

# Health and Wellbeing Board

Wednesday 7 July 2021

## Minutes

### Attendance

#### Committee Members

Warwickshire County Council (WCC)

Councillor Margaret Bell (Chair)

Councillor Jerry Roodhouse

Nigel Minns, Strategic Director for People Directorate

#### Provider Trusts

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

#### Healthwatch Warwickshire (HWW)

Chris Bain

#### Borough/District Councillors

Councillor Julian Gutteridge, Nuneaton and Bedworth Borough Council

Councillor Jan Matecki, Warwick District Council

Councillor Marian Humphreys, North Warwickshire Borough Council

### Other Attendees

Eleanor Cappell (Coventry and Warwickshire CCG (CWCCG)), Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership), Councillor John Holland (WCC), Kate Harker, Paula Mawson, Gemma Mckinnon, Ashley Simpson, Paul Spencer and Duncan Vernon (WCC Officers).

## 1. General

The Chair welcomed everyone to the Board, giving an outline of the agenda content and she explained the additional arrangements in place for this 'in person' meeting.

### (1) Apologies

Apologies for absence had been received from Councillor Izzi Seccombe OBE (WCC), Councillor Jo Barker (Stratford-on-Avon District Council), Sarah Raistrick (CWCCG), Julie Grant (NHS England), Russell Hardy (George Eliot Hospital and South Warwickshire Foundation Trust), Liz Hancock (Healthwatch Warwickshire, replaced by Chris Bain) and Melanie Coombes and Dianne Whitfield (Coventry & Warwickshire Partnership Trust (CWPT)).

It was noted that Jagtar Singh of CWPT and Councillor Barker would be watching the webcast of the meeting.

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

None.

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

The Minutes of the Board meeting held on 3 March 2021 were approved.

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

The Chair paid tribute to her predecessor, Councillor Les Caborn, speaking particularly of how he had developed partnership working. She thanked former Board members and welcomed new representatives. She also acknowledged the appointment of Dr Sarah Raistrick as Chair of the combined CWCCG.

The Chair spoke about the role of the Board, partnership opportunities and the need to address any gaps and/or duplication in service provision. It was her hope to work closely with the WCC Adult Social Care & Health and Children & Young People overview and scrutiny committees.

## **3. Mental Health and Wellbeing**

The Board received a combined presentation from Eleanor Cappell of Coventry and Warwickshire CCG and Paula Mawson of Warwickshire County Council.

The presentation focussed initially on the Community Mental Health Transformation, with slides covering:

- Substantial funding being made available to transform and modernise Community Mental Health Services
- The aim was to deliver the NHS Long Term Plan (LTP) ambitions for new models of integrated primary and community care
- A new community-based offer
- The new model was being co-produced and developed to underpin a bid for transformational funding
- The consultation undertaken since November 2020 with a range of stakeholders
- Building on transformation across local pathways
- Graphics showing the design principles and vision for the future
- The additional funding for investment into local community mental health
- Key focus of the proposals, including the core offer and focussed pathways
- The co-production strategy, working with the organisations Grapevine and Rethink
- The project plan for the first four months
- Other work areas
- Governance structure,
- Evaluation arrangements
- Looking forward to the future and a statement from a lived experience representative, Claire Handy.

The second strand to the presentation focussed on the Warwickshire Covid-19 mental wellbeing & resilience fund, with slides covering:

- Improving mental wellbeing in Warwickshire
- Funding – the overall total value of the fund of £750,000 was open to applications for projects which required investment under three thresholds
- Intended outcomes and benefits
- Promotion activity resulting in 134 expressions of interest and 67 applications being submitted
- The wellbeing for life vision and aims
- A summary of activity to date
- Warwickshire creative health programmes

Board members submitted the following questions and observations with responses provided as indicated:

- Councillor Humphreys praised this initiative, speaking of the benefit in tailoring services to meet the needs of clients. She asked about entry to the service. This could be via general practice with mental health practitioner support, via CWPT or via the mental health access hub.
- Information was sought about waiting lists and it was hoped this additional funding would meet service demand. Through a locality pathway approach, waiting lists to secondary mental health care had been reduced. Integration of data flows was seen as a key aspect. A need for transparency as waiting lists would vary for different therapies.
- Councillor Gutteridge sought data on the liaison worker activity for the Nuneaton and Bedworth area. It was agreed to provide tailored information.
- Councillor Roodhouse commented on the vision, the reliance on partnership working and the need to involve elected members at all levels. He saw a role for members as local champions. The document referenced eating disorders. People may have a number of complex issues, which shouldn't be pigeonholed. He referred to co-production and expressing this in a diagram should show many links. Eleanor Cappell welcomed the suggestion of members being local champions. The pathway approach sought to take a holistic view of each patient and their families' needs.
- Councillor Matecki, sought a view about Covid vaccination being compulsory for key workers. He then spoke of the need to listen to residents, using a recent example of distress caused to a family which was receiving fake messages, but agencies would not believe them. CWPT was promoting uptake of the Covid vaccination to staff and patients. Listening to service users was important, which was the thrust of the statement from a lived experience representative, Claire Handy.
- Sir Chris Ham asked a question on staffing. Given the pressures on mental health services and partners, he asked whether services would be able to recruit. Eleanor Cappell acknowledged this was the biggest risk, adding that there were robust recruitment and retention strategies in place, good career progression aims and consideration of wider support options for service delivery.
- Nigel Minns welcomed the involvement of service users and the voluntary and community service sector (VCS), with positive feedback from this sector for the initiative. He welcomed the additional funding, but staffing continued to be an issue. He asked if anything more was needed from the local system in terms of staffing support. Eleanor Cappell thought this may be helpful in terms of the Section 75 funding arrangements between health and social care

and social care support, whilst acknowledging the workforce challenges faced by all. She also spoke about recruitment strategy and marketing in a joined-up way.

- Dame Stella Manzie expressed her support for the place level approach and tailored services. She spoke of managing issues for those who may need to transition to or from acute care and the challenges for the acute sector. Eleanor Cappell referred to the NHS long-term plan, aims to ease pressure on inpatient beds and reduce deterioration of patients. There were innovative community-based alternatives and working methods.
- The Chair noted that mental health was a priority. She asked for an update to be provided on mental health at each board meeting and requested a joint presentation to give an overarching view of how the commissioning units worked together. A lot of funding was available, and it needed to be used to transform the services. She requested that further information and action plans be provided about system changes and processes to meet the service demand. The Chair asked that a similar presentation be provided to the health overview and scrutiny committee, so that its feedback could be submitted to the board.
- Chris Bain of Healthwatch Warwickshire spoke of the need to evaluate initiatives and their impact on the wellbeing and health of people, rather than a focus just on delivery of the NHS long-term plan objectives.
- Councillor Humphries asked if existing community groups could be considered for programmes such as that for dementia arts. Support was expressed for this idea.

## **Resolved**

That the Health and Wellbeing Board notes the presentation.

## **2. An Evaluation of Creative Care Commissions**

Kate Sahota, WCC lead commissioner for family wellbeing introduced this item. It was reported that the Coventry and Warwickshire Creative Health Alliance (CWCHA) was established in 2019 to strengthen the links between the creative, health and care sectors across the sub-region. Funding had been secured to develop a creative health social prescribing system and the total fund available for this programme over three years was £891,000. The start of the programme had been delayed due to the Covid pandemic. An outline was provided of the activity undertaken, the submission of proposals and the creative projects delivered in 2020:

- Armonico Consort: Artists recorded videos of singing workshops which were shared with individuals, residential homes, and care homes to watch and engage with.
- Arts Uplift: Four subprojects, with online and offline aspects, supported groups of people through dance, creative writing, music and song writing, and hand sewing.
- Escape Arts and Sitting Rooms of Culture: Production of a physical booklet and digital resources to facilitate creativity, delivered to participants including hospital patients and staff.
- Live & Local: Ten creative partnerships were facilitated between artists and Warwickshire communities with various creative outputs (e.g. a short film and a book).
- My Voice Lifts My Soul: A series of weekly group online sessions focussed around Singing for Lung Health, attended by participants living with respiratory conditions.
- Open Theatre: A series of weekly group online sessions for young people with learning disabilities focussed around drama and resulting in the creation of a short film.

- Starfish Collaborative: An online group journaling project for new mothers, online digital media sessions for a group of young people, and an offline collation of community art.
- Sundragon Pottery: Individuals and charity organisations were provided with the resources needed to create with clay, along with provision of a second follow-on box.

The projects had been evaluated by Coventry University and the findings were appended to the report. They were summarised thematically under the following headings:

- Impact of creative arts on health and wellbeing
- Mobilising, delivery and evaluating creative health projects
- Lessons learnt and project legacy
- Measuring the impact

The report set out the financial implications and the cost for the creative health programmes commissioned during this period totalled £80,000. A further report would be provided on the progress of the broader suite of commissioned creative health services in November 2021. A short video was displayed to provide supplementary information on the creative care commissions.

Questions and comments were invited from the Board.

- Sir Chris Ham asked how this related broadly to social prescribing and how the projects would be sustained. Kate Sahota gave an outline of the social prescribing commissions undertaken as a first phase, the six in place now, how services were aligned within WCC and the close work with GPs.
- Councillor Roodhouse spoke of similar initiatives previously, which had subsequently been discontinued. For the further report in November he asked that this include detail on how these initiatives would be embedded in future commissioning processes. The approach should be adopted for the county council's wider commissioning arrangements. This information would be provided in the subsequent report. Reference also to the matched funding provided by Barnardos and Arts Connect.
- The video clip was uplifting. The programmes would have been helpful to people living alone, those shielding or where they were isolated due to maternity, without usual access to family or friends. A further point on tackling health and wider inequalities. It was questioned if participants were helped to link to other longer-term initiatives, to fulfil their potential in terms of talent or employment opportunity. Sustainability was a key aspect raised, with each individual having an evaluation at the end of the programme to focus on their next steps, such as seeking an apprenticeship.
- The Chair spoke of the importance of sustainability, the benefits of the evaluation process and determining where these programmes fitted within service provision for mental health and wellbeing.

## **Resolved**

That the Health and Wellbeing Board notes and comments upon the evaluation of the creative care commissions and the key principles for future commissioning, as set out above.

## 4. JSNA Update

Duncan Vernon, a Public Health consultant working across South Warwickshire NHS Foundation Trust (SWFT) and Warwickshire County Council provided an update on the delivery of the JSNA programme since January 2021. The report reminded of the thematic approach to needs assessments and the focus on mental health needs.

From September a multi-agency task and finish group commenced a joint piece of work across Coventry and Warwickshire, which included a survey and focus groups to secure qualitative information. An outline was given of the key findings. A total of 975 individuals responded to the survey and 98 people participated in the focus groups. The report was supplemented by the detailed needs assessment of adult mental health and wellbeing and a presentation which covered the key themes from the mental health needs assessment:

- Scope
- Wellbeing is different but related to mental illness
- A graphic showing that good mental health needs a wide response
- The key themes identified:
  - There is a high prevalence of mental ill health
  - Challenges in accessing or understanding available services and support
  - There is growing future need and demand for services
  - Short and long-term impacts from the pandemic

Returning to the thematic work programme, a table and subsequent paragraphs reported on the provisional timescales for the other areas of pharmaceutical needs assessment, health visiting 0-5, end of life care, children and young people's mental health and wellbeing and substance misuse. Further sections reported on the Grapevine Project and the Director of Public Health's annual report for 2021.

Questions and comments were invited from the Board.

- Discussion about the reasons why people did not access a service and exploring this to get to the true causes. A lack of awareness of the services available would show a need to improve messaging for example. The research didn't provide for such detailed questioning, but the points made were noted.
- There was a low proportion of people who would benefit from services, who were currently accessing them. Organisations were working under significant pressure, there were workforce challenges and whilst the aim was to offer services, there may be capacity concerns. Aside from the initiatives discussed earlier in the meeting, it was questioned if other activity should be undertaken.
- From the report, there was no sense of geography and context was needed. There were concerns about service capacity and resource for example in responding to mental health crisis. A comment to take back was what the report meant for Warwickshire residents. Duncan Vernon spoke of the endeavours to break down the data into smaller areas, links to social deprivation and/or ethnicity, where possible.
- The need to inform people of the service. Methods which had been successful previously included messaging on televisions in GP waiting rooms and printed drink mats in public houses. The formation of primary care networks (PCN) and understanding the health needs of their population could be a useful trigger to start such conversations.

- A question on the role for GP doctors and whether it was planned to engage with them, through the PCNs or perhaps with accident and emergency departments. It was about signposting services. Duncan Vernon referred to the dissemination plan, arrangements at place level and work in healthcare settings. Alongside the wider engagement, there would be an easy read summary, infographics and the report would be taken to various health and social care system meetings.
- The Chair viewed this item as key in identifying needs which would inform the commissioning of services.

## **Resolved**

That the Health and Wellbeing Board:

1. Notes the progress of the Joint Strategic Needs Assessment (JSNA) programme to date.
2. Supports the promotion and dissemination of findings and recommendations of the mental health needs assessment, implementing them where appropriate.
3. Notes the outlined thematic JSNA workplan for 2021/22 – 2022/23.

Supports the development of future needs assessments through promoting the work of the JSNA and supporting requests for resource to support the analysis and development of assessments.

## **5. Pharmaceutical Needs Assessment (PNA) Update**

Duncan Vernon provided an update on the PNA. The Health and Wellbeing Board had a legal responsibility to maintain an up to date statement around the needs for services from community pharmacies. The PNA assessed 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 those needs.

The last PNA was published in March 2018. It was due to be updated in 2021, but due to the Covid-19 pandemic the deadline for publication of the PNA had been extended to October 2022. In the interim, a supplementary statement had been prepared and submitted to NHS England. A copy was appended to the report.

The last PNA concluded that current pharmaceutical service provision in Warwickshire was sufficient but in view of expected significant housing development and population growth, additional future pharmacy provision would need to be considered. To maximise the resources available and to align with local planning footprints, it was proposed to work with Coventry City Council on the upcoming PNA, as previously. The key milestones for consultation and production of the PNA were reported.

The Chair asked if the PNA took into account the vaccination role out requirements for pharmacists. This was a key point to look at. In the supplementary statement, there was reference to the additional pressures caused by the pandemic. The vaccination role for community pharmacists would be taken into account for the PNA.

## Resolved

That the Health and Wellbeing Board:

1. Notes the production of the Pharmaceutical Needs Assessment (PNA) Supplementary Statement for Coventry and Warwickshire.
2. Notes the proposals for the full PNA in partnership with Coventry City Council and the potential impact of the COVID-19 response on timescales.

## 6. Coventry and Warwickshire Place Forum

Sir Chris Ham introduced this item, which reported back on the outcomes of the Joint Place Forum and Coventry and Warwickshire Health and Care Partnership Board (HCPB) meeting held on 2 March 2021. This virtual meeting was joined by around 70 partners from across the health and wellbeing system. The report outlined the focusses for the meeting which included:

- Updates from the Health and Care Partnership
- Information about how partners were responding to Covid-19
- Tackling health inequalities and improving health and wellbeing outcomes for communities, with a particular focus on mental health and wellbeing
- Discussion about how members could support these agendas within their communities and organisations
- The key themes emerging from discussion were set out in the report.

A verbal update was provided on the Joint Place Forum and Coventry and Warwickshire HCPB meeting held on 17 June 2021. The key areas raised were:

- Public health directors reported on the Covid-19 outbreak management plans.
- Presentations on reducing inequalities in health.
- The CCG updated on restoring services to address waiting lists.
- A number of themes emerged during the meeting. Some positives were the new partnership working with local communities and Coventry being the city of culture in 2021. A discussion on working with the business community and the public sector on the call to action on tackling health inequalities. The wellbeing for life programme had been discussed.
- The restoration of NHS services was going well to address waiting lists and service backlogs, with a successful bid for the accelerator programme, which would provide additional funding.
- There were massive pressures for the NHS and adult social care. A start had been made on restoration, but it would take considerable time. All services were working as hard as possible.
- In terms of actions and next steps these were the themes above, with the key areas being outlined.

Questions and comments were invited from the Board.

- Dame Stella Manzie reinforced the valuable partnership working in the Health and Care Partnership, especially the collaboration between the two directors of public health and their



outstanding contributions. She referred to the accelerator programme and the close working of staff within the three acute hospitals on this programme. Many consultants and staff were eager to make progress in reducing the service backlog and a lot of good work was taking place.

- The accelerator programme was welcomed. A discussion on the initiatives to address the service backlog. There was a mixed approach, in the main through funding additional internal sessions. An example of this was the additional orthopaedic surgery at St Cross Hospital in Rugby during weekends, whilst ensuring staff were not overloaded. An approach of working with more innovation. Sometimes external support was needed, such as use of care homes for rehabilitation and in some cases use of the independent sector, or their premises. There were stringent reporting requirements for the programme and good progress was being made. However, returning waiting lists to the levels before the pandemic would take a long time for some services.
- Sir Chris Ham added a note of caution regarding the increasing number of Covid cases. This would impact on the ability to continue with restoration work. He demonstrated this with an example elsewhere in the country.
- A message to encourage young people to have the Covid vaccination.
- The Chair thanked the HCPB, referring to their reorganisation, the endeavours on reinstating services and tackling health inequalities.

## **Resolved**

That the Health and Wellbeing Board notes and comments, as set out above, on the reports from the Joint Place Forum and Health and Care Partnership Board meetings held on 2 March and 17 June 2021.

## **7. Better Care Fund Plan Progress Report**

Nigel Minns provided this progress report. The Better Care Fund (BCF) Plan was known locally as the Better Together Programme. It comprised resources through the additional social care monies, disabled facilities grant and clinical commissioning group contribution.

The report updated on performance at quarter four of 2020/21 against a range of metrics. It included sections on hospital discharge policy requirements and the BCF 2020/21 end of year requirements, which had been considered and approved by the Board's Sub-Committee in January. The policy framework and guidance for 2021/22 was expected to be received in quarter one of this year. The BCF Plan for 2021/22 was reported, with existing schemes being supplemented by two additional pilot schemes for mental health/learning disability/autism and falls prevention.

In financial terms, the programme for 2020/21, totalled £59.2m. Supporting information was provided on performance against three national areas of focus, being reducing non-elective admissions, reducing long term admissions to residential and nursing care and increasing the effectiveness of reablement.

Nigel Minns referred to the good practice guide on the discharge arrangements put in place by WCC and SWFT. A more detailed report on the BCF would be submitted to the next board meeting.

## **Resolved**

That the Health and Wellbeing Board notes:

1. The progress of the Better Together Programme in 2020/21 including reasons for changes in performance, against the national Better Care Fund areas of focus.
2. The update on the 2020/21 end of year report on the Better Care Fund.
3. The update on the Better Care Fund Policy Framework and Guidance for 2021/22.

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

It was reported that the Health and Wellbeing Partnerships in the three places of Warwickshire North, Rugby and South Warwickshire 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.

The following three initial priorities within the Health and Wellbeing Strategy had been selected to make a tangible difference in the short-term by working together in partnership:

- 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
- Reduce inequalities in health outcomes and the wider determinants of health.

Progress against each priority was shown in an appendix to the report.

## **Resolved**

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

## **9. Forward Plan**

The Board gave consideration to its forward plan of items. It was reported that an additional meeting of the Board would take place in late September on a date to be confirmed. The meeting in November would be the Joint Place Forum.

## **Resolved**

That the Health and Wellbeing Board notes the forward plan.



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Councillor Margaret Bell, Chair

The meeting closed at 3.20pm