

MINUTES OF A PUBLIC MEETING OF

THE COVENTRY AND WARWICKSHIRE HEALTH AND CARE PARTNERSHIP BOARD

HELD ON 5 NOVEMBER 2019 AT 14:00 – 17:00

IN ROOM 20063/64 OF THE CLINICAL SCIENCES BUILDING AT UNIVERSITY HOSPITAL COVENTRY

ITEM	DISCUSSION	ACTION
0.	<p>Present:</p> <p>Shade Agboola, DPH, Warwickshire County Council Chris Bain, Chief Executive, Healthwatch Warwickshire Jo Baker Julie Ball, Director, Rugby Health PCN Rachael Barnes, Health and Well Being Delivery Manager WCC Richard de Boer, Deputy Chief Medical Officer, UHCW NHS Trust Jessica Brooks, Insights and Communications, Healthwatch Warwickshire Norman Byrd, Clinical Director, Rugby Health PCN Lisa Bayliss-Pratt, Pro-vice Chancellor, Coventry University Jayne Blacklay, Managing Director, SWFT Surinder Chaggar, Network Director, Sowe Valley Rachael Danter, System Transformation Director Coventry and Warwickshire Health and Care Partnership Rachael Davies, CD/Place Executive representative for Warwickshire North, Warwickshire North PCNs Joy Elwell, Committee Member, Coventry and Warwickshire LOC Judy Fell, Council Bill Fitchford, Chair, Warwickshire LMC Monica Fogarty, Chief Executive Officer, Warwickshire County Council Liz Gaulton, DPH, Coventry City Council Simon Gilby, Chief Executive, CWPT Jane Grant, Strategic Housing Services Manager, Nuneaton and Bedworth Borough Council Julie Grant, Acting Strategic Transformation Director, NHS England/Improvement Chris Ham, Chair, Coventry and Warwickshire Health and Care Partnership (Chair) Elizabeth Hancock, Chair, Healthwatch Warwickshire Professor Andy Hardy, Chief Executive Officer, UHCW NHS Trust and System SRO Anna Hargrave, Chief Strategy Officer, South Warwickshire CCG Trevor Illsley, KAM, Bayer Correen Khan Cllr Kamran Caan – Cabinet Member Public Health and Sports, Coventry City Council Sudhesh Kumar, Dean of Medicine, University of Warwick Soili Larkin, Consultant, Public Health England Ruth Light, Chief Officer, Healthwatch Coventry</p>	

	<p>Stuart Linnell, Chair, Healthwatch Coventry Fiona Lowe, Chief Officer, Coventry and Warwickshire LPC Salmah Mahmood, Programme Manager – WN Place, GEH Dilesh Makwana, Secretary, LOC Stella Manzie, Chair, UHCW NHS Trust Sarah Matthews, Chair, Coventry GP Board Steve Maxey, Chief Executive, North Warwickshire Borough Council Nigel Minns, Strategic Director - People Directorate, Warwickshire County Council Jenni Northcote, Chief Officer, Coventry and Rugby CCG Kiran Patel, Chief Medical Officer, UHCW NHS Trust and System Clinical Lead Cllr Neil Phillips, Cabinet Member, Nuneaton and Bedworth Borough Council Gail Quinton, Deputy Chief Executive, Coventry City Council Sarah Raistrick, Clinical Chair for Coventry and Rugby and Warwickshire North CCGs Christina Ramos, South Warks GP Provider Representative Su Rollason, Chief Finance Officer, UHCW NHS Trust and System Lead for Finance Jaghtar Singh, Chair Coventry and Warwickshire Partnership Trust Tracey Southam, Area Manager, WCAVA David Spraggett, Chairman, South Warwickshire CCG Adrian Stokes, Accountable Officer, Warwickshire North CCG and Coventry and Rugby CCG Sauma Sul, CWPT Simon Wright, System Lead for Communications and Engagement Lead, C&W Health Care Partnership</p>	
	<p>In Attendance Alex Johnson, Senior Executive Assistant, UHCW NHS Trust (Minute Taker) Pat McGee, member of the public and Chair of Coventry Keep Our NHS Public Dennis McWilliam, member of the public and Chair of South Warwickshire Keep Our NHS Public</p>	
	<p>Apologies for Absence: Glen Burley, CEO, GEH Michelle Corrin, Clinical Lead for Optometry SWFT John Coleman, Child Social Care Warwickshire Guy Daly, Coventry University Cllr Andrew Day, Warwickshire District Council Cllr George Duggins, Cabinet Member Coventry City Council Chris Elliott, CEO, Warwickshire District Council David Eltringham, Managing Director GEH and WNPE Peter Fahy, Coventry City Council Nick Gibb, Warwick Dental rep Russell Hardy, Chair, SWFT and GEH Jane Johnson, Regional Director Midlands, HEE Cllr Sebastian Lowe, Leader, Rugby Borough Council Anthony Marsh, CEO, WMAS Adam Norburn, CEO, Rugby Borough Council</p>	

	<p>Eve Pollard, PCN Lead, Coventry and Rugby Martin Reeves, CEO, Coventry City Council Marianne Rolfe Cllr Izzi Seccombe, Warwickshire County Council Manmohan Singh, Coventry and Rugby PCN rep Peter Whidborne, PCN rep Coventry and Rugby</p>	
<p>1 & 2</p>	<p>WELCOME AND INTRODUCTIONS</p> <p>The Chair welcomed attendees and thanked everyone for joining the meeting today. This is a public meeting and there are two members of the public in attendance. Time for their questions will be allowed at the end of the meeting.</p> <p>This Partnership Board meeting is not a statutory body and has no basis in law. The Partnership is a ‘coalition of the willing’ and its success is dependent upon the support of the members present today.</p> <p>The Chair explained that this meeting is being held at UHCW as it coincides with the scheduling of the Place Forum, which took place at UHCW that morning. There is an overlap in the membership for the two meetings therefore it is logical for the venue to be the same.</p> <p>It was encouraging to hear the discussions held at the Place Forum this morning and to see that there is a shared commitment and involvement from many different organisations from both the voluntary and statutory sectors. The Partnership Board exists, not to duplicate the work of the Place Forum, but to work hand in hand with it. Its work will draw upon the previous work of the two Health and Wellbeing Boards to develop the plan and there is an emphasis on improving population health by drawing upon our collective assets.</p> <p>Everything discussed today is work in progress but there is always more we can do to improve. There is a need to be open, transparent and sincere in our efforts to be a partnership. The aim now is to move forward from planning stage to delivery stage and make tangible improvements in the health and care we provide to the people of Coventry and Warwickshire. The Partnership has a better chance of achieving this by working together, as opposed to working as stand-alone organisations.</p> <p>The Chair summarised his background as former CEO of the Kings Fund where he worked on issues related to the NHS and Public Health and he noted his interest in improving health and making a difference in practice.</p> <p>All attendees then gave a brief introduction to themselves.</p>	
<p>3</p>	<p>HEALTHWATCH ENGAGEMENT – LONG TERM PLAN</p> <p>Chris Bain introduced a presentation regarding the work Healthwatch had undertaken. He explained that this piece of work had been commissioned by Healthwatch England and delegated to STP footprint level. The work was a combined effort of Healthwatch Warwickshire, Healthwatch Coventry and many other local groups contributed in order to make it happen. The work is phase one only and the aim is to ensure that the</p>	

	<p>patient voice continues to be heard at System, Place and PCN level.</p> <p>Jessica Brooks presented the slides on the research carried out. The blanket message is that people want care when they need it. The main concerns relate to waiting times for appointments and the need to access more GP appointments.</p> <p>Transport to healthcare is a key theme and the distance people are willing to travel for their healthcare varies, depending on age and condition of the individual. As a result of this work, a larger piece of work is being carried out on the topic of transport.</p> <p>Communication was also an issue. There is a need for more timely communications to patients, as well as patient records being made available between services.</p> <p>In particular, those individuals with illnesses such as autism, dementia and mental health conditions felt that their requirements were not being met.</p> <p>The role of technology was highlighted as positive, however some felt that it could create barriers for those who are unable to access it. For example, if an individual is unable to book an appointment online, they felt they may receive a secondary service via the telephone.</p> <p>Lastly, more community services are needed. People want to live well at home for as long as they can.</p> <p>Jessica explained that phase two of this work will now begin. Healthwatch will continue to work as part of the Health and Care Partnership to ensure that the patient voice continues to be heard at all levels across the system.</p> <p>Chris Bain noted that the work is not just about health, but other aspects such as loneliness and ensuring the transport issue is taken seriously.</p> <p>Ruth Light added that work is ongoing to gain the views and feedback of those who use our services. Those service users have a clear role to play in helping the Partnership design services that people can use.</p> <p>The Chair thanked Chris Bain and Jessica Brooks for presenting their findings.</p> <p>Gail Quinton summarised how the Health and Care Partnership had developed and evolved since the inception of the STP plan in 2016. She explained that, at that time, local government was part of the STP, however there was some disquiet on issues such as social care and a lack of partnership working. It was soon realised that there was a need to connect and develop shared working. All partners signed up to a concordat which enshrined them with the Place Forum and now the Health and Care Partnership and there is now a much more collaborative approach in place. The Partnership is in a stronger position as a result. Health and Wellbeing strategies are aligned and the Partnership has</p>	
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	<p>adopted the Kings Fund model. Overall, partners are focussed on working collectively, with an aligned approach.</p>	
<p>4</p>	<p>FIVE YEAR STRATEGIC PLAN</p> <p>The Chair introduced the item, explaining that the national NHS Long Term Plan was published in January 2019 and includes priorities around mental health, cancer, prevention and population health.</p> <p>The Coventry and Warwickshire Health and Care Partnership Long Term Plan should look familiar to those in attendance today, as it aligns to the national plan.</p> <p>In order to ensure credibility and success, all appropriate and relevant partners have been involved with the development of this plan; they include local government, NHS providers, Healthwatch, CCGs, primary care and universities.</p> <p>The draft plan was submitted to NHS England/NHS Improvement at the end of September 2019 and there will be another ‘work in progress submission’ on 15 November 2019. Purdah will mean that the plan will not be formally signed off by NHS organisations and not published until after the election.</p> <p>The Chair noted that he had been seeking views on the draft plan and will continue to do this even after the final plan has been submitted. He stated that provision of health and social care is a challenge as the needs and demands of our population are changing and increasing. Although additional funding will be coming into the NHS, this will still not be enough to meet these demands and decisions will be required on what takes precedence. The workforce is already working to capacity and therefore there is a need to transform the way we work, to find new ways to deliver, with the resources available to us. For example:</p> <ul style="list-style-type: none"> - Digital technology offers several potential opportunities. - Adopt a radical approach to outpatient care in order to reduce attendances over the next 5 years. Consider how patients can better access advice, rather than providing another outpatient appointment. - Consider how we make a reality of shared responsibility for health and wellbeing; focus on prevention and screening, as well as the wider determinants of health such as exercise, schools and transport. <p>Generally there is a need to think boldly and radically and embrace different ways of delivering care.</p> <p>However there is a need to be clear on what the Partnership can and cannot do. There are 4 “Places” and 80% of activity should be delivered in those “Places”. The Partnership will focus on the remaining 20% of activity which will include things like working towards shared patient records and pooling resources on training for example. The aim being to reduce duplication.</p>	

<p>Rachael Danter gave a presentation on the five year plan. She noted that despite purdah, she is keen to obtain feedback today and added that the plan is still in draft form. The plan makes a commitment to deliver the Long Terms Plan priorities and identifies a number of local priorities for the Coventry and Warwickshire Health and Care Partnership over the next 5 years. The key points of the presentation were:</p> <ul style="list-style-type: none">- There have been lessons learned from the early years of the partnership (2016 to date), such as poor communication equalling low levels of engagement. However, since 2016 the partnership has saved money and improved services.- The strategic objectives of the plan; healthy people, strong communities, effective services.- 80% of activity will be done at Place and 20% as a system.- The plan has been developed alongside clinicians.- The priorities within the plan are around prevention, urgent and emergency care, mental health, cancer, maternity and paediatrics and population health.- Workforce is the biggest challenge we face and there is a need to think differently about how we attract, develop and retain staff.- The operational phase of the plan will begin early next year. <p>Sudhesh Kumar queried how the success of the partnership will be measured and the review systems that NHS England/NHS Improvement might put in place in order to measure delivery. The Chair responded, stating that the statutory organisations will continue to be held to account in the way that they currently are, by way of financial and performance targets for example. As we move forward to ICS status, the Health and Care Partnership would be expected to manage finance and performance across Coventry and Warwickshire. Julie Grant added that assuming the plan demonstrates the requirements, then NHS England/NHS Improvement will devolve responsibility to the Partnership over a period of time.</p> <p>In response to a query in relation to secondary and tertiary prevention, such as smoking, Rachael Danter confirmed that behind the plan, sit 18 service planning templates (one for each service) and these describe the baseline and all interventions which will be made in order to deliver targets. These templates will be made available to attendees if they wish to see them.</p> <p>Stella Manzie stated that it is positive that the Partnership has come this far, however the operational phase is critical. There is a need to explain how the Partnership is going to achieve the ambition set out in the plan and the practicalities behind that.</p> <p>Norman Byrd noted that the Healthwatch presentation was interesting and reflects what he sees and hears every day. There is a need to differentiate between what the public <i>wants</i> and what they <i>need</i>. There is a need to provide the right care in the right place at the right time.</p>	<p>RD</p>
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	<p>However an individual may want to see a named GP, and this is not the approach of the PCN; the right person may not be the person that the patient <i>wants</i> to see.</p> <p>Sarah Raistrick queried whether the Partnership is confident that the plan has enough focus to make it sustainable. She suggested that a balance needs to be struck between the wants and needs of the public and that the Partnership should be upfront about this. She cited the Wigan deal as an example of setting out expectations.</p> <p>Su Rollason provided a summary of the financial aspect of the plan. The financial position is challenging and operational pressures are the cause of this. The Partnership has a strong ambition and needs to find a way to deliver within the financial envelope available.</p> <p>Andy Hardy gave some context on the financial figures, noting that Coventry and Warwickshire will receive £220m extra investment over the next four years. For the Partnership to do everything detailed in the plan, this would leave a financial gap of £101m. Andy stated that he believes this gap is bridgeable by finding alternative solutions to the challenges we face. There is a huge amount of duplication and waste within the system and there will be a focus on reducing this. Other considerations could be around minimising spending on drugs for example. It will be a challenge, however we must spend the public pound in the most effective and efficient way possible.</p> <p>Monica Fogarty suggested that there is a need to shift the mindset to a holistic approach. This is not only about NHS, or local authority or social care; it is all of us and by virtue of being in this room, we are demonstrating that holistic approach. We must manage down demand and change the expectations of our public in order that they too can begin to think about what they need and what they want. By working as a system and putting our resources together, we can make scalable savings.</p> <p>Liz Gaulton highlighted that great work has taken place over the last three years and she feels that the plan and leadership in place is overall positive. However she noted two concerns; workforce and organisational culture. A flexible, skilled workforce that can adapt to work across organisations would be an aspiration, although Liz acknowledged that this would be a challenge.</p> <p>Jayne Blacklay noted that as individual organisations, we are very clear on what success looks like. However this is missing from the plan and Jayne believes this is a cause for concern and should be addressed. Rachael Danter confirmed that there was work going on led by the Preventative and Population Health (P&P) group to work up an outcomes framework which would start to describe what success would look like in terms of outcomes. Progress would be shared with the Place Forum and the Partnership at the earliest opportunity.</p> <p>The Chair thanked Rachael for the presentation and noted that there are</p>	
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	<p>already many successes of the Partnership as outlined in the presentation and the outcome of the changes to the stroke pathway will also be a measure of success.</p>	
6	<p>ENGAGEMENT AND COMMUNICATION</p> <p>Simon Wright introduced the report. He began by explaining that the five year plan needs to be communicated to those who are unaware of it and indeed the existence of the Health and Care Partnership itself.</p> <p>Simon outlined the aims and objectives as included within the Engagement and Communication Strategy, which are to:</p> <ul style="list-style-type: none"> - Raise awareness of the Plan both internally and externally - Convince all audiences of its validity and value - Demonstrate its capacity to make a meaningful difference - Galvanise all those affected by it - Generate followship and support for it. <p>There are three audiences to consider: the public, the ‘interlocutors’ and the workforce. The key messages for each of those audiences will be tailored to suit.</p> <p>Over the past three years, the Partnership has evolved and there is already much engagement in place with the draft plan. However it is now time to take it to a wider audience and turn aspirational ideas into meaningful change.</p> <p>Simon noted that Purdah will delay the planned launch schedule and the Partnership is now looking to do a soft-launch to the workforce and key stakeholders by mid- January 2020, with a full public launch one week later.</p> <p>There needs to be careful consideration of how we communicate; people need to understand the rationale, as opposed to just being broadcast to. The language is key; it must be creative, plain speaking, bold, crisp and succinct.</p> <p>The main themes of communications will focus on the plan having lots of clinical involvement and engagement, based on local need/be locally owned and demonstrate that the Partnership will build on existing relationships with key partners. The financial robustness of the plan will need to be communicated, along with a focus on prevention and innovation.</p> <p>Simon noted that a public facing preface has been written which will form the first five pages of the plan. This distillation will summarise the reasons for the existence of the Health and Care Partnership and how it will execute the plan. This preface will be shared over the next few days.</p> <p>Simon noted that until now, there had not been a structured communications and engagement team in place within the Health and</p>	SW

	<p>Care Partnership. However this is now formed and will be used as a strategic management tool. The importance of communication cannot be underplayed and the team will focus on quality of communication, not quantity. There will be a focus on streamlining messages and working with all partner organisations to align messages and avoid duplication of communications. A variety of channels will be utilised, such as newsletters, local media and social media.</p> <p>The key points raised by the membership were as follows:</p> <ul style="list-style-type: none"> - Concern was raised on the use of the language “clinically-led”. The plan should instead refer to having been developed with “clinical involvement” as doctors and nurses have had input to it. - Monica Fogarty suggested that there is now an opportunity to use different language to signal that the whole system is working together. The use of clinical language can be excluding to non-NHS organisations. - Stella Manzie noted the importance of engagement of stakeholders, particularly MPs and especially so given the upcoming election. - Stella also suggested that should the launch take place in January, the Partnership needs to be in a position to commit to updating the public on progress by a set time period (e.g. 6 months later). She added that financial details are complicated and that the communications should focus on patients and services. <p>The Chair noted that communication will not only focus on the plan. There is lots of great work going on and good news stories that can be communicated. These can demonstrate that we are already making progress. He added that this communications strategy had not been developed in isolation. Learnings had been taken from other areas of the country.</p> <p>Jayne Blacklay referred to Place communications arrangements in South Warwickshire and noted they are working well. However, there is a need to ensure that the communications are aligned as a system as well as at Place.</p> <p>The Partnership Board NOTED the Communication and Engagement Strategy.</p>	
7	<p>GOVERNANCE</p> <p>The Chair outlined the governance arrangements for the Partnership Board, advising that the meeting aims to bring together leaders from key organisations. It will meet three times per year, scheduled on the same day as the Place Forum and will alternate between venues across Coventry and Warwickshire.</p> <p>The Terms of Reference have been circulated with the meeting papers and that document details the membership, which is deliberately large to ensure everyone is included. Attendees at today’s meeting should advise if</p>	

	<p>they believe anyone has been omitted.</p> <p>The Terms of Reference for The Partnership Engagement Group are also included with the meeting papers. This group is a smaller body whose membership consists of key system roles such as finance and clinical leads. The group meet once a month.</p> <p>Duration of all meetings will be kept to the minimum necessary and the governance is light, but fit for purpose.</p> <p>Both the Partnership Board and The Partnership Engagement Group have no statutory role, therefore when decision making is required, the groups will work by consensus as opposed to majority voting. The governance arrangements for both groups will be reviewed in 12 months' time.</p> <p>The Chair added that that it may be beneficial for each Place to implement its own partnership arrangements.</p> <p>Kiran Patel suggested that the Partnership needs a clinically-formed plan and gave an overview of the role of the Clinical Forum. He stated that members should include representatives from all sectors and will cover a breadth of clinical knowledge. Members should bring no organisational, sectoral or medical sovereignty to the table and decisions will be made on the basis of whether it is the right thing for the patients. There may be some difficult conversations to have and challenges to overcome, however Kiran summarised that he was looking forward to that challenge.</p> <p>It was AGREED that the governance would be reviewed in 12 months' time. The Governance documentation was APPROVED subject to the following amendments:</p> <ul style="list-style-type: none"> - Within the Partnership Board Terms of Reference, under item 4 (Membership), Ruth Light requested that Healthwatch Coventry and Healthwatch Warwickshire should be moved so that they do not appear under the Voluntary Sector heading. - Steve Maxey advised that the Memorandum of Understanding needs to be corrected to reflect that North Warwickshire Borough Council and Stratford District Council are also Parties to the Memorandum. 	<p>Rachael Danter</p> <p>Rachael Danter</p>
<p>8</p>	<p>ANY OTHER BUSINESS</p> <p>An opportunity was given for the members of the public to ask questions.</p> <p>Dennis McWilliam gave his view that the draft long-term plan was much improved from the 2016 version, however he suggested that the inclusion of a glossary would be useful.</p> <p>Dennis noted the importance of communication of the plan, particularly on the January launch and the February operational planning stage. He also felt that any challenges and difficulties, such as those related to finance, should be included in the communications.</p>	

9	<p>MEETING CLOSE</p> <p>Andy Hardy gave his reflections on the meeting. He thanked members for their attendance and input. He reiterated that the Partnership’s aim is for all parties to get involved. We have received good feedback from NHS England/Improvement on the plan. The next key step is communication and delivery plans. Unfortunately, Purdah will affect timings for publication, however we are making good progress.</p> <p>The Chair closed the meeting by stating that he had had the opportunity to working with other partnerships across the country. This Partnership is progressing well and the platform now exists for us to move forward and deliver the plan.</p>	
<p>Dates and Times of future meetings: Tuesday 3 March 2020 13:00-15:30 Friargate, Coventry Wednesday 15th July 2020 13:00-15:30 Northgate House, Warwick Tuesday 3rd November 2020 13:00-15:30 Coventry Tuesday 2nd March 2021 Northgate House, Warwick</p>		