

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 20 January 2016

Present:-

Chair

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

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

Russell Hardy (South Warwickshire NHS Foundation Trust)

Andy Meehan (University Hospitals Coventry & Warwickshire)

Chris Spencer (George Eliot Hospital NHS Trust)

Mike Williams (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire

Phil Robson (Chair)

NHS England

David Williams

Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)

Councillor Moira-Ann Grainger (Warwick District Council)

Councillor Stephen Gray (Stratford District Council)

Councillor Neil Phillips (Nuneaton and Bedworth Borough Council)

Councillor Derek Poole (Rugby Borough Council)

1. (1) Apologies for Absence

Councillor Izzi Seccombe (Chair)

Ron Ball (Police and Crime Commissioner)

Stuart Annan (George Eliot Hospital NHS Trust)

(2) 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.

(3) Minutes of the meeting held on 23 September 2015 and matters arising.

The Minutes were agreed as a true record. The Chair clarified that the position of Vice Chair would rotate amongst the three CCGs annually. CCG representatives would agree the future appointments and confirm this to a subsequent Board meeting.

2. Report of the Health and Wellbeing Executive Team

John Dixon (Interim Director for the People Group, WCC) reminded the Board of the role and composition of the Executive Team. He presented a report which summarised the issues considered at the Executive Team on 16 November 2015. The key item discussed was devolution, in the context of the combined authority debate, and the extent to which health services were likely to be included in devolution. On governance the Executive Team had been following through the Health and Wellbeing Board's reorganisation. Other topics discussed at the Executive meeting were:

- Support from the King's Fund / End Of Life Care
- MASH
- Warwickshire Cares – Better Together

The next meeting of the Executive Team would be held on 21st January 2016. John Dixon also publicised plans for a two day planning workshop on 7-8 April 2016, encouraging Board members' attendance.

Arising from the report, David Williams of NHS England spoke about Place Based Planning. This would set a vision of how the health system would work together over the five-year period to 2021. He gave an explanation of the different layers that would be used in this process, shaping services for the sub regional area, the county and CCG areas. It was questioned how this would align with the differing devolution plans of Coventry and Warwickshire and there was confidence that in health terms, Coventry and Warwickshire would remain a unit. Another complexity was the 'vanguard' approach being adopted in the NHS where service providers could undertake pilot schemes or be an early adopter for changed ways of working. The role of the consumer in such reviews and ensuring future delivery models were relevant to consumers' needs were also raised.

Resolved

That the Board notes the report and endorses the actions being taken forward by the Executive Team.

3. Warwickshire Safeguarding Adults Board – Annual Report 2014-15

Mike Taylor, Independent Chair of the Safeguarding Adults Board (SAB) presented its Annual Report for 2014/15. The report covered the period up to the implementation of the Care Act 2014 and confirmed the detailed work undertaken to ensure that the SAB met the requirements of the Department of Health guidance.

Mr. Taylor confirmed that activity figures were stable and there were no budgetary issues. The SAB was working to establish better performance measures and to ensure engagement of key agencies was robust and productive.

There had been an increase in demand on the local authority, because of the revised requirements in respect of assessments under the Mental Capacity Act and Deprivation of Liberty Safeguards. The SAB monitored the service shortfall and was satisfied that the setting of priorities and the remedies being applied to increase capacity of assessors, was effective and matched the better responses being made across the country.

Next year's report, based upon the Care Act requirements and reflecting the developments under 'Making Safeguarding Personal', would be published at an earlier date, through a shorter document, aimed at communicating the key messages.

Questions were submitted regarding activity and performance measurement, particularly in relation to the minority and ethnic statistical breakdown and whether this was proportionate at the district or ward level. Mr. Taylor was unable to respond with this level of detail, but confirmed the SAB worked with the Racial Equality Partnership. Further clarity was sought on the statistical tables showing referrals data and that by illness type. There had been no serious case reviews during this report period, but given the population size, ensuring all information was gathered was important. Mr Taylor outlined the processes in place to monitor cases, also to learn from other national case reports. He responded to questions on where cases were not concluded, giving examples of why this may happen, the limits on the powers of the SAB, which he felt were appropriate and with regard to the risk register. Self-neglect and persons at risk of harm were also raised. It was confirmed that under revised guidance, people had the right to refuse treatment. There were close working arrangements with partners to monitor such cases. It was questioned how widely the 'Prevent' agenda was understood and being implemented. The SAB was considering the pertinent safeguarding elements, and had integrated its requirements into training.

Resolved

That the Health and Wellbeing Board:

- 1 Notes the Safeguarding Adults Board Annual Report 2014-15.
- 2 Acknowledges that there has been no serious case reviews (Safeguarding Adult Reviews) commissioned during the period covered by this Annual Report.

- 3 Endorses the multi-agency commitment to Making Safeguarding Personal, which will be a key component of the Board's Strategic Plan and performance reporting for 2016 and beyond.

4. Smart Start Strategy

Councillor Jerry Roodhouse, Chair of the Smart Start Strategy Group presented this item. Smart Start was the name that had been devised for the cross party multiagency strategy group for 0-5 services, which reported to the Health and Wellbeing Board.

The Strategy Group comprised representatives from the three clinical commissioning groups (CCGs) in Warwickshire, elected members, health provider, early years' education, social care and the third sector. The group was overseeing a three-year programme of innovative work to develop and deliver the strategy to improve the wellbeing and development of people aged 0-5 years, their parents and carers.

Councillor Roodhouse provided a progress report on the following areas:

- the establishment and development of the strategy group;
- work being undertaken as part of the foundation stages of this programme including engagement with parents, carers and professionals, ethnographic research and asset mapping;
- arrangements for the selection and award of the first round of grants being provided by the County Council; and
- the Group's next steps.

Helen King, Deputy Director of Public Health added that the multi-agency approach had proved very helpful in undertaking this project. In response to questions it was confirmed that the foundation work, engaging parents, professionals and work with hard to reach groups had given a lot of information for analysis. Areas discussed included the correlation to poor quality social housing, extending the work of this group to include maternity services and recognition of the funding constraints facing both local government and health services. John Linnane, Director of Public Health noted that the number of people smoking during pregnancy was reducing, also speaking of the findings of the Marmot report on the benefits of good early years development for people in their later life.

Resolved

That the Health and Wellbeing Board notes the progress made to date by the Smart Start Strategy Group.

5. Mental Health Crisis Care Concordat Update

Anna Hargrave, Director of Strategy and Engagement, South Warwickshire CCG provided an update. In March 2015, the Health and Wellbeing Board received a report outlining Coventry and Warwickshire's joint approach to implementing the Mental Health Crisis Care Concordat.

The Concordat was a national agreement between services and agencies involved in the care and support of people in crisis focused on:

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

An update was provided on the local priorities being coordinated by the multi-agency task and finish group operating across Coventry and Warwickshire, covering the following areas:

- Enhancing Place of Safety
- Implementing Street Triage (a scheme where trained mental health professionals work in conjunction with police officers as a first-line response)
- Reviewing the Crisis Resolution and Home Treatment service
- Prevention and intervention
- Patient experience and needs assessment

Within Warwickshire, mental health was one of the 11 priority themes in the current JSNA Work Programme (2015-2018), as approved by the Health and Wellbeing Board.

Dr Linnane spoke of the excellent progress made to date, the benefits of early intervention and the need to place more emphasis on recovery and preventing future crises. Elected members sought further information about services in North Warwickshire, and how the street triage would be operated. Mental health experts from the Coventry and Warwickshire Partnership Trust would be located in Police control rooms, to be able to provide advice to police officers attending incidents. This was deemed the best model for a rural county and was based on that implemented successfully in Hampshire.

Resolved

That the Health and Wellbeing Board notes the content of the report.

6. Health and Wellbeing Board Sub-Committee

The Board was reminded of the formation of a sub-committee, to consider urgent items when required, between full Board meetings. The Sub-Committee had met on 22 October to consider a submission to NHS England for funding to be allocated to Clinical Commissioning Groups, for the redesign and transformation of services for children and young people's mental health and emotional wellbeing. A further

meeting of the Sub-Committee was called for 21 December to consider a pharmacy application, but did not proceed due to lack of quorum.

Resolved

That the Board notes the decision taken by the Health and Wellbeing Sub-Committee at its meeting on 22 October 2015.

7. Update on Stroke Services

An update from Andrea Green, Chief Operating Officer, Warwickshire North CCG had been circulated. This provided a progress report on the redesign and improvement of stroke services across Coventry and Warwickshire.

The Board noted the revised timescale for completion of the pre-consultation business case and also that the project was in the final, critical phase of ensuring commissioners and providers could propose a clinically and financially sustainable pre-consultation business case, some of which depended on the most timely flow out of health services into social care, community services and care packages.

Jacqueline Barnes, Chief Nursing Officer, Coventry and Rugby CCG responded to questions from the Board, explaining the reasons for the delays, due to the processes which had to be followed. It was confirmed that the clinical model had now been approved and work was continuing to understand the detailed implications for all parties. David Williams provided further clarity on the processes to be completed and the roles for example of the clinical senate, which gave a clinical assurance that the proposals were viable. It was confirmed that the West Midlands Ambulance Service had been involved in the review. Phil Robson suggested that Healthwatch could review the wording of the draft consultation material, to ensure it would be easy to understand for consumers and this offer was welcomed. John Dixon added that stroke services were a priority for both the Board and Executive Group. He stated the need for a workshop on this topic, to enable all partners to see how they could input. Whilst stroke services were primarily a clinical matter, all partners had a role and this view was echoed by other Board members. Prevention of strokes and the longer term care impacts for those affected were further points raised.

Resolved

That the Health and Wellbeing Board notes:

1. The progress report on the redesign and improvement of Stroke services.
2. The revised timescale for completion of the pre-consultation business case, which if approved and NHS England confirm assurance, will be issued for public consultation after May 2016.
3. That the project is in the final critical phase of ensuring commissioners and providers can propose a clinically and financially sustainable pre-consultation business case.

8. Forward Plan

The Board gave consideration to its Forward Plan, which detailed the dates for agenda items and proposed workshops. It was reiterated that a workshop on stroke services would be required. The Chair reminded of the two day planning workshop on 7-8 April, encouraging Board members' attendance.

Resolved

That the Board approves its updated Forward Plan.

9. Any Other Business

None.

The meeting rose at 2.55pm

.....Chair