

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 7 September 2016

Present:-

Warwickshire County Councillors

Councillor Izzi Seccombe (Chair)

Councillor John Beaumont

Councillor Les Caborn

Councillor Jose Compton

Warwickshire County Council (WCC) 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)(Coventry and Rugby CCG)

Andrea Green (Warwickshire North CCG, replacing Deryth Stevens)

Dr David Spraggett (South Warwickshire CCG)

Healthwatch Warwickshire

Phil Robson

Police and Crime Commissioner

Chris Lewis (replacing Philip Seccombe)

Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)

Councillor Mike Brain (Stratford District Council)

Councillor Moira-Ann Grainger (Warwick District Council)

Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

1. **General**

The Chair welcomed everyone to the meeting.

(1) Apologies for Absence

Stuart Annan (George Eliot Hospital)

John Dixon (Interim Strategic Director for People Group, WCC)

Russell Hardy (South Warwickshire NHS Foundation Trust)

Councillor Leigh Hunt (Rugby Borough Council)

Andy Meehan (University Hospitals Coventry & Warwickshire)

Philip Seccombe (Police and Crime Commissioner)

Dr Deryth Stevens (Warwickshire North CCG)

David Williams (NHS England)

(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.

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

Adrian Canale-Parola declared a non-pecuniary interest, as Vice Chair of the Coventry Health and Wellbeing Board.

(3) Appointment of Vice Chair

The Board was reminded that the position of Vice Chair was appointed from amongst the three clinical commissioning groups on an annual rotation. The nomination of the new Vice Chair would be agreed by the CCGs within the next month and be confirmed at the November Board Meeting.

(4) Minutes of the meeting held on 6 July 2016 and matters arising.

The Minutes were agreed as a true record.

2. Transforming Care - Learning Disabilities

The Chair introduced Becky Hale, WCC's Service Manager for All Age Disability, Ali Cole of Arden GEM and Ian Allsopp, a service user and Learning and Disability Partnership Board member. In addition to the circulated report, a presentation was provided, which included:

- A reminder of the background to transforming care (Winterbourne View)
- The work undertaken both nationally and in the sub-region of Warwickshire, Coventry and Solihull
- The Local Transformation Plan
- The revised model of care
- A video 'Craig's story' which showed an individual case and the positive impact of the new care arrangements after this person had spent 16 years in hospital care.
- Achievements and challenges to date
- The current focus

Several Board members acknowledged the excellent progress made. A question was submitted about the services for treatment of physical conditions, for those with learning disabilities. It was confirmed that such needs were met through wider commissioning programmes. The involvement of service users in shaping the transformation of this service area was commended and it was felt this should be publicised. Reference was then made to the work of the 0-5 Strategy Group and the benefits of identifying service needs and supporting people at an early age. Consideration was given to the report and the recommendations it contained. Clarity was sought regarding future funding arrangements, which would be the subject of further briefings to the Board.

Resolved

That the Warwickshire Health and Wellbeing Board:

1. Supports the Coventry, Warwickshire and Solihull Transforming Care Partnership (TCP) to continue to drive local transformation.
2. Endorses the local decision not to sign off the revised TCP plan until greater clarity exists on funding arrangements.

3. Receives future briefings on progress to include the management of financial implications and risks across the health and social care economy associated with delivery of the TCP agenda.

3. Sustainability and Transformation Plan (STP)

The Chair introduced Andy Hardy, the Coventry and Warwickshire STP lead. Mr Hardy spoke to a presentation which gave an update on the development and submission of the STP. The presentation covered the following areas:

- The main questions to be addressed (under the categories of health & wellbeing, care & quality and finance & efficiency)
- The timeline for production and submission of the STP
- Programme structure and work streams
- Objectives of the Design Authority, facilitated by the consultants PwC
- Update on work stream progress at 30 August 2016
- Next Steps
- Key Risks

Mr Hardy stated that the STP proposals would not require the closure of any hospitals or any acute bed reductions. However, there would be a need to deliver services in a different way, with some services being delivered in different locations. He updated on the financial shortfall identified through the STP process, that this was £400m, not £500m as reported previously. He then explained the work completed to date and confirmed that the financial gap currently stood at £51m. Whilst this was a significant sum, it had to be considered in the context and scale of service delivery costs of £1bn. Mr Hardy thanked the County Council and other partners for their assistance to date. He confirmed that the final submission deadline was 21 October and outlined the subsequent steps for evaluation of the STP. There had been national recognition of the good joint working in the Coventry and Warwickshire STP area and he contrasted this to some of the other STP 'footprints'. Pathology was referenced as a particular example of good practice. Mr Hardy confirmed that the PwC consultant support would soon end and there would be a need for partners to contribute to the project team, to drive forward STP delivery. Resource needs were also touched upon, with a focus on capital, which would be an area where joint work was needed.

Questions and observations were invited. The Concordat was stated as a good example of the progress made on joint working in Coventry and Warwickshire. The Board's next workshop was scheduled for 13 October and it was questioned whether the final STP proposals could be shared with the Board at that time. Questions were asked about the arrangements for engaging with the public. Healthwatch had been involved from the outset, through its membership of the Programme Board. Andrea Green was leading on the engagement theme of the STP. Joint work was taking place involving the three CCGs and two local authorities. The aim was for a 'big conversation' not just on the STP, but also the NHS five year forward view, rather than taking a piecemeal approach to consulting on individual changes. The Chair stated that involving local councillors was essential to this. Healthwatch intended to monitor the engagement arrangements against a number of key questions. The timing of the consultation and the impact for health professionals were also raised. Councillor Longden referred to a recent survey of NHS Finance Directors on financial viability. He felt the STP process was an austerity measure, making a comparison to previous acute service reviews and

the resultant public reaction. He considered the STP would be seen as reducing services, lead to longer waiting times and further travel distances for patients. Because of this he wouldn't support the STP. The Chair noted his views, but explained that the STP process had to be engaged with. Furthermore there had been positive outcomes from many previous service reviews.

Resolved

That the Warwickshire Health and Wellbeing Board notes the update on the Sustainability and Transformation Plan

4. Concordat and Health and Wellbeing Board Alignment

The Board had previously considered and given its approval in principle to the Health and Wellbeing Alliance Concordat. Minor amendments were required to the final wording of the Concordat in two areas. These concerned the robustness of the financial gap, which had been clarified by the STP Lead, Andy Hardy in the preceding item and with regard to the wording of principle four of the Concordat. The Board was reminded of the previous wording and that proposed as the final wording of principle four:

'We will take decisions that we know will impact on other parts of the system, only after we have talked to each other'.

The Vice Chair gave an overview of the reasoned debate at the Coventry Board about this wording and confirmed that it had approved the wording above without dissent.

In support of the Concordat and STP there was a commitment to seek greater alignment across the two HWB Boards. There was a practical challenge with dates of Board meetings for the coming six months being set and them not aligning. The two Boards would participate in two dedicated development sessions, the first focused on the STP. It was envisaged that both would shape the work programmes and direction of the Boards for 2017/18. There was also an opportunity to agree two further development sessions as part of the Committee meeting schedule for 2017/18 as these were currently being set.

A view was expressed that the majority of discussion about the STP and Concordat to date had focussed on Health aspects and was requested that the social care elements be considered at the next workshop. It was confirmed that this would be done.

Final acceptance of the Concordat, with the changes referred to above, was put to a vote. Councillor Longden voted against the proposal, stating he had no objection to working with Coventry, but the figures in the Concordat were the reason for his decision.

Resolved

1. That the Health & Wellbeing Board approves the proposed revisions to the Concordat and approves its formal publication in September 2016.

2. That this Health and Wellbeing Board approves the approach to greater alignment between the Warwickshire and Coventry Health and Wellbeing Boards, as set out above.
3. That the Health and Wellbeing Board agrees to a joint development session in Autumn 2016 which will focus on the Coventry and Warwickshire Sustainability and Transformation Plan.

2. Director of Public Health Annual Report

Dr John Linnane, Director of Public Health submitted his Annual Report to the Board. He gave a presentation, which highlighted the key messages:

- The statutory requirement to produce an annual report
- The 'good news' improvements in a number of key public health areas
- Warwickshire people were living longer, but not necessarily healthier lives
- The Public Health challenges
- Economic reasons for investment in Public Health
- Slides on the benefit of water fluoridation, data on teenage conceptions, the percentage of physically active adults, increases in diabetes and reductions in mothers smoking during pregnancy
- The impact of Public Health Advocacy.

The presentation and Annual Report included a number of recommendations for the Board to consider. Thanks were recorded to Dr Linnane and his staff for the work completed over the past year. The format of the Annual Report was praised by several Board members and it was considered an 'easy read'. The document would need to be publicised widely by all partners.

A question was submitted about the recommendations made on community capacity, with discussion about voluntary support for those with mental health conditions, the role of patient participation groups (PPGs) and looking system-wide at the links between services. Healthwatch planned to establish a conference for PPGs. Another member commented on the difficulty for PPG members in understanding some of the information provided to them by a clinical commissioning group (CCG). This was contrasted to the federation approach adopted by another CCG and these points were acknowledged.

Resolved

That the Health and Wellbeing Board:

1. Notes and supports the Director of Public Health's Annual Report 2016.
2. Approves the recommendations contained in the report under the headings of:
 - Sustainability and Transformation Plan
 - Community Capacity
 - Place Based Working
 - Making Every Contact Count

4. Multi Agency Safeguarding Hub

Councillor Les Caborn reminded the Board of the concerns raised at the July meeting regarding the lack of health engagement in the Multi Agency Safeguarding Hub (MASH). These concerns had also been raised at the subsequent Adult and Children's Safeguarding Boards. John Coleman, the MASH manager gave a brief update on the success to date of the MASH. However, there was still no permanent health representation. Several officer meetings had taken place regarding a liaison officer / business support post and a consultant paediatrician had offered to work in the MASH when attending for other safeguarding work. It was pointed out that this would be funded by a CCG, but noted it was still not a permanent arrangement.

The MASH needed three health staff, comprising a liaison officer to gather information and two representatives for children and adults, who could bring their expertise and experience of the NHS and make judgements on the information on each case. It was confirmed that there had recently been a CQC inspection and for the elements relating to the MASH, having a health contribution was considered a requirement for the "good" service assessment received. Furthermore, the adults' MASH service had now been launched and the absence of a health specialist was having a negative impact.

Councillor Alan Webb, Chair of the Adult Social Care and Health Overview and Scrutiny Committee confirmed the intention for a joint scrutiny review with the corresponding scrutiny committee for Children and Young People of health involvement in the MASH, which would take place in November. Deputy Chief Constable Karen Manners expressed the Police's concerns in strong terms, considering the MASH not fit for purpose without the health contribution. The proposals for occasional attendance were insufficient. She drew a comparison to the information sharing arrangements introduced elsewhere in the Country and Warwickshire was considerably behind at present. Chris Lewis from the Office of the Police and Crime Commissioner added that the MASH proposals had been ongoing for two years, with health involvement throughout. Further points made were that this would make a good case study on the operation of the Board and communication issues, also that there seemed blockages in sharing both the health and social care information.

The Chair questioned the reasons why this had not been resolved. Andrea Green of Warwickshire North CCG committed to work with officers, to look at this issue. This matter would also be referred to the Executive Team for further consideration.

Resolved

That a further report be brought to the next Board meeting, to confirm progress on health engagement in the Multi Agency Safeguarding Hub.

6. Draft Health and Wellbeing Annual Report

The Board gave consideration to the first draft of its Annual Report 2015/16. Comments were invited on the draft document by mid-September, in order that the document could be finalised and submitted for formal approval at the November Board meeting. Feedback was provided on the need to consider the target audience for this document and a comparison was drawn to the earlier report from the Director of Public Health. The use of more case examples to show engagement

would be helpful. A number of other alterations were suggested and further feedback could be submitted after the meeting.

Resolved

That Board members submit their comments on the draft Health and Wellbeing Board Annual Report 2015/16.

7. District and Borough Council Health and Wellbeing Activity Update

Since the last Board, the meetings with district and borough council portfolio holders had been reintroduced. An audit had been completed of the activity of district and borough councils that contributed to the health and wellbeing aims and this comprised some 50 pages of information. Copies were available for the Board and would be circulated electronically after the meeting. Future documents would be briefer, giving an update on progress made. The district and borough councils were thanked for the considerable work completed.

Resolved

That the report is noted.

9. Report of the Executive Team

Chris Lewington, Head of Strategic Commissioning provided a verbal update on recent activity of the Executive Team, which included the following areas:

- The Communications Strategy for the Concordat
- A two-day workshop on 13 and 14 October, which would be facilitated by the Kings Fund, focussing on system development, a joint board dialogue and integration
- The MASH
- End of Life Care, looking at lessons learnt
- Taking the Joint Strategic Needs Assessment data to a more local perspective.
- Realigning dates of future Executive Team meetings, so they met between Board meetings

Resolved

That the report is noted.

10. Health and Wellbeing Board Sub-Committee

A report back was provided on a decision taken by the Health and Wellbeing Board Sub-Committee. At its meeting on 11 May 2016, the Board received a presentation on the arrangements for the Better Care Fund submission and delegated the final submission to a meeting of the Sub-Committee, which subsequently took place on 30 June.

Resolved

That the Board notes the decision taken by the Health and Wellbeing Sub-Committee at its meeting on 30 June 2016.

11. Any Other Business

Studley Health Centre

A verbal report was provided by Dr David Spraggett, who advised of the decision by the partners of the General Practice at Studley Health Centre, to terminate their General Medical Services contract. The South Warwickshire CCG had undertaken a consultation process and would meet the following week to determine the most appropriate way forward. Such closures were unusual. However, this may be an area for the Executive Team to monitor, having regard to changing population numbers and demographics, when considering GP provision. The report was noted.

West Midlands Combined Authority (WMCA)

The Chair provided a verbal update on the appointment of portfolio holders for the WMCA. The Leader of Dudley Council had been appointed as the Portfolio Holder for Health and Wellbeing.

Reablement

Councillor Jose Compton reported on the recent Care Quality Commission (CQC) inspection of Reablement Services. The North and the South Reablement teams both underwent CQC inspections in July 2016. Both teams were successful in achieving a 'Good' rating, which was to be welcomed and congratulated.

It was noted that the Board meeting would be followed by a development session.

The meeting rose at 3.45pm

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Chair