

Minutes of the Health and Wellbeing Board

Council Chamber, County Hall

Tuesday, 15 November 2022, 2.00 pm

Present:

Cllr Karen May (Chairman), Dr Sarah Raistrick (Vice Chairman), Liz Altay, Cllr Christopher Day, Cllr Lynn Denham, Kevin Dicks, Mark Fitton, Cllr Adrian Hardman, Cllr Nicky Martin, David Mehaffey, Cllr Andy Roberts, Tina Russell, Cllr Shirley Webb, Dr Jonathan Wells and Gary Woodman

Also attended:

Samantha Collison, Maria Hardy and Ruth Lemiech

674 Apologies and Substitutes

Apologies had been received from Simon Adams, Sarah Dugan, Jo Newton, Rebecca Love, Nyear Nazir, Jonathan Sutton and Simon Trickett

Jo Ringshall attended for Simon Adams, John Devapriam attended for Sarah Dugan and Jas Cartwright attended for Jo Newton.

675 Declarations of Interest

None

676 Public Participation

None

677 Confirmation of Minutes

The minutes of the meeting held on 27 September 2022 were agreed to be a correct record of the meeting and would be signed by the Chairman.

678 Appointment of Vice Chairman

The Chairman was pleased to confirm that Dr Sarah Raistrick had been appointed as the Vice Chairman of the Health and Wellbeing Board.

679 Children and Young People Strategic Partnership Update

Tina Russell gave an update from the Children and Young People's Strategic Partnership (CYPSP). The Health and Wellbeing Board had endorsed the refresh of the Children and Young Peoples plan in May 2022, which had been developed to fit within the overarching Health and Wellbeing Strategy.

At its last meeting the CYPSP focussed on the mid-year progress reports from its sub-groups. They were pleased to note progress had been made, and ensured that high level indicators were identified which were common across all the sub-groups. Each sub-group also had its own in-depth measures as well. It was noted that there were some capacity and technical challenges for health colleagues and although an action plan had been produced there were some questions regarding the pace of the impact of the plan on services, especially around Education, Health and Care Plans.

The CYPSP would continue to meet and would report back to the HWB next May. There was reassurance that there had been good multi-agency attendance and commitment at all the sub-groups, and plans were progressing.

Childhood immunisation rates were queried, and why there were no KPIs on the uptake of healthy start vouchers or 18-25 year olds with disabilities. It was clarified that those issues and KPIs were considered by other sub-groups; immunisations by the Health Protection Group and the Healthy Start Vouchers by the Early Help Partnership; and 18-25 year olds with disabilities were monitored under the All-age Disability Strategy. The 0-25 service was being developed with the first part being to bring together the Young Adults Team, the Children with Disabilities Team and the SEND Team. They would then develop their own Service Development Plan which would include KPIs. Currently the KPIs were within the SEND strategy.

It was mentioned that one of the Equality and Diversity Assessment options should have been selected.

The Chairman felt the report was good to highlight the Get Safe and Stay Safe agendas.

RESOLVED that the Health and Wellbeing Board:

- a) **Noted the progress of the development and delivery of the Children & Young People's Plan (CYPP)**
- b) **Noted the risk in service delivery raised by the Herefordshire & Worcestershire Health & Care NHS Trust (HWHCT)**
- c) **Noted the reported action to offset the risk and support delivery of the CYPP alongside the following agenda item and update from the Herefordshire and Worcestershire children and Young People Board**

680 Herefordshire and Worcestershire Children and Young People Board Update

Maria Hardy, the NHS Children, Young People and Maternity Lead, explained that the NHS worked in tandem with the Children and Young People's Strategic Partnership, and gave an update on the health related work which was happening.

The NHS Long Term Plan had some clear expectations to improve the health and wellbeing of children in response to the particular areas of diabetes, epilepsy, infant mortality, childhood obesity, urgent and emergency care and asthma. These were all areas which posed significant challenge across the UK. Locally two additional priorities had been added, which were Children with SEND, and mental and emotional good health and wellbeing. Two priorities reflected in the work of the CYPSP and Worcestershire Executive Committee (WEC) were infant mortality and child obesity.

The work around child obesity was highlighted. Worcestershire Children were in a slightly better position compared to the national average, although there was a slight data gap due to COVID. Nationally the trend was that children were getting heavier and more unhealthy. A one-year pilot, starting in early spring, The Family Coaching Service, would work with around 100 families (80% of which will be within Index of Multiple Deprivation 1 and 2 population). At the check for two and half year olds they would be offered additional support and get the opportunity to be paired with a trained buddy to look at their lifestyle choices. There would be a whole family approach to help them be healthy, well, and active. Health visitors would make the initial contact and then a dedicated Family Coaching team would provide support.

When asked about what could be done about vulnerable families who do not accept or welcome help, it was agreed that there was not a straightforward answer. Efforts would be taken to ensure the approach to the family was by someone who already had a trusted relationship with the family. As the pilot progressed, feedback would be sought from the families who were involved about the best methods of communication.

It was clarified that the focus was on prevention, so work was starting pre-pregnancy, to help Mothers maintain a healthy weight.

There was a concern from the Board that even if the pilot with 100 families was successful, whether it would be possible to scale up the work to cover the whole county. It was explained that there were opportunities to build mentoring into the existing workforce who already had a relationship with families in need. A whole system approach was needed, where this was just one element within an entire obesity strategy. It was also explained that often a small number of the population could take up a proportionally larger share of resources, so if a small number of vulnerable families were targeted the results could be significant. It was queried whether it would make sense to base the pilot within one District.

It was clarified that an equality and diversity impact assessment had been carried out for individual projects even though it was not recorded specifically to do with this report.

The Board felt that some of the waiting times for young people's services were shocking and there was no mention of the resources, either funding, staffing or training, that would be needed to improve the waiting times. It was acknowledged that there were currently significant challenges facing the children's community health services in Worcestershire. There had been a tremendous increase in demand post COVID. It was unclear whether the increase in demand would continue or be time limited. The challenges faced by the Health and Care Trust had been shared with the CYPSP. It was explained that the clinical prioritisation framework meant that those children with the most complex needs were seen first, but the data did not reflect that. Also, the electronic patient record system had not been available since August due to a national cyber-attack.

Reassurance was given that there was an improvement plan and mitigation in place around clinical prioritisation, and recruitment was underway to increase capacity, but there was not a quick solution as it was proving difficult to recruit health professionals. It was confirmed that the Children's Transformation programme was a high priority for the Health and Care Trust, led by an Executive Directors with Phase 2 starting in January 2023. Children with the highest needs were being prioritised and work was being carried out with partners.

It was clarified that priorities from a social care point of view were being considered as well as the clinical priorities, but Children with Education, Health and Care Plans were getting stuck in a backlog both in terms of assessments and for the provision of services following assessment. Parallel planning was on-going, looking at what can be done for children straight away, while at the same time working on longer term improvements to the system. It was felt to be positive that the clinical priorities as well as the social care priorities were being considered and it would be interesting to see how working together would impact the lives of children.

Following a request for more context around the figures, such as what were the wait times pre pandemic and how long children had to wait for follow up appointments, it was stated that the challenge was greater now than it ever had been. Each service was feeling pressure with the number of referrals and level of demand. The NHS was concerned about access to Children's community health care services. Different approaches were being brought in such as earlier intervention, professional developments, expanding the workforce, looking at the effectiveness of the current referral pathways and what was that the most effective way to meet need.

The Chair requested that WEC provide a report to the HWB around childhood therapies, accessibility and treatment plans.

RESOLVED that the Health and Wellbeing Board:

- a) Noted the development and delivery of the NHS Long Term Plan ;**

- b) **Noted the risk in service delivery raised by the Herefordshire & Worcestershire Health & Care NHS Trust [HWHCT]; and**
- c) **Noted the action being taken to offset the risk and support delivery of the NHS Long Term Plan**

681 Joint Strategic Needs Assessment (JSNA) Annual Summary

The production of the Joint Strategic Needs Assessment (JSNA) was a statutory duty of the HWB. The development of the Joint Local Health and Wellbeing Strategy had been led by the JSNA, and the Integrated Care Strategy would also be influenced by the JSNA.

Matt Fung presented the annual summary and explained that the format of the summary had been updated to make it more accessible. Members of the HWB were asked to study the parts of the JSNA which were relevant to their particular organisations and to use it in their own plans and strategies.

Various points were highlighted:

- It was known that the demographics were changing across the county, with an aging and growing population. The ethnicity data would be refreshed over the coming weeks with the publication of the 2021 census data.
- In general the population of Worcester was healthy, although there were pockets of inequality and poor health. It was known that the rising cost of living was likely to impact health and wellbeing, for example the 14.5% of people in Worcestershire in fuel poverty was likely to increase (national estimates were now at more than 50%).
- The effects of COVID still persisted.
- There were some health indicators which were performing poorly but many of those already had a strategy to address that.

Board members made the following comments:

- The Chair was interested in the statistic of healthy life expectancy and queried what could be done to improve that and in what timeframe. It was admitted that a lot of the strategies would take a long time to have an effect on people's healthy life expectancy.
- The piece of work was praised for being accessible.
- The charts were clear but there was a comment that after reading about the infant mortality figures where should you go to find the strategy that addresses the issue, and was the worsening figure a concern or do the figures fluctuate over time? It was explained that the job of the JSNA was to flag the figures to a wide audience. A deep dive investigation was going on to see what was behind the figures, but they were sensitive to small changes and to a wide range of factors. When the deep dive had been concluded and a strategy created, it would come back to the HWB.

- Journey time to key services was listed as 19.8 minutes. It was explained that the average time came from modelled information so if things had changed the journey time could have deteriorated.
- It was commented upon, that areas of deprivation in Worcestershire were similar to previous years, without reporting any change. It was hoped that there would be some change with the emergence of the Integrated Care System. It was not just about ensuring that new resources were targeted towards deprived areas but about moving existing resources and levelling up in whatever way was possible.
- More detailed information would be available at district level once the updated census information was available. Also, the Worcestershire Insights Website provided information at district level. It was acknowledged that this tool provided useful data and it would be interesting to see how the data could be used to influence local strategic plans.
- It was queried whether the cost of living crisis could be used as an opportunity to help people give up smoking, although there was a concern that people would turn to illicit sources of tobacco, which would then become a trading standards issue. The Youth Parliament felt that smoking among young people was at a low level, but that vaping was increasing. This posed the question over whether vaping should be seen as a solution for older people and a threat for younger people as it could be a gateway drug to move into smoking. It was mentioned that emerging research was suggesting that vaping could cause harm, as well as having the potential to lead to smoking tobacco. The benefits were not so clear cut as it once appeared. There was a concern that with the cost of living crisis, that smokers would not choose to give up cigarettes but would choose to give up food. It was therefore important to get the communication strategy right to explain that a way of coping with the cost of living crisis was to give up cigarettes, and Partners needed to talk seriously about how to get that message across.
- The JSNA Chapter headings were thought to be positive as they referred to the wider determinants of health and wellbeing, rather than just having health issues.
- The Board sought reassurance that there was a plan in place and that each of the headings were being looked at, while at the same time accepting that it was a collaborative approach involving all partners. The Chair responded that she saw this information as being passed to the District Collaboratives who should be supported in taking forward the action plans. The challenge to this was that although the District Collaboratives were capable of taking action, the ICS was required to change its thinking and rather than focussing on organisational boundaries, focussing on the person, along with providing increased resources. A representative from the ICB clarified that the ICS was everyone, not just the ICB and Health Partners. It would be the role of the Integrated Care Strategy to make the money follow the need and allocate the resources according to need rather than to organisations. The ICB now had a statutory duty to tackle health inequalities which the CCGs had not had.

Conversation took place around the important role of the District Collaboratives driving action, with 'Place' leading rather than 'top down'. The Chair reiterated that there was no hierarchy in the Integrated Care System. That District Collaboratives should access the data and work with the ICB on how issues could be addressed. There were further discussions around focussed investment and health inequalities.

RESOLVED that the Health and Wellbeing Board (HWB) noted the content of the Joint Strategic Needs Assessment (JSNA), including:

- a) **Emerging focus indicators and needs of Worcestershire's population; and**
- b) **Key themes:**
 - **Widening inequalities**
 - **Ageing population**
 - **Pressure on health services**
 - **Mental health and wellbeing**
 - **[Worcestershire Insights Tool](#) data platform**

682 Worcestershire Executive Committee (WEC) Update

Ruth Lemiech introduced the report on the Worcestershire Executive Committee (WEC). She started by clarifying that when PCNs were talked about, it meant GPs and the work they were doing at scale with other practices. In Worcestershire the concept of the District Collaboratives had been developed which was PCNs working with District Councils, the voluntary sector and a range of other partners.

The WEC supported the work of the HWB. It had a focus on integration of health and care, and working with partners to deliver tangible improvements. The report gave details of social prescribing which did not consider the medical route but looked holistically. The work of the District Collaboratives was mentioned and information on that flows up to the HWB through the Being Well Strategic Group and the emphasis should be greater power and resources to direct towards the causes of ill health at a local level and responding to the JSNA.

The alignment to the HWB priorities were emphasised.

In response to a query it was explained that countywide cells such as the Worcestershire Intelligence Cell was when analysts work together across organisations rather than just for their own organisation. There were also engagement cells, and a communications cell.

RESOLVED that the Health and Wellbeing Board noted progress in the creation of place-based leadership, through the Worcestershire Executive Committee (WEC), for key elements of the Integrated Care System.

683 Integrated Care Strategy Update

David Mehaffey gave a brief update on the Integrated Care Partnership (ICP). The ICP had considered the summary information from the JSNA and all the existing consultation work was being reviewed, so that it was clear what all partners were doing. Existing strategies were being mapped so that it would be known if there were already things in place contributing to improving population health outcomes and reducing inequalities.

An initial high level draft of the Integrated Care Strategy was hoped to be produced in mid December, with further work continuing over the coming months. It was hoped to re-publish in April, along with the Joint Forward Plan which was the NHS's contribution to the delivery of the ICS. The HWB was likely to have a role in approving or reviewing the Joint forward plan.

RESOLVED that the Health and Well-being Board noted progress on the development of the Integrated Care Strategy for Herefordshire and Worcestershire which has close links to the Worcestershire Health and Wellbeing Strategy.

684 Future Meeting Dates

Meeting dates for 2023 were:

Public meetings (All Tuesday at 2pm)

- 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 3.50 pm

Chairman