

# **Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 9 November 2016**

## **Present:-**

### Warwickshire County Councillors

Councillor Izzi Seccombe (Chair)

Councillor John Beaumont

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 Jill O'Hagan (Coventry and Rugby CCG, replacing Dr Adrian Canale-Parola)

Dr Deryth Stevens (Warwickshire North CCG)

Dr David Spraggett (South Warwickshire CCG)

### Provider Representatives

Stuart Annan (George Eliot Hospital)

Jagtar Singh (Coventry & Warwickshire Partnership Trust)

### Healthwatch Warwickshire

Phil Robson

### NHS England

David Williams

### Police and Crime Commissioner

Chris Lewis (Policy and Research Officer, 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 Leigh Hunt (Rugby Borough Council)

Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

## **1. General**

The Chair welcomed everyone to the meeting, referring particularly to the attendance of Chris Lawrence-Pietroni of the Kings Fund, Sue Ibbotson of Public Health England and Claire Herbert of NHS Clinical Commissioners. It was noted that this meeting included the first of three development sessions supported by the Kings Fund, providing feedback from the Health and Wellbeing Summit and the approach to Board observation and development.

### **(1) Apologies for Absence**

Councillor Les Caborn, WCC

Dr Adrian Canale-Parola, Coventry and Rugby CCG

John Dixon, Interim Strategic Director for People Group, WCC  
Russell Hardy, South Warwickshire NHS Foundation Trust  
Andy Meehan, University Hospitals Coventry & Warwickshire  
Philip Seccombe, Police and Crime Commissioner

## **(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 Leigh Hunt declared non-pecuniary interest, as an officer of Warwickshire County Council.

Phil Robson declared a non-pecuniary interest, as a trustee of the Mary Ann Evans Hospice.

Councillor Barry Longden declared a non-pecuniary interest, as a Board member of the Stockingford Children's Centre.

## **(3) Appointment of Vice Chair**

The Board was reminded that the position of Vice Chair was appointed from amongst the three Clinical Commissioning Group (CCG) representatives on an annual rotation. The nomination of the new Vice Chair had been agreed by the CCGs as Dr David Spraggett.

## **(4) Minutes of the meeting held on 7 September 2016 and matters arising.**

The Minutes were agreed as a true record, subject to the correction of minute numbers.

## **2. Health and Wellbeing Board Annual Review**

Gereint Stoneman, the Health and Wellbeing Board (HWBB) Delivery Manager introduced the 2015/16 Annual Report. The Board was advised of the updates made since its consideration at the September meeting including recent minor alterations to the place based activity page of the document. An amendment was requested to the signposting of organisations shown on page 21 of the document to separate Healthwatch Warwickshire from the provider trusts, which was duly agreed.

### **Resolved**

That the Health and Wellbeing Board approves its Annual Report, subject to the amendments reported and that it be submitted to the County Council meeting in December 2016.

## **3. Warwickshire Suicide Prevention Strategy**

Paula Mawson, the Public Health Improvement, Commissioning & Performance Lead introduced this item, giving a context on the number of deaths from suicide, particularly of young and middle aged males. A detailed audit had been undertaken, which demonstrated the potential for such deaths to have been prevented. An overview of the Warwickshire Suicide Prevention Strategy was provided, including

its seven key priority areas, the development of this Strategy and the underpinning guidance. There were targets within the Five Year Forward View for Mental Health to reduce suicide rates by 10% by 2020/21. However, the West Midlands Mental Health Commission was suggesting a “zero suicide” approach across the West Midlands. This had been pioneered successfully in Merseyside and the approach was recommended to the Board.

The Suicide Prevention Strategy Action Plan was considered, a key aspect being the formation of a multi-agency partnership, which the Board was asked to endorse. Further aspects discussed were the launch and dissemination of the Strategy and the plans for monitoring its implementation.

Several Board members spoke in support of this item and the recommendations made. There were concerns about the rising suicide statistics, with rates in Warwickshire being above the national average and the highest in the West Midlands area. It was felt the actual figures may be higher than those reported. A comparison was made between expenditure levels on suicide prevention and that for prevention of other common causes of death, such as road traffic incidents. This was an important area within the broader mental health and wellbeing work. There was praise for the work undertaken and it was considered that most, if not all suicides were preventable. All partners were asked to sign up to the aims of the Strategy, including raising greater public awareness. A link was made between physical illnesses and those in chronic pain, which in turn could cause a mental health illness.

Borough and District Councillors asked how this would be implemented in practical terms and what their organisations would be asked to contribute. There was a need for those organisations to both receive and feed in local information. An action plan was included within the Strategy, which outlined the priority outcomes, respective lead agencies and timescales. A further context was provided on the cost to agencies of each suicide case.

### **Resolved**

That the Board:

- 1) Notes the contents of, and encourages the adoption of, the Warwickshire Suicide Prevention Strategy 2016-2020 by partner agencies;
- 2) Recommends to partner agencies that they approve adoption of a ‘zero suicide’ approach across Warwickshire; and
- 3) Recommends that partner agencies support the formation of a multi-agency Suicide Prevention Partnership to implement the Strategy.

## **4. Commissioning Intentions of Clinical Commissioning Groups**

The Board received a presentation from Jenni Northcote, Director of Partnerships and Engagement on the Commissioning intentions of both Coventry and Rugby and Warwickshire North Clinical Commissioning Groups (CCGs). The presentation covered the following areas:

- CCG/NHS are facing a range of pressures

- The commissioning intentions are set within the context of significant financial challenge across health and social care which will require new models of care
- The 'Nine National Must Dos' for 2017/18 & 2018/19
- Sustainability and Transformation Plan (STP) Key Programmes of Work:
  - Preventative and Proactive Care
  - Planned Care
  - Urgent and Emergency Care

Anna Hargrave, Director of Strategy and Engagement at South Warwickshire CCG (SWCCG) spoke to a report on its commissioning intentions. These reflected year two of the 2016-2020 Strategic Plan (Translating our 2020 vision into reality) and year four of the five year Coventry and Warwickshire Clinical Commissioning Groups' Strategic Plan 2014-19 (Transformational Change: Transforming Lives). The commissioning intentions were aligned with the Health and Wellbeing Board Strategy and Joint Strategic Needs Assessment.

The report demonstrated how the CCG's key stakeholders, practices and the public had been able to contribute to the development of the commissioning intentions. Development of the commissioning intentions had been coordinated between the three CCGs across Coventry and Warwickshire, to ensure consistency with the Sustainability and Transformation Plan and in order to enable them to express the collective impact of their plans for providers. The SWCCG plans had been approved through its governance arrangements and published.

The report and presentation were welcomed, with reference being made to the positive direction of travel, patient responsibility and data sharing/information governance aspects. A request was made for more detail to be provided about the implementation of the End of Life strategies and the action plans to add detail to the headlines within the commissioning intentions. It was confirmed that this information would be provided through detailed business plans.

Councillor Barry Longden noted the reference in the documents to implementation of STP targets, but questioned this, as the STP was still to be published. Clarification was provided that the references were to the STP timelines. A two-year operating plan was being developed against the timelines. David Williams of NHS England (NHSE) gave an update on progress with the Coventry and Warwickshire STP, which had now been submitted and was being reviewed by NHSE. He emphasised the amount of work involved, confirming that there were no hidden plans or service changes proposed at this stage. The publication of the STP was a matter of weeks away. A public facing document was also being produced and the more detailed conversations at both the Board and health scrutiny committees could then take place. Jagtar Singh concurred that any such service change decisions would need to be taken in public and following a period of consultation.

Phil Robson of Healthwatch praised the consumer engagement on the commissioning intentions. He referred to outcome based commissioning, stating that service users were most interested in how the service was delivered. He also asked how the Care Quality Commission fed in to the commissioning intentions.

## **Resolved**

That the Board endorses the Commissioning Intentions of the three Clinical Commissioning Groups.

## **5. District and Borough Council Portfolio Group**

On behalf of the district and borough council portfolio holders, Gereint Stoneman gave a verbal update to the Board. At the recent meeting of the portfolio holders, the key area of focus was finalising the place based activity section of the Board's Annual Report. A written update from each authority would be circulated to the Board after the meeting. In future, these reports would be considered at the portfolio holders meeting and submitted to the subsequent Board.

Rachel Jackson of Nuneaton and Bedworth Borough Council advised that a task and finish group had been appointed to look at teenage conception, given the high conception rate in the Borough. Councillor Bell referred to the 'fitter futures' initiative. This had been based on County boundaries and problems had been experienced in North Warwickshire as some local GP surgeries were actually based in Coventry. Whilst the matter had been resolved she urged this be taken into consideration to avoid similar difficulties occurring in the future.

### **Resolved**

That the Board notes the verbal update from the District and Borough Council Portfolio Group.

## **6. Better Together Programme Showcase**

A presentation was made by Chris Lewington, WCC Head of Strategic Commissioning on the Better Together Programme. In total, this programme utilised some £37 million of funding with the primary aims of reducing non-elective admissions, reducing delays in transfer of care from hospital, increasing the effectiveness of reablement and rehabilitation, whilst reducing permanent admissions to residential care. There were four key strands to the programme, being community capacity, integrated care, care at home and accommodation with care. Chris Lewington explained the roles of the Communications Group, the Business Analysts' Network and the Information Sharing Advisory Group. The presentation included video clips to explain more about the areas of work being undertaken. It showed the key work areas for 2016/17 under each strand of the programme and the next steps, with the anticipated extension of the Better Care Fund for a further two-year period and the emerging STP. Chris Lewington congratulated the staff involved for their motivation and tenacity in driving forward this programme, also recognising the work of partners for their contributions.

It was requested that the presentation slides be circulated to the Board and further suggested that they be published on the County Council's website. Councillor Longden used the example of sheltered housing and asked how this programme would work in different areas of the County for people with differing needs. It was confirmed that this was a strategic oversight and the programme would respond to each individual's needs. Service delivery was an important aspect. There would be some difficult decisions, but also the opportunity to deliver services differently, allowing people to retain their independence.

### **Resolved**

That the presentation is received by the Board.

## **7. Warwickshire Safeguarding Adults Board Annual Report 2015/16**

Amrita Sharma, the Warwickshire Safeguarding Adults Board (WSAB) Business Manager introduced its Annual Report for 2015/16. This summarised activity and achievements against the Board's strategic priorities. The report explained how the work of WSAB aligned with the Health and Wellbeing Strategy. The refreshed Strategic Plan was also provided. Other areas highlighted were 'Making Safeguarding Personal' and engagement with local community groups, to consult on the content of the Annual Report and identify areas of improvement. A number of enhancements to future reporting and engagement had been noted.

A board member sought an explanation about the low number of safeguarding enquiries that resulted in an investigation. A context was provided on the broad range of issues that could be reported and whilst initially some may be considered as a safeguarding matter, the nature of the enquiry was subsequently clarified and addressed through other agencies.

Chris Lewis, representing the PCC referred to the Identification and Referral to Improve Safety (IRIS) initiative. He explained that through GP referrals, approximately 100 victims had been identified in Warwickshire to date. The involvement of Coventry GPs was sought to extend the IRIS initiative and there was support from the Board for this to be pursued.

In response to a question about safeguarding issues associated with increasing cases of dementia and Alzheimer's disease, it was confirmed that an area of concern was financial abuse.

### **Resolved**

That the Board receives the Warwickshire Safeguarding Adults Board's refreshed Strategic Plan and its Annual Report for 2015/16.

## **8. Warwickshire Safeguarding Children Board Annual Report 2015/16**

Cornelia Heaney, the Warwickshire Safeguarding Children Board (WSCB) Development Manager introduced this item. The independent Chair of WSCB produced an annual report which evaluated the effectiveness of partner agencies' work to safeguard children. The report included an analysis of the year's performance data. It reported on the impact of work undertaken under each of the WSCB's strategic priorities and made recommendations for further work to be carried out in 2016/17.

In reviewing the annual report, the Board considered that it was very detailed. For future reports it was requested that a format be used that was more in line with that of the WSAB. The restyled annual report should provide highlights, key data, changes and emerging themes. Further points were making use of more graphics and the collection and reporting of equalities data.

Karen Manners, Deputy Chief Constable for Warwickshire Police addressed the Board about the growth in reporting requirements. The issues faced in Warwickshire were the same as in other parts of the country, so there was a clear need to share information and to look to prevent issues, rather than create additional information gathering mechanisms. The concerns around information governance causing a barrier to sharing information were echoed by another board member.

## **Resolved**

That the Board notes the Annual Report from the Warwickshire Safeguarding Children Board, but requests that future reports provide more clarity with highlights, key data, changes and emerging themes.

### **9. Multi Agency Safeguarding Hub**

John Linnane provided a verbal update. Progress had been made in securing health representation in the Multi Agency Safeguarding Hub (MASH). The NHS was funding a coordinator post and a safeguarding nurse for children, with further consideration being given to an adult mental health service presence. It was hoped that this matter would soon be fully resolved and it would be discussed further at the Board's Executive Group. Councillor Alan Webb, Chair of the Adult Social Care and Health Overview and Scrutiny Committee questioned whether a coordinator post was at the correct level. Clarification was provided on how this arrangement would work. Karen Manners added that this was an interim arrangement, rather than a long term solution. The Board discussed the frequency of future reports on this matter, with the Chair suggesting that the new arrangements be given time to embed. Further periodic briefings would be provided.

## **Resolved**

That the Board notes the update.

### **10. Any Other Business**

The Chair paid tribute to Phil Robson, Chair of Healthwatch Warwickshire (HWW), as this would be his last Board meeting. As the founding Chair of HWW he had fulfilled his role with great skill and enthusiasm, being an integral part of the closer working arrangements between Healthwatch, the clinical commissioning groups and the County Council. He responded in kind, thanking the Chair and the Board. Phil Robson announced that he would be replaced by Professor Robin Wendsley. He also advised that a Public Health report on the operation of HWW would shortly be published and it contained a series of recommendations for Healthwatch, the Board and Warwickshire County Council, suggesting it would be a useful item for the Board's January agenda.

The Chair referred to the transition plan for Children and Adult Mental Health Services, which needed to be approved for submission to NHS England. The timing of this submission would require a meeting of the HWBB Sub-Committee to be arranged and a report back would be provided to the subsequent Board. She also advised of a report to the next Adult Social Care and Health Overview and Scrutiny Committee on the HWBB Outcome Framework. The Board's Annual Report would also be submitted to that meeting.

The meeting rose at 4.25pm

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Chair