

Minutes of the Meeting of the Shadow Health and Wellbeing Board held on 11 March 2011

Present:-

Warwickshire County Councillors

Councillor Alan Farnell
Councillor Isobel Seccombe
Councillor Bob Stevens

GP Consortia

Dr Ullah and Dr Batra-Nuneaton and Bedworth
Dr Gath-Rugby
Dr Singh and 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 NHS Warwickshire
John Linnane-Director of Public Health

Warwickshire LINKS

Councillor Jerry Roodhouse

Borough/District Councillors

Councillor Ian Lloyd

Local Government Improvement and Development Agency

Liam Hughes
Cllr David Sprason

Others Present

Gareth Evans, Executive Director Nuneaton and Bedworth Borough Council
Monica Fogarty, Assistant Chief Executive Warwickshire County Council
Kate Nash, Head of Community Safety and Localities
Bill Basra, Partnerships Delivery Manager
Jane Pollard, Democratic Services Manager
Mike Caley, Specialist Registrar in Public Health

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Dr Spraggett and Rachel Pearce Assistant Chief Executive, NHS Warwickshire

2. National and Local Context

Liam Hughes and Councillor David Sprason gave a presentation on the national and local context, sharing their experience. A copy of the slides are attached.

The following key points were noted

- The aim of the new arrangements is to improve the health of local people, provide stronger leadership from the Council and clinicians in the GP Consortia, produce better outcomes and promote efficiency and productivity. The focus is more on local partnerships than top-down performance management of health indicators, and the context is one of a radical rebalancing of state, business and civil society.
- The framework for public health services was still evolving, and there are differences of view. There are uncertainties e.g. funding, level of prescription, exactly what is transferring and expectations.
- Government says it will no longer be prescribing to the same extent as before. Public services will be judged locally not by Whitehall. Localities must work out their own arrangements.
- The early implementer pilots had not commenced early enough to be in a position to provide feedback.
- Both GPs and Councillors know their own communities well and this would be a key factor in making the new arrangements work.
- Areas see health improvement but inequalities stay the same or widen –narrowing the gap very difficult and will be a key challenge for the Board

3. Role and function of the Health and Well Being Board

In the ensuing discussion various views were expressed about the challenges opportunities and aspirations for the new arrangements i.e.

- New opportunity for local authorities and GPs to work together to raise aspirations about general health of the area and develop an integrated public sector offer
- Opportunity to tackle health inequalities, cut through bureaucracy and connect services more effectively
- Need to ensure we do not lose sight of the need to tackle health inequalities

- Share good ideas, avoid inappropriate admissions to hospital or residential care
- Encourage early GP intervention to enable people to return to independent living as early as possible after admission
- Need to ensure we engage with communities and other stakeholders, ensure that we get our message out.
- No need to provide lots of new infrastructure there are lots of existing groups, community forums, GP forums, carers forums, etc
- Need to link with other partnerships
- How does the Board ensure the voice of the consumer is heard and has an ability to influence decisions and influence strategy?
- Need to develop a communication and engagement strategy
- How do we assess our performance what will be the test for success?
- The Board will be working on behalf of the people of Warwickshire we need to ensure they benefit from our work
- Will people in receipt of services say in a year's time that services are better –should this be the test for success?
- Opportunity to have a whole system approach to commissioning but there will be tough choices – will the Board be prepared to decommission as well commission? Do our commissioning cycles mesh together?
- To work together well requires trust both as individuals and as groups.
- We have the opportunity to do more with the public sector money coming in to Warwickshire by working together effectively.
- Warwickshire health funding allocation is going to improve, so will have an opportunity to start to address whether resources are in the right place.
- Need to ensure in developing any new Health and Wellbeing Strategy we make links with existing strategies such as the Inequalities Strategy –no need to reinvent the wheel.

Development needs of the Board

- Members will need opportunities to get to know one another, share information, develop a collective understanding of each other's professional roles
- Clarity around the governance arrangements, what powers do we have, how do we influence other bodies individuals, develop moral authority
- Clarify our expectations of each other e.g. promoting the work of the board? collective responsibility? feeding in and feeding back to our respective 'constituencies'

4. Key Tasks 2011 -2012

The following were identified as the Key Tasks 2011-12

- **Board Management and Administration**
 - Finalise governance framework for Board
 - Agree Business Plan for the HWBB

- Establishing a calendar of meetings that accounts for key business and financial cycles
- Review Membership
- Establishing when meetings should be held in Public
- **Strategies and Documents**
 - Joint Strategic Needs Assessment
 - Joint Health and Well Being Strategy
 - Relaunch Health Inequalities Strategy
- **Communication and Engagement**
 - Communication and Engagement Strategy (GP's, Partners, Board, Public) of activity, impact and success
 - Ensuring Clarity and Consistency of Information
- **Board Culture**
 - Better cultural understanding of each other's organisations
 - Ensure linkages with other partnership groupings
 - Clarifying expectations of Board Members
- **Transforming Health Agenda**
 - Greater alignment of consortia and public health
 - Establishing collective understanding of health transition
 - Managing changes as a result of health transition
 - Collective understanding of health transition

5. Size and Membership of the Board

The general view was that the size of the Board should be kept relatively small to ensure it was effective working body. However actual membership should be kept under review as the year proceeds.

Any underlying structure and/or linkages to other Bodies and Partnerships would be key in enabling effective communication and opportunities for influence. There should be consultation with GP consortia and GP Practices via the forum. However the Board should only create new groups because they add value.

6. Next Steps

- (1) Cllr Farnell proposed and it was agreed Mr Bryan Stoten be the Chair of the Shadow Board
- (2) Mr Stoten proposed and it was agreed that Cllr Farnell be the Vice-Chair of the Shadow Board
- (3) The Board would aim to meet every other month. The next meeting would therefore be May 2011 – dates would be circulated to members. There was a preference for meeting over lunch (12noon -2.30pm). Tuesdays, Wednesdays and Thursdays were preferred days.

.....Chair