

Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 22nd May 2012

Present:-

Chair

Bryan Stoten

Warwickshire County Councillors

Councillor Alan Farnell
Councillor Bob Stevens
Councillor Heather Timms

Clinical Commissioning Groups

Dr David Spraggett – South Warwickshire CCG
Dr Charlotte Gath – Rugby CCG

Warwickshire County Council Officers

Monica Fogarty – Strategic Director, Communities Group
Wendy Fabbro – Strategic Director, People Group

NHS

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

Borough/District Councillors

Councillor Derek Pickard – North Warwickshire Borough Council
Councillor Claire Watson – Rugby Borough Council

Warwickshire LINK

Councillor Jerry Roodhouse

1. (1) Apologies for Absence

Councillor Michael Coker
Councillor Neil Phillips
Councillor Izzi Seccombe
Dr Kiran Singh

(2) Members' Declarations of Personal and Prejudicial Interests

None

(3) Minutes of the meeting held on 19th January 2012 and matters arising

The minutes were agreed as an accurate record. The meeting was informed that, as agreed, details of the £6m Section 256 funding spend had been circulated.

The importance of dementia was discussed and it was agreed that a workshop should be organised for the board on this topic. The Chair suggested that Professor Ian Philp should be invited to be involved in this.

The Chair welcomed Paul Tolley (Warwickshire CAVA), Philip Bushell-Matthews (CWPT) and other guests to the meeting.

2. Update from Clinical Commissioning Groups on Progress towards Authorisation

Stephen Jones provided a general overview of the move by the CCGs towards authorisation, explaining that significant progress had been made over the last two months. Debate had focused on the viability of a separate Nuneaton and Bedworth CCG and on the possibility of a combined Rugby/Coventry CCG. It is anticipated that South Warwickshire CCG will fall under wave 2 whilst the others will be in wave 4. There has also been some debate around the size and shape of the areas covered by the NHS Commissioning Board Local offices. It is likely that the model agreed will cover an area significantly larger than Coventry/Solihull/Warwickshire. Monica Fogarty informed the meeting that Warwickshire County Council would favour a local office that covered the Arden Cluster footprint, preferably including Solihull to mirror the sub-region. However, acknowledging that this was unlikely she called for a local area that was as compact as possible. Stephen Jones agreed to email a set of wording to Monica to ensure an audit trail and confirm Warwickshire County Council's response. Wendy Fabbro expressed concern that an office that covers a large area may not give integration the emphasis it deserves. In response to a question from Councillor Roodhouse the meeting was informed that the consultation letter concerning the local offices had not been sent specifically to LINK.

Regarding the development of a combined Rugby/Coventry CCG, Charlotte Gath apologised for not bringing the matter to the March 2012 Board meeting. She explained that consideration had been given to having a stand-alone Rugby CCG but the 100k population of the area would have been too small. She informed the meeting that the CCG had sought to be as transparent in its dealings as possible and had requested the views of many stakeholders. The

Rugby/Coventry configuration had been agreed on 2nd May 2012. Charlotte observed that Rugby CCG was not obliged to formally consult the County Council on its future form. The CCG had, however, involved the council in its Partnership Group and discussions relating to the potential structure and options appraisal from the outset and sent copies of the options appraisal paper to key members of the Health and Wellbeing Board back in February. The Chair reminded the Board that a concern with the integration of health and social care and the mechanisms to achieve it lay at the heart of its role. Acknowledging the current position, Councillor Roodhouse suggested that moving forward, the key will be to look at how patient engagement will work. He explained that following a visit to UHCW he had come away concerned over the future plans for Rugby St Cross Hospital. He felt that not enough consideration had been given to the plans for the future development of Rugby and the pressure this will apply on health services. Councillor Timms' concern was that almost regardless of the structure agreed, the key is to ensure good service delivery. She reiterated the concerns about the future of Rugby St Cross.

There followed a discussion around the level of engagement of stakeholders in this matter. It was acknowledged that with the new relationships between local authorities and the health economy lessons are to be learned. It was also recognised that should it be found in the future that the Coventry/Rugby model does not work effectively the matter will be reviewed.

Stephen Jones noted that local authority boundaries do not always reflect patient flows and emphasised the need for agreement on the Coventry/Rugby model. Councillor Roodhouse called for a degree of consistency of approach by CCGs to communication with LINK/Heathwatch.

The Board resolved that the Shadow Health and Wellbeing Board:

1. Accepts the principle of closer working between Rugby and Coventry CCGs in order to pool knowledge and good practice, clinical capacity and leadership, achieve economies of scale, and commission effectively in line with patient flows.
2. Accepts, as a fait accompli, the progress made by Rugby CCG in working towards a single Coventry and Rugby CCG structure which will greatly strengthen the CCG's commissioning role with its main provider UHCW (University Hospitals Coventry and Warwickshire) and thereby help to strengthen, develop and protect services for residents at St Cross Hospital, Rugby and in the community.

The Chair invited Dr David Spraggett to update the board on the position regarding the South Warwickshire CCG. Having explained how the CCG might be put into wave 3 he offered to produce a briefing note for the board and provide a copy of the CCG's vision document and strategy. This was welcomed. Finally David Spraggett assured the board that any 360 degree assessment undertaken would go to many stakeholders.

3. The Arden Cluster Systems Plan

The Chair welcomed Sue Roberts from the Arden Cluster to the meeting. Using Powerpoint, Sue summarised the key points of the plan. She outlined the savings to be made and explained that there remains a gap between the target savings and those already identified.

Councillor Roodhouse, recognising the impending demise of the Arden Cluster asked what the future would be of the plan. It was explained that the CCGs have signed up to the plan and will pick it up when the cluster ceases to exist.

Wendy Fabbro expressed her disappointment that the Social Care White Paper has been shelved. She called for a clear process to be put in place to monitor progress of the plan's implementation.

John Linnane acknowledged the synergy between the plan and the JSNA.

The Chair thanked Sue for her presentation and wished her well in her new role.

4. George Eliot Hospital NHS Trust – a) Securing a Sustainable Future & b) Mortality Update

The Chair welcomed Kevin McGee back to the board. Kevin explained that he did not intend to read his reports out but sought to summarise them before taking questions.

Kevin highlighted that a decision will be taken on 30th May regarding the procurement route to be followed. He emphasised that no decision regarding the partner selected will be made on that date. The hospital is keen that as many stakeholders as possible have the opportunity to feed into the process and he was confident that robust governance arrangements had been put in place.

The Chair and Councillor Farnell expressed the preference for a Warwickshire solution. Kevin agreed to feed this view into his board meeting.

Turning to mortality rates, Kevin reminded the board of the complexity of this area. He informed the meeting that the Doctor Foster figures for January/February 2012 were less than 100%. He added that fluctuations in performance are expected but the general trend is downwards. Kevin emphasised that improved mortality rates is now top priority for the Trust Board.

In response to a question from Councillor Roodhouse, Kevin stated that considerable work is being done regarding end of life care. He did, however, acknowledge that more work is needed.

Regarding changes in working practices at the George Eliot, Kevin stated that the workforce is being very flexible and that 7 day working was becoming more the norm rather than the exception.

It was agreed that the next SHMI performance data be brought to the next board meeting.

5. The Draft Health and Wellbeing Board Strategy

Mike Caley introduced this item. He informed the meeting that there had been a good response to the pre-consultation draft. Responses had been received regarding the need to ensure service integration, there was acknowledgement that the strategy and the JSNA are closely aligned and the input from housing and community safety teams had resulted in major re-writes of sections of the document.

It had been suggested that the document should include specific sections for the CCGs and district and borough councils but a desire to retain the strategy's high-level approach meant that this had been rejected.

It is expected that the strategy will be subject to a 12 week consultation between June and August.

John Linnane stated that it is expected that in time localised JSNAs will be produced. These will reflect local issues.

In response to a question from the Chair it was noted that mental health matters are woven throughout the whole document.

It was resolved:

That the Warwickshire Shadow Health and Wellbeing Board approves the draft Warwickshire Joint Health and Wellbeing Strategy 2012-15 for consultation.

6. Performance Monitoring by the Health and Wellbeing Board

This item was opened by Mike Caley. He emphasised that the board does not exist to performance manage constituent organisations, but acknowledged that it has a strategic performance role. It was suggested that a twice yearly conference be held to review performance.

The board acknowledged that it would not be appropriate to occupy the regular, scheduled meetings with performance matters. However, an annual event might be more appropriate.

Councillor Roodhouse stated that LINK/Healthwatch will focus more on the "softer" experience-based side of performance.

It was resolved;

That the Warwickshire Shadow Health and Wellbeing Board agrees the option set out in the report to monitor delivery of strategic objectives in the Health and Wellbeing Strategy.

7. Section 106 Funding – Verbal Update

Monica Fogarty gave a verbal update to the board on S106 and its successor the Community Infrastructure Levy. She stated that the responsibility for responding to planning consultations will rest with the CCGs in the future. In addition, CCGs will be required to provide input into local plans. Monica undertook to write to the CCGs to set out this responsibility.

8. Any other Business

Stephen Jones noted that 12th September would be a problem for some board members as this clashes with the Cluster Board meeting. It was agreed that the HWB meeting should be moved.

David Spraggett suggested that the CCG commissioning intentions should be brought to the next meeting of the board.

The Chair expressed his concern that resources for support for the work of the board had not been identified and called on the Arden Cluster and CCGs to sort this out. It was agreed that this should be discussed at the next meeting.

The Chair called for the transfer of health service capital to be brought to the next meeting. This was agreed.

Wendy Fabbro agreed to share the response to the “Six Lives” document with the board.

Finally the Chair informed the meeting that Mike Caley will be moving on in the summer. He thanked Mike for his help over the last year and the board wished him well.

The meeting rose at 14.10

.....Chair