

Health and Well-Being Board

**Tuesday, 25 February 2020, Council Chamber, County Hall -
2.00 pm**

		Minutes
Present:		Mr J H Smith (Chairman), Simon Adams, Elaine Carolan, Dr Kathryn Cobain, Lynn Denham, Sarah Dugan, Julie Grant, Mr A I Hardman, Dr A Kelly, Mr A C Roberts, Sarah Smith, Jonathan Sutton, Simon Trickett and Louise White.
Also attended:		Rachael Leslie (Public Health Consultant, People Directorate)
555	Apologies and Substitutes	Apologies had been received from Louise Bramble, Catherine Driscoll, Peter Pinfield and Shirley Webb. Louise White attended for Catherine Driscoll and Simon Adams attended for Peter Pinfield.
556	Declarations of Interest	None
557	Vice-Chairman	Due to the re-organisation of CCG roles, the position of Vice-Chairman of the Board had been vacant for some time. The Board supported the suggestion that Dr Anthony Kelly should become Vice-Chairman of the Health and Well-being Board.
558	Public Participation	None
559	Confirmation of Minutes	The minutes were agreed to be a correct record of the meeting and were signed by the Chairman. A District Council Member of the Board queried what responsibilities District Councils had around the Special Educational Needs and Disabilities. Louise White agreed to respond in more detail to the query after the meeting.
560	NHS Long Term Plan	Simon Trickett explained that the agenda report gave the overall position in Worcestershire with the Long-Term Plan. There had been an evolutionary process over the last 3-4 years since the creation of the Sustainability and Transformation Partnership and a further update

document would be produced later in the year.

He drew the Board's attention to the work that was on-going with the setting up of the Integrated Care system (ICS). One of the main areas of focus in future would be the development of an outcomes framework which would be developed jointly with partners. Work was happening to establish the operational aspects of the Long-Term Plan, such as Primary Care networks where GP practices would work with the Health and Care Trust, social care providers, Public Health and in some circumstances housing staff.

The CCGs were working on their annual planning process at the current time and would return to the Long Term Plan in April. A further update would be brought to the next meeting in May. The Year one operating plan was being produced and would give the priorities for the first year. The plan had looked particularly at Children and Young People, and prevention.

Consultation and engagement with communities had been a key priority throughout the STP and Long-Term Plan journey. Contributions had been received from Healthwatch as well as other partners and public events had taken place where Members of the public could ask questions. The communication process had worked with communities and community sector partners to enable them to help shape what services would look like. All public consultation was set within the scene of the wider strategic direction of the plan.

It was believed that the Health and Well-being Board should use the long-term plan as an opportunity and see how its priorities fit within the aims of the Long Term plan and work with ICS towards achieving them. The Director of Public Health said this was an ideal time to be involved with the ICS as a new Health and Well-being Strategy would be implemented in 2021.

Various queries from Board Members were addressed:

- it was acknowledged that workforce was the biggest challenge for the NHS – ensuring there were enough staff who were trained and qualified in the necessary areas. During the recent election campaign there were promises of an extra 50,000 nurses and 6,000 doctors. It was hoped that people training in Worcester could be persuaded to remain in the County to work. There was a local Workforce Board which was well attended by local health and social care partners as well as the

University.

- Legal, Financial and HR implications associated with the Long Term Plan were not detailed in the report as the paper just gave a high level strategic view.
- Community resilience and personal self-management was a large part of the Long Term Plan but public bodies had a responsibility to support people with their ability to self-manage their health, while at the same time accepting that this was not an option for some people and so there still needed to be a service offer for those people who were unable to self-manage.
- The Mental Health investment standard meant that investment in mental health would be at the same proportion as the general health budget, plus an extra 1.7%. This meant around £4.5 million extra would be put into mental health services.
- A Board Member pointed out that the document was so high level it would be difficult for anyone to disagree with it and that the Board would be more interested in the next stage when more details were available. It was agreed that generally the Public did currently agree with the direction of the Long Term Plan but there had been a great deal of discussion about what was intended over the previous couple of years and work had been needed to ensure that people knew the STP and Long Term Plan were not about privatisation.
- As the Health and Well-being Board was the only statutory body it was suggested that it should have a greater role in the ICS. It was unclear whether there would be any legislative changes to help achieve the aims of the Long Term Plan. In the area of procurement, where the legislation had previously been seen as restrictive, ways had been found to work with the legislation; for example Worcestershire Health and Care Trust would be providing Mental Health services in Herefordshire in future, as well as in Worcestershire, without the need of having to go out to tender. The Local Authority should see that they had an opportunity to get involved with the ICS without needing a change in the legislation.

- Healthwatch explained that they had been involved in the engagement strategy and more than 30 focus groups. The engagement strategy was delivered in the context of the strategic direction that had been given to the NHS. The NHS had listened to people's concerns and for example had taken on Board that people would not be happy to travel large distances for specialist services.

RESOLVED that the Health and Well-being Board noted the development of a Herefordshire and Worcestershire long term plan and were committed to its implementation.

561 Oral Health in Worcestershire

Rachael Leslie explained that oral health did not just concern teeth but also the health of gums, mouth and throat. Oral disease had a wide impact on an individual's health and well-being, but it was preventable and Public Health had a prevention duty to work to improve the health of the whole population and reducing health inequalities. The Public Health Ring Fenced Grant paid for the fluoridation of water supplies where it was fluoridated; around half of Worcestershire had fluoridated water.

An Action Plan had recently been written following the Oral Health Needs Assessment which had been completed in 2017. Evidence showed that fluoridation was the number one way to protect teeth and there was strong evidence that teeth brushing schemes and promoting healthy food for young children was effective, as well as raising awareness with domiciliary and nursing home staff regarding helping elderly people to maintain their oral health. Usually a combination of factors such as diet, stress, smoking and alcohol contributed to poor oral health.

Overall Worcestershire had low levels of poor oral health compared to other areas of the Country but within the County the areas which were fluoridated had generally better oral health. In areas with greatest deprivation people were more likely to have poor oral health. The Malvern Hills area was not fluoridated but still had good levels of oral health probably because good oral health routines had been taught by parents and maintained. Poor oral health in children could result in extractions which would be traumatic for children and would make the use of anesthetic and operations necessary.

The Oral Health Action Plan concentrated on three

populations: children, older people and those with learning disabilities. Actions were focused on prevention, looking at what interventions should be invested in and organising a pilot of a supervised toothbrushing programme and reducing waiting times for children who needed teeth extracted.

In the following discussion various points were clarified:

- Maintaining oral health was important as periodontal disease can affect other systems in the body.
- It was acknowledged that it was very complicated picture as to why not all areas were fluoridated and was affected by decisions made when Herefordshire and Worcestershire were one County; various technical reasons and policies in different water companies, counties and countries.
- The process to introduce fluoridation could take several years and would involve consultation with the population.
- One of the arguments against fluoridation was that it was considered mass medication and it was a chemical, even though it was only at 1 part per million and there was evidence that it was not harmful.
- If instructions on toothpaste were followed and the correct amounts used Fluorosis would not occur.
- The focus was on Children in order to help with prevention. The Director of Children's Services supported fluoridation and said they would want to do anything which was evidenced based which would help children.
- There were complicated reasons why people in deprived areas suffered poorer oral health. Oral health could be affected by having a stable home environment with clean and available areas and equipment, consistent messages and good diets.
- There was a concern that teaching about good oral health was done in a sensitive manner and it was felt that easy read information should be available for people with learning disabilities.
- Homeless people were identified as being at high risk of poor oral health but there were no explicit instructions for how that should be addressed. Board Members were assured that the Strategic Oral Health Promotion Group met regularly and were supporting vulnerable groups.
- It was confirmed that sugar and fizzy drinks were bad for teeth, especially if combined with a poor teeth cleaning regime.

562 Health Improvement Group

RESOLVED that the Health and Well-being Board noted the findings of the Oral Health Needs Assessment and the action plan for Worcestershire.

Rachael Leslie updated the Board on the Health Improvement Group, a sub-group of the Health and Well-being Board which focused on local, district delivery of the Board's priorities: keeping physically active at every age, reducing harm from alcohol and good mental well-being.

Presentations had been received from Bromsgrove and Wychavon regarding their Health Improvement Plans. Briefings had been received around child poverty, substance misuse, Early Help, Making Every Contact Count, Warmer Worcestershire and Loneliness.

The previous HIG bi-annual report had encouraged a push to increase the scale of the activities done by the Districts and had also mentioned that attendance at HIG meetings had not been consistently good. Attendance at the meetings had improved over the last few meetings and consequently Districts had found out what was going on with health improvement and health promotion. New members had received an induction on the data which was available.

The Board discussed various areas:

- The Substance Misuse Needs Assessment appeared to show that actions were not being successful in reducing problems: the numbers seeking help, numbers drinking alcohol at a level hazardous to health and deaths caused by drug misuse were increasing. It was explained that the Substance Misuse Needs Assessment set the scene for the current situation; this then highlighted where further work was necessary although it should be noted that a new service had been commissioned for substance misuse from 1st April. Outside the service which had been commissioned, there was a primary prevention role in reducing alcohol use in the general population, a role which may need to be taken up by the STP.
- It was agreed that a stock take of existing plans and services should be considered by the Board along with looking at what could be done, what primary prevention could be implemented and whether existing services were working. This

should link to mental health providers.

- It was clarified that District Councils used HIG meetings to share ideas about what worked well with the individual District Health Improvement Plans.
- Worcestershire Children First were happy for Public Health to take the lead with child poverty and WCF would support strategically.
- Making Every Contact Count training would give staff the skills and confidence to have a brief, opportunistic conversation around improving lifestyles and could be delivered by a 30 minutes on-line training session, face to face or through train the trainer sessions. It was hoped that more training sessions could be organised for NHS organisations. Contracts with Voluntary Organisations and Social Care companies included the requirement that all staff should be MECC trained.

RESOLVED that the Health and Well-being Board:

- a) Considered and commented on progress made by the Health Improvement Group between June 2019 and December 2019, and**
- b) Would ensure that each organisation represented by the Board played an active part in the delivery of the Joint Health and Well-being Strategy and would fully participate in providing the necessary updates and information for the reporting of progress.**

563 Improving the Mental Wellbeing of Children and Young People in Worcestershire

Andy Roberts, Cabinet Member for Children and Families, explained that Children and Young People's Strategic Partnership Board was a sub-group of the Health and Well-being Board. At the previous meeting of the Partnership Board it had been discussed that although Ofsted had given a good rating for Children's Mental Health Services, more could be done with Partnership Working and to help children in need onto the pathway to access services, especially Looked After Children. It was hoped that all children entering into care should have a CAMHS assessment and more generally that the pathway for children to have access to CAMHS should be improved.

There was a request for senior system support for mental

health services to be improved for children who were under the CAMHS threshold. The links to schools and services such as education psychology, health visiting and school nursing were important. There needed to be better links between the family front door, CAMHS and Public Health so that the patient pathway was seamless. The Healthwatch representative commented that they had received comments that lots of children were not ill enough for CAMHS but needed some help, therefore there was a considerable opportunity to invest to save.

RESOLVED that the Health and Well-being Board:

- a) **Approved the proposed approach to improving mental well-being for children and young people, and**
- b) **Would ensure that senior system commitment was provided.**

564 Future Meeting Dates

Dates for 2020

Public meetings (All Tuesday at 2pm)

- 19 May 2020
- 29 September 2020
- 17 November 2020

Private Development meetings (All Tuesday at 2pm)

- 31 March 2020
- 23 June 2020
- 20 October 2020

It was proposed that the session on 23 June be used to consider the next Health and Well-being Strategy.

The meeting ended at 3.25pm

Chairman