

# Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 8 July 2015.

## Present:-

### Warwickshire County Councillors

Councillor John Beaumont  
Councillor Jose Compton

### Clinical Commissioning Groups

Dr Deryth Stevens (Warwickshire North CCG)  
Dr David Spraggett (South Warwickshire CCG)

### Warwickshire County Council Officers

Monica Fogarty – Strategic Director for Communities  
Dr John Linnane – Director of Public Health  
Chris Lewington – Head of Strategic Commissioning

### Healthwatch Warwickshire

Phil Robson – Chair

### Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)  
Councillor Neil Phillips (Nuneaton and Bedworth Borough Council)  
Councillor Derek Poole (Rugby Borough Council)  
Councillor Moira-Ann Grainger (Warwick District Council)

## 1. (1) Appointment of Chair for the meeting

In the absence of Councillor Seccombe (Chair), it was agreed that Councillor Jose Compton (WCC) be appointed Chair for the meeting.

## (2) Apologies for Absence

Councillor Izzi Seccombe WCC  
Councillor Les Caborn WCC  
John Dixon – Interim Director for the People Group, replaced by  
Chris Lewington – Head of Strategic Commissioning

## (3) Appointment of Board Members

The Board noted the appointment of the following new members and the Chair welcomed the new members present:

Warwickshire CC                      Councillor Les Caborn

North Warwickshire BC	Councillor Margaret Bell
Rugby BC	Councillor Derek Poole
Stratford DC	Councillor Stephen Gray
Warwick DC	Councillor Moira-Ann Grainger

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

None.

(5) Minutes of the meeting held on 25 March 2015 and matters arising.

The Minutes were agreed as a true record.

## **2. Governance Review**

David Carter, Strategic Director for the Resources Group at WCC introduced this item, reminding of the Local Government Association (LGA) Health and Well-being Peer Challenge and its resultant recommendations. A workshop was held on 20th May 2015 for the Health and Wellbeing Board (HWBB) to consider how to take forward those recommendations.

Sarah Duxbury, WCC's Head of Law and Governance spoke to the resultant report which focussed on the governance related recommendations from the Peer Challenge and proposed the adoption of a draft action plan. The key areas discussed were:

- Membership of the HWBB and role of Board members
- Purpose of the HWBB
- Sub-structure of HWBB

At the workshop, two models for Board membership were discussed and the preferred model involved a larger inclusive Board. It would have a public facing, strategic focus, receiving agenda items which were clear about the added value and the outcomes that the Board could deliver collectively. In terms of composition, the inclusion of providers on the Board at a strategic level (but not involved in commissioning decisions, due to potential conflicts of interest) was supported. Representation on the Board under this model would be at Chairman/ Elected Member/ Non Executive level.

This model also proposed a smaller 'Executive Team' comprising chief executives and senior officers (with delegated decision making powers from their own organisations). The Executive Team would form part of the Board's formal governance arrangements and would drive forward the health and wellbeing agenda, to ensure a co-ordinated and cohesive approach to delivery. It was proposed that the current Integration Executive Board be reshaped into

the new executive team. There would be a clear line of accountability back to the Board. It was proposed that the County Council's Strategic Director for the People Group take on the role of senior responsible officer, with responsibility for delivery of the health and wellbeing outcomes.

On the purpose of HWBB, workshop delegates were asked to review this with a focus on what they felt the Board did well and areas where it could do better. Details of the feedback received were summarised. In view of this feedback, the report set out proposals for the Board's purpose and the need for Board members and partner agencies to sign up to stated key principles.

Consideration was given to the structure beneath the HWBB. The workshop feedback acknowledged the confusion around how the HWBB interacted with other groups and the lack of clarity around reporting lines back to the Board, both at the immediate sub-structure and delivery group levels. A proposal for the sub-structure was provided as an appendix to the report. This highlighted the need for links between the sub groups and the HWBB, with the Executive Team coordinating. Under this model, the Executive Team and the Board would have a strategic overview as to how the elements of the HWBB strategy were being delivered and could play an active role in shaping action on the ground.

It was proposed the Executive Team take a closer look at the HWBB outcomes as set out in the HWBB strategy. Clarity would be needed as to which outcomes were a strategic priority, where responsibility for delivery rested and what assurances and reporting arrangements were required.

In conclusion, the report reminded of the other Peer Challenge recommendations which required further discussion. These comprised:

- Development of a clear action plan for delivery of the HWB strategy and ownership for delivery of its outcomes
- The interrelationship between the HWBB and scrutiny arrangements
- The appointment of a deputy chair of the Board from a health partner body.
- The provision of structured officer support for Board development, forward planning and performance management
- Continued development of the Board as a collective, building relationships
- Customer, patient, service user accountability and wider stakeholder engagement

These items had been incorporated into a draft Action Plan appended to the report.

The frequency of Executive Team meetings and need for sub-groups was discussed. It was expected that progress reports would be provided to each Board meeting. The proposals were accepted and Phil Robson thanked those involved for the work undertaken, referring to the consultation on the governance review and felt the approach proposed would lead to better outcomes and direction for the Board.

## **Resolved**

That the Health and Wellbeing Board.

1. Supports adoption of the form of governance as set out in the report, with membership of the HWBB as set out at Appendix 1 and membership of the Executive Team as set out in Appendix 2 to these minutes.
2. Agrees the purpose of the Board as reported.
3. Adopts the principles of working for the Board as set out in the report.
4. Adopts the sub-structure proposals as set out in Appendix 3 to these minutes.
5. Approves the action plan set out in Appendix 4 to these minutes, which addresses the remaining recommendations from the Peer Challenge.

### **3. Health and Wellbeing Board Annual Report**

Dr John Linnane, Director of Public Health gave a verbal report. There was a requirement to produce an annual report for the Board on progress and to show the added value that the Board provided. This was seen as a collaborative document, accessible to both partners and the public. It would include the key activity and achievements, a recent example being the response to the peer challenge. It was proposed that all Board members have the opportunity to contribute. Public Health would consult on this, with a view to the annual report then being considered by the Board formally in the Autumn.

## **Resolved**

That the Health and Wellbeing Board's Annual Report be prepared and submitted.

### **4. Director of Public Health's Annual Report**

Dr John Linnane presented his statutory annual report as the Director of Public Health. The report provided a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that needed to be addressed. The theme of this annual report was children and young people, with a focus on early years, education, mental health, healthy weight, risky behaviours and vulnerable groups. The main target audience were external partners, schools, councillors and internal staff.

The report emphasised the importance of adopting a 'life course' approach to addressing health inequalities within the population, recognising the need for a concerted joint effort to achieve the desired outcomes.

Dr Linnane gave a presentation to accompany the circulated annual report. Key headlines were provided for each of the focus areas, together with the plans for wide communication of the Annual Report. The report had some 35 recommendations. It included a health profile for Warwickshire and compared data to the national position.

Discussion took place on the higher than average levels of self-harm amongst children and young people. Whilst the reasons are unclear, there was an upward trend nationally and the data for Warwickshire reflected this trend. Questions were responded to on potential causes, when intervention took place and how this data fed into the commissioning arrangements. Reference was made to the comprehensive review of services for children and adolescent mental health services (CaMHS) and endeavours for early intervention. Councillor John Beaumont spoke about the proportion of cases in different areas of the County, the levels of support available and from the consultation on the CaMHS review the lack of public attendance at events in the north of the County. The need for effective commissioning and the reduction in resources were further points made, with the member feeling this could be an issue for the new Executive Team to consider. Assurances were provided that the best use of all resources was made, through commissioning services across all areas, to provide a comprehensive service offer. Clinical commissioning groups had an objective to increase, rather than reduce spending on mental health services. There had been previous reviews of mental health services and the CaMHS report was long awaited. An outline was given of the process to complete this review. It was felt this would provide a useful topic for a HWBB workshop

The number of deaths and serious injuries resulting from road incidents in Warwickshire was considered. This reflected the high proportion of motorways in the County and increases in traffic volumes over the last decade. Accident data for rural roads was also high. It was confirmed that every fatality and serious injury accident was investigated thoroughly by the police. The data reported was for the period 2011-13. There had been a steady decline in the number of fatal traffic incidents, but recently the trend was upward. The vulnerability of cyclists was highlighted.

## **Resolved**

That the Health and Wellbeing Board notes and supports the Director of Public Health's Annual Report 2015 and endorses the recommendations stated in the report.

## 5. Better Together – 2015/16 Better Care Fund Agreement

Chris Norton, Strategic Finance Manager for WCC People Group introduced this report on the progress made in developing a formal agreement to manage the 2015/16 Better Care Fund budget. This report sought the Board's support for the completion of the agreement. The form and content of the agreement had been the subject of discussion between health and local authority partners and had been approved at the Better Together Programme Board.

Details were provided of the three funding streams, which made up the £36 million Better Care Fund for Warwickshire. The proposed agreement would detail the arrangements for governance, risk sharing, joint working, performance monitoring, and the management of the pooled budget. In addition to this, there would be an agreement between the County Council and the district / borough councils in respect of the transfer of the Disabled Facilities Grant.

The Better Care Fund aimed to use resources as effectively as possible, reducing duplication and ensuring Warwickshire residents got the care and support they needed. It supported the integration and transformation of the health and social care system.

The Better Together Programme Board would report to the Health and Wellbeing Board on five key themes:

- Community Resilience
- Integrated Care
- Care at Home
- Accommodation with Support
- Long Term Conditions

Details were provided of the four national measures and two local measures that would track the performance of the Better Care Fund. The parameters for the agreement were also reported. The emphasis in the 2015/16 agreement concerned information sharing and initial discussions about managing a wider set of health and social care budgets together.

Clarification was provided on how the Better Care funding would bring services together. Pooled budgets for five key areas would be held by the appropriate lead organisation. This would act as an enabler for the health and social care system to work better together and operationally, staff would be brought together. It was confirmed that the Joint Commissioning Board would have a key role in how services were commissioned, redesigned or reengineered. Measures of success were discussed and there were national conditions relating to Better Care.

### **Resolved**

That the Health and Wellbeing Board:

- 1) Notes the position with regard to signing off the Better Care Fund agreement for 2015/16.
- 2) Supports the finalisation of the Better Care Fund agreement for 2015/16 in accordance with the parameters set out in the report.

## **6. Violence against Women and Girls**

Helen King, Warwickshire's Deputy Director of Public Health presented Warwickshire's first Violence against Women and Girls (VAWG) Strategy. Copies of the document had been circulated. It brought together previous work with a new, broader approach that addressed all forms of violence against women and girls. It aimed to ensure a more integrated and effective partnership response.

All forms of violence against women and girls were human rights violations and criminal offences. The impacts and consequences for health and wellbeing were similar and cases were underreported. Based on the available data, the estimated cost of domestic abuse to public services in Warwickshire alone was about £54.3 million per annum.

The Strategy was developed following an in-depth consultation process. Warwickshire's Strategy objectives and outcomes had been developed from the national strategy "Call to end violence against women and girls". Using this framework the strategy set out what was in place already and what was needed to improve services and address gaps in provision. A multi-agency Board had been established which had led to the development of the Strategy and was now focusing on the implementation plan and communications strategy. It was noted that Rugby Borough Council would not be able to participate in this Board but remained supportive of its objectives.

In 2015 the VAWG Board had agreed to focus on prevention and early intervention. Work to achieve this objective included completion of the communications strategy, undertaking a training needs analysis, building capacity with all stakeholders to recognise and support victims of violence and build resilience in young people and families.

### **Resolved**

That members of the Health and Wellbeing Board:

- Promote the Violence Against Women and Girls Strategy within their organisations;
- Support their organisation's participation in training programmes to improve identification and response to violence against women and girls; and
- Support the future roll out of the implementation plan to improve services and address gaps, as set out in the Strategy.

## **7. Joint Adult Health & Social Care Self-Assessment Framework 2015**

Becky Hale, WCC's service manager for all age disability gave an update on the Learning Disability Health Self-Assessment. This important guide for the NHS and local authorities assisted determination of local commissioning priorities and monitoring services. Service improvements had been achieved through raising awareness of health needs, supporting the case for increased resources and inter-agency co-ordination. The events at Winterbourne View, and subsequent investigations, had demonstrated there was still much to be done. As a result of this, the signatories to Transforming Care and the Winterbourne Concordat agreed to implement a joint health and social care self-assessment framework.

The framework had been drafted and it provided a robust and consistent approach across the country. It was seen as best practice to support the health and social care system to deliver statutory responsibilities. The related improvement plan was designed to ensure a targeted approach to addressing health inequalities. It was intended to help commissioners and local people assess how well people with a learning disability are supported to stay healthy, to be safe and live well and to take action to deliver improvements.

Progress was reported on the self-assessment for 2013/14. The County Council had submitted the results on behalf of health and social care commissioners. Details were provided of the agencies that contributed towards the self-assessment.

A copy of the Action Plan for 2015-16 was provided, identifying the actions required and responsible lead agency. Details of the engagement and consultation undertaken, the proposals for groups to oversee and drive through the actions and the key focus areas for improvement this year were also reported. It was recognised that some of the actions required to progress the framework needed support and action at the national level.

Chris Lewington, WCC's Head of Strategic Commissioning advised that some of the performance indicators were currently predicted to fail and she suggested that the Board receive a further report in six months, to monitor progress on those areas.

### **Resolved**

That the Health & Wellbeing Board endorses and supports implementation of Warwickshire's Joint Health and Social Care Assessment Improvement Plan.



## **8. Public Health Funding**

Dr John Linnane addressed the Board on the potential cuts to funding for Public Health. The Chancellor of the Exchequer had announced in June plans for a £200 million cut in funds nationally, with these cuts being made in year. In Warwickshire, this could equate to approximately £1.4 to 1.5 million of the current £19.8 million (7%) of the public health grant. A Department of Health consultation was awaited with further details. There were some variables that could affect the actual funding reduction for Warwickshire, as statistically the County received a low per capita allocation. Some services were commissioned by Public Health from NHS organisations, so the cuts could impact on those organisations too. Contingency plans were being prepared.

There was discussion about lobbying to minimise the level of funding cuts. The County Council was likely to receive the consultation. Representations were already being made through professional bodies, and the WCC portfolio holder for health proposed to lobby MPs, but without the detail this was difficult presently. The funding cuts were considered short sighted. Through the WCC portfolio holder for health, further information would be provided to the Board.

### **Resolved**

That the Health & Wellbeing Board notes the verbal report and that further information be provided to the Board as it becomes available.

## **9. Clinical Commissioning Groups 2015/16 Quality Premiums**

It was reported that clinical commissioning groups (CCGs) were required to inform the Health and Wellbeing Board of their Quality Premium proposals. Sign-off was required from the Board on the mental health, urgent care and local priority measures. Quality Premium guidance was issued in late April 2015 and due to the timescales for submission, it was not possible to seek formal Board support in advance of the submission deadline.

The Quality Premium was intended to reward CCGs for improvements in the quality of the services and for improvements in health outcomes and reducing inequalities. The national funding available to CCGs for the quality premium equated to £5 per registered patient. The premium for 2015/16 (paid in 2016/17) was based on measures that covered a combination of national and local priorities. Each of the CCGs had identified measures that met the strategic needs of their local population. Restrictions on the receipt of the Quality Premium and the potential for reduced allocations were reported.

It was reiterated that if the Quality Premium requirements were achieved, it would result in additional health funding for Warwickshire.

**Resolved**

That the Health & Wellbeing Board notes the content of the report and confirms agreement with proposals submitted by each clinical commissioning group.

**10. Forward Plan**

The Board gave consideration to its forward plan for the year ahead. This detailed the dates for essential agenda items and proposed workshops. Board members were reminded of the planned workshop for 23 July 2015 on the impact of population growth. It was suggested that the Better Care workshop scheduled for 19 October 2015 be held on 17 February 2016.

**Resolved**

That the Board approves the updated forward plan, including the variation shown above.

**11. Any Other Business**

The Chair congratulated Dr David Spraggett and his colleagues at Castle Medical Centre in Kenilworth. The Care Quality Commission had found the quality of care provided by the surgery to be outstanding following an inspection carried out in March 2015.

The meeting rose at 15.10

.....Chair

## Appendix 1

### Proposed Membership of HWB Board – Non executive, member, chairman level

<b>Member</b>	<b>Organisation / Number</b>
Director of Public Health	WCC (statutory requirement)
Director of Children's and Adults Services	WCC (statutory requirement)
County Council elected members	4 x WCC elected members
District and Borough Council elected members	5 x DC/BC Portfolio Holders (one representative from each area)
Chair of Health Watch Warwickshire	Health Watch (statutory requirement)
CCGs (at chair/non exec level)	3 x CCGs (one representative from each area)
NHS England representative	<a href="#">NHS England (statutory requirement for certain elements)</a>
Providers (at chair/non exec level)	4 x Provider representatives; South Warwickshire Foundation Trust, University Hospitals Coventry and Warwickshire, George Eliot Hospital, Coventry and Warwickshire Partnership Trust
Police and Crime Commissioner	Police and Crime Commissioner
<b>Total</b>	<b>21</b>

## Appendix 2

### Membership of HWB Executive Team

<b>Member</b>	<b>Organisation / Number</b>
Director of Public Health	WCC
Director of Children's and Adults Services	WCC
Director for Communities	WCC
District and Borough Council Chief Executives	3 x DC/BC Chief Executive Representatives (one representative from each CCG area)
Chief Executive of Health Watch Warwickshire	Health Watch
CCGs Chief Officers	3 x CCGs (one representative from each area)
Providers – Chief Executives / Chief Officers	4 x Provider representatives; South Warwickshire Foundation Trust, University Hospitals Coventry and Warwickshire, George Eliot Hospital, Coventry and Warwickshire Partnership Trust
Chief Constable	Chief Constable of Warwickshire Police
WCAVA – Chief Executive	WCAVA (Third Sector representative)
<b>Total</b>	<b>16</b>

# HWBB sub structure proposals

## Appendix 3



**Appendix 4**  
**Draft Action Plan for consideration at the HWB Board Meeting on 8<sup>th</sup> July**

<b>HEALTH &amp; WELL-BEING PEER CHALLENGE ACTION PLAN</b>				
THEME	PEER CHALLENGE RECOMMENDATION	PLANNED ACTIVITIES	PROGRESS TO DATE	LEADS
<b>DELIVERY OF HWB STRATEGY</b>	Develop shared ownership of the Health & Wellbeing Board agenda	Phase 2 of the governance review includes work for the Board to identify key priorities from the HWB Strategy and have clarity about which group at the sub-structure level had lead responsibility for their delivery. Together with the culture actions below, this will start to address shared ownership of the HWBB agenda	The need for the Board to undertake this work has been flagged in the Governance Report being considered on 8th July 2015. The Senior Responsible Officer will lead on this work. It will be key that the Board engages in this work (possibly through workshop) to ensure that shared ownership secured. The cultural work stream (see below) will also have an impact	John Dixon
	Develop a joint implementation plan for use by all partners	Outcomes from the above work would be incorporated into the work programmes of the sub-structure level groups / boards	The development of the joint implementation plan will be part of the above work	John Dixon
	Clear performance management processes to develop	Existing performance management arrangements and processes to be reviewed as part of the above work	Performance management arrangements to be clarified through the above work	John Dixon
<b>BOARD MEMBERSHIP</b>	A Health partner should be considered in the role of Deputy Chair	CCGs to confirm nomination for Vice Chair by 30th September 2015	CCGs supportive of the proposal to nominate a Vice Chair. Discussions have taken place within the CCGs and dialogue is continuing to enable confirmation of a CCG representative as Vice Chair in the early autumn	CCGs
<b>BOARD CULTURE, DEVELOPMENT &amp; OPERATION</b>	More focus of developing a culture of 'we' and 'us', moving towards acceptance that all partners are equal and should take ownership, agreement and understanding of each organisation's role in the delivery of outcomes	Executive Team to review plan for workshops to provide space for Board to progress these cultural themes. Board to consider thematic workshops (based around delivery work streams) and also workshops which build relationships and promote the systems leadership approach	Workshop dates confirmed. Focus and content to be considered by Executive Team	Executive Team
	Review approach to digital media, including up to date information on webpages	Executive Team to identify appropriate resource to take forward this piece of work, including development of Comms Strategy	To be considered by Executive Team - potential programme of work for officer support team	Executive Team
	Consider whether the HWBB needs its own identity and how its success is communicated to the wider community	Executive Team to consider further, in particular to review the proposal to hold an annual stakeholder engagement event	To be considered by Executive Team - potential programme of work for officer support team	Executive Team
	Develop clear and distinct support for the Chair (Board)	That the Senior Responsible Officer identifies appropriate officer support for Board development, forward planning of business and performance management monitoring	To be determined by Senior Responsible Officer	John Dixon
<b>INTERRELATIONS WITH OTHERS</b>	Clarify the Board's interrelations with WCC's Adult Social Care and Health Overview and Scrutiny Committee	Review to be undertaken led by WCC reporting back to the Board in the autumn	Sarah Duxbury to be the lead officer taking this work forward as a follow on to the governance work already completed.	Sarah Duxbury
	Clarify and potentially simplify the complex structure beneath the Board	Review and rationalisation of the various operational delivery boards that contribute to delivery of the HWB outcomes and feed into the HWBB. These include a number of groups focused on single issues.	The report to the HWB Board on 8th July makes proposals to simplify the boards and groups which operate at the sub structure level (ie immediately below the Board). A follow up piece of work will be to review the boards and groups which operate at the delivery/ operational level and are aligned with delivery of HWB outcomes	Sarah Duxbury