

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 10 January 2018

Present:-

Warwickshire County Councillors

Councillor Izzi Seccombe OBE (Chair)
Councillor Les Caborn
Councillor John Holland

Warwickshire County Council (WCC) Officers

John Linnane (Director of Public Health)

Clinical Commissioning Groups (CCG)

Dr David Spraggett (South Warwickshire CCG)

Provider Representatives

Russell Hardy (South Warwickshire Foundation Trust)
Andy Meehan (University Hospitals Coventry & Warwickshire)
Chris Spencer (George Eliot Hospital)
Mike Williams (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire

Robin Wensley

Police and Crime Commissioner

Robert Tromans

Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)
Councillor Emma Crane (Rugby Borough Council)
Councillor Andrew Thompson (Warwick District Council)
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

1. General

(1) Apologies for Absence

Councillor Jeff Morgan and Nigel Minns (Warwickshire County Council), Adrian Stokes (NHS England), Dr Adrian Canale-Parola (Coventry and Rugby CCG), Dr Deryth Stevens (Vice Chair, Warwickshire North CCG) and Councillor Tony Jefferson (Stratford District 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. It was noted that this was a standing declaration of interest for every meeting.

(3) Minutes of the meeting held on 6 September 2017

The Minutes were agreed as a true record, subject to an amendment to page eight paragraph two, regarding the alignment of funding, which would be held by the most appropriate commissioner.

(4) Chair's Announcements

The Board paid tribute to Stuart Annan, the representative for the George Eliot Hospital who had passed away since the last formal Board meeting.

2. Annual Reports - Children's and Adults Safeguarding Boards

The 2016/17 Annual reports of the Children's and Adults Safeguarding Boards were submitted. Further information was sought regarding the significant increase in the number of police reports of missing children in 2016/17, compared to previous years. A report back would be provided. It was confirmed that the issue reported about health service representation in the Multi Agency Safeguarding Hub had been resolved. For future years, these annual reports would be presented earlier, with the 2017/18 reports scheduled to be submitted in the autumn of 2018.

Resolved

That the Board notes the Annual Reports of the Children's and Adults Safeguarding Boards.

3. Pharmaceutical Needs Assessment

The Board received a presentation and report from Rachel Robinson and Kuldip Soora on the Pharmaceutical Needs Assessment (PNA).

The PNA assessed the adequacy of pharmaceutical services currently provided in Warwickshire. Responsibility for the development and updating of the PNA transferred from Primary Care Trusts to health and wellbeing boards in 2012 and the PNA had to be refreshed every three years, the next being due by 24th March 2018. An outline was provided of the previous reports to the Board, the community pharmacies and dispensing GPs within Warwickshire and the consultation/engagement processes to date, leading to the publication of the draft PNA. The draft report assessed the number and distribution of the current pharmaceutical service provision in Warwickshire as being sufficient. However, there were variations in provision and with the anticipated population growth, additional future pharmacy provision would need to be considered. The Board was recommended to monitor the development of major housing sites and to produce supplementary statements to the PNA if deemed necessary. Following the publication of the draft document, additional information had been made available that altered some of the content and recommendations. This had been included in the consultation, which would close on 5 February 2018. The publication timescale would necessitate the sign-off of the final report by the end of March 2018 by a Sub-Committee of the Board, to meet statutory timescales and deadlines.

The presentation summarised the purpose and content of the PNA, how it had been developed and the key recommendations that were included in the PNA, in terms of access, essential services, advanced services and locally commissioned services.

Questions and comments were submitted. On the arrangements for new pharmacy provision, it was clarified that the Board could make recommendations and encourage provision of healthy living pharmacies, but the commissioning decisions were taken by NHS England. The role of planning authorities was discussed in granting development consents for new pharmacies. Further information was given about minor ailments, how pharmacies could assist and a trial scheme operating in the north of Warwickshire for those under 16 years of age. An area of concern raised by Russell Hardy was around access to pharmacies and availability of medication for patients in end of life care. Fiona Lowe, Chief Officer of the Local Pharmaceutical Committee explained that some previously commissioned services for end of life care hadn't been recommissioned. Mr Hardy considered this was a gap and it wasn't referenced in the draft PNA. Questions were submitted about accountability for the actions contained in the PNA and the timeline for completion of this work. NHS England was the principal body as the commissioner. Funding aspects and the closure of pharmacies were discussed. In Warwickshire, there were currently two pharmacies expected to close and two new pharmacies being opened. An area of concern was ensuring adequate cover in the areas of greatest need and an assurance was provided that there was no evidence of unmet need presently. However, population increases might require this to be revisited.

A number of comments were provided for inclusion in the consultation feedback. With regard to advanced service provision, it was viewed that additional resources would be needed. There were perceived tensions between pharmacies and other primary care services, for example on influenza inoculations, but also the potential for better coordinated working to alleviate some of the pressures on GP services. An aspect of this was collocated GPs, pharmacies and other health and wellbeing services, where new services were being provided. The capacity of GPs and pharmacies, the potential for differing arrangements and service levels across the county and difficulties in meeting current service requirements, let alone extended working arrangements were also referenced.

The need to call a Sub-Committee of the Board to approve the final PNA document was reiterated and consideration given to its composition.

Resolved

That the Board:

- 1) Notes the update and progress on the PNA.
- 2) Submits the comments set out above in response to the consultation on the draft PNA.
- 3) Authorises a Sub-Committee comprising the Chair, Vice Chair and Director of Public Health to approve the final Pharmaceutical Needs Assessment to meet the submission deadline.

4. Healthy Living Pharmacy

The Board received a presentation from Dr John Linnane, Director of Public Health. The presentation covered the following areas:

- What is a Healthy Living Pharmacy?

- Requirements to become a Healthy Living Pharmacy
- Data on the impact of Healthy Living Pharmacies
- Data for Warwickshire; 83% of pharmacies were now a Healthy Living Pharmacy and examples were given of the services provided
- The location of Healthy Living Pharmacies in the County
- Examples of specific initiatives, including 'Fitter Futures', signposting to mental health services, to other organisations and to the health and wellbeing portal.

Dr Linnane added that pharmacy staff were well placed to have conversations with patients and give advice and support to them. A range of services were already provided through each healthy living pharmacy and they could be used by many services as a community hub.

Questions and comments were submitted. The funding arrangements were explained, with financial support provided by Public Health for some elements of the Healthy Living Pharmacy and clinical aspects were funded by NHS England and CCGs. There was the added advantage of being able to advertise the extra services available. The wider system benefits and cost savings of preventing falls were discussed. An example used was providing walking sticks that were adjusted for the person. A question was submitted about the potential for conflicting advice from GPs and pharmacists, where the pharmacist had enhanced roles. The aim was for the two service providers to coordinate activity. There were known pressures on GPs and an example where pharmacists could help was with repeat prescriptions. Pharmacists could have access to a summary of the patient's records, if the patient gave consent, on a 'read only' basis. In other areas this had been enhanced, enabling the pharmacist to add to the patient's notes.

Resolved

That the Board notes the presentation.

5. Joint Strategic Needs Assessment (JSNA) Delivery Model

Spencer Payne, WCC's Insight Manager introduced this item. The Board had received a number of reports and supported the development of the place-based JSNA, with the overall approach being endorsed in March 2017. Three phases of work were approved, to agree a consistent set of JSNA geographies, creating 22 areas across the county that would be used to profile needs and design services across the health and wellbeing system. The second phase of work was to produce a JSNA profiling tool, which would enable all partners to create statistical profiles for a range of different areas. This tool was presented to the Board in September 2017. Phase 3 of the programme would deliver a suite of needs assessments across the JSNA geographies.

A pilot needs assessment had been completed in Atherstone and learning points gathered. The key messages were the need for local buy-in, ownership and responsibility for the outputs, with a commitment to using the evidence base to inform the design, commissioning and delivery of services at the local level. There was a need for genuine commitment to this approach, before assigning significant resources to what was likely to be a two year programme of work.

The proposal recommended by the JSNA Strategic Group was to deliver 20 needs assessments, starting in January 2018. The analytical work and the production of the needs assessment documents, would be managed by the WCC Insight Service. The report outlined the specific roles and requirements of each partner organisation in

delivering the programme of place-based needs assessments, as set out in a table within the report.

In terms of delivery, further tables set out the suggested process for each needs assessment and the areas proposed for the first wave of needs assessments. It was proposed these include all five districts/borough areas, with three being the community hub proof of concept areas and for the areas of Warwick District and Nuneaton & Bedworth Borough to include those areas determined based on levels of need, using population-weighted deprivation scores.

Councillor Longden stated that delivery of this initiative would prove difficult for Nuneaton and Bedworth Borough Council, due to a shortage of staff resources. Spencer Payne clarified that sponsorship was sought to capture local knowledge. The County Council's Localities Teams would provide support to the process. Several Board members urged participation in this partnership initiative. Dr Linnane added that this work sought to profile the needs of people in each area, looking at the research and data and then speaking to local people and groups to validate and triangulate that information. There had been a lot of work in developing the profiling tool. Local sponsorship could come from a hospital or voluntary group to provide a focal point, but the importance of local leadership was emphasised.

Another point was whether the two year timeframe could be reduced, whilst acknowledging the resource requirements involved. This would need to be investigated and reported back to the Board.

There was concern at the potential lack of involvement from the Nuneaton and Bedworth area. Kath Kelly, Chief Executive of the George Eliot Hospital Trust offered to act as sponsor for the area identified and to work with the Borough Council on this, but this was also declined. The Chair asked Councillor Longden to take this back to his authority and to consider the offer of help from the Chief Executive of the George Eliot Hospital.

Resolved

That the Board:

- 1) Continues to support and champion the place-based approach to understanding health and wellbeing needs across the county through the Joint Strategic Needs Assessment.
- 2) Reiterates the commitment to using the agreed JSNA geographies as the basis for strategic planning across all partners.
- 3) Endorses the proposed delivery model for the Needs Assessments.
- 4) Approves the proposals for sponsors and lead officers for each needs assessment, except that for Nuneaton Central area with further work being required to resolve the issues raised in respect of sponsorship.
- 5) Requests research of whether the timeline required for completion of the work can be accelerated, subject to the availability of resources and that this aspect is reported back to a future meeting of the Board.

6. Better Health, Better Care, Better Value

Brenda Howard, Programme Director of Better Health, Better Care, Better Value (BHBCBV) provided an update to the Board. The Chief Executive and accountable officers of the health and local authority organisations within the Coventry & Warwickshire met twice monthly as a Board, with the Coventry and Warwickshire Healthwatch organisations invited as attendees. The report included an outline of the latest quarterly review with NHS regulators. Formal feedback from that meeting would be provided at a future board meeting. Workforce considerations were a key focus of the STP programme, key priorities being:

- Recruitment and retention
- Development and embedding of new roles, and roles working differently
- Skills development for existing workforce
- Development of career pathways

The Clinical Design Authority held its second development day on 22 November 2017 and an outline was given of the topics discussed. The update also covered increasing voluntary sector involvement in health transformation, with an outline of the topics discussed at the first of three development sessions held on 20 November 2017.

Questions and comments were invited, the first concerning workforce aspects and Brexit. Brenda Howard reiterated that retention of staff was an important aspect. The Chair added this was also of significance for social care services.

Appended to the report was a letter from Alison Tonge, NHS England's Director of Commissioning for the West Midlands. This included reference to the delay in the stroke reconfiguration, on which an update was sought. The position was that NHS England assurance was still awaited to enable the final consultation to take place. Gillian Entwistle, Chief Officer of South Warwickshire CCG understood that the assurance meeting with NHS England was due to take place in February.

It was requested that the Board be informed of the timelines for the other service reconfigurations. Engagement with local authorities and non-executive directors /lay members was recognised as a key priority in the letter from Alison Tonge, it being noted that Andrea Green was the lead officer for this workstream. An engagement group hadn't been established as reported in the letter. There were differing views on what was being proposed, in terms of the formality of the group, which would need to be discussed further and it would be helpful if this could be resolved with some urgency.

There was no reference in the update to work on the preventative and proactive workstream. Further information was sought, particularly with regard to how primary care had been involved and the funding aspects. This overarching area was now called 'upscaling prevention' and Brenda Howard undertook to provide an update. It was noted that Gail Quinton of Coventry City Council who led this workstream gave a presentation on the progress at the autumn workshop. Robin Wensley referred to Healthwatch Warwickshire's survey of GP surgeries and the apparent lack of involvement of many GPs in wider 'STP' discussions. Brenda Howard responded that 11 GPs were involved through the Clinical Design Authority.

Resolved

That the Board notes the report.

7. Autumn Workshops

Gereint Stoneman, Health and Wellbeing (HWB) Delivery Manager introduced this report, which gave feedback on the workshops held in recent months. In November the focus had been on system and place-based working, mapping transformation across the system and understanding place-based working. The session also shaped the role of Children's champions for each member organisation and was followed up with discussion at the HWB Executive in December 2017.

In December the Board and Executive met with Coventry's HWB Board to review the Alliance Concordat. That session looked at the common themes across HWB, the Accountable Care Partnership, Better Health, Better Care, Better Value (BHBCBV) programme, place-based Joint Strategic Needs Assessment and the Upscaling Prevention pilot. All partners committed to continuing to work together and to strengthen the relationships. Local Government Association feedback following the workshop had been very positive about the level of commitment to partnership working. The report listed the outputs and next steps arising from these sessions:

- Create a network of Children's Champions across the HWB system
- Map all activity to the system/place model which is within the 2017/18 HWB Delivery Plan
- Refresh the Alliance Concordat for 2018 onwards
- 2018/19 – The Year of wellbeing
- Develop a set of common Outcomes and headline targets/dashboard
- Develop a Place plan
- Invest in Leadership
- Review role of Executive Team

It was agreed that a group representing HWBB Members, the BHBCBV programme and Accountable Care development in Warwickshire would take this work forward and report back through the two HWB Boards and the Executive team in Warwickshire. The next joint session of the two HWBBs was planned for March.

A member questioned the financial aspects and the savings requirements reported previously in relation to the STP. Dr Linnane explained that the figures used at that time were an estimate of the gap between income and predicted expense levels, for the NHS, Social Care and Public Health, if current services were not reviewed.

Councillor Caborn referred to the 'Year of Wellbeing', the funding requirement and the financial commitment from Coventry. Dr Linnane confirmed that he was meeting with his Coventry counterpart the following week to take this forward. The Year of Wellbeing provided an opportunity to highlight initiatives that were already in place or to enhance some initiatives further. He used the example of Heart Shield where 3000 children across Warwickshire had been trained in cardio pulmonary resuscitation. The Chair referred to other wellbeing initiatives for example to promote walking a mile each day and the opportunities afforded by Coventry being the city of culture in 2021.

In closing the item, the Chair paid tribute to Gereint Stoneman, Health and Wellbeing Delivery Manager, as this would be his last Board meeting before taking up another position within the County Council to support work on the West Midlands Combined Authority.

Resolved

That the Board notes the outputs of the Health and Wellbeing Board Autumn workshops and the associated next steps.

8. Warwickshire Better Together Programme - Progress Update

Chris Lewington, WCC's Head of Strategic Commissioning gave a presentation in addition to the circulated report. At its meeting on 6 September 2017, the Board approved the Better Together Programme's two year plan, spanning 2017-19. Warwickshire's plan had been approved with conditions, as further assurance and information regarding three specific planning requirements were required. The additional evidence and information had subsequently been submitted and it was confirmed that the plan had now been approved.

An update was given on performance. The plan for 2017-19 focussed activities to improve performance in the four key areas which were measured against the National Performance Metrics:

- Reducing Delayed Transfers of Care (DToC)
- Reducing Non-Elective Admissions (General and Acute)
- Reducing admissions to residential and care homes; and
- Increasing effectiveness of reablement

An update was provided in regard to Section 75 and risk share arrangements. Documentation had been prepared and was currently being approved by all funding partners. Following a workshop in September, options for a more mature approach to risk sharing across partners and in particular financial risk shadowing had also been agreed.

On 1 December 2017 further detail was provided about the additional £42 million of capital funding for the Disabled Facilities Grant in 2017/18 for local authorities in England. In two tier areas, the additional funding would be issued directly to the district and borough councils and was not subject to the usual Better Care Fund requirements.

Questions and comments were submitted. It was confirmed that the funding reported did not include that required for sheltered housing. Target setting was discussed. There was a combination of nationally set targets, an example being the timescales for delayed transfers of care, whilst others were set locally. It was suggested that where local targets were used, these should include an age demographic.

The Chair paid tribute to Chris Lewington as this would be her last Board meeting before retiring from the County Council. Kath Kelly of George Eliot Hospital echoed the sentiments, speaking about Chris' personal contribution in driving forward partnership working.

Resolved

That the Board notes:

- 1) The progress of the Better Together Programme to improve performance against the four national Better Care Fund areas of focus;
- 2) The recent announcement regarding the 2018-19 allocations of the social care funding provided at Spring Budget 2017;

- 3) The progress relating to the section 75 and risk share arrangements; and
- 4) The additional funding relating to the Disabled Facilities Grant (DFG).

9. Health and Wellbeing Board Forward Plan 2018/19

The Board reviewed its forward plan for 2018/19 which provided details of the agenda items for formal meetings and the focus of the agreed workshop sessions.

Resolved

That the Board notes its forward plan.

10. Any Other Business (considered urgent by the Chair)

None.

The meeting rose at 4.00pm

.....
Chair