

Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 17 July 2012

Present:-

Chair

Bryan Stoten

Warwickshire County Councillors

Councillor Alan Farnell
Councillor Bob Stevens

Clinical Commissioning Groups

Dr Steve Allen – Coventry and Rugby CCG
Dr Jeff Cotterill – Coventry and Rugby CCG
Dr Heather Gorringer – Warwickshire North CCG
Dr David Spraggett – South Warwickshire 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 Michael Coker – Warwick District Council
Councillor Neil Phillips – Nuneaton and Bedworth Borough Council
Councillor Derek Pickard – North Warwickshire Borough Council
Councillor Claire Watson – Rugby Borough Council

Warwickshire LINK

Councillor Jerry Roodhouse

1. (1) Apologies for Absence

Councillor Izzi Seccombe
Councillor Heather Timms
Dr Kiran Singh – Warwickshire North CCG
Dr Charlotte Gath – Coventry and Rugby CCG

(2) Members' Declarations of Pecuniary and Non-Pecuniary Interests

None

(3) Minutes of the meeting held on 22nd May 2012 and matters arising

The minutes were agreed as an accurate record. There were no matters arising.

The Chair welcomed guests including the public to the meeting.

The meeting was informed that, owing to budgetary constraints, buffet lunches will not be available prior to future meetings.

2. George Eliot Hospital –

- i) Summary Hospital Mortality Indicator (SHMI)**
- ii) Progress to Foundation Status**

The Chair welcomed Kevin McGee, Chief Executive of the George Eliot Hospital NHS Trust, to the meeting. Kevin introduced his report, explaining how work is currently being undertaken to address the reasons behind the inconsistent mortality rates. Mott Macdonald has recently completed a study into clinical practices which identified areas for improvement around patient moves, medical teams and clinical practices. The lack of in-patient hospice beds adds to mortality rates at the George Eliot. Efforts to make coding more robust will bring reported mortality rates down whilst work with partners to address the underlying reasons behind poor health and wellbeing has increased significantly.

It was explained that the efforts being made are part of a two to three year programme and that six months had of that programme have now passed.

Councillor Jerry Roodhouse, Chair of Warwickshire LINK, informed the meeting that the LINK has been doing an increasing amount of work with the George Eliot and Mary Ann Evans Hospice. Referring to an Australian report titled, "Bringing our Dying Home", Councillor Roodhouse explained how important it is to work with nursing homes and other centres to ensure that people are, where possible, able to die where they choose.

Dr John Linnane, Director of Public Health, welcomed Kevin McGee's references to public health and emphasised the need to work towards longer disability-free life expectancy. He ended by stressing the need to see a long term improvement in mortality levels.

Kevin McGee stated that the next set of SHMI figure should be available in September.

Turning to progress towards Foundation status, Kevin McGee informed the meeting that it was acknowledged that it would not be possible for the George Eliot to attain this in isolation. The business case has been prepared and sign-off by the Department of Health is awaited. In response to a question from Wendy Fabbro, Kevin McGee stated that the stakeholder group had been temporarily suspended until Department of Health approval had been obtained. John Linnane sought assurance that the work on moving towards foundation status will not take attention away from the need to improve mortality performance. This was given by Kevin McGee who added that the Strategic Health Authority has provided good technical support concerning the foundation application.

The Chair closed by affirming that any decisions around the future of the hospital should be made in the interest of local people.

3. Dementia – Proposal for Workshop

Wendy Fabbro, Strategic Director, People Group, introduced this item explaining the need to improve information sharing amongst people and find a common way forward.

John Linnane stressed the need for early diagnosis of dementia informing the meeting that 18% of the population of Warwickshire is 65 years old or over.

The Chair welcomed Professor Ian Philp, Medical Director, South Warwickshire NHS Foundation Trust to the meeting. Professor Philp explained that dementia is a global issue and that not enough is being done to support people with dementia to lead independent lives where possible. Mis-diagnosis of dementia occurs frequently and this can lead to premature loss of the individual's rights. People with dementia require proper assessment, proper car and appropriate use of drugs.

Stephen Jones, Chief Executive, Arden Cluster, noted that the Coventry and Warwickshire Partnership Trust was not listed amongst the potential delegates to the conference being discussed. This was acknowledged as an error and would be rectified. He also suggested that representatives from Coventry City Council should be invited to the event. This was agreed.

In response to a question from Paul Tolley from Warwickshire Community and Voluntary Action (CAVA), the meeting was informed that the voluntary and community sector is represented by the Alzheimer's Society.

4. Integrating Care Pathways and Discharge to Access – Update on Work by WCC, SWFT and the CCGs

This item was introduced by Wendy Fabbro who stressed the need to ensure that the processes operated by health and social care providers are aligned. Ian Philp echoed this view stating that long term support costs can be reduced by helping people to lead independent lives. All patients are offered two weeks of assessments with reablement services provided as necessary. Chris

Lewington, Service Manager – Learning Disability, Mental Health, Carers and Customer Engagement, Warwickshire County Council, informed the meeting that a project initiation document is being prepared and that there has already been a strong commitment from all parties involved. It was acknowledged by the meeting that this is a good example of a project that the Health and Wellbeing Board can become closely involved with.

5. NHS Transfer of Capital

Stephen Jones introduced this item explaining that the transfer of capital is not a discretionary process, being bound by national rules. A significant amount of property will be transferred to PropCo. The challenge is in making sure that local interests are maintained. Transfers will be undertaken by the end of March 2013 although local leases will be extended to the end of March 2014. One challenge is that all parties are working in a period of uncertainty. This makes it difficult to plan well. In response to a question from Councillor Alan Farnell, Leader of Warwickshire County Council, the meeting was informed by Stephen Jones that the Arden Cluster is awaiting clarification about whether leases will be held by PropCo or by local organisations. PropCo will own the freehold of NHS properties that are not within provider trusts. In addition, properties that are used primarily for administrative purposes will, by default, be transferred to PropCo. The meeting was informed that the Ellen Badger Hospital in Shipston on Stour will be transferred to South Warwickshire Foundation Trust. David Spraggett, from the South Warwickshire CCG, expressed some concern that projects in the Warwick/Leamington area could be delayed. This is frustrating as the projects in question are working to bring health and social care together.

Stephen Jones ended by suggesting that the key for success is to start with service design with the identification of property to deliver that service secondary.

6. Clinical Commissioning Groups (CCGs) – Update on Progress Towards Authorisation and Development of Commissioning Plans.

Using Powerpoint, David Spraggett briefed the meeting on progress in South Warwickshire. He outlined the challenges, aims and opportunities to be faced by the SWCCG over the next three years and hoped that the South Warwickshire CCG will obtain authorisation by October 2012.

Steve Allen, Accountable Officer, Coventry and Rugby CCG, informed the meeting that Coventry and Rugby CCG will be authorised in Wave 4. This later approval has been caused by the complexity of merging Coventry and Rugby into a single CCG.

In response to a question concerning the appointment of lay-people, David Spraggett informed the meeting that posts were currently being advertised and that there will be a formal appointment process. Steve Allen stated that

Coventry and Rugby CCG wishes to appoint three lay-people but will need the approval of General Practitioners to do this. Heather Gorringer, North Warwickshire CCG explained how challenges around configuration in North Warwickshire have led to a delay in the drafting of a Constitution. She expected that authorisation will come in the fourth wave.

Commissioning Plans are expected in the early Autumn 2012.

7. Children and Adolescent Mental Health Services (CAMHS) Update on Strategic Review

The Chair welcomed Kate Harker, Joint Commissioning Manager, Warwickshire County Council, Jo Dillon, Associate Director of Strategic Joint Commissioning - Children and Maternity, Warwickshire County Council and Josie Spencer - Director of Operations (Community Services), Coventry and Warwickshire partnership Trust to the meeting. Kate explained that waiting times for CAMHS services have been a challenge for a considerable while. Those times had been reduced but have increased again. There are two principal areas of concern namely, the on-going monitoring of waits and the Autistic Spectrum Pathway. Josie Spencer explained how the Coventry and Warwickshire Partnership Trust has been working extremely hard to address concerns about the waiting times experienced by children and young people. The Trust has adopted a complete Service Redesign in order to address the problem at its core, engaging all key stakeholders in the process. By the end of June this approach has already led to a significant reduction in waiting times. High demand (especially in Nuneaton and Bedworth and Rugby) present an on-going challenge, but the Trust is committed to address it to ensure that the improvements seen to-date are sustained into the future.

The meeting was informed by Jo Dillon that if waiting times cannot be reduced then it might be necessary to seek an alternative provider for services.

Helen Roskill, Lead Clinician at the Coventry and Warwickshire Partnership Trust explained that every child in the system is mapped against a care pathway with outcome routinely monitored.

John Linnane expressed the view that the service should be considered in the context of the wider public health agenda. For example binge-drinking is increasing in Warwickshire to the extent that in some areas it is higher than in Coventry.

8. Health and Wellbeing Board Strategy – Verbal Update on Consultation

Monica Fogarty informed the meeting that the consultation draft strategy has now been widely circulated. A good number of responses have already been received and these will require analysis. Monica offered to bring a further report to the September 2012 meeting of the Board.

9. “Board Futures”

Monica Fogarty explained the need for the Health and Wellbeing Board to reflect on its future direction. She suggested that as the Board only meets six times a year it needs to be able to conduct business outside of the regular meetings. She suggested that a half day be spent by the Board to explore this. The idea was supported by Councillor Roodhouse and Councillor Stevens although a request was made that some ideas should be circulated before the session. It was acknowledged by some that this was timely although David Spraggett questioned whether the time could be better spent exploring a single issue in a joined up way. This latter point was acknowledged and it was agreed that it may not always be necessary to meet to progress work.

The Chair suggested that the idea be taken forward via the CCG leads.

10. Six Lives Survey

Wendy Fabbro introduced the Executive Summary from the recent Winterbourne View report. It was noted that the report identifies a clear role for Health and Wellbeing Boards in bringing agencies together to avoid a repeat of what happened at Winterbourne View.

It was agreed that the report should be circulated to members with the minutes of the meeting.

11. Any other Business (considered urgent by the Chair)

The Chair introduced an email circulated at the meeting concerning a proposal for a Health and Wellbeing Park at Shipston-on-Stour. Stephen Jones asked for it to be recorded that he disagreed with some of the statements made in the e-mail, but was unable to give a full response as the e-mail had been tabled. In addition, he asked that in future the Chair discuss similar items with relevant Board Members before sharing them.

The meeting rose at 15.30

.....Chair