

# Health and Wellbeing Board

Wednesday 6 September 2023

## Minutes

### Attendance

#### Committee Members

Councillor Margaret Bell (Chair)  
Councillor Sue Markham  
Councillor Penny-Anne O'Donnell  
Councillor Julian Gutteridge - Nuneaton & Bedworth Borough Council  
Councillor Peter Fowler, North Warwickshire Borough Council  
Councillor Adam Daly – Rugby Borough Council

#### Officers

Nigel Minns, Executive Director for People  
Dr Shade Agboola, Director of Public Health  
Gemma Mckinnon, Health and Wellbeing Delivery Manager  
Rachel Briden, Programme Manager - Warwickshire Better Together

#### Others Present

Chris Bain – Healthwatch Warwickshire  
Liz Hancock - Healthwatch Warwickshire

### 1. General

#### (1) Apologies

Apologies were received from the following -

- Councillor Jerry Roodhouse
- Councillor Liz Coles - Stratford District Council
- Councillor Sandra Smith – North Warwickshire Borough Council
- Danielle Oum (Vice-Chair) - Coventry and Warwickshire Integrated Care Board
- Russell Hardy - South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust
- Emma Daniells - Deputy PCC
- Dame Stella Manzie - University Hospitals Coventry & Warwickshire
- Dianne Whitfield - Coventry and Warwickshire Partnership Trust
- Jagtar Singh, Coventry & Warwickshire Partnership Trust

- Uju Okereke, Public Health Consultant

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

None

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

The board was asked to approve the minutes from the meeting held on the 24th of May 2023.

In relation to page 7 of the minute, the National Action Plan for GPs – the Chair asked it to be noted that there were no representatives present from the Integrated Care Board (ICB). A request was made that the national action plan was circulated to all board members.

There were no other matters arising.

The minutes from the 24th of May 2023 were agreed as a true and accurate record.

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

Nigel Minns, Executive Director for People stated that the service had seen a rise in demand since the last meeting, especially in relation to older people in hospital. It was noted that all teams are managing the high level of demand well.

The Chair requested a written update in relation to the community pharmacy be provided to the board.

## **2. Better Care Fund plan 2023-2025: progress update**

Rachel Briden, Programme Manager - Warwickshire Better Together gave a progress update in relation to the Better Care Fund and confirmed that the quarterly report for 2023 - 2025 Better Care Plan was approved by the subcommittee of this board in July 2023.

In relation to the Discharged to Assess programme, it was confirmed that the programme aims to ensure that people are not assessed in acute care. Ideally, they are sent home and assessed or in a step-down placement so that their long terms need can be identified outside of an acute setting.

The Board received an updated in relation to the Integrated Care Board (ICB). It was noted that the full update was included in the agenda pack for member's information. In relation to the review of continuing care for people with long term health care needs, Coventry and Warwickshire are looking at how support can be delivered at pace. The ICB aims to become more of a commissioning service, rather than a delivery service. It was confirmed that further updates will be provided to the board when appropriate.

In relation to the Ageing Well Programme and the NHS/Better care fund plan the board received the following updates -

The board was reminded that the emergency community response team had been redesigned to an urgent response team which will support people with a response time of within 2 hours with the aim to potentially keep a patient out of an acute setting, especially fall patients. Confirmation of timelines/long-lie fall data will be provided to the board. It was noted that the ambulance service will be able to triage calls in relation to falls and send the emergency response team if necessary and therefore avoid an admission.

In relation to the Red Bag Scheme, it was noted that a review of the scheme is currently underway, but it has proved successful in providing a smooth transfer process for moving a patient from hospital into care.

It was noted that Proactive Care has a focus on frail patients with multiple long-term conditions.

An update was given in relation to Warwickshire County Council's integrated care record for under 18's. Sharing social care information has been underway since March 2021 for over 18's and services are now sharing relevant NHS information for those under 18. The board was pleased with the update and felt that it was a very positive step forward.

The board received a summary of Warwickshire's performance against the five national matrixes and were pleased to note that overall, there has been good performance across the board and in line with where it was expected to be at this time of year.

It was noted that demand on social care for elderly has risen and that permanent admissions are much higher than last year and then the target. A large rise in people unable to stay/go home.

## **Resolved**

That the Health and Wellbeing Board:

1. Notes the progress of the Better Together Programme in 2022/23 and the updates provided on the key areas of joint focus in the Better Care Fund plan for 2023-25; and
2. Notes performance against the national Better Care Fund metrics

### **3. Health and Wellbeing Strategy Delivery Plan Proposal**

Nigel Minns, Executive Director for People provided an overview in relation to the full report provided in the agenda pack. It was noted that there are three priority areas in the statutory functions for the 2-year, high level delivery plan.

The first requirement is that Joint Strategic Needs Assessments (JSNAs) are completed to assess the need of the population in the county. Secondly, there is a requirement for a joint response to the needs highlighted in the JSNAs. Finally, that the new strategy influences any joint commissioning arrangements. The proposed plan reflects these requirements.

The board was reminded of the three priorities that the Health and Wellbeing Board (HWBB) agreed to focus on over the next two years –

- To help children and young people have the best start in life.

- To help people improve their mental health and wellbeing with a focus on prevention and early intervention.
- To reduce inequalities in health and the wider determinants of health.

The delivery plan is appendix 1 and shows a range of delivery mechanisms and strategies. The board was asked to note the colour coding in appendix one in relation to each of the actions. The delivery of the priorities has very close links to three place partnerships in place with the HWBB. The three place partnerships in Warwickshire are the South Warwickshire, Rugby, and Warwickshire North. The work carried out by the place partnerships is vital and helps to feed into the delivery plan.

## **Resolved**

That the Health and Wellbeing Board

- 1) Endorses the Health and Wellbeing Board two-year Delivery Plan for 2023-25.
- 2) Approves the proposed route for review and monitoring via an annual Health and Wellbeing Board Executive Group meeting; and
- 3) Endorses the proposal to amend the Forward Plan to align to the activity of the Delivery Plan 2023-25

## **4. Health and Wellbeing Place Partnerships**

Dr Shade Agboola, Director of Public Health and Gemma McKinnon, Health and Wellbeing Delivery Manager presented the report to the board and confirmed the report concentrates on the relationship between the three place partnerships and the Coventry and Warwickshire Integrated Care System (ICS).

Dr Agboola stated that the roll of the collaboratives is to ensure that providers are working together to pool resources and work better and smarter. It is better to be working together rather than side by side resulting in better outcome for patients. Within the Coventry and Warwickshire ISC there are four provider collaboratives and two geographical collaboratives.

The board was asked to note that the provider collaboratives do have different functions but are expected to work closely together to provide the best outcomes. The geographical collaboratives work to bring together commissioning services of health and care.

There are three place partnerships (as discussed in item three) which are in place to look at the factors that can influence our health, outside of health care such as the place and communities we live in. The three partnerships and the five district and boroughs in Warwickshire are all represented at the JSNA strategic group.

The Warwickshire Care Collaborative will be looking to place based partnerships to shape the thinking around current and future priority areas.

Following a request from the Chair for further information on the role of the collaborative, Dr Agboola confirmed that it is a group of providers that come together to work better together to pool resources. Evidence has shown that when providers work together there are better outcomes for patients. For example, out of hours GP services working together has led to a better out of hours provision for patients.

Following a question from Peter Fowler, North Warwickshire Borough Council in relation to Coventry being part of the West Midlands Combined Authority (CA) (Warwickshire is non constituent member of the CA) and how much benefit Warwickshire gets, it was confirmed that most of the partnership work is with Coventry as part of the ICS. There is an opportunity for learning from the work done by the health boards of the West Midlands CA. There is a lot of shared learning and understanding between authorities. It was confirmed that Warwickshire has no commissioning relationship with the CA.

Councillor Marian Humphreys asked how collaboration would work, for example, where you have areas with private pharmacies and pharmacies within GP surgeries. Dr Agboola confirmed that all collaboration will start with all providers at the core primary care level starting with general practice. Pharmacies and dentists will be included. It is still early days, but the intention is there.

Chris Bain, Healthwatch Warwickshire stated that the evidence-based approach is welcomed but there are concerns about the complexity of the system from a patient's point of view – and where the best place for the patient's voice to be heard. Dr Agboola agreed stating that having the right place for patients to be heard was important but in these early stages, getting the care provision right had to be done first. The right place and time for patients would be identified as the structures are looked at. Chris Bain stated that there are concerns that some collaboratives are developing without any input from Healthwatch and that is concerning. Patient voices must be heard and embedded. They must be a part of decision making.

The Chair formally requested that the ICB inform the board where the patient voice is heard and acted on and that a response is provided to the board.

## **Resolved**

That the Health and Wellbeing Board notes and comments on the progress of the Health and Wellbeing Board Place-based Partnerships.

## **5. Children and Young People Partnership**

The Chair introduced the item confirming that the partnership is a subgroup of the HWBB.

Councillor Penny-Anne O'Donnell introduced the item and confirmed that the first meeting of the children and young people partnership had taken place over the summer. The focus of the first meeting had been SEND; arrangements for moving forward and streamlining the workstreams involved. Terms of Reference for the SEND & Inclusion partnership were circulated following the first meeting and comments invited, to be returned by the October meeting. The October meeting will also look at mental health and health visiting as part of the agenda.

Nigel Minns, Executive Director for People reminded the board that the partnership was set up as a response to a gap in service provision, identified from looking at children's services across the council.

The key elements to the partnership strategy will be looking at how services can work together and collaborate. The strategic priorities are –

- Early Years (first 1001 days) – recommendations from the Warwickshire 0 – 5 JSNA.
- Children and Young People's mental health and wellbeing.
- Problem solving streams to allow children and young people to focus on current challenges.

The board acknowledged that the complexity of mental health concerns can involve partnership working from very different services and that it will be key to embed the partnership working into the strategy.

It was confirmed that the HWBB will receive regular updates from the group in relation to the Children and Young People's agenda, partnership working and what progress has been made.

Following a question from Councillor John Holland in relation to the Public Health 2022 annual report, and the recommendation that all primary school children have free school meals, it was confirmed that monitoring this recommendation was within the remit of the HWBB, but schools did not. However, officers confirmed that there are issues around the capacity of schools to provide free school meals, but one school has been asked to take part in a pilot. Dr Shade Agboola confirmed that work has started to look at the feasibility of the recommendation.

The Chair thanked the group for the work they are doing. It was noted that part of the HWBB is commissioning and monitoring JSNAs; a request for analysis and updates in relation to JSNA's carried out by the Children and Young People Partnership was made to be provided to the board at the meeting in January 2024.

## **Resolved**

That the Health and Wellbeing Board:

- 1) Notes the progress made by the Children and Young People Partnership.

And

- 2) Approves the reporting arrangements of the Children and Young People Partnership to the Health and Wellbeing Board; and the proposed escalation route related to Special Educational Needs and Disabilities (SEND)

## **6. Healthwatch Warwickshire Annual Report**

Chris Bain, Healthwatch Warwickshire presented the report to the board which highlighted the trends from the last 12 months and gave the board an overview of Healthwatch's priorities.

It was noted that people do not contact Healthwatch when things are going well. People make contact with concerns and allow areas for improvement to be identified. Chris Bain confirmed that

nothing “truly awful” has ever been found in Warwickshire after investigations and confirmed that the board would have been notified if they had.

It was stated that Health watch is about continuing to make improvements, it is a continuous journey. There is a need to build relationships with people and communities, to allow for early intervention if needed, or to highlight where work might need to be focused. Time limited engagement does not work.

In relation to Enter and View (visits to care homes/places where vulnerable people live), it was noted that this process was put on hold during covid, but Healthwatch is now looking to restart having “eyes on the ground.” It was confirmed that during covid the process was not completely stopped, it was all done via phone.

In relation to the nature of enquires, it was noted that GP and dentist enquiries were at the top, but this was not a surprise. It was noted that both NHS services and the NHS received a higher negative rate than was expected.

In relation to Feedback by Theme, the board learnt that most people talk to Healthwatch about access to service and communication. The view is that if communication were improved, then so would access to services. Further feedback will be provided to the board on this matter. It was noted that there was much less concern about treatment once it was received.

Chris Bain informed the board that the way people are communicating with Healthwatch is changing, noting that fewer people are using the website and many more people are using social media/events. As a result. Healthwatch is having to look at how to get information out to people and how to ensure that all platforms are considered. We must ensure that our communication channels are reaching everyone that is looking for them. Good communication is key. Good administration is key. Doing what you said you were going to do, when you said you were going to do it is all people want from us. The board noted that Healthwatch is committed to removing jargon in their communication.

Following Chris Bain, Liz Hancock, Healthwatch Warwickshire Chair added that the success of Healthwatch Warwickshire is built on relationships; people, service providers, CQC, governing bodies and that effective relationships all take time to be considered constructive. Healthwatch is dependent on these relationships and Healthwatch Warwickshire has the confidence to build relationships at all levels and we have achieved this. It was noted that 2023 is the 10th anniversary of Healthwatch and the relationship with Warwickshire is something that we can all be proud of. Liz Hancock asked that thanks to Chris Bain, directors, volunteers, and everyone involved in Healthwatch were noted, for all they have achieved.

The Chair continued stating that Healthwatch is important to Warwickshire and thanked everyone involved for their work. The Chair asked that Healthwatch investigate direct payments for care in Warwickshire and report their findings back to the board.

Councillor Peter Fowler, North Warwickshire Borough Council thanked Chris Bain for the presentation and information in the report, adding that he completely agreed with the statements about communication being key. Councillor Fowler added that data protection has been raised as a concern in the past as a barrier to some communication and administration.

Nigel Minns, Executive Director for People responded that data protection issues are no longer an active concern due to considerable changes over the last few years and the acknowledgement that communication needs to be open.

## **Resolved**

That the Health and Wellbeing Board note the progress made by Healthwatch Warwickshire during 2022/23.

## **7. Coventry and Warwickshire Integrated Care Strategy: Publication and Measuring Impact**

Dr Shade Agboola, Director of Public Health presented the report to the board, confirming that the strategy had been presented to the board in January 2023. It was noted that national and county structures are included in the strategy. The impact of the strategy is now being measured and partners are responsible for holding themselves to account over the delivery of the strategy.

The strategy's vision was confirmed as enabling people across Coventry and Warwickshire to start well, live well, age well and to promote independence. The three main priorities were identified as prevention and tackling inequalities, improving access to health and care services, and tackling industry pressures.

A set of principles has been agreed for measuring the impact of the strategy and was seen by the board via the presentation. The principles include –

- Measurement should not be duplicative or burdensome.
- Data should already be recorded and publicly available.
- Inequalities focus were appropriate.
- Able to measure at place level where possible.
- Draw on stories and lived experiences from local people.

The agreed approach includes fifteen ambitions – one for each area of focus and enabler in the strategy. The measures have taken into consideration local performance. There are 5-year targets which will be reviewed and refreshed annually if required. One example was presented to the board – that prevention and reduction of health inequality will be reduced by 5% within 5 years.

The Chair thanked Dr Agboola for the presentation and information, noting that it is a complex strategy but that everybody involved knows what needs to be done to achieve the targets and the information provide to support the objectives is comprehensive. It was confirmed that a further report will be presented to the board in January 2024 and that regular updates will continue.

## **Resolved**

That the Board:

1. Notes the final Integrated Care Strategy for Coventry and Warwickshire and associated documents.
2. Notes the approach to measuring and monitoring the impact of the Strategy that has been agreed by the Integrated Care Partnership.

3. Agrees to receive an annual report of progress on the Integrated Care Strategy and ambitions for accountability and to inform the review of the Health and Wellbeing Strategy; and
4. Considered how the Board is contributing to delivery of the Strategy through its own Health and Wellbeing Board Delivery Plan

## **8. Health and Wellbeing Board Sub-Committee**

The minutes of the Health and Wellbeing Board Sub-Committee held on the 18th of July 2023 were agreed as a true and accurate record.

There were no matters arising.

## **9. 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 –

- The new managing directors of the George Eliot Hospital and North Warwickshire Acute Trust will be invited to the board meeting in January 2024.
- In relation to the continuous service provision for children, a report highlighting if there are any gaps in provision was requested.
- A request was made for data in relation to children and adults in hospital with mental health needs but no physical problems so that the board can review it.

The Chair noted that there had been outstanding information expected at today's meeting that was missing and requested that it is ready for the meeting in January 2024.

The meeting rose at 15:52

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Chair