

# Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 24 January 2013.

## Present:-

### Chair

Bryan Stoten

### Warwickshire County Councillors

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

### Clinical Commissioning Groups

Dr Kiran Singh – Warwickshire North CCG  
Andrea Green – Warwickshire North CCG  
Gill Entwistle – South Warwickshire CCG  
Steve Allen – Coventry and Rugby CCG

### Warwickshire County Council Officers

Monica Fogarty – Strategic Director, Communities Group  
John Linnane – Director of Public Health (WCC/NHS)

### Borough/District Councillors

Councillor Michael Coker – Warwick District Council  
Councillor Neil Philips (Nuneaton and Bedworth Borough Council)

### Warwickshire LINK

Councillor Jerry Roodhouse

Other people present are listed at the end of these minutes.

## 1. (1) Apologies for Absence

Councillor Claire Watson (Rugby Borough Council)  
Wendy Fabbro – Strategic Director, People Group  
Dave Spraggett – South Warwickshire CCG  
Adrian Canale-Parola – Coventry and Rugby CCG

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

None

(3) Minutes of the meeting held on 13 November 2012 and matters arising

The minutes were agreed as a true record of the meeting. There were no matters arising.

The Chair welcomed various guests and substitutes to the meeting.

(4) Correspondence

The Chair referred to an email from Paul Lankester, Chief Executive of Stratford on Avon District Council. The email contains a reference to the desirability of increasing district/borough council representation to five members (one for each council). The meeting agreed that this was a good idea and that it should be introduced when the Board moves out of shadow status in April 2013. The Chair agreed to write to Paul Lankester relaying to him the outcome of the Board's discussion.

## **2. Health and Wellbeing Board Strategy**

The Chair introduced this item reminding the Board that it was agreed in November 2012 that amendments to the draft would be provided to authors in early December.

Monica Fogarty informed the meeting that the drafting process had resulted in a number of versions of the document. This in turn had led to a degree of confusion. She suggested that the key to progress is to retain the integrity of the consultation process and a sense of ownership amongst partners. The challenge is to be able to articulate the changes required. Officers of the County Council will work on the document with a view to completing a further draft by early February. The key is to have a strategy in place before 1<sup>st</sup> April 2013. This will be circulated to the Board to obtain its agreement before consideration by the Council's Cabinet in March.

The Board was informed that it is necessary for the CCGs to be able to demonstrate the link between their commissioning plans and the strategy.

Councillor Roodhouse, representing Warwickshire LINK agreed that the strategy needs more work and called for a rapid turnaround of the revised strategy.

Having agreed that John Linnane and Chris Lewington (Head of Strategic Commissioning, People Group) will work together on the necessary revisions the Chair suggested that as a new strategy will be required for 2014 at the end of July any revisions for the current plan should take account of this and ensuring that it contains the elements the CCGs will require for their new commissioning plans to be developed in August.

### **3. Dementia in Warwickshire – The Warwickshire Dementia Strategy, National Dementia Declaration, Dementia Care and Support Compact**

Chris Lewington introduced this item providing the background to the strategy and calling on the Board to sign up to the National Dementia Declaration and action plan. The meeting was informed of the partnership work currently being conducted by Coventry City Council, Warwickshire County Council and others. The number of people with dementia is increasing as is the number being diagnosed. The theme of diagnosis was picked up by the Board. John Linnane stated that early diagnosis is important as it allows for early intervention. “Exercise on Prescription” will soon be available for dementia sufferers and carers. This initiative is being promoted on the basis of evidence that exercise reduces the progress of dementia.

Councillor Izzi Seccombe expressed her support for the strategy and declaration adding that it is most important that people receive the right attention. She stressed that it is necessary to ensure that the workforce is well trained and highlighted the recognition the Coventry/Warwickshire Dementia Portal has received. She concluded by noting that dementia should feature strongly in the Health and Wellbeing Board Strategy.

Councillor Roodhouse highlighted the value of the “Locksmiths Scheme” which seeks to help dementia sufferers by revisiting their past and identifying coping strategies. He noted the challenges the ambulance service faces when care homes call on it for assistance. When a person is dying it is often preferable for them to do so in their home or care home. In the past the general practice when an ambulance was called was for the patient to be taken straight to a hospital. Increasingly however paramedics will negotiate with care homes to ensure that the patient is in the best place to meet their needs.

The meeting was informed that dual diagnoses often feature. This is where a person may be suffering from dementia but also from physical conditions as well. The two are often related.

The Chair welcomed Maureen Hirsch from Older People in Action. Maureen explained that many people have a fear of diagnosis. She stressed the value of advanced care planning, care education and training for care home staff. The role of nutrition and exercise in wellbeing was stressed.

Martin Lee from the NHS Commissioning Board noted that the CCGs now commission the ambulance service. They will therefore have a role in ensuring that paramedics operate appropriately. He added that NHS111 will have an opportunity to include information about people requiring special consideration.

Les Yeates of the Warwickshire Local Pharmaceutical Committee (LPC) informed the meeting that his organisation will sign the declaration next week. He added that the LPC also supports “books on subscription”.

Philip Bushill-Matthews, Coventry and Warwickshire Partnership Trust expressed support for the idea of a dementia conference in the summer. This theme was picked up by Councillor Seccombe who stated that such a conference could be very powerful.

**Resolved:**

That the Warwickshire Shadow Health and Wellbeing Board agrees to:

1. Sign up to the National Dementia Declaration and action plan.
2. Lead the implementation of the actions associated with the Prime Minister's 'Challenge on Dementia' as defined within the letter to the chair from the Care and Support national sub group.
3. Make Dementia a priority.
4. Support the organisation of a conference on Dementia scheduled for the Summer of 2013.

#### **4. Warwickshire Alcohol Implementation Plan 2012 -2014**

Paul Hooper, Group Manager, Community Safety & Substance Misuse, introduced his report noting that 30% of incidents of domestic abuse are related to alcohol. Nationally it costs around £300 million a year to tackle the consequences of alcohol. There are three elements to the plan namely challenge and enforcement, treatment and recovery and education and prevention. It is possible to measure the outputs from the plan but the aim is to be able to measure its success ie the outcomes. Government is consulting on the impact of multipack sales and on minimum pricing for alcohol whilst breweries are starting to produce lower alcohol beer.

John Linnane, Director of Public Health, noted that in his annual report he highlighted the increase in binge drinking amongst young people as well as increased drinking amongst older people. He welcomed the Government's consultation and Paul Hooper's plan.

Councillor Alan Farnell noted that a view has emerged that minimum pricing may lead to an increase in illegal drinks production and consumption. The meeting was informed that in some instances it is cheaper to buy alcoholic drinks than water in supermarkets. In addition some pubs charge as much for soft drinks as alcoholic ones.

Councillor Seccombe observed that there is a need to link the alcohol strategy to drug. This was acknowledged by Paul Hooper who said the joint strategy will be addressed in 2013.

## **5. Future Work with the Coventry and Warwickshire Partnership Trust**

The Chair explained that despite the fact that mental health is the largest single financial commitment of the NHS it has always been something of a “Cinderella Service”. There is a clear relationship between physical and mental health issues. For example one third of all adolescents will experience mental health issues. Martin Gower, Chair of Coventry and Warwickshire Partnership Trust, informed the meeting that the Trust expects to gain foundation status on 1<sup>st</sup> May 2013. Once this status has been achieved the Trust will have more freedom to invest and develop services. There is a drive for more engagement with key stakeholders one of which is the Health and Wellbeing Board. It was proposed that a meeting be held at St Michael’s Hospital Warwick. This venue was proposed because along with the Caludon Centre in Coventry it will be a centre of excellence for mental health services in the sub-region. The status of Brooklands was questioned and the meeting was informed that this centre focuses principally but not exclusively on learning disabilities. Further meetings with other stakeholders will also be held. Councillor Roodhouse welcomed the idea of a meeting but expressed reservations regarding any possible outcome from it.

Martin Gower stated that the Partnership Trust has a dementia strategy and is setting up an integrated practice unit.

Councillor Les Caborn informed the meeting that progress had been made with the relationship between the Partnership Trust and the Council’s Adult Social Care and Health Overview and Scrutiny Committee. Reporting to the committee has improved and a report on performance is expected in March. He noted that there had been a narrow focus on waiting times for children and adolescent mental health services and suggested that it is now necessary to look at wider service provision. In addition the balance between services for Coventry and for Warwickshire will need to be monitored.

Work will be required on an outcomes framework. This will be a challenge as identifying and monitoring mental health outcomes can be difficult.

Councillor Seccombe suggested that work is required to establish who the customers of the Trust are. The relationship between those customers and the CCGs also needs to be clarified. It would also be useful to agree definitions eg is “dementia” an illness or a mental health issue? The idea of a conference to look at these and other issues in the summer of 2013 was supported.

John Linnane reiterated the relationship between mental and physical health. He said that this has been ignored and that the focus in the future should be more around wellbeing. It will be important to work with the Trust on prevention of conditions such as anxiety and to ensure a clear link with the Health and Wellbeing Strategy.

Paul Tolley (CAVA) welcomed the strategic approach being adopted but noted that this now requires transition to the operational level. He expressed concern that there remain capacity issues on the ground and particularly highlighted the challenge to service delivery that reductions in transport provision will impose.

The meeting was informed that the releasing of offenders with mental health problems into the community will present new challenges for the Trust.

Martin Gower concluded by reminding the Board that the Coventry and Warwickshire Partnership Trust will deliver the services it is commissioned to deliver. There will always be more demand for services than can be provide. The “Increased Access to Psychiatry Therapies” (IAPT) service is delivered successfully across the sub-region and it would be good to do more if the money was available. It was suggested that the key to success is early intervention.

## **6. George Eliot Hospital – (i) Brief Update on Mortality Rates and (ii) Progress towards Foundation Status**

Andrea Green updated the Board on the latest performance figures for the George Eliot. These are 112.6 (annual rolling figure) and 96.4 in September. There has been a gradual downward trend but the challenge is to maintain this. The SHMI (which has a 6 month time lag) is currently 1.12. This figure takes the George Eliot out of the group of hospitals with higher than expected mortality rates.

Kevin McGee expressed a degree of cautious optimism and reminded the Board that the hospital had engaged on a long term programme that would take time to fully realise. Clinical practices have been changed to improve overall performance and increase operation to 24/7. In addition there has been investment in nursing staff and doctors.

The target figure is 103. This is realistic based on demographics and factors beyond the control of the hospital. Councillor Pickard welcomed the improved results and recognised the contribution that quality accounts and improved partnership working was making to this. This view was echoed by Councillor Roodhouse.

The Chair welcomed the improved performance but reminded the meeting that it was not long since the mortality rate was 143. He added that the Mid Staffordshire Report (Francis Report) is expected soon and suggested that people will cite the low mortality rates seen at that hospital in Staffordshire before the crisis broke. Kevin McGee stated that there is no link between the George Eliot Hospital and Mid Staffordshire. Mortality should not be regarded in isolation. It is the result of a number of different factors. The CQC made an unannounced visit to the hospital in December and reported very favourably on what it found.

Martin Lee of the NHS Commissioning Board stressed the need to look beyond mortality figures and consider causes of mortality eg heart disease and stroke. Performance in these areas can improve but they are subject to community influences and not just to what happens in hospital.

Turning to the George Eliot Hospital's move to foundation status Kevin McGee reminded the Board that this is a relatively small district general hospital. It needs to have the financial and clinical support of a partner to remain robust. The hospital wishes to avoid the position where an outside agency comes in and takes control. NHS mergers and acquisitions are rarely successful so the George Eliot is looking to enter into a partnership based on a set of locally agreed criteria. The George Eliot is not in financial difficulties. It is looking to go out to the market and ask potential partners how they would work in the hospital in going forward. The whole process to find a partner is likely to take 15 months.

The Chair called for a Warwickshire based solution to the matter. In response the meeting was told that if local providers wish to be part of the hospital's future they must present a good solution. If a franchise arrangement is developed the George Eliot will remain a legal entity in its own right. Merger and acquisition would present more of a challenge. This requires a memorandum of understanding and the agreement of commissioners and stakeholders to ensure that nobody can renege on the deal. This approach is more about the system holding parties to account.

The meeting was told that to date there has been a lot of consultation with communities and partners. The hospital has been working with the press and is now working through a detailed communication and engagement process. The County Council is a major stakeholder.

## **7. Progress Report on the Health Check Programme in Warwickshire**

The meeting was informed of the background to the Health Check initiative. It is a mandated service which from April 2013 will become the responsibility of the County Council. The Board will be responsible for overseeing the spend of the budget. The contract lies with GP practices who call in relevant people to check their health and if necessary treat them.

The Board was asked whether given the shortage of funds health checks should be rolled out to the south of Warwickshire. The matter has been discussed with the South Warwickshire CCG and it has agreed to look at options.

The Chair noted that rural areas appear to be missing out under current funding arrangements. He asked whether health checks have to be undertaken by GPs. This has been explored although the conclusion is that whichever party undertakes the checks the patient will eventually be referred back to the GP. Some of the programme is undertaken by pharmacies. They

undertake screening and also provide advice. In addition some pharmacies have been administering flu injections.

Returning to the question of whether the health checks should be introduced in the south of the County the Chair expressed some reluctance to see a blanket exclusion of part of the county. Councillor Seccombe suggested that if the health checks were to be rolled out county wide then it would be important to know what other services cannot be provided. To gain this understanding a business case is required. Kiran Singh observed that there is no evidence that a blanket roll out is effective suggesting that a more focused approach would be preferable. Councillor Timms added that the work in the north of the county has now resulted in a reduction in health inequality. John Linnane questioned Dr Singh's assertion of the need for a focused approach.

The Chair concluded by calling on Public Health to develop a business case that would provide a clearer indication of the impact of a county-wide roll out on finances and other services.

## **8. Future Arrangements for the Health and Wellbeing Board**

The Chair explained that the March 2013 meeting of the Board will be his last as Chair. Overall governance arrangements will need reviewing with an item on the next meeting's agenda.

## **9. Any other Business (considered urgent by the Chair)**

Concern was raised over the paucity of information and engagement around NHS111. The chair called for a brief update on this matter for the Board

Chris Lewington announced that a briefing session will be arranged for Board members on Winterbourne View.

The meeting rose at 15.50

.....Chair

Other attendees.

C Goody	South Warwickshire CCG
C Lewington	Warwickshire County Council
J Ives	South Warwickshire Foundation Trust
N Wright	Warwickshire County Council
Kate Wooley	Warwickshire County Council
Paul Tolley	Warwickshire CAVA
Cllr Caborn	Warwickshire County Council
Philip Bushill- Matthews	Cov. & Warks. Partnership Trust
Cllr Gill Roache	Stratford on Avon District Council
Kathryn Carpenter	Care Farming West Midlands
Cllr Derek Pickard	North Warwickshire Borough Council
Maureen Hirsch	Older People in Action
Les Yeates	Warwickshire Local Pharmacy
Nathan Chapman	Glaxo Smith Kline
Richard Hall	Warwick District Council
Esther Peapell	Coventry and Rugby CCG
Simon Tidd	Warwickshire County Council
Steve Allen	Coventry and Rugby CCG
Martin Lee	NHS Commissioning Board
Anne Deas	Guidepost Trust
Jill O'Hagan	Coventry and Rugby CCG
Jeff Hunt	
Richard Grimes	