

Minutes of the Health and Well-being Board

Council Chamber, County Hall

Tuesday, 20 July 2021, 2.00 pm

Present:

Cllr Karen May (Chairman), Simon Adams, Dr Kathryn Cobain, Cllr Lynn Denham, Kevin Dicks, Cllr Adrian Hardman, Sue Harris, Dr A Kelly (Vice Chairman), Kerry McCrossan, Cllr Nyear Nazir, Cllr Andy Roberts, Jonathan Sutton, Dr Ian Tait and Simon Trickett

Also attended:

David Mehaffey, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Richard Stocks, Senior Finance Business Partner, Worcestershire County Council

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on Tuesday 23 February 2021 (previously circulated).

602 Apologies and Substitutes

Apologies had been received from Sarah Dugan, Paula Furnival, Tina Russell, Julian Moss and Jo Newton.

Sue Harris attended for Sarah Dugan and Kerry McCrossan attended for Paula Furnival.

603 Declarations of Interest

Cllr Lynn Denham declared that she was in receipt of an NHS pension.

604 Public Participation

None

605 Confirmation of Minutes

The minutes of the meeting on Tuesday 23 February 2021 were agreed to be a correct record and were signed by the Chairman.

606 Joint Health and Well-being Strategy

Dr Kathryn Cobain presented the report on behalf of Dr Tanya Richardson.

During the discussion, the following points were made:

It was suggested that with a 10-year timeframe, aspects of the Joint Health and Well-being strategy (JHWS) might become less relevant over time, particularly those relating to mental health, as this was likely to change due to the impact of COVID-19. It was confirmed that pre-COVID-19 evidence was being used to guide the JHWS and it was suggested that COVID-19 had not necessarily created mental health issues but exacerbated them. It was therefore an opportune moment for a 'reset' of the JHWS. The intention was to be dynamic by changing the strategy throughout the 10 years by developing action plans.

Simon Trickett further suggested the opportunity could be taken for the JHWS and required Integrated Care Strategy, due to be developed, to overlap and both to support delivery, with similar and interlinked objectives.

Preventative work to avoid poor mental health in the future was viewed as critical. It was suggested that a two-tier approach would be required. Mental Health and Well-being was linked to social and economic factors and prevention though these aspects should be reflected in the JHWS.

Dr Cobain confirmed the timelines for development of the JHWS, with a longer consultation period starting in September for up to 12 weeks. This would mean the new JHWS would likely be agreed early in the new year and implemented from April 2022. The longer timeline would give partners the opportunity to hone the JHWS and make it more dynamic. It was made clear that this timeline was flexible.

There was discussion around moving the consultation back to allow the board to meet again to review the content prior to its release to the public. While some Board Members asked to be given the opportunity to meet, others deemed it unnecessary to delay the consultation. It was agreed that the consultation would be circulated between meetings for Board Members to provide feedback.

RESOLVED that the Health and Well-being Board:

- a) Note the progress made and the next steps in the development of a new JHWS for Worcestershire.**

- b) Approve the plan for public and stakeholder consultation on the priorities for the new JHWS.**

607 Integrated Care System Development Update

Simon Trickett introduced the report, explaining that a draft form of the Health and Social Care Bill was due to be presented in Parliament. The Bill contained proposals on the design of Integrated Care Systems. The report also contained a design framework summary providing an overview on how NHS England would like the Bill, if approved, to be implemented. It focused on two key topics:

- the proposal to form an Integrated Care Board which would take on the functions of the Clinical Commissioning Group (CCG); and
- the proposal for the creation of an Integrated Care Partnership. The report described proposals for defining the relationship between Health and Well-being Boards and the Integrated Care Partnership.

In response to a query on whether the Health and Well-being Board would continue to set its own agenda alongside the partnership, it was explained that the Herefordshire and Worcestershire system would have an Integrated Care Strategy. This would require consideration of how services and systems were organised locally to deliver the strategy, which would be overseen by the Health and Well-being Boards. Responsibility would be delegated to each Health and Wellbeing Board to decide their own priorities.

It was asked whether the Integrated Care Strategy would determine the strategy for determinants of health such as economy and housing. Simon Trickett advised that there was nothing to suggest this was the case. Instead, the separate bodies of the Health and Well-being Boards, the Health and Care Partnership and the Integrated Care Board would begin to have an interest in achieving better alignment on the actions taken on the determinants of health.

It was suggested that the Health and Well-being Board might integrate with the Place Board immediately rather than evolve. Simon Trickett responded with concerns that this would make day-to-day delivery of NHS operational issues difficult.

When planning the structures to implement the strategy for the Health and Well-being Board, there was a need to avoid creating inelegant bureaucratic structures. The aim was to keep the Health and Well-being Board focused on the broad agenda of the health and well-being of the population, and the Integrated Care Board on the NHS's contributions to that agenda. It was requested that along the journey of developing the strategy, Board Members were kept up to date on the rationale behind these structures. It was agreed that regular updates would be provided.

RESOLVED that the concept of using the Health and Well-being Board as the basis for creating the Integrated Care Partnership; which will be required by the new Integrated Care System legislation that is currently being considered by Parliament; be supported.

608 Covid Health Protection Board Quarterly Report (Quarter 4 and Quarter 1)

Dr Kathryn Cobain presented the report. She highlighted that the number of cases of COVID-19 were increasing in the community with continuing pressures on the NHS locally.

Board Members thanked all of those involved in the COVID-19 response for their skill and effort in protecting residents.

It was queried whether any COVID-19 advice was due to be delivered regarding holding public engagement events. Dr Cobain confirmed that further national guidance was anticipated. The Local Outbreak Response Team (LORT) could assist with localised risk assessments.

Dr Cobain confirmed that she was working with Department of Health and Social Care (DHSC) on the ongoing local COVID-19 response, including contact tracing. There were ongoing conversations between relevant bodies as to whether further local guidance would be provided.

It was critical that everyone remained cautious about how the coming weeks were managed, as the infection rate was rising, with health and care services under significant pressure. Board Members were urged to be cautious and sensible in the management of the coming months.

The current lack of vaccine uptake was concerning following early success in Worcestershire. The low uptake correlated with those areas with health inequalities and work would continue to encourage increasing vaccine uptake.

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 LORT operation.

609 2021/22 Better Care Fund (BCF) Budget Approval and 2020/21 BCF Outturn

Richard Stocks presented the report, after which the following questions were asked:

It was queried how the Disabled Facilities Grant funding listed in Appendix 1 was split between districts. It was confirmed that the allocation of the funding was decided by central Government.

It was asked whether the Disabled Facilities Grant incorporated a Dementia Dwelling Grant. This was confirmed to be the case. A formal response as to whether this funding could be maintained was requested. Kevin Dicks confirmed this as an action, undertaking to report back to the Board.

Board Members asked to what degree the Board was able to influence the spend of the funds detailed in the report. It was explained that a large proportion of the BCF was committed to existing services. For this reason, there was little room to alter the spending levels. If it were decided that a particular service needed to be terminated or changed, the funding could be allocated to a different area, however a transition plan would be required as stranded costs would be likely to be incurred. There was some discretion when there was growth in the BCF, and this was managed by the Integrated Commissioning Executive Officer Group which decided the operational priorities around the integrated care agenda.

RESOLVED that the Health and Well-being Board approved the 2021/2022 BCF budget and the BCF 2020/21 annual return, which includes the year end outturn, in line with national requirements.

610 Future Meeting Dates

Public meetings (All Tuesday at 2pm)

- 28 September 2021
- 16 November 2021

Private Development meetings (All Tuesday at 2pm)

- 19 October 2021

The meeting ended at 3.24 pm

Chairman

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