

Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 24 September 2012

Present:-

Chair

Bryan Stoten

Warwickshire County Councillors

Councillor Alan Farnell
Councillor Izzi Seccombe
Councillor Bob Stevens

Clinical Commissioning Groups

Dr Jeff Cotterill – Coventry and Rugby CCG
Dr Kiran Singh – Warwickshire North CCG
Andrea Green – Warwickshire North CCG
Dr Charlotte Gath – Coventry and Rugby CCG
Gill Entwistle – South Warwickshire CCG

Warwickshire County Council Officers

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

Borough/District Councillors

Councillor Michael Coker – Warwick District Council
Councillor Neil Phillips – Nuneaton and Bedworth Borough Council
Councillor Derek Pickard – North Warwickshire Borough Council

Warwickshire LINK

Deb Saunders

1. (1) Apologies for Absence

Councillor Heather Timms – Warwickshire County Council
Dr David Spraggett – South Warwickshire CCG
Stephen Jones – Chief Executive Arden Cluster
John Linnane - Director of Public Health (WCC/NHS Warwickshire)
Councillor Claire Watson (Rugby Borough Council)
Councillor Jerry Roodhouse (Warwickshire LINK)

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

None

(3) Minutes of the meeting held on 17 July 2012 and matters arising

Referring to page 2 of the minutes the Chair commented on the continuing high mortality rates at the George Eliot Hospital in Nuneaton. The Summary Hospital Mortality Indicator (SHMI) figures were 121 in January 2012, 123 in April and 122.6 in July. Councillor Seccombe observed that whilst the Board had previously been advised that these figures were partly due to a lack of palliative care in North Warwickshire she had recently learned of the provision by Myton Hospice of such facilities on the Coventry/North Warwickshire border. She had been informed of reported instances of relatives being unaware of this facility. The Chair reported that in a recent survey 40% of staff at the George Eliot had stated that they would recommend the hospital to a relative. The mortality rate at Warwick hospital was reported as 109, a figure which Glen Burley, Chief Executive of the South Warwickshire NHS Foundation Trust stated to be in the "as expected" range. Glen added that it is something that is being closely monitored.

It was agreed that mortality rates should be revisited at the Board's meeting in November.

Referring to item 5 of the July 17th agenda it was confirmed that the deadline for the transfer of NHS capital was 1st April 2013.

Referring to item 7 of the July 17th agenda it was agreed that the minutes should be amended to reflect the Coventry and Warwickshire Partnership Trust's on-going commitment to service improvement. Wendy Fabbro, Strategic Director, People Group, observed that the work of the Partnership Trust had been subject of reports to the Adult Social Care and Health Overview and Scrutiny Committee. It was agreed that the relevant reports should be forwarded to board members.

2. Draft Joint Health and Wellbeing Strategy for Warwickshire

The Chair introduced this item explaining that the response to the draft strategy had been generally positive. However, some commentators had questioned the apparent lack of substance to the strategy whilst others had suggested that some of the stated aspirations were, in their opinion, unrealistic. The inclusion of health determinants such as housing and transport were welcomed whilst the lack of reference to the role of the voluntary and community sector was raised as a concern.

The ability to “make every contact count” had been questioned by certain district and borough councils. However, it is Department of Health policy to encourage all public agencies to deliver advice on health.

The ability to limit the number of fast food outlets had been questioned by respondents but the Chair observed that there is a precedent for this in the north of the country. The Chair suggested that there are three major themes that have now emerged from the exercise.

- 1) The role of the community and voluntary sector
- 2) The need for continuity of care on a 24/7 basis which would help avoid inappropriate admissions to hospital.
- 3) The need to avoid telling those in education, social care, transport etc what they should be doing to improve health. Rather they should be encouraged to engage.

The meeting was informed that the Director of Public Health is reviewing the strategy and will take it to the November Board meeting for final sign off. Councillor Bob Stevens observed that it should be considered and agreed by the County Council Cabinet. The Chair agreed with this point adding that the County Council is in a powerful position to influence health across Warwickshire. Monica Fogarty stressed that the board is in a position to add real value through its collaborative work.

Jerry Hutchinson, the Chief Executive of North Warwickshire Borough Council agreed to look into the area of the licensing of take aways adding that district councils do concern themselves with smoking, obesity and other health issues.

Councillor Izzi Seccombe stressed the need for early intervention, supporting vulnerable people in avoiding dependency.

3. Clinical Commissioning Groups - Commissioning Intentions

Jeff Cotterill informed the meeting that by the end of October the Coventry and Rugby CCG will have a fully functioning board. Charlotte Gath introduced the paper previously circulated. She highlighted the fact that the current priorities have little reference to children and young people adding that this will be addressed. It was agreed that a more comprehensive statement of the Coventry and Rugby CCG intentions will be taken to the Board meeting in November.

Phillip Bushill-Matthews, Coventry and Warwickshire Partnership Trust informed the meeting of a body called “38 Degrees” that has organised a petition to stop the perceived over-privatisation of the health service. No one else at the meeting had heard of this but Jeff Cotterill stated that there is concern that private providers could cherry pick cases preferring to take on the simple ones and ignoring complex ones. It was acknowledged that the question of privatisation is a political one.

Returning to the Coventry and Rugby CCG paper the Chair highlighted the need to prioritise obesity, smoking cessation and teenage conception whilst Wendy Fabbro stressed the importance of discharge to assess.

Councillor Seccombe observed that as well as undertaking patient health checks it is important to remember the health of carers.

Andrea Green from Warwickshire North CCG informed the meeting that the election process for that area has been completed and that a workshop is planned to consider priorities. She agreed to prepare a paper for the board that will detail the key emerging themes. Andrea and Kiran Singh summarised what these are, namely,

1. The need to make the best of what is already available.
2. Emergency out of hours care.
3. End of life care.
4. The quality of nursing home care.
5. Addressing chronic disease and frailty.

In terms of end of life care it was observed that patients are not being identified early enough. With regards to chronic disease there is a need to revive initiatives such as “exercise on prescription” and there is a need to identify cancers earlier. (At present 25% cancers are being identified at A&E).

Gill Entwistle, South Warwickshire CCG, reminded the Board that Dave Spraggett had briefed it on emerging commissioning intentions in July. She agreed to circulate the final draft of the agreed submission to Board members.

In reply to a question from the Chair, Wendy Fabbro reminded the Board that she had presented a paper in December 2011 on the Children’s Trust. It was agreed that there needs to be a clearer link between the Board and the Children’s Trust. Regarding the commissioning of paediatric services it was acknowledged that acute paediatric services will be commissioned by the CCG whilst specialist services will be commissioned by the Specialist Commissioning Group. The Chair suggested that as paediatric services are so important it will be necessary for the Board to consider further how the right links can be made and sustained.

Les Yeates, Warwickshire LPC observed that the role of local pharmacies was also acknowledged with the Healthy Living Pharmacy Programme operating to address smoking cessation, sexual health and alcohol-related problems.

4. Arden Commission Support Unit

The Chair welcomed Rachel Pearce to the meeting. Rachel explained the role of the CSU and how it along with the others across the country will serve to support the CCGs. It is expected that this support will cover day to day issues as well as developing expertise with the CCGs. The Arden CSU will cost £20m a year to run and will employ 270 staff. The CSUs are not statutory

bodies and it is expected that by 2016 they will have been externalised from the NHS. The Chair noted that the original aspiration for the reformed NHS was that it would have a flat structure adding that the result has been far from it.

5. Arden Cluster Health Protection Committee

With reference to paragraph 3.1 of the report Monica Fogarty suggested that where the committee has any concerns these should in appropriate circumstances be escalated to the Local Resilience Forum and County Council Cabinet. Wendy Fabbro drew attention to the reference to Environmental Health in the report and suggested that the Health and Wellbeing Board should consider its relationship with this function. Richard Hall, Warwick District Council, informed the meeting that a joint workshop will be held in October between Public Health and Environmental Health to consider future work. It was agreed that the outcomes from that workshop should be circulated to the Board.

6. Children’s Services Structures and Commissioning – Proposal for Workshop

Wendy Fabbro asked for the Board’s approval to arrange a workshop to look at how health service commissioning and children’s services will complement each other. She asked for volunteers to help with the session and Charlotte Gath was (in her absence) proposed.

7. Green Sleeve

Deferred

8. Any Other Business

None

The meeting rose at 15.00

.....Chair