

# Health and Wellbeing Board

Date: Wednesday 6 January 2021  
Time: 1.30 pm  
Venue: Committee Room 2, Shire Hall

## Membership

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

Items on the agenda: -

**(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 15 September and Matters Arising**

3 - 14

The Minutes of the Health and Wellbeing Board held on 15 September 2020 were approved.

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

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# Health and Wellbeing Board

Wednesday 6 January 2021

## Minutes

### Attendance

#### **Committee Members**

##### Warwickshire County Council (WCC)

Councillor Les Caborn (Chair)

Councillor Jeff Morgan

Councillor Dave Parsons

Nigel Minns, Strategic Director for People Directorate

##### Clinical Commissioning Groups (CCGs)

Sarah Raistrick, Coventry and Rugby CCG

David Spraggett, South Warwickshire CCG

##### Provider Trusts

Russell Hardy South Warwickshire Foundation Trust (SWFT) and George Eliot Hospital (GEH) Trust

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

Jagtar Singh and Dianne Whitfield, Coventry and Warwickshire Partnership Trust (CWPT)

##### NHS England

Julie Grant

##### Police and Crime Commissioner

Richard Long (Office of the PCC)

##### Healthwatch Warwickshire (HWW)

Elizabeth Hancock

##### Borough/District Councillors

Councillor Jo Barker, Stratford-on-Avon District Council

Councillor John Beaumont, Nuneaton and Bedworth Borough Council (NBBC)

Councillor Sally Bragg, Rugby Borough Council

Councillor Judy Falp, Warwick District Council

Councillor Marian Humphreys, North Warwickshire Borough Council

#### **Other Attendees**

Chris Bain (HWW), Councillor Margaret Bell (WCC), Simon Gilby (CWPT),

Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership), Phillip Johns and Rose Uwins (CCG officers)

Jagdeep Biring, Liann Brookes-Smith, Becky Hale, Gemma Mckinnon, Kate Sahota,

Ashley Simpson, Pete Sidgwick, Paul Spencer, Emily van de Venter and Duncan Vernon (WCC Officers).

Nayyab Butt and Robert Stroud (Public Health junior doctor placements)

## **1. General**

### **(1) Apologies**

None.

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

None.

### **(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 15 September and Matters Arising**

The Minutes of the Health and Wellbeing Board held on 15 September 2020 were approved.

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

The Chair gave an introduction, welcoming everyone to the meeting. In particular, he welcomed Phil Johns, the new Chief Operating Officer for the combined CCG and Sarah Raistrick in her new role as Chair designate of the combined CCG. The Chair welcomed Mel Coombes the new Chief Executive Officer of CWPT. He thanked Simon Gilby of CWPT and Gillian Entwistle of South Warwickshire CCG for their service to the area. Similarly, he thanked Councillor Neil Phillips and welcomed Councillor John Beaumont as the representative for NBBC. Finally, he welcomed two junior doctors, Robert Stroud and Nayyab Butt who were currently doing their placements in Public Health and are observing today's meeting.

## **2. Health and Wellbeing Partnerships**

The Chair introduced this item, acknowledging the tremendous amount of work undertaken in the three place partnerships. Emily van de Venter, public health consultant presented written updates from the health and wellbeing partnerships (HWP) in the three places of Warwickshire North, Rugby and South Warwickshire. These partnerships were critical to the successful delivery of the Health and Wellbeing Strategy (HWS), the Coventry and Warwickshire Health and Care Partnership and the place-based Joint Strategic Needs Assessment (JSNA). A coordination group had been established to share information across the HWPs. Each was at a different stage in developing JSNA action plans, with delays being experienced due to Covid-19. Detailed reports were provided by each of the HWPs, with an outline given of planned activities over the coming months and areas where the Board members would be asked to support and contribute. Appreciation was recorded for the targeted approach to track and trace work and the use of JSNA to drive actions and strategy to reducing the impact of Covid-19. Similarly, the contribution of the voluntary and community sector was acknowledged.

## Resolved

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

### 3. Children 0-14 Unintentional Injuries

An update was provided on child accident prevention by Liann Brookes-Smith, public health consultant. The rate of hospital admissions for unintentional and deliberate injuries in children was higher than national and regional averages and the majority of Warwickshire's statistical neighbours. This data had been interrogated and a link was provided to the latest data analysis. <https://www.warwickshire.gov.uk/directory-record/2164/injuries-leading-to-a-hospital-admission-in-0-to-14-year-olds-in-warwickshire-2018->

An update was provided on accident prevention activity during Covid-19, with a focus on messaging and signposting support services and the plans for a full review post pandemic. It also outlined the workstreams of the Child Accident Prevention (CAP) steering group suspended due to the pandemic around data insight work. In summary, once the pandemic work reduced, the focus would be on reviewing child accident prevention, to seek an understanding of causes for the county's high numbers of accidents.

Discussion took place on the following areas:

- Unintentional accidents during Covid and links to more people being in the home.
- Discussion about the different data in terms of hospital admission of children, it being noted that GEH did not have a children's ward and patients were redirected to UHCW for scans which may require sedation and admission. Messaging to direct young patients straight to UHCW may help. Post Covid a detailed audit should assist understanding of this area.
- The concerns around 'button' batteries which could be swallowed by young children causing significant issues. Related points on the increase in internet shopping during lockdown, the quality of some products and potential for trading standards support.
- Makeshift arrangements for childcare during periods of lockdown and issues associated with alcohol and substance misuse were referenced. There was ongoing messaging to warn about risks.
- A suggestion for feedback from the CAP steering group, with an analysis of the final data.
- Publicity of the findings via ask Warwickshire would be helpful. Also, ensuring that residents were made aware of this information source, to encourage survey responses. The points would be taken on board.
- Further contributions were made via the meeting chat dialogue regarding batteries for smoke detectors, falls prevention work and healthy ageing, with reference to the following web page: <https://www.warwickshire.gov.uk/healthy-ageing>

## Resolved

That the Health and Wellbeing Board notes the progression of work since the last update and future planned work.

#### 4. Covid-19 Residents Survey Findings

A Covid-19 recovery survey was undertaken between August and September 2020, to explore the impacts of the pandemic on people living and working in Warwickshire and their thoughts about recovery. The survey received 2,510 responses. The report was supplemented by a presentation from Emily van de Venter, to draw out the key findings. The presentation slides covered the following areas:

- Summary findings and key messages
- Information about Coronavirus
- Test and trace
- Employment.
- Out and about
- Transport
- Methods of accessing health appointments
- Volunteering and community action
- Positive and negative health behaviours
- Stressors related to the pandemic
- Loneliness and mental wellbeing
- Interaction between health behaviours and wellbeing
- Future priorities

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

- There was praise for the work undertaken in conjunction with Coventry University.
- Reference to the longer-term impacts of Covid both for the elderly and younger people, the likely outcomes and changed behaviours. A suggestion to reflect on what this would mean for the future Health and Wellbeing Strategy (HWS) and its priorities. This point was reiterated later in the discussion, with a suggestion to revisit the priorities in three to six months.
- Links should be made to the Coventry and Warwickshire work on mental health strategies. Additionally, a statistical analysis had been undertaken across the West Midlands to look at mental health needs and pressures, which would fit well with the survey data. It was confirmed that the survey findings would feed into a mental health needs assessment and that data from CWPT had been requested too.
- An observation on the value of parish councils in connecting with communities and the additional arrangements needed for areas such as Nuneaton and Bedworth, which did not have parish councils.
- A suggestion to compare feedback to the survey undertaken by Healthwatch Warwickshire in May and June 2020, to see if there had been any significant shifts in sentiment in the areas included within that survey.
- Addressing behavioural changes on alcohol consumption, smoking and eating foods that were unhealthy.
- There would be value in revisiting this survey to provide a comparison after the current lockdown. This view was supported and would give the opportunity to publicise the survey to those who hadn't responded previously.

## **Resolved**

That the Board notes the initial findings from the Covid-19 residents survey and utilises the findings within recovery planning and service restoration.

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

Duncan Vernon, public health consultant provided an update on the delivery of the JSNA programme since September 2020. The report included updates on:

- Place-based needs assessments, detailing how the reports had been utilised.
- Action plans developed using the recommendations from the place-based JSNA reports. These would drive the work of each health and wellbeing partnership. The next phase of the JSNA programme would be thematic, with a pilot needs assessment focused on mental health. A prioritised work programme of needs assessments would be established for the next two to three years.
- Details of the 'long list' of topics for needs assessments.
- Updates on the mental health needs assessment pilot, grapevine project and the covid-19 health impact assessment.

The move to a thematic approach was supported but it should also reference each of the places to provide granular data. This was the intention, whilst noting the differences between the physical geographies and boundaries of health services. Whilst moving to a thematic approach, the intention was still to identify at both the place and neighbourhood levels.

## **Resolved**

That the Health and Wellbeing Board:

1. Notes the progress of the JSNA programme 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;

Supports the development of the mental health needs assessment through promoting the survey and supporting requests for resource to support the analysis and development of the needs' assessment.

### **9(a) Vaccination Update (Item of Urgent Business)**

The Chair had agreed to take an urgent item on progress with Covid-19 vaccinations and he invited Phil Johns, the new accountable officer for the CCGs to give a verbal update. Mr Johns advised that the hospital hubs at GEH, SWFT and UHCW were all operational, with CWPT due to be operational later in the week. By next week there would be full coverage across all primary care networks for vaccinations too. It was expected that local services could achieve the initial vaccinations to priority groups. Both vaccine types were being utilised. A list of the vaccination sites would be shared for publication.

Questions and comments were invited, with responses provided:

- It was noted that the national target was for 2 million vaccinations per week and asked if there was confidence that local services could deliver their share of the vaccinations. This was confirmed with the estimate being in excess of 20,000 vaccinations per week.
- Key factors were vaccine supply and government priority lists, but there was confidence that services were well on the way with the planning aspects.
- Discussion about where vaccinations would be provided for the general public on the priority list. These would be coordinated by primary care through their local network (PCN). Health and social care staff were being vaccinated at hospital sites. Public vaccinations at hospitals were limited to those in the priority group who were inpatients or attending for another hospital appointment and were well enough to receive the vaccine. A system approach was being taken.
- The location of the mass vaccination site was confirmed as Stoneleigh Agricultural Centre.
- Discussion about the support being provided to GP practices delivering vaccinations, via the CCGs, CWPT and NHS England. There was a 'bank' for staff and volunteers to assist with the effort. Active promotion of the uptake of vaccinations was urged.
- It was questioned why teachers were not included in the priority groups.
- Discussion about the capacity to deliver vaccinations and the registration process. There were some concerns over bureaucracy regarding the training requirements, which were being escalated. Vaccination centres were currently operating well with existing staff. There was a lot of good will and offers from volunteers, who would be needed when the vaccination rates increased. Retired health colleagues could add capacity but would need refresher training to ensure vaccinations were provided safely. It may prove necessary to suspend some GP services to deliver the vaccination programme.
- It was clarified that the vaccine wasn't licensed for younger children.
- Discussion about people taking an 'anti vaccine' stance and the collection of data to assist targeted communications. Currently the aim was to roll out the vaccinations on a prioritised approach. Reference to the Covid community champions, providing local messaging and a recent survey had shown a reduction in the number of people adopting the 'anti vaccine' stance. Further comments on the need to not over or under estimate this viewpoint and the approach undertaken in Wye Valley using front line clinicians to give factual messaging.
- The potential to use pharmacists or community phlebotomists to increase vaccination capacity. The Pfizer vaccine could not be transported and roll out of the AstraZeneca vaccine would initially be focussed on vaccinating people in care homes. Currently, pharmacists were playing a key role in diluting the Pfizer vaccine. Another point was the capacity of pharmacists to use each complete batch of vaccine (975 doses) within its limited shelf life.
- It was noted that people having the Pfizer vaccination required supervision for 15 minutes afterwards. This was not the case for the AstraZeneca vaccine.
- A number of contributions via the meeting chat function regarding the clinical supervision of people delivering vaccinations and the plans to include pharmacists as part of the larger national roll out, subject to appropriate criteria and national approvals. Publication of the mass vaccination sites would follow.

### **Resolved**

That the Health and Wellbeing Board notes the update.



## 10. Pharmaceutical Needs Assessment

An update was provided on the Pharmaceutical Needs Assessment (PNA). The Health and Wellbeing Board had a legal responsibility to maintain a statement around the needs for services from community pharmacies. The

PNA assessed local needs, to identify gaps in service or unmet needs and to highlight any services that community pharmacies could provide to address those needs.

The PNA was due to be refreshed in March 2021, but in light of the Covid-19 pandemic, the deadline for publication had been extended to March 2022. In the interim, a supplementary statement would be submitted to NHS England and NHS Improvement, to provide an update and review of findings from the 2018 PNA. This statement would be published by April 2021.

Context was provided on the findings from the last PNA, notably the need to consider additional pharmacy provision in areas where significant housing development took place. To maximise the resources available and align with local planning footprints, it was again proposed to work with Coventry City Council on the PNA. This aligned with the Coventry and Warwickshire Concordat and agreements to work together on areas that would improve outcomes for the public. The key milestones for the proposed consultation and production of the new PNA were reported. These might be subject to change if there were further impacts of Covid-19.

### Resolved

That the Board

1. Notes the update on the Pharmaceutical Needs Assessment for Warwickshire.
2. 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.

## 6. Social Inequalities Action Plan

Kate Sahota, WCC lead commissioner (family wellbeing) provided a presentation to the Board on developing a new approach to tackling social inequalities, which covered the following areas:

- An introduction and outline of social inequality, showing differences between groups in society against a range of indicators
- Changes in social inequality
- Warwickshire data
- Social inequality between ethnic groups
- Health inequalities
- Educational attainment gap
- Foodbank access
- Covid-19 impact
- Developing the strategy and links to other strategies/plans
- Initial themes for discussion
- Practitioner engagement
- Provider and resident case studies

- Tackling inequalities
- Vision statements
- Next steps, including sign-off of the strategy.

Discussion took place on the following areas:

- The Chair noted that the final strategy would need to be submitted to the additional meeting of the Board scheduled for March 2021.
- Discussion about links to the new Health and Wellbeing Strategy (HWS), which also referenced inequalities as a key priority area. A complementary approach was being taken to integrate, align and cross reference to all strategies, under the 'umbrella' of the HWS, with detailed mapping taking place.
- Automatic enrolment for school meal entitlement was a key area.
- Reference to the practitioner engagement and the need for close working and cross referral between practitioners across agencies. The approach outlined was welcomed and the key was how it worked at the ground level with children and families. An outline was given of the open invites to the practitioner training, the broad range of agencies involved, mutual learning and plans for an ongoing forum. Subject to the formal approvals, one aim would be for a comprehensive training package to identify indicators of poverty and how to address it locally. There was current work between WCC social care and the family information service to provide additional support through brokers. This could provide a model to expand further.
- Research indicated that in work poverty was a key issue. Contributing factors included the costs of private rented homes, universal credit and having access to internet/technology. There were fundamental areas beyond the remit of the county council, which required a national approach and lobbying.
- Via the chat dialogue a comment on the free data offer from mobile telephone companies when people were referred by schools. Endeavours were being made to source funding for additional IT equipment. A comment that there may be a causal link between the cultural dimensions of this strategy and effective engagement and involvement with the public.

## **Resolved**

That the presentation is noted and that the final strategy is submitted to the additional meeting of the Board scheduled for March 2021.

## **7. Better Together Programme Progress Update**

Becky Hale provided an update on the Better Together Programme. Due to ongoing pressures from the Covid-19 pandemic, formal Better Care Fund (BCF) plans for 2020/21 would not have to be submitted for approval. Instead local areas had to ensure that use of the mandatory funding contributions were agreed in writing, and that the national conditions were met. This was currently in progress and due to the short timescales involved, an additional meeting of the Health and Wellbeing Board Sub-Committee may be required to give formal approval.

In addition, the HWBB would be required to provide an end of year reconciliation, confirming that the national conditions had been met, the total spending from the mandatory funding and a breakdown of agreed spending. In the meantime, the schemes and priorities to be delivered had been agreed locally through the Better Together Programme and continued to be commissioned

and delivered, where it was possible to do so. Updates were provided for each of the following areas:

- The revised discharge policy requirements effective from August 2020. The Better Together Programme continued to support commissioners and delivery leads to implement these requirements and in doing so support the acute hospitals to discharge patients requiring care and support safely.
- The continuation of the Better Care Fund (BCF) Policy Framework for a further year in 2021/22, supported by a one-year funding settlement and the iBCF grant would be maintained at its current level.
- An update on the project activity which had been able to continue, specifically the falls prevention project and commencing a public campaign on healthy aging.
- A performance update on the four key areas of reducing delayed transfers of care, reducing non-elective hospital admissions, admissions to residential and care homes and increasing effectiveness of reablement.
- A financial update.

The Chair confirmed that the final documents would be circulated to the Board, ahead of a meeting of the Sub-Committee to give final approvals due to the time constraints for submission.

### **Resolved**

That the Board:

1. Notes the update on the Better Care Fund Policy Framework and Guidance for 2020/21.
2. Notes the update on the Better Care Fund Policy Framework and Guidance for 2021/22.
3. Notes the progress of the Better Together Programme in 2020/21 to improve performance against the four national Better Care Fund areas of focus.

Approves the sign-off arrangements by a meeting of the Sub-Committee on a date to be confirmed.

### **8. Feedback from the Joint Place Forum and Health & Care Partnership**

Sir Chris Ham referred the Board to the circulated update and gave a verbal report covering the following areas:

- The collective response to Covid-19 had demonstrated the necessity and benefits of partnership working. Examples were quoted on the delivery of health and care services and hospital discharge.
- Cooperation between hospitals on critical care, with the mutual aid arrangements extending to neighbouring systems.
- Partnership working would focus in the future on recovery from Covid.
- The anchor alliance, providing for collaboration between councils, the NHS and universities to create job opportunities, training and procurement to support local businesses.
- In terms of next steps, key aspects were reasserting the role as a system to tackle health inequalities, championing the call to action and ensuring a joint approach. The second

aspect was progressing the year of wellbeing pledges, seeking support from system leaders and particularly in view of the challenges for staff health and wellbeing due to the pandemic.

A report back was provided on the joint meeting of the Coventry and Warwickshire Place Forum and the Health and Care Partnership Board held virtually on 3 November 2020. This continued the discussion on health inequalities & Covid-19 and the potential for collaborative work. The report summarised the key themes from the meeting. Several presentations and discussion items were covered:

- Tackling health inequalities in our Covid-19 response.
- Addressing the economic impact of Covid-19.
- Partnership with the voluntary and community sector.
- Improving workforce mental wellbeing.
- Developing the role of anchor institutions.

The report detailed key next steps and actions. It provided the results from a pre-event survey to explore what was most important to partners in terms of the pandemic response and future opportunities. The survey results could inform the theme of the next meeting on 2 March.

## **Resolved**

That the Board:

1. Notes the report and the next steps and actions resulting from the Joint Place Forum and Health & Care Partnership held on 3 November 2020.
2. Endorses the proposed thematic approach to future meetings.

## **5. Health and Wellbeing Strategy Update**

Gemma McKinnon, WCC Health and Wellbeing Delivery Manager introduced this item. It was reported that the Health and Wellbeing Strategy (HWS) provided the high-level plan for reducing health inequalities and improving the health and wellbeing of Warwickshire residents. The draft HWS set out three priorities for the next two years to help achieve the strategic ambitions:

- Helping our children and young people have the best start in life.
- Helping people to improve their mental health and wellbeing, particularly around prevention and early intervention.
- Reducing inequalities in health outcomes and the wider determinants of health.

A five-week consultation period on the draft HWS had concluded on 5 January. Due to the impact of Covid-19 restrictions, most of the engagement had been online, via virtual meetings with a range of partners and presentations at the place-based HWPs and other forums. The consultation asked residents and people working within Warwickshire whether they agreed with the proposed priorities and ways of measuring against the strategic ambitions within the HWS. The responses would now be analysed to inform the final version of the strategy, which would be presented to the additional Board meeting on 3 March.

It was questioned how organisations would work together to deliver the priorities, with a plea to ensure that the voluntary and community sector was involved as much as possible and that this was referenced in the final strategy. A comment on the need for clarity about how to make the strategy meaningful to local communities eg through use of appropriate language and cultural references.

The Chair suggested that the draft HWS be circulated ahead of the agenda for the March Board, to give adequate time for partners to consider it.

**Resolved**

That the Board notes the update on the Health and Wellbeing Strategy 2020-2025 consultation.

**11. Forward Plan**

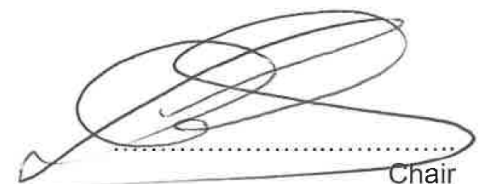
The Board reviewed its forward plan. The March meeting would now include the Social Inequalities Action Plan and the annual report from the Director of Public Health.

**Resolved**

That the forward plan is noted.

**12. Any Other Business (considered urgent by the Chair)**

See item 9(a) above.



Chair

The meeting closed at 3.50pm

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