

# **Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 20<sup>th</sup> March 2012**

## **Present:-**

### Chair

Bryan Stoten

### Warwickshire County Councillors

Councillor Alan Farnell  
Councillor Izzi Seccombe  
Councillor Bob Stevens  
Councillor Heather Timms

### GP Consortia

Dr Richard Lambert – South Warwickshire CCG  
Dr Kiran Singh – North Warwickshire CCG

### Warwickshire County Council Officers

Monica Fogarty – Strategic Director, Communities Group  
Hugh Disley – Head of Service for Early Intervention (For Wendy Fabbro)  
Clare Saul – Head of Strategic Commissioning (For Wendy Fabbro)

### NHS

Stephen Jones – Chief Executive Arden Cluster  
John Linnane - Director of Public Health (WCC/NHS Warwickshire)

### Borough/District Councillors

Councillor Michael Coker – Warwick District Council  
Councillor Bill Sheppard – Nuneaton and Bedworth Borough Council  
Councillor Claire Watson – Rugby Borough Council

### Warwickshire LINK

Councillor Jerry Roodhouse

### Others Present

Dr Katherine Brown – NHS Warwickshire  
Glen Burley – South Warwickshire NHS Foundation Trust  
Dr Francis Campbell – Arden Cluster  
Glen Charman – North Warwickshire CCG  
Surindar Dhesi  
Suki Dhesi

Emily Faulton – NHS Warwickshire  
Alan Franks – Nuneaton and Bedworth Borough Council  
Jerry Hutchinson – North Warwickshire Borough Council  
Jane Ives – South Warwickshire NHS Foundation Trust  
Gareth Owens - Nuneaton and Bedworth Borough Council  
Councillor Derek Pickard – North Warwickshire Borough Council  
Monika Rozanski – Warwickshire County Council  
Paul Williams – Warwickshire County Council

## 1. (1) Apologies for Absence

Dr Heather Gorringe - North Warwickshire CCG  
Dr David Spraggett – South Warwickshire CCG  
Dr Charlotte Gath – Rugby CCG  
Dr Paul Batra – Nuneaton and Bedworth CCG  
Wendy Fabbro – Strategic Director – People Group, WCC  
Dr Mike Caley – NHS Warwickshire

## (2) Members' Declarations of Personal and Prejudicial Interests

None

## (3) Minutes of the meeting held on 19<sup>th</sup> January 2012 and matters arising

The minutes were agreed as an accurate record. The Chair called for regular updates on mortality rates at the George Eliot Hospital to be brought to the Board.

## 2. Fair Share Budgets in Warwickshire

The Chair welcomed Glen Charman from the North Warwickshire CCG to the meeting. Glen reminded the Board that pressure on time at the January meeting had meant that discussion had had to be curtailed. Glen circulated a letter, dated 16<sup>th</sup> March, from Heather Gorringe setting out three discussion points. He asked the Board to consider this in the light of the recently published Joint Strategic Needs Assessment.

Kiran Singh observed that the Arden Cluster budget is over £23m higher in 2012/13 than the previous year. She reminded the Board that deprivation is higher in the north than the south of Warwickshire. As well as particular problems relating to alcohol, obesity and long term conditions she noted that the area has no in-patient hospice provision. Primary prevention (eg teenage pregnancy) was also felt to be inadequate.

Stephen Jones observed that the increased funding reflected changes to population adding that it is difficult to map changes in provision pound for pound. The challenge is to ensure the sustainability of services that are needed. This means that spending on some services will be less in the future

if savings are to be realised. He observed that public health is targeting problems in North Warwickshire and commented how Community Health is considering resource allocation across the whole county. One challenge for the near future is that the indicative baseline allocations for the CCGs are not yet clear. The national framework has not yet been set and the 2013/14 allocations formula is still awaited. Stephen concluded by noting that there is no legacy of debt to pass on to the CCGs.

The Chair observed that the shadow allocation for CCGs is expected to take account of differential needs. However, the pace of this remains unclear.

Councillor Roodhouse felt that the SHWB needs to keep up to speed on what is happening at a national and local level. Councillor Sheppard informed the meeting that the district and borough councils have met to consider health matters and in particular the north/south divide. He added that if any savings are made in one part of the county they should be directed to other areas where need is greater.

John Linnane commented that new appointments of health visitors will be placed in the north of the county. Also, additional resources for smoking cessation and combating obesity have been channelled to the north.

It was pointed out by Stephen Jones that the £23m additional funds accounts for inflation only. In his view no part of the county is under resourced compared to other areas (although all parts of Warwickshire could benefit from more investment). He added that there is no discretionary money and that there is a £13m recurrent funding gap.

Richard Lambert suggested that greater investment is needed in education thus avoiding problems before they arise. This theme was taken up by Councillor Timms and there followed some discussion around the need to increase educational attainment and thus people's life chances. During this discussion the point was made that it would be wrong to apply blanket prejudices to any one part of the county. In North Warwickshire there are good schools. This in turn highlights the value of leadership in determining success.

There was agreement that it is important to avoid infighting within the Board. The key is for the PCT and CCGs to have discussions with government to obtain more funding and to ensure that the pace of change is right.

### **3. The Emerging Health and Wellbeing Board Strategy**

John Linnane introduced this item. He took the meeting through the twenty page document summarising each one in turn. Comments on the draft document were requested with a deadline one month hence. It was agreed that the Strategy should be distributed more widely.

The meeting was informed that the police would be commenting on the document.

Councillor Farnell welcomed the publication of the draft adding that it will be vital in the future for partners to work closely together.

#### **4. Arden Cluster Systems Plan.**

Stephen Jones introduced this item. He explained that the draft plan, comprising many pages, should be available in May. The document will be based on the five strategic objectives, namely,

1. Making every contact count
2. Driving up primary care equality and safety
3. A focus on frail older people
4. Mental health
5. Acute hospital care

Stephen called for more horizontal integration between primary care and community care arguing that this would help prevent problems arising whilst enabling the right reaction at a time of crisis.

The point was emphasised that the close down of the Arden Cluster needs to be done in such a way that no customers or patients notice.

Councillor Seccombe called for parity across the county along with closer ties with social services. Stephen Jones agreed but stated that whilst there will be common themes across the county there will also be differences of approach as determined by need.

#### **5. Performance Reporting to the Board**

(Note – Item 7 was taken at this point but is recorded later in these minutes).

The item was opened by the Chair. He noted that the Cluster Board already receives extensive performance reports and suggested that the SHWB should do likewise. The question, however, is what information the Board considers it needs. It was suggested that they should be carefully selected to provide a clear picture across a range of services and should be able to provide early warnings of problems before that become more serious. Trend data is useful particularly when considering public health.

Councillor Sheppard proposed that any indicators should be based on the draft strategy. This was echoed by Monica Fogarty who called for indicators to be focused on the role of the Board. The point was also made that Overview and Scrutiny has a clear role in performance management.

**It was agreed that John Linnane and Wendy Fabbro should produce a draft performance framework to be considered by the Board in May.**

## 6. Section 256 Funding

Hugh Disley introduced this item and circulated the Warwickshire Prevention Delivery Plan. Claire Saul explained that the plan features eleven projects. Richard Lambert questioned why it is difficult to access reablement funding and speculated that the resources had been allocated elsewhere. This was denied and the point made that reablement funding is used extensively.

Monica Fogarty requested a one side summary of how the £6m funding is used. **It was agreed that this should be done ASAP.**

It was noted from the winter pressures funding that £433k remained uncommitted.

## 7. Plans for Primary Care Development in Warwickshire.

Using Powerpoint, Francis Campbell introduced this item. He observed how there is evidence of poor performance by some GP practices noting that there is no distinction between district areas for this indicator. It was observed that there is considerable leeway as to how practices organise themselves and that the Local Medical Committee is keen for practices to improve their quality.

Richard Lambert suggested that where performance is low this can often be attributed to the organisation of a practice rather than the quality of the GP. GPs have to undertake 50 hours continuing professional development per annum. If a doctor's performance is found wanting, there are mechanisms to address this, although they are not robust. There are some sanctions concerning funding or referral to the General Medical Council but these are rarely used.

## 8. Any Other Business

The Chair observed that Section 106 funding is rarely used for health developments and called for this to be addressed. Monica Fogarty noted that S106 will soon move to become the Community Infrastructure Levy, adding that Public Health has recently become more involved in S106 discussions. Councillor Seccombe called for better communication between those looking to develop nursing homes and health providers. For example a large nursing home can be opened in an area without any consideration of the GP's ability to support it. Councillor Roodhouse highlighted the Rugby mast site that is subject to discussions around future health provision requirements. Finally Councillor Timms pointed out that discussion concerning the Rugby Cattle Market site had proved productive.

The meeting rose at 14.10

.....Chair