

# Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 6 July 2016

## Present:-

### Warwickshire County Councillors

Councillor John Beaumont  
Councillor Les Caborn  
Councillor Jose Compton

### Warwickshire County Council Officers

Dr John Linnane (Director of Public Health)  
Chris Lewington (Head of Strategic Commissioning, replacing John Dixon)

### Clinical Commissioning Groups (CCG)

Dr Adrian Canale-Parola (Vice Chair in the Chair) (Coventry and Rugby CCG)  
Dr Deryth Stevens (Warwickshire North CCG)  
Gillian Entwistle (South Warwickshire CCG, replacing Dr David Spraggett)

### Provider Representatives

Andy Meehan (University Hospitals Coventry & Warwickshire)

### Healthwatch Warwickshire

Phil Robson (Chair)

### Police and Crime Commissioner

Chris Lewis (OPCC Policy Officer, replacing Philip Seccombe)

### Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)  
Councillor Susan Adams (Stratford District Council, replacing Councillor Mike Brain)  
Councillor Moira-Ann Grainger (Warwick District Council)  
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)  
Councillor Leigh Hunt (Rugby Borough Council)

## 1. (1) Apologies for Absence

Councillor Izzi Seccombe (Chair), John Dixon (Interim Director for the People Group), Dr David Spraggett (South Warwickshire CCG), Russell Hardy (South Warwickshire NHS Foundation Trust), David Williams (NHS England), Philip Seccombe (Police and Crime Commissioner) and Councillor Mike Brain (Stratford District Council).

## (2) Appointment of Board Members

The Board approved the appointments of Councillor Barry Longden (Nuneaton and Bedworth BC), Councillor Leigh Hunt (Rugby BC) and Philip Seccombe (Police and Crime Commissioner). The Chair welcomed new members to the Board and introduced Gereint Stoneman, the recently appointed Health and Wellbeing Board Delivery Manager.

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

Councillor Susan Adams declared non-pecuniary interests, as a governor of the South Warwickshire Foundation Trust and a member of the Alcester Health and Wellbeing Board.

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.

Councillor Leigh Hunt declared a non-pecuniary interest, as an employee of the Warwickshire County Council.

Councillor Barry Longden declared a non-pecuniary interest, as two family members were employees of the Rugby Hospital and West Midlands Ambulance Service.

### (4) Minutes of the meeting held on 11 May 2016 and matters arising.

The Minutes were agreed as a true record. As a matter arising, it was reported that a meeting of the Sub-Committee was held on 30 June, to approve the final submission of the Better Care Fund. Subject to two minor points, the submission had been approved by NHS England.

## **2. Multi Agency Safeguarding Hub**

A report was presented by John Coleman, manager of the Multi Agency Safeguarding Hub (MASH). This provided a summary of the current position regarding the health contribution towards the Warwickshire MASH. As background, the MASH provided a single front door for the assessment and initial planning of safeguarding services for Warwickshire's residents. The MASH was a multi-agency project developed over the last two years. Health services, the Police and the County Council were the three key partners, as each had a statutory responsibility to share the information held on children, young people and adults known to the service, in order to safeguard them. An outline was given of action taken to engage with the health sector and secure its participation in the MASH. The benefits and risk analysis were also reported. The Board was asked to consider the issues raised and to request Chief Officers across CCG's, Public Health and Service Providers to work together to establish an urgent solution, to ensure health representation was provided within the MASH.

Councillor Les Caborn spoke of the considerable effort and progress made, stressing the need for the health sector to engage with the MASH. Karen Manners, Deputy Chief Constable of Warwickshire Police added that the MASH was a practical example of the joint working required under Sustainability and Transformation Planning, redesigning services to work together. There would be benefits to the health sector from this joint approach.

On behalf of the CCGs, Gillian Entwistle and the Chair responded. A proposal was being formulated and efforts would be made to resolve this quickly. The Chair hoped it could be resolved by the time of the next Board meeting, but Gillian Entwistle felt that it could be resolved in a matter of days.

## **Resolved**

That the Board notes the report and that action will be taken to address this matter.

### **3. Coventry and Warwickshire Health and Wellbeing Alliance Concordat**

A Coventry and Warwickshire Alliance Concordat was developed following the Integration Summit held in April 2016. The draft Concordat was endorsed by the Health and Wellbeing Board (HWBB) on 11 May 2016. A commitment was made to pursue alignment with Coventry's HWBB and the emerging Sustainability and Transformation Plan (STP). Coventry's HWBB considered the Concordat at its meeting on 27 June 2016. That Board had approved the Concordat, subject to two alterations which were circulated.

The HWBB discussed the changes proposed. There was considerable debate and differing opinions on whether the suggested alteration to principle four to read 'We will consider the impact of our decisions on other parts of the system after consultation', could be accepted. Several members felt the wording weakened this principle significantly. This principle had been debated at length at the May Board meeting. For some members it was felt the change now proposed went too far and it would be difficult for them to support it. Other Board members stated the need for pragmatism and the benefits of having a Concordat agreed by both HWBBs for the Coventry and Warwickshire STP area. The wording of principle four could be discussed further with the Coventry HWBB and there were plans for a joint meeting of the two Boards.

Discussion took place on the funding gap within the STP. Two figures had been suggested of a shortfall of £200 million or £500 million. There was a need to clarify and evidence the actual funding shortfall. A further point was the health inequalities in some parts of Warwickshire and the need to be assured that services would be maintained despite the funding shortfall.

A proposal was made to agree the Concordat apart from principle four and that further discussion take place on that principle. In terms of clarity on the funding shortfall, this aspect of the Concordat could be deferred or researched, as further information would be available by the time of the next STP submission in September. The Chair provided a summation of the points raised.

## **Resolved**

That the principle of the Coventry and Warwickshire Alliance Concordat is agreed, subject to evidence to support the identified shortfall of £500 million and that principle four is deferred to enable further discussion with the Coventry's Health and Wellbeing Board, to agree wording acceptable to both Boards.

Note: Councillor Longden recorded that he was not in favour of this decision.

#### **4. Local Government Association (LGA) Integration Tool**

Gereint Stoneman, Health and Wellbeing Board (HWBB) Delivery Manager presented this item. The HWBB had an opportunity to pilot the LGA's new tool for assessing levels of integration within health and wellbeing systems. It had been developed to support the 'Stepping up to the Place' document being launched by the LGA and a copy of that document was circulated.

It was considered a timely opportunity to build upon the findings of the LGA Peer review conducted in 2015 and the Integration Summit held in April 2016. The tool offered an opportunity to self-assess, to identify areas for improvement, gain a detailed understanding of the current level of integration and an objective baseline from which system development could then be measured. An outline was given of the plans to take this forward in the autumn, including a workshop.

#### **Resolved**

That the Health and Wellbeing Board approves the piloting of the LGA integration tool in September 2016, as part of the next steps to the Coventry and Warwickshire Alliance Concordat.

#### **5. North Warwickshire Health and Wellbeing Working Group**

Councillor Margaret Bell gave a verbal report on the North Warwickshire Health and Wellbeing Working Party, which she chaired. The terms of reference and the Group's first set of minutes had been circulated. Councillor Bell confirmed that there were three main strands of work. These looked at grass roots work in the Borough, how other Council decisions, for example in the areas of planning and leisure incorporated health and wellbeing aims and strategic aspects, looking to work with and influence other decision makers. Other areas she referred to were action plans, some concerning health statistics in areas of the Borough and the need to focus on causes. An example used was Atherstone central area.

Board members commended the excellent work being undertaken. Other district and borough council representatives provided an outline the health and wellbeing work being undertaken in their areas. A number of points were made:

- There would be value in understanding the links between the strategies of each local authority and County-wide strategies.
- Using the North Warwickshire model as a template and sharing knowledge would help all district and borough councils.
- Healthwatch Warwickshire was willing to work with each district and borough council.
- Locality profiling of health issues already took place in other areas of Warwickshire.
- Holding a workshop was suggested to understand how each authority was working on health and wellbeing and their progress made to date.
- The current Warwickshire North work included the Nuneaton and Bedworth area.

- It would be useful to receive an update from each local authority at future Board meetings.
- There were plans to resume the meetings with portfolio holders of local authorities, which took place between formal Board meetings.

## **Resolved**

That the Health and Wellbeing Board commends the approach being taken to Health and Wellbeing in North Warwickshire and that a brief summary of health and wellbeing activity is provided by each authority to future Board meetings.

## **6. Coventry and Warwickshire Sustainability and Transformation Plan**

Andy Hardy, Chief Executive Officer of University Hospitals Coventry and Warwickshire and lead officer for the Sustainability and Transformation Plan (STP) gave a verbal update. He referred to the NHS five year forward view, the announcement of STPs and the requirements placed on both commissioners and providers of services. Nationally, there were 44 groupings or 'footprints' for STPs, with Coventry and Warwickshire being one of the footprints. An STP Board had been appointed comprising representatives of each commissioning group and service provider, plus representatives of Coventry City and Warwickshire County Councils. There was good engagement with the Healthwatch organisations for these two areas. The STP had identified its principal work streams split between in hospital and out of hospital service areas; an outline was given of each and the lead officers for each work stream.

From the work to date, a financial shortfall of £320 million had been identified by year five for health services. Taking into consideration other saving targets, the outstanding shortfall reduced to £90 million. However, it did not account for any funding shortfalls in Adult Social Care. Each STP had been required to make an initial submission by 30 June and these submissions were now being assessed. The next stage was a challenge meeting on 22 July. During August, feedback would be received and a final submission would be required by 18 September, to add detail to the proposals and close financial gaps.

Members of the Board submitted questions and comments with further information being provided by Mr Hardy:

- The priority areas of paediatrics, maternity, mental health, frailty & care of the elderly and 'right care' were welcomed.
- The need for financial and clinical sustainability was recognised.
- The update had made no reference to the prevention agenda.
- The integration of services was a key aspect.
- There was a significant service change agenda. The impact for users of services would need to be monitored with Healthwatch and the public being kept informed. Mr Hardy agreed that it would be necessary to review services, and some would need to be centralised. Service reviews might mean that patients (and their families) would have to travel further.
- There were a number of constraints including staffing shortfalls, the as yet unknown implications of 'Brexit' the use of agency staff and associated costs.

- The growth of Rugby and the diversity of the population in the area served by the Coventry and Rugby CCG were discussed, as well as the funding for services.
- Providing more services in GP surgeries was raised. It was confirmed that there was a shortage of GPs in both Coventry and the North of Warwickshire. Mr Hardy acknowledged the need to address these issues through better workforce planning, otherwise people would continue to present at accident and emergency services.
- It was questioned when the HWBB would see the final STP and this would be after the 18 September submission.
- Changing culture to breakdown boundaries between different organisations and the move to accountable care organisations were further areas discussed.

### **Resolved**

That the Board notes the update on the Sustainability and Transformation Plan.

## **7. Warwickshire Health and Wellbeing System Development**

The Board received a presentation from Gereint Stoneman. In support of the Concordat and the commitment to development of the Health and Wellbeing system in Warwickshire, dedicated support to the Board, Executive and wider system had been put in place. The presentation included a context, the aims for a high performing system, the success factors and potential risks. The Board was reminded of the areas where, as a system, it was doing well and the actions already completed. There were a number of key challenges and these were shown in slides under the categories of direction, impact, alignment and connectivity, knowledge, awareness and confidence, governance and accountability and system leadership. The presentation concluded with information on 'what success would look like', the timeframe, the different levels of development and support to the Board.

It was questioned when the Board would be able to evidence the difference it had made. A lot of work was being undertaken. Reference was made to the Health and Wellbeing Strategy, which was the Board's Strategy. It was requested that the presentation slides be circulated. Service reviews were discussed and related to this, the need to keep residents informed.

### **Resolved**

That the Board notes the presentation.

## **8. Meeting Schedule and Work Programme**

It was reported that the Health and Wellbeing Board currently met three times each year, with a commitment to participate in an additional three development sessions. The Board was supported by an Executive Team, comprising Chief Officers from the respective organisations, whose meetings were currently scheduled to fall after the Board.

It was proposed that the dates for the formal Board meeting and development sessions be combined and that these take place on 7 September, 9 November, 23 January 2017 and 22 March. On each date there would be a formal Board meeting with the opportunity for informal discussion and development sessions following that meeting. This arrangement would be further supported by the rearrangement of the Executive Team meetings so that these were scheduled to inform the Board. These would in turn be informed by reports to the Executive Team from supporting sub-groups.

A detailed Forward Plan for the Board and Executive Team would be produced, reflecting all statutory obligations plus a locally agreed work programme. It was envisaged that these small revisions would increase visibility and momentum around the Health and Wellbeing agenda within Warwickshire and facilitate greater opportunity for system development and fostering of key relationships.

It was requested that a knowledge base be provided when new members joined the Board. The planned meetings with Coventry City Council were discussed. A joint integration session would be held in October, but as this was some time away endeavours were being made to arrange a meeting beforehand. Agreeing the wording of the Concordat was a key aspect.

**Resolved**

That the Health and Wellbeing Board approves the proposed meeting schedule for the remainder of 2016/17 and commissions the Executive Team to develop a detailed work programme.

**9. Any Other Business**

Councillor Margaret Bell referred to the service review in the north of Warwickshire to relocate the urgent care centre from Camp Hill to the George Eliot Hospital. There had been a number of concerns raised, which she asked the Warwickshire North CCG to investigate. These concerned:

- There being a single reception for Accident and Emergency and the Urgent Care Centre.
- The opening hours of the Urgent Care Centre were 8am to 8pm. However, there was no doctor available until 10am.
- When located at Camp Hill, there had been a number of services for people aged under 16 years, which had not transferred to the new centre.

Deryth Stevens offered to refer this matter to the CCG. It was agreed that an update be provided to the next HWBB.

The meeting rose at 3.55pm

.....Chair