

Meeting Notes

Project: Warrington Stronger Town Deal Bid

Subject: Health and Wellbeing discussion group

Date and time: 9 July 2020 at 16:00

Minutes by: Jayna Modi

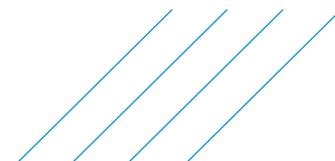
Present:

- Lucy Gardner, Warrington and Halton Teaching Hospitals NHS (LG)
- Pip Horne, Speak Up (PH)
- Ian McClure, Speak Up (IMcC)
- Dave Thompson, Warrington Disability Partnership (DT)
- Cllr Rebecca Knowles (RK)
- Steve Park, Warrington Borough Council (SP)
- Eleanor Blackburn, Warrington Borough Council (EB)
- Annemarie Carr, Warrington Borough Council (AC)
- Amanda Amesbury, Warrington Borough Council (AA)
- Stephen Fitzsimons, Warrington and Co (SF)
- Amanda Williams
- Dan Bunstone
- Locklynne Hall (LiveWire)
- Pip Horne
- Dave McNichol, Warrington Youth Club, DM
- Fayyaz Qadir, Atkins (FQ)
- Jayna Modi, Atkins (JM)
- Hugo Bessis, Atkins (HB)

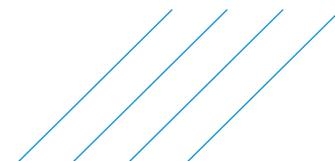
ITEM	DESCRIPTION AND ACTION
1.	<p><u>Introduction:</u> This is the 3rd meeting surrounding Health and Wellbeing.</p> <p><u>Wider Progress Update (SP)</u></p> <ul style="list-style-type: none"> - There are three cohorts to submit town investment plans and these are the 31st July 31st Oct or 31st March. Warrington will be submitting in cohort 1 (31st July) as this gives the highest chance of funding, and if changes need to be made, we can resubmit in cohort 2. - 1/3 of the 100 towns are estimated to be submitting as part of cohort 1 - Funding has been released for projects that are 'shovel ready'. First/Last Mile and the bus depot programme which includes relocating and electrifying the bus fleet has gained £5.1m of funding.

NOTE TO RECIPIENTS:

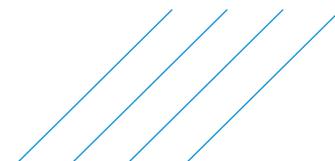
These meeting notes record Atkins understanding of the meeting and intended actions arising therefrom. Your agreement that the notes form a true record of the discussion will be assumed unless adverse comments are received in writing within five days of receipt.



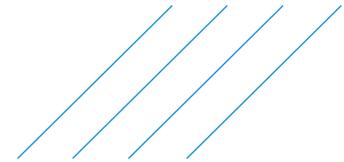
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	<ul style="list-style-type: none"> - In addition to this, MHCLG has given an extra £1m to the additional £25m. Therefore, adding the £1m to the £5.1m means that the remaining £1.4m (as the bus depot costs £7.5) will be underwritten by the council. This project can now begin. - The Town Deal Board meeting is taking place tomorrow where the short-listed projects will be presented, alongside the long list. There will be another meeting on the 24th July so that there is a week to feedback comments. ARUP are helping cross check work.
2.	<p><u>Project Overview – Long List of Projects</u></p> <ul style="list-style-type: none"> - Project 1 - STEM training and career support – encourage younger people to study and get into certain sectors. This project is looked after elsewhere as LEP has given grants and Primary Engineer has engaged at a primary school level – part of the wider project. - Project 2 - Career improvement – gaining work experience and the getting onto and climbing up the job ladder. The government has recently announced incentives for work experience. - Project 3 - Digital infrastructure support– a number of individuals can't get online or they don't have connections to access the internet – can we get involved to help this problem. - Project 4 – Health and Safety Care Academy – highlight this as a vocation - Project 5 - Bus depot will get relocated and the bus fleet will be electrified - Project 6, 7 and 8 will be combined into as one overarching project for active travel. Project 12 is linked to this – need better access to a cycle hub. - Project 9 – Construction training hub - Project 10 - Bioscience training hub – there is already one in Cheshire East so whilst we will move away from this project, we will look into links to health services - Project 13 - Digital and creative hub – which will tap into creativity and regenerate the area. This could be the Pyramid art centre or Bridge Street.
3.	<p><u>Key Themes:</u></p> <ul style="list-style-type: none"> - Employment – 25k people are on furlough and there are estimates that 30-90k could be made redundant. - Skills – Warrington's GVA is the highest in north England - build upon STEM and upskill the population - Digital – gadgets could be used in the care sector e.g. digitising services - Health and Wellbeing – Central 6 masterplan - Green – bus depot and electrifying the bus fleet. The air has been cleaner so there have been some benefits to COVID, but we need to build upon this to reduce car dependency. <p>Discussion and Considerations:</p> <ul style="list-style-type: none"> - This is a good time to connect with people - smart flat technology is a great way to keep in touch with people. There needs to be help in installing this technology and there needs to be greater awareness of it. - DM – Projects 1, 2 and 13 – STEM is so important to gain professionalism and qualifications. - RK – need to understand who does and who doesn't have access to digital infrastructure, but also, we need to keep the supply and production of digital infrastructure within the local economy. COVID has impacted children who are digitally disadvantaged, but also the elderly as they don't know how to



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	<p>practically use digital infrastructure e.g. online shopping. Therefore, if we want older people to become more autonomous then we need to equip them with how to use the technology. If the older population can use the internet/digital infrastructure, then they could access online health documents which ties objectives together. An app could be designed to help with this.</p> <ul style="list-style-type: none"> - SF – Empty properties won't be used for retail. At the moment, getting to hospital isn't easy as you have to get on 2 buses or if driving, the car parking isn't easy. However, if there were services in the town centre such as 1 easy busy or better car parking then it would increase footfall in the town centre.
4.	<p><u>Health and Wellbeing Hub in the Town Centre:</u></p> <p>Background:</p> <ul style="list-style-type: none"> - The last call we had was used as an idea generation and 3 key areas were identified – 1) health and wellbeing in the town centre, 2) health and social care academy 3) active travel (which has been taken forward by another group but we can contribute where applicable). <p>Mental health provision & offering a range of advice:</p> <ul style="list-style-type: none"> - Services are to be provided in the town centre to ensure accessibility and encourage increases to footfall - Pre COVID 24% of Warrington's population had a low emotional wellbeing so there is a lot that can be done to prevent this from leading into ill mental health. - IM – we should make mental health provision informal and if we focus on the social side then it can save the town a lot of money e.g. there will be less of a need for police intervention. The interplay between mental health and the wider community – having access to informal but confidential chats would be useful. - DM – the formal and informal could be linked so that people can get directed to the right place and get the right help. Informal help could include peer support. - IM – quite a lot is already done informally. Signposting in current roles is training as part of the Health and Safety Academy. - We need interventions to stop individuals climbing up the 'need ladder' – we need to build upon self-help and locality. - EB - Community wellbeing – ensure a safe and flexible space. Flexible community spaces such as in the arts and culture industry would also help people. - RK – Demand management of other services as this can give people a sense of belonging and can make them more motivated to shop/consume goods. Enlivening people is powerful and we must not ignore the cultural side of mental health provision. - AMC – Healthy town centre agenda. Emotional and physical wellbeing go hand in hand. We need an informal approach where people don't feel judged/forced into treatment. - LG – Integrated services making sure we can provide what people want and the links between are understood. - There has been a significant increase in the deterioration of young people's health (70%). Multiple venues may be needed – ensure that the spaces are stigma free. <p>Older people and the ageing population:</p> <ul style="list-style-type: none"> - Combined assessment service which would be in a preventative manner – e.g. tests on vision, hearing etc. which would occur in the town centre to ensure accessibility



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	<ul style="list-style-type: none"> - There are a high proportion of falls in Warrington. Provide a support ahead of when people start having falls. - AM – strength-based exercises in the town centre that is peer led. This activity has happened in other towns. - SP – if someone was aware of similar facilities can we reference this. Let SP/SF know. <p>Diabetes:</p> <ul style="list-style-type: none"> - Amputation rates are higher in Warrington compared to other areas - We need to prevent people with diabetes from coming into hospitals as if they contract COVID then there is a greater chance of death - AM – many people have difficulties in accepting a lifechanging condition, so there is delayed treatment. A support group for newly diagnosed individuals could be helpful and done in an informal manner. <p>Minor injuries/illness:</p> <ul style="list-style-type: none"> - From a GP perspective, its important to keep those who have to come in for unplanned/urgent cases separate from those who have long term issues, as those with urgent issues could have a higher risk of COVID. - Hospitals are trying to prevent people from coming in unless they really need to - PK – pain management – taking less medication/managing better would be beneficial as it costs the NHS
5.	<p><u>Health and Social Care Academy</u></p> <p>Background:</p> <ul style="list-style-type: none"> - Nicola Newton leading, in partnership with Chester University - The intention is not to take away from existing provision, there are a number of vacancies in the healthcare industry. By helping to train local people to fill these roles it will lead to increases in employment, greater training/skills set as well as ensuring the sustainability of services. - There are new roles that may not require a degree course so this could benefit the employment rates of young people who have particularly been affected by COVID. A 4-week training course could then lead to a career within the industry. - This project is not a new building, but a service to be provided in existing buildings e.g. colleges, Chester University, hospitals etc. <p>Discussion & Considerations:</p> <ul style="list-style-type: none"> - SP – we need to gain a greater understanding of the need and demand for these services - SF – if individuals are successful in the training, there is often a guaranteed job which you don't often see in other sectors. However, we need a sense of demand. - EB – there could be volunteering opportunities with a view to support people towards employment. Less formalised training opportunities can still help towards formalised employment. - PH – the values of people are an important part of the job. Volunteers are a great way of seeing if they are the right people for the job. Values based recruitment. - DM – whilst health and social care work has previously been seen as low paid jobs, there is now recognition for this work



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	<ul style="list-style-type: none"> - RK – this could also be a step for those who come back to learning after some time off – there are great opportunities for career progression - PH – social care providers are often charities so ensure that if they are part of the plan that they are invested in – this will ensure sustainability for the future - We need to collectively be taking advantage of funding that can ensure our services are sustainable
6.	<p><u>Conclusion:</u></p> <ul style="list-style-type: none"> - We need to start thinking about the costs and benefits. We need confirmation from the board regarding a short list and then we have 2 weeks to put together high-level capital/revenue costs and the benefits that it will drive. - How to capture voluntary involvement. It's not all about the money – wellbeing of the population is very important. - RK - Kings Fund Bid – SP to speak to Cath Jones/Simon Kenton