

**Minutes of the Meeting of the Warwickshire Health and Wellbeing Board  
held on 6 September 2017**

**Present:-**

Warwickshire County Councillors

Councillor Izzi Seccombe OBE (Chair)

Councillor Les Caborn

Councillor John Holland

Councillor Jeff Morgan

Warwickshire County Council (WCC) Officers

John Linnane (Director of Public Health)

Clinical Commissioning Groups (CCG)

Dr Adrian Canale-Parola (Coventry and Rugby CCG)

Dr David Spraggett (Vice-Chair, South Warwickshire CCG)

Andrea Green (Warwickshire North CCG)

Provider Representatives

Mike Williams (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire

Robin Wensley

NHS England

David Williams

Police and Crime Commissioner

Robert Tromans

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**

John Dixon (Interim Strategic Director for People Group), Dr Deryth Stevens (Warwickshire North CCG), Stuart Annan (George Eliot Hospital), Andy Meehan (University Hospitals Coventry & Warwickshire), Russell Hardy (South Warwickshire Foundation Trust) 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 Robert Tromans, the Deputy Police and Crime Commissioner (PCC) to the Board, as the permanent representative for the PCC. She thanked David Spraggett for his support as Vice Chair of the Board, noting that Deryth Stevens would become Vice Chair for the next year as this position rotated between the clinical commissioning groups.,

### **(4) Minutes of the meeting held on 26 July 2017 and matters arising.**

The Minutes were agreed as a true record, subject to clarification under Minute number 5, page 5 that the delays in achieving a referral for preventative treatment were due to delays at hospital, rather than due to GPs.

## **2. Director of Public Health Annual Report 2017**

Dr John Linnane, Director of Public Health submitted his Annual Report to the Board. Copies of the document had been circulated. It included an overview of the health and wellbeing of the Warwickshire population and the theme of this year's report was vulnerability. Progress in the implementation of the 2016 recommendations and plans for publication of this Annual Report were also explained.

Dr Linnane gave a presentation to accompany the report, which highlighted the key messages:

- Progress on 2016 recommendations
- The Picture of Health and Wellbeing in Warwickshire
- Population and Life Expectancy
- The Challenges Facing Public Health
- Wider Factors Influencing Health and Wellbeing
- Vulnerability and the Impact on Health and Wellbeing (a short video clip)
- Recommendations from the Director of Public Health

Dr Linnane thanked his own staff and Mike Jackson, Communications Officer for the work undertaken in producing the annual report. He highlighted sections of the report, especially in the Warwickshire health profile, relating to hospital admissions involving deliberate injuries to children, cancer diagnosed at an early stage and one year survival from colorectal cancer. Several Board members praised the format of the report. A comment was made on health aspects linked to unemployment levels and actions to address levels of unemployment. It was agreed that the video clip provided as part of the presentation be shared with all Board members.

### **Resolved**

That the Health and Wellbeing Board:

1. Notes and supports the Director of Public Health's Annual Report 2017.
2. Approves the recommendations contained in the report under the headings of:
  - Sustainability & Transformation Plan (STP)
  - Community Capacity
  - Place based working

- Making Every Contact Count
- The Workplace

### **3. Health and Wellbeing Board Annual Report and Delivery Plan**

The Health and Wellbeing (HWB) Board's Annual Review for 2016/17 was presented, together with the Delivery Plan for 2017/18. It celebrated the significant volume and breadth of achievements made to date, also looking to the future and providing a focus and reference point for the Board's activity in 2017/18.

The Annual Review included a summary of 101 examples of achievements sourced from across the HWB system, giving detail of each of these in a case study format. It demonstrated the breadth of effort in support of the outcomes set out in the HWB Strategy. The second part of the report looked forward at the Delivery and Development Plan for 2017/18 and covered the following key elements to support delivery of the Strategy:

- Joint Strategic Needs Assessment
- Roles and Remit of the Board
- Partnership Principles
- Common Model of Working
- Delivery and Development Programme for 2017/18

The Chair praised the format of the document. Adrian Canale-Parola pointed out a minor typographical error and he felt that elements referring to clinical commissioning groups could be made a little clearer for the final published version. He agreed this was a useful and comprehensive document. The Chair added that the final document would be presented to the County Council and taken through the governance structures of all partners.

#### **Resolved**

That the Health and Wellbeing Board endorses the Annual Review 2016/17 and the Delivery and Development Plan for 2017/18.

### **4. Health and Wellbeing Performance Measures**

The Health and Wellbeing (HWB) Board received an update on performance from Gereint Stoneman, HWB Delivery Manager. It had been agreed that this would be the last year of the current strategy and a refreshed strategy would be developed by March 2018. The report provided an indication of the impact of the current strategy on the health and wellbeing of Warwickshire residents. It complemented both the Annual Review and the 2017/18 Delivery Plan. The report also detailed the development of a refreshed outcome framework, learning lessons from the existing approach.

The HWB Strategy was shaped around three headline priorities of Promoting Independence, Community Resilience and Integration & Working Together. These priorities were supported by 18 outcomes and 61 sub-outcomes. It was recognised that there might be additional measures held within HWB partner organisations, that some measures were only available annually and that there were a number of outcomes for which no measures were easily attributed. In these cases, a key alternative measure of progress or activity was the case studies contained within the HWB Annual Review.

It was noted that the appendix to the report had been circulated late and therefore members of the Board were invited to take the appendix away and submit any further comments electronically. Any such comments would be collated and circulated to all Board members. On the data section of the appendix, Councillor Barry Longden asked for further information to be provided on the size of the sample used for the high levels of self-reported wellbeing satisfaction.

### **Resolved**

The Health and Wellbeing (HWB) Board is asked to consider the performance against the outcomes within HWB Strategy 2014-18.

## **5. Warwickshire Children's Safeguarding Board Memorandum of Understanding**

Beate Wagner, Head of Children and Families reported that the Warwickshire Children's Safeguarding Board (WSCB) had developed a Memorandum of Understanding (MoU) to set out the relationship it had with various other bodies with a safeguarding role. This included the relationship between the WSCB and the Health and Wellbeing Board (HWBB), which was the strategic body for children's safeguarding. The relevant extracts from the MoU were appended to the report and this item sought to formalise the relationship between the two bodies.

The HWBB had been asked to endorse the MoU. The Chair noted that MoU's were a co-produced document and therefore, Board members may wish to consider and review the MoU within their own organisations and then respond with any comments. It was suggested that a time period of three weeks be given for completion of the process. Councillor Longden was not in support of this way forward and felt that the MoU should be considered by the County and/or district/borough councils' overview and scrutiny committees. However, there was a timing issue with this. It was agreed by other Board members that the document could be endorsed in principle and that any comments received be considered by a Sub-Committee of the Board, comprising the Chair and Vice Chair.

### **Resolved**

1. That in principle, the Health and Wellbeing Board endorses the Warwickshire Safeguarding Children's Memorandum of Understanding in so far as it relates to the Health and Wellbeing Board and its activities.
2. That if any comments or alterations are proposed, these be considered by a Sub-Committee comprising the Chair and Vice Chair of the Health and Wellbeing Board, before finalising the Memorandum of Understanding.

## **6. Draft Commissioning Intentions 2018/19**

The Board received a series of reports and presentations on the commissioning intentions of clinical commissioning groups (CCGs) and the County Council.

## a) **Warwickshire North and Coventry & Rugby Clinical Commissioning Groups (CCG)**

Matt Gilks, Director of Commissioning spoke to a circulated report and gave a presentation, with contributions from Andrea Green, Chief Operating Officer, on the commissioning intentions of Warwickshire North and Coventry & Rugby CCGs. The presentation covered the following areas:

- The journey so far
- Aligning with the local health economy
- Health inequalities
- What are commissioning intentions?
- Challenges and pressures
- National drivers – 2017/18 & 2018/19
- Commissioning intentions 2018/19
- System Integration
- How we have engaged with our local population
- Workstream summary
- How we align to Health and Wellbeing priorities
- We will continue to engage with our local population

Andrea Green spoke about the CCGs' work on system integration, to gain assurance about the sustainability of acute services, plans to progress clinical networking and working with NHS South Warwickshire CCG, to develop a collaborative commissioning approach.

Robin Wensley of Healthwatch Warwickshire asked how prescriptive CCGs were with service providers regarding their engagement and communication with the public when service reviews were planned. Matt Gilks advised that they were moving to an open dialogue approach. Mr Wensley welcomed coproduction, but it was important to ensure the right people were involved. Andrea Green assured that this was considered through targeting engagement with the appropriate people and groups.

Councillor Tony Jefferson sought more detail about the system integration slide, the safe provision of services and local services in the north of Warwickshire. Andrea Green supplied additional information, confirming that some aspects hadn't progressed as well as expected to date. Councillor Margaret Bell spoke about service integration and the physical access difficulties for residents in some rural areas, with primary care being a particular challenge. Related to this, Councillor Longden spoke of the difficulties in making contact with some GPs by telephone. A contrary view was expressed by David Williams of NHS England, who quoted from patient satisfaction data. Councillor Longden added that the commissioning intentions used a lot of NHS terminology and some of this terminology seemed to change frequently. Matt Gilks acknowledged this point and producing a version of the commissioning intentions for the public would be helpful. It was suggested these areas could be discussed further at the Health and Wellbeing Group for the north of Warwickshire.

### **Resolved**

That the Health and Wellbeing Board:

1. Notes the process undertaken to develop the Warwickshire North CCG and Coventry and Rugby CCG refreshed commissioning intentions for 2018-19;
2. Endorses the draft commissioning intentions.

### **c) South Warwickshire CCG**

Anna Hargrave, Director of Strategy and Engagement presented the commissioning intentions of South Warwickshire CCG. In addition to the circulated report, she gave a presentation covering the following areas:

- Context
- Development Process
- Focus Areas for 2018-19
- Out of Hospital Cornerstone
- Personalisation Cornerstone
- Specialist Provision Cornerstone
- Delivering Today Cornerstone

Robert Tromans, Deputy PCC asked about the consultation processes employed for the commissioning intentions, which had resulted in some 2,500 responses. Anna Hargrave gave examples of the extensive endeavours, including the use of social media, linking with the consultation groups of provider trusts and seeking responses from the CCG's own staff, as part of a workforce survey. Robin Wensley asked about the willingness of people to travel to receive health services. There were differing views between younger and older people about acceptable travel distances and regarding alternate methods of contact such as telephone consultations.

### **Resolved**

That the Health and Wellbeing Board:

1. Notes the process undertaken to develop the NHS South Warwickshire CCG draft commissioning intentions for 2018-19.
2. Notes that the commissioning intentions document is subject to an on-going period of engagement and the document is therefore presented to the Board in draft version at the current time.;
3. Endorses the draft document.

### **d) County Council Commissioning Intentions**

Dr John Linanne presented the Public Health commissioning intentions. The key areas covered in the presentation were:

- Currently halfway through the ongoing County Council/Department of Health savings plan
- Year 1 of the One Organisational Plan 2020
- Sustainability and Transformation Plan – Prevention and Proactive Work stream
- Out of Hospital place based developments/alignments
- Final year of the ring fenced funding grant
- Single Prevention Framework (across Coventry and Warwickshire)
  - Enhanced training offer to raise awareness/signpost/referral/tools
- Re-tender of Commissioned Services (to deliver savings)
  - Drugs and Alcohol
  - Advocacy services
  - Health Visiting and FNP Services (0-5 years)
  - Healthwatch

- Falls Prevention
- Programme over next 2 years – shifting from intervention to prevention
- Services - Evidence Based/Core Responsibilities/Targeted

Councillor Les Caborn, referring to these commissioning intentions and those of the CCGs noted the common theme of funding constraints and service demands which were the critical elements faced by all partners.

Chris Lewington, WCC Head of Strategic Commissioning presented the commissioning intentions of Adult Social Care, which covered the following areas:

- The National Context
- One Organisational Plan
- Commissioning Principles
- Children's Commissioning Intentions (Draft)
- Commissioning Intentions for All Age Disabilities
- Commissioning Intentions for Older People

Arising from the presentation, it was questioned how residents would be encouraged to take personal responsibility for their health and how it would work in practice. This would involve close joint working at the local level between partners and staff training to identify potential issues and signpost people to relevant services in their area.

Chris Lewington referred to the lack of availability of changing places in some district and borough areas of Warwickshire, for example for those needing assistance or who were vulnerable people. Board member support was sought to identify suitable premises where these could be located. Other Board members spoke about the increasing demands being placed on voluntary sector organisations, the difficulty in getting developer contributions for social housing, the high rental costs for tenants of some social housing schemes and the need for joint working with local authorities to facilitate such developments.

### **Resolved**

That the Health and Wellbeing Board notes the commissioning intentions of Public Health and Adult Social Care.

## **7. Better Care Planning Submission 2017/19**

Chris Lewington introduced this item, explaining the background to the Better Care Fund (BCF), as the primary planning tool for health and social care and the only mandatory policy to facilitate integration. The BCF programme spanned both local government and the NHS and sought to join-up health and care services.

In March 2017 a draft policy framework for the BCF was issued, at the same time as significant additional funding being made available to councils, in order to protect adult social care. This funding (worth £8.3m to Warwickshire in 2017/18) was in addition to the previously announced Improved Better Care Fund (iBCF). The report referred to the BCF policy framework and the requirements and funding conditions it contained. In addition, there were specific areas of focus within the policy framework and performance would be measured against national performance metrics. Updated guidance and additional submission requirements relating to delayed transfers of care had been issued due to the increased national focus on this area. The report outlined

the requirements and process undertaken in preparing for the submission of the next BCF application, to meet the challenging timescales involved.

Chris Lewington responded to a question raised under the previous item regarding delayed transfers of care, referring to the relevant section of the appended planning submission. The Chair commented that the alignment of budgets was a significant step forward and she thanked all the agencies involved. Clarification was provided that the alignment of funding did not mean that the County Council would hold all the resources. Other comments were the case the document made for additional funding to be provided for health and social care services and the excellent work with district and borough councils on housing aspects.

### **Resolved**

That the Health and Wellbeing Board:

1. Approves the Better Care Fund Plan for 2017/19, known locally as the Better Together Programme, including the plan for resources made available through the additional social care monies (iBCF), Disabled Facilities Grant (DFG) and Clinical Commissioning Group contributions.
2. Notes the governance timeline and the regional quality assurance process for the plan for 2017/19.
3. Recommends Warwickshire County Council entering into a new Section 75 Partnership Agreement with Coventry and Rugby Clinical Commissioning Group, South Warwickshire Clinical Commissioning Group and Warwickshire North Clinical Commissioning Group for the delivery of the Better Care Fund Plan once completed. This will include the alignment of Out of Hospital service provision and funding across all partners as a step towards closer integration and risk sharing.

## **8. Health and Wellbeing Board (HWBB) Delivery Plan / Executive Team Report**

Gereint Stoneman presented this item. Following production of the current HWBB Annual Review and Delivery Plan, the Executive's focus for 2017/18 was now on delivery of the Plan. It had been produced in a way to provide the Board with a single page reference for the agreed activity at each Board meeting. The report gave a summary of progress against the Delivery Plan, together with wider issues and items covered at the HWB Executive Team meeting in August 2017.

### **Resolved**

That the Board notes the key messages from the Health and Wellbeing (HWB) Executive Team from August 2017, including the progress of the HWB Delivery Plan 2017/18.

## **9. Better Health, Better Care, Better Value (STP programme) Update**

Brenda Howard gave a verbal update to the Board on the work currently being undertaken. The areas covered included system leadership, to enable the body to hold people to account, to share best practice and to align work with national practices and strategies. She referred to the establishment of an informal reference group involving the HWBB chairs and district/borough portfolio holders. The quarter two NHS England

review would take place the following week. Further areas were the establishment of a delivery group, planned development work and the progression of the various work streams.

Councillor Longden reiterated that he still felt uninformed on the STP's progress. The Chair suggested it would be useful to arrange a seminar later in the autumn, to provide an update to a broader audience. Brenda Howard felt the reference group would help to keep people informed and that there was representation on the various work streams. Andrea Green added that there were efforts to improve communication through local meetings, but also there was a need to have place based information that was meaningful to residents. Councillor Longden said he was being pressed for updates and the lack of information caused friction. Brenda Howard noted the points made.

### **Resolved**

That the Better Health, Better Care, Better Value (STP programme) update is noted.

## **10. Pharmaceutical Needs Assessment**

Dr John Linnane spoke to a circulated briefing. The Pharmaceutical Needs Assessment (PNA) provided an assessment of the pharmaceutical services currently provided in Warwickshire, as well as other services available from community pharmacies.

Responsibility for the development and updating of the PNA now rested with the Board. The briefing set out the process completed to date. To maximise the resources available and to align with local planning footprints, Warwickshire and Coventry were working together to produce their 2018 PNAs. The Midlands and Lancashire Commissioning Support Unit had been commissioned to deliver the project on behalf of the two authorities. The Board would receive an update and the draft PNA report at its January 2018 meeting. Approval and sign off of the final report was due by 31st March, which fell between the scheduled Board meetings. Accordingly, consent was sought to delegate the final PNA sign-off to a Sub-Committee, in order to meet the statutory deadline.

### **Resolved**

That the Health and Wellbeing Board:

1. Notes the update and progress on the Pharmaceutical Needs Assessment.
2. Authorises its Sub-Committee to sign-off the final report.

## **11. Joint Strategic Needs Assessment (JSNA) Profiling Tool**

A demonstration was provided of the JSNA profiling tool by Spencer Payne, Business and Commissioning Intelligence Service Manager. This tool enabled users to access a range of information in both a data and map based format. It had the ability to compare data for an individual area to the County as a whole. The system could also generate reports which could be exported. The profiling tool would be shared via a briefing to all members of the Board. Councillor Holland welcomed the ability to look at very specific localities, as data for a larger areas could mask pockets of deprivation. Spencer Payne was thanked for the demonstration.

## 12. Forward Plan

Gereint Stoneman displayed the Board's forward plan, which showed planned activity for the coming months. This included joint workshops for the Board and Executive to focus on integration and Delivery Plan elements and then a session on the new HWB Strategy; also a provisional joint workshop with Coventry, with the anticipated focus being Accountable Care Systems. Other planned activity comprised:

- Piloting of the LGA Upscaling Prevention Offer
- Possible pilot of the LGA Integrated finance module
- Agreeing dates for 2018/19 HWBB meetings and associated Exec meetings

## 13. Any Other Business (considered urgent by the Chair)

The Chair announced that this would be the last meeting for David Williams of NHS England. Mr Williams confirmed he was taking up a position with Northants Healthcare Trust in November and the Board extended its thanks to him. The Chair also reported that John Dixon, the Interim Director for the People Group would also be leaving the County Council, his permanent replacement being Nigel Minns. The Board recorded its thanks to John Dixon. Councillor Jeff Morgan referred to the current County Council consultation on the remodelling of 0-5 Services and he urged Board members to respond to the consultation.

The meeting rose at 4.05pm

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Chair