

# Health and Wellbeing Board

Date: Wednesday 7 September 2022  
Time: 1.30 pm  
Venue: Committee Room 2, Shire Hall

## Membership

Councillor Margaret Bell (Chair)  
Councillor Jeff Morgan  
Councillor Jerry Roodhouse  
Councillor Isobel Seccombe OBE  
Councillor Marian Humphreys  
Councillor Julian Gutteridge  
Councillor Howard Roberts  
Councillor Jo Barker  
Councillor Judy Falp

Items on the agenda: -

## 1. General

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

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# Health and Wellbeing Board

Wednesday 7 September 2022

## Minutes

### Attendance

#### Board Members

Warwickshire County Council (WCC)

Councillor Margaret Bell (Chair)

Councillor Jerry Roodhouse

Shade Agboola

Nigel Minns

#### Provider Trusts

Jerry Gould (University Hospitals Coventry & Warwickshire (UHCW)),

Healthwatch Warwickshire (HWW)

Elizabeth Hancock

#### Borough/District Councillors

Councillor Jo Barker (Stratford-on-Avon District Council)

Councillor Judy Falp (Warwick District Council)

Councillor Marian Humphreys (North Warwickshire Borough Council)

Police and Crime Commissioner: Emma Daniell (Deputy PCC)

#### Other Attendees

Councillor John Holland (WCC), Rachel Briden, Ali Cole, Gemma McKinnon, Michael Maddocks, Isabelle Moorhouse, Rob Sabin, Pete Sidgwick Paul Spencer, Jonathon Toy and Duncan Vernon (WCC Officers).

Chris Bain (HWW), Katy Coates, Anjali Dave and Sarah Foster (South Warwickshire NHS Foundation Trust (SWFT)) and David Lawrence (Press)

### 1. General

#### (1) Apologies

Apologies for absence had been received from Councillor Jeff Morgan (WCC), Russell Hardy (SWFT and George Eliot Hospital NHS Trust), Dame Stella Manzie and Justine Richards (UHCW), Jagtar Singh (Coventry and Warwickshire Partnership Trust (viewing the meeting on-line)), Councillor Julian Gutteridge (Nuneaton and Bedworth Borough Council), Councillor Howard Roberts (Rugby Borough Council), Danielle Oum and Phil Johns (Coventry and Warwickshire Integrated Care System (ICS)).

## **(2) Appointment of Vice-Chair**

The Chair advised that it was proposed to speak to the ICS regarding non-executive representation for the position of Vice-Chair. Other nominations from the Board would similarly be considered and this matter be revisited at the January Board meeting.

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

Councillor Jerry Roodhouse declared an interest as a Director of Healthwatch Warwickshire. Councillor Falp declared a personal interest in the item on the Health Visiting Service.

## **(4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 4 May and Matters Arising**

The minutes of the Board meeting held on 4 May 2022 were approved as a true record and signed by the Chair.

As a matter arising, Councillor Roodhouse sought an update regarding discussions with the West Midlands Ambulance Service (WMAS). Nigel Minns provided a verbal update. There had been lengthy discussions about engagement with WMAS at the Integrated Care Board (ICB) and good progress had been made. WMAS were regular attendees at an Urgent and Emergency Care Board, also attended by WCC, so there was an ongoing dialogue. Particular areas being discussed were delayed ambulance transfers, hospital waits and the balance of risk around people waiting either in an ambulance or a hospital corridor. He spoke further about urgent non-emergency (category 3) cases, conveyancing aspects, response to falls, frailty and a directory of services to provide other options to emergency admission. The Chair asked for regular updates to be provided. Councillor Humphreys raised a concern for patients with dementia who were delayed in an ambulance awaiting hospital handover. It was agreed that WMAS be asked to permit dementia patients to be accompanied when such waits occurred.

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

The Chair gave an update on the Children and Young People Partnership Board. An initial scoping meeting took place at the end of July, the draft terms of reference had been produced and its first meeting would take place in late September. Periodic reports would be provided back to this Board.

The first formal meeting of the Integrated Care Partnership (ICP) took place on 26<sup>th</sup> July. The two Health and Wellbeing Board Chairs for Coventry and Warwickshire had been appointed as joint deputy chairs. The Partnership had agreed its terms of reference and ways of working together in alliance. The ICP had started to develop its Integrated Care Strategy, which would include engagement with Healthwatch and others. The Chair spoke of the progress made to date by a strategy development working group and the plans to discuss this further at the Integrated Health and Wellbeing Forum on 13 October.

The Chair asked for brevity in presentations due to the weight of the Agenda and to enable adequate discussion.

## 2. Adult Social Care Reforms

The Health and Wellbeing Board received a presentation from Pete Sidgwick, Assistant Director for Adult Social Care. This summarised the current requirements and progress to deliver adult social care reform in Warwickshire with a focus on the care cap, Fair Cost of Care (FCoC) and Care Quality Commission (CQC) oversight. Health and social care integration was not a focus for this presentation but remained a priority, as evidenced through the joint working and development of the Coventry and Warwickshire Integrated Care System.

The work programme provided a consolidated and joined up response to the objectives, key features and requirements of Government policies/white papers relating to adult social care reforms:

- Build-back-better: Our plan for health and social care Sept 21 & Jan 2022 update
- "People at the heart of care" adult social care reform white paper
- Market Sustainability and Fair Cost of Care Fund
- Health and Care Integration - Joining up care for people, places and populations

The presentation expanded on the key messages with slides on:

- Adult Social Care Government Policy Reforms
- General points:
  - High level 'indications' lacking detail
  - Multiple aspirations being articulated amongst requirements
  - A landscape which doesn't keep to timescales
  - Lots of national, regional and local 'views'
  - A number of significant financial implications within the reforms without the clarity on funding streams
  - Questions if the pace of delivery is realistic
- The overarching approach and officer leads.
- CQC oversight (People at the Heart of Care)
- Cost of Care Cap (Build Back Better)

Debate took place on the following areas:

- The Chair recognised the considerable work underway to respond to these changes and significant implications of them.
- Points about packages of care following hospital discharge. The benefits of rehabilitation in step-down care and ensuring that all required equipment was provided in a timely way, as this benefitted patients significantly. It was confirmed that the County Council administered the discharge to assess pathway on behalf of health and the approach taken was considered to be correct, with support out of hospital. The involvement of the CQC was also considered to be the right thing to do with regulation likely to drive improvements, hearing the customer voice and a focus on carers. There had been a step change in hospital discharge, and it was expected that the number of people being supported would increase. The challenges would remain going into the winter period.
- A request for regular information to be provided to the County Council Network (CCN) and Local Government Association (LGA). The CCN was considering this area in detail. The proposed timescales were considered to be unrealistic with delays being sought, not least

due to government ministerial changes. The cost elements were raised and potential impact for care home viability questioned. There was variance amongst local authorities of the percentage costs being used and submitted to the government as part of this process. It was confirmed there was a continuous dialogue and information sharing took place with the CCN, LGA and County Council Treasurers. The challenges around timescales were significant as were the financial aspects. There was a loss of income for the Council and some of the projections did not stack up, so the funding aspects needed to be addressed. There was a need for the FCoC and the care cap would have a positive impact for the care market.

- A discussion about the CQC involvement, variance in interpretation of the Care Act requirements and especially record keeping. It was questioned if an additional IT system would be needed and if there was potential to collaborate with others. Interpretation of Care Act compliance was tested through the courts and the Ombudsman. The customer aspects were less easy, but it was unlikely there would be a uniform approach. On record keeping this would be a challenge for the CQC, due to the different ways data was collected. These could use a strength based, tick box or conversation approach. It was more about the 'so what' question and the impact to ensure needs were identified and met. There was a need for metrics but also a supporting narrative to explain the data. A standardised approach was unlikely, but it was for local authorities to demonstrate the good work taking place and the challenges faced. There may be additional IT system needs for the Care Cap aspects. If additional time was granted perhaps a national system could be developed which would be beneficial as this was a complex area.
- A question about the recruitment and training of additional care workers. WCC did support the market on recruitment campaigns, training and development. Having a buoyant domiciliary care market was a key factor. The FCoC would provide additional grants and ensuring correct pay rates would be important. Further points about the perceptions of care work and the success stories of progression to other roles and services.
- Nigel Minns added that a comprehensive report was considered at the Adult Social Care and Health Overview and Scrutiny Committee in June, which could be shared.

In closing the item, the Chair asked for periodic updates by briefing note.

### **Resolved**

That Health and Wellbeing Board notes the programme of work underway to support Adult Social Care Reform in Warwickshire.

### **3. Health Visiting Paper**

The Board received a comprehensive update and presentation on the 0-5 Health Visiting Service (HVS) from Rob Sabin, WCC commissioner and Sarah Foster, Deputy General Manager for 0-5 HVS, SWFT.

Background was provided on the role of the service to protect and promote the health and wellbeing of children and their families through the delivery of the nationally mandated Healthy Child Programme (0-5). The HVS was key to delivering the Warwickshire Health and Wellbeing Strategy priority around helping children and young people to have the best start in life. The current service was delivered by SWFT, with the contract due to expire on 31 March 2023.

A summary was provided of service performance. This service met a wide spectrum of needs for all children (birth to five) within Warwickshire, with some key areas that delivered more targeted needs. The service continued to innovate and adapt its practice, with examples being provided. Developmental reviews and checks were mandated, and contract performance was monitored against five HV mandated contact performance indicators. The provider's performance in this area had declined with tables providing data to demonstrate this.

The report then set out the identified service issues and challenges. It included challenges around recruitment and retention of qualified HVs, which was a national issue. It was coupled with increasing caseloads, increases in population, complexity of cases and level of need.

SWFT and WCC had co-developed a joint recovery/restoration plan in the Autumn of 2021. The report set out the short-term and longer-term actions proposed. The recovery plan was reviewed monthly involving service and commissioning leads, with oversight from the WCC Assistant Directors. A presentation was provided to highlight key messages from the report.

The following questions and comments were submitted, with responses provided as indicated:

- The re-employment of retired HVs was discussed. Such people had vast experience and recently a retired HV had recommenced work in the Rugby area.
- The value of nursery nurses was recognised, it being questioned how they could contribute to HV roles. It was also asked what WCC could do to assist. It was noted that some HV functions could not be undertaken by other personnel.
- The recommendation was to note this report but there were concerns. Reference to the challenges observed at the Rugby Family Centre, specifically around HV caseloads. Also, the increasing complexity of cases identified at a body which determined grant funding applications. These included concerns around mental health and drug/alcohol issues. There was a national staffing shortfall in HVs. In the Rugby area a meeting to discuss the Joint Strategic Needs Assessment had included a number of aspects relevant to this discussion. However, there was no awareness of the concerns around the HV service, which showed the need within the system to better connect. Co-production was seen as a good way forward and it was about 'how' organisations could work together and enabling that to happen.
- Another speaker echoed the points around how WCC and other organisations could help, focussing on recruitment aspects and making the HV role more attractive. There was potential to provide support in schools and through seeking volunteers to help too.
- In response to these points, it was confirmed there was a shortage of HV staff. There were some roles such as mandated contact which only HVs could undertake. There were roles that others could deliver and an outline was given of the approaches utilised so far and potential for greater collaboration with other agencies. Referrals and making the best use of all staff in related services were emphasised. However, there were staff shortages in those areas too. Assurance was provided of the additional HV staffing secured recently for the Rugby area. Whilst there was still a shortfall, the position was much improved. There was praise for the way that current staff had responded too.
- Katy Coates added context around the staffing shortage to deliver the healthy child programme in Warwickshire, which would need some 120-130 HVs. Elected members needed to consider the forward planning for the next five years, the increased funding which would be required, albeit that the shortage of qualified HVs currently meant that finance was not the only concern.

- The Chair noted the requirements around reporting on mandated contacts, the current challenges and resultant performance levels. The Council owned its health visiting contract, setting the targets and measures within it. She spoke of the priority of seeing new babies and 98% were seen within 30 days. This enabled triage to specialist help and other pathways where it was required. She advocated having a contract which worked for Warwickshire, with appropriate priorities set against the known shortage of HV staff to focus on the areas deemed of most importance.
- Anjali Dave, an Associate Director of SWFT agreed with the idea of local criteria for recovery of the services, with a focus on vulnerable families. Reporting on those figures would mitigate the clinical risk given the current resources. There was a need to influence national strategies around university courses and making the HV role more attractive to address the recruitment challenges.
- Shade Agboola provided reassurance of the ongoing work with health colleagues to seek to escalate the known concerns. Conversations were also taking place with local universities. She spoke about the current indicators and whether there was an appetite as a local system to deviate from the national criteria. This had been required in response to the Covid pandemic to provide tailored solutions for the local area.
- The need to provide university courses to create the future workforce was reiterated. It was questioned if the voluntary sector was currently assisting where it could.
- Similarly, a question about other skills available within the county council and whether these could provide additional support. The points about co-production were reiterated. This did include the voluntary sector and it was evident from a meeting earlier in the day that different parts of the same organisation had different levels of awareness of voluntary sector involvement. Aside from making representations at the national level, there was an opportunity to shape things locally and ensure information was shared effectively across all relevant organisations.
- In response to the above points, context was provided on the number of applicants for vacant HV positions and the shortages in other parts of the NHS. In terms of co-production, there was a HV representative on all of the Children and Family Centre advisory boards. From discussion it was evident that other health leads could similarly be invited to attend such meetings and Sarah Foster offered to be the contact.
- The Chair added that WCC offered a range of training opportunities. There was a need to ensure that once trained, the funding for HV posts was sustainable. The demand for such support was increasing and it was necessary to ensure that forward planning took place. There were other professionals involved including midwives and GPs. A need to avoid duplication and to make sure the appropriate professional undertook each role. In terms of the report recommendations, she proposed that the Children and Young People Group take on monitoring of this area. The Chair was keen to find a local solution in addition to the ongoing national lobbying.

## **Resolved**

That Health and Wellbeing Board:

1. Notes and endorses the best practice and innovation associated with the service.
2. Notes and comments, as set out above, upon the issues and challenges the service is currently experiencing.

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3. Supports the short-term and long-term actions being taken locally by the Health Visiting Service and Commissioners to assist with and improve recruitment and retention, as well as improve performance and mitigate the risks and to look at local solutions.
4. That this area becomes part of the agenda for the Children and Young People's Partnership Board.

#### **4. Better Care Fund (BCF) Annual Plan 2022/23**

The Board considered a report on the Better Care Fund (BCF) submission and annual plan for 2022/23. The BCF was a programme spanning local government and the NHS which sought to join-up health and care services. The report set out key information on the BCF Policy Framework and the requirements for this year's submission to NHS England by 26<sup>th</sup> September. Agreement was therefore sought for approval of the final version of the plan to be delegated to a Sub-Committee of the Board, once it had been approved by the Integrated Care Board and the County Council.

The report set out the four national conditions of the policy framework, along with additional system requirements for this year to agree high level capacity and demand plans for intermediate care services. It set out the compliance and other requirements for the local system. A section was provided on the future of the BCF policy framework. The financial implications detailed the grant funding to local government, which comprised the Improved Better Care Fund (iBCF) and Disabled Facilities Grant. Detail was provided on the financial contributions and mandatory funding sources, totalling just over £63million. Similar to previous years, the County Council continued as the pooled budget holder for the fund.

The report included supporting information on the metrics that must be included in BCF plans in 2022/23. It detailed the approvals already provided for this year's BCF, those required prior to submission to NHS England and the future timetable for the BCF. Appended to the report were the BCF Narrative Plan, Planning Template and Capacity and Demand Plan.

Further information was provided around the completion of the sign-off processes, culminating in a meeting of the Board's Sub-Committee on 22<sup>nd</sup> September at 2pm in Atherstone. The documents for that meeting would be published a week in advance showing tracked changes from those provided at this meeting.

#### **Resolved**

That Health and Wellbeing Board:

1. Notes the Better Care Fund Policy Framework and Planning Requirements for 2022/23.
2. Provides the feedback set out above on the draft Better Care Fund Narrative Plan, Planning Template and Capacity and Demand Plan for 2022/23 to ensure that these contribute to the wider Health and Wellbeing Board's prevention priorities as well as meeting the BCF national conditions.

3. Agrees that the Board's Sub-Committee meets on 22<sup>nd</sup> September to approve the final version of the Better Care Fund Plan for 2022/23, for submission to NHS England.

## 5. Pharmaceutical Needs Assessment

Duncan Vernon and Michael Maddocks introduced a report and gave a presentation on the Coventry and Warwickshire Pharmaceutical Needs Assessment (PNA) 2022 – 2025. The purpose of the PNA was to assess local needs and identify gaps for pharmaceutical provision across Coventry and Warwickshire. It was a tool to enable the Health and Wellbeing Board to identify the current and future commissioning of services required from pharmaceutical service providers. A collaborative approach had been undertaken with Coventry. The PNA had undergone a period of formal consultation, which closed on 29<sup>th</sup> August and a verbal update was provided on the feedback received. Sections of the report provided background, and the minimum requirements for this process.

A copy of the PNA was included within the document pack. The accompanying presentation focussed on the service recommendations, overall recommendations and providing an update from consultation feedback. The key areas of feedback were:

- Opening times for boots pharmacies
- End of life medicines provision
- Sharps disposal
- Smoking cessation advanced service
- References to CCG updated to ICB in the document
- Additional note in appendices that pharmacies do not order or deliver scripts so any issues relating to that are beyond their control, and additional reflection on pharmacy pressures causing unplanned closures
- Hypertension recommendation expanded
- COVID-19 vaccination included (Phase 5)
- Numbers added to a chart on pharmacies per 10,000 population

Questions and comments were submitted:

- It was questioned if the PNA took account of anticipated population increases and whether the current pharmacies were in the correct locations. It was confirmed that there was adequate pharmacy provision now and there was the option to undertake a supplementary PNA, if required, following population growth.
- Further information was sought about smoking cessation services. There were two commissioned offers, a new one from NHS England for patients discharged from hospital and a locally commissioned service for Warwickshire, which had recently been reviewed and recommissioned.
- On drug and alcohol services, there was disparity across the County for example in the provision of needle disposal points. From feedback received it seemed that some pharmacies were not interested. The recommendation around sharps disposal was therefore welcomed.
- A question on needle exchange points, whether they were in the correct locations and whether a mapping exercise should be undertaken.

- On sharps bins, the numbers utilising the service was currently low, but it was hoped publicity and clarification of the service would increase uptake. An offer to seek more detailed feedback from the pharmaceutical steering group. For needle exchange, the core mapping had been undertaken and it appeared that adequate provision was made, but commissioners would keep this under review. The Chair requested a written update on the needle exchange and sharps disposal aspects.

## **Resolved**

That Health and Wellbeing Board:

3. Notes and comments upon the contents of the Pharmaceutical Needs Assessment (PNA) as set out above.
5. Notes and comments as shown above upon the verbal update on consultation feedback.

Approves the publication of the PNA subject to any changes mentioned in the formal consultation verbal update.

## **6. Healthwatch Warwickshire Annual Report**

Liz Hancock (Chair) and Chris Bain (Chief Executive) of Healthwatch Warwickshire (HWW) presented its annual report for 2021/22. The annual report had been published in June 2022 and had been circulated widely.

It reported on service delivery in 2021/22, including a full range of services to the public. HWW had published ten reports relating to the improvements people would like to see to health and social care services. These were available on HWW's website. In terms of future priorities, HWW would further develop its work to find out more about the lived experiences of people needing or using health and social care services. It planned to ensure that the lived experiences of seldom heard people and communities were properly considered. HWW would continue to engage positively with the Integrated Care System (ICS) at all levels to ensure that the voice of patients continued to be heard. It was already working proactively with various parts of the ICS. Similarly, it worked with colleagues in Healthwatch Coventry to ensure there was an effective service across the whole system. HWW was extending the focus of existing projects and developing new projects too. The accompanying presentation expanded on the key messages with Liz Hancock providing an overview and Chris Bain taking the Board through the detail of the annual report.

Councillor Falp commented that this agenda had included a lot of high-level strategic topics. This presentation showed how such strategies affected people and it was important for the Board to consider both aspects. The Chair agreed on the importance of hearing lived experience.

## **Resolved**

That the Board notes the Healthwatch Warwickshire Annual Report.

## 7. Serious Violence Prevention Strategy

Jonathon Toy introduced this item which set out the duties for a number of partner agencies under the Police Crime, Sentencing and Courts Act 2022 to address the root causes of serious violence. These included requirements for collaboration and for consultation with education authorities and youth offending services in the preparation of a local Serious Violence Strategy.

The draft government guidance stated that the specified authorities come together to decide on the appropriate lead and structure of collaboration for their area. The government narrative had been referred to as a "Public Health Approach" to serious violence prevention. Public Health England, in its publication, "A whole system multi agency approach to violence prevention", set out three levels of violence prevention. Investment had been aligned to areas with high levels of serious violence. This was not applicable to Warwickshire, even though it was surrounded by areas which did meet the criteria and the County was a net importer of serious violence.

It was recognised that prevention was a key aspect. This required a long-term commitment by a range of agencies, individuals and communities. This approach would also support action towards health and wellbeing priorities.

Interventions to address serious violence were defined as universal (aimed at a general population); selected (targeted at those more at risk); and indicated (targeted at those who use violence). The Warwickshire Serious Violence Prevention Model was provided as an appendix to the report. It combined these universal and selected interventions, supporting those most impacted by serious violence, whilst creating a climate where serious violence was not tolerated.

The strategic priorities were reported, together with the requirements for consultation on the Strategy and the wide engagement undertaken with partner agencies. It had been adopted by the Safer Warwickshire Partnership Board (SWPB), the Education Authority, Youth Justice Service and National Probation Service. The next step was the development of a multi-agency delivery plan.

The SWPB would work with key stakeholders to maximise the resources available and influence partner organisations to deliver the Strategy. Detail was provided on the lead group to agree the priorities within the delivery plan and the training requirements for frontline practitioners.

In addition to the statutory duty, the Act had introduced serious weapon homicide reviews. For defined qualifying homicides review partners were required to conduct a review into the person's death. Meeting this requirement was currently being worked through with the West Midlands Violence Reduction Unit.

The financial implications were reported. There were revenue implications of a partnership commissioning fund in the region of £100-150,000 per annum for a three-year period. It was expected this would be part-funded by the Home Office and the Office of the Police and Crime Commissioner had indicated a willingness to provide matched funding. The WCC Community Safety Team would take a lead role and there would be resource implications for all partners in regard to training and establishing the commissioning fund.

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

- The Chair sought more information about monitoring and implementation of the strategy. This would be via a Serious Violence Strategic Group of the SWPB. It was suggested that as the delivery plan was developed it be brought to this and other boards to ensure ownership.
- The Chair referred to the report recommendations and specifically that relating to the establishment of a delivery fund. She reminded that this Board did not have authority to agree this or its own funding and therefore suggested an update to the wording of this recommendation.
- It was questioned if the removal of local police officers impacted on liaison. Mr Toy responded that from experience, community leaders provided a more important local voice that would be listened to. Whilst authorities like the police were important, using local influencers was more so.
- A view that schools should be more involved, to ensure a dialogue with young people from an early age and identify causes which led to people participating in serious crime. The Chair agreed that this was about early intervention, speaking of the implications of trauma for young people and the need for all parts of the community to be involved. The training and awareness raising aspects were welcomed.
- Chris Bain spoke of feedback at the recent Warwickshire pride event. There were increasing incidents of hate crime, and people felt more threatened. Other concerns were cyber violence with an associated impact on mental health and violence against women. It was questioned if the strategy would provide a sufficient response. Mr Toy referred to the hate crime partnership, the strategic approach taken to hate crime and the excellent work being undertaken by the WCC equality and diversity inclusion group. Work was also being undertaken within the Community Safety section including targeted use of 'safer streets' funding. The Strategy made direct reference to the impact of social media. It was about changing the narrative. There was an ambition to engage younger people, to shape social media messaging. An example was provided of current engagement with people who had been involved in county lines and serious violence. There was an opportunity to use messaging in a more positive environment. Chris Bain suggested a direct conversation with the LGBTQ+ community and he offered to make introductions.

The Chair added that the Board would welcome periodic updates and a revisit to this area at a future meeting.

## **Resolved**

That the Health and Wellbeing Board:

1. Endorses the Warwickshire Serious Violence Prevention Strategy and will work collaboratively with the Safer Warwickshire Partnership Board and Local Criminal Justice Board to support delivery of the strategic priorities set out in the strategy and delivery plan.
2. Endorses the adoption of a public health approach to serious violence prevention as set out in "A whole system multi agency approach to violence prevention", published by Public Health England.

3. Supports the work of lead officers across named statutory agencies for the establishment of a delivery fund to ensure the objectives set out in the Warwickshire Serious Violence Prevention Strategy delivery plan are achieved and are affordable within current budgets/resources.
4. Works in partnership to develop a training and awareness programme for front line health practitioners on the duty and how to identify and refer those at risk of serious violence.
5. Supports the Safer Warwickshire Partnership Board in the development of and response to Serious Weapon Homicide Reviews that are coming into force as part for the above act.

## Updates

### **8. Warwickshire Health and Wellbeing Partnerships**

The Board received updates from each of the place-based Health and Wellbeing Partnerships in Warwickshire. The Chair proposed that each partnership be invited to give an update by way of presentation at the January Board meeting.

### **9. Levelling Up**

This update concerned the newly published countywide approach to levelling up in Warwickshire and the opportunity for greater alignment and synergy between Levelling Up, health inequalities and the wider work of the Health & Wellbeing Strategy.

### **10. Coventry and Warwickshire Integrated Health and Wellbeing Forum**


A report on proposals for the establishment of the Coventry and Warwickshire Integrated Health and Wellbeing Forum, which would replace the Coventry and Warwickshire Joint Place Forum. The new Forum would provide system leadership around the wider health and wellbeing agenda. As such it would contribute to achievement of the aims of the ICS, specifically tackling inequalities in outcomes, experience and access, and helping the NHS support broader social and economic development.

### **11. Coventry and Warwickshire Population Health Management Roadmap**

This report detailed the plans to improve population health through data-driven planning and delivery of proactive care. It sought to achieve this through use of analytical tools to identify local 'at risk' groups of people. It brought multi-disciplinary teams together to use these insights to design and target activity to prevent ill-health, improve health outcomes and reduce inequalities.

### **12. Forward Plan**

The Chair gave an outline of the agenda content for the January Board meeting. Nigel Minns suggested that an item be included to give early consideration of the Better Care Fund, which was agreed.

  
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Councillor Margaret Bell, Chair

The meeting closed at 4:00pm