

# Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 26 July 2017

## **Present:-**

### Warwickshire County Councillors

Councillor Izzi Seccombe (Chair)

Councillor Les Caborn

Councillor John Holland

Councillor Jeff Morgan

### Warwickshire County Council (WCC) Officers

John Dixon (Interim Strategic Director for People Group)

Helen King (Deputy Director of Public Health)

### Clinical Commissioning Groups (CCG)

Dr Adrian Canale-Parola (Coventry and Rugby CCG)

Dr Deryth Stevens (Warwickshire North CCG)

Dr David Spraggett (Vice Chair, South Warwickshire CCG)

### Provider Representatives

Mike Williams (Coventry & Warwickshire Partnership Trust)

### Healthwatch Warwickshire

Robin Wensley

### Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)

Councillor Tony Jefferson (Stratford District Council)

Councillor Andrew Thompson (Warwick District Council)

Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

## **1. General**

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

Dr John Linnane (Director of Public Health), Stuart Annan (George Eliot Hospital), Andy Meehan (University Hospitals Coventry & Warwickshire), Jagtar Singh (Coventry & Warwickshire Partnership Trust), David Williams (NHS England), Philip Seccombe (Police and Crime Commissioner), Helen Earp (Office of the Police and Crime Commissioner) and Councillor Emma Crane (Rugby Borough Council).

### **(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) Chair's Announcements**

The Chair welcomed new Board members, Councillors Jeff Morgan, John Holland and Andrew Thompson. She introduced Brenda Howard, the STP programme director and other attendees, who would be presenting to the meeting. The Chair also spoke of her

attendance at the recent launch of Creative Health: the arts for health and wellbeing and circulated a pack of information to the Board.

#### **(4) Minutes of the meeting held on 22 March 2017 and matters arising.**

The Minutes were agreed as a true record.

## **2. Draft Health and Wellbeing Board Annual Review 2016/17 and Delivery Plan 2017/18**

John Dixon, Interim Strategic Director for People Group at WCC presented a report which set out the achievements made by the Health and Wellbeing Board's (HWBB) partners over the past year, together with the activity programme for 2017/18. This demonstrated the breadth of achievements made to date, also looking to the next phase of activity. The document was the product of three workshops where progress against the current strategy had been reviewed and priorities for future work identified. This working document would focus the Board's activity in 2017/18. Sections of the report focussed on:

- Examples of success
- Roles and remit of the Board
- Partnership principles
- A common model of working
- Delivery programme for 2017/18
- Development programme

Feedback on the draft document was invited in time for the final version to be considered at the September Board meeting, alongside the Director of Public Health's Annual report. John Dixon took the Board through the document, highlighting the key additions to work streams including children's services, housing and the focus on the proactive and preventative work stream.

Several Board members complimented the easy read format of the document. It was suggested that the document was too inwardly focussed and that links to Coventry should be emphasised, including the Concordat. A number of sections of the document were suggested where reference could be made to the close working with Coventry. Similarly, there should be recognition that residents close to the county boundaries looked to health services in neighbouring areas.

Comments were made about the 'Hub' approach to providing health services and the need to ensure that local communities were able to access those services. Andrea Green, Chief Officer of Warwickshire North and Coventry and Rugby CCGs explained how the Hub model would work, connecting to other local services. There was a need to make the arrangements for service provision more visible to communities. Further information was sought about the Planned and Preventative (P&P) work stream, which was seen as key to reducing pressures on acute services. It was suggested that targets were needed for the P&P work stream to show a reducing demand for hospital interventions. Andrea Green suggested these areas could be discussed further through the health partnership for the north of the county. For out of hospital services, clarification was provided on how these would be delivered in each area of the county.

There was discussion about life expectancy, closing the gap in life expectancy between men and women, and between those in the north and south of the county. A related

aspect was about healthy life expectancy, as people were living longer, but with significant illnesses.

The section of the report on the Board's role and remit was discussed, with reference made to the Board's structure. A proposal was to increase the HWBB membership to include the chief executives health organisations as board members, in addition to their Trust Chairs. Furthermore reciprocal arrangements could be sought to involve a representative of the Coventry HWBB. Following discussion, it was agreed that a report be submitted to the September Board meeting to provide a light touch review of governance.

### **Resolved**

That the Health and Wellbeing Board:

1. Notes the achievements made to date as set out in the Annual Review.
2. Approves the proposed role of the Board, its partnership principles and common model of working.
3. Endorses the Delivery and Development Plan for 2017/18.
4. Receives a report at its September meeting to provide a light touch review of governance.

### **3. Place-based Joint Strategic Needs Assessment**

In March 2017, the Board received a report on the Joint Strategic Needs Assessment (JSNA). An update was provided by Spencer Payne, WCC's Business and Commissioning Intelligence Service Manager. This explained the progress made to date and particularly the development of 22 geographical boundaries that would be used to profile Warwickshire communities and create a common evidence base.

The WCC Insight Service had led a programme of work to define these boundaries for use across all partner organisations, to understand and respond to the health and wellbeing needs of communities. The task was to create a set of areas that met the following criteria:

- Approximately 30,000 to 50,000 each in terms of population
- Aligned to district/borough and CCG boundaries
- Aligned to super output areas (the small geographical units used when official statistics were published)

The geographies had been developed in consultation with a wide range of partners and approved by the JSNA Strategic Group. The next stage was production of a profiling tool. This would enable partners to view statistical profiles and a common set of localities and data, to inform strategic planning. The Board was asked to reaffirm its commitment to these areas being applied to strategic planning activity. The report updated on other key JSNA activity, with appendices providing further information on the JSNA Annual Review document and the results of the Living in Warwickshire Survey.

On the Living in Warwickshire Survey, the Chair felt more detail should be provided about children's services and mental health. Comments were made on the proposed

geographies. For area four, Councillor Bell asked officers to review the decision to include Mancetter in this area with Hartshill and Atherstone as it had not been part of the pilot area. The renaming of area five, 'Nuneaton Common' was suggested, as this was not recognised by the residents of that area.

## **Resolved**

That the Health and Wellbeing Board:

1. Thanks officers for the recent activity completed, including the development of a new set of geographical areas to be used for understanding the health and wellbeing needs of our communities.
2. Reaffirms the Board's commitment to using a common evidence base across all partners to inform strategic planning and commissioning activity. The provision of a community profiling tool will enable partners to use consistent data for commissioning plans in 2018.

## **4. Warwickshire Better Together Programme and HEART project**

The Health and Wellbeing Board (HWBB) received an update from Chris Lewington, Head of Strategic Commissioning at WCC and Paul Coopey of Nuneaton and Bedworth Borough Council. A summary of the position of the Warwickshire Better Together programme was provided, together with a focused presentation on the Home Environment Assessment Response Team (HEART) project.

At a recent HWBB workshop it was agreed that Housing would be one of the Board's four priorities. This aligned to the 'Warwickshire Cares Better Together Programme' (WCBT), emergent housing issues impacting on the health and care system and the need for greater synergies to be forged with district and borough colleagues. A Housing Partnership was formed, which met the requirements of the Better Care Fund (BCF) guidance and in particular those relating to Disabled Facilities Grants. The new HEART service was funded via the Disabled Facilities Grant and reported into the WCBT Housing Board. The achievements of the HEART project were the main focus of this report and an accompanying presentation. A launch of the project would take place on 18 August 2017.

Areas discussed included the ability of the project to meet demand within the funding available, which was confirmed, how the project worked with housing associations and linking into the work of the Warwickshire Fire and Rescue Service. There were requirements attached to the additional funding from the BCF, so robust targets and performance measures would be put in place to evidence how this additional funding was making a difference.

## **Resolved**

That the Health and Wellbeing Board:

1. Notes that Housing is a work stream of the Warwickshire Cares Better Together Programme, given the changes to the funding allocation of the Disabled Facilities Grant, now through top tier authorities and its importance to the health and care system and;

2. Acknowledges the achievements of the Home Environment Assessment Response Team project, as part of the wider work of the Warwickshire Cares Better Together programme.

## 5. Improving Stroke Services in Coventry and Warwickshire

Andrea Green and the clinical commissioning group (CCG) Board members introduced this report. In April 2014, Warwickshire and Coventry CCGs initiated a project to improve local services for those who had suffered a Stroke, or a Transient Ischemic Attack (TIA – known as a mini stroke). The report gave an overview of the project, the wide engagement of stakeholders, use of an expert Patient and Public Advisory Group and an Expert Clinical Advisory Panel. Based on earlier feedback received from the public and patients, the CCGs had expanded the scope of the project from hospital service improvements, to include improvements to acute services, specialist rehabilitation and primary prevention of strokes. Further detail was provided on:

- The background to the review
- Key facts about stroke
- The prevalence of stroke and the configuration of local services
- The case for change – key issues for service delivery and current gaps
- Engagement with patients, carers and key stakeholders
- Options for service configuration/ redesign, for improvement in stroke outcomes
- The next phase of testing the proposals - public and patient engagement.

In essence, the review sought to deliver a better service and better patient outcomes. The proposal was for a specialist centre at University Hospitals Coventry and Warwickshire (UHCW), with intensive support for rehabilitation at home rather than in hospital for the majority. It was recognised that some patients might require rehabilitation in hospital. The revised service would cost more, as there would be increased rehabilitation costs and primary care costs. It was important that the public did not view this as a service cut, or as a result of Sustainability and Transformation Plan (STP), as the review was already planned ahead of the STP. Its aims were to reduce mortality and levels of disability following a stroke. The approach was similar to that successfully introduced in London.

The Board was supportive of the proposals, with a number of comments and questions being submitted. In particular, it was questioned whether there were enough specialist staff at UHCW and concerns about travel times to UHCW from some parts of the county, given the target for treatment within 30 minutes of the stroke occurring. Getting a referral for preventative treatment due to GP waiting times was raised. It was suggested that the new measures be implemented and evidence of reductions in demand provided, before withdrawing the existing services at other Warwickshire hospitals. Lifestyle choices and identifying those most at risk of a stroke were further aspects discussed.

Andrea Green gave an update on feedback to the engagement, with 300 comments being received to date. It was requested that the feedback be provided to the Board and this was agreed. In terms of staffing, she acknowledged there was a shortage of specialist consultants, nurses and therapists. The proposals sought to make best use of existing staff, but some additional recruitment would be required. The delivery and implementation plan would be formulated once the engagement had concluded and the way forward had been agreed. The points on travel to treatment time were also acknowledged. This aspect of the proposals had been scrutinised closely by the clinical senate. A few Warwickshire residents might need to travel to specialist centres in

neighbouring areas, but the majority could reach UHCW within 30 minutes. Use of a 'pull through' system meant staff were notified and assembled in readiness for the patient's arrival at hospital. Rehabilitation at home was a key element of the proposals.

A councillor drew comparison to the previous review of maternity services and retention of the existing service following significant public opposition to proposals. Encouraging people to visit their GP surgery for an assessment of risk of a stroke and preventative treatment were also discussed.

## **Resolved**

That the Health and Wellbeing Board notes the proposals to improve stroke services from NHS Coventry and Rugby, NHS Warwickshire North, and NHS South Warwickshire CCGs, noting that the CCGs are:

- Completing a further phase of engagement as the scenarios for improvement have now been translated from the feedback from patients, the public and clinicians into the proposals submitted
- Commissioning another integrated impact assessment of the proposals
- About to enter the final stage of assurance with NHS England.

## **6. 0-5 Redesign and Consultation**

Beate Wagner, WCC Head of Children and Families introduced this item. On 2nd February 2017, the County Council approved its One Organisational Plan, which set out the corporate direction over the next 3 years. At the same time WCC's budget was agreed which required a saving of £1,120,000 to be made to the Children's Centres budget from 1st April 2018. A proposal was being consulted upon, to address this challenge within the context of wider transformation activity by WCC and which also had regard to the national context in relation to Children Centres.

Beate Wagner reminded of the focus on services for 0-5 year olds as part of the Children's Transformation Plan. The Chair confirmed that WCC was seeking the Board's input as part of the current consultation.

There were 5 key areas proposed in relation to the 39 children centres:

- Conversion of 12 Centres into Family Hubs that would extend the range of multi-agency services from the current 0-5 to 0-19 (or 25 in the case of disabilities)
- Reassessing the use of the remaining 27 Centres with a view to the building being maintained by the community, partners or providers from where services could be delivered or where this was not feasible to consider potential closure
- A universal provision delivered in hubs, libraries, community centres that facilitated access, signposting and self-help and promoted school readiness
- An Integrated Family Support Worker Service
- Developing community capacity through building resilience in parents, carers and children.

The report confirmed the priority areas identified at the workshop in relation children and families:

- Improved commitment, visibility and engagement in Children and Families within the HWBB

- Secured assurance of alignment with development of a hub model and 0-5 redesign
- Progression of the Multi Agency Children and Families Champions to engage, influence and ensure a partnership approach to safeguarding and services to children and families
- Progress of integration, commissioning, delivery and outcome models for children and families

Adrian Canale-Parola noted that one of the centres in Hilmorton, to the east of Rugby could be closed under the proposals. With the anticipated population growth for this area, due to significant housing development, the strategic reasoning for this was questioned. The point was noted and would be included in the consultation feedback. Councillor Barry Longden raised concerns that the revised services would cover the 0-19 year age range and there was a potential for conflict if antisocial behaviour occurred when very young children were present at the same venue. He added that the benefits of children's centres had been evidenced and he was also concerned about the way the consultation document was structured. Beate Wagner acknowledged the points raised, explaining the rationale for the review and the aim to provide an equitable service. Some centres were only open for a few hours each week, so the buildings were under-utilised. Councillor Morgan as the Cabinet member for Children assured that safeguarding was of prime importance. John Dixon added that this was a thorough consultation process seeking feedback through public meetings and drop in sessions, meetings at children's centres and through on line responses.

The consultation period closed on 11 September 2017. Thereafter the results would be analysed with a view to final recommendations being submitted to the WCC Cabinet in the autumn and then implementation of the new arrangements from April 2018.

### **Resolved**

1. That the comments made by the Board be included in the consultation responses.
2. That Board Members disseminate the consultation document within their own organisations, with a view to encouraging individual and collective responses.
3. That the priority areas identified above be used as the basis for developing actions during 2017/18.

## **7. Report from District and Borough Council Portfolio Group**

Councillor Les Caborn gave a verbal update on the areas discussed at the June meeting with the portfolio holders of each district and borough council. It had been agreed to provide an activity update to the Board twice each year and to extend this to be a place-based update that included partner updates as well.

### **Resolved**

That the Health and Wellbeing Board notes the update.

## **8. Health and Wellbeing Executive Team Report**

John Dixon provided a verbal update. As shown in the earlier agenda item, the main focus of the Executive Group's recent activity had been the Annual Review and Delivery Plan.

### **Resolved**

That the Board notes the update.

## **9. Coventry and Warwickshire Better Health, Better Care, Better Value (formerly STP) Programme**

The Board received an update from Andy Hardy and Brenda Howard. Mr Hardy confirmed that the Sustainability and Transformation Plan (STP) was recently renamed "Better Health, Better Care, Better Value". He reported the joint vision: "To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life".

The report set out the progress since the last update to the HWBB, which comprised:

- A positive meeting between Board members, NHS England and NHS Improvement to provide a stocktake on progress.
- The Board had agreed its support structure and recruitment was underway. The ambition was to attract applicants internal to partner organisations as secondments, with external applications also being invited. A "System Leadership Academy" was proposed, enabling participants to experience working in different organisations within the system.
- The governance arrangements for the programme had been reinforced and the design authority reframed, with greater representation from local clinical leaders. Also, a Programme Delivery Group supporting the Board had been established with all work streams having executive leads.
- It had been concluded that mental health services should be designated as a transformational work stream and arrangements were progressing to establish this. Also agreed to establish a cancer work stream, as part of the approach to planned care. Progress in this area would be overseen by the regional Cancer Alliance.
- Participation in a developmental process led by Health Education England and to work with well-respected facilitator John Berwick.

Transformation and Enabling work stream updates were provided in relation to:

- Maternity and Paediatrics
- Urgent and Emergency Care
- Mental Health
- Proactive and Preventative
- Productivity and Efficiency
- Planned Care
- Cancer
- Workforce
- Estates
- Information management and technology
- Communications and engagement
- Primary care development



A number of questions were submitted on the work streams. On the proactive and preventative work stream, Andy Hardy acknowledged that more funding should be spent on prevention, an example being a focus on reducing the risk of strokes. The impact of additional development and associated population increases for primary care services was raised. Population growth was modelled and funding sought for additional surgeries through Section 106 (planning) agreements. A move to primary care hubs, also involving social care was seen as the way forward. The removal of, or a reduction in funding for low priority procedures would attract public concern, when the detail became known. On maternity services, reference was made to the Better Births Strategy, the aims of that strategy, assessing the gap between its vision and current provision and the options for achievement of the strategy.

Councillor Longden felt that local councillors and the public were not informed on this process and found out about decisions after they had been taken. Andy Hardy responded that no decisions had been taken on service reconfigurations as shown by the report on stroke services, earlier on this agenda.

The Chair commented that the former STP process had been very health centric, with numerous restrictions placed on those involved. However, good progress was now being made and WCC was significantly involved in the proactive and preventative work stream. She also spoke about the joint work with Coventry's HWBB, the unity and strength this brought and there was a need for an equal value to health in working together.

Public engagement was discussed. This work stream was led by Andrea Green, who explained the difficulties in engaging the public in the high level plans, as evidenced by the reaction to the STP process. Many of the detailed plans were not yet sufficiently formulated to enable public consultation. Robyn Wensley of Healthwatch added that learning could come from each consultation process to improve subsequent ones.

There was a public perception that changes reduced services or made them less easy to access. The Chair responded that there could also be opportunities from change and a role of the Board was to shape such changes, within the finances available. Mr Hardy added that unlike some public sectors, health spending was still increasing. He also referred to the recent worldwide assessment of health services, ranking the NHS highest in several categories. It was requested that a briefing be provided for the Board, following the next quarterly stocktake meeting with NHS England and NHS Improvement on progress.

### **Resolved**

That the Health and Wellbeing Board notes the report.

## **10. Forward Plan**

The Chair referred to the circulated report, which detailed the agenda items for formal meetings and the focus of the agreed workshop sessions. Board member input was sought to the future programme.

### **Resolved**

That the Board members note the Forward Plan.

**11. Any Other Business**

It was noted that immediately following the Board there would be an interactive session on Communication Strategy Development.

The meeting rose at 12.55pm

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Chair