

PARTNERSHIP BOARD FOR HEALTH AND WELLBEING

Minutes of the Meeting held

Wednesday, 9th February, 2011, 2.00 pm

Councillor Francine Haeberling	- Leader of the Council
Councillor Malcolm Hanney	- Chair of the PCT
Councillor Vic Pritchard	- Cabinet Member for Adult Social Services and Housing
Dusty Walker	- PCT Non Executive Director
Patricia Webb	- PCT Non Executive Director
Janet Rowse	- Acting Chief Executive of the PCT
John Everitt	- Chief Executive of the Council
Dr Brian Conway	- Chair of Professional Executive Committee, PCT
Dr Pamela Akerman	- Acting Joint Director of Public Health

1 WELCOME AND INTRODUCTIONS

The Chair was taken by Councillor Francine Haeberling, Leader of the Council. The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

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

3 APOLOGIES FOR ABSENCE

Apologies had been received from Councillor Chris Watt and from Ashley Ayre. Mike Bowden (Divisional Director, Health Commissioning and Strategic Planning) attended as substitute for Ashley Ayre.

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 Deputy Leader of the Council

Janet Rowse: Acting CEO and Strategic Director, Adult Health and Social Services

Mike Bowden: Divisional Director, Health Commissioning and Strategic Planning, operating across the Partnership

Dr Pamela Akerman: Acting 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

Patricia Webb observed that she had sent her apologies to the meeting but these had not been recorded. It was also observed that in Item 9, the name of Ian Orpen had been spelled incorrectly. The Democratic Services Officer agreed to amend the Minutes in two places. The Minutes (as amended) were approved as a correct record.

7 PUBLIC QUESTIONS/COMMENTS

There were none.

8 FEEDBACK FROM HEALTH AND WELLBEING SEMINAR (VERBAL)

Derek Thorne gave a verbal report of the Seminar. The seminars were by consensus proving increasingly effective. The morning seminar had been attended by 60 people and had discussed the public health reorganisation and re-enablement. There had been a strong message that the new Health and Wellbeing Board should be transparent and should be responsive to comments from the public.

Board members were impressed by the wide ranging feedback, particularly relating to disadvantaged groups. They agreed that the relationship with voluntary and community groups would be critical to success.

The Board agreed to NOTE the verbal report.

9 TRANSFORMING COMMUNITY SERVICES (VERBAL UPDATE)

Janet Rowse gave a verbal update of events since November, when the Council and the PCT Board had both approved the direction of travel for community health and social care services to become a social enterprise. Both partners had sought further assurances about the financial sustainability to be demonstrated within the business case.

The Department of Health required that by the end of March, the Partnership must have a viable business case; an organisation established; and a Chair and Chief Executive identified. The business case had been submitted to the Strategic Health Authority in late December. Since then there had been internal scrutiny to test the sustainability of the proposals and further updating of the financial plans. It was anticipated that the report would be presented to PCT Board and to Council on February 17th. The SHA would consider the case at their Board meeting in March; it is the SHA who determine from the NHS perspective whether or not to approve the establishment of the Social Enterprise. The advertisements for Chair and Chief Executive had already been placed and recruitment to both posts was anticipated to take place before the end of March in line with the national timetable.

John Everitt said that the priority must be to establish further engagement with staff. It was clear, for example, that staff were very keen that the new organisation must be not for profit.

Malcolm Hanney observed that the proposals would be a huge change. It was

essential to ensure continuity of performance and quality. The timescales were particularly challenging.

The Board agreed to NOTE the verbal update.

10 **NHS REFORM AGENDA AND OPERATING FRAMEWORK 2011-12**

Janet Rowse introduced the report. She explained that the consortium of all 27 GP practices had been approved as part of the pathfinder programme although there would be a formal licensing process to go through at a later stage. Discussions were on going about the future shape of commissioning for health and social care and the other components of the new architecture of the NHS were also being planned jointly with Council colleagues. Full details of the Operating Framework had been included in Appendix 1 of the report.

The Board agreed to NOTE the report.

11 **NEW STATUTORY DUTIES FOR LOCAL AUTHORITIES**

David Trethewey (Divisional Director, Policy and Partnerships) introduced the report. The authority had been recognised as an "early implementer" for the establishment of the new style Health and Well Being Board because of the excellent progress already made towards integration. He had attended a meeting with other authorities at the Department of Health on 13th December and would be attending another meeting the next day, the aim being to share lessons learned amongst the authorities. He explained in response to a question from a Board member that in paragraph 2, where it referred to four main functions, the fourth function should have been listed as "strengthening engagement and involvement", which had been expanded in paragraph 8 of the report.

Janet Rowse emphasised the importance of keeping patient safety and safeguarding at the heart of the work of the Partnership and this was echoed by other members.

Malcolm Hanney said he felt strongly that integration had worked for the Partnership and had delivered benefits; and that it would be important under the new arrangements to keep this at the forefront of thinking. Others agreed with his comments.

Janet Rowse said that the Board needed to give thought to timing and to links with other changes taking place. She felt that the new Health and Well Being Board should be in place by April if this were possible. The Chair and other Board members agreed this approach.

The Board agreed:

(1) To NOTE the report;

(2) To hold an initial seminar style meeting with the likely membership of the new style Health and Well Being Board in April in order to determine how the new Board might be constituted.

(3) To expect the new style Board to become operational in shadow form from June

12 **HEALTHY LIVES HEALTHY PEOPLE - STRATEGY FOR PUBLIC HEALTH**

Dr Pamela Akerman introduced the report and explained that the main consultation period on the strategy for Public Health and the funding arrangements would end at the end of March although for some questions the closing date was 8th March.

Paul Scott (Assistant Director, Public Health) gave an indication of the timescales: Consultation, as had been explained, would close on 31st March.

John Everitt asked, from a strategic perspective, whether it was possible to act in advance of the statutory deadlines for the transfer of public health functionality. He asked for more structured information about the risks and advantages of moving earlier. Paul Scott agreed to provide this to a future meeting.

Malcolm Hanney said the proposed approach must be fully tested but that the Partnership was already well advanced in its readiness.

Janet Rowse suggested that it may be possible to resolve staffing issues in the short term through existing Partnership secondment arrangements in order to effect the staff transfer as soon as possible. But she also indicated that the transfer of resources was more complex and it would probably be better to wait for further guidance before transferring resources between organisations. However, the evidence of excellent collaboration so far made her confident that there would be no cause for disagreement between the partners at a local level.

The Board agreed to NOTE the report.

13 **SHAPING UP - HEALTHY WEIGHT STRATEGY**

Helen Erswell (Public Health Commissioning Manager) introduced the report. Its aim was to reduce obesity, particularly by promoting self-care. The aims and themes of the strategy were explained in the report at page 65.

Members welcomed the strategy and said it was an excellent basis for promoting health.

The Board agreed:

- (1) To RECOMMEND to the Cabinet Member for Adult Social Services and Housing that he approve the strategy on behalf of the Council;
- (2) To RECOMMEND to the Health and Social Care Committee that it approve the strategy on behalf of NHS B&NES.

14 **ADULT SAFEGUARDING PERFORMANCE**

Lesley Hutchinson (Assistant Director, Safeguarding and Personalisation) introduced the report. She referred to a number of indicators in the report and updated the Board on some latest developments. There had been some concern over the performance of Avon and Wiltshire Mental Health Trust, but the Trust was now working to an action plan to address the problems. The advertisement for Independent Chair of the Local Safeguarding Adults Board had been published.

John Everitt said that the Board would need to see the AWP action plan.

Dr Brian Conway referred to Indicator 4 (case file audits) and asked that in future, the board could be told what lessons had been learned and what changes made as a result of the audits.

Members agreed that, since the Partnership was able to set its own targets, it would be appropriate to reconsider the targets so that they were realistic and in line with other authorities in the region.

The Board agreed:

- (1) To NOTE the reported Safeguarding case coordination activity
- (2) To NOTE the update from the Local Safeguarding Adults Board of December 2010
- (3) To NOTE the Care Quality Commission Assessment of Adult Social Services Performance for 2009/10
- (4) To NOTE the Community Health and Social Care Service Internal Audit of safeguarding cases

15 **ADULT HEALTH AND SOCIAL CARE COMMISSIONING PERFORMANCE**

Janet Rowse apologised that papers circulated were several months out of date, and as an alternative to using the data provided, gave a verbal report outlining current performance issues. She made particular reference to progress made in achieving stability in the urgent care system. This has been achieved by the whole system working together, including moving GPs into Accident and Emergency, reducing length of stay in acute and community hospitals, effective whole system infection control measures and improving discharge procedures.

The report from the Care Quality Commission on the stroke service had been very positive.

Waiting times for access to social care were within target and waiting times for hospital care would be within target by the end of March.

Patricia Webb congratulated the team and its partners for achieving such an improvement, particularly over the winter months. She had received increasingly good feedback from patients at the RUH about their experience and care.

Board Members felt that the positive message must be communicated to the public, who need to have confidence in their local health service, and that the message should be that the Partnership expects to maintain the successes into the future.

The Board agreed to NOTE the verbal report.

16 **COMMUNITY HEALTH AND SOCIAL CARE DELIVERY PERFORMANCE**

Jo Gray introduced the report and updated some of the recent figures. She particularly noted that the community hospitals had moved to 7-day therapy and this had led to an improvement in care. The service was very keen to encourage patient feedback and this had now been embedded into staff thinking and was being requested after every event.

Patricia Webb was thrilled at the large patient feedback and said it had been a long-term aim to achieve the current levels. Jo Gray observed that as a consequence of this, the safeguarding agenda was being enhanced.

The Board agreed to NOTE the report.

17 **CHILD PROTECTION ACTIVITY PERFORMANCE**

Mike Bowden (Divisional Director, Health Commissioning and Strategic Planning) introduced the report and pointed out that the performance reported on page 195 was measured against the existing indicators.

The Board agreed:

(1) To NOTE the report;

(2) To ASK the Divisional Director, Safeguarding, Social Care and Family Service, to submit updated performance reports and each meeting of the Board.

18 **CHILDREN'S SERVICE COMMISSIONING PERFORMANCE**

Mike Bowden (Divisional Director, Health Commissioning and Strategic Planning) introduced the report. He referred particularly to paragraph 3.2 relating to wheelchairs and acknowledged that this had been a longstanding problem. He said that the planned recommissioning of wheelchair services had been put on hold awaiting the recommendations of the national advisory group. In the interim, work was being done to address the local issues.

Board members expressed a number of concerns about the longstanding problems with the wheelchair service and asked to be kept informed of progress on resolving the local issues and once the national advisory group had reported.

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

19 **CHILDREN'S TRUST BRIEFING REPORT**

Mike Bowden (Divisional Director, Health Commissioning and Strategic Planning) introduced the report. He explained that although the government is expected to repeal the legislation relating to Children's Trusts, the Trust had decided that it still wished to operate, on a non-statutory basis, to continue the benefits which had been achieved. The new NHS governance arrangements would need to take this into account.

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

20 **FORWARD PARTNERSHIP BOARD DATES**

The Board was aware that the next scheduled meeting would be during a local election campaign but the consensus was that an informal meeting of the Board, with guests from those who might be included in the new arrangements, would be helpful as a first step towards a new shadow Board. The invited guests would include Health Watch.

John Everitt reminded the Board that any decisions about governance changes

would have to be agreed by the Council AGM, scheduled for June. He advised caution during the local election campaign.

The Board agreed to NOTE the list of forward dates.

The meeting ended at 4.10 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services