

Health and Wellbeing Board

Wednesday 12 January 2022

Minutes

Attendance

Board Members

Warwickshire County Council (WCC)

Councillor Margaret Bell (Chair)

Councillor Jerry Roodhouse (also representing Healthwatch Warwickshire (HWW))

Nigel Minns

Coventry and Warwickshire Clinical Commissioning Group

Sarah Raistrick

Provider Trusts

Dame Stella Manzie (University Hospitals Coventry & Warwickshire),

Borough/District Councillors

Councillor Jo Barker

Councillor Jan Matecki

Other Attendees

Councillor John Holland (WCC), Harpal Aujla, Rachel Briden, Andy Carswell, Paula Mawson, Ashley Simpson, Paul Spencer and Claire Taylor (WCC Officers).

Nuala Woodman, Alison Lee and Claire Walters (NHS England & NHS Improvement (NHSE/I))

David Lawrence (Press)

1. General

(1) Apologies

Apologies for absence were received from Councillor Jeff Morgan and Shade Agboola (WCC), Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust), Councillor Marian Humphreys (North Warwickshire Borough Council), Councillor Julian Gutteridge (Nuneaton and Bedworth Borough Council) Jagtar Singh (viewing via webcast) and Dianne Whitfield (Coventry and Warwickshire Partnership Trust), Elizabeth Hancock and Chris Bain (HWW), Danielle Oum and Phil Johns (viewing via webcast) (Coventry and Warwickshire Integrated Care System and Integrated Care Board).

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

Councillor Jerry Roodhouse declared an interest as a Director of Healthwatch Warwickshire.

(3) Minutes of Previous Meetings and Matters Arising

The minutes of the Board meetings held on 21 September and 17 November 2021 were approved as true records and signed by the Chair.

(4) Chair's Announcements

The Chair thanked Sir Chris Ham for his service and particularly the development of the Health and Care Partnership. She advised that Danielle Oum had been appointed Chair of Coventry and Warwickshire Integrated Care System (ICS) and as NHS Coventry and Warwickshire Integrated Care Board Chair Designate. The Chair congratulated Phil Johns on his appointment as Acting Designate Chief Executive of the Coventry and Warwickshire Integrated Care Board (ICB). It was noted that the formation of ICS' had been delayed to 1 July 2022.

2. Dementia Strategy

Claire Taylor, WCC Commissioner presented the findings from the Living Well with Dementia Strategy engagement process. The Board was asked to consider the feedback and approve proposed changes to the strategy, based on that feedback.

The strategy was being refreshed for the next five-year period. Following a period of engagement from early September to the end of October 2021, the feedback had been collated into two reports, one capturing responses from 85 stakeholders and one from over 220 people living with dementia and their carers through a range of in-person engagement opportunities. The reports were being reviewed and the feedback would be used to further develop the strategy. The intention was to publish the strategy in Spring 2022. It would be a system document across health and social care in Coventry and Warwickshire delivered in partnership with the voluntary and community sector.

A presentation was provided to supplement the report giving a summary of the key findings from the engagement undertaken and how these findings would be used to develop the strategy and associated delivery plans.

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

- The Chair noted the robust consultation undertaken.
- Nigel Minns commented about the prevalence of dementia in black people and the minimal feedback from this cohort. Given the focus on inequalities, it was questioned if more could be done to target engagement and support. Joint work could be undertaken and often it was not about dementia specific services, but more about cultural appropriateness of services. An outline was provided of the methods used to engage and there was increasing data available, but more could be done.
- Councillor Roodhouse had expected a larger number of respondents. He referred to the changing demographics, the expectation of increasing dementia cases and need for more engagement. This was a slight disappointment, but the richness of the feedback was good. He then spoke on the priority of reducing the risk of dementia and dementia friendly communities, which there was a lack of awareness about. This could be a focus for the subsequent delivery plan, given the likely increase in dementia cases over the next 5-10 years. From feedback, he drew comparison to other services and the lack of public awareness of them. The Chair asked if HWW could assist in reaching some groups. He agreed and there was similarly an opportunity through elected members, parish, district

and borough councils as well as the local 'place' groups. This could include a refresh of the dementia friendly communities and he reiterated the predicted increases in dementia cases.

- Sarah Raistrick spoke about links to health services and opportunities to engage and work collaboratively. She was pleased with the preventative aspects touching on early treatment of blood pressure and diabetes to reduce risks of vascular dementia. NHS services were monitored on the prevalence and diagnosis of dementia. Coventry and Warwickshire historically had a lower prevalence than would be expected. She touched on the targets for dementia diagnosis asking whether achieving this statistic was a priority for the local system. Providing good services to those diagnosed with dementia was important.
- Stella Manzie referred to loneliness for people with dementia especially those who lived alone and it was exacerbated over the Christmas period. It was important that the delivery plan was completed to detail what would be done to address the priorities identified.
- Nigel Minns explained that terms and conditions were included in contracts to encourage people to become volunteers or to take up dementia training. He asked if partners on the board would also consider this to give a local system approach. On NHS targets, he agreed it was important that people diagnosed with dementia got the support they needed and that those who had not received a diagnosis were also supported.
- Councillor Matecki touched on the end-of-life aspects and the importance of early engagement to seek to ensure the person's wishes were complied with.
- The Chair had received an email from the Alzheimer's Society raising concerns for people with dementia admitted to the local hospital trusts. This had been forwarded to each of the trusts for a response. It concerned admission and visiting arrangements, discharge and keeping carers informed. The responses from the trusts would inform the delivery plan.
- The Chair recapped on the points raised during the debate. She asked when the draft delivery plan for the first period would be submitted to the Board for consideration, asking that this was referenced in the strategy too.
- Claire Taylor had noted the feedback provided and would circulate a response on how this had been taken on board.

Resolved

That the Health and Wellbeing Board:

1. Comments as set out above on the findings from the engagement regarding the Living Well with Dementia Strategy.
2. Approves the proposed changes to the strategy based on the feedback from the engagement.
3. Endorses the approvals process prior to publication of the strategy, with the addition of approvals for the delivery plan being included.

3. Better Care Fund (Warwickshire Better Together Programme)

Rachel Briden, WCC Integrated Partnership Manager presented a report with the draft list of schemes to be funded from the Improved Better Care Fund (iBCF) for 2022/23. At the meeting in November, the Board had requested more involvement and engagement in the process. This report summarised the proposals, mainly for continuation of the existing schemes.

It was anticipated that the Better Care Fund Policy Framework would be replaced in 2022/23. However, details were awaited, and normal planning arrangements were continuing in the meantime. The funding settlement for 2022/23 was published on 16 December 2021 with an

allocation of £15.1m. This represented a 3% increase from the previous year and was the first inflationary increase in four years. The financial implications outlined the assumed grant conditions, following those for previous years and permitted uses of this funding. It was noted that iBCF funding was temporary. Some funding was used to maintain statutory social care spending, and this would require replacement funding if the iBCF was withdrawn.

The report and appendices gave a detailed breakdown of the schemes and proposed changes from 2021/22 to 2022/23. It was suggested that a further update be provided to the Board, following publication of the national Better Care Fund Policy Framework for 2022/23 or equivalent replacement.

The following questions and comments were submitted:

- The extension of the hospital to home scheme was welcomed.
- Councillor Roodhouse was concerned about the annual nature of this funding and a number of bodies were making representations regarding this. With longer-term funding, programmes could be established to focus on such things as falls prevention.
- On the hospital to home scheme, Councillor Matecki added about reducing pressure on the NHS, seeking to get patients home as early as possible. He asked about funding arrangements, ensuring collaboration as a system and the potential for NHS funding to be used to expand this service. Rachel Briden responded on the need to look at patient transport in conjunction with NHS partners. The Warwickshire Fire and Rescue Service (WFRS) was not able to expand its service much further without additional recruitment. Reference to the additional services provided on falls prevention and making the best use of WFRS to assist vulnerable people.
- Nigel Minns reminded of the joint work on ensuring efficient systems to discharge patients from hospital. Only a small proportion (5%) of those leaving hospital required care at home. The biggest challenge was the care market and workforce aspects. Councillor Matecki picked up the financial aspects where services were not provided due to a lack of budget, but other services were having to spend excessively as a result.
- Councillor Barker referred to changes in housing related support and the budget implications for district and borough councils which could impact on areas of support provided by them. The Chair acknowledged there could be impacts on both NHS and Adult Social Care services. A dialogue was planned between councils to seek a solution.
- Phil Johns submitted support on behalf of the CCG for the proposals in the report.
- A discussion on the project on removing excess items from the homes of people who hoarded and to provide a deep clean, to enable them to return home and receive care at home. Linked to this concerns had been raised by the chair of the Safeguarding Board in relation to self-harm. Rachel Briden gave an outline of the elements of this scheme and offered to provide further information. The Chair suggested the topic of adult self-harm could be considered at a future meeting as there was an increase case numbers.

Resolved

That Health and Wellbeing Board:

1. Supports the draft list of schemes to be funded from the Improved Better Care Fund (iBCF) for 2022/23.

2. Comments as set out above on the proposed schemes agreeing that these contribute to the wider Health and Wellbeing Board's prevention priorities, as well meeting the iBCF grant conditions as set out in the current national Better Care Fund (BCF) Policy Framework.
3. Requests that a further update be provided to the Board, following publication of the national Better Care Fund Policy Framework for 2022/23 or equivalent replacement.

4. Provider Workforce Update

A comprehensive update was provided to the Board by Zoe Mayhew, Strategy and Commissioning Manager, Targeted Support and Integration. This was accompanied by a presentation, focussing on the service areas that were under most pressure. It covered the impact of the recruitment and retention challenges currently being faced in the adult social care (ASC) market, the workforce pressures within the children's public health and children's social care commissioned provision and the mitigations being undertaken.

Data was provided on the increasing staff vacancies for the country as a whole and reporting the position in Warwickshire. There were significant issues with recruitment and retention of front-line care staff across learning disability supported living schemes, domiciliary care services (including extra care housing and specialised supported housing provision), residential and nursing care homes. This was resulting in a commissioned care market that was unstable and at risk of not upholding consistency of service delivery and acceptable standards of quality.

The Council continued to passport the national funding to the commissioned provider market and in total £28million had been allocated since the start of the pandemic. There were three main funding streams concerning infection control and testing, workforce recruitment and retention and additional winter workforce funding. For the longer term, WCC was developing a workforce strategy to respond to the ongoing workforce pressures within the commissioned social care market and a first draft of this strategy would be available in April 2022.

Subsequent sections of the report looked in detail at each of the following areas:

- Domiciliary Care
- Residential/Nursing Care
- Community Equipment Provision
- Adult Social Care job vacancy and turnover rates
- Children's Public Health and Social Care Commissioned provision

The financial implications were reported. This included the inflationary uplift on salaries and an outline of how the workforce pressures within commissioned social care provision were likely to result in increasing costs for the County Council. In response to the challenges a number of short and longer-term solutions were proposed which were set out within the report.

The Board discussed the following areas:

- Councillor Roodhouse spoke of the excessive hours being worked by care staff currently and the lack of recognition they received for their service. A difficulty was people leaving care for better rates of pay elsewhere. The challenges for care staff were increasingly complex in supporting older, frailer people. Providers welcomed the initiatives but were unclear how this would be coordinated over such a large number of organisations. WCC

could do more on visibility and career progression. Previously there was a coordinated programme working with universities to provide a pathway from care into health services, but this seemed to have ceased. His view was the market was brittle, that the frail, older people needed more specialist care and yet staff were being paid a minimum wage whilst working long hours. The need to use of agency staff overnight was a further concern. He asked how the initiatives would be rolled out.

- Zoe Mayhew gave an outline of the process used to respond in a prioritised way, matching applicants to care providers. A tracker was used to inform of vacancies and staffing levels. The approach was to identify risk and then mitigate that risk. The system had worked well, but some care providers were not yet participating. There were no known reasons why those providers were choosing to advertise independently and at considerable cost when this was a free service. The points on marketing about career progression could be actioned quickly through a number of existing channels and the use of case studies was a further option.
- A discussion about the use of 'blue' and 'exposed' beds, as transition where patients returning to care had or might have Covid. This included the arrangements to step down this service and reinstate it to respond to surges in case numbers such as the Omicron variant. National funding was being used for this provision, through the hospital discharge grant. The system had worked very well.
- Comments were submitted on behalf of Phil Johns and Jagtar Singh. Mr Johns referred to career progression issues and gave examples of vacancies in local NHS services. Mr Singh commented about the impact of the mandatory vaccination for NHS staff, using positive messaging about the benefits of vaccination for the NHS to offset concerns by anti-vaccination groups and he supported the points made on workforce issues.
- The Chair was concerned about people on direct payments, sourcing their own personal assistants for care. Paula Mawson acknowledged this, speaking of the new carer strategy and agreed to take this point on board.
- Nigel Minns also referred to the work on career progression. It was important when considering progression from care roles into health that there was also a route into care, so the care market was not decimated. He spoke of the structure of the local care system, which tended to be small family run homes. Warwickshire had not been affected by the big national care home collapses. However, there was less opportunity for career development in small homes and he asked if there were bespoke solutions. Zoe Mayhew gave an outline of the tailored business support provided to care homes to seek to ensure their sustainability. Many seemed to thrive in Warwickshire with some showing steady growth.
- Sarah Raistrick referred to mental health and burn out. The NHS offered a range of packages which could be made available to care home and domiciliary care staff. Similarly, on education a suggestion to extend invites for relevant NHS courses to care staff. She touched on remote monitoring arrangements for some care homes in the north of Warwickshire and a joint training approach could again give validity to care staff. On the career progression points, for some a career in care was the correct option and they may not wish to move into an NHS role. There was a lot which could be done collaboratively. She concluded by referring to the staffing challenges and people taking alternate employment with higher pay rates. Zoe Mayhew added that WCC had extended its employee assistance programme providing mental health support to commissioned care providers, free of charge and there had been very good take-up of this offer.
- Stella Manzie spoke of the importance of social care and especially domiciliary care to enable people to stay in their own home. The benefits of small local care providers were

recognised. However, this provided a challenge of volume and scale for a large trust such as UHCW in working with a large number of care providers.

- The Chair agreed about the importance of domiciliary care, also referring to the Better Care Fund and ensuring it assisted with the issues raised under this item.
- Paula Mawson spoke of the pressures within children's services giving examples of health visiting, the increasing and more complex referrals via the school health and wellbeing service. The impact of the pandemic on children and young people and their development would need to be monitored.
- Sarah Raistrick recorded thanks to carers from an NHS perspective and the Chair agreed from a board perspective too. A later item would look at Core 20 plus five. A focus under that item could be on health visiting for the 0-5s generally and with aspects on health inequality particularly.

The Chair stressed the importance of this item which underpinned many aspects and would be revisited at a future meeting.

Resolved

That the Health and Wellbeing Board:

1. Comments as set out above upon the impact of the recruitment and staff retention challenges currently facing the Adult Social Care market.
2. Notes the workforce pressures within the children's public health and children's social care commissioned provision and the mitigations being undertaken to manage pressures and risk.
3. Supports the short-term actions being taken locally by health and social care partners to assist/improve recruitment and retention.
4. Supports the further long-term options to assist/improve recruitment and retention that may be available to health and social care partners.
5. Raises the profile and recognition of care services and particularly domiciliary care.

5. Commissioning of Dental Services

Nuala Woodman with support from Alison Lee and Claire Walters of NHS England and NHS Improvement (NHSE/I) provided an update on the position of dental services in Warwickshire. This comprised a written briefing as background and a presentation with high level information. The briefing included the following sections:

- Introduction
- Dental charges
- Impact of the pandemic
- Restoration of services and recovery initiatives
- Vulnerable groups
- Oral health and inequalities
- Children's access

- Out of hospital provision (including urgent dental care, domiciliary care, dentures, secondary and community care)
- Staffing issues (including collaborative working with local dentists, PPE / Fit testing and Covid & outbreaks in dental settings)
- Opportunities for innovation including digital

The presentation highlighted key areas from the circulated briefing. It also updated with more recent data on general dental activity in the midlands and the local position compared to normal levels of service. Due to the restricted services during the pandemic, a year's worth of activity had been lost access over the last 20 months.

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

- Councillor Roodhouse advised that this item was discussed at HWW board. The British Dental Association (BDA) and others were critical of the unrealistic targets imposed given the challenges around cleaning and changing the air between patients, making those targets unachievable. HWW was receiving a lot of enquiries about access to NHS dentists. It was understood that around one in ten dentists were likely to cease providing NHS services this year. HWW would write formally to the Chair of this Board to set out its concerns and was considering writing to NHSE too. There was a perception that the safety requirements weren't recognised by central government in setting the service targets.
- The Chair acknowledged the points raised, adding that private patients were still able to receive six-monthly check-ups and routine treatments where NHS patients were not.
- Councillor Matecki asked if the 85% of the normal service level was the optimum, given the cleaning requirements. Moving forwards, he asked if there would be a lessons learnt at some point and whether the aim was to achieve previous service levels fully. Nuala Woodman confirmed that this was the safe minimum level. There were exception arrangements and each practice was considered individually, with monitoring of how they were managing. Support was being provided to practices for example where there had been a Covid outbreak amongst staff. The aim was to return to the full provision by April 2022. However, there were unknowns about the pandemic.
- Nigel Minns asked if the treatment of private patients at the expense of NHS patients was the issue of registration and not having the same obligation as a GP doctor. He asked about the treatment backlog for dentistry and how long the measures proposed would take to address the backlog. Nuala Woodman confirmed there was data for secondary care and further community dental service waiting times. This was not about money, but having staff and available premises. The solutions included longer working hours and weekend appointments. However, the backlog was significant. Reference to missed check-ups which could lead to people presenting with more serious oral issues.
- The points raised on private patients were acknowledged. This was about the national contract. Dentists were required to provide the same level of NHS activity as previously and the payment protection initiative aimed to keep dentists providing NHS services. Reference to the BDA representations and some practices were prioritising private patients, not undertaking NHS work but still being funded for it.
- An outline was given of the investment some practices were making to improve ventilation, the provision of free personal protective equipment to practices, and specialist masks. Warwickshire practices were working well and there was an active local dental committee providing mutual support. She outlined the initiatives being used to address the backlog with additional capacity at some practices being utilised, weekend access and the launch of a community dental service support scheme. NHSE/I welcomed feedback about patient concerns from Healthwatch and others.
- Sarah Raistrick asked about services for very young children and novel ways of accessing dental care, in non-healthcare settings to provide a basic dental check. There had been a slump in attendance by children since early in the pandemic and it had taken a while to educate and

encourage them to return. Children were a priority group, but dentistry was a highly regulated service in terms of who could undertake each function.

- Reference to use of technology and digital options. Patients had to be seen face-to face, but treatment patterns had been adjusted to make them as efficient as possible. Locally, there was praise for the urgent care system, put in place in a very timely manner and this had been replicated across the Midlands and possibly beyond.
- The data on the proportion of private and NHS dentists in Warwickshire was reflective of the demography and made it hard to provide NHS services in some rural areas. Rural affluence and poverty were two of the hardest things to address and they were prevalent in the county, with the example of Stratford mentioned. Missed appointments was a further issue.
- The Chair asked whether the crisis in dental services had prompted NHSE/I to consider the reconfiguration of services. It was understood that dental services would transfer to the new ICS and was considered the current situation should be addressed ahead of this handover. On Covid, it was endemic now and there had always been airborne viruses. A need to think how best to address the protection aspects.
- Nuala Woodman spoke of the unsuccessful attempt at dental contract reform which needed to be revisited. The model was not like that for GP services. There was recognition of the crisis, the workforce issues and low morale amongst staff. There were significant recruitment issues in some parts of the midlands, with similar issues to those raised during the earlier provider workforce update. An outline was given of the work underway to transfer dental services to the ICS locally alongside other services and within the national framework. On the pandemic, a comparison was drawn to the adjustments made in response to HIV previously.
- Sarah Raistrick asked if the current resources for dentistry would transfer to the ICB. This was confirmed and work was underway to identify the split of resources. There had been substantial investment locally to address the backlog. An issue was that funding usually transferred to the CCG and dental services were often omitted. An outline was given of the endeavours being made to remedy this and access recovery monies as well as further impacts for dentistry services.
- The Chair thanked the representatives of NHSE/I for their presentation and for answering the Board's questions.

Resolved

That the Board notes the briefing and presentation from NHS England and NHS Improvement.

6. System Health Inequalities Strategic Plan

The Health and Wellbeing Board was asked to consider the requirements for a Coventry and Warwickshire Health Inequalities Strategic Plan, local priority population groups for the Strategic Plan, the progress made to date and support the implementation of the Plan.

The draft plan was required to be submitted to NHS England and NHS Improvement by 22 March 2022. It must depict a locally agreed strategic approach for addressing health inequalities within five nationally determined clinical priorities, covering maternity care, early cancer diagnosis, severe mental illness, chronic respiratory disease and hypertension. It also had to show this work was embedded within a broader approach to reducing health inequalities within Coventry and Warwickshire. A programme of engagement with partners and key NHS workstreams was underway to shape the Strategic Plan and ensure the approach took into account the needs and inequalities within each of the three Warwickshire 'Places' (Warwickshire North, Rugby and South Warwickshire).

The five national clinical priorities were set out within a 'Core20+5' model. The model required focused efforts to improve health access and outcomes for those living in the most deprived 20% of the population. There was evidence to show the inequalities in health outcomes, life expectancy and in terms of maternal deaths and morbidity amongst some ethnicities. The five clinical priorities were primarily focused on secondary and tertiary prevention approaches. Overall, life expectancy in Warwickshire was above the national average. However, there was variation by deprivation and gender with data provided in the report and appendix to demonstrate this.

A key area was determining the local priority population groups and the following were recommended:

- People from black and minority ethnic groups
- Transient communities (homelessness, gypsies, travellers, boaters and newly arrived communities)
- People living with disabilities (physical, sensory and/or neurological)
- Older people experiencing rural isolation

Within Warwickshire 6.5% of the population, approximately 38,000 people, lived in the most deprived 20% of areas nationally (based on the indices of multiple deprivation). There was a need locally, to broaden the scope beyond the most deprived national quintile in order to adequately address the disproportionate impacts the pandemic had caused on ethnically diverse communities within Warwickshire. Data was provided to demonstrate this. Subsequent sections of the report expanded on the rationale for selecting each of the proposed local priority population groups.

The Board discussed the following areas:

- The Chair asked the Board to focus on the proposed 'Plus' areas which could be varied as several aspects within the report had to be included.
- Sarah Raistrick asked if the proposed areas were data driven and there would be tangible outcomes and improvements from the targeted resources. From an NHS perspective there would be measurement of the results, but for residents it was important that the resultant improvements could be demonstrated too. She reminded of her earlier points about children and in this report, after maternity there was quite a gap before any of the health conditions referenced affected children. She suggested selecting a priority that was universal to Warwickshire's population. This could then include targeting resources proportionately to areas where there was inequality. The Board was asked to approve the proposed areas, but there was a need for clarity to understand exactly what the proposals were. She also referred to the Kings Fund model, the anchor institutions, and the involvement of partners in this joined up piece of work. The outcomes from this work were health measure outcomes, but the Kings Fund model showed a lot of the determinants as social determinants. There was a need to work together, as it was too late when there were poor health outcomes.
- The Chair added that the Board was being asked to approve the 'plus' aspects but needed sight of the evidence to understand why these were the preferred options and she asked what the process was for finalising the plus outcomes.
- Councillor Barker had been involved at a place partnership meeting but did not recognise all of the aspects included.
- Councillor Roodhouse had slight unease about the elements reported. He used the example of rural isolation for older people which he recognised, but it could similarly be an issue for younger people in villages and people in urban areas too. He referred to

homelessness, the potential impact of savings plans exacerbating numbers of homeless people, the underreporting of homelessness and linked this to issues for younger people and mental health conditions. Delivery was important and assessing its impact.

- Councillor Matecki had also been involved in the South Warwickshire Place discussions. There was confusion as the priorities agreed for that area may differ from other places and the strategic level, which could result in a lot more priorities than feasibly could be delivered.
- Harpal Aujla was asked to explain the process undertaken. There was significant overlap between core 20 and the other aspects. The plus groups were headlines which would be supported by workstreams with a lot more detail. The aim at this stage was to identify the key groups that were experiencing inequalities. There would be delivery plans and monitoring arrangements.
- Stella Manzie commented that in Warwickshire the breakdown of BAME communities was quite complicated. In some parts of the county there may be small groups and different communities who may be more isolated when compared to a large ethnic group in Coventry. There was a need for a granular analysis. Some of the priorities were really clear and she demonstrated this using the example of maternity outcomes for Asian and black people. The 'plus' aspect was more complicated and would need that more granular analysis to show what the Board was agreeing to.
- The Chair suggested that a further report be provided to the Board with an evidence base for the 'plus' aspects and the delivery plans which would underpin them. It was useful seeing what the place partnerships had considered but the evidence base was needed for the Board.
- Sarah Raistrick stated the potential for unevidenced priorities to be included in the 'plus' aspect. She was interested in seeing which aspects included in the 'plus', that were not also referenced in other areas and used the example of cancer screening services for gypsy and traveller communities which was duplicated. There was a danger in trying to include too many aspects and not being able to demonstrate an improvement had been achieved.
- Emily van de Venter contributed that one of the challenges in developing a system-wide strategy was the number of people inputting with differing views. This work built on the Joint Strategic Needs' Assessments and discussions at place which had developed the priority plus groups for Warwickshire as a whole and then were adapted locally. The draft submission to NHS England was due in late March 2022, but there would be additional time needed for further system engagement. Due to the time constraints, additional information would be circulated ahead of the next Board meeting.
- There was a joint place forum in March which could provide a mechanism for further consideration of this item, to be followed by a virtual sign-off.

Resolved

That the Board:

1. Notes and comments on the requirements for a Coventry and Warwickshire Health Inequalities Strategic Plan as set out above.
2. Notes and comments upon the progress to date, as set out above.
3. Supports the further development of the 'plus' aspect, the action plan and the communication strategy and that a further report comes back to the Board.

The Health and Wellbeing Board received the following updates:

7. Domestic Abuse Needs Assessment

An update to inform the Board of the recommendations emerging from the Domestic Abuse Joint Strategic Needs Assessment and encourage partner organisations to consider individually and collaboratively how they could respond to those recommendations.

8. Warwickshire Health and Wellbeing Partnerships

The Board received updates from each of the three place-based Health and Wellbeing Partnerships in Warwickshire.

9. Annual Report of the Safeguarding Boards

The annual report for Warwickshire Safeguarding was submitted for the Board's consideration.

10. Health and Wellbeing Strategy: Progress Report

The Board received an update on progress of the delivery of Warwickshire's Health and Wellbeing Strategy 2021-2026.

11. Pharmaceutical Needs Assessment

An update on the Pharmaceutical Needs Assessment which identified local needs for pharmacy provision, gaps in service or unmet needs, and sought to highlight any services that community pharmacies could provide to address those needs.

12. Health in All Policies

The Board received an update on the work to implement 'health in all policies' in Warwickshire. The aim was to embed health and wellbeing into all decision making, and to promote understanding of the impact that policies and programmes of work could have on health and wellbeing.

13. Place Forum

A report back on the joint Coventry and Warwickshire Place Forum online development session in November 2021.

14. Forward Plan

An update on the Board's forward plan, detailing proposed agenda items for its formal meetings and the focus of the workshop sessions. The next Board meeting would be held on 4th May and would include an item on the special educational needs and disabilities written statement of action.

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Councillor Margaret Bell, Chair

The meeting closed at 4:10pm