

Health and Wellbeing Board

Wednesday 24 May 2023

Minutes

Attendance

Board Members

Warwickshire County Council (WCC)

Councillor Margaret Bell (Chair)

Councillor Sue Markham

Councillor Jerry Roodhouse

Shade Agboola (Director Public Health)

Nigel Minns (Strategic Director for People)

Provider Trusts

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

Dianne Whitfield (Vice Chair of CWPT)

Danielle Oum (Coventry and Warwickshire Integrated Care System)

Healthwatch Warwickshire (HWW)

Chris Bain

Borough / District Councillors

None present

Others Present

Councillor John Holland (WCC)

Councillor Marian Humphreys (WCC)

Councillor Penny-Anne O'Donnell (WCC)

Officers

Amy Bridgewater-Carnall (Senior Democratic Services Officer)

Alison Cartright (Coventry & Warwickshire ICB)

Angela Coates, North Warwickshire Borough Council

Nicola da Costa (Coventry & Warwickshire ICB)

Rachel Danter (Coventry & Warwickshire ICB)

Becky Hale (WCC Assistant Director Strategy & Commissioning)

Kelly Hayward (Technical Specialist - Public Health)

Rachel Jackson (Lead Commissioner - Vulnerable People)

Jackie Kerby (Coventry & Warwickshire ICB)

Gemma Mckinnon, Health and Wellbeing Delivery Manager

Dr Riya Patel (Researcher ICB)

Kate Rushall (WCC Senior Public Health Manager)

Steven Snead (Coventry & Warwickshire ICB)

Laura Waplington, Public Health Officer

1. General

The Chair welcomed everyone to the meeting and, due to the recent changes in Membership of Committees, asked everyone present to introduce themselves. She acknowledged the amount of business on the agenda and how important it was that all contributors were given the opportunity to speak.

(1) Apologies

Apologies for absence were received from Russell Hardy (RJC) Chairman.

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

None.

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 11 January 2023 and Matters Arising

The minutes of the meeting held on 11 January 2023 were agreed and signed as a correct record.

(4) Chair's Announcements

Having completed the introductions, the Chair invited representatives of local Healthcare providers to give a brief update on the current situation and work load facing each service.

Diane Whitfield, Vice Chair of Coventry and Warwickshire Partnership Trust (CWPT) addressed the meeting and updated on the waiting time for urgent autism assessments referrals, access targets or eating disorder referrals, the overachievement on annual health checks and information on learning disabilities and autism waiting lists. She highlighted some current challenges and assured that learning disability, autism and mental health collaborations were doing well with discussions ongoing.

Nigel Minns, WCC Strategic Director for People, advised that demand within Adult Social Care continued to be high, with focus on community and hospital discharge services across all areas. He advised that the market was healthy and had good capacity with a huge improvement in domiciliary care, with residential capacity remaining standard.

Danielle Oum, Coventry & Warwickshire Integrated Care System), reminded the meeting that they had received the ICS Strategy at the last meeting and the ICB was now looking at how to deliver and bring forward the forward plan, focusing on implementation.

Rachel Danter, Coventry & Warwickshire ICB, added that the restoration of services post Covid continued with elective surgery on target and cancer service waiting times reducing. She explained that overall demand was dropping as the country moved out of the winter season but noted the recent disruption caused by industrial action, with junior doctors planning further strikes which would impact on services.

Dame Stella Manzie, echoed the points made relating to high demand and advised that in

general, there was a good level of ambulance turnaround. She acknowledged that this was not always the case but works were in progress to expand the footprint of the emergency department. The facilities were also being modernised to include brand new isolation services and the Trust had received a good rating for their maternity services in March, with outstanding leadership services. In addition, the report had complemented the good outreach work taking place.

Shade Agboola, Director of Public Health, advised that work continued to increase the role on the Health and Wellbeing Agenda, Levelling Up work at WCC as well as working with NHS partners to help deliver the ICS strategy.

The Chair thanked everyone for their updates.

2. Annual Report of Health and Wellbeing Board Strategy

The Board received the annual report which highlighted the progress that had been made on the three Health and Wellbeing Strategies detailed at paragraph 1.1.

The report was introduced by Nigel Minns, Strategic Director for People, who provided some background as well as an overview of the strategy. He explained that some elements were delivered in different ways and by different actions.

The presentation described the journey to date including the changes encountered since the move from CCG's to ICB's. The HWBB Strategy priorities were revisited, with the three priorities remaining a key focus and headline progress. Nigel went on to provide information on:

- Children & Young People – the brand of Child Friendly continued to grow and the creation of the Children and Young People Partnership group;
- Mental Health and Wellbeing – the continued offer from Wellbeing Warwickshire, website information, new Suicide Prevention Strategy, Serious Violence Prevention Strategy, Workplace Wellbeing Forum and the support offered to businesses to support the mental health of their staff;
- Reducing Inequalities – the introduction of the Health Equity Assessment Tool (HEAT) and work being undertaken to tackle family poverty;
- Progress on the Joint Strategic Needs Assessment – six undertaken so far and future work planned;
- Looking forward into 2023/24 – developments around HWBB, the relationship with Place Partnerships and action plans, the Better Care Fund priorities;
- Community Recovery Service – development plan for managing hospital discharge with an approach to transition from acute hospital care to becoming more independent at home.

Nigel Minns explained the drive to try to harmonise services across the piece and gave an overview of the 'Wellbeing for Life' initiative. He advised that events were planned across Coventry and Warwickshire and he listed the different partners involved.

Dame Manzie welcomed the update on the community discharge process which she felt was a good initiative and would have benefits for Warwickshire. With regard to 'Wellbeing for Life', she

highlighted the importance of promoting health and fitness for girls and women, continuing sport and activity and the national commitment to promote parity of equality in sport.

The Chair reiterated the three priorities and asked Members to support. It was therefore

Resolved

That the Health and Wellbeing Board (HWBB):

- 1) Notes the progress outlined in the 2022/23 Health and Wellbeing Strategy Annual Review; and
- 2) Approves the suggestion that HWBB maintains focus on the three short term priorities of the Health and Wellbeing Strategy.

3. Accessibility of Health and Care Services

The Chair introduced the report which linked a number of subsequent agenda items including the Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 - 2027/28 and Community Diagnostics Centres: access to diagnostic services.

The Board was advised that the first report would be presented by Rachel Danter and then further detail would be provided by ICB colleagues.

The Chair highlighted that this item was linked to another report on the agenda, 'GP Services Task and Finish Review' which supported this work and had already been considered at the Adult Social Care & Health Overview and Scrutiny Committee in February.

Shade Agboola addressed the meeting and provided an overview of the information contained in the following agenda items. She explained the various pieces of work it drew together and outlined future workstreams. Some of the areas covered included transport and travel costs, the high cost of living as well as accessibility of services.

Members were asked to hear the presentations from officers on the following agenda items before the floor was opened up for questions. Details of the full discussion can be found in Minute Number 3 (2) below.

Resolved

That the Health and Wellbeing Board:

- 1) Notes the current picture of health and care service challenges and opportunities related to access; and
- 2) Considers how the Health and Wellbeing Board, and its constituent organisations, can engage with improving the accessibility of health and care services for residents.

(1) Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 - 2027/28

Rachel Danter outlined the report and presentation which provided an overview of the context, progress to date and work underway to develop the five-year Coventry and Warwickshire

Integrated Health and Care Delivery Plan.

She advised that the plan was due to be signed off by the Integrated Care Board on 21 June and discussions could continue until then. She explained the strategic context and the wide-ranging engagement mapping undertaken.

The national mandate and its role in influencing work within Coventry and Warwickshire and how this plan would integrate with other strategies was also covered. The five year plan was built on five priorities and officers were key that the information was accessible. They planned to produce an easy guide for the public and the plan overall would be updated on an annual basis, coming back to the HWBB for overview.

Alison Cartright, Coventry & Warwickshire ICB, explained some of the key areas of focus which included tackling the 8am telephone rush to GP surgeries, utilising digital solutions such as the capacity to submit online requests. Building capacity was also key as demand had outstripped resources by building larger, multidisciplinary teams. Other suggestions included the recruitment and retention of GP's, cutting bureaucracy and improving the primary and secondary care interface.

Rachel Danter outlined a timeline of the next steps and advised that comments from HWBB members would be collated and included in the draft prior to its presentation at the Integrated Care Board in June 2023.

Resolved

- 1) To note the context, progress to date and work underway to develop the five-year Coventry and Warwickshire Integrated Health and Care Delivery Plan;
- 2) To note that the Coventry and Warwickshire Integrated Health and Care Delivery Plan is being developed as the health and care system shared delivery plan for the Coventry and Warwickshire Integrated Care Strategy, with the three strategic priorities and nine aligned areas of focus identified in the Integrated Care Strategy providing a 'golden thread' across the two documents;
- 3) To note the draft Coventry and Warwickshire Integrated Health and Care Delivery Plan along with the opportunity to provide feedback on the Plan both via the current meeting and outside of the meeting to the Portfolio Holder for Health (Councillor Bell);
- 4) To recognise the connectivity between the Warwickshire Health and Wellbeing Strategy, the Coventry and Warwickshire Integrated Care Strategy and the Coventry and Warwickshire Integrated Health and Care Delivery Plan (see **Section 4**); and
- 5) Acknowledging that work to develop the Coventry and Warwickshire Integrated Health and Care Delivery Plan is on-going at the current time to meet the deadline to publish the plan by 30th June 2023, to agree that the ICB Chief Transformation Officer liaises with the Chair outside of the meeting to agree an approach to obtaining the Board's opinion as to whether the Coventry and Warwickshire Integrated Health and Care Delivery Plan ***"takes proper account of"*** the Warwickshire Health and Wellbeing Strategy.

(2) Community Diagnostics Centres: access to diagnostic services

The Board received a presentation on Community Diagnostic Centres (CDC's), explaining what they were and how they worked, as well as how the programme would be developed

moving forwards.

The Board then heard from ICB colleagues Nicola da Costa, Jackie Kerby and Alison Cartright on the Integrated Health and Care Delivery Plan and the Community Diagnostics Centres research. Also in attendance was Steve Snead, System Lead for Diagnostics and Dr Riya Patel, Researcher.

The presentation advised that each ICB had been asked to deliver three CDC's starting in October 2021 and ending in March 25. Each area would be hosting a CDC from Autumn 2023. The initial focus was on increasing diagnostic capacity and developing the programme considered the patient journey from the point of referral for a diagnostic test. This comprised three active workstreams: Data review, Available Tools and Research.

Officers gave a thorough explanation of each of the workstreams, the aim of each process, how this would be achieved and future steps. The officers concluded by advising that the work would give an increased understanding of inequalities in diagnostics and would highlight opportunities for improvement. It was hoped that these improvements could be shared across the system as well as seeking to learn from others working in this area.

The Chair thanked the officers for attending, delivering the presentation and answering questions. Councillor Bell then opened up the floor to questions from those present which covered the two agenda items preceding this one.

Councillor Marian Humphreys referred to the GP Services Task & Finish Review and queried if empty or part shared buildings were being looked at for GP's to use in communities for those who struggled to get to the main surgery. In response, Ali Cartright advised that some of this work was already being undertaken within the Estates Strategy but highlighted that there was still a work force issue and staffing the sites may be difficult.

Councillor Jerry Roodhouse queried if there was an opportunity to work with the District & Boroughs to look at properties and land within their ownership and asked for a joint property strategy to maximise those opportunities. He referred to Warwickshire having the second largest population growth and the demographic suffering with anxiety and depression. He also felt that social prescribing would be playing a greater role in the future.

Councillor Roodhouse also provided a direct example of a resident within his division who had been experiencing problems accessing their GP, was subsequently sent to UHCW, then Warwick Hospital and then back to UHCW. He also highlighted the issues being encountered at Rugby St Cross Hospital and felt that the Rugby Place Partnership needed to understand the spokes model.

Dame Manzie responded to Councillor Roodhouse's comments and assured him of the work being undertaken by the Rugby Strategy Board to look at the development of Rugby St Cross. She advised that there were plans for considerable investment and reassured him that Rugby was on the front page of UHCW's work with more services being planned, not less. She did highlight that not all of the funds were available at the present time but the strategy would be in place for when the money became available.

On the issue of CDC's, Dame Manzie added her support to her colleagues and felt that the

work had the potential to be a game changer with regard to tackling health and inequality. In relation to the delivery plan for the ICB, she reminded those present that all services were facing massive health and care issues and were working hard to find better health outcomes whilst providing system wide value for money.

The Chair asked for clarification on the CDC process, and officers advised that the programme was looking at giving clinicians direct access to avoid them having to through a secondary care setting but this would not be a self-referral system.

Alison Cartright expanded on the point explaining the reasons that direct referrals may not be appropriate but advised that work was ongoing to explore those services that patients may be able to self-refer to, such as physiotherapy and audiology.

Councillor Penny-Anne O'Donnell raised a query relating to the increase of population as a result of new housing. She was concerned that the infrastructure was not in place to cope with demand and asked how confident officers could be of the numbers. Officers advised that figures were obtained from the developer outlining the estimated build out rate and this was refreshed on a quarterly basis. These figures could fluctuate depending on the economic climate.

Diane Whitfield complemented the community engagement work being reported and gave assurance that the challenges were not being underestimated. She advised that all providers were focusing on the healthcare workforce and the Board would be kept updated on progress.

Chris Bain of Healthwatch recognised that access was a complex issue with varying requirements from different areas such as GP's, primary care and dentistry. He queried if there was capacity to deal with this if access to services was improved. He reiterated the importance of communication and strong administration being essential for the outcomes of patients.

The Chair asked a number of questions relating to GP's understanding the national action plan, how better Members could understand the framework, how this would be measured and an accurate picture of the current situation. She queried the influence that the Board or others could have on GP surgeries and recognised that individuals wanted different types of appointments.

In response, Ali Cartright explained the work that was being undertaken with individual GP practices and were developing plans to address all of the actions. With regard to Coventry and Warwickshire, she explained that teams were working hard to employ and attract people into jobs and noted the gaps evidenced in North Warwickshire. The percentage of patients seen by their GP face to face was the highest in the Midlands but it was recognised that some practices needed greater support.

The Chair raised an issue relating to the ability of patients to access advice through other services such as pharmacies. She noted that a number of pharmacies were closing and yet NHS advice was still directing people to them for advice. She requested that a report be brought back to the Committee on the changing picture and the contrast between supply and demand.

Councillor Bell went on to request an easy to read document which would link to the Board's priorities and encouraged Board Members to consider the three priorities and make comment by 2 June 2023 if necessary. She also noted the request for a property strategy for primary and secondary care services and how this could link to future property development.

She echoed the comments made regarding the fundamental need for good administration and communication to ensure that time and resource were not wasted and so that individuals did not get lost in the system.

She referred Members back to the overarching recommendations detailed in Agenda Item 3 and these were agreed.

4. Mental Health and Wellbeing of Infants, Children and Young People Joint Strategic Needs Assessment

The Board received a report from officers which was the final Needs Assessment in the work programme approved by the HWBB in July 2021.

Kate Rushall, Senior Public Health Manager, and Kelly Hayward, Technical Specialist – Public Health, presented the report which outlined the findings and recommendations arising from the Mental Health and Wellbeing of Infants, Children, and Young People Joint Strategic Needs Assessment (JSNA).

Kelly Hayward highlighted an overview of the context, expanded on the 'Thrive' framework along with the four quadrants which linked in. The overarching recommendations were explained in greater detail and Members noted the thread running through all of the recommendations relating to data being in one place, good promotion, easy to access services and clearer pathways. She advised that this work had been co-created with the voice of children and young people.

Kate Rushall continued the presentation taking Members through the need highlighted by age range. With regard to the data, she highlighted the importance of place in the work using the example of students moving to University and the increased demand this could have on services. Further information included data on the number of people accessing mental health services and self harm rates, taken from the Mental Health Services data set.

The officers outlined the next steps before publication of the document and the groups this would be presented to including the Children & Young People's Partnership. Future items on the JSNA work programme included Health Aging in January 2024 and Physical Health in May 2024.

Councillor O'Donnell thanked the officers for their presentation which she felt was much needed. She queried if self harm was an increased risk factor of suicide and whether individuals were receiving help elsewhere. Officers explained that the Self Harm Working Group across Coventry and Warwickshire linked to the Suicide Strategy and they would look at that type of correlation.

The Chair highlighted the figures relating to people who self-harm but were unknown to services and the desire from schools who wanted to refer students to support. Rachel explained that work was looked at across both clinical and social care, with teams looking to work together to bridge this need. It was noted that mental health support was holistic with a whole host of teams who may be in contact with service users.

In response to a comment from Councillor Humphreys, Diane Whitfield recognised that the system was not yet a seamless journey from birth, through school to secondary education but reiterated that work was ongoing to improve this.

Nigel Minns addressed the meeting and stated that there was a cohort of young people for whom the system did not work but if there was a clear diagnostic, there was usually help available. He noted that CWPT had gone some way to identifying a solution by developing a model of mental health support for adults, which met the needs of people. It was now important to look and see how this could be adapted for the needs of children.

The Chair referred to the data which showed that mental health conditions were increasing with age and felt that early intervention could help. Officers confirmed that drug or alcohol abuse or issues of domestic violence often related back to early childhood experiences and trauma not being supported or addressed.

Councillor Roodhouse recognised the complexity of the issues being discussed along with noticeable upwards shift due to social media. He referred to a recent meeting where social media had been discussed and the ability to do more than refer an issue to the relevant panel. He did not feel that recommendation 3 was strong enough and felt it could be improved.

In response, Councillor Bell clarified the process that the JSNA would follow and highlighted that the Children and Young People's Partnership had a new Chair in Councillor O'Donnell, also present. She stated that the JSNA would be considered by the Children and Young People Partnership and their response could help to inform future progress.

The recommendations were outlined and it was

Resolved

That the Health and Wellbeing Board:

- 1) Notes and endorses the findings and recommendations arising from the Mental Health and Wellbeing of Infants, Children, and Young People Joint Strategic Needs Assessment (JSNA);
- 2) Approves the publication of the Mental Health and Wellbeing of Infants, Children, and Young People JSNA and the development of an associated action plan that will be owned and delivered by the Children and Young People's Partnership; and
- 3) Notes the role of the Children and Young People's Partnership, as an informal sub-group of the Health & Wellbeing Board, in overseeing the delivery of the recommendations from this JSNA and promote the group accordingly to ensure the right stakeholders are involved to deliver action based on the JSNA recommendations.

5. GP Services Task and Finish Review

The Chair introduced the GP Services Task & Finish Group report which asked the Board to consider the recommendations made for actions by the Coventry and Warwickshire health system.

It was noted that this agenda item had been discussed earlier in the meeting (see Minute Number 3(2)).

Resolved that the Health and Wellbeing Board approves the report of the GP Services Task and Finish Group (TFG) and supports the recommendations made for actions by the Coventry and Warwickshire health system.

6. Better Care Fund - End of Year Report 2022/2023

The Board received a report which sought approval for the Better Care Fund 2021/22 end of year report, submitted to the national Better Care Fund Team at NHS England.

The meeting was reminded that the aim was to move people from the hospital environment and provide them with support to enable them to remain in their homes. It was noted that a HWBB Sub-Committee was due to be convened in July 2023 to approve the Better Care Fund Plan for 2023/25 and Members would be kept updated.

Having received no questions or queries on the report, it was

Resolved that the Better Care Fund 2021/22 end of year report, submitted to the national Better Care Fund Team at NHS England, is approved.

7. Local Area SEND Inspection Update

The Chair introduced the report which asked the Board to endorse the progress made to date to deliver the Written Statement of Action.

Having received no questions or queries on the report, it was

Resolved that the progress made to date to deliver the Written Statement of Action is endorsed.

8. Forward Plan

The Board considered the Health and Wellbeing Board Forward Plan for 2023/24 and noted the future items to be considered.

The Chair requested that the following items be added to the work programme:

- Following a recent meeting between Healthwatch and Adult Social Care Users, an item be added summarising the feedback from the meeting along with WCC's Strategic Director for People's response;
- A report on pharmacy services in the County following the recent withdrawal of Lloyds Pharmacy from some areas. The Chair highlighted her concern that the current level of demand for the service could not be met and residents were receiving contradictory advice from professionals;
- A briefing note to be submitted relating to the fact that the Coventry & Warwickshire ICB has the largest increase in GP registered population growth over the past two years. This is in main caused by the level of housing development. The briefing note can be followed up with a more detailed report in the future.

- An account from the ICB of the administration and communication developments across the system to make them more robust and reliable.

The meeting ended at 15:47

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Chair