

Warwickshire Health and Wellbeing Board

Agenda

23 September 2015

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 23 September 2015 at 13:30**.

The agenda will be:-

1. (13.30 – 13.35) General

(1) Apologies for Absence

(2) Appointment of Board Members

Following the approval of the governance arrangements at the July Board meeting, to appoint the following provider representatives and the Police and Crime Commissioner:

University Hospitals Coventry & Warwickshire	Andy Meehan – Chair
South Warwickshire NHS Foundation Trust	Russell Hardy – Chair
Coventry & Warwickshire Partnership Trust	Jagtar Singh – Chair
George Eliot Hospital NHS Trust	Stuart Annan – Chair
Police and Crime Commissioner	Ron Ball

(3) Members' Disclosures of Pecuniary and Non-Pecuniary Interests.

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it;
- Not participate in any discussion or vote;
- Must leave the meeting room until the matter has been dealt with (Standing Order 43); and
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the new Code of Conduct. These should be declared at the commencement of the meeting.

(4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 8 July 2015 and Matters Arising.

Draft minutes of the meeting are attached for approval.

2. (13.35 – 14.05) Governance
(a) Appointment of Vice-Chair
(b) Decision Making between Board Meetings

Sarah Duxbury

3. (14.05 – 14.35) Report of the Health and Wellbeing Executive Team – Verbal Report
(a) Stroke
(b) End of Life Care

John Dixon

4. (14.35 – 15.05) Combined Authorities and Devolution Plans – Update

John Linnane / Mark Ryder

5. (15.05 – 15.20) Health and Wellbeing Board Annual Report

John Linnane

6. (15.20 – 15.25) Forward Plan

7. Any other Business (considered urgent by the Chair)

Further Information, Future Meetings and Events:

- Health and Wellbeing Board Newsletter [Link to Newsletter](#)
- Healthwatch Newsletter [Link to Newsletter](#)
- Minutes of Safeguarding Boards, Joint Commissioning Boards and Health Protection Committees [Link to Minutes](#)

Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)

Warwickshire County Councillors: Councillor John Beaumont, Councillor Les Caborn, Councillor Jose Compton.

Warwickshire County Council Officers: John Dixon – Interim Strategic Director, People Group, John Linnane - Director of Public Health

Clinical Commissioning Groups: Deryth Stevens (Warwickshire North), David Spraggett (South Warwickshire), Adrian Canale-Parola (Coventry and Rugby)

Provider Representatives

Andy Meehan (University Hospital Coventry & Warwickshire), Russell Hardy (South Warwickshire NHS Foundation Trust), Jagtar Singh (Coventry & Warwickshire Partnership Trust), Stuart Annan (George Eliot Hospital NHS Trust)

Healthwatch Warwickshire: Phil Robson

NHS England: David Williams.

Police and Crime Commissioner: Ron Ball

Borough/District Councillors: Councillor Neil Phillips (NBBC), Councillor Derek Poole (RBC), Councillor Moira-Ann Grainger (WDC), Councillor Margaret Bell (NWBC), Councillor Stephen Gray (SDC)

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All public papers are available at www.warwickshire.gov.uk/cmis

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

Member	Organisation / Number
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	NHS England (statutory requirement for certain elements)
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
Total	21

Appendix 2

Membership of HWB Executive Team

Member	Organisation / Number
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)
Total	16

HWBB sub structure proposals

Appendix 3



Appendix 4
Draft Action Plan for consideration at the HWB Board Meeting on 8th July

HEALTH & WELL-BEING PEER CHALLENGE ACTION PLAN				
THEME	PEER CHALLENGE RECOMMENDATION	PLANNED ACTIVITIES	PROGRESS TO DATE	LEADS
DELIVERY OF HWB STRATEGY	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
BOARD MEMBERSHIP	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
BOARD CULTURE, DEVELOPMENT & OPERATION	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
INTERRELATIONS WITH OTHERS	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

Health and Wellbeing Board

23 September 2015

Decision Making between Board Meetings

Recommendation(s)

1. That the Board establishes the Sub-committee in accordance with the arrangements in paragraph 2 of the report.

1.0 Key Issues

- 1.1 On 8 July 2015 the Board considered proposals for revised governance arrangements. In line with the new strategic focus for the Board it is not expected that the Board will meet as frequently as in the past. The Executive Team would meet in between those meetings to co-ordinate the business of the Board.
- 1.2 There may be occasions where a formal decision on behalf of the Health and Wellbeing Board is required between scheduled meetings. The Executive Team cannot make those decisions as the Board cannot delegate its functions to officers or individuals. Therefore it is suggested that the Board establishes a sub-committee to take any necessary decisions where the timescale for the decision does not fall within the cycle of the scheduled Board meetings.
- 1.3 The suggested membership and terms of reference for the sub-committee are set out below.

2.0 Health and Wellbeing Sub-Committee

Membership

- 2.1 The membership of the sub-committee shall comprise two or more members of the Health and Wellbeing Board to sit as or when required. Where possible the sub-committee will include representation from both health and social care. The selection of members to form a sub-committee to deal with a particular matter or matters shall be made by the Chief Executive of Warwickshire County Council.

Terms of Reference

- 2.2 To exercise the functions of the Health and Wellbeing Board where a decision is required within a time frame which does not fall within the cycle of scheduled meetings of the Health and Wellbeing Board. Any decisions made

by the Sub-committee shall be reported to the next meeting of the Health and Wellbeing Board.

3.0 Timescales associated with the decision and next steps

- 3.1 If the Board decides to establish the sub-committee the arrangements would have immediate effect.

4.0 Background papers

None

	Name	Contact Information
Report Author	Jane Pollard	janepollard@ warwickshire.gov.uk Tel: 01926 412565
Head of Service	Sarah Duxbury	
Strategic Director	David Carter	
Portfolio Holder	Councillor Seccombe	

Health and Wellbeing Board

23rd September 2015

Combined Authority & Devolution Plans – Update

Recommendation(s)

That the Board notes the devolution developments across the region

1.0 Background

- 1.1 Proposals to create combinations of Local Authorities working together as Combined Authorities (CAs) or Economic Prosperity Boards (EPBs) were first introduced in the Sub-National Review of Economic Development (2007) and later brought forward in the Local Democracy, Economic Development & Construction Act (2009).
- 1.2 Combined Authorities/Economic Prosperity Boards are designed for groups of Local Authorities (unitary, county or district) who wish to work more closely together to deliver improvements in economic development, regeneration and, in relation to CAs transport across the designated area. These arrangements are voluntary and no area can be forced to join a CA/EPB should they not wish to do so.
- 1.3 In the wake of the Greater Manchester Combined Authority deal, 38 bids have now been submitted to Government for devolution deals, including but not restricted to proposals for Combined Authorities that includes the proposal from the seven West Midland Metropolitan Authorities. The list includes: Cornwall; D2N2 (Derbyshire, Derby City, Nottingham, Nottingham City); Herefordshire, Leeds, Leicester and Leicestershire; Norfolk; Oxfordshire. The full list is attached to this report as Appendix A
- 1.4 Gloucestershire has also put forward proposals for Devolution to government. The 'We are Gloucestershire' statement of intent was developed by Gloucestershire County Council, the six District Councils, GFirst LEP, the Police and Crime Commissioner (PCC) and the Clinical Commissioning Group (CCG).
- 1.5 This paper informs Warwickshire's Health and Wellbeing Board of the proposals being explored regionally.

2.0 The West Midlands Combined Authority (WMCA) Proposal

2.1 In July 2015 the seven Metropolitan Authorities in the West Midlands proposed to set up a new governance structure – the West Midlands Combined Authority (WMCA) –and published a Launch Statement, with the endorsement of the chairs of the three Local Enterprise Partnerships in the Area (Coventry & Warwickshire, Greater Birmingham & Solihull and the Black Country) The launch statement, attached as Appendix B sets out the early priorities that the WMCA would focus on as follows:

- Development of an overarching Strategic Economic Plan for the West Midlands
- Access to Finance and a Collective Investment Vehicle
- Strategic Transport Networks
- Creation of an Economic Policy & Intelligence Capacity
- Joint Programme on Skills

2.2 To facilitate this work, the Launch Statement indicated that three independent commissions would be established. One of these focuses on mental health and public services, exploring the role that mental health problems play in some of the key social and employment problems faced in the West Midlands, the cost and impact across the whole of public services and exploring best practice and new ways of working.

2.3 Coventry City Council is a signatory to the Launch Statement and has agreed that joint consultation by the seven West Midlands Metropolitan Councils on setting up a combined authority for the West Midlands should take place in Coventry. Coventry City Council have a full Council meeting on the 13th October to make a final decision on becoming a member of the WMCA.

2.4 Warwickshire County Council agreed on 3rd September not to enter into the West Midlands Combined Authority as proposed, to continue to support and pursue the Coventry-Warwickshire Combined Authority as its preferred devolution model and to establish a member working group to explore alternative devolution models for Warwickshire.

2.5 The five District & Borough Councils in Warwickshire are all considering their positions with meetings taking place in September and October.

2.6 A combined authority area can only cover the area of the local authorities who agree to be constituent authorities. Under current legislation, there are barriers in two tier areas which would prevent one tier of local government becoming a constituent member if the other tier was not. The current WMCA proposal assumes that Warwickshire County Council and any of the Districts and Boroughs of Warwickshire would only be able to join on a non-constituent basis (ie as a non-voting member).

3.0 Health and Social Care for Warwickshire

- 3.1 Warwickshire's 3 Clinical Commissioning Groups (CCGs) and the County Council have been working closely together to deliver a vision for health and social care for Warwickshire for the next 5 years.
- 3.2 The vision is well documented in the Better Care Fund submissions of 2014 and the CCGs' Transformational Change: Transforming Lives Strategic Plan for 2014-2019.
- 3.3 Locally, Health and Social Care partners have actively sought opportunities to work as a single system, and continue to find ways of organising health and social care provision in order to meet the needs of the user, aware that the boundaries of each organisation should be invisible to patients. The key has been to ensure that services are aligned to an agreed vision.
- 3.4 Regardless of which governance structures and devolution models are pursued, Health and Social Care organisations supporting the Warwickshire population will need to continue to work together to transform local services so that we can maintain and improve quality, meet the developing needs of our population, and do this within a challenging financial environment. This work will need to be set in the context of local population need and priorities, taking into account that our communities will continue to use the logical pathways of movement for their daily lives – employment, transport, leisure, and of course, healthcare – all of which have a bearing on health and wellbeing and will naturally involve patient flows between Warwickshire and Coventry.

4.0 Conclusions

- 4.1 It is proposed that as the devolution models for Warwickshire are further developed, at an appropriate stage, the Health and Wellbeing Board considers the potential implications for health and social care and the wider health and wellbeing landscape.

5.0 Appendices

- A. West Midlands Combined Authority Launch Statement.
- B. List of submissions to Government of proposed devolution deals

6.0 Background Papers

The 3rd September 2015 Warwickshire County Council papers provide more detailed information and are available at www.warwickshire.gov.uk under current committee papers.

Other papers referenced in this report are available on request from the report author.

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Appendix A

Full list of devolution proposals received on 4 September

- 1 *Aberdeen
- 2 *Cardiff
- 3 Cheshire and Warrington
- 4 Cornwall
- 5 Cumbria
- 6 Dorset
- 7 'D2N2' – Derbyshire, Derby, Nottinghamshire and Nottingham
- 8 *Edinburgh
- 9 Gloucestershire
- 10 Greater Brighton
- 11 Greater Essex
- 12 Greater Lincolnshire
- 13 Greater Manchester
- 14 Greater Yorkshire
- 15 Hampshire & Isle of Wight
- 16 Heart of the South West
- 17 Herefordshire
- 18 Hull, Yorkshire, Leeds City Region and the Northern Powerhouse
- 19 *Inverness & Highland City
- 20 Leeds City Region
- 21 Leicester and Leicestershire
- 22 Liverpool City Region
- 23 London
- 24 Norfolk

25 Northamptonshire

26 North East

27 Oxfordshire

28 Sheffield City Region

29 Surrey, West Sussex & East Sussex

30 Swindon

31 Suffolk

32 Tees Valley

33 Telford & Wrekin

34 West Midlands

35 West of England

36 Wiltshire

37 Worcestershire

38 York, North Yorkshire and East Riding

*in devolved nations

LAUNCH STATEMENT
6 JULY 2015



WEST MIDLANDS
COMBINED AUTHORITY

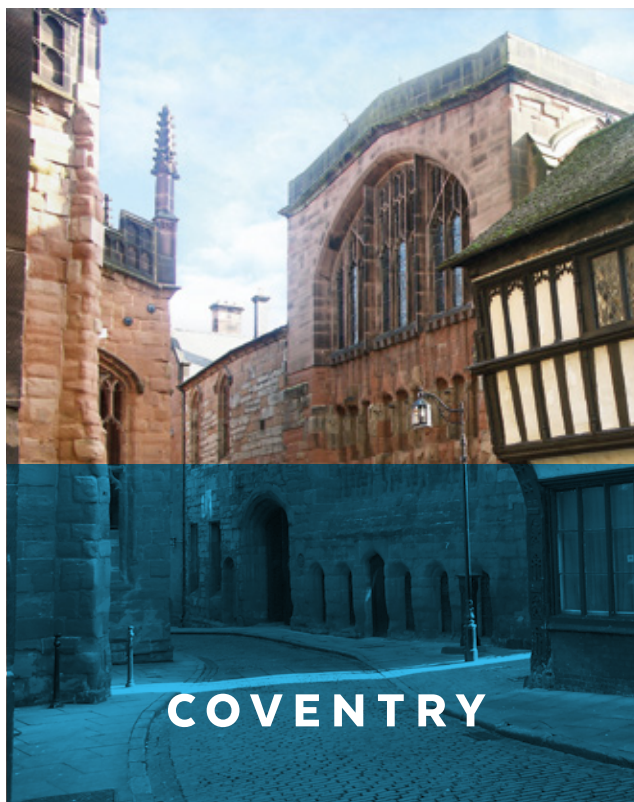
GROWING THE UK ECONOMY THROUGH A MIDLANDS ENGINE

BIRMINGHAM • COVENTRY • DUDLEY • SANDWELL • SOLIHULL • WALSALL • WOLVERHAMPTON

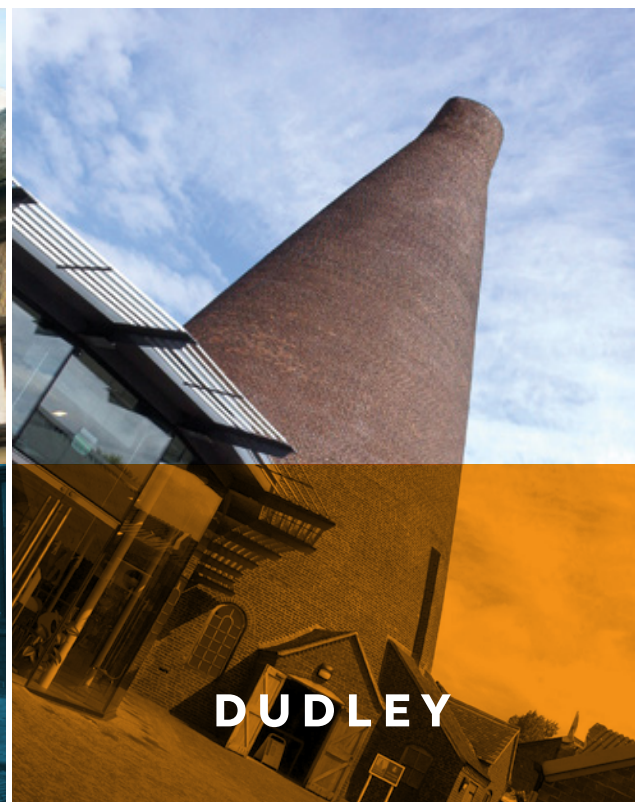
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The case for the West Midlands Combined Authority	7



BIRMINGHAM



COVENTRY



DUDLEY



SAND

How the West Midlands Combined Authority will work

13

Early priorities for the West Midlands Combined Authority

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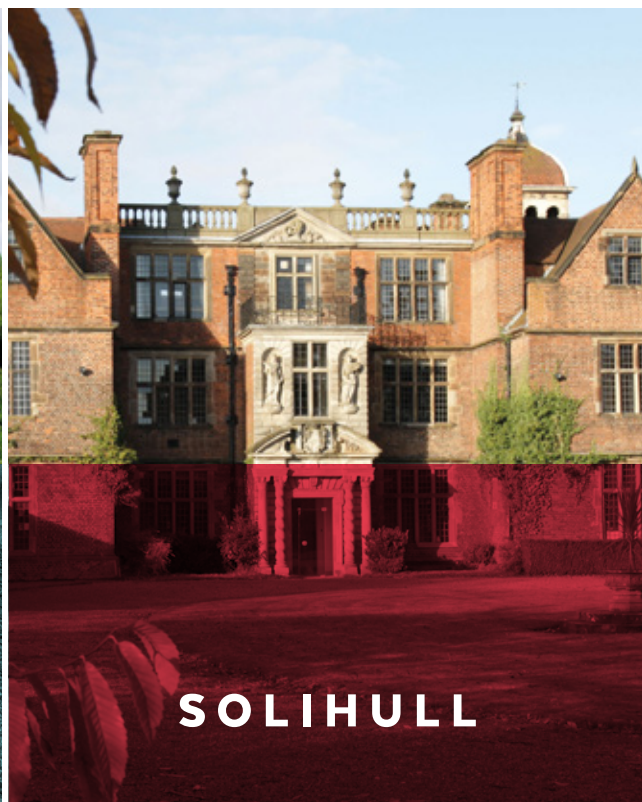
The consultation process

18

Find out more at www.westmidlandscombinedauthority.org.uk



WELL



SOLIHULL



WALSALL



WOLVERHAMPTON



Growing the UK Economy through a Midlands Engine: the role of the West Midlands Combined Authority

Throughout this document, terms have the following meanings:

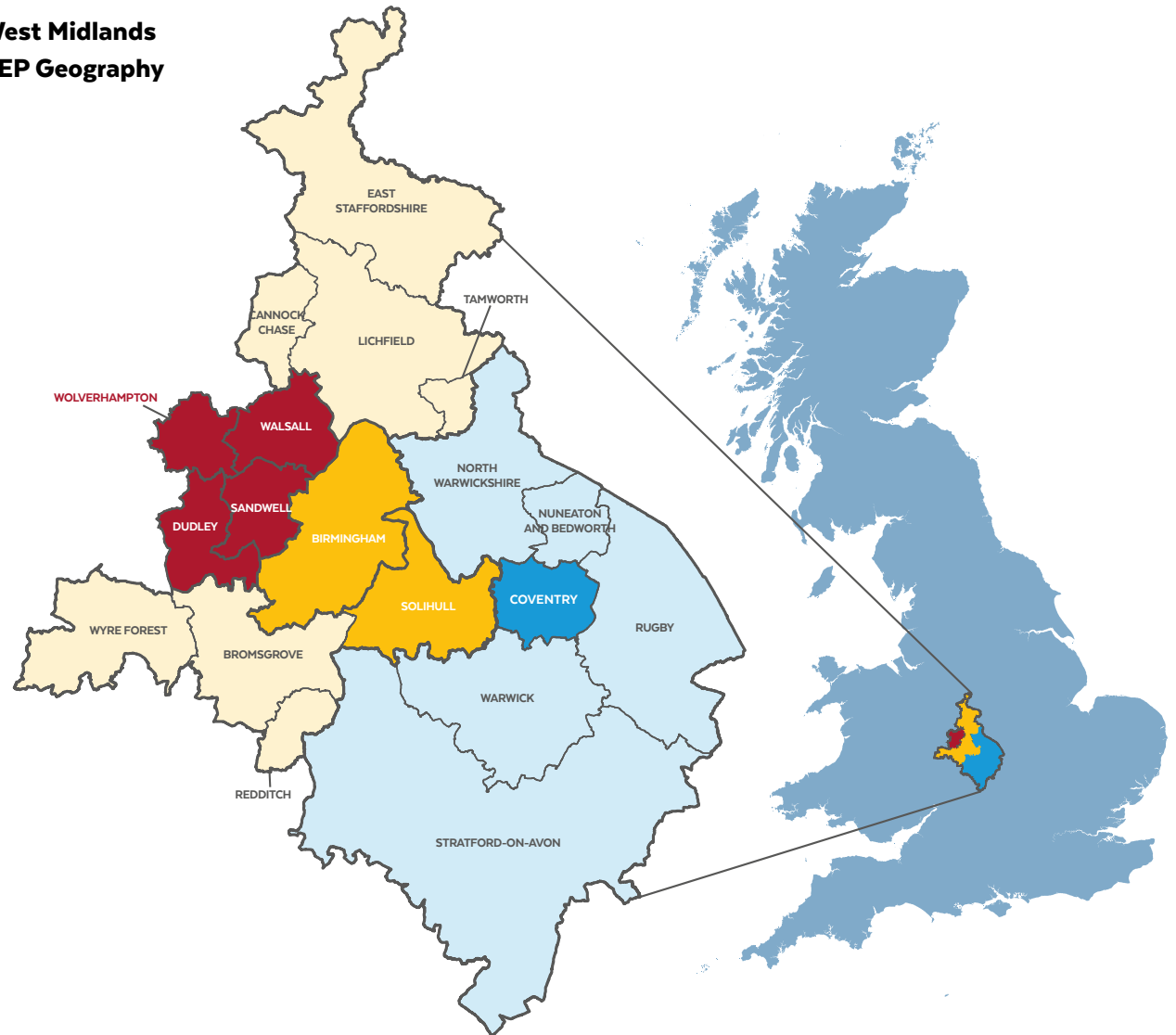
The West Midlands Combined Authority refers to the new governance structure being initiated for the West Midlands by the seven Metropolitan Authorities. It will initially consist of the Metropolitan Authorities. Leaders of the Metropolitan Authorities have made an open invitation to other West Midlands Councils to join the West Midlands Combined Authority.

The West Midlands refers to the area covered by the three Local Enterprise Partnerships: the Black Country LEP, the Coventry and Warwickshire LEP, and the Greater Birmingham and Solihull LEP.

The Midlands Engine refers to the growth and reform vision for the Midlands as articulated by the Chancellor in his speech on 1 June 2015.

Metropolitan Authorities (or Metropolitan Councils) refers to the seven Metropolitan Councils: Birmingham City Council, Coventry City Council, Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Solihull Metropolitan Borough Council, Walsall Metropolitan Borough Council, City of Wolverhampton Council.

West Midlands LEP Geography



Foreword

Historically, the West Midlands was the “workshop of the world”. Now the challenge is to become the engine of the British economy, driving jobs, prosperity and economic growth. In recent years we have made big strides towards this, with high growth, and record investment. But that’s against a background of lower growth in the 1990s and 2000s. Building on the strong foundations that have been laid, our ambition is for the West Midlands to help rebalance the UK economy, closing the £16bn output gap, and leading the Midlands Engine.

In stepping up to this challenge we need to work together across geographic boundaries and sectors, recognising the crucial role the private sector has to play in increasing competitiveness and productivity. This will deliver the conditions for business to flourish, creating more skilled and better paid jobs, bringing more investment into the area, improving health outcomes, reforming public services and reducing the region’s welfare bill. By doing this, the Midlands Engine will provide a better and fairer deal for people across the region.

The Leaders of the seven Metropolitan Councils of the West Midlands believe a Combined Authority – where every Council works in equal partnership alongside our Local Enterprise Partnerships – will establish a robust framework which will deliver the co-ordinated decision-making needed for modern economic governance.

A Combined Authority for the West Midlands is a critical building block in the delivery of our vision for a stronger Midlands engine.

Economic markets and the businesses serving them are no respecters of administrative boundaries. We believe the area being proposed for the West Midlands Combined Authority – covering the three Local Enterprise Partnership areas – represents a highly connected economic market area that can only benefit from close working on a number of key issues.

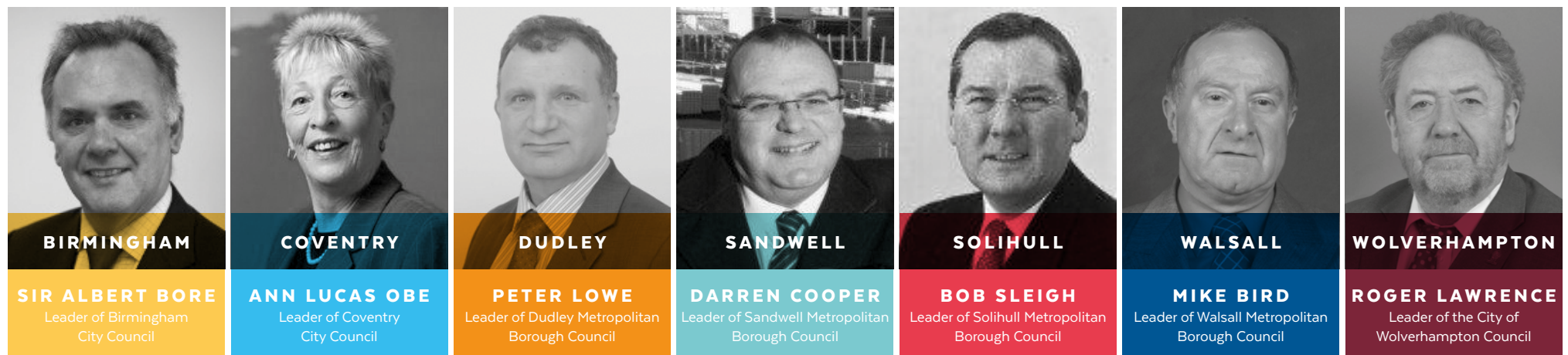
The proposals outlined in this statement aim to show how we can strengthen our relationships and focus on the issues that really matter to people and businesses in the West Midlands. The establishment of a Combined Authority provides us with a unique opportunity to drive forward a series of joint objectives in support of economic growth and progressive public sector reform. Our objectives must be to amplify the competitiveness, productivity and profitability of private sector enterprise which will be our engines of growth. By doing this we can create a strong and innovative partnership for economic governance second only to London.

Leaders of all seven Metropolitan Councils are committed to a Combined Authority for their area, but all agree that a Combined Authority covering the much wider and important geography across

the three Local Enterprise Partnership areas is crucial. This could involve 13 more councils joining the West Midlands Combined Authority. Currently District and County Councils are actively engaged in a dialogue around the creation of the West Midlands Combined Authority and are still working through the implications of joining. As we work to both develop the new economic strategic plan that will underpin the work of the West Midlands Combined Authority and the supporting governance structures, all Councils will work together over the coming months positively and constructively to deliver the very best outcome for the West Midlands.

We are ambitious for our region, its people and businesses. We value it for many things, not least for its diversity, its culture, its landscape and environment. But we will not over-promise. What is set out here is a deliverable set of initial propositions. We will build the trust and confidence of all those who choose to work with us. We are committed to partnership, innovation and enterprise. But above all, through the work programme the West Midlands Combined Authority will develop, we can lead our region to a better future and its rightful place as the engine of the UK economy.

Ministers visited the West Midlands recently to outline their challenge to us. This is our region’s response. It is our first statement, but by no means our final word. This is just the beginning of the journey.





Combined Authority – Statement of Intent

We write as the Chairs of the Black Country, Coventry and Warwickshire and Greater Birmingham and Solihull Local Enterprise Partnerships (LEPs) to welcome your Statement of Intent to create a Combined Authority embracing our collective LEP areas. We recognise that this is an important step to enabling further economic growth at a faster pace for our areas whilst undertaking necessary public sector reform and, in due course, achieving further devolved powers from Government.

We believe there is already a strong economic foundation on which to build the Combined Authority, based on recent private sector led growth in our respective LEP areas. The economic statistics show that we are beginning to address many of the issues that have previously held back this region. This recent success has been based on a very strong collaboration between the public and private sectors, which has included the joint setting of strategic objectives and the development of innovative and cost effective delivery models.

STEWART TOWE, CBE
Chair, Black Country LEP



We have developed enduring partnerships and the Combined Authority offers us a further and exciting opportunity to show the country how public and private sectors working together can deliver jobs and growth. Maintaining this collaborative approach as the Combined Authority develops is a key principle for our collective success. Furthermore, a private sector that is the focal point of our future economic development decisions will allow effective interventions to be created that address the barriers to business growth and competitiveness. Jointly, we must work together to ensure that we gain greater economic outcomes than we can achieve as individual LEPs working collectively. In doing so, we should look to tackle the stubborn issues that remain within our economy, such as improving the levels of productivity and worklessness.

We are committed to work with you to assess and deliver this “economy plus” model and would be pleased to lead in the creation of an overarching Strategic Economic Plan (SEP) for the Combined Authority, based on a refreshing of our current SEPs and reflecting the benefits that can be achieved through a greater combining of our efforts. This will be a key document for the Combined Authority, which will clearly establish the economic and investment priorities for the future. Our approach will be based on a detailed economic analysis, an honest appraisal as to where

JONATHAN BROWNING
Chair, Coventry & Warwicks LEP



further opportunities for improvement lie, and the development of innovative joined up solutions for further private sector growth and investment and public sector reform that will underpin our future dialogue with Government.

We are pleased that, as Metropolitan Authorities, you have begun to engage with the District and County Authorities that make up our full LEP areas. Gaining the full commitment of all our local authorities should now be a top priority. We believe that a Combined Authority, including all of these partners, is critical to achieving maximum economic growth. We will continue to work with you to facilitate this full and nationally unique economic partnership.

In conclusion, we are pleased that the Metropolitan Authorities have come together to create a Statement of Intent around the formation of a Combined Authority. We look forward to working with you to evolve this further such that, working across our full LEP geographies, we create jointly an economy that is the strongest outside London and contributes fully to the Government’s vision of a wider “Midlands Engine for Growth”.

ANDY STREET
Chair, Greater Birmingham & Solihull LEP



The case for the West Midlands Combined Authority

We intend to create the most effective Combined Authority in the country in order to propel our economy to further growth than can be achieved at present. Working together as three Local Enterprise Partnerships and up to 20 Councils, we will achieve far more than any of us could ever deliver separately.

We are building on a sound base

The three LEP areas which make up the West Midlands annually contribute more than £80bn of Gross Value Added (GVA) to the UK economy. In 2012/13, the region's output grew by more than 4%, one of the fastest growth rates in any region of the UK, demonstrating the impact of our growing public and private sector collaboration.

The West Midlands is home to a number of the UK's most strategically important businesses including Cadbury, Deutsche Bank, JCB, Jaguar Land Rover, SCC, MG Motors, ZF Lemforder, Hydrarforce, IMI plc, Tata, Aston Martin, BMW, Rolls Royce, Alstom, Ricardo, Lear, Meggitt, Unipart, Delphi, Bosch, Eon, GE Energy Power Conversion UK Limited, Tulip Limited, International Automotive Components Group Limited, Carillion PLC and Halfords Group PLC.

It is also home to some of the fastest growing SMEs in Britain according to the latest Inspire Britain 2015 report produced by the London Stock Exchange - these companies have on average doubled their revenue in the last four years, examples include In Touch Games Ltd, Select Health Care Ltd, Jerseytex Ltd, Fire Glass UK Ltd, G&P Group Holdings Ltd, Accura Group Ltd, Stoford Projects Ltd, Insurance Factory Ltd, E.sidwell, Norman Hay Plc,

Elmdene Group Ltd, Convergence (Group Networks) Ltd and Hardyman Group Ltd.

Renowned for its automotive and advanced engineering prowess, the West Midlands' economy has become more diversified in recent years with significant numbers of jobs created in the life science, financial and professional services, and digital and creative sectors.



An international economy

Our strong internationally competitive economy, our productive companies, sophisticated supply chain networks, our global businesses, and our location at the heart of the national transport network mean that we are uniquely well placed to deliver additional jobs and GVA for the UK economy. We are responsible for just 6% of the UK population but 10.5% of exports.

Our markets are truly global. While 40% of our exports are to the EU, the top international markets for the West Midlands are China and the USA. International investment is increasing as well. The number of foreign investments has increased by 73% in the last year, generating 9,168 new jobs. We need to build on this base to build an internationally focussed, high productivity economy.

An innovative economy

We are renowned for our innovation. Our businesses account for almost 10% of UK research and development (R&D) expenditure, much of which is delivered in partnership with local universities.

We have some of the best performing educational institutions in the country. Our universities have particular strengths in digital technology and computer science, healthcare, business administration, engineering and technology, and education.

Additionally, the region has a range of internationally recognised research institutions. These specialise in fields such as automotive design and development, polymer research, ceramics and science and technology.



An economy in transformation

We have ambitious plans to build on these strong foundations. As the largest infrastructure project in Europe, High Speed 2 (HS2) will be an economic catalyst for the West Midlands. Complemented by a local connectivity programme to ensure its benefits ripple out across the region, HS2 will attract and develop new skills, generate new jobs, re-shape the region's road and rail networks and stimulate significant growth in supply chains.

To complement the HS2 project, two world class stations for the high speed rail network at Curzon and UK Central will be delivered. In addition, we are investing £600 million in a major redevelopment of New Street Station, extending the Midland Metro tram network at a cost of £250m with the first phase set to complete in October 2015, and upgrading Birmingham Airport and the M42 nearby. We are committed to building a transport network that will match the best in Europe.

Metropolitan rail and rapid transit network map - the vision



1.7 MILLION

JOBS IN TOTAL
rising private sector employment

+43,000 JOBS
BETWEEN 2009-2013



1.3 MILLION JOBS

in the
PRIVATE SECTOR



£7 BILLION
EXPORTS

OVER
130,000
BUSINESSES



ONE OF THE TOP
PERFORMING AREAS

FOR FOREIGN AND DIRECT
INVESTMENT (FDI) IN THE UK



172 INWARD INVESTMENT
PROJECTS IN 2013/14 (74% RISE)

CREATING OVER
9,000 JOBS

THIRD LARGEST
EXPORTING REGION
— IN THE UK —

£6.5BN
OF GVA
FROM
MANUFACTURING



BILLION OF GROSS
VALUE ADDED (GVA)

contributed to the UK economy

% OF EMPLOYEES IN
MANUFACTURING

IS **50%**

HIGHER THAN
THE AVERAGE
FOR ENGLAND



FASTEST
GROWING
LEP AREAS AT
4% GVA GROWTH

HOME TO
4 MILLION PEOPLE
LIVING IN 1.7 MILLION HOMES



300,000 JOBS
IN HIGH VALUE
MANUFACTURING





Even with these strong building blocks we face three major challenges.

- 1** The **international challenge** facing all cities because of the global urbanisation trend.
- 2** A **national challenge** to rebalance the UK economy through the Midlands Engine.
- 3** A **regional challenge** reflecting structural issues within the Midlands economy.

1. The international challenge

The world is in the grip of rapid urbanisation accompanied by an important gravity shift in the global economy both eastwards and southwards. More than 1.5 billion people live in the world's top 600 cities today. By 2025, that number will have risen to over 2 billion. Cities are the principal drivers of the world's economic growth: those 2 billion people will produce \$64 trillion of economic growth, that is to say 60% of global GDP. As a direct result of urbanisation, we are going to witness a very significant increase in global income from a current base of some \$20,000 per capita to a projected average of \$32,000 per capita in 2025.

The growth in purchasing power which will accompany the growth in per capita incomes will potentially open new markets for British products, but may also close doors as manufacturing is shifted closer to the source of consumption and supply chains are consequently realigned.

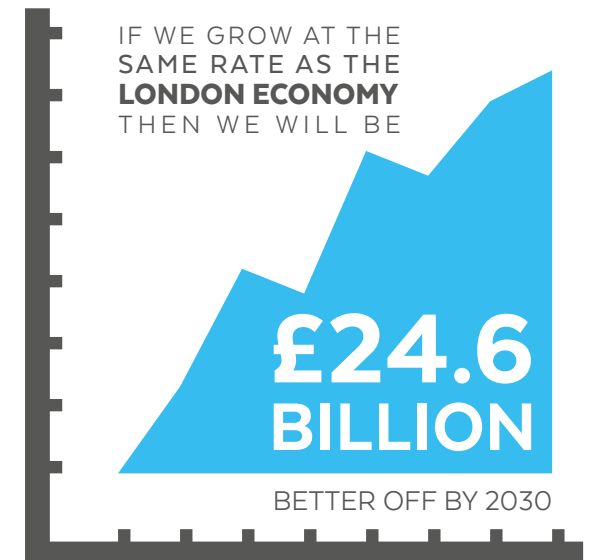
Our aim is to ensure that the Midlands economy is appropriately positioned to capture more than its share of this global GDP growth. To achieve this, size will matter more than ever before. Larger cities attract skilled individuals, capital for investment, and economies of scale. Our businesses need access to a highly skilled workforce, investment to finance their development, and first rate infrastructure. So in order to provide the essentials for our economic growth, we have to begin to consider and promote the region as one market area governed in a more joined-up fashion than is currently the case.

This is what will enable us to offer those who live in the Midlands the greatest access to skilled jobs, reasonably priced homes in the right places, and education and healthcare to be proud of.

2. The national challenge

The UK economy is out of balance. It is dominated by London and the South East. If the West Midlands economy grows at the rate of the London economy until 2030, rather than its slower trend rate, then this will add a further £24.6 billion to the regional economy. The problem is not that London is too big but that the Northern and Midlands cities have not grown strongly enough. They are too small. Nor is this about a zero sum game. It is not about merely shifting jobs and economic growth from one part of the country to another. It is about promoting and establishing the right conditions for economic growth.

The Chancellor opened this debate last year when he spoke of the need to rebalance the UK economy. He introduced the Northern Powerhouse concept. We are now responding in our own terms, through the creation of the West Midlands Combined Authority at the heart of a Midlands Engine.





3. The regional challenge

Britain is in the grip of what has been termed a productivity paradox. Growth has improved over the last couple of years. But because the level of employment growth has exceeded the growth in output we have seen a decline in UK productivity. This has also been true in the West Midlands.

The reasons for this are complex and inter-related. They are summarised below.

i. A skills deficit

The West Midlands suffers from a significant shortage of skills both at the lower and higher ends of the skills spectrum. The region's share of people with no qualifications is higher than the national average. The percentage of the population with skills training at or above level 4 is only 21%, significantly worse than the average across England and Wales at 27%.

The skills deficit across the region is reflected in the high level of unemployment (9.3%) across the 7 Metropolitan Authorities. If unemployment across the West Midlands was to fall to match the England average there would be some 14,500 less claimants resulting in a saving in excess of £35 million per annum in benefit spending. If the skills profile of the West Midlands was to match just the England average, so that an additional 19,000 people were qualified to level 4, GVA would increase by an estimated 1.7%. Even better, raising our skills levels to be best in class would increase GVA by 9.9%.

ii. A legacy of worklessness

The scars from economic change can be seen in an economic activity rate of 74.1% compared to a national average of 77.2%, meaning that there are 77,700 people out of the labour market. There are encouraging signs of improvement with the unemployment claimant count across the West Midlands

falling to 67,078 in May 2015 from a high of 146,160 in 2010. And there are excellent examples of innovative employment initiatives in operation across the West Midlands, such as the recently announced Work Coaches programme. But we know we need to do much more.

iii. A public service challenge

The public services have had an unprecedented period of investment. New hospitals and schools are a feature of many communities. Education standards are improving and people are living longer. But financial pressures are mounting. Cash constrained budgets are becoming more stretched. At the same time the pressures on public services are becoming more complex. As a result, services are less able to meet the service needs of our population. Old ways of running services seem not to help people out of dependency whilst the increasing costs of technology and reducing budgets combine to create the need to look again at how costs can be reduced and outcomes improved. That means tackling the hard issues: complex dependency, mental health and the challenges of ageing well. We have established a Public Services Board, co-chaired with West Midlands Police, to drive reform and look at system changes that can reduce demand, such as targeting re-offending and criminality.

iv. A connectivity challenge

We need a fully integrated rail and rapid transit network that connects our main centres with quick frequent services, and that increases the number of people who can readily access HS2 stations and main centres. By delivering this, we will reduce transport's impact on our environment, improving air quality, reducing carbon emissions and improving road safety. The resulting network will enable the efficient movement of goods to enable businesses to connect to supply chains, key markets and strategic gateways.



The economic geography of the West Midlands

The West Midlands Combined Authority is based on an extensive Functional Economic Market Area (FEMA) assessment, which tested whether the geographic area covered by the three LEPs was markedly more coherent in economic terms than each of the individual LEP areas separately. At the heart of this work was an analysis of Travel to Work Areas (TTWAs), migration data (to analyse where people move house to and from, which demonstrates whether housing markets are interconnected), and the interrelationship between these. Assessing these factors establishes what is called the “self-containment” ratio. This work was then extended with a detailed analysis of those industrial sectors in which all three Local Enterprise Partnerships have specialisations, and how the Midlands supply chain creates a coherent eco-system across the West Midlands area. This work further strengthens our case for the West Midlands to be considered as a Functional Economic Market Area.



90% OF THE POPULATION OF THE PROPOSED COMBINED AUTHORITY AREA **LIVE AND WORK HERE**

The table below shows that each of the three LEPs individually has a self-containment ratio of between 71% and 77% (depending on the methodology applied).

Area	Resident in-work population within area	Total resident in-work population	Self-containment percentage
Black Country LEP	298,000	419,000	71%
Coventry and Warwickshire LEP	263,000	341,000	77%
Greater Birmingham and Solihull LEP	514,000	677,000	77%
WMCA (the three LEPs combined)	1.29 million	1.44 million	90%

When the three LEP areas are considered as a combined area, the self-containment ratio rises to 90%. Clearly, self-containment percentages tend to rise as the geographical area under consideration is widened. However, the 90% statistic is important. It effectively means that if a Combined Authority covering the three LEP area is established, decisions subsequently taken by that body, for example affecting transport or skills, will be effective in covering 90% of the labour force.

The 90% self-containment ratio is at the higher end of ratios for the five other Combined Authorities already in operation as shown below:

Combined Authority area	Self-containment percentage
North East	93%
West Yorkshire	91%
West Midlands	90%
Greater Manchester	89%
Sheffield	85%
Liverpool	83%

This section has shown why we think it’s so important we work together for the benefit of all in the West Midlands. This is our commitment. The next section sets out our agreed principles, one of which is to ensure that all communities benefit. To seek to achieve this, we will demonstrate an objective means with which to assess interventions, or the design of programmes, so that these are aligned to our balanced economic outcomes for the West Midlands Combined Authority.

How the West Midlands Combined Authority will work

The West Midlands Combined Authority vision will require a high degree of collaboration between its constituent Councils and the three LEPs. But the collaboration does not stop there. In the private sector, key business leaders and employer organisations, such as the Chambers of Commerce, have a vital role to play. In the public sector, the police and health commissioners and providers of every kind are going to be vital to the delivery of our vision. The university sector, further education colleges and the third sector will also play a significant role. We are committed to finding the most appropriate means of involving all our stakeholders and progress with our proposals as we begin the delivery of our vision for the West Midlands and the establishment of the Combined Authority in April 2016.

The role of the West Midlands Combined Authority

A Combined Authority is the administrative form by which Local Authorities can act together to deliver their economic and transport objectives and coordinate the functions that deliver them. By working in this way, members focus on shared strategic priorities that are best addressed at a scale above local boundaries. Examples are transport and skills. People cross Council boundaries every day as they travel to and from work, education and their homes. It makes sense for local authorities to collaborate in these areas in such a way that opportunities for people to work, to learn, to enjoy their leisure time and to access public services are maximised. That in turn helps places to be more efficient, more prosperous, and more effective in delivering what people need.

So a Combined Authority is an important mechanism which enables cities and regions in England to both achieve the scale needed to compete internationally and to remove the boundaries to joined-up government and policy making.

Combined Authorities and the existing local councils

Combined Authorities do not take power away from local councillors or the individual communities they serve. On the contrary, the existing local authorities remain in place and collectively form the Combined Authority with their partners. They remain “sovereign” and the principle of subsidiarity, whereby decisions are made at the spatial level closest to the people ‘on the ground’, applies. The regions that have already established Combined Authorities have already shown themselves to be in a better position to negotiate with government the devolution of power and resources from the national to the local level.

The membership, the powers and the mode of operation of a Combined Authority are decisions for existing Councils to take.

Our working principles

We will have an approach based on partnership and collaboration. Our principles are clear:

- We are committed to collaborative working on the creation of a Combined Authority at the heart of a Midlands Engine covering the geography of the three LEPs
- The prize is strong economic growth for the West Midlands as part of a Midlands Engine and a rebalancing of the UK economy
- Growth requires smart investment, investment will be focused where the biggest outcome for the Combined Authority can be achieved
- Our pursuit of growth will be accompanied by an agenda of innovation and public service reform that will reduce the overall level of public spending
- We are committed to collaborative working with the private sector as the primary driver of economic growth and will work with them in establishing the economic priorities of the West Midlands Combined Authority
- All communities will benefit from growth, but not necessarily at the same time or in the same way

The delivery of the West Midlands Combined Authority and its cornerstone projects can't be done by us alone. The achievement of our goals requires new ways of working between the local authority partners, the three LEPs and a range of private sector and national government partners too.



Early priorities for the West Midlands Combined Authority

The West Midlands Combined Authority will have five early delivery priorities, which we set out below. Our approach to these will be driven by four overarching themes:

- collaborating to make the region act as one place
- creating the jobs of the future
- reforming public services to give people the help they need to succeed
- connecting the region more effectively internationally, internally and with neighbouring areas.

We will also establish three major independent Commissions to inform our future work which we expect to be co-commissioned with Central Government as they represent critical shared challenges.

a. Development of a Strategic Economic Plan

As part of the process of bidding for local growth funds, each of the three Local Enterprise Partnerships produced a Strategic Economic Plan in 2013/4 setting out their area's strategic economic priorities and establishing the case for investment in a number of key projects.

The three LEPs have agreed to work with Metropolitan Authorities to produce an overarching Strategic Economic Plan for the West Midlands, which will clearly demonstrate how the co-ordinated governance approach will add value to the region. At the same time, each of the three LEPs will also update and refresh their own Strategic Economic Plans. This family of plans, which will become key documents for the region, will clearly establish the economic and investment priorities for the future. The plans will then inform other relevant strategies including the preparation of a high level Capital Investment Programme, which will both identify the future financing requirements of the region, and provide a framework for the securing of those funds. The intention will be to complete this work by early 2016.

b. Access to finance and a Collective Investment Vehicle

Working closely with their Local Authority partners, the three LEPs have developed a strong history of delivering innovation funding vehicles, linked to growth deals with government and using mechanisms such as Enterprise Zones. They have also worked together to improve the availability of finance for local businesses.

Building on this, and other experience, the formation of the West Midlands Combined Authority will provide the opportunity for a fresh look at the way in which the constituent LEPs and local

authorities each source investment finance for the delivery of major regeneration and development proposals. It will focus on driving co-ordinated investment from both the public and private sectors.

The intention is to create a Regeneration and Development Growth Board to lead this work. This Board will oversee a portfolio of major development projects, considered critical for the Combined Authority to achieve its GVA growth target. Supported by a small team drawn from across the local authorities and the three LEPs, the Board will also build, and extend, existing relationships with investors, financiers and banks, and will be set a targeted figure for the external investment they will leverage into the West Midlands Combined Authority area.

A range of investment mechanisms will be devised including the Combined Authority's Collective Investment Vehicle. This will be a revolving fund, to either deliver schemes which might not otherwise attract sufficient third party investment or alternatively to accelerate the delivery of schemes which might otherwise come forward, but in a slower than desirable timeframe. Other investment mechanisms are also under consideration including one to bring economic benefit from re-using brownfield sites. Work is currently on-going to scope the development pipeline for these and the Collective Investment Vehicle.

c. Getting the transport offer right for the long term

The strategic transport network plays an important role in supporting economic activity and growth. It enables access to markets nationally and internationally, improves labour market efficiency, unlocks employment and housing sites, reduces the cost of doing business, stimulates business investment and innovation and attracts global economic activity. Conversely,

constraints imposed by the transport network act as barriers to growth in the Midlands and challenges exist such as traffic congestion, delays, poor journey reliability and the need to see further investment in rail and rapid transit networks. This is impacting on the competitiveness of both the Midlands and the wider UK economy.

We have a strong track record of delivering transport investment into the area, but more is needed. Midlands Connect and the West Midlands Strategic Transport Plan are key initiatives which are creating options for investment in our network to radically improve connectivity, accessibility to HS2 and beyond, business efficiency and our built and natural environment.

We are committed to develop a programme of transport interventions required to ensure we deliver our vision and it will be supported by an investment package for their delivery.

d. Creation of an economic policy and intelligence capacity

We have a bold agenda for change across the West Midlands based on what we already know about our region. However, we are also conscious that future strategic decisions should only be taken on the basis of the empirical evidence supporting both the problem and the solution. Economic expertise across the region is currently dissipated across the three LEPs, local authorities, universities, the private sector and other stakeholders. We plan to establish an economic intelligence hub which will gather the evidential data required to support better decision making. This unit will ensure that the economic data required to support the Combined Authority's growth and public sector reform agendas, as laid out in the new SEP, is appropriately gathered, analysed and presented to politicians to facilitate more informed decision making.

e. A joint programme on skills

The education, employment and skills system is highly complex and consists of multiple markets operating within funding and regulatory mechanisms that too often compete with each other and can drive unintended behaviours and consequences. The system is too complex for people or businesses to navigate without support and the limited support that is available is patchy and can be biased towards certain provision that may or may not be in the best interests of the individual or business being supported. There is extensive duplication of effort across the system leading to waste on a colossal scale as well as wide spread confusion and diffusion of impact.

The Greater Birmingham and Solihull LEP has been investigating and identifying opportunities for a radical change to the way that the skills system operates through a model of devolution that enables the alignment and simplification of support to both individuals and businesses with an explicit connection between the two. Key to the success of this approach will be a single strategic framework for employment and skills with a single set of KPIs that are adopted by the Combined Authority. Our strategy focuses on the identification of current and future employment opportunities and supporting local people to access those opportunities whether they are in formal education (Ignite), in work (Accelerate) or unemployed (Re-Tune).

The three LEPs have come together to refine this approach. Drawing on the Greater Birmingham & Solihull LEP work and the Wolverhampton Skills Commission, they will deliver a proposition to Government at the end of July 2015 outlining a model for radical reform of the whole skills system that will reduce unemployment, raise skills levels and make a significant contribution to raising productivity.

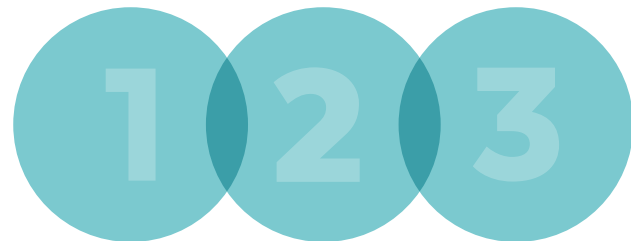




Appointment of West Midlands Commissions

Increasing the rate of growth of the West Midlands and addressing the national competitiveness and productivity challenge is a high priority. We need to support its economy, its businesses, and the people of the region to improve their skills and health as well as to make the best of the physical and other assets we have.

We take it as our number one challenge that we must grow our economy beyond the current projections. We must make our already world-class business base stronger and better still. We also know that we will need to look hard at some of the bigger and underlying issues we face to achieve this: to improve our competitiveness and productivity; to attract greater business investment; to develop our people's skills; to bring more land and buildings back into productive use; and to look at how, through improving mental health, we can make progress in some of the most intractable problems of public service reform.



WE PROPOSE TO ESTABLISH
THREE MAJOR NEW INDEPENDENT COMMISSIONS
TO HELP US SHAPE THE AGENDA OF
THE WEST MIDLANDS ENGINE

We therefore propose to establish three major new independent Commissions to help us shape the agenda of the West Midlands Combined Authority. Support from the Government will be sought to deliver these Commissions, both through the appointment of a Chair, and with a commitment that Government Departments and Agencies will work with each Commission to deliver its objectives.

Each of these three independent Commissions will begin work immediately and independently to bring forward initial ideas for consideration later this year to inform the further development of our proposals for the West Midlands Combined Authority.

The West Midlands Productivity Commission

There is no one factor which explains the UK's productivity gap. The explanation lies in a blend of factors, including historically low levels of capital investment both in plant and machinery and public infrastructure, insufficient spending on research and development, and low skills levels across the workforce.

The West Midlands has not been immune from the productivity gap. The total output gap is some £16 billion which translates to output of £20,137 per head, some £4,000 lower than the national average. There is a big prize to go for in closing this gap, hence the setting up of this commission, whose remit will be to:

- Establish the true extent of the productivity challenge in the West Midlands
- Understand the component causes of the productivity challenge and the inter-relationships between them
- Make recommendations as to how these individual causes can be addressed
- Ensure appropriate plans are developed for the implementation of these recommendations and monitoring systems exist to review their effectiveness.





The West Midlands Land Commission

Ensuring a constant supply of land for housing and employment use that is commercially developable is critical. Whilst recognising the important roles that the three LEPs and the West Midlands Councils have taken in driving investment and development across the West Midlands, there remains a need to do more. We need to ensure that the supply of development sites can meet demand, and we need to find a way to bring brownfield land back into use. We need to ensure that the opportunities afforded for development on public sector-owned land are fully exploited. We also need to ensure that transport investment is properly linked to priority employment and housing sites.

To address these issues, a Land Commission for the West Midlands will be launched with the aim of:

- Compiling a comprehensive register of the development sites and available and vacant property available in the West Midlands region
- Preparing a comprehensive assessment of the viability of existing sites focusing in particular on the specification of a range of early opportunities for international marketing purposes
- Working with international, national and regional organisations on the identification of mechanisms which will enable sites and premises on a phased basis to be brought back into the most appropriate productive use
- Developing appropriate tools and partnerships to enable individual sites and premises to be remediated and further developed.

The West Midlands Commission on Mental Health and Public Services

Around one in four people in the UK experience mental health problems in any given year. One in ten young people experience mental health problems before they reach adulthood. We also know that mental health problems lie at the heart of a range of our most intractable public service challenges, including the present levels of worklessness. Despite this, mental health remains too low a priority for the National Health Service.

We do not believe it is possible to rise to the challenge of reforming our public services without looking properly at the role mental health plays in driving demand for those services. More than that, we believe that tackling mental health will enable us to reduce our spending in the long run. Poor mental health is the root cause of many of our social and employment problems as well as the size of the benefit budget. All our work with the police, courts and prisons, in families, domestic violence and with children in care tells us that tackling mental health problems as and when they occur is vital to the effective reform of public services and the fulfilment of our wider economic objectives.

The proposed Mental Health Commission will:

- Assess the scale of mental health problems in the West Midlands and their cost and impact across the whole system
- Examine best practice elsewhere nationally and internationally in both health and other services areas
- Establish the relative costs and benefits within the whole system of the application of this best practice to the West Midlands
- Pilot new ways of working to test effectiveness
- Make recommendations on how the findings of the Commission can best be taken forward to reform public services in the West Midlands.



The consultation process on the creation of the West Midlands Combined Authority

The Midlands needs to become an engine of growth within the UK economy. The West Midlands Combined Authority needs to make a full contribution to closing the output gap which exists between London and the rest of the country. This will not happen unless we all learn from past experiences and develop new and different ways to work together, both across the public sector and in partnership with the private sector.

The decision to proceed with the creation of a West Midlands Combined Authority is rightly in the hands of the elected leaders of the local authorities of the West Midlands. It is an important decision in which a variety of stakeholders have views which need to be fully taken into consideration.

There will therefore be a process of consultation and engagement between now and the formal launch of the West Midlands Combined Authority in April 2016.







WEST MIDLANDS
COMBINED AUTHORITY

www.westmidlandscombinedauthority.org.uk

BIRMINGHAM · COVENTRY · DUDLEY · SANDWELL · SOLIHULL · WALSALL · WOLVERHAMPTON

Warwickshire Health and Wellbeing Board

23 September 2015

Warwickshire Health & Wellbeing Board – Annual Review

Recommendations

That the Board agrees the Annual Review.

1.0 Summary and Report

The Health & Wellbeing Board's second Annual Review is attached as an appendix to this report.

In line with statutory requirements, the Review will be submitted to the County Council meeting on 8th December 2015.

The Review provides an overview of the Board's activities over 2014-15.

Alongside the Annual Review, partners have pulled together a number of case studies demonstrating integrated working. These will be published shortly through the Board's newsletter.

A detailed work programme for the coming year will also be published shortly, taking into account new governance & operational arrangements agreed at July's Board.

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WARWICKSHIRE HEALTH AND WELLBEING BOARD
ANNUAL REVIEW 2015

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Chair's Introduction and Foreword

It is my pleasure to present the Health & Wellbeing Board's Annual Review, which summarises our business and progress in our second year of full operation.

The role of the Board is to work together to build healthier communities, and to improve health and care services.

Our focus in 2014-15 has been to put in place the foundations that will help us to make a real difference over the next five years and beyond. This has included:

- Understanding Warwickshire's changing population needs through the Joint Strategic Needs Assessment
- Agreeing the new five year Health & Wellbeing Strategy
- Establishing new arrangements for the delivery of health and care services
- Ensuring the Board's membership, governance and wider operational structure are fit for purpose for the future and the challenges ahead

Our partners have taken forward a wide range of initiatives to deliver our priorities. We have collected some of these together as 'case studies' which we are publishing to accompany this review, and which we trust you will find useful and informative.

Alongside these achievements, perhaps even more important has been the cultural change that has begun. Through working together as a single Board, leaders across health and care are developing a better appreciation each other's priorities, aspirations, challenges and ways of working.

Through developing this culture of shared understanding – and not being afraid to challenge each other – we are now in a much better position to make the right decisions and develop the right solutions to meet our priorities.

I would like to thank everyone whose hard work and commitment has contributed to the activities detailed in this review.



Cllr Izzi Seccombe

Chair of Warwickshire Health and Wellbeing Board
Leader of Warwickshire County Council
September 2015

Agreeing Our Plan

Warwickshire Health & Wellbeing Strategy 2014-18

In November 2014, the Board agreed the new Health & Wellbeing Strategy for 2014-18. This was the culmination of 12 months' extensive engagement and consultation with the Board's member organisations and the wider partnership.

Through the Strategy, partners have agreed three over-arching priorities for the next five years. For each priority, partners have set out a number of areas of focus and planned outcomes.

The Priorities and areas of focus are:



1. Promoting Independence for All

- Ensuring the best start for children & young people
- Supporting vulnerable young people & their transition to adulthood
- Enabling people to manage their own health & wellbeing (through prevention, screening advice, information etc.)
- Empowering disabled people to have choice & control
- Enabling older people to stay independent & in their own homes for as long as possible
- Identifying and supporting other vulnerable groups



2. Community resilience

- Building the capacity of local communities to shape & deliver services
- Building social networks - reducing loneliness & isolation
- Improving educational attainment & access to learning across the whole community



3. Integration & working together

- Reducing admissions to acute services & residential care
- Simplifying access to services & the customer journey
- Data sharing and IT infrastructure
- Creating healthier environments (e.g. through housing, planning, licensing, alcohol & crime)

Partners have now begun to review their own commitments against the strategy, and the Board has begun to establish Programme Boards to take forward specific work.

Delivering Our Priorities



1. Promoting Independence for All

The Board's focus under this priority has been around protecting our most vulnerable children, young people & families.

Partners have:

- Established a new '0-5 Years' Strategy Group
- Successfully completed the first phase of the Priorities Families Programme
- Established new support arrangements for children with special educational needs and disabilities
- Agreed plans to create a new Multi-Agency Safeguarding Hub
- Agreed a joint plan to improve services for people with learning disabilities

Case Study: Dementia Friends



In Warwickshire there are over 7,500 people living with dementia, and this is likely to rise to over 9,000 by 2010. Through Warwickshire's Living Well With Dementia Strategy, partners have committed to raise awareness and understanding of dementia; support people to live well with the condition; and to create Dementia Friendly Communities.

One way in which partners are seeking to raise awareness is through building a network of Dementia Friends.

To become a Dementia Friend, you need to attend a short information session, and to make a pledge to commit to a 'dementia-friendly' action. This could include things like wearing the badge and spreading the word; finding out more about the

services and support available; or keeping in touch with a person with dementia.

Last year we set out to recruit 10,000 Dementia Friends in Warwickshire, and we have now reached 9,000, including staff and leadership teams from the County Council, District & Borough Councils, CCGs, NHS Trusts and local businesses. The Local Pharmaceutical Committee has pledged to encourage all pharmaceutical staff to sign up.

You can find out more (and sign up on line in 5 minutes) by visiting www.dementiafriends.org.uk

Please contact dementiapartnership@warwickshire.gov.uk to book a Dementia Friends Information Session for your organisation or team.

Identifying and supporting other vulnerable groups



2. Community resilience

Community Resilience is a priority in both the Health & Wellbeing Strategy and the Warwickshire Cares Better Together Programme.

Partners have:

- Held two successful conferences to look at 'planning for healthy communities'
- Signed up over 9,000 'Dementia Friends'
- Piloted a range of new initiatives to build community capacity including:
- the #onething campaign in the Warwickshire North area to promote healthier lifestyles
- the social prescribing project in Rugby through which GPs can refer people to community support and volunteering
- new community support services for over 75s in South Warwickshire
- Established new arrangements to improve partnership work between public agencies and voluntary and community groups

Case Study: Grove Farm Lunch Club

In 2014 partners identified Grove Farm in Nuneaton as experiencing particular disadvantage, and the County Council's Localities Team has been working with Councillors and other community leaders to review local services and facilities. Through discussion with local residents it became apparent that there were few activities in the area bringing older and younger people together in a positive way.

With clear evidence of local need and community aspirations, the Healthy Living Network was able to secure funding through the Coalfield Regeneration Trust and the County Councillors' Grant Fund to set up a community lunch club.

The funding has enabled the lunch club – with support from the Healthy Living Network - to buy kitchen and project equipment; create promotional materials; recruit and train local volunteers; and secure the top food hygiene accreditation.



The club meets every Tuesday and comprises 20 members who each pay a small fee. One local resident provides home-grown vegetables to the club, and in return receives a free meal.

6 of the members have increased their five-a-day consumption.

Service providers including the CAB and the Nuneaton & Bedworth Health & Wellbeing Service have visited the club to talk to members, as well as an organised visit from a group of local children. Topics have included money management, flu jabs, keeping warm in winter, and local leisure activities for older people.

The Healthy Living Network is hoping to continue to work with local residents and partner agencies to develop the offer & ensure the sustainability of the club.

Building social networks - reducing loneliness & isolation



3. Integration & working together

The Health & Wellbeing Board has led significant changes as to the delivery of health and care services.

Partners have:

- Agreed an ambitious new programme to integrate health and care services (Warwickshire Cares – Better Together)
- Ensured appropriate arrangements to implement new legislation around how services are delivered, including the Care Act and the Children & Families Act
- Agreed a data sharing protocol and a process for sharing data for needs assessments and commissioning activity between partners.

Case Study: Social Prescribing

Just What the Doctor Ordered...

September 2014, NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) and Warwickshire Community and Voluntary Action (WCAVA) launched Warwickshire's first social prescribing scheme.

The ConnectWELL programme offers health professionals the opportunity to refer to patients to local support services and activities, from dance classes to knitting groups, instead of, or as well as, medical treatment. Social prescribing is about introducing new and beneficial elements to patients' lives - healthier eating or increased social interaction for example.

ConnectWELL was launched at four GP surgeries in Rugby. Volunteer Navigators based at the GP surgeries signpost patients to possible groups and activities. Volunteer Health Buddies provide more intensive support over a six week period. This could include helping the patient in book into classes and attending the first sessions with them.

763 voluntary and community groups and activities in and around Rugby have been identified, logged and recorded and are available when signposting patients. So far, 172



signposts have been made to 84 patients, for 106 different activities.

While the number of referrals so far is small, GPs and practice staff are already seeing the benefits and believe there is considerable scope to expand the scheme.

To evaluate the benefits of the scheme, Health Buddy Pathway Patients are assessed using the Warwick Edinburgh Mental Wellbeing Scale5 (WEMWBS) in intervals during, and after, accessing the service. So far there appears to be clear evidence of an increase in patients' wellbeing, although the full evaluation of the first year is not yet complete.

In an interview carried out with a client for the mid term evaluation, one 'Navigator' patient mentioned that they "do not really see [my] GP anymore".

The results of six and 12 month reviews of the pilot have led to CRCCG supporting the roll-out and continued funding the scheme in all Rugby GP practices over the next 12 months.

Reducing admissions to acute services & residential care

Understanding Our Population

Warwickshire's Joint Strategic Needs Assessment (JSNA) Programme 2015-18

To develop the strategy, the Board has considered a range of information and evidence under the umbrella of the JSNA, including Warwickshire's Quality of Life Report and the

Director of Public Health's Annual Report.

Towards the end of 2014 workshops were held to engage with stakeholders around our population priorities, and in January 2015, the Board agreed to prioritise 11 key issues over the next three years. These are shown below.

The JSNA team are now developing a three year programme of needs assessments around these issues, ensuring each needs assessment informs the relevant commissioning cycles and provides the most value. Work is now underway on the Looked After Children and Carers needs assessments.

In addition, work has continued on needs assessments around people with learning disabilities, children with special educational needs, gypsies & travellers, the impact of austerity, and the needs of armed forces veterans; and these needs assessments are due to be published shortly.

Partners also commissioned the Pharmaceutical Needs Assessment (PNA), which is a new statutory requirement. This assessment and the recommendations of the Health & Wellbeing Board have led to joint action planning between local public agencies and pharmaceutical providers.



Vulnerable young people

- Looked after children
- Educational attainment of disadvantaged children
- Vulnerable Children



Mental wellbeing

- Mental Health (Adults & Children)
- Dementia



Long-term conditions

- Cancer
- Cardiovascular disease



Physical wellbeing

- Weight management
- Smoking/ Smoking in pregnancy
- Substance misuse & alcohol



Carers

- Young carers and adult carers

Health and Wellbeing Board Decisions in 2014-15

1. Supporting Children and Families

Better Outcomes for Children & Young People

In March 2015 the Board approved the initial work programme and governance arrangements for the 0-5 Years Strategy Group. The aim of the Strategy Group is to provide a co-ordinated approach to improving the wellbeing of our 0-5 year olds and their families.

In July 2015, the Board considered the Director of Public Health's Annual Report, focussed on the health needs of children and young people. The Board agreed a series of recommendations as to how partners can work better together to improve health outcomes for our children & young people. These recommendations

are being incorporated into the action planning for the Health & Wellbeing Strategy.

The Priority Families Programme

In January 2015 the Board considered the progress of the Priority Families Scheme. Through the scheme, partners worked with 930 families from 2012-15. 805 of these families have achieved positive outcomes including improved attendance at school; reduction in anti-social behaviour; and progress into work.

Phase 2 of the Programme started in April 2015 and is likely to continue to 2020. Partners plan to work with over 2,500 families facing multiple issues such as poor

school attendance, safeguarding concerns, domestic violence, health issues and unemployment.

Partners are currently developing work around:

- Systemic family working – adding value to existing multi-disciplinary support plans
- Working with prisoners who have parenting responsibilities and are within six months of release

Between September 2014 and 2017, as required by new legislation, nearly 3,000 statements of special educational needs will be converted into Education, Health and Care plans.

Case Study: Respect Yourself



One of the priorities for local partners is to support young people to make positive choices in their relationships and sexual health, and this work is led by the Respect Yourself Team.

Initiatives include:

- The website/app www.respectyourself.info, which provides a comprehensive information resource, and is now accessed over 40,000 times a month.
- Relationship and Sex Education programmes for primary and secondary schools (including curriculum materials, training & parent information sessions)

The overall programme is overseen by a Youth Council. They have recently identified 'sexting' as an issue and are developing a resource for schools and pupils around this.

Ensuring the best start for children & young people

New arrangements for children with special educational needs and disabilities

In September 2014 the Board considered the development of the new 'Local Offer' for children and young people with special educational needs and disabilities, ensuring an integrated approach to children's education, health and care needs.

Between September 2014 and 2017, as required by

new legislation, nearly 3,000 statements of special educational needs will be converted into Education, Health and Care plans.

Partners have pulled together a comprehensive information resource for parents and carers, and this is now available at: <http://www.warwickshire.gov.uk/send>

In March 2015, the Council's Cabinet approved a number of proposals to improve provision for children

with special educational needs and disability (SEND). This includes a new action plan & plans for the wider participation of parents/carers and young people in the design, monitoring and review of services.

The new SEND system is in place from 1st September 2015, and is overseen by the SEND Board, including representatives from the County Council, Health partners, Special Schools and parent groups.

2. Safeguarding vulnerable people

Establishing the Multi-Agency Safeguarding Hub (MASH)

Agency Safeguarding Hub (MASH). The MASH will involve the co-location of staff from the County Council, Police and Health responsible for safeguarding children and/or adults; and will ensure that safeguarding is managed consistently across the County.

The MASH will receive referrals where an individual is identified as at risk, and will share information to agree an action plan through the most appropriate agency to safeguard the individual involved.

Warwickshire MASH will manage both children and adult safeguarding concerns, with Phase 1 of the MASH focussing on children only. This element of the MASH will be in place by the end of 2015, with Phase 2, the inclusion of adult safeguarding, completed by the end of March 2016.

Safeguarding vulnerable people in care settings

In November 2014, in line with national requirements, the Board considered and endorsed Coventry and Warwickshire's joint plan in response to evidence of abuse of vulnerable people at Winterbourne View Hospital in Gloucestershire.

Since then a great deal of work has taken place across health and social care to implement the plan; specifically to develop a new model of care for people with learning disabilities and/or autism who present behaviours that challenge and to support individuals placed in hospital settings to be discharged into the community.

Linked to this work, Warwickshire, Coventry, Herefordshire and Worcestershire have recently been identified as one of 5 Fast Track areas by NHS England to develop a joint transformation plan to strengthen support in the community for people with learning

disabilities. Coventry and Warwickshire's three CCGs, two local authorities and NHSE submitted the plan on 7th September 2015.

Safeguarding Adults & Children

In November 2014 the Board endorsed the Safeguarding Adults Board's (SAB) Annual Report and changes to how the Board would operate. Since then, the SAB established its new governance structure and has drafted a 3 year Strategic Plan focussing on Making Safeguarding Personal with a commitment for greater community involvement in safeguarding and the prevention of abuse.

Key achievements include meeting the requirements of the Care Act and related Guidance, responding to new definitions and categories of abuse and ensuring that all partners are equipped to assess risk consistently and to communicate effectively with each other.

In January 2015 the Board considered the Annual Report of the Safeguarding Children's Board (SCB), and discussed a number of issues highlighted in the report, including access to safeguarding support by BME children & children with disabilities; child sexual exploitation; 'return home' interviews for children who have gone missing from their homes; 'private' fostering arrangements; and safeguarding training.

Since January these issues have been taken forward by individual agencies and through the Safeguarding Children's Board.

Both Safeguarding Boards will shortly be producing their Annual Reports which will provide a full update on progress.

3. Improving outcomes for vulnerable groups

In July 2015 the Board considered and approved the Learning Disabilities Joint Health and Social Care Self-Assessment and plan to improve key outcomes for people with a learning disability in Warwickshire - stay healthy, stay safe and live well.

A small working group reporting to the Learning Disability Partnership Board has been established to oversee and drive through the actions required.

Partners are looking in depth at the needs of other vulnerable groups through the Joint Strategic Needs Assessment Programme, and this evidence will be used to inform future commissioning priorities across the partnership.

Case Study: Warm & Well Partnership



Partners established the Warm & Well in Warwickshire Partnership in 2010 with the aim of reducing fuel poverty, and to improve advice and support to people at risk of fuel poverty. Up to a third of excess winter deaths are as a result of fuel poverty, and tackling fuel poverty is likely to lead to an improvement in health outcomes and people's ability to remain in their own homes.

The Partnership has supported a number of schemes including:

- A Freephone Energy advice line (0800 988 2991) through Act on Energy
- A targeted 'benefits take-up' campaign (costing £15,000) which has released £500,000 per year to Warwickshire residents that was previously unclaimed
- Boiler servicing and small repair grants for people on specific benefits
- Age UK's chimney sweep service in conjunction with the Fire & Rescue Service
- Face-to-face household visits in targeted locations, raising awareness of a range of services, and providing onward referrals and follow-up actions for individuals at risk

Plans for the next few months include:

- 'Boiler on Prescription' Pilot for 20 targeted households
- A bid to the national Warm & Healthy Homes Fund for home efficiency improvements for vulnerable households
- Coventry & Warwickshire Fuel Poverty Conference on 22nd September at the Ricoh Arena in Coventry

Creating healthier environments

4. Protecting the Health of our Communities

In July 2014 the Board agreed to establish jointly with Coventry the new Coventry and Warwickshire Health Protection Committee.

The Committee ensures 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.

Over the last year, the new Committee has taken forward a range of work:

- Developing the Pandemic Flu Plan
- Establishing the Coventry and Warwickshire TB Programme Board
- Commissioning redesigned Sexual Health Services
- Commissioning an infection control review
- Delivering successful seasonal flu campaigns, with 75% uptake amongst over 65s, although more work is needed to improve uptake among individuals in 'risk' groups.
- Commissioning new services to address fuel poverty in Warwickshire ('Warm and Well') & holding a fuel poverty conference.
- Agreeing to establish a new Coventry and Warwickshire Air Quality Alliance

Case Study: #onething



As part of the plan to address high rates of cardiovascular disease (CVD) in the North of the County, particularly amongst women, partners through the CVD Programme Board have launched the #onething campaign to encourage healthier lifestyles.

Hundreds of people have now pledged to change 'one thing', and over 150 of these pledges can be seen at: <http://www.warwickshire.gov.uk/onething>

As well as getting people to pledge changing one thing for their health, the campaign has provided a useful tool to engage people and link to a range of services and resources.

Partners are looking to continue to raise the profile of #onething amongst the target the priority audience through a series of campaigns and events.

The CVD Programme Board was established in May 2014 to bring partners together to enable the better management of resources, and to provide better and more targeted services from prevention to chronic management.

Alongside the #onething campaign, the team has been working closely with GPs to introduce new systems, reduce waiting times and improve pathways.



5. Planning local health & care services

Better Care Fund

In September 2014 the Board approved the local Better Care Fund plan for Warwickshire, which subsequently gained approval by the national team. This has led to the establishment of the Warwickshire Cares - Better Together Programme Board, who are now delivering the plan.

The Programme has already led to more joint working across the health and social care system both directly supporting frail and elderly people and in the joint planning and commissioning of services.

In July 2015 the Board agreed the final agreement governing how partner organisations will manage the pooled budget for the Better Care Fund.

The Programme Board is now able to make joint investment decisions, plan for subsequent years and ensure that national reporting requirements are met.

Enabling people to manage their own health & wellbeing (through prevention, screening advice, information etc.)

The Pharmaceutical Needs Assessment (PNA)

In March 2015 the Board agreed the Pharmaceutical Needs Assessment.

This is an assessment of the pharmaceutical services that are currently provided in Warwickshire including dispensing of prescriptions by community pharmacies, GPs and other providers, as well as other services available from community pharmacies.

The PNA is used by the NHS England when deciding if new pharmacies are needed, and guides local commissioners to ensure services are of good quality, are easily accessible, meet local health and pharmaceutical needs and provide good use of NHS financial resources.

The Board agreed to support and champion the Local Pharmaceutical Committee in its engagement with pharmacies, in particular to enhance and extend the use of pharmaceutical services, to link to these wider health and wellbeing priorities, and to respond to the views of public and patients detailed in the assessment.

The LPC and local pharmacies are now working closely together on initiatives around systems resilience, urgent care and public health.

Planning for Healthy Communities

In May 2014 the Board looked at the development of core strategies and Local Plans across the County, and agreed that the health sector needs to work closely with planning departments to ensure the health impacts of new developments are properly understood and managed.

Following this, the County Council's Infrastructure Delivery Team and Public Health colleagues have worked closely with the District & Borough Councils to ensure new developments pay due regard to health needs.

The Health & Wellbeing Board has sponsored two successful conferences to take this agenda forward:

- Planning for Healthy Communities in May 2014
- Healthy Weight Environments (with the Town & Country Planning Association) in July 2015

These events brought together planners, health services and other stakeholders to look at planning for health and creating environments that encourage healthy lifestyles, and to agree actions and commitments for future working.

Alcohol Implementation Plan

In September 2014, the Board endorsed Warwickshire's refreshed Alcohol Implementation Plan. The Plan was developed following a wide engagement exercise including Warwickshire's BIG Conversation About Alcohol event in January 2014.

The plan seeks to reduce the incidence of alcohol-related crime, alcohol-related hospital admissions, excessive drinking amongst young people, and more people successfully completing alcohol treatment.

The plan focusses on three areas where partners have agreed they can make a bigger difference through working together:

- Challenge and Enforcement
- Health, Treatment & Recovery
- Education & Prevention

A number of initiatives have been developed under these themes and progress is overseen through the Safer Warwickshire Partnership Board.

6. Working Together

The 'Peer Challenge'

In November 2014 the Board agreed to invite a 'Peer Challenge' team through the Local Government Association to review the structure, operation and culture of the Board and the wider Health and Wellbeing 'system'.

The team undertook an intensive review in early 2015 which included a series of workshops and interviews. Following the review the team produced its assessment, which has been endorsed by the Health & Wellbeing Board.

The Board has now agreed new arrangements – including a broadening of the Board's membership, which will give greater impetus to joint working to achieve local health and wellbeing priorities.

Data Sharing

In January 2015 the Board agreed a 'data sharing protocol' to guide the sharing

of information between partners including the Clinical Commissioning Groups, Warwickshire County Council, and organisations providing acute health services.

Members of the JSNA Commissioning Group are working closely with the Warwickshire Cares Better Together Programme and a number of key stakeholders to allow more timely access to data across the whole spectrum of health and social care including primary care pathways. This will allow a better understanding of the customer journey and lead to more informed needs assessments and subsequent commissioning of services. Over the coming months, we'll be working closely with our GP practices via the Local Medical Committee (LMC) to understand data sharing requirements on a more systematic basis, with a view to developing an annual plan.

Case Study: A Single Clinical Platform for South Warwickshire



In Spring 2015, South Warwickshire CCG supported a business case which meant that all 36 of its General Practices would be using the same IT system ('clinical platform'), known as EMIS.

The CCG, its Practices and Patients are already experiencing the following benefits:

- Clinical and administrative time has been released (e.g. through a single 'bookings' service) meaning more time is available for patient care
- Improved quality of data reporting means the CCG has access to real-time information providing a much better understanding of each individual practice e.g. to explore and understand variation
- Better use of software to aid clinical decisions
- Patients can now be seen at any South Warwickshire practice regardless of where they are registered.
- The system can be used on mobile devices facilitating 'care anywhere'
- Patient records are accessible by other practices and care providers (where appropriate and agreed with the patient)
- Improved management of long term conditions through coordinated recall and improved monitoring
- Patients are able to access services and their medical records on-line

The CCG plans to undertake the following developments over the next 3-5 years:

- WiFi to allow mobile working of integrated teams in primary care settings
- Mobile devices for staff to promote mobile and flexible working
- Telehealth systems especially in residential care settings
- EMIS access points in residential care settings
- Improved 'decision support' software

Data sharing and IT infrastructure

The Board

Over the year there have been a number of changes to the Board's membership, due to retirement, elections and the Board's own governance review.

In April 2014, membership of the Board was:

Cllr Izzi Seccombe (Chair)	Warwickshire County Council
Cllr John Beaumont	Warwickshire County Council
Cllr Jose Compton	Warwickshire County Council
Cllr Bob Stevens	Warwickshire County Council
Cllr Derek Pickard	North Warwickshire Borough Council
Cllr Neil Phillips	Nuneaton & Bedworth Borough Council
Cllr Belinda Garcia	Rugby Borough Council
Cllr Gillian Roache	Stratford District Council
Cllr Michael Coker	Warwick District Council
Karen Ashby	Warwickshire North CCG
Dr David Spraggett	South Warwickshire CCG
Dr Adrian Canale-Parole	Coventry & Rugby CCG
David Williams	NHS England
Phillip Robson	HealthWatch Warwickshire
Wendy Fabbro	Warwickshire County Council
Monica Fogarty	Warwickshire County Council
Dr John Linnane	Warwickshire County Council

From September 2015 the Board's membership will be:

Cllr Izzi Seccombe (Chair)	Warwickshire County Council
Cllr John Beaumont	Warwickshire County Council
Cllr Jose Compton	Warwickshire County Council
Cllr Les Caborn	Warwickshire County Council
Cllr Margaret Bell	North Warwickshire Borough Council
Cllr Neil Phillips	Nuneaton & Bedworth Borough Council
Cllr Derek Poole	Rugby Borough Council
Cllr Stephen Gray	Stratford District Council
Cllr Moira-Ann Grainger	Warwick District Council
Dr Deryth Stevens	Warwickshire North CCG
Dr David Spraggett	South Warwickshire CCG
Dr Adrian Canale-Parole	Coventry & Rugby CCG
David Williams	NHS England
Phillip Robson	HealthWatch Warwickshire
Jagtar Singh	Coventry & Warwickshire Partnership Trust
Stuart Annan	George Eliot Hospital NHS Trust
Russell Hardy	South Warwickshire Foundation Trust
Andy Meehan	University Hospitals Coventry & Warwickshire
John Dixon	Warwickshire County Council
Dr John Linnane	Warwickshire County Council

Further Information

For further information about the Health & Wellbeing Board, see:
<http://hwb.warwickshire.gov.uk/>

Including...

Newsletters

Meeting papers

Information resources

Warwickshire's JSNA (Joint Strategic Needs Assessment)

Healthwatch Warwickshire

If you would like this information in a different format, please contact Marketing and Communications on 01926 413727.

Health and Wellbeing Board

23 September 2015

Health and Wellbeing Board Forward Plan

Recommendation(s)

1. That the Board considers and agrees the Forward Plan including the items to be submitted to the next meeting.

1.0 Key Issues

- 1.1 This report provides an update on the Forward Plan for the Health and Wellbeing Board. Such updates will be presented to each meeting for the Board to review.

2.0 Options and Proposal

- 2.1 To develop a longer term strategic focus to the work of the Board, it has been agreed to submit a Forward Plan to each meeting for review and update. This will identify the dates for proposed agenda items and workshop topics.
- 2.2 The revised governance arrangements were approved by the Board at its meeting on 8 July. In future there will be three Board meetings each year enabling more themed workshops between Board meetings. The revised dates are reflected in the proposed Forward Plan attached at Appendix 'A' for discussion. The next Board meeting will be held on 20 January 2016, with a further meeting date to be confirmed for May 2016.

Background Papers

None

	Name	Contact Information
Report Author	Paul Spencer	paulspencer@warwickshire.gov.uk Tel: 01926 418615
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Strategic Director	David Carter	
Portfolio Holder	Councillor Seccombe	

Warwickshire Health and Wellbeing Board Forward PlanReports to HWBB

Report Title	Date of Board Meeting	Lead Organisation / Officer	Comments
Annual Report	23 September 2015	WCC - John Linnane & John Dixon	
Establishment of Sub-Committee	23 September 2015	WCC – Sarah Duxbury	
Out of Hospital Commissioning	20 January 2016		
Crisis Concordat	20 January 2016		
Better Together	TBC	WCC – Chris Lewington	

Workshops

Theme / Subject	Date of Meeting / Event	Report Author / Lead Officer / Organisation	Comments
End of Life Care Workshop	19 October 2015	WCC - Helen King	
Commissioning Intentions and Combined Authorities	4 November 2015		Date previously allocated for HWBB Meeting
Better Care Workshop	17 February 2016	WCC – Chris Lewington	
Health and Wellbeing Strategy and Performance	23 March 2016		Date previously allocated for HWBB Meeting
Date reserved - theme / subject to be confirmed	June 2016		(Date to be confirmed)