# Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 19th January 2012

**Present**:-

Chair

Bryan Stoten

Warwickshire County Councillors

Councillor Alan Farnell
Councillor Bob Stevens
Councillor Heather Timms

GP Consortia

Dr Charlotte Gath – Rugby CCG
Dr Kiran Singh – North Warwickshire CCG
Dr Heather Gorringe - North Warwickshire CCG
Dr David Spraggett – South 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
Gill Entwistle – Arden Cluster
Kevin McGee – Chief Executive, George Eliot Hospital NHS Trust
Gareth Owens, Executive Director - Nuneaton and Bedworth Borough Council
Monica Fogarty, Strategic Director – Communities Group
Paul Williams – Democratic Services Team Leader – WCC

# 1. General

## (1) Apologies for absence

Councillor Izzi Seccombe
Dr Paul Batra
Dr Richard Lambert
Sue Roberts

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

None

## (3) Minutes of the Meeting on 10th November 2011 and Matters Arising

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

# 2. Update on the Transformation Programme from the Perspective of the Arden Cluster

Stephen Jones commenced by offering Sue Roberts', the Transformation Programme Director's, apologies. The meeting was informed of several major challenges facing the health economy in the sub-region, namely,

- Health inequalities
- The sustainability of services and
- Limited resources. (The cluster is seeking to work with practitioners to identify efficiency savings)

Within the above, two key priorities have been identified. The first is the care of the frail and the elderly and the second is the need to develop sustainable specialities. With regards to the latter, Stephen Jones pointed out that the region had pioneered hyper acute stroke services and developed new approaches to major trauma work. He added that one key to success is having a strong workforce in the right place. In order to achieve this, however, it is necessary to have good communication with clinicians and the public. The cluster will consult on its transformation plans in May 2012. However, whilst it will welcome people's views the cluster recognises that it will be very difficult to achieve consensus.

A greater role is seen for community services and improvements in the quality of provision of primary care will be sought.

The relationship between the timetable for the development of the Transformation Agenda and the Health and Wellbeing Board Strategy was

discussed. The Chair informed the meeting that the Board Strategy was developing well and that a “concrete” draft was expected in the next four to six weeks. It was acknowledged that the general aims of the Transformation Programme and Board Strategy are in accord partly as they have used the same material. The Chair requested that Sue Roberts and Mike Caley liaise on their respective pieces of work.

Councillor Stevens felt that the timetable for the agenda is ambitious whilst Councillor Jerry Roodhouse suggested that its ambitious nature could lead to a mismatch between needs and service provision. In response, Stephen Jones stated that the rapidly changing health landscape and the escalating needs of the population serve to make the task of transformation very challenging.

John Linnane pointed out to the Board that there are other health transformation projects underway eg public health.

## 3 (i) George Eliot Hospital NHS Trust – Securing a Sustainable Future

The Chair welcomed Kevin McGee, the Chief Executive of the George Eliot Hospital NHS Trust to the meeting. In his presentation Kevin McGee made the following points,

- The governance structure for the sustainable futures project at the George Eliot is considered very robust
- By 2014 all NHS trusts will need to have achieved foundation status. The George Eliot is aiming for April 2013
- The search is underway for an appropriate partner. It could be NHS-based or a commercial organisation
- There is a need give people a say on what services should look like
- At present there is no preferred option for a partner.
- By May 2012 the strategic outline case will need to have been completed. If one clear NHS partner emerges from the exercise then the George Eliot will merge with them. If any other partners emerge then a more traditional tendering process will have to be adopted.
- Even if the partner chosen is not NHS the work of the hospital will continue firmly under the NHS banner.
- The Trust aspires to deliver local services but at the same time needs to ensure they can be sustained.
- Expressions of interest have been sought from potential partners. The Trust hopes to make public in early February who these are. There is no requirement to consult on which partner to choose but the Trust will work to ensure as much buy-in to the eventual partnership as possible. The Stakeholder Board will be involved in consideration of the options.
- In terms of the relationship between the plans of the George Eliot Hospital and the wider health transformation agenda, it will be necessary to take account of health inequalities and the delivery of community services. All partners will need to debate how services will

be delivered across the Arden Cluster. The George Eliot will be party to those discussions.

Kevin McGee stated that since coming to Warwickshire he had been shocked by the extent of health inequalities and stated that he would endeavour to work to see these reduced by supporting services in North Warwickshire.

Councillor Roodhouse expressed some concern at the way in which service reviews such as that of maternity and paediatric kept faltering. He stated that it would be important for the hospital to engage with partners and stakeholders and called for a sub-region wide debate on the future of the health economy.

In addition, Councillor Roodhouse expressed his concern that although University Hospital Coventry and Warwickshire is only a few miles away the George Eliot may choose to enter into a partnership with a trust much further away.

Councillor Timms requested that the Trust engage with the community forums. This suggestion was supported by the Board.

The Chair stressed that as well as considering hospital care the Trust should be very mindful of its interaction with social care. A partnership with a distant hospital such as Heartlands in Birmingham would make this difficult.

## 3 ii) Mortality Review

The Chair introduced this item questioning the statement in the Tripartite Formal Agreement (TFA) summary document (Page 8) that the HSMR has reduced from 143 to just over 100. In response, Kevin McGee stated that,

- The TFA is an older document and that mortality rates have increased again,
- Mortality rates are often used inappropriately,
- Doctor Foster showed a figure of 106 for October 2011, this improvement being as the result of actions taken by the George Eliot in September and October,
- Expected and observed mortality rates should be as close to each other as possible. The key is to see a positive trend emerging,
- The Trust has been very open about its performance. It has opened itself up to total scrutiny and will continue to do so in pursuit of patient safety.

An external review has taken place looking at,

i) Underlying clinical practices
ii) Coding
iii) The context in which the George Eliot works

i) For underlying clinical practices Kevin McGee informed the meeting that the HMSR figures only provide a partial picture. They don't make clear whether an organisation is safe or unsafe. Other indicators help to clarify the situation. For example the Care Quality Commission has stated that the hospital is "good". There is a need to look at clinical flows and there is now a drive to move the hospital onto a seven day footing (moving away form the approach when little happened at weekends and key staff were absent). In addition to looking at clinical practices there is a move to look at patient flows through the organisation. Overall the culture of the hospital is focused on a traditional clinical model.

ii) To date, coding of patients has been poor. All new patients are well recorded but older records have skewed the picture.

iii) The George Eliot receives a disproportionate number of patients from nursing homes. This is partly because of the way nursing homes are run in the area and partly due to the absence of hospice beds. In addition the patient cohort allied to the health inequalities that prevail mean that the hospital sees a large number of poorly patients. Kevin McGee added that a final contributing factor is that young patients (ie the ones likely to recover) are often sent to UHCW.

Stephen Jones, drawing on the paper from Martin Lee circulated at the meeting highlighted mortality rates at both the George Eliot and in South Warwickshire. He considered that the only way to get an accurate picture of mortality rates is through trend data. He welcomed the openness shown by the trust adding that each trust has a monthly mortality meeting and it would be important for the Health and Wellbeing Board to revisit the figures.

Councillor Farnell sought clarification regarding when a deceased patient becomes the responsibility of the hospital. He was informed that if a person dies at the hospital then they feature in its mortality figures. In addition, if a person dies at home but has been an in-patient at the hospital within the previous 30 days, they too feature in the SHMI mortality figures. A person regarded as deceased at home but certified as such at the hospital will not feature in the hospital's mortality figures.

Dr Heather Gorringe echoed Stephen Jones in welcoming the openness of the George Eliot and expressed the view that services delivered should meet the needs of the population. She stated that she hoped that greater clinician to clinician dialogue will help bring about the cultural change that is required.

Councillor Roodhouse observed that in the opinion of the Warwickshire LINk, palliative care at the George Eliot is not good. He added that nursing homes are too quick to get dying residents into hospital rather than giving them a comfortable and dignified death at their place of residence.

Dr Kiran Singh observed that a lack of inpatient hospice beds is a problem. Non-cancer palliative care patients require more support.

Stephen Jones stated the poor health of a population does not excuse high mortality and poor performance.

The Chair thanked Kevin McGee for his open and frank contribution adding that the desire of the Board is not to criticise the hospital but to seek ways in which to improve performance. He added that there are concerns, hence the visits from the Care Quality Commission, and closed by expressing the hope that further improvements in performance will be seen over the coming months.

## 4. Proposal to Revise the Membership of the Warwickshire Shadow Health and Wellbeing Board

Monica Fogarty introduced this item explaining that over the last four months the make-up of the Board had been questioned. Monica added that it is important top keep the Board a manageable size whilst at the same time ensuring the people that constitute it are the correct ones. The ensuing discussion focused largely on the representation from the district and borough councils. It was acknowledged that three of the five (matching the CCG boundaries) was acceptable but the Chair expressed the hope that the three representatives would together cover functions such as housing, leisure and environment.

Gareth Owens advised the Board that there remained a question over the constitutional position of officers on the Board. He felt that with County Council officers on the Board there may be a time when district and borough officers would be required to ensure parity. The point was taken but the hope was expressed that the Board will not to have vote on any of its decisions.

The Chair noted that a number of organisations were seeking to join the Board. This was welcomed but it was agreed that for the time being they should be invited to meetings on an occasional basis.

It was agreed that the Board should meet in public.

## 5. Fair Share Budgets in Warwickshire

Heather Gorringe introduced this item, asking the Board to support the North Warwickshire CCG in trying to redress the balance of funding in Warwickshire and to look at current Public Health spending patterns to ensure that currently, and in future, the resource from Public Health is directed to the areas with greatest health needs.

Gill Entwistle used a powerpoint presentation (that it was agreed should be circulated) to explain how the Arden Cluster manages budgets.

Dr Gorringe commented that the 2011/12 budget had been set on the basis of historical data that did not reflect the situation accurately.

It was acknowledged that the money follows the patient and given that there are fewer health services in the north of the county it was inevitable that some money would migrate to other parts of the county.

One challenge for the Cluster and its predecessor has been how to manage a major deficit that was inherited from Rugby. The imperative to remove this deficit allied to overall reductions in funding means that there is no spare money to direct to parts of the county where there may be a shortfall. Discussions are being held with CCGs to see if ways can be found to move money around. This will be something for the Federation to discuss.

It was agreed that the next meeting of the Board should be given an indication of spending on public health across the County.

The discussion on Fair Shares was curtailed owing to time constraints. To do the subject Justice the Chair proposed that it be brought back to a future meeting.

## 6. JSNA Update

John Linnane gave a brief update on progress with the JSNA explaining that it wil be launched on 7th March.

## 7. Any Other Business

The Chair expressed the view that in order to manage its business, the Board may need to meet more frequently, possibly every month. Concern was expressed that such frequency would place too great a burden on people's time. It was agreed that for the immediate future the current schedule of meetings every two months should remain

The Board was informed of a lunchtime meeting between the County Council Cabinet and Professor Steve Field to be held on 24th February and of a special Board meeting scheduled for 16th March to which Chris Ham, the Chief Executive of the King's Fund has been invited.

The meeting rose at 14.40.

**Dates of future Meetings**

16th March 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.

……..Chair