

Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 7 December 2023

Present: Mark Sutton (Chair)

Attendance	
Julia Jessel (Vice-Chair)	Garry Jones
Dr Richard Harling	Tim Clegg
Neelam Bhardwaja	Baz Tameez
Chris Bird	Ian Read
Dr Rachel Gallyot	Emily McCormick

Also in attendance:

Apologies: Phil Pusey, Gill Heesom, Rita Heseltine and Claire McIver

Part One

- a. Declarations of Interest

There were no declarations of interest on this occasion.

- b. Minutes of Previous Meeting

Resolved – That the minutes of the meeting held on 7 September 2023 be agreed and signed by the Chair.

- c. Questions from the Public

None received.

21. Good Mental Health Priority Progress Update

The Board received a report on the Good Mental Health priority from the Staffordshire Health and Wellbeing Strategy, along with a progress update.

The Board were reminded of the Good Mental Health in Staffordshire Strategy which was approved by the Board in December 2022, and the six main outcomes of this.

An action plan had been developed to achieve the outcomes set out in the strategy. This was co-produced by the County Council and ICB working with people affected by mental health conditions as well as frontline professionals.

The primary focus of the Strategy was adults in Staffordshire, however it was recognised that there were opportunities in people's early lives to positively influence their future mental health and wellbeing. The strategy also referenced children and young people. It was noted that other work was ongoing as part of the [Staffordshire and Stoke-on-Trent Integrated Care System Children and Young People's Mental Health Local Transformation Plan](#), which would be considered as part of the Health in Early Life Priority for discussion in September 2024.

Progress to achieve the strategy would be measured using a set of metrics as well as tracking completion of the actions set out in the action plan.

Councillor Jessel stressed the importance of timeliness with regards to people getting that support and access to services and questioned whether these metrics were collected and if they could be included in the monitoring of the action plan. In response, it was confirmed that the metrics are collected but the focus was on NHSE mandated actions. A number of data collections, including waiting times, were taking place however were not yet published due to them being classed as experimental, but it was hoped that this could be shared at a later date.

It was noted that the Good Mental Health action plan would feed into the Health and Wellbeing Board Strategy, acting as the bedrock of the work of the overall Strategy. The metrics for the action plan would need rationalising against the metrics of the Board Strategy to ensure progress was being made. Alongside this, it was confirmed that the item would return in 12 months time to the Board for a progress update. It was requested that the future progress update include the revised metrics.

The Board also queried mental health support teams in schools, and whether the trailblazers originally set up in certain parts of the County would be implemented across the County overall. The ICB had been pursuing this and were pleased to confirm that there was over 40% coverage across the County. And two further teams had been secured for the next financial year, starting in January 2025. These would be targeted based on need. The ICB would continue to work with local authorities to best plan where these teams could be placed, and for areas that did not have this support, the Action for Children service could reach into those schools and provide additional support where required.

Councillor Jessel sought clarification on the additional trailblazer teams and the distribution throughout the County. The analysis of coverage would be shared with the Board. It was confirmed that two teams were based in North Staffordshire, two in East Staffordshire, one in Stafford and Surrounds, one in Cannock Chase, one in Lichfield, one in Tamworth. The additional team coming on board would cover South Staffordshire and more of Cannock Chase.

Resolved – that the Board (a) approve the Action Plan for the Good Mental Health Strategy 2023-28;

(b) Note the Staffordshire and Stoke-on-Trent Children and Young People's Local Transformation Plan; and

(c) Note the wider activity across the health and care system to support good mental health.

22. Right Care, Right Person

Note by Clerk: This item was considered earlier in the agenda than originally scheduled.

The Board received a presentation from Lisa Cope, Strategic Lead for Right Care, Right Person from Staffordshire Police.

The Board noted the four phases of the Right Care Right Person model, which set out to ensure that better protection could be given to vulnerable members of our communities and provide them with specialist help they need.

- Phase 1 – would be launched in February 2024 and focusses on reports relating to concerns for welfare and walk-outs of health care facilities
- Phase 2 – would be launched in May 2024 and focusses on AWOL and walk out of mental health facilities
- Phase 3 – would launch in August 2024 and focusses on transportation
- Phase 4 – would launch in November 2024 and focusses on S.136 / management of mental health incidents.

Underpinning the above phases, it was noted that the Police would continue to respond to all incidents where there was an immediate, real and substantial threat to life or risk of significant harm. All incidents would be reviewed on a case by case basis to assess risk, threat and harm and determine if it was right for the RCRP principles to be applied.

Staffordshire Police launched the implementation of RCRP in July 2023 through a number of multi-stakeholder events, noting the phased approach to implementation. They would continue to attend numerous partnership meetings.

A multi-agency partnership group with representatives from across local authorities, health, social care, VCSE and more was established to work through the implications of implementing RCRP and share learning. A

single point of contact for stakeholders was also established.

The National Partnership Agreement, published in July 2023 set out the following actions for RCRP and Mental Health:

- Agreement of a joint multi-agency governance structure for developing, implementing and monitoring the RCRP approach locally.
- Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs.
- Enabling universal access to 24/7 advice, assessment and treatment from mental health professionals for the public (via the NHS111 mental health option).
- Putting in place arrangements to work towards ending police involvements in situations where the RCRP threshold was not met.
- Embedding multi-agency ways of working that could support decision making about which service or services were most appropriate to respond to an incident reported to the emergency services.
- Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services.
- Developing an approach for police and health systems to work together to quickly and efficiently identify the best place to take a person detained under Section 136.
- Developing local escalation protocols for situations
- Establishing effective mechanisms to support data collection and sharing across agencies.
- Developing multi agency training to support decision making and understanding of roles and responsibilities in relation to RCRP and the Mental Health Act.

Next steps included understanding the current position of health and social care providers against the 10 recommendations and requesting a temperature check exercise is undertaken asking organisations to rate themselves using a Red, Amber, Green (RAG) assessment.

Colleagues would be asked to provide commentary where possible to support their rating. Reasoning for a responsibilities matrix was shared with the board which outlined the temperature check.

The Board were informed of lessons learned so far, including the following:

- Getting the right representation at RCRP meetings;
- Making use of the briefing documentation provided;
- Having a single point of contact for RCRP;

- Getting the messaging right;
- Creating a feedback loop;
- Fostering a learning and sharing culture; and
- Investing in mental health services and lobbying for further funding.

Health colleagues noted that this was a significant change and colleagues in Staffordshire Police had been very proactive in implementing Right Care, Right Person and engaging in partnership groups. Colleagues supported the best use of scarce resource and targeting support those in need, whilst highlighting some of the operational challenges ahead in terms of timeliness and handover of cases between agencies. A topic for discussion at a future task and finish group would be around risk appetite, for those officers who are on a prolonged handover.

Similarly, it was recognised of the opportunity to use collective resources better and appreciative of the gradual approach working with partners, whilst noting the associated risks with unmanaged gaps appearing from things that the Police currently do, but wouldn't continue doing in future. The responsibilities matrix was welcomed to this effect.

A question was raised around governance, noting that this work would need to be signed off by all agencies at the appropriate level, and where this would happen. A meeting had taken place with the ICB Chief Executive, Peter Axon where governance was discussed. Whilst it was noted this was a partnership approach, if any issues were discussed at a tactical level, this would be raised with the appropriate Executive within the Integrated Care Framework. With regards to signing this off as a whole, this is a national approach being facilitated by Staffordshire Police, but the solutions were health-led, therefore it was considered a joint iterative approach with the Assistant Chief Constable and the Integrated Care Board.

The Board continued to discuss the importance of governance around this, highlighting whether there was an opportunity at a strategic level to get partners together to look at what the tactical groups are suggesting, and whether this was accepted or whether any risks would be highlighted for review.

It was confirmed that a first strategic meeting had took place and this could take place again in the future, convened by the ACC.

Health colleagues further noted the meeting that had taken place between Peter Axon and ACC Ellison and highlighted the role of the ICB role in helping the Police to navigate health governance systems.

A question was raised on point three of the action plan, around the NHS 111 service. Further information was requested on this service and how it

would be rolled out. In response, it was noted that the long term plan was parity of esteem between physical health and mental health, with national policy identifying NHS111 as an area that needed this approach. A piece of work was being implemented across Staffordshire and Stoke-on-Trent around the formal launch of NHS111 Option 2, known as the 'mental health option', on the 1st April 2024. It was confirmed that local partners were resourced to provide the Option 2 service, such as MPFT and North Staffordshire Combined Healthcare. A communications campaign was ready to launch the service however was on hold until other colleagues had completed technical work ahead of the rollout.

District and Borough colleagues further highlighted the importance of exchanging information between all services that the client group access. It was noted that the Right Care, Right Person programme did not preclude any existing work on local problem solving and partnership engagement for cases around housing and complex needs and support.

Councillor Sutton highlighted point one in the key actions and questioned if this needed further work due to the comments presented by Board members. It was agreed to take these comments away from the meeting for discussion with the ACC.

Councillor Jessel suggested that the Health and Wellbeing Board may be well positioned to be the governance structure and queried the public perception of the Right Care, Right Person rollout. Concerns were also raised around patients who go missing and whether this is something that the Police would continue to support. It was noted that a change of narrative was needed for public perception of Police resourcing. By doing this, and implementing RCRP effectively, it would free up Police time to focus on the areas of public priority around burglary and anti-social behaviour. The Police would continue to support instances where colleagues need additional support that can be provided under police powers.

The Board requested that the item be brought back to a future meeting and noted that a discussion would take place offline on the points raised around governance.

Resolved – that the update be noted.

23. Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2022/23

Note by Clerk: This item was considered later in the agenda than originally scheduled.

The Board received the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report for 2022/23 for consideration and feedback.

This annual report covered the period 1st April 2022 to 31st March 2023. During this time, Mr John Wood was the independent chair of the Board. The report provided an overview of the work of the Board and its sub-groups and illustrated with case studies as to how the focus on making safeguarding person was making a positive difference to ensuring that adults with care and support needs were supported to make choices in how they would live their lives in a place where they felt safe, secure and free from abuse.

The Board were provided with adult safeguarding data and the Staffordshire headlines for the same reporting period, along with the SSASPB strategic priorities during the reporting period.

A new priority arose from a revision of the SSASPB strategic plan and in response to five themes of significant importance and recurring concern arising from a combination of learning events, this was around ensuring effective practice. Pages 18 – 32 of the annual report provided a comprehensive overview of activities of safeguarding partners in evidencing the changes in practice in response to learning experiences.

The Board thanked John for the comprehensive report and asked what had gone well over the past year, and also if there were any trends or issues providing concern. It was noted that following the revision of the strategic plan, the Safeguarding Partnership had matured and that partners were working to a common and coherent plan with good engagement. John further noted the area for future work around evidencing progress made against lessons learned and strengthening practitioner engagement. Colleagues further discussed the need to identify and recognise self-neglect earlier and more proactively.

Councillor Sutton queried whether self-neglect was linked to those who lose capacity, through dementia or Alzheimer's in particular. It was clarified that lack of capacity would not be classed as self-neglect but would be dealt with under adult social care through the mental capacity act. Self-neglect would be better defined by people who have more complex needs, drug and alcohol abuse, bereavement etc.

Health colleagues commented on the consistency between Stoke-on-Trent and Staffordshire on the types and location of abuse but queried the correlation between this and national trends. It was noted that the trends were broadly similar from a national and regional perspective, but some anomalies were present in organisational abuse, however this could be attributed to reporting mechanisms. Safeguarding data nationally offered

two schools of thought, and it was hoped that the recently started CQC enhanced assurance process would regularise this recording.

Assurance was provided that changes had been made to the management of incoming concerns and how resources were utilised to be more effective. Work streams had been reduced to ensure that response times were improved and most cases were now being dealt with in a two-week period. Technological changes were being explored such as online referral forms to improve the service.

Gender and ethnicity rates were discussed and it was noted that females featured disproportionately higher. It was further clarified that females are considered more at risk of abuse in older age but further auditing was being undertaken to source any reasons for this. A concern was raised around those seldom-heard communities within Staffordshire and that further work was being done to ensure that they were encouraged to report and record this.

A consistent theme around poor leadership and management was noted by the Board, and whether this was something that could be tackled under the remit of the Safeguarding Board as a recurring theme. This had been picked up through a previous Board meeting and subsequently discussed at a meeting with ICB colleagues. Subsequent discussions were ongoing around the support and training required, linking with more national conversations around recruitment and retention.

Resolved – That the Board (a) receive and consider the SSASPB Annual Report 2022/23 in accordance with the requirements of the Care Act 2014; and

(b) Provide feedback as to how the HWBB can enhance contributions to safeguarding of adults with care and support needs at risk of abuse or neglect.

24. Staffordshire Health and Wellbeing Board Audit Report and Review of the Terms of Reference

The Board received a report from Jon Topham on the recent audit report undertaken by the Staffordshire County Council Internal Audit team, which sought to provide assurance that the Health and Wellbeing Board was operating in accordance with clearly defined Terms of Reference which aligned with the requirements of the Health and Care Act 2022.

The audit report made several recommendations which focused on updating the Terms of Reference and making minor changes to the Board administration.

A summary of audit findings was presented to the Board based on recommendations made, along with key changes to the Terms of Reference. Quoracy arrangements were clarified along with attendance at meetings. Points around publication of agendas were clarified.

The Board noted the discussion points within the report and were asked whether they were happy with the revised terms of reference presented and the questions raised in the report.

The Board supported the revised terms of reference and arrangements subject to some amendments. The membership of district and borough colleagues was raised, both from an Elected Member and Officer level, and whether this needed broadening to better highlight functions of the districts and boroughs.

Colleagues from the ICB raised a specific query around the job titles referred to in the revised Terms of Reference, and that these would need amending to acknowledge the representatives on the Board.

It was agreed to review the make up of the Board but agree the revised Terms of Reference.

Resolved – That the Board (a) note the findings from the audit report; (b) discuss and agree the revised Terms of Reference for the Board; and (c) consider the discussion points in the report.

25. ICB Joint Forward Plan

The Board received an update from Chris Bird on the ICB Joint Forward Plan (JFP), with a note that the Board were ratifying the decision made at the meeting at June 2023, which was invalid due to non-quoracy of the meeting.

Background to the Joint Forward Plan was shown to the Board, referring to the presentation on the 8th June 2023 and subsequent publication on the 30th June 2023.

Specific suggested areas for the annual refresh of the JFP were noted by the Board as follows:

- Reflecting any changes to local authority priorities
- Long term finance strategy and recovery
- Impact of ICS wide strategies published since June 2023
- Wider strategic system development to reflect any new areas of focus.

Next Steps were detailed as the following:

- First system task and finish group on the 23rd November 2023
- Work commenced across portfolios to support refresh;
- Guidance expected shortly;
- Updates and refresh of the JFP requested to be presented to the Board on the 7th March 2024.

Resolved – that the Board (a) note that the JFP was published on the 30th June 2023 following on from the draft JFP being presented at the Staffordshire Health and Wellbeing Board on the 8th June 2023;

(b) Formally approve the decision to delegate to the Chair the sign off of the JFP for the Staffordshire Health and Wellbeing Board;

(c) Receive the final Joint Forward Plan published on the 30th June 2023;

(d) Note that the JFP would require refreshing in line with any new guidance and feedback from ongoing engagement work;

(e) Endorse the approach for the refresh;

(f) Agree to the refresh JFP being presented to the Board on the 7th March 2024.

26. Joint Strategic Needs Assessment Update

The Chair notified the Board that this item would be deferred to the next meeting.

Cllr Jessel queried if the existing Staffordshire Observatory would be superseded by the new publishing of the JSNA. It was clarified that the JSNA would continue to be published on the Observatory, but that the Board's webpages would be updated in line with the new format.

27. Forward Plan

The Board received the Forward Plan for 2023/24 and noted the following items scheduled for discussion at the 7 March 2024 meeting:

- Healthy Ageing Priority Progress Update
- Carers Strategy
- Staffordshire Better Care Fund
- Children's Safeguarding Board Annual Report
- ICB JFP / Annual Report Sign-off
- Joint Strategic Needs Assessment update (deferred from the

December 2023 meeting)

Chair