

Minutes of the Health and Well-being Board

Council Chamber, County Hall

Tuesday, 24 May 2022, 2.00 pm

Present:

Cllr Karen May (Chairman), Simon Adams, Carole Cumino, Sarah Dugan, Mark Fitton, Cllr Adrian Hardman, Supt Rebecca Love, Ian Miller, Cllr Nyear Nazir, Dr Tanya Richardson, Cllr Andy Roberts, Tina Russell, Dr Ian Tait and Simon Trickett and Cllr Shirley Webb.

Also attended:

Hayley Durnall, Matt Fung, Esther Passingham, Dr Jonathan Wells.

649 Apologies and Substitutes

Apologies were received from Liz Altay, Dr Louise Bramble, Dr Richard Davies, Cllr Lynn Denham, Kevin Dicks, Dr Anthony Kelly, Jo Newton, Jonathan Sutton and Gary Woodman.

Dr Tanya Richardson attended for Liz Altay, Ian Miller attended for Kevin Dicks and Carole Cumino attended for Jonathan Sutton.

650 Declarations of Interest

Andy Roberts declared an interest in that he was a Member of the Governing Body of St Richard's Hospice.

Dr Ian Tait declared an interest in that he was the Vice Chairman of Herefordshire Health and Well-being Board.

Karen May declared an interest in that she was a Member of the Worcestershire Children First Board.

651 Public Participation

None

652 Confirmation of Minutes

The minutes of the last meeting held on 15 February were agreed to be a correct record of the meeting and were signed by the Chairman.

653 Health and Wellbeing Board Strategy Consultation Findings

Dr Tanya Richardson gave an update on the Health and Well-being Board Strategy consultation. 1627 responses had been received and the information was being supplemented by the rich findings from focus groups and an ethnographic study. All information would then be subject to in-depth analysis before the Health and Well-being Strategy, designed to run for the next 10 years, could be signed off.

The consultation responses showed that over 85% of people supported the suggested priorities; with the overall priority being around good mental health and wellbeing, supported by the wider determinants of healthy living at all ages, safe and healthy homes and quality local jobs and opportunities. The consultation responses would be considered in detail by the Health and Well-being Board members at its next development session, and the Health and Well-being Strategy would be published in November 2022.

The Chairman thanked all the Board members who had contributed to videos encouraging people to respond to the consultation and to everyone who had taken time to contribute.

RESOLVED that the Health and Wellbeing Board noted the update on the Strategy Consultation findings.

654 Data and Insights for Action

Matt Fung gave an update on the data and insights being collected, further to the Joint Strategic Needs report to the Board in November 2021. The data collected up to this point had been largely quantitative which gave an overview at population level, however moving forward more qualitative data was being collected which could give an insight about what people experienced and what was important to them. Ethnographic data was being collected from focus groups and consultations.

It was hoped that both qualitative and quantitative, as well as community information, would be used going forward, to change the way services were commissioned by identifying the needs in the population and then to create action plans for health improvement.

It was suggested that a Data for Action working group be set up so that when data sets were completed, stakeholders could be invited to share ways of using the data to drive change, within the relevant service or geographical area.

Comments made by the Board included:

- There was support for comprehensive data being available to inform decision making but there was frustration that the Joint

Strategic Needs Assessment (JSNA) continued to provide similar key messages, for example around health inequalities, but levelling up, such as with staffing resource, did not take place. It was hoped that in future the Integrated Care System could use the data to address health disparities

- In response it was noted that strategic approaches had been tried in the past but had not resulted in tangible results on the ground. There was now a challenge to providers and District Collaboratives to change things from the bottom up, with changes needing to be locally owned
- The District Collaboratives needed support so that people could be enabled to help themselves. Place shaping district work was important
- It was pointed out that community intelligence needed to be used carefully to ensure that those with the loudest voices were not heard above others and it was agreed that quantitative information needed to be considered in tandem with, and supported by, qualitative data
- It was acknowledged that the issue of distribution of resources was an important strategic question which the Integrated Care Board and NHS England needed to consider. New resources could be distributed based on need, rather than fairness, but it would be difficult to decide if existing resources should be re-distributed
- It was queried how the data could be made more accessible, as there sometimes appeared to be so much data that it was difficult for front line staff to know what to do with it. It was acknowledged that this was an area which needed more consideration, but it was hoped that the Data for Action Group would help on how to use the data.

RESOLVED that the Health and Well-being Board (HWB):

- a) **Agreed to set up a time limited “Data for Action” working group reporting to the HWB, the purpose of which will be to progress data for action and embed community insight and intelligence into system wide decision making processes; and**
- b) **Noted progress to date relating to the:**
 - JSNA work programme and top line indicators;
 - Worcestershire Insights Hub;
 - Statutory Pharmaceutical Needs Assessment; and
 - Community intelligence qualitative research.

655 Children and Young People Strategic Partnership Update and Children and Young People's Plan

Tina Russell gave an update on the Children and Young People’s Strategic Partnership, a Sub-group of the Health and Wellbeing Board . The Membership and terms of reference of the group had been reviewed over

the past 12 months and honest conversations had been had about what the group had been achieving.

The Children and Young People's Plan was being renewed, and contained overarching key measures for both the Children and Young People's Partnership and its sub-groups. The sub-groups were involved in shaping it, as well as discussing how the details of the plan were to be actioned, and it also recognised the priorities of the Health and Wellbeing Strategy. As a public document, every effort had been made to keep it simple. A young people's version would be developed to be more accessible.

It was explained how important it was to balance the needs of all children in Worcestershire with its vulnerable children, with both groups having clear outcomes. The universal offer was being assessed, as well as the need for a more targeted offer, to prevent the numbers of vulnerable children, from increasing.

Hayley Durnall and Emma Brittain, as Co-Chairs of the Early Help Partnership, explained that there was an Early Help Strategy which included commissioning the 0-19 Starting Well Services (parenting, school nursing and health visiting) working to reduce health disparities. Key Performance Indicators were being closely monitored with forums supporting the Early Help Partnership, to enable an assessment to be made against outcomes. Progress would be reported back to the Strategic Partnership. Next steps included solidifying the 'best start for life' offer across Worcestershire and developing Family Hubs, with a partnership approach.

Reference was also made to the Children and Young People's Mental Health Transformation Plan and the further development of the 0-25 Strategy and service, which importantly incorporated SEND.

Tina Russell was confident that the Children and Young People's Partnership received a high volume of up to date and consistent information, including the Healthwatch Children and Young People report, the Early Help survey, Supporting Families First data, as well as information from social work assessments. However, there was less confidence about whether the information was being successfully responded to; for example, ensuring commissioning timescales were correct and money being invested in the right way to support hard to reach families, specifically those impacted by substance misuse.

The Cabinet Member for Children and Young People, whilst supportive of the analytical approach, commented that he felt that data was not a replacement for hearing directly from young people. Councillors were supportive of listening, identifying local issues within the County and working to break cycles of problems within families.

In response to a comment that there was confusion about what services were available and how they could be accessed, even by GPs, it was explained that although some families were confident and preferred to

access information online, hard copies of directories had been produced a year ago and an updated version would be considered. There was a virtual Family Hub, and various Early Help support events had also been organised. With changes in the workforce, messages about how to access services needed to be repeated frequently.

RESOLVED that the Health and Well-being Board:

- a) noted for information the summary of the work of the Children & Young People's Strategic Partnership; and
- b) approved the content of the refreshed Children & Young People's Plan 2022-23.

656 Update on the Development of the Worcestershire Voluntary and Community Sector (VCS) Alliance

Carole Cumino introduced the report, explaining that The Voluntary and Community Sector (VCS) helped to deliver the Health and Wellbeing Strategy priorities. NHS England had given instructions that local VCS Alliances should be formed but it was recognised locally as a necessary action for making the VCS equal partners in the work that was being done in the County. The focus would be on ensuring there would be a direct link into all pieces of work and that there was a clear rationale for who was involved so that the VCS could be involved at system, place and district levels.

Esther Passingham, the Worcestershire VCS Strategic Lead, was employed by the Chamber of Commerce and funded by the County Council and NHS. She explained that a start had been made on mapping the numbers of community volunteer groups but it was a big piece of work which needed to be constantly updated as the groups changed frequently. The Here2Help Directory listed a certain number of voluntary organisations but depended on the Organisation themselves to upload their details.

The Alliance would be made up of around 20 organisations so it was small enough for decisions to be made and the various representatives would be encouraged to feed back to other VCS organisations who worked in a similar sector. It was suggested that there were too many organisations to work effectively at a Countywide Level and communication and joint working would work better at District Collaborative level.

A Board Member felt that the culture of approach of the different voluntary organisations needed to be understood; whether they were connectors and co-ordinators who signposted people to those who could help or whether they were working directly with groups who needed support, such as specific families. The Council needed to understand the different groups to be able to provide the support that they needed, and to know what was being achieved by the various groups. Voluntary groups could be offered training by the County Council to help with working towards common goals, and although the Council should not be too controlling, there would be a set of values which all voluntary groups should sign up to. If money was to be allocated to groups, it was understood that it would come with a list of expectations and conditions.

The Chairman thanked the VCS for everything they did.

RESOLVED that the Health and Well-being Board noted the progress on the development of a new Worcestershire Voluntary and Community Sector Alliance in line with national requirements.

657 Worcestershire Executive Committee Update

Sarah Dugan explained that the Worcestershire Executive Committee (WEC) was still evolving and assessing its actions to ensure it would be adding value. The WEC had agreed some working principles with the HWB and the emerging District Collaboratives. The WEC was currently overseeing some urgent priorities but also supporting the development of the new ways of working with programmes of work across the whole of Herefordshire and Worcestershire, such as the People Board and the Mental Health Collaborative. The WEC would be keen to help with the implementation of any issues or projects suggested by the HWB and it was confirmed that the WEC acknowledged the work of the VCS and supported the Alliance paper.

RESOLVED that the Health and Wellbeing Board noted the progress to date relating to the establishment and activity of the Worcestershire Executive Committee and that evolution of the arrangements was ongoing.

658 Health and Wellbeing Board Governance Review

Mark Fitton explained that the Board was being asked to approve the updated membership and voting proposals to enable the terms of reference to be agreed by Council, and the role of the sub-groups would support the delivery of the Health and Wellbeing Strategy. The creation of the Integrated Care Board meant that the situation was evolving at system, place and district levels and the Health and Wellbeing Board Membership needed to reflect the wider determinants of health not just health and social care. It was proposed that the suggested membership be reviewed in 12 to 18 months and if approved the updated terms of reference would go to full Council for ratification.

Members made the following comments:

- The representative from the housing authorities thanked the Board for the opportunity for all District Councils to be represented, and other Board Members welcomed the inclusivity of adding to the membership,
- It was a statutory duty of the Board to agree the Better Care Fund expenditure, which was a shared NHS and Council budget, so it made sense for the Board to have an accountability balance,
- It was pointed out that the agenda report should say a Non-Executive Director with responsibility for health inequalities, and an ICB Executive Director.
- It was asked why District Collaboratives were not mentioned and it was explained that the groups worked at different levels. The Health Improvement Group would become the Being Well Worcestershire

Strategic Group and would work at a sub-strategic level along with the District Collaboratives.

RESOLVED that the Health and Well-being Board (HWB):

- a) approved the HWB membership and voting proposals at paragraph 12 of the agenda report, to enable revised Terms of Reference to be submitted to Council; and
- b) agreed the role of HWB sub-groups set out at paragraph 15 of the agenda report to support delivery of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWBS).

659 Better Care Fund

Mark Fitton described a break-even position for the 2021/2022 Better Care Fund (BCF), with an uplift of 5.6% for 2022/2023 giving a budget of £69.5 million. The budget had already been approved by the CCG.

No manager was in post in Worcestershire to manage the BCF, so the Herefordshire Manager had been asked to oversee both funds. Officers had done well to be able to balance the budget as there was a risk of the fund being overspent. With any overspend the risk was shared equally between the CCG and the County Council.

RESOLVED that the Health and Wellbeing Board approved the 2022/2023 Better Care Fund budget and the BCF 2021/2022 Outturn, in line with national requirements.

660 COVID-19 Health Protection Board Quarter 4 Update

Hayley Durnall updated the Health and Wellbeing Board about the Health Protection Board (HPB) Outbreak Control Plan. The HPB was no longer operating as a COVID-19 Board. Community COVID-19 testing had ceased, although it was still available to eligible patients and health and care staff. The Local Outbreak Response Team had changed to match reduced demand but a response could be quickly organised if required, in response to any variants of COVID-19. There was a further £4.2 million from the Contain Outbreak Management Fund to be spent in 2022/23, with over £2 million allocated to maintain the level of response, and a contingency available to increase the level of response if necessary.

RESOLVED that the Health and Wellbeing Board noted the delivery of Worcestershire's Outbreak Control Plan, the arrangements for governance and the current situation of Local Outbreak Response Team operation.

661 Future Meeting Dates

It was noted that the next public meeting would be 11 July at 10.00am.

Public meetings (Usually Tuesday at 2pm)

- 11 July 2022, Monday 10.00am
- 27 September 2022
- 15 November 2022

Private Development meetings (All Tuesday at 2pm)

- 21 June 2022
- 18 October 2022

Chair's Comment

The Chairman thanked two members of the Board who were standing down. Dr Anthony Kelly who had been a member of the Board since February 2014 and Dr Ian Tait who had been a member since July 2020. Sincere thanks were given for their contributions to the Board over the years.

The meeting ended at 3.40pm.

Chairman