



Date: Friday, 23 October 2015

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

4 PUBLIC QUESTION TIME (Pages 1 - 4)

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

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Questions from David Sandbach

Question 1 - Subject: Parity of Esteem

Would it be possible for health services in Shropshire to follow the model used in Bradford here in Shropshire?

Please see link to the Bradford case study.

http://www.nhs.uk/media/2484208/bradford_mental_illness_-_final_updated.pdf

Response

The Bradford model appears to provide an effective method to reducing disadvantages with regard to physical health checks for people with severe mental health illness. It is well known that poor mental health is associated with an increased risk of diseases such as cardiovascular disease, cancer and diabetes and therefore regular, quality physical health checks and access to physical health care services for people with severe mental health illness are essential (DH policies: No Health Without Mental Health 2011; Forward View into Action 2015/16).

The NICE clinical guideline on psychosis and schizophrenia in adults 111 recommends primary care utilise registers to monitor the physical health of patients with psychosis or schizophrenia. Furthermore, the NICE clinical guideline on bipolar disorder 112 recommends that patients with bipolar affective disorder have a physical health review, normally in primary care, performed at least annually, including the following health checks:

- weight or BMI, diet, nutritional status and level of physical activity
- cardiovascular status, including pulse and blood pressure
- metabolic status, including glycosylated haemoglobin (HbA1c) and blood lipid profile
- liver function
- renal and thyroid function, and calcium levels, for people taking long-term lithium.

In Shropshire, GP's currently undertake annual physical health checks for people who are recorded on the practice Mental Health register, as part of the Quality Outcomes Framework (QOF). Primary Care works collaboratively with local Mental Health services to ensure that the physical health needs of patients with severe mental health illness are assessed and treated appropriately.

Currently a standard template for the physical health check is not available for GP's across Shropshire to use and this has been recognised by the CCG. Joint work with partners is being undertaken to look at ways of improving the physical health of people with mental ill health, including through the use of improved information sharing; with the overall aim of developing a solution that is appropriate to meet the needs of people with mental ill health across Shropshire.

Question 2.

Will the delay in producing a Future Fit consultation document by the 23rd of December have any effect on the Health and Well Being Board's progress regarding their revised strategy?

Response

Future Fit is a vital component of creating sustainable services for Shropshire. The focus of the Health and Wellbeing Strategy is Prevention and Sustainability through health promotion, promoting independence, and promoting easy to access and joined up care. The HWBB is very keen to see the progression of NHS Future Fit, however, the Board recognises that creating long term health solutions is not going to be a quick process. With this in mind the HWB Strategy is a five year strategy and we anticipate working closely with Future Fit, Community Fit and all our partners to

deliver the vision of the strategy. While reducing health inequalities, improving health and wellbeing, and encouraging positive and healthy lifestyles will reduce the need for acute services in the long run, the development of programmes to support these initiatives are not in themselves dependent on NHS Future Fit.

The consultation currently underway will provide us important feedback from partners and the public regarding how we deliver the strategy and how we develop our action plan. The action planning process will involve working with hospital, care and community services and the public to find the processes, actions, and developments that prevent people from becoming ill and providing good sustainable, joined up services when they do. We recognise that while some actions can and will be delivered quickly, others will take time to develop and embed in the system.

So, in answer to your question, while the delay of the Future Fit decision is disappointing for the HWBB, the delivery of the strategy is on course and we will continue to work with all of our partners to progress the work and influence of the HWBB.

Public Questions for Health and Wellbeing Board: from Gill George

Question 3

A&E Provision

The world-renowned University College Hospital in London opened in October 2005 with capacity to deal with 65,000 emergency patients a year.

UCH staff are now seeing more than 130,000 a year and there is no sign of demand tailing off.

The hospital is spending £19m to extend the unit, with dozens of extra cubicles, x-ray machines and another CT body scanner.

Does the HWB not think that with the increasing demand for emergency treatment in Shropshire, Future Fit should not be planning to close one of our A&Es and Acute Hospitals, but rather follow UCHs lead and expand provision?

Dr Clifford Mann, President of the College of Emergency Medicine, said the tariff for emergency cases does not cover their costs, commenting:

"Every hospital in the UK actually loses money on its A&E. That's why most hospitals have failed to keep pace with rising demand - investing in a loss-making part of your enterprise has never been a good business model."

Does the HWB agree that it should put pressure through the Government and NHS England to increase the tariff for emergency care and to allocate extra funds for Shropshire in recognition of its rural nature, thus making emergency care financially viable?

Answer:

The NHS Future Fit programme is working to develop sustainable hospital services for Shropshire. It has long been recognised that it is unsustainable to run two acute accident and emergency departments in Shropshire. The Future Fit programme has been delayed to ensure the correct financial modelling is in place and that the Future Fit programme board has the information it needs to recommend a viable solution for Shropshire. However, the HWBB is confident that Future Fit programme board will be able to recommend a solution for Shropshire in the coming months. The HWBB plans to work closely with NHS colleagues to support this programme.

The HWBB however, agrees that central government does not recognise the increased cost of delivering services to rural populations. Locally, much work has taken place to lobby central government and NHS England for the Public Health grant and for the allocation for local hospital services. This has been done through our local MPs and directly to NHS England and Public Health England. Shropshire Council has also been working with the Rural Services Network, the All Party Parliamentary Group on Rural Affairs and the County Council's Network for a fairer funding allocation for rural and community hospital services. The HWBB supports this and will continue to work with health and care colleagues to progress these discussions to the highest level.

Question 4

Hip Replacements

Shropshire CCG has approved a plan to cut £800,000 from its budget for hip and knee replacement surgery (September 2015 Board). It has done this following a study by Midlands and Lancashire Commissioning Support Unit (CSU) that published benchmarking information relating to hip and knee replacements. These 'Commissioning for Value' papers provided the CCG with detailed analysis of the activity in Shropshire compared with the other CCGs in Staffordshire and Lancashire and showed that Shropshire was spending more per head on this surgery than the other CCGs in the CSU's area.

Shropshire CCG is intending to cut its budget by raising the bar at which patients will be eligible for surgery, thus ensuring that some patients will be in more discomfort and less able to have an active daily life.

Does the HWB board agree that the reason Shropshire currently performs more hip and knee replacement surgery than the average is because our population is on average older? Does the HWB agree that patients in Shropshire should not be disadvantaged in access to healthcare simply because we have an older population? Will the HWB push for additional funding for Shropshire CCG in recognition of the age profile of our population?

Answer:

This topic was discussed at Shropshire's Health and Adult Social Care Overview and Scrutiny Committee meeting in July, and details of the report can be found on Shropshire Council's web pages, www.shropshire.gov.uk/committee-services. There may be a number of reasons that have led to Shropshire performing a greater than average number of hip and knee replacements. It is likely that our ageing population is an important factor; it may also be due to Shropshire having more agricultural and forestry workers (individuals likely to put additional strain on their hips and knees); patient choice and cancellation of scheduled operations at hospitals outside of the county may also have contributed to pressure at Shropshire's hospitals.

The HWBB's purpose is to improve the health and wellbeing of Shropshire people and reduce inequalities in health. The CCG has a duty to reduce inequalities in health and as such has a difficult and important job to ensure that all patients and service users are able to access the services they need. In doing so the CCG must take into consideration all of the services it commissions and apply models for ensuring care is available when it is most needed within restricted and increasingly pressured budgets. The clinical rationale for their decision making in this case can be found in the scrutiny report.

Shropshire people also must take responsibility for living as healthy lives as possible to maintain their own health and wellbeing. With regard to joint replacement, mobility and weight play a major role in joint health and longevity. The HWBB believes we need to work closely with the population to understand how we can support people to live healthy lives, maintain good bone and joint health throughout life, and therefore, in many cases, delay the need for surgery - in cooperation and consultation with people.