

# Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 10<sup>th</sup> November 2011

## Present:-

### Chair

Bryan Stoten

### Warwickshire County Councillors

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

### GP Consortia

Dr Charlotte Gath – Rugby CCG  
Dr Kiran Singh – North Warwickshire CCG

### Warwickshire County Council Officers

Wendy Fabbro – Strategic Director – People Group, WCC

### NHS

John Linnane - Director of Public Health (WCC/NHS Warwickshire)  
Stephen Jones – Chief Executive Arden Cluster

### Borough/District Councillors

Councillor Bill Sheppard – Nuneaton and Bedworth Borough Council

### Warwickshire LINK

Councillor Jerry Roodhouse

### Others Present

Dr Mike Caley – NHS Warwickshire  
Gareth Owens, Executive Director - Nuneaton and Bedworth Borough Council  
Monica Fogarty, Strategic Director – Communities Group  
Paul Williams – Democratic Services Team Leader – WCC  
Claire Saul – Head of Strategic Commissioning – WCC  
Anna Burns – Chief Operating Officer, South Warwickshire CCG  
Richard Hancox – Chief Operating Officer, Nuneaton and Bedworth CCG  
Elizabeth Featherstone – Head of Early Intervention Service - WCC

## **1. General**

### **(1) Apologies for absence**

Dr David Spraggett -South Warwickshire  
Lorna Shaw – Local Government Improvement and  
Development Agency  
Liam Hughes - Local Government Improvement and  
Development Agency

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

None

### **(3) Minutes of the Meeting on 28<sup>th</sup> September 2011 and Matters Arising**

The minutes were agreed by the board and signed by the Chair.  
There were no matters arising.

## **2. Presentation on Clinical Commissioning Groups and Social Care**

Using Powerpoint, Claire Saul gave a presentation to the meeting. This focused on the work of the County Council's People Group and explained the commissioning cycle as well as setting out which services are subject to commissioning and what will change in the future.

It was explained that the presentation did not cover the interdependencies that exist between the People Group and other agencies. The role of telecare as a means of assisting independent living at home was acknowledged. Members of the board were advised by Wendy Fabbro to visit the enabling centre in Leamington.

The interrelationship between health, lifestyle and social care was acknowledged and the need to engage with schools (recognising the value of early intervention) was discussed.

Richard Hancox made a presentation on the commissioning intentions for the George Eliot Hospital. It was stressed that the general principles of the presentation apply across the entire county. There followed some discussion around low value activities, these being procedures that continue to be undertaken even though their value is questioned.

Mortality rates were explored with the discussion moving from GP practices to the current performance of the George Eliot Hospital. The Chair questioned what the CCGs would do in cases where deaths were higher than anticipated.

The meeting was informed that the key is to understand why performance may be lower than expected. This may be down to methods of coding or recording or it may be attributable to instances where ambulances are called to homes to convey people who are clearly dying to hospital.

QIPPs (Quality, Innovation, Productivity and Prevention) were discussed. These were listed in the presentation and Anna Burns explained how CCGs were working together to address them. Stephen Jones observed that the number of QIPPS make the whole concept seem fragmented. He suggested that there are two areas that should be the focus of work namely i) services for frail older people and ii) service change in hospitals.

Chairman cautioned that there might be a danger in CCGs dividing up whole County responsibilities between them then losing the core principle of "Liberating the NHS", namely local clinical knowledge would lead to different commissioning practices for different localities.

Councillor Roodhouse called on the CCGs to develop engagement strategies and Anna Burns confirmed that this would be done. It was also acknowledged that the relationship between CCGs and the local authority should be robust.

### **3. Joint Strategic Needs Assessment**

John Linnane gave a powerpoint presentation on progress with the Joint Strategic Needs Assessment. He agreed to send out one page summaries of the key elements of the JSNA. It was suggested that particularly in the case of rare medical conditions support groups can provide valuable information that should be used in the document.

There followed some discussion about the health and life chances of looked after children and the difference in life span between the north and the south of the county.

Long-term conditions were defined as ailments such as diabetes and cancer where the patient is often expected to manage the symptoms. The Chair reminded the meeting that as people are working and living longer so the chances of developing these conditions and having to manage them whilst employed will increase.

### **4. The Relationship between the Children's Trusts and the SHWB**

Wendy Fabbro circulated a paper that was then discussed. This illustrated the relationship between the trusts, the Board and the safeguarding agenda.

It was agreed that it would be necessary to look at the emerging legislation and the role of the LINK and Healthwatch in terms of children's NHS services.

## **5. The SHWB and the Local Enterprise Partnership**

The Chair welcomed Louise Wall to the meeting. Louise briefed the Board on the background to the Local Enterprise Partnership (LEP). The LEP is led by the private sector and is a partnership with a focus is on economic growth. It has recognised that planning and a lack of financial support is stifling growth in the region and has developed a five year strategy with a view to creating an environment that will make it easy to do business.

Although resources to support the running of the LEP have not been forthcoming two funds (the LEP Capacity Fund and Start Up Fund) have now been established.

Health and wellbeing has not specifically featured on the LEP's agenda. Stephen Jones, on hearing this, suggested that the LEP would be fully occupied supporting business growth. The role of the Health and Wellbeing Board should be to support the LEP as and when required.

## **6. Any Other Business**

Wendy Fabbro informed the Board that on Monday 14<sup>th</sup> November a serious case review report would be made public.

The Chair informed the meeting of a request from a student at Manchester University for assistance with their PhD. It was agreed that support should be given.

Nick Bosanquet from Imperial College will be present at the next meeting of the Board.

The Board of the George Eliot Hospital has accepted that it will not attain foundation status. It is now looking for potential partners to assist it.

### **Dates of future Meetings**

19th January 2012

20th March 2012

22nd May 2012

17th July 2012

20th September 2012

22nd November 2012

All meetings 12.15 to 14.15. Venue to be arranged.

The meeting rose at 2.12pm

.....Chair