# Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 26 March 2014.

### Present:-

## Chair

Councillor Izzi Seccombe

## Warwickshire County Councillors (In addition to the Chair)

Councillor Maggie O'Rourke Councillor Bob Stevens Councillor Heather Timms

## Clinical Commissioning Groups

Andrea Green (Warwickshire North CCG)
Juliet Hancox (Coventry and Rugby CCG)
Dr David Spraggett (South Warwickshire CCG)

## Warwickshire County Council Officers

Wendy Fabbro – Strategic Director, People Group Monica Fogarty – Strategic Director, Communities Dr. John Linnane – Director of Public Health

## Healthwatch Warwickshire

Deb Saunders - Chief Executive

## NHS England

Martin Lee – Medical Director

## **Borough/District Councillors**

Councillor Derek Pickard (North Warwickshire Borough Council)
Councillor Gillian Roache (Stratford District Council)
Councillor Roma Taylor (Nuneaton and Bedworth Borough Council)
Councillor Claire Watson (Rugby Borough Council)

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

Councillor Michael Coker (Warwick District Council) Heather Gorringe (Warwickshire North CCG) (2) Members' Declarations of Pecuniary and Non-Pecuniary Interests

Councillor Maggie O'Rourke declared a non-pecuniary interest as an employee of South Warwickshire NHS Foundation Trust. Councillors Derek Pickard and Claire Watson declared a non-pecuniary interest as members of the County Council's Adult Social Care and Health Overview and Scrutiny Committee and The George Eliot Hospital Stakeholder Group.

(3) Minutes of the meeting held on 20 January 2014 and of the Extraordinary Meeting held on 11 February 2014 and matters arising.

The Minutes were agreed as true records of the two meetings, subject to the inclusion of the attendance of Gillian Entwhistle, representing Dr David Spraggett of South Warwickshire CCG at the 20 January meeting.

# 2. A Summary of the Care Bill and its Implications

Jenny Wood, Head of Social Care and Support (WCC) updated the Board on the Care Bill and to give a summary of the potential implications for Warwickshire based on the information currently available.

A background and context was provided on the Law Commission review and its recommendations for a review of legislation in the report 'Adult Social Care'. Additionally, the Dilnot Commission was established by the Government to report on how to deliver a fair, affordable and sustainable funding system for adult social care. Progress of the Care Bill continued and an overview was given of the Bill as brought from the House of Lords. The report focussed on the three key parts of the Bill, which looked in turn at care and support, care standards and Health Education England / the Health Research Authority. A table was included which showed examples of the Care Bill's implications for Warwickshire. Further information was circulated to the Board on the financial implications for the County Council and on next steps.

The Chair commented that this was a significant piece of legislation. She referred to work through the Local Government Association (LGA), to shape the Bill and would endeavour to keep the Board informed of the LGAs work.

Councillor Maggie O'Rourke referred to the formal recognition of support for carers and asked how their needs would be assessed, noting the significant implications this aspect of the Bill would have. It was confirmed there was now a statutory duty to assess carers' needs separately. The assessment process was pursued by Councillor Bob Stevens and there was discussion about appeal and complaint processes. It was explained that assessments were undertaken by social workers and detailed guidance was awaited.

Dr John Linnane, Director of Public Health sought a distinction between statutory principles and duties as referred to in the paper. Further information was provided by Wendy Fabbro, Director of the People Group and it was noted that the final wording of the Act would be definitive.

Another area discussed was the identification of failing services. Care Quality Commission Inspections would be the key mechanism, but complaints to the County Council or via Healthwatch were further indicators. Finally, the service provision around transition from youth to adult services was discussed.

#### Resolved

That the report is noted and that further reports be provided to the Board as the implications of this legislation become clearer.

# 3. Coventry and Warwickshire Partnership Trust – Update

The Board received a presentation from Rachel Newson, Chief Executive of the Coventry and Warwickshire Partnership Trust (CWPT), on their two year plan for sustainability. The presentation provided a background, a high level outline of the Trust's strategies and transformational change programme, together with details of the Trust's operating model and financial planning arrangements. Further slides looked at workforce aspects, system alignment, the information gathered from joint strategic needs assessments and the Trust's forward plans.

The Chair asked for an update on the Care Quality Commission (CQC) inspection of the CWPT and it was confirmed that the draft CQC report had been received, but could not yet be commented on. The Chair also spoke about the Trust's relationship with the Board and the need for an ongoing dialogue.

Monica Fogarty, Director of Communities questioned the financial aspects of the presentation, regarding the generation of 1.4% of surpluses. Rachel Newson explained how the Trust's income and expenditure projections were calculated. She also spoke about staffing reviews, care pathways, maximising use of Trust premises and procurement reviews.

Councillor Gill Roache queried the cost pressure for the IT Strategy in the sum of £1.7 million. This was discussed and information was provided about the move to a new IT system for patient records, confidence about its delivery, the procurement process and providing a common protocol to connect IT systems across the NHS.

The Chair advised that the CWPT would also be attending the County Council's Overview and Scrutiny Committee for Adult Social Care and Health in May. She reiterated the need for a stronger working relationship with the Board, with regular updates from the CWPT on its plans.

### Resolved

That the presentation is noted.

# 4. Planning for Healthy Communities

Dr. John Linnane, Director of Public Health introduced this discussion item. At the January Board meeting, planning issues had been raised. Local planning authorities had been invited to attend this meeting, to discuss how the Health and Wellbeing Strategy and advice from Public Health could be incorporated into planning advice and core strategies. For 18 months, work had been undertaken to produce supplementary planning guidance to incorporate health into planning guidance. To assist the discussion, a series of questions had been circulated to the contributors ahead of the meeting.

Contributions were received from Anna Rose of Rugby Borough Council, Ashley Baldwin, Nuneaton and Bedworth Borough Council, Steve Maxey, North Warwickshire Borough Council and Paul Lankester of Stratford District Council. Additionally, Martin Lee and Margaret Johnson spoke on behalf of NHS England. It was noted that an apology had been received from Graham Nuttall of the NHS Property Services Company.

Anna Rose, Rugby Borough Council discussed the relationships between planning and the health sector, the external influences on planning and local plans, including the public inquiry process. Rugby BC had a 2011 adopted Local Plan and was about to start work on a new Local Plan. There was a need for evidence from the Health and Wellbeing Board, to ensure that the area's health needs would be met within the local plan.

Ashley Baldwin of Nuneaton and Bedworth BC echoed the points made above, also speaking about health impact assessments. These were currently included in the Authority's planning policies, but had been challenged successfully at planning appeal and so the policies might need to be withdrawn. This Authority was part way through its local plan process, so input to policies would be timely. He added that the Authority had an infrastructure group, which met twice each year and included health sector representatives.

Steve Maxey of North Warwickshire BC referred to some of the Borough's planning policies promoting cycling and avoiding a concentration of takeaway food premises. He also mentioned the subregional planners group, which he felt would be a useful forum to progress the dialogue on health inputs to planning.

Monica Fogarty spoke of the need to link together the key partners. She introduced Neil Benison, the County Council's Infrastructure Delivery Manager, whose role was to bring together key strands of work on issues such as highways and transport, health and education.

Paul Lankester of Stratford District Council stated the need to consider political aspects and the involvement of portfolio holders. Another point was having a 30-year vision for strategic planning, and through design, to reduce crime and promote health issues.

Martin Lee referred to the reorganisation of the NHS and its need to reestablish links with other partners. As a context, he stated that health services could no longer be delivered in the same way as previously. He referred to the transformation of primary care services and their delivery on a wider scale. The need for close links between planning and clinical commissioning groups was also stated. Margaret Johnson of NHS England then spoke about the growing number of premises that were not CQC compliant. As such premises became obsolete, there were issues with people being decanted and in future, economies of scale would dictate that some care facilities were not as local.

NHS England was asked to give an update on primary care developments in the County, it being questioned whether there was a moratorium on additional development. Nationally, 17 development commitments had been inherited by NHS England, having received prior PCT Board approval and these were the priority for funding. In Warwickshire, there were two schemes being considered at the regional level, for developments in Rugby and Warwick. It was agreed that a list of the schemes be provided by NHS England, for circulation to the Board and to district and borough councils.

Further points were made about developments and population growth. Whilst individual developments did not meet the criteria to justify new health facilities, there was a cumulative impact and the need for investment in both primary care and education facilities. The pooling of health facility contributions was suggested.

Councillor Heather Timms declared a non-pecuniary interest in respect of the proposed health development in Rugby. She explained that the local authority had contributed the land towards this scheme. There was a need for a long-term view to deliver the best health outcomes.

David Spraggett spoke about changes to the delivery of primary care services. There were no additional resources within the NHS and the redirection of funds from secondary care services was one method which could be used, but this often attracted political opposition. There was also discussion about the evidence that planners required to justify

health contributions in a robust way and guidance on how this should be provided would be helpful. It was reiterated that the sub-regional planning forum would be a useful meeting for the health sector to engage with.

The Chair summarised the points raised and felt this item had demonstrated the need for key partners to have a regular dialogue.

## Resolved

That points raised be noted and that progress would is reviewed later in the year.

# 5. Better Care Fund Update

Wendy Fabbro introduced this update as an information report. It provided details about the initial Better Care submission and feedback received from the West Midlands Local Area Team. Detail was also provided on national changes to guidance and the funding allocation and on progress towards the next submission deadline of 4<sup>th</sup> April.

#### Resolved

That update is noted.

# 6. Any Other Business

Dr Linnane spoke about a review of WCC Community Transport arrangements and offered to circulate further information to the Board. It was reported that Deb Saunders, Chief Executive of Healthwatch Warwickshire would leave her position in May. The Chair also advised that this would be Monika Rozanski's last meeting before commencing maternity leave. The Board recorded its thanks and good wishes both to Deb and Monika.

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