
PARTNERSHIP BOARD FOR HEALTH AND WELLBEING

Minutes of the Meeting held

Wednesday, 15th June, 2011, 2.00 pm

Councillor Malcolm Hanney	- Chair of NHS B&NES and of the Partnership Board
Councillor Paul Crossley	- Leader of the Council
Dusty Walker	- PCT Non Executive Director
Patricia Webb	- PCT Non Executive Director
Councillor Nathan Hartley	- Deputy Leader of the Council and Cabinet Member for Early Years, Children and Young People
Councillor Simon Allen	- Cabinet Member for Wellbeing
Jeff James	- Chief Executive of NHS B&NES
John Everitt	- Chief Executive of the Council
Dr Pamela Akerman	- Acting Joint Director of Public Health
Ashley Ayre	- Interim Strategic Director for People's Services

1 WELCOME AND INTRODUCTIONS

The Chair was taken by Malcolm Hanney, Chair of the PCT.

The Chair welcomed everyone to the meeting, especially those who had stayed after attending the morning network meeting.

He welcomed the new members to the Board, Jeff James the new Chief Executive of NHS BANES; and Councillors Paul Crossley, Nathan Hartley and Simon Allen the new Cabinet Members.

He also welcomed to the meeting James Scott, Chief Executive of Bath Royal United Hospital who would be making a presentation to the Board about the hospital's plans to become an NHS Foundation Trust.

2 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

3 APOLOGIES FOR ABSENCE

It was announced that Dr Brian Conway had retired and that his place was being taken at the meeting by Dr Ian Orpen. The Chair welcomed Dr Orpen to the meeting.

Diana Hall had sent her apologies having been unavoidably called away at late notice.

4 DECLARATIONS OF INTEREST

The following members of the Partnership Board hold dual roles in the Council and PCT:

Malcolm Hanney: Chair of the PCT and Councillor

Ashley Ayre: Interim Strategic Director for Children's Services and Public Health, operating across the Partnership

Dr Pamela Akerman: Joint Director of Public Health, operating across the Partnership

There were no other declarations of interest.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

6 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

7 PUBLIC QUESTIONS/COMMENTS

There were none.

8 RUH FOUNDATION TRUST CONSULTATION - PRESENTATION

The Chair welcomed James Scott, CEO, Royal United Hospital. James gave a presentation to the Board in which he explained the journey of improvement which had been undertaken by the RUH and the key dates towards achieving Foundation Trust Status in April 2012. He answered questions from those present and encouraged everyone to take a pack of information and to consider becoming individual members of the Trust.

The Chair thanked James for his presentation.

9 HEALTHWATCH - STATUS REPORT

Derek Thorne presented the report and explained that there was a statutory duty to implement HealthWatch and it was intended to implement this from July 2012. He also reported on the success of the morning's public engagement/network meeting at which 45 people had attended.

The Board RESOLVED:

- (1) To NOTE the key issues outlined in the report;
- (2) To SUPPORT the direction of travel indicated by the report.

10 HEALTH AND WELLBEING BOARD GOVERNANCE

David Trethewey presented the report. He explained that both partners to the Partnership would be asked in due course to adopt new Terms of Reference.

Malcolm Hanney said that in his view the Partnership was one of the best developed Partnerships in the country. He pointed out that in paragraph 6.2 of the report, the word “Responsibility” should read “Primary Responsibility”, as all organisations had a responsibility for safeguarding.

Dusty Walker observed that in paragraph 7 the bullet point “GP consortia” should read “GP consortium” although noted there would still be 2 partnership members from the consortium.

Jeff James referred to paragraph 7.1 and said that membership of the proposed Board might be offered to others as it became appropriate. He felt there should be a wide range of clinical representation.

The Chair said that the PCT Board would consider adopting the principles at its meeting the following day, and that Cabinet would be asked at a subsequent meeting for its agreement.

The Board RESOLVED:

- (1) To AGREE the principles for the terms of reference of the shadow Health and Wellbeing Board;
- (2) To RECOMMEND the principles to the PCT Board and the Cabinet for their agreement.

11 **INTERIM COMMISSIONING ARRANGEMENTS**

Ashley Ayre explained that the report covered the interim arrangements in the period up to 2013. He referred to paragraph 3 of the report which outlined the various roles and who would undertake them during the interim.

Jeff James said that the Government had reaffirmed its strong commitment to joint commissioning and to integration. This confirmed the progress already made by this Partnership.

Malcolm Hanney emphasised that the anticipated challenges would require that the strong relationship already built up in the Partnership must be maintained.

Dr Ian Orpen explained that some of the details had caused anxiety amongst GPs but that in the main they were now coming round to recognising the opportunities of the proposals.

The Board agreed to NOTE the report.

12 **ALCOHOL HARM REDUCTION STRATEGY**

Dr Pamela Akerman presented the report on the refresh of the existing strategy. She explained that a stakeholder forum had been held which had identified 24 developments, the top 8 of which had been built into the strategy. There had been further wide consultation on the refresh. She planned to provide the board with regular updates on progress.

Malcolm Hanney asked if a “spend to save” business case had been developed. Dr

Akerman said this was yet to be explored. John Everitt asked for more clarity to be added to the Financial Implications section before Cabinet was asked to adopt the strategy on behalf of Council.

Cllr Paul Crossley observed that there was no mention of enforcement as it related to large supermarkets. Malcolm Hanney said this would need to be included in the thinking. Cllr Vic Pritchard (Chair of the Council's Wellbeing Policy Development and Scrutiny Panel) observed that the Panel had specifically raised the issue of supermarkets and would want to have their concerns addressed by the refreshed strategy.

Cllr Simon Allen asked whether the Licensing Committee had been asked for its comments. Dr Akerman confirmed that the Committee had been consulted on late night issues.

The Board RESOLVED:

(1) To AGREE the key priorities and actions in the report;

(2) To RECOMMEND that:

(a) The Cabinet Member for Wellbeing approves the strategy on behalf of the Council;

(b) The Health and Social Care Committee approve the strategy on behalf of the PCT Board;

(c) The final strategy be adopted by all stakeholder agencies and partnerships (LSP, DHI, AWP, B&NES Council, NHS B&NES, RUH, GWAS, Police, and Probation Service).

13 **ADULT SAFEGUARDING PERFORMANCE**

Lesley Hutchinson, in presenting the report, pointed out that the figures were not quite end-of-year but were very close. She referred to the chart in paragraph 2.1.2 and was pleased to say that all the performance figures had improved since February 2011. She was disappointed that, having said at the last Board meeting that an Action Plan was being prepared by AWP, the Plan had been withdrawn by AWP and was therefore not available as promised. A meeting had been held with AWP and she was working with them on this.

Lesley referred to paragraph 2.1.4 and said that "five areas for improvement" should read "four". The proposed new timescales laid out in 2.2.1 had gained broad support.

She was pleased to report that the Independent Chair of Local Safeguarding Adults Board had been appointed in March.

Malcolm Hanney felt that the Board should express concern over the lack of an Action Plan from AWP. The Board had requested the action plan in January. A number of Board members indicated their agreement.

Jeff James referred to the training figures in paragraph 2.1.6 and asked what was being done to improve uptake. Lesley explained that the problem was not so much willingness, but of capacity and of the ability for managers to release staff. She drew the attention of the Board to the different take-up achieved by the two partners, some of which could be explained by shift pattern problems.

Ashley Ayre said that the progress made in Adult Safeguarding had been amazing. He offered his congratulations to Lesley and her team for their achievements.

The Board agreed to NOTE:

- (1) The update on adults safeguarding performance indicators from April 2010 to March 2011;
- (2) The proposed new performance indicators for 2011 to 2012;
- (3) The update from Local Safeguarding Adults Board March 2011 meeting;
- (4) Government Policy Statement on Safeguarding Adults.

14 ADULT HEALTH AND SOCIAL CARE COMMISSIONING PERFORMANCE

Tracey Cox presented the report and explained, in particular, the illustrative figure shown in paragraph 1.1 of the report.

Patricia Webb asked how likely it was that the problems achieving the 18-week target from Referral to Treatment might be resolved. Tracey said that the service was probably 3-4 months away from a solution of these problems. Members of the Board expressed good reasons for optimism that this would be resolved, and that it needed to be resolved. Dr Ian Orpen said that he and Simon Douglass were planning to visit the RUH immediately after the Board meeting, to discuss this issue.

The Board agreed to NOTE the performance as described in the report.

15 CHILD PROTECTION ACTIVITY PERFORMANCE

Ashley Ayre presented the report, drawing attention to the quarterly outcomes reported in the table.

Malcolm Hanney asked whether the increase in the number of children subject to a child protection plan had caused any financial pressures. Ashley said that although the £200K put into the relevant budget had been absorbed, there had been no further consequential financial pressures.

The Board RESOLVED:

- (1) To NOTE the report and actions being taken and receive updated performance reports at each meeting of the Board;
- (2) To NOTE that future reports will detail performance in relation to outcomes rather than process indicators.

16 CHILDREN'S SERVICE COMMISSIONING PERFORMANCE

Liz Price, in presenting the report, apologised that the scorecard had not been included in the agenda papers but promised to circulate it to members after the meeting. *[This was provided after the meeting and is attached as Appendix 1 to these Minutes].*

Liz referred to the historical delays in the wheelchair service and assured the Board that pressure was being maintained on North Bristol Trust to improve performance. She would be meeting with them about this during July. She was pleased to say that from 1st April, there had been no waits of longer than 18 weeks and no complaints,

so some progress had been made.

She referred to paragraph 11.1 relating to the physiotherapy review and reported that the RUH had not yet started the review because it was waiting for the appointment of the independent Chair and the outcome of staffing changes.

Patricia Webb felt that it was important to keep pressing the wheelchair issue. Jeff James agreed and said that he was leading the SHA review on this issue. The arrangements were quite complex but he felt that a different model of delivery would bring about a rapid improvement and if the commissioning departments committed to this, the providers would follow.

The Board agreed to NOTE the performance as described in the report.

17 CHILDREN'S TRUST BRIEFING REPORT

Ashley Ayre presented the report and announced a stakeholder event would be held at the Fry Club, Keynsham to launch the Children and Young Peoples Plan 2011-14.

The Board agreed to NOTE the range of key issues covered in the report.

18 FORWARD PARTNERSHIP BOARD DATES

The Board agreed to NOTE the schedule of future meetings

The meeting ended at 4.00 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

Community Health & Social Care Services, Childrens Services, Professional Leadership & Quality

Monthly performance report: March 2011

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YtD	Target for year	Direction	09/10 Outturn
Improving Access and Equality																
People seen in under 18 weeks (%) <i>DH requirement</i>																
Community Paediatrics	100%	100%	99%	100%	100%	98%	96%	95%	100%	100%	100%	100%	99.8%	95%	↔	99.7%
Childrens Audiology	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	99.6%	95%	↔	99.7%
People seen in under 13 weeks (%) <i>DH requirement</i>																
Community Paediatrics	99%	98%	93%	100%	94%	88%	82%	84%	91%	96%	98%	96%	93.0%	95%	↓	97.7%
Childrens Audiology	100%	98%	98%	97%	99%	98%	98%	100%	98.9%	100%	99%	97%	98.7%	95%	↓	98.5%
18 week RTT breaches																
Community Paediatrics	0	0	1	0	0	1	4	5	0	0	0	0	6	<7	↔	7
Childrens Audiology	0	1	0	2	0	0	0	0	0	0	0	0	3	<7	↔	5
Median waiting time in weeks for patients seen																
Community Paediatrics							10.2	7.0	6.8	7.0	6.3	5.6	7.2	6.6	↑	
Childrens Audiology							2.9	2.8	2.9	4.3	3.1	4.2	3.4	6.6	↓	
95th percentile for patient seen in weeks																
Community Paediatrics							17.2	17.7	14.1	13.3	10.2	10.4	13.8	18.3	↓	
Childrens Audiology							6.7	5.9	7.1	8.4	8.0	8.1	7.4	18.3	↓	
Median waiting time in weeks for patients still waiting																
Community Paediatrics							4.3	3.9	4.1	2.9	2.7	2.4	2.4	7.2	↑	
Childrens Audiology							1.7	1.7	2.6	1.9	2.0	2.1	2.1	7.2	↓	
95th percentile for patient still waiting in weeks																
Community Paediatrics							15.6	11.0	11.0	7.9	7.4	6.9	6.9	28.0	↑	
Childrens Audiology							5.3	5.9	6.6	6.7	6.6	6.2	6.2	28.0	↑	
Childrens Learning Disability Nursing Service - Number of contacts	39	75	71	41	33	71	34	42	41	53	52	31	583			

Minute Annex

Community Health & Social Care Services, Childrens Services, Professional Leadership & Quality

Monthly performance report: March 2011

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YtD	Target for year	Direction	09/10 Outturn
Improving health-keeping well																
Breastfeeding																
Coverage			97%			99%			99%	100%	100%	100%	99%	95%	↑	
Prevalence			59%			59%			60%	57%	71%	61%	60%	60%	↓	
Health Visiting - % of parents offered and accepted reviews for 2 - 2.5 years olds							75%	75%	87%	83%	90%	0.9	83%	75%	↑	
Health Visiting - Number of active targetted families i.e red cases						617			595	556	486	622				
Health Visiting - Number of active targetted families i.e red cases. As a % of caseload										6%	5%	6%				
Life expectancy																
Lifetime - Number of hospital admissions saved																
Core Service	10	12	13	0	9	9	27	26	11	18	13	17	165		↓	
Homecare						3	2	0	0	0	0	0			↓	
S< - % of children reaching their full potential in speech, language and communication	98.6%	96.8%	100%	98.8%	100%	100%	100%	97.8%	98.0%	98%	100%	98.2%	98.9%	95%	↓	