

Dorset Health and Wellbeing Board

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 12 June 2013

Present:

HEALTH AND WELLBEING BOARD MEMBERS

County Council Elected Members

Leader of the County Council	Spencer Flower (Chairman)
Portfolio Holder Public Health and Communities	Peter Finney
Portfolio holder for Children's Safeguarding and Families	Rebecca Knox

County Council Officers

Director for Adult and Community Services	Catherine Driscoll
Director of Public Health	David Phillips

District Council Elected Members

Christchurch Borough Council	Bernie Davis
East Dorset District Council	Barbara Manuel
North Dorset District Council	Gary Jefferson
Purbeck District Council	Ali Patrick
Weymouth and Portland Borough Council	Lucy Hamilton

District Council Officer

Head of Planning and Health, Christchurch and East Dorset Partnership	Steve Duckett
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NHS Representatives

Dorset Clinical Commissioning Group	Forbes Watson (Vice-Chairman)
NHS England – Local Area Team	Jayne Turnbull for Jacqueline Cotgrove
Clinical Commissioning Group	Tim Goodson
GP Locality Executive Team – Christchurch	Richard Jenkinson
GP Locality Executive Team – Purbeck	Christian Verrinder
GP Locality Executive Team – Weymouth and Portland	Jon Orrell for Karen Kirkham

Local NHS Provider Trust

Dorset County Hospital NHS Foundation Trust	Jean O'Callaghan
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Community Representatives

Healthwatch Dorset	Annie Dimmick for Martyn Webster
Voluntary Sector – Children (0-19 Forum)	Nicola Briggs

NON BOARD MEMBERS

Supporting Officers

Head of Commissioning and Improvement Services, Dorset County Council	Harry Capron
Health Partnerships Officer, Dorset County Council	Lucy Johns
Strategic Joint Commissioning Manager, Dorset County Council	Patrick Myers
Public Health Team Leader, NHS Dorset/Dorset County Council	Chris Ricketts
Senior Democratic Services Officer, Dorset County Council	Rebecca Thomas

Chairman

Resolved

1. That Mr Spencer Flower be elected Chairman for the remainder of the year 2013/14.

Vice-Chairman

Resolved

2. That Dr Forbes Watson be appointed Vice-Chairman for the remainder of the year 2013/14.

Welcome

3. The Chairman welcomed everyone to the first meeting of the Dorset Health and Wellbeing Board.

Apologies for Absence

4. Apologies for absence were received from Jenny Bubb, Rob Childs, Jacqueline Cotgrove, Colin Davidson, Jill Haynes, Jackie Last, Margaret Lawrence, Lawrence Lear, Blair Millar, Alex Picot, Anne Salter, Peter Stein, Martyn Webster and Simone Yule.

Code of Conduct

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

Terms of Reference and Constitution

6. Members received the Dorset Health and Wellbeing Board's Terms of Reference and Constitution.

Noted

Minutes

7. The minutes of the meeting held on 27 February 2013 were confirmed, subject to the following amendment:-
 - Minute 9 to include a third recommendation: That the Board's composition include a Local NHS Provider Trust representative.

Joint Health and Wellbeing Strategy for Dorset

8.1 The Board considered a report by the Director of Public Health on progress with the Joint Health and Wellbeing Strategy for Dorset and updated members on the revisions incorporated within the document following members' comments at the Shadow Health and Wellbeing Board's meeting on 27 February 2013.

8.2 Members were advised that the strategy had been discussed at locality level and numerous consultation groups had contributed to its contents. Prior to members' consideration to formally adopt the document, the Director of Public Health brought members' attention to a letter from the Dorset Dementia Partnership, dated 17 April 2013, which raised concerns that dementia had not been included as a priority within the strategy.

8.3 Members were reminded that the strategy was an overarching document for the whole of Dorset, with each locality having its own individual strategy. The Director of Public Health clarified that each locality strategy and other key strategies contained elements that would capture the issues surrounding dementia, but that members could include this as a priority within the Joint Health and Wellbeing Strategy for Dorset, should they consider it appropriate.

8.4 The Director for Adult and Community Services stated that due to the scale of the challenges to be overcome, she believed dementia should be listed as a priority within the strategy. Several Board members commented that dementia had been raised as a concern at various meetings they had attended. The Board therefore agreed that dementia be included as an additional priority within the Joint Health and Wellbeing Strategy for Dorset.

8.5 The Director of Public Health raised the concern that work could be duplicated by several community and stakeholder groups around Dorset and it was suggested that an implementation group be established to work with local groups to ensure this did not happen. The Health and Wellbeing Strategy was designed to provide a framework to drive forward a programme of locality and service initiatives that would support delivery of the agreed priorities and assist with alignment of organisational objectives.

Resolved

9.1 That the revised draft of the Dorset Health and Wellbeing Strategy be noted.

9.2 That the priorities, including dementia, for adoption by the Board for 2013/14 be agreed.

9.3 That the Dorset Health and Wellbeing Strategy, as amended, be formally adopted.

Clinical Commissioning Group Strategy and Annual Commissioning Plan

10.1 The Board received a presentation by the Chairman of the Dorset Clinical Commissioning Group (CCG) which sought to obtain the Board's confirmation that the CCG strategy's priorities were aligned with the Joint Health and Wellbeing Strategy for Dorset.

10.2 The Chairman of the Dorset CCG reviewed the CCG Strategy for the following 5 years and highlighted the aims, strategic principles and clinically led commissioning programmes contained within it. The 2013/14 delivery plan initial priorities were listed as follows:

- Improving dementia diagnosis and services
- Reducing unnecessary emergency admissions
- Reducing preventable deaths

10.3 He advised that achieving the aims was a difficult challenge and would be addressed via the use of several clinical commissioning programmes/initiatives. Quality of service delivery would be monitored at both a local and national level and provider organisations would also be actively encouraged to improve quality.

10.4 The Strategy was developed using four strategic principles which reflected CCG's local knowledge, the things that mattered to the patients and the needs of the local population. An illustration of how they aligned with both the Dorset's Health and Wellbeing Strategy and Bournemouth and Poole's Health and Wellbeing Strategy was given.

10.5 The Chairman of the Dorset CCG then advised that the total commissioning budget was approximately £915m. The challenge was not only to ensure that the services commissioned were sustainable, but that they also continued to improve within the available budget and achieve the strategic principles.

10.6 He referred to the progress made by the Shadow HWB in the last year and expressed the hope that over the next twelve months, collaboration would continue to mature.

10.7 The member for North Dorset District Council welcomed the Strategy's clarity and commented that it would be helpful to have a map of structures to show how they linked to public health engagement within Dorset to ensure duplication did not occur. The Chairman of the Dorset CCG confirmed that the Strategy reflected the CCG's primary responsibilities and priorities. The Director of Public Health advised that an explanation as to how the strategies linked together would be given at a future meeting of the Board. This suggestion was well received by members.

10.8 In response to a question, the Chairman of the Dorset CCG confirmed the total annual commissioning budget. A further question was then raised in regards to the alignment of priorities and the difference in approach by Dorset's locality teams and the unitary authorities within Dorset. The Chairman of the Dorset CCG confirmed that this was not a cause of concern as although approaches differed, the principles were similar and as time progressed links would increase further. The Director of Public Health supported this statement.

Resolved

11.1 That the Dorset Clinical Commissioning Group Strategy and Annual Commissioning Plan be noted.

11.2 That the Dorset Clinical Commissioning Group Strategy's priorities aligned with the Joint Health and Wellbeing Strategy for Dorset be confirmed.

Transformation Challenge Award

12.1 The Board considered a report by the Chief Executive which outlined support arrangements from the Department of Communities and Local Government (DCLG) through the Transformation Challenge Award for radical innovations involving two or more local authorities that wished to combine their operations across all or a major part of their service delivery and back office, whilst maintaining their separate identity and political representation. The total fund was £9m, and single multi-authority awards could be up to £2m, as a contribution to the net transitional costs.

12.2 The Head of Commissioning and Improvement Services introduced the report and explained that the initiative gave the County Council a significant opportunity to share and integrate services in the demanding and challenging area of health and social care. The leadership teams of Bournemouth Borough Council, Dorset County Council, the Borough of Poole, the Dorset Clinical Commissioning Group (CCG), Dorset HealthCare University NHS Foundation Trust, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust have therefore agreed to submit a joint bid to the DCLG by 14 July 2013 for £1.5m to £2m to support a proposal that was focused on the benefits of joint working and integration of the respective Councils' adult social care functions with the health sector.

12.3 He referred to how disjointed some services were currently and to customers' increasing sense of frustration. To address these issues, and as part of the bid, multi agencies would explore closer working arrangements with the district and borough councils of Dorset. Innovative whole system approaches for adult social care and health would deliver cost reductions for all stakeholders, with improved health and social outcomes for residents and greater personalised support for individuals and their families. In particular reference to the frail, elderly and people with long term conditions, the initiative would ensure that care whenever possible was delivered in, or close to, people's homes.

12.4 Reference was made to the specific work streams that would lead to the development and submission of the formal bid and to the delivery of key initiatives, as detailed within the report. The purposes of these initiatives were to divert demand and signpost customers to universal or early intervention support mechanisms.

12.5 The Head of Commissioning and Improvement Services advised that in addition to shared “front end” support, there was a commitment to align operating models and ICT systems. Agencies would be much more customer focused and be able to offer a streamline service to them.

12.6 The support of the Board was sought, in addition to that already illustrated by the collaborative leadership and partnership working programmes, in order to demonstrate to the DCLG the commitment to the initiative.

12.7 The Board discussed the report and several members commented positively on the proposals and the need to drive the initiative forward regardless of the bid’s success. In response to a question, the Director for Adult and Community Services advised that, should the bid be unsuccessful, the initiative would continue regardless.

Resolved

13. That the bid to the Department of Communities and Local Government’s Transformation Challenge Award, as outlined in the report, be supported and endorsed.

Pan Dorset Urgent Care Review

14.1 The Board considered a report by the NHS Dorset Clinical Commissioning Group that detailed work undertaken as part of the Urgent Care Review, in order to co-ordinate effort, effect improvement in urgent care and ensure sustainable services in the future.

14.2 The CCG representative briefed members on the conception of the Review and the need to tackle, with multiagency groups, unprecedented urgent care demands across health and social care.

14.3 The Board noted that in line with NHS England requirements and to ensure governance and transparency of improvement measures being pursued at locality, area or pan-Dorset level, a new Dorset Urgent Care Board had been established. The board would comprise of a senior member of staff from each stakeholder organisation and a number of GPs. Members noted the group’s programme of work.

14.4 The Local NHS Provider Trust representative welcomed the formation of the Dorset Urgent Care Board and advised of her frustrations, as a provider, when observing people visiting and staying in hospital longer than necessary. This had far reaching implications and needed long term solutions.

Noted

Appointment to Local Nature Partnership

15.1 The Board considered a report by the Director for Adult and Community Services which advised that the Local Nature Partnership (LNP) was seeking to appoint one member, drawn from the HWBs for Dorset and Bournemouth and Poole, to attend its meetings.

15.2 The Partnership aimed to help their local area to manage the natural environment as a system and to embed its value in local decisions for the benefit of nature, people and the economy. The Bournemouth, Dorset and Poole LNP was approved by DEFRA Ministers on 17 July 2012 and worked at a strategic scale to improve the range of benefits and services received from a healthy natural environment.

15.3 The Weymouth and Portland Locality GP Lead had recently attended a shadow meeting of the Partnership and volunteered to act as the Dorset HWB representative. He advised that there were common themes between the two groups and their aims were also similar to that of the Board.

Resolved

16.1 That Dr Jon Orrell be nominated as the Dorset Health and Wellbeing Board representative on the Local Nature Partnership.

16.2 That Bournemouth and Poole Health and Wellbeing Board be advised of the appointment.

Recommended

17. That the Dorset County Council's Cabinet approve the appointment of Dr Jon Orrell to the Local Nature Partnership, to represent Dorset Health and Wellbeing Board.

Fulfilling Statutory Obligations - Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments

18.1 The Board considered a report by the Director of Public Health which sought to set up a sub group to help deliver the Board's statutory duties in relation to the Joint Strategic Needs Assessments (JSNA) and Pharmaceutical Needs Assessments (PNA). The sub group would report to both the Bournemouth and Poole, and the Dorset Health and Wellbeing Boards annually with the Director of Public Health acting as link member for the Boards.

18.2 The Director of Public Health advised that work in relation to the JSNA and PNA had been ongoing for a couple of years and the introduction of the sub group, reporting to the Board would allow the process to be formalised. Information relating to the JSNA, together with thematic reports, were now available on the www.Dorsetforyou.com website and an additional element covering PNA would be added as part of this year's programme.

Resolved

19.1 That the JSNA development be overseen by a sub group of the Board that reports to both the Bournemouth and Poole, and the Dorset Health and Wellbeing Boards be agreed.

19.2 That the terms of reference for the Health and Wellbeing Commissioning Intelligence Group be agreed.

19.3 That the Board requests the NHS Commissioning Board participates in the JSNA process.

19.4 That the sub group work with a wide range of local partners and the community beyond the Board's membership be agreed.

19.5 That the sub group reports annually, with the Director of Public Health acting as link member for both Boards be agreed.

19.6 That the sub group overseeing the JSNA development also undertake responsibility for the Pharmaceutical Needs Assessment (PNA) and include this in their annual report to the Boards be agreed.

19.7 That the JSNA and strategy update or refresh was included annually in the Board's forward plan be agreed.

Locality Updates

20.1 The Board considered a report which introduced locality updates from Weymouth and Portland, East Dorset and North Dorset. Each of the three Locality Executive Team representatives presented their updates and responded to questions from the meeting.

20.2 The Weymouth and Portland Locality GP Lead referred to the two main events that had recently taken place, and advised that the Public Health Authority had assisted the professionals meeting held at the National Sailing Academy. Reference was made to the number of alcohol related issues, particularly in the centre of town after nightfall, that were leading to an increased number of hospital admissions.

20.3 The elected member from Weymouth and Portland Borough Council commented that in addition to looking locally at housing policies, employment issues and pursuing licensing and planning options, a steer from central government was needed to resolve this problem. Work was progressing well in regards to employment and this was helped by the strengthening bond with the County Council. Reference was also made to the “Troubled Family” initiative.

20.4 The Strategic Joint Commissioning Manager for Children’s Services advised the Board that work was ongoing in regards to the night time economy and partners such as the Fire Authority, Police and Licensing Department were all involved. He advised that interface from groups in Weymouth and Portland would be welcomed. However the Board noted that this was a substantial obstacle to overcome and some of the resolutions were not within their remit.

20.5 The need to involve the voluntary sector, youth groups and potentially work with street pastors was discussed and it was reiterated that most groups were working in the same direction. The need to extend links was therefore paramount and as a result the Purbeck Locality GP invited Weymouth and Portland representatives to a meeting which they were facilitating on 24 July. Alcohol was also a priority for this district too and several partners would be in attendance.

20.6 The Head of Planning and Health, Christchurch and East Dorset Partnership (for the East Dorset district) reported that they had been concentrating on developing their Health Network Group. A meeting was scheduled for 26 June to look at the priorities of East Dorset locality and how these would align with the Dorset HWB’s Strategy. Issues relating to emergency admissions and elderly mental health were of a particular priority. A clinical focus group would be meeting for the first time on 2 July to consider issues around elderly mental health in the first instance.

20.7 It was hoped that any gaps in service provision would be identified, and the Board noted that this was easier now that partners had become more integrated and engagement with the County Council was increasing. Meetings were ongoing to look at the service provided, to improve strategies (including housing) and to establish future outcome frameworks. Outcomes would be shared with partners.

20.8 The elected member from East Dorset District Council endorsed the usefulness of the workshops undertaken and stated that they had been used to embed the health service into strategies and priorities. However she referred to previous comments and asked the Board to be mindful that some of the districts could be duplicating work of existing groups.

20.9 The elected member from North Dorset District Council reported that their locality’s Patient and Public Involvement Development Worker had met with practice managers and identified opportunities for strengthening partnerships. The meetings had had a positive impact and greater consultation was to start. She commented that as a district councillor she had felt frustrated with issues surrounding communication and consultation, but was more positive now that work on a communications strategy was taking place to further advance links.

Noted

Meeting Duration: 2.30pm to 3.50pm