

SH&WB Board

Shadow Health and Wellbeing Board Meeting Minutes

Date: 13th March 2013
Time: 9am – 11am
Venue: Room 0.1 Knowsley Place

Present:

Audrey Gibson	CCG (Chair)
Pat Jones-Greenhalgh	Director of Adult Care Services
Graham Atkinson	Director of Environment & Development Services
Peter Elton	Director of Public Health
Mark Granby	Superintendent, CSP
Dave Bevitt	Chief Officer CAB
Hemlata Fletcher	Project Manager PH
Karen Whitehead	Strategic Lead Health Families Partnership
Stuart North	Chief Officer CCG
Tony Sargeant	Chair Bury LINK
Kiran Patel	Chair CCG

In attendance:

Dionne Brandon	Head of Policy & Improvement
Alison Vaughan	Project Manager – Virtual Network
Kat Sowden	Head of Workforce Modernisation

Minutes: Maureen Foden Public Health PA

Standing Items

1 Apologies

Diane Halton, Rishi Shori, Hilary Brown, Mark Carriline (KW attended on behalf of MC)

2 Minutes and Action Log from the meeting held 30th January 2013

The minutes of the last meeting were agreed as a true and accurate record.

The Action Log was discussed and updated accordingly.



ACTION LOG
30.01.13

3 Chair's Communications

- PJ-G and AG met with Rob Bellingham to consider the NCB having a role on the Bury H&WB going forward. This was discussed in great detail, and taking into account the NCB will have an involvement in the JSNA, JH&WB Strategy and have the remit for Primary Care and for the Under 5's it was decided that it would be beneficial to have their participation at these meetings. There are number of issues that need to be taken into consideration for example declarations of interest and scrutiny therefore it was agreed that initially they should be included on the Board as a regular attendee however they will not be given a voting role. This will be revisited after legal advice has been taken and it has been established what decision other H&WB's have taken. The consensus was that the Board would go with the majority in GM and in the event that there is a split it will then be up to the Board to make the decision here.

ACTION: AG will feedback the Boards decision to RB

- AG advised that Tony Sargeant is resigning from the Board as Bury LINK will cease to exist. She thanked him for all his hard work and support and welcomed any future involvement from him through this period of transition.

Matters Arising

4 Health and Social Care Reform – Reform to Cabinet

AG wanted to bring to the Board's attention the Health and Social Care Reform in GM moving forward over the next two years. Each local authority has been asked to pull together what they are doing in their own area therefore members are asked to comment on the paper, see attached.



AGMA Health
Social Care Refor

Amy Spensson is currently co-ordinating the completion of the Public Services Reform Local Implementation Plan for Bury. She will send the relevant information to PJ-G, KP and SN, the plan has to be completed by 5th April.

TS voiced his disappointment as the document is clearly focussed on patient benefits however in the list of actions there is no mention of the statutory involvement of Patient Public Involvement (PPI). Section 242 of the NHS Act 2006 would necessitate that at least one workstream for PPI should be included. There is a need to engage with the public and to build up a sense of confidence as it will important to have their support.

SN acknowledged the concerns and assured the Board that there will be the appropriate engagement with patients and the public on the changes that will be taking place, to instil confidence and to get their support, and to meet any legal obligations required.

Sessions have taken place involving GP practices, Pennine Care, Pennine Acute and the LA sharing a vision going forward. There was a lot of support as well as some healthy scepticism but this will all help shape the changes taking place which will be locally driven and should be reflected in the strategy.

ACTION: SN will feedback to Will Blandamer

ACTION: PJ-G & KP will raise this at the GM H&WB

ACTION: DBdn to circulate the first draft and bring this back to the next meeting

Early years are a key theme across the reforms with involvement from the Children's Trust and Health Visitors. A co-ordinated approach is really important and Public Health England and the National Commissioning Board have responsibility for that, discussions will take place as soon as the relevant people are in place.

There was agreement that the Board need an overview of early years and that the Director of Public Health should give a clear lead in the support of the health reforms.

ACTION: HF, Health & Social Care Reform to be included as an item at the next meeting

Discussion & Decision

5 Business Plan: Progress Update

Joint H&WB Strategy

The Strategy T&FG jointly met with the Communication & Engagement T&FG to pull together and discuss the information and feedback gathered from JH&WB consultation which finished on the 15th February.

The focus will now be on the timeline for pulling all the information together as the aim is to take it to the full council on 3rd July, once the strategy has been signed off by the Board.

The vision is to simplify the strategy and the intention is to present it at the next H&WB meeting.

Community Health & Wellbeing Assessment (CHWA – formerly JSNA)

The finishing touches are being made to the hot topic with the release of the NCMP data.

- **Teenage Pregnancy Report – Deep Dive Update.** Agreement was reached with Diane Halton on how the report was going to be taken forward.

Recommendation was for the PH team to formally take over this as they have already worked on the document.

- **CHWA Work Prioritisation of In-depth Needs Assessment.** At the last H&WB meeting the Board were asked to come up with a long list of possible topics. DBdn advised that a long list has now been compiled and is asking if the Board could now review and agree the final order and highlight if there are any topics that they feel are missing. The document presented raised a number of issues which were discussed in detail. One issue was data sharing and instructions received from the DoH that CCG's will no longer be able to process Patient Identifiable Data as this will be going to the National Data Centre. Patient care and patient safety must come first and this will put significant barriers in the way from an information and governance point of view. The CCG are escalating this matter and are in the process of pulling together a response for the DoH. Support was asked for to lobby this and the Board agreed, SN will be advising how to accomplish this. Louise Casey, DoH for Troubled Families is a powerful supporter as she feels that this is going against what needs to happen. It was agreed to make reference to this in the paper across all five themes as cross cutting worksteams need this data.

ACTION: KP & PJ-G to escalate this to the GM H&WB

The welfare reform changes taking place are going to have a major impact on families and mental health. This was discussed and it was acknowledged that this is going to be a huge pressure with wide ranging implications which need to be noted and monitored. The CAB is already seeing the impact that these changes are having.

ACTION: All, feedback on the CHWA to DBdn by no later than 28th March

Communications & Engagement Framework

HF advised that the consultation period ended on 15th February and is in the process of collating all feedback from the event.

A press release has been requested for the Board to report that the first public meeting will be taking place on 24th April. A draft will be circulated to the Board in the next few days and then it will go out to release next week.

Community Asset Approaches

- **Virtual Network**

AV attended the meeting to advise that the virtual network is now at the stage where it needs to be mobilised, operationalised and co-ordinated. A proposal was put forward to the Board which asked it to:

- Consider, comment and agree the proposal
- Consider the case studies
- Agree the actions

ACTION: All members to comment on the proposal and feedback to AV

An important part of this process will be the shared approach with Pennine Acute, CCG and Team Bury. Communication and engagement is key to this if this is going to be done most effectively.

Once prioritisation has been completed the process will then need to be supported and risk managed before going through scrutiny.

The existing infrastructure will be managed and utilised by a hub that will sit under the H&WB. It was questioned where this central repository would be and one suggestion was through Democratic Services, technically taking advantage of what is out there, consolidating and being more outcome focused. It was agreed that a period of six months would be given to get the hub in place. It will be accountable and report to the Board and designed to mobilise, activate and prioritise.

ACTION: PJG to bring the proposal for the hub to the next meeting.

- **Asset Approach**

Approval was requested to use the asset approach, a proposal was put forward to the Board which asked it to:

- Consider, comment and agree the proposal
- Consider the case studies
- Agree the actions

The biggest issue with this is the IT data sharing register of the community assets as there is not the ability to share when looking at needs; this is a challenge for all IT partners. It was suggested to include this information on Bury Insight where it should be regularly updated and monitored which will require leadership and commitment. When ready AV will demonstrate to the CCG, GMP, Six Town Housing and other partners

ACTION: AV to speak to Naomi Ledwith and Sharon Martin with regards to the CCG sharing their asset information

A couple of issues were highlighted and those were

- Community assets come and go and as a statutory group we might not respond as quickly as required.
- We need to look at how to commission the smaller groups within the community.

It is envisaged that the compact paper will help to address these issues.

- **Community Cohesion**

A report was put to the Board and members were requested to

-
- Comment on and agree recommendations on the Communities Updates
 - Agree the co-ordination of responses from Board members is undertaken through the proposed Virtual Network mechanism.

The action plan and Community Cohesion strategy is being reviewed and refreshed, AV will circulate and is happy to coordinate the response from the Board through the Virtual network coordination proposals.

Governance

PJ-G tabled the Draft H&WB Governance and Performance Plan and scrutinised each action with members asking for comments whilst downgrading, upholding or promoting accordingly.

ACTION: PJG to circulate the updated plan

The Board agreed to sign off the plan.

Relationships Management Framework

Kat Sowden attended the meeting and talked about the work that has been undertaken on the workforce development, which is based on the pen pictures of the Board. The attached draft document as a starting point tries to identify the competencies of the Board and will look at what interventions individually or collectively as required.



Health and Wellbeing Board.d

ACTION: All, comments and feedback are welcomed and required by the end of March. Send them to maureenfoden@nhs.net

Democratic Services Update - H&WB Terms of Reference

Only having one councillor was discussed as RS was unable to attend the meeting and this then highlighted the need to have deputising arrangements in place. It was discussed that in the situation where a person attends the meeting on behalf of a member although they would not have a voting right, as only core members are allowed to vote, they would need to have the right to speak. It was reported that it is at the discretion of the Chair to give speaking rights.

JE advised that a Council's Code of Conduct, a declaration of office and a declarations of interest form will be sent to Board members. The HWB Register of Interests will be a publically available document. Members were advised that it would be advisable that when they receive the agenda that they look at any potential areas where they feel that there might be a conflict of interest. Otherwise if at any of the meeting it becomes apparent that there is a conflict of interest, always declare it. The document circulated will need to be signed by all voting members of the HWB.

There was a query with regards to the last paragraph, Board members wanted assurance that they will be working for their respective organisations and that they will hold each other to account as referred to and defined by the Health and Social Care Act.

ACTION: All, any comments to be forwarded to JE & AG by 20th March 2013

CCG Priorities for Quality Premium Payment

The CCG have been asked to identify three priorities which they will jointly plan and deliver with Bury Council, the areas should be where they can make a difference in a year. Success in these priority areas will mean that the CCG will be rewarded with a financial quality premium.

Stuart North attended the meeting with the proposal that the first three priorities from the five below are the ones that will be used for the Quality Premium Payment (QPP).

1. Reducing the number of people aged under 75 who die from respiratory disease
2. Reducing the number of emergency hospital admissions for alcohol related liver disease
3. Improving the health related quality of life for people with long term conditions
4. Reducing the number of permanent admissions to residential and nursing care homes for people aged 18 – 64
5. Reducing the number of permanent admissions to residential and nursing care homes for people aged 65 and over

This will be debated at Clinical Cabinet with the recommendation that these are signed off based on the feedback received from stakeholders.

This was discussed in detail and the members were informed that the priorities will be measured against, and not the policies, the QPP will only be received if the CCG deliver on the priorities chosen.

There were concerns voiced as 4 & 5 are the biggest issues for the LA, it was acknowledged that they are equally as important however in this instance the first three will be the ones that the CCG will be measured against.

The Board asked for agreement that in the long term that mental health be included.

Updates

6 Pennine Acute – Stuart North

No update given

7 CCG Update

The CCG has now been authorised with only one condition which was to appoint a hospital Consultant to sit on the CCG Governing Body (Board). This appointment has now been made and a hospital Consultant will sit on the Board from the beginning of April 2013.

A CCG member event was held in February and was attended by GPs and practice managers with representation from Pennine Acute and Pennine Care. It looked at the Health and Social Care Reform and how to reduce the burden on secondary care. This is a big piece of work which will be done in partnership with colleagues in the NE Sector with a signed declaration to this. One of the fundamental issues that will be faced is acute surgery.

The first round of the Innovation Fund has taken place and feedback received is that the bidding process is too complicated. The intention for the Innovation Fund is that smaller organisations and communities are involved and are bidding, this issue is being looked into to and will be resolved.

ACTION: DB to meet with the CCG to discuss this further

8 Public Health Transition Update

The main issues with the transition is contracts and finance, HR issues have been resolved.

The biggest risk at the moment is Infection Control for which work is being undertaken to get interim support before going with GM in 2014.

Medicines Management is another risk that is being looked into.

9 Healthwatch

Healthwatch will be functioning from 1st April with a new Chair and Deputy Chair who will be supported by a programme group. The core host of LINK will remain for the first three months; the new Chair will attend the next H&WB meeting.

10 Any other business

GM H&WB - This Board is not mandated however it aims to provide a clear sense of direction for partners bringing people from GM together to focus on seven statutory priorities:

1. Improving population health and wellbeing via a broad population health strategy.
 2. Improving the contribution of care services to the Greater Manchester Strategy; focusing upon the strategic role of housing; leveraging Greater Manchester's science and technological assets; and reducing worklessness.
-

-
3. A reduction of unplanned admissions to care institutions (predominantly hospitals and residential care).
 4. Improved outcomes from acute services.
 5. A recognition of the centrality of primary care services to the reform agenda: improving the capacity, capability, consistency and reliability of primary care services in the conurbation.
 6. Improving family health and wellbeing in order to increase the numbers of children arriving at school ready to learn.
 7. Improving outcomes from health protection services in Greater Manchester.

ACTION: PJ-G to circulate the full paper to the Board

It was agreed to have an update from these meetings as a standing item on the agenda for the reason that being part of this Board means collectively as a collaboration it will have more power. This Board will not get involved in local matters but will share good practice and will look at the rules around commissioning. In some circumstances work done at a GM level will have more influence on outcomes and an example of this is unit pricing.

Angela Hardman - PE advised the Board that Angela has been appointed as the new Director of Public Health for Tameside and Glossop.

Public Meetings - SN voiced concerns with regards to matters being stifled once meetings go public and was requesting advice on what will be the best way to operate going forward. This will be covered and addressed in the workforce development programme.

11 Date, time and venue of next meeting

24th Apr 2013 9am – 11am TBC

12 Date, Time & Venue of future meetings for 2013 & 14

10 June 13 2 pm TBC

18 Jul 13 6 pm TBC

17 Sep 13 2 pm TBC

4 Nov 13 6 pm TBC

17 Dec 13 2 pm TBC

30 Jan 13 6 pm TBC

6 Mar 14 2 pm TBC

10 Apr 14 6 pm TBC
