

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 21st January 2015.

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

Dr Adrian Canale-Parola (Coventry and Rugby CCG)

Karen Ashby (Warwickshire North CCG)

Dr David Spraggett (South Warwickshire CCG)

Warwickshire County Council Officers

Monica Fogarty – Strategic Director for Communities

John Dixon, Interim Director for the People Group

Dr John Linnane – Director of Public Health

Healthwatch Warwickshire

Phil Robson – Chair

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 Gillian Roache (Stratford District Council)

The Chair welcomed John Dixon, Interim Director for the People Group and Board member for Warwickshire County Council.

1. (1) Apology for Absence

David Williams (NHS England)

(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 19th November 2014 and matters arising.

The Minutes were agreed as a true record, subject to altering the last line of page 2 to read 'patient involvement'.

2. Warwickshire Safeguarding Children Board Annual Report 2013/14

The Chair introduced David Peplow, the Independent Chair of the Warwickshire Safeguarding Children Board (WSCB). Mr Peplow confirmed that the WSCB was required to publish an annual report which evaluated the effectiveness of arrangements to safeguard and promote the wellbeing of children in the local authority area. The report was set out in three main parts which addressed progress against the WSCB strategic objectives, reports from partner agencies on their individual safeguarding activity during the year and a performance analysis.

A report of the Child Death Review Function was also provided. There was a partnership arrangement between the local authorities for Warwickshire, Coventry and Solihull and the report covered this sub-region. A substantial finding of the report was that children with disabilities and children from black and minority ethnic backgrounds were under-represented at all levels of the safeguarding continuum.

For future reports, performance data on child sexual exploitation would be included. Further findings were the need to increase 'return home' interviews when children had been reported missing, the increase in private fostering and the increase in safeguarding activity. Mr Peplow advised that a development day had recently taken place and the Board would consider the findings at its next meeting.

There was discussion about the provision of safeguarding training, particularly low attendance levels at some training events, plans for future training and the option of joint training programmes. Additional information was provided about the referral processes.

Resolved

The Health and Wellbeing Board accepts the WSCB Annual Report for 2013/14.

3. Warwickshire Data Sharing Protocol

This item was presented by Chris Lewington, Head of Strategic Commissioning at Warwickshire County Council and Gareth Wrench, Senior Public Health Intelligence Manager.

An overarching data sharing protocol for the County had recently been developed by Arden Commissioning Support Unit. The clinical commissioning groups in Warwickshire, the County Council and acute trusts had all signed up to the protocol. The importance of information and data sharing to facilitate the improvement of services had been highlighted in the new Health and Wellbeing Strategy.

It was stressed that the protocol did not provide the basis for the sharing of all data between partner organisations, but set out the legislative requirements to be complied with. The precise details of information to be shared would be agreed separately in the form of a data sharing agreement. The ability to share data with health partners was particularly important in work relating to the Better Care Programme. The protocol was currently being used to progress data sharing for the Discharge to Assess and Transforming Domiciliary Care programmes.

It was emphasised that this was an interim report to satisfy the governance requirements and it was planned to submit an update to a future meeting. The protocol would remove some of the current frustrations and enable professionals to consider all relevant information when determining care requirements.

The protocol was welcomed by the Board. It was questioned how well the IT systems would work together. Tonino Ciuffini, the County Council's Head of Information Assets provided further information on the internet-based technology allowing the sharing of batches of data. The system worked using an individual's unique NHS number and there was now an 80% data match across the systems. Extending the protocol to include other agencies, particularly the police and probation service was also suggested. Presently there were a number of individual data sharing agreements, but the aspiration was for a single agreement covering all partners. Assurances were provided on the security and confidentiality arrangements, with each partner having a senior officer responsible for governance. Regular updates were requested on the protocol.

Resolved

That the Warwickshire Health and Wellbeing Board:

1. Notes and endorses the approach and work undertaken.
2. Promotes the use of responsible data sharing to facilitate more detailed and robust needs assessment as part of core planning.

4. Warwickshire Priority Families Programme - Phase 2

Nick Gower-Johnson, Localities Manager for Warwickshire County Council spoke to this item. It was reported that Phase 1 of the Priority Families Programme was scheduled to achieve its target to 'turn around'

the lives of 805 families by the end of January 2015. An outline was given of Phase two of the Programme, for which Warwickshire was a pilot authority given its good performance to date. Phase 2 varied significantly from its predecessor. There were more flexible eligibility criteria and the headline criteria were reported. Phase 2 had an emphasis on earlier intervention, families with multiple problems and bringing about service transformation.

There was a requirement to produce an Outcomes Plan in line with a financial framework provided by the Department for Communities and Local Government (DCLG). The draft plan was appended to the report. It was currently the subject of consultation and its main purposes were set out in the report.

Engagement with the programme by health colleagues was a key priority of DCLG, which had issued further guidance to this end, the most significant being The Troubled Families Leadership Statement. The report highlighted the efforts made to engage with health commissioners and providers, noting that the overall progress had been slow under Phase 1 of the programme. It was hoped that this recent guidance, coupled with the more flexible criteria would lead to more synergy under Phase 2, in particular working with GP practices.

Current work priorities were for a strong finish to Phase 1, achieving the target of turning around the lives of 805 families and putting in place arrangements that would ensure a good start to Phase 2 of the programme.

Nick Gower-Johnson emphasised the partnership working and felt this initiative was an important strand of the Board's work, linking closely to the Joint Strategic Needs Assessment. Andrea Green of Warwickshire North CCG agreed that there was a step change in integrating the work of health and social care and a commitment to take this forward.

Issues for travellers' children were highlighted, there being concerns that some children were not receiving home tutoring. A further aspect raised was whether children were having the recommended immunisations.

The need for partnership working with district and borough councils on their local plans was stated. An explanation was given of how this programme linked to the overarching safeguarding work.

Resolved

That the Board:

1. Acknowledges the progress made in relation to Phase One of the Priority Families Programme and recognises particularly the strong partnership working arrangements.

2. Welcomes Phase 2 of the Programme and the draft Priority Families Outcomes Plan.
3. Notes the strong links between work with Priority Families and the Health and Wellbeing Strategy 2014-2018.
4. Encourages engagement with health commissioners, providers and other agencies represented on the Board in Phase 2 of the Programme.

5. Housing Related Support Services

The Board received a verbal update from Chris Lewington, who confirmed that the funding for Housing Related Support (HRS) services was being reduced from £8.6 to £4 million over a four year period. An extensive consultation process had taken place resulting in over 1500 responses. Given the volume of responses it had been agreed to delay reporting to the County Council's Cabinet to give sufficient time to produce a robust analysis and work collaboratively with heads of housing and probation. Four key principles had been agreed on which the final decisions will be formed:

- To prevent/reduce escalation of need and protect/enhance wellbeing.
- Support those who are FACS eligible, to support admission avoidance and delayed discharges and reduce the chance of a move to a care home.
- Support is targeted on the most vulnerable, ie those with multiple needs and at risk of losing/not gaining their independence.
- Does not duplicate services

An extraordinary Adult Social Care and Health OSC had been requested to consider the HRS proposals, prior to the report being submitted to Cabinet.

This update had been requested by Councillor Phillips who confirmed he was satisfied and would await the further report. Phil Robson of Healthwatch Warwickshire stressed the importance of showing a clear link between consumer feedback and the final decisions taken. This was noted. It was planned to produce a flowchart showing evidence of how final decisions had been aligned to the key principles. It was stated that reducing the funding for this support by 50% would be a challenge and would impact on some Warwickshire residents, so having a transparent process was important.

Resolved

That the Health and Wellbeing Board notes the update and that a further report is provided to a future Board meeting.

6. JSNA Review

Dr John Linnane, Warwickshire's Director of Public Health gave a presentation to the Board to accompany the circulated report. The Joint Strategic Needs Assessment (JSNA) looked at the current and future health and care needs, to guide the commissioning of health, wellbeing and social care services. It was a statutory requirement for the County Council to produce a JSNA. In Warwickshire the JSNA evidence base was provided through an annual Quality of Life report.

Dr Linnane explained that there was a three-year cyclical review process and he outlined the process completed for this review. The purpose of the review was to establish an evidence-based consensus of the key local priorities across health and social care. Every three years, the selection of priorities was reviewed, to ensure the JSNA focussed on the pertinent health issues. The revised JSNA from 2014/15 was appended to the report and Dr Linnane confirmed the revised priorities.

The Chair acknowledged the extensive consultation undertaken and the support of the Warwickshire Observatory in this review. Monica Fogarty, Strategic Director for Communities commented on the development of the JSNA, the integration of the Quality of Life report and the improved accessibility to data. There was a consensus that the Board should endorse the JSNA and partners should encourage its use for planning services. Adrian Canale-Parola observed that it should be used as a basis for commissioning.

Resolved

That the Health & Wellbeing Board:

1. Approves the Warwickshire JSNA Review.
2. Approves the Quality of Life in Warwickshire Report 2015 as a key part of the wider, contextual evidence base underpinning the JSNA.
3. Notes the key health and wellbeing issues outlined in the update and that they are considered alongside the monitoring of Warwickshire's new Health and Wellbeing Strategy.
4. Champions the delivery of the proposed work programme for the full JSNA 3-year review and agrees to receive an update in six months, to check on stakeholders' commissioning plans.

7. Health and Wellbeing Strategy – Updates from Districts and Boroughs

At the Board's meeting in November, the Warwickshire Health and Wellbeing Strategy was agreed. Updates had been requested from district and borough councils to advise how the priorities of the Strategy were being implemented locally.

A verbal report was provided by Councillor Gillian Roache on behalf of Stratford-on-Avon District Council. She confirmed the District's leisure provision and its work through a GP referral programme. Once completed, a formal written report would be supplied to the Board.

Councillor Neil Phillips presented a report on behalf of Nuneaton and Bedworth Borough Council, which gave an overview of the work delivered. He commented particularly on the nomination of health champions in each department, the training of 234 staff to 'make every contact count', installation of defibrillators and dementia friendly training. Reference was also made to the draft health and wellbeing strategy for the north of the County, developed with the County Council, North Warwickshire Borough Council and the Warwickshire North CCG.

Councillor Derek Pickard spoke to a circulated report for North Warwickshire Borough Council. He reminded of previous work on alcohol abuse, obesity and smoking. He emphasised the partnership working with CCGs and the voluntary sector. Councillor Pickard also referred to work on protecting vulnerable people and a dementia programme.

Councillor Michael Coker presented the report from Warwick District Council. He advised of a structural change at the Authority, which now had a lead officer for health and community protection. There was a corresponding scrutiny committee, which had the remit of checking the health impacts of decisions made by the Council.

The Chair thanked the representatives for their reports, noting that there was no report from Rugby Borough Council.

Resolved

That the Board notes the updates provided by district and borough councils.

8. Update from Clinical Commissioning Groups on the Better Care Fund

Chris Lewington gave a presentation to the Board entitled 'Warwickshire Cares – Better Together'. The Better Care Plan was summarised on a single slide, showing the vision for residents, for services, the aims, key

projects and those involved. A further slide linked the health and wellbeing priority themes to the better care outcomes and universal, thematic and targeted indicators.

Clinical Commissioning Group (CCG) representatives gave verbal updates. Andrea Green, Chief Officer and Deryth Stevens, GP reported on behalf Warwickshire North CCG. Integrated health and social care teams had been established at four locations, aligned to groups of GP practices. Deryth Stevens explained improvements in service delivery. Previously, an individual might have been admitted to hospital, for other than medical reasons, due to an absence of more appropriate care services. This was no longer the case. The aspiration was for a single point of contact and multi-disciplinary approach including social care and dementia support.

Anna Hargrave, Director of Strategy and Engagement for South Warwickshire CCG confirmed similar arrangements were being put in place for the South of the County. She also referred to care at home, explaining the way that services were currently provided. Service redesign was taking place, engaging with stakeholders to establish what was needed for a successful service going forward. This process was underway and the results would be shared with the Board.

Adrian Canale-Parola spoke on behalf of Coventry and Rugby CCG. The Better Care Fund had enabled a review of how services were delivered. An example was out-of-hours services and reducing hospital admission by default. Social prescribing enabled a GP to refer a patient directly to a counsellor. This was being trialled in three surgeries presently and if successful would be extended. The appraisal of this trial would take place in June/July. He referred to the large development of the Rugby radio mast site and the opportunities such developments presented to take a holistic approach in the provision of services for the new communities.

Councillor Beaumont asked about social prescribing in the North of Warwickshire. Andrea Green felt that the Better Care funding could be used to procure voluntary sector support. She added that by simply placing links on partners' websites it would help to join up services.

It was questioned whether any funding had been directed towards seven-day working, but was confirmed this would be part of the review of commissioning.

It was noted that the service reviews were ongoing and liaison would be needed to ensure surgeries and other partners were kept informed of developments. The importance of monitoring the direction of travel was stated. Throughout February, a media campaign would take place. It was suggested that updates be provided to the Board on a quarterly basis.

9. Winter Pressures

Chris Lewington gave a verbal update to the Board. There had been national and local media coverage of the extreme pressures being faced and tribute was paid to the health and social care staff delivering services. The strong partnership in Warwickshire had avoided a major incident, there being daily conference calls between partners. The Government had issued one-off funding to address some of the problems being experienced.

Andrea Green commented on the increase in ambulance transfers to George Eliot Hospital when compared to the same period last year. It was reiterated that some admissions to hospital had been made on other than medical grounds.

Glen Burley, Chief Executive of South Warwickshire Foundation Trust referred to the media coverage on emergency admissions. The actual issue was the high proportion of admissions of people aged over 70. These tended to be longer-term admissions due to frailty and the need for discharge support. The data for the previous year was positive and discharge to assess was working well. He didn't consider there was a crisis and partners had responded well.

The Chair confirmed that additional funding of £520,000 had been received from the Government and she also praised the excellent work across the County. Chris Lewington advised that the additional funding had to be spent by March 2015. Adrian Canale-Parola felt such one-off funding was unhelpful in that additional measures implemented could not be resourced in future years. The Chair felt it would be useful to receive a 'lessons learned' report, to see how to adapt for the future. Andrea Green suggested that chairs of the multiagency system resilience groups might be asked to provide such an update on winter pressures. A joint document on performance would be submitted to the Adult Social Care and Health OSC.

Resolved

That the Health & Wellbeing Board notes the report.

10. Any Other Business

The Chair welcomed Monika Rozanski, Senior Projects Manager in Public Health, who would return from maternity leave in March. The Chair publicised the annual rounders competition and invited partners to enter a team. Dr Linnane publicised the Health and Wellbeing Board's Newsletter and asked partners to circulate it.

The meeting rose at 15.45

.....Chair