# Warwickshire Shadow Health and Wellbeing Board

# Agenda

24th September 2012

A meeting of the Warwickshire Shadow Health and Wellbeing Board will take place at **Committee Room 2, Shire Hall, Warwick** on **Monday 24th September 2012 at 13.30.**

The agenda will be:-

## 1. (13.30 – 13.40) General

**(1) Apologies for Absence**

**(2) Members' Declarations of Personal and Prejudicial Interests**

Members of the Board are reminded that they should declare the existence and nature of their personal interests at the commencement of the item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest the Member must withdraw from the room unless one of the exceptions applies.

Membership of a district or borough council is classed as a personal interest under the Code of Conduct. A Member does not need to declare this interest unless the Member chooses to speak on a matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration.

**(3) Minutes of the Meeting on 17th July 2012 and Matters Arising**

Draft minutes are attached for approval.

## 2. (13.40 – 14.40) Draft Joint Health and Wellbeing Strategy for Warwickshire

Introduced by Bryan Stoten – Chair of the Board

## 3. (14.40 – 15.00) Clinical Commissioning Groups – Commissioning Intentions

Introduced by Lead GPs from the three Clinical Commissioning Groups

## 4. (15.00 – 15.15) Arden Commissioning Support Service

Introduced by Rachel Pearce (Managing Director – Arden Commissioning Support Service)

## 5. (15.15 – 15.20) Arden Cluster Health Protection Committee

Introduced by Monica Fogarty (Strategic Director, Communities Group – Warwickshire County Council)

## 6. (15.20 – 15.25) Children's Services Structures and Commissioning – Proposal for Workshop

Introduced by Wendy Fabbro (Strategic Director, People's Group – Warwickshire County Council)

## 7. (15.25 – 15.30) Green sleeve

Introduced by Andrea Green (Warwickshire North CCG)

## 8. Any other Business (considered urgent by the Chair)

Bryan Stoten
Chair

September 2012

**Future meetings**

| | | |
|---|---|---|
| 13th November 2012 | 13.30 – 15.30 | Committee Room 2, Shire Hall |
| 24th January 2013 | 13.30 – 15.30 | Committee Room 2, Shire Hall |
| 19th March 2013 | 13.30 – 15.30 | Committee Room 2, Shire Hall |

## Shadow Health and Wellbeing Board Membership

Chair: Bryan Stoten

Warwickshire County Councillors: Councillor Alan Farnell, Councillor Heather Timms; Councillor Isobel Seccombe; Councillor Bob Stevens

GP Consortia: Dr Inayat Ullah/Dr Ram Paul Batra-Nuneaton and Bedworth; Dr Charlotte Gath-Rugby; Dr Kiran Singh/Dr Heather Gorringe-North Warwickshire; Dr David Spraggett/Dr Richard Lambert -South Warwickshire

Warwickshire County Council Officer: Wendy Fabbro Strategic Director, People Group

Warwickshire NHS: John Linnane-Director of Public Health; Stephen Jones - Chief Executive (Arden Cluster)

Warwickshire LINKS: Councillor Jerry Roodhouse

Borough/District Councillors: Councillor Neil Phillips, Councillor Claire Watson, Councillor Michael Coker

Warwickshire County Council Advisor to the Board: Monica Fogarty – Strategic Director, Communities Group

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# Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 17 July 2012

**Present**:-

Chair

Bryan Stoten

Warwickshire County Councillors

Councillor Alan Farnell
Councillor Bob Stevens

Clinical Commissioning Groups

Dr Steve Allen – Coventry and Rugby CCG
Dr Jeff Cotterill – Coventry and Rugby CCG
Dr Heather Gorringe – Warwickshire North CCG
Dr David Spraggett – South Warwickshire CCG

Warwickshire County Council Officers

Monica Fogarty – Strategic Director, Communities Group
Wendy Fabbro – Strategic Director, People Group

NHS

Stephen Jones – Chief Executive Arden Cluster
John Linnane - Director of Public Health (WCC/NHS Warwickshire)

Borough/District Councillors

Councillor Michael Coker – Warwick District Council
Councillor Neil Phillips – Nuneaton and Bedworth Borough Council
Councillor Derek Pickard – North Warwickshire Borough Council
Councillor Claire Watson – Rugby Borough Council

Warwickshire LINk

Councillor Jerry Roodhouse

**1.** (1) Apologies for Absence

Councillor Izzi Seccombe
Councillor Heather Timms
Dr Kiran Singh – Warwickshire North CCG
Dr Charlotte Gath – Coventry and Rugby CCG

(2) Members' Declarations of Pecuniary and Non-Pecuniary Interests

None

(3) Minutes of the meeting held on 22nd May 2012 and matters arising

The minutes were agreed as an accurate record. There were no matters arising.

The Chair welcomed guests including the public to the meeting.

The meeting was informed that, owing to budgetary constraints, buffet lunches will not be available prior to future meetings.

## 2. George Eliot Hospital –

### i) Summary Hospital Mortality Indicator (SHMI)
### ii) Progress to Foundation Status

The Chair welcomed Kevin McGee, Chief Executive of the George Eliot Hospital NHS Trust, to the meeting. Kevin introduced his report, explaining how work is currently being undertaken to address the reasons behind the inconsistent mortality rates. Mott Macdonald has recently completed a study into clinical practices which identified areas for improvement around patient moves, medical teams and clinical practices. The lack of in-patient hospice beds adds to mortality rates at the George Eliot. Efforts to make coding more robust will bring reported mortality rates down whilst work with partners to address the underlying reasons behind poor health and wellbeing has increased significantly.

It was explained that the efforts being made are part of a two to three year programme and that six months had of that programme have now passed.

Councillor Jerry Roodhouse, Chair of Warwickshire LINk, informed the meeting that the LINk has been doing an increasing amount of work with the George Eliot and Mary Ann Evans Hospice. Referring to an Australian report titled, "Bringing our Dying Home", Councillor Roodhouse explained how important it is to work with nursing homes and other centres to ensure that people are, where possible, able to die where they choose.

Dr John Linnane, Director of Public Health, welcomed Kevin McGee's references to public health and emphasised the need to work towards longer disability-free life expectancy. He ended by stressing the need to see a long term improvement in mortality levels.

Kevin McGee stated that the next set of SHMI figure should be available in September.

Turning to progress towards Foundation status, Kevin McGee informed the meeting that it was acknowledged that it would not be possible for the George Eliot to attain this in isolation. The business case has been prepared and sign-off by the Department of Health is awaited. In response to a question from Wendy Fabbro, Kevin McGee stated that the stakeholder group had been temporarily suspended until Department of Health approval had been obtained. John Linnane sought assurance that the work on moving towards foundation status will not take attention away from the need to improve mortality performance. This was given by Kevin McGee who added that the Strategic Health Authority has provided good technical support concerning the foundation application.

The Chair closed by affirming that any decisions around the future of the hospital should be made in the interest of local people.

## 3. Dementia – Proposal for Workshop

Wendy Fabbro, Strategic Director, People Group, introduced this item explaining the need to improve information sharing amongst people and find a common way forward.

John Linnane stressed the need for early diagnosis of dementia informing the meeting that 18% of the population of Warwickshire is 65 years old or over.

The Chair welcomed Professor Ian Philp, Medical Director, South Warwickshire NHS Foundation Trust to the meeting. Professor Philp explained that dementia is a global issue and that not enough is being done to support people with dementia to lead independent lives where possible. Mis-diagnosis of dementia occurs frequently and this can lead to premature loss of the individual's rights. People with dementia require proper assessment, proper car and appropriate use of drugs.

Stephen Jones, Chief Executive, Arden Cluster, noted that the Coventry and Warwickshire Partnership Trust was not listed amongst the potential delegates to the conference being discussed. This was acknowledged as an error and would be rectified. He also suggested that representatives from Coventry City Council should be invited to the event. This was agreed.

In response to a question from Paul Tolley from Warwickshire Community and Voluntary Action (CAVA), the meeting was informed that the voluntary and community sector is represented by the Alzheimer's Society.

## 4. Integrating Care Pathways and Discharge to Access – Update on Work by WCC, SWFT and the CCGs

This item was introduced by Wendy Fabbro who stressed the need to ensure that the processes operated by health and social care providers are aligned. Ian Philp echoed this view stating that long term support costs can be reduced by helping people to lead independent lives. All patients are offered two weeks of assessments with reablement services provided as necessary. Chris

Lewington, Service Manager – Learning Disability, Mental Health, Carers and Customer Engagement, Warwickshire County Council, informed the meeting that a project initiation document is being prepared and that there has already been a strong commitment from all parties involved. It was acknowledged by the meeting that this is a good example of a project that the Health and Wellbeing Board can become closely involved with.

## 5. NHS Transfer of Capital

Stephen Jones introduced this item explaining that the transfer of capital is not a discretionary process, being bound by national rules. A significant amount of property will be transferred to PropCo. The challenge is in making sure that local interests are maintained. Transfers will be undertaken by the end of March 2013 although local leases will be extended to the end of March 2014. One challenge is that all parties are working in a period of uncertainty. This makes it difficult to plan well. In response to a question from Councillor Alan Farnell, Leader of Warwickshire County Council, the meeting was informed by Stephen Jones that the Arden Cluster is awaiting clarification about whether leases will be held by PropCo or by local organisations. PropCo will own the freehold of NHS properties that are not within provider trusts. In addition, properties that are used primarily for administrative purposes will, by default, be transferred to PropCo. The meeting was informed that the Ellen Badger Hospital in Shipston on Stour will be transferred to South Warwickshire Foundation Trust. David Spraggett, from the South Warwickshire CCG, expressed some concern that projects in the Warwick/Leamington area could be delayed. This is frustrating as the projects in question are working to bring health and social care together.

Stephen Jones ended by suggesting that the key for success is to start with service design with the identification of property to deliver that service secondary.

## 6. Clinical Commissioning Groups (CCGs) – Update on Progress Towards Authorisation and Development of Commissioning Plans.

Using Powerpoint, David Spraggett briefed the meeting on progress in South Warwickshire. He outlined the challenges, aims and opportunities to be faced by the SWCCG over the next three years and hoped that the South Warwickshire CCG will obtain authorisation by October 2012.

Steve Allen, Accountable Officer, Coventry and Rugby CCG, informed the meeting that Coventry and Rugby CCG will be authorised in Wave 4. This later approval has been caused by the complexity of merging Coventry and Rugby into a single CCG.

In response to a question concerning the appointment of lay-people, David Spraggett informed the meeting that posts were currently being advertised and that there will be a formal appointment process. Steve Allen stated that

Coventry and Rugby CCG wishes to appoint three lay-people but will need the approval of General Practitioners to do this. Heather Gorringe, North Warwickshire CCG explained how challenges around configuration in North Warwickshire have led to a delay in the drafting of a Constitution. She expected that authorisation will come in the fourth wave.

Commissioning Plans are expected in the early Autumn 2012.

## 7. Children and Adolescent Mental Health Services (CAMHS) Update on Strategic Review

The Chair welcomed Kate Harker, Joint Commissioning Manager, Warwickshire County Council, Jo Dillon, Associate Director of Strategic Joint Commissioning - Children and Maternity, Warwickshire County Council and Josie Spencer - Director of Operations (Community Services), Coventry and Warwickshire partnership Trust to the meeting. Kate explained that waiting times for CAMHS services have been a challenge for a considerable while. Those times had been reduced but have increased again. There are two principal areas of concern namely, the on-going monitoring of waits and the Autistic Spectrum Pathway. Josie Spencer explained how the Coventry and Warwickshire Partnership Trust has been working hard to address concerns. Engagement is at a high level and the Trust is striving to ensure it does all the right things. Service redesigns with centralised bookings and clearer pathways have led to a significant reduction in waiting times although high demand (especially in Nuneaton and Bedworth and Rugby) and reduced resources make it increasingly difficult to sustain this.

The meeting was informed by Jo Dillon that if waiting times cannot be reduced then it might be necessary to seek an alternative provider for services.

Helen Roskill, Lead Clinician at the Coventry and Warwickshire Partnership Trust explained that every child in the system is mapped against a care pathway with outcome routinely monitored.

John Linnane expressed the view that the service should be considered in the context of the wider public health agenda. For example binge-drinking is increasing in Warwickshire to the extent that in some areas it is higher than in Coventry.

## 8. Health and Wellbeing Board Strategy – Verbal Update on Consultation

Monica Fogarty informed the meeting that the consultation draft strategy has now been widely circulated. A good number of responses have already been received and these will require analysis. Monica offered to bring a further report to the September 2012 meeting of the Board.

## 9. "Board Futures"

Monica Fogarty explained the need for the Health and Wellbeing Board to reflect on its future direction. She suggested that as the Board only meets six times a year it needs to be able to conduct business outside of the regular meetings. She suggested that a half day be spent by the Board to explore this. The idea was supported by Councillor Roodhouse and Councillor Stevens although a request was made that some ideas should be circulated before the session. It was acknowledged by some that this was timely although David Spraggett questioned whether the time could be better spent exploring a single issue in a joined up way. This latter point was acknowledged and it was agreed that it may not always be necessary to meet to progress work.

The Chair suggested that the idea be taken forward via the CCG leads.

## 10. Six Lives Survey

Wendy Fabbro introduced the Executive Summary from the recent Winterbourne View report. It was noted that the report identifies a clear role for Health and Wellbeing Boards in bringing agencies together to avoid a repeat of what happened at Winterbourne View.

It was agreed that the report should be circulated to members with the minutes of the meeting.

## 11. Any other Business (considered urgent by the Chair)

The Chair introduced an email circulated at the meeting concerning a proposal for a Health and Wellbeing Park at Shipston-on-Stour. Stephen Jones asked for it to be recorded that he disagreed with some of the statements made in the e-mail, but was unable to give a full response as the e-mail had been tabled. In addition, he asked that in future the Chair discuss similar items with relevant Board Members before sharing them.

The meeting rose at 15.30

……..Chair

**Item No 2**

# Warwickshire Shadow Health and Wellbeing Board

# 24 September 2012

# Draft Joint Health and Wellbeing Strategy for Warwickshire

## Summary and Recommendations

The Consultation on the Health and Wellbeing Strategy was opened on 11 June 2012 and closed on 3 September 2012. 33 responses have been received, and the majority of respondents expressed the following concerns:

- That there is a lack of clarity within the strategy
- That there are gaps in key areas for consideration
- That the level of 'stretch' and ambition may be unachievable and that there is a lack of clarity on implementation plans

The Board is asked to:

(1) Consider the feedback and discuss its implementation into the final strategy

(2) Agree the next steps following on from the consultation

## 1.0 Background

1.1 The consultation on the Health and Wellbeing Strategy was opened on 11 June 2012 and closed on 3 September 2012. It was available online via the Consultation Hub. Hard copies were also distributed.

1.2 We received 33 responses which covered the following response groups:

| | |
|---|---|
| General/ Individual Responses: | 18 |
| Voluntary Sector: | 4 |
| Local Government: | 8 |
| Health: | 3 |

## 2.0 Key themes and issues

2.1 There were four major themes emerging from the feedback on the draft strategy:

(1) Agreement on the vision and the principles
(2) Lack of continuity within the strategy
(3) Perceived gaps in key areas for consideration
(4) The level of 'stretch' and ambition may be unachievable and lack of clarity on implementation plans

2.2 Feedback on the vision and the principles for its implementation has been very positive. Feedback also suggested that the vision encompassed the main Warwickshire priorities and that the principles were appropriate. There was agreement over the need for an integrated approach to improved health and wellbeing in the community.

2.3 According to the respondents, lack of clarity within the strategy relates to a lack of continuity though the document where it is not clear how the vision and the life course approach relate to each other. There is a feeling that the document itself is complicated, and that the Board needs to be more specific about its priorities and goals.

2.4 There is a general perception that the strategy should mention the role of other sectors and services in improving health and wellbeing, such as dentistry, pharmacy, services provided by the community and voluntary sector as well as the private sector. The role of the District and Borough Councils also requires further clarification.

2.5 A number of respondents said that the strategy lacks enough focus on:
(1) early years of children and young people's needs
(2) tackling discrimination or the needs of diverse groups
(3) depression and poverty as key impact factors in the lives of older people.

2.6 Generally, it was felt that it is not clear how the strategy will be implemented. And while most of the respondents agreed with the priorities and the vision, they were worried about them being potentially unrealistic and unachievable.

2.7 A detailed analysis of all responses received can be found in the Appendix.

## 3.0 Next steps

3.1 Next steps for consideration by the Board have been summarised in the table below.

| **Action** | **Owner** | **Deadline** |
|---|---|---|
| A new draft strategy produced | Bryan Stoten/ Kate Woolley | w/c 1Oct 2012 |
| A new draft distributed to HWBB members for comments | Bryan Stoten/ Paul Williams | w/c 1Oct 2012 |
| A new draft distributed to O&S members and key partners | Bryan Stoten/ Paul Williams | w/c 1 Oct 2012 |
| Strategy finalised | Bryan Stoten/ Kate Woolley | by 22 Oct 2012 |
| Strategy printed/ produced in an easy read format | Monika Rozanski to arrange | 22 Oct – 8 Nov 2012 |
| Strategy distributed to HWBB members | Paul Williams | w/c 22 Oct 2012 |
| Strategy launched | Bryan Stoten | 13 Nov 2012 |

## Background Papers

1. Warwickshire Joint Health & Wellbeing Strategy 2012 – 2015 – Public Consultation: June – September 2012

| | Name | Contact Information |
|---|---|---|
| Report Author | Monika Rozanski/ Kate Woolley | monikarozanski@warwickshire.gov.uk kate.woolley@warwickshire.nhs.uk |
| Head of Service | Dr John Linnane | John.linnane@warwickshire.nhs.uk |
| Strategic Director | Monica Fogarty | monicafogarty@warwickshire.gov.uk |
| Portfolio Holder | Cllr Bob Stevens | |

**Appendix**

**Warwickshire Joint Health and Wellbeing Strategy**
**Analysis of the responses to the consultation**

## Q.1. 'Do you agree with our vision for health and wellbeing in Warwickshire and the principles of how we should work together?'

We received a positive response and agreement on the vision. One respondent stated that the vision was 'far reaching' and 'inspirational', believing that this would help support active engagement towards implementation. Feedback also suggested that the vision encompassed the main Warwickshire priorities and that the principles were appropriate. There was agreement over the need for an integrated approach to improved health and wellbeing in the community- in particular, the integration of NHS (CCG) Hospital Trust Services with social care and public housing, education and transport.

Concerns included that the vision is idealistic and that unreachable targets have been set, for example that Warwickshire will be free from poverty and that no child will begin life disadvantaged. Belief was that such challenges need realistic and sustainable prevention methods – not 'quick-fixes' with further clarity about the action required to achieve such a vision.
(However on page 5 of the Strategy it is clear that we are not providing a detailed plan and that organisations on the board would need to demonstrate their contributions to the strategy.)

A recurring theme included the importance and acknowledgment of the Community and Voluntary sector organisations contribution to the Strategy and its impact on outcomes. Their continued and increasing involvement should be more highly valued as part of the enabling infrastructure. *'Equal input should have been given from the voluntary and community organisations in the strategy itself, as this would have added greater weight at an implementation level.'* The sector expresses desire to be a full part of the board in order to support service integration across all sectors.

## Q.2. Do you agree with our life course approach to reducing health inequalities and improving health and wellbeing in Warwickshire?

We received a positive response to the Life Course Approach, being recognised as a strong evidence based epidemiological model. Respondents felt that the approach is *'appropriate'* and *'essential'* in order to reduce health inequalities across the County.

One respondent though suggested that the Life Course Approach is too formal and that lives continue *'outside the 9-5'*. This concern related to other local population issues – one respondent says that '*there needs to be an increased level of participation and responsibility from the individual* ' whilst another highlights the need to include teaching personal responsibility and budgeting to help achieve Freedom from Poverty as integral to developments. Contrastingly, another response states that they found the approach focuses too much on the individual and that that more investment is needed in families or communities, thereby improving social cohesion, and understanding the attitudes of those living in the more deprived areas in Warwickshire.

Again, questions have risen about how realistic the vision of '*giving every child the best start in life*' is, with one response highlighting that the CAF waiting list is continuing to grow and that urgent attention is needed to such issues in order to support the implementation of the vision.

Also raised was concern that the voluntary sector remains underused.

**Q.3. Do you agree with our views about what needs to happen in Warwickshire to improve the life course?**

We received a positive response on the suggested improvements to Warwickshire's life course, with the majority agreeing with the principles of the plan. Respondents highlighted the he need to provide practical and cost effective services suggesting that funding for all front line care services e.g. training nurses and social workers would improve this position.

A large amount of feedback was received for this question. Comments and recommendations for each of the Life Course topics are shown below. Suggestions include:

Good Quality Housing and Support: that if a council owned property is bought by tenants the proceeds should fund new affordable housing.

Freedom from Poverty: that there is a need to provide good parenting programmes to prevent poverty and deprivation within families. And that support for low income families to prevent child poverty is key, but suggest that Looked After Children should be a focus for attention being likely to have continued poverty throughout their lifetime.

Smoke Free: Questions surrounding Making Every Contact Count(MECC) - how is MECC going to be achieved – through negotiation or through financial support - Whilst another response questions the viability of the concept to be delivered in 'every' case.

Health and Sustainable Communities and Places: that public health become involved with the planning of new developments to help minimise risk and provide opportunities. A suggestion included for mandatory inclusion of Public Health on all major development panels that take place in deprived areas. Another respondent stated that if Public Health were to become involved with planning developments that they respond in a timely and constructive manner. The same respondent also questions the viability of Public Health's intentions to prevent certain planning requests (such as fast food outlets) stating that robust evidence would be required in order to achieve this outcome.

There was agreement to set a minimum standard for private housing. One response stated that more coverage of homelessness and a strategy to reduce the number of people at risk of losing their homes. Also highlighted was the need to change attitudes and behaviours in order to achieve a baseline for good quality housing.

Safer communities: One response highlighted that the focus is limited to female sex and violence whereas abuse can affect both sexes and ignores the fact that rape and sexual abuse cases occur in affluent as well as deprived areas. Again the involvement

of voluntary and community sectors who are heavily involved in front line work needs to be acknowledged and their services utilised better.

Schools and Education: that transition between the ages of 16-18 is when school should provide the most support gearing pupils towards a 'readiness for employment'. Another response states that not all children want qualifications and so alternative means of education need to be given to support them.

Targeting areas where unemployment is high; the need to strengthen pathways for those children of families with mental health disorders and the need to provide more postnatal and peri-natal support as well as prenatal was highlighted

**Q.4. Do you agree with our vision and plans for NHS and social care services in Warwickshire?**

The majority of respondents stated that they agreed with the vision and plans for services in Warwickshire being in keeping with the Department of Health strategy. The use of personal budgets was supported, enabling community groups to become a more vital health and social care network. There was support to better integrate health and social care through the use of community hubs and further potential to integrate health and social care activity alongside the criminal justice system.

Support for frontline resource allocation included social services, care services and care in the community and the need for the public to make informed choices through the use of a comprehensive provider directory and; addressing the mental health needs of those with a long term condition by increasing access to psychological therapies.

**Q.5. Do you agree with the local priorities that we identified from the Joint Strategic Needs Assessment? And Q.6. Do you agree with what we would like to achieve for each priority?**

The majority agreed with the local priorities identified in the JSNA – one respondent in particular stating that they liked the tabular approach taken by population groups and another stating that they believe them to be the right priorities providing they are supported by a comprehensive JSNA.

That the 'aims' have defined 'key performance indicators' . Respondents broadly agreed with the 'priority achievements' with a focus on areas with the greatest health inequalities.

Some recommendations were included for each priority area:

**Children and young people**:

- Lifestyle and recreational activities as an additional priority
- Good parenting programmes.
- Inclusion of peri-natal attention.

**Lifestyle factors affecting health and wellbeing**:

- More focus on the wider health determinants (environment, social etc)
- Prevention and intervention of substance misuse.

**Vulnerable communities**:

- Prevention and early intervention
- Social care and third party organisations.

**Ill health:**

- The integration of mental health into all of the priorities
- Wider understanding of mental health
- Access to psychological services needs to be improved.

**Old age**:

- A lack of information about the support that carers provide
- More support for carers.

**Q.6. Do you agree with how we will ask organisations to take action on improving health and wellbeing and how we will monitor this?**

All respondents, agreed with how we will ask organisations to improve Warwickshire's health and wellbeing and how we will monitor the improvements, but that timescales were required. The responses were unanimous that there needs to be fair and equal input and co-operation from all organisations to support the delivery of the strategy. The majority of respondents highlighted that the strategy needed to be more inclusive of community and voluntary sector organisations.

**If you have any other comments please include them below:**

Reservations were felt that the strategy may fail if there is not complete organisational cohesion and that if organisations do not 'offer' to undertake certain aspects of the strategy. It was suggested that a mechanism to ensure equal input and effective cross organisation working needs to be agreed and implemented.

Also highlighted was the need to support third sector organisations more, allowing more representation in decision making from these groups.

On particular response states that JSNA cannot be applied against Probation Trust OASys assessments and calls for better data collection/analysis of health and wellbeing needs to be aimed specifically at the offender population.

**Item No 3**

# Warwickshire Shadow Health and Wellbeing Board

# 24 September 2012

## Report from Rugby Locality – Development of Coventry and Rugby CCG's Commissioning Plan 2013-14

## Recommendations

(1) That the Shadow Health and Wellbeing Board notes the plans and progress made by Coventry & Rugby CCG in developing a commissioning plan for 2013-14
(2) That the Shadow Health and Wellbeing Board endorses the identified commissioning priorities to date as outlined below

## 1.0 Introduction

1.1 Coventry and Rugby CCG is currently developing its commissioning plan for 2013-14. (See Appendix A for the process being followed). This process began with two workshops attended by GP members of the CCG and public health and local authority colleagues in July and August 2012. The workshops used the two JSNAs for Coventry and for Warwickshire to inform the discussion, as well as key background papers such as the Arden Cluster System Plan. The output of the second workshop is summarised in Appendix B.

1.2 The identified commissioning priorities will be issued to providers by 1st October 2012, and the draft commissioning plan will form part of the CCG's authorisation submission in November. There will be ongoing consultation with CCG members and stakeholders, and the draft plan will be reviewed in the light of the NHS Operating Framework in December, to produce a Final Commissioning Plan in February 2013.

## 2.0 Priorities and Initiatives

2.1 Following the workshops with GP members and stakeholders CRCCG have identified the following commissioning priorities for 2013-14:

- Primary Care Quality and Safety
- Frail Older People
- Well-being in Mental Health
- Best practice in Acute Hospital Care
- Healthy Living and Lifestyle Choices

2.2 The following were identified as proposed CRCCG QIPP Initiatives for 2013/14 subject to scoping and further work with local authority colleagues:

- Re-ablement
- Dementia
- Care Homes
- Alcohol related illness
- CAMHS
- Neurological rehabilitation

2.3 In addition CRCCG will work to support the following public health priorities for 2013/14:

- Smoking cessation
- Sexual Health
- Infectious Diseases
- Obesity
- Mental Wellbeing
- NHS Health Checks
- Making Every Contact Count

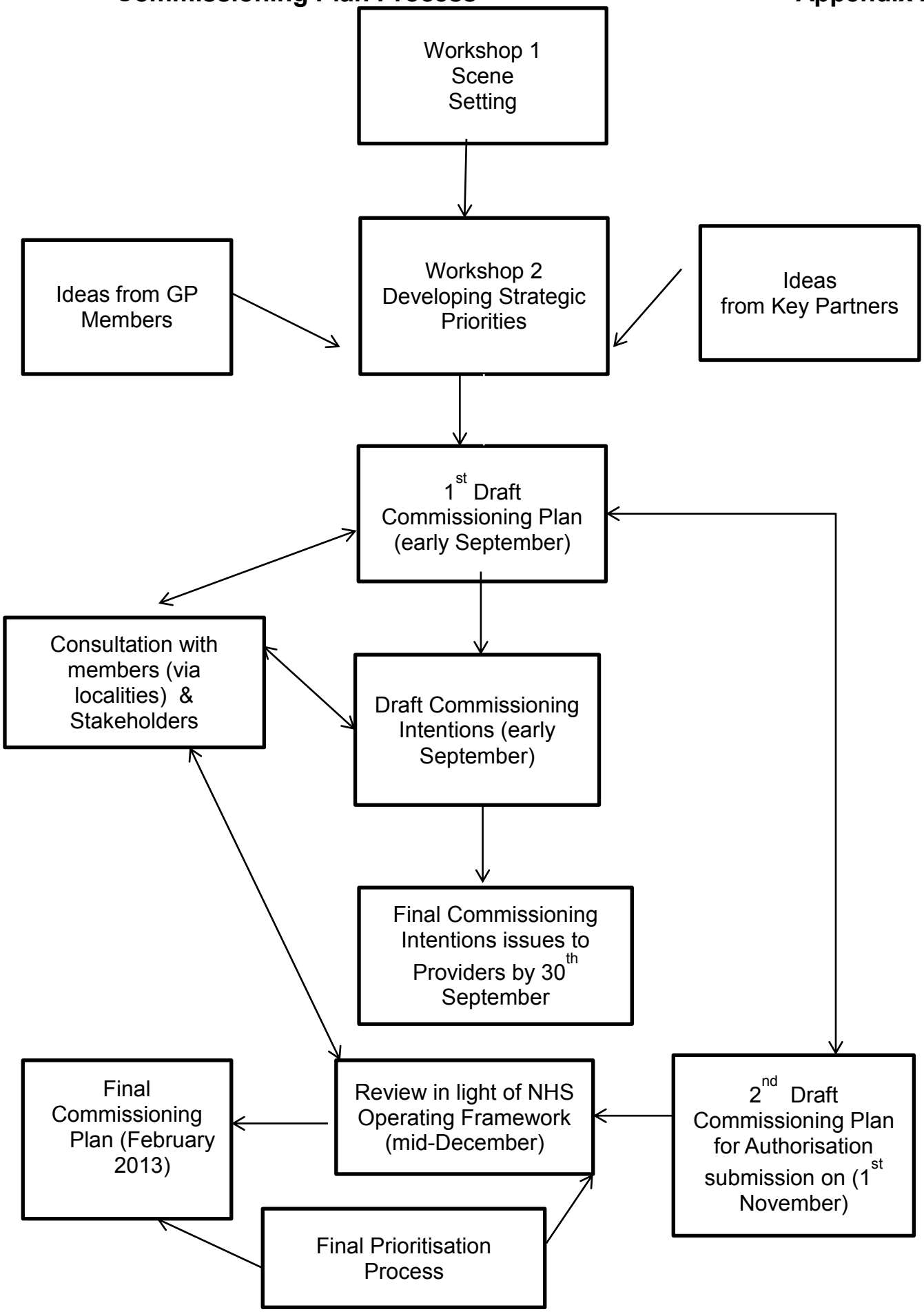
2.4 These selected priorities clearly link to the Warwickshire JSNA priorities. Much more information will be available in the first full draft of the commissioning plan which will follow shortly.

## 3.0 Timescales associated with the decision/Next steps

3.1 The full draft of the CRCCG commissioning plan will be available for comments by key stakeholders including members of the Health and Wellbeing Board by the next scheduled meeting in November.

| | **Name** | **Contact Information** |
|---|---|---|
| Report Author | Dr Charlotte Gath<br>Vice Chair, Rugby Locality, Coventry & Rugby CCG | Charlotte.gath@warwickshire.nhs.uk |

**Commissioning Plan Process** **Appendix A**



**1) Draft CRCCG Commissioning Priorities for 2013/14** **Appendix B**

| | What we want to do | How will measure our success |
|---|---|---|
| Primary Care Quality & Safety | • Supporting Practices to improve through access to comparative data, the sharing of best practice and peer support; a particular focus being on the pro-active management of long term conditions<br>• Improving Practices awareness of other local health services and their access criteria<br>• Continue to develop the new Integrated Primary & Community Care Teams and explore the opportunity to incorporate social workers and CPNs. | • All CRCCG member Practices secure an improvement in their Quality Outcomes Framework (QOF) scores<br>• Reduction in the number of CRCCG Practices achieving lowest quartile QOF scores<br>• All CRCCG member Practices secure an improvement in their Quality Prescribing dashboard<br>• The national patient survey shows an improvement in satisfaction with Primary Care services across Coventry & Rugby<br>• Improved patient satisfaction with support received from new teams (local survey) |
| (Frail) Older People | • Ensure the new Integrated Primary & Community Care Teams appropriately skilled and trained to actively case manage individuals with multiple health problems.<br>• Commission more integrated end of life services<br>• Consider the case for specialist gerontology assessment spanning the acute/community interface'<br>• Take action to reduce the high incidence of Fractured Neck of Femurs and ensure access to appropriate rehabilitation | • An increase in the proportion of people on the integrated community team caseload with an agreed care plan.<br>• An increase in the proportion of people supported to die at home<br>• A reduction in the number of older people who are admitted to hospital as an emergency with an ambulatory care sensitive condition<br>• A reduction in the proportion of older people whose stay in hospital is delayed for non-medical reasons<br>• A reduction in the average duration before mobility is regained following a Fractured Neck of Femurs |

| | | |
|---|---|---|
| Well-being in Mental Health | • Work with Coventry & Warwickshire Partnership Trust to develop a local mental health service that is more primary care facing and supports shared care models.<br><br>• Improve Access to Psychological Therapies (IAPT): uptake by minority and hard to reach groups, waiting times and numbers completing their treatment programme<br><br>• Improve the mental health and well-being of people with long term physical conditions<br><br>• Reduce waiting times for CAMHS assessment and treatment. | • Increased GP satisfaction with mental health service support (as measured by a survey of local GPs).<br>• An increase in the numbers of people completing a course of 'talking therapies' treatment<br>• An increase in the numbers of older people (>65yrs) and people from BME communities accessing talking therapies<br>• An increase in the numbers of people with COPD and Heart Failure accessing 'talking therapies'<br>• Reduced waiting times for CAMHS services |
| Best Practice in Acute Hospital Care | • Improve communication and integrated practice between health agencies/health practices to ensure timely and effective discharge and post-discharge support<br><br>• Support Acute providers to implement Enhanced Recovery pathways thereby minimising the time that elective patients need to spend in hospital<br><br>• Continue to promote Digital by Default initiatives thereby reducing, where clinically appropriate, the number of times that patients need to attend hospital | • A reduction in the average length of stay for patients admitted to hospital for elective surgery.<br>• Improvements in patient satisfaction with their discharge arrangements as measured by the annual patient survey<br>• Improvements in patient satisfaction with their out-patient care as measured by the annual patient survey |
| Healthy Living and | Public Health lead agency - see Section 3 below | |

| | | |
|---|---|---|
| Lifestyle Choices | | |

**2) Proposed CRCCG QIPP Initiatives for 2013/14 (subject to scoping and in addition to continuance of 2012/13 QIPPs)**

**Several of these require LA collaboration**

| | What we want to do | How will measure our success |
|---|---|---|
| Re-ablement | • Improvements in the proportion of older people who were successfully supported to remain at home following a hospital stay<br>• Reduce the numbers of people admitted into long term residential care each year | • Proportion of patients who return home following re-ablement support<br>• Rate of new Continuing Healthcare placements per 10,000 population |
| Dementia | • Improve early detection rates<br>• Improve access to CBT during the early stages of the disease<br>• Offer enhanced support to Carers to reduce the risk of breakdown of family support and hence delay the need for residential care | • Increase in numbers on GP dementia registers<br>• An increase in the numbers of people with early stage dementia completing a course of 'talking therapies' treatment<br>• Increase in the number of carers breaks available to those caring for someone with dementia |
| Care Homes | • Through improved in-reach, reduce the number of emergency admissions to hospital from care homes (including End of Life) | • Reduction in the number of emergency admissions from care homes<br>• Increase of the number of care home residents with an advanced care plan<br>• Reduction in the number of infection control incidents in care homes<br>• |
| Alcohol related Illness | • Reduce the number of Alcohol related hospital admissions | • Reduction in the number of wholly and largely Alcohol attributable emergency admissions |

| | | |
|---|---|---|
| | | • Reduction in the number of Alcohol 'frequent flyers' attending A&E |
| CAMHS | • Increase early intervention in childhood conduct disorder | • Increase access to appropriate therapy programmes<br>• Reduction in Tier 3 and 4 CAMHS activity |
| Neurological Rehabilitation | • Ensure effective community based rehabilitation services and so reduce hospital lengths of stay | • Reduction in Neuro Rehab bed days<br>• Reduction in average cost of Neuro rehab |
| | • | • |

**3) How CRCCG will support Public Health Priorities for 2013/14**

**Requires further discussion with Public Health colleagues.**

| | **Public Health Priority** | **CRCCG Contribution** |
|---|---|---|
| Smoking Cessation | • Increase the numbers of people who quit smoking. | • Encourage GP promotion of smoking cessation services |
| Sexual Health | • Improve access to all forms of contraception, particularly LARC methods. | • Encourage GP promotion and delivery of long acting contraceptives |
| Infectious Diseases | • Increase early detection of HIV through increased testing in both primary care and via acute medical admissions at UHCW<br>• Increase levels of Flu vaccination each year, in those groups at risk of complications | • Encourage GP promotion of HIV testing<br>• Increase Flu vaccination rates for CRCCG Practices |
| Obesity | • Focus on pregnant women and children, to prevent overweight and obesity developing at an | • |

| | | |
|---|---|---|
| | early age and therefore prevent health problems associated with obesity from developing. | |
| Mental Well Being | • Encourage Providers (including Primary Care) to work with patients to improve mental well-being through self-help and leading a healthy lifestyle. | • Contractual levels with Providers<br>• Encourage GP promotion of the 10 steps to Mental Well-being |
| NHS Health Checks | • An increase the proportion of eligible patients receiving an NHS Health Check and appropriate follow-up care. | • Encourage GP promotion and delivery of NHS Health Checks and appropriate follow-up care |
| Making Every Contact Count | • Ensure appropriate opportunities in the delivery of primary care services and all commissioned services are realised in providing advice and support in relation to healthy lifestyles. | • Contractual levels with Providers<br>• Ensure good uptake of appropriate training for Primary Care staff |

**Item No 4**

# Warwickshire Shadow Health and Wellbeing Board

## 24 September 2012

### Arden Commissioning Support service

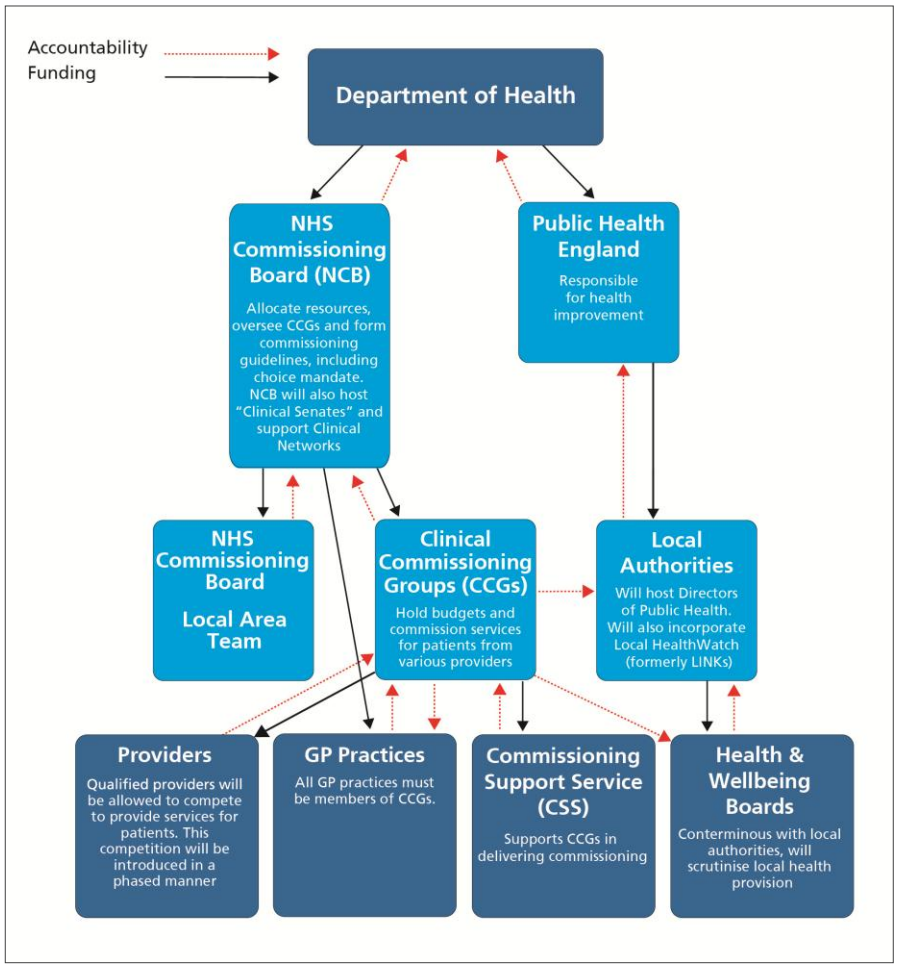
## Recommendation

That the Warwickshire Shadow Health and Wellbeing Board notes the report on the Arden Commissioning Support Unit.

## 1. Introduction

1.1 In 2012/13 the new commissioning landscape has continued to develop as set out below.

Fig.1



1.2 The Arden Commissioning Support Unit (CSU) was established in September 2011. It now serves 6 CCGs and a population of 1.4million covering Worcestershire, Warwickshire and Coventry. In its early stages the Arden CSU acted as a 'holding bay' for the majority of commissioning staff ahead of their transfer to the NCB and CCGs. With clarity on the architecture of these new organisations and the functions that they would deliver, it was possible to develop structures in June 2012 and commence the HR transition process in July 2012. This process will be completed by the end October 2012 and it will be at this point that the newly formed CCGs and refined CSU will be fully formed and ready to take on fully their responsibilities in shadow form ahead of March 2013.

## 2.0 The Arden Commissioning Support Unit

2.1 Our aim is to:

"Support Commissioners to realise their vision for health and health services"

2.2 The CSU is delivering services in the following areas:

- Business Intelligence and IT support
- Service Redesign and Innovation
- Procurement and Performance
- Person Centred Commissioning
- Specialist Corporate - HR, Comms, Governance and project support
- Finance

2.3 With 270 people currently part of the CSU, staff have been and will continue to be fully involved in the development of the Service such that it can operate hosted by the NCB from April 2013. Our values have been developed with staff and are the underpinning principles for how we will behave and the way in which we will interact with our customers.

2.4 The Arden CSS values are outlined below:

- Patients at our heart
- Appreciating others
- Customer focused
- Transform and Innovate

2.5 The on-going success of the Arden CSU will depend on its ability to develop as a standalone business with a strong interdependency with its customers so it will be important to align our vision and values with those of our customers.

2.6 Our value proposition to Customers is:

- **ONE FRONT DOOR** - We understand the complexity of the Health systems and the need for easy accessibility to a range of support

- **CLOSE-** We bring knowledge and understanding of our customers and the context in which they are commissioning

- **THOUGHT LEADERSHIP** - We are forward thinking and innovative- providing professional expertise

- **COLLABORATION** - We recognise the value of collaboration to improve outcomes and are committed to work in partnership.

2.7 During 2012/13 we have been working closely with our CCG customers in Arden and latterly also in Worcestershire as commissioning partners to understand their support needs across the commissioning cycle and in the development of a solution focused approach. In designing the CSU we have recognised their specific needs and wants but we have also challenged existing functions and looked forward to the skills and competences that will be required in the future.

2.8 Our commitments to customers have also underpinned the design of the CSU to ensure agility and flexibility with end to end support available and a strong interface at all levels with clinical commissioners. A move away from hierarchical structures to self-empowered teams, aims to deliver greater productivity and innovation.

2.9 The CSU has been operating in shadow form since April 2012 at arm's length from the Arden Cluster supporting Commissioners in preparing for authorisation and developing Commissioning Intentions for 2013/14. An interim Leadership team has been in place since June and following the appointment of a substantive Managing Director, a substantive Leadership team will be in place by October 2012.

2.10 A significant amount of work has been undertaken in designing the service model to reflect the aspirations of Equity and Excellence, the requirements and priorities of Clinical Commissioning groups and the CSU strategy to provide effective and responsive end to end commissioning support through a one front door model of delivery. The proposed model operates on a modular configuration reflecting standardised services which will be provided to all customers and which are potentially able to be delivered at scale on a larger footprint e.g. business intelligence, and differentiated services delivered on a local basis which are tailored to the make/share/buy profile of each customers and the local partnership arrangements.

2.11 As a boutique provider of professional support, the Arden CSU will focus its activities within its current footprint and the surrounding areas but will also target growth in supporting other public sector/non NHS organisations on the patch. The intention will be to provide a comprehensive package of support to CCGs and to offer specific services and products to other NHS and non NHS organisations across a wider geography.

2.12 We will build an organisation with a strong culture of performance and of service and this will be evident in our values, organisational design and processes. Individual performance and corporate performance will be critical

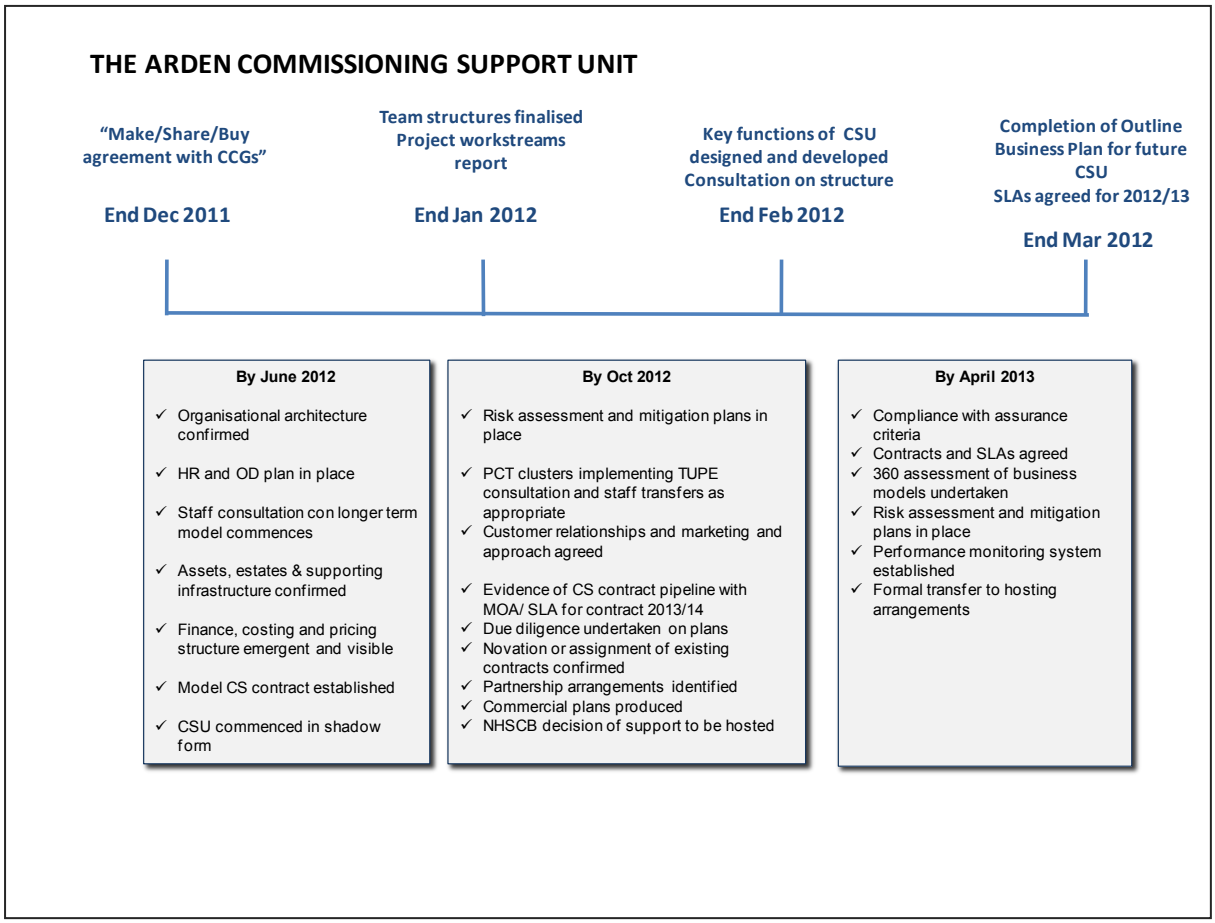
to our success and embedded through the development of a balanced scorecard with clear KPIs , 360 degree appraisal aswell as the development of processes for continuous learning and improvement.

2.13 Our unpinning premise is where we provide or source supporting corporate or back office functions for our clients, we too will be users of those services. We will have assured ourselves of their appropriateness and quality and unless there are drivers for alternative solutions to match our business model or future organisational form, a generic arrangement will underpin our stability.

2.14 Partnering is a fundamental strategic platform of the Arden CSU and which, we believe differentiates it as a service from other CSUs. Agreement in principle has been reached with Coventry City Council and Warwickshire County Council that we will develop joint solutions to CCG commissioning support. This has been articulated as part of our prospectus. The strategic intent is to build on our organisational values and commitment to social value and seek to improve greater local collaboration by providing services outside of the current footprint and closer to local communities

## 3.0 The Arden CSU development timeline

3.1 The high level development timeline is set out below :



3.2 All key functions have been delegated to the Arden CSU from July 2012 so that the CSU can fully support its CCGs across the portfolio of commissioning activities. Responsibility for all staff in these functions rests with the Managing Director of the Arden CSU.

3.3 The detailed forward timeline which sets out the activities required to prepare the CSU for transfer to the NCB for April 2013 is set out below.

| | |
|---|---|
| September 2012 | • Formally commence support to Worcestershire CCGs<br>• Recruit to Leadership team<br>• Implement internal and external comms<br>• MOU for 2013 – 2015/16 in place with all CCGs |
| October 2012 | • HR transition complete for Arden Locality<br>• SLAs for 2013/14 scoped<br>• Arrangements for 2013/14 commissioning round agreed<br>• Marketing strategy developed<br>• Service Improvement plans in place<br>• Novation of contracts commenced<br>• Licence to operate received |
| November 2012 | • Launch of shadow CSU internal and external (see comms plan)<br>• Staff development plans in place<br>• Stakeholder engagement completed<br>• Staff Performance framework introduced<br>• HR transition in Worcestershire Locality complete<br>• Individual CCG offers prepared<br>• CSU due diligence completed |
| December 2012 | • Recruitment to CSU complete<br>• Mobilisation process commence<br>• HQ identified and business case developed<br>• IP business case submitted |

| | |
|---|---|
| | • Supplier arrangements agreed and signed off |
| January 2013 | • SLAs for 2013/14 –agreed<br>• Policies in place<br>• Checkpoint 5 completed<br>• Infrastructure in place<br>• 2013/14 budgets agreed with business units |
| February 2013 | • Mobilisation continues<br>• Agreements with NCB in place |
| March 2013 | • Transfer of CSU to NCB<br>• Launch of Arden CSU<br>• Asset transfer completed |

| | **Name** | **Contact Information** |
|---|---|---|
| Report Author | Rachel Pearce – Managing Director Arden CSU | 01926 493491 ext 426 |

**Item No 5**

# Warwickshire Shadow Health and Wellbeing Board

# 24 September 2012

# Arden Cluster Health Protection Committee

## Recommendation

That the Warwickshire Shadow Health and Wellbeing Board notes the role and governance arrangements for the Arden Cluster Health Protection Committee

## Purpose of report:

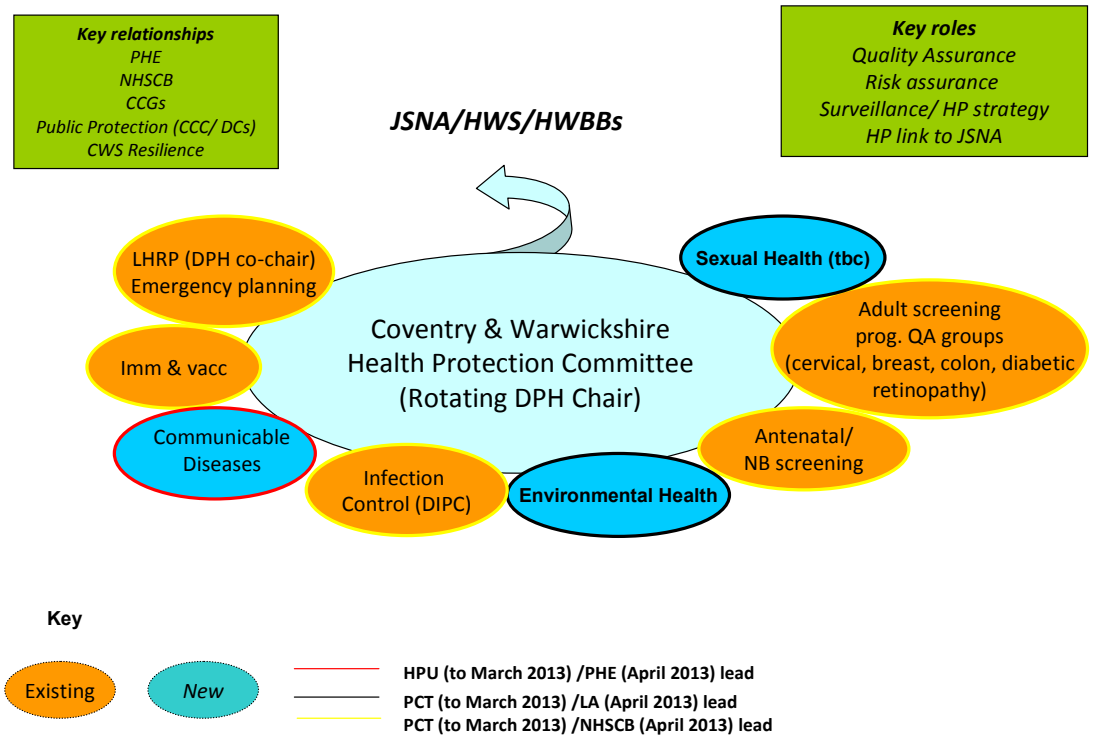
1. To describe the role of the newly formed Arden Health Protection Committee.
2. To outline the proposed governance arrangements for the Arden Health Protection Committee and seek approval for these arrangements from the afore-listed boards/teams (for information only for the Health Protection Agency West Midlands).

## 1.0 Introduction

1.1 The collective purpose of the Coventry and Warwickshire Health Protection Committee is to provide assurance on behalf of the population of Coventry and Warwickshire that there are safe and effective plans in place to protect population health, to include communicable disease control, infection prevention and control, emergency planning, sexual health, environmental health, and screening and immunisation programmes.

1.2 Please see figure below, which outlines membership, relationships and key roles of the Committee.

**An integrated model of Health Protection in Coventry & Warwickshire**




## 2.0 Role of the Arden Health Protection Committee

2.1 The role of the Arden Health Protection Committee is to:

- Co-ordinate the transition of health protection functions to partner organisations and to mitigate against associated risks.
- Quality and risk assure health protection plans on behalf of the local population for Coventry and Warwickshire local authorities.
- Provide a forum for professional discussion of health protection plans, risks and opportunities for joint action
- Provide recommendations (on behalf of local authority Health and Wellbeing Boards and Health Scrutiny) regarding the strategic/operational management of these risks, to complement and feed into current accountability structures of Committee member partners.
- Escalate concerns where necessary.
- Provide oversight of health protection public health outcomes.

- Set local health protection strategy and influence local commissioning through Joint Strategic Needs Assessment process to be approved by Coventry and Warwickshire Health and Wellbeing Boards.

2.2 The Health Protection Committee will carry out a health protection assurance function on behalf of Coventry and Warwickshire Shadow Health and Wellbeing Boards, Health Overview and Scrutiny and the Arden Cluster Board (until April 2013). However, the Committee will work alongside the formal accountability structures of partner organisations.

2.3 Appendix A is the interim terms of reference as approved by the Arden Shadow Health Protection Committee.

## 3.0 Proposed Governance Arrangements for Arden Health Protection Committee

3.1 It is proposed that the Arden Health Protection Committee will provide verbal +/- written reports to the Arden Cluster Board (until April 2013), and to the Shadow Health and Wellbeing Boards (and subsequently to the Health and Wellbeing Boards) on a quarterly basis, through the Directors of Public Health. Where there is need to escalate concerns the Committee may have, this will be done through the Arden Cluster Board (to April 2013), Shadow Health and Wellbeing Boards (and subsequently Health and Wellbeing Boards), Health Scrutiny and Senior Management Teams within Coventry City Council and Warwickshire County Council as appropriate, as well as through partner organisations where appropriate.

3.2 Appendix B is the proposed accountability structure and escalation routes of the Arden Health Protection Committee with regard to the local authority health protection function (NB. This diagram does not show the accountability structures of all partner members of the Health Protection Committee).

3.3 From April 2013, the Health Protection Committee will not be reporting to the Arden Cluster Board, but the other outlined reporting arrangements will continue, including escalation routes through the organisations of partner members of the Committee as appropriate.

Nadia Inglis

Locum Consultant in Public Health, NHS Coventry and Warwickshire

August 2012

**Appendix A**

# COVENTRY & WARWICKSHIRE HEALTH PROTECTION COMMITTEE

## TERMS OF REFERENCE

## (to be reviewed prior to April 2013)

## May 2012

### Purpose

The collective purpose of the Coventry and Warwickshire Health Protection Committee is to provide assurance on behalf of the population of Coventry and Warwickshire that there are safe and effective plans in place to protect population health, to include communicable disease control, infection prevention and control, emergency planning, sexual health, environmental health, and screening and immunisation programmes.

The Committee will comprise a number of professional partner members who hold health protection responsibilities to include the following groups: communicable diseases (Health Protection Agency), local health resilience partnership, local authority emergency planning, infection prevention and control, sexual health, environmental health, antenatal/newborn and adult screening quality assurance groups, and an immunisation and vaccination group.

The Health Protection Committee will carry out a health protection assurance function on behalf of Coventry and Warwickshire Shadow Health and Wellbeing Boards, Health Overview and Scrutiny and the Arden Cluster Board. However, the Committee will work alongside the formal accountability structures of partner organisations. The Committee will:

1) Co-ordinate the transition of health protection functions to partner organisations.
2) Provide strategic health protection input into the Joint Strategic Needs Assessment processes (Warwickshire County and Coventry City Councils) and agree a Health Protection Strategy for Coventry and Warwickshire, to be approved by the Health and Wellbeing Boards and by partner member organisations.
3) Receive short reports from partner members for discussion at Committee meetings to include the following: current situation, progress against health protection outcomes (activity/quality data/plans developed/epidemiological summaries), incidents managed and measures taken, and suggestions for process improvement.

4) Ensure that appropriate plans and testing arrangements are in place for all partner member programmes.
5) Review all significant incidents / outbreaks to identify and share lessons learnt and make recommendations to commissioners / providers / partners (to be considered through existing accountability structures of these organisations) regarding necessary changes.
6) Receive and review risk registers held by partner members, and make recommendations to partners regarding mitigating actions and to commissioners where appropriate (to be considered through existing accountability structures of these organisations).
7) Provide a forum for professional discussion of health protection plans, risks and opportunities for joint action.
8) Encourage continuous quality improvement through receiving and reviewing suggestions from partner members regarding process improvements.
9) Provide oversight of health protection outcomes.
10) Promote the importance of the health protection agenda among partner health organisations.

**Membership**

The Core membership of the group will be as listed below. At least one representative of each partner member group will form the membership of the Health Protection Committee, alongside a number of other stakeholder members, to include local authority and Clinical Commissioning Group members. Other stakeholders will be co-opted onto the Committee as and when appropriate.

| Title | Organisation |
|---|---|
| Director of Public Health | Arden Cluster/Warwickshire County Council/Coventry City Council |
| Emergency Planning Lead | Coventry City Council, Warwickshire County Council |
| Director of Infection Prevention and Control | Arden Cluster |
| Consultants in Public Health | Arden Cluster |
| Consultant in Communicable Disease Control | Health Protection Unit West Midlands East |

| | |
|---|---|
| Chair of Cluster Immunisation and Vaccination Group | Arden Cluster |
| Screening Co-ordinator | Arden Cluster |
| Head of Coventry/Warwickshire/Solihull Resilience Team | Solihull Metropolitan Borough Council |
| Director of Performance and Governance (Responsible for Emergency Planning and Resilience) | Arden Cluster |
| Assistant Director, Public Safety & Housing | Coventry County Council |
| Emergency Planning Managers | Arden Cluster |
| Heads of Environmental Services | Coventry City Council/Warwickshire Borough and District Councils |
| Assistant Director Policy and Performance | Coventry City Council |
| Chief Operating Officer – Inspires Clinical Commissioning Group | On behalf of Clinical Commissioning Group Confederation (Coventry) |
| General Practitioner and Clinical Commissioning Group Member | Inspires Clinical Commissioning Group<br><br>On behalf of Clinical Commissioning Group Confederation (Coventry) |

**Quorum**

For the group to be quorate, there will need to be adequate representation from core member groups including the Chair always present.

**Communication of Committee recommendations**

All members will assume responsibility for communicating Committee recommendations to appropriate colleagues following each meeting.

**Accountability and reporting framework**

The group is accountable to the Shadow Health and Wellbeing Boards and Health Overview and Scrutiny at Warwickshire County Council and Coventry City Council and to the Arden Cluster Board, and will report to the former and latter of these Boards on a quarterly basis. Extraordinary risk concerns and complex risk management issues will be escalated to the Shadow Health and Wellbeing Boards, Arden Cluster Board, Overview and Scrutiny or the Executive Team within local authorities, as well as through partner organisations as appropriate.

The Committee will oversee health protection input into the Joint Strategic Needs Assessment process.

**Frequency of Meetings**

The group will meet on a quarterly basis unless otherwise required to meet.

**Committee Chair**

Meetings will be chaired by the Director of Public Health from either Coventry or Warwickshire. The chair of the group will rotate annually between the Directors of Public Health from Coventry and Warwickshire.

Notes/action logs will be produced by the administrative team of the Director of Public Health who is chairing the group for that year. Meeting papers will be circulated 7 days ahead of meetings, with minutes also circulated in a timely fashion to Committee members following each meeting.

**Reports**

Short reports and risk registers for discussion at the Health Protection Committee will be submitted by each partner member at least 10 days ahead of the meeting date to allow time for collation and circulation to the group.

**Standing Items**

Standing agenda items will include (for each partner member): current situation summary, progress against outcomes (activity/quality data/plans developed/epidemiological summaries), incidents managed and measures taken, risk register discussion and suggestions for process improvement.

**Annual review and Joint Strategic Needs Assessment**

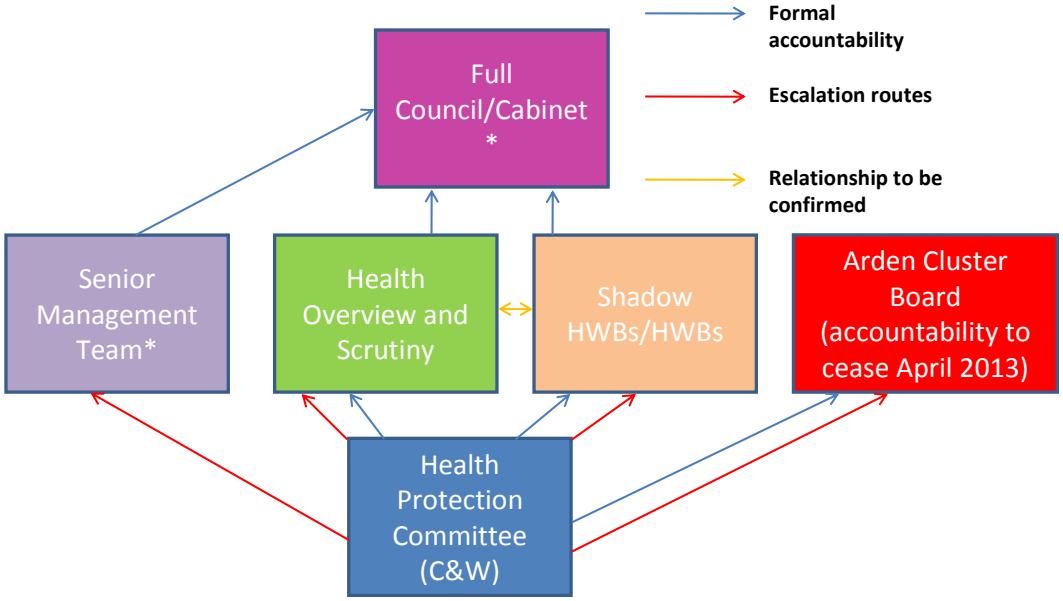
On an annual basis, representatives from each of the partner members will be invited to present (verbally and in written form) an annual review report. This will include information as outlined for the short report structure. The timing of the report request and format of the report will be aligned to the Joint Strategic Needs Assessment process for the local authorities.

**Review**

Terms of Reference should be reviewed prior to April 2013 when accountabilities of the Committee will change (i.e. will become accountable to the Health and Wellbeing Board proper, and cease being accountable to the Arden Cluster Board), and as health protection functions migrate to partner organisations. Subsequently, terms of reference should be reviewed on an annual basis.

**Appendix B**

# Current and future accountabilities and escalation routes of HPC for local authority health protection function




***NB Local authorities will also have external accountabilities with regard to health protection function**