



Health and Wellbeing Together Minutes - 17 October 2018

Attendance

Members of Health and Wellbeing Together

Councillor Roger Lawrence	Leader of the Council (Chair)
Dr Helen Hibbs	Chief Officer, Wolverhampton CCG
Emma Bennett	Director of Children's Services
Brendan Clifford	Service Director - City Health
John Denley	Director of Public Health
Ben Diamond	West Midlands Fire Service
Dr Helen Hibbs	Chief Officer, Wolverhampton CCG
Councillor Roger Lawrence	Leader of the Council
Councillor Hazel Malcolm	Cabinet Member for Public Health and Wellbeing
Steven Marshall	Director of Strategy & Information, Wolverhampton CCG
Councillor Sandra Samuels OBE	Cabinet Member for Adult Services
Linda Sanders	Independent Chair of Adults' and Children's Safeguarding Board
Sarah Smith	Head of Strategic Commissioning
Councillor Paul Sweet	Cabinet Member for Children and Young People
Meredith Teasdale	Director of Education
Councillor Wendy Thompson	Conservative Party Leader
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust
David Watts	Director of Adult Services

Employees

Madeleine Freewood	Development Manager
Neeraj Malhotra	Consultant in Public Health
Parpinder Singh	Senior Public Health Specialist
Shelley Humphries	Democratic Services Officer

In attendance

Margaret Courts	Children's Commissioning Manager, Wolverhampton CCG
Dana Tooby	Healthwatch Wolverhampton

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Apologies for absence (if any)
Apologies for absence were received from Councillor Jasbir Jaspal, Chief Superintendent Andy Beard, Tracy Cresswell, Dr Alexandra Hopkins, David Loughton CBE and Lesley Writtle. |
| 2 | Notification of substitute members (if any)
Inspector Tracey Packham attended on behalf of Chief Superintendent Andy Beard, Dr Ranjit Khutan attended on behalf of Dr Alexandra Hopkins, Chris Masikane attended on behalf of Lesley Writtle and Elizabeth Learoyd attended on behalf of Tracy Cresswell. |
| 3 | Declarations of interest (if any)
There were no declarations of interest made. |
| 4 | Minutes of the previous meeting
Resolved:
That the minutes of the meeting held on 11 July 2018 be approved as a correct record and signed by the Chair. |
| 5 | Matters arising
The Chair opened the meeting by announcing the new name of the board as Health and Wellbeing Together. |
| 6 | Health and Wellbeing Board Forward Plan 2016-2017
Resolved:
That the Forward Plan be noted. |
| 7 | Public Questions
There were no public questions to consider. |
| 8 | Child and Adolescent Mental Health Services (CAMHS) Transformation Plan Refresh 2017-2020
Margaret Courts, Children's Commissioning, Wolverhampton CCG presented the report on the CAMHS Transformation Plan Refresh 2017 – 2020. The Board was asked to consider and accept the refreshed version of the Plan, which was last presented to the Board in 2015. The report detailed the funding available from the Clinical Commissioning Group and the intentions for investment of this funding in 2021 – 22. She informed the Board that the report was currently in its draft form and a further revised version would be produced. |

In addition to the information contained within the report:

- It was noted that it was beneficial that Speech and Language Therapy (SALT) and the Youth Offending Team (YOT) were included.
- In response to a query about performance indicators and how a link could be forged with the Citywide Strategy, it was noted that the 32% diagnosis target

had not been reached, however the Black Country Partnership had achieved 19%.

- It was noted that, with regard to access to services for young people with eating disorders, the seven-day target for urgent cases was being met, while the four-week target for non-urgent cases was not. This was thought to be due to parents not keeping appointments.
- It was noted as important to establish the journey of the young service users and discover the impact in addition to looking at contact figures.
- It was explained that there had been challenges with regard to workforce, however the training was almost ready; it was felt the problems related to ensuring the right people had the right qualifications rather than a shortage of staff.
- It was explained that there were dedicated services within the Council for Children in Need and child protection, including children and young people in care and that work was being carried out in partnership with the CCG to explore ways of bridging the Tier 2 gap.
- With regard to waiting times, particularly pertaining to children who had suffered abuse, the Board were advised there was a sexual abuse referral centre with its own counselling services. There had usually been a quick turnaround here and young people were referred back to CAMHS if their case could not be resolved. It was noted that the centre wasn't commissioned by the CCG and was not under the Authority's jurisdiction.
- It was suggested that partners work together to explore pathways the impact that mental health resilience in children has on elements such as community cohesion, policing, etc.

Resolved:

That the report be endorsed.

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Adults' and Children's Safeguarding Board Annual Report

Linda Sanders, Independent Chair of Wolverhampton Adults' and Children's Safeguarding Board presented the Adults' and Children's Safeguarding Board Annual Report. It was explained that there was a new, integrated Safeguarding Board with a comprehensive agenda and the combined report was intended to inform Health and Wellbeing Together of progress made over the past year and the four key priorities of the Board were highlighted.

The report was welcomed by Councillor Sandra Samuels OBE and the work of the Wolverhampton Safeguarding Board referred to in Priority 4 was praised for successful community engagement and delivery, particularly in respect of the Orange Wolverhampton Campaign, throughout the 12 months covered.

Councillor Hazel Malcolm added that there needed to be some alignment with emerging issues such as gang and gun violence, county line issues and exploitation of young people and requested that these be considered for the next time.

Dana Tooby, Healthwatch Wolverhampton, added that work was being undertaken to ensure that faith groups were included to ensure the requirements set out by the Charity Commission are met. There were partnership meetings and continual engagement with the faith sector was being carried out with a Faith Engagement Worker being funded by the board to carry this out.

Resolved:

That the report be noted.

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People with No Recourse to Public Funds (NRPF) Draft Multi-Agency Protocol

Neeraj Malhotra, Public Health Consultant and Seeta Wakefield, Public Health Registrar presented the report on People with No Recourse to Public Funds (NRPF) Draft Multi-Agency Protocol. The aim of the protocol was to act as an informative document on what support could be accessed and to dispel the myth that the term 'no recourse to public funding' meant no access to support at all.

It was suggested there was a need to clarify that there were NRPF people living in Wolverhampton who were being supported by other local authorities and therefore were not under Wolverhampton's scope of responsibility. It was requested that the checklist in the multi-agency protocol included questions on what support was being received from another local authority.

With regard to the training referenced in point 3.6 of the report, Councillor Samuels OBE requested that this be rolled out to elected members, as they may come into contact with people NRPF during their surgeries and it would be useful to direct them straight towards the help they need.

It was requested by Councillor Wendy Thompson that the protocol also be followed up with a data 'snapshot' with numbers of NRPF within Wolverhampton. It was agreed that this could be done to a degree, however there were people who either did not self-identify or require any services who could not be accounted for. It was also noted that when people achieved immigration status, they were no longer considered to be NRPF.

The Chair commended the protocol agreeing that it was important to gain a better understanding of the wide range of services available to people.

Neeraj Malhotra acknowledged the contributions made by partners to the protocol. She closed the presentation with a mention of correspondence sent by the Chair to other local authorities requesting notification of people coming across borders from other authorities to ours and that she was in the process of tracking this and chasing those authorities who hadn't responded as yet.

Resolved:

1. That the protocol be endorsed.
2. That a report containing data on NRPF within the City be added to the Forward Plan for consideration at a future meeting.

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Update on Suicide Prevention

Neeraj Malhotra, Public Health Consultant presented the report on Suicide Prevention. An update on the work carried out by the Suicide Prevention Forum was provided and the Board was advised that the last update was submitted two and a half years ago.

In support, Parpinder Singh, Senior Public Health Specialist, delivered a visual presentation which provided the background on Wolverhampton statistics compared with national trends and a more in-depth overview on the progress of the Forum.

It was highlighted that 2017 figures showed the lowest rates of death by suicide in the UK since 1981 and, since this date, it was recorded that two thirds of people taking their own life were men around the ages of 45 - 49. It was noted that research suggests more women attempt suicide but do not complete. This could have been partly attributed to the fact that women generally used less fatalistic methods such as overdoses, whereas men would use hanging as the most common method.

It was noted that there had been a steady downward trend for suicides in Wolverhampton with some fluctuation and the gender split locally was very similar to the national figure.

Work being done with Black Country Coroners had provided some useful data with a deeper delve into demographics. Out of 31 cases scrutinised for suicides registered in 2015-16, 77% were found to be males, the youngest being 23.

There had been reported a rise in teenage suicides between 2010 – 2017 which was around 47% nationally. However, suicide amongst children and young people in Wolverhampton was reported to be very low.

Linda Sanders, Independent Chair of Wolverhampton Adults' and Children's Safeguarding Board, queried the prioritisation of adult males as, based on statistics, suicide or self-harm with intent to cause death in 10 to 19-year-olds accounted for 14% of deaths nationally. It was noted that there was a suicide prevention sub-group established under the main suicide prevention forum with a focus on children and young people. As part of the group's current focus, it was noted that data around self-harm would be reviewed, that policy and guidance was being developed for schools and the opportunities to raise awareness would continue to be explored.

With regard to General Practitioner (GP) training, following case studies highlighted by THRIVE West Midlands in which people sought help, in two thirds of cases a family member was approached for help as professionals were thought to be dismissive in some instances. It was considered whether GP training was the issue or the time restraints put on GPs to keep appointments to a minimum.

It was agreed that it was important to raise awareness of identifying key signs that someone may be at risk of taking their life by suicide, particularly in schools where either bullying or social isolation were often contributing factors, so appropriate action could be taken. It was highlighted that early intervention was vital and Dr Helen Hibbs noted that statistics showed 28% of people had been in contact with mental health services in the year prior to death and it would be interesting to know if they had been in contact with any other services at that time.

In response to Brendan Clifford's query whether there had been any data analysis by postcode and if individuals in prison were included in the figures, Parpinder Singh, Senior Public Health Specialist advised the Board that a map would be circulated with postcode data provided by the Coroner. It had also been noted that there had been a link found to areas of deprivation. A report had been released regarding suicide in prisons. Self-harm in particular was a key concern within prisons. There were varying initiatives that take place within prisons to support individuals, this includes The Samaritans who provide an independent listening and support service.

In respect of the Zero Suicide Alliance's e-learning package, it was requested that a link be forwarded to elected members on the Board with a view to completing the training and forwarding on to all elected members once approved.

It was suggested by the Chair that a link be made with the local transport and planning departments with a view to designing out means of attempting suicide within the transport network.

Resolved:

1. That the key areas of action be endorsed.
2. That children and young people be included in the suicide prevention action plan.
3. That the link to the Zero Suicide Alliance e-learning be forwarded to elected members of Health and Wellbeing Together with a view to cascading to all elected members.
4. That the Suicide Prevention Forum liaise with planning and transport departments regarding suicide within the transport network.
5. That a postcode map with suicide statistics be circulated to the Board.

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Draft Joint Health & Wellbeing Strategy 2018-2023 - Self-Assessment

John Denley, Director for Public Health introduced and led an interactive self-assessment on how the Board felt it was performing against the following areas in each of the seven priorities (Early Years, Children & Young People's Mental Wellbeing and Resilience, Workforce, City Centre, Embedding Prevention Across the System, Integrated Care; Frailty & End of Life and Dementia Friendly City).

- Buy in at all levels of the organisations
- A clear shared goal for the next 3-5 years
- An evaluation framework based on long term outcomes
- Public and/or patients engaged and involved
- Appropriate resources and capacity allocated
- A thorough understanding of the issue from a long-term perspective

The Board were asked to vote using a bespoke online survey using a sliding scale of 1 - 5, 5 being the highest score and 1 being the lowest.

Resolved:

1. That the Early Years Strategy be brought to a future meeting to open up discussion.

2. That the results of the survey and responses received from the Board be taken into consideration when delivering the Joint Health and Wellbeing Strategy.