
PARTNERSHIP BOARD FOR HEALTH AND WELLBEING

Minutes of the Meeting held

Wednesday, 8th February, 2012, 2.00 pm

Malcolm Hanney Chair of NHS - NHS BANES
BANES

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
John Everitt	- Chief Executive of the Council
Dr Pamela Akerman	- Acting Joint Director of Public Health
Ashley Ayre	- Strategic Director for Children's Services
Diana Hall Hall	- Link Representative
Ed Macalister-Smith	- NHS B&NES Chief Executive

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the evacuation procedure.

3 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Paul Crossley, Dr Ian Orpen, Dr Simon Douglass, Mike Bowden and Derek Thorne. Councillor Simon Allen sent his apology for missing the start of the meeting as he was attending 'Shared Lives' event in the Guildhall (arrived at 2.50pm) and Ed Macalister-Smith informed the meeting that he will have to leave at 3.00pm.

Dr Ruth Grabham was substitute for Dr Orpen and Dr Douglass.

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: Strategic Director for people and Communities, operating across the Partnership

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

Ed Macalister-Smith declared the interest as the B&NES and Wiltshire PCT Cluster Chief Executive.

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 MEMBER UPDATES: HIGH LEVEL STRATEGIC UPDATES

Clinical Commissioning Group (CCG) update – Dr Ruth Grabham

- The amendments on the Health and Social Care Bill are now subject to debate in Parliament. Whatever the outcome of the debate the CCG is supportive of Clinically Led Commissioning.
- The CCG is aware that this is a very difficult and stressful time for staff but at the same time staff members are aware of the complexity around the transition. The CCG is in the middle of the consultation process and the next step is a meeting with the other CCGs in the Cluster. The CCG is aware that £25 per head running cost allocation is a much lower allocation than the PCT had in the past but it is manageable.
- Working closely with colleagues and active GP Forum – 10 meetings per year.
- Patient Participation Groups are up and running in each practice.

Healthwatch (procurement) update – David Trethewey

- National implementation date had been pushed back and there is a lot of consultation as to how the Healthwatch should look.

Public Health update – Dr Pamela Akerman

- Public Health is on the agenda for this meeting.
- Finance papers came yesterday evening (Tuesday 7th Feb). There is no firm budget for 2013/14 and broadly what was submitted appears to have been taken on board with some minor elements changed.

PCT update – Malcolm Hanney and Ed Macalister-Smith

- Everyone is under stress and a lot of pressure to achieve objectives.
- There is a lot of anxiety as the Health and Social Care Bill has still not gone

through Parliament.

- PCT Cluster arrangements to be in place by the end of March 2012. Lot of work on co-ordination of local and cluster work.
- National introduction of 111 number.
- Discussion with the Chief Executive from the RUH and forward plans.
- Even though there are pressures to make savings in the NHS (£20bn across the country and 10% inflation pressure in the NHS) it is also necessary to improve quality of care.
- Specialist services, such as Specialist Commissioning, should not be forgotten.

9 PUBLIC HEALTH POLICY UPDATE

The Chair invited Paul Scott (Consultant in Public Health) to introduce the report.

John Everitt informed the meeting that the governance and accountability of the planning process lies with the Partnership Board for Health and Wellbeing.

John Everitt also said that the public health transition plan will require sign off not only from the Chief Executive of the Council and the PCT but also from the Chair and/or Vice Chair of this Board. The Council will provide resources, within reason, for service delivery.

The Chair suggested that Chief Executives, Ashley Ayre, Dr Pamela Akerman and the Board Chair and/or Vice Chair should meet as soon as possible and have off-line discussion about the issue of future status of Director of Public Health (DPH) within Council hierarchy. The Chair also acknowledged that we were very grateful and had been very fortunate to have Pamela Ackerman on an extended period of service as Acting Joint DPH.

Ed Macalister-Smith welcomed the statement from John Everitt about the provision of resources and said that he would be looking forward to get together with John Everitt, Ashley Ayre, Dr Pamela Akerman and the Chair/Vice-Chair of the Board to move forward with the Public Health Transition plans.

It was **RESOLVED** to:

1. Note the report;
2. Ask the officers to take on board comments from the Board Members; and
3. Receive a subsequent update in April 2012 following the submission of the public health transition assurance plan to NHS South of England.

10 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Chair invited Jon Poole (Research and Intelligence Manager) to introduce the report.

The Chair suggested that the Local Involvement Network should also be included in discussions as they are part of the Board. Diana Hall and the officers welcomed that suggestion.

It was **RESOLVED** to note the status updates and revised timescales and agree with the proposed outputs.

11 **PRIORITISATION FRAMEWORK**

The Chair invited Helen Edelstyn (Strategy and Plan Manager) to introduce the report.

John Everitt informed the meeting that the Cabinet will consider 'The Council's Vision and Values' report at their meeting tonight and if agreed, the Council's existing planning and delivery framework will be revised to incorporate the new vision, objective and outcomes so that there is clarity on how this will be delivered.

It was **RESOLVED** to:

1. Note the draft Prioritisation Framework;
2. Agree to establish a 'task group', including Board members, to consider the prioritisation framework and begin work on prioritisation; and
3. Note that the next Board meeting in April will focus on the outputs of the JSNA and begin strategy prioritisation.

12 **CHILD PROTECTION ACTIVITY PERFORMANCE REPORT**

The Chair invited Ashley Ayre to introduce the report.

John Everitt asked that future reports should provide more information on missed targets, such as indication on how much those targets are missed and what action is being taken on those targets that are in red (including if there were no actions being taken due to the pressure on service). John Everitt informed the meeting that the Care Quality Commission report will be brought before this Board when published.

Ashley Ayre took on board the comments from John Everitt and added that the draft report from the Care Quality Commission has been received and that the Council's response to the report should be ready by Friday 10th February.

It was **RESOLVED** to note the report and receive updated performance reports at each meeting of the Board.

13 **ADULT HEALTH AND WELLBEING HIGH LEVEL PERFORMANCE ASSURANCE REPORT**

The Chair invited Jane Shayler (Programme Director for Non-Acute Health, Social

Care and Housing) to introduce the report.

Jane Shayler went through the report and drew the Board’s attention to improved performance indicators for the ‘Proportion of people who have had a stroke who spend at least 90% of their time in hospital on stroke unit’. Jane Shayler added that the pattern on that indicator was seen across the country.

Members of the Board commented that they are pleased that there is joint work with the RUH to improve those figures even more.

It was **RESOLVED** to note the report.

14 FORWARD PARTNERSHIP BOARD DATES

The Board noted the future dates.

15 ADULT SAFEGUARDING REPORT

The Chair invited Jane Shayler, Janet Rowse (Sirona Chief Executive) and Lesley Hutchinson (Assistant Director for Safeguarding and Personalisation) to introduce the report.

John Everitt commented that Safeguarding referrals seem to have consistent trends and asked if there is a need for additional resources to tackle those referrals as the Partnership Board need a deeper understanding on what the figures and trends mean.

Ashley Ayre commented that there are a number of issues to consider when looking into these figures such as raised awareness, transitional arrangements from children to adults and also about the personal choice where an officer has to make the decision on when to intervene.

Lesley Hutchinson added that there is also much greater complexity of cases going around.

John Everitt commented that the Partnership Board would like to see the evidence as to whether the figures are on the increase because of trends, raised awareness or because of the complexity of cases.

It was **RESOLVED** to note the report and for officers to take on board comments for future reporting.

The meeting ended at 3.20 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

