

Minutes of the Dudley Health and Well-Being Board

Tuesday, 30th September, 2014 at 3.00 pm
at St.Thomas's Community Network,Beechwood Road,Dudley

Present:

Councillor R Harris (in the Chair)
Councillor T Crumpton (Vice-Chair)
Councillor P. Miller
Director of Adult,Community and Housing Services,Interim Director of Children's Services, Interim Director of Public Health, Assistant Director, Planning and Environmental Health,Dr D.Hegarty, Dudley Clinical Commissioning Group, Pam Bradbury – Chair of Healthwatch Dudley, Mr A Gray – Dudley CVS CEO, Chief Superintendant Johnson – West Midlands Police, Mr N Griffiths – Fire Service and Alison Taylor,Local Area Team,NHS Commissioning Board.

In attendance:

B Clifford, Assistant Director, Adult Social Care (Directorate of Adult, Community and Housing Services),Mr N.Bucktin,Head of Partnership Commissioning,Dudley Clinical Commissioning Group and Mr J.Jablonski, Assistant Principal Officer (Democratic Services) (Directorate of Corporate Resources).

Also in attendance:

Diane McNulty,Public Health Programme Manager (for agenda item number 10) and Greg Barbosa (for agenda item number 12)

and ten members of the public.

16

Welcome and Introductions.

The Chair welcomed those present and Members introduced themselves.

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Apologies for Absence

Apologies for absence from the meeting were submitted on behalf of Councillors Branwood and Neale,Dr Cartwright and Mr Maubach .

18 **Appointment of Substitute Member**

It was reported that Councillor Miller was substituting for Councillor Neale for this meeting of the Board only.

19 **Declarations of Interest**

No Member declared an interest in any matter to be considered by the Board at this meeting.

20 **Minutes**

Resolved

That the minutes of the meeting of the Board held on 17th June, 2014, be approved as a correct record and signed.

21 **Interim Performance Report**

A joint report of Officers was submitted updating the Board on the progress made against the Board's strategic priorities as set out in the Health and Wellbeing Strategy and on the half year position against the health and wellbeing outcomes.

Arising from the presentation given of the report and its Appendix it was noted that one of the issues arising from the recent Peer Challenge was the need to be very focused on priorities.

Particular comments were also made on performance with regard to breast feeding and the need to see improvement, especially given all the work done. Similar comments were also made with regard to the child poverty figures.

With regard to breast feeding a suggestion was made by Councillor Crumpton that popular television programmes be asked to include in their storylines issues to do with breast feeding and he indicated that he would pursue this. He also indicated that he would report back to the Board on work to do with breast feeding arising from the volunteer buddies initiative from the childrens centres.

Resolved

That the information contained in the report, and Appendix to the report, submitted, updating the Board on the current performance status for Dudley Borough, be noted.

Health and Wellbeing Board Communications and Community Engagement Plan

A joint report of Officers was submitted on a draft framework of the Board's communications and community engagement plan, a copy of which was attached as an Appendix to the report submitted.

It was noted that another feature of the Peer Challenge held recently was the need to increase awareness about the Board and consult and engage on the Joint Strategic Needs Assessment.

It was also noted that the Appendix to the report required completion by the various agencies indicated.

Resolved

That the draft framework of the Board's Communications and Community Engagement Plan, attached as an Appendix to the report submitted, be ratified, that the content of the plan be noted and proposed activities supported and that the final communications and community engagement plan be submitted to the next meeting of the Board.

Troubled Families Programme.

A report of the Interim Director of Children's Services was submitted updating the Board on the experience of the first phase of the Troubled Families Programme and on the context for phase two of the programme.

In commenting on the content of the report, Councillor Crumpton referred to a possible name change for the programme to that of Families in Trouble (FIT) and the team that supported it.

Given the success in meeting phase 1 targets, as indicated in the report, the Council had been selected as an early adopter for the phase 2 programme. This would mean meeting the needs of approximately 2,500 families, as opposed to the 740 families in phase 1.

The overall need was to look holistically in respect of the families involved with the team involved being drawn from a wide range of services. It was considered that the success achieved was due to the work of the team and that there was a need to look at how the techniques involved could be used in respect of mainstream provision. Future success would be measured in terms of whether families involved were no longer considered to be in trouble.

Other Board Members commented favourably on the principles involved and on the associated learning that was going on with regard to different layers of vulnerability. It was considered that a modest involvement brought about a greater amount of benefit.

Discussion also centred on the need to ensure data sharing was not a barrier and on maintaining the flow of data.

One problem for the Clinical Commissioning Group (CCG) was how to share patient data and that there were no quick solution to this.

There was a need therefore to consider how to bring the agencies together to meet the challenges so that using data available made an operational difference.

The CCG would be building on work already done to pursue the issue of data sharing and governance arrangements.

With regard to the troubled families programme basic data was already available and that the need for further data would, it was considered, be an issue that would be addressed by Central Government in due course.

The need for the CCG was to consider what added benefit could be provided on an identifiable patient basis taking that forward to individuals and involved families.

The CCG was asked to liaise with the Interim Director of Childrens Services if there was anything they could add to data in respect of the troubled families programme.

Resolved

That the information contained in report submitted updating the Board on the experience of the first phase of the Troubled Families Programme and on the context for phase two for which the Council had been selected as an early adopter of the phase 2 programme ,be noted together with the need to :-

- ensure cross directorate and partner commitment to the re-design of services and joint Troubled Families phase 2 planning
- recognise the importance of reviewing joint commissioning and de-commissioning and for the flow of data and information to a central coordination ready to feed into the cost calculator
- review future links to the Troubled Families phase 2 programmes in order to ensure the best fit with the corporate structure

- recognise the Council commitment to be an early adopter of phase 2
 - adopt the appropriate process to engage with elected members with regard to Troubled Families Phase 2.
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Better Care Fund Update

A joint report of Officers was submitted updating the Board on the progress made on the Better Care Fund (BCF) in Dudley.

A presentation was given at the meeting updating the report submitted with information not available at the time the report was written. Particular comments made were:-

- on the overview – this set out the risk stratification for the population of the borough, the related BCF scheme and stream and performance indicators.
- of the key changes - it was noted that a guideline reduction in unplanned hospital admissions of at least 3.5% was expected and that in Dudley the target was a 9.4% reduction. Savings of up to £7.5m to the health and social care economy would be generated and the benefit would be split between the CCG and the Council on a 50/50 basis.
- That the original and revised NET allocation of BCF funding was £23.84m .
- That a number of risks were identified for example non delivery of the 9.4% reduction in emergency admissions and the sharing of risks on a 50/50 basis between the CCG and the Council.
- Regarding the next steps, the BCF bid was submitted to NHS England on 19th September. The authorisation process concluded on 3rd November, the outcome being either a pass/pass with minor amendments/pass with qualifications/fail. The bid was to be assured on 10th November.

For the Board the delivery of the required level of performance was considered to be key as was the need to ensure a fully focused system.

Arising from the presentation given, a number of questions and comments were made, in particular whether the 9.4% target reduction in unplanned admissions was achievable. Responses were given to the effect that whilst the target was ambitious assurances were being worked out and measures being undertaken to achieve the required level of reduction.

Consideration was then given as to how the Board would receive the required assurance, given the risks involved and the need for all those involved to perform, and in addition to further discussion outside of meetings of the Board it was also indicated that this item would appear on a regular basis on agendas for the Board.

Resolved

That the information contained in the report submitted, on progress regarding the Better Care Fund in Dudley and as set out in the presentation given, be noted and that the direction and next steps be confirmed..

25

Care Act Implications and Implementation

A report of the Director of Adult, Community and Housing Services was submitted on the key requirements of the Care Act,2014,the potential impact on the Council and on local progress on its implementation.

Arising from a presentation given an assurance was given to the Board that the Council was well placed to meet the implementation date of April,2015.

However, it was noted that given the level of entitlement the numbers involved would increase and that costs involved for the Council had not been agreed or signed off. Currently estimating and forecasting was being used to put the Council in the best position it could be. Such work was being undertaken regionally and nationally. The position was recognised as a risk.

Resolved

That the information contained in the report submitted, and in the presentation given, on the key requirements of the Care Act,2014,the potential impact on the Council and on the local progress being made in preparing for Care Act implementation from April,2015,be noted.

26

Alcohol Strategic Framework 2014-2017

A report of the Public Health Programme Manager, Office of Public Health was submitted on the Alcohol Strategic Framework 2014-2017;a copy of which was attached as an Appendix to the report submitted.

Diane McNulty, the Public Health Programme Manager, was in attendance at the meeting and commented on the content of the Alcohol Strategic Framework.

An updated copy of the framework had been circulated to Members and was available on the Council's Committee Management Information System.

Board Members were supportive of the content of the document and of its approach.

One particular issue raised was the need to ensure that the Council was fully using its licensing powers especially with regard to sales of alcohol to under age persons and that alcoholic products were less on show.

Resolved

That the information contained in the report, and Appendix to the report, submitted, on the revised Alcohol Strategy Framework 2014-2017 be noted and approval given to the key priorities for implementation over the next three years..

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Healthwatch – Visiting the Doctors – Young Peoples' Views

A presentation was given by four representatives of Dudley Youth Council, assisted by Melissa Guest, Communications Development Officer, Healthwatch Dudley and Siobhan Lloyd, Officer for Youth Empowerment, Dudley Youth Service on the outcomes of a questionnaire undertaken by the representatives on Young People's views on visiting a doctor's surgery.

A copy of the outcomes was circulated at the meeting, and commented upon, together with a copy of the questionnaire used. Copies of these documents would be uploaded to the Council's Committee Management Information System.

Arising from the presentation given Board Members commented favourably on the presentation given and it was considered that the detail presented had been well thought through and presented information that would not have been available otherwise. It was noted that the CCG were in the process of organising meetings for young people in relation to services provided so that they could comment on them.

As the information presented would be of interest to NHS England Alison Taylor was asked to take back to that body her impressions of the presentation. It was also doubted whether any other part of the Local Area Teams area had carried out a similar exercise.

Board Members asked questions of the Youth Council representatives in respect of certain of their findings for example why young people would not wish to discuss certain issues such as mental health with their doctor. It was indicated that in some cases they would be more likely to see a specialist.

This lack of communication was felt to stay with a person so that in later life they would also be reluctant to talk to their doctor. The reasons for not discussing issues was also explored and it was considered that further work needed to be done on this possibly by asking more questions.

On this aspect it was considered that the findings had raised a lot more questions than answers and further work on other topics needed to be done by young people so that their voice was heard. In response to a question asked a representative commented that it was surprising that 1 in 10 young people would not talk to their doctor about general or long term illness. This raised the question of where would they go for such a discussion.

Chief Superintendent Johnson also commented favourably on the presentation given and indicated that he would like presentations to be given in police stations and to his officers. This would be pursued and the representatives indicated they would wish to take up the opportunity to do more.

A comment was also made that previously young people would have used the walk in centre and it was hoped that they were not lost in the new walk in arrangements.

It was also considered that, in addition to the findings being presented to the CCG, NHS England, including the NHS Youth Forum, Healthwatch England and the British Youth Council, they should also be reported to general practitioners themselves.

Resolved

That the information reported on and comments made arising from the presentation given on Young People's Views on visiting a doctor's surgery, be noted and that all involved be thanked for their hard work and manner of presentation.

Joint Strategic Needs Assessment (JSNA) Synthesis 2014 Executive Summary

A report from the Office of Public Health was submitted on an overview of the JSNA synthesis 2014 document ;a copy of which was attached as an Appendix to the report submitted. Also submitted was a document outlining the actions needed from the JSNA Synthesis 2014 for prioritisation for the Health and Wellbeing Board Strategy and commissioning plans.

Greg Barbosa from the Office of Public Health gave a presentation on the content of the Actions needed from the JSNA Synthesis 2014 document.

Arising from the presentation given,it was.

Resolved

That further consideration be given to the actions needed identified from the JSNA Synthesis 2014 for prioritisation for the Health and Wellbeing Board Strategy and commissioning plans at the development session for Board Members taking place on 7th November,2014.

Peer Challenge Debrief

The Chair commented on the Peer Challenge that had recently been completed and reported that the full report arising from the challenge had not yet been received.

As soon as the report was available it would be circulated to all Board Members for consideration and comment.

The meeting ended at 5.55 p.m.

CHAIR