

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 29 September 2022 at 2.00 pm in Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Councillors A D McClements (Chair), S Dillon, I T W Fletcher, K Middleton, L Noakes, A Olver and J Rowe

In Attendance: L Gordon (Democracy Officer (Scrutiny)), L Jones and J Clarke (Senior Democracy Officer (Democracy))

Apologies: Councillors J Britton, A J Burford, Dunn, Dymond, B Parnaby, S A W Reynolds, K T Tomlinson and Whitehouse

HWB58 Declarations of Interest

None.

HWB59 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 22 June 2022 be confirmed and signed by the Chair.

HWB60 Public Speaking

A member of the public attended at the meeting to share real life experiences of Disassociative Identity Disorder (DID) and the condition's impact on mental health.

The Chair gave her thanks for the sharing of the experience and bringing the disorder forward for discussion.

HWB61 Telford & Wrekin Mental Health Update

The Board received an update of the work being undertaken across Telford and Wrekin Council to improve and support the emotional wellbeing and mental health of local residents.

The report was divided into three sections:

- Adult Mental Health
- Suicide Prevention
- Year of Wellbeing

Also captured were the issues experienced in the last twelve months in relation to covid and the impact on residents and NHS services.

Opportunities had come forward following covid and being required to work in a different way ie improvements with technology together with new ways of working and opportunities for funding. A rough sleepers' taskforce had been set up to help and support those in need. Funding had been received for NHS Calm Cafes which were now operating six days per week with the most recent being opened to support with drugs and alcohol misuse and was open on a Friday evening and Saturday afternoon. Partnership working was proving successful particularly with wrap around support for rough sleeping or temporary accommodation. This built trust and gave connection to required services. New products to assist with the discharge out of A&E, connectivity to daytime services, recovery focussed services, mental health impact assessments were being explored. The previous twelve months had highlighted health and inequalities among black residents who were reluctant to engage. It was the plan for Telford and Wrekin to provide mental health accommodation for rehab purposes for those with complex mental health needs. In relation to Project Hope and suicide prevention, this had been rescheduled due to the passing of the Queen. Its theme would be around connecting the risks of rough sleeping and the risk of suicide. There would also be work around suicide prevention in real time together with a surveillance programme and post prevention.

The Year of Wellbeing was a well-received programme but not exclusively around mental health. The pledges had an impact on emotional health and wellbeing. Next year it was planned to roll this out to children and young people.

The Chair asked in relation to the Year of Wellbeing whether BAME were not feeding in to the pledges.

It was confirmed that there were a slightly lower proportion of BAME community groups but this was being looked at via health inequalities and understanding their needs. The report was in an early stage and a report would be brought back to the Board.

Some Board Members felt that the benefits could be seen on a daily basis and there had been good communication around the Year of Wellbeing. The update had summarised the changes taking place and the work that had been undertaken in the last year to assist and engaged in particular with the NHS winter funding programmes and the working relationships with third sector parties.

It was asked whether the mental health of children, particularly those in care was being considered, together with the adverse effect it had on children.

It was confirmed that the report primarily dealt with mental health in adults but children's mental health had been equally covered. A lot of work had been undertaken in respect of the whole model family safeguarding and supporting children which had been commissioned by NHS colleagues and it was hoped to reach as many children as possible.

The Chair suggested that a children's health report be brought to the Board.

RESOLVED – that the updates provided on all programmes of work be noted.

HWB62 Telford & Wrekin Integrated Place Partnership (TWIPP) Delivery Assurance Update

The Board received an update on the Telford & Wrekin Integrated Place Partnership (TWIPP) which championed the needs of residents.

A community centred and person centred approach was in place and the TWIPP met on a monthly basis to discuss public health of both adults and children, employment needs and infrastructure in line with the HWB strategy.

Governance arrangements were in place in relation to the HWB and Integrated Care Board to support the work being undertaken around delivery partnerships, mental health and BCF. A new work stream in relation to the best start in life had been created which would make a difference to children and young people in the Borough.

There were key relationships with the wider partnerships who were developing the “right place, right time” with people being at the heart of the principles and intelligence being used to focussed on prevention. A conference, led by experts, would take place in November 2022.

During the last few months TWIPP had been reviewing its priorities in order to ensure they were fit for purpose and reflected the needs of the population with the following draft priorities being drawn up from intelligence from local residents:

- Population health
- Prevention and early intervention
- Integrated response to inequality
- Working together stronger
- Primary care and its current challenges
- Workforce

It was suggested that an update be brought back to the Board in November or early in the New Year.

During the discussion it was suggested that mental health and wellbeing have its own priority. It was further suggested that an update was presented to the Board in January 2023.

The Board were advised that the mental health partnership had this as a priority within the delivery partnership and following these discussions they would consider if this changed the priority.

HWB63 Better Care Fund update

The Board received an update on the Better Care Fund (BCF) which asked that the Board give approval to the Plan for submission the current year and delegated authority to sign future plans as the sequencing of the Board meetings did not coincide with the sign off of the Plan. It gave an overview of the Better Care Fund Submission and set out the programme and resources and the key issues around working in an integrated way and they key principle which was a person centred approach in order to improve outcomes.

The Better Care Fund was now in its ninth year and it looked at how to work locally together to use the existing monies and grants and looked for ideas how to use the funds to relate to specific services and schemes and how they could link to a whole range of preventative services and public health services.

A template of income and expenditure was used for the submission process and a two year winter plan drawn up showing demand and capacity modelling which was also part of the winter plan. The template included funding for NHS, social care, hospital services, BCF funding and facilities grants.

The plan had set out an integrated, person centred approach and presented how the BCF would work with the TWIPP, local care and urgent care. It also highlighted how people could live well in Telford & Wrekin and focussed on supporting neighbourhood working, specialist community teams and the redesign in relation to IDT and the flow in and out of the hospital.

Policy guidance had been issued in relation to condition 4 which had two themes being staying well and safe at home for longer and the right are in the right place at the right time. This had been considered and there was currently a pilot scheme ongoing in order to share learning.

The key focus of the BCF continued to be a range of services in relation to care and support, support and advice for working, crisis response and moving and handling assessments for carers.

An external review had taken place in relation to the Disabled Facilities Grant (DFG) and Housing Related Support (HRS) which had been complimentary on its flexibility and creative solutions and how people live well at home.

A line by line review of expenditure had taken place and the Board could be confident in the narrative plan.

During the discussion it was suggested that an area of focus could be on supporting unpaid carers and if a booklet could be produced for those who needed support. In relation to resources, although these were spent well, the funding received was the lowest in the region and it was suggested that representations were made for increased funding.

It was confirmed that there was a carer centre and live well platform which gave general and more specific information and a carer's guide would be

circulated periodically. Part of the discharge process was to routinely ask family if they were able to support and a carer's assessment should be undertaken.

Upon being put to the vote it was:

RESOLVED – that:

- a) the Better Care Fund Programme for 2022/23 be approved; and
- b) delegated authority be given to the Chair of the Health and Wellbeing Board to approve future plans on behalf of the Board.

HWB64 Winter Preparedness Update

The Board received a presentation in relation to the winter plan and the system approach to how work would be undertaken during the demands of the winter season. Engagement had taken place with partners to bring together a robust plan using different sources of intelligence. This would focus on demand and capacity modelling and information held across the social care partnership in order to be in the best position. It was proposed this would be an annual cycle/process which would be implemented from October with implementation being undertaken between now and March. Evidence would be gathered and liaison with partners in April/May 2023 and then in June 2023 the plan would be reassessed. The Plan had been approved by the CEOs of the Integrated Care Board (ICB) at a meeting held on 28 September 2022. Tracking and monitoring of the plan would take place and mitigation measures/adjustments made where necessary.

Key elements of the plan were historic trends, flu and covid demands, length of stay in beds and the impact of bed usage, MMFD and the discharge at the point of medical intervention, elective demand and interplay between urgent and planned care and the impact of demand during winter. A reconfiguration of part of the hospital had allowed for extra bed capacity and there was a special entrance for ambulance patients.

A conservative position of 50% in relation to the usage of virtual beds had been used and it needed to be considered what the ratio of the virtual beds meant in actual bed terms.

In relation to flu, covid and infectious diseases, this was a constantly moving picture and would be re-visited as intelligence became available. There was no national modelling in relation to this and work was being undertaken with public health colleagues in order to look at disease outbreaks and their impact.

The next steps would be to undertake additional work on the surge plan and what could be done in order to address a shortage of beds and the most likely scenarios. Some difficult decisions and robust conversations would take

place with partners in order to re-direct or gain capacity and this would be finalised by mid- October.

Looking at primary care, it was hoped to bring online some extended access to appointments within primary care during the winter months and expanding the rapid response service to two hours in relation to emergency care. Enhanced therapy support would be offered outside the setting of the acute trust.

Six additional spaces had been within the hospital setting had been created in order to bring people off ambulances before being headed over to acute care in order to get ambulances back out into the community.

In relation to acute and reablement beds, an enhanced community capacity be provided to allow patient flow out of hospitals and into a more appropriate setting.

During the debate some members of the Board raised concerns regarding recruitment of staff and what action had been taken to mitigate against this, how the virtual beds would be monitored and any progress to date, the progress on staffing levels and their training in relation to virtual beds.

It was confirmed that workforce issues were a concern across all partners locally and a wider piece of work was being undertaken beyond the winter plan. The work factored in absence and sickness rates and annual leave and would be revisited in respect of flu and infectious diseases. It was also part of the work of the urgent care delivery board and would be monitored and mitigation actions taken where necessary. The cost of living crisis would also be part of the discussions. In relation to virtual beds, advice from experts and consultants had been sought and the current model would be implemented for the winter and would be closely managed by the community trust and included staff levels and the skill set.

Due to the increasing demand across every service and a surge response being a big issue it was suggested that the issue of virtual beds be discussed at the next meeting of the Board.

A campaign in relation to getting a vaccination would be publicised.

HWB65 JSNA and Census Update

The Board received an update on the JSNA and Census.

There was a statutory duty for the JSNA to develop going forward.

With regard to the Census, this was last undertaken in 2019 and a demonstration of the key points of the recent census were provided together with how the data would be published on the Council's website going forward. Telford & Wrekin were the fastest growing Council in the West Midlands

between 2011 and 2021 and the 21st biggest growing Town in England. There was a 35.7% growth in the older population and the top fastest growing population in the west midlands and the second highest in the whole of England.

The change in the population had an impact on the health element. Partner data and additional information would be added when available. This aligned with the living well strategy indicators with challenging issues in red and good indicators marked green. It was now possible to look at individual wards and their current issue, life expectancy and population growth and age projections.

Any messages that were learnt from the new information would be presented to the Board.

During the discussion some members of the Board felt that the information was stark when it is set out on the screen and that Telford was seen as a young town. More help and support was needed for the aging population and health inequalities and that needed to be brought to the fore in relation to health inequalities. It was asked when the information would be available and if it was in printable format.

It was confirmed that the link would be circulated imminently as soon as it was live and that it would be circulated to Councillors and that information could be printed from the website.

RESOLVED – that:

- a) **the launch of new JSNA products and website be noted;**
- b) **HWB members access the new JSNA website (via email link sent to members after the meeting) and provide comments and feedback;**
- c) **the HWB note the headlines from the Census 2021 and the proposal for updating on future headlines; and**
- d) **the HWB agree to receive regular JSNA updates.**

HWB66 Health & Wellbeing Strategy Refresh Proposals

The Board received an update on the Health & Wellbeing Strategy refresh and the inequality plan one year on. to covid health protection.

The mental health inequality plan had delivered thirty five projects including the ACCI calm cafes and had worked with the BAME community in order to deliver on inequalities.

The Board were presented with a brief overview of the strategy which had been approved in February 2022 and reset in June 2022 in relation covid health protection.

The approach was a light touch refresh of the priorities which was intelligence led around the JSNA and highlighted the population health and looked to improve health inequality and looked into lifestyle, behaviours and integrated care. More ambitious proposals were in relation to children and young people and the best start in life, being happier and independent for longer and this connected into safe and sustainable communities. The framework of inequalities aligned with the new proposals and the residents' survey and engagement, together with JSNA intelligence helped set the priorities of health prevention.

Start well, live well, age well was proposed based on intelligence through the wider partnership with TWIPP and a plan would be brought before the Board with a detailed plan, narrative, summary date and context. This would be through an intelligence led workforce, development sustainability and the resource assets and funding. There would be an emphasis on the cost of living around inequality but much wider and more significant.

During the discussion some Board members felt the cost of living work was vital and the impact of it was so great there should be a stand-alone report, this could also feed into the cost of living work and involve lobbying the government in relation to the impact of the cost of living on health and wellbeing. It was also suggested that Telford & Wrekin become a "Marmot" Borough as this underpinned health inequalities together with the impact of covid and Councils were signing up to this set of principles. An update report on the elements of "becoming Marmot" would be welcomed, together with a cost of living report.

It was confirmed that a report would be brought back to the Board towards the end of next year. Engagement would also take place and proposals brought back in relation of population health and integration.

RESOLVED – that:

- a) **the proposed refreshed priorities for the Health & Wellbeing Strategy be agreed and the timeline for consultation be approved; and**
- b) **the progress made in the first year of the inequalities plan be acknowledged**

HWB67 ICB/ICP Update: Governance and Links to Other Boards

The Chair informed the Board that this item had been deferred.

HWB68 Delivering Supported & Specialist Accommodation

The Board received a verbal report on the challenge of getting greater specialist accommodation with the demographic change of people living longer. Work was taking place across the Council in relation to a whole range

of vulnerable groups including adults and children's services and homeless services.

Housing strategy objectives were to provide the best use of homes and sustainable and accessible housing for vulnerable residents. A specialist and supported housing strategy had been formally launched which looked at client routes, adapted general need and the increase on demand in order to keep people at home. This would ensure the right accommodation was delivered to bring the best results in relation to outcomes and costs.

Information had been gathered across a number of partners during the last 12-18 months considering the need for demand, coordinating and shaping the market long terms and to provide accommodation and data all in one place. This had provided clarity and supported the Specialist Homes for All document which supported planning and building standards, location, design and site standards and it worked closely with landlords to increase accommodation put forward. This included NuPlace and the Council's registered providers. It also provided accommodation and support for homeless and rough sleepers. Due to the large no of units provided by extra care facilities, the Council were on target with what the Borough required in relation to special and supported schemes and it provided a wider offer for older residents. It provided accessible and adapted accommodation with the support required and could provide highly adapted and bespoke living helping more vulnerable people.

The Council were working closely with adult social care converting buildings to supported living units with landscaped gardens meaning self-contained units were a better solution. This included an extra care dementia hub and two properties for rough sleepers giving wrap around care and support from a number of agencies.

The next steps were to work together to help coordinate collective needs and demands and use it to shape and drive the market, access funding and help bring forward the PIP fund as well as supported accommodation and housing for bariatric users. This would be explored further to meet demand. Other areas of work was to help support services for living independently and to help people stay at home for longer with disabled facilities grants and bespoke accommodation requirements.

A survey of older people's accommodation was linked to the survey together with foster care accommodation and an increase in foster care placements. A shared strategy for health and social care was being developed with an understanding of the requirements across the Borough in order to repurpose or better use accommodation.

During the discussion it was suggested that the third party volunteer sector were keen to contribute. It was suggested that over 65s may want to downsize their accommodation but there is nothing suitable in the locality so have to move away and asked if something could be integrated into any new developments a provision for the older population.

The meeting ended at 4.17 pm

Chairman:

Date: Thursday 24 November 2022