

**Minutes of the Meeting of the Warwickshire Health and Wellbeing Board
held on 23 January 2017**

Present:-

Warwickshire County Councillors

Councillor Izzi Seccombe (Chair)

Councillor John Beaumont

Councillor Les Caborn

Councillor Jose Compton

Warwickshire County Council (WCC) Officers

John Dixon (Interim Strategic Director for People Group)

Dr John Linnane (Director of Public Health)

Clinical Commissioning Groups (CCG)

Dr Adrian Canale-Parola (Coventry and Rugby CCG)

Dr Deryth Stevens (Warwickshire North CCG)

Gill Entwistle (South Warwickshire CCG)

Provider Representatives

Stuart Annan (George Eliot Hospital)

Andy Meehan (University Hospitals Coventry & Warwickshire)

Mike Williams (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire

Robin Wensley

NHS England

David Williams

Police and Crime Commissioner

Chris Lewis (Office of the Police and Crime Commissioner)

Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)

Councillor Tony Jefferson (Stratford District Council)

Councillor Moira-Ann Grainger (Warwick District Council)

Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

1. General

(1) Apologies for Absence

Russell Hardy (South Warwickshire NHS Foundation Trust)

Councillor Leigh Hunt (Rugby Borough Council)

Philip Seccombe (Police and Crime Commissioner replaced by Chris Lewis)

Jagtar Singh (Coventry & Warwickshire Partnership Trust replaced by Mike Williams)

Dr David Spraggett (South Warwickshire CCG replaced by Gill Entwistle)

Karen Manners (Warwickshire Police)

(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) Appointment of Board Members

The Board noted the appointment of Robin Wensley as the representative for Healthwatch Warwickshire and Tony Jefferson as the representative for Stratford District Council. The Chair welcomed them both to the Board.

(4) Minutes of the meeting held on 9 November 2016 and matters arising.

The Minutes were agreed as a true record.

2a. Multi-Agency Safeguarding Hub - Six Month Report

John Coleman, WCC's Service Manager for the Multi Agency Safeguarding Hub (MASH) provided an update to the Board. This included background on the commencement of the MASH and performance data for the children's and adults safeguarding pathways.

Since 1 September 2016 the MASH had been managed through an Initial Response Service, which brought it together with the Child Sexual Exploitation Team, Missing Children's Team and Emergency Duty Team. There were three specific aims of the MASH; to improve effectiveness, understanding and timeliness, through the initial response to safeguarding concerns. Comparing the performance of the MASH to the intended outcomes showed that through the co-location of agencies, working together to share information and challenging one another, it was leading to a more consistent and integrated response. A holistic view of the child or adult was leading to different and better decision making. However, there remained work to be completed to ensure all referral pathways were interlinked, to improve timescales and to ensure concerns and any previous early interventions were fully understood.

A section of the report focussed on multi-agency engagement. The most pressing issue remained the health contribution to the MASH. The risks of not having health represented in the MASH were significant and discussions with the clinical commissioning groups (CCG's) had continued. The CCG's had put forward funding for a business support liaison officer. They had also circulated a further written update. A MASH health co-ordinator post would be hosted by South Warwickshire Foundation Trust (SWFT) and was expected to commence in March 2017. Details were provided of the proposed safeguarding rota, which would be a virtual presence, to be provided by SWFT named nurses, with a designated nurse for child protection and safeguarding adults' lead, which would commence before the end of January. The proposed rota would not yet include a physical presence within the MASH although in the first six months of their employment, the health coordinator (supported by the designated nurse for child protection and safeguarding adults' lead) would establish the exact requirements and benefits of a physical presence of clinical staff within the MASH in order to aid future discussions in this regard.

In discussing the report, the Board noted the high proportion of enquiries (80%) that were not safeguarding issues and how these were referred to the appropriate agencies. Thanks were recorded to John Coleman and the staff working in the MASH for the progress made. The update on the health contribution and support of the mental

health team was welcomed, whilst urging a permanent co-located presence in the MASH.

Further development priorities and risks for the MASH were discussed, together with the regulatory/audit processes in place. A key area was providing feedback to the referrer, which a recently introduced IT system would help to achieve. The key risks were the involvement of health in the MASH, on which good progress had been made and the historic backlog of referrals, which was being addressed. There was a multi-agency audit process in place and plans for an external peer review within the next year. The Care Quality Commission and County Council Scrutiny also monitored the MASH. A plea was made to take note of Primary Care feedback which was acknowledged. Other points made were signposting of the MASH via websites, ensuring the public understood the role of the MASH, the low proportion of referrals from the health sector and how this could be increased. An offer was made for members of the Board to visit the MASH.

Resolved

That the Board:

- 1) Notes the progress made in relation to the implementation of the MASH.
- 2) Notes the areas for development.
- 3) Records its thanks to health colleagues for their contribution to the MASH and urges a permanent co-location in the MASH.

2b. Report from the District and Borough Council Portfolio Group

A summary had been circulated showing the valuable contribution that district and borough councils made to improving Health and Wellbeing in Warwickshire. This covered the period since the last Board meeting on 9th November 2016, showing activity under the three themes of Promoting Independence for all, Community Resilience and Integration & Working Together. Additionally, items of interest / issues for the Board were reported with district and borough members and officers highlighting specific areas. WCC Public Health was thanked for its assistance with data for the place-based assessments and in support of work on addressing teenage conception rates. Councillor Margaret Bell explained how the data for place-based assessments would be used to engage with the public in North Warwickshire, to encourage them to improve their own health. Dr John Linnane added that the pilot in Atherstone would be rolled out across the County. Rachel Jackson, Communities Manager at Nuneaton and Bedworth Borough Council explained that the authority had taken the Health and Wellbeing Strategy and embedded it in all its services. The Chair invited district and borough representatives to report local priorities and concerns, with the following points being raised:

- North Warwickshire BC – Creating a new health action plan; addressing teenage pregnancy rates in Atherstone and end of life care, referring particularly to staffing issues at George Eliot Hospital.
- Nuneaton and Bedworth BC – Alcohol related harm; linking the work of health and community safety, to examine gaps in provision. There is a Warwickshire North health partnership covering both local authority areas. The Director of Public Health will be an item for its next scrutiny committee.
- Warwick DC – child obesity. There is a desire to work with Stratford DC, to create a similar partnership approach to that in the north of Warwickshire. The

Director of Public Health would present his annual report to Warwick District Council's next meeting.

The implications of residential developments for health services were discussed. David Williams of NHS England outlined how monies were provided through planning agreements (known as Section 106 agreements) linked to planning consents. This provided money for GP services, but also had to take into account current capacity in the area where development took place. Whilst this met the capital costs, there was no ongoing revenue contribution for staff costs. He offered to provide a summary for Board members. Other points made were the revised commissioning arrangements of clinical commissioning groups (CCGs) and the significant work that CCGs were doing to assess the impact of population growth. There was a perception that health contributions requested through Section 106 agreements should be higher and it was suggested that this matter be discussed further at the next portfolio holder group meeting.

Councillor Barry Longden referred to a proposed funding cut for a young persons' health drop in service in Nuneaton. The value of this service was acknowledged by Councillor Les Caborn, who assured that the County Council would continue to provide some funding and he would arrange a meeting within the next few weeks with district and borough councillors, with a view to securing the future of the service, based on a partnership funding approach.

Resolved

That the Board notes and welcomes the update from District and Borough Councils on their health and wellbeing activity since the last Board meeting.

2c. Health and Wellbeing Executive Team Report - December 2016

John Dixon, Interim Strategic Director for People Group, reminded the Board of the role of the Health and Wellbeing (HWB) Executive Team. A report was provided to summarise the areas discussed and agreements reached at the Executive Team meeting on 9th December. It had been agreed to pilot the LGA Peer Review in February/March 2017 with Coventry HWB Board. This would focus on making the Concordat real in terms of the relationship between the two Boards and the STP. It had been the key focus of the joint session with Coventry's HWB Board the previous week.

The Executive Group had decided not to refresh the HWB Strategy to the previously proposed timescale of March 2017. Instead, nominated leads would focus on delivery of the Strategy, initially mapping current activity and groups within the HWB system. A refreshed approach to the JSNA and widening the membership of the JSNA Strategic Group had been approved, to include representation from CCGs, district and borough councils and Warwickshire CAVA.

Resolved

That the Board notes the key messages and decisions from the Health and Wellbeing Executive Team meeting held on 9 December 2016.

3. Coventry and Warwickshire Sustainability and Transformation Plan

A report was submitted to present the Sustainability and Transformation Plan (STP) to the Board and to stimulate a discussion on how it should relate, engage and influence the STP moving forward. The Board was reminded of its core roles, as agreed in the

2015 governance review and further cemented within the vision of the Alliance Concordat agreed by the Coventry and Warwickshire Health and Wellbeing Boards (HWBBs) in October 2016. The Coventry and Warwickshire STP was a critically important piece of work which the HWBB needed to both understand and influence. It was submitted for consideration of both its content and the relationship between the STP and the health and wellbeing system.

The STP had already been considered by a number of bodies, with a summary of their resolutions being appended to the report. It was noted that Warwick District Council and Warwickshire Police had not yet considered the STP formally. On 16 January the HWBBs for Coventry and Warwickshire held a joint workshop, to focus on the STP and the specific messages for the Boards and the system, as well as understanding the next steps for development of the STP.

John Dixon introduced the report, summarising the key points, including the need for organisations to work together and the diminishing resources. The STP sought to address this, but the document and its content had been controversial. As the system leaders, the members of this Board and that for Coventry would have to work with the STP Board on improving the outcomes for their populations and he questioned how the Boards would take this forward.

The Chair, speaking as the Leader of Warwickshire County Council gave a summary of the key points raised in its debate of the STP. There had been a lot of feedback on the process, the lack of engagement and the use of the Alliance Concordat. Nationally, the STPs had been veiled in secrecy and an opportunity had been missed to engage properly. The County Council advocated that an independent Chair of the STP should be appointed. She had been disappointed to learn that an STP programme director post was to be advertised, which would answer to the STP Chair.

David Williams of NHS England gave a context. He assured the Board that the STP document was not the end of the process and there were lots of opportunities to engage going forward.

Councillor Les Caborn spoke about the lack of public engagement and the numerous requests local councillors had received from constituents, whilst themselves being at the fringe of this process. Councillor Margaret Bell advocated the need for an independent chair, also referring to historic issues between the George Eliot Hospital (GEH) and UHCW. Councillor Tony Jefferson of Stratford District Council referred to the cross border aspects to the south of Warwickshire and the amount of work that implementation of the STP would require.

David Williams acknowledged the strength of feeling and accepted that the STP process to date could have been better. He stated that the Alliance Concordat was a good foundation to work from. The STP in its current format was a management document and it needed to be presented in a format suitable for other audiences.

Stuart Annan of GEH spoke about the incorrect assumptions made and he confirmed that no decisions had been taken to close any services at GEH. He clarified that its Board had not yet discussed the STP formally, other than to note it. There had been no discussions about working with UHCW or other service providers.

With the Chair's permission, County Councillor Matt Western addressed the Board, referring to the debate at the County Council meeting, the financial savings required, the lack of public engagement and the fact that some STP documents had included

options to achieve the required savings. He agreed that an independent Chair was needed.

Andy Meehan of University Hospitals Coventry & Warwickshire (UHCW) stated that this STP area was well placed and numerous highly qualified people had been involved in formulating the STP document, including some from the County Council. The STP was a plan and public consultation would take place on this plan. There were close working relationships between UHCW and GEH and a desire to rearrange services together. He stated the need for strategic leadership and felt the Board should be expressing its thanks, not its criticism for the substantial work completed to date.

Jim Graham, Chief Executive of Warwickshire County Council confirmed that his officers had been fully involved in the STP. The issue was the current separation of health and social care, which needed to be brought together. This process had been far too heavily health focussed. The STP needed to be redrafted so it could be understood by the public. An independent chair was needed to enable the process to move forward. There had been incorrect speculation about closure of George Eliot Hospital fuelled by the decision to embargo information and to refuse freedom of information requests. There was a need to state clearly what the impact of removing £267 million from the health and social care system in Coventry and Warwickshire would be and there would be difficult questions to answer.

Councillor Barry Longden questioned why local authorities had been asked to endorse the STP without being consulted or involved in its formation. He questioned why the current arrangements couldn't be retained, the presumption that cuts to services would affect the north of Warwickshire, also referring to the previous acute service review and the public reaction to that review, which he felt would be repeated.

The Chair summarised the clear message from elected members, reiterating that the Concordat set out how organisations should work together and yet she had not been kept informed. She referred to the funding cuts that the County Council had met to date and those it was now facing. Elected members wanted to be part of the discussions on the STP and could share their experience in meeting funding cuts.

David Williams thanked the Board for its views. There was the intention to engage widely and he acknowledged that the STP wasn't suitable for the public in its current form. He explained plans to engage with clinical staff through Professor Guy Daly, who was Chair of the Design Authority and he reinforced the comments from Stuart Annan that the George Eliot Hospital was not closing.

Resolved

That the Board notes the Coventry & Warwickshire Sustainability and Transformation Plan.

4a. Health and Wellbeing Board Management

Gereint Stoneman, Health and Wellbeing Delivery Manager presented feedback on the first of three Board meetings and development sessions observed by the King's Fund. A series of recommendations had been made to improve the Board's processes. The report set out those recommendations and the improvements already implemented under the themes of Agenda Management, Reports and Forward Plan. More complex work relating to roles and governance, would be progressed through the Board's Executive Team.

Resolved

That the Board approves the ongoing iterative improvement of the support and management arrangements.

4b. Health and Wellbeing Board Sub-Committee - Children and Adults Mental Health Service Transformation Plan Refresh

At its meeting on 9 November 2016, The Board was advised that the transition plan for Children and Adult Mental Health Services (CAMHS) needed to be approved for submission to NHS England. The timing of this submission required a meeting of the Sub-Committee, which took place on 21 December 2016. A copy of the report and supporting papers were circulated to all members of the Board this report back included the Minutes of the Sub-Committee meeting.

It was questioned how the Board could receive periodic updates on CAMHS data and this could be provided via briefing notes.

Resolved

That the Board notes the decision taken by the Health and Wellbeing Board Sub-Committee at its meeting on 21 December 2016.

4c. Forward Plan

The Board reviewed its Forward Plan, with board members seeking further information and suggesting additional items. The frequency of future reports on the Sustainability and Transformation Plan and Multi Agency Safeguarding Hub were discussed. Chris Lewis of the OPCC suggested an item to explore potential links between the health, community safety and crime and disorder service areas.

It was questioned if the membership of the Board should be reviewed to include representation from the Fire and Rescue and Ambulance services. The Board did have a number of active observers, who could attend and participate in board meetings without being formal members.

Resolved

That the Board notes its Forward Plan and that officers consider the requests shown above in determining the agenda content of future meetings.

5. Any Other Business

A document had been circulated showing the attendance data for Board members. It was questioned if such a document would be a useful addition to the agenda pack to show the representation of organisations at each meeting and it was agreed that this be implemented.

The meeting rose at 4.05pm

.....
Chair