

Minutes of the Health and Wellbeing Board

Council Chamber, County Hall

Tuesday, 27 September 2022, 2.00 pm

Present:

Cllr Karen May (Chairman), Dr Sarah Raistrick (Vice Chairman), Simon Adams, Liz Altay, Cllr Christopher Day, Cllr Lynn Denham, Kevin Dicks, Mark Fitton, Supt Rebecca Love, David Mehaffey, Cllr Andy Roberts, Jonathan Sutton, Simon Trickett, Cllr Shirley Webb, Dr Jonathan Wells and Gary Woodman

662 Apologies and Substitutes

Apologies were received from Sarah Dugan, Cllr Adrian Hardman, Nicky Martin, Nyear Nazir, Jo Newton and Tina Russell.

663 Declarations of Interest

None

664 Public Participation

None

665 Confirmation of Minutes

The minutes of the last meeting held on 24 May 2022 were agreed to be an accurate record of the meeting and were signed by the Chairman.

666 Health and Wellbeing Board Terms of Reference

The Chairman welcomed new members of the Board; Dr Sarah Raistrick, Dr Jonathan Wells, Gary Woodman, Cllr Nicky Martin, Cllr Shirley Webb and Cllr Christopher Day.

667 Integrated Care Board and Integrated Care Partnership Update

This item was moved earlier on the agenda as it was felt it would be useful to receive this update prior to other reports.

David Mehaffey gave a summary of the establishment of the Integrated Care Board (ICB) and the Integrated Care Partnership Assembly (ICPA). He explained that Place based partnerships, operating under each upper tier authority area, were being developed and NHS Trusts were coming together to work as provider collaboratives.

The four strategic aims of the ICS were: Improve population health outcomes; Reduce health inequalities; improve value for money and enable the NHS to make a greater contribution to the economic and social wellbeing of the population.

The new ICP was a joint committee between the ICB and the two local authorities, but it would meet with a larger range of stakeholders and Partners. The ICP would oversee the production of the Integrated Care Strategy for the whole Herefordshire and Worcestershire system. The Integrated Care Strategy needed to be published by December this year and would cover a five-year period with the ability to refresh more frequently.

There was a list of statutory requirements which needed to be considered for the Integrated Care Strategy. It had been agreed that a place based approach would be taken, whether that be through Primary Care Networks or District Collaboratives. The strategy would start from what was being done on the ground. Only when things were identified as not being done in the place-based arrangements would things be done on a system wide basis. The ICS would fill the gaps if actions were not being taken elsewhere in the system and if a clear benefit could be seen in working at a system wide level.

In response to various questions it was clarified that:

- This strategy would be different to previous strategies and it would make a difference as the aim was to improve population health outcomes by working better together, integrating services across health and social care, physical and mental health and across primary and secondary care. The legislation now supported the intention to work better together and there would be an end to separate Acute or Social Care strategies. Priorities needed to be agreed and the system had to see how it could support local partners to deliver changes. It was down to the partners to make the strategy different to ones which had gone before. The national policy and available resources needed to be applied in the best way possible for the people of Worcestershire.
- It was explained that the ICS would have key themes such as cancer, stroke, mental health or wider conditions but it would not drill down to the details. The Health and Wellbeing Strategy would be used as a basis and the ICS would fill in any gaps. The Chairman clarified that the ICS should be based on the Joint Strategic Needs Assessment, reduce inequalities and improve the patient experience. It was explained that a Joint Forward Plan would be produced which would detail a delivery plan

- It was queried whether spending would be per head of population across the ICB area. This was considered an issue for further consideration by the ICP. The current levels and areas of funding could be seen as the baseline and going forward collective decisions would have to be made about whether new resources should be targeted at areas of greatest need or continue to do what has typically been done and allocate resources so that everyone gets a fair share. Some funding was directed by the Government as being available for all, but with other pots of money there was a choice about where it was spent, which services or which geographies. One of the aims of the ICB was to reduce health inequalities
- With regard to whether the strategy would be top down and performance managed by the NHS, the response was that rather than look at performance management, the opportunity should be taken to make a difference at local levels and focus on PCN and district collaboratives, allowing them the opportunity to explain the health needs in their areas.

RESOLVED The Health and Wellbeing Board

- a) noted the progress on the establishment of the Integrated Care System for Herefordshire and Worcestershire; and**
- b) agreed that the NHS Joint Forward Plan would be presented at a future meeting of the Board**

668 Joint Local Health and Wellbeing Strategy

Lucy Chick, Senior Public Health Practitioner, thanked everyone who had provided feedback through the consultation. The Joint Local Health and Wellbeing Strategy (JLHWS) had been developed by using the Joint Strategic Needs Assessment (JSNA) and various other evidence and it had been decided that the overarching priority for the next 10 years should be good mental health and wellbeing. Following extensive consultation a large proportion of respondents supported this priority.

There would also be a focus on early intervention and prevention and the wider determinants of health. Action plans would be created to support delivery with more detailed outcome measures included.

The Being Well Strategic Group would support the delivery of the JLHWS. An easy read version of the JLHWS would be produced.

During the ensuing discussion the following main points were made:

- The Chairman thanked the 1,627 people who responded to the consultation, as well as the Public Health team and partners for all the work they had put into the development of the JLHWS
- In response to a query about how the JLHWS fit with the Integrated Care System (ICS), there was an acknowledgment that there were

differences between Herefordshire and Worcestershire, but there would be joint approaches where possible

- When asked whether the JLHWS linked well enough to the ICS and sufficiently addressed healthcare provision, it was cited that the JLHWS listed the ambitions which included supporting access to appropriate services and contributing to the work of the Mental Health Collaborative. The NHS contribution to the JLHWS would be through the Worcestershire Executive Committee (WEC) and where implementation at a place level would be overseen. The Chair noted that the JLHWS showed how important the District Councils were in the delivery of the JLHWS. Many of the wider determinants of health sat with the District Councils
- There was a concern about how peoples' behaviours could be changed and members stressed the need for the system culture to focus on prevention rather than cure at local levels
- Board members felt that the team who produced the JLHWS should be congratulated. The process by which the strategy had been developed was clear and the end result could be understood. It was now up to partners to make something of it and implement through their organisations
- There was a query about the outcome measures as it was felt that the Worcestershire Viewpoint Survey was a weak method of getting data. It was anticipated that the outcome measures would be re-assessed, but there needed to be some consistency. It was felt that there should be a customer experience measures included, for example how easy it was to identify and then access a particular service in different areas of the County. It was queried whether there needed to be more work on benchmarking and looking for best practice examples from other areas. The Chairman responded that that could be done through the action plans.
- It was important that the JLHWS went through the necessary governance processes at District Councils and representatives agreed that it would, to seek to endorse and commit to shared delivery
- It was queried whether there would be opportunity for the Voluntary Community and Social Enterprise (VCSE) sector to continue to contribute to the JLHWS. It was clarified that the JLHWS was being signed off by the Board at the meeting and there should not be further considerations and action to implement it should now begin
- It was felt that the relationship between the Health and Wellbeing Board (HWB), Integrated Care Partnership Assembly (ICPA) and WEC was unclear and it would be useful if the governance structure could be clarified at a HWB development session to ensure that the system does not get overloaded with bureaucracy.

RESOLVED that the Health and Wellbeing Board:

- a) **approved and committed to the final draft of the Worcestershire Joint Local Health and Wellbeing Strategy 2022-2032 (the Strategy); and**
- b) **noted the next steps and supported the creation of action plans to support the delivery of the Strategy.**

669 Pharmaceutical Needs Assessment

Matt Fung, Public Health Consultant, explained that the Pharmaceutical Needs Assessment was a statutory requirement which took place every three years and the Board was asked to approve the document and the set-up of a Herefordshire and Worcestershire pharmacy services working group. The PNA for 2021 had been delayed due to the COVID-19 pandemic.

A variety of stakeholders had been involved in producing the PNA, with a consultation period from June to August 2022. Information came from pharmacy services, public surveys and dispensing practices and a focus group of under-represented groups. Questions were asked to find out how and why people used pharmacy services.

The key findings were that there were generally sufficient numbers of pharmacies in Worcestershire. There were a range of access methods from online, telephone and in-person. People considered pharmacists as knowledgeable and approachable, and people appreciated the additional services which were offered throughout the pandemic. However, it was felt that the great resource of pharmacies could be even better used. Various recommendations had been produced and a working group was suggested to implement them.

The Board made various comments:

- It was explained that there would be an Integrated Care Board representative on the working group and there was also a pharmaceutical committee representative. NHS England currently commissioned community pharmacists but from April 2023 the responsibility would move to the local Integrated Care Board. The provision of pharmacists, dentists and optometrists would be discussed in future by the HWB and the ICPA.
- GP practices recognised pharmacies as an important service and their ability and willingness to take on an expanded role was appreciated. There was a Community Pharmacy consultation scheme which GPs could refer into, which took some of the pressure away from Primary Care. District Collaboratives, as well as the Integrated Care Board (ICB), needed to support local community pharmacies. It was pointed out that as one of the recommendations said pharmacies should be able to signpost to other services, it was incumbent on all partners

round the table to support that aim and help pharmacies gain the knowledge of the services available. It was agreed that district collaboratives could help in that area as they were doing a lot of work on mapping local services.

- It was pointed out that community pharmacies had a new role in delivering COVID-19 boosters.
- It was clarified that regulations stated that during the production of each PNA, each HWB should consult the neighbouring HWB, which had been done as part of the process.
- There was a plea that when pharmacy workforce strategies were considered, secondary care pharmacy services should be considered at the same time.
- It was felt that there needed to be an investment in community pharmacies to ensure they were resilient.

RESOLVED that the Health and Wellbeing Board:

- a) approved the 2022 pharmaceutical needs assessment (PNA) for publication; and**
- b) approved the recommendations as noted in the PNA, including convening a Herefordshire and Worcestershire working group to focus on pharmacy services.**

670 Better Care Fund (BCF)

Mark Fitton explained that the HWB were being asked to approve the joint plan for the BCF. The report appeared late in the year because of delays in the assurance and planning process.

The fund of £69.5 million, was paid to health and social care for joint commissioning and investments. It was clarified that the BCF policy was put in place around 2014 and remained a relatively small joint resource that the HWB and the NHS jointly agreed how to use. All the money was tied up in contracts which was mainly the employment of staff.

Board Members queried how the Districts could influence the spend of the BCF as most District Councils did not spend all their Disabled Facilities Grant (DFG) due to blocks in the system, such as the supply of occupational health services. It was agreed that conversations needed to take place about the DFG. Mark Fitton explained that there was money coming through for housing and social care which would link into the strategic housing plan.

Simon Trickett explained that the NHS had to have a balance of zero at the end of each financial year as it was not allowed to carry any money forward; it was therefore useful that the BCF was held by the County Council to facilitate its use. The risk was that any overspend had to be jointly funded by the ICB

and the County Council. It was difficult to accurately predict the spend as many of the contracts were based on activity and the numbers of placements could vary.

It was felt that the HWB should be informed if there was overspending on contracts so it could be seen how much was spent on services in Worcestershire and if there are problems in the system, rather than just seeing the Government return regarding the BCF.

RESOLVED that the Health and Wellbeing Board:

- a) **approved Worcestershire's Better Care Fund Plan 2022/2023; BCF Planning Template, Narrative Plan and Capacity & Demand Template; and**
- b) **agreed that at a future development session there should be a full discussion around the BCF and DFGs.**

671 All Age Autism Strategy

Laura Westwood, Lead Commissioner, explained that she was asking the Board to endorse the process for developing a new strategy; to ensure the system was engaged with the process for an all-age strategy across the ICS; and to ensure appropriate officers were engaged. There was a National Autism Strategy based on the Autism Act which had been updated last year, and the local strategy needed to be updated in line with it. The local strategy was looking at the six priorities in the National Strategy.

It was felt there was already good co-production across the ICS with the Autism Partnerships groups and Leads for the different priorities had been identified from across the system, not just from Adult Social Care. An additional priority to the six national ones had been suggested by people with autism, which was keeping safe.

The process was just beginning with issues being identified such as what questions needed to be asked, who needed to be involved, and how people should be engaged. It was planned that there would be a draft strategy in March/April 2023.

Board Members welcomed the development of the strategy and District Councillors felt that more could be done for families with autistic children with the DFG.

It was queried how open schools were to children with SEND as there appeared to be some resistance even though it was believed that it was better for children with autism to attend mainstream schools where possible, as well as being good for the other pupils in the school. It was replied that the All Age Disability Strategy was looking at that issue in more detail.

In response to a query about whether the strategy would cover those who had a diagnosis of autism or whether it would be available to those who self identify

as being neuro diverse it was stated that it would depend on the services in question. The strategy would be all encompassing but some of the funding which had come from Government was specifically linked to those with a diagnosis.

It was clarified that support for families and carers was included in most areas of the strategy, although less so in the criminal justice area. There was still work to do on what each area would include. It was agreed that there should also be reference to the Carers Strategy.

When asked whether the strategy would be standalone or sit withing the HWB or ICS strategies it was explained that a strategic planning framework was being designed to ensure that all strategies were captured and similar areas of work would be identified to ensure they work together.

RESOLVED that The Health and Well-being Board:

- a) endorsed that an updated All Age Autism Strategy is produced (2023- 2026) across the Integrated Care System (ICS) footprint to reflect the partnership and strategic approach across Herefordshire and Worcestershire, with place-based elements;**
- b) endorsed the strong all age approach of the Autism Strategy;**
- c) ensured appropriate officers, with decision making responsibility, across all organisations, participate and engage in the workstreams to shape and design the recommendations within the new strategy; and**
- d) receive a further report at a future meeting of the Board as part of the sign off process for the Autism Strategy; and support its delivery by signing off the implementation plan.**

672 Herefordshire and Worcestershire Learning from Lives and Deaths - People with Learning Disability (LeDeR) Annual Report

Rachael Skinner, Deputy Chief Nursing Officer, explained that LeDeR was a national service improvement programme which retrospectively reviewed the deaths of people with a learning disability, and since January 2022 autistic people, to identify learning and inform system change. This was an annual update on a programme of work, which was in place to address health inequalities.

It was highlighted that there had been a good collective response to the COVID-19 pandemic, especially to those people with learning disabilities in care settings and the improving numbers of annual health checks had been a success. Unfortunately, there were concerns over the high rate of late stage

diagnosis of cancer and continued concerns around the importance of bowel health.

A three-year LeDeR strategy had been published targeting annual health checks, especially for younger people and with more work planned on mental capacity assessments. In future there would continue to be a push for vaccinations as respiratory problems continued to be the main cause of death in people with a learning disability.

In the following discussion it was clarified that the health checks carried out with people with a learning disability were different to those carried out for those in the general population and were much more involved. However, an annual check was not enough and it was important that healthcare was a multi-agency approach and the ICB needed to work to get messages such as bowel care out to the community. It was also clarified that some people with a learning disability were at greater risk of developing dementia but the rate of diagnosis was lower than was expected.

Board Members were pleased with the programme and felt it was showing its worth now information was being analysed and actions were being taken in response to concerns.

RESOLVED that the Health and Well-being Board:

- a) **noted the content of the Herefordshire and Worcestershire LeDeR Annual Report for 2021/22 including progress against 2021/22 priorities.**
- b) **noted the publication of a 3 Year LeDeR Strategy during 2022, priorities in progress during 2022/23 and existing arrangements for the quarterly reporting of progress against agreed priorities.**
- c) **noted the next steps, to include the priority areas of focus for the remainder of 2022/23 and 2023/24.**

673 Future Meeting Dates

Public meetings (All Tuesday at 2pm)

- 15 November 2022
- 14 February 2023
- 23 May 2023
- 26 September 2023
- 14 November 2023

Private Development meetings (All Tuesday at 2pm)

- 24 January 2023
- 28 March 2023
- 20 June 2023
- 18 July 2023
- 17 October 2023

The meeting ended at 3.55pm

Chairman