

Minutes of the Special Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 16th March 2012

Present:-

Chair

Bryan Stoten

Warwickshire County Councillors

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

GP Consortia

Dr Charlotte Gath – Rugby CCG
Dr Kiran Singh – North Warwickshire CCG
Dr Paul Batra – Nuneaton and Bedworth CCG

Warwickshire County Council Officers

Wendy Fabbro – Strategic Director – People Group, WCC

NHS

John Linnane - Director of Public Health (WCC/NHS Warwickshire)

Borough/District Councillors

Councillor Michael Coker – Warwick District Council
Councillor Derek Pickard – North Warwickshire Borough Council
Councillor Claire Watson – Rugby Borough Council

Warwickshire LINK

Councillor Jerry Roodhouse

Others Present

Councillor Les Caborn - Adult Social Care and Health Overview and Scrutiny Committee
Councillor Jose Compton - Adult Social Care and Health Overview and Scrutiny Committee
Councillor Angela Warner – Adult Social Care and Health Overview and Scrutiny Committee

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Chris Ham – Chief Executive - King's Fund
Gareth Owens, Executive Director - Nuneaton and Bedworth Borough Council
Monika Rozanski – Senior Projects Manager
Paul Williams – Democratic Services Team Leader

1. Apologies for Absence

Dr Heather Gorringe - North Warwickshire CCG
Dr David Spraggett – South Warwickshire CCG

Stephen Jones – Chief Executive Arden Cluster

Monica Fogarty – Strategic Director, Communities Group

2. Welcome and Opening Remarks

Bryan Stoten, Chair, opened the meeting by welcoming guests including Chris Ham, the Chief Executive of the King's Fund to the meeting.

3. Integrated Care for Patients and Populations

Using a powerpoint presentation, Chris Ham opened the discussion by informing the meeting of the impending publication by the King's Fund of a survey of progress with the development of Health and Wellbeing Boards. He explained that integrated care should be considered good whilst fragmented care is to be avoided. There are examples of good integration of health and social care around the World but few in the UK. In some areas such as cardiac and cancer treatment, the UK is doing well but with the prospect of a further six years of tight financial control there is a need to ensure greater efficiency. The ageing population is leading to a greater number of dependent people. In addition the nature of disease is changing so that people have to live with chronic conditions such as diabetes and depression for longer. People will need to learn how to manage these and models of care will need to adapt to accommodate them. Chris Ham observed that there remains a great deal of money in the health service. However, there is a need to reduce waste and maximise efficiency if the costs of new treatments and drugs are to be met.

There is a need to align primary care and social care. This will require a greater emphasis on service integration and less on organisational integration.

Hospitals contain too many older people. There needs to be a move to providing care for older people outside of hospital (ideally in their own home) and hospitals should act as centres of excellence. Where changes have already been made, these have tended to be driven more by workforce pressures and less by financial pressures. In London, for example, changes to

stroke care whereby the number of hospitals delivering this was reduced from 31 to 8, were delivered before the current pressures for savings.

Torbay was cited as an example of good practice with results improving through better integration of services. Efforts have been made to eradicate fragmentation with care co-ordinators (who are not medical professionals) being used to provide a joined up service. Across the area 5 locality teams operate serving a population of 30 – 40k. These teams are closely affiliated to the GP practices.

Councillor Pickard asked whether the training curriculum for professionals addressed the issues around integrated services. This was confirmed but the point was made that contracts should require staff to engage in good practice.

Councillor Roodhouse asked how quality could be assured. He observed that the Health and Wellbeing Board needs to develop the means of measuring this. Chris Ham expressed the view that it is useful to measure experience and outcomes by questioning patients and service users.

John Linnane considered that services should be designed around people's needs with an integrated approach being used to promote prevention measures eg around smoking and alcohol abuse.

Wendy Fabbro, Strategic Director, People Group opened her presentation by suggesting that the Health and Wellbeing Board should base its performance measures around the JSNA and the board's strategy. She explained how reablement can reduce the overall cost of frailty but that at present too few patients are being discharged from hospital and receiving an enablement package.

Wendy noted that whilst the example of Torbay was good it had been accompanied in early days by large overspends.

In Warwickshire, Shipston and Alcester there are good examples of new ways of delivering joined up services. In addition the Common Assessment Framework as used in Warwickshire has been recognised as an exemplar of good practice.

Glen Burley stated that the SWFT is keen to embrace changes leading to greater integration. He added that a dearth of suitable properties from which to deliver services was a challenge.

Councillor Warner called for services to focus on the needs of patients. She explained how a patient's circumstances can be complicated by multiple conditions including dementia. The key is to get primary teams behind the process.

Chris Ham observed that the quality of care remains too inconsistent. Little will be achieved until primary care is sorted out.

The meeting turned to the question of out of hours cover. It was considered that this remained a problem with some GPs regarding out of hours cover as something disassociated from their own work. Charlotte Gath observed that in Coventry the out of hours cover is undertaken by Coventry GPs thus ensuring greater continuity. Dr Paul Batra observed that there are a number of good examples of out of hours care across the county and suggested the board could learn from them. Councillor Warner suggested that the challenge comes not with out of hours care but with patients not being dealt with during the day.

Chris Ham suggested that new ways of communicating such as emails should be considered.

He concluded by suggesting that the key to success will be local leadership and that safety and quality are important and variable.

The Chair thanked Chris and Wendy for their presentations and the board and guests for their contributions.

4. Any Other Business

None

The meeting rose at 14.10

.....Chair