

SHADOW DUDLEY HEALTH AND WELLBEING BOARD

Monday, 21st January 2013 at 3 p.m.
In Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Islam (Chair)
Councillors Miller and Waltho
Director of Adult, Community and Housing Services, Director of Children's Services,
Assistant Director Children and Families (Directorate of Children's Services),
Dr N Plant and Mr P Maubach – Dudley Clinical Commissioning Group, Director of
Public Health, Mr A Gray – Dudley CVS CEO, Assistant Director, Health Reform
Programme Lead (Directorate of Adult, Community and Housing Services), Mr N
Bucktin (Head of Partnership Commissioning – Dudley Clinical Commissioning
Group and Mr J Jablonski (Directorate of Corporate Resources).

Also in attendance

Mr G Shaw, Chair – Dudley and Walsall Mental Health Partnership NHS Trust (for
agenda item number 8)
Ms N Dale, Principal Planning Officer (Planning Policy Team) (Directorate of the
Urban Environment) (for agenda item number 11)

Together with two members of the public

22 APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were submitted on behalf of Councillor
Crompton, Sue Holmyard, Dr D Hegarty, Gill Cooper, Alison Taylor, Ambrose
Koryang, Dennis Hodson, Ian McGuff and Mr G Graham – Chief Executive, Dudley
and Walsall Mental Health Partnerships NHS Trust.

23 DECLARATIONS OF INTEREST

No member declared an interest in any matter to be considered at this meeting.

24 MINUTES

RESOLVED

That the minutes of the meeting of the Board held on 1st October, 2012,
be approved as a correct record and signed.

JOINT STRATEGIC NEEDS ASSESSMENT SYNTHESIS FOR 2012

A joint report of officers was submitted on Dudley's Joint Strategic Needs Assessment (JSNA) Synthesis for 2012.

The Director of Public Health in her presentation of the content of the report submitted also referred to the JSNA 2012 summary document that had been previously circulated to all members of the Board and to the document on community engagement activity and outcomes across Dudley Borough that had also previously been circulated to members of the Board.

During the presentation given it was noted that at the end of each section of the Synthesis there was a paragraph on emerging themes and key questions for commissioners. The Director of Public Health reported that a summary digest of the key questions would be produced.

Arising from the presentation given it was considered that the Synthesis was an improvement on previous such documents given the wider scope of its content and was therefore a better starting point for the Board.

Everyone involved in producing and contributing to the content of the Synthesis was thanked for their endeavours.

RESOLVED

That the Dudley Joint Strategic Needs Assessment Synthesis for 2012 be noted and endorsed as a basis for commissioning plans.

DRAFT JOINT HEALTH AND WELLBEING STRATEGY FOR DUDLEY BOROUGH

A report of officers was submitted on a final version of the first Joint Health and Well Being Strategy for Dudley Borough.

In commenting on the content of the report submitted the Assistant Director, Health Reform Programme Lead referred to the Joint Health and Well Being Strategy and draft Equality Impact Assessment, Appendices 1 and 4 to the report submitted, that had been tabled at the meeting.

Arising from the presentation given and in response to a question asked the Assistant Director, Health Reform Programme Lead reported that a public facing document would be produced in due course in respect of the Dudley Health and Well Being Strategy.

In commenting on the issue of "Quality and Safety" the Director of Adult, Community and Housing Services referred to the outcome of the recently published Winterborne View Report and the work done by the Board at its December event with other partners. It was agreed that further work be done by the Health and Wellbeing Editorial Group to respond to the national suggested questions with a view to inclusion on the agenda of the next Board.

RESOLVED

- (1) That the first Dudley Joint Health and Well Being Strategy produced by the Board, as tabled at the meeting, be approved.
- (2) That an appropriate review of the strategy be undertaken during 2013/14.
- (3) That the Board's Editorial group undertake further work on the themes of (i) Quality and Safety; (ii) Outcomes and Performance and (iii) Engagement as set out in paragraph 5 of the report submitted; and
- (4) That the content of the developing Equality Impact Assessment, copy as tabled at the meeting, be noted and endorsed.

27 DUDLEY CLINICAL COMMISSIONING GROUP – STRATEGIC COMMISSIONING PLAN 2012/15

A report of the Head of Partnership Commissioning, Dudley Clinical Commissioning Group (CCG) was submitted on Dudley CCG's Strategic Commissioning Plan for 2012/15 with a view to the Board offering an opinion to the CCG as to whether the plan took proper account of the Joint Health and Well Being Strategy (JHWS), in accordance with the provisions of the Health and Social Care Act, 2012.

A copy of the Strategic Commissioning Plan 2012/15 had previously been circulated to members of the Board as a separate document and the Chief Officer of Dudley CCG, Mr Paul Maubach, commented on a visual summary of the Plan, a hard copy of which was circulated at the meeting.

Mr Maubach in commenting on the Plan outlined aspects of its background together with its vision and objectives, commissioning priorities, JHWS priorities and provision for making Neighbourhoods, Lifestyles, Children, Minds and Services healthy.

In addition he also commented on latest planning guidance from the NHS Commissioning Board regarding the Quality Premium involving four national measures and three local measures the latter of which should be based on local JHWS priorities and considered by Health and Wellbeing Boards. The proposed local measures were

- improving diagnosis rate for dementia
- improving the number of atrial fibrillation patients being treated; and
- improving diagnosis rate for hypertension

Arising from the presentation given a number of questions were asked and responded to in particular relating to the CCG's response to the Winterbourne view and references to joint commissioning both of which had been actioned/taken into account and it was considered that joint commissioning was an integral part of what the CCG did.

Regarding the bullet points in the summary under the heading 'Making our Children Healthy' it was considered that in addition to ensuring that resources for safeguarding and looked after children were appropriate and sufficient this should be strengthened by also referring to the standards that the CCG were endeavouring to reach so that there was a quality issue as well as one in relation to resources and sufficiency. Mr Maubach undertook to look again at this issue along the lines suggested. It was also suggested that the Quality and Safety Strategy recently approved by the CCG Board be shared with the Dudley Safeguarding Adults Board.

In response to a question regarding the list of quick initiatives, which it was considered was still over long, the response was that the priorities would be dealt with over a two year period and that attempts have been made to identify which priorities would be dealt with in which years, however the rate of achievement would depend on resources and it may be the case that the list would be sequenced into, say, three years. If the list were sequenced it was also suggested that sharing this action would be welcomed by members of the Board.

In relation to comments made regarding The Quality Premium and the new national and local measures introduced by the NHS Commissioning Board a comment was made that it would be helpful for Board members if the balance and distribution of resources between the National Commissioning Board and the Dudley CCG were clearly identified as regards the responsibilities of each body and it was suggested that the National Commissioning Board be invited to submit a report to a future meeting on their responsibilities.

Regarding the initial four national measures and three local measures the CCG would be happy to share the details of the four national measures with the Board and in respect of the three local measures it was noted that these had been presented as the guidance on the measures had only been received a few weeks ago. In future it was reported that there would be an earlier opportunity for the Board to become involved as regards any future local measures for the following twelve month period and beyond. It was also noted that these local measures were not the only measures that were in place but were the three that would be monitored with the National Commissioning Board. As regards any future local measures comment was made that one such measure could relate to generational/ family issues.

The three local measures were supported by the Board.

RESOLVED

That, arising from consideration of the Dudley Clinical Commissioning Group's Strategic Commissioning Plan for 2012/15, the Clinical Commissioning Group be informed that, subject to the comments made at the meeting on the Plan, the Shadow Dudley Health and Wellbeing Board would offer an opinion that the plan takes proper account of the Joint Health and Wellbeing Strategy.

28 PRESENTATION BY THE CHAIR OF DUDLEY AND WALSALL MENTAL HEALTH_ PARTNERSHIP NHS TRUST

A copy of the presentation had previously been circulated to members of the Board and Mr Glyn Shaw, the Chair of Dudley and Walsall Mental Health Partnership NHS Trust was present at the meeting and commented on the content of the presentation which was also displayed visually.

Mr Shaw, in his presentation commented on the formation of the Trust in 2008 and the application for foundation trust status which, subject to completion of the necessary procedure, may be completed by 1st March 2013. Mr Shaw then proceeded to comment on the content of the presentation submitted.

Arising from the presentation given a number of questions/comments were made and in response to some of these the Chair of the Trust reported that his Board were committed to Personalisation and for this to run as smoothly as possible and would welcome details in respect of the guidance reported on at the meeting in respect of Payment by Results. The document could then form part of one of his board's development sessions.

Comments were also made about meetings held between the Trust and the Clinical Commissioning Group and the alignment between these bodies. One issue that needed to be raised however was the question of patient choice/referrals and the Chair of the Trust agreed to have the issue looked into.

At the end of questions/comments Mr Shaw was thanked for his informative presentation.

RESOLVED

That the information contained in the presentation, and comments made at the meeting, in respect of information submitted regarding the Dudley and Walsall Mental Health Partnership NHS Trust, be noted.

29 DRAFT RESPONSE TO THE CONSULTATION ON THE NATIONAL ALCOHOL STRATEGY

A report of the Director of Public Health was submitted on a draft response to the consultation on the National Alcohol Strategy 2012.

Arising from the presentation of the content of the report and the proposed draft response, attached as an appendix to the report submitted, questions/comments were raised by members.

Arising from one particular comment made the Director of Public Health undertook to strengthen the response as regards the issue raised at the meeting in respect of multi buy promotions and ways in which the trade could get round any suggested restrictions and the provision of minimal alcohol sales in relation to ancillary sellers.

RESOLVED

That, subject to the inclusion of comments made at the meeting in respect of the proposed draft response, the content of the report, and Appendix to the report, be noted and endorsed as this Board's response to the consultation on the National Alcohol Strategy 2012.

30 GOVERNANCE: DRAFT PROTOCOL TO SUPPORT WORKING RELATIONSHIPS BETWEEN THE HEALTH AND WELL BEING BOARD AND THE HEALTH SCRUTINY COMMITTEE

A joint report of officers was submitted on a first draft of a Protocol to support working relationships between Dudley's Health and Well Being Board and its Health Scrutiny Committee.

RESOLVED

- (1) That the Chair of the Board be authorised to confirm a final version of the draft Protocol following comment made by the Shadow Board and the Chairs meeting with the Chair of the Health and Adult Social Care Scrutiny Committee and officers
- (2) That approval be given to protocols being developed to cover the Board's relationships with the Dudley Safeguarding Adults Board, the Dudley Safeguarding Children's Board, the Dudley Health Watch and other Council Scrutiny Committees such as the Children's Committee.

31 PLANNING AND HEALTH – SUPPLEMENTARY PLANNING DOCUMENT – GOOD PRACTICE ITEM

A presentation entitled Planning and Health – Supplementary Planning Document, had previously been circulated to members of the Board.

Ms N Dale, Principal Planning Officer (Planning Policy Team) commented on the presentation submitted which was also displayed visually.

References were made throughout the presentation to the ways in which planning contributed to health issues with particular reference to the Council's Supplementary Planning Document. This document would be submitted to a meeting of Cabinet in March for approval to go to full consultation with a view to the adoption of a final document in the Autumn of 2013.

Arising from the comments made on the presentation it was considered that the Supplementary Planning Document, once adopted, would assist with health issues as it was important that such issues were clearly set out in the guidance contained within the Supplementary Planning Document.

RESOLVED

That the information contained in the presentation submitted, on Planning and Health – Supplementary Planning Document, be noted and welcomed.

The meeting ended at 4.43 p.m.

CHAIR