

Minutes of the Health and Wellbeing Board

Wychavon Civic Centre, Council Chamber

Tuesday, 14 November 2023, 2.00 pm

Present:

Cllr Karen May (Chairman), Dr Sarah Raistrick (Vice Chairman), Simon Adams, Vic Allison, Cllr Christopher Day, Cllr Lynn Denham, Cllr Ian Hardiman, Cllr Adrian Hardman, Cllr Lucy Harrison, Supt Rebecca Love, Lisa McNally, David Mehaffey, Chris Roberts, Tina Russell, Simon Trickett, Dr Jonathan Wells, Cllr Christine Wild and Gary Woodman

720 Apologies and Substitutes

Apologies had been received from Sarah Dugan, Mark Fitton, Cllr Steve Mackay, Jo Newton and Cllr Shirley Webb.

Christine Blanshard attended for Jo Newton and Cllr Sue Baxter attended for Cllr Shirley Webb.

The Chairman welcomed Chris Roberts to the meeting as the new VCS representative on the Health and Wellbeing Board.

The Chairman thanked the previous VCS representative for his hard work and long standing support of the Health and Wellbeing Board.

721 Declarations of Interest

Dr Sarah Raistrick declared that she was a trustee of Dudley Lodge who supply services to Worcestershire County Council.

722 Public Participation

None

723 Confirmation of Minutes

The minutes of the previous meeting held on 28 September 2023 were agreed to be an accurate record of the meeting and were signed by the Chairman.

724 Annual Joint Strategic Needs Assessment

Matt Fung, Public Health Consultant and Cameron Russell, Senior Public Health Practitioner, introduced the Annual Joint Strategic Needs Assessment (JSNA) Update.

Over the past year more analysis of the data had taken place and there were many areas of good news for Worcestershire, although it was accepted that there were some areas of concern and health inequalities. The Insights Website gave up-to-date information on dashboards and gave feedback on what had changed over time.

It was a statutory function for Public Health to lead on the JSNA and there was a JSNA working group which shared information with partners such as from the Integrated Care Board (ICB), District Councils and housing providers.

Some headlines included that

- there had been a reduction in the numbers of pregnant women smoking, but there were still too many and the aim was to get to no smokers,
- 1,200 illegal vapes had been taken off the streets
- the numbers of bowel screenings had increased; and
- physical activity in young people was good but there were still many who were inactive

Overall Worcestershire was not considered to be a bad place to live and work, though there were known areas of inequalities.

It was known that inequalities affected health outcomes and a key measure was the index of multiple deprivation. The 20% who were the most deprived had significant differences in their health outcomes compared to those who were not so deprived. Some health inequalities were warranted, for example with ethnic differences but some were unwarranted. Challenges were also increased during COVID. There needed to be a concerted action to address the fact that deprived people die in greater numbers than those from affluent areas and preventative healthcare, and especially cardiovascular mortality, should be a priority.

It was recognised that the JSNA highlighted the impact of the actions taken and was a great opportunity for people to be able to direct actions and to create better outcomes.

Various comments were made by Board members:

- the Director of Public Health cautioned that numbers tell us what was happening but not why, and do not directly impact health. Numbers could be used as a starting point or as supporting evidence but health improvement was more complex. For example telling people how to improve their fitness does not work but setting up groups and working with people was more effective;

- it was agreed that deprivation could have a great impact on health, as such it was queried whether there was any appetite for moving resources away from some areas towards more deprived areas;
- it was felt that more qualitative work was needed for different ethnic groups;
- it was pointed out that successes captured in the JSNA should be celebrated. Further the Chairman pointed out that the information contained in the JSNA was designed to be used in different areas, for people to make things happen. Action at a hyper-local level was important to improve health

RESOLVED: that the Health and Wellbeing Board noted;

- a) Good news summarised in the report including rise in bowel screening uptake, drop in pregnant women smoking, increase in young people's physical activity, successful work in trading standards, strong 'Prevent' programme, and Worcestershire performing well in public health indicators – 90% are similar or better than England.**
- b) Areas of concern and health inequalities, including for children and young people, ongoing mental health pressures, cardiovascular disease mortality, cost of living/fuel poverty.**
- c) Opportunities to improve health and wellbeing, continuing to focus on health inequalities and deprived populations and leveraging new ways of working (for example, specifically targeting 'Your Health Your Wellbeing' service, and Healthy Worcestershire).**
- d) Availability of district level deep dive on public health indicators.**
- e) Worcestershire Health and wellbeing insights website: <https://insights.worcestershire.gov.uk/>**
- f) Request for feedback on JSNA outputs.**

725 Most Appropriate Agency

The Police and Crime Commissioner, John Campion, explained that the police had always been the safety net in society and was the service of last resort but increasingly it had been used too often in relation to mental health crisis points, which had left the police attempting to manage and mitigate the situation and demand.

Humberstone first introduced the Right Care, Right Place policy to enable the police to be able to concentrate on fighting crime. This policy was implemented in West Mercia in April but did not yet have the full support or engagement of partners.

It was recognised that there were some gaps in the 'Right Care Right Person model' and in order for it to work and those with mental health problems to be supported, partners needed to work together.

The response from Board Members included:

- that it should be the purpose of the Board to ensure that partners should be working well together, although each Partner had its individual role. It would be necessary for adaptations in working processes to take place,
- It was felt that this policy represented a significant change in policing. Part of the policing role was to provide reassurance. The PCC responded that the response would depend on the locality. If there was anti-social behaviour the police would still engage but the police felt they were not the correct service to respond to health needs. There was also the issue of legitimacy and the police had been finding themselves being expected to go to places they should not be,
- it was suggested that this was a nuanced policy and should not be allowed to erode public confidence,
- it was agreed that a working group be set up to help clarify system working and ensure that the police can pass calls on to other agencies when suitable, but support when necessary. The Chairman requested that Simon Trickett chair the working group and he confirmed that work had already started. The police advised that a 6-month review of the policy was being conducted. Simon Trickett agreed to feed back at a future meeting
- A Board Member who was a District Councillor, pointed out that District councils felt that they had not been consulted about the change in policy
- The Director of Public Health felt that it would be useful if different scenarios were tested to see who was responsible and should respond in different areas or situations,
- it was agreed there needed to be a collective response. The working group would be supported so that the health system was clear when the police would not be responding to a situation where they may have done previously.

RESOLVED that the Health and Wellbeing Board

- a. noted the report;**
- b. considered the implications of the West Mercia Police policy as part of both their own organisations and the wider system;**
- c. considered potential options relating to joint / co-ordinated governance activity.**

726 Worcestershire Parents and Carers Community

Anne Duddington from Worcestershire’s Parent and Carers’ Community (WPCC) read out a brief overview of the work of the group.

WPCC was a charity which supported Worcestershire families with a child or children with additional needs. They aimed to reduce health and social inequalities and the isolation which comes with disability, and to find solutions to the barriers which they faced. Some examples were given of the activities which were arranged. Details were also given of a book had been produced,

'Love, Laughter and Tears' which was in demand as a learning resource as it explained what life was really like for families with children with additional needs. It was explained that currently three significant challenges were: funding, finding suitably qualified youth workers and accessing adequate broadband.

Board Members made the following comments:

- The Director of Public Health explained that she had attended a Young Solutions event and recognised the valuable work of the WPCC. The book was valuable, giving people knowledge of others in the same situation.
- The representative from the VCSE explained that part of his role was to show how amazing the Voluntary Sector was. Money needed to be moved towards prevention and the voluntary sector was good at acting quickly.
- Following a query, it was explained that the WPCC could help families with children up to the age of 25, but would then signpost families to other services.

The Chairman thanked Anne for the work that she did for carers and for coming to speak to the meeting.

727 Children and Young People Strategic Partnership Update

The Director of Children's Services gave an update on the Children and Young People's Strategic Partnership, which was a sub-group of the Health and Wellbeing Board. The Partnership met quarterly and was chaired by Cllr Steve Mackay, the Cabinet Member with Responsibility for Children and Families. The Partnership received updates from its own four subgroups which concentrated on Early Help, SEND, the Safeguarding Partnership and the Mental Health Collaborative. All four groups worked with Partners on specific plans and all plans fed into the Strategic Plan. The Partnership used various measures to ensure that the actions being taken had a positive impact on children in need.

Early Help – positive measures included school readiness and access to early years provision and the best start in life was one of the priorities in the plan. There continued to be highly complex needs in families such as poor mental health and substance abuse and to help address the issues a whole family approach was encouraged to help prevent the need for statutory intervention and care. There was a focus on helping parents to be able to parent well, which led to a reduction in the need for children requiring care. It was recognised that the voluntary sector was key to this work.

Mental Health Collaborative – There had been some positive results in the numbers of children who had been absent from school for more than 50% of the time, or required alternative provision, due to mental health needs. A Scrutiny report had been produced looking at the work of Children and Adolescent Mental Health Services (CAMHS). The resulting action plan fed into the Children and Young People's Strategic Partnership.

SEND Partnership – This group focused on the accelerated action plan for the improvement of SEND Services. Following a joint review from the Department of Education and NHS, some improvements had been made but there had been a low baseline.

Safeguarding Partnership – Measures included not wanting children to be subject to repeat child protection plans following an intervention, and if a child was taken into care, getting through the court system should happen as quickly as possible. Both measures were performing well.

There was a great deal of work taking place in the sub-groups. There continued to be a high level of demand and complexity. It was important to see what difference the interventions were having for the child and family to ensure that the funding was targeted to the correct places. It was acknowledged that risk existed, but it needed to be managed.

Liz Altay explained that the Best Start in Life had been created as a new sub-group which concentrated on preventative activities for 0-5 year-olds. They helped prepare parents to be parents and offered support. There was a huge work programme which included developing the Family Hub Offer but unfortunately Worcestershire had not been eligible for additional funding. Nine family hub buildings were already available and were developing networks of support.

Board Members had the following comments and questions:

- following a question, it was confirmed that there was no additional funding for Family Hubs so the work was being done by existing staff with some volunteers,
- the relatively poor rate of completed health assessments for Looked After Children was queried and it was confirmed that this was due to out of county placements and the lack of capacity to carry out the assessments. A multi-agency task and finish group was looking at practical things to help but capacity remained a problem,
- it was agreed that the numbers having fallen who needed alternative provision due to mental health problems was a narrow definition and there were greater numbers who needed support who did not reach the CAMHS threshold,
- following a query as to whether there were more children from ethnic minorities placed out of county, the Director confirmed that it was not something she was aware of so would look into it. Generally, children placed out of county were treated exactly the same as those placed in the county in terms of reviews and moving through the court process,
- it was queried why a large group of families with children with special educational needs felt they were not being listened to. It was explained that Families in Partnership were the formal group who were funded through the DfE, but there was also a Parent and Carers stakeholders group as 24 different parent carer groups had been identified in Worcestershire,

- it was confirmed that Worcestershire did well with the low numbers of repeat care plans, although sometimes repeat plans were necessary. Worcestershire was one of the best authorities in ensuring that cases got through care proceedings within 26 weeks,
- through the improvement journey, although there is good news, it has been recognised that more needs have been identified, which therefore has impacted on the resources in NHS services. Resourcing levels have not been able to keep up with the increase in demand in services such as identifying ADHD. There was a constant challenge to ensure that the way resources were used was making a difference to children and to ensure they felt safe, happy and healthy.

RESOLVED that the Health and Wellbeing Board noted:

- a) the update on the activity of the CYPSP to deliver services in accordance with the priorities of Worcestershire’s children and Young People’s Plan**
- b) the expectation for partners to endorse and prioritise support for the Family Hub model; and**
- c) the action taken in response to the January 2023 Scrutiny Report on Child and Adolescent Mental Health Services (CAMHS).**

728 Better Care Fund Update

Noted

729 Future Meeting Dates

Dates 2024

Public meetings (All at 2pm)

- 20 February 2024
- 21 May 2024
- 24 September 2024
- 19 November 2024

Private Development meetings (All at 2pm)

- 23 January 2024
- 19 March 2024
- 18 June 2024
- 16 July 2024
- 15 October 2024

The meeting ended at 4.30pm

Chairman