

## **SHADOW DUDLEY HEALTH AND WELLBEING BOARD**

Monday, 30<sup>th</sup> January, 2012 at 3 p.m.  
In Committee Room 2 at the Council House, Dudley

### **PRESENT:-**

Councillor Vickers (in the Chair)  
Councillor Mrs Walker (Vice-Chairman)  
Councillor Ali  
Acting Director of Children's Services and Assistant Director Planning and Environmental Health (Directorate of the Urban Environment)  
Assistant Director Children and Families (Directorate of Children's Services)  
Dr N Plant and Mr N Bucktin – Dudley GP Clinical Commissioning Group  
Mrs G Cooper – Chair of Dudley PCT  
Director of Public Health  
Dr S Cartwright – Managing Director – NHS Dudley  
Mr D Orme – LINKs – Co-Chairman  
Mr A Gray – Dudley CVS CEO  
Mr D Hodson – Director of Dudley Community Partnership  
Assistant Director Policy, Performance and Resources (Directorate of Adult, Community and Housing Services), Assistant Director Quality and Partnership (Directorate of Children's Services) and Mr J Jablonski (Directorate of Corporate Resources).

### **Also in attendance**

Mr R Bacon – Chief Executive Black Country PCT Cluster  
Mr D Lowndes – Assistant Director Culture and Leisure (Directorate of the Urban Environment)  
Mr D Hill  
Head of Service Quality and Commissioning (Directorate of Adult, Community and Housing Services)  
Mrs A Tennant (Specialist in Pharmaceutical Public Health)  
Dr Tony Collins – Deputy Director of Public Health

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### 18 **APOLOGY FOR ABSENCE**

An apology for absence was submitted on behalf of the Director of Adult, Community and Housing Services.

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### 19 **DECLARATIONS OF INTEREST**

No Member declared an interest in any matter to be considered at this meeting.

It was noted that the Standards Committee of the Council had granted a general dispensation to elected Members and the voting non elected representative from requirements relating to personal interest set out in the Members' Code of Conduct given the nature of the business to be transacted at meetings.

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20 MINUTES

Arising from consideration of the minutes of the last meeting of the Committee comments were made regarding representation on the Dudley Clinical Commissioning group (minute 13) in respect of a Public Health representative and a representative from the Patient Partnership Group.

RESOLVED

1. That the minutes of the meeting of the Board held on 5<sup>th</sup> October, 2011, be approved as a correct record and signed.
  2. That Mr Bucktin be requested to respond direct to Councillor Ali on the question of representation on the new Clinical Commissioning Group Board in particular in relation to a Public Health representative.
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21 SUPPORTING THE SHADOW HEALTH AND WELLBEING BOARD THROUGH A NEW HEALTH AND WELLBEING IMPROVEMENT TEAM

A joint report of Officers was submitted on proposals for a new Health and Wellbeing Improvement Team. The terms of reference of the new Team and its Membership were attached as an Appendix to the report submitted.

In his presentation of the content of the report submitted the Assistant Director, Policy, Performance and Resources (Directorate of Adult, Community and Housing Services) commented in particular that the minutes of the new Team would be circulated to Board members and drew attention to the content of paragraph 6 in respect of the submission of a report to the next meeting of the Board from the Dudley Commissioning Consortium regarding their first commissioning plans/intentions.

Arising from the presentation given a number of comments were made by Members in particular that the new Team must also cover Children's health issues/work and issues regarding the wider remit required rather than just Adult Social Care and Health Services. Similarly paragraph 7.2 of the Appendix was considered to be too narrow and that a wider range of areas needed to be included. Issues regarding the Chairmanship of the Team were also raised given its wider implications that needed to be considered.

In response the Assistant Director indicated that the list in paragraph 7.2 was not meant to be all inclusive but rather indicative so that a broader set of concerns would be dealt with and that in paragraph 3.3 of the report it was the intention that the Chair of the Team would be changed annually.

A further response was also given that further relevant documentation had only recently been received and needed to be considered together with the issues raised including that of accountability relating to the chairmanship of the Team.

#### RESOLVED

1. That the information contained in the report, and Appendix to the report, submitted in respect of the proposals for a new Health and Wellbeing Improvement Team be approved, in principle, but that, in the light of the comments made at this meeting and the need to review documentation only recently received, the comments made be considered by the Team and that following such consideration a further report be submitted to a future meeting of this Board to include further details of the areas to be included at paragraph 7.2 of the Appendix and the wider remit requested.
2. That the Dudley Commissioning Consortium be invited to share their first commissioning plans/intentions with the Dudley Shadow Health and Wellbeing Board at its next meeting to be held on 30<sup>th</sup> April, 2012.

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## 22 DUDLEY JOINT STRATEGIC NEEDS ASSESSMENT

The Director of Public Health reported orally on this matter arising from the recent development session held for members on 18<sup>th</sup> January, 2012. She indicated the work that had been done in the development session including that relating to wellbeing which was considered to be an overarching concept. The work done would also steer the group dealing with the technical work to be done in particular as to the scope of the Assessment and although the scope given had been wide this would be subject to resource constraints.

It was though acknowledged that a large amount of data and knowledge was available which needed to be turned into true intelligence to formulate the strategy together with looking at the key facts in relation to strategic thinking. She indicated that feedback from those present at the development session on this matter would be useful.

Arising from the comments made it was requested that timescales be given together with consideration of an asset based approach on which it was considered something needed to be included.

#### RESOLVED

That the information reported on at the meeting, in respect of the Dudley Joint Strategic Needs Assessment, be noted and that the Director of Public Health be requested to report back to the next meeting of the Committee regarding timescales and an asset based approach.

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23 BLACK COUNTRY PCT CLUSTER UPDATE

A report prepared by Mr R Bacon, Chief Executive of the Black Country PCT Cluster had been circulated to members of the Board as an overview of the general position. Mr Bacon was present at the meeting .

In his initial comments he reported that further information had only recently been received regarding the NHS National Commissioning Board (NCB) and reported on its proposed structure involving regional and local offices. The intention was that there would be one local office for the Black Country.

He further commented that the local NCB office would be very different to the PCT Cluster with a smaller number of staff in total working across the Black Country on issues such as commissioning and family health services .

The NCB local offices would work as one in an integrated way with a matrix approach .

The NCB would have a number of Directorates for example Medical, Nursing and Operations and it was the Operations Directorate which would have the lead on issues such as the progress of Clinical Commissioning Groups, on how local partnerships were working and whether local people were getting the information they needed. The NCB would also be responsible for large-scale re-configurations and have a role as regards performance but also as to issues of failure.

Regarding the link with the Health and Wellbeing Board a representative from the local NCB would be a member of the Board. Each local NCB would have its own office with a Director, Medical Lead, Nursing Lead and Finance Lead.

Mr Bacon further commented that in the immediate term consideration would be given by the PCT Cluster Board as to how to work through the timetable to move from the four PCT's to the setting up of a local NCB .

Arising from the comments made a number of questions were asked and in response to these Mr Bacon commented that the number of staff at a local NCB would be based on a set budget for each local NCB. These bodies would not report to a Board or have a Chief Executive.

Mr Bacon also commented that responsibility for health in Dudley would rest with the Clinical Commissioning Group and the Local Public Health Department within the Local Authority through their strategic leadership and through the Joint Strategic Needs Assessment.

In response to a question asked as to the main risks to Dudley of these developments a response was given that there could be a perceived loss of focus and strategic leadership on health matters locally therefore it was important that the Clinical Commissioning Group and Public Health had strong leadership. A further comment was made that it was a complicated new system and that interfaces needed to work requiring the strong leadership already mentioned. It was further considered that the NCB's would be very driven from the centre.

As regards the Clinical Commissioning Group it was considered that whilst there were considerable changes on the way they were well advanced in their working and it was noted that an appropriate Lead Officer would be appointed from the PCT to work with the Clinical Commissioning Group.

In response to a question regarding the accountability of the local Hospital the response was that all Hospitals would have a contract with the Clinical Commissioning Group and that if there were any issues for example incidents the Hospital could be called to account. Secondly, there was a body called Monitor which would regulate all foundation trusts and thirdly there was the Care Quality Commission responsible for quality issues.

Regarding the involvement of this Board it was reported that any responsibilities would be through the Clinical Commissioning Group and with the setting of the strategic direction. It was noted that currently on a number of public health issues the Director of Public Health already oversaw Hospitals on such issues and this would continue.

It was also stressed that there was a role for the Local Authority Overview and Scrutiny Committee in the scrutiny of Hospitals in addition to the role of this Board.

It was further stressed that it was important that this Board kept a strategic overview of issues.

RESOLVED

That the information contained in the report submitted, and as reported at the meeting, updating the Board on the Black Country PCT Cluster and other current issues, be noted.

A report of the Director of Adult, Community and Housing Services was submitted updating the Board on Health Watch Developments.

Arising from the presentation given by the Head of Service Quality and Commissioning particular comments were made regarding information as to the people and groups who had been contacted in relation to the stakeholder session held and of the reference group constituted and she indicated that she would forward the details requested direct to Councillor Mrs Walker. The Head of Service also indicated that the sessions held were very open and that the Council was looking to broaden attendance by inviting a further range of people to meetings. It was further noted that it was a constant issue as to how to broaden out involvement in health issues.

RESOLVED

That the information contained in the report submitted, updating the Board on Health Watch Developments, be noted and that as matters develop further reports be submitted for consideration by the Board.

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25 EXAMPLE OF GOOD PRACTICE – HEALTHY TOWNS INITIATIVE

A joint presentation was given by the Assistant Director Culture and Leisure (Directorate of the Urban Environment) and the Director of Public Health on this matter. A copy of the presentation entitled Green Spaces to Healthy Places – The Dudley Healthy Towns Story was displayed electronically at the meeting and a paper copy circulated at the meeting.

The Assistant Director and Dudley Director of Public Health commented on and elaborated on particular points made in the presentation a copy of which would be uploaded to the Council's Management Information System.

RESOLVED

That the information contained in the presentation given, and as reported at the meeting, on an example of good practice in respect of the Healthy Towns Initiative, be noted and that following a full evaluation of the project a further report be submitted to a future meeting of the Board.

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26 INSPECTION OF SAFEGUARDING AND LOOKED AFTER CHILDREN

A report of the Acting Director of Children's Services was circulated at the meeting updating the Board on the outcome of an Ofsted Inspection of Safeguarding and Looked after Children's Services in Dudley that had taken place between 28<sup>th</sup> November and 9<sup>th</sup> December, 2011.

The Acting Director of Children's Services in her presentation of the content of the report commented on the content of Appendix 1 to the report which set out a record of the main findings with regard to each of the lines of enquiry shown in that Appendix and Appendix 2 to the report which contained a summary of the outcomes for Safeguarding and for Looked After Children. A costed Action Plan against the recommendations was being prepared and would be submitted to a number of bodies including this Board at a future meeting.

Arising from the presentation given further comments were made that members had an opportunity to read the full report on the Ofsted website, that the report submitted was an interim report and that further information would be submitted to a future meeting.

#### RESOLVED

That the information contained in the report submitted, on the outcome of an Ofsted Inspection of Safeguarding and Looked after Children Services in Dudley that had taken place between 28<sup>th</sup> November and 9<sup>th</sup> December, 2011, be noted and that a further report in respect of the Action Plan be submitted to a future meeting of the Board.

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#### 27 DATE AND TIME OF NEXT MEETING

It was noted that the next meeting of the Board would be held at 3.00 p.m. in the Council House, Dudley on Monday, 30<sup>th</sup> April, 2012.

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The meeting ended at 4.43 pm

CHAIRMAN