

Minutes of the Health and Well-Being Board

Council Chamber, County Hall

Tuesday, 16 November 2021, 2.00 pm

Present:

Cllr Karen May (Chairman), Simon Adams, Supt Steph Brighton, Dr Kathryn Cobain, Cllr Lynn Denham, Kevin Dicks, Paula Furnival, Cllr Adrian Hardman, Dr A Kelly (Vice Chairman), Cllr Nyear Nazir, Jo Newton, Cllr Andy Roberts, Tina Russell, Jonathan Sutton, Dr Ian Tait and Simon Trickett

Also attended:

Carole Cumino, Matt Fung and Dr Jonathan Wells

624 Apologies and Substitutes

Apologies had been received from Dr Louise Bramble, Dr Richard Davies, Sarah Dugan and Julie Grant.

625 Declarations of Interest

None

626 Public Participation

None

627 Confirmation of Minutes

The minutes of the previous meeting held on 28 September were agreed to be a correct record of the meeting and were signed by the Chairman.

628 JSNA Annual Summary

Matt Fung, Public Health Consultant, gave a presentation on the Joint Strategic Needs Assessment (JSNA) Annual Summary. Generally, health in Worcestershire was good relative to England but there were some persistent indicators which remained of concern and more recently, COVID-19 related issues, such as long-COVID, bereavement and mental health problems had become more of a concern. COVID-19 had not affected the population of

Worcestershire equally, exacerbating inequalities with regard to who got COVID-19, who had received the vaccination and how people had been affected, for example children being disadvantaged by lost education time.

When reviewing the priorities of the Health and Well-being Strategy, the 'mental health and well-being throughout life' priority showed fairly stable trends, and it was recognised that the development of the new strategy would take things forward in this area. There were more indicators for the priority 'being active at every age' which were positive and moving in the right direction. For the priority 'reducing harm from alcohol' indicators there was also improvement, with the numbers completing treatment increasing, however, the data did not yet cover the COVID-19 period meaning it should be treated with caution.

The Local Government Association's (LGA's) input to the Health and Well-being Board's recent governance review suggested the JSNA had been previously well-researched, but highlighted room for improvement, particularly with regard to the narrative supporting data and how it could be used for the good of the local population. Matt Fung explained the intent for the JSNA to become more of a living document for use by all partners, including the Voluntary and Community Sector and District Councils, driving strategies.

Finally, it was proposed that an Observatory function be introduced in Worcestershire with information and narrative available from County level through to Ward level, integrating NHS dashboards.

In the following discussion various points were raised:

- With regard to the JSNA annual summary and information presented, there was a query as to why some areas had an increase in life expectancy and others, a reduction. It was explained that it depended on where the figure started and noted that it was still too early to fully understand the impact of COVID-19.
- For the new strategy in development, it was cautioned that indicators should be selected carefully and include those related to social care demand; for example, mental health problems in parents could have an effect on families and potential services needed for children. It was agreed that input from Worcestershire Children First (WCF) would be welcomed.
- It was felt that some families were not identified as needing help until they were in an emergency situation. There needed to be a way to identify them at an early stage; perhaps by the different organisations being better at sharing information, to enable early intervention and potentially prevent them needing acute care at a later date.
- A District Councillor highlighted the frequency that constituents raised housing issues, but were also suffering with their mental health; suggesting such wider determinants of health be included as indicators given the profound impact on an individual's well-being.
- It was recognised that one of the challenges of the integrated care journey was joining up the multiple sources of information and then

equipping professionals with the skills to be able to use the information, both for treatment and also for strategies and resource allocation.

- Matt Fung clarified that the Observatory would provide more joined-up population data for the system, enabling targeting of services to support gaps in provision. The intention was to further engage and work with partners to support strategy development. Members agreed that there should be a focus on the virtual concept and outcomes.
- It was explained that there were existing collaborations which looked at national data sets, but the Worcestershire Observatory would deal with local needs. The data would enable actions to be taken earlier in the process to reduce the amount of more extensive interventions later on.
- It was suggested that rather than trying to implement a new system, realism was needed to improve the systems and services which were already in place, such as lifestyle advisors and social prescribers. It was recognised that there was a lack of resources and funding, and a risk that improved systems were talked about but not implemented.

RESOLVED that the Health and Well-being Board:

- a) noted the wide-ranging consequences of COVID-19, and disproportionate impact on those most deprived in Worcestershire;**
- b) noted previous progress against Joint Health and Well-being Strategy (JHWS) indicators and need for careful selection of new JHWS indicators**
- c) noted the proposed changes and direction of travel of the JSNA as a result of the LGA review; and**
- d) supported exploring how a Worcestershire Observatory could provide a way forward.**

629 Joint Health and Well-being Action Plans

Assurance was given that work continued under the existing Joint Health and Well-being Strategy (JHWS), which had been extended while the new strategy was being developed. The report detailed some of the progress made against the JHWS's priorities and associated indicators, also noting impacts of the pandemic. It was acknowledged that it was important that the correct indicators were developed for the new strategy, so that it would be possible to accurately assess outcomes.

Board members made the following comment:

- The Cabinet Member with Responsibility for Children asked whether automatic mental health assessments for young people entering care would be introduced. It was explained that a project was underway creating mental health teams in schools under a national programme, with additional money was provided locally. The project was still in the pilot stage across half of the county, but there was an acceptance it would be rolled out to all schools in the future. The issue of mental health assessments for young people entering care would be followed up after the meeting.

RESOLVED that the Health and Well-being Board:

- a) noted the actions taken in the last 12 months to deliver the Joint Health and Well-being Strategy (JHWS) 2016/2021 priorities;**
- b) agreed to continue to ensure that each partner represented played an active role in the JHWS implementation; and**
- c) noted the progress relating to the overarching theme for the new JHWS; “Better mental health and emotional wellbeing”, supported by healthy living at all stages in life, safe and healthy homes, and good jobs.**

630 Primary Care Network Priorities

Dr Jonathan Wells gave an update about the Primary Care Network's (PCN) priorities, with a particular look at the Redditch District Collaborative.

There were 10 PCNs in Worcestershire and priorities had been identified: Mental health, frailty, diabetes and obesity, and respiratory. Five district collaboratives were emerging across Worcestershire; Bromsgrove, Redditch, Wyre Forest, Wychavon and Malvern, and Worcester City; each with their own priorities.

Redditch District Collaborative had effective working relationships between the seven member organisations (the PCN, the District Council, the CCG, the County Council, the Voluntary Sector, the Health and Care Trust and the Acute Hospital Trust) and the key principles were to utilise collective resources to address inequalities; secure a greater understanding of the key determinants of poor health and wellbeing; tackle root causes through prevention and to escalate and address locally any issues arising. The collaboratives would help the preventative agenda, which would pay dividends in the longer term. Redditch District Council were finding that people were willing to forego their organisation's demands and work for the best outcome of an individual and were pleased to be part of something which was producing positive results. The governance approach involved regular meetings and commitment from a senior level, and ensuring progress between meetings by setting up task and finish groups for the three Redditch priority areas.

County-wide work was being translated into a Redditch footprint to deliver the Integrated Well-being Offer, using the four building blocks; building resilient communities, providing comprehensive and accessible information and advice to enable self-help, providing supported information and advice, and integrating services.

Redditch was hoping to highlight the benefits of working in a collaborative. Noting that, by bringing together services, it could be demonstrated to GPs that other organisations provided services which could help the local population and improve the sustainability of health services.

In the following discussion various points were raised:

- There was a question over Worcester City's progress and priorities, as it was felt there was little acknowledgement of the wider determinants of health or of inequalities within the City. It was explained that the well-being offer and local development was still in early development. PCNs would be tasked to consider local inequalities and strive to make improvements in their areas.
- It was queried why there were no specific priorities around children presented. Assurance was given that Redditch would continue to engage with WCF. In addition, many priorities addressed the whole population, not only adults. It was suggested that there should be a more explicit focus on children to enable primary prevention to be successful.
- The Director of People provided positive reflection on the progress of the District Collaboratives, recognising their role in the developing Integrated Care System, and noting how the Worcestershire Executive Committee was considering their contribution and shared learning. Similarly, the representative from the Acute Hospital Trust admired the work being done by the Redditch collaborative and felt the joint working in Worcestershire was quite progressive.
- It was queried how the District priorities, such as homelessness, fit with the Public Health and County strategies where this was not explicit. It was acknowledged that this would be explored, and the intention was for the JSNA to support this, with data to inform the strategies, and potentially also direct resource. It was noted that although a short list of priorities had been agreed however, work still continued in other areas.
- Following on with the point that other issues would be dealt with as well as the priorities, it was queried how and where resourcing issues would be resolved, as it was recognised that there was not enough resource to work on all identified issues.
- The Healthwatch representative was encouraged to see health positively engaged at primary care level, and wondered where the voice of the public entered the process. It was acknowledged there could be greater public engagement, with local Councillors fully briefed, but this should not slow progress. A District Councillor was able to reassure the Board that Councillors were kept informed.
- Redditch District Council was excited about the opportunity to address health inequalities and felt it was very important to invest the time to ensure it progressed. The Board was also reassured that although the JSNA provided information to inform strategy, that was checked against experiences 'on the ground' before resources were committed.
- It was hoped that collaborative working should be able to bring extra resource to the area, although it was pointed out that the PCN areas were not co-terminus with the District Council areas.
- A Board member further commended Redditch's visionary approach, commenting that district collaboratives were a solution to the problem of how to engage with all GPs. The collaboratives were also a way to break down the 'illness' model, using positive language, such as 'healthy weight' rather than 'obesity' to engage children and families and put individuals at the heart of the service, instead of making available a range of services which the population could access. He felt other areas would be keen to follow Redditch's lead.

RESOLVED that the Health and Well-being Board noted the contents of the Worcestershire Primary Care Networks (PCNs) prioritisation 'plan on a page' 2021/22.

631 Integrated Commissioning Executive Officers Group (ICEOG) Annual Update

The report set out an update of the joint work which had been happening in terms of children's services, such as the joint response to the Special Educational Needs and Disabilities report and the Discharge to Assess pathways for adults' services. A review of section 75 arrangements was currently underway.

A Board member was pleased to note that there would be increased services for autism and although the initial offer would be small it was recognised that the offer would need to increase as there was high demand.

RESOLVED that the Health and Well-being Board noted the update report on ICEOG.

632 2021/22 Better Care Fund

A better care fund manager was being recruited and once in post, the Board would receive greater detail on the impact and outcome of where Better Care Funds were spent.

RESOLVED that the Health and Well-being Board noted the 2021/22 Period 6 Better Care Fund Budget Monitoring position, and the upcoming requirement to agree the 2021/22 Annual plan, in line with national requirements.

633 Future Meeting Dates

Public meetings (All Tuesday at 2pm)

- 15 February 2022
- 24 May 2022
- 27 September 2022
- 15 November 2022

Private Development meetings (All Tuesday at 2pm)

- 25 January 2022
- 29 March 2022
- 21 June 2022
- 18 October 2022

The meeting ended at 3.40pm

Chairman