

## 1. Meeting Notes

**Project:** Warrington Stronger Town Deal Bid

**Subject:** Health and Wellbeing discussion group

**Date and time:** 19 June 2020 at 14:30

**Minutes by:** Phoebe Annett

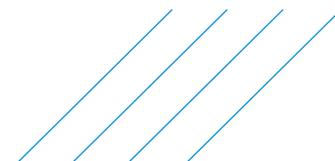
**Present:**

- Lucy Gardner, Warrington and Halton Teaching Hospitals NHS (LG)
- Pip Horne, Speak Up (PH)
- Ian McClure, Speak Up (IMcC)
- Simon Kenton, Warrington Accountable Care Partnership (SK)
- Dave Thompson, Warrington Disability Partnership (DT)
- Cllr Maureen McLaughlin (MMcL)
- 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)
- Eileen O'Meara, Warrington Borough Council (EO'M)
- Stephen Fitzsimons, Warrington and Co (SF)
- Kathryn Green, Warrington and Co (KG)
- Fayyaz Qadir, Atkins (FQ)
- Phoebe Annett, Atkins (PA)
- Hugo Bessis, Atkins (HB)

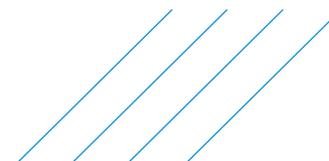
ITEM	DESCRIPTION AND ACTION
1.	<p><u>Introduction</u></p> <ul style="list-style-type: none"> <li>- Aim of this meeting is to review and develop schemes in light of changes resulting from COVID-19</li> <li>- The submission date for the Investment Plan was originally the end of June, this has been delayed as resources have had to been focussed elsewhere to support with crisis management. The government have recently re-engaged to confirm that the Town Deal remains a priority and to confirm new submission timelines. There will be three submission cohorts: end of July 2020, end of October 2020 and March 2021. Warrington will aim to submit at the end of July 2020.</li> <li>- Impacts of COVID-19 to consider: <ul style="list-style-type: none"> <li>o Approximately 24,500 people in Warrington have been furloughed, will these jobs be secure in the future?</li> </ul> </li> </ul>

**NOTE TO RECIPIENTS:**

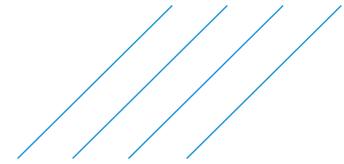
These meeting notes record Atkins understanding of the meeting and intended actions arising therefrom. Your agreement that the notes form a true record of the discussion will be assumed unless adverse comments are received in writing within five days of receipt.



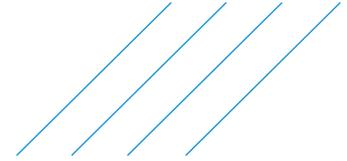
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	<ul style="list-style-type: none"> <li>○ Geography: distribution centres to the north of the city have fared well and are recruiting but the town centre has been badly affected</li> <li>○ Transport: less traffic on the road has led to improvements to air pollution</li> <li>- Our long-term objectives have not changed, however the short term objectives will need to be updated in light of recent events.</li> </ul>
2.	<p><u>Questions</u></p> <ul style="list-style-type: none"> <li>- Adult community learning has been ceased at Warrington Vale Community College, there is a serious need for retraining in later life (DT)</li> <li>- Links with Central 6               <ul style="list-style-type: none"> <li>- There is synergy between Central 6 and Town Deal, Central 6 can be a source of ideas to feed into the Town Plan (SP)</li> <li>- There is also a strong focus on active travel and the first and last mile in the masterplan</li> </ul> </li> <li>- Engagement               <ul style="list-style-type: none"> <li>- Inputs on the MyTown website have been analysed by Warrington and Atkins and suggestions were included in the long list of project options (FQ). There is evidence as to why ideas have/have not been brought forward as part of the sifting process.</li> <li>- Central 6 involved large-scale engagement which can inform the investment plan for the Town Deal</li> </ul> </li> </ul>
3.	<p><u>Social and healthcare skills academy</u></p> <ul style="list-style-type: none"> <li>- Still hugely important post COVID-19</li> <li>- 'Face-to-face' is seen as an important part of social care so digital is seen as a barrier, we need to change this perception.</li> <li>- We are not short of social workers; it is the crossover where people also have complex health needs where training is needed (AA)</li> <li>- Partners               <ul style="list-style-type: none"> <li>- Chester university and Warrington and Vale Royal College would be interested in working in partnership. Chester had some initial ideas of how to attract people into social care/health professions and were going to showcase some of their projects in the town centre (AMC)</li> <li>- Harmonisation and mobility across organisations will be key (RK)</li> <li>- Adult social care providers are likely to be very supportive as recruitment into this sector has traditionally been challenging (PH)</li> <li>- Collaborations with institutions that already provide training in the sector, but address the gaps, i.e. support staff, personal assistants, one-to-one support. This academy should also start a level below formal qualification.</li> <li>- Provider forums: Warrington Together's OD Forum includes all providers, including the voluntary sector, but it needs refreshing (SK)</li> </ul> </li> <li>- Format               <ul style="list-style-type: none"> <li>- An academy could start with family carers, providing them with the tools they need to care for loved ones. Then Personal Assistants (Direct Payments and Personal Health Budgets), next care agencies (community and care/nursing homes) and up to local authority and NHS (DT). Phasing gives an opportunity to have impact quickly (LG).</li> <li>- There is a great need around social prescribing (SK)</li> <li>- The Social Care academy needs destinations, such as social prescribing, community health workers, harmonization of terms and</li> </ul> </li> </ul>



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	<p>conditions against social care, NHS and independent care systems (SK)</p> <ul style="list-style-type: none"> <li>- We must make a concerted effort to provide jobs post-training, relationship with recruiters would be integral (SK)</li> </ul>
4.	<p><u>Accessibility and travel improvements</u></p> <ul style="list-style-type: none"> <li>- Developments from other workstreams:           <ul style="list-style-type: none"> <li>- Transport 'hub', cycle facility where you can park your bike, shower, repair, hire, charge electric bikes etc. Somewhere that is safe and integrated with other modes such as train/bus stations. To transform commuting relationship with town centre.</li> <li>- Masterplan includes pockets of green space and parks called the 'Green Necklace', there is an opportunity to find a way to connect these through active travel and to make a connection with culture/heritage.</li> </ul> </li> <li>- There is emerging evidence that COVID-19 is transmitted via particulates in air pollution (AMC)</li> <li>- Emphasise life-long engagement (RK)</li> <li>- Walking           <ul style="list-style-type: none"> <li>- Even walking you need confidence in some areas, we need to think of other ways to support people outside physical infrastructure (EB)</li> <li>- Many opportunities related to walking, e.g, Creating adult "walking buses" created at various points just outside the last mile. Using volunteers/third sector to support "walk-in/walk-out Wednesday, for example (IM)</li> <li>- Seating, free water and toilets are key to providing a healthy, accessible environment in the town centre. Interventions like this make the town feel like it is for everyone. (DT/MM/AC) <a href="https://refill.org.uk/">https://refill.org.uk/</a></li> </ul> </li> <li>- Cycling           <ul style="list-style-type: none"> <li>- Opportunities/projects               <ul style="list-style-type: none"> <li>▪ Opportunity to capture the interest and legacy of the postponed Tour of Britain (RK)</li> <li>▪ Confidence lessons to help those who can't ride a bike (AA)</li> <li>▪ Radio 4 did a feature on Warrington's Bike culture, a bike park would give kids the opportunity to do this in a safe environment (SK). In London's South Bank, the bike/skate park has become a tourist destination (PH)</li> <li>▪ Boris Bike-type scheme as purchasing and storing bike would deter many people (PH). Manchester's bad experience may have put council off similar schemes (SF). The cycles from Liverpool's bike scheme are now given to PH teams for key worker projects</li> <li>▪ There is a good supply of bikes from Cheshire Constabulary that have been stolen (AC)</li> </ul> </li> <li>- Considerations               <ul style="list-style-type: none"> <li>▪ In our experience bikes were offered to care staff with no uptake. This may be down to lack of confidence (AMC)</li> <li>▪ Organisations such as hospitals would support this cycle projects. Bikes were given to staff to help them travel during COVID-19, people were put off by lack of shower facilities rather than quality of routes (LG) This experience</li> </ul> </li> </ul> </li> </ul>



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	<p>demonstrates how anchor employers can model positive approaches (RK).</p> <ul style="list-style-type: none"> <li>▪ Add mobility scooter/power wheelchair users as a stakeholder group (DT)</li> <li>▪ It is important to <i>democratise</i> cycling, ensure schemes are offered in places where there isn't already uptake (RK)</li> <li>▪ Lovely Lane example, high level of incidents with a certain demographic at a certain time (SP)</li> <li>▪ WBC Woolston depot has a strong cycling culture, opportunity for shift workers (AMC)</li> </ul>
5.	<p><u>Integrated hub and shared information</u></p> <ul style="list-style-type: none"> <li>- Opportunities <ul style="list-style-type: none"> <li>- Health services should be provided in the town centre, New Market and Golden Square. This is an opportunity to make health and social care services more accessible AND reopen town centre (SK)</li> <li>- Bath Street is currently underused (RK)</li> <li>- Golden Square: the manager would be interested in using empty space there for an integrated hub related project. This space is ideal as it is not threatening, it is accessible, (DT/RK) It could also support the market (SK)</li> </ul> </li> <li>- Considerations <ul style="list-style-type: none"> <li>- Hubs should have a handful of services scattered in strategic locations, good models are Great Sankey, Orford and Woolston hubs. (EB)</li> <li>- This could be integrated into existing buildings</li> <li>- Rather than just focussing on treatment, we should also focus on developing the town centre to help tackle long term issues such as obesity, diabetes etc (AC)</li> <li>- This project provides opportunities for social prescribing, to improve loneliness, mental health while engaging people with the town centre (RK/MM)</li> <li>- Opportunity to relieve hospitals of issues such as car parking etc, less daunting than going to hospital (SP)</li> <li>- Health kiosks should be easy to use and free (AC). Kiosks work best when there is someone nearby to discuss results with (AC)</li> <li>- There is a role for libraries also in helping with mental health services etc (EB)</li> <li>- Time to Change, Liverwire &amp; Wolves Foundation are also in discussion with obtaining a unit for mental health support (IM)</li> <li>- #WarringtonCares (7 groups already in existence with Golden Square) (IM)</li> </ul> </li> </ul>
6.	<p><u>Summary</u></p> <ul style="list-style-type: none"> <li>- Synergy between Central 6 and Town Deal</li> <li>- Projects: <ul style="list-style-type: none"> <li>- Social and Healthcare Skills Academy</li> <li>- Walking and Cycling improvements (including improvements to facilities, lessons and access to bikes)</li> <li>- 'Integrated Hub', or services scattered in kiosks or in existing buildings.</li> </ul> </li> <li>- Next steps:</li> </ul>



ITEM	DESCRIPTION AND ACTION
	<ul style="list-style-type: none"><li>- Discuss emerging projects with all discussion group facilitators</li><li>- Develop project proposals</li><li>- Review project proposals with discussion groups w/c 6<sup>th</sup> July</li></ul>