

Minutes of the Health and Well-Being Board

Council Chamber, County Hall

Tuesday, 28 September 2021, 2.00 pm

Present:

Cllr Karen May (Chairman), Simon Adams, Dr Kathryn Cobain, Carole Cumino, Cllr Lynn Denham, Kevin Dicks, Sarah Dugan, Dr Anthony Kelly (Vice Chairman), Jo Newton, Cllr Andy Roberts, Dr Ian Tait and Simon Trickett

Also attended:

Elizabeth Griffiths; Public Health Consultant, WCC – for item 6
Hannah Perrott, Assistant Director for Communities, WCC – for item 7
Dr Tanya Richardson, Public Health Consultant, WCC – for item 7
Jack Lyons-Wainwright, Mental Health Lead, Hereford and Worcestershire CCG – for item 8

611 Apologies and Substitutes

Apologies had been received from Louise Bramble, Paula Furnival, Julie Grant, Cllr. Adrian Hardman, Cllr. Nyear Nazir, Tina Russell and Jonathan Sutton.

Carole Cumino attended for Jonathan Sutton.

612 Declarations of Interest

None

613 Public Participation

None

614 Confirmation of Minutes

The minutes of the previous meeting held on 20 July 2021 were agreed to be a correct record of the meeting and were signed by the Chairman.

615 Governance Review

Dr Kathryn Cobain summarised the positive engagement with the Local Government Association (LGA) for the Health and Well-being Board governance review. Over 40 stakeholder interviews were held, with valuable insight and evidence collated and presented back to members. Time would now be spent considering how the Health and Well-being Board would seek to position itself, align with and support Integrated Care System (ICS) development.

It was proposed that future development sessions would be used to continue with the governance review work.

RESOLVED that the Health and Well-being Board:

- a) **Noted progress on the governance review; and**
- b) **Agreed the planned board development to implement recent Local Government Association (LGA) findings.**

616 Engagement approach - Mental Wellbeing and Joint Health and Wellbeing Strategy Consultation

It had previously been agreed by the Board that the Joint Health and Well-being Strategy (JHWS) would have an overarching theme of mental well-being. However, Elizabeth Griffiths, Public Health Consultant, explained that there was little evidence about the current situation, considering the impact of COVID-19 on mental well-being, therefore it was an opportune time to ask communities how their mental health had been affected and gather further information so that action plans could be created.

The intention was for an engagement team to run a formal consultation from January to March 2022, following which, proposals would be developed for the JHWS to be launched in the summer of 2022. It was therefore proposed that the existing JHWS be extended to cover the consultation period prior to the new strategy.

In the ensuing discussion the following points were made:

- It was discussed whether January to March was the best time for a consultation, but it was agreed that there could be difficulties with other times of year
- The District Councils had been expecting the consultation before Christmas, so there was concern that the delay would have a knock-on effect on other strands of work. In reply, there was an assurance that the County Council was not putting off other work and progress with the JSNA would continue. The Health and Care Trust agreed that its work on the Mental Health Strategy would continue but it would need to ensure that the work in different areas of the system was synchronised
- Members of the Board were pleased that there was more conversation around mental health rather than mental illness
- Members were pleased with the proactive approach but cautioned that it needed to be realistic with what could be offered, for example an increase in staffing

- The Acute Trust wished to ensure that all staff were considered in the consultation. It was agreed that the mental health of the work force as well as the community needed to be considered
- The consultation needed to engage with 'hard to reach' groups and it was suggested that staff links to communities should be used
- Healthwatch confirmed it would be willing to work with the Health and Well-being Board and the County Council on the consultation and reaching people who did not usually contribute to consultations or lived in 'health hotspots'.

RESOLVED that the Health and Well-being Board:

- a) endorsed and supported the proposed year long conversation on mental wellbeing;**
- b) approved the revised timetable for the Joint Health and Wellbeing Strategy (JHWS) implementation; and**
- c) in light of the above, approved a short-term extension to the existing JHWS.**

617 Integrated Wellbeing Offer and Here2Help

Dr Tanya Richardson introduced the Integrated Wellbeing Offer (IWO), explaining that it aimed to reduce inequalities and empower people to live well by giving them all the information on the determinants of health. Work had started pre-Covid-19, prior to the establishment of the Here2Help programme, and the County Council was now continuing the work, leveraging recent learning. A multi-agency Steering Group had been established, co-chaired by the Director of Public Health and a voluntary sector representative.

It was noted that in the past there had been frustration that organisations did not work better together across the system, but Worcestershire was now moving forward and was in a better position, creating a whole system approach, to make a difference for individuals.

The Integrated Service Directory had been launched that day, helping to connect people to their own community-based solutions, and Here2Help would be the front door to well-being, allowing people to help themselves rather than rely on a medical model. It was acknowledged that engagement worked well in Redditch and best practice should be rolled out around the county. However, it was recognised that the project needed long term sustainable funding.

A District Councillor felt that what was on offer was tremendous but noted that accessing everything online was difficult for many people. In the past local libraries were an excellent resource to access information but some of the more deprived areas of the County no longer had libraries or equivalent facilities. The Chair noted that a new project called 'Clent Connect' had seen a

local community create a parish room providing advice, help and support directly within the local community.

Members of the Board agreed that digital exclusion was a concern, but the IWO was a fantastic scheme and could be delivered more quickly than the Primary Care agenda.

RESOLVED that the Health and Well-being Board:

- a) noted the progress made in developing an Integrated Well-being Offer for Worcestershire;
- b) noted the plans for the future development of Here2Help; and
- c) agreed to receive a more detailed update on progress in early 2022.

618 Mental Health and Wellbeing Strategy

Jack Lyons-Wainwright, Mental Health Lead at Herefordshire and Worcestershire CCG, explained that engagement with partners on the all age Mental Health and Wellbeing Strategy had begun 2 years previously and 5 key priorities had been developed:

- a) Accessible services
- b) Integrated services
- c) Community empowerment
- d) Person-centred services
- e) Prevention and self-care

The priorities aligned with the NHS Long Term Plan and aimed to complement the Herefordshire and Worcestershire Integrated Care System and the Joint Health and Well-being Strategy. Delivery of the Mental Health and Wellbeing strategy would be overseen by the Mental Health Collaborative Committee. A three-year high level plan had been produced with detailed action plans to follow.

The Mental Health and Well-being Strategy had been approved by Worcestershire Integrated Commissioning Executive Officers Group (ICEOG) and the ICS Partnership Board, but still needed to be submitted to the Herefordshire Health and Wellbeing Board.

Health and Well-being Board Members discussed the Mental Health and Wellbeing strategy and had various questions:

- With regard to mental health teams in schools, one Board Member raised a concern that the Mental Health and Well-being Strategy did not specifically include Worcester, despite it having some areas of high deprivation. He wished to endorse the project as a pilot rather than it being part of the full strategy. It was explained that in 3 years there would be a refresh and a move towards 100% coverage. As an early implementer there were rules around having a mix of settings around

the County, but there was clarity on the next few phases. It was felt that the document needed to be clearer on the intent of having mental health teams in all schools

- It was suggested that the way the document was written needed to be reviewed and whether it was a completed strategy or a living document
- It was queried whether the criminal justice system had been involved in the development of the Mental Health and Wellbeing strategy, as it was known that people involved in the criminal justice system were more likely to have mental health issues. It was confirmed that the police would be represented on the Collaborative Committee and would be engaged in the delivery of the strategy. It was agreed that as the criminal justice system was not specifically referenced, the strategy should be amended to detail the full engagement which was intended with the police and fire services.
- The acute trust welcomed the strategy but asked how it would work regarding place. Each organisation had different roles to play in a Mental Health Strategy
- It was felt that there should be more focus on locality rather than looking at national data and that an executive summary would be useful
- The Director of Public Health offered that partners could work together with regards to the presentation of the document as there was an opportunity to align the Mental Health and Wellbeing Strategy with other work. The strategy was being developed across the system and would be delivered through places and would report back to the Health and Well-being Board.

RESOLVED that the Health and Well-being Board:

a) considered the ICS Mental Health and Wellbeing Strategy and requested that certain amendments be made; and

b) that an updated report be brought back to the Board in the New Year for approval.

619 Director of Public Health Annual Report

The Chairman paid tribute to the previous Chairman of the Health and Well-being Board, John Smith, and the work he carried out for the Board and the support he had given the Director of Public Health.

The Director of Public Health explained that her annual report reflected on what had been achieved over the past year. Lives had changed dramatically due to Covid-19 but there had been some positive impacts such as strong partnership working and the focus on Primary Care and prevention.

The next Annual Report would be produced earlier in the year and would focus on what needed to be provided, how prevention could be prioritised and how to reach the 'hidden population'.

The Chair thanked the Director of Public Health, her team and the partners around the table for the work they had done in dealing with the pandemic.

Board members made various comments:

- It was felt that help was needed from secondary care to enable primary care to move towards prevention activities. The community was needed to deliver support and help to engage those who were traditionally hard to reach
- GPs needed to be co-collaborators with the voluntary and community sector and the community so that more 'win win' situations could be identified
- It was queried why there had not been more work targeted at hearing loss as it affected so many people. The CCG responded that some work had been done in that area
- There was a need to build resilient communities and some changes in behaviour needed to be encouraged and would help to prevent problems later on; for example, support with hearing loss could help to prevent dementia, and taking action on various conditions which were preventable could have a beneficial effect on mental health.
- It was suggested that future Board development sessions could be used to consider prevention areas.

RESOLVED that the Health and Well-being Board:

- a) noted and supported the findings of the 2020/21 Director of Public Health Annual Report; and
- b) agreed to endorse the recommendations stated within.

620 Covid-19 Health Protection Board Quarterly Report (July and August of Q2 2021) : Delivering Worcestershire's Outbreak Control Plan

COVID-19 had not gone away; the Health Protection Board was still in operation, now meeting every other month and actively approving and monitoring use of the Contain Outbreak Management Fund. There remained a 7-day response Local Outbreak Response Team, which had recently focussed efforts on support to schools in managing the rising number of COVID-19 cases. The Health Protection Sub- group still met, looking wider than COVID-19 but also reviewing progress with vaccination rates which were at good levels.

RESOLVED that the Health and Well-being Board noted the delivery of Worcestershire's Outbreak Control Plan (OCP), the arrangements for governance and the current situation of Local Outbreak Response Team operation.

621 2020/21 Better Care Fund (BCF) Budget Quarter 1 Update

There had been an increased allocation to the Better Care Fund (BCF) and budgets had been increased to the Integrated Equipment Store and the Discharge to Assess Pathway.

RESOLVED that the Health and Well-being Board noted the forecast break-even position for the financial year 2021/22 as at the end of Quarter 1.

622 Herefordshire and Worcestershire Learning from Lives and Deaths - People with Learning Disabilities (HW LeDeR) Annual Report 2020/21

The Director of Public Health commended the work done by Rachael Skinner, Associate Director of Nursing and Quality, CCG, and presented to the Health and Well-being Board. She recognised that there were some practical issues with health checks for people with learning disabilities and engagement with ‘Speak Easy Now’ would continue.

A JSNA had been undertaken a few years ago as it was agreed that this group needed a specific response and health needs should be identified before they became a crisis.

RESOLVED that the Health and Well-being Board noted the HW LeDeR Annual Report for 2020/21, noted the intention to develop a LeDeR Strategy during 2021 and agreed to receive an annual update on progress against agreed priorities.

623 Future Meeting Dates

The next public meeting would take place on 16 November 2021.

The meeting ended at 3.40pm.

Chairman

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