

## Health and Well-Being Board

Tuesday, 17 November 2020, Online only - 2.00 pm

### Minutes

#### Present:

Mr J H Smith (Chairman), Dr Kathryn Cobain, Dr R Davies, Lynn Denham, Kevin Dicks, Dr Catherine Driscoll, Mr A I Hardman, Sue Harris, Dr A Kelly (Vice Chairman), Ruth Lemiech, Jo Newton, Peter Pinfield, Mr A C Roberts, Lennie Sahota, Jonathan Sutton and Dr Ian Tait

#### Also attended:

Derek Benson, Bridget Brickley, Mike Emery, Matt Fung and Rachael Leslie

#### 582 Apologies and Substitutes

Apologies were received from Louise Bramble, Paula Furnival, Simon Trickett and Sarah Dugan.

Lennie Sahota attended for Paula Furnival, Ruth Lemiech for Simon Trickett and Sue Harris attended for Sarah Dugan.

#### 583 Declarations of Interest

None

#### 584 Public Participation

None

#### 585 Confirmation of Minutes

The minutes were agreed to be an accurate record of the previous meeting and would be signed by the Chairman.

The Chairman pointed out that as the minutes had only recently been published if Members subsequently found that they wished to make a comment on the minutes they could be addressed at the next meeting.

#### 586 Digital Exclusion Across NHS Services

Mike Emery, CCG Director of Digital Health and STP Lead for the Digital programme, updated the Board on the work done by health services in Worcestershire on digital inclusion.

A report had been produced by Midlands and Lancashire Commissioning Support Unit for the Primary Care accelerator programme around transforming primary care with technology such as the use of apps and video conferencing. The situation over the last few months had meant there had been a significant increase in the use of

digital services and there was the risk that some of the community would be alienated by this. The report looked at how to identify hard to reach groups and how the use of NHS and self management apps would be promoted.

Digital inclusion looks at people's ability to use digital devices, how easy ere the digital products were to use, as well as connectivity. Digital exclusion was a form of inequality and there was a strong link between digital exclusion and those who were socially disadvantaged with lower incomes, levels of education and quality of housing.

The Acorn classification which uses consumer data and demographics was used to produce a map of the most digitally excluded people in the county. This was shared with partners and can be used to see where support work was needed.

Various groups were already working to aid digital inclusion such as Worcester Housing Association holding drop-in sessions to help residents get online, relate were holding counselling sessions online and Community First were making use of village halls to hold digital sessions. Worcestershire County Council's 5G pilot project would help with connectivity issues in the county.

An Action Plan was starting to be developed. It recognised barriers such as a lack of confidence, skills or motivation to engage with health services. The distribution of equipment such as Alexas was being considered as well as up skilling those who needed help with digital equipment as well as working with people who were isolated. It was noted that the report was largely written pre-covid but things had progressed since then and going forward partners would have to provide detailed plans for the STP on how this work would be progressed.

During the discussion various points were considered:

- The Voluntary Sector wanted to know how they could help advance digital inclusion and were told they would like the opportunity to speak to groups to identify people they could work with to upskill patients or community groups and also to gain knowledge of where there was a deficit in terms of knowledge or connectivity
- It was asked whether enough was being done in the short term to help people as it was accepted that things such as improving connectivity were longer term measures.

- It was recognised that it was difficult to reach some groups such as the homeless, but GPs were aware of the most vulnerable adults
- Ipads had been delivered to some care homes to enable residents to engage with family and health services
- The delivery of services in new ways was being considered. For some people group therapy online was preferable to attending in person
- It was questioned whether hard incentives had been used so that rather than trying to persuade and support people into using technology could they be offered a payment or other incentive? This work could be done along with the private sector. The economic impact of such incentives should be considered but after a cost benefit analysis it was likely that the cost of supplying equipment such as ipads to people to aid in prevention would work out to be much cheaper than treating people in hospital
- The County Council had put up to £15million into improving broadband provision and had carried out a 5G pilot around Tenbury
- The representative of the District Councils in the South of the County was disappointed with the report as 'digital by design' had been talked about for a long time but the report did not seem to cover some of the work already undertaken such as by groups such as Onside Advocacy and also social prescribing. She pointed out that providing hardware or funding for hardware was mentioned but often disadvantaged people could not afford broadband. She felt that important issues such as public wifi and language issues were not being addressed.
- Covid had accelerated some of the work being done. There was also concern whether digital inclusion in health services was being integrated with social care services but Board Members were assured that Partners were working together and looking at population health management. Using digital methods were only used where it was clinically safe to do so.
- Perhaps it should be possible for digital devices, and if need be, support for using it, to be prescribed
- Public health had digital champions across Worcestershire and some of the Public health ring fenced grant could be used for advice and information.

**587      Worcestershire  
Safeguarding  
Adults Board  
Annual Report**

**RESOLVED that the Health and Well-being Board noted the findings from the Digital Inclusion review and noted that the recommendations were being taken forward through all work programmes where there was a risk that Digital Exclusion may prevent equity of access to health and care services.**

Derek Benson explained that the Safeguarding Adults Annual Report covered the year up to the end of March 2020 but also highlighted how safeguarding had been impacted by Covid-19 since then.

Since March the Board has met more frequently than previously to discuss issues of concern such as scams, referrals and the situation in care homes and rough sleeping. The Safeguarding Adult Review on Rough Sleeping had been recently published. The Annual Report gave details about budgets and the structure of the Board and its sub-groups. There was less data in the report than previous years due to pressure on staff this year and the transfer of systems which meant it had proved difficult to compare data to previous years.

There was a broad range of representation on the Board and good attendance from adult Social Care, the Police, the CCG, Health, Probation, Regulatory Services, PH, District Councils, Housing Services, Care Homes and the Voluntary Sector.

Progress had been made against the Board's objectives:  
1 – Ensuring there was an effective pathway for safeguarding concerns – Developments included the introduction of a website created with the Children's Partnership; a newsletter; regular learning events and a revised training strategy,

2- Joint Working with the Children's Partnership – Working together on projects around exploitation and Get Safe,

3 - working with the University of Worcester on how to scope a project around exploitation,

Safeguarding Adult Review of Rough Sleeping: the problem had been addressed in the short term with funding during the pandemic but after the funding stops the issue would still remain. In 2019/20 there were 12 referrals which had led to 5 new SARs. There was also a lot of work carried over from the previous year. There

was an established process for Safeguarding reviews and more were carried out in Worcestershire than in some other areas.

Priorities for this year and going forward were around making the system work around the mental capacity act, Liberty Protection Safeguards, working with Children's Safeguarding and wicked issues such as exploitation and rough sleeping.

The Chairman thanked Derek for the report and wished to place on record his thanks to the District Councils for the work they had done during the pandemic on finding accommodation for rough sleepers.

Board Members made various comments:

- The report was welcomed and partnership working was recognised as necessary for moving issues forward
- There were 2 projects around exploitation, one led by the police had needed to be put on hold but the other project with the University was now progressing and learning was being gained from the excellent work which had been done by Children's services
- It was queried whether the system was robust enough to get through the difficult winter that was undoubtedly ahead, especially concerning rough sleeping and whether the safeguarding board had enough resources. It was hoped that funding for rough sleepers continued because the present situation had shown that with extra funding an impact can be made. The rough sleeping review was being shared with partners at an event shortly. At present partners would not be asked to provide any additional resources for safeguarding but that issue was kept under quarterly review
- Cross cutting work with children's safeguarding would continue. Some areas had to be dealt with separately, but efforts were made to maximise the benefits of joint working
- There was disappointment over the lack of data continuity but Board Members were assured that officers did not have to rely on the data to carry out their roles
- It was queried who would be responsible for ensuring the recommendations of the SAR on rough sleeping were implemented, firstly the Chairman of the Safeguarding Board said he would take initial responsibility but there needed to

**588      Joint Strategic  
Needs  
Assessment  
Annual  
Summary**

be action from other Directors. It was suggested that the Health and Well-being Board should hold the ultimate responsibility through its work with different agencies, including housing, but that highlighted the importance of Partnership working.

**RESOLVED that The Health and Well-being Board considered any cross-cutting themes and would refer issues either directly to the WSAB or, through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.**

The Joint Strategic Needs Assessment was being developed to enable it to provide insight and information rather than just data. Matt Fung presented slides and highlighted the health impacts of Covid-19.

Covid had a complex impact on various aspects of life within the County. At the previous meeting, details had been given about how the JSNA was being reset but it was an on-going process with input from lots of partner organisations required, in order to chart current and future care needs.

Worcestershire was generally an affluent area and people were in good health so for most national indicators the County should aim to be above the England average. The more deprived areas of the County had a higher likelihood of Covid death.

The Annual Report showed the health impact assessment of Covid 19. The information available was constantly evolving and would be updated regularly so would be a fundamental document to help health services. The JSNA could be used to mitigate certain effects such as how it would be possible to enable health services to address some inequalities, catch up with treatments which people had missed; identify high risk groups and address issues such as a fall in the amount of exercise being taken. Alternative forms of delivery could be considered such as making more use of pharmacies as well as digital services.

There was a system wide response to how to deal with the effects of Covid. For children and young people there were concerns around safeguarding, ACEs and disrupted education. Positives had been shown in communities coming together to provide help and support but the housing stock needed to be improved.

Next steps included identifying further mitigation against

impacts, especially those due to inequality. The evidence base was constantly evolving but it could be used to ensure the right things were included in the Joint Health and Well-being Strategy when it was renewed in 2021.

In the ensuing discussion, Board Members made the following comments:

- The Cabinet Member for Children and Families was concerned about Children who were moving into care and needed a mental health assessment as well as a physical one. At a recent care conference it was reported that such assessments were vital but they were still not happening
- The Director of Children's services detailed how badly children had been affected by the pandemic. She agreed with the need for mental health assessments for young people moving into care. She felt there was a lot of work to do but the new Joint Health and Well-being Strategy and Children and Young People's Plan should work together. It was known that the old, young and poor were most affected by Covid. The rate of unemployment of young people had risen but apprenticeship schemes should help. There had been an increase of 2500 children claiming free school meals since April as a direct impact of Covid. Laptops had been given out to children who did not have access to devices at home but it was recognised that some families could not afford broadband. For some children the inequality gap, educational gap, mental health and employment gap had all broadened. Practical partnership responses were required to mitigate those issues
- The pandemic had allowed some people to take better care of themselves and had managed to take a greater role in monitoring their own health for example using blood pressure monitors at home
- It was pointed out that if we do not invest in the poor and young, we would be paying for it for a long time. There was a strong economic case for providing support at an earlier stage
- The VCS had evidence and anecdotes that could help to refine the JSNA, but it was noted that such information could be difficult to access. In the past the VCS infrastructure had not been set up to be able to pass on information easily, but it was hoped that situation could be improved.

**RESOLVED that the Health and Well-being Board:**

**589      Developing a  
new Joint  
Health and  
Wellbeing  
Strategy**

- a) **Noted the contents of the JSNA Annual Summary**
- b) **Noted the wide-ranging consequences of COVID-19 as described in the health impact assessment tables.**
- c) **Wished to ensure that commissioners used recommendations and mitigations in future commissioning and service change activity.**

Rachael Leslie explained that a Joint Health and Well-being Strategy (JHWS) was a statutory requirement but there was no mandated format or time period. The current Strategy had the key aims of increasing physical activity, improving mental well-being and reducing the use of alcohol and had been for 5 years. A new Strategy would be developed for 2021 to meet the needs identified in the JSNA possibly with a small number of priorities but over a longer timeframe.

Joint Health and Well-being Strategies in other areas had been assessed and there was generally a move away from topics towards themes and inequalities and a focus on the wider determinants of health. Most strategies looked at ways of working such as asset-based approaches or tackling ACES and working together to make long term impacts.

Strong engagement and co-production was recognised as being important but it was difficult to bring people together. A small strategic group had held one meeting about the development of the new strategy but it was still possible for the membership of that group to be expanded. The group had looked at what other areas were doing and it recognised that it was necessary to work with the Children's and Young People's Strategy. There was a wealth of intelligence already available but any gaps needed to be identified.

Next steps would be to identify some possible priority areas and check with Partners and the local population that they were working along the right lines. As well as moving towards themes and looking at inequalities or asset-based approaches, it was felt that the time period of the strategy should be longer term, maybe up to 20 years, to give opportunities to measure change. There was a suggestion that a reference group could be created to detail what changes individuals experienced in their lives each year to show what impact the strategy was having. The high-level document would be



supported by more focused action plans. The strategy would initially be funded by the Public Health Ring Fenced Grant, although other funding was also available for improving health.

Various comments were made by Board members:

- It was queried how members of the public would be invited to engage to ensure that the strategy did not just reflect the views of professionals. It was explained that a large amount of insight and information was already available from various agencies and Worcestershire Children First would be launching a survey which would be going out to all parents, carers and families as well as professionals, to see what was important to them. Following the collection of such information any gaps could be identified and efforts made to engage using various methods such as questionnaires or focus groups
- There were concerns that as the STP covered both Herefordshire and Worcestershire it shouldn't be the driver for the local strategies but rather the Health and Well-being Board should be the driver within Worcestershire. It was agreed that care was needed that duplication did not take place and that a new strategy gave the opportunity to look at engines for delivery.
- It was clarified that the Health and Well-being Board would own the JHWS, which should be considered the 'Daddy strategy' and other strategies needed to be aligned so that work was not duplicated. The JHWS was a strategy for Worcestershire and the right partners needed to be involved. The Directors of the different partnership organisations needed to ensure it was a strategy for Worcestershire.
- It was accepted that there was the potential for 'engagement fatigue' but that could be helped by ensuring that the JHWS was the central strategy, that there was a commonality of language and that consultation was done collectively rather than in pockets. Efforts would be made to reach hard to reach groups
- Healthwatch wanted to be involved in the development of the Strategy and agreed that the work on the wider determinants of health should be brought in. They felt that Board Members had a responsibility to shape the strategy for the people of Worcestershire and the Project Group needed to invite specific people to sit round the table to develop the Strategy rather than hope the right

**590 Children and Young People's Strategic Partnership Update**

people volunteered

- The VCS representative on the Board stated that he would try to find a VCS rep for the Strategy group. He felt that the strategy should be developed in four stages: analysis, which was being done through the JSNA; reflection, which could be carried out by the Health and Well-being Board; choice of priorities and implementation, either through the Health Improvement Group or other delivery method and then review
- It was suggested that a future Board meeting would be used to carry out an assessment and prioritisation exercise for the strategy.

**RESOLVED that the Health and Well-being Board:**

- a) Noted the progress made in the development of a new Joint Health and Wellbeing Strategy; and**
- b) agreed the proposed focus and approach.**

Catherine Driscoll gave a brief update from the Children and Young People's Strategic Partnership Group. The group had been in existence for two years and was still finding its feet. Following the end of Children's Trust Boards, the voice of the child in strategic arrangements had been lost but the Children's Strategic Partnership Board was now the place to consider children's issues at a strategic level and was responsible for the Children and Young People's plan (CYPP). The Group was led by the Cabinet Member with Responsibility for Children and Young People and the group achieved good attendance including from District Councils.

Progress had been made since the Children's social care inadequate judgement had been received from Ofsted in 2016. A strong foundation was in place ready for a new plan to be brought in but there was more to do. Although the CYPP needed to be aligned with the JHWS it was a separate strategy which allowed Children's services to have its own voice which was separate from the general population.

Board Members had some concerns about the amount of statistics in the report and it was felt that it was dangerous to rely on averages as that didn't show the full range of experiences. It was confirmed that each of the six district Councils had a member on the Partnership Board and provided input about issues such as housing and leisure which are district responsibilities.

**RESOLVED that the Health and Well-being Board**

**591 Future Meeting Dates**

noted for information the summary of the Review of Worcestershire's Children & Young People's Plan 2017-2021 Ultimate Outcomes and the update on consultation and actions to refresh the plan for 2021 onwards.

**Public meetings** (All Tuesday at 2pm)

- 23 February 2021
- 25 May 2021
- 28 September 2021
- 16 November 2021

**Private Development meetings** (All Tuesday at 2pm)

- 2 February 2021
- 30 March 2021
- 22 June 2021
- 19 October 2021

Locations to be confirmed

The meeting ended at 4.07 pm

Chairman .....