

# Health and Wellbeing Board

Date: Tuesday 15 September 2020  
Time: 1.30 pm  
Venue: Microsoft Teams

## Membership

Councillor Les Caborn (Chair)  
Councillor Jeff Morgan  
Councillor Dave Parsons  
Councillor Isobel Seccombe OBE  
Councillor Jo Barker  
Councillor Sally Bragg  
Councillor Judy Falp  
Councillor Marian Humphreys  
Councillor Neil Phillips

Items on the agenda: -

**(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 6 May and Matters Arising**

3 - 16

The Minutes of the Health and Wellbeing Board held on 6 May 2020 were approved.

**Monica Fogarty**  
Chief Executive  
Warwickshire County Council  
Shire Hall, Warwick

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# Health and Wellbeing Board

Tuesday, 15 September 2020

## Minutes

### Attendance

#### Warwickshire County Council

Councillor Les Caborn (Chair)

Councillor Jeff Morgan

Shade Agboola, Director of Public Health

Nigel Minns, Strategic Director for People Directorate

#### Clinical Commissioning Groups (CCGs)

Sharon Beamish, Warwickshire North CCG

David Spraggett, South Warwickshire CCG

#### Provider Trusts

Russell Hardy South Warwickshire Foundation Trust and George Eliot Hospital Trust

Dame Stella Manzie DBE, University Hospitals Coventry and Warwickshire (UHCW)

Dianne Whitfield, Coventry and Warwickshire Partnership Trust (CWPT)

#### Healthwatch Warwickshire (HWW)

Elizabeth Hancock

#### Borough/District Councillors

Councillor Sally Bragg, Rugby Borough Council

Councillor Judy Falp, Warwick District Council

Councillor Marian Humphreys, North Warwickshire Borough Council

Councillor Neil Phillips, Nuneaton and Bedworth Borough Council

### Other Attendees

Chris Bain (HWW), Simon Gilby (CWPT), Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership), Elaine Coleridge-Smith and Amrita Sharma (Safeguarding Warwickshire)

Rachel Briden, Liann Brookes-Smith, Jane Gillon, Becky Hale, Carl Hipkiss, Nadia Inglis, Berni Lee, Gemma Mckinnon, Catherine Shuttleworth, Pete Sidgwick, Paul Spencer, Emily van de Venter and Duncan Vernon (WCC Officers).

Hayley Ann Allison, Hardeep Galsinh, Susanna Kallioinen and Vishal Shah.

## **1. General**

### **(1) Apologies**

Apologies for absence were submitted by Councillors Jo Barker and Dave Parsons. Dame Stella Manzie had recorded apologies for a late arrival due to a meeting clash. Apologies were also recorded from Councillor Margaret Bell, Andy Hardy and Rachael Danter.

### **(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests**

None.

### **(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 6 May and Matters Arising**

The Minutes of the Health and Wellbeing Board held on 6 May 2020 were approved.

### **(4) Chair's Announcements**

The Chair gave an introduction, welcoming everyone. He paid tribute to Simon Gilby, Chief Executive of CWPT who would be retiring in January, thanking him for his service and the progress made on mental health services under his leadership. Simon Gilby responded thanking colleagues. The Chair thanked Rachel Barnes for her support to the Board as Health and Wellbeing Delivery Manager and introduced Gemma McKinnon her successor, also thanking Catherine Shuttleworth for her interim support. The Chair welcomed junior doctors who were currently undertaking placements in public health and were observing the meeting.

## **2. Health and Wellbeing Strategy**

The Health and Wellbeing Board had a statutory duty to develop a Health and Wellbeing Strategy (HWBS). This would translate findings from the Joint Strategic Needs Assessment (JSNA) into priorities to help determine actions by local authorities, NHS and other partners to address the wider determinants that impacted on health and wellbeing.

The Board had agreed to refresh the HWBS to align with developments in the wider system including the Coventry and Warwickshire Health and Care Partnership, Five-Year Health and Care Plan, and the Coventry HWBS for 2019-23.

An update was provided on work to refresh the HWBS and the proposed approach to consultation. It was noted that timescales for the consultation had been delayed due to Covid-19. There were some new findings to be included, such as on the Covid-19 recovery plan and current survey work. It was proposed to undertake consultation on the strategy for a five-week period between November 2020 and January 2021. An outline was given of the engagement plans using both paper and digital forms as well as presentations for partners and a targeted approach for key groups. Board members were encouraged to publicise the consultation.

Questions and comments were invited, with responses provided as indicated:

- Russell Hardy spoke about the learning from the Covid pandemic, the challenges identified for care homes and vulnerable people. Through working together and delivering services away from hospital settings better outcomes were being achieved, whilst also reducing costs for the system. This should be emphasised more in the strategy.
- The Chair asked for organisations to provide their recovery plans to Gemma McKinnon, so these could be incorporated. He suggested circulating the updated strategy to the Board members for initial consideration and thereafter to commence the consultation, including with the place partnerships. There was a need to consider the sign-off arrangements, especially if the timetable slipped and he suggested using a virtual sign-off if necessary.
- Nigel Minns referred to the health and care partnership reset group and a group involving all local authorities. Both were looking at collective responses to recovery and reset and would be useful sources to inform the strategy. He endorsed the points from Russell Hardy about ensuring commitments in the Concordat were reflected in the HWBS so that services looked at residents/patient needs and there should be a renewed focus for all commissioners and service providers on integration.
- Councillor Humphreys was supportive, also asking about endeavours to avoid the need for hospital admission where possible.

### **Resolved**

That the Board notes the update on the refresh of the Health and Wellbeing Strategy and endorses the proposed approach to consultation, noting the likely delay to the process due to Covid-19.

### **3. Health and Wellbeing Partnerships**

An update was submitted on the Health and Wellbeing Partnerships (HWP) in the three places of Warwickshire North, Rugby and South Warwickshire. These were critical to the successful delivery of the Health and Wellbeing Strategy, the new Coventry and Warwickshire Health and Care Partnership and the place-based Joint Strategic Needs Assessment (JSNA). Their role in the wider Health and Wellbeing system was outlined in a diagram appended to the report. Sections of the report focussed on the work being undertaken in each partnership area. Duncan Vernon provided further information on the Rugby partnership, changes made and work areas over recent months.

### **Resolved**

That the Board notes and supports the progress made by the three Health and Wellbeing Partnerships in Warwickshire.

### **4. Warwickshire Safeguarding 2019-2020 Annual Report**

Elaine Coleridge-Smith, Independent Chair of the Warwickshire Safeguarding Board introduced this item. Warwickshire Safeguarding was required to produce and publish an annual report in accordance with the statutory requirements governing its establishment, also sharing the document with a number of people and bodies, which were detailed in the report.

The annual report provided a high-level overview of key performance data in relation to safeguarding children, young people and adults, details of work undertaken against each of the strategic priorities and learning and improvement work conducted throughout the year. During the

course of 2019/20 the new governance structure and constitution had been finalised to enable it to transition into Warwickshire Safeguarding. The detail of the report expanded on the subgroups reporting to the Board and the various strands of work completed over the year.

Questions and comments were invited, with responses provided as indicated:

- Warwickshire Safeguarding had introduced seven-minute briefings as a quick and simple way to share learning on a range of safeguarding topics. The briefings could be accessed via this link: <https://www.safeguardingwarwickshire.co.uk/7-minute-briefings>
- Councillor Morgan welcomed this good annual report, which showed that high standards were being maintained and the focus on exploitation was welcomed.
- A question about engagement with schools, to publicise the work of the Board. School representatives did participate in the board. Examples of specific interaction were early help, annual school audits and attendance at head teacher conferences.
- An anxiety concerned children in lockdown not being able to speak out about issues at home, and the level of assurance that there were not hidden problems. Regular reports were provided, but it was hard to be assured when issues were unknown. Every effort was made to maintain contact with children on their own through social workers and health visitors.
- Nigel Minns confirmed that where children were known to authorities, risk assessments took place and mechanisms had been put in place to see them in person or online. The service was now operating mainly face-to face appointments again. The challenge was those children who were not known to system. Traditionally the police and schools were the largest referrers, so school closures were a cause for some nervousness. The council had tried to reach out, making best use of social media, tailored communications produced by young people and digital solutions, but it couldn't reach everyone and there was a perception of demand within the system, without yet knowing its extent.

The Chair thanked Elaine and Amrita Sharma for the work of the Warwickshire Safeguarding Board.

### **Resolved**

That the Board receives the 2019/20 Annual Report for Warwickshire Safeguarding and notes the progress the partnership has made against its strategic priorities during the course of the year.

## **5. Healthwatch Warwickshire Annual Review**

Liz Hancock and Chris Bain, Healthwatch Warwickshire's (HWW) Chair and chief executive gave a presentation to accompany the circulated annual report for 2019-20. The presentation covered:

- Highlights from 2019/20
  - Data on feedback from the public, advice/information enquiries and a 50% increase in online activity
  - Six reports published and two standing conferences on patient voice had been held
  - Surveys and engagement work
- Changing the way we work
  - Home working and virtual meetings
  - Telephone responses and web enquiries restored within a few days
  - Daily online updates

- Engagement strategy implemented
- Public engagement / outreach virtually
- Surveys and projects launched
- Covid-19 survey highlights -
  - A breakdown of the 1103 responses with mental health being mentioned by 839 respondents
- What are people saying?
  - Examples of the areas of enquiry HWW has received and areas of concern
- Future priorities
  - New models of engagement and enter & view
  - Mental health
  - Rights access project
  - Future projects

Questions and comments were invited, with responses provided as indicated:

- Discussion about the rights access project and the organisations HWW were working with. Chris Bain confirmed this was a joint project working with hostels and other partners. Further work was looking at the experiences of homeless people during the pandemic, the additional services delivered including temporary housing and the need to review the conclusions of the project. The additional help for homeless people was recognised as a successful aspect of Covid-19 response.
- Ensuring the patient voice was heard as part of the integrated care system (ICS) was raised by Sir Chris Ham. Nigel Minns would be taking the lead on this area. There was a wish to ensure the patient voice was heard at all levels and the help of HWW was sought to ensure this happened.
- The Chair asked for the HWW survey results to be shared for comparison to other surveys.

### **Resolved**

That the Board receives and notes Healthwatch Warwickshire's annual report for 2019/20.

## **6. Covid-19 Health Impact Assessment**

It was reported that the Joint Strategic Needs Assessment (JSNA) strategic group had agreed to initiate a Covid-19 health impact assessment (HIA). Initially it had been proposed as County Council initiative, but now included Coventry City Council and clinical commissioning group (CCG) colleagues to ensure that the HIA provided a system-wide view across the Health and Care Partnership.

A project team had been established and the HIA was structured using the Kings Fund population health model which highlighted four interacting areas that influenced the health and wellbeing of people in Coventry and Warwickshire.

Two key high-level findings were reported under the headings of an integrated recovery and the double impact of harm from the Covid-19 pandemic. Key findings and data within each pillar of the Kings Fund population health model were also reported under the following headings:

- Wider determinants of health and wellbeing

- Health behaviours and lifestyles
- The places and communities we live in and with
- Integrated health and care system

A series of recommendations were provided against each of these headings. The Chair noted the thorough work completed. He recorded thanks to all involved, endorsed publication of the HIA and use of the findings. It was planned to take the HIA to the three place partnerships.

### **Resolved**

That the Board:

1. Notes the findings of the COVID-19 Health Impact Assessment.
2. Endorses the COVID-19 Health Impact Assessment for publication on the Warwickshire County Council website.
3. Utilises findings from the COVID-19 Health Impact Assessment when engaging in reset and recovery planning.

### **8. Immunisation Update**

Nadia Inglis reported that a 2019 Coventry and Warwickshire immunisation and screening review had assessed the uptake of routine childhood and adult/older people's vaccinations against national targets. It identified that primary immunisation uptake had reduced across all three clinical commissioning group (CCG) areas for certain vaccinations. In particular, there had been reduced uptake of the pre-school immunisations, and uptake of two doses of the combined MMR. Data was provided to evidence this together with the rates of uptake of one dose of MMR and the uptake rate required to achieve 'herd' immunity. A similar pattern was seen for the 4 in 1 pre-school booster. Currently uptake was below levels required for herd immunity. An enhanced seasonal flu vaccination scheme would be provided this year.

Questions and comments were invited, with responses provided:

- The Chair asked about capacity to deliver the increased number of flu immunisations in a timely manner for them to be effective. There was a lot of planning taking place by NHS colleagues.
- Concerns about cross boundary arrangements for GP services. The automated messaging being used by one practice was somewhat abrupt. The school vaccine programme was discussed and this would be provided in schools by CWPT.
- Dr Spraggett commented on the effective arrangements in place for the annual flu vaccinations. He was concerned at the logistical problems from the additional cohort of eligible people aged 50 to 64, which doubled the number of vaccinations. Additional areas of concern were the Covid-19 restrictions, the different vaccines for different age groups and concerns when sufficient quantities of the various vaccines would be received. Finally, if the Covid vaccine was available, this would increase significantly the number of vaccinations to be provided. A brief discussion on ways in which staffing capacity could be increased.



## **Resolved**

That the Board notes the work being undertaken to increase the uptake of childhood immunisations in Warwickshire, and that Board members provide appropriate organisational support for the actions proposed.

## **7. Covid-19 and BAME**

A report was introduced by Dr Shade Agboola, WCC Director of Public Health. Evidence from the early stages of the COVID-19 pandemic suggested that a significant proportion of critically ill patients with COVID-19 were from Black, Asian and Minority Ethnic (BAME) communities. Even after accounting for the effect of age, gender, deprivation and region, people from BAME backgrounds were significantly more likely to die from COVID-19 as compared to White British counterparts. A number of explanations for this had been posited for this association, which were reported.

Public Health England (PHE) had published a rapid review of the evidence. It included seven recommendations for action across four domains. There was a need for research and data to deepen understanding of the wider socio-economic determinants and improve data recording of ethnicity, policy change, communications with community leaders and the use of anchor institutions to scale up prevention services in a targeted way.

WCC recognised the importance of diversity in its workforce. In response to the emerging evidence on COVID-19 and its relationship with ethnicity, there was ongoing work to include BAME status in organisational risk assessments. Managers and employees would be required to undertake individual risk assessments if one or more of the check list criteria was met. This included a number of equality and other considerations, one of them being BAME. It would ensure that, in addition to the general risk of infection when returning to the workplace, any potential specific risks to individual employees and their mental wellbeing was considered and assessed.

Questions and comments were invited, with responses provided as indicated:

- The Chair asked about the timescales needed to commence work, engage with partners and report back on next steps and planned actions. This had already commenced and funding had been allocated as part of community engagement focussed on BAME groups, as part of the recovery plan. This could be a project or short-term service/ exploratory work to look at one or more of the recommendations in the PHE review. In terms of timescales, it was expected to be the next six months to one year to develop something and have a better understanding. The ultimate aim was to understand the population profile and what support they needed.
- A comment via the chat dialogue asking about the timeline for activity and how effective measures had been, also issues such as generational differences.
- Dame Stella Manzie noted it was hard to distinguish long-term objectives, which may already be underway, and those shorter-term interventions required that were linked to Covid. There was a wide-ranging focus on health inequalities, of which BAME communities were a significant aspect. It was complex and more than derivation, including such things as religious/cultural aspects and large-scale gatherings. Shade Agboola agreed, equating this to a gap analysis and would take the point on board.

- The Chair referred to study trial in Spain on vitamin D and benefits for BAME communities, which may be worth researching.

## **Resolved**

That the Board:

1. Notes the main findings from the Public Health England (PHE) Review of the Impact of COVID19 on Black, Asian and Minority Ethnic (BAME) communities.
2. Comments as outlined above on the recommendations included in the report and appendix, and supports their adoption for Warwickshire, where the Director of Public Health considers relevant.
3. Champions improvements in access, experiences and outcomes of NHS, local government and Health and Care Partnership commissioned services by BAME communities.
4. Endorses, using place-based JSNA approaches, a review into the relationship between ethnicity and COVID-19 in North Warwickshire and Nuneaton and Bedworth.

## **9. Smoking in Pregnancy Review**

Berni Lee introduced this item providing a presentation in addition to the circulated report. The presentation covered the following areas:

- Smoking and birth outcomes
- Estimated costs
- Context for the smoking in pregnancy (SiP) review
- Recent trends in performance, highlighting the challenges in the north Warwickshire area
- Objectives and overview of the SiP review
- Review findings, showing the higher numbers in the north of the county
- Characteristics of smokers vs non-smokers
- Access to smoking cessation services – showing that only 20% ceased smoking
- A slide disaggregated this by district/borough area
- Smoking at the time of delivery, also disaggregated by area and the number that ceased smoking during the course of their pregnancy
- Engagement and responses from staff surveys including key messages
- Compliance with NICE guidance
- What needs to change? This was based on the review findings
- What does the evidence say?
- Key recommendations
- Warwickshire smoking estimates

The Coventry and Warwickshire SiP review was commissioned by the local maternity and neonatal system (LMNS) board in order to provide a detailed picture of the women who smoked during pregnancy, the support they had received and to identify any further measures that could be taken to enable them to stop smoking.

The report set out sources of insight, differences in the midwifery workforce at the three acute hospital trusts, changes to commissioning arrangements and key issues and findings under the headings of:

- Scale of the problem
- Failure to meet targets
- Epidemiology
- Access to specialist support
- Compliance with guidance
- Staff engagement
- Evidence

Key areas to be addressed and a number of key review recommendations were provided. There were financial implications associated with the need to identify a resource to support dedicated strategic lead(s) for the Smoking in Pregnancy and Tobacco Control/Smoke-free 2030 initiative across Coventry and Warwickshire

A discussion took place on the following areas:

- A request for the presentation slides to be circulated.
- Dame Stella Manzie noted the progress made and resources in place at SWFT. The use of transformation funds to contribute towards posts at GEH and UHCW was welcomed. Whilst she couldn't give a commitment to funding at this meeting, it would be taken back to UHCW and she agreed that a strategic smoke free lead across the system made a lot of sense. The Chair agreed that one post on a partnership basis was required.
- Councillor Humphreys agreed that a lead was needed who could give time and advice.
- Sharon Beamish saw this as a priority area and would refer it back to the Warwickshire North CCG.
- Councillor Sally Bragg voiced concerns about vaping and e-cigarettes. The report only referenced smoking and she was concerned about the impact of vaping on both children and expectant mothers.
- Berni Lee responded to the points raised. On funding, she referred to the transformational monies which may be allocated to the three trusts. At the LMS board, she had questioned whether some could be earmarked to fund the coordinated approach. She acknowledged Councillor Bragg's points about e-cigarettes. They did contain nicotine, but not carbon monoxide, which was the significant cause of harm. As such they could be viewed as a temporary step towards total cessation.
- Councillor Falp stated not only the health benefits for expectant mothers and their families, but also the financial benefits.

## **Resolved**

That the Health and Wellbeing Board:

1. Supports the adoption of a Tobacco Control/Smokefree 2030 programme of work including smoking cessation in pregnancy and supports the use of resources to address this priority.

2. Supports the adoption of a place-based, system-wide approach that addresses the inequalities and social norms that result in higher smoking in pregnancy rates in some areas of Warwickshire (e.g. Nuneaton), as compared to others.
3. Supports the co-production of a new model for specialist smoking in pregnancy services, embedded within maternity services, that provide rapid access to specialist advice and NRT.

Identifies potential funding sources for a strategic LMS Smokefree Pregnancy Lead / Programme Manager to plan and drive the implementation of a system-wide approach to tackling SiP across Coventry and Warwickshire.

## **10. Joint Strategic Needs Assessment (JSNA) Update**

Duncan Vernon provided an update on the delivery of the JSNA programme from April 2018 to date. Details and links were provided to the JSNA web pages and the Warwickshire insight tool. Engagement had been completed and the respective reports signed-off by steering groups.

Aggregated plans were being produced for each of the three places of South Warwickshire, Rugby and Warwickshire North. Links would also be made to the emerging Integrated Care System to inform the production of 'place delivery plans' for health and care services, and the refresh of the Health and Wellbeing Strategy.

The County Council had commissioned Grapevine to mobilise and engage communities in action planning. Due to the COVID-19 pandemic the project had been put on hold, but the officer commenced work in September.

The proposed core work programme for 2020/21 was outlined in a table within the report. The timescales had been revised and may be further impacted by the pandemic. Further context was reported on key areas of the work programme.

The Chair referred to the appendix and arrangements for core evaluation groups, suggesting the involvement of local members, which would be taken on board.

### **Resolved**

That the Health and Wellbeing Board:

1. Notes the progress made in delivering the Joint Strategic Needs Assessment (JSNA) to date.
2. Uses the JSNA evidence base to ensure partners are working to a consistent understanding of local need, enabling joined-up service provision targeted to the right areas and driving commissioning intentions.
3. Endorses the proposals for the future work programme and governance, noting the possible impact of the COVID-19 pandemic on timescales.

## **11. Pharmaceutical Needs Assessment**

Duncan Vernon provided an update on the Pharmaceutical Needs Assessment (PNA) in Warwickshire. The Health and Wellbeing Board had a legal responsibility to keep an up-to-date statement around the needs for services from community pharmacies. The last PNA was published in March 2018 and was due for refresh by March 2021. It concluded that the number and distribution of the current services were sufficient, but highlighted areas of significant development and population growth, for which additional future pharmacy provision would need to be considered.

In light of the COVID-19 pandemic and subsequent pressure on resources NHS England extended the deadline for publication of the PNA by one year to March 2022. To maximise the resources available and align with local planning footprints, it was proposed to work with Coventry City Council on the PNA, as previously. The key milestones for the proposed consultation and production of the new PNA were outlined in a table within the report. These might be subject to change if there were further impacts from the COVID-19 pandemic.

### **Resolved**

1. That the Board notes the update on the Pharmaceutical Needs Assessment (PNA) for Warwickshire.
2. That the Board agrees the process for Warwickshire to conduct its revised PNA in partnership with Coventry City Council, noting the potential impact of the COVID-19 response on timescales.

## **12. Better Together Programme Update**

Becky Hale presented an update on the Better Together Programme. It had been expected that the Better Care Fund (BCF) Policy Framework would be published at the end of August or early September but it was still awaited.

The report set out the expectations that the guidance would be consistent in the main with previous years. A likely change concerned replacement of the delayed transfers of care target, which had been suspended during COVID-19. Whilst the policy framework was still awaited, the schemes and priorities to be delivered this year, had already been agreed locally through the Better Together Programme and had continued to be commissioned and delivered, where possible to do so.

The detail of the report contained sections on:

- Schemes directly supporting the local COVID-19 response
- Performance update
- Financial implications
- Supporting information

Questions and comments were invited, with responses provided as indicated:

- The Chair spoke of the system approach to transfers of care.

- Russell Hardy referred to funding, asking about the degree of risk if the guidance was further delayed especially in the areas of domiciliary care and care homes. Officers didn't anticipate anything which would require current work to cease. The resource to deliver the programme was fundamental, and by now the guidance would usually have been received. It was considered currently that the programmes would be able to continue and that there would be appropriate resourcing. There were wider issues around financial support for the care sector which remained a focus.

## **Resolved**

That the Health and Wellbeing Board:

1. Notes the update on the Better Care Fund Policy Framework and Guidance for 2020/21.
1. Notes the Better Together Programme schemes that are directly contributing to the local response to the national COVID-19 hospital discharge requirements.

Notes the progress of the Better Together Programme in 2020/21 to improve performance against the four national Better Care Fund areas of focus.

### **13. Place Forum and Coventry and Warwickshire Health and Care Partnership**

Coventry and Warwickshire's Health and Wellbeing Boards met as the Place Forum in a joint meeting with the Health and Care Partnership Board on 15<sup>th</sup> July 2020. The meeting was held online via Microsoft Teams and was attended by over 70 people.

Sir Chris Ham gave a verbal update, noting that many of the items discussed at the last joint meeting had been reported earlier on this agenda. He recognised the great work of health and care services and how they had risen to the many challenges, also the amount of innovation and collaboration between councils and the NHS to respond to the demands faced.

At the Place Forum there had been a discussion on the test and trace programme, and he referred to the work of the Coventry, Solihull and Warwickshire beacon area. It was perceived this had gone well to date, but the big challenges were yet to come, with reference to the increasing cases in Solihull and in other parts of country, difficulties in getting tests and results and it was expected that positive Covid tests would continue to rise.

He spoke about reinstatement of non-covid NHS services. This was attracting a lot of attention. Aspects were addressing the backlog in diagnostic testing, surgical procedures and mental health services. The public needed to be given confidence they could access NHS services and do this safely. There was a continuing commitment to mutual aid and collaboration, but the challenges ahead could not be underestimated.

The Chair endorsed these comments. Any assistance Sir Chris could provide in lobbying government for more local control and funding to deliver test and trace would be welcomed.

Russell Hardy and Dame Stella Manzie emphasised the work taking place in acute hospitals to reinstate services, the impact of Covid protocols on capacity and the significant challenges in returning to the service levels before Covid. Stella Manzie spoke of the scale of this logistical

exercise, providing assurance of the monitoring, infection control and aims to achieve 90% of capacity by October. There were additional challenges for hospitals located in older buildings. Providing services digitally was helpful, but not suitable for all patients.

Sir Chris Ham added that despite Covid-19 the same priorities remained, but it had exposed inequalities in health and emphasised the need for a partnership approach. There needed to be more joined up and integrated care a good example being the collaboration on discharge to assess at the height of the pandemic.

Nigel Minns agreed that whilst priorities were unchanged, some had exacerbated and required a redoubling of effort, a key example being mental health and others had been highlighted, especially health inequalities, which was now a key focus.

**Resolved**

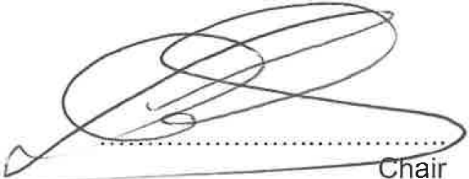
That the Board notes the outcomes of the joint meeting of the Coventry and Warwickshire Place Forum and Health and Care Partnership Board meeting on 15<sup>th</sup> July.

**14. Forward Plan**

The Board reviewed its Forward Plan.

**Resolved**

That the Health and Wellbeing Board notes its Forward Plan.



Chair

The meeting closed at 3.45pm

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