SHADOW DUDLEY HEALTH AND WELLBEING BOARD

<u>Monday, 30th April, 2012 at 3 p.m.</u> In Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Vickers (in the Chair) Councillor Mrs Walker (Vice-Chairman) Councillor Ali Director of Adult, Community and Housing Services Acting Director of Children's Services and Assistant Director, Planning and Environmental Health (Directorate of the Urban Environment) Assistant Director Children and Families (Directorate of Children's Services) Dr N Plant and Mrs K Sharpe – Dudley GP Clinical Commissioning Group Mrs G Cooper – Chair of Dudley PCT Director of Public Health Mr D Orme – LINKs – Co-Chairman Mr A Gray – Dudley CVS CEO Mr D Hodson – Director of Dudley Community Partnership Assistant Director Policy, Performance and Resources (Directorate of Adult, Community and Housing Services), Assistant Director Quality and Partnership (Directorate of Children's Services). Nr N Bucktin (Senior Management Lead -Dudley GP Clinical Commissioning Group) and Mr J Jablonski (Directorate of Corporate Resources).

Also in attendance

Ms S Marshall – Black Country Partnership NHS Foundation Trust and Ms P Owen – Dudley PCT (for agenda item number 8) Mr D Hunter (Urgent Care Lead Dudley) (for agenda item 9)

28 <u>APOLOGY FOR ABSENCE</u>

An apology for absence was submitted on behalf of Dr Hegarty

29 DECLARATIONS OF INTEREST

The Chairman (Councillor Vickers) declared a personal interest in agenda item 7 – Dudley Clinical Commissioning Group – Commissioning Intentions 2012/13 – in that he is a member of the Black Country Partnerships NHS Foundation Trust.

30 <u>MINUTES</u>

RESOLVED

That the minutes of the meeting of the Board held on 30th January, 2012, be approved as a correct record and signed.

31 JOINT HEALTH AND WELLBEING STRATEGY AND ENGAGEMENT

A joint report of Officers was submitted on the next steps for the development of a first Joint Health and Wellbeing Strategy and engagement.

In commenting on the content of the report the Assistant Director Policy, Performance and Resources (Directorate of Adult, Community and Housing Services) reported that the proposed stakeholder event, referred to in paragraph 7 of the report, was to be held on 5th July to meet the purposes of the development of a Joint Health and Wellbeing Strategy as well as the development of the Health Watch. The event would be an opportunity to engage with children and young people and stakeholders so as to secure a strong 'voice' element in the production of a Strategy.

Arising from the presentation of the report submitted, and in response to a comment made by Mr Orme, Mr Orme was asked to contact the Acting Director of Children's Services regarding the involvement of the Council's Youth Service with Healthwatch as she would wish to see such involvement not only in the actual event but in the lead up to the event and following it.

A comment was also made that when the working group set up to consider the agenda for the event met it was hoped that consideration would be given to the involvement of persons from the widest possible spectrum.

In response to a query regarding the venue for the event it was suggested that if any member of the Board had an alternative location in the borough in mind, would they inform the Assistant Director, Policy, Performance and Resources as soon as possible.

A further comment was also made that this event should not be seen as a one off event but that all avenues should be explored so as to get the widest possible engagement from all concerned in as varied a number of ways as possible.

RESOLVED

That approval be given to

 the overall approach to the development of a Joint Health and Wellbeing Strategy, as indicated in the report submitted.

- (2) subsequent work on a Work Force Strategy by relevant staff; and
- (3) engagement with Dudley people and stakeholders on 5th July, 2012, as well as other routes for children and young people to support the development of a Joint Health and Wellbeing Strategy, taking into account the comments made at the meeting.

32 JOINT STRATEGIC NEEDS ASSESSMENT: UPDATE

A report of the Director of Public Health on progress on the Joint Strategic Needs Assessment was submitted.

The Director of Public Health commented on the content of the report, and its Appendices, with particular reference to the terms of reference and membership of the Joint Strategic Needs Assessment Group attached as Appendix 4 to the report.

The Director of Public Health also commented on the need for the membership of the Group to be flexible so as to be as inclusive as possible and further commented that at a meeting of the Group held earlier today a work plan had been sketched out and would be circulated to members of the Board in due course.

RESOLVED

- 1. That the information contained in the report, and Appendices of the report submitted, be noted.
- 2. That approval be given to the terms of reference and membership of the Joint Strategic Needs Assessment Group.
- 3. That the 'next steps' as set out in the report submitted be agreed.
- 4. That the Director of Public Health be requested to arrange for the work plan, discussed earlier today, to be circulated to Members of the Board in due course..

33 DUDLEY CLINICAL COMMISSIONING GROUP – COMMISSIONING INTENTIONS 2012/13

A report of the Head of Partnerships and Service Developments – Dudley Clinical Commissioning Group was submitted advising the Board of the Clinical Commissioning Group's commissioning intentions for 2012/13 and for the Board to note that a further report setting out the Clinical Commissioning Group's detailed commissioning plan would be submitted to the Board in due course. The Senior Management Lead, Dudley Commissioning Group presented the content of the report and reported that whilst the Clinical Commissioning Group was in the process of finalising its financial plan for 2012/13 contracts with the three main providers, referred to in the report, were in place and that the financial plans would shortly be signed off.

Further detail regarding the issues outlined in the report submitted in respect of the three main providers would be contained in the Commissioning Strategy to be submitted to the next meeting of the Board.

A number of questions/queries were then raised by Board members with particular reference to:-

- CAMHS in regard to which there were issues that needed to be addressed as well as the need to include other services from other sources so that the matter was considered holistically. There would also be a need to look at recommissioning of the service.
- Procedures of limited clinical value the Senior Management Lead would arrange for a response to be emailed to members of the Board on this.
- The second commissioning principle that of commissioning services that were of high quality, offer improved outputs, delivery patient choice and value for money – it was noted that issues with regard to need would inform the substantive Commissioning Strategy to be considered at the next meeting of the Board.
- The issue of maternity services at Russells Hall Hospital which it was reported had been addressed and that further work in relation to balancing capacity and need was currently being undertaken.
- Safeguarding and Looked After Children in that it was noted that the current work would continue to be considered in to the following year.
- Health Visiting/Family Nurse Partnership that there were concerns that feedback especially from young people might not be being captured.

At the end of the questions/queries it was

RESOLVED

1. That the issues identified in the Dudley Commissioning Group's Commissioning Intentions for 2012/13, as indicated in the report submitted, be noted.

- 2. That a further report on the Clinical Commissioning Group's detailed commissioning plan be submitted to a future meeting of the Board.
- 3 That the Senior Management Lead, Dudley Clinical Commissioning Group, be requested to arrange for a response on Procedures of limited clinical value to be e-mailed to Members of the Board.

34 OFSTED INSPECTION OF SAFEGUARDING AND LOOKED AFTER CHILDREN

A report of the Acting Director of Children's Services was submitted advising the Board of the outcome of the Ofsted Inspection of Safeguarding and Looked after Children Services in Dudley that had taken place between 28th November and 9th December, 2011; to present elements of the action plan to the Board with respect to the recommendations of the Ofsted inspection and for NHS Dudley to present their strategic action plan.

Of the thirteen individual outline action plans that had been developed by the Directorate of Children's Services and partner agencies to meet the recommendations outlined in the Ofsted Inspection Report, eight plans had been developed to support section 1 of the report in relation to safeguarding and five had been developed in relation to section 2 in respect of Looked After Children.

Attached as Appendices to the report submitted were copies of Plan 1, which was subdivided into seven plans, on which Health were the lead, Plan 8 on which Children's Services were the lead and Plan 12 on which the Directorate of Children's Services and Partners were the lead.

In attendance at the meeting were Sue Marshall from Black Country Partnership NHS Foundation Trust and Pauline Owen from Dudley Primary Care Trust to present issues in relation to Plan 1 and respond to questions from Board members.

Sue Marshall commented on the background to the Plan and referred to work that had already been started arising from concerns that had been expressed at the time of the inspection held.

In commenting on the content of Plan 1 reference was made to the banner heading on each sub plan which set out the recommendation of the Care Quality Commission/Ofsted and to the actions and milestones determined so as to achieve improvement. The milestones shown had been colour coded as either Red, Amber or Green and of these it was noted that only three were coded as Red.

Of the issues indicated particular reference was made to supervision on which changes had been made and in respect of capacity issues with the safeguarding team. Arising from the comments made questions/queries were raised relating in particular to:-

- Current and future resource implications of the Plans. A response was given to the effect that there was a need to change working practices and that on the question of capacity work was being done by partners to understand what the resource implications were. The question of additional resources would require further consideration, discussion and determination.
- The question of base line budgets. It was noted that the Clinical Commissioning Group did know the base line commitment as they had contracts in place with providers totalling approximately £9 million. The Senior Management Lead of the Clinical Commissioning Group would arrange for the information to be emailed to members of the Board and commented that the report to be submitted by the Clinical Commissioning Group to the next meeting of the Board would include reference to resource implications.
- The need to know what the major issues were that required resolution. In response it was reported that this report was part of an ongoing process identifying the recommendations of the Care Quality Commission/Ofsted and the actions taken/to be taken to meet those recommendations and thereby improve performance, as indicated by the four point scale at paragraph 6 of the report.

The Acting Director of Children's Services indicated that she could report to a future meeting of the Board outlining the specific successes of the Plans as these moved forward, there being evidence available that matters were improving from the actions already taking place.

Progress reports could also be submitted on achievements made across the Plans.

The plans did outline what improvements were required and timescales. Funding and other resources would be added as they were identified.

RESOLVED

- 1. That the information contained in the report, the Appendices to the report, submitted, and as reported at the meeting, be noted and that the Acting Director of Children's Services and the PCT be requested to submit reports to future meetings of the Board on the achievements and progress.
- 2. That the Senior Management Lead, Dudley Clinical Commissioning Group, be requested to arrange for the information requested in respect of base line budgets to be e-mailed to Members of the Board.

An oral presentation was given on Virtual Ward - Dudley, copies of the presentation having previously been circulated with the agenda for this meeting of the Board.

Derek Hunter, Urgent Care Lead Dudley, commented on the content of the presentation and it was noted that Virtual Ward was a risk stratification tool, initially developed by BUPA, and contained information relating to secondary and primary care.

Eight teams had been set up in Dudley each with a case load relating to adults aged 18 years of age and over. Following an initial pilot roll out of the application across Dudley occurred from October 2010 to January 2011.

As indicated in the presentation benefits accrued from use of the application although there were a number of issues as well. Overall there had been some positive implications arising from the use of the application and Dudley was seen as one of the leaders on the use of Virtual Ward.

Arising from the presentation given a question was asked as to the coverage of the eight teams in the borough and in response it was noted that the teams were based on GP practices and therefore had a geographic location which did not cover the entirety of the Borough. Details of the coverage would be emailed to members of the Board.

Comments were also made that the information arising from this application informed part of the work currently being done in respect of what had become known as troubled families. Given the linkages between Virtual Ward and the work in respect of troubled families it was considered that this was an opportunity for closer working between the respective groups looking at these issues and Board members indicated their endorsement to such closer working with the view to enhancing the work going forward and the sharing of information.

In this regard it was also noted that although it was only a small sample the statistics submitted in respect of frequent attenders indicated a high ratio of alcohol related issues and it was considered that this information should also be shared with the Alcohol Team.

RESOLVED

- 1. That the information contained in the presentation submitted on Virtual Ward Dudley be noted and that Mr Hunter be thanked for the presentation given.
- 2. That the closer working indicated above together with the sharing of information, as indicated, be endorsed by the Board.
- That the Senior Management Lead, Dudley Clinical Commissioning Group, be requested to arrange for details of the coverage of the Borough by the eight Virtual Ward Teams to be e-mailed to Members of the Board.

36 DATES OF MEETINGS OF THE BOARD IN 2012/13

RESOLVED

That it be noted that meetings of the Board in 2012/13 were to be held on the following Monday's commencing at 3pm in the Council House, Dudley:-23rd July, 2012, 1st October, 2012, 21st January 2013 and 29th April 2013.

37 LOCAL PUBLIC SERVICE AGREEMENT REWARD FUNDING

Arising from comments made by Mr Hodson, Director, Dudley Community Partnership, it was, following consideration,

RESOLVED

That approval, in principle, be given to allocating a small amount of reward fund monies available to the former Health and Wellbeing Partnership to activity to support engagement and on the development of the JSNA and that the Development Group of Officers, in consultation with Mr Hodson, be authorised to determine the use and allocation of the monies.

38 SURVEY TO BE SENT TO KEY STAKEHOLDERS

Dr Plant reported that as part of the authorisation for the Dudley Clinical Commissioning Group key stakeholders would be sent a survey and Dr Plant expressed the hope that they would respond by completing and returning the survey sent. In respect of the survey it was also reported that some explanatory information had been received by the Directorate of Adult, Community and Housing Services and that Directorate would be happy to share that information with any key stakeholder approached to complete a survey.

39 <u>COMMENTS OF THE CHAIRMAN</u>

As this was the last scheduled meeting of the Board in the current municipal year, the Chairman thanked everyone for the work that had been done and the progress made in reaching the Board's current position .

The meeting ended at 4.35 pm

CHAIRMAN