

Minutes of the Dudley Health and Wellbeing Board

Thursday 21st September, 2017 at 4.00 pm
In DY1, Stafford Street, Dudley

Present:

Councillors P Miller (Chair) and N Barlow.
M Bowsher (Chief Officer Adult Social Care), S Ball (West Midlands Fire Service), N Bucktin (Director of Commissioning – CCG), J Emery (Healthwatch Dudley), A Gray (Chief Executive Officer - Dudley CVS), D Harkins (Chief Officer Health and Wellbeing), Dr D Hegarty (Dudley GP Clinical Commissioning Group), L Murphy (Independent Safeguarding Board Chairperson), M Rogers (Chief Officer Housing); and L Jury (Democratic Services Officer).

Also in attendance:

13 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors R Harris, and A Millward, P Bradbury, S Brooks, K Jackson, A Lunt, Paul Maubach, T Oakman, Chief Superintendent R Fisher and J Simmonds

14 **Declarations of Interest**

No Member made a declaration of interest in accordance with the Member's Code of Conduct.

15 **Minutes**

Resolved

That the minutes of the meeting of the Board held on 28th June, 2017, be approved as a correct record and signed.

16 **West Midlands Mental Health Commission Progress Report**

A report of the Director for Implementation of West Midlands Mental Health Commission was submitted on an update on the current position of the West Midlands Mental Health Commission Action Plan and the work undertaken since the launch of the programme on 31st January 2017.

The Director for Implementation of West Midlands Mental Health Commission presented the report updating the Board on the current position, noting that the programme had been launched in January this year and thanks were expressed to all those who had worked behind the scenes to start to progress the initiative from the proof of concept position to the design phase which it was hoped would next year deliver some activities to start to improve people's lives across the region. Reference was then made to the wider WMCA implications noting the £7m budget for the Midlands Engine, which had been earmarked for health and wellbeing, specifically mental health in the workplace. It was noted that the money would be unlocked for 2 years, starting in April next year, working across the Midlands to ensure that everybody received a share of the money to make certain that people in the workplace were looked after.

The Director for Implementation of West Midlands Mental Health Commission then gave a progress update on the following activities, as set out in the report submitted:

Employment and Employer -

- Thrive into Work – Individual Placement Support (IPS) Trial
- Fiscal Incentive
- Wellbeing Charter
- Social Value Procurement

Housing First work stream

Criminal Justice -

- Engager Programme
- Mental Health Treatment Requirements

Improving Care -

- Primary Care Mental Health
- Merit Vanguard (Mental Health Provider approach)

Community Engagement -

- Supporting the drive to prevent suicide
- Mental health literacy programme
- Citizen Jury Crisis Cafes
- Global City Network

Referring to social isolation, the Director of Commissioning (CCG) referred to work that was being undertaken locally in conjunction with the CBS on commissioning a social prescribing service which was currently being evaluated and it was noted that the results and any learning from the work, would be shared with the Board. In addition, it was noted that last week, NHS England announced the availability of additional resources to bid for social prescribing schemes. One of the issues identified as a result of the operation of the scheme was that social isolation was a fundamental issue for the elderly and other groups within society and should therefore, be considered in such things as the development of the priority pathway and recommendations within the Annual report. As a result of a recent review that had been undertaken on the IAP service, it had been identified that the service needed to be focusing more on the needs of older people, learning from the work that had recently been undertaken in London.

In response, Dr Hegarty reported that a first draft of the evaluation had shown a 30% reduction in GP appointments as a result of people being interactive with the scheme. Referring to the crisis cafes, mentioned earlier in the discussion, two initiatives in surgeries in Dudley were then noted that were addressing social isolation issues.

A detailed discussion ensued with regards to Housing First, in which the Chief Officer Housing, although pleased to see Housing First developing, referred to challenges his service were facing including; housing staff and what was expected of them, many being junior staff dealing with prospective tenants with a multiplicity of needs and trying to provide them with the right accommodation; Housing Associations increasingly not looking to house certain people/families due to cost and the Welfare reform and the pressures this would bring to Dudley.

In reply, the Chief Officer Health and Wellbeing, referred to a recent conversation she had held with Councillor Harris, with regards to the Scrutiny Committee, where it was noted that the Committee were looking into this area and were currently gathering research and were keen to speak to Housing staff about the deliverability of the scheme.

In reply, the Director for Implementation of West Midlands Mental Health Commission responded that the Homeless Taskforce were picking up some of the challenges discussed and it was stressed that the focus was not only on rough-sleepers but looking at the wider homeless, the Homeless Reduction Act, Welfare Reform Act and many other challenges. Several colleagues who sit on this group were also members of the taskforce and it was suggested that it may be useful to link into each strategic partner. A copy of the taskforce distribution list could be sent to Board members.

In response, the Chief Officer Housing referred to the local housing allowance cap rate as a major challenge to be addressed and the need to be clear about the definition of 'vulnerability'.

Arising from consideration of the report and the discussions that had taken place, the Chief Executive Officer – Dudley CVS commented that the report had highlighted several initiatives and events that were taking place but some people were not aware of these and it was felt that the challenge now was to improve communications as things were progressing at pace but locally groups were struggling to engage as they were not aware of some initiatives such as the crisis cafes and the Thrive programme event, which had taken place in Wolverhampton, and the worry was that many great opportunities were being missed. In response, The Director for Implementation of West Midlands Mental Health Commission referring to workload challenges, commented that from next week he would be assisted by a graduate trainee, and that he now attends the Regional DPH meetings and hopefully would be in a better position to be able to attend Regional Voluntary Sector meetings. He also suggested that a Thrive Champion be appointed from this Board to work with him to ensure that opportunities and initiatives being undertaken were being reported.

The Chief Officer Adult Social Care congratulated the Director for Implementation of West Midlands Mental Health Commission on the connections he had achieved to date and referring to the issue of social isolation, he reported that he was in the early stages of putting together an Adult Alliance in Dudley where the group would be focusing on subjects such as the issues that organisations and groups were unable to deliver in isolation, different service deliveries, legislation and budgets and asking how we can form connections. He also agreed with the appointment of a Thrive Champion and asked that members of the Health and Well Being Board identify potential candidates from their organisation to undertake the role.

The Chair commented that he was pleased to see that mental health was now at the forefront of discussions and in response to a question raised in relation to the crisis cafes referred to in the report, the Director for Implementation of West Midlands Mental Health Commission reported that he would meet with the Chief Executive Officer – Dudley CVS to discuss how to further publicise the cafes and progress them further forward.

Arising from consideration of the report, and the discussions that had followed, the Chief Officer Health and Wellbeing agreed the following actions:

Action:

- **That the Deputy Director of Public Health and the Service Manager Strategic Partnership to consider the three priorities identified in the Health and Wellbeing Strategy in relation to the added value Thrive can deliver for us;**
- **The Health and Wellbeing Executive identify a key point of contact/interface with Thrive;**
- **Devolution – The Health and Wellbeing Executive to identify the ways in which the system needs to change in relation to what Government currently does that could be devolved to Dudley or the Combined Authority.**

Resolved

- (1) That the current position of the West Midlands Mental Health Commission Action Plan and the work undertaken since the launch of the programme on 31st January 2017, be noted.

Integration and Better Care Fund Plan 2017/19

A joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG was submitted on the Integration and Better Care Fund Plan 2017-19.

In presenting the report, the Chief Officer Adult Social Care reported that they had received initial indication from NHS England at region, that the Better Care Fund Plan for Dudley would likely receive assurance and formal confirmation would be received imminently. Delegated authority had been received from this Board to progress the bid as timescales meant that the bid needed to be submitted before this Board was scheduled to meet.

The Chief Officer Adult Social Care then reminded the meeting of the headline objective of the improved Better Care Plan was to contribute to a maximum of 3.5% of delays in the Russells Hall hospital in Dudley. It was noted that many schemes set against this, range from services which are wrapped around the hospital itself: the discharge process, hospital avoidance, the work being undertaken in residential nursing homes looking at how to retain people in homes rather than getting them admitted and work that needs to be undertaken in the community and primary care to reduce the currently increasing numbers in admissions year on year.

Reference was then made to the performance outcomes set out in paragraphs 8 and 9 of the report and specific references was made to paragraphs 11 and 12 of the report which set out the total funds pooled in the Better Care Fund, noting an increase on previous years to meet the criteria of the scheme. Paragraph 19 set out the detailed timescale to the assurance process and it was noted that authority had been given to commence spending at a local level whilst waiting for formal assurance to be completed. It was also noted that at a recent meeting of the A&E Delivery Board, agreement was given to commence with a number of the schemes and account for progress and this Board were asked to note the submission and timescale for final assurance, noting that further updates would be presented to this Board in due course.

The Director of Commissioning, Dudley CCG, continued by reporting that the management of the Section 75 agreement and the pool budget within which the BCF sits, lies with a body called the Integrated Commissioning Executive (ICE) consisting of colleagues from the CCG and the Council, who have a particular responsibility to make sure that established performance requirements for schemes within the BCF are delivering what we expect them to do and if this is not being achieved, ensure that something is put in place to enable us to achieve the performance targets that have been set. It was reported that ICE meet on a monthly basis and would be attempting to make sure they are fully sited on all the performance data so that whatever decisions were necessary, could be taken as the year progresses.

Resolved

- (1) That Dudley's Integration and Better Care Fund Plan 2017-19, be noted and approved.
- (2) That the timescale for final assurance and approval of the Better Care Fund Plan 2017-19, be noted

Update on the Health and Wellbeing Strategy and Governance Arrangements

A report of the Strategic Director People was submitted updating the Board on the progress on finalising the governance arrangements for the health and wellbeing system and progress on refreshing the Health and Wellbeing Strategy.

The Chief Officer Health and Wellbeing reported that in March this year, the Board agreed to review the health and wellbeing system and strengthen the role the Board places in holding the system to account. It was noted that the Health and Wellbeing Executive Group had now been established and had met twice. The report detailed the role of the Executive Group and the amendments made to the Health and Wellbeing Strategy. Appendix 1 set out the Health and Wellbeing Executive Group Terms of Reference and a Values and Behaviours Framework for the group. The diagram set out in Appendix 2, simplifies the Health and Wellbeing System, clearly identifying the roles of the different groups and how they fit into the system and most importantly, demonstrating how the communities and service users can input into the system and influence the work that the Board does.

In response to a question raised relating to the Alliance Groups and whether a sub-group that focuses on loneliness and isolation should be included, it was acknowledged that this had been missed off and the diagram would be amended to include the group.

Following a discussion that ensued, the following action was agreed:

Action:

- **To hold a Development Session to produce a simpler system map looking outside the Dudley system to identify how the group connects and influences the bigger system.**
- **To identify the representatives of Dudley who sit on Regional/sub-Regional boards, to feedback into the system.**

In relation to the final draft of the Health and Wellbeing Strategy, set out in Appendix 3 to the report submitted, the Chief Office Health and Wellbeing highlighted the amendments that had been made in relation to the terminology used in the strategy as a result of consultation that had been undertaken. It was noted that the Strategy would now go out to partners to engage.

Resolved

- (1) That, the Terms of Reference and Operating Principles for the Health and Wellbeing Board Executive Group, attached to the report as Appendix 1, be noted.
- (2) That, the new Governance Structure, attached to the report as Appendix 2, be approved.
- (3) That the amendments to the draft Strategy, attached to the report as Appendix 3, be approved.

The Chief Officer Health and Wellbeing presented a summary of a paper setting out the work being undertaken by the West Midlands Combined Authority Wellbeing Board.

It was noted that at its meeting in July, wellbeing priorities for the WMCA were agreed as:

- Cardiovascular disease – improving physical activity – WMCA/STP prevention programme – taking health and wellbeing into account in planning and licensing decisions
- Children and Young People’s wellbeing
- Mental Health and Wellbeing – Thrive

The presentation then highlighted devolution priorities and the proposals being explored including; the devolution of the sugar tax and seeking devolution of central government licensing and planning framework to WMCA to allow local council’s to consider health and wellbeing.

In relation to planning and licensing, the frustration felt by many Councillors and officers was noted in relation to the restriction in allowing health and wellbeing to be considered as a reason for refusal.

Continuing, the Chief Officer Health and Wellbeing referred to a further issue that the combined authority programme were considering relating to how they connect and link into other work streams including: cancer, transport (particularly air quality as a priority) and housing and the built environment.

In conclusion, the Chief Officer Health and Wellbeing referred to the questions being asked by the Health and wellbeing programme in relation to how we engage with the WMCA wellbeing programme and how we can ensure that it adds to the value to our local work. Group members agreed that these questions had been addressed earlier in the meeting, when discussing the West Midlands Mental Health Commission, and it was suggested to broaden the actions that were agreed in the last discussion to think about the whole of the combined authority wellbeing programme rather than just the mental health commission.

Resolved

That, the update on the West Midlands Wellbeing Board, be noted.

The meeting ended at 5.35pm

CHAIR