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Dorset Health and Wellbeing Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester,
Dorset, DT1 1XJ on Wednesday, 26 September 2018

Present:

Rebecca Knox (Chairman)
Forbes Watson (Vice-Chairman)

Members Attending

Ben Ansell (Chief Fire Officer, Dorset and Wiltshire Fire Authority), Steve Butler (Elected Borough/District Councillor (East Dorset)), Helen Coombes (Transformation Lead for Adult and Community Forward Together Programme, Dorset County Council), Sam Crowe (Acting Director of Public Health), Margaret Guy (Healthwatch), David Haines (Locality Executive Teams), Jill Haynes (Elected County Councillor), Helen Horsley (Voluntary Sector), Rebecca Kirk (General Manager Public Health and Housing, Purbeck District Council), Patricia Miller (Local NHS Provider Trust) and James Vaughan (Chief Constable).

Other Members Attending

Andrew Kerby, Elected Borough/District Councillor (North Dorset) (Reserve)
Rachel Partridge, Assistant Director of Public Health (Reserve)

Officers Attending:

Laura Brewer (Public Health Manager - Purbeck District Council), Charlie Coward, Kirsty Hillier (Senior Communications Officer (internal)), Jane Horne (Consultant in Public Health, Public Health Dorset), Simon Thorneycroft (Mental Health Strategic Co-ordinator, Dorset Police) and Helen Whitby (Senior Democratic Services Officer).

(Notes: (1) These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Dorset Health and Wellbeing Board to be held on **Wednesday, 7 November 2018**.

(2) Board agendas and reports are available via
<https://www.dorsetforyou.com/countycommittees>)

Apologies for Absence

67 Apologies for absence were received from Tim Goodson, Mike Harries, Nick Jarman and Simone Yule. Phil Richardson, Matt Piles and Claire Shiels attended as reserve members.

Code of Conduct

68 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Minutes

69 The minutes of the meeting held on 27 June 2018 were confirmed and signed subject to a sentence being added to minute 61 to reflect that the Acting Director of Public Health had asked member organisations to provide details of representatives to sit on the Steering Group. Members were asked for a regular commitment to support the Steering Group and provide representatives' details if they had not already done so.

Public Participation

70 Public Speaking

The Chairman advised members that one public question had been submitted. A copy of the question and answer was circulated to Board members and is attached in

the Annexure to the minutes.

There were no public statements received at the meeting in accordance with Standing Order 21(1).

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

Quarter 1 Better Care Fund Performance and Update

71 The Board considered a report by the Better Care Fund Manager which provided a performance update since the last meeting on 27 June 2018.

Attention was drawn to: the target for non-elective admissions not being achieved; the pressure starting to be felt on admissions to residential and nursing care; the significant improvement in performance of delayed transfers of care; progress in scheme activity and the development of integrated commissioning and brokerage; and pressures which particularly affected those receiving Community Health Care where it was hoped that the new framework coming into operation on 1 October 2018, would address some of this. Members were asked for feedback on current performance.

In response to questions it was explained that: figures for non-elective admissions related to residents living in the area covered by the Dorset Health and Wellbeing Board, which included Yeovil, Southampton and Exeter Hospitals; despite activity across health and social care no impact had been seen on the rate of emergency admissions; increased recruitment and investment would not be reflected in performance until 2019/20; organisations were working towards seven day a week working, but community and organisational resources were geared to a Monday to Friday week and did not reflect service user and families' needs; and until there was more flexibility within the system and better technological support a seven day week operation would be slow to implement.

There was some discussion about: the benefit of a pooled budget to support the roll out of the Dorset Care Record (DCR) and enable connectivity between community groups, organisations, individuals and families; the need for better integrated working prior to any consideration of budgets being pooled; opportunities Local Government reform would provide for building up networks so that services could be tailored to meet local needs within communities; the need for a 5G network to support better connectivity; the different needs different communities had; the difficulty for organisations to recruit staff; the financial climate which might adversely affect integration and working together; the need for responsive domestic care in order to prevent admissions; and the effect of the lack of available placements and care packages on the elderly and their families.

The Chairman asked members to consider the role they could play within the Shadow Dorset Council's corporate "People and Place" categories so that there could be better connections between forums, organisations, groups and communities in future.

Resolved

That members provide feedback to the Transformation Lead for the Adult and Communities Services Forward Together Programme, Dorset County Council.

Update on Sustainability Transformation Plan (STP), with a focus on Prevention at Scale (PAS)

72 The Board considered a report by the Consultant in Public Health which provided an update on headline progress across the STP as a whole and progress following discussion at the June 2018 Board meeting.

Attention was drawn to: progress with the introduction of the Dorset Care Record and the importance of connectivity to enable a seven day working week working, as previously discussed at the meeting; locality workers being available in every locality but that the work undertaken depended on the needs of individual local communities; the launch of the whole school approach on 28 September 2018 based on physical activity and emotional health; the need to engage with Local Government reform including the Bournemouth, Poole and Christchurch area; and prevention at scale performance figures being reported to future meetings.

With regard to the Beat the Street pilot, it was explained that Sport England had asked Dorset be part of this pilot scheme which would launch in Purbeck on 3 October and in Weymouth and Portland on 5 October 2018 (the national launch day). Whilst members welcomed the pilot scheme, they drew attention to the need for early engagement for such events across all member organisations and their communications teams in order to publicise them widely and increase participation. Late notice meant that attendance by members and the public would be limited. Officers would report these comments back to organisers.

Resolved

1. That the update on STP highlights and progress on prevention at scale be noted.
2. That ongoing work, within the Board and back in their respective organisations and communities, be supported.
3. That officers feedback members comments on the need for early notice to organisers.

Suicide Prevention Panels

73 The Chief Constable explained that he was concerned about the increased risk of suicide for people with mental illness once they were in the criminal justice system either as victims or perpetrators of crime. This had led to the creation of a suicide prevention plan for criminal justice agencies to address the part they played in increasing that risk. The Board was asked for views on the viability of Suicide Prevention Panels. The Board then received a short presentation from Dorset Police's Strategic Mental Health Co-ordinator which set out key strands within the Suicide Prevention Strategy and suggested composition for the Panels.

Whilst supporting the suggested composition for panels, members commented that such panels should link to other existing panels like the safeguarding boards for children and adults and those dealing with deaths relating to firearms, fire and road traffic collisions. This would enable shared learning and provide an overview.

Although these deaths were not reported to the Board, it did have a role in prevention and for that reason it was suggested that consideration needed to be given to report lines for suicide prevention panels.

It was suggested that for the Board's next meeting a report be provided on mechanisms in the partnership landscape as to where the Suicide Prevention Panels should report, with particular reference to multi-agency involvement. This would also be a consideration for forthcoming Local Government reform.

Resolved

1. That the direction of travel be supported and that the above comments be taken into account.
2. That a further report on mechanisms in the partnership landscape where suicide prevention should be reported be provided for a future meeting of the Board.

Active Ageing

- 74 The Board considered a report by Active Ageing which set out progress in establishing positive working relationships with partners; development of extensive partner collaboration with the LiveWell service; system changes in primary and secondary care which had been identified and some of which were underway; and challenges as a result of changes to a key partner agency, a new project manager and delay in recruiting additional staff.

The Chairman supported the work with the workforce and highlighted the benefit that a small change could have for residents whilst saving the County money. She hoped that all members would support this. The Vice-Chairman also suggested that existing opportunities be used to encourage people to change their habits. Members noted the pilot scheme in Bournemouth whereby people were being encouraged to contact LiveWell Service by the inclusion of a paragraph within correspondence and that a publicity campaign to encourage walking, cycling and running would start in April 2019. The possibility of an around Dorset relay was being explored. One member referred to the NHS military challenge which was held annually and had proven to be a catalyst for staff to get fit. She offered to provide contact details so this could be followed up.

Resolved

That the ongoing work and in particular the project area related to engaging local government workforce and workplace wellbeing programmes for those approaching retirement be supported.

Report following Locality Work Thematic Session held on the 27 June 2018

- 75 The Board considered a report by the Locality Leads which provided an overview of the thematic session on Locality Group working, including the key comments and commitments made in response. It also set out current locality working and highlighted key challenges and potential solutions to ensuring that locality working arrangements were fit for purpose and sustainable through LGR and the formation of the new Dorset Council.

Members noted that Locality Groups were more developed and sustainable, had benefitted from involvement of Public Health officers; more focus on prevention at scale and Sustainable Transformation Plan work; the good network for information sharing between Locality Groups and Public Health Officers; and the Mid-Dorset Locality Group was now in place as a result of support provided by the Dorset Clinical Commissioning Group and the Dorset Councils Partnership; the need for a resource to be found to ensure work continued over the transition to the new Local Government arrangements; and to ensure work in Christchurch continued after the changes to Local Government.

The Chairman stated that locality working was key but highlighted that the Board could only consider the report's recommendations as it did not have any control over finances or employee relationships and could not approve them. The Board would continue to operate after changes to Local Government in some form but decisions needed to be taken by the right authority.

Members noted that one of the Shadow Executive members had highlighted to them the real benefits of locality working and the integral part it played in Dorset's STP. She also drew attention to the fact that the Shadow Executive's financial support could not be guaranteed at this stage. She suggested that any changes to terms of reference for Locality Groups be left until after the forthcoming election.

It was suggested that other organisations, not affected by LGR, might like to provide financial support for locality working. The Vice-Chairman explained that the Dorset Clinical Commissioning Group had invested substantial sums in management support

to enable locality working, wanted to develop this further, increase resilience and promote effective locality working and increase working with the acute trusts.

The potential role for Locality Groups to work with the voluntary sector to identify residents whose health was deteriorating and provide support for them was highlighted as was the need for better communication between Locality Groups, the Dorset Clinical Commissioning Group, Family Partnership Zones and the Board.

Noted

Forward Work Plan

76 The Board considered a report by the Acting Director of Public Health which updated members on the current Forward Plan for Board meetings and events.

Noted

Meeting Duration: 2.00 pm - 3.40 pm

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Annexure

Questions from Mr Viran Patel

The organisation in charge of the Health and Wellbeing Board I.e. the council must take these questions and statements and have them answered by the board under the Public Sector Equality Act. Circumventing any relevant policy that is not a law, that would block these questions or statements, any non-compliance of this request will be subject to a legal challenge by myself Mr Viran Patel and any relevant persons or peoples to whom the issue applies.

JSNA does not provide the full waiting list for primary care and secondary care services for assessment and diagnosis. Given that it is up to the statutory authority to deal with making sure that public sector equality is upheld will they do the following:

Question 1

Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?

Question 2

Will the chair request that the waiting list for all Social Care services are published on a monthly basis for review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?

Question 3

Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?

Please do the above in 3 months of your next board meeting.

Failure to comply could lead to corporate manslaughter charges as this could be deemed a failure of each body, its associated professionals in not meeting the public sector equality duty.

Answer

The Dorset Health and Wellbeing Board is a strategic board through which the partner organisations represented on the board work together to better identify priorities so that those who are responsible for commissioning health, wellbeing and social care services can be guided to make better decisions.

We do this in part by developing and updating the Joint Strategic Needs Assessment and by holding partners to account for achieving improved outcomes described in the Joint Strategic Needs Assessment, and associated plans and strategies, including the Joint Health and Wellbeing Strategy.

Partners represented on the Board take very seriously our duties under the Equality Act 2010. Our terms of reference include ensuring that the voices of patients and service users are heard. This includes groups who are otherwise seldom heard when decisions are made about commissioning health, wellbeing and social care services.

It is not though part of the role of the Dorset Health and Wellbeing Board to include the detail of individual NHS contracts and waiting times, and social care waiting lists in the Joint Strategic Needs Assessment. Nor is it the Board's duty to collate and publish these to the Secretary of State for Health and Social Care. The JSNA is intended to provide a high level overview of the main demographic, health and social challenges facing the population of Dorset, to enable better decisions to be made about how to improve these.