

Minutes of the Meeting of the Shadow Health and Wellbeing Board held on 18 May 2011

Present:-

Warwickshire County Councillors

Councillor Isobel Seccombe
Councillor Bob Stevens

GP Consortia

Dr Inayat Ullah - Nuneaton and Bedworth
Dr Charlotte Gath - Rugby
Dr Kiran Singh - North Warwickshire
Dr David Spraggett -South Warwickshire

Warwickshire County Council Officers

Wendy Fabbro – Strategic Director – People Group
Liz Holt – Assistant Head of Service – Manager of Commissioning Support Service (Representing Marion Davis – Strategic Director – Children, Young People and Families)

NHS Warwickshire

Bryan Stoten - Chair of NHS Warwickshire
John Linnane - Director of Public Health

Warwickshire LINKS

Councillor Jerry Roodhouse

Borough/District Councillors

Councillor Bill Sheppard – Nuneaton and Bedworth Borough Council

Local Government Improvement and Development Agency

Liam Hughes

Others Present

Gareth Owens, Executive Director Nuneaton and Bedworth Borough Council
Monica Fogarty, Strategic Director – Communities Group
Kate Nash, Head of Community Safety and Localities - WCC
Jane Pollard, Democratic Services Manager - WCC
Mike Caley, Specialist Registrar in Public Health
Gareth Wrench – NHS Warwickshire
Paul Williams – Overview and Scrutiny Officer - WCC

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Councillor Alan Farnell and Marion Davis

(2) Member's Declarations of Personal and Prejudicial Interest

None

(3) Minutes of the Meeting on 11 March 2011 and Matters Arising

The minutes were considered by the Board. Liam Hughes requested that wording on page 2 of the minutes be changed. He agreed to send revised wording to Paul Williams.

2. Purpose of the Board and how it will Operate.

Liam Hughes introduced this item. The following points were highlighted.

- The overall purpose of the board is to improve the health and wellbeing of the people of Warwickshire.
- It will be important to work in different ways looking at entire populations but also addressing thematic areas.
- The Health and Wellbeing Board effectively owns the Joint Strategic Needs Assessment and will be required to take the lead on a number of key issues in what are currently difficult times.
- Although there is a question mark over whether the coalition government will continue to support the development of Health and Wellbeing Boards it will be necessary to operate on the basis that it will.
- A key task for the board will be to align NHS activity with the work of other public services recognising that most public services have an impact on health either directly or indirectly.

Regarding the way in which the board operates Liam Hughes observed that it would not be appropriate for it to be regarded like other committees of the council. Because of the rate of change in the health economy at present it will be necessary for the board to operate with energy and a sense of urgency. He added that the need for collective responsibility is essential and if there is news to be shared or issues to be addressed these should be done rapidly and across the entire board.

The Chair stated that after years of discussion there was now an opportunity through the work of the board to make a real difference to public health. He observed that whilst Warwickshire is generally affluent it does have pockets of extreme deprivation in both its urban and rural areas. Whilst the population's health is good compared to the national average it is not as good as it should

be. One of the reasons for this is that services and service delivery are not properly aligned. The discussion concluded with acknowledgement that in the past the Joint Strategic Needs Assessment (JSNA) had been a static document. It is considered that the new document should drive the activity of the board enabling the transition from “understanding” to “doing”.

3. Development of the Board

a) Programme of Work 2011/12

Mike Caley introduced the draft programme of work. He stated that it is proposed that the board works through the JSNA and then uses this to develop the board’s strategy. The Chair informed the meeting that the strategy will need to be completed by the end of the 2011/12 financial year. It was noted that the Warwickshire Board is not working in isolation and it was agreed that at some point during the process conversations will need to be held with the Coventry Health and Wellbeing board and the Arden Cluster. It was noted that the board is not having to start its work from scratch. The Joint Systems Plan along with the CQUIN targets will be of assistance.

The Chair suggested and it was agreed that the Arden Cluster Strategic Plan should be circulated to board members once it has been approved.

Returning to the board’s strategy Councillor Seccombe stated that when completed it should be launched with considerable publicity. It was agreed that this should be picked up in January 2012 when considering communications.

Councillor Stevens stressed the importance of keeping members of the council engaged in the process whilst Wendy Fabbro expanded this further to include clinicians.

b) Revised Terms of Reference

Jane Pollard introduced this item explaining the terms of reference and then summarising the content of the code of conduct. Councillor Stevens observed that district and borough councils are not all represented on the board and suggested that this might need to be reviewed in time. It was recognised that much of what district and borough councils do has an influence on public health. Nevertheless the observation was made that whilst there remains a question mark over the future form and function of the board discussions around membership should not be allowed to get in the way of progress. The board concluded that some discussion with the districts is needed.

c) Evaluating Progress

Liam Hughes introduced this section stating that there are three main areas for evaluation. These are,

- Monitoring effectiveness of board meetings

- Undertaking real impact assessments that explore what organisations and clients make of what's happening and
- Outcome evaluation that looks to demonstrate that the work of the board has made a difference.

In terms of the progress that the board has made to date Liam Hughes observed that the pace of development was about right.

The Chair introduced the letter inviting responses to the "Listening Exercise". It was agreed that a response should be sent from the board and that it should contain reference to the following.

- Concerns over the future of Deaneries and training
- The need to avoid the unbundling of patient pathways (and the need to enforce the message that providers should not be allowed to pick out some elements of patient care thus fragmenting it).
- A feeling that competition could stifle service delivery.
- The view that whilst public health has moved to local authorities there remains a clear role for it in the NHS.

Finally in this section Liam Hughes informed the board that the recent Health Select Committee had debated whether Health and Wellbeing Boards should exist.

4. Warwick Joint Strategic Needs Assessment (JSNA)

Gareth Wrench from NHS Warwickshire introduced this item and using powerpoint made a presentation on the JSNA. Areas covered included the context of the JSNA, shortcomings of the current document and how the new document will look and feel.

Group discussion then followed with comments being recorded on flip charts and post-it notes. These were retained and fed back through to the JSNA authorship team.

Following the presentation Dr Charlotte Gath raised concern that to date the GP consortia have not been invited to become involved in the process. The meeting was informed that the development of the JSNA is at an early stage and that there will be ample opportunity for many parties to become involved as the document evolves.

The following further points were then raised.

- The current JSNA has significant gaps in information
- It will be important for the new JSNA to take account of outcomes for patients and communities.
- There is a need to tease out hidden information that currently exists but is not accessible.

- The role, contribution and needs of the independent health sector must be taken account of in determining need.
- Self funders are not necessary acknowledged by the system even though they may have significant needs.
- The personalisation agenda will look at individuals' needs rather than what health service providers think they need.
- It will be important to assess risks using a matrix to compare outcomes and resources.
- The impact of actions on the general population and on specific groups will need to be assessed.
- As well as working on a district level it would be helpful if the JSNA could operate on a consortium level. This will enable consortia to plan their services more effectively and maximise the resources they have.
- Those responsible for developing the JSNA should identify all stakeholders and ensure their engagement whilst at the same time avoiding duplication of effort.
- It will be important to hold conversations with stakeholders. People are quite good at listening but not so good at the follow up. Data is available but it is not generally used to inform discussion with communities.

5. Director for Public Health Annual Report

John Linnane explained to the board that his report will be published shortly. It contains five priorities namely deprivation, alcohol abuse, cancer and cancer screening, mental health and wellbeing and sexual health. For these headings the following points were highlighted.

Deprivation

- Work around deprivation has tended to be focused on Nuneaton and Bedworth. However Marmot suggests that it is essential to consider the entire spectrum of deprivation.
- Life expectancy in Warwickshire is good but not as good as it should be.

Alcohol Abuse

- Binge drinking is very high in Warwickshire. However there is also a culture of general daily drinking amongst the middle classes that is seeing liver disease increase.

Cancer and Cancer Screening

- As people get older so the incidence of cancer will increase.
- Screening is not considered to be as good as it might be and this pattern is found across the whole county.

Mental Health and Wellbeing

- Data around this area is not as good as it might be.
- There is an increased need for mental health services for older women.

Sexual Health

- The incidence of teenage pregnancy in Warwickshire is below the regional and national average.
- Teenage pregnancies remain high in North Warwickshire.
- The latest data shows teenage pregnancy rates across the county are reducing in all areas except Warwick District.

The Chair noted that smoking is a major problem across communities and informed the board of the “Stop Before the Op” initiative that seeks to encourage smokers to stop ahead of any surgical intervention.

The meeting was informed that the report does not consider dental health.

6. Future Meeting Dates

It was established that only the date of the November 2011 meeting was suitable and it was agreed that the dates of future meetings should be revisited.

7. Closing Discussion

The board felt that as its work develop so a newsletter should be produced. This will ensure that people are kept aware of progress. It was agreed that John Linnane would be responsible for this.

A call was made for papers to be made available ahead of board meetings.

Liam Hughes suggested that as the board develops so there will be disagreements amongst members. It will be important to work creatively to address differences. The board agreed that this is a good principle.

The meeting rose at 2.25pm

.....Chair