

# Health and Wellbeing Board

Tuesday 21 September 2021

## Minutes

### Attendance

#### Board Members

##### Warwickshire County Council (WCC)

Councillor Margaret Bell, Chair

Councillor Jeff Morgan

Councillor Jerry Roodhouse

Shade Agboola, Director of Public Health

##### Coventry and Warwickshire Clinical Commissioning Group

Sarah Raistrick

##### Provider Trusts

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

##### Healthwatch Warwickshire (HWW)

Elizabeth Hancock

##### Borough/District Councillors

Councillor Julian Gutteridge, Nuneaton and Bedworth Borough Council

Councillor Jan Matecki, Warwick District Council (WDC)

Councillor Marian Humphreys, North Warwickshire Borough Council (NWBC)

### Other Attendees

Chris Bain (HWW), Anne Coyle (South Warwickshire Foundation Trust (SWFT))

Chris Elliott (WDC), Chris Evans (Coventry and Warwickshire Partnership Trust (CWPT))

Councillor John Holland (WCC), Mannie Ketley (Rugby Borough Council), Salmah Mahmood and

Jenni Northcote (George Eliot Hospital (GEH)), Steve Maxey (NWBC), Blair Robertson (UHCW),

Charlotte Temple (Community Connections, linked to Rugby Place Partnership), Helen Barnsley,

Rachel Jackson, Gemma Mckinnon, Rob Sabin, Ashley Simpson, Peter Wren and Katie Wilson

(WCC Officers).

## 1. General

### (1) Apologies

Councillor Izzi Seccombe and Nigel Minns (WCC), Julie Grant (NHS England and Improvement), Russell Hardy (GEH and SWFT), Polly Reed (Office of the Police and Crime Commissioner) and Dianne Whitfield (CWPT).

Mel Coombes (CWPT), David Eltringham (GEH), Becky Hale (WCC) and Sir Chris Ham (C&W Health and Care Partnership)

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

Councillor Roodhouse declared an interest as a director of Healthwatch Warwickshire.

## **(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 7 July 2021 and Matters Arising**

The Minutes of the Board meeting held on 7 July 2021 were accepted as a true record.

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

The Chair welcomed everyone to the meeting, explaining that some of the officers presenting reports would be joining remotely and she outlined the agenda content.

The Chair advised that an Integrated Care System (ICS) workshop for the Board would take place on 18 October and be facilitated by the Kings Fund. This would be followed by a presentation for elected members. She spoke of the pace of this work, the interviews for the Chair of the ICS and the recommendation on appointment referred to the Secretary of State. This would shortly be followed by the recruitment process for the ICS Chief Executive.

## **2. Coventry and Warwickshire Local Transformation Plan**

This item was introduced by Rachel Jackson and Rob Sabin of WCC, together with Chris Evans of CWPT.

The 'Future in Mind' review, released in 2015, set out a series of recommendations to improve outcomes for children and young people's (CYP) mental health and emotional wellbeing. The key principles of the review were set out within the report and reflected in NHS guidance and ambitions. This included a requirement for local areas to develop specific Local Transformation Plans (LTP) for CYP on an annual basis to demonstrate how the NHS ambition was being fulfilled. The Coventry and Warwickshire CYP Mental Health and Emotional Wellbeing LTP had been updated for 2021-22 and was submitted for the Board's endorsement. It had been developed collaboratively between the two local authorities (WCC and Coventry City Council), the CWCCG and CWPT. The emerging ambitions were reported and had been included in the LTP delivery plan for 2021-22. A copy of the LTP was appended to the report for consideration.

Rachel Jackson highlighted key sections of the report providing examples of the initiatives on early help and prevention, the eating disorder pathway, strengthening the multi-agency approach to services for CYP and digital services. Feedback was being sought from CYP in crisis to shape co-production of the service offer for those aged 18-25. Transition work was also planned.

There had been a number of challenges, with reference to system capacity demand for children in crisis, CYP presenting with more complexity of need, access to services, timeliness and effectiveness of service delivery. Similar capacity issues were reported for the eating disorder pathway. Reference to the additional difficulties caused by the Covid pandemic for children looked after, those with special educational needs and disabilities (SEND) and with the Youth Justice Service. The ability to engage with CYP and measure outcomes had similarly been impacted.

These challenges had been taken on board in formulating the ambitions which were set out in the report.

Questions and comments were invited with responses provided as indicated:

- Reference to the outcome of the SEND inspection, which was awaited, the increases in SEN cases and the lack of real improvement in this area. Points about wider social issues, family issues and poverty, which required a partnership approach. The funding aspects were raised.
- Discussion about the governance process, the key lines of enquiry provided by NHS England (NHSE) and requirement for both this Board and that for Coventry to sign off the plan. Comment on the valuable local knowledge and opinions amongst Board members which should inform the process. These points would be made to NHSE.
- A view that there was a lack of support and funding for children in rural areas. It seemed from contact with school headteachers and parents of children that there was an issue to be addressed. Officers confirmed that any school could make a referral for CAMHS services. An outline was given of the other support available, including for professionals in schools. There were plans to expand the support teams piloted in the south of Warwickshire to both Nuneaton & Bedworth and North Warwickshire. Despite communications efforts, it seemed some schools were unaware of the services available. The member asked that consideration be given to future pilots starting in North Warwickshire rather than other parts of the county.
- Chris Evans spoke of the benefits of online/digital solutions to overcome the geographic challenges in service delivery, and these could be developed further. He mentioned use of the online Dimensions Tool or seeking a consultation with the primary care team via the RISE website.
- The Chair asked that a report be provided to a future board meeting on the learning from the support teams and roll out of the service to the rest of the County.
- Sarah Raistrick commended the report and suggested other resources which Board members may wish to visit, being the Kooth digital application and the Dear Life website. She also spoke about the crisis helpline, which had been valuable in helping people. The developing work on eating disorders and the long waiting times for autism patients were also referenced.
- The Chair referred to the breadth of this plan and need to revisit key strands of it. She reminded of the challenges before the pandemic and the position had exacerbated because of it. She asked how the plan would address this position and sought a summation. Officers confirmed that there were workforce challenges, a need for finance and for a dialogue with NHSE to future proof services. The LTP provided a snapshot of the current position. Further points about integration of services and collaboration at all levels including with education and social care. Reference to place-based working and the need for trained staff to meet the needs of those requiring support. Monitoring of the LTP was raised an offer to provide a further update to the Board in six months.
- From the system perspective, CWPT had received additional resources recently and it would be useful to understand how this was being allocated between services for adults and those for children and young people. Linked to this was the workforce challenges due to staff vacancies and it was questioned how this would be tackled. Points about autism and learning disability and the transition arrangements into adulthood, with reference to the challenges experienced in Norfolk.

- There had been a significant uplift in funding for children’s mental health services. However, there were workforce challenges particularly for some areas, with reference to the eating disorder work as an example. A creative and innovative approach was being taken to address staffing shortages. This was evidenced by the joint work with acute hospitals and local authorities to provide services for children in crisis. It was considered that the local system was ahead of other parts of the region.
- The Chair asked that a breakdown be provided of the additional funding allocations for adult services, those for children and young people and for specialist areas like autism services.
- Reference to the All-age Autism Strategy and the links within the LTP to support the implementation of that strategy.
- A point that there were numerous strategies. For elected members, understanding how these aligned and when targets would be achieved were important, so that the impact of the strategies and the benefit for children, young people and their families could be seen. There were examples of improvements, but a need as a system to address this collectively and through this board to provide a robust challenge. A need to share data and to work in partnership. The Chair agreed that future reports should reference timing and impact.
- A discussion about the links between the LTP, the Integrated Care System (ICS) and each of the ‘places’. It was confirmed that integration was a key element of the plan. Detail on the ICS and its governance structures were to be determined.

## **Resolved**

That the Health and Wellbeing Board endorses the Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing 2021-22.

### **3. Healthwatch Warwickshire Annual Report 2020-21**

Elizabeth Hancock, Chair of Healthwatch Warwickshire (HWW) introduced this item. A presentation had been circulated with the agenda covering the following areas.

- Performance Report: How we are working:
  - All staff working from home.
  - Virtual board meetings.
  - Telephone service to the public.
  - Website enquiries; use of social media.
  - Information on service changes (via website) updated regularly.
  - Engagement strategy with all key partners implemented.
  - Public engagement and outreach largely on a virtual basis.
  - Surveys and projects delivered.
- Performance Report: Activity May – July 2021:
  - This comprised pieces of feedback, signposting people to partner agencies, increased social media profile and use of the HWW website, as well as an increase in the HWW mailing list.
- Our Influencing role May – July 2021:
  - Attending 49 strategic meetings.
  - Within this reference to the ICS and the closer work with Healthwatch Coventry.
  - Project work which raised issues and highlighted concerns.

Chris Bain, Chief Executive of HWW then spoke on the following areas:

- Published reports:
  - Annual Report (a statutory requirement).
  - Dentistry in Warwickshire.
  - Carers – understanding your health and wellbeing needs.
  - Context on the core functions of HWW and the added value from identifying trends and emerging priorities, leading to the above reports.
- Carers survey highlights
  - This was in response to growing enquiries from carers about their needs. There was recognition of the effort and emphasis of support for carers in Warwickshire, both from WCC and the voluntary and community sector. Plans to revisit the exercise in the Spring of 2022.
  - 239 people had responded to the survey and key data was provided from the analysis undertaken.
- Dentistry survey highlights:
  - A continuing issue first identified in May 2020.
  - Calls to 53 dental practices which showed variance in the number taking NHS patients.
  - A particular issue in the Stratford and Rugby areas where none of the 20 practices offered NHS services; approximately half of those in other areas offered NHS services.
  - The position seemed to be deteriorating and there were long term implications for oral health, including cancer.
  - The requirements for cleaning and ventilation were restricting capacity.
  - It was considered that dentistry should be commissioned locally, and this was planned as part of the ICS arrangements, but had recently been delayed until April 2023.
- Looking forward - showing the top four areas people had contacted Healthwatch about, both from enquiries and the annual report. This showed increasing concerns in regard to mental health. Access to GPs and dentistry remained a problem too.
- Future Priorities:
  - Strategic direction after Covid19.
  - The future for patient groups/standing conference.
  - Patient voice in integrated care systems.
  - Projects:
    - NHS111
    - Diabetes
    - NHS administration
    - Deafness and accessing care services
    - Lived experiences of people with learning disabilities
    - Health and social care forum

The following questions and comments were submitted:

- On the carers' strategy, a question on next steps how to take the findings, explore these issues further and secure meaningful outcomes as a partnership. HWW was working with the Carers' Forum and voluntary sector partners. An aim to co-design the support that carers needed. There was an emerging carers' culture which needed to be responded to.

- It was questioned who funded carers' support and was thought to be the county council. A carers' strategy was being developed across Coventry and Warwickshire and the findings of the survey could feed into that strategy.
- A view that this was an issue that should be discussed at the Place level.
- A suggestion to provide meaningful communications in an easy read format to inform carers of their rights under the Care Act legislation.
- Many people did not view themselves as a carer when supporting family members.
- The language used in communications was important.
- There was a low proportion of male respondents to surveys.
- On dentistry, the Chair considered that NHS England should report to the Board on the commissioning proposals. She was concerned on the implications for children and risk of undiagnosed oral cancer cases.

## **Resolved**

That the Health and Wellbeing Board notes the presentation from Healthwatch Warwickshire.

## **4. Health and Wellbeing Partnership Plans**

Dr Shade Agboola, WCC Director of Public Health introduced this item. It comprised a series of presentations showing the progress made by the North, Rugby and South Health and Wellbeing Board Partnerships and NHS Place Executives. She provided context on the places and the different speakers involved which was a testament to the partnership working on the place agenda. A recap was provided on the Health and Wellbeing Strategy adopted in March 2021. The following slides were provided:

- Warwickshire's population health framework, describing the collective long-term strategic ambitions, areas of immediate focus and the four quadrants of focussed activity, which should improve health outcomes in Warwickshire. Each of the place plans was based on this model.
- A slide showing the reporting arrangements, including the direct link from each place into the Health and Wellbeing Board. Each comprised a place partnership and place executive, with the arrangements varying to suit each area and its priorities.
- The partnerships forward plan.

Steve Maxey gave a presentation on behalf of the North Place, which covered the following areas:

- North population health framework.
- Progress on Partnership priorities.
- Governance arrangements for Partnership and Executive.
- North Place Project SITREP for September 2021:
  - Place Executive priority view – wider determinants of health
  - Place Executive project view – wider determinants of health
- Reference to the housing initiatives and those related to hospital discharge.
- An area of challenge concerned the merger of the CCG, impacting on some aspects of data available at the place level. This was being worked through with the CCG. Shade Agboola asked for examples of the data that was no longer available, so this could be investigated. Sarah Raistrick similarly asked for specific examples and felt the data should be available.

- A further concern was the need for replacement of a public health consultant for the north area. Shade Agboola gave a brief outline of the temporary public health cover being provided and would be speaking with Steve Maxey later in the day regarding the recruitment of a replacement consultant. This was a joint post and required input from the ICS.
- Salmah Mahmood, Place Programme Manager at GEH spoke of the good partnership work that was taking place, bringing place plans together and looking at further areas for integration and joint opportunities.

Katie Wilson of WCC Public Health and Blair Robertson of UHCW gave a presentation on the following areas:

- Population health framework – shared priorities across both the place partnership and delivery group, using a task and finish approach to address priorities.
- Progress on the following priorities:
  - Mental health and wellbeing – self harm in young people.
  - Poverty and inequalities.
  - Health behaviours – smoking.
  - Covid-19 recovery.
  - LTCs – heart failure.
- In focus:
  - Covid-19 recovery and the Rugby incident management team, with thanks to colleagues involved in the place partnership and delivery group for their work. Recent work on vaccinations and contact tracing were highlighted.
  - Blair Robertson of UHCW and Charlotte Temple of Community Connections provided detail on the priority on children and young people’s mental health. Charlotte spoke about the demands on services from the pandemic and the aspirations of the compassionate communities’ work to move from away from service dependency to encouraging empowered conversations. Examples were given of specific projects including the community connections project, story circles and plans for a community listening project. A further slide showed feedback from those involved in the compassionate communities’ work.
  - Homelessness - information was provided on current progress and linked initiatives being led by Rugby BC, which also involved the group.

Chris Elliott of WDC and Anne Coyle of SWFT provided this presentation covering:

- Population health framework.
- Update on priorities with examples being given of the work undertaken at the place level on each the following areas:
  - Respiratory health and inequalities – SWFT had undertaken a range of actions in response to a coroner report citing air pollution as a cause of death.
  - Covid-19 recovery and prevention of illness – action to encourage people to be vaccinated with door knocking in communities with the lowest levels of take up.
  - Environment and sustainability – a range of air quality and transport aspects, to replace diesel buses in town centres, planning guidance for development, provision of open spaces and promoting active travel and lifestyles. Warm and well homes and links to energy efficiency were also raised.
  - Mental health, suicide and bereavement – an arts and health project.

- Children and young people – seeking to influence plans for the future use of the Ellen Badger hospital. Reference also to a video clip on feedback from children about the new play facilities at Myton Green Park.
- Enabling Activities and Next Steps:
  - Building relationships across partners.
  - Bringing our strategy to life.
  - Using recommendations from a recent audit to build a roadmap to a mature place operating model.
  - By the end of the financial year, to create a four-quadrant plan bringing together the priorities from the Health and Wellbeing Strategy, JNSA and Place Plan.
  - Additional activities to enable delivery of priorities by reducing inequalities in health outcomes and the wider determinants of health.
- Examples of Communications.
- Reference to the work on estates, linking a GP practice development to assist in regenerating an area, at the same time as addressing housing need.
- Anne Coyle added that against the backdrop of a difficult year, the work at place had been a highlight and showed the benefits of collaboration.

The Chair thanked all the presenters. This showed the power of ownership at the place level and need for the ICS to be driven by place level priorities. Updates to future meetings were requested.

**Resolved**

That the Health and Wellbeing Board notes the presentations.

**5. Forward Plan**

The Board gave consideration to its forward plan of items.

**Resolved**

That the Health and Wellbeing Board notes its forward plan.

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Councillor Margaret Bell, Chair

The meeting closed at 12:50pm