

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 25th March 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)

Dr Deryth Stevens (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 Neil Phillips (Nuneaton and Bedworth Borough Council)

Councillor Derek Pickard (North Warwickshire Borough Council)

Councillor Belinda Garcia (Rugby Borough Council)

1. (1) Apologies for Absence

David Williams (NHS England)

Councillor Michael Coker (Warwick District Council)

Councillor Gillian Roache (Stratford District Council)

The Chair noted that Councillor Roache was not seeking re-election in the 2015 local government elections and it was unlikely that Councillor Coker would be a member of the Board after those elections. She paid tribute to both members for their service to the Board.

(2) Appointment of Board Member

The Chair noted the resignation of Karen Ashby and paid tribute to her service to the Board. She welcomed Deryth Stevens as the replacement Board member for Warwickshire North CCG.

(3) 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.

(4) Minutes of the meeting held on 21st January 2015 and matters arising.

The Minutes were agreed as a true record.

2. Health & Wellbeing Peer Challenge

The Chair introduced this item, referring to the circulated letter from the Local Government Association (LGA) peer challenge team. A report was submitted which detailed the findings and recommendations from the recent peer challenge. She referred to the other peer challenges that the County Council had recently completed. A recommendation in the health and wellbeing peer challenge was for the appointment of a deputy chair from a health partner, which she asked representatives from clinical commissioning groups to consider.

John Dixon, Interim Director for the People Group presented the report. Background was provided on the process undertaken, the LGA's headline question areas and the specific areas the peer challenge team had been asked to comment on, in terms of leadership, governance, strategy and planning, relationships and operation of the Board.

The report gave a summary of the headline messages and findings. There was recognition of the work of the Chair to nurture relationships and an appetite amongst partners for the system to improve. The self-assessment identified a number of issues where the Board would like to make progress. The Health and Wellbeing Strategy had been agreed, but how it would be implemented was less clear. Warwickshire's health economy was complex, due to inherited factors, its geography and a lack of coterminous boundaries. All health and wellbeing boards were regarded on a statutory basis as a committee of upper tier councils, which had the risk of over-dominance from local authority partners. There were a wide range of views about the purpose and scope of the Board. Comments about governance were also reported. Other findings were the inconsistent input into the Board's business from all key members of the health economy, mixed views about what the purpose of

the Board is and who should have a seat on the Board. It was considered the current arrangements needed revisiting. The work of the Board also needed to have more input from officers, either from the County Council or its partners, to provide structured support for the Board's business. This should include resources for better agenda management, Board development, a forward plan of business for the Board, and performance management.

With regard to the recommendations, it was planned to arrange a workshop, towards the end of April, to look at these in detail. An analysis of the outcomes from the process had begun, with action and implementation plans being drafted for consideration by all partners. The workshop and subsequent board meeting would also consider future governance arrangements, capacity and support for the Chair.

Referring to the peer challenge letter, comments were made on the need for a forum to feed local councillors' views up to the Board. The chair responded that there were various governance models and it was important to select a model that best suited Warwickshire. The rapid pace of change was also noted.

Resolved

That the Health and Wellbeing Board notes the recommendations from the Peer Challenge as set out below and that these be considered at a workshop in April:

- (1) Return to first principles and take steps to ensure there is:
 - o A clear definition of the purpose of the HWB and its added value
 - o More focus on developing a culture of "we" and "us"
 - o Moving towards acceptance that all partners are equal and should take ownership
 - o Agreement and understanding of each organisation's role in the delivery of outcomes
 - o Determine who holds the ring on activity and performance
- (2) Review membership of the Board.
 - o A health partner should be considered in the role of Deputy Chair (or should this be Co-Chair?)
 - o Who sits around the table and why e.g., providers, 3rd sector
 - o Roles and responsibilities of individual Board members
- (3) Develop clear and distinct support for the Chair
- (4) Clarify and potentially simplify the complex structure beneath the Board and its interrelations with WCC's Health and Scrutiny Committee

- (5) Focus on the development of a joint implementation plan for use by all partners across Warwickshire
- (6) Work collectively to enable:
 - o Clarity around pooled budgets, resources and risks
 - o Clear performance management processes to develop
- (7) Review your approach to digital media, including up to date information on the webpages
- (8) Consider whether the Health and Wellbeing Board needs its own identity and how its success is communicated to the wider community

3. 0-5 Strategy Group

This item was presented by County Councillor Jerry Roodhouse, who thanked the Chair and members of the Council for their support for this initiative. He stressed that the money allocated was 'ring fenced' specifically for this project. The objective was for early intervention to make a difference and shape the lives of young people. There were some perceived gaps in service, inequalities in service provision across Warwickshire and a wish to look at the child's journey from 0-5 years of age.

It was reported that on 5 February 2015, the County Council agreed to set up a cross party and multi-agency Strategy Group for services for 0-5 year olds. This body would report to the Health & Wellbeing Board. Additional County Council funding had been allocated, of £800,000 in 2015/16 and £1.5M for each of the following two financial years.

Proposed terms of reference for the Strategy Group were submitted for consideration by the Board, together with details of the suggested composition, the appointment of the Chair, officer support for the group and a governance diagram. The role of the Group would be to set the strategic direction for both commissioning and delivery of services for 0-5 years across the County, to determine priorities for the additional budget provided by the Council, but in doing so would also seek to align existing County Council spend with that of other strategic partners.

It was proposed to co-construct a 'timeline' and 'Child's Journey' map. This would start with a large workshop on 3 June, to include the Strategy Group, partners and families/family groups. Following this the Group would formulate its work programme and the objective was for expenditure to start in the autumn of 2015.

John Dixon confirmed that initial conversations had taken place with health partners. Whilst the additional funding was welcomed, it needed

to be considered in the context of the wider spending through partners. With regard to governance, this body would work with the Joint Commissioning Board as its delivery arm. Its chair, Helen King, the Deputy Director of Public Health would be the key support for the Group. Other officers would support rather than be appointed to the Group.

It was felt this was an excellent opportunity to rationalise work on 0-5 services, to encourage the involvement of all partners and to avoid duplication in services. Specific reference was made to the excellent work on priority families. Another speaker voiced concerns about the reduction in funding for children's centres and the impact of austerity causing a reduction in the services provided. Councillor Roodhouse clarified that this funding was not earmarked to support children's centres. There was a wish to avoid duplication and to be aspirational. The meetings would take place around the County, so the group could see service delivery 'on the ground' and address aspects such as rural isolation.

Resolved

That the Warwickshire Health and Wellbeing Board approves the establishment of a Strategy Group for 0-5 years' services with the terms of reference set out at Appendix 1 and within the governance structure at Appendix 2 to the report.

4. NHS England briefing on Rugby surgeries and the GP funding process

Sue Price, NHS England's (NHSE) Director of Commissioning for the West Midlands presented an update on the changes in Primary Care Commissioning and specific detail on the progress regarding the Albert Street Medical Centre in Rugby and the Brownsover branch surgery.

In May 2014 NHSE invited clinical commissioning groups (CCGs) to expand their role in primary care commissioning by submitting expressions of interest based on three options i.e. the delegated exercise of certain specified primary care commissioning functions to a CCG, joint commissioning with NHSE or greater involvement in commissioning.

Nationally, 64 CCGs had been approved to take on greater 'delegated' commissioning responsibility for GP services, including South Warwickshire CCG. Warwickshire North CCG would develop joint commissioning with NHSE and Coventry & Rugby CCG would develop greater involvement in primary care commissioning. NHSE was currently working with the CCGs to develop transition plans.

With regard to the Albert Street Medical Practice and the Brownsover branch surgery in Rugby, an update was provided on arrangements when this contract ended on 17 April 2015.

An outline was given of events leading to the termination notice being served by NHSE. Temporary 'caretaker' arrangements would provide for continuity of care, whilst a more permanent solution was found. This involved a temporary contract following a competitive tendering process. Two local practices had been awarded a contract to work together for the next year, with the option to extend until a new development was completed. All patients would continue to receive the range of services currently provided. Work had commenced on securing a more permanent solution, which would be subject to patient consultation.

The report included details of the premises to be used in the interim, the consultation and communication undertaken with patients, future consultation plans, changes made in response to patient feedback and providing transport for some patients.

It was acknowledged that this was a difficult time for the 6,500 patients of the Albert Street Medical Practice and particularly the 3,500 who used the Brownsover branch surgery. The communication to date had been poor and NHSE had apologised for this. The temporary arrangements had been reviewed in the light of the patients' concerns and the caretaker practice was striving to ensure patients received a high quality service.

The Chair thanked Sue Price for the update and noted that this matter had also been considered by the Adult Social Care and Health Overview and Scrutiny Committee (OSC). Phil Robson, Chair of Healthwatch Warwickshire (HWW) referred to the short period of consultation, before this closure, when NHSE had been aware of the situation some months beforehand. He sought a meeting with NHSE to discuss the interim arrangements, the certainty that these arrangements would provide effective care and how HWW might be able to assist. Further points concerned how the consumer's view would be taken into account in future, on new commissioning arrangements and to plan future consultations further in advance, so patient feedback could inform decisions.

Local County Councillors had submitted their concerns both at the OSC and recent County Council meeting. It was agreed that effective communication was important and there was an opportunity to learn from this to improve systems. Sue Price clarified the difference between known reviews and emergency issues like this unusual case. She welcomed the offer to meet with HWW. Representatives of CCGs acknowledged the difficult circumstances in this case, involving legal and other issues, also recognising the significant work undertaken by NHSE.

Resolved

That the Board notes the update.

5. Pharmaceutical Needs Assessment

A report was presented by Caroline Galloway and Laurence Tressler of NHS Arden Commissioning Support. The Pharmaceutical Needs Assessment (PNA) was an assessment of the pharmaceutical services that were currently provided in Warwickshire. The Health and Social Care Act 2012 and related regulations transferred responsibility for the development and updating of the PNA from Primary Care Trusts to Health and Wellbeing Boards and the first PNA had to be produced by 1st April 2015.

The report set out the process, the methodology used and findings in compiling the PNA, a copy of which was submitted for the Board's consideration and approval.

It was confirmed that there was a three yearly review of the PNA. Additionally, the Board would receive updates twice each year of the services offered by pharmacists, to determine if any changes made were deemed significant. There was discussion about the training, experience and specialist skills provided by pharmacists, their registration with a national council and the role of NHS England in commissioning pharmacy services. It was noted that several of the responses to the PNA consultation shown in the report's appendix concerned hours of operation, which could be addressed by regular website updates.

Resolved

That the Health and Wellbeing Board:

1. Approves the Warwickshire PNA for publication by 1st April 2015
2. Champions and encourages local discussions between commissioners and the Local Pharmaceutical Committee (LPC) on how to support the wider delivery of the HWB priorities, by enhancing the use of current pharmaceutical services and the development of additional pharmacy services in the future.
3. Supports and liaises with the LPC to continue working with contractors to consider the findings of this PNA and the views of the public and patient respondents discussed in this report that relate directly to pharmacy contractors.
4. Supports and liaises with the LPC to explore options for improving communications between commissioners and the pharmacy contractor network, to facilitate better engagement in the future.

6. Warwickshire's Response to the Mental Health Crisis Care Concordat

Anna Hargrave of South Warwickshire CCG presented a report on behalf of the mental health commissioners. This provided the Board with information about the Mental Health Crisis Care Concordat, the associated requirements for its member organisations and the progress made to date.

The national Crisis Care Concordat was published in February 2014. It was underpinned by 'Closing the Gap: priorities for essential change in Mental Health', which outlined a programme to deliver essential services for people who experienced Mental Health Crisis and came into contact with emergency and acute services.

The Concordat had been developed in partnership and aimed to ensure people in mental health crisis received the appropriate response from services. It was concerned with recovery, early intervention and prevention. There had been significant work undertaken to progress the Concordat.

The arrangements in Warwickshire were reported, with publication of the Local Crisis Concordat Declaration in November 2014. All key agencies across the County were signatories to this declaration. A review of current provision and best practice was undertaken in January 2015. There was a requirement to publish the local plans on the Department of Health's website by 31st March 2015.

Currently, the action plan was still at a very high level. It would require the ongoing commitment of partners to engage in more detailed dialogue over the coming months, to develop the action plan. There were 4 areas where improvements were needed:

- Access to support before crisis point.
- Urgent and emergency access to crisis care.
- Quality of treatment and care when in crisis.
- Recovery and staying well / prevention.

It was planned to work across the Coventry and Warwickshire sub-region to progress the action plan.

Anna Hargrave responded to questions about the need for a timeline and milestones, that significant work was still required and a workshop was planned to make further progress. An example was given of how services would be delivered in practice, through joint work between the police and mental health experts. The links to the Child and Adolescent Mental Health Services (CAMHS) were discussed. The Chair had recently written to Jon Rouse, the Director General for Social Care, Local Government and Care Partnerships at the Department of Health,

who had agreed to visit Warwickshire to discuss CAMHS and she encouraged partners to be involved in that meeting.

Resolved

That the Health & Wellbeing Board:

1. Welcomes and supports the draft multi-agency action plan and that it is submitted to the Department of Health Website.
2. Supports and endorses future activity in respect of the Crisis Care Action Plan for Warwickshire and the implementation of the Plan.

7. Forward Plan

It was reported that to develop a longer-term strategic focus to the work of the Board, it was proposed to establish a Forward Plan for the year ahead. The Forward Plan would be included on each agenda for review and update. This would identify the dates for essential agenda items, proposed workshop topics and assist a thematic approach to future agenda setting. Partners were invited to submit items for inclusion on the Forward Plan.

Resolved

That the Board approves its initial Forward Plan and the items to be submitted to the next meeting.

8. Any Other Business

It was reported that NHS England had requested the submission of a self-assessment, as part of its work to assess the readiness of authorities to deliver Better Care Fund plans in 2015/16. Discussions had taken place with clinical commissioning groups to complete and submit the self-assessment and the Board was asked to note that this had been done. It was agreed that the document be circulated electronically to Board members.

The Adult Social Care and Health Overview and Scrutiny Committee had referred a matter to the Board. A joint task and finish group had submitted recommendations on transitions of mental health services, including a recommendation to the Board around the need for a protocol for data recording, information sharing and use of IT, to improve communication, referrals and transitions. This matter actually rested with the Joint Commissioning Board and would be referred to that body.

The meeting rose at 15.30

.....Chair