

Dorset Shadow Health and Wellbeing Board

Minutes of a meeting held at County Hall, Colliton Park, Dorchester on 27 February 2013.

Present:

HEALTH AND WELLBEING BOARD MEMBERS

County Council Elected Members

Leader of the County Council
Portfolio Holder Adult Services
Portfolio holder for Children's Services

Angus Campbell
Andrew Cattaway
Toni Coombs

County Council Officers

Acting Director for Adult and Community Services
Acting Director for Children's Services
Director for Public Health

Harry Capron
Jackie Last
Ruth Partridge and Nicky Cleave

District Council Elected Members

Christchurch Borough Council
East Dorset District Council
North Dorset District Council
Purbeck District Council
West Dorset District Council
Weymouth and Portland Borough Council

Bernie Davis
Barbara Manuel
Gary Jefferson
Ali Patrick
Peter Stein
Lucy Hamilton

District Council Officer

Head of Planning and Health, Christchurch and East Dorset Partnership

Steve Duckett

NHS Representatives

Dorset Shadow Clinical Commissioning Group
NHS Commissioning Board – Local Area Team
Clinical Commissioning Group
GP Locality Executive Team – Christchurch
GP Locality Executive Team – East Dorset

Forbes Watson (Chairman)
Jacqueline Cotgrove
Tim Goodson
Richard Jenkinson
Sharon Ford-Beauchamp for Colin Davidson

GP Locality Executive Team – Mid-Dorset
GP Locality Executive Team – North Dorset
GP Locality Executive Team – Purbeck
GP Locality Executive Team – West Dorset

GP Locality Executive Team – Weymouth and Portland

Simone Yule
Christian Verrinder
Blair Millar
Jenny Bubb
Jon Orrell

Community Representatives

Dorset Local Involvement Network (in lieu of Local Healthwatch)
Voluntary Sector – Children - 0-19 forum
Voluntary Sector – Adults Dorset Community Action

Martyn Webster

Nicola Briggs
Alex Picot

NON BOARD MEMBERS

Supporting Officers

Health Partnerships Officer, Dorset County Council
Public Health Team Leader, NHS Dorset
Head of Legal and Democratic Services
Principal Democratic Services Officer
Guest Speakers

Lucy Johns
Chris Ricketts
Jonathan Mair
Helen Whitby
Daniel Cadisch and Adnan Chaudry

Apologies for Absence

1. Apologies for absence were received from Colin Davidson and Suzanne Rastrick.

Welcome

2. The Chairman welcomed Tim Goodson as the Clinical Commissioning Group's representative to his first meeting of the Shadow Board..

Code of Conduct

3. The member from Weymouth and Portland Borough Council declared an interest as an employee of Dorset Healthcare University NHS Foundation Trust.

Minutes

4. The minutes of the meeting held on 28 November 2012 were confirmed.

Matters Arising

5.1 With reference to minute 35, it was confirmed that the chart giving details of locality contacts had been provided for members.

5.2 With reference to minute 37.9, the Acting Director for Children's Services would explore whether the report from the young inspectors who had looked at young patients' overall experience had been distributed to locality teams.

Draft Joint Health and Wellbeing Strategy for Dorset – Update

6.1 The Shadow Board considered a report by the NHS Dorset Public Health Team Leader which updated them on progress with the Draft Joint Health and Wellbeing Strategy for Dorset.

6.2 Members noted that since their last meeting the vision and aims of the Draft Strategy had been revised. They were reminded that at a workshop in December 2012 a prioritisation matrix had been developed which had been used to identify priorities for inclusion in the Draft Strategy. A long list of priorities emerged from the workshop and the matrix had been applied to establish the most important priorities for inclusion in the Draft Strategy. The identified priorities were reducing the harms caused by smoking, reducing circulatory disease, reducing harms caused by road traffic collisions, reducing harms caused by Type-2 Diabetes and reducing anxiety and depression. Priorities of harms caused by inequalities of GCSE and harm caused by poor self esteem had scored well but, after discussion, it was suggested that priorities in relation to GCSEs would be better taken forward by the Children's Trust Board. The Shadow Board were asked to consider the identified priorities and decide which ones should be included in the Draft Strategy which would be adopted by the Board in June 2013.

6.3 The Cabinet Member for Children's Services explained that the GCSE attainment priority could become the responsibility of the Children's Trust Board but drew attention to the fact that other factors affected children's lives and their attainment, especially during exam years. She also drew attention to the priority relating to anxiety and depression and the particular difficulty those needing support with mental health issues had when moving from children's services to adult services. The Public Health Team Leader stated that more detailed work on the priorities and work plans would be undertaken once they had been agreed by the Shadow Board.

6.4 With regard to the Priority to reduce harms caused by Road Traffic Collisions, the Cabinet member for Adult Social Care thought that only priorities where influence could be brought to bear should be included in the Draft Strategy. He reminded members that the Police and the County Council's Highways Department were already addressing this issue

and that other priorities had received a higher score. He also drew attention to the fact that information about the number of deaths that had occurred in Dorset was out of date and that the recent “No Excuse” Campaign had reduced the number of people killed or seriously injured to below the national average. The Public Health Team Leader added that national figures had also reduced and that the evidence ...

6.5 The member from North Dorset District Council referred to the County Council’s proposals for advertisements on roundabouts which he believed were contrary to road safety. He added that serious injuries and fatalities in Dorset occurred on certain types of predominantly rural roads and that proposed 20 mph zones were not situated where these accidents occurred so would have no effect on numbers. He did not support this being a priority for inclusion in the Draft Strategy.

6.6 One member suggested that information about the Dorset Waste Partnership be updated to reflect the current situation. She also drew attention to the low take-up of the NHS Healthcheck programme by people in Dorset and the need for this to be promoted. The Director for Public Health explained that this was targeted intervention to address health inequalities and was provided for those most in need. Work was to be undertaken to increase the number of people involved. The member from North Dorset District Council, having raised this at his own surgery, suggested that less than 1% of those eligible fitted the criteria and he suggested that the quoted figures be checked for accuracy.

6.7 The Acting Director for Children’s Services asked that the fact that the child population in Dorset was increasing by 2% be noted within the Draft Strategy as this would have a significant impact on schools. She also drew attention to the increasing number of children with complex needs and to risks for children who experienced emotional difficulties.

6.8 The Shadow Board noted that identifying their priorities for inclusion in the Draft Strategy would not stop locality groups identifying other priorities to progress.

6.9 The Leader of the County Council accepted that the most serious accidents occurred on county roads and that this needed to be addressed but he drew attention to the fact that one accident involving multiple injuries could skew the figures. Constant work was needed to address the number of accidents. He had been surprised that alcohol had not featured more strongly in the priorities. The Public Health Team Leader explained that alcohol would feature within some of the identified priorities and he suggested that the agreed priorities be reviewed annually.

6.10 The Acting Head of Adult and Community Services was surprised that dementia did not appear as a higher priority.

6.11 The Director of Public Health reminded the Board that there had been a long list of suggested priorities and that the prioritisation matrix had been used to identify the highest scoring ones. The nature of the process meant that some priorities would be excluded but that did not mean that partner organisations would not work on them outside of the Shadow Board. It was for the Shadow Board to focus on key priorities.

6.12 The Shadow Board were informed that the Chief Executive, Dorset County Council, had asked that the introduction be amended to reflect the work the Board undertook with other strategic partners of significance across the County and with Bournemouth and Poole Health and Wellbeing Board. This was agreed.

6.13 The member from Weymouth and Portland Borough Council drew attention to the fact that the priorities did not reflect the situation in Weymouth and Portland which was different to the rest of the County, and asked that the definition of the “environment” be

widened to include, active transport, access to recreation, sport, public health, community centres, broadband and open spaces.

6.14 With regard to next steps, the Shadow Board noted that the final version of the Health and Wellbeing Strategy would be considered at the Board's June meeting for adoption. In the meantime, the Draft Strategy would be considered by locality groups so that the priorities could be reflected in their planning. Action plans associated with each of the Priorities would be drawn up and a group identified to lead their development and monitor their progress. The Strategy Reference Group was suggested as the best forum for this role.

6.15 The Chairman thanked everyone who had contributed to the development of the Draft Health and Wellbeing Strategy.

Resolved

7.1 That the new Draft version of the Health and Wellbeing Strategy be noted.

7.2 That the priorities set out in pages 26 to 32 of the Draft Health and Wellbeing Strategy be adopted.

7.3 That subject to any necessary further minor amendments, the Strategy be finalised and submitted to the first meeting of the statutory Health and Wellbeing Board for endorsement and adoption.

7.4 That the Strategy Reference Group develop action plans associated with the identified priorities and monitor progress.

7.5 That the Draft Strategy be considered by locality groups so that the priorities could be reflected in their planning.

Outcome of the Development Work with the Local Government Association (LGA) – Establishing a Statutory Board

8.1 The Shadow Board considered a joint report by the Acting Director for Adult and Community Services and the Director for Corporate Resources, Dorset County Council, which set out the outcome of the development work undertaken with the Local Government Association on establishing a statutory Board. Copies of Appendix C which was omitted from the agenda papers were distributed at the meeting.

8.2 The Acting Director for Adult and Community Services presented the report drawing attention to the three development sessions held, the five purposes of the Shadow Board, the draft work plan, the proposed communications strategy set out in Appendix E, the relationships to other key bodies as set out in Appendix F, the three potential future Shadow Board structures and the proposed model as set out in paragraph 3.8 of the report. The Head of Legal and Democratic Services explained that for an interim period from 1 April until a meeting of the County Council on 18 June 2013 the membership of the Statutory Board would be that of the existing Shadow Board. A recommendation on the composition of the Board going forward would be made to the County Council's Standards and Governance Committee for recommendation for adoption to the County Council on 18 July 2013. It was suggested that the Board remain its current format until this time.

8.3 The member for North Dorset District Council could not agree to the suggested way forward as he thought that the current membership should continue until 2014, with a reduction in the membership after that time.

8.4 The Leader of the County Council explained that because the locality groups were at various levels of development, and there was a need not to reduce the democratic element of the Shadow Board too soon, he thought the status quo should remain with a review in six months time to see whether the Shadow Board was able to reduce its membership as proposed. He also referred to the proposed involvement of NHS providers

which would increase the current membership. The Director of Public Health expressed some reservations about one person being able to represent the views of multiple providers. The Chairman explained that this had been raised with providers who assured him that this could be managed. The NHS Commissioning Board representative added that a similar debate had been held at Hampshire's Health and Wellbeing Board but they were resisting requests to increase membership from various groups. The Clinical Commissioning Group representative understood the concern that one provider might not reflect the concerns of other providers, but on the whole supported their inclusion.

8.5 The Cabinet Member for Children's Services drew attention to the suggestion to reduce the voluntary sector representation and expressed concern that although there was a good network of communication on the children's services side but was not aware of the network for Adult Services. She was concerned that if either Voluntary Representative was excluded, information would not filter down to everyone involved. She therefore asked that their representation continue as at present whilst these networks developed. She supported the current status quo being maintained with a view to reducing Shadow Board membership at a point in the future.

8.6 The GP Locality Executive Team – North Dorset representative referred to district council representation and highlighted the need for good communication and balance if representation was to be reduced to one member whether this was a GP or elected member. The Health Partnerships Officer agreed that one representative could only work if localities were all working at the same level. The Acting Director for Adult and Community Services stated that different localities were at different levels of development and until such time as they were at similar stages, and a reduction could be made, a transition period was necessary.

8.7 The Chairman supported the reduction in size of the Shadow Board but not at the current time.

8.8 The Adult Services Voluntary Sector representative was of the view that the appropriate infrastructure should be in place to support single representation on the Board for both the adult and children's voluntary sector. This needed further development to be effective. The Children's Services Voluntary Sector representative did not feel able to represent Adult Services and would not support the reduction in membership.

8.9 The Help and Care representative drew attention to the communications strategy attached at Appendix E, and suggested that it should be a communication and engagement strategy and offered to help with its development.

8.10 The Shadow Board noted that more work needed to be undertaken with the protocols listed in Appendix F and it was suggested that Bournemouth and Poole be included in this.

RECOMMENDED

9. That the County Council agree that:
- (i) the composition of the Statutory Board should be that of the existing Shadow Board but should be reviewed after six months with a view to recommendations to reduce the size of the Board being presented to the County Council in late 2013.
 - (ii) the statement of purpose set out in paragraph 4.1 of the joint report be included in the terms of reference for the statutory Board.

Resolved

- 10.1 That the draft work plan be agreed.

10.2 That the approach for the draft communications and engagement plan be agreed.

10.3 That the series of protocols as set out in Appendix F of the joint report be mutually developed and agreed with key partners.

Dorset Clinical Commissioning Group (CCG) - Update

11.1 The Shadow Board considered a report by the Chairman of the Dorset Clinical Commissioning Group (CCG) on progress with regard to the authorisation process for the CCG.

11.2 The NHS Commissioning Board representative informed the Shadow Board that she was hopeful that Dorset's CCG would be fully authorised by 1 April 2013, although this decision was still to be ratified.

11.3 The CCG representative reminded the Shadow Board that the Dorset CCG had been authorised since 15 February 2013, when it had one outstanding condition but this had now been cleared and he looked forward to full authorisation on 1 April 2013.

11.4 The Chairman presented his report drawing attention to the inclusion of dementia as a priority for the CCG, the need for the CCG's Strategy, the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy to be aligned, the five key areas for the NHS Mandate in 2013-15, the outcome framework, strategic priorities and the quality premiums.

11.5 With regard to the alignment of the various strategies, the Public Health Team Leader confirmed that there had been liaison between partners to ensure alignment across the strategies including the Bournemouth and Poole's Health and Wellbeing Strategy. He agreed that there was still work to be done and continuing liaison across organisations would ensure continued alignment. The Chairman added that the possibility of having one strategy across all organisations had been raised but as this would require the further development of partnership working, it would be considered at a future date.

11.6 The CCG representative stated that he would compare the two Draft Health and Wellbeing Strategies with the CCG's Annual Delivery Plan and recognised that these documents were not completely aligned. Dementia had been identified as a key priority for the Dorset CCG in order to improve current performance.

Resolved

12.1 That the update on the CCG Authorisation process be noted.

12.2 That the progress made with the development of both the CCG Strategy and Annual Plan be noted.

12.3 That the three locally selected Quality Premium Measures for focus in 2013/14 be supported.

Briefing on the Main Changes within the Local Authority Environment for 2013/14

13.1 The Shadow Board considered a joint report by the Chief Financial Officer, the Acting Director for Adult and Community Services and the Acting Director for Children's Services, Dorset County Council, and the Head of Environment and Planning, East Dorset and Christchurch Councils, on new responsibilities for local authorities from April 2013. This report had been requested by the Chairman to help provide some context for GP and health colleagues about the work and responsibilities of local authority partners.

13.2 The Acting Director for Adult and Community Services explained that local authorities would acquire significant new responsibilities from 1 April 2013 and he outlined those affecting the Adult and Community Services Directorate as set out in the report. Of

particular note was the NHS to Social Care Transfer which was a comprehensive programme of intervention to reduce demand for beds in acute hospitals, community and residential care settings. The re-ablement service was being developed to help address these pressures and meetings had been held with the three acute Trusts in Dorset to look at demand on health and social care. He added that new services were being developed to meet the demand for residential care and that the significant extra responsibilities for local authorities came at a time when funding was greatly reduced.

13.3 The Acting Director for Children's Services outlined the new responsibilities for Children's Services. Particular attention was drawn to national policy directives and drivers for change, the relationship with schools given the increasing number becoming academies, the need for early intervention to help reduce budget pressures, the increased number of children in care and the pressure on resources, all at a time of a diminishing budget. These all meant that different ways of working needed to be found to deliver services to meet needs within the reduced budget.

13.4 The Head of Environment and Planning added that district and borough councils were also facing change due to the pressure on budgets and needed to work differently in order to maintain the current level of services provided. Increased locality work meant that districts and borough councils were working more closely with communities who had the right to challenge action being taken. He thought that local authorities were in a good position to be able to develop community working.

13.5 The Director of Public Health had found the report to be useful as it provided background information about local authorities and the changes they were facing which she and her colleagues were not necessarily aware of. She would share this information with colleagues. The Acting Director for Children's Services added that further information could be provided if this was helpful.

13.6 The Head of Legal and Democratic Services drew attention to the importance of the forthcoming elections and the potential for significant change in political representation. The deadline for nominations for candidates was 9 April 2013 and he referred to the need for care that during the three to four weeks preceding the elections to avoid politically sensitive decisions being taken by officers.

Noted

Locality Updates

14.1 The Shadow Board considered a report which introduced locality updates from West Dorset, Christchurch and Purbeck. Each of the three Locality Executive Team representatives presented their updates and responded to questions from the meeting.

14.2 The Christchurch Locality GP Lead explained that their forum was thriving and was well supported by the health network and Christchurch Community Partnership. The Health Network had been shortlisted for a Health Service Journal Award last year. Their priority was supporting vulnerable, frail elderly patients. Re-ablement funding had been awarded to get urgent care packages in place in order to reduce hospital admissions. Partnership working with the voluntary sector was undertaken to map befriending services and to facilitate low level intervention to maintain people in the community. The learning from the work undertaken on the pre-diabetes prevention programme would be shared with the Board in due course. Christchurch did not have a community hospital but there were plans to develop a primary care service on the Christchurch Hospital site and it was hoped that a GP and outpatient services would be provided there. He was pleased that the Christchurch Hospital situation was more secure and he looked forward to progress there.

14.3 With regard to the pre-diabetes programme, the Christchurch Locality GP Lead explained that patients would be visited next month and the programme would run through March and April. Two cohorts would be involved over an 18 month period. Initial data would be gathered and then patients reviewed after 12 and 18 months. Patients would also be supported with life-style interventions and would be encouraged to undertake exercise tailored to their individual needs in the hope that this would lead to long term behaviour change

14.4 The Purbeck Locality GP Lead reported that their Group had been refined to eliminate duplication and the report included their terms of reference, membership and objectives. He emphasised the need for all providers to be represented on the Board. He explained that at their last meeting, the Group had identified their top four priorities – alcohol, diabetes, dementia and carers. He was concerned that alcohol did not feature in the Board's priorities and was nervous about the work done in the Locality without funding. The priorities would be tackled one by one, alcohol being the first. The member for Purbeck District Council added that officers at the District Council had met to consider what could be done to progress the alcohol priority and everyone had felt able to make a contribution. She looked forward to reporting on progress.

14.6 The Cabinet Member for Adult Social Care welcomed the inclusion of the terms of reference and suggested that all localities take these as the model to be delivered across the County. He was also pleased that social care was included in the title of the Group which gave an indication that integration was occurring.

14.7 The Purbeck Locality GP Lead referred to last year's consultation on changes to community hospitals and explained that a further consultation exercise was being undertaken which focused on services. The first phase would run from January to May and would examine the new community care models. This would result in a list of models for further consideration and then business cases would be developed. There would then be a further period of consultation at the end of the Summer 2013.

14.8 The West and Mid Dorset Locality GP Lead explained that their Group had met monthly over several years and was well developed. Members of the public were invited to attend, as were local providers. Intermediate care in Bridport provided services which meant that people remained at home rather than being admitted to hospital and the Community Hospital was now undertaking the role previously undertaken by Dorset County Hospital. Virtual wards had been strengthened and were helping to prevent admissions. Priorities included cancer support and the reduction of outpatient referrals. The results would be reported next year. Two problem areas had been identified - the speed at which the Group operated and procurement. The member for West Dorset District Council added reported that the group was progressing slowly. The challenge was connectivity, and what the Locality Groups could do about the priorities identified by the Shadow Board.

Noted

Healthwatch

15.1 The Shadow Board received a presentation from Martyn Webster, Help and Care, Daniel Cadisch, Citizen's Advice in Dorset, and Adnan Chaudry, Dorset Race Equality Council on the development of Local Healthwatch.

15.2 The Shadow Board noted that Local Healthwatch would start on 1 April 2013. It would be a new responsibility for local authorities to commission and Bournemouth, Dorset and Poole local authorities had jointed together to commission Local Healthwatch for Dorset. A tender exercise had been undertaken and the contract had been awarded to three organisations working collaboratively – Help and Care, the Dorset Race Equality Council and

Citizen's Advice in Dorset. The presentation then explained what Healthwatch was, what it would do, their ambitions, principles and style, and how they could be contacted from 1 April 2013. The Board noted that Healthwatch had commissioned a piece of work to explore the role of their representative on the Health and Wellbeing Board. They were also hoping to build a network of volunteer Healthwatch Champions to increase awareness about the work of Healthwatch and by bringing together many groups across the area to be able to bring about change. He invited Shadow Board members to become Healthwatch Champions.

15.3 With regard to how health organisations could connect with Local Healthwatch, the Help and Care representative hoped that there would be good communication between organisations. He drew attention to the fact that Local Healthwatch did not have representation on the Clinical Commissioning Group at present and a request to have two seats had been made. The Citizen's Advice in Dorset representative added that it was hoped that Local Healthwatch would be able to provide the widest possible evidence base which would be able to support the work of the CCG and other Boards and organisations..

15.4 One member drew attention to the need to avoid duplication and the Cabinet Member for Adult Social Care suggested that links be made with both the County Council's Adult and Children's Services. He also referred to the use of the Citizen's Panel by the County Council and NHS Dorset to undertake surveys and suggested that this could intelligence be used by Local Health watch as a vehicle to obtain community information.

15.5 The Public Health Team Leader emphasised the need for Local Healthwatch and their ability to provide evidence as there had been no means of testing the Draft Strategy's priorities with the public. It was therefore important that the relationship with Local Healthwatch be developed to allow broader public engagement in the process.

15.6 The Help and Care representative considered the evidence base to be crucial. Local Healthwatch could not be everywhere, but the more people involved would mean that more intelligence would be available. This information had never been held in one place previously and it would only be successful if everyone across Bournemouth, Dorset and Poole worked together. The more people that became Healthwatch Champions the more information could be gathered. He thought that the public understand that there was a need for choices to be made, that resources were limited and that they would be more inclined to accept decisions if they were part of the decision making process. He emphasised the need for everyone to work together.

15.7 The Acting Director for Adult and Community Services hoped that Local Healthwatch would be embedded in the way the Locality Groups worked.

15.8 The Chairman thanked the Healthwatch representatives for their presentation.

New Regulations on Health and Well-being Boards

16.1 The Shadow Board considered a report by the Director for Corporate Resources, Dorset County Council, which set out recent changes to legislation to enable health and wellbeing boards to work collaboratively across sectors, by disapplying or modifying legislation regulating local government committees.

16.2 The Head of Legal and Democratic Services explained that the Department of Health had introduced changes to the legal framework of how local authorities operated committees in order to allow elected members and officers to sit on the Health and Wellbeing Board. He briefly explained changes with regard to the disqualification from membership of the Board, voting rights, political proportionality and the application of the Code of Conduct and declarations of interest. He explained that all the non-elected

members on the Board would become co-opted members of the County Council and in doing so would have to sign up to the County Council's Code of Conduct by 1 April 2013 when the Board came into operation. He would be writing to members in due course to arrange this.

Noted

Farewell

17. The Chairman informed the Shadow Board that the Leader of the County Council had decided not to stand for re-election in May 2013 and that this was his last meeting as a member of the Shadow Board. He thanked him for the support he had provided to the Shadow Board and Dorset health services generally over recent years and wished him well for the future.

Chairmanship

18. The Cabinet Member for Children's Services drew attention to the fact that the Chairman would be standing down following the meeting. She thanked him for his leadership during the formative life of the Shadow Board. The Chairman reminded the Shadow Board that the Chairmanship would pass to the County Council for the next meeting.

Meeting Duration: 2.30pm to 5.00pm