

**SHADOW HEALTH AND WELLBEING BOARD**

**11<sup>th</sup> March 2011**

**NORTHGATE HOUSE CONFERENCE CENTRE, WARWICK**

**MEETING ROOM 5**

**PROGRAMME**

Participants

Warwickshire County Councillors

Councillor Alan Farnell  
Councillor Isobel Seccombe  
Councillor Bob Stevens

GP Consortia

Dr Ullah/Dr Batra-Nuneaton and Bedworth  
Dr Gath-Rugby  
Dr Singh/Dr Gorrington-North Warwickshire  
Dr Lambert-South Warwickshire (deputising for Dr Spraggett)

Warwickshire County Council Officers

Marion Davis-Strategic Director of Children, Young People and Families  
Wendy Fabbro-Director of Adult Social Services

Warwickshire NHS

Bryan Stoten-Chair of Warwickshire PCT  
John Linnane-Director of Public Health  
Rachel Pearce-Assistant Chief Executive

Warwickshire LINKS

Councillor Jerry Roodhouse

Borough/District Councillors

To be confirmed

Local Government Improvement and Development Agency

Liam Hughes  
Cllr David Sprason

## AGENDA

1.30 Arrival & Refreshments

2.00 Welcome & Introductions

- LGID facilitation
- Outline event and purpose of meeting

2.15 National and Local Context (Presentation followed by Q and A)

- Liam Hughes to provide a short 10-minute presentation on the national context, including consideration of how the early adopters are operating so far and emerging practice from a national perspective.
- Followed by a presentation on the local context, to ensure that everyone in the room has a shared understanding

2.30 Role and Function of the Health and Well Being Board

- Vision
  - What is the ambition for the Board?
  - The following reflect some of the discussions coming from other areas. These might be useful as prompts for the discussion in Warwickshire:
    - Tackle wider determinants of health
    - A more flexible and fleet of foot system – remove historical blocks to innovation
    - Guard the focus on patients and individuals
    - Clear common purpose on health and wellbeing
    - Create an integrated vehicle for resources and commissioning
    - Meaningful and productive relationships across sectors and with local communities
    - Do the things that matter and will make a difference in practice
- National and Local Function
  - Warwickshire have developed draft terms of reference which should be used as a basis for the discussion.
  - May want to draw in Councillor Sprason to share experiences from Leicestershire, where they have also produced ToR (although it needs to be emphasised that David Sprason is attending primarily as an LGID peer).
  - PROMPTS (these are taken from discussions elsewhere)
    - To co-ordinate the development of the JSNA to understand the health and wellbeing needs of the people of Warwickshire
    - To determine the priorities for the Health and wellbeing Strategy which will be based on the JSNA and will focus on outcomes whilst paying due regard to local commissioning strategies

- Ensure the alignment of individual organisation's commissioning strategies to the health and wellbeing strategy
    - Ensure that regardless of provider, commissioning decisions for health and wellbeing are in line with the desired outcomes from the health and wellbeing strategy and take due notice of the JSNA
    - Hold to account those responsible for the delivery of the outcomes
    - Co-ordinate efforts to make the public monies invested in health and wellbeing work effectively in delivering the priorities of the strategy
    - Focus on prevention
  - Consideration/clarification of what the Board is NOT.
  - PROMPTS:
    - A talking shop?
    - A delivery vehicle?
    - Overview and scrutiny?
    - A commissioning body? (CLARIFICATION: H&WB is about oversight and ensuring alignment with existing commissioning arrangements, service mechanisms and concordat).
- Key Tasks for 2011/12
  - Expectations of Board Members
    - Important to spend some time “getting to know each other”, understanding each other's languages, different understanding of commissioning.
    - Explore combined needs of the members and expectations.
    - How to ensure the Board is a “learning organisation” and not just doing the minimum.
    - How do we maximise the opportunities?
    - Focus should be on strategic and looking forward not operational and problem-centred
    - Set clear expectation that this is a change journey of several years – things won't happen overnight/straight away. Recognition that the role and functioning of the board is evolving (organic). Need for pragmatism and flexibility. (This expectation needs to be managed sensitively and with subtlety.).

### 3.15 Ways of Working

- Culture and Principles
  - Important to recognise that this is a new venture for all involved. Therefore need to craft new relationships; how we are going to integrate/work with each other and the “culture code” that underpins how we work together.
  - PROMPTS:

- Respect, reciprocity, goodwill and trust (The MORI diagram may be useful here)
  - Clear and shared understanding of roles and responsibilities
  - Data sharing is the norm
  - Using what's already in place/not reinventing the wheel
  - Recognition that different perspectives can lead to innovation
  - Regular review and evaluation
  - Evidence-based decision making
  - Outcomes focussed, joint delivery mechanisms and clear lines of accountability
  - Focussed on the needs of local communities, patients, service users
- Governance and Accountability
  - NOTE: Avoid discussion on relationships with LSPs, LEP and wider governance arrangements.
  - Clarify whether the discussion should include consideration of relationship between H&WB and safeguarding boards for adults and children?
  - How will the board be held to account and how will it hold its members to account? How will accountability be exercised and demonstrated? Transparency and accountability to the public?
  - Shadow board meeting in public or private? What are other early adopters doing?
- Communication and Engagement
  - What information are we disseminating, how are we disseminating and to whom are we disseminating information?
  - How do we communicate with people who are not round the table?
  - Voluntary and community sector engagement? How will the board satisfy itself there is proper voice and representation from the voluntary and community sectors and 'seldom heard' or excluded groups (inclusion health)?
  - Engagement with the NHS Commissioning Board?
- Membership
  - Minimum membership set out in white paper and prescribed by Health and Social Care Bill.
  - Other considerations around membership? E.g. occasional members to be invited as appropriate? Possible future members e.g. HealthWatch when established? Potential for a range of open or free schools not part of local council, should the board have relationships with these?

#### 4.00 Next Steps

- Appointment of Chair
- Frequency of Meetings
- Development needs

#### 4.30 Close