

Health and Wellbeing Board

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

Membership

Councillor Les Caborn (Chair, Warwickshire County Council)
Councillor Jeff Morgan (Warwickshire County Council)
Councillor Dave Parsons (Warwickshire County Council)
Councillor Izzi Seccombe (Warwickshire County Council)
Councillor Marian Humphreys (North Warwickshire Borough Council)
Councillor John Beaumont (Nuneaton and Bedworth Borough Council)
Councillor Sally Bragg (Rugby Borough Council)
Councillor Jo Barker (Stratford-on-Avon District Council)
Councillor Judy Falp (Warwick District Council)

Warwickshire County Council Officers: Shade Agboola and Nigel Minns

Clinical Commissioning Groups: Sharon Beamish (Warwickshire North), Sarah Raistrick (Coventry and Rugby), David Spraggett (South Warwickshire)

Provider Representatives: Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust), Dame Stella Manzie (University Hospitals Coventry & Warwickshire), Dianne Whitfield (Coventry and Warwickshire Partnership Trust)

Healthwatch Warwickshire: Elizabeth Hancock

NHS England: Julie Grant

Police and Crime Commissioner: Richard Long (Office of the PCC)

Items on the agenda: -

1. General

(1) Apologies

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

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

Draft minutes of the previous meeting are attached for approval.

(4) Chair's Announcements

Discussion items

- | | |
|---|---------|
| 2. Health and Wellbeing Partnerships | 19 - 24 |
| – Progress reports from the partnerships in South Warwickshire, Warwickshire North and Rugby – <i>Partnership Leads</i> | |
| 3. Children 0-14 Unintentional Injuries | 25 - 28 |
| – Report for approval – <i>Shade Agboola</i> | |
| 4. Covid-19 Residents Survey Findings | 29 - 32 |
| – update on progress – <i>Duncan Vernon</i> | |

Updates to the Board

- | | |
|---|---------|
| 5. Health and Wellbeing Strategy update | 33 - 64 |
| – Update on the Strategy – <i>Gemma McKinnon</i> | |
| 6. Social Inequalities Action Plan | |
| Progress update and presentation – <i>Kate Sahota</i> | |
| 7. Better Together Programme | 65 - 70 |
| – Progress update against performance – <i>Becky Hale</i> | |
| 8. Feedback from the Joint Place Forum and Health & Care Partnership | 71 - 76 |
| – Update report – <i>Sir Chris Ham</i> | |
| 9. Joint Strategic Needs Assessment Update | 77 - 80 |
| – Progress report – <i>Duncan Vernon</i> | |
| 10. Pharmaceutical Needs Assessment | 81 - 84 |
| – Proposed refresh – <i>Duncan Vernon</i> | |

Board Management

- | | |
|--|---------|
| 11. Forward Plan | 85 - 86 |
| – <i>Gemma McKinnon</i> | |
| 12. Any Other Business (considered urgent by the Chair) | |

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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<https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1>

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Health and Wellbeing Board

Tuesday, 15 September 2020

Minutes

Attendance

Committee Members

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 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

Page 4

Health and Wellbeing Board

15.09.20

- 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.
4. 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 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.
2. Notes the Better Together Programme schemes that are directly contributing to the local response to the national COVID-19 hospital discharge requirements.
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.

13. Place Forum and Health and Care Partnership 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 15th 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 15th July.

14. Forward Plan

The Board reviewed its Forward Plan.

Resolved

That the Health and Wellbeing Board notes its Forward Plan.

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Health and Wellbeing Board

Place-based Health and Wellbeing Partnerships

6th January 2021

Recommendation

The Health and Wellbeing Board is asked to:

1. Note and support the progress made by the three Health and Wellbeing Partnerships in Warwickshire.

1. Background

- 1.1 The Health and Wellbeing Partnerships (HWP) in the three places of Warwickshire North, Rugby and South Warwickshire are critical to the successful delivery of the Health and Wellbeing Strategy, the Coventry and Warwickshire Health and Care Partnership and the place-based Joint Strategic Needs Assessment (JSNA). This report provides an update on progress made by the HWPs as well as future plans.

2. Updates to the Board

- 2.1 To support knowledge sharing and coordination across HWPs the Place Coordination Group has been established. The group, consisting of Public Health Consultant and Officer leads for each HWP, meets on a monthly basis and will support the development of these Board updates moving forward.
- 2.2 Each HWP is at a different stage of developing JSNA action plans and delays to this have been experienced due to Covid-19 disruption and the need to establish Place-based Incident Management Teams (IMTs) to support the Covid-19 response. The IMTs have been supporting a range of activities including raising awareness of outbreaks, communication and engagement, and identification of sites for Covid-19 testing and vaccination delivery. 3 IMTs are held weekly for North, Rugby and South place. These are organised by Public Health and chaired by the district and borough Chief Executives.

3. South Warwickshire Health and Wellbeing Partnership

- 3.1 The South Warwickshire Healthy Citizens Forum (HCF), which oversees the SW Healthy and Wellbeing Delivery Group and South Place Co-ordination Group, agreed in January 2020 to prioritise Mental health, outcomes for Children and Young People and action on Climate Change. These priorities

were re-confirmed in April in light of the COVID-19 pandemic; an additional priority to collaborate to support recovery from COVID-19 was added.

Throughout the pandemic the SWHWB Delivery Group increased the frequency of meetings in order to maintain co-ordination and support for shared priorities. An overview of activity in line with each of these priorities is outlined below

3.2 ***Supporting the pandemic response and recovery***

Since October members of the HCF and partners in the HWB Delivery Group and the Place Partnership have supported the South Incident Management Team to strengthen the partnership response to COVID-19. The IMT have identified and addressed key actions to help reduce incidence rates in the South, including tailoring and targeting communications activities, promoting the 'COVID-19 Community Champions and strengthening links with VCS organisations, developing support for people who are Clinically Extremely Vulnerable and sharing data and intelligence between partners to ensure all are aware of the wider context and challenges faced by partners across the public sector.

SWHWB Delivery Group meetings have been used to share updates, key messages and comms materials for preventing COVID-19 transmission, vaccination and screening campaigns. The findings from the Coventry and Warwickshire Covid-19 Health Impact Assessment and the Warwickshire COVID-19 population survey were shared and used to inform key areas for partnership action to support the pandemic response and recovery planning. Recognising the financial impacts of the pandemic and the risk fuel poverty presents to respiratory health the Act on Energy service has been actively promoted through the partnership.

3.3 ***Mental Health***

Given the concerns of a rise in housing insecurity highlighted by the COVID-19 HIA, the Delivery Group has held focused sessions on services and support available to prevent homelessness and the Warwickshire Homelessness Strategy. In addition the group are supporting the promotion of and recruitment to suicide prevention training; the planned re-launch of Wellbeing for Life and promotion of Thrive at Work; and the dissemination of information on support for Carers, people who have been bereaved, people with dementia and people with mental health and wellbeing needs.

The Delivery group continues to help strengthen links between VCS organisations, NHS providers and District Councils and WCC in support of the Mental Health Access Hubs (see video via link: [Mental Health Access Hubs](#)), Arts and Health initiatives, the Stratford Housing Plus Development and, looking forward, the development of the Ellen Badger Hospital. The group are currently reviewing CWPT's Community Mental Health Transformation plans and a bid to NHS England, helping to ensure a strong partnership approach to the bids.

3.4 **Children and Young People**

The Delivery group have held focused meetings on Child Poverty and Financial Inclusion and Smoking in Pregnancy. Alongside this the group has overseen 3 projects working with young people which were jointly funded from WCC and SWCCG in 2019:

- Wriggle - providing creative dance sessions for preschoolers and families for physical and mental wellbeing delivered via virtual platform and outside social distanced sessions
- Entrust - providing a virtual “lean on me” support service for families with children experiencing complex needs
- Young People first - delivering interventions to address wellbeing of young people including yoga and mindfulness sessions.

3.5 **Climate Change**

Strengthening local supply chains can contribute to reducing the carbon footprint of organisations, along with contributing to a stronger local economy. An initial working group has been formed to bring together procurement officers and officers from Economy and Skills together to explore opportunities to develop the local supply chain. Following discussions with the HCF and the Population Health and Prevention Executive links will be made to extend this work across the system, given the value it adds to the work of the Anchor Alliance. The partnership will also link in with the work of Warwickshire County Council to develop a shared approach to commissioning for social value.

Local partners have prioritised action on digital inclusion with Districts and WCC developing laptop recycling schemes to improve access to virtual support and linking with the VCS to improve digital skills and confidence among residents.

4. **Rugby Health and Wellbeing Partnership**

4.1 The Rugby HWP agreed new terms of reference earlier in the year and since then has been chaired by the Executive Director of Rugby Borough Council. WCC Public Health are providing the secretariat and working closely with RBC to develop the partnership. Under the new terms of reference, the role of the partnership is to lead responsibility for delivering actions to improve the health and wellbeing of communities in Rugby. This includes the actions emerging from and informed by the JSNA.

4.2 Alongside the new terms of reference for the HWP, Rugby also saw the formation of the Delivery Board, as part of the Health and Care Partnership governance. This board has established itself through a series of meetings during the pandemic that supported joint working at the time. There is a strong working relationship between the two groups with the Delivery Board meeting between the HWP meetings. This way of working has allowed conversations and shared work between the two groups to be sustained. The meeting frequency for the partnership and delivery group have increased since the start of the pandemic, with the partnership meeting monthly and the delivery

group meeting every two weeks.

- 4.3 The identification of priorities for health and wellbeing in Rugby has been the core work of the partnership over the previous months. This has been supported by the completion of the JSNA programme, and a thematic analysis was carried out on the JSNA place-based profiles to draw out issues that were consistent across each of the five areas.
- 4.4 The themes and priorities for the partnership were agreed in Summer and each monthly meeting is based on a theme. The agreed themes are Health behaviours (priorities smoking), poverty and inequalities (priority homelessness), mental health and wellbeing (priority self-harm in young people) and Covid-19 recovery. The themes also frame the agenda for the delivery group to progress the work of both the delivery and partnership groups. A Homelessness Task and Finish Group has also been set up to progress the partnership working in Rugby.
- 4.5 The Partnership has specifically considered the Covid-19 Impact Assessment and planning for the recovery phase, health services and the Houlton development, homelessness strategy (including Outreach Nursing Service and Pathway Needs Assessment), Health and Wellbeing Strategy, Wellbeing for Life, Tobacco Control and Locality Hubs.
- 4.6 Public Health are working closely with the Rugby Place Programme Director to align the work of the Partnership and Delivery Group.

5. Warwickshire North Health and Wellbeing Partnership

- 5.1 Warwickshire North HWP has been taking a strategic view on a range of health and wellbeing priorities across the two boroughs. The membership includes representatives from North Warwickshire Borough Council, Nuneaton and Bedworth Borough Council, Warwickshire North CCG, George Eliot Hospital, Primary Care Network, SWFT, WCC, and Warwickshire CAVA. December saw the last meeting with Independent Chair Jerry Hutchinson and the announcement that Steve Maxey (North Warwickshire Borough Council) will be taking over this responsibility in 2021.
- 5.2 The partnership has been delivering on a set of priorities and feels it has made a significant impact, as outlined at previous HWB Board meetings. At September's meeting a discussion took place to agree the partnership's priorities. These are: access to services; reducing health inequalities; housing and health; and reducing obesity and improving lifestyles.
- 5.3 At the last meeting in December the Partnership received a Covid-19 update which outlined the latest data for the North, the impact on local hospital services, and feedback from the Incident Management Team (IMT).
- 5.4 To speak to one of the partnership's priorities, housing and health, a presentation and discussion item on homelessness and Warwickshire's draft Homelessness Strategy also took place at the December meeting. The

partnership was assured about the work that has been taking place around homelessness and health during the Covid-19 response and recovery period.

6. Financial Implications

- 6.1 There are no direct finance implications from this update at this time. However, as more detailed plans are developed, the relevant Officers will be involved to provide scrutiny and assurance around spend and benefits where necessary.

7. Environmental Implications

- 7.1 There are no direct environmental implications from this update. However, as more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance on this area where necessary.

8. Next steps

- 8.1 The HWB Partnerships will refresh their action plans in line with evidence from the JSNA which is now complete. Three partnership plans will then be produced, outlining health and wellbeing priorities for each area, in line with the refresh of the HWB Strategy for 2020-25 and also the Coventry and Warwickshire Health and Care Plan. Further updates on progress will be provided to future meetings of the Health and Wellbeing Board.

Appendices

None

Background Papers

None

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The report was circulated to the following members prior to publication: WCC members: Councillors Caborn, Redford, Bell, Adkins, Kondakor and Roodhouse

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Health and Wellbeing Board**6 January 2021****Child Accident Prevention****Recommendation(s)**

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

1. Key Issues

As previously reported:

- 1.1 The rate of hospital admissions for unintentional and deliberate injuries in children aged 0-4 year olds and 0-14 year olds in Warwickshire are higher than national and regional averages (ranks 4th in West-Midlands, Coventry ranks 1st), and higher than the majority of our statistical neighbours (0-4s ranks 3rd, 0-14 ranks 4th).
- 1.2 These data have been interrogated to understand variations in the conversion of children with injuries from A&E attendance to hospital admissions episodes. Findings suggest different hospital processes may have a role to play in higher than average admissions for unintentional injuries in some settings, particularly at UHCW in Coventry.
- 1.3 For a summary of the latest data analysis see: *"Injuries Leading to a Hospital Admission in 0-14 Year Olds in Warwickshire – A Review of Hospital Episode Statistic Data - Addendum October 2019"*:
<https://www.warwickshire.gov.uk/directory-record/2164/injuries-leading-to-a-hospital-admission-in-0-to-14-year-olds-in-warwickshire-2018->

2. Accident prevention during COVID-19 and recovery.

Following the pandemic there will be a full review of the impact of the lockdown on accidents and once usual activities have resumed for children in and out of school, further data review of current accidents levels, their causes, demographic and prevention.

2.1. During COVID-19 outbreak:

Accident prevention has continued but with a different focus during COVID-19:

- During wave one lockdown, accident prevention messages were created and sent out from the Family Information Service (FIS) such as; use of stair gates, preventing window access and dangerous objects in the home. These were sent to families and key stakeholders such as health visiting, children's centre mailing lists and voluntary sector.
- Information was shared on places to turn to for support on mental health and wellbeing.

- Linkages were created with Child Death Overview Panel to review any factors associated with deaths during lockdown which could be viewed as preventable.
- Presented all work to date to the Regional Best Start in Life network, other Local Authorities were appreciative for the learning from Warwickshire.
- The team are about to launch key messages at Christmas, due to the pandemic families will not be able to stay in hotels and so may stay in other people's homes in makeshift beds. Key messages will be the increase in risk of harm from co-sleeping following consumption of alcohol, consumption of button batteries by children and sleeping in cots adjusted outside of manufactures instruction.

2.2. CAP Steering Group Update and Future Actions

Up until the COVID pandemic the Child Accident Prevention (CAP) Steering Group was overseeing the following work streams:

2.2.1. Data insights work (Put on hold due to COVID-19)

- a) Started an audit of A&E attendances at GEH to understand the cause of attendances and admissions. Explore transfers and admissions processes for children seen at A&E with injuries.
- b) Work closely with the Warwickshire, Coventry and Solihull Child Death Overview Panel, in order to capture intelligence, recommendations and case studies.

We will continue to:

- c) Ensure local place-based JSNA action plans reflect latest childhood accidents intelligence.
- d) Interrogate admissions and attendance data for unintentional and deliberate injuries in Warwickshire's children (0-4 and 5-14 yrs old), and undertake an annual review of A&E attendance/admissions data.

Once the Audit is complete we will use the intelligence we have gathered to direct our work around:

- **Partnership and Communications**
- **Upskilling the workforce**

3. Financial Implications

Activity currently funded through existing budgets. Future funding sources currently being explored for: (a) child MECC training, and (b) increased CAP communications and marketing activities.

4. Environmental Implications

There are currently no environmental implications.

5. Summary

During the pandemic the team have focused on messaging and prevention appropriate to risk associated with factors linked uniquely to how families adapt to the pandemic.

Once the pandemic work reduces, the Child Accident Prevention (CAP) Steering Group will continue to focus most heavily on reviewing child accident prevention, and previous hot spots amongst 0-4 years olds, leading by understanding the cause of the county's high numbers of accidents.

Background papers

None

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Redford, Bell, Adkins, Kondakor and Roodhouse

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Health and Wellbeing Board

Covid-19 Residents Survey Findings

6 January 2021

Recommendation(s)

1. To note the initial findings from the Covid-19 residents survey.
2. To utilise the findings from the Covid-19 residents survey within recovery planning and service restoration.

1. Background

- 1.1 The period since the start of the pandemic has been unprecedented with major disruption to the lives of many. The aim of the survey is to explore some of the impact of COVID-19 on people living and working in Warwickshire and their thoughts about the next few months of recovery.
- 1.2 The COVID-19 recovery survey took place between August and September 2020 and was hosted on Warwickshire County Council's Ask Warwickshire consultation hub. The survey received 2,510 responses. Data on the diversity of respondents was also collected as part of the survey and more detailed information on this will be provided in the presentation at the January board.

2. Key findings

- 2.1 Most respondents felt they had enough information to protect themselves from COVID-19 although around 1 in 5 respondents were either unsure or didn't feel they had enough information.
- 2.2 Around a quarter of respondents indicated they were either extremely or very worried about the impact COVID-19 was having on their lives.
- 2.3 Employment:
 - Just under 1 in 5 respondents in employment had been furloughed. Around one third of these respondents remained on furlough.
 - An increase in work related stress was reported by half of respondents in employment.
 - Improvements in work-life balance for some were offset by a similar proportion of people reporting a decline in work-life balance.
 - Improvements were least likely to be seen in the area of combining paid work with childcare responsibilities; 20% of respondents saw an improvement compared to 40% who felt it was worse.

- Catching COVID-19 from a workplace setting was a higher concern for respondents than the loss of a job, increased hours or more working from home.

2.4 Testing:

- Most respondents reported knowing the symptoms of COVID-19 and most respondents said they knew what to do if they developed symptoms. Just over 6% of all respondents said they did not know.
- More than 1 in 4 respondents reported they did not know how to obtain a test for COVID-19. This was slightly higher for older people aged 75+
- Around 15% of respondents indicated they would not be able to self-isolate if asked to do so. A similar proportion reported they would not get support from their employer if they were asked to self-isolate at home.
- The proportion of respondents who felt they would not be able to self-isolate or get support from their employer was higher in the north of the county.
- Just under 6% of respondents said they would not give details to the test and trace programme if asked to do so.

2.5 Health, wellbeing and lifestyle:

- Respondents reported that the most stressful aspects of the pandemic were the risk of a loved one becoming infected, changes to social routines (e.g. spending free time with friends/loved ones) and potential changes to the global or national economy.
- Over a third of respondents also found the uncertainty about the length of quarantine measures and reading or hearing others talk about the severity of COVID-19 stressful.
- Around 28% of respondents reported feeling lonely sometimes, often or always in the previous month. This figure rose to 45% for those who indicated a previous mental health condition prior to the pandemic.
- Key ways in which respondents reported coping with social distancing and isolation were engaging in healthy behaviours (healthy eating/exercise and getting enough sleep), taking breaks and connecting with others.
- Just over 1 in 5 respondents reported drinking more alcohol and eating more sugary/fatty food in response to social distancing and isolation.
- Respondents reported being most likely to take up health consultations by telephone; higher levels of uncertainty were evident in relation to online and in person consultations.

2.6 Accessing services and facilities:

- Respondents reported being least comfortable on public transport and in indoor leisure facilities.
- Hospital emergency departments were also a place of some concern for respondents.
- People felt most comfortable in parks and greenspaces, takeaway outlets other outdoor settings.
- Limiting the number of people allowed in certain settings was the top measure cited by respondents to make people feel more confident when visiting a setting.

2.7 Transport:

- Respondents reported doing more walking and cycling during the pandemic. People also thought they were more likely to do more walking and cycling for short journeys in the future
- The most common reason cited by respondents as preventing them from cycling or walking for short journeys was traffic and other road users.

2.8 Volunteering and community action:

- Three quarters of respondents felt that people in their local communities had done more to help others during the lockdown period. The figure was highest in Stratford-on-Avon district and lowest in Nuneaton & Bedworth borough.
- Two thirds of respondents felt they would get help if they needed it during a period of lockdown. Again Stratford-on-Avon district respondents felt more confident of support; in the north of the county there was less certainty about the level of support available.
- Half of respondents said they had helped others on their street or local community while 1 in 10 signed up with local organisations and 1 in 20 signed up to the NHS volunteer scheme.
- Going forward, respondents who wanted to volunteer were most interested in supporting people with practical tasks and conservation/gardening.

2.9 Respondents identified their priorities as access to health services (GPs, hospitals etc) and public spaces, transport and town centres.

3. Financial Implications

3.1 None.

4. Environmental Implications

4.1 None.

Background Papers

1. Background paper 1 – Covid-19 Recovery Survey Initial Findings (Oct 2020)

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The report was circulated to the following members prior to publication:
Councillors Bell, Redford, Adkins, Kondakor, Roodhouse.

Health and Wellbeing Board

Health & Wellbeing Strategy update

6 January 2021

Recommendation(s)

1. To note the update on the Health and Wellbeing Strategy 2020-2025 consultation.

1. Executive Summary

- 1.1 The Health and Wellbeing Strategy (HWS) is Warwickshire's high-level plan for reducing health inequalities and improving health and wellbeing for our residents.
- 1.2 The draft HWS sets out three priorities to focus on over the next two years in order to help achieve the HWS strategic ambitions. The three priorities are:
 - 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
- 1.3 The HWS consultation ran for a five week period from the 23rd November to the 5th of January. Responses to the consultation are now being analysed to feed into the final version of the HWS, which will be presented to the Health and Wellbeing Board in March.

2. Financial Implications

- 2.1 None.

3. Environmental Implications

- 3.1 None.

4. Supporting Information

- 4.1 Over the five-week consultation period a number of different engagement methods have been used to increase reach of the consultation and ensure as many people as possible have the opportunity to have their say. Due to the

Tier 3 restrictions placed on Warwickshire at the time of the consultation, consultation and engagement is mostly online. Virtual engagement sessions were planned with a range of partners including Warwick District Faith Forum, Pride, EQuIP and presentations were delivered at each of the place-based Health and Wellbeing Partnerships as well as a number of other forums.

- 4.2 The consultation asked both residents of Warwickshire and people working within Warwickshire whether they agreed with our priorities and our proposed ways of measuring against the strategic ambitions within the Strategy.

5. Timescales associated with the decision and next steps

- 5.1 The timeline for incorporating the findings from the consultation into the final report are shown in figure 1.

Figure 1: Timeline for HWS consultation



Appendices

1. Draft Health and Wellbeing Strategy for consultation
2. Equality Impact Assessment (EqIA)

Background Papers

None.

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Cllrs Redford, Bell, Adkins, Kondakor, Roodhouse.

DRAFT Warwickshire Health and Wellbeing Strategy 2020-2025

Foreword from Councillor Les Caborn, Chair of Warwickshire Health and Wellbeing Board

Our new Health and Wellbeing Strategy presents a real opportunity to make a difference to the health and wellbeing of everyone in Warwickshire. The Strategy has been produced in collaboration with Health and Wellbeing Board partners in a context of change which brings both challenges and opportunities. Much has happened since our first Strategy in 2014. There is significant pressure in the health and care system and the public sector more widely because of increasing demand and reducing capacity. This has been further amplified by the Covid-19 pandemic which has radically changed how society functions.

As we start to rebuild communities and reset services as part of our recovery from the COVID-19 pandemic, even more importance needs to be placed on tackling inequalities in health and creating engaged and cohesive communities that are able to thrive despite the ongoing challenges we all face. Helping our children and young people to get the best start in life is key to this, as is supporting people to look after their mental health and wellbeing particularly as 1 in 3 visits to mental health services during the pandemic were from new users. Our Covid-19 Health Impact Assessment (HIA) has highlighted two findings which will be key drivers behind our new Strategy and its implementation:

1. An **integrated recovery** which looks across traditional organisational boundaries is required to understand the wider impact to services; and
2. There is a **double impact of harm** which disproportionately impacts on Black, Asian and Minority Ethnic (BAME) communities, and the most vulnerable individuals facing multiple deprivation and inequalities in health

The NHS long-term plan and Coventry and Warwickshire Five Year Health and Care Plan both confirm a greater focus on prevention and a move to a more integrated health and care system. We want to build on the momentum from our previous Strategy and the Year of Wellbeing 2019 to drive further commitment around improving health and wellbeing. We have set out high level ambitions for the next five years, as well as specific priorities we think we should focus on over the next two years.

This Strategy sets out our commitments and vision for improving health and wellbeing for Warwickshire. It is however the first step, and next we need to deliver on these commitments. To make sure that we get this right for our communities, we are taking a place-based approach to delivery. In Warwickshire our 3 places are:

- North – covers North Warwickshire Borough and Nuneaton and Bedworth Borough
- Rugby – covers Rugby Borough
- South – covers Stratford on Avon District and Warwick District

Each place has a Health and Wellbeing Partnership and a Health and Care Executive that will play a key role in delivering the Strategy locally, making sure that action plans have been tailored to meet local needs, and build on the strengths, of each place.

1. Introduction – What is the Health and Wellbeing Strategy

The Health and Wellbeing Strategy is Warwickshire’s high-level plan for reducing health inequalities and improving health and wellbeing for our residents. The Strategy is owned by Warwickshire’s Health and Wellbeing Board, a collaborative partnership bringing together senior leaders from the county, borough and district councils, the third sector represented by Warwickshire Community and Voluntary Action (WCAVA), Healthwatch Warwickshire, Clinical Commissioning Groups (CCG), NHS trusts, Warwickshire Fire Service and the Police & Crime Commissioner.

The 2020-2025 Strategy is informed by data and engagement evidence from our Joint Strategic Needs Assessment (JSNA) and learning from our 2014-2020 Health and Wellbeing Strategy, as well as drawing on national research and good practice. We are undertaking engagement and consultation with stakeholders, communities and the public on our proposals and this feedback will be reflected in the final Strategy. The Strategy responds to the rapidly changing context for health and social care by setting out a five-year vision for health and wellbeing in Warwickshire. It will be used by local health and care partners to inform plans for commissioning services and shape how we will work together to meet health needs and address the wider determinants of health.

Our long-term strategic ambitions for Warwickshire are:



Figure 1: Coventry and Warwickshire's Strategic ambitions (HCP, 2019)

These ambitions are aligned to our shared vision for health and wellbeing across Coventry and Warwickshire’s Health and Care Partnership (HCP). Together we want to do everything in our power to enable everyone to pursue a happy, healthy life by putting people at the heart of everything we do.

“One Health & Care Partnership, Two Health and Wellbeing Boards, Four Places, Three Outcomes”

In order to deliver our ambitions, the Health and Wellbeing Board has agreed three priority areas to focus on over the next two years. These emerged as priorities within the findings from the JSNA and the Covid-19 health impact assessment (HIA).

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

After two years, we hope to see improvements in outcomes related to these priorities. We will then use our latest JSNA data to decide if these should remain our priorities for a further two-year period, or if we need to focus our attention on other areas to achieve our long-term strategic ambitions. We are shaping our priorities at 'place' – North, Rugby and South. Each place has a Health and Wellbeing Partnership and a Health and Care Executive to lead on the implementation of the Strategy, making sure local action plans are tailored to the local context.

2. Our journey – Where we are now

There has been ongoing commitment to deliver on the priorities of the 2014-2020 Strategy from each organisation represented on the Health and Wellbeing Board and our Annual Reviews highlight some of the achievements in delivering our ambitions of the Strategy over the last 5 years. Over this period, the role of wider partners in health and wellbeing has been increasingly recognised such as Housing and Planning teams in our District and Boroughs, the Police and the Fire and Rescue Service. There has been stronger partnership working, however it is recognised that we don't always join up what we do and make the connections between different areas of work.

This means we may miss opportunities to identify synergies and complementary activity and don't always get the best outcomes as a result. To do this better we are adopting a 'population health' approach which takes a holistic view of everything that impacts on people's health and wellbeing and pays greater attention to the connection between the four pillars of: wider determinants of health, our health behaviours and lifestyles, the place and communities we live in, and with, and an integrated health and care system.

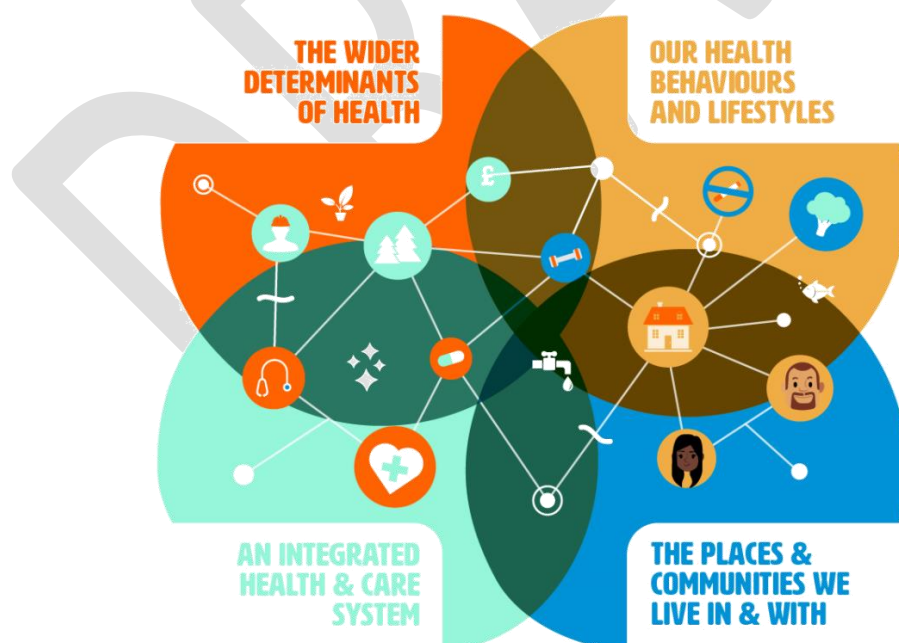


Figure 2: Population health model (Kings Fund, 2019) [to be adapted]

2.1 Place-based needs assessment

To inform the development of the new Health and Wellbeing Strategy we have undertaken research and engagement as part of the Joint Strategic Needs Assessment (JSNA) process. We developed a new place-based approach to understanding the health needs of Warwickshire residents. By undertaking this approach, we have been able to identify the needs and priorities within each area and ensure our recommendations are tailored to the needs of each place.

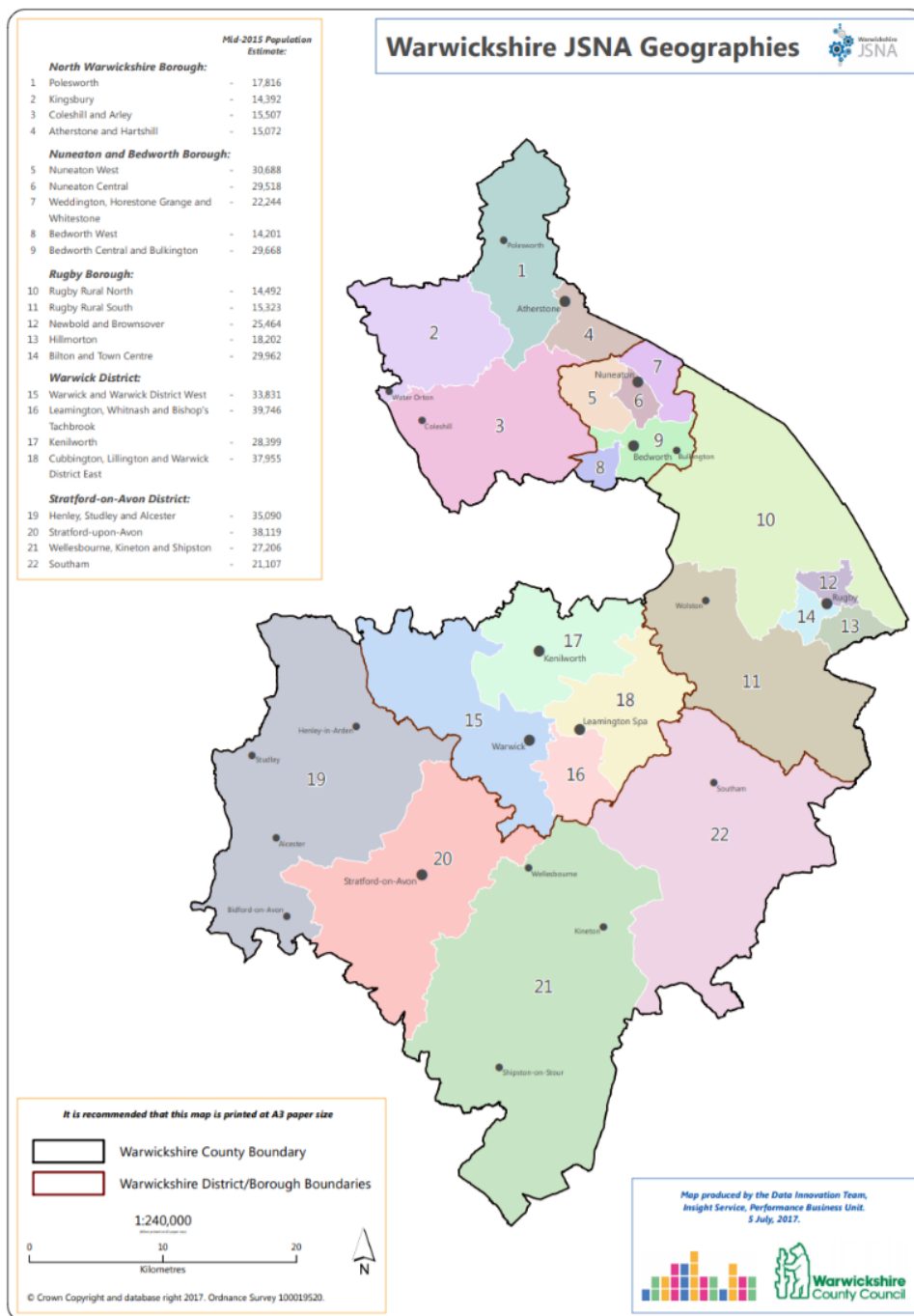


Figure 3: JSNA place-based approach

Over the last two years we have been building our understanding of assets and needs across the county through analysis of evidence from a wide range of sources. We have

talked to over 2,000 residents and professionals and over 300 community organisations about the key issues facing local communities as part of our JSNA. In light of the Covid-19 outbreak we have undertaken further engagement and heard from over 2,500 residents on how life has changed for them since the outbreak. From this, we know that:

- **Overall health in Warwickshire is above average but varies, with residents in more deprived parts living shorter lives and spending a greater proportion of their lives in poor health.** In less deprived parts of the county males can expect to live over 9 years longer and females 5 years longer than those in more deprived areas¹. People are spending more of their later years in ill-health – over 18 years for men and nearly 20 years for women². There are avoidable differences in health outcomes, often linked to smoking, alcohol consumption, obesity and lack of physical activity. There is a need for better communication and advice to help people keep lead a healthy and independent life.

Covid-19 impact: Nationally mortality rates from Covid-19 during the first wave of the pandemic were more than twice as high in the most deprived areas compared to the least deprived areas for both males and females. Five areas in Nuneaton & Bedworth Borough and one in North Warwickshire Borough are in the 10% most deprived nationally. These are areas where residents are more likely to be working in essential services, be from a BAME group or living in more crowded housing and hence at increased risk of contracting Covid-19³.

- **Children and younger people have increasing needs.** Nearly one in three children age 10-11 are overweight or obese⁴. Increasing numbers of children aged 0-14 are being admitted to hospital with injuries and hospital admissions have also increased for alcohol specific conditions in under 18s^{5,6}. There are growing concerns regarding mental health issues and self-harm rates among young people (age 10-24)⁷. With the number of school children forecast to increase by over 4,000 by 2025 the demand on support services is likely to increase⁸.

Covid-19 impact: During the first lockdown period, referrals to RISE (the local Child and Adolescent Mental Health Service) reduced by 52% (February to May) despite mental health challenges increasing for many young people. Reductions in referrals may have reflected that the primary need of patients changed. The service often sees patients presenting with educational stressors, which were reduced during the Covid-19 outbreak period because of school closures. An increase in referrals for eating disorders was seen during this time.⁹

- **Around one in four adults experience mental health problems, but the county has seen an improvement in the suicide rate.** Levels of suicide in Warwickshire have historically been higher than the England average. However, following a large programme of work aimed at suicide prevention, local rates are now in line with the England average¹⁰. With awareness of mental health increasing and changes in underlying risk factors, more adults and young people are likely to present to health services with a mental health need by 2025.

Covid-19 impact: During the first lockdown period, the Office for National Statistics (ONS) highlighted across Great Britain the percentage of adults with high levels of anxiety reduced from 49.6% in the period 20th to 30th March to 33.3% in the period 24th April to 4th May. However local mental health support services reported seeing

more people experiencing anxiety disorders¹¹.and the Warwickshire COVID-19 Survey found an increase in self-harming behaviours among people with pre-existing mental health conditions.

- **Warwickshire has a growing older population.** There are more people over the age of 65 than the national average (20.8% in Warwickshire and 18.4% for England) and those over 85 are expected to almost double from 16,561 in 2020 to 30,132 in 2040. The prevalence of dementia (all ages) is higher than the national average in South Warwickshire CCG (similar to the national average for Coventry and Rugby CCG and below the national average for Warwickshire North CCG)¹². Across all three CCGs the estimated dementia diagnosis rate for those aged 65 and above is below the national average¹³. These issues put pressure on services and carers who provide support. We need to focus on preventative health in the younger and working age population now to help manage future demand on health and care services.
Covid-19 impact: Among people with a positive test, those who were aged 80 or over were 70 times more likely to die when compared to those under the age of 40. In Warwickshire a fifth of the population is aged over 65 and at an increased risk of mortality¹⁴.
- **Despite the county's comparatively good performance on education and skills and economic growth, pockets of deprivation limit people's opportunities to succeed in life.** 6 Lower Super Output Areas (LSOAs) are in the 10% most deprived nationally. A further 16 LSOAs are in the second most deprived decile, and 26 are in the third most deprived decile. 12% of children (11,400) live in low-income households. Social inequalities and life chances are already established from these early years of life.
COVID-19 impact: Across Warwickshire the percentage of working age people receiving Job Seekers Allowance plus those receiving Universal Credit was gradually increasing since April 2019 from 1.9% to 2.2% in March 2020. Across Warwickshire the highest rates were in Nuneaton and Bedworth Borough which were consistently higher than the England rate, and the lowest were in Warwick and Stratford Districts. However, since the first lockdown, claimant rates increased significantly across the county, with each district and borough seeing at least double the number of claimants. North Warwickshire saw the biggest percentage increase in claimants when comparing rates between May 2019 and May 2020¹⁵.
- **Inequalities in health exist between White and Black, Asian and Minority Ethnic communities.** People from ethnic minority groups are at higher risk of being out of work; prior to Covid-19 the rate of unemployment in some ethnic minority communities was 6.1% compared to 3.5% for people from a white background¹⁶.
Covid-19 impact: People from black and minority ethnic groups were more likely to be at increased risk of exposure to Covid-19 than White British groups during the first wave of the pandemic, often due to working in frontline or essential services. Mortality rates were highest among South Asian and Black Caribbean groups¹⁷.
- **The county has a higher level of homelessness** than other areas. We know that good quality housing leads to better health and wellbeing as it indirectly affects early

years outcomes, educational achievement, economic prosperity, mental health and community safety¹⁸.

Covid-19 impact: Under the 'everyone in' directive we supported 139 rough sleepers to access emergency shelter who had not been assessed formerly to be owed a statutory duty to accommodate. Wider financial impacts of the pandemic have led to an increase in people concerned about meeting housing costs.³

- **Poor transport links** in some parts of the county contribute to loneliness and social isolation. Nearly a third of people live in rural areas in Warwickshire, often with poor public transport links, which can make it difficult to access services, and over one in three of the population over 65 report they are lonely some or all of the time¹⁹.
COVID-19 impact: Residents feel less comfortable about using public transport due to concerns of exposure to COVID-19.³
- **Road safety** issues, with a higher rate of people killed and seriously injured on roads in Warwickshire. This is compounded by rapid population growth in areas such as Rugby resulting in pressure on services, increased road traffic, and poorer air quality in some of our town centres.
COVID-19 impact: Warwickshire residents have walked or cycled more during the pandemic, however the most common barrier to opting to walk or cycle more is concern about traffic and other road users.³
- **Air quality** – improving air quality and taking action on climate change has significant benefits both for our local environment and our health and wellbeing, including reducing the risk of developing or exacerbating respiratory illnesses.
COVID-19 impact – reduced traffic during the pandemic has led to improved air quality; there is an opportunity to harness changes in behaviour made during the pandemic for longer-term environmental and health benefits. Additionally, when asked residents would feel most motivated to take local action on conservation and action on climate change within their local communities³.
- **Community capacity** – Our JSNA has highlighted a wealth of voluntary and community activity. Community organisations are often best placed to address health challenges as they have networks, understanding and legitimacy. However, their resources are limited and the public sector must change how it works with communities by shifting to an 'enabling' leadership style to join forces and build capacity.
Covid-19 impact: The grassroots response to mobilising mutual aid during the pandemic period has had a big impact on local volunteering, how it is perceived and how it can be promoted in the future.
- **Improvements to access and integration of services** are needed, with a focus on self-care and prevention to help people stay well and ensuring a seamless experience of accessing care when help is needed.
Covid-19 impact: Respondents reported access to services as a top priority and 1/3 were uncertain about accessing these facilities compared to other settings during the initial lockdown period. For some the shift to digital GP appointments represented a

more convenient way of accessing services, whilst others felt this did not adequately replace face to face contact.²⁰

More information about the findings from our Joint Strategic Needs Assessment can be found at www.warwickshire.gov.uk/joint-strategic-needs-assessments-1

More information about the findings from our Covid-19 Health Impact Assessment can be found at: www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/impact-covid-19/1

3. Where do we want to get to?

Based on this understanding of local needs, we are proposing three overarching **strategic ambitions** for the health and wellbeing of our residents.



Figure 4: Coventry and Warwickshire's Strategic ambitions (HCP, 2019)

The outcomes we hope to achieve are:

1. People will lead a healthy and independent life.

By this we mean promoting healthy lifestyles and behaviours to help people stay healthy and well. It means working together to make sure that every child had the same opportunity to thrive and has the best start in life. If people have existing health problems, we want to prevent them from escalating to the point where they require significant, complex and specialist health and care interventions. It means helping people to age well and to slow the development of frailty in older people. The focus will be on empowering people to take action to improve their health and wellbeing and providing effective, timely support where needed.

Direction of travel will be monitored through indicators such as:

- **Children and young people:** healthy weight; admissions for injuries; under 18 alcohol admissions; Child and Adolescent Mental Health Services performance; children living in poverty; children and young people who self-harm; school readiness
- **Working-age Adults:** healthy life expectancy; physically active adults; overweight and obese; alcohol admissions; suicide
- **Older people:** falls; dementia diagnosis; flu immunisations

2. People will be part of a strong community.

By this we mean working together to create communities that have a healthy environment, economic prosperity and where the social needs of people are met. We will work together to

build community resilience and where everyone has the opportunity to thrive, with access to jobs, secure housing and feel connected to people around them. We will co-produce services with our communities where possible to make sure they meet people's needs.

Direction of travel will be monitored through indicators such as:

- **Economic inclusion:** universal credit claimants; people in employment; gap in employment rate between those with mental health or learning disabilities and the overall employment rate
- **Housing and homelessness:** fuel poverty; statutory homelessness and priority need or in temporary housing; affordable housing
- **Transport and air quality measures:** level of air pollution; active travel
- **Road Safety:** killed and seriously injured (KSI) casualties on England's roads
- **Carers support:** percentage of adult carers who have as much social contact as they would like

3. People will experience effective and sustainable services.

These outcomes are also aligned to the Coventry and Warwickshire Health and Wellbeing Concordat, owned by the Health and Wellbeing Boards for both Warwickshire and Coventry. We will focus on the best way to achieve good outcomes for people, reduce the number of interactions people have with our services, and avoid multiple interventions. We will also focus on early intervention to prevent people from needing to use complex and specialist services. We will work closely with the Health and Care Partnership to do this.

Direction of travel will be monitored through indicators such as:

- **Quality of services:** emergency readmissions within 30 days of discharge; excess winter deaths
- **Access to services:** proportion of adults in the population in contact with secondary mental health services; proportion of patients satisfied with GP practice appointment time
- **Early intervention:** Uptake of health checks among people with learning difficulties and among people with serious mental illness
- **Long term conditions:** people feeling supported to manage their condition

4. How will we get there

We are working on a population health framework for Warwickshire to underpin everything we do as a health and wellbeing system to achieve our long-term vision for change. It is taken from a model developed by the King's Fund and is based on four areas that impact on people's health and wellbeing. For Warwickshire this means:

- **Wider determinants** – working in partnership to tackle health inequalities through addressing the social determinants of health such as education, employment, housing and a healthy environment.
- **Our health behaviours and lifestyles** – aligning and coordinating prevention programmes to maximise impact and tackle barriers to healthy lifestyle choices.

- **The places and communities we live in and with** – working together in our places and with our communities to mobilise solutions, informed by our understanding of local needs and assets from our place-based JSNAs.
- **An integrated health and care system** – health and social care commissioners and providers working together to commission and deliver services in Warwickshire.

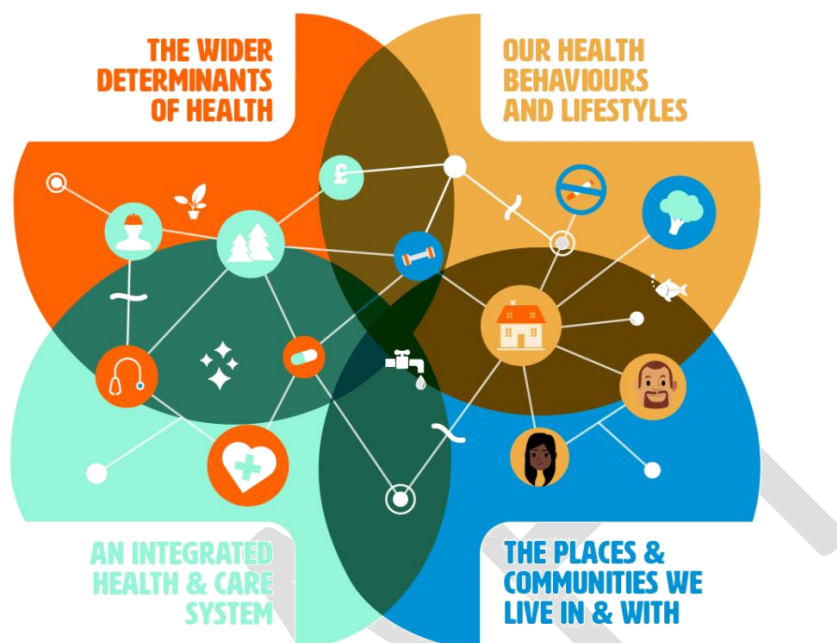


Figure 5: Our approach to population health (Kings Fund, 2019)

We plan to invest in getting these foundations right and our plans will consider each of these components and the connections between them. Some of the outcomes related to our ambitions will be delivered indirectly by other strategies and plans, such as the Economic Growth Plan which will improve access to employment and training and therefore influence improvements in the wider determinants of health. Similarly, the Local Transport Plan will support a shift in transport modes to more sustainable, active travel that will provide greater opportunity for people to be physically active.

The importance of whole-system approaches for promoting health and wellbeing and strengthening the local economy is highlighted by the NHS Confederation report “NHS Reset: The Role for Health and Care in the Economy: a five- point plan for every system”²¹. This identifies key areas for all systems to address covering the role of Anchor Institutions, strengthening recruitment of local residents, building the local supply chain, embedding health within planning frameworks and supporting civic restoration in the recovery from the pandemic. These have relevance to each of our strategic ambitions and our local recovery programme.

4.1 Our ways of working

The following principles, which form part of the Coventry and Warwickshire Health and Wellbeing Concordat, will underpin the way we work as Health and Wellbeing Board partners:

Prioritising prevention: we will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.

Strengthening communities: we will support strong and stable communities. We will listen to residents to understand what they want from the services we provide and encourage them to lead change themselves where possible.

Co-ordinating services: we will work together to design services which take account of the complexity of people's lives and their over-lapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.

Sharing responsibility: we value the distinct contributions by all organisations that are represented on the Health and Wellbeing Board. We will maintain partnerships between the public sector, voluntary and community sector, local business and residents, recognising that we share a responsibility to transform the health and wellbeing of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.

4.2 Our priorities

We have identified **three initial priorities** where we can make a tangible difference in the short-term by working together in partnership. We will use these areas to test our new ways of working and bring our population health framework to life. There is a wealth of great work already being done in these areas and the challenge is to add value by making connections and creating energy and momentum to upscale existing activity. We will look at each area through the lens of the population health framework, identifying how each component contributes to addressing the issue and links to the others. We think that these are areas that, if we make a difference here, will impact positively on other health and wellbeing issues and priorities for the county.

We have chosen these priorities because we know that they are areas where we could do better. The first two priorities were identified through the JSNA findings and workshops with senior leaders and remain relevant now. Reducing health inequalities has long been a priority underpinning our work and now deserves more prominence due to the 'double-impact' of the pandemic. Our three initial priorities are to:

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

We will review our progress on these areas annually and, if necessary, change our priority areas after two years. To make sure that these priorities reflect the need of each place (North, Rugby and South) our place-based Health and Wellbeing Partnerships, as well as place-based Health and Care Executives will lead on implementation.

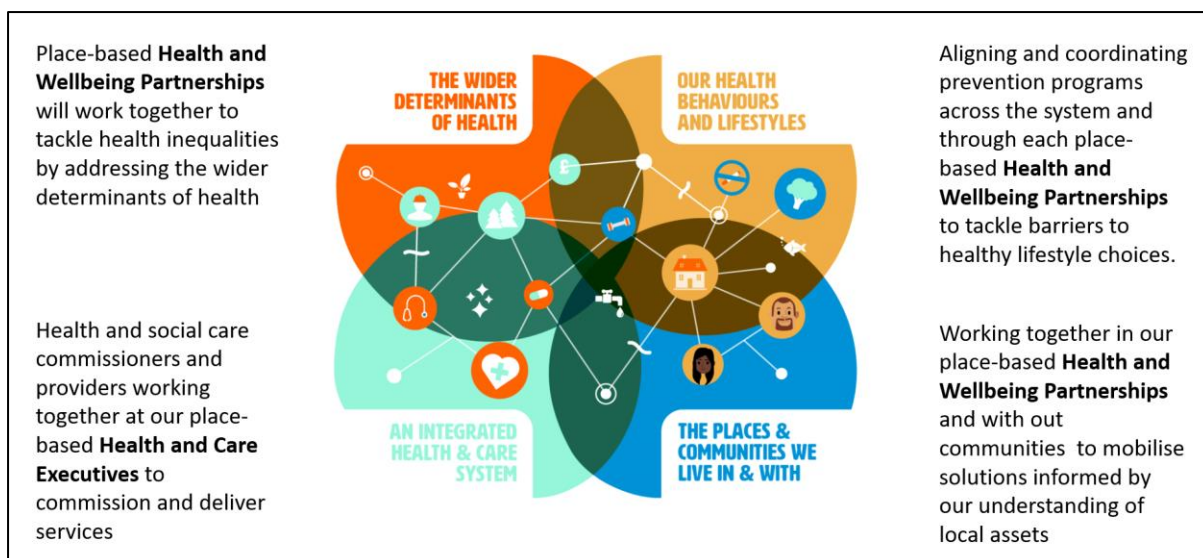


Figure 6: How we will operate at place (adapted from the Kings Fund Population Health framework)

Priority 1 – help our children and young people have the best start in life

We know that positive early experiences are vital to make sure children are ready to learn, ready for school, and have good life chances. Support need to start early, including support for parents in the “1001 Critical Days” (from conception to age two) when the foundations for development are laid.

Children and young people have experienced significant challenges throughout the Covid-19 pandemic. For many, disruption to education and homelife may have impacted on their mental health and wellbeing. Helping our children and young people catch up on their education is a key priority within WCC’s Covid-19 Recovery Plan.

Between March and April 2020, we know that there was an increase in the number of food parcels given to families with children, as well as an increase in the number of children newly eligible for a free school meal. We are developing a Social Inequalities Action Plan to tackle childhood disadvantage.

Childhood vaccinations are a vital health priority to protect against a number of diseases. Nationally and locally in Warwickshire there has been a decrease in the numbers of children being vaccinated during the Covid-19 outbreak. Good uptake in Warwickshire is important to avoid a resurgence of vaccine-preventable diseases, which could have a major impact on the health of children and vulnerable groups. This is why we have started our #Carryonvaccinating campaign and why we are committed to improving uptake of vaccinations across Warwickshire.

Providing extra support for mothers at risk of premature birth is a key priority within the NHS Long Term Plan. We know that the smoking status of mothers can impact on birthweight of babies and that this can impact on health outcomes over the life course. Rates of smoking at the time of delivery are higher in the North of Warwickshire compared to the South. To tackle this inequality in health we are working to implement the recommendations from our Local Maternity Services (LMS) Smoking in Pregnancy Review and making sure that access to

services is proportionate to need. We are taking this same approach with our other services to support children and young people, such as Health Visiting. By taking a targeted approach to earlier intervention and prevention we will work together to give every child the best possible start in life.

Case Study: Establishing a pool of locally trained Youth support Workers

Our young people are growing up in an environment that makes securing these vital building blocks more difficult than it was for previous generations. Today's young people face an unstable labour market, heightened by the economic impact from Covid-19, and a more challenging housing market. They are reporting higher levels of loneliness and poor mental health than previous generations²².

In response to a lack of youth groups and youth-led support in North Warwickshire borough and across south Warwickshire, Young people first, a local youth organisation working across Warwickshire were approached by WCC and Borough and district partners to run an accredited training programme to establish pools of local youth support workers.

Once trained and having completed their portfolio based on a 6-month work-based placement in a youth setting successful applicants were awarded a Level 2 Award in Youth Work Practice by ABC Awards.

With a pool of accredited youth support workers in the local areas, youth projects could be better supported and able to provide a worthwhile initiative to work with young people. The courses were free to join and funded through Warwickshire County Council with contributions in the North from the Borough Council also. In North Warwickshire 10 people took part in the course with people from all over the borough and Nuneaton and Bedworth, whilst 15 were selected from a pool of 25 in the south with approximately half from Warwick district and half from Stratford. There was a range of experience within both groups with some already working in voluntary or paid youth worker roles, whilst others looking to expand their skills to better support the local communities and offer additional services and some looking for a change of career.

The groups received 4 days of intensive training over 6 weeks covering topics such as: theory of youth work; safeguarding; young people's development; engaging and communicating with young people. The group training was accompanied by individual portfolios of written and practical work followed by at least 6 months of paid or voluntary work with young people 2-3 hours per week.

Priority 2 – help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities

Delivering an all-age mental health system that is underpinned by prevention, building resilience, early intervention, recovery and self-care in the places people live and work is a key priority across Coventry and Warwickshire.²³ This is an even greater priority now because of the impact that Covid-19 has had on mental health and wellbeing. People have

reported experiencing more feelings of loneliness and heightened anxiety due to uncertainty about the virus and the wider implications of the outbreak²⁰. In Warwickshire 85,000 people were furloughed during the initial lockdown period, and research suggests that an increase in hardship and economic recession can exacerbate mental health illness. We also know from our Covid-19 residents survey that respondents with a prior mental health condition were more likely to report engaging in less healthy behaviours as coping mechanisms, such as drinking more alcohol or making unhealthy food choices, and for a smaller proportion turning to self-harming behaviours.

Prevention and early intervention is key to supporting people to improve their mental health and wellbeing. Building community resilience and community capacity is crucial to this and involves working with wider partners from the community and voluntary sector, and not solely health. As part of this, the Working Together Partnership, led by Coventry and Warwickshire Partnership Trust (CWPT), brings together health and care partners and Voluntary and Community Sector organisations across Coventry and Warwickshire to improve holistic support for people to improve positive mental health.

Following the success of our Year of Wellbeing, we are launching Wellbeing for Life to continue with the positive action we saw during 2019. We want to ensure mental health and wellbeing is considered within our own policies, which is why we are committed to reviewing these to see how we can improve. Evidence shows that having a happy and healthy workforce increases staff productivity and job satisfaction, contributing to overall improvements in quality of life. In partnership with the WMCA we are supporting employers to sign-up to Thrive at Work, a commitment which promotes employee health and wellbeing by focusing on key areas such as: mental, musculoskeletal and physical health; and promoting healthy lifestyles.²⁴

Certain groups face inequalities in mental health and wellbeing due to existing conditions or specific life experiences. There are a number of key strategies that will help us achieve this priority including our Living Well with Dementia Strategy, that sets out how we will improve outcomes for people living with dementia. Our Homelessness Strategy aims to better address the needs of people who are homeless or sleeping rough. Individuals experiencing homelessness are less likely to engage with traditional services, which is why we have established a Mental Health Enhanced Care Pathway that aims to improve mental health support for people who sleep rough and reduce the risk of exacerbation of poor mental health, which can often result in A&E attendance.

To help reduce inequalities in mental health and wellbeing, the Health and Care Partnership is developing a transformation plan for improving services for priority groups, to help ensure that access is proportionate to need.

Case study: Creative Health interventions – helping residents improve their mental health and wellbeing during the Covid-19 pandemic

Artists have been helping defeat the loneliness of lockdown thanks to a special Covid 19 programme of activity called #creativecarecw.

Warwickshire County Council funded eight organisations across the county to create new activities specifically designed to beat the isolation that some people are suffering during the pandemic. The result has been a varied programme targeted at improving the lives of lots of different groups of people both young and old and activity in each of our District and Boroughs. The projects have reached over 450 people directly (virtually) plus 10,000 residents received an “Arts pack” to work on at home, and over 5,000 residents engaged with online activities.

Examples include:

- Sundragon Pottery provided clay modelling packs with a creative clay booklet for young people in a supported housing scheme.
- Arts Uplift organised online sewing, singing and drama classes, for groups including older people in care homes and people isolated at home
- Singer Juliet Russell provided choir practice for people with respiratory difficulties,
- Escape Arts' 'We are One' series included a printed pack which has been distributed widely in hospitals and the community, offering creative activities for all ages, including street homeless people who are in temporary accommodation.

Research shows creative activities like these can have a huge impact on people's physical and mental health and wellbeing.²⁵ Here in Warwickshire, new links have been forged between arts groups and groups of people at risk of isolation through their disability, illness, age or a host of other reasons. We believe this approach could be a blueprint to help us develop our work with arts organisations and target activity on those people who need our help the most, at the same time reducing their dependency on health services.

We are working with Coventry University to evaluate the programme, the findings of which will inform the roll-out of a Warwickshire Arts on Referral programme in early 2021.

Priority 3 – Reduce inequalities in health outcomes and the wider determinants of health

Reducing health inequalities has always been at the heart of the work of the Health and Wellbeing Board and the Health and Wellbeing Strategy. Findings from national and local data has highlighted that the Covid-19 pandemic has had a disproportionate impact on specific groups, including those from Black, Asian, and Minority Ethnic (BAME) communities. We have set up a system-wide health inequalities group to help improve our response to these findings. From reports we know that BAME communities are over-represented in social care and lower income settings, which is why a longer-term focus on access to higher income employment is needed for these groups.²⁶ This is why one of our WCC Recovery Plan priorities is to harness the power of our communities to tackle inequality and social exclusion.²⁷ We are supporting this work in a number of ways for example:

- Two Connecting Communities Support Officer posts have been created to support the local Test and Trace team
- Commissioning collaborative research project to find out more about the Covid-19 in BAME communities

- Inclusive recruitment and employment policies and processes to improve diversity in our workforce
- Health partners being asked to improve ethnic to better understand access and outcomes of health and wellbeing

Other groups also tend to experience poorer health outcomes or access to services, including people living with disabilities, learning difficulties, people with serious mental illness, and people from lower socio-economic groups. We want to support people from these groups to keep fit and healthy and reduce their risk of developing Covid-19 through “prehab” activities. Health inequalities are multi-factorial with people with the worst health outcomes often experiencing a combination of risk factors and living in environments less conducive to good health. We know the environment in which we live can influence the choices we make, which is why the Warwickshire Health and Wellbeing Board endorsed local ‘Promoting Health and Wellbeing through Spatial Planning’ guidance in January 2020.

We have also established a system-wide group to lead on the response to address inequalities in NHS provision and outcomes. The Health Inequalities Task and Finish Group is identifying how best to respond to eight urgent actions on inequalities. As part of this a Call to Action has been made, aimed at employers and organisations, to ask them what they can do to help reduce health inequalities. Areas for action include: developing a shared approach to social value across anchor organisations; reducing barriers to work; and exploring the impact of Covid-19 on families with children 0-5s.

Case study: Promoting Health and Wellbeing through Spatial Planning

The environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities. Good planning and well-designed places can provide opportunities for people to be physically active and connect with others. The importance of our built environment has been highlighted more during the Covid-19 pandemic as poor housing conditions, such as overcrowding, have been associated with an increased risk of disease transmission.²⁸ The value of accessing good quality green spaces has also proven beneficial for people’s mental wellbeing during this period.



We know that inequalities in health exist along the social gradient and those living in the most deprived areas are likely to have a lack of green space, poor air quality, and poorer housing compared to the least deprived areas. We don’t want this to be the case for Warwickshire, which is why we have developed a Spatial Planning for Health guidance document to support Health in All Policies (HiAP) and want to make sure that health and wellbeing is embedded within local and joint planning policies and decisions.

Health and wellbeing is also seen as a key strategic driver behind WCC’s place shaping programme. Place shaping describes local governments role in creating an environment for communities to flourish by improving infrastructure, services, connectivity and

sustainability to deliver a better quality of life. Our Promoting Health and Wellbeing through Spatial Planning guidance document will help support this.

5. Monitoring - How will we know when we have got there

Leadership and accountability is key to knowing if we are getting things right. The Health and Wellbeing Board will have oversight of progress against our strategic ambitions. The direction of travel indicators will be developed into a performance dashboard for the Board, and the Board will receive an annual performance report on progress.

Each place-based Health and Wellbeing Partnership in Warwickshire will develop an action plan with clear performance measures based around the four components of the population health framework. The Partnerships action plans will be tailored to meet the specific needs of each place and will routinely report to the Board. We will evaluate the overall progress we have made on our three priorities after two years and take a view on if we should continue with these or focus our efforts on other priorities for the next two years.

DRAFT

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- ¹⁶ <https://commonslibrary.parliament.uk/research-briefings/sn06385/>
- ¹⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf
- ¹⁸ <https://data.warwickshire.gov.uk/housing/>
- ¹⁹ <https://api.warwickshire.gov.uk/documents/WCCC-630-2139>
- ²⁰ WCC Covid-19 resident survey report (October 2020)
- ²¹ <https://www.nhsconfed.org/resources/2020/07/the-role-of-health-and-care-in-the-economy>
- ²² Health Foundation, 2019
- ²³ <https://www.happyhealthylives.uk/our-priorities/mental-health-and-emotional-wellbeing/improving-mental-health-and-emotional-wellbeing-in-coventry-and-warwickshire/>
- ²⁴ <https://www.wmca.org.uk/what-we-do/thrive/thrive-at-work/about-the-programme/>
- ²⁵ https://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf
- ²⁶ South Asian Foundation
- ²⁷ WCC Recovery Plan
- ²⁸ <https://www.ageing-better.org.uk/sites/default/files/2020-09/Homes-health-and-COVID-19.pdf>

EQUALITY IMPACT ASSESSMENT (EIA)

Health and Wellbeing Strategy refresh 2020 – 2025

Before completing this document please refer to our 'Guide to Equality Impact Assessments' [here](#).

Service/policy/strategy/practice/plan being assessed	Health and Wellbeing Strategy refresh 2020 – 2025
Business Unit/Service Area	Public Health (on behalf of the Warwickshire Health and Wellbeing Board)
Is this a new or existing service/policy/strategy/practice/plan?	Existing Strategy (refresh)
EIA Review team – list of members	Rachel Barnes, Rob Sabin, Lucy Rumble, Sue Robinson, Gemma McKinnon
Do any other Business Units/Service Areas need to be included?	Business Intelligence, Communications, wider Health and Wellbeing Board partners
Date of assessment	August 2020
Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and/or employees? <i>If yes let your Assistant Director and the Customer Relations Team know as soon as possible</i>	No

Details of service/policy/strategy/practice/plan

Scoping and Defining	
<ul style="list-style-type: none"> What are the aims, objectives and outcomes of the service/policy/strategy/practice/plan? 	<p>The Health and Wellbeing Board has a statutory duty to produce and deliver a Health and Wellbeing Strategy for Warwickshire to help improve health and wellbeing in the local population and reduce health inequalities. The strategy outlines the vision, objectives and priorities based on the findings of the Joint Strategic Needs Assessment (JSNA) including performance data and feedback from communities and senior leaders across the health and care system. The objectives of the refreshed strategy need to be reflected in the commissioning plans of Warwickshire County Council (WCC) and the wider Health and Care Partnership.</p> <p>Generally, health in Warwickshire is good overall but it varies widely across the county and we are facing significant challenges over the next five years with an aging population and rising demand for services. We are proposing a vision of 'Living Well in Warwickshire' and three high level strategic outcomes:</p> <ul style="list-style-type: none"> People will lead a healthy and independent life. People will be part of a strong community. People will experience effective and sustainable services. <p>We are also proposing two short term areas of focus in the next 12-18 months:</p> <ul style="list-style-type: none"> Help our children have the best start in life Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities. <p>We plan to carry out public consultation and engagement to help shape the priorities and our approach to delivering the vision of 'Living Well in Warwickshire'. We would like to hear residents' views on this.</p>
<ul style="list-style-type: none"> Who are the customers? 	Residents and local communities in Warwickshire

<ul style="list-style-type: none"> • How has equality been considered in the development or review so far? 	<p>Equality is a key consideration in the development of this consultation and achieving the vision that people and communities are living well in Warwickshire.</p> <p>Since 2018 we have been building our understanding of needs and assets across the county by looking at a wide range of evidence and listening to as many people as possible including those with protected characteristics. We have talked to around 2000 people and 300 community organisations about key issues as part of our Joint Strategic Needs Assessment (JSNA). We have heard the voice of patients through organisations such as Healthwatch and the Clinical Commissioning Groups, and talked to groups such as the Youth Parliament, Children in Care Council, and the Equality and Inclusion Partnership (EQUIP) to help identify priorities. We have also used feedback from our Covid-19 residents survey where we heard from over 2,000 Warwickshire residents on how the pandemic had impacted on their health and wellbeing and ability to access services.</p> <p>However, there have been a number of key gaps identified where engagement needs to be increased, including:</p> <ul style="list-style-type: none"> • Residents in North Warwickshire • Those unemployed • Under 30s (including under 18s) • Some ethnic minority groups <p>We need the feedback and views of all communities across Warwickshire to ensure that we are focusing on the appropriate priorities and outcomes in our refreshed strategy.</p>
<ul style="list-style-type: none"> • What is the reason for the change/development? 	<p>The Health and Wellbeing Strategy is a high-level plan for improving health and wellbeing and reducing health inequalities for Warwickshire residents. It is used by Warwickshire County Council (WCC) and other local health and care partners to inform plans for commissioning and delivering services. It also shapes work with partners to help meet health and social care needs and address the wider social determinants of health. The Strategy is owned by the Warwickshire Health and Wellbeing Board, which brings together senior leaders from WCC, district and borough councils, acute and community NHS trusts, the Clinical Commissioning Groups (CCGs), NHS England, the Police and Crime Commissioner, and voluntary sector organisations. The current Strategy runs to the end of 2020 and needs to be refreshed for 2020-25. We need to ensure that we have the views of communities and residents across</p>

	Warwickshire in order to focus on the appropriate priorities and outcomes, which is of even greater importance following the impact Covid-19 has had on health & wellbeing outcomes, health inequalities and the wider determinants of health.
<ul style="list-style-type: none"> How does it fit with Warwickshire County Council's wider objectives? 	<p>The Health and Wellbeing Strategy refresh 2020 – 2025 supports the Council Plan and its Vision: “to make Warwickshire the best it can be, sustainable now and for future generations” and its two overarching priorities:</p> <ol style="list-style-type: none"> 1. For Warwickshire's communities and individuals to be supported to be safe, healthy and independent to help the most vulnerable children and adults. 2. For Warwickshire's economy to be vibrant and supported by the right jobs, training, skills and infrastructure. This will support communities and businesses to develop skills, attract investment, maintain the county's transport network and enable young people to access a place in a high-quality educational setting.
<ul style="list-style-type: none"> Why might it be important to consider equality and the protected characteristics? 	To ensure that the views of residents and communities are fed into the consultation and that their life experiences and expectations help shape the Health and Wellbeing Strategy. To ensure those who maybe seldom heard, socially isolated or experience barriers to social inclusion are proactively engaged with and supported to be part of the consultation wherever possible. This is even more important due to the impact Covid-19 has had on health inequalities and the wider determinants of health, whereby those who are already disadvantaged are most likely to experience increased risk of Covid-19.
Information Gathering	
<ul style="list-style-type: none"> What sources of data have you used? <p><i>You must keep a record of any data you have currently used as supporting evidence</i></p>	<p>Extensive data has been collected as part of the place-based JSNA across 22 areas in Warwickshire from 2018-20, and it is proposed the consultation on the HWB Strategy is an extension of this engagement activity.</p> <p>The aim of the JSNA is to carry out research into local health needs and assets and put in place coordinated interventions to address these issues. Over 2000 residents' and professionals' surveys have been completed to collect information to identify health and wellbeing needs of people in Warwickshire. In addition, 16 stakeholder events have been delivered across all 22 JSNA areas to identify local needs and which communities may be adversely affected by</p>

	<p>inequalities in health. The Business Intelligence team have produced detailed needs assessments through analysis of national and local data. The reports highlight themes and recommendations associated with the health and wellbeing needs of the community: https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/jsna-place-based-approach</p> <p>At the close of the survey at the end of February 2020, 1769 residents' surveys had been completed. Male (including trans man) - 518 (29.3%), Female (including trans woman) - 1168 (66.0%), Under 18 - 26 (1.5%), 18 – 29 - 80 (4.5%), 30 – 44 - 424 (24.0%), 45 – 59 - 423 (23.9%), 60 – 74 - 564 (31.9%), 75 + - 204 (11.5 %), White – British - 1556 (88.0%)</p> <p>Focus groups have been carried out with Youth Parliament and Children in Care Council to capture the views of children and young people in a variety of circumstances. Also stakeholders and partners such as EQuIP, WCAVA, Young People First, schools, schools consortiums, local community groups and youth organisations, Warwickshire Young Carers, Healthwatch, Compass, WCC colleagues have all been given presentations and information and asked to support the JSNA process by inviting partners and colleagues to stakeholder events and by circulating the on-line survey. GPs surgeries, Town and Parish Councils, Clinical Commissioning Groups and South Warwickshire Foundation Trust (SWFT) have all received information and requests were made for these partners to support the consultation process. Public Health colleagues have attended events to promote the surveys and stakeholder events. The WCC Localities Team have also conducted surveys and events with residents and community groups/organisations throughout Warwickshire.</p> <p>Social media campaigns have taken place targeting young people: a radio campaign was delivered between December 2019 to February 2020 and the press were approached with articles promoting the surveys and stakeholder events. Case studies have been shared and the JSNA has been promoted through internal and external communications and newsletters.</p> <p>In addition to this, survey data has been used from the Covid-19 residents survey which took place between August 16th and September 30th 2020 and was hosted by WCC's Ask Warwickshire consultation hub. The survey received 2,510 respondents. The final report of the survey is due to presented at Health and Wellbeing Board in January 2020.</p>
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<ul style="list-style-type: none"> • What does the data you have tell you about your customers and about protected equality groups? 	<p>People from poorer socioeconomic backgrounds and those with long-term health conditions and disabilities may experience more barriers to social inclusion and are at greater risk of experiencing inequalities in health. The public consultation on the draft Health and Wellbeing Strategy will provide the opportunity to engage further with protected equality groups wherever possible, utilising the expertise and networks of organisations such as TAPPSPG (Third, Public and Private Sector Partnership Group) and EQuIP (Equality and Inclusion Partnership).</p>
<ul style="list-style-type: none"> • What do you need to know more about? 	<p>More detailed information and equality monitoring regarding protected equality groups as part of consultation.</p>
<ul style="list-style-type: none"> • How could you find this out and who could help you? 	<p>Using the Health and Wellbeing Strategy refresh 2020-25 consultation and through the use of virtual community engagement and surveys, with the support of organisations such as Beehive Consulting, WCAVA, EQuIP, Healthwatch and internal colleagues.</p>
Engagement and Consultation	
<ul style="list-style-type: none"> • Who have you consulted with from protected equality groups? 	<p>Females, older people, BAME groups and people with a long-standing illness or disability, and young people via engagement as part of the JSNA and the HWB Strategy consultation (as outlined above).</p>
<ul style="list-style-type: none"> • Who else could you consult with? 	<p>Wider consultation on protected characteristics including BAME and sexual orientation, disability, and young people.</p>
<ul style="list-style-type: none"> • Who can help you to do this? 	<p>Partners on the HWB Board and Voluntary and third sector organisations will be asked to support further consultation to capture feedback.</p>
Monitor and Evaluate	
<p>(14) How will you monitor and evaluate the service/strategy/practice/plan?</p>	<p>In the longer-term success will be measured by improved health outcomes and reduced demand on services from developing and mobilising the refreshed HWB Strategy e.g. healthy life expectancy, demand on adult social care services, and attendances at primary and secondary care. In the short term, success will be measured via the number of people engaged in the Health and Wellbeing Strategy 2020-25 refresh consultation and support for the draft priorities.</p>

Please note: Further information and advice about the corporate consultation process can be found [here](#).

(15) Analysis of impact and potential actions:				
Protected characteristics from the Equality Act 2010	What do you know? Summary of data about/feedback from your service-users and/or staff	What does this mean?		What can you do? All potential actions to: <ul style="list-style-type: none"> • Eliminate discrimination/mitigate negative impact • Advance equality of opportunity • Foster good relations
		Positive impacts identified (actual and potential)	Negative impacts identified (actual and potential)	
Age	The number of people aged over 65 is increasing significantly across Warwickshire. People are living longer but live with poor health for longer. Public services are struggling to meet the increase in demand. Services for older people is an overarching theme identified in the JSNA.	Increased preventative and early intervention solutions to develop resources and assets to meet the needs of an ageing population.	Some older people may not have the opportunity to engage in this process due to transport and accessibility issues. There may also be issues with accessing virtual appointments/services that require technology.	Identify solutions to engage this group of people, working with other community groups and organisations that have the expertise and understanding regarding the needs of those over 65.
Disability	Living with a disability may increase the chances of experiencing poor health and social	This consultation will seek to engage a wide range of residents and	Ensuring that those with disabilities can access the consultation	Engage partner organisations that have the knowledge, relationships and expertise associated with a range of disabilities. Engage those with disabilities in the consultation process through

	isolation	members of the community, including people with a range of disabilities	process may be challenging.	surveys/virtual engagement sessions.
Sex	Women are generally living longer than men. This in itself creates challenges. As a result women may experience more poor health conditions associated with old age. There is an increased prevalence of men experiencing poor mental health.	Women have shown a greater interest in the JSNA consultation. This has helped to gain a greater understanding of the needs of women.	Ensuring the needs of both men and women are met equally. Exploring mechanisms to overcome the gender bias in the JSNA consultation and engage equal numbers of both genders.	Use different methods and mechanisms to engage both men and women.
Race	BAME communities may have a greater chance of experiencing poverty and or social isolation. The consultation will seek to engage these communities to help to identify mechanisms to overcome these barriers.	BAME communities engaged and given greater opportunities to address health and wellbeing issues specific to their needs.	Inadvertently excluding minority communities and therefore not meeting their needs.	Proactively engage BAME communities within their neighbourhoods and work with partners with existing relationships and networks.
Religion or	No information available			More engagement in this area will be carried out. All

belief				residents and members of the community will be proactively engaged in the consultation, for example an engagement session will be carried out with a local Faith Forum. Relationships and networks will be developed with members of these communities and community groups or organisations working with these communities.
Gender Reassignment	No information available			As above.
Pregnancy and Maternity	No information available			As above.
Sexual orientation	No information available			As above.
Marriage and Civil Partnership (NB: only in relation to due regard to eliminating unlawful discrimination)	No information available			As above.

(16) Outcomes of Equality Impact Assessment		
Action	Timescale	Responsibility
Engagement is required with all groups within the Protected Characteristics in order to identify health and wellbeing needs.	November 20 – January 21	Public Health

Date of Next Review	January 2020
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Name and signature of Officer completing the EIA	Gemma McKinnon
Name and signature of Assistant Director	Shade Agboola
Name and signature of Directorate Equalities Champion	

If you would like any equalities support or advice on this completed document, please contact the Equalities Team on 01926 412370 or equalities@warwickshire.gov.uk

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Health and Wellbeing Board

Warwickshire Better Together Programme

6th January 2021

1. Recommendation(s)

- 1.1 To note the update on the Better Care Fund Policy Framework and Guidance for 2020/21.
- 1.2 To note the update on the Better Care Fund Policy Framework and Guidance for 2021/22.
- 1.3 To note the progress of the Better Together Programme in 2020/21 to improve performance against the four national Better Care Fund areas of focus.
- 1.4 To confirm sign-off arrangements by the Sub-Committee or deferral to the March Board.

2. Executive Summary

Better Care Fund Policy Framework and Guidance for 2020/21

- 2.1 Earlier in the year, the Health and Wellbeing Board was advised that the BCF policy and planning requirements would not be published during the initial response to the COVID-19 pandemic and local areas should prioritise continuity of provision, social care capacity and system resilience.
- 2.2 On the 4th December 2020 it was confirmed that, given the ongoing pressures on systems, formal BCF plans for 2020/21 will not have to be submitted to NHS England and NHS Improvement for approval. Instead local areas must, ensure that use of the mandatory funding contributions (Clinical Commissioning Group (CCG) minimum contribution, improved Better Care Fund (iBCF) grant and the Disabled Facilities Grant) has been agreed in writing, and that the national conditions are met. This is currently in progress and due to the short timescales involved, an additional meeting of the Health and Wellbeing Board Sub-Committee may be required if it is not possible to defer to the March Board.
- 2.3 In addition, Health and Wellbeing Boards will be required to provide an end of year reconciliation to NHS England / Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the CCG minimum contribution.

- 2.4 In the meantime, as previously reported the schemes and priorities to be delivered this year, have already been agreed locally through the Better Together Programme and have continued to be commissioned and delivered, where possible to do so.

Discharge Policy Requirements

- 2.5 On the 21st August 2020, the updated NHS 'Hospital Discharge Service: Policy and Requirements' were published, which replaced the NHS 'COVID-19 Hospital Discharge Service Requirements' published during the initial COVID-19 emergency response on the 19th March 2020. This updated Policy set out the discharge requirements to 31st March 2021, for all NHS trusts, community interest companies, private care providers of acute, community beds and community health services and social care staff in England, and requirements around discharge for health and social care commissioners (including Clinical Commissioning Groups and local authorities).
- 2.6 In response the Better Together Programme has and continues to support, commissioners and delivery leads from Strategy and Commissioning and the Adult Social Care Team in the People Directorate at Warwickshire County Council, along with commissioners in the Clinical Commissioning Groups and delivery leads at South Warwickshire NHS Foundation Trust Out of Hospital Collaborative, to implement these requirements and in doing so support the acute hospitals to discharge patients requiring care and support safely.

Better Care Fund Policy Framework and Guidance for 2021/22

- 2.7 Areas have been advised that the Better Care Fund (BCF) Policy Framework will continue for a further year in 2021/22, supported by a one-year funding settlement. The Spending Review 2020 confirmed that the iBCF grant will continue in 2021 to 2022 and be maintained at its current level, and the Clinical Commissioning Group contribution will again increase by 5.3% in line with the NHS Long Term Plan settlement.
- 2.8 The Policy Framework is expected to be published in early 2021, although this is also dependent on and subject to change. At present it is unclear what changes there will be to the current conditions and metrics.

Project update

- 2.9 Some project activity also continues to progress. In December 2020 the Falls Prevention Project will commence a public campaign relating to healthy ageing which directly supports first or repeat fall prevention, as well as rolling-out frailty and falls prevention training and information for the workforce across the system about prevention support available for people at low, moderate or high risk of falls.

Performance update

- 2.10 Locally our plan for 2020/21 focusses our activities to improve our performance in the four key areas which are measured against the National Performance Metrics. These being:
- Reducing Delayed Transfers of Care (DToC) – currently suspended due to COVID-19
 - Reducing Non-Elective Admissions (General and Acute)
 - Reducing admissions to residential and care homes; and
 - Increasing effectiveness of reablement
- 2.11 A summary of performance against the four national areas of focus using the most recent data available:

Metric	Q2 20/21 performance where available	Target	Status
Delayed Transfers of Care (DToC)	Quarter 2 Actual: Data not available as not published by NHS E	44	n/a
Non-Elective Admissions	Quarter 2 Actual: 14,249	14,912	-0.1% (below / better than target)
Admissions to residential and care homes	Quarter 2 Actual: 155	182	-14.8% (below / better than target)
Effectiveness of reablement	2019/20 Actual: 94.5%	89%	5.8% (above / better than target)

3. Financial Implications

- 3.1 The programme and initiatives for its success are in part funded through national grants: Better Care Fund, Improved Better Care Fund and Winter Pressures Grant (2020/21: £57.6m). The former comes from the Department of Health and Social Care through Clinical Commissioning Groups, while the latter two are received by the local authority from the Ministry for Housing, Communities and Local Government. All three are dependent on meeting conditions that they contribute towards the programme and the targets, and that plans to this effect are jointly agreed between Clinical Commissioning Groups and the Local Authority under a pooled budget arrangement.

4. Environmental Implications

- 4.1 None.

5. Supporting Information

Performance against the four national areas of focus using the latest confirmed data available.

b. Reducing Non-Elective Admissions (General and Acute)

- i) In quarter 2, Warwickshire non-elective admissions were 2.2% lower than the same period last year and 0.1% below target.

Non-Elective Admissions performance:

Quarter	Actual (lower is better)	Target	% over/below target
Q3 2019/20	14,520	14,031	3.5%
Q4 2019/20	13,717	14,120	-2.9%
Q1 2020/21	11,481	14,912	-23.0%
Q2 2020/21	14,249	14,912	-0.1%

NHS	65+ NEAs	All Age NEAs
SWCCG	-0.5%	-2.9%
WNCCG	-7.0%	-6.7%
Rugby	2.1%	8.7%
Total	-2.4%	-2.2%

- ii) All Age Non-elective admissions from Warwickshire North CCG have seen the greatest decrease in quarter 2 compared with the same quarter last year (-6.7%), compared to South Warwickshire Clinical Commissioning Group at -2.9% for all ages. Coventry and Rugby Clinical Commissioning Group saw a 8.7% increase in all age non-elective admissions. Two of three areas also reported decreases in 65+ admissions. Warwickshire North CCG with the biggest decrease of 7.0% compared to the same quarter last year, South Warwickshire Clinical Commissioning Group being 0.5% lower than last year for the 65+ age group. Rugby saw an increase of 2.1% against the same period last year.

c. Reducing long term admissions to residential and nursing care 65+

- i) Permanent admissions were 9.7% lower than quarter 2 19/20 and 14.8% below target in quarter 2 2020/21.
- ii) The target for 2020/21 is 732 admissions per 100k population, which equates to a quarterly target of 182.

Quarter	Actual	Target (lower is better)	% over/below target
Q3 19/20	172	182	-5.5%
Q4 19/20	204	182	12.1%
Q1 20/21	144	182	-20.8%
Q2 20/21	155	182	-14.8%

d. Increasing the effectiveness of reablement

- i) This target measures the percentage of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement or rehabilitative services. This target is an annual measure and performance for 2019/20 was 94.5%.

Year	Actual	Target (higher is better)	% over/below target
2017/18	93.0%	89%	4%
2018/19	96.8%	89%	8%
2019/20	94.5%	89%	5.8%

6. Timescales associated with the decision and next steps

- 6.1 Members are requested to note the latest update on implementing the Better Care Fund in Warwickshire.

Appendices

1. None

Background Papers

1. None

	Name	Contact Information
Report Author	Rachel Briden	rachelbriden@warwickshire.gov.uk
Assistant Director	Becky Hale	beckyhale@warwickshire.gov.uk
Lead Director	Strategic Director People Directorate, Nigel Minns	nigelminns@warwickshire.gov.uk
Lead Member	Portfolio Holder for Adult Social Care & Health, Councillor Les Caborn	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Redford, Golby, Adkins and Roodhouse.

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Health and Wellbeing Board

Feedback from the Joint Place Forum and Health & Care Partnership

6 January 2021

Recommendations

1. Note the contents of the report and the *next steps and actions* resulting from the Joint Place Forum and Health & Care Partnership held on the 3rd November 2020.
2. To endorse the proposed thematic approach to future meetings.

1 Executive Summary

- 1.1 An online joint meeting of the Coventry and Warwickshire Place Forum and the Health and Care Partnership Board was held on 3 November 2020. The meeting was joined by over 70 people.
- 1.2 This was the second joint meeting during the COVID19 pandemic. It was an opportunity to continue the conversation from the previous (July) meeting about health inequalities and Covid-19 and to explore potential collaborative action to address the negative impacts and capitalise on the opportunities arising from the pandemic.
- 1.3 A number of key themes emerged during the meeting including:
 - There was a clear imperative to continue working collectively with communities and as partners to address health inequalities
 - The relationship between health and wealth, and importance of inclusive growth to ensure that some groups are not excluded from economic recovery. There is an opportunity to develop Social Value policies as a mechanism to address health inequalities
 - Foundation of strong partnership working across Coventry and Warwickshire. We have proved the value of close relationships through the Joint Place Forum and Health and Care Partnership Board, and the Anchor Alliance is an opportunity to expand this further
 - Innovation and new learning triggered by the pandemic, and the importance of taking the time to capture this

- Staff wellbeing is now more important than ever in improving health outcomes and addressing inequalities. The Thrive at Work programme has the potential to have a real impact in all organisations and should be embraced by all partners
- The importance of local communities and places in driving change / improvement and responding to need.

2 Presentations and discussion

- 2.1 Tackling health inequalities in our Covid-19 response: Partners were urged to support a Call to Action which is being developed, aimed at employers and organisations (large and small) to ask them to consider what actions they can take to help reduce health inequalities. There is also an opportunity to work with clinicians to ensure that inequalities are addressed (and not exacerbated) as waiting lists are tackled.
- 2.2 Addressing the economic impact of Covid-19: Colleagues from CWLEP, Warwickshire County Council and Coventry City Council outlined their work in partnership to address the economic impact of the pandemic. Although Coventry and Warwickshire started from a strong economic position, there are critical sectors which are now at very high risk in the region. There is notable concern about increasing unemployment amongst young people in the region. CWLEP is soon to publish its Reset Strategic Framework, which envisages a fundamental reset of the local economy, rather than a recovery that will return to past norms.
- 2.3 Partnership with the voluntary and community sector: The pandemic has in many cases strengthened collaboration between the public sector and VCS. It has highlighted the importance of small, local community groups, which quickly mobilised to support vulnerable individuals. Clare Wightman (Grapevine) shared details of a summit that was held on 10 November with public sector partners to enable a conversation around new ways of working. Grapevine have also led a partnership application to the Healthy Communities Together programme, which seeks to redesign the health system around people's lived experience of poor health outcomes and mobilise community assets.
- 2.4 Improving workforce mental wellbeing: The Thrive at Work programme making a difference: During the Year of Wellbeing, C&W Place Forum members pledged to sign up to the regional THRIVE at Work programme, and most have done so. 20 organisations (public, private and voluntary sector) across the WMCA area were recently recognised as having achieved the THRIVE bronze award, 10 of which were in Coventry and Warwickshire -

including Coventry and Rugby / Warwickshire North CCGs. ‘Wellbeing Warriors’ from the CCGs shared their experience of being part of the THRIVE programme and the impact this has had on staff, as wellbeing has become embedded in the culture of the organisation.

- 2.5 Developing the role of anchor institutions: The Chief Executives of Warwickshire County Council and Coventry City Council shared details of a fledgling Coventry and Warwickshire Anchor Alliance, an informal alliance of the two councils, the acute trusts and CWPT, the universities and CWLEP. The intention is to work together where there are levers of influence to benefit local people and achieve the best return on the Coventry and Warwickshire pound – as employers, purchasers, land and asset owners and resource users.
- 2.6 The full agenda and presentations are available at <https://www.happyhealthylives.uk/about-us/our-partnership-board/>.

3 Next steps and actions

- 3.1 The following key next steps and actions were proposed:
- Reassert the system commitment to tackling health inequalities and respond to and champion the Call to Action to address health inequalities
 - Take opportunities to work collaboratively with business sector partners and use collective influence to address economic impact of COVID19
 - Support activity to strengthen statutory and voluntary and community sector partnerships and harness the community response to the pandemic
 - Champion and progress Year of Wellbeing pledges to achieve THRIVE bronze award
 - Participation in planned training on workplace mental wellbeing for strategic partners
 - Warwickshire colleagues - respond to Warwickshire’s Health and Wellbeing Strategy consultation
 - Support and champion a population health management approach to inform plans and activity.

4 Financial Implications

- 4.1 None.

5 Environmental Implications

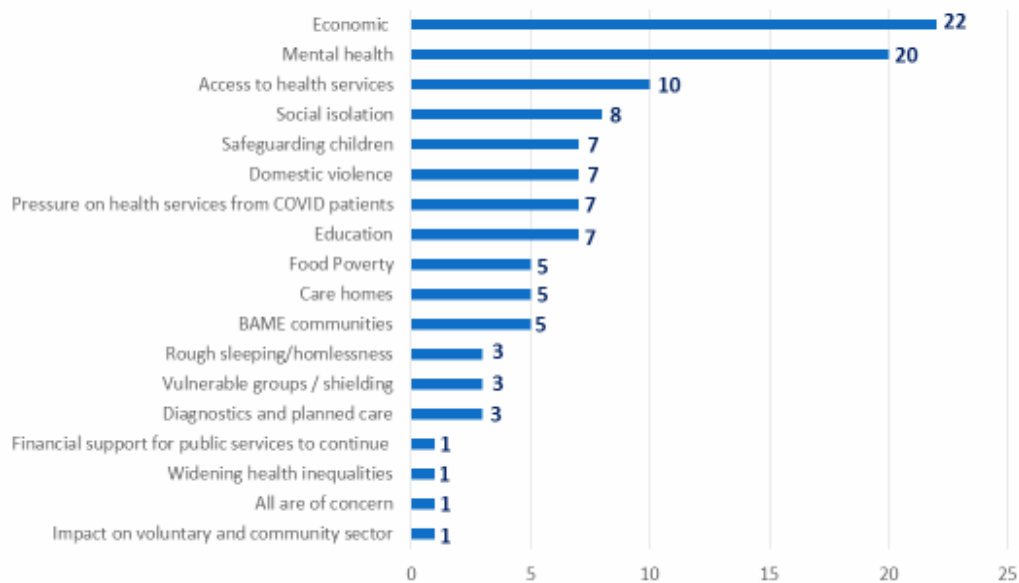
5.1 None.

6 Timescales associated with the decision and next steps

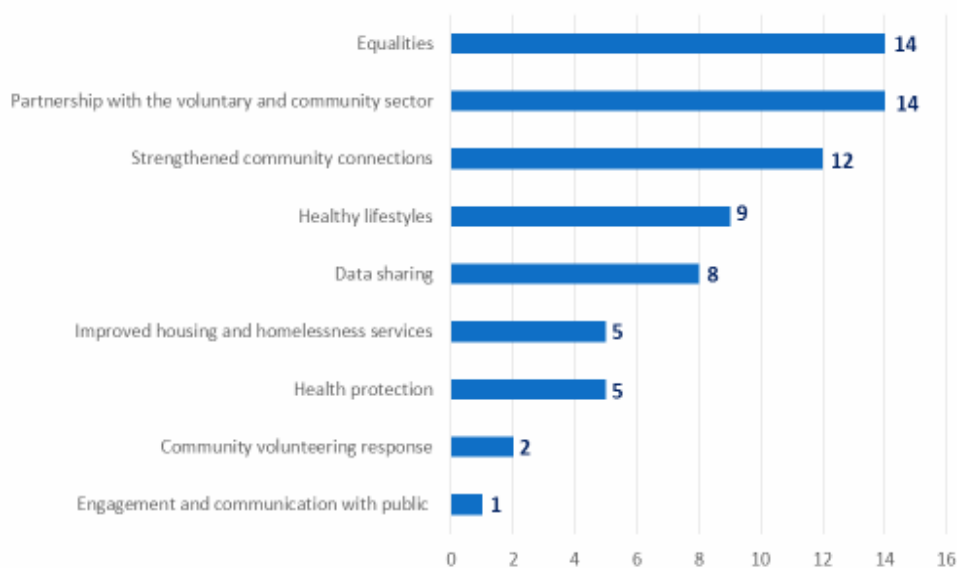
6.1 The date of the next meeting is the 2nd March 2021. It is likely to follow a similar format to the previous two meetings and have an overarching theme.

6.2 Prior to the November meeting a pre-event survey was circulated to explore what is most important to partners in terms of the pandemic response as well as what opportunities there are going forward. The results of these are summarised below and may be used to inform the theme of the next meeting.

Which impacts of the pandemic are of most concern to you? (please choose 3 of the following options) (33 responses)



What are the key opportunities from the pandemic that we should focus on together? (please choose 2 of the following options) (33 responses)



Appendices

None

Background Papers

None

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Cllrs Redford, Bell, Adkins, Kondakor, Roodhouse.

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Health and Wellbeing Board

JSNA Update

6 January 2021

Recommendation(s)

That the Health and Wellbeing Board:

1. Note the progress of the JSNA programme to date;
2. Use 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. Support 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.

1. Executive Summary

- 1.1 This paper provides an update on the delivery of the JSNA programme since September 2020.

Place Based Needs Assessments

- 1.2 Whilst the Place Based Needs Assessment approach was completed in summer 2020 the reports remain live and have been utilised by colleagues
 - 1.2.1 Warwickshire County Council (WCC) Connecting Communities Support Officers have used reports to identify key needs in areas that are at high risk of Covid-19 transmission. This information will then be used to develop interventions to reduce the risk of Covid-19 transmission. The officers are also supporting Grapevine to undertake a community door to door exercise in Shipston. The associated JSNA report is being utilised to understand the area and further develop a survey which will be undertaken with residents.
 - 1.2.2 WCC Strategy and Commissioning colleagues utilised reports as part of a review of the #onething service to identify whether events were being held in areas with the highest needs (hypertension, cancer and cardiovascular disease). Moving forward, this data will be used to underpin the delivery model of the service to ensure that areas with the highest needs are targeted.

- 1.2.3 WCC Strategy and Commissioning colleagues have used data from the place based JSNA reports to secure funding from Sport England for a project Tackling Inequalities within North Warwickshire.
- 1.3 Action plans developed using the recommendations from the place based JSNA reports have been developed for each Health and Wellbeing Partnership and moving forward will drive the work of the partnerships.
- 1.4 The next phase of the JSNA programme will be a thematic based work programme. A pilot needs assessment of this approach is underway which focuses on mental health. At the same time a prioritisation exercise is being undertaken to develop a 2-3 year work programme of needs assessments. It is anticipated that this programme will commence in April 2021.

Prioritisation

- 1.5 The prioritisation exercise commenced in September with a long list of needs assessments proposed by members of the JSNA Strategic Group and other key stakeholders. The list is as follows:
 - 1.5.1 Bereavement services
 - 1.5.2 Care homes
 - 1.5.3 Child and adolescent mental health
 - 1.5.4 Domestic violence and abuse
 - 1.5.5 End of life care
 - 1.5.6 Health visiting 0-5
 - 1.5.7 Housing Related Support
 - 1.5.8 Integrated Community Equipment
 - 1.5.9 Learning disabilities
 - 1.5.10 Substance misuse
 - 1.5.11 Tackling social inequalities
- 1.6 Lead stakeholders have been identified for each of the topics listed above and, in partnership with a small project team (Business Intelligence Lead, Public Health Consultant and JSNA Project Manager), are completing prioritisation matrices which will be assessed to develop the future JSNA work programme. Initial conversations have been helpful to identify whether a needs assessment is appropriate for each topic and have also been good opportunities to develop a wider, system approach to the needs assessments.

Mental Health Needs Assessment Pilot

- 1.7 Prior to commencing the thematic JSNA work programme a pilot is being undertaken to test the approach. Mental health has been chosen as the topic for the pilot and the assessment will cover both Coventry and Warwickshire.
- 1.8 Scoping work has taken place with a number of key stakeholders across the health and care system. This has included identifying links with other work programmes and projects to avoid duplication. Resource commitment from partners is currently being identified to ensure a collaborative approach is taken.

- 1.9 A survey is in development which will be used to identify mental health needs of the general population, those accessing mental health services and staff/stakeholders. This will go live in January 2021. Desktop analysis of available data will take place alongside the survey being published. Focus groups will also be undertaken with key stakeholders to gain qualitative information about mental health needs.
- 1.10 A draft report is planned for completion in April 2021 and will be brought to the Health and Wellbeing Board for review.

Grapevine Project

- 1.11 WCC commissioned Grapevine to mobilise and engage communities in action planning. A Community Organiser started in February 2020 to work in Lighthorne Heath, Shipston, Wolston and Camp Hill initially for 12 months. A Community Organiser was recruited by Grapevine to begin work in February 2020. Due to the COVID-19 pandemic the project was been put on hold and the officer placed on furlough. The officer commenced work again in September and began working with communities whilst observing social distancing.
- 1.12 Activities undertaken so far include online Zoom events, door knocks to engage community members, walk and talk sessions and networking events.
- 1.13 Feedback from the officer is that communities in Camp Hill and Wolston have been harder to engage than Shipston and Lighthorne Heath. In 2021 there will be a focus on further engagement with Camp Hill and Wolston.

Covid-19 Health Impact Assessment

- 1.14 Following the creation of the [Coventry and Warwickshire Covid-19 Health Impact Assessment](#), the report has been added to the LGA list [of Covid-19: Good Council Practice](#) (under the Health and Wellbeing heading).

2. Financial Implications

- 2.1 None

3. Environmental Implications

- 3.1 None

4. Timescales associated with the decision and next steps

4.1 Proposed timescales are as follows:

Work Plan	
Prioritisation exercise	January 2021
Sign off by JSNA Strategic Group	January 2021
Update Health and Wellbeing Board	March 2021
Commence workplan	April 2021
Mental Health Needs Assessment	
Survey published	January 2021
Desktop analysis undertaken	January – March 2021
Draft needs assessment report	March – April 2021

Appendices

None

Background Papers

None

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Lead Member	Portfolio Holder for Adult Social Care & Health	Cllr Les Caborn

The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Redford, Bell, Adkins, Kondakor and Redford

Health and Wellbeing Board

Pharmaceutical Needs Assessment

6 January 2021

Recommendation(s)

1. The Board is asked to note the update on the Pharmaceutical Needs Assessment (PNA) for Warwickshire
2. That the Board agree 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

1. Executive Summary

- 1.1 This report provides an update on the PNA in Warwickshire. The Health and Wellbeing Board has a legal responsibility to keep an up to date statement around the needs for services from community pharmacies. The purpose of the PNA is to assess local needs for pharmacy provision, to identify any gaps in service or unmet needs and to highlight any services that community pharmacies could provide to address these needs.
- 1.2 The [last PNA](#) was published in March 2018 and was due for refresh by March 2021. However, in light of the COVID-19 pandemic and subsequent pressure on resources NHS England has extended the deadline for publication of the PNA by one year to March 2022.
- 1.3 In the interim, a supplementary statement will be submitted to NHS England to provide an update on current service provision and review of findings of the 2018 PNA. This statement will be published by April 2021.
- 1.4 The last PNA concluded that the number and distribution of the current pharmaceutical service provision in Warwickshire was sufficient, but highlighted an estimated 13,600 houses were due to be built in Warwickshire in 2018-2021. In areas of significant development and population growth, additional future pharmacy provision will need to be considered.
- 1.5 To maximise the resources available and align with local planning footprints, it is proposed to work with Coventry City Council on the PNA, as previously. This aligns with the Coventry and Warwickshire Concordat where both Health and Wellbeing Boards have agreed to work together on areas that will improve outcomes for the public. The key milestones for the proposed consultation and production of the new PNA are outlined below (Table 1):

Drafting surveys/initial consultation	April to May 2021
Initial public survey	May to July 2021
Pharmacy survey	May to June 2021
Mapping of needs	July to August 2021
Write PNA document	August to September 2021
Formal consultation	16 th October to 18 th December 2021
Drafting final document and recommendations	December 2021 to January 2022
Final draft to delegated Cabinet member for sign off	January 2022
Final document submitted to delegated Cabinet member	February 2022
Document live	1 st April 2022

Table 1: Proposed Process for Production of the Coventry and Warwickshire PNA

- 1.6 The timescales highlighted in Table 1 may be subject to change if there are further impacts of COVID-19.
- 1.7 The process will be led by the Directors of Public Health and their teams from both Warwickshire and Coventry, with a small steering group in place.

2. Financial Implications

- 2.1 There are no financial implications from this update.

3. Environmental Implications

- 3.1 There are no environmental implications from this update.

4. Timescales associated with the decision and next steps

- 4.1 The timescales for the proposed process are outlined in Table 1. An update will be brought to a future Health and Wellbeing Board meeting with a final draft for approval in January 2022.

Appendices

1. None

Background Papers

1. None

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Health and Wellbeing Board

Forward Plan

6 January 2021

HW Board 06/01/2021	Discussion items	
	Health & Wellbeing Partnerships – <i>update from last quarter</i>	Partnership Leads
	Social Inequalities Action Plan – <i>presentation</i>	Kate Sahota
	Covid-19 Survey Findings – <i>presentation on findings</i>	Emily Van de Venter
	Updates to the Board	
	Warwickshire Better Together programme - <i>progress update.</i>	Becky Hale
	Joint Place Forum and Coventry and Warwickshire Health and Care Partnership – <i>feedback from the last meeting</i>	Sir Chris Ham
	Children 0-14 Unintentional Injuries – <i>update report</i>	Shade Agboola
	JSNA – <i>update on prioritisation process</i>	Duncan Vernon
	Pharmaceutical Needs Assessment – <i>update on progress</i>	Duncan Vernon
Health & Wellbeing Strategy – <i>update on the consultation</i>	Gemma McKinnon	
Place Forum 05/03/21	Joint meeting of HWBBs and Executive Team. Meeting in Warwick (Virtual)	
HW Board 06/03/21	Discussion items	
	Final Health and Wellbeing Strategy 2020-25 - <i>for approval</i>	Gemma McKinnon
	Director of Public Health Annual Report – <i>for information</i>	Shade Agboola
	Homelessness Strategy – <i>for endorsement</i>	Emily Fernandez
	Creative Care Commission – <i>evaluation report</i>	Emily Van de Venter
	Updates to the Board / for circulation	
	Warwickshire Better Together programme - <i>progress update</i>	Becky Hale
	Joint Place Forum and Coventry and Warwickshire Health and Care Partnership – <i>feedback from the last meeting</i>	Sir Chris Ham
JSNA – <i>update on progress</i>	Duncan Vernon	
HW Board 05/05/2021	Health and Wellbeing Board stood down due to elections	
Place Forum 06/07/21	Joint meeting of HWBBs and Executive Team. Meeting in Coventry (Virtual)	
HW Board 07/07/21	Discussion items	
	CCG Operational Plan and Place Plans	Place Leads / CCG
	RISE Local Transformation Plan	Rob Sabin
	Updates to the Board / for circulation	
	Warwickshire Better Together programme - <i>progress update</i>	Becky Hale
	Joint Place Forum and Coventry and Warwickshire Health and Care Partnership – <i>feedback from the last meeting</i>	Sir Chris Ham
	JSNA Update. <i>Implementation of the place-based approach.</i>	Duncan Vernon

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