

Health and Wellbeing Board

15 January 2025

Summary of Health and Wellbeing Board Development Session (November 24)

Recommendations

That the Health and Wellbeing Board (HWBB):

- 1) Notes and comments on the summary of the HWBB development session, including the next steps associated with the summary; and
- 2) Endorses the approach of asking HWBB Place Partnerships to consider responding to the findings of the HWBB development session, where topics align with Place Partnership Plans for 2025-26.

1. Executive Summary

- 1.1 A virtual HWBB development session was held on the 20 November 2024, with the aim of renewing focus on the Health and Wellbeing Strategy 2021-26's priority of helping children and young people have the best start in life.
- 1.2 The objectives of the session were to:
 - Inform HWBB members and HWBB Executive Group members of the role of the Children and Young People Partnership and its new structure;
 - Provide updates on key pieces of work that feed into the Children and Young People Partnership;
 - Focus in on two topic areas where Warwickshire is an outlier in terms of outcome measures; and
 - Agree to taking collective action to work towards improving these outcomes.
- 1.3 The virtual development session was attended by approximately 50 people and HWBB had extended the invite to HWBB Executive Group, HWBB Children and Young People Partnership, as well as members of both Adult Social Care & Health Overview and Scrutiny Committee (ASC&HOSC) and Children and Young People Overview and Scrutiny Committee (CYPOSC).
- 1.4 Updates on two key pieces of work were received during the first part of the session. The first update was from Louise Perry (South Warwickshire University NHS Foundation Trust) on Time to Talk - Warwickshire's strategy to support all babies and young children to develop their full potential for Speech, Language and Communication Needs (SLCN). In 2023 together with

Warwickshire's Adult Community Learning Team, Time to Talk initiated the development of Warwickshire's Speech, Language and Communication Pathway for Early Years. The pathway was launched in April 2024 and sets what universal, targeted, and specialist services are available to children aged between 0-5, dependant on need. Initial findings are showing positive outcomes from the new pathway and data was shared that demonstrated improvements to children's attention and listening development post Time to Talk intervention. The full presentation on Time to Talk can be found in Appendix 1.

- 1.5 Warwickshire's Director of Public Health, Dr Shade Agboola provided the second update, which focused on the recommissioning of the Public Health Nursing services in Warwickshire. The current arrangement sees the 0-5 Health Visiting Service as separate from the 5-19 (25 for those with Special Educational Needs and Disabilities (SEND)) School Nursing Service. After a significant programme of work between 2023-2024, the two services will be combined into a single Public Health Nursing offer. The aim of this is to maximise the skills and experience of public health nurses (health visitors and school nurses) and provide a seamless transition between services, supporting a whole family approach.
- 1.6 The main part of the development session focussed on two key drivers of poor child health in Warwickshire: increasing rates of child overweight and obesity; and increasing rates of under 18 alcohol-related hospital admissions. An overview of the data was presented, alongside best practice examples of how these issues could be tackled locally. Each overview can be found in Appendix 1. Members were asked to consider what the opportunities and challenges are to driving change in Warwickshire – a summary of the feedback is included in Section 4 of this report.
- 1.7 In relation to both topics, the importance of prevention and early intervention came through as key to driving change. It was also clear that participants felt that a refocussing of resources towards intervention at an earlier stage would be a key enabler to this. The HWBB Place Partnerships were seen as vehicles to driving change around child healthy weight, given the influence that Place has on many of the factors influencing child weight.
- 1.8 Examining the key data drivers also emphasised the difference in outcomes across the County – whilst Warwickshire North Place has higher rates of childhood overweight and obesity, South Warwickshire Place has higher rates of under 18 alcohol related hospital admissions. This demonstrates the importance of taking a place-based approach to improving specific health outcomes.
- 1.9 With both topics, taking action locally across Warwickshire was considered an important part of a wider response and the role of elected members in lobbying for change at a national level was also emphasised, particularly around junk food and alcohol advertising.

2. Financial Implications

- 2.1 None arising directly from this report. Any refocusing of resources towards intervention at an earlier stage would be within the approved revenue resources available.

3. Environmental Implications

- 3.1 None arising directly from this report.

4. Supporting Information

- 4.1 A summary of the discussion from Activity 1: tackling child healthy weight in Warwickshire is set out below;

Breakout Group Theme	Summary of discussion (Activity 1)
Education and employment	<ul style="list-style-type: none">● Communication in schools: work collaboratively to empower schools to drive forward healthy lifestyles messaging; and stress the importance of playtime and play environments in schools to support physical and emotional wellbeing.● Parent and carer support: raise awareness of sugar intake, dental hygiene, and broader parenting support; target support in areas which are more deprived and where health inequalities are greater.● Employment in community roles: consider the role of community navigators and facilitators to support social prescribing drive healthy lifestyles messaging; embed a cultural of learning and sharing of what works well across Places and Neighbourhoods.● Communicating with employers: work together as HWBB partners to develop consistent messaging across anchor organisations and the employers we work with; embed behaviour change techniques including use of coaching and behavioural interviewing where appropriate.
Family and community	<ul style="list-style-type: none">● Community clubs: work with local youth clubs and providers of activities for children and young people to drive forward healthy lifestyles messaging; and deliver engaging activities for children and young people.● Place Partnerships: further recognise the role of Place Partnerships in driving change around healthy weight, given their position within local communities and working across the wider determinants of health.● Sport and active travel: aim to provide affordable (both activity and transport) options for community sports facilities to

	<p>encourage physical activity. Encourage opportunities for active travel and utilisation of local parks and green spaces and work with local communities to improve feelings of safety in areas where this is a barrier to accessing green space.</p> <ul style="list-style-type: none"> ● Parental time constraints: address barriers such as lack of time and green space by providing practical solutions and support for parents and carers.
Public messaging and policy levers	<ul style="list-style-type: none"> ● Consistent messaging: ensure consistent messaging and language across all HWBB partners, including local authorities, health partners, Voluntary, Community and Social Enterprises (VCSE), and education partners. ● National lobby: advocate for changes in national policy around fast-food advertisements and food standards. ● Data and insight: HWBB partners to share data and insight, and make best use of district and borough data and intelligence to inform whole-systems approach to child healthy weight. ● Regulatory restrictions: look to address challenges of regulating takeaways and online delivery services. Consider strengthening policies around restriction of hot food takeaways near local schools.
Healthcare services	<ul style="list-style-type: none"> ● Role of MECC: upskill the HWBB partners workforce on Making Every Contact Count (MECC) to encourage healthy weight and physical activity across healthcare services and the wider determinants of health services. ● Prevention focus: shift local investment towards preventative activity that supports maintenance of healthy weight in children and young people, avoiding the need to interact with the local weight management pathway.

4.2 A summary of the discussion from Activity 2: under 18 alcohol related harm reduction is set out below;

Breakout Group Theme	Summary of discussion (Activity 2)
Education and employment	<ul style="list-style-type: none"> ● School programs: work with local schools and education providers to communicate messages on reducing alcohol related harm. Consider creative ways to do this, for example through performing arts in schools. ● Youth engagement: engage with young people to explore attitudes towards alcohol and alcohol use. Use their insights to develop effective messaging and consider the role of social media in communicating these messages.
Family and community	<ul style="list-style-type: none"> ● Parental guidance: inform/educate parents on the impact of alcohol on teenage brains and bodies. The role of families and adults in setting positive examples was given and highlighted a

	<p>need for simultaneous messaging to adults about alcohol harm.</p> <ul style="list-style-type: none"> ● Community activities: facilitate low-cost or free and easily accessible group activities and sports to provide positive alternatives to drinking. Work will local communities to grow the volunteer network to support with running community activities.
Public messaging and policy levers	<ul style="list-style-type: none"> ● Social media campaigns: Use social media platforms to spread awareness about alcohol harms and promote healthy behaviours. ● National guidelines: Incorporate new national guidelines on alcohol into local messaging to ensure the public is informed about the latest research. ● Trading standards: work with trading standards to enforce regulations on selling alcohol to children and young people and align with work around selling cigarettes and vapes to children and young people. ● Holistic messaging: Link alcohol messaging with smoking, vaping, and drug use to promote overall healthy lifestyles messaging.
Healthcare services	<ul style="list-style-type: none"> ● CAMHs Integration: identify existing consultation and engagement processes that are taking place with young people - for example, the recommissioning of child and adolescent mental health services (CAMHs) – and utilise this as an opportunity to seek view of young people and spread messages around alcohol harm reduction. ● Public Health Nursing service: work with health visitors and school nurses to deliver messages on addressing alcohol-related harm, both from conception (maternal alcohol use) to young people. ● Healthcare data: monitor trends in under-18 alcohol admissions and related health issues and share this data with partners to inform planning on alcohol harm reduction. ● Hospital Admissions: examine the age of people presenting with liver markers and the role of obesity versus alcohol. Address chronic health issues related to alcohol misuse. ● MECC: take a MECC approach to assessing the alcohol intake of young people in routine health appointments in order to better understand the scale of the issue and implement health promotion messaging.

5. Timescales associated with the decision and next steps

- 5.1 The findings from Activity 1 will be used to inform the whole-system approach to healthy weight. The timescales for this work are outlined within the Report on Health in All Policies (Update on the HiAP approach across Warwickshire) which is also on the Agenda for this meeting of HWBB.

- 5.2 The findings from Activity 2 will be used to inform the Drug and Alcohol Strategic Partnership (DASP) alcohol-focussed work programme and inform the wider DASP delivery plan. The timescales associated with this work are:
- Findings from HWBB shared with DASP December 2024
 - Development of all-age alcohol work plan to be finalised/adopted by March 2024
 - Wider DASP delivery plan (informed by findings) refresh by December 2025
- 5.3 The findings from the HWBB Development Session will be used to inform the refresh of Health and Wellbeing Strategy post 2026.

Appendices

1. Appendix 1 – HWBB Development Session Slide set

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The report was circulated to the following members prior to publication:

Local Member(s): n/a as county-wide report

Other members: Councillors Barker, Drew, Holland, Rolfe.