

Health and Wellbeing Board Informal Briefing Session

Virtual Meeting, Wednesday, 6 May 2020

Minutes

Attendance

Warwickshire County Council

Councillor Les Caborn (Chair)
Councillor Jeff Morgan
Councillor Dave Parsons
Councillor Izzi Seccombe OBE

Shade Agboola, Director of Public Health
Nigel Minns, Strategic Director for People Directorate

Clinical Commissioning Groups (CCGs)

Sharon Beamish, Warwickshire North CCG
David Spraggett, South Warwickshire CCG

Provider Trusts

Dame Stella Manzie DBE, University Hospitals Coventry and Warwickshire (UHCW)
Dianne Whitfield, Coventry and Warwickshire Partnership Trust (CWPT)

Police and Crime Commissioner (PCC)

Richard Long (Office of the PCC)

Healthwatch Warwickshire (HWW)

Elizabeth Hancock

Borough/District Councillors

Councillor Jo Barker, Stratford District Council
Councillor Sally Bragg, Rugby Borough Council
Councillor Judy Falp, Warwick District Council
Councillor Marian Humphreys, North Warwickshire Borough Council

Others Attendees

Chris Bain (HWW), Sebastien Baugh (SWFT), Councillor Margaret Bell (WCC), Gillian Entwistle (South Warwickshire CCG), Simon Gilby (CWPT), Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership), Adrian Stokes (WNCCG).

Rachel Barnes, Helen Barnsley, John Coleman, Charlie Fletcher, Becky Hale, Catherine Shuttleworth, Pete Sidgwick and Paul Spencer (WCC Officers).

1. General

(1) Introduction

The Chair welcomed everyone to the briefing session and he outlined how this virtual meeting would be conducted. Several briefing documents had been circulated for review and discussion. There would also be a verbal update from Sir Chris Ham of the Coventry and Warwickshire Health and Care Partnership. After the briefings, there would be the opportunity for updates from partners and any further questions. The session would be recorded so that any key actions were captured.

The Chair welcomed Richard Long, the new representative for the Police and Crime Commissioner and Charlie Fletcher from Public Health, who would be supporting the Board going forward. He thanked Rachel Barnes, Health and Wellbeing Delivery Manager who was moving to another position within the County Council.

(2) Apologies

Russell Hardy, George Eliot Hospital NHS Trust & South Warwickshire NHS Foundation Trust (SWFT)

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

None.

2. Briefings

Health and Wellbeing Partnerships

An update had been circulated by the three partnerships for the Warwickshire North, Rugby and South Warwickshire areas. The Chair was pleased to see the progress being made, having attended a recent South Warwickshire partnership meeting. There were no questions or comments from the Board.

Homelessness Prevention Strategy

An update on the development of a countywide strategy for tackling homelessness. This included plans for a pathway model, funding for district and borough councils to prevent and tackle homelessness, a hospital liaison pilot and physical and mental health outreach for rough sleepers. The report also outlined the excellent partnership work underway for the COVID-19 response, including offering accommodation to all rough sleepers. The Chair recognised the significant contribution from districts and boroughs. Collectively, significant progress had been made.

Councillor Falp spoke about building on the progress made to date, to provide more permanent accommodation for homeless people. The Chair acknowledged this point and officers at districts/boroughs and the county should work together on the next stages. Councillor Barker gave an update for the Stratford area. Some homeless people were being accommodated in bed and

breakfast establishments and it was questioned whether micro accommodation might be more appropriate. The Chair agreed this was something to follow up. Councillor Bell asked whether bed sit accommodation was seen as a potential solution and if it was being used in other parts of the county. The provision of accommodation and food appeared to be working well in the Stratford area. It could even be an ensuite bedroom rather than a bed sit. It wasn't believed that other areas were providing food as well as accommodation, but this could be researched.

Councillor Seccombe asked about training opportunities for homeless people to assist them in gaining a work placement. The Chair sought views from district and borough members about this suggestion. The view was that some homeless people were less likely to be receptive to a training offer. Helping with life skills was also mentioned.

Simon Gilby of CWPT reminded of the work with districts and boroughs to give an enhanced mental health offer in supporting people into accommodation, specifically recognising the key role of nurses and police colleagues.

Coventry and Warwickshire Health and Care Partnership

A verbal update was provided by Professor Sir Chris Ham, which covered the following areas:

- The redirecting of staff and resources to help NHS colleagues leading the response to the Covid pandemic.
- The country had now gone through the peak surge in demand. He spoke of the way local acute service providers had managed this, working collaboratively with mutual aid arrangements. This had been supported by effective discharge arrangements to free up hospital bed spaces.
- Out of hospital arrangements had been reorganised, providing more telephone and online appointments for both primary care and outpatient appointments, whilst also separating covid patients from other patients.
- The next phase was to restore urgent services such as cancer care. Some people had not been referred for urgent health conditions during the pandemic. Ensuring safe treatment of non-covid patients was referenced, together with the additional services put in place at two private hospitals.
- A current priority was the focus on care homes, notably PPE provision and testing of key workers.
- Widespread community testing and contact tracing were further priorities. It was important that these were effective, to reduce the likelihood of increases in cases and a second peak, as the lockdown measures were relaxed. Using the expertise of local authorities through public health and environmental health was advocated. It was important to make the case for the use of this local knowledge as part of the national contact tracing programme. However, it seemed that a centralised approach would be taken.

Discussion took place on the following areas:

- The logistical work required in acute hospitals to create 'clean' areas for the treatment of non-covid patients, as urgent services returned to their normal levels.
- The importance of involving public health in the next stages, especially contact tracing, due to the local knowledge of staff.

- The challenges currently faced of managing Covid and reinstatement of services at the same time as capitalising on the innovation put in place in responding to the pandemic. There was a lot of work for staff during this transition period.
- People transferring from hospitals into care homes and the risk of bringing Covid into the home. Testing now took place as part of the transfer. Earlier in the pandemic, people were moved from hospitals to care homes, to ease the expected pressure on hospitals. Approximately two weeks ago the local system agreed a policy of keeping care homes 'clean' and not admitting people with covid to them. Isolation options were being put into place.
- Where Covid cases were identified in care homes, there was support from the infection team and staff training on isolation was provided. Where the care home wouldn't re-admit a resident, alternate arrangements were made for example through Myton Hospice. CCGs had been asked to provide staff to deliver Covid training.
- People in care homes who tested positive for Covid were initially put in isolation, rather than being relocated to a hospital. The decision to transfer was dependent on the level of health support required. Dementia patients would be confused if transferred to a hospital. Moving people from care homes could be risky to their health and the staff in the care home had more knowledge of each resident.
- On testing and tracing, Councillor Seccombe shared the views of Sir Chris Ham that it should be delivered locally. Staff were well placed, understood their local community and were more able to deliver this than through a centralised approach. This view had been raised directly with the Secretary of State for Health.
- The roll out of antibody testing to people suspected of having recovered from the virus. This would help to reduce fear and enable those people to assist more. The anticipated relaxation of social distancing was a concern. On contact tracing, a view that people won't sign up to use the proposed mobile telephone application.
- The government had determined to have a national approach on contact tracing, despite the representations made. The involvement of public health and environmental health directors at the regional and local level was still being pursued through professional bodies and the LGA. The benefit of their local knowledge was a key aspect. Discussions were ongoing with lead officers locally, to determine the best way forward for the Coventry and Warwickshire area.
- Shade Agboola, Director of Public Health (DPH) provided a link to the covid testing page on the government website: <https://www.gov.uk/apply-coronavirus-test>. She confirmed that lobbying was ongoing amongst the DPH in the region for contact tracing to be delivered locally, but it appeared this was unlikely to succeed. Public Health England (PHE) had suggested there would be some local responsibility and it was hoped that more clarity would be provided at a meeting later in the day. She commented on the degree of involvement of public health to date, for example on PPE. She also spoke about the mobilisation of staff and the role of Liz Gaulton, the Coventry DPH as the regional lead. PHE was seeking to second staff to work for them. This would require local public health departments to make capacity to release the staff. The Chair and County Council Leader voiced their strong concerns at this proposal. Sir Chris Ham shared his concerns regarding the centralised approach, at the expense of using local knowledge and referred to some of the decisions taken to date.

Warwickshire Better Together Programme

A progress report on the Better Together Programme. No comments were submitted.

Page 4

Health and Wellbeing Board Briefing Session

08.01.20

Children 0-14 Unintentional Injuries

A progress report. No comments were submitted.

Mental Health and Wellbeing

An update on work to support mental wellbeing and reduce rates of suicide. The Chair noted that interventions appeared to be having a positive impact as suicide rates were more in line with the national average for the period 2016-18. NHSE/I had awarded additional funding of £186,000 for 2020/21. The potential impact from Covid were recognised.

Discussion took place on the following areas:

- Simon Gilby advised that CWPT provided a telephone helpline, which was available for both children and adults 24 hours per day, seven days a week. He offered to supply further details for circulation.
- Councillor Seccombe asked about access to services. School closures for most pupils meant that mental health issues were not as visible. Whilst the suicide numbers did not seem to have changed significantly, there was concern about the potential for service pressures when the lockdown ended. There was a need to re-build support systems around children. Mr Gilby offered to provide more detail after the meeting. He confirmed there had been a reduction in demand during the pandemic, but all services were continuing to be delivered, with some being by telephone or virtual contact. It was acknowledged that this was not always as good as face-to-face contact. There had been a significant reduction in IAPT referrals. Data was being reviewed to see who was accessing the telephone helpline. CWPT was working with others in the region and nationally to share experience, knowledge and expertise. This would help to assess likely demand areas. Some upscaling of services had already commenced to respond to referral rates. This would also require work with primary care over the coming months. There was an opportunity for greater use of digital solutions going forward.
- Warwick District Council was providing information to signpost people to available mental health support services. A related point was support available for councillors. Simon Gilby added that psychological support for both NHS and social care staff was being provided.
- Healthwatch Warwickshire was receiving increased numbers of calls from people in lockdown with anxiety issues. This may be due to people fearing they had the virus, or those living with a mental health issue, addiction or behavioural challenge. The CWPT telephone helpline would assist, but there would be a need for ongoing support for some time.
- Examples were given of people experiencing mental health difficulties. At a Stratford food bank, residents had openly shared their anxieties. For staff in front line roles at the District Council who were handling many difficult calls, some may also need support themselves.

Feedback from the Place Forum

A report on the Place Forum held in March. The Chair referred to the legacy of the Year of Wellbeing, recognising the volunteer support throughout it. No further comments were submitted.

Forward Plan

This listed items for Board meetings in 2020-21. It was noted that the forward plan and priorities may need to be reviewed after the Covid pandemic.

3. Updates from Partners and Questions

The Chair invited updates. All organisations were working differently in response to the Covid pandemic, making better use of technology. There was a need to ensure that this innovation wasn't lost. Sharron Beamish agreed that a lot had been accomplished, stating the need to continue to work in partnership. The Chair noted that each organisation would be putting in place recovery plans and he asked that these were shared. Chris Bain paid tribute to both County Council and NHS colleagues for their support and cooperation with Healthwatch during this period.

The meeting closed at 2.35pm

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Chair