

Minutes of the Health and Wellbeing Board

Wyre Forest District Council Offices, Finepoint Way

Kidderminster

Tuesday, 26 September 2023, 2.00 pm

Present:

Cllr Karen May (Chairman), Simon Adams, Vic Allison, Cllr Christopher Day, Cllr Lynn Denham, Sarah Dugan, Cllr Ian Hardiman, Cllr Adrian Hardman, Cllr Lucy Harrison, Cllr Steve Mackay, Lisa McNally, Jo Newton, Cllr Shirley Webb, Dr Jonathan Wells and Cllr Christine Wild

Also attended:

Pip Cavilla, Lucy Chick, Matt Fung, Cllr Richard Morris, and Dr Tanya Richardson.

711 Apologies and Substitutes

Apologies had been received from Mark Fitton, David Mehaffey, Dr Sarah Raistrick, Chris Roberts, Tina Russell, Simon Trickett and Gary Woodman.

Rebecca Wassell attended for Mark Fitton, Ruth Lemiech for David Mehaffey and Pete Sugg for Chris Roberts.

712 Declarations of Interest

None

713 Public Participation

None

714 Confirmation of Minutes

The minutes of the meeting held on 23 May 2023 were agreed to be an accurate record of the meeting and were signed by the Chairman.

715 Joint Local Health and Wellbeing Strategy: Year One Update

Dr Tanya Richardson, Consultant in Public Health and Lucy Chick, Senior Public Health Practitioner, presented the year one update of the Joint Local Health and Wellbeing Strategy.

The Strategy focussed on prevention and the wider determinants of health and all the achievements had been made possible through partnership working. Examples of the work being undertaken was included in the agenda report and included a skills bootcamp, 5k running events and progress with the Joint Strategic Mental Health Needs Assessment. The Being Well Strategic Group continued to guide and focus work around the strategy. Further, Worcestershire had contributed to the Municipal Journal detailing best practice for its work around loneliness and isolation. Despite all the good work, Dr Tanya Richardson stated there was more to be done, such as work around housing and better mental health.

The Director of Public Health believed that the Joint Local Health and Wellbeing Strategy was the best one she had seen, and was impressed with the consultation that had taken place prior to its launch. She highlighted some positive progress to date:

- work with maternity services resulted in a reduction in low-birth-weight babies;
- there was work in schools to increase physical activity so that Worcestershire had the lowest rate of childhood obesity in the West Midlands;
- community safety and crime reduction was rated strongly with a decrease in the numbers leaving prison in substance misuse;
- older adults had the second lowest rate of loneliness in the region; and
- there was increased uptake of bowel screening.

Within the Public Health Outcomes Framework most Local Authorities had around 12 areas better than average but Worcestershire had 18.

However, despite the many good results more work was needed. For example, focussed on early years, or improved integrated care to allow different services to be accessed in the same place. It was highlighted that there were too many hip fractures and too many older adults who were not active and were overweight. To address this, the Director of Public Health summarised the proposed Health Worcestershire programme, as detailed in the agenda papers. This service was being designed to help adults stay active, safe and socially connected within their local communities through sessions delivered by professionals in venues such as village halls, supported by local groups and Public Health grant funding.

Board Members raised various queries around tackling loneliness:

- It was mentioned that as people may find it difficult to admit they were lonely, how would people be invited to events such as those set up at village halls. It was suggested that people could be invited for coffee rather than to an event to help with loneliness. Colleagues in Public

Health were looking at the language used in their communications and conversations, and were working to ensure it was accessible. It was also clarified that events such as those held at village halls were not relying on invites via social media, with local teams teams working to specifically identify people who may benefit and in some cases it was recognised that it would be necessary to knock on doors. The Chair also mentioned Clent Connect, a local initiative within a small community by way of example, which helped prevent social isolation and encouraged people to get out of their homes.

- It was queried as to how accurate the Active Lives Survey was which found that 4.7% of adults reported feeling lonely often/always. It was explained that the data was supplemented by additional information, but lots of people did not identify as lonely and expected to feel lonely as a part of old age. It would never be assumed that Worcestershire was doing alright in this area and more work would continue to be done
- There was concern that the scheme 'Libraries unlocked' would result in increased levels of social isolation, but it was explained that the use of libraries was being assessed so that when the library was most used there would be staff available, but the building could be accessible at other hours so people could return books when staff were not necessary
- It was commented that it was sad that loneliness was stigmatised and if it occurred it was the fault of the community not the individual.

Other issues raised:

- Some bus routes had been stopped prior to COVID but Worcester City Council had recently signed off an active travel plan and it was hoped that the Acute Hospital Trust could work to take forward the active travel agenda to help staff and patients.
- It was clarified that the outcomes framework was being retained so that data could be monitored over time but next year some more details could be added. It was accepted that more live data was needed and that data would always be reviewed within context. For example, an increase in mental health or depression diagnoses could actually be a positive, as conditions were being identified, rather than it meaning mental well-being was getting worse.
- A request was made that fuel poverty be considered, and also what the effect of the end of the Household support fund would have on households.
- The Children and Young People's Strategic Partnership would be taking forward work regarding the All Age Autism Strategy and ensuring children have the best possible start to life.

It was concluded that there were many successful initiatives and activities, but more work was needed on integrating projects and ending silo working.

RESOLVED that the Health and Wellbeing Board noted and received assurance that good progress was being made in delivering the Joint Local Health and Wellbeing Strategy (JLHWS) with further plans in place we moved into the second year of the Strategy.

716 Community Development in Action - Westlands Droitwich

The Director of Public Health introduced the item, explaining that the Westlands project in Droitwich new approach to Public Health in Worcestershire, focussed on community development. The intention was to recognise strengths and enable expertise in communities, using that to build capacity and improve health outcomes.

The Board watched a short film which gave a flavour of the community strengths. The purpose was to begin to tackle the stigma surrounding the estate.

A partnership working group in the Westlands had been established supported by the Public Health community challenge fund to help people in the community set up and run their own projects. Pip Cavilla from the Droitwich Wellbeing Hub provided examples such as a bike repair project but also gave insight into to the work of the Hub and value of its counselling services to people across the Westlands estate. She credited the support of Wychavon council, alongside the County Council and wider partners but primarily, cited residents as key to engaging and taking ownership of activities for the benefit of their community. It was felt that the film showed the depth of feeling people have for their communities and the importance of partnership working. It was noted that whilst quantitative data held value, the narratives and local stories would ultimately demonstrate the impact of the work.

The Chair thanked Pip for her work and presentation and the Local Member for Droitwich thanked both the District and County Council, Councillor Karen May, Lisa McNally and Caroline Kingston for their work in the area.

717 Health Protection Group Overview

Matt Fung, Public Health Consultant, summarised the work of the Health Protection Group, which consolidated the COVID-19 Health Protection Board and former Health Protection Sub-Group. This new group was overseeing the development of a new 5-year health protection strategy for Worcestershire, which would contain specific actions and targets and would be shared with the Health and Wellbeing Board when appropriate.

An update was given on activity and assurance provided by the Group:

- A gap in response had been identified around infectious disease as a result a new service had been implemented, ensuring continued capacity and robust response when required.
- The MMR vaccination uptake remained high in Worcestershire, but work was being undertaken to reach key groups who generally had low vaccination uptake.
- Bowel screening rates had increased by almost 10% since 2021.
- A TB needs assessment was being undertaken as although Worcestershire was generally a low incident area, any gaps in service provision needed to be recognised so that reassurance could be given that any increases could be dealt with.

- It had become apparent that following the COVID-19 pandemic there was a lack of ongoing support for outbreak prevention in care homes. A business case was being put together for a joint County Council and Integrated Care Board funded infection prevention and control team.
- Key actions would be developed for winter planning.
- Funding had been received to enable air monitors to be set up around the County and work was ongoing regarding how to make best use of the data provided.

Board Members raised various comments and queries:

- In response to a query about whether air quality was improving as a result of increases in the numbers of electric vehicles it was explained that a lot of the pollution came from buses, HGVs and domestic burning
- A query was raised as to why the Board was being told about the need for an infection control team in residential homes when the report was marked for information. It was clarified that although the need was recognised, the issue had not yet been resolved. It was suggested that Children's homes should also be part of the conversation around an infection protection control response
- The suggestion was made that MMR uptake would be increased if visits were made in person to groups who traditionally did not take up vaccines, rather than trying to rely on other means of communication. The biggest predictor in vaccination uptake was down to perceived norms and the extent to which parents felt that others were getting their Children vaccinated
- The COVID vaccination campaign had been brought forward a month as the data had shown an increase in cases. The campaign of COVID and 'flu vaccines was going well with less than 1 in 100 not accepting the offer. Generally, people who are over 65 were aware that their immunity dropped with age, and they were not as resilient as younger people. Supplies were currently proving to be sufficient. In early October the Your Health bus would be providing vaccinations to social care staff.

The new Health and Wellbeing Insights website was briefly shown to Board Members. The Chairman endorsed the website noting that it was possible to drill down into district level information. Partners were advised that they could contribute to the website via Public Health.

RESOLVED that the Health and Wellbeing Board:

- a) **Noted the formation of the new Health Protection Group (formerly Covid-19 Health Protection Board and the Health Protection Sub-Group) and the contribution made by this group since its formation in late 2022;**
- b) **Noted the development of a new 5-year Health Protection Strategy which had involved members of the Health Protection Group who would have oversight;**
- c) **Noted the capability of the Health Protection Group to plan and prepare for future events, such as Winter Planning and horizon scanning; and**

- d) **Noted the necessity for WCC and the ICB to jointly fund a dedicated IPC team for residential care settings in Worcestershire.**

718 **Better Care Fund**

Rebecca Wassell noted that following the virtual sign off of the Better Care Fund (BCF) plan by the Board, it had been approved by the national BCF team that morning and asked for the Board to note the position and overspend of Pathway 1. The overspend was due to increased demand but it was clarified that across the system there was a way of covering this.

It was noted that Health and Wellbeing Board meetings did not fit the reporting schedule, though it was fortunate that sign off by the Board was now able to happen retrospectively. Any comments made by the Board would then be fed into subsequent versions of the BCF plan.

Board Members made the following comments:

- Officers were thanked for an informative report but were asked whether there was a link between the metrics and the lines of spend. It appeared that the metrics were based on prevention but the spend was on operational activities. In response it was explained that the metrics came from what was trying to be achieved across the two years of the plan but there were also many other areas which the BCF supported. Assurance was given that in future reports additional dialogue would be added.
- It was felt that £75 million was not a lot of money compared to the wide variety of issues the fund was trying to improve.
- It was suggested that more could be spent on the preventative agenda and that spend on the Disabled Facilities Grant should be checked to see that it was being used effectively.
- A Board Member found it disappointing that no mention was made in the report of the recommendations made by the Overview and Scrutiny Panel.
- It was noted that the Board had previously requested that a Development Session be organised to look in more details at Better Care Fund.

RESOLVED that the Health and Wellbeing Board:

- a) **Noted the 2023/24 Quarter 1 Better Care Fund Budget monitoring position, in line with national requirements; and**
- b) **Noted Worcestershire's Better Care Fund 2023-25 plan as virtually approved for submission to NHS England in June 2023, in line with national requirements set by NHS England and central government.**

719 **Future Meeting Dates**

The next Public meeting would be held on 14 November 2023

There would also be a Private Development Session in October or November 2023 (Date to be confirmed).

The meeting ended at 4.30pm

Chairman