

SHADOW DUDLEY HEALTH AND WELLBEING BOARD

Monday, 23rd July, 2012 at 3 p.m.
In Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillors Crumpton, Islam, Miller and Waltho
Acting Director of Children's Services
Assistant Director Children and Families (Directorate of Children's Services)
Dr N Plant – Dudley Clinical Commissioning Group, Mrs G Cooper – Chair of Dudley PCT, Director of Public Health, Mr L Williams (Director of Operations – Black Country PCT Cluster), Mr A Gray – Dudley CVS CEO, Assistant Director, Health Reform Programme Lead (Directorate of Adult, Community and Housing Services), Assistant Director, Performance and Partnership (Directorate of Children's Services), Nr N Bucktin (Senior Management Lead – Dudley Clinical Commissioning Group) and Mr J Jablonski (Directorate of Corporate Resources).

Also in attendance

Ms L Allen – Primary Care Leader – Black Country PCT Cluster (for Agenda Item No 9)
Mr J Winpenny – West Midlands Fire Service – as an observer

1 ELECTION OF CHAIR

RESOLVED

That Councillor Islam be elected as Chair of the Board for the ensuing municipal year.

(Councillor Islam (in the Chair))

Arising from his election as Chair Councillor Islam made a number of opening remarks and in so doing expressed thanks to the outgoing Chair and elected members of the Board and to all other members of the Board and officers who had been involved in the work of the Board to date.

2 APPOINTMENT OF VICE CHAIR

RESOLVED

That Councillor Crumpton be appointed as Vice Chair of the Board for the ensuing municipal year.

3 APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Andrea Pope-Smith, Sue Holmyard, Dr David Hegarty, Kimara Sharpe, Angela Hill and Dennis Hodson.

4 DECLARATIONS OF INTERST

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

5 MINUTES

RESOLVED

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

6 NEXT STEPS FOR THE SHADOW HEALTH AND WELLBEING BOARD 2012/13

A joint report of Officers was submitted on a range of matters in preparation for formal arrangements commencing in April, 2013.

In his presentation of the content of the report the Assistant Director, Health Reform Programme Lead outlined the content of the report in relation to the following issues:-

- Joint Health and Wellbeing Strategy development and the Joint Strategic Needs Assessment
- Public Engagement Update
- Draft Shadow Board Development Session 2012/13 Plan
- Draft Work Programme 2012/13
- Governance

In commenting on the report the Assistant Director reported on the ongoing consultation with children and young people at specific events to be held and the Assistant Director Performance and Partnership (Children's Services) gave further details in this regard. It was noted that when the process of consultation had been completed a further report would be submitted to the Board on this.

The Assistant Director, Health Reform Programme Lead also reported that in relation to the development sessions held the Local Government Association had indicated that funding for support had been extended to March next year and so there may be further opportunities for them to engage with members of the Board at further events.

Arising from the presentation given and comments made members made particular comments referring to the need to ensure that, with regard to liaison arrangements between the Board and other bodies, in addition to the Health Scrutiny Committee this should be extended to the Children's Scrutiny Committee and in relation to Conflict Resolution this should also cover the NHS National Commissioning Board.

With respect to the NHS National Commissioning Board it was considered that there needed to be an appropriate level of representation from the local Board onto the Health and Wellbeing Board given the role that the NHS National Commissioning Board was to play in the new health structure. In response Mr Williams indicated that it was the intention of the NHS National Commissioning Board to require a senior member of the local area office team to be provided to attend and contribute to each Health and Wellbeing Board in the area of the local office.

Regarding Appendix 3 to the report detailing the membership of the Shadow Board it was commented that the words - (until abolished) - should also be included after the heading Black Country PCT Cluster.

RESOLVED

- (1) That the information contained in the report submitted on the current content of the developing Joint Health and Wellbeing Strategy and on engagement, be noted.
- (2) That an Equality Impact Assessment be undertaken to support the developing Joint Health and Wellbeing Strategy before the end of September, 2012.
- (3) That a further Engagement Event and other associated activity to meet the engagement needs of all people including children and young people in the Borough to participate as fully as possible in the process be agreed.
- (4) That approval be given to the proposed content and process for Shadow Board Development through development sessions in 2012/13.
- (5) That approval be given to the proposed draft work programme as set out in Section 6 of the report submitted.

- (6) That, subject to the minor updates referred to during the consideration of the issue of governance, the proposed amendments to the terms of reference of the Board be noted and work continued in this regard and that the membership of the Board be reviewed in the light of relevant best practice and wider evidence.
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7 THE ANNUAL REPORT OF DUDLEY SAFEGUARDING ADULTS BOARD 2011

A report of the Director of Adult, Community and Housing Services was submitted on the Annual Report of the Dudley Safeguarding Adults Board 2011, a copy of which was attached as an Appendix to the report submitted.

In his presentation of the content of the report, and Appendix to the report, submitted, the Assistant Director Health Reform Programme Lead, as Chair of Adults Safeguarding Board, commented that the report had been submitted to the Board given their overall leadership role.

Arising from the presentation given comments were made in relation to the impact of the Winterbourne enquiry and in response to this an assurance was given that there were no issues of concern following an audit undertaken within the Clinical Commissioning Group.

In response to a question regarding the lower number of referrals in 2011 compared with 2010 it was reported that this was due to system changes rather than a downturn in the level of reporting.

In response to a comment made about the implementation of the Pan West Midlands procedure across the West Midlands to provide a consistent approach to safeguarding it was reported that benchmarking material and figures submitted to the Department for Health could be supplied to Board members showing the relatively good performance achieved in this area.

It was also noted that adult safeguarding would be put on a similar statutory basis to that of safeguarding children which would increase the importance of the Adult Safeguarding Board in future years.

RESOLVED

- (1) That the information contained in the report, and Appendix of the report, submitted on the Annual Report of Dudley Safeguarding Adults Board 2011, be noted.
 - (2) That the Assistant Director, Health Reform Programme Lead be requested to arrange for relevant material in relation to benchmarking on adult safeguarding to be sent to all members of the Board.
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DEVELOPMENT OF NHS COMMISSIONING BOARD FUNCTIONS

A report of the Director of Operations, Black Country Cluster and the Primary Care Lead, Black Country Cluster was submitted on the current expected range of responsibilities to be held by the NHS Commissioning Board and on an update on Local Area Offices together with the implications of these for the development of the Health and Wellbeing Board.

Mr Les Williams, Director of Operations, presented the content of the report submitted and in doing so introduced Lynne Allen, the Primary Care Leader for the PCT, Black Country Cluster.

In making his presentation it was commented upon that there remained continuing development of fine detail and that the content of the report was therefore subject to further change. Mr Williams indicated that he would be happy to provide further updates, as necessary.

In commenting on aspects of the report submitted Mr Williams reported that there would be 27 local area offices for the National Health Service Commissioning Board and that there would be a Black Country and Birmingham Local Area Office, covering the boundaries of the current Black Country and Birmingham and Solihull PCT Clusters. Wendy Saviour had recently been appointed as the Director for the Local Area Office and would be taking up her appointment in the next two weeks.

It was also noted that appointments would then be made to the management team with the rest of the structure being appointed through to September, 2012. The number of staff in each Local Area Office would depend on the range of functions undertaken by them. It was further noted that the case continued to be made from health organisations for a physical presence in the Black Country.

Given the linkages with this Board and the leadership role in developing responses to health issues of the Health and Wellbeing Board, it was reiterated that a senior member of the Local Area Office Team would be provided to attend and contribute to meetings of the Health and Wellbeing Board.

Following the presentation given members made a number of comments and queries with particular reference to the complexity of the NHS changes and the need to develop with all branches partnership working. Responses to questions of detail would need to await the appointment of persons to the management team of the Local Area Office and it was also important to stress that until March, 2013 the Primary Care Trust still had a role to play.

A further issue raised was that of trying to ensure that the public were aware of the changes that were occurring and the role of this Board in that process. Again this was seen to be an ongoing issue given the uncertainties in a number of areas and developing situations. However some work in this area was being done and further work would be done on this.

RESOLVED

That the information contained in the report submitted, and as reported at the meeting, on the current expected range of responsibilities to be held by the NHS Commissioning Board and an update on Local Area Offices and implications for the development of the Health and Wellbeing Board, be noted.

9 DEVELOPMENT OF INTEGRATED COMMISSIONING

A joint report of officers was submitted on issues in relation to the development of integrated commissioning arrangements, in the context of the future role of the Health and Wellbeing Board, on existing developments and on current arrangements in relation to the use of Section 75 of the Health Act, 2006.

RESOLVED

- (1) That the information contained in the report, and Appendix 1 to the report, submitted identifying in particular those areas for the potential further development of integrated arrangements be noted and further reviewed.
 - (2) That the information contained in the report submitted on those care pathways which may benefit from an integrated approach in both Adult and Children's Services, starting with dementia and mental health and wellbeing, be noted
 - (3) That the Audit Commission's report and the outcome of the evaluation of integrated care pilots, for people aged over 65, be used to inform this process for the relevant groups.
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10 DUDLEY CLINICAL COMMISSIONING GROUP STRATEGIC COMMISSIONING PLAN 2012/15

A copy of the Strategic Commissioning Plan 2012/15 of the Dudley Clinical Commissioning Group was submitted and commented upon by the Senior Management Lead of Dudley Clinical Commissioning Group.

In his presentation of the content of the plan he reported that the Plan had been approved by the Dudley Clinical Commissioning Group Board and would form part of their submission in their application for authorisation. A site visit in connection with this would be held in September. It was further noted that the key commissioning priorities were:

- To address health inequalities in Dudley
- Improve the quality of services locally
- To ensure that local services deliver the best possible outcomes for the whole population

Regarding the role of the Health and Wellbeing Board it was noted that when the Board was established from April, 2013 it would need to offer an opinion on the plan submitted by the Clinical Commissioning Group.

Arising from the presentation given comments were made welcoming the priority to reduce health inequalities in the borough and on the role of this Board in the authorisation process. In this regard, it was considered that consideration needed to be given now to the tests that the Board should apply as part of the process so that they could sign off future Plans.

Arising from a further comment made it was considered that all Councillors should have an understanding of the work of the Clinical Commissioning Group and that to assist this a briefing could be arranged for elected members.

RESOLVED

- (1) That the information contained in the Strategic Commissioning Plan 2012/15 of Dudley Clinical Commissioning Group be noted.
- (2) That the Chair and relevant officers give consideration to the suggestion made that a briefing be arranged for all elected members on the work of the Dudley Clinical Commissioning Group.

The meeting ended at 4.32 pm

CHAIR