

# Health and Wellbeing Board

Wednesday 4 May 2022

## Minutes

### Attendance

#### Board Members

Warwickshire County Council (WCC)

Councillor Margaret Bell (Chair)

Councillor Jerry Roodhouse

Councillor Izzi Seccombe, OBE

Shade Agboola

Nigel Minns

#### Provider Trusts

Dame Stella Manzie (University Hospitals Coventry & Warwickshire (UHCW)),

Jagtar Singh (Coventry and Warwickshire Partnership Trust (CWPT))

#### Healthwatch Warwickshire (HWW)

Elizabeth Hancock

#### Borough/District Councillors

Councillor Jo Barker (Stratford-on-Avon District Council)

Councillor Marian Humphreys (North Warwickshire Borough Council)

### Other Attendees

Councillors Judy Falp and John Holland (WCC), Rachel Barnes, John Cole, Gemma McKinnon, Marie Rooney, Ashley Simpson, Paul Spencer, Claire Taylor and Duncan Vernon (WCC Officers). Chris Bain (HWW), Sharon Atkins (Coventry City Council) and David Lawrence (Press)

## 1. General

### (1) Apologies

Councillor Jeff Morgan (WCC), Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust), Dianne Whitfield (CWPT), Councillor Julian Gutteridge (Nuneaton and Bedworth Borough Council), Councillor Jan Matecki (Warwick District Council), Julie Grant (NHS England and Improvement) and Danielle Oum (Coventry and Warwickshire Integrated Care System).

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

None.

### **(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 12 January 2022 and Matters Arising**

The minutes of the Board meeting held on 12 January 2022 were approved as a true record and signed by the Chair.

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

The Chair reminded of the Board's priorities and especially the focus on children and young people's mental health and wellbeing. The agenda included a number of important items around infants, children and young people. She also welcomed to the meeting foundation year two doctors and a trainee GP who were observing.

The Chair advised that West Midlands Ambulance Service (WMAS) provided an update to the November 2021 meeting of the Adult Social Care and Health Overview and Scrutiny Committee (ASC&HOSC). The reported ambulance response times were not as would be desired and there were contributing factors, with delays in transferring patients at hospitals being a key issue and some services not being available at all times. She then attended the multi-agency Blue Light Collaboration Joint Advisory Board to raise the concerns and ask how this systemic issue could be tackled. Support from both senior police and fire representatives was received to collaborate to address this concern. At the April ASC&HOSC WMAS provided a further update, reporting a worsening position on ambulance delays and response times. There was a need to look at this issue as a system. One of the roles of the Board was to 'hold the ring' and ask partners to work together to improve services. Whilst WMAS was a regional organisation, the local system could be focussed on issues for Coventry and Warwickshire. With the Board's approval, Nigel Minns was asked to arrange a meeting of all relevant organisations to discuss this and to report back at the next Board meeting with potential options to improve the situation.

Several Board members spoke in support, making the following points:

- There was no blame, but a need for collaboration as a system to improve the current situation.
- The discussion should include the impact on service provision of allocating 400 staff to provide cover for the Commonwealth Games.
- The need for more data around calls for service and categories, as well as the potential for more community-based work.
- A breakdown of response times for each area.
- Providing details of the treatment/support required e.g. patients with mental health issues.
- The 'return to normal' for hospital appointments had not yet been achieved.
- Recognition of the efforts of all services and their staff in seeking to address the current challenges. These included patient flow and hospital discharge. The discussion should include what new things, including those which may be more radical could assist.
- The Chair recognised the work of acute trusts and also that hospital handover delays in Coventry and Warwickshire were less than for other parts of the region.

The Chair then referred to the health and wellbeing development session and the consensus for a focus on children and young people's mental health. An action plan was being produced which included a proposal for a Children and Young People's Partnership to be established,

as a formal sub-group of the Board. It was proposed to submit an item to the next Board meeting, to consider the terms of reference and membership for this partnership. The Chair suggested that the group could include board members and officers. The board confirmed formally its approval to this proposal.

Finally, the next development session of the Board would take place in July with a focus on children and young people's mental health.

## **2. Children's 0-5 Joint Strategic Needs Assessment**

Duncan Vernon, Public Health Consultant introduced the Children's 0-5 Joint Strategic Needs Assessment (JSNA). It looked at the health needs of children aged 0-5 in Warwickshire and was aligned with 'The Best Start for Life policy vision' of 1,001 critical days for lifelong emotional and physical health, health needs during pregnancy and maternal health. Sections of the report focussed on:

- Local context, including the predicted population growth, ethnic diversity and impacts of deprivation.
- Health of children 0-5 – pregnancy and birth. This included parenting education, low birth weight and obesity, smoking in pregnancy and mental health data.
- Health of children 0-5 – early years. Improving data collection on breast feeding, data on childhood obesity, visually obvious tooth decay, vaccine coverage and issues associated with domestic abuse.
- Child hospitalisations. Findings from different waves of the pandemic, by area, gender, indices of deprivation and ethnicity. Further aspects on unintentional injuries, emergency admissions and reducing unintentional injuries, focussing on five key causes.
- Child deaths. This section covered key causes, the relationship to wider determinants of health and data on the 122 Warwickshire child deaths over the period 2017-21.
- Services for children 0-5. This reported on the proportion of new birth visits, infant reviews and the feedback from parents and carers of young children of the 0-5 public health nursing service. Further aspects on early education and childcare, school readiness and achieving a good level of development. There were known links between deprivation and school readiness. Reference to the WCC early years needs assessment, its data findings and those from the Joseph Rowntree Foundation. This section also outlined the support from Children and Families Services, with data on specialist help, early intervention and outreach services.
- Report recommendations. Six areas were outlined. These concerned increasing population growth and increasing diversity of needs, that deprivation and inequalities were a critical factor and there were key health promotion issues for all services to embed. There were opportunities to increase the role of early intervention and prevention, a need for closer alignment between services and an opportunity to establish a partnership to centralise the needs of children and to take forward the recommendations within the report.
- JSNA prioritisation. A two-year thematic work programme had been developed and was set out in the report. Some aspects had been completed. With the wider development of the ICS, it was proposed to undertake a further prioritisation exercise and the suggested approach was outlined.

A presentation was provided to pull out the key aspects of the report, based on the sections detailed above. Questions and comments were invited, with responses provided as indicated:

- The Chair praised the report and the detailed data it contained.
- Concern about drowning risks increasing due to the reduction in numbers of children learning to swim. This had been impacted by both the pandemic and potentially pool closures associated with increasing costs of heating them.
- The report contained a wealth of information. A concern that the gaps related to deprivation were widening. Points about the lack of a consistent geography as the areas covered by each JSNA differed from those served by the corresponding family centre. A need to join this up and to share data.
- There was concern about unintentional hospital admissions and cases of neglect. A question on how this was mapped from the various data sources available to ascertain levels of neglect.
- Regarding the focus on 0-5 services, this should be extended to include the period from conception. There was potential for more early intervention work and provision of information at an earlier stage. Otherwise, the known gaps in child development were likely to widen still further.
- The detailed action and delivery plans would be key and needed to show how they linked to the various other strategies.
- A comparison was drawn to a similar document from 2018, with virtually the same themes, but this report showed an increase in the gaps referenced above.
- Duncan Vernon responded to the points above. He referred to the risks of smoking in pregnancy as an example where the focus on conception to five was relevant. There were initiatives within the NHS long-term plan to encourage smoking cessation amongst pregnant women. The NHS and WCC worked together on such initiatives. He noted the important points around neglect, speaking about early help, the available, granular data, some of which was new. This wealth of data would enable comparison between services, making the case for closer partnership working and aligning geographies too.
- There was an important role for health visitors to identify potential issues at an early stage. Some people were not aware who their health visitor was. The Chair responded that this was another example where partnership working could ensure that services complemented each other. Jagtar Singh noted the points raised and the need for assurance. There were a number of challenges for the health visiting service, due to the pandemic and growing service demand. His trust used a 'patient story' approach to provide more information via videos of services and one could be produced for this service. He offered to meet with the councillor outside the meeting. This offer was welcomed, and a further concern was not having consistent health visiting staff. Jagtar Singh gave an example of attending a health visit, the challenges observed and need for wider interventions from other services to assist that individual.
- Chris Bain noted that the presentation made reference to risk factors, which included ethnicity and further context on this was sought. It was a complex picture and in areas of deprivation there tended to be a greater diversity of ethnicities. Duncan Vernon spoke about challenges in access to services, for example where English was not the person's first language and also outcomes from accessing services. Chris Bain viewed this as significant, as reducing health inequalities was a key driver of integrated care. Access to services was essential to tackling inequalities and it was questioned if work was taking place to look at both provision of services and outcomes to start to tackle such health inequalities. A further response was provided about population health management and the potential uses of this data as the Integrated Care System became established. Duncan gave an example of the

work that provider trusts were doing towards the NHS long term plan aims around continuity of care for maternity services for expectant mothers from BAME backgrounds.

- Shade Agboola provided further information about the system response to address health inequalities, formulating a plan which had involved robust engagement with a variety of bodies. She spoke about the NHS Core 20+5 model which had been discussed at a previous board meeting. This identified the twenty percent most deprived population and certain 'plus' groups. In Warwickshire one of the plus groups within the Systems Inequalities Strategy recognised that ethnically diverse populations were disproportionately impacted and would experience health inequalities beyond those of most of the population. This plan would shortly be submitted and be followed by implementation.
- Councillor Roodhouse spoke about the process aspects and the work taking place in several different forums, including at 'place'. He gave examples of the different bodies involved and asked if there was a role for the WCC Children & Young People Overview and Scrutiny Committee (the OSC) to also keep an oversight and hold the system to account.
- Nigel Minns agreed that there was a need to be clear about the functions of the different groups. In his view, the OSC had a role to hold services to account. Health visiting was a service commissioned by WCC, so the OSC could ask for performance information, or a suggestion be made by the board for it to seek such an update. Thereafter, the OSCs findings about any service gaps or concerns requiring partners to work together could be fed back to the Board. He spoke of the role of the Board and those areas within this report which could be included within the terms of reference for the proposed Children's sub-group.
- Stella Manzie noted the higher rate of injuries involving children in Rugby. She offered to discuss this at UHCW to see if there had been any additional analysis. Stella also referred to a recent visit to UHCW by Danielle Oum, the ICS Chair. One of the areas discussed was the neonatal outreach service being provided by the three acute trust hospitals. This enabled very young babies to be discharged from hospital earlier, with substantial care and support packages at home. It was seen as a very positive development and had been well received so far.
- Nigel Minns referred to the Covid vaccination programme and the vocal opposition nationally by some people to the vaccination. He asked if this had reflected on uptake of other vaccination programmes. Duncan Vernon considered it was too early to tell and said there were slight differences in the delivery of other vaccines. The current public awareness of vaccinations may provide an opportunity for messaging and would be something the proposed children's sub-group could consider.

## **Resolved**

That Health and Wellbeing Board:

1. Notes the contents of the 0-5 Joint Strategic Needs Assessment (JSNA).

Approves the publication of the 0-5 JSNA and the development of an associated action plan that will be monitored by the JSNA Strategic Group and the proposed new Children's group.

#### 4. Coventry and Warwickshire Dementia Strategy

Claire Taylor from WCC Strategic Commissioning and Sharon Atkins from Commissioning at Coventry City Council gave a joint presentation to the Board to accompany a circulated report and appended draft Coventry and Warwickshire Dementia Strategy.

Following an extensive period of stakeholder engagement and further development of the strategy, Coventry and Warwickshire's Living Well with Dementia Strategy would go through formal approval processes at both councils in June/July 2022. Subject to those approvals, the strategy would be published and shared widely. The associated strategic delivery plan would include a range of actions to be undertaken across Coventry and Warwickshire, as well as actions specific to each area. The delivery plan for year one was currently being developed, with many of its actions underway already. The financial implications stated that many of the ambitions and priorities would utilise existing partner resources or involve bids for funding. WCC had allocated funding of £60,000 per annum to support development and implementation of the Dementia Strategy in Warwickshire.

The presentation outlined the process for developing the year one delivery plan and invited comments and suggestions to support development and delivery of the plan for 2022-2023.

Members of the Board made the following points:

- Amongst the South Asian community, dementia was not understood. There was a need to bear in mind health inequalities and to focus activity based on the data available. More information was sought about where people presented. An offer from CWPT to work together, especially to make its units and estate more dementia friendly. It was welcomed that prevention was at the heart of this strategy. Sharon Atkins provided further information about the funding available to address inequalities and an initiative in Coventry to provide additional support for the South Asian community. There was knowledge of which groups were less likely to access support and the offer to work with CWPT was welcomed.
- Councillor Seccombe was mindful that some people did not want a diagnosis, were fearful of it or could not see what difference a diagnosis would make. There were many different types of dementia with patients having varying needs. More information was sought about training, which was very important, especially for those working in a care environment. It was noted that the strategy had a lot of priorities and was questioned how people could be held to account with there being so many priorities. In response, the target within the plan (and that set by NHSE&I) was for 66.7% of people thought to have dementia to receive a diagnosis. This had not been achieved to date. Further points acknowledging the differing views of patients regarding diagnosis or perceived benefits and the support available.
- It was questioned if GP doctors were involved in the diagnosis aspects. There had been a scheme for GPs to be trained and provide community-based assessments, which was working well prior to the pandemic. GPs were now instructed not to participate in such initiatives which was a frustration. Reference was made to an assessment project in care homes for people who did not need GP interventions, and this was going well.
- A concern about the additional distress caused for dementia patients waiting outside hospitals due to ambulance handover delays.
- Training for care home staff was raised, especially for end-of-life care and how to speak to dementia patients appropriately. Increasingly with care being provided at home this extended to domiciliary care staff too. Such staff were working under significant pressure.

The views of patients at the end of their life may differ from those of family members. Reference to the measures of success within the strategy and whether this included the numbers of staff having dementia training for the end-of-life care pathway. A refresh of the dementia friendly communities would be welcome. Officers replied that 'training well' had been kept as a separate priority. There were five objectives which addressed many of the points raised by Board members. Details were provided of how this would be delivered across a range of providers and other partners. Having prioritised the objectives, the detail would now be added on how this would be delivered over the coming years and some work had already commenced. There was a range of training from awareness raising through to a specialist training offer.

- There was a training need for people to assist dementia patients in the community, including those discharged from hospital. This was acknowledged within the strategy but could be made more specific. A particular challenge was domiciliary care staff turnover. It would be possible to include a training requirement in providers' contracts. Reference was made to the dementia bus and a simulation used to give people an understanding of what dementia was like. It was acknowledged that training levels for staff in dementia care homes were not required to the level that would be perceived. An accreditation scheme was being considered where staff had to be trained to a prescribed level to receive the accreditation.
- Reference was made to the fitter futures programme, with a personal example used to show how this wasn't working despite considerable efforts from a local GP surgery. A parallel was drawn to other services considered not to be working, including those referenced during this debate. The Chair noted the points raised. She agreed that there was both a need to focus on dementia and to take dementia into account when providing all services.
- Councillor Roodhouse said he would welcome the reinvigoration of dementia friendly communities and linked to that a separate conversation on how to engage elected members and their communities. He spoke further about end-of-life care, the variation in premises accommodating residents with dementia and also staffing ratios. He then commented about the future design of care homes, the conversations needed when people were no longer able to stay at home and needed residential or nursing care, as well as the impacts for the family members caring for them. These areas could provide measures of success for the strategy.
- Sharon Atkins acknowledged the points raised and gave examples of care homes within the County which had good models of care and were not necessarily more expensive.
- The Chair drew the debate to a close, noting that an action plan was being produced. She stated that when looking at measures and outcomes it was helpful to show the impacts of the work undertaken. This would demonstrate how it had improved services for people with dementia and their carers. It was requested that a copy of the final action plan be circulated to the Board and that a follow up presentation be provided at the appropriate time showing the work undertaken during the first year of the strategy and the difference it had made.

## **Resolved**

That the Health and Wellbeing Board:

1. Endorses Coventry and Warwickshire's Living Well with Dementia Strategy, prior to its submission for final approval to Cabinet.
2. Comments on the development of the year one delivery plan as set out above.

### 3. Special Educational Needs and Disabilities (SEND)

Rachel Barnes and Marie Rooney introduced this item which reported back on the joint Ofsted and the Care Quality Commission (CQC) inspection to judge the effectiveness of the local area in implementing the SEND reforms. This inspection covered a range of commissioners and service providers within Warwickshire, looking at the effectiveness of the local area holistically in delivering the desired outcomes.

The inspection report was published in September 2021. The report reminded of the positive action and commitment of leadership to improving outcomes for children and young people, also setting out positive key findings. However, the report also identified five areas that needed to be addressed, known as “significant areas of weakness” in the terminology of such reports. These were detailed in the report. There was a requirement to co-produce a Written Statement of Action (WSOA) outlining how improvements would be made. The draft WSoA was reviewed by the County Council’s Cabinet and approved by Ofsted and CQC, then published on the WCC website. Details were provided of the related action plan for each of the areas of weakness and its delivery was now underway. Reference was also made to the communications plan and governance arrangements in place, as well as the periodic self-evaluation framework. Progress to date was reported for each of the five improvement areas. The report’s financial implications set out the funding allocated by the County Council and CCG, together with an identified risk against schools’ uptake of SEND training and options being prepared for consideration by the SEND steering group.

The Board discussed the following areas:

- The Chair recognised the amount of work which was being undertaken on this area.
- Details were requested of the website link for the service:  
<https://www.warwickshire.gov.uk/send>
- A discussion about the expected response from schools. There would be ongoing conversations working with, challenging and empowering each other. There were change agents and champions as well as links to the well-established structures. Reference to the endeavours to secure change agents and the rapid increase in take up from 40 to 85% of the consortia which were adopting the inclusion charter. A key aspect was continued conversations as personnel changed and creating a framework that went beyond the WSoA. It was envisaged that legislative changes would bring further requirements. There was a need to show that the required structures had been created.
- Stella Manzie commended the work being undertaken. She was aware of challenges elsewhere and understandable tensions between parent forums and councils. For children in the care system, social workers may not understand enough about special needs and may make incorrect judgements about parents. This highlighted an important training need.
- The Chair referred to area of weakness one which concerned waiting times for autism assessments. She spoke of the challenges and amount of work being undertaken. The measure for this area was the longest wait and there were a number of factors which impacted. However, some people were currently waiting up to four years for an assessment. There was a trajectory to reduce this timescale significantly.
- In response to a question, Marie Rooney outlined the work undertaken with staff and governors to establish a baseline of their confidence to meet the needs of SEND students. This was then compared to available data and parents’ perceptions to assess how well schools were able to meet the needs of pupils with additional needs.



## **Resolved**

That the Health and Wellbeing Board comments as set out above on the outcomes from the Ofsted and CQC local area SEND inspection and endorses the progress made to date to deliver the Written Statement of Action.

### **5. Place Partnerships Report: Infants, Children and Young People**

The Board received updates detailing the current and planned activity of each 'Place' Partnerships on the priority of 'helping our children and young people have the best start in life'. The Chair recognised the significant amount of work being undertaken in each area.

### **6. 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. It was noted that the next Place Forum was likely to be held in September to give time to assess how the ICS was embedding. The September Board agenda would include additional items to report back on the discussion about the ambulance service and the proposed children's board.

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Councillor Margaret Bell, Chair

The meeting closed at 3:40pm