

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 11 September 2019

Present:-

Warwickshire County Councillors

Councillors Les Caborn (Chair), Jeff Morgan and Dave Parsons

Warwickshire County Council (WCC) Officers

Nigel Minns (Strategic Director for People Directorate) and Helen King, (Interim Director of Public Health)

Clinical Commissioning Groups (CCGs)

Dr. Sarah Raistrick (Vice Chair, Coventry and Rugby CCG)

Dr. David Spraggett (South Warwickshire CCG)

NHS England and Improvement

Christopher Dempsey

Healthwatch Warwickshire

Elizabeth Hancock

Borough/District Councillors

Councillors Neil Phillips (Nuneaton and Bedworth Borough Council), Sally Bragg (Rugby Borough Council), Judy Falp (Warwick District Council) and Marian Humphreys (North Warwickshire Borough Council)

Other Attendees

Chris Bain and Jessica Brooks (Healthwatch Warwickshire), Councillor Margaret Bell (WCC), Gillian Entwistle and Anna Hargrave (South Warwickshire CCG), Matt Gilks (Warwickshire North and Coventry & Rugby CCGs), Trevor Illsley, Harrison Marsh (Alzheimer's Society) Luda Ruddock, Rob Sabin & Katie Wilson (Public Health, WCC) and Catherine White.

1. General

(1) Apologies for Absence

Board Members

Councillor Jo Barker (Stratford District Council), Russell Hardy (George Eliot Hospital NHS Trust & South Warwickshire NHS Foundation Trust), Neil Hewison (OPCC), representing Phillip Seccombe, Police and Crime Commissioner.

Other Apologies

Professor Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership) and ACC Debbie Tedds (Warwickshire Police).

(2) Members' Declarations of Pecuniary and Non-Pecuniary Interests

None.

(3) Minutes of the Board Meeting held on 1 May 2019

The Minutes were agreed as a true record.

(4) Chair's Announcements

The Chair thanked those who had attended the photo call to launch the AskSara website. He confirmed that this and future Board meetings would be webcast. The Chair noted that Dame Stella Manzie would join the Board as the new Chair of University Hospital Coventry and Warwickshire from 1 October and he thanked Andy Meehan for his service. He also thanked Paul Tolley for his service as Chief Executive of Warwickshire CAVA. A meeting of the Board's Sub-committee would take place the following week to consider the Better Care Fund submission.

2. Health and Wellbeing Strategy Refresh

The Health and Wellbeing Board had a statutory duty to develop a Health and Wellbeing Strategy (HWBS). This strategy should translate findings from the Joint Strategic Needs Assessment (JSNA) into clear priority outcomes. The current HWBS would conclude in 2020. A new place-based JSNA was being delivered to help partners understand needs and assets at a local level, and this would be completed in March 2020. It was timely to commence the refresh of the HWBS to align with the emerging Integrated Care System (ICS) for Coventry and Warwickshire and also the new Coventry HWBS 2019-23. The HWBS also needed to have reference to the Coventry and Warwickshire Health and Wellbeing Concordat, system design and outcome framework development.

Work was underway to refresh the strategy with support from the HWB Executive. The outline process and timeline was shown in an Appendix and it was proposed that the refresh of the HWBS be structured around the King's Fund population health model. Details were also provided of the proposed consultation arrangements on the revised strategy as an extension of the current JSNA engagement activity.

Resolved

That the Health and Wellbeing Board endorses the proposed approach to refreshing the Health and Wellbeing Strategy for 2020-25.

3. Governance Arrangements

In February 2019, Warwickshire County Council (WCC) held a public interest debate. It approved a motion that the Council believed that an integrated care system focused on communities was the right way forward for the health and wellbeing of citizens in Warwickshire. This was followed by a governance review, led by a task group including senior representatives of WCC and Coventry City Council alongside NHS organisations. It was chaired by Professor Sir Chris Ham, Independent Chair of the Coventry and Warwickshire Health and Care Partnership. A copy of Professor Ham's report, including his proposals for future governance, was provided as an Appendix to the report.

Alongside a review of the governance of the health and care system, it was logical for the Health and Wellbeing Board (HWBB) to consider whether its own membership remained appropriate or whether it would consider recommending any changes to the Council. It was proposed that the governance arrangements as set out in the Appendix be endorsed by the HWBB, the key elements being:

- A new Coventry and Warwickshire Health and Care Partnership Board would be established to work alongside the Joint Coventry and Warwickshire HWBB (the Place Forum);

- The two bodies would have many (if not all) members in common and would meet on the same day in the same place, but with different agendas;
- The Partnership Board would meet in public, with published terms of reference, agenda and minutes;
- The current Better Health, Better Care, Better Value board would be replaced by a new Partnership Executive Group (PEG) whose members would be drawn from NHS organisations, Warwickshire County Council and Coventry City Council. PEG would report to the Partnership Board;
- Each of the four 'places' (North Warwickshire, South Warwickshire, Rugby and Coventry) would have a Partnership Board for their place; and
- The 'Place Forum' would continue to be a developmental workshop led by the two HWBBs.

It was important to ensure that new arrangements built on existing local arrangements. The Place Partnership Boards proposed in these arrangements would have a key role in bringing together the HWBB county-wide priorities and the local health and wellbeing priorities, both identified through the JSNA, with the health and care system priorities identified through the NHS long term plan.

There were existing partnership boards in North Warwickshire (covering North Warwickshire and Nuneaton and Bedworth), South Warwickshire (covering Warwick and Stratford Districts) and Rugby. It was proposed that they take on the role of the Place Partnership Board in their areas. As these Place Partnership Boards played a key role in delivering the HWBS in each 'place', it was proposed that they provide regular reports on progress to the Warwickshire HWBB.

Nigel Minns, Strategic Director for People Directorate presented the report on behalf of Professor Ham who was unable to attend. Professor Ham's wish was for the new partnership arrangements to be held much more in public.

The HWBB was asked to consider its membership and whether it wished to recommend any changes to Council. One option was for additional representation from primary care as service providers, in addition to the current clinical commissioning group (CCG) attendees. It was questioned whether the health representation from CCGs and trusts should be the chair, as presently, the chief officer or both. There was a balance between representation and the size of the HWBB.

Reference was made to the Kings Fund model shown in the previous report. The four quadrants of this model described the wider determinants of health and the role of district and borough councils in delivering many of the relevant service areas was highlighted. The partnership boards would lead on these wider areas and would have a key role in feeding in to the work of the HWBB.

In relation to the PEG, some district and borough council representatives considered that they should be involved in this group, as many of the wider determinants of health would have an impact for the integrated health and care system. In relation to housing a councillor noted that the County Council had significant land holdings which should be made available.

There was further work to undertake in finalising the arrangements for the PEG and place partnerships. A key aspect was the involvement of organisations in the four quadrants and linking the various groups to manage business. The Chair quoted from Professor Ham's report that there was no intention to change the legal powers and duties of partners, but to link effectively.

Nigel Minns clarified that all four quadrants collectively were the ICS and that the body which 'held the ring' and brought it together was the HWBB, where all key organisations were represented. The partnership boards would concentrate on the three quadrants of the model which focused on the wider determinants, with key roles for the county, district and borough councils, as well as other organisations. The role described in the fourth quadrant was much narrower and specific than that of the whole system, involving the statutory health and care functions. As a result, the PEG, which would focus on this quadrant, included only those bodies, with statutory responsibility for commissioning and providing health, public health and social care services. There was no intention to exclude people, just to ensure organisations focussed on the areas where they had most influence.

Sarah Raistrick echoed the points made adding that this was one of the more open and inclusive processes to review governance structures. Whilst she attended the HWBB as a CCG representative and was herself a GP, primary care as a provider of care also had a role and should be included in the system. She added that this was a good time for the board to own, feed in to and shape the system.

Resolved

That the Health and Wellbeing Board:

1. Endorses the governance arrangements for the Coventry and Warwickshire Health and Care Partnership (formerly the STP) as proposed by Professor Sir Chris Ham (independent chair).
2. Recognises the key role of the three Place Partnership Boards (North Warwickshire, Rugby and South Warwickshire) in delivering the Warwickshire Health and Wellbeing Strategy and agrees to receive regular reports from these Boards.
3. Considers and recommends to the County Council any changes to representation arrangements for the Health and Wellbeing Board, noting that there will be a development session in October to give further consideration to this aspect.

4. Commissioning Intentions

Helen King, WCC Interim Director of Public Health introduced this item, with a presentation provided by Anna Hargrave of South Warwickshire CCG. Reports had been circulated ahead of the meeting from a clinical commissioning group and WCC. Commissioning intentions (CI) identified how these organisations intended to translate their strategic aims into the commissioning of services. Progress was being made towards a different approach from 2020-21 within the context of significant change in the health and care system. There was commitment to a more integrated approach and collaborative commissioning between partners to improve health outcomes and be more efficient in the use of resources.

Key factors included the following:

- The move to an Integrated Care System (ICS) with formation of the Coventry and Warwickshire Health and Care Partnership and four 'Places';
- The development of an Outcome Framework, a five-year System Plan and Place Delivery Plans;

- The principles outlined in the Health and Wellbeing Concordat and focus on prevention and wellbeing;
- The refresh of Health and Wellbeing Strategies (HWBS) for both Coventry and Warwickshire; and
- Local population health needs as identified in the Joint Strategic Needs Assessment (JSNA) which would play a key role in shaping priorities and plans at both a system and place level.

The development of the strategic documents would extend beyond September when the CI were normally published. The CI narrative would outline the direction of travel and emerging priorities at both system and place levels. The development of more detailed plans would follow as governance around the ICS emerged, and the new HWBS was developed.

The PowerPoint presentation from Anna Hargrave gave the overarching position and this would be supplemented by more detailed presentation slides being circulated to the Board after the meeting. Whilst progress had been made towards the new arrangements for commissioning in a more collaborative way, the ambitions hadn't been achieved in reality, although the key documents were in production. She confirmed that some aspects of the CIs would be the same for all three areas, relating to the narrative and high level intentions, whilst others focussed on the CI for each place. Helen King confirmed that a complimentary set of slides would be provided for the WCC CI.

Matt Gilks advised that Warwickshire North and Coventry & Rugby CCGs CI documents were not yet available, due to internal governance timescales. However, several of the sections from the South Warwickshire CCG document would be replicated, with similar high level intentions and with the place aspects focussed on the intentions for the north and Rugby CCG areas. The documents would be circulated within the next few weeks. Anna Hargrave added that the draft CIs would be presented at a number of forums over the coming weeks and feedback was welcomed.

Chris Bain of Healthwatch Warwickshire (HWW) spoke about the arrangements for the patient and public voice to be heard at all levels of the system. The arrangements were better developed in some areas of the county than others and he would expand on this in the HWW presentation later in the meeting.

Resolved

That the Health and Wellbeing Board endorses the direction of travel around developing Commissioning Intentions for 2020-21 of the Clinical Commissioning Groups and Warwickshire County Council.

5. Annual Reports from the Safeguarding Boards

Nigel Minns presented this item on behalf of the Independent Chair of the Warwickshire Safeguarding Boards. Safeguarding Boards were required to produce and publish an annual report in accordance with the statutory requirements. The boards were required to share their reports widely, including with the leader and chief executive of the local authority and chair of the local health and wellbeing board. The annual reports provided a high level overview of key performance data in relation to safeguarding, details of work undertaken against each of their respective priorities and learning and improvement work conducted throughout the course of the year.

During the period of this report considerable time and effort was spent on developing a response to the government's request that safeguarding children's boards redesign their partnership arrangements. With effect from 29 September 2019, the two Warwickshire Safeguarding Boards would be known as Warwickshire Safeguarding and operate within a new governance structure. This would be led by an executive board with overarching responsibility to safeguard and promote the welfare of children and adults and ensure effectiveness of what member organisations did individually and together. The focus of this work would centre on seeking assurance on the effectiveness of safeguarding practice against the strategic priorities of effective safeguarding, prevention & early intervention and exploitation.

Nigel Minns confirmed that the major development in relation to children's safeguarding was changes in statutory requirements and a shared responsibility for safeguarding to include CCGs and the Police in addition to WCC. This had given the opportunity to redesign and integrate the two boards. The key partners had all agreed the revised governance arrangements, which were published in June.

Resolved

The Health and Wellbeing Board receives the 2018-2019 Annual Reports for Warwickshire Safeguarding Children's Board and Warwickshire Safeguarding Adults Board and notes the progress made against their respective strategic priorities.

6. Director of Public Health's Annual Report 2019

The Board received a report and presentation from Helen King. The Director of Public Health's (DPH) statutory annual report provided a vehicle for informing local people about the health of their community and information for decision makers in local health services and authorities on health gaps and priorities that needed to be addressed.

In making her presentation Helen King shared a message of thanks from Duncan Selbie, Chief Executive of Public Health England (PHE) on the benefits of investing in population health and recognising the partnership working through organisations and the HWBBs. She added that last year's DPH annual report had been presented at the PHE conference the previous day.

This year's annual report explored the impact of work on the health and wellbeing of the working age population. Nationally, there had been a huge drive to improve wellbeing in the workplace, which was highlighted within the report, in some of the key strategies and policies. This theme was chosen as the potential for further health gain and wellbeing in this population group was considerable. The report covered the following areas:

- An overview of the health and wellbeing of Warwickshire's population
- The evidence base for the impact of work on wellbeing
- A focus on workplace health and those who are out of work, but seeking work in Warwickshire, together with support for Warwickshire residents
- Progress on last year's recommendations

This year's recommendations focused on how organisations could work together to improve the health and wellbeing of the working age population. Helen King closed by thanking those involved in the production of the annual report and these sentiments were echoed by the Chair.

Resolved

That the Health and Wellbeing Board:

1. Notes and supports the Director of Public Health Annual Report 2019.
2. Agrees to endorse the recommendations stated in the report.

7. Healthwatch Annual Review

The Healthwatch Warwickshire (HWW) Annual Review was submitted for the Board's consideration. A presentation was provided by Liz Hancock, the HWW Chair and its Chief Executive, Chris Bain. The annual review comprised the following sections:

- Highlights from our year
- How we've made a difference
- Helping you find the answers
- Our volunteers
- Our finances
- Our plans for next year

Liz Hancock spoke of the ways in which HWW had engaged with people over the last year, the rights to access healthcare project for homeless people and the literature that HWW produced, including formal reports. HWW had undertaken engagement on the NHS long term plan and she stated her pride at the work delivered by the small Healthwatch team.

Chris Bain spoke about the HWW Standing Conference, a forum where people could raise issues they were concerned about. At a recent conference, concerns were raised about the Integrated Care System (ICS) and Primary Care Networks (PCNs). A survey to assess the understanding of PCNs had resulted in some 800 responses over a four-week period. Many people connected to local health groups had little knowledge of PCNs and there was a lack of consistent communication across the county. HWW planned to talk to patient participation groups further on this, but it had limited capacity. A further perception was that commissioning was not being based on need, although this was perhaps more about effective communication. Groups had said that there were no clear lines of communication for users of social care services and issues for carers of not feeling responded to, which could be further communication and information issues. Transport to and parking at NHS facilities was another key concern raised. Overall, the key issue was that HWW had developed the patient voice, but it was equally important that that voice was heard by decision makers.

Aside from the conference, communication had been raised more generally and the need to avoid the use of acronyms and jargon. Waiting times for appointments, diagnosis and referrals had also been raised. HWW intended to do a project on PPGs, given the lack of consistency of approach. This would look at the development of PPGs and patient voice in localities, in partnership with CCGs and hopefully other organisations. Sarah Raistrick welcomed the positive report and the opportunity to work collaboratively on the patient voice aspects. She referenced work that Healthwatch Oxfordshire had undertaken on engagement and what makes an effective PPG. Chris Bain recognised

the importance of that research. Nationally, this was an important issue and there was a need for an initiative so PPGs achieved their full potential.

Resolved

That the Board notes and supports the Healthwatch Warwickshire Annual Review 2018-19.

8. Updates to the Board

Reports had been circulated to provide updates on the following areas:

- Warwickshire Better Together Programme
- Feedback from the Place Forum
- Joint Strategic Needs Assessment (JSNA)

Resolved

That the Health and Wellbeing Board notes the updates.

9. Forward Plan

The Board reviewed its Forward Plan and noted the additional items added since the last meeting.

Resolved

That the Forward Plan is approved.

The meeting rose at 3.05pm



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Chair