

Health and Wellbeing Board

Wednesday, 8 January 2020

Minutes

Attendance

Committee Members

Warwickshire County Council

Councillor Les Caborn (Chair)

Councillor Dave Parsons

Shade Agboola, Director of Public Health

Nigel Minns, Strategic Director for People Directorate

Clinical Commissioning Groups (CCGs)

Dr David Spraggett, South Warwickshire CCG

Sharon Beamish, Warwickshire North CCG

Provider Trusts

Russell Hardy, George Eliot Hospital NHS Trust & South Warwickshire NHS Foundation Trust

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

Dianne Whitfield, Coventry and Warwickshire Partnership Trust (CWPT)

Healthwatch Warwickshire (HWW)

Elizabeth Hancock

Borough/District Councillors

Councillor Jo Barker, Stratford District Council

Councillor Judy Falp, Warwick District Council

Councillor Marian Humphreys, North Warwickshire Borough Council

Councillor Neil Phillips, Nuneaton and Bedworth Borough Council

Others Attendees

Chris Bain (HWW), Councillor Margaret Bell (WCC), Gillian Entwistle (South Warwickshire CCG), Simon Gilby (CWPT), Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership), Trevor Illsley, David Lawrence (Press), Harrison Marsh (Alzheimer's Society) and Rachel Barnes, Louise Birta, Liann Brookes-Smith, Jane Coates, John Cole, Emily Fernandez, Nadia Inglis, Rachel Jackson, Isabelle Moorhouse, Hazel Parsons, Paul Spencer and Duncan Vernon (WCC Officers).

1. General

(1) Apologies

Board Members

Councillor Jeff Morgan (WCC), Sarah Raistrick (Coventry and Rugby CCG), Jagtar Singh (CWPT), Councillor Sally Bragg (Rugby Borough Council), Julie Grant (NHS England and Improvement).

Other Apologies

Councillor Wallace Redford, Becky Hale and Gemma McKinnon (WCC Officers).

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

None.

(3) Appointment of Vice-Chair

It was noted that this position rotated amongst CCG representatives and Dr David Spraggett would be Vice Chair of the Board for the next year.

(4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 11th September 2019 and Matters Arising

The Minutes were agreed as a true record. In response to a question from Councillor Neil Phillips, it was confirmed that the commissioning intentions of Coventry & Rugby and Warwickshire North CCGs had been published.

(5) Chair's Announcements

The Chair welcomed new Board members, thanking those that had recently left the Health and Wellbeing Board for their service. He also introduced Shade Agboola, the County Council's Director of Public Health.

2. Development of the Health and Wellbeing Strategy 2020-25

It was reported that the Health and Wellbeing Board has a statutory duty to develop a Health and Wellbeing Strategy (HWBS). This should translate findings from the Joint Strategic Needs Assessment (JSNA) into priorities, to help determine actions by partners, to address the wider determinants that impacted on health and wellbeing. The current JSNA would conclude in March 2020.

At its previous meeting the Board agreed to commence the refresh of the HWBS to align with key developments in the wider system, including the Coventry and Warwickshire Health and Care Partnership (CWHCP), the new five-year Health and Care Plan and the new Coventry HWBS for 2019-23. The HWBS also needed to have reference to the joint Coventry and Warwickshire Place Forum, including the Health and Wellbeing Concordat and strategic framework development.

The detail of the report outlined the process being undertaken for the refresh of the HWBS, giving an overview of the four key areas which gave evidence to inform this process:

- What we have learnt from our current strategy;
- What our communities are telling us;
- What the data tells us; and
- Feedback from senior leaders

In terms of next steps, analysis would take place of the findings from workshops, together with the stocktake of the current strategy and JSNA evidence to inform the development of the new strategy. This would be finalised after completion of the JSNA process. A further update on draft priorities would be provided to the Board in May 2020, with an aim to present a refreshed strategy in September 2020.

The Chair referred to the two Kings Fund events, to shape the draft HWBS, which had been well attended. A number of questions and comments were submitted, firstly on feedback from the current stakeholder events. There were a further eight events to be held and action plans would be produced for each area. It was questioned how inequalities identified through the research would be prioritised and targeted. In addition to the high level HWBS, each of the three 'places' of Rugby, North and South Warwickshire would develop their own plans, priorities and actions to address them at the place level. A further point was measurement and monitoring not just of improvements in for example academic success, but also the relative position to other areas and whether this was an improving or worsening trend. This point was agreed, with the need to monitor data locally and against comparable areas. It was welcomed that transport had been separated from road safety, as they had different impacts, for example in terms of isolation and mental wellbeing. With reference to the recent stroke consultation sessions, the importance of 'lived experience' and the patient voice was stated in informing priorities and providing a 'sense check'.

Resolved

That the Health and Wellbeing Board notes the outcomes from the senior leader events and endorses the approach to refreshing the Health and Wellbeing Strategy.

3. Health Protection Strategy 2017-21 Update

Nadia Inglis, Public Health, WCC introduced this item. It was reported that the Health Protection Strategy (HPS) was an overarching strategy that encompassed a wide range of multi-agency programmes and strategies. It set out the partnership approach, specific aims and seven priorities for health protection activities across Coventry and Warwickshire for 2017-2021. The HPS supported the local authority statutory duty to "ensure there were plans in place to protect the health of the population".

Progress against the strategy was monitored by the Coventry and Warwickshire Health Protection Committee and when required by the two health and wellbeing boards. Action plans and work-streams/partnership boards were in place, working to support the seven priority areas. Progress against the priorities was summarised in a table within the report and a link was provided to the health protection dashboard.

As a partnership approach it required commissioning of some frontline services and programmes. Individual commissioners or organisations agreed and procured those services within their organisation's agreed financial capacity and they were the responsibility of that commissioning organisation. There were also options for partners to apply for external funding to support some of the strategy objectives.

A presentation was provided to supplement the HPS report, pulling out the key messages. The slides covered the following seven priority areas:

- Air quality
- Hepatitis B/C
- Tuberculosis
- Screening and immunisations
- Infection control
- Emergency planning
- Excess winter deaths

Questions and comments were invited. There were concerns about air quality, with points raised about the need for effective communication and partnership working with districts and borough councils, to avoid duplication. The monitoring of particulate matter and air quality monitoring in more rural areas was discussed, specifically for the North of Warwickshire. It was confirmed that there was some monitoring equipment in that area and endeavours were being made to engage with the Borough Council. Reference was made to an air quality management zone located close to a school in Nuneaton. There was concern that despite numerous strategies, there was no evidence of infrastructure changes being implemented and school children were walking through this area twice daily. The points raised were acknowledged.

The fall in take up of MMR immunisation was raised, with officers explaining the range of actions being taken in conjunction with Public Health England, CCGs, local GPs and engagement work in areas of low immunisation. It was questioned if there was lower take up in some communities, for example BME groups and traveller communities. The Director of Public Health advised that the local data followed the national trend and there were a range of factors which contributed to lower immunisation rates. It would require work with the GPs and clients in areas where there was a low take-up of immunisation. There were differing views amongst board members about the ability of traveller communities being able to access GP practices and a need to ensure all communities had access to immunisation.

The HPS was physical health focussed and it would be good for future refreshes of the strategy to balance physical and emotional health and wellbeing, especially for the younger generation, given the need to build their emotional resilience¹.

The Chair welcomed this useful report and suggested that annual updates be provided.

¹ Clarity has been provided on this comment, that emotional health and wellbeing is picked up within Mental health Strategies.

Resolved

1. That progress in Warwickshire in relation to the Coventry and Warwickshire Health Protection Strategy 2017 – 2021 is noted.
2. That Health and Wellbeing Board Members consider providing enhanced support in some key areas where there are ongoing risks and opportunities. In particular:
 - Working not only to improve air quality as Anchor Institutions through championing active/sustainable travel strategies and programmes for their own organisations, but considering the development of a system-wide response to the environmental sustainability challenge.
 - Ensuring appropriate staff are taking an active role in the local, sub-regional and regional work that has been initiated to support the uptake of childhood/adult screening and immunisation programmes, as well as requesting the support of health and wellbeing partnerships in public engagement and campaign activities.
 - Supporting the progress of the Coventry and Warwickshire-wide Anti-Microbial Resistance Strategy through ensuring appropriate senior level support for this area of work, recognised as a priority in the NHS long term plan, and in our local 5-year plan.
 - Commitment to the development of appropriate system-wide public health emergency plans (including pandemic flu), as well as ensuring appropriate organisational and frontline support for outbreak responses.
 - Ensuring all frontline staff are aware of and referring vulnerable individuals to local authority commissioned support and advice services related to affordable heating, with a particular focus on young people and families, alongside older people.

4. Promoting Health and Wellbeing through Spatial Planning

This item was introduced by Emily Fernandez, Public Health, WCC. The report stated the importance of the environment we live in, both in improving and protecting the health and wellbeing of our communities. This included through providing opportunities to be physically active, connect with others, as well as support for specific vulnerable groups through design.

A guidance document was submitted for the Board's consideration and which was aimed at policy and strategy makers. Engagement had taken place with a number of groups, and feedback had been incorporated into the circulated document.

A number of questions and comments were submitted, with responses provided as indicated:

- It was questioned if the engagement had included builders and developers.
- There was a balance and viability argument, competing demands for contributions and it was questioned how much weight this guidance carried when compared to other planning guidance.

- A good working relationship had been established with district and borough council planners. There was a need to be proportionate, recognising the financial viability of each development.
- There was no power to require developers to cooperate and it was more about collective influence.
- The guidance was evidence based and sought to inform planners and developers, identifying health impacts from development. It was asked who would undertake the health impact assessments. These needed to be undertaken by the developer and then be reviewed by planners.
- Several board members recognised the value of the document and the positive working between health and planners.
- There was a greater emphasis placed on health aspects now. It was important that district and borough councils take on board this guidance when reviewing their core strategies and the upcoming consultations on local plans provided a further opportunity.
- Every planning application required an environmental impact assessment and this had been strengthened recently through legislation. Each district and borough council could use supplementary planning guidance.
- Improved dialogue between public health and environmental health could assist.
- The financial value of the development could provide a lever for additional contributions in some developments.
- Ensuring that the health aspects were always considered by planners when determining planning applications, would help to improve population health.
- A point was made on the comparative impact of poor air quality against those associated with unhealthy lifestyles and deprivation, on life expectancy. The report did illustrate inequalities across the County and these would be a focus for the health and care partnership and in other strategies and fora. The approach proposed was considered to be the best way forward to ensure that indicators of poor health and health outcomes associated with poor spatial planning were equally considered.
- The Health and Wellbeing Board could recommend that all district and borough councils worked consistently to give the same message to developers on the importance of health.
- It would be useful to analyse the difference in life expectancy associated with good and poor housing development and the impacts for health and social care in regard to issues such as isolation and obesity. Whilst costs and profit margins could be potential barriers, it was the role of the board to highlight this issue.
- There would be merit in making representations to the Government on the points raised above to secure strengthened regulation.

Resolved

That the Health and Wellbeing Board:

1. Notes the contents of the Promoting Health and Wellbeing through Spatial Planning guidance document.
2. Endorses the document as guidance to support Health in All Policies (HiAP) and ensure health and wellbeing is embedded within local and joint planning policies.

3. Supports holding a health and planning workshop and championing the meaningful use of the guidance document.

5. RISE

It was reported that five-year transformation funding was made available to clinical commissioning groups operating within Local Transformation Plan (LTP) areas. For the Coventry and Warwickshire LTP area, funding of £1.7m was allocated per year across the area.

Details were provided of the governance arrangements and NHS England required each LTP area to submit an annual refresh of their local plan, with an expectation that health and wellbeing boards were sighted on the refreshed plan and acted as one of the signatories to the document. The report included an appendix on the Coventry and Warwickshire year four refresh of the CAMHS Local Transformation. It detailed the progress, set out priorities for year five along with a detailed action plan.

Year two of the LTP coincided with the start of the new Warwickshire Children and Young People's Emotional Well-being and Mental Health service for 0-25 year olds, known as Rise. The new service had a two-year implementation period which ended in August 2019. The service was now in year three of the contract and this LTP detailed the progress made. In July 2019, the LTP's priorities had been reviewed to reflect progress made, and ensure they aligned with national guidance.

Whilst there had been great progress in several areas including the reduction in waiting times for specialist services and services for children in crisis, there had been several areas of slippage with the Rise implementation plan. These areas of slippage had been incorporated into the draft priorities and action plan. The draft priorities for 2019/20 were reported.

There were concerns about the waiting times for ASD and autism which were up to three years. This was a recognised issue and a number of areas of work were ongoing, including the development of an all age autism strategy. It was not just about diagnosis and of importance was the support available for the child or young person, their families and schools. This would require a multi-agency approach. Referral rates for the area were far higher than would be expected for comparative areas.

Russell Hardy emphasised these concerns, asking what workforce would be needed to get the waiting lists to an acceptable standard. There were recognised staffing challenges within the NHS generally and in this area specifically. He noted the hard work being undertaken by staff. It was viewed that there was insufficient detail on workforce in the document and that this issue should be 'called out' by the Board. Mr Hardy added that the board had a role to recognise challenges and provide support. By making Warwickshire an attractive place to work it could help to address the current workforce challenges.

Officers explained that the report had been compiled to respond to NHS key lines of enquiry and more detail could be provided on workforce. The provider, CWPT was undertaking work on demand for services, clinical capacity and the gap between them. There was a particular

capacity issue for autism. The Chair added that such an assessment of staffing challenges would be useful for all health services.

Dame Stella Manzie, the CWPT representative felt it would be helpful to add the level of detail requested on workforce to other relevant documents including the HWBS. Simon Gilby, Chief Executive of CWPT stated the need for a collective approach. There was a workforce shortage nationally of some clinicians, but it was important not to confuse workforce challenges with some of the decisions made previously on priorities. This collective challenge was particularly relevant for the autism services, where there was much still to do.

The report was praised as giving a complete overview of the services. However, there was a challenge in regard to the data on children in crisis. This made a link between reductions in tier four admissions being direct evidence of better care, which could not be assumed and it could be due to a variety of factors. There was a higher number of patients presenting in crisis at A&E so there was a need to take care when drawing conclusions and a whole system approach was required. There was praise for some of the informal approaches being put in place.

Officers assured that there had been close working with the UHCW crisis and home treatment teams as well as seeking to take a preventative approach to avoid readmissions. It was noted that the data was from 2018/19 and the funding for the new approach was only put in place late in that financial year.

It was questioned how this work connected to the refreshed HWBS given the themes around children and mental health and wellbeing. The HWBS would be a contributor and there was an aim to align all relevant strategies which related to children's emotional and mental health and wellbeing. The impact of workforce challenges was acknowledged. In some areas there were recruitment difficulties and in other areas an aging workforce.

There were reported improvements in the lived experiences of service users. Further detail was sought on how this was checked and if there was confidence in the direction of travel. Officers replied that the Rise service was outcome focussed. There were a variety of measures including feedback from the service users and performance reports. Endeavours were being made to improve how the data was triangulated with a greater emphasis on the lived experience of service users, their families and also those assessed as not requiring the service.

The cross-border arrangements were discussed. Some children and young people may be located in a Warwickshire school, but their GP practice was located in a neighbouring area. An outline was given of the community offer, which was based on the school location and therapy routes, which were based on the GP location, but there were reciprocal arrangements. From experience a local member was aware of some difficulties for parents.

At the outset of the Rise programme, there were concerns about inequalities across the area in terms of waiting times. Reassurance was sought that the previous disparities had been addressed.

Resolved

That the Health and Wellbeing Board:

1. Endorses the Coventry and Warwickshire Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan refresh for year four.
2. Notes that a refreshed CAMHS Local Transformation Plan for year five is likely to require sign off from the Warwickshire Health and Wellbeing Board in October 2020.

6. Coventry and Warwickshire Health and Care Partnership

A report was presented by Sir Chris Ham on the Health and Care Partnership, who gave a verbal update on current activity. The report covered the following areas:

- Five Year Plan
- Cancer
- Digital
- Medicines Optimisation
- Operating Plans
- Urgent & Emergency Care
- Frailty
- Planned Care
- Service Improvement Schemes Population Health
- Voluntary Sector Engagement Primary Care Networks

Duncan Vernon, Public Health, WCC then gave a position statement from the three health and care place partnerships for Rugby, North and South Warwickshire. A document with further information would be circulated after the meeting. The Chair reminded of the Board's direction that the three place partnerships would undertake the local work and not to form numerous sub-groups.

Resolved

That the Health and Wellbeing Board notes the updates.

7. Feedback from the Place Forum

Rachel Barnes, Health and Wellbeing Delivery Manager reported on the November Place Forum, held at UHCW. The session had included population health and the year of wellbeing, plus engaging speakers. She outlined plans for the next place forum on 3 March at Friar Gate, Coventry. Jane Coates, Year of Wellbeing Delivery Manager thanked those who had attended the event on 4 December, speaking about the frontline practitioner event held later that day and giving an outline of the topics covered in both sessions. In terms of next steps, there would be a rebranded 'Wellbeing for life' campaign and an evaluation would be undertaken to determine the legacy from the year of wellbeing. Thanks were recorded for the work undertaken in raising

the profile of health and wellbeing. The Chair spoke of the legacy report and the work to embed and mainstream health and wellbeing.

Resolved

That the Health and Wellbeing Board notes the updates.

8. Joint Strategic Needs Assessment

Duncan Vernon, Public Health, WCC presented this update, confirming the completion of the first two waves of the Joint Strategic Needs Assessment (JSNA) and development of their action plans. Delivery of wave three was underway. The report included next steps, the forward plan and potential opportunities to make best use of this rich data. A board member expected that funding would be allocated to meet the priorities identified in each area. A plea was made for support to enable smaller voluntary and community groups to complete applications and be able to access such funding. The Chair agreed that application forms should be appropriate to the levels of funding being sought.

Resolved

That the Health and Wellbeing Board notes the update.

9. Child Accident Prevention

Liann Brookes-Smith, Public Health, WCC introduced this update from the multi-agency steering group.

Resolved

That the Health and Wellbeing Board notes the update.

10. Drugs and Alcohol Update.

Rachel Jackson, Public Health, WCC presented a position statement. A board member noted the number of young people aged under 18 admitted to hospital following alcohol consumption. There were questions about partnership activity to address for example the sale of alcohol to minors. Officers explained the close links to the community safety partnership and between the service provider, Compass and George Eliot Hospital. Nigel Minns added that the sample size was significant, but it was small enough to allow for individual cases to be examined. It would be useful to undertake an analysis to give learning for the future.

A request was made for information on the location of accessible clinics and the services they provided. Such details would be provided to all Board members.

Resolved

That the Health and Wellbeing Board notes the update.

11. Warwickshire Better Together Programme (BCF) – Progress update

Nigel Minns, Strategic Director for People Group gave this update. In future, this update could be circulated separately, rather than being included on the formal Board agenda. He added that the iBCF funding submission for 2019/20 had been agreed earlier in the day.

Resolved

That the Health and Wellbeing Board notes the update.

12. Forward Plan

The Board reviewed its Forward Plan and noted the additional items added since the last meeting.

Resolved

That the Forward Plan is approved.

The meeting rose at 3.45pm



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Chair