

Time began: 1.05pm  
Time ended: 2.35pm

## **Shadow Health and Wellbeing Board 14 March 2013**

### **Present**

**Chair:** Sheila Newport

**Elected members:** Councillors Bayliss, Hussain, Rawson, Skelton, Webb and Williams

**Co-opted officers of Derby City Council:** Andrew Bunyan, Cath Roff, Derek Ward, Adam Wilkinson

**Co-opted officers of Southern Derbyshire Clinical Commissioning Group:** Jenny Swatton (substitute for Andy Layzell)

**Co-optees of other organisations:** Matt Allbones (Community Action Derby), Doug Black (NHS Commissioning Board Local Area Team), Guy Daly (University of Derby), Ifti Majid (Derbyshire Healthcare Foundation Trust, substitute for Steve Trenchard), Alastair McCance (Derby Hospitals NHS Foundation Trust, substitute for Sue James), Steve Studham (Derby City LINK)

**Non board members in attendance:** Simon Griffiths (Derbyshire Community Healthcare Services NHS Trust), Frank McGhee (Derby City Council)

### **1/12 Apologies**

Apologies for absence were received from Councillor Winter, Sue James (Derby Hospitals NHS Foundation Trust), Steve Trenchard (Derbyshire Healthcare Foundation Trust) and Andy Waldie (Derbyshire Fire and Rescue Service).

### **2/12 Late items to be introduced by the Chair**

There were none.

### **3/12 Declarations of Interest**

There were no declarations.

## 4/12 Minutes of the meeting held on 17 January 2012

The minutes were agreed as a correct record subject to two amendments:

- 1) that the list of Southern Derbyshire Clinical Commissioning Group priorities listed in minute 03.13.02 were instead indicators relating to one specific priority: “older people’s and long-term conditions”; and
- 2) that the inclusion of “Children and Young People preventative health” as a priority in minute 04.13 referred instead to all aspects of Children and Young People services including preventative health.

## 5/12 Health and Wellbeing Commissioning Strategy for Children, Young People and Families

A report of the council’s Strategic Director for Children and Young People was presented by the council’s Director of Commissioning. The board was asked to note the development of priorities and an integrated commissioning approach and to support the priorities and a development of a work programme.

Eight commissioning intentions were highlighted, namely:

- 1) To commission an integrated care pathway across services for 0-5-year-olds including the healthy child programme;
- 2) To commission an integrated disability service in response to the current special educational needs White Paper;
- 3) To commission an integrated care pathway for behaviour including all services for behaviour, emotional, mental health and wellbeing;
- 4) To further improve the health outcomes for children in care;
- 5) To improve the transition arrangements from children to adult services;
- 6) To reduce harm associated with key risk-taking behaviour by young people through positive healthy lifestyles;
- 7) To reduce
  - a. the demand for hospital planned and unplanned care for long-term conditions, lower respiratory tract infections and not usual required emergency admissions;
  - b. the time spent in hospital for children and young people with long-term conditions; and
- 8) To commission the use of priority families and think family strategies across services.

Councillor Webb stated that he was pleased at the inclusion of Intention 5 as he felt the transition from children’s to adult’s services required particular focus, but expressed concern that during the council’s budget process young people were asking for services that were not statutory but advisory. Andrew Bunyan acknowledged that this was a particular challenge. It was further confirmed by Frank McGhee that Intention 5 would include aspects around health.

Councillor Williams referred to Intention 5 and highlighted the need to ensure messages were communicated to new and emerging communities to support the priority. This was acknowledged.

Councillor Hussain suggested it would have been helpful for the board to have seen some reasoning for the drawing together of the eight intentions and to understand which priorities had not been included. This was accepted and it was further proposed and agreed that the supporting documentation would be uploaded to the council's Committee Management Information System (CMIS).

Following a suggestion by Derek Ward, the Chair suggested that the board should highlight its key priority areas among the eight intentions. It was proposed by Andrew Bunyan that Intentions 1, 3 and 4 were the most relevant and would benefit most from the board's focus. Following further discussion this was agreed.

**Resolved to:**

- 1) Agree an overall commitment to the eight commissioning intentions;**
- 2) Agree that the board would focus specifically on commissioning intentions 1, 3 and 4; and**
- 3) Request that the supporting justification for the eight commissioning intentions be made available on CMIS.**

## 6/12 Update on Health and Wellbeing Board Priorities

A joint report of the council's Strategic Director for Adults, Health and Housing and Director of Public Health was presented. The report responded to a request at the previous meeting to consider the board's priorities to help support its leadership role.

The priority areas covered in the report were:

- 1) Information sharing;
- 2) Social capital / asset based community development;
- 3) Making Every Contract Count (MECC) in all partner organisations;
- 4) Children and young people's preventative health;
- 5) All partners signing up to the 'Time to Change' initiative;
- 6) System change for older people/dementia; and
- 7) Carers.

The board was asked to agree that component organisations would commit to MECC training and the 'Time to Change' initiative and agree the priority area for children and young people's services.

Derek Ward suggested that the priority areas would change the focus in the refresh of a future Joint Strategic Needs Assessment (JSNA), in the sense that the priorities would inform the JSNA rather than vice-versa.

Councillor Williams asked how the outcomes would be reported back. Derek Ward responded that it was difficult to get a perfect measure against each of the priorities but that adoption of initiatives such as MECC would have positive impacts. It was suggested by Cath Roff that a six-month review would be helpful to measure the success of the priorities. This was agreed.

Guy Daly suggested that the board's priorities needed to be more accessible to the public than as set out in the document, by being given greater meaning that the public could relate to. Cath Roff agreed but stated that this would be achieved by pulling from the agreed priorities a separate outward facing strategy.

Derek Ward confirmed following a question from Matt Allbones that the priorities had been linked with the Stronger Outcomes Board and other boards, also acknowledging that this needed to be articulate more clearly.

The Chair suggested that greater buy-in was required to ensure that there was commitment and collaboration from all organisations. This was agreed.

**Resolved to request that the Strategic Director of Adults, Health and Housing and the Joint Director of Public Health consider issues raised by the board and bring back proposed solutions to ensure wide adoption of the board's priorities.**

## 7/12          Formal establishment of the Health and Wellbeing Board

A report of the council's Strategic Director for Resources was considered. The report detailed the impact of the board shelling 'shadow' status and becoming a full committee of the council from 1 April 2013. The board was asked to note general implications in terms of publicity requirements, committee procedure rules and overview and scrutiny arrangements.

The board was further asked to pay particular notice to issues relating to membership, and a proposal to relax a requirement to not allow substitute members at council committees for the purpose of enabling attendance from co-opted members. The requirements for all members of the board to be bound by Derby City Council's Members' Code of Conduct and declare any disposable pecuniary interests was also highlighted.

Alistair McCance asked whether it would be possible for Alison Fowlie to continue to attend board meetings as an additional member. It was explained that only one representative of Derby Hospitals NHS Foundation Trust had been formally appointed, but that this did not preclude additional representatives attending in a non-voting capacity. Dr Newport asked what the process would be for formally adding additional members. The board was informed that elected members needed to be appointed by the Leader of the Council and all other members, except statutory appointments, were made by Council. It was further explained that these appointments could first be recommended by the board.

**Resolved to:**

- 1) Note the council's obligations in terms of openness, transparency and publicity;**
- 2) Note the council's established rules relating to committee procedures;**
- 3) Agree to allow substitute members from co-opted organisations;**
- 4) Note the scrutiny arrangements arising from the Local Authority (Public Health and Wellbeing Board and Health Scrutiny) Regulations 2013;**
- 5) Note the requirement for all members of the board to be bound by Derby City Council's Members' Code of Conduct; and**
- 6) To agree that training sessions be arranged for all members of the board not already bound by the Code of Conduct.**

MINUTES END