

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 11 May 2016

Present:-

Chair

Councillor Izzi Seccombe

Warwickshire County Councillors

Councillor John Beaumont

Councillor Les Caborn

Councillor Jose Compton

Warwickshire County Council Officers

John Dixon (Interim Director for the People Group)

Dr John Linnane (Director of Public Health)

Clinical Commissioning Groups (CCG)

Dr David Spraggett (South Warwickshire CCG)

Dr Deryth Stevens (Warwickshire North CCG)

Provider Representatives

Stuart Annan (George Eliot Hospital NHS Trust)

Russell Hardy (South Warwickshire NHS Foundation Trust)

Simon Gilby (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire

Phil Robson (Chair)

NHS England

David Williams

Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)

Councillor Mike Brain (Stratford District Council)

Marianne Rolfe (Warwick District Council)

1. (1) Apologies for Absence

Dr Adrian Canale-Parola (Vice Chair) (Coventry and Rugby CCG)

Andy Meehan (University Hospitals Coventry & Warwickshire)

Councillor Neil Phillips (Nuneaton and Bedworth Borough Council)

Councillor Derek Poole (Rugby Borough Council)

Councillor Moira-Ann Grainger (Warwick District Council)

Jagtar Singh (Coventry & Warwickshire Partnership Trust)

(2) Appointment of Board Members

The Board approved the appointment Councillor Mike Brain as the representative for Stratford District Council and the Chair welcomed him to the meeting.

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

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

(4) Minutes of the meeting held on 20 January 2016 and matters arising.

The Minutes were agreed as a true record.

2. Report on the Integration Summit and Concordat

The Chair introduced this item, speaking about the well-attended Integration Summit held on 7-8 April and the decision sought at this meeting regarding the Concordat. A key theme from the two days was the need to work closely with Coventry and she had made contact with the new leader of that Authority.

Chris Lewington, Head of Strategic Commissioning at WCC took members through the circulated report and appended photobook of the Integration Summit. The event had been supported by the Kings Fund. From it emerged three priority areas, being frailty, workforce and communities. The Health and Wellbeing Board (HWBB) needed to retain a focus on children's services also.

A key piece of work was the Alliance Concordat, which set out a vision and principles of how the health and care system, with wider partners, would work together. Discussions were taking place with officers at Coventry City Council, to coordinate a joint HWBB meeting in June, to progress jointly the Sustainability Transformation Plans.

An area for debate on the Concordat concerned its principles and specifically a proposed change to the principle 'we will only take decisions that impact on other parts of the system after consultation' where the word consultation would replace agreement. Approval was sought to the Concordat, so it could be communicated to the workforce of each organisation.

There was praise from Board members about the integration summit and the progress made. Differing views were stated on the wording change proposed, with one Board member feeling this change undermined the good work at the summit. The need for trust amongst organisations was stated. A member referred to the financial saving requirement of £200 million. He was surprised that this had not been reflected in the report before the Board and was concerned that the saving requirement may affect future cooperation. John Dixon, Interim Director for the People Group, WCC responded to the points raised, assuring that the financial aspects had been discussed at length. All partners had savings targets, but would need to work together and take a 'whole system' approach.

Another view was the need to focus on communities, community resilience and integration, rather than just the financial savings. The priorities could be made clearer in the Concordat and minor changes were agreed to list the priorities under the principles.

It was acknowledged that the financial envelope would dictate service provision, but there was also a clinical argument for change, which would come through the Sustainability Transformation Plan. Others echoed the need for working together in different ways and a good example of this was the recent launch of the Multi Agency Safeguarding Hub, which had brought together a number of agencies, to work on safeguarding cases.

The Chair reiterated the importance of working with Coventry and securing their involvement in this process. She reminded of the planned joint HWBB meeting in June.

Chris Lewington pursued the points about partnership working and relationships, building trust and dealing with complex and/or difficult issues. The need for strategic discussions in between the formal Board meetings was suggested. The Chair felt this would be a useful mechanism to build the relationship with Coventry as well.

Resolved

1. That the Health and Wellbeing Board endorses and approves the Coventry & Warwickshire Alliance Concordat, subject to the minor changes agreed above and that a copy of the revised Concordat is circulated to all Board members.
2. That the Health and Wellbeing Board supports the merger of the three priorities; Workforce, Communities and Frailty, from the Integration Summit event with the work streams of the Sustainability and Transformation Plan.
3. That the Health and Wellbeing Boards for Coventry & Warwickshire hold a joint meeting in June to:
 - a) approve the Alliance Concordat
 - b) to comment and approve on the STP plan before submission and
 - c) to agree further opportunities to meet as joint Boards.

3. Better Care Fund 2016/17 Submission

Chris Lewington gave a presentation to the Board on the Better Together submission 2016/17. This reported the elements of the Better Care Fund Policy Guidance and Policy Framework, national conditions and the assurance timetable. It was emphasised that there had been a tight timescale for the completion of the first phase. Headlines of the first submission were reported. A new area for this year was the housing work stream, with Disabled Facility Grants (DFGs) being included for the provision of adaptations to people's homes, to help them to live independently. Key projects for 2016 were reported. Given the complexity of the plans, delegated authority was sought to approve the final submissions. It was suggested that this be through the Board's Senior Responsible Officer, in liaison with the Chair of the Board.

A Board member referred to a case of delayed discharge from hospital and questioned whether DFG funding would help to resolve such cases, where the delay was due to the property not being adapted to meet the resident's needs. The specific case could be discussed outside the meeting, but it was felt the DFG funding was positive. Agreeing a protocol to streamline processes and ensuring works took place in a timely manner before discharge were further points.

Resolved

That completion of the Better Care Fund submission is delegated to the Board's Senior Responsible Officer, in liaison with the Chair of the Board via a Sub-Committee decision.

4. End of Life Care Review and Improvement Plan

Bernie Lee, Locum Consultant in Public Health, WCC presented this item. She explained that there would be increased pressure on End of Life Care (EoLC) services across Warwickshire as a consequence of predicted demographic changes and the sustained increase in long-term conditions, including dementia.

An EoLC review and improvement plan were submitted for the Board's consideration. The covering report provided a context for these documents, outlined the process undertaken in developing them and summarised the actions required to secure longer-term improvements in EoLC across Warwickshire.

By way of background, it was explained that EoLC was provided for people with an incurable illness who were approaching death, through a range of formal and informal support mechanisms. Currently there were over 5000 deaths in Warwickshire each year, but nationally a 17% per annum increase was projected. Over recent years, there had been numerous national reviews, strategies, guidance and policies aimed at improving EoLC.

The detail of the report focussed on the following areas:

- Evidence in Relation to EoLC Outcomes
- Review: Content and Process
- Overview of Review Findings
- Improvement plan: Content and Process
- Feedback Received Through Public Engagement
- Issues in Finalising the Plan

It was stated that EoLC was not an entity in itself. It required the involvement of a broad spectrum of professionals, not just clinicians, particularly in the final six months of a person's life. Aspects for GPs and hospitals were discussed, particularly that conversations with a patient about their death and also with the patient's family members could be improved. Making better use of digital technology, particularly in rural areas was suggested. This could give more patient choice over their palliative care arrangements. The document and commitment to providing good EoLC was welcomed. It would now be for the HWBB to monitor delivery and was requested that this be moved forward by the Executive Officer Group.

Resolved

That the Health and Wellbeing Board accepts the End of Life Care review findings and endorses the Improvement Plan.

5. Update on the Sustainability Transformation Plans

Gillian Entwistle, Chief Officer for South Warwickshire CCG gave a presentation on the Coventry and Warwickshire System Transformation Plan. Initially, she explained the NHS shared planning guidance and gave an outline of Sustainability Transformation Plans (STPs). These would be delivered by local health and care systems or 'footprints', effectively through organisations working together to deliver transformation and sustainability. Slides explained how the 'footprints', of which there were 44 nationally, were formed. Maps showed the national arrangements and that for the Midlands and East Region, in which the Coventry and Warwickshire STP was included. Further slides showed the partners involved in the STP, the governance arrangements and the purpose of the STP. This was known as the Triple Aim and concerned the health and wellbeing gap, the care and quality gap and the finance and efficiency gap. The presentation concluded with slides on priority setting, the main project areas and timeline for submission of the STP.

Members asked about cross-border arrangements for care. These issues were managed by the clinical commissioning groups. With regard to the slide on main project areas, it was noted that there was no reference to local authority involvement. Gillian Entwistle clarified that Chris Lewington of WCC would be involved in the Out of Hospital project area.

Resolved

That the Health and Wellbeing Board receives the presentation.

6. Report of the Health and Wellbeing Executive Team

John Dixon provided a verbal update on the work of the Health and Wellbeing Executive Team. Its next meeting would take place on 12 May. A workshop had been held on systems leadership, with a focus on End of Life Care. The next meeting would consider the outcomes from the Integration Summit. A further key area was progressing joint work with Coventry on which the future of the Sustainability Transformation Plan was heavily reliant.

Councillor Compton asked the Executive Team to consider an issue raised through the County's Adult Social Care and Health Overview and Scrutiny Committee. This concerned ambulance service response times for Rugby as compared to the rest of Warwickshire. David Williams of NHS England similarly offered to provide data on this.

It was questioned who the Stratford District Council representative on the Executive Team would be, following the retirement of Paul Lankester. This would be researched.

7. Health and Wellbeing Easy Read Publication

Dr John Linnane, Director of Public Health presented this item. He advised that part of the communications plan for the Health and Wellbeing Strategy was to engage with a wide range of groups. Feedback had been received that the full Strategy was not easy to understand. This had led to the production of an easy ready summary on which the Board's approval was sought. It would then be publicised via the Health and Wellbeing newsletter, which had a circulation of over 600 people.

Resolved

That the Health and Wellbeing Board approves the easy read summary for publication.

8. Healthwatch Priorities 2016/17

Phil Robson, Chair of Healthwatch Warwickshire (HWW) presented the organisation's priorities for 2016/17. He explained the process undertaken to formulate the priorities. This comprised a workshop involving volunteers, staff and directors, using a structured discussion and scoring. The HWW priorities for 2016/17 were confirmed as:

- End of Life Care
- Mental Health Services
- Cancer Services
- Domiciliary Care Services
- Care in the Community Assessments

The importance of the public's feedback was recognised to shape all services.

Resolved

That the Health and Wellbeing Board receives the presentation on the 2016/17 priorities of Healthwatch Warwickshire.

9. Forward Plan

The Board reviewed its Forward Plan, which detailed the dates for agenda items and proposed development sessions.

Resolved

That the Board approves its updated Forward Plan.

10. Any Other Business

The Chair reported back on the healthy living pharmacy summit led by Public Health, which she had attended. It had been questioned why the Health and Wellbeing

Board's membership did not include a pharmacy representative. The Chair asked Board members to consider this suggestion and that it be discussed further at a future meeting.

The meeting rose at 3.45pm

.....Chair