

## Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 22 March 2017

### **Present:-**

#### Warwickshire County Councillors

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)  
Dr David Spraggett (Vice Chair in the Chair, South Warwickshire CCG)

#### Provider Representatives

Stuart Annan (George Eliot Hospital)  
Russell Hardy (South Warwickshire NHS Foundation Trust)  
Andy Meehan (University Hospitals Coventry & Warwickshire)  
Jagtar Singh (Coventry & Warwickshire Partnership Trust)

#### Healthwatch Warwickshire

Robin Wensley

#### Police and Crime Commissioner

Helen Earp (Office of the Police and Crime Commissioner)

#### Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)  
Councillor Leigh Hunt (Rugby Borough Council)  
Councillor Tony Jefferson (Stratford District Council)  
Councillor Moira-Ann Grainger (Warwick District Council)  
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

### **1. Coventry and Warwickshire Sustainability and Transformation Plan (STP)**

The Board received a verbal update from Councillor Les Caborn. He advised that the County Council had formed a working group to consider further its position in relation to the STP. The working group had recently reported back to the Council, which had reaffirmed the Council's previously stated position on the need for openness, transparency and regarding leadership of the STP. Moving forward, a meeting had been arranged between the STP lead, Andy Hardy and the Council's Leader. There were some key issues to resolve, but the Council was engaged, with officers contributing to a number of the STP work streams.

Councillor Alan Webb, who had chaired the working group was invited to address the Board. He spoke of the Council's concerns about the way in which the STP was written, the useful briefing session for County Councillors provided by David Williams of NHS England, the lack of clear information on what the STP would mean for local

people and their concerns about service changes. The process had shown the need for close working between Coventry and Warwickshire.

Prior to the formal Board meeting, a development session had taken place to feedback on the recent Board Peer Review. The development session had included some discussion of the STP. District and borough representatives had debated the STP in their respective council meetings and recorded their concerns. The impact of reviews in neighbouring STP areas was raised and the Oxfordshire STP was used as an example. There were ongoing discussions between Stratford District Council, The STP lead, South Warwickshire CCG and South Warwickshire Foundation Trust to understand the impact and likely service changes. The role of elected members as community leaders was stated.

Andy Hardy, the STP lead was invited to speak. He accepted the criticism of the STP document, but stated that it was never designed to be for the public. Production of the STP hadn't been an inclusive process, but it had involved the Coventry City and Warwickshire County Councils. He was attending a meeting with Stratford District Council and encouraged other district and borough councils to invite him to address their members. He provided an update on the work streams, the endeavours to provide equality of services and place based services, also the appointment of independent posts and the funding allocation for 2017/18.

Councillor Barry Longden voiced strong concerns about the STP process and lack of clarity in the document. He wanted to know what the service reviews would mean for residents in the north of Warwickshire, in terms of the GP, hospital and other health services. Mr Hardy responded that the STP wasn't intended as a public document. The Chair suggested that councils take up Mr Hardy's offer to address their authorities.

Other Board members contributed. Some stated the need to work through the current issues collectively, whilst others felt there was a lack of trust and a need to be more open, engaging with the public. It was understood that some of the STP work streams had started and felt the Board should have an oversight role. Mr Hardy offered to attend future Board meetings to provide updates. A point was made that there had been poor communication about the STP to date, which could be remedied. However there were difficult decisions ahead to achieve the required transformation and financial savings. Adopting a 'no surprises' approach was advocated. It was suggested that the STP be considered further at the Board's Executive Group.

## **Resolved**

That the Board notes the update on the Sustainability and Transformation Plan and that this is considered further at the next meeting of the Board's Executive Group.

## **2. General**

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

Councillor Izzi Seccombe (Chair), Philip Seccombe (Police and Crime Commissioner) and David Williams (NHS England). The Chair welcomed Helen Earp, who would represent the Office of the Police and Crime Commissioner at future Board meetings.

### **(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) Minutes of the meeting held on 23 January 2017 and matters arising.**

The Minutes were agreed as a true record.

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

The Board received an update on the Joint Strategic Needs Assessment (JSNA) from Jenny Bevan, Programme Manager. The JSNA had delivered significant benefits, providing a broad evidence base and a bank of specific needs assessments, based upon priority themes. The current work programme was now complete. There had been increasing numbers of enquiries for an understanding of needs from a 'place' perspective rather than on a thematic basis. Reflecting this and the need to support significant transformation programmes across health and social care, it was timely to refresh the JSNA approach. An amended approach had been agreed by the JSNA Strategic Group and the Health and Wellbeing (HWB) Executive Team in December. It was now presented to the Board for its approval.

There were multiple drivers for increased place-based working within the HWB system in Warwickshire which relied on the JSNA process for their supporting evidence base, examples being:

- The HWB Strategy
- The Sustainability and Transformation Plan
- Out of Hospital Programme
- GP Five Year Forward View
- Community Hubs
- County Council (Adult Social Care and Children's Services) Transformation Plans

Under the new model, it was proposed that the JSNA be positioned as the primary source of evidence, to support all these needs in a holistic and consistent way. It would become a single shared evidence base. The key features of the refreshed approach were reported, together with the role of a Geographies Data Group, to provide mapping expertise and use of a 'data building block' approach with population levels of 30 to 50 thousand people, engaging with those with local knowledge, to ensure community interests were best served. This would result in 15-20 place-based geographies. The Boroughs of North Warwickshire and Nuneaton & Bedworth were being completed first, as there were already well defined lower level geographical areas. It was estimated that the profiles would start to be published within 6 months of the geographies being agreed.

The Board was supportive of the proposals. Areas discussed were the links with Coventry as there would be commonality of issues, the arrangements for community hubs and how the needs assessment would help to identify gaps in provision. Dr John Linnane, Director of Public Health reminded of the background to the place-based approach, the legal obligations of the County Council and the benefits of this work which sought to bring together all of the information held by a range of organisations. It was confirmed that the Police and clinical commissioning groups were involved.

## Resolved

- 1) That the Board endorses the place-based approach to the JSNA for 2017 and beyond.
- 2) That partners commit resources to additional joint working, which will agree the shared geographies and provide analytical resources to inform area profiles and needs assessments.

### 4a. Coventry, Warwickshire and Solihull's Transforming Care Partnership

The Board received an update from Chris Lewington, Head of Strategic Commissioning at WCC. A programme of work was underway across Coventry, Warwickshire and Solihull to transform care and support for people with a learning disability and/or autism, those with mental health needs or behaviours that challenged.

Transforming Care was an NHS led national programme, with cross sector support. Coventry and Warwickshire were initially identified as a 'fast track' site for transforming care and in October 2015 were awarded £825k of funding from NHS England to deliver against the locally developed fast track plan during 2015/16. Following the publication of a national plan and service model '*Building the Right Support*', Coventry and Warwickshire formed a new Transforming Care Partnership (TCP) with Solihull. The formation of the new partnership required a revised and combined plan to be submitted to NHS England, to demonstrate how the partnership intended to fully implement the national service model by 31 March 2019.

An update was given on the significant achievements to date and future plans. The current plan focussed on improving care for adults and developing/implementing a new model of care for children and young people. The development of community support and the intention to drive integrated commissioning and pooled budgets were also referenced. The plan contained specific inpatient trajectories that needed to be delivered locally. A section of the report focussed on the latest milestones, the recognition that trajectories were not going to be achieved and the remedial action taken.

There were a number of key risks associated with delivery of the plan, which were being managed through the TCP Board and associated work streams. These were categorised under the headings of financial, resource, quality and patient experience and the market for this service area.

Under the financial aspects, the report set out the implications of the inclusion of an additional cohort of patients, requiring increased community funding and there was a recognised commissioning gap. Key to delivery of this programme was moving people out of NHS England Specialised Commissioning secure services, to community based services. An initial estimate of the potential additional costs was provided for the three clinical commissioning groups (CCGs) and local authorities. It was requested that the financial implication for each CCG be provided. John Dixon, Interim Strategic Director for the People Group emphasised that an area of difficulty was securing the transfer of monies from NHS England Specialised Commissioning to local authorities and CCGs to meet the additional costs. It was requested that the Board add its support to the ongoing endeavours to resolve this aspect.

Chris Lewington commended the work of the staff involved in this initiative as a good example of integrated working. A board member suggested that a 'lessons learned' report would be useful.

## **Resolved**

That Coventry, Warwickshire and Solihull Health and Wellbeing Boards:

- 1) Continue to support the Coventry, Warwickshire and Solihull Transforming Care Partnership to drive local transformation.
- 2) Note the current position in relation to delivery of the Transforming Care plan from a financial perspective.
- 3) Agree to receive periodic briefings on progress relating to the delivery of the Transforming Care programme.

### **4b. Warwickshire County Council One Organisational Plan Transformation Plan**

Councillor Les Caborn introduced this item. He explained that the One Organisational Plan (OOP) 2020 had been agreed by Warwickshire County Council as its Corporate Plan for the next 3 years. A copy of the Plan had been circulated. The overriding aspiration was to make 'Warwickshire the best that it can be' through the two key priorities:

- Warwickshire Communities and Individuals are supported to be safe, healthy and independent.
- Warwickshire's economy is vibrant and supported by the right jobs, training and skills and infrastructure.

The delivery of priorities would require a radical transformation of the way that the County Council conducted its business. Such transformation needed to be undertaken through a multi-agency approach, working together to deliver joint outcomes.

A number of slides were displayed detailing the areas of most relevance to the remit of the Board for the Adult, Children's and Public Health service areas. A key theme was 'helping people to help themselves'.

Board members discussed the report. Comment was made about the different definitions of 'place' in terms of geography, scale and service area. It was noted that there was no financial information shown in the presentation slides. Whilst broad acceptance of service reviews could be achieved, difficulties arose when the financial implications were known. There was a need for operational detail of such things as pooled budgets and streamlined plans. It was confirmed that there was a corresponding corporate plan for Coventry City Council and asked how a consistent message could be embedded across the two areas. Reference was made to the Council's savings targets and it was confirmed these were now included within the STP figures.

Dr John Linnane used examples to show the work required as a system to help people to help themselves. There was unnecessary use of accident and emergency services and lower level interventions which could help to alleviate some of the pressures on acute services.

In summary, the actions for officers were to link with partners through the STP, for the Board to monitor the Council on the achievement of its OOP and to create a single narrative for the 'help you to help yourself' approach.

## **Resolved**

That the report is noted and that further updates are brought to the Board in relation to the transformation activity resulting from the One Organisational Plan 2020.

### **4c. Report from District and Borough Council Portfolio Group**

Councillor Les Caborn gave a verbal update, confirming the valuable work with district and borough portfolio holders. In future, six monthly reports from this group would be provided to the Board. He reported back on the items raised at the previous Board meeting and progress made.

A request was made to encourage the participation of district and borough council members in the public meetings arranged by CCGs.

## **Resolved**

That the report is noted.

### **4d. Pharmaceutical Needs Assessment and Applications for Pharmacies Update**

Dr John Linnane reported on the proposals to produce the second Pharmaceutical Needs Assessment (PNA) by March 2018. The PNA was an assessment of the services that were currently provided in Warwickshire. Following legislation in 2012, responsibility for development and updating the PNA transferred from Primary Care Trusts to Health and Wellbeing (HWB) Boards. The process of producing a PNA would take around 12 months and the report detailed the stages to be followed and work completed to date.

It was confirmed that this review would not seek to remove any existing pharmacies. Detail was provided on how engagement took place with planning authorities, to predict future service needs over a three year period. The role of NHS England as the commissioner for pharmacies was explained, together with the statutory minimum requirements for a pharmacy and their ability to supply other goods on a commercial basis.

## **Resolved**

That the Board notes the update and progress on the Pharmaceutical Needs Assessment.

### **4e. Health and Wellbeing Executive Team Report**

John Dixon provided an update. In February, the Health and Wellbeing (HWB) Executive Team held a workshop which focussed on reviewing the current position of the HWB Strategy and building a shared view of the future challenges and activity planned by each organisation. Executive Team members were asked to provide details of their anticipated strategic aims and transformation up to 2020. This provided a consolidated view, which was then compared to the aims and direction as set out in the HWB Strategy 2014. The conclusions of the Executive from this exercise and agreed actions were reported. The next Executive Meeting would be held in April and its agenda would include the outcome from the recent peer review.

It was suggested that the Executive Team should provide periodic reports on the detail of work being completed, to include timeframes and accountabilities.

## **Resolved**

That the Board notes the key messages and decisions from the Health and Wellbeing Executive Team on 15 February 2017.

### **5. Health Protection Strategy 2017-2021**

Dr John Linnane introduced this report and gave a presentation to the Board. The Health Protection Strategy set out the partnership approach, specific aims and seven priorities for Health Protection across Coventry and Warwickshire for the period 2017-2021. It outlined progress made on priority areas identified in the previous Health Protection Strategy and the joint ambitions for the new Strategy.

Progress against the Strategy would be monitored by the Health Protection Committee and be reported annually to the Board. Action plans and work-streams/partnership boards were currently in place or would be developed for each of the seven priority areas. The priorities comprised: air quality, tuberculosis, hepatitis b/c, screening and immunisations, infection control, emergency planning and excess winter deaths.

Discussion took place on diabetic eye screening, specifically changes to the service provider and cultural aspects. On excess winter deaths, the biggest causes were cold weather and flu. Last year saw a significant reduction in uptake of vaccinations in many of the risk groups. There was an incorrect perception amongst some people that the vaccines were either ineffective or could cause flu symptoms. There was also a challenge around the quality of housing and fuel poverty.

From the earlier discussion of 'help you to help yourself', there was support for this to be used as a branding at all partners' premises to promote health protection. Discussion also took place on air quality, the cost of monitoring equipment, the cumulative impact of additional development and need for local data to inform planning decisions. An air quality group had been established to look at this, with all district and borough councils being invited to participate.

## **Resolved**

That the Strategy be approved and adopted and that key areas of influence are supported strategically by Health and Wellbeing Board members, in particular:

- Increasing uptake of flu vaccinations for health and social care staff who provide direct personal care, alongside promoting the role of frontline staff as important advocates for the vaccinations programme for their own patients/customers.
- Working to improve air quality through championing active/sustainable travel strategies and programmes for their own organisations.
- Supporting the development of a Coventry and Warwickshire-wide Anti-Microbial Resistance strategy, building on good work that is already being undertaken.
- Ensuring all frontline staff are aware of and referring vulnerable individuals to commissioned support and advice services related to affordable heating.

**6. Forward Plan**

Gereint Stoneman, the Health and Wellbeing Board Delivery Manager gave an update and sought Board input to the future programme. It was suggested that a report on the work of the Executive Group be scheduled, to give an assurance to the Board of the actions, accountability and a timeline, so the Board can hold the Executive Team to account.

**Resolved**

That the Board members note the Forward Plan and the suggestion for a future item on the Executive Group's work, as set out above.

**7. Any Other Business**

None.

The meeting rose at 4.00pm

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Chair