

# Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 19 March 2013.

## Present:-

### Chair

Bryan Stoten

### Warwickshire County Councillors

Councillor Alan Farnell  
Councillor Izzi Seccombe  
Councillor Bob Stevens

### Clinical Commissioning Groups

Adrian Canale-Parola – Coventry and Rugby CCG  
Andrea Green – Warwickshire North CCG  
Gill Entwistle – South Warwickshire CCG  
Dave Spraggett – South Warwickshire 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)  
Councillor Derek Pickard (North Warwickshire Borough Council)  
Councillor Claire Watson (Rugby Borough Council)

### Warwickshire LINK

Councillor Jerry Roodhouse

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

#### 1. (1) Apologies for Absence

Wendy Fabbro – Strategic Director, People Group

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

None

#### (3) Minutes of the meeting held on 24 January 2013 and matters arising

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

## **2. George Eliot Hospital – Initial Response to the Francis Report**

Kevin McGee, Chief Executive of the George Eliot Hospital NHS Trust explained that the hospital is one of 14 with elevated mortality rates that will be subject to independent review. The key question, it was suggested, is what are the implications for district general hospitals of the Francis Report?

The meeting was informed that the George Eliot has already done much work around the quality of its services. It did have a period around 18 months ago when mortality rates and other pressures were very high but this has now passed. The culture of an organisation is fundamental and it has been necessary to work to raise the morale of staff. Only by doing this can the quality of care be improved. In other areas the ratio of qualified to unqualified nursing staff has increased, there has been a move towards seven day care and a new paediatric care model has been introduced.

Mortality rates are down. Over the last five quarters the Summary Hospital-level Indicator (SHMI) has decreased from 124 to 112. It is anticipated that this will continue over the next two quarters. There is, however, a limit to the improvements a hospital alone can do. The hospital is increasingly working with outside partners especially in the acute sector.

The acute sector has over the last four to six weeks been under great pressure. It is not only the number of patients that is an issue but also the acuity of their conditions. It is expected that this situation will become increasingly common and this gives greater urgency to the need to work with colleagues to address the underlying causes of ill health.

Kevin McGee informed the meeting that he welcomed the upcoming review noting that it would give the hospital an opportunity to undertake a whole system analysis.

In response to a question from Councillor Jerry Roodhouse, Kevin McGee stated that within the last few days the Trust had met with the local CCG and other clinicians to discuss what action is needed. The emerging Systems Board may offer a partial solution although the fact that it meets infrequently may be a problem.

Dr John Linnane, Director of Public Health, asked how the Health and Wellbeing Board can assist the hospital during its review. Kevin McGee suggested that the Board should be given the opportunity to comment on the hospital's eventual response to the independent review.

In response to a statement from Councillor Bob Stevens, the meeting was informed that the hospital does not have a publicity department. This makes it difficult to broadcast good news to local residents.

Turning to the George Eliot Hospital's application for Foundation status, Kevin McGee explained that he is waiting for permission to move onto the next stage. The key, whilst this process is running, is to keep on providing good services to patients.

Monica Fogarty, Strategic Director for Communities, proposed that members of the Board meet to agree an approach to support the George Eliot. This theme was taken up by Councillor Roodhouse who suggested that this should be undertaken on a formal basis through a sub-committee of the Board. This was agreed.

The Chair welcomed the improvements in performance made by the George Eliot Hospital. He observed that acute services have experienced pressures for years and whilst not presenting insurmountable problems these do little to enhance the patient experience. He reminded the Board of the 2008 Acute Services Review pointing out that there remain some recommendations from that to be implemented. The key is to prevent people from becoming ill thus reducing demand on services.

### **3. NHS Coventry and Rugby Clinical Commissioning Group Identification of Local Priorities: 'Everyone Counts' planning requirements**

Dr Adrian Canale-Parola informed the meeting that the CCG he represents differs from the other two in Warwickshire in that it works closely with the Coventry Health and Wellbeing Board and Coventry Public Health. He introduced the CCG's plan on a page and explained the differing components of it. The three locally determined priorities relate to alcohol consumption, cervical cancer screening and smoking in pregnancy. John Linnane commended the CCG on these priorities stating that they reflect the Director of Public Health's Annual Report and the Joint Strategic Needs Assessment. Charles Goodey questioned why targets were not 100%. The Chair suggested that a figure of 90% is a minimum expectation whilst Adrian Canale-Parola stated that if targets are set too high they can become demotivating.

Councillor Izzi Seccombe welcomed that the references to alcohol were not confined to liver disease. She did however ask that greater emphasis be placed on cancer screening for men. In response, the meeting was told that there remains no easy screening for men. There is bowel cancer screening and this is for men and women. Health checks have been introduced in the north of Warwickshire and these are due for rollout elsewhere. Adrian Canale-Parola assured the meeting that despite pressures on resources they will be able to provide a good level of care.

#### **4. South Warwickshire CCG and Warwickshire North CCG – Plan on a Page**

Dr David Spraggett outlined the key components of the South Warwickshire CCG plan. The plan was welcomed by the Chair who noted the clear link between the plan and the Health and Wellbeing Strategy. Councillor Stevens observed that the plan contains little reference to children or obesity. It was acknowledged that there had been little engagement with the Children's Trust and this would need addressing in the future.

Monica Fogarty questioned why, when considering end of life the target stopped short of ensuring that whenever possible people die where they choose. David Spraggett responded that at this stage it is a challenge simply to record patients' preferences on this issue.

Gill Entwistle pointed out that the plan is a summary and that behind it lies a great deal of detail. John Linnane welcomed the focus of the plan on health inequalities, smoking in pregnancy and alcohol consumption but suggested that a reduction in levels of consumption would be better than stabilisation. Chris Lewington, Head of Strategic Commissioning, observed that there is no explicit reference to dementia in two of the three plans. She was asked by the Chair to bring forward the dementia workshop that has been discussed previously.

Andrea Green introduced the Warwickshire North CCG's plan. She chose to highlight the importance of end of life registers adding that so far the take up rate has been low. In addition there is a need to reduce non-elective hospital admissions.

Councillor Alan Farnell commended the work of the three CCGs but asked that in future efforts be made to present the plans in a similar format.

The Chair highlighted the difference in life expectancy between the north and south of the County. It was acknowledged that if smoking could be significantly reduced in the north then there would be less of a differential between the north and the south. In addition the Chair suggested that there should be a "plan on a page" for the National Commissioning Board. It was agreed that a letter should be sent to the National Commissioning Board with this idea.

Paul Tolley asked that future plans use fewer abbreviations. This was agreed.

#### **5. Warwickshire Information Sharing Charter**

Andy Morrall, the Warwickshire County Council Corporate Information Manager introduced his report explaining that the current Charter is now out of date having been approved in 2008. John Linnane stated that the transfer of Public Health to the County Council had placed a number of barriers in the way in terms of gaining intelligence from the NHS. This, however, is being looked into by Public Health England.

The meeting was informed that acute trusts are not included in the current charter nor are organisations that did not exist five years ago. Glen Burley, Chief Executive of South Warwickshire NHS Foundation Trust expressed his willingness to get involved in the preparation of the new charter.

Charles Goodey welcomed the development of the new strategy but noted that whilst sharing of information is a realistic aspiration integration of information is a long way off.

## **6. Health and Wellbeing Strategy**

The Chair introduced this item outlining the core elements of the Strategy.

Councillor Bob Stevens proposed the adoption of the Strategy whilst Councillor Izzi Seccombe seconded it. In doing so Councillor Seccombe made a plea for 24/7 social care providing wrap around support. Paul Tolley welcomed the way the Strategy links to the JSNA. He did, however, express concern over threats to volunteer transport. The meeting was informed of the value of this service not only to its clients but also to the health economy in terms of reducing the number of missed appointments. In response, John Linnane stated that he was due to meet with representatives of volunteer transport providers.

## **7. Plans for Commissioning Children's Services**

Chris Lewington gave a powerpoint presentation. Chris highlighted the current position with the commissioning of services being divided between a number of bodies, inconsistencies in the quality of services and the need to work with a number of newly formed agencies and posts.

The target is to develop fully integrated provision through close partner engagement and the development of mutual aims and objectives. The future role of the Health and Wellbeing Board and the Children's Trust was identified.

Councillor Jerry Roodhouse raised the need for engagement with Healthwatch and raised some concerns that the Children's Trust could end up reporting to many bodies. Adrian Canale-Parola stated that it is important to remember the quality of the customer experience and not just focus on hard targets and outputs.

The Chair asked that Children's Trust Board minutes be made available to the Health and Wellbeing Board.

Some concerns were raised over the profile of the Children's Trust. Members were unclear of its role and how it relates to other partner bodies. It was suggested that a report on the Children's Trust be brought to a subsequent meeting of the Board. This was agreed.

## **8. Any other Business**

The Chair outlined a number of outputs from a recent planning meeting. These were,

- Increased involvement by district and borough councils.
- The future Chair of the Board will be the Leader of Warwickshire County Council.
- The meeting of 11<sup>th</sup> June 2013 will be the first meeting of the Board outside of shadow form.
- The Police and Crime Commissioner and CAVA will have a standing invitation to the Board.
- Sub- committees will be established only as required.
- The Chair of the Adult Social Care and Health Overview and Scrutiny Committee shall be invited to attend Board meetings.
- A communications strategy will be developed.

The meeting rose at 15.30

.....Chair

Other attendees.

C Goody	South Warwickshire CCG
R Chidzik	TA
Glen Burley	SWFT
Rita Ansell	WCC
S Hunt	Public
Geoff Rose	Public
Audrey Rose	Heart of England Mencap
Gill Entwistle	South Warks CCG
Lindsey Payne	GSK
M Rozanski	WCC
S Dhesi	University of Manchester
R Musgrove	Warwickshire Police
Kathryn Carpenter	Care Farming West Midlands
Jonathan Davies	TEUA UK Ltd
Duncan Reeves	Pfizer
Nafeesa Zulfigar	Together Working for Menatl Wellbeing
Jag Tomlinson	Arden Cluster
Esther Peapell	Coventry and Rugby CCG
Richard Grimes	Public
Wendy Lane	Arden Commissioning Support
Donald McGovern	Warwickshire Probation Service
Colin McKenzie	WCC
Maureen Hirsch	Older People in Action