

## **DUDLEY HEALTH AND WELL-BEING BOARD**

Thursday, 26<sup>th</sup> September, 2013 at 3.00 pm  
in Committee Room 2, The Council House, Dudley

### **PRESENT:-**

Councillor S. Turner (Chair)  
Councillors Branwood and Harley  
Director of Children's Services, Director of Public Health, Dr. D. Hegarty and Mr. P. Maubach - Dudley GP Clinical Commissioning Group; Alison Taylor, Local Area Team, NHS Commissioning Board, Mr. A. Gray - Dudley CVS CEO.

### **In Attendance**

Assistant Director, Adult Social Care (Directorate of Adult, Community and Housing Services), Assistant Director (Quality and Partnership) and Assistant Director (Children and Families)( both Directorate of Children's Services), Mr. N. Bucktin, Head of Partnership Commissioning - Clinical Commissioning Group, Ms. K. Jackson, Consultant in Public Health (Office of Public Health) and Mr. J. Jablonski (Directorate of Corporate Resources)

### **Also in attendance**

Mr. R. Cattell, Director of Operations, The Dudley Group NHS Foundation Trust (for Agenda Item No. 6)  
Dr. Rob Dalziel - Healthwatch Dudley (for Agenda Item No. 13)

### **Observer**

Councillor Foster

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9. **APOLOGIES FOR ABSENCE**

Apologies for absence from the meeting were submitted on behalf of Councillors Crumpton and Miller, Andrea Pope-Smith and Roger Clayton.

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10. **APPOINTMENT OF SUBSTITUTE MEMBER**

It was reported that Councillor Harley was serving in place of Councillor Miller for this meeting of the Board only.

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11. **DECLARATIONS OF INTEREST**

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

12. MINUTES

Arising from consideration of the minutes, positive feedback on the conference held following the meeting of the Board on the 26<sup>th</sup> June, 2013 was reported on.

RESOLVED

That the minutes of the meeting of the Board held on the 26<sup>th</sup> June, 2013, be approved as a correct record and signed.

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13. MECHANISMS FOR THE BOARD TO BE ASSURED OF QUALITY AND SAFETY

A joint report of Officers was submitted on the new quality and safety assurance arrangements in the health and social care system and on a process for deciding how the Board could be assured that these processes were in place and were robust.

RESOLVED

- (1) That the information contained in the report submitted, on mechanisms for the Board to be assured of quality and safety, with particular references to paragraphs 37-39 of the report submitted, be noted.
  - (2) That approval be given to the holding of an additional, short, development session to agree quality and safety role and mechanisms.
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14. CHANGE IN ORDER OF BUSINESS

Pursuant to Council Procedure Rule 13 (c), it was

RESOLVED

That agenda item no. 6 - Keogh Action Plan - be considered after agenda item nos. 7, 8 and 9.

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15. QUALITY AND SAFETY - UPDATE ON DUDLEY RESPONSE TO WINTERBOURNE VIEW REPORT

A joint report of the Director of Adult, Community and Housing Services and the Chief Officer, Dudley Clinical Commissioning Group was submitted updating the Board on developments relating to the response in Dudley to the implications of the Winterbourne View report.

RESOLVED

That the information contained in the report submitted, updating the Board on the response to the Winterbourne View report, in the context of its overall concern for Quality and Safety in the Borough and the services used by people in Dudley, be noted.

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16. THE ANNUAL REPORT OF THE DUDLEY SAFEGUARDING ADULTS BOARD 2012

A report of the Director of Adult, Community and Housing Services was submitted on the Annual Report of the Dudley Safeguarding Adults Board for 2012.

During his presentation of the content of the Annual Report, a copy of which was attached as an appendix to the report submitted, the Assistant Director, Adult Social Care, referred, in particular, to the reporting structure outlined in Appendix 1 to the Annual Report and to the decision to appoint a Joint Independent Chair to the Safeguarding Boards for both Children and Adult Services; the appointment having been made in May, 2013. The Chair, Roger Clayton, was a member of this Board and in respect of the Safeguarding Adults Board, would introduce a new element into the operation of the Board in terms of independence and challenge.

RESOLVED

That the information contained in the report, and Appendix to the report, submitted on the Annual Report of the Dudley Safeguarding Adults Board, 2012, be noted.

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17. THE ANNUAL REPORT, BUSINESS PLAN AND WORK PROGRAMME OF THE DUDLEY SAFEGUARDING CHILDREN'S BOARD

A report of the Director of Children's Services was submitted on the Annual Report, Business Plan and Work Programme of the Dudley Safeguarding Children's Board.

The Assistant Director, Quality and Partnership (Directorate of Children's Services), commented on the report and the copy of the Annual Report, Business Plan and Work Programme attached as an Appendix to the report submitted. He also referred to the reporting arrangements, as set out in the previous report and to the appointment of an Independent Chair of the Dudley Safeguarding Children's Board.

Arising from initial consideration of the report, and the Appendix to the report submitted, a number of comments were made relating, in particular, to the rising number of contacts that were reported and a query as to the key trend to focus on.

In response, it was reported that there was an upward trend and that neglect was the single biggest issue. Children's social care were currently supporting around 2,000 children .

In response to a query as to whether the strategy was to stop the increase or whether it was an inevitable consequence, it was reported that the trend was not inevitable and the spotlight work being done was cited in relation to this.

In response to a further query regarding the Mental Health Services for Adults and the need for an understanding of where children were considered in relation to that, it was considered that in relation to Mental Health Services it was not clear whether this Board had a focus on that aspect and whether the voice of the child was being heard in this context. It was suggested that this aspect be picked up in spotlight sessions and that issues arising therefrom should be reported back to this Board. It was also noted that as a result of intervention, greater needs were identified.

**RESOLVED**

That the information contained in the report, and Appendix to the report, submitted on the Annual Report, Business Plan and Work Programme of the Dudley Safeguarding Children's Board, be noted.

18. KEOGH ACTION PLAN

A report of the Chief Executive, the Dudley Group NHS Foundation Trust, was submitted on the Trust's response to the Keogh Review and an update on progress to date.

In the absence of the Chief Executive of the Trust, who was unable to attend the meeting, Richard Cattell, Director of Operations at the Trust commented on a number of the themes set out in the Keogh Investigation Action Plan - July, 2013, attached as an Appendix to the report submitted.

Arising from the presentation given, a number of comments were made and responses given with particular reference to:-

- That in response to the query regarding the number of action dates recorded as September/October, 2013 and whether the targets would be met, it was noted that an updated version of the Action Plan was to be submitted to the Trust's Board on the 3<sup>rd</sup> October, 2013, and that following the meeting of that Board an updated Action Plan would be shared with members of this Board. It was further commented that almost all the actions would be completed by the end of October. One aspect that would not be completed was the nursing care mix as the Trust was still working through this aspect using a nationally accredited tool, e.g. AUKUH, Safer Nursing Care tool.
- It was noted that the Clinical Commissioning Group were also monitoring the Trust's action on the Action Plan and were working with the Trust.
- Both Dudley Healthwatch and Dudley Clinical Commissioning Group commented that they had not yet had the opportunity to review with Dudley Group Foundation Trust their Patient Experience Strategy referred to at 17.1 of the Action Plan; and so this action was not yet completed.
- In relation to a query about the voice of the child, being heard in relation to the Action Plan, the Director of Operations undertook to respond to members of this Board on this aspect.
- A comment was made that overall the Trust's response to the Keogh Review was satisfactory.

RESOLVED

That the information contained in the report, and attached Keogh Investigation Action Plan - July, 2013, being the response of the Dudley Group NHS Foundation Trust to the Keogh Review that had been undertaken and the update on progress to date, be noted.

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19. DUDLEY CLINICAL COMMISSIONING GROUP PRIMARY CARE DEVELOPMENT STRATEGY

A report of the Chief Officer, Dudley Clinical Commissioning Group, was submitted presenting the final version of the Primary Care Development Strategy, as approved by the Clinical Commissioning Group's Governing Body. A copy of the Primary Care Development Strategy, 2013 was attached as an Appendix to the report submitted.

It was noted that the focus of the strategy was on developing local primary care and supporting GP practices to provide high quality services for patients. Dudley was the first Clinical Commissioning Group in the region to report on improving the quality of primary care.

Arising from the presentation given by the Chief Officer, Dudley Clinical Commissioning Group, it was noted that Dudley was one of the few areas where demand for A & E services was constant and it was considered that this was due to the support given to practices. It was further noted that the Area Team, NHS England were supportive of the approach set out in the model contained in the Strategy and that they would be using it across the area of the Area Team.

The fact that primary care in Dudley was being cited as an exemplar should give confidence to the Board.

There were, however, real challenges, for example, the demographics of the work force in that there was a higher percentage of aged, single or low handed practices in the Borough. However, the strategy attached to the report was a working document that needed to go forward to ensure sustainability in the provision of primary care.

Arising from the initial comments made, a number of points were raised and in response it was agreed that a role of good quality primary care was prevention and that there was a need for pro-active management and closer working relationships. The importance of IT systems in relation to this was cited and how to take quality per pound, so that this could be understood better. Issues of quality and how to ensure better services were provided as well as more pro-active steps being taken and the need for an infrastructure to make it work were also commented upon.

In relation to the approach being adopted, Dr. Dalziel indicated that Healthwatch were pleased with the content of the strategy and the approach adopted and were keen to monitor and evaluate issues, for example, those relating to access such as appointment times and access lines. They, therefore, wanted to see progress with thinking about how improvements could be made.

As regards access, work was being undertaken to support practices on this issue so that they could develop their own development plans. However, it was also reported that there was a 4% year on year increase in demand for access with no additional resources for practices, so clearly some practices had improved in delivering services. Responding to the increasing demand was, however, an on-going challenge.

A further issue was that some practices were able to earn more than others and so could provide more services than those whose contract value was lower. It was the case that some practices in the more deprived areas were the least well served. The issue of contract value was though one requiring a national decision and over time differences in funding practices had grown. This issue was, therefore, a complex one and might explain why some patients were more satisfied with access to services than others.

The issue of patient questionnaires was raised as one way in which to identify the quality that was obtained for each pound invested. In relation to the voice of young people on this aspect, it was considered that further work needed to be done in relation to engaging with young people.

In view of the comments made it was considered that specific research should be undertaken and that Children's Services would be happy to work with the Clinical Commissioning Group on gathering information to progress this. It was further noted that the voluntary sector had data which would be available for use.

#### RESOLVED

That the information contained in the report, and Appendix to the report, submitted on the final version of the Primary Care Development Strategy, 2013, that supports Dudley's "Joint Health and Wellbeing Strategy Wellbeing for Life - Our Plan for a Healthier Dudley Borough, 2013-2016" be noted.

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20. TRANSFER OF RESOURCES TO DUDLEY MBC 2013/14 TO SUPPORT SOCIAL CARE AND THE HEALTH AND SOCIAL CARE INTERACTION TRANSFORMATION FUND

A joint report of the Chief Officer, Dudley Clinical Commissioning Group, Director of Adult, Community and Housing Services and Director of Children's Services on the proposed use of resources to be transferred to Dudley MBC for the purposes of supporting social care in 2013/14 and on a national announcement of £3.8 billion of funding to ensure closer integration between health and social care, was submitted.

RESOLVED

- (1) That the information contained in the report submitted on the proposed resource transfer of £5.589 million to Dudley MBC for the purposes of supporting social care in 2013/14, be approved and that NHS England be advised accordingly.
- (2) That a further report be submitted for a future meeting of the Board on the use of the Health and Social Care Integration Transformation Fund.

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21. THE NHS BELONGS TO THE PEOPLE: A CALL TO ACTION

A report of Alison Taylor, Director of Finance, Birmingham, Solihull and the Black Country Area Team NHS England, was submitted on the document "The NHS Belongs to the People: A Call for Action", which was published by NHS England on the 11<sup>th</sup> July, 2013. A copy of the full paper was attached as Appendix 1 to the report submitted and set out the case for transformational change across the NHS.

Arising from the presentation of the report, and the Appendix to the report submitted, it was suggested that the document form part of a future spotlight session.

Regarding consultation on this and related issues, it was considered that there was a need to avoid over-consulting with the public and that one way that this could be achieved was for there to be a co-ordinated response to consultation undertaken.

In response to the points raised, it was noted that a report would be submitted to a future meeting of the Board on communication and engagement which should address the issues raised.

RESOLVED

That the information contained in the report, and Appendix to the report, submitted on the document entitled "The NHS Belongs to the People: A Call to Action" published by NHS England on the 11<sup>th</sup> July, 2013, be noted and that it be further noted that a report on communication and engagement with the people of Dudley would be submitted to a future meeting of the Board.



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22. UPDATE ON HEALTHWATCH DUDLEY PROGRESS

A report of the Chief Officer of Healthwatch Dudley was submitted updating the Board on Healthwatch Dudley progress.

As the Chief Officer was unable to attend the meeting, Dr. Rob Dalziel of Healthwatch was in attendance to present the report.

Arising from the presentation of the report, a number of questions were asked and in response to a particular question, it was noted that the question of the appointment of a Chair of Healthwatch Dudley had still to be finalised.

In respect of a further question as to why elected members were not being allowed to be members of the Healthwatch Board, it was noted that Healthwatch Dudley would be happy to revisit this issue and take some guidance.

RESOLVED

That the information contained in the report submitted, on an update on the work being progressed by Healthwatch Dudley, be noted.

The meeting ended at 4.50 p.m.

CHAIR