

Minutes of the Health and Wellbeing Board

Council Chamber, County Hall

Tuesday, 14 February 2023, 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, Cllr Adrian Hardman, David Mehaffey, Jo Newton, Cllr Andy Roberts, Jonathan Sutton and Gary Woodman

Also attended:

Andrew Boote, Mrs C Cumino, Jenny Dalloway, Dr Lisa McNally, Dr Tanya Richardson and Richard Stocks.

685 Apologies and Substitutes

Apologies for absence had been received from Sarah Dugan, Superintendent Rebecca Love, Tina Russell, Simon Trickett and Cllr Shirley Webb.

Sue Harris attended for Sarah Dugan.

686 Declarations of Interest

None

687 Public Participation

None

688 Confirmation of Minutes

The minutes of the last meeting held on 15 November 2022, were agreed to be an accurate record of the meeting and were signed by the Chairman.

689 Worcestershire Drug and Alcohol Strategy

Andy Boote, Senior Public Health Practitioner summarised the recommendations of 2021 Dame Carole Black review of the national drug and alcohol system. Worcestershire had reviewed its system and developed a new

local strategy through the Substance Misuse Oversight Group (SMOG). It was also noted that Local Combatting Drugs Partnerships were mandated, with Worcestershire being part of the West Mercia Area.

Board members had a number of queries and comments:

- It was reiterated that a whole system approach was required to deliver the Strategy, with District Councils in particular having a role in 'recovery' for example, people required support in the community, safe and secure accommodation, or practical help to get back into work,
- The representative from Healthwatch suggested more work needed to be done around health inequalities and helping people with co-existing mental health and substance misuse problems, and that services needed to be wrapped around the patient. It was agreed that services needed to work together with a policy of 'no wrong door'. A Memorandum of Understanding encouraged working between Cranstoun and the Health and Care Trust, but further work was required,
- It was explained that the Strategy was not a statutory requirement meaning no formal consultation was required, but it had been produced with the co-operation of partners across the system. Each of the organisations on SMOG would collectively work towards delivery and different organisations would be responsible for their own areas of the action plan. With regards to funding, the Strategy was aligned to From Harm to Hope and the County Council had received funding through the Supplemental Substance Misuse Recovery Grant of £1million this year and £1.7 million next year. Funding was also available through the Rough Sleeper, Drug and Alcohol Grant for Worcester City,
- The Public Health Ring Fenced Grant allocated around £4million to substance misuse,
- Members recognised the Health and Wellbeing Board's role combatting the issues which contribute to substance misuse such as poverty, childhood adversity, poor education or housing. It was agreed that such prevention work and tackling the wider determinants of health was an aim for the organisations represented and central to the Joint Health and Wellbeing Strategy (JLHWS).
- The representative from the Acute Trust clarified that numbers admitted to hospital were mentioned in the report which was different to the number of attendances at hospital which was considerably higher. They also asked to be informed if they could help with signposting people to the correct services.
- It was confirmed that housing issues were being considered with a housing representative having a seat on SMOG, and links to other strategies such as Rough Sleeping were important.
- The Chair of the Strategic Housing Board felt it would be beneficial for Registered Social Landlords to have more input into the Strategy and invited attendance at one of their meetings.
- It was explained that Worcestershire Children First's Family Safeguarding Team and Cranstoun's Family Service both supported family members affected by drugs and alcohol, and the role of the Strategy was to review the accessibility and effectiveness of those services.

- A couple of amendments were suggested to the strategy document; firstly, for each commitment in the strategy the top two most important points should be listed first rather than having too long a list which would not be achievable, and secondly within Priority 4, Recovery commitment 3, the word 'expand' should be used rather than explore when talking about opportunities.

The next few SMOG meetings would look at action plans and then an update could be brought back to the HWB.

RESOLVED that the Health and Wellbeing Board:

- a) **noted the development of the Worcestershire Drug and Alcohol Strategy and the implications of wider system development; and**
- b) **considered how the Health and Wellbeing Board might support the successful implementation of the Worcestershire Drug and Alcohol Strategy.**

690 Mental Health Integrated Care System Update

Jenny Dalloway, Programme Director for Mental Health, Learning Disabilities and Autism for the Integrated Care Board (ICB), gave an update on Mental Health Services and its three key enablers in the County; the Herefordshire and Worcestershire Mental Health and Wellbeing Strategy, the NHS Long Term Plan and the Worcestershire JLHWS.

The Herefordshire and Worcestershire Mental Health Collaborative was responsible for the delivery of mental health services on behalf of the ICB and worked by bringing partners, such as NHS, social care, the Voluntary and Community Sector (VCSE) and Police, together. There was now a greater level of trust between partners and conversations were taking place about priorities for the next year. Three areas identified for further work were early intervention, children and young people and the physical health needs of people with mental ill health.

Person centred services was a critical pillar in the Strategy and how services worked around the needs of the individual. Another key element was how to support early intervention. There was close working with the Primary Care Networks and VCSE partners to look at alternative provision.

Some areas of delivery were positive, but there were challenges in supporting people with dementia, enabling timely diagnosis and access to support, as well as a workforce challenge. There had also been some concern over the provision of urgent care and how people can access that service. A 24 helpline was established during COVID, and after reviewing that service and having an understanding of the experience of the people using that service, conversations with partners would be taking place about the range of services offered, and how they work together.

Sue Harris explained that there was a breadth of services under the banner of mental health. The Improving Access to Psychological Therapies programme was looking at lengthy wait times with a lot of the problems being related to workforce, with trainee programmes not keeping pace with increased targets. Work was being done on getting earlier help to people and the VCSE was providing early capacity and support to people waiting. The Community Mental Health Transformation Programme was working with Primary Care Networks, Adult Social Care and the VCSE addressing workforce challenges in Redditch and Worcester City and new roles were being built and fast tracked to increase capacity.

A quality improvement programme had been put in place to address the concerns about Hillcrest Ward in Redditch, with bed numbers being reduced to enable the workforce to be stabilised.

Many of the issues around mental ill health were connected to the determinants of health, such as housing, work, friendships, and statutory services need to respond in a timely way to focus on prevention.

The Now We're Talking campaign brought together resources from across the county with housing providers, VCSE and others, to ensure that people were being signposted to the correct services. A portal had been launched to allow training to give details of what open access services were available.

Board members made the following comments:

- The Cabinet Member for Children and Families appreciated that mental health issues were a major determinant of young people ending up in care and following the effects of COVID young people had suffered with increased mental ill health. He wondered whether preventative work could be done, to help reduce the numbers of young parents with mental ill health. The Interim Director of Public Health explained that Public Health was anticipating increased need and services were being provided in pregnancy and within parenting groups.
- The Healthwatch representative appreciated that representatives for the Health and Care Trust and the Acute Trust had attended a Healthwatch Board Meeting to answer concerns about mental health services in the county.
- It was explained that tier 4 beds for young people, previously commissioned by NHS England, were now dealt with by a West Midlands Provider Collaborative. Discussions were ongoing regarding how there could be greater community access to those beds, although during the past six months Worcestershire children had not been placed outside the West Midlands.
- Members queried access to Mental Health support in schools. In response it was explained that there needed to be specific clinical provision for work in schools, which was a new workforce and training took 12 months. At present around 50% of schools had access. Some Public Health support was available where the clinical provision was not yet established.
- NHS Talking Therapies were training staff, but the number of training places were constrained.

As a general point it was asked what help system partners could give, and it was suggested that future agenda reports should give some indication about what help the authors were suggesting or requesting from the Board.

A future report would return to the Board and could include key asks, workforce capacity and other details such as how successful the Employment Support Service had been.

RESOLVED that the Health and Wellbeing Board:

- a) **Noted progress in delivery of the Integrated Care System (ICS) Mental Health and Wellbeing Strategy 2022-26.**
- b) **Noted progress in delivering the NHS Long Term Plan requirements.**

691 Being Well Strategic Group Update

Dr Tanya Richardson stated that the focus of the Joint Local Health and Wellbeing Strategy for the next 10 years was good mental health and wellbeing, particularly looking at inequalities and prevention, and that it would be coordinated by the Being Well Strategic Group (BWSG). The ambition for the BWSG was for it to become the engine room, linking the District Collaboratives and engaging with local communities to deliver the JLHWS.

The first-year action plan would be developed quickly by the BWSG, followed by a three-year plan, and information on what progress had been made would be brought back to the Board later in the year.

In response to a query, it was confirmed that the membership of the BWSG was being reviewed to ensure that the right members from the District Collaboratives could contribute.

RESOLVED that the Health and Wellbeing Board noted the contents of this update, specifically the role and ongoing activity of the Being Well Strategic Group (BWSG) in supporting the delivery of the Joint Local Health and Wellbeing Strategy (JLHWS).

692 Voluntary, Community and Social Enterprise Alliance Update

Carole Cumino gave an update on the development of the Worcestershire VCSE Alliance. The County Council was thanked for providing funding which had enabled a Strategic Lead post to be appointed, along with some funding from the NHS, and a new Chair, Roger Britten, had just been appointed. The VCSE was a key player in integrated health and care but was relatively uncoordinated, so the Alliance aimed to coordinate delivery

and would begin by concentrating on appropriate representation at boards and committees across the Worcestershire system. It was noted that more work needed to be done to ensure that Trustees of Charities knew about District Collaboratives

It was felt that a strength of the VCSE was not just providing services, but by encouraging action through community empowerment, working together through District Collaboratives. It was suggested that further consideration could be given to behavioural change, enabling people to make changes at crucial points in their life, for which the connection to local services and work of the District Collaboratives and VCSE Alliance was key.

RESOLVED that the Health and Wellbeing Board noted:

- a) progress on the development of a new Worcestershire Voluntary and Community Sector Alliance in line with national requirements; and**
- b) collaborative working with Integrated Care System (ICS) partners in Worcestershire.**

693 Worcestershire Safer Communities Board

Liz Altay gave an update on the Safer Communities Board (SCB), noting the connection to the JLHWS focus on wider determinants with impact on homes, communities and places. All the representatives on the SCB were from responsible authorities. The SCB had various subgroups:

- Worcestershire Domestic Abuse Partnership Board, with a new Domestic Abuse Strategy being implemented, with a new Sanctuary Scheme allowing victims to stay at home;
- Worcestershire Prevent Strategy Group, fulfilling the duties in the Counter Terrorism Act;
- The Protect Group which fulfilled the new Protect duties around the safety of public buildings;
- The Worcestershire Substance Misuse Oversight Group; and
- Worcestershire Reducing Reoffending Group.

Areas of development included a new Serious Violence duty, which would require a needs assessment and a strategy by early next year. National success measures would be a reduction in hospital admissions for assaults with a knife.

A full partnership response to sexual violence was also coming up, organised through the new West Mercia Sexual Abuse Strategy Board.

At District Level the SCB was supported by the Community Safety Partnerships.

For the Prevent work it was queried whether resources should be focussed at a particular area and expanding the work across further education, to which the Interim Director of Public Health committed to feedback to the report author.

Board Members were concerned at the number of unpublished domestic homicide reviews and asked for their concern to be passed on.

RESOLVED that the Health and Wellbeing Board:

- a) noted the content of the report, aimed at highlighting the role of the Worcestershire Safer Communities Board (SCB), updating on current activity and key areas of focus for all partners; and
- b) continued to support the work of the SCB, both collectively and as individual agencies and Responsible Authorities.

694 Worcestershire Integrated Commissioning Executive Officers Group (ICEOG) Update

An update was received on the jointly commissioned services delivered through the Section 75 agreements (s75) and overseen by ICEOG which were valued at £137 million, of which £59 million went through the Better Care Fund (BCF).

There had been an overspend on the mental health placements budget which had increased by 25% compared to last year.

There was a new National Urgent Care Strategy which required joined up working to make best use of revenue funding. Further conversations would be required to develop a strategic approach allowing health and social care to work together.

The Government continued to encourage health and social care services to work more closely together in an integrated way. £500million Winter Pressures money was given nationally, and delivered through Herefordshire and Worcestershire ICB, and to Adult Social Care. When a national amount was given, Worcestershire County Council received around 1%. A recent additional £200 million had been given to the ICB for hospital discharge. Both organisations remained committed to using s75 funding for joint commissioning and improving urgent care and hospital discharge.

Queries were raised around children with disabilities. There appeared to be a great deal of need, as such it was commented that four hours of a community paediatrician did not seem very much, and with regard to school readiness why had the nursery provision for children with special educational needs been closed? It was also queried how long the waiting list for assessment for special educational needs was, particularly with regard to preschool children. It was agreed that these queries could not be answered at the meeting so would be dealt with afterwards.

RESOLVED that the Health and Wellbeing Board noted the contents of the report.

695 2022/23 Better Care Fund (BCF) P8 Budget Monitoring

Mark Fitton updated the Board on the BCF. There was a requirement for the Board to sign off the plans but information regarding the fund was likely to be received late so a virtual sign off, between Board meetings, may be required.

Richard Stocks reported that the value of the BCF was £69.5 million for 2022/23. The fund included the Disabled Facilities Capital Grant which was distributed to District Councils according to a national funding formula. The forecast was for a £1,727m overspend which was largely due to an increase in demand for Pathway 1 services to get people with some care needs home from hospital.

Board members asked what opportunity they would get to challenge the spend on the BCF and requested that more details of the overspend be provided. The Chair agreed a meeting could take place offline. It was also asked what the system could do to help, and it was explained that some work was being carried out in this area by the Onward Care Team and in time the work of the District Collaboratives would also contribute.

RESOLVED that the Health and Wellbeing Board noted the 2022/2023 Period 8 Better Care Fund Budget monitoring position, in line with national requirements.

696 Annual Report of the Herefordshire and Worcestershire Child Death Overview Panel

Liz Altay explained that the Child Death Overview Panel looked at the deaths within Herefordshire and Worcestershire and fortunately numbers of deaths were low, and out of 43 deaths, 57% were expected. Reviews were undertaken to see if there were any themes, what modifiable factors could be identified and to see if any actions needed to be taken. Four priorities were identified, prematurity, smoking, neo-natal care and complexity in family situations.

RESOLVED that the Health and Wellbeing Board:

- a) **Received the 2021-2022 Herefordshire and Worcestershire Child Death Overview Panel Annual Report noting the numbers and patterns of child deaths reviewed and the thematic learning to prevent future deaths; and**
- b) **Supported the continued prioritisation of the system priorities of CDOP.**

697 Future Meeting Dates

Public meetings (All Tuesday at 2pm)

- 23 May 2023
- 26 September 2023
- 14 November 2023

Private Development meetings (All Tuesday at 2pm)

- 25 April 2023
- 20 June 2023
- 18 July 2023
- 17 October 2023

The meeting ended at 4.10pm

Chairman