

# **Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 22nd September 2014.**

## **Present:-**

### Chair

Councillor Izzi Seccombe

### Warwickshire County Councillors (In addition to the Chair)

Councillor John Beaumont  
Councillor Jose Compton  
Councillor Bob Stevens

### Clinical Commissioning Groups

Andrea Green (Warwickshire North CCG)  
Dr Adrian Canale-Parola (Coventry and Rugby CCG)

### Warwickshire County Council Officers

Wendy Fabbro – Strategic Director, People Group  
Monica Fogarty – Strategic Director, Communities  
Dr John Linnane – Director of Public Health

### NHS England

David Williams

### Healthwatch Warwickshire

Phil Robson – Chair

### Borough/District Councillors

Councillor Michael Coker (Warwick District Council)  
Councillor Belinda Garcia (Rugby Borough Council)  
Councillor Neil Phillips (Nuneaton and Bedworth Borough Council)  
Councillor Derek Pickard (North Warwickshire Borough Council)  
Councillor Gillian Roache (Stratford District Council)

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

Karen Ashby (Warwickshire North CCG)  
David Spraggett (South Warwickshire CCG)

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

Councillor Derek Pickard declared a non-pecuniary interest, as a member of the County Council's Adult Social Care and Health Overview and Scrutiny Committee.

(3) Minutes of the meeting held on 15th July 2014 and matters arising.

The Minutes were agreed as a true record.

**2. Funding Transfer from NHS England to Warwickshire County Council 2014/15**

Chris Norton, Strategic Finance Manager for the County Council's People Group presented this report on the funding transfer from health to social care. For 2014/15 this amounted to £10.23 million in Warwickshire. The payment was made via a Section 256 agreement between NHS England and the County Council. A copy of the agreement was appended to the report. NHS England required the Health and Wellbeing Board's approval to spending proposals, outcomes and monitoring arrangements. The report set out the proposed use of the transfer and how this would meet the criteria. From 2015/16, this fund would become part of the Better Care Fund.

In response to questions about expenditure levels and the methodology for funding, further information was provided on adjustments to funding amounts for 2014/15 and the aims of the fund for service provision at the boundaries of health and social care.

**Resolved**

That the Board approves the spending proposals, outcomes and monitoring arrangements, set out in the Section 256 agreement and, subject to the addition of appropriate NHS England spending codes, recommends it for approval by the County Council.

**3. Warwickshire Special Educational Needs and Disability Reform Plan**

Wendy Fabbro, Strategic Director for the People Group presented this report. Background was provided on the Special Educational Needs and Disability (SEND) reforms, the legislative requirements from the Children and Families Act and the action taken by the County Council to develop new processes to meet these requirements across partner agencies.

From 1st September 2014 the County Council had a duty to put in place new arrangements for SEND including a 'local offer' that met the relevant integrated education, health and social care needs of a child or young person with special education needs or disability. The SEND reforms focussed on the following themes:

- Working towards clearly defined outcomes
- Engagement and participation of parents and young people (co-production)
- Developing a local offer of support and joint commissioning
- Coordinated assessments and education, health and care Plans
- Personalisation and personal budgets.

The report explained the proposals for extensive consultation, over a 12-week period and the areas that views would be sought on. The consultation would include public meetings and 'drop in' sessions. The outcome of the consultation would be evaluated by a reference group and then further reports would be submitted to the Board on 21<sup>st</sup> January 2015 and the County Council's Cabinet thereafter.

The Chair spoke about the importance of this item and the changes for those needing lifelong support. Board members commented on the challenges to achieve the timescales for completion of the process, the 'local offer' of services and the difficult decisions to balance finances. On the consultation process, the need for documents to be clear and in a variety of formats was stressed. Feedback from families had shown a preference for internet based information. The need for consistent and transparent services was also stated. An example was used on respite care to show how family based care would be of better quality, but more cost effective.

## **Resolved**

That the Health and Wellbeing Board notes:-

1. The responsibilities on the local authority, working in partnership with other statutory agencies, parents, young people and children, to put in place new arrangements for Special Educational Needs and Disability.
2. That consultation is under way to develop and refine the 'local offer' to meet the integrated education, health and social care needs of children and young people aged 0-25 with special educational needs or a disability, which will be brought to the Health and Wellbeing Board for comment and the Cabinet for approval in January 2015

#### **4. Introduction of Multi Agency Safeguarding Hubs**

A report was introduced by Wendy Fabbro, which explained the purpose of Multi Agency Safeguarding Hubs (MASH). These gathered and reported complex information about a child or vulnerable adult in need, to assist in decision making, service provision to meet their needs and reduce risks to them. The report set out the critical factors to be taken into consideration in forming a MASH and examples were given of the arrangements in place elsewhere. An update was given on the current position in Warwickshire.

The Chair explained that there was an ongoing dialogue with the Police and Crime Commissioner on this subject. She spoke of the recent child protection issues in Rotherham and the need to give communities in Warwickshire confidence in the services being provided. Board members proposed that the Warwickshire MASH be progressed quickly. A further point discussed was ownership of care pathways and the need for agencies to work together.

##### **Resolved**

That the Health and Wellbeing Board receives the report and requests that the Warwickshire Multi Agency Safeguarding Hub be progressed.

#### **5. Warwickshire's Refreshed Alcohol Implementation Plan**

Paul Hooper, Group Manager, Community Safety and Substance Misuse presented the refreshed Alcohol Implementation Plan, which the Board was asked to endorse. Background was provided on the 'big conversation about alcohol' event in January 2014 and the subsequent approval of the revised Plan by the Warwickshire Drugs and Alcohol Management Group and the Safer Warwickshire Partnership Board.

Board members spoke about the enforcement role of district and borough councils related to premises licensing matters and the involvement of Public Health in such licensing applications.

##### **Resolved**

That the Health and Wellbeing Board endorses the new Warwickshire Alcohol Implementation Plan and encourages partners to support the plan fully and take action where required.

#### **6. Better Care Fund Submission**

Chris Lewington, Head of Strategic Commissioning at Warwickshire County Council presented a comprehensive report on the Better Care Fund (BCF) submission to NHS England. The report provided a

background and context, key issues following the Government's changes to the BCF in July and a summary of the policy changes affecting the BCF. A key aspect was the requirement for health and wellbeing boards to agree a target reduction in emergency admissions to hospital, of 3.5%, unless a credible case could be made for this percentage being lower. It was proposed to set the target for Warwickshire at 2.3% and the case for change from the national target was reported. Details were included of the requirements for the revised submission. The Board was reminded that a copy of the template and supporting documents had been circulated. Further sections of the report looked at the financial position and next steps for governance of the partnership arrangements.

The Chair recorded her thanks to Chris Lewington and colleagues for the work completed on the BCF, also noting the challenges created for many health and wellbeing boards by the changes to the BCF requirements and short timescales.

A concern was raised about lack of engagement with district and borough councils, particularly on housing aspects. It was confirmed that heads of housing were invited to nominate representatives to sit on the Joint Commissioning Board, a sub group of the Health and Wellbeing Board. However, it was acknowledged that time constraints had impacted on the communication strategy.

### **Resolved**

That the Health & Wellbeing Board:

1. Notes the progress being made, and approves the Better Care Fund for submission to NHS England.
2. Approves the revision of the national target of 3.5% to 2.3%.
3. Approves the proposed spending proposals, outcomes, and monitoring arrangements set out in the submission.

## **7. Clinical Commissioning Group (CCG) 5-year Strategy and Individual Commissioning Intentions**

Andrea Green, Chief Officer of Warwickshire North CCG gave a presentation to accompany the circulated report on the CCGs' 5-year strategy. The presentation showed the projected reduction in funding and increasing gap between income and costs, together with a future model of care. Each CCG was invited to present its commissioning intentions. Documents had been circulated by South Warwickshire CCG and the Coventry and Rugby CCG. The commissioning intentions of Warwickshire North CCG would be signed off by its governing body later in the week and circulated to the Board thereafter.

Gillian Entwistle, Chief Officer of South Warwickshire CCG and Dr. Adrian Canale Parola, Chair of Coventry and Rugby CCG presented their respective commissioning intentions. Adrian Canale Parola spoke particularly about the financial stability of CCGs. An overview was provided by Andrea Green on the Warwickshire North CCG intentions. The 3 key focusses of the CCG were for healthy living, building services in the community and stabilising, whilst improving acute care in hospitals. She also referred to staffing aspects. There was a shortage of general practice doctors and the need to train and develop junior doctors and practice nurses to build capability. In some cases, surgeries could be brought together, to provide more specialist services, without the need for referral to hospital.

Dr. John Linnane, Warwickshire's Director of Public Health spoke about the clear linkages between the commissioning intentions, the Joint Strategic Needs Assessment and the emerging Health and Wellbeing Strategy. He agreed that there were increasing demands and reducing resources available.

### **Resolved**

That the Board notes the reports from the clinical commissioning groups.

## **8. Progress on the Health and Wellbeing Strategy**

Nicola Wright, Public Health Consultant for Wider Determinants of Health, provided a progress report on the revised Health and Wellbeing Strategy. This confirmed the three proposed priorities for the Strategy as promoting independence, community resilience and integration and working together. The Board was reminded of the Strategy workshop held on 1<sup>st</sup> September 2014. Following the initial consultation with the Board, a public and stakeholder consultation was now underway. A supplementary document had been circulated, to give an analysis of the feedback received to date, together with the emerging themes identified and suggested roles for the Board.

Monica Fogarty, Strategic Director, Communities referred to the recent peer review of the County Council and that planned for the Board in January 2015. This would assist the consideration of the future roles of the Board. The Chair added that the roles of Healthwatch and the Health Overview and Scrutiny Committee should not be ignored and she referred to the Memorandum of Understanding between the three bodies. It was confirmed that the Overview and Scrutiny Committee was looking at several areas of the Board's work. Receiving a report from district and borough councils on their complementary strategies and action plans was also suggested.

## **Resolved**

That the Board notes the progress made to date and the consultation process for the Health and Wellbeing Strategy.

## **9. Healthwatch Presentation**

Phil Robson, Chair of Healthwatch Warwickshire (HWW) explained his organisation's mission for 'the people of Warwickshire having an effective voice in improving health and social care across Warwickshire'. He referred to Healthwatch's role in representing consumers on the Board and questions were posed on how HWW could be more effective when influencing strategic issues and service quality issues. Subsequent slides showed some of the key issues being faced by partners and those for HWW. These included representing consumer interests and expectations and questioning whether the Board promoted practical solutions. He spoke about the composition of the Board and the representation of the voluntary sector. Further points were made on engagement with Social Care and its 'enter and view' powers. Len Mackin, HWW's Engagement Officer spoke about the service quality issues.

The Chair thanked HWW for the presentation. She responded to the points made about the composition of the Board adding that she wanted it to be an open meeting and an effective partnership that captured a broad cross section of views. It was felt that periodic updates could be provided from HWW via the Board's newsletter and the inclusion of a hyperlink in the agenda to the HWW website. Wendy Fabbro, invited HWW to participate in the relevant partnership groups concerned with social care.

## **Resolved**

That the Board notes the presentation.

## **10. Director of Public Health's Annual Report – A Hidden Agenda**

Dr. John Linnane presented his statutory annual report to the Board. It was accompanied by a presentation on the key messages of sexual health, immunisations and screening, emergency planning and outbreaks. Effective hand washing to stop the spread of infection and a health profile for the County were also provided. The format of the annual report was commended.

## **Resolved**

That the Health and Wellbeing Board:

1. Notes and supports the 2014 Director of Public Health Annual Report.
2. Endorses the recommendations stated in the report.
3. Acknowledges and addresses the following specific recommendations :
  - For partner organisations to ensure they are meeting their responsibilities with regard to reducing the impact of hot and cold weather on the health of Warwickshire residents, as outlined in National Heatwave and Cold Weather plans, and to support Warwickshire Warm and Well initiatives through advice giving and signposting individuals to appropriate services.
  - For professional awareness needs to be raised in primary and secondary care, sexual health, and drug and alcohol services, with regard to who to screen or test for blood-borne viruses, and how to manage and refer positive cases, working to improve uptake of testing and vaccination.
  - To ensure infection control features in all contracts held with clinical or care providers, including primary and secondary care, social care, as well as licensed food venues, and ensure that contractual obligations are being met.
  - To work to maximise uptake in all screening programmes, through the sharing of detailed information between organisations (NHS England, Public Health England and Local Authorities), allowing targeted messages to be delivered to the appropriate groups and particularly to groups with low uptake.
  - For commissioners of health and social care providers to have seasonal flu vaccination of staff identified as a “duty of care” priority in their contracts.

## **11. Peer Review**

The Chair referred Board members to the circulated briefing on the Health and Wellbeing Board’s Peer Review, which would take place from 20-23 January 2015.

## **Resolved**

That the Board notes the briefing.



## **12. Work Programme**

The Board reviewed its work programme. It was noted that social care commissioning intentions would need to be added to the programme.

### **Resolved**

That the work programme be updated.

## **13. Any Other Business**

The Chair read a letter from the Chair of the Adult Social Care and Health Overview and Scrutiny Committee. This notified of the concerns over the future sustainability of the George Eliot Hospital NHS Trust. The Committee had requested regular updates from the Board on what was being done to address the strategic issues.

An update was provided following a recent meeting between Public Health, the Portfolio Holder for Health and providers on planning and future proofing of services. A letter had been sent to the Trust Development Agency about the reported concerns and a response was awaited. The benefits of sharing information and monitoring by the CCGs were noted. It was explained that the George Eliot Hospital AGM would take place this week. Joint working with other hospitals, to generate additional income and reduce waiting lists was a further point made.

The meeting rose at 16.00

.....Chair