

SHADOW DUDLEY HEALTH AND WELLBEING BOARD

Monday, 1st October, 2012 at 3 p.m.
In Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Islam (Chair)

Councillor Miller

Director of Adult, Community and Housing Services, Assistant Director Planning and Environmental Health (Directorate of the Urban Environment), Assistant Director Children and Families (Directorate of Children's Services),

Dr N Plant – Dudley Clinical Commissioning Group, Director of Public Health, Mr J Evans-Black Country Cluster PCT, Mr A Gray – Dudley CVS CEO, Mr D Hodson – Director of Dudley Community Partnership, Assistant Director, Performance and Partnership (Directorate of Children's Services), Assistant Director, Health Reform Programme Lead (Directorate of Adult, Community and Housing Services), Mr N Bucktin (Senior Management Lead – Dudley Clinical Commissioning Group) and Mr J Jablonski (Directorate of Corporate Resources).

Also in attendance

Mr John Edwards, Chair The Dudley Group National Health Service Foundation Trust (for Agenda Item No 9)

Ms Ros Partridge, Head of Adult and Community Learning (Directorate of Adult, Community and Housing Services) (for Agenda Item No 11)

together with three members of the public

11 APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were submitted on behalf of Councillors Crumpton and Waltho, Jane Porter, Angela Hill, Jill Cooper, Dr Hegarty and Matt Hartland.

12 APPOINTMENT OF SUBSTITUTE MEMBER

It was reported that Jason Evans had been appointed as a substitute member for Les Williams for this meeting of the Committee only.

13 DECLARATIONS OF INTEREST

Mr A Gray – Dudley CVS CEO declared a non pecuniary interest in Agenda Item No 7 – Local Health Watch Development in Dudley – as his organisation had submitted a pre-qualifying questionnaire as part of the Health Watch procurement process.

14 MINUTES

Mr Evans reported briefly on the current position regarding the National Health Service Commissioning Board and commented that a note on this would be circulated to Board Members following the meeting. It was also reported that further consideration had been given to the holding of a seminar for all Elected Members on the work of the Dudley Clinical Commissioning Group and that once details had been finalised a seminar would be arranged.

RESOLVED

That, subject to the deletion of the word 'Mr' in the last line of the attendances at the last meeting and the substitution of the word 'Mrs' therefor, the minutes of the meeting of the Board held on 23rd July, 2012 be approved as a correct record and signed.

15 DRAFT JOINT HEALTH AND WELLBEING STRATEGY

A joint report of officers was submitted on the continuing development of a Joint Health and Wellbeing Strategy for Dudley. Attached as an Appendix to the report was the second draft of the Strategy for further development.

In his presentation of the content of the report, and Appendix to the report, submitted the Assistant Director, Health Reform Programme Lead informed the Board that there had been initial feedback to the second draft indicating that a simpler and clearer use of language was required together with comments on the content and actions to be taken including a simpler presentation of the "life-course" approach. It was also noted that further work was being undertaken to widen the cohort of people with whom the Board have engaged through as indicated in paragraph 6 of the report submitted.

As part of the continuing development of the Strategy it was noted that a further development session for Board Members would be held on 6th December, 2012.

RESOLVED

- (1) That the information contained in the report, and Appendix to the report, submitted on the continuing development of a draft Joint Health and Wellbeing Strategy for Dudley, be noted, together with the comments made at the meeting, in particular relating to further Engagement activity, with a view to the provision of a final Strategy for submission to the next meeting of the Board to be held on 21st January 2013.
 - (2) That an Equality Impact assessment be undertaken to take account of the revised timetable for the Strategy.
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16 TRANSITION OF PUBLIC HEALTH FUNCTIONS - UPDATE

A report of the Director of Public Health was submitted updating the Board on the progress of the transition of Public Health functions to the Council.

In her presentation of the report the Director of Public Health commented that arrangements were well in hand for the transition of Public Health functions to the Council and also commented in particular on the position regarding Public Health England a new organisation with which the Council will be developing a relationship.

RESOLVED

That the information contained in the report submitted, on the strategy and progress to date for the transition of Public Health responsibilities to the Council, be noted.

17 LOCAL HEALTH WATCH DEVELOPMENT IN DUDLEY

A joint report of Officers was submitted on developments to establish Healthwatch Dudley and to advise on key national matters affecting the delivery of Local Health watch.

RESOLVED

That the information contained in the report submitted, on the current position regarding developments to establish Healthwatch Dudley and to advise on key national matters affecting the delivery of Local Healthwatch, be noted, that further updates on the development of Healthwatch Dudley be submitted to future meetings of the Board, as required, and that the approach to the establishment of a new successor service to the Independent Complaints and Advocacy Service in Dudley relating to a more localised model for Dudley be endorsed and noted.

18 THE ANNUAL REPORT OF DUDLEY SAFEGUARDING CHILDREN BOARD 2011/2012

A report of the Director of Children's Services was submitted on the Annual Report of the Dudley Safeguarding Children Board for 2011/12. A copy of the executive summary and of the full annual report were attached as Appendices to the report submitted.

In his presentation of the content of the report, and Appendices to the report, submitted the Assistant Director, Performance and Partnership reported that the Annual Report had been submitted to a number of other bodies including the relevant Scrutiny Committee and the Children and Young Persons Partnership for consideration.

He also commented that the report was submitted to the Board so that they could be reassured about the quality of the provision provided and in this connection reference was made to the outcome of an announced inspection of Safeguarding and Look After Children's Services that had taken place in Dudley between 28th November and 9th December, 2011 in which the findings of at least adequate provision had been made.

Of the total of thirteen recommendations to be actioned within three or six months the Dudley Safeguarding Children Board will take a proactive approach in scrutinising and/or delivering improvements in respect of a number of these recommendations.

Arising from the presentation made Members made a number of comments with particular reference to the education vacancy on the Dudley Safeguarding Children Board and issues regarding attendance of school representatives which it was reported were being addressed and in connection with child death reviews for which appropriate actions had been taken and learning points recognised.

RESOLVED

That the information contained in the report, and Appendices to the report, submitted on the annual report of Dudley Safeguarding Children Board 2011/2012, be noted.

19 PRESENTATION ON THE DUDLEY GROUP NATIONAL HEALTH SERVICE FOUNDATION TRUST

The Chair welcomed Mr. John Edwards, Chair of the Dudley Group National Health Service Foundation Trust to the meeting. A copy of the presentation on the Foundation Trust had previously been circulated to Board Members and Mr. Edwards commented on the presentation as displayed visually at the meeting.

In making his initial comments, he referred in particular to the fact that he was an independent Chairman and non-executive director of the Board of the Dudley Group and that the Foundation Trust was independently regulated by Monitor and had a Council of Governors representing a membership of over 16,500 people. Therefore a key issue for a foundation trust, in addition to more financial freedoms, was the greater local accountability that membership and the Council of Governors afforded.

Mr. Edwards further commented that he regarded the Dudley Group as the primary Secondary Care Provider in the Borough and with the local providers and the Local Authority were essentially the provider for the Local Health Economy. He further considered that there were many positive results being gained from the primary and secondary provision made and that there was not enough recognition made of the good results and high performance gained in the Local Health Economy. Therefore, whilst things could be done better, not enough was made of the achievements that were being made. He also commented that currently the Dudley Group was the only Foundation Trust in the Black Country.

Following his initial comments Mr. Edwards commented on the content of the presentation, a copy of which was also available on the Council's Committee Management Information System.

Arising from the presentation given, a number of comments were made relating in particular to perceived difficulties with the information technology systems under-pinning the work of the Trust and in respect of health inequalities/improvement. In response to these, Mr. Edwards reported on recent developments regarding the IT systems used and to the appointment of a new Director who, within a short space of time, had made significant changes. Therefore, over the next twelve months it was expected that there would be significant changes in this regard. Regarding health inequality and improvement it was recognised that there were marked differences within the Borough and that this did present certain challenges so that it was vital that every contact did count. It was further commented that there was a significant difference made in respect of health inequality and improvement if a person became economically active and had a sustainable level of income, a point that was recognised.

Regarding the Dudley Groups Membership of over 16,500 people, it was suggested that further discussions could be had with the Dudley Group so that the Board's efforts to broaden out engagement could be developed by making contact with these persons. In response, it was indicated that the Dudley and Walsall Mental Health Trust were also in the process of trying to achieve foundation status and would also need to talk to some of the people concerned. Therefore, the Foundation Trust would welcome an open relationship with bodies seeking to engage with a broader constituency having broadly similar agendas.

At the end of questions and comments made, Mr. Edwards was thanked by the Chair for the informative and comprehensive presentation given on the Dudley Group National Health Service Foundation Trust.

RESOLVED

That the information contained in the presentation, and as reported at the meeting, on the work of the Dudley Group National Health Service Foundation Trust, be noted.

A joint report of officers was submitted on a first draft of a Protocol for Conflict Resolution for the Board.

RESOLVED

That the information contained in the report submitted, on a first draft of a Protocol for conflict resolution for the Health and Well-Being Board, be noted and that the content of the report be used to finalise a Protocol for Conflict Resolution to be included in an up to date version of the Board's Terms of Reference.

21 ADULT LEARNING, HEALTH AND WELL-BEING - GOOD PRACTICE ITEM

A copy of a presentation on Adult Learning, Health and Well Being had previously been circulated to Members of the Board and a copy of the presentation was available on the Council's Committee Management Information System.

Ros Partridge, Head of Adult and Community Learning, Directorate of Adult, Community and Housing Services, commented on the presentation submitted.

In commenting on the content of the presentation, Ms. Partridge emphasised the link between Adult and Family Learning and Health and Well Being the evidence for which was outlined in the presentation document. The joint working that was also being undertaken on Adult Health, Well-being and Targeted Learning was also referred to and, as indicated in the presentation, was undertaken with many of the organisations represented on the Board.

On the conclusion of the presentation, it was reported, in particular, that there was powerful evidence to link adult learning with health and well being and that there was a broad spectrum of activity being undertaken, contributing to well being by all the parties concerned.

Ms. Partridge was thanked for the excellent presentation given.

The meeting ended at 4.46 p.m.

CHAIR