fostered children, which required an increased number of visits.
- Looked after children in Buckinghamshire were different to cohorts in other authorities. There were a large number of looked after children under the age of 2 and also aged 13-14. Pastoral care was needed in primary schools to identify other issues which could arise as children reached their teens.
- Teenagers going into care had poor outcomes. Every time they moved placement they lost approximately six months of education. Teenagers in care might reach a point where they felt they had nothing left to lose, and people would change their view of them from 'troubled' to 'troublesome.' Even if they were troublesome, they were also troubled, and this needed to be conveyed.

Member comments

A member asked about the budget for the Children's Safeguarding Board. Angela Macpherson said that it was approximately £200k. Children's Services had dramatically reduced the Board's budget. Angela Macpherson had made it clear that there should be better proportionality, as BCC provided 75% of the budget. The Board's challenge was to focus on its key priorities.

A member said that they had not been aware of the decision to reduce the funding until it had been made. Angela Macpherson said that this came as a surprise to her as she had presented the budget proposals to the Safeguarding Board. However it had been a poorly attended meeting and there had not been much challenge.

Trevor Boyd said that finance officers were looking at budgets for the Safeguarding Board with partners.

A member asked who else provided funding for the Safeguarding Board. Dr Juliet Sutton said that the Police, Health, CAF/CASS and Probation services all put in funding. David Johnston said that the Safeguarding Board first needed to decide what it was going to do and then set its budgets.

Trevor Boyd said that the MASH should help with bringing organisations together. David Johnston said that it should help, but noted that the MASH did not include the voluntary sector.

A member noted that there were a large number of referrals to social care from the Police. Mothers would be less likely to report domestic violence if they knew that a referral would be made to social care services. David Johnston said that this was partly down to statutory organisations needing to change the way they worked with families. One way was to provide support to families. Another way was through intervention. Social care would normally see a mother reporting domestic violence as acting as a protective parent.

Domestic violence referrals to social care services had increased. DCI Richard North and David Johnston were working on the figures. They would try and triage domestic violence through the MASH.

Dr Juliet Sutton said that GPs were informed of any domestic violence where a child was involved, and that they tried to act in a supportive way towards the family. David Johnston said that their initial approach was to minimise risks and for children to remain with their families where possible.

A member asked if academies had made a difference. David Johnston said that the relationship between BCC staff and the people running the schools made the difference. It was partly the responsibility of BCC to build up that relationship.

Dr Jane O'Grady said that she was a member of the Thames Valley Quality Surveillance Group, which liaised with people outside the Thames Valley and neighbouring quality surveillance groups.

Agreed Actions

- Small group of HWB to meet to discuss governance between HWB and Safeguarding Board and CYP Board to ensure improvements as part of the OFSTED Plan and provide assurances around lines of accountability.
- Governance paper and updated Terms of Reference to clarify role of HWB to come to next HWB meeting on 16 October **(KM)**
- Electronic copy of Protocol with Children's Safeguarding Board to be sent out
- Draft Ofsted Improvement Plan to be brought to next meeting, and to be a standing item at every future meeting.
- Letter from Tricia as Chair of HWB to Safeguarding Boards requiring protocols for escalation to HWB and invitation to future meeting for the HWB forward plan (annual reports).

6 HEALTHWATCH ANNUAL REPORT

Jenny Baker OBE, Chairman of Healthwatch Bucks, gave a presentation (attached) and told members that although currently it received some funding from BCC, the aim was that Healthwatch would become financially sustainable.

The first year of operation had been a start-up year, in which four projects had started. Healthwatch was offering a partnership opportunity to provide evidence.

The four projects were:

- Looked After Children with Action4Youth - 38 looked-after-children had been interviewed
- Bereaved Young People with Child Bereavement UK
- People with Learning Disabilities with Talkback – 30 voices through three focus groups. This had raised the idea of health passports.
- People who have been discharged from hospital

Some projects underway were legacies from the Local Involvement Network (LINK).

An Urgent Care Survey was being carried out, led by a volunteer panel.

Angela Macpherson asked if Healthwatch could expand their Urgent Care Survey wider than Chesham and Wycombe. Jenny Baker said that it was being more widely dispersed.

The project with the Service User and Carer Organisation (SUCO), to look at challenging behaviours in care homes, was an example of a project coming up from voluntary organisations.

Rachael Rothero asked about the 'Enter and View' powers which Healthwatch held, and noted that this was a unique and statutory responsibility.

Jenny Baker referred to the Dignity in Care project, which Healthwatch Bucks had commissioned Bucks New University to carry out. 24 care homes and domiciliary care services would be visited and reviewed via the 'Enter and View' process, carried out by eight volunteers. The 'Enter and View' Team had now received training for this, including Steve Baker MP.

Rachael Rothero said that the Dignity in Care project was a very important and exciting project. How would they receive regular updates over the three year period, and how would alerts be woven back in? Jenny Baker said that the Communications Strategy was currently being looked at. Also, CQC had now announced a care home programme, and they would need to look at any overlaps.

Rachael Rothero said that Healthwatch should have a direct line to the Adults Safeguarding Team and the Contracts Team.

Jenny Baker said that there was a lot of information available through NHS sources, and that they had received a presentation from Dr Reg Race. Some Healthwatch areas were providing a service for local authorities in pulling data together.

The Chairman thanked Jenny Baker for her report and said that any questions on the presentation would be answered at the next meeting, due to timing.

7 BETTER CARE FUND

Lesley Perkin said that the Health and Wellbeing Board was expected to set a target for acute admission reductions of at least 3.5% (c. £1.7m).

The profit and loss work had shown that Buckinghamshire was well above average in admissions but that there were some issues regarding length of stay. In Buckinghamshire a reduction in acute admissions would be made, but not necessarily of 3.5%. It was not about shifting the problem somewhere else, and there was a need to support people across the board.

Many questions remained about how the money would flow and how the performance would be monitored. The binding agreements would come back to the Health and Wellbeing Board and to the relevant governing bodies. At the same time a full business case was being created from the outline business case.

Following requests from members at previous meetings to have oversight of the key risks related to the BCF, a risk table was circulated. Most of the risks had also been in the original document. New risks were around the impact of the Care Act, and the risk that sufficient funding had not been identified.

Member comments

Rachael Rothero said that £1.4m of national funding had been allocated. The model required £4-5m, so there was a funding gap, which was a risk.

Lesley Perkin said that another risk was where demand flows might not match. They had made a fantastic start with the profit and loss work to understand this.

Rachael Rothero said that a current challenge was a performance target around acute bed-based care. If this created demand in another part of the system, they would need the flow of money, as collective systems.

Nicola Lester said that in the risk table there was no reference to the Primary Care Strategy. Lesley Perkin said that a risk would be created for that and for primary care preparedness.

Rachael Rothero said that there also needed to be a risk around ACHT, where they were supporting people. Rachael Rothero asked what the 3.5% per annum looked like in terms of demand flows in other areas. Lesley Perkin said that they had changed and created a new model of care.

Dr Geoff Payne said that they needed a corporate approach to risk sharing. Louise Patten said that there was a lack of trust in the new services being described, in them being successful enough. Had they tested them?

Lesley Perkin said that there was evidence internationally and nationally that was increasing all the time. They must not be insular in this.

Louise Patten said that it was about making sure that innovative work was fed back.

Patricia Birchley said that there was a role for District Councils too, not just for the County Council.

Rachael Rothero said that the profit and loss work had shown that a 3.5% reduction would destabilise the system. Would the local area team accept the Buckinghamshire approach?

Dr Geoff Payne said that the guidance did not require a 3.5% target. They would be supportive provided that they were allowed to be. The profit and loss work was quite compelling. The question was of having credible arguments and a challenging target.

Dr Annet Gamell said that it needed to be realistic and credible and what would lead to better out of hospital care. Shortening the length of stay would increase admissions.

Dr Geoff Payne said that it was easier to argue a 3.5% cost reduction.

Rachael Rothero said that this would cause there to be instability, unless there was realignment and reinvestment in another part of the system.

Dr Jane O'Grady said that it needed to be a reduction of all ages – not all of these would require social care.

8 HEALTH AND WELLBEING BOARD WORK PROGRAMME

9 DATE OF NEXT MEETING

16 October 2014, 2:30pm, Mezzanine Rooms 1 and 2, County Hall, Aylesbury

AOB

Isobel Darby asked that handouts in future be sent out before the meeting, and not tabled.

CHAIRMAN