



WMPI Governing Board

Meeting 15 November 2006

Minutes

Present:

| | |
|---|------|
| Dr Sandy Bradbrook – Chief Executive, HoBtPCT (Chair) | SB |
| Maxine Aldridge – African Caribbean Millennium Centre | MA |
| Mr Mike Browne, Medical Director, Walsall Hospital Trust | MB |
| Prof Jason O Gardosi, Director, Perinatal Institute | JOG |
| Dr Harry Gee, Medical Director, BWH (for Julie Burgess) | HG |
| Karen Helliwell, Director of WMSSA | KH |
| Neal Long - Director, SANDS | NL |
| Pat McGeown - Business Manager, Perinatal Institute | PMcG |
| Joshna Patti – Asian Women's Foundation | JP |
| Dr Giri Rajaratnam, Director of Public Health, SOTPCT | GR |
| Dr Rashmi Shukla, Regional RDPH / Medical Director, WMSHA | RS |
| Prof Louise Wallace, Coventry University - Health Services Research | LW |
| Claire Hallahan - Perinatal Institute (Minutes) | |

Apologies:

Paul Jennings, Chief Executive Walsall PCT
Stuart Poyner, Chief Executive South Staffordshire PCT
Julie Burgess, Chief Executive, BWH (represented by Harry Gee)

1. Welcome and introductions

- SB welcomed members to this first meeting of the Governing Board and stated that the meeting was an opportunity for members to introduce themselves and the organisations they represented.

2. Terms of Reference

- The chair outlined the terms of reference document which had been circulated and approved by the PCT CE group. The Board's main remit was to function as corporate governance authority for WMPI on behalf of the principal stakeholders.
- Members felt there needed to be clarity about the future role of the RLB.
- It was agreed that the TOR defined how the Board will interact to add value. SB added that we needed to define how we will function to achieve this.
- GR raised the issue about the focus of WMPI needing to be on inequalities of outcome in the context of perinatal and infant mortality in the West Midlands. ?? agreed to include this in the TORs.

- There was discussion about the focus of the document and whether it should be directed at PCTs with the highest perinatal mortality rates. This will need to be checked with the Levies Board.
- There was a need for WMPI to be steered by West Midlands priorities as represented by PCTs. At the same time HG and others felt that it was important that WMPI maintained independence in its function and was able to highlight the problems which need to be addressed.
- It was agreed that the current Board membership was adequate.
- LW offered to assist on the remuneration subcommittee.
- SB would take recommended changes back to the CEs and an amended version to be circulated before the next Board meeting.

ACTION SB

3. Summary of WMPI's current work programme

- JOG presented an overview of the current work and referred to the 2006 annual report (see appendix) which has been recently submitted to the Regional Levies Board.
- While WMPI's core funding is from the RLB, it takes on additional projects funded separately as long as they are consistent with its aims and help to further the delivery of core objectives.
- The key priorities were to better understand and address the high rates of perinatal mortality, congenital anomalies and inequalities.
- Some of this work has been referred to in recent CMO reports and there has been contact with various national agencies including a visit by a team from the DH's Health Inequalities Unit.
- A key focus has been the collection and interpretation of information, which is continually hampered by an absence of denominator data.
- In addition to standard regional reports for PCTs and Trusts, the Institute also responds to many individual requests to assist local audits, reports and research and JOG wanted to make the incoming organisations aware that this service exists

4. Discussion

- It was noted that the PSA target is to reduce the inequalities gap, but the overall high rates in the West Midlands also need to be addressed. Two particular issues need to be addressed: the gap between West Midlands and the rest of the country as well as the inequality within West Midlands (e.g. Stoke & Birmingham at one extreme and Shropshire at the other).
- GR suggested that the work of WMPI ought to concentrate on the 4 or 5 areas with the highest perinatal and infant deaths. JOG agreed and stated that this was already the focus, with collaborative efforts covering Birmingham, the Black Country, Coventry and Stoke, with further meetings imminent. However, there are other areas with problems and avoidable deaths and there was also a need for a standardised approach covering the region. It was felt that there may be value in identifying high impact changes in perinatal/infant health. These would be changes if changed would lead to a measurable impact on perinatal and infant mortality. The task for WMPI would be to identify those changes and what the impact would be, based on evidence. Such changes could include: cot deaths, early booking, smoking, IUGR etc.

- LW stated concern about the absence of denominator maternity data which is essential in understanding the whole picture. This should be given priority. Other members agreed. JOG confirmed that this has been a priority but progress has been hampered by NPfIT and its contracted software called 'Evolution' which has since been found not fit for purpose.
- It was suggested that the WMs PNM annual report should also be sent to DH.
- It was agreed that there should be a re-launch event to get commissioners together. JOG to bring a plan to the next meeting. SB and RS to write to relevant people to invite them to attend.

ACTION JOG, SB & RS

- The launch date will be March/early April. Members were asked to email JOG if they have any ideas about what should be involved in the content of the launch.

ACTION ALL

- RS presented an overview of the health inequalities agenda for this region and the need to link health and social aspects of care. The approach needs to be targeted at those localities with the greatest problem and focussed on how we change behaviour and improve access to services. The DH's current main focus includes early booking, smoking and sudden infant death.

5. WMPI Projects – Budget Summary 2006/7

- PMcG gave an overview of WMPI's budget and income vs projected expenditure. Unfortunately due to the re-organisations in the outgoing and incoming hosts (SHA and HoB), accurate budget data was still not available.
- There was currently a projected overspend of £ 17k due to the RLB not having increased WMPI's core funding to cover additional costs from Agenda for Change. MB asked that more detail be provided on how the projected overspend is to be addressed. PMcG stated that she expected to break even because of additional funding expected from the NRF project, starting in early 2007. Further details to be provided at next meeting.

ACTION PMcG

6. Risks associated with income streams & implementation plans

- SB will contact Jon Crockett as RLB chair to enquire about RLB funding.
- KH stated that the budget meeting with WMPI has not yet taken place but she did not expect any problems in maintaining next year's funding equivalent to the current level.
- JOG highlighted the problem of the regional Perinatal Screening team which are at serious risk due to uncertainty about central funding. The NSC's expectation appears to be that PCTs should pick up the funding from 2007 however this would be difficult in light of the current re-organisations. He has written to Sir Muir Gray and Gwyneth Lewis at DH to ask for a one year bridging fund but has not yet had a response. In the meantime the 3.5 staff will need to be given their 3 month notice in December and there would be substantial expenses associated with redundancies. SB suggested that JOG write to the NSC to express the Board's concern and to state that they would expect them to pick up the redundancy costs.

ACTION: JOG

7. AOB

- There was no other business.

8. Date & time of next meeting

14th February 2007

Further meetings in 2007:

16th May 2007

12th September 2007

14th November 2007