

Shadow Health and Wellbeing Board

At the meeting of the shadow Health and Wellbeing Board held on 28 June 2012 at County Hall North, Horsham.

Present:

Louise Goldsmith (Chairman)			
Peter Catchpole	Peter Evans	Judith Wright	Kieran Stigant
Dr Mike Sadler	Tina Favier*	Dave Wellbelove	Dr Vicki King
Dr Minesh Patel	Stuart Gallimore	Martin Pearson	

Apologies:

Peter Latham (*Tina Favier acted as substitute) David Clayton-Smith
Amanda Fadero Amanda Rogers Dr Amit Bhargava Crispin Atkinson
Dr Katie Armstrong Christopher Snowling

In attendance:

Margaret Whitehead, Chairman of HASC.

Declaration of Interests

1. There were no declarations of interest.

Election of Vice Chairman

2. The Chairman informed the Board of an urgent matter relating to the election of a Vice Chairman. It was explained that Dr Minesh Patel had been proposed as the Vice Chairman, the Board seconded the nomination and the appointment was agreed unanimously.
3. Resolved – That Dr Minesh Patel is appointed as Vice Chairman of the Health and Wellbeing Board for a period of one year.

Minutes

4. The Board was informed that the National Council for Palliative Care had not been able to attend the current meeting and it was likely that a presentation would be provided by the Council to the Board meeting in January 2013.
5. The Board asked that paragraph 8, bullet point 2 of the minutes of the previous meeting be amended to note that the Board would seek to ensure that intelligence was adequate to anticipate significant increases in service demand, such as the 27 % increase in community equipment service referrals.
6. Resolved – That subject to the amendment outlined in paragraph 5 above the minutes of the Board meeting on 19 April 2012 be approved as a correct record and signed by the Chairman.

Role and purpose of the Board

7. Dr Mike Sadler, Executive Director Health and Social Care provided a restatement of the Board's aims including: the realisation of more efficient, joined-up services; the alignment of commissioning plans; providing system

leadership; building consensus; and setting priorities. It was important for the Board to focus on the priorities it had selected and acknowledge that it was not possible to address all issues of perceived importance.

Priorities update

8. The Board received and noted the priorities update (copy appended to the signed version of the minutes). The priority list for the deployment of additional Health Visitors and the KPIs for the Healthy Child Programme, referred to in the update for the Children priority, were requested by the Cabinet Member for Children and Families and the Director of Children's Services. The Board received a brief update on the work of Think Families and it was suggested that the Board receive a presentation on workless families at a future meeting.

Health Inequalities and CVD Priorities

9. The Board received presentations on Health Inequalities and CVD, two priorities selected as part of the work plan for the shadow year. The presentations were introduced by Debra Balfour and Catherine Scott, Public Health (copies of both presentations appended to the signed version of the minutes).

10. The Board was informed of the wider social and economic determinants of health inequalities and the requirement for a system-wide approach to begin to address the issue. Current activities in respect of the priority were outlined and a series of recommendations proposed for the Board's endorsement (contained in the appended presentation). The CVD presentation provided detail of the level of preventable deaths and metabolic/physiological changes that occurred in large part as a result of 4 behaviours: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. The significance of the social context in which these behaviours occurred was highlighted and areas for partnership working were proposed to the Board (contained in the appended presentation).

11. The Board raised the points below in the discussion that followed:

- Significant challenges in respect of health inequalities consisted of achieving effective community engagement and maintaining partnership working. An ongoing community engagement process needed to identify those areas in which greatest impact could be achieved by public health campaigns;
- In order to achieve success, in changing harmful behaviours, exemplars of success needed to be followed. In respect of an issue such as healthy eating behavioural change needed to accord with existing lifestyles rather than attempt to alter radically the modes of daily life. To achieve positive change in reduction of harmful behaviours it was necessary to emphasise the benefit to individuals personally; behavioural change through lifestyle adaptations was too often referred to in an abstract sense;
- It was recognised that as part of the activities relating to the two priorities there was an attempt to improve people's quality of life however it was cautioned that in addressing one condition others may develop;
- It was important to connect to real people and use people in communities as advocates to promote positive messages and behavioural change. The Board should not dictate behavioural change to local residents but facilitate the promotion of positive messages;

- The importance of distinguishing coronary heart disease and strokes as elements of CVD was emphasised in order to recognise the value of organisations working in each field such as the Sussex-wide stroke group;
 - The size of the organisations represented on the Board offered an opportunity to promote messages to employees about the importance of positive behavioural change;
 - A high level campaign on an issue associated with health inequalities and CVD was proposed that would involve the media. The statistic of 83% of people in West Sussex who were unhealthily inactive presented an area to address in a campaign for behavioural change and would provide grounds for a positive message. A further suggestion involved a campaign to encourage greater use of aspirin. Caution was expressed regarding the likely resistance of people to listen to messages from Local Authorities. It was felt that people were more likely to respond to campaigns conducted by the voluntary sector.
 - The Board was in support of the promotion of messages to employees from representative organisations and a campaign to focus on a key issue of health inequalities and CVD. It was agreed that a proposed business planning group of the Board would look into the issue further and return to a future meeting with a proposal.
12. Resolved – That the Board agrees a workplace initiative and a public health campaign be investigated and a proposal to be presented to a future meeting of the Board.

End of Life and Palliative Care Working Group

13. The Board considered a report by the Executive Director Health and Social Care regarding a proposal for the establishment of a working group concerning end of life and palliative care (copy appended to the signed version of the minutes). The report was introduced by Dr Mike Sadler, Executive Director Health and Social Care, who informed the Board that the proposal had emerged following the end of life, palliative care update provided at the last meeting.
14. It was recognised that end of life care was a worthwhile priority but concern was expressed that the proposed group would duplicate a CCG end of life operational group in North West Sussex that involved District and Boroughs, local hospices and MacMillan. The proposed working group would have to establish a clear link with existing palliative care forums and the role of the Board to convene such a working group was queried; the Board's primary function was to provide system leadership and direction.
15. It was confirmed that the working group would undertake a brief mapping exercise of end of life and palliative care services in West Sussex to identify gaps and shortfalls and report back to the Board. Members of the Board would receive an invitation by email to join the Working Group.
16. Resolved – That the Board supports the establishment of an end of life and palliative care working group to conduct a mapping exercise of current services and report back to the Board gaps and shortfalls identified.

Dementia Challenge

17. The Board received a letter from Sir Ian Carruthers, Chief Executive Officer of NHS South of England (copy appended to the signed version of the minutes) and received a verbal update from Executive Director Health and Social Care. Dr Sadler introduced the letter and advised the Board of an opportunity to make use of matched funding under the South of England Dementia Challenge Fund to improve dementia services. Currently work was being undertaken to identify what services were in place in the County and it was proposed that a cross-county group develop an application to make use of available funding.

18. The Board noted that Horsham and Mid Sussex CCG and Crawley CCG were engaged on a mapping exercise and coordinating an application. It was confirmed that the completion of an application was an opportunity for local bodies to coordinate and the Board would seek to become involved with the existing group. It was noted that the application needed to be submitted by the end of July 2012 and that a report on the outcomes of the application would be provided to the next meeting.

19. Resolved – That the Board supports involvement in the work currently underway by Horsham and Mid Sussex CCG and Crawley CCG to undertake a mapping exercise of dementia services and develop an application for match funding under the South of England Dementia Challenge Fund.

Health and Wellbeing Strategy

20. The Board considered a report by the Executive Director Health and Social Care which provided the final version of the Health and Wellbeing Strategy for approval for West Sussex during the shadow year of the Board (copy appended to the signed version of the minutes). The report was introduced by Dr Sadler who advised the Board that since the draft Strategy had been approved by the Board at the previous meeting there had been significant input from Board members, the Health and Wellbeing Cooperative and a task and finish group. The three key steps to measure the success of the Strategy were outlined to the Board which were sequential in nature and included: the influencing of commissioning plans; a positive impact on local services; and improving the health and wellbeing of West Sussex residents.

21. The Board provided the following comments in the discussion that followed:

- It was agreed that the involvement of the Cooperative had been positive and the Board felt that greater detail regarding how the outcomes of the Health and Wellbeing Cooperative had contributed to the production of the Strategy should be included in the final draft;
- It was felt that the Strategy should in future provide a clearer definition of wellbeing which was a term that stakeholders and commissioners found difficult to define. It was recognised that the definition in the Strategy was problematic due to the emphasis of the Strategy on health outcomes;

- The communication of the Strategy to the public needed to make the document comprehensible to local residents. The publicising of the Strategy by a professional communications officer was suggested by the Board;
- It was agreed that substantive outcomes needed to be incorporated in the next iteration of the Strategy. National outcomes regarding Health and Wellbeing Strategies could be incorporated in a future Strategy.
- The Strategy was a document for the Board that would be used to inform commissioners of the priorities and desired outcomes of the Board. It was acknowledged that the Strategy was for the shadow year of the Board and as a working document there may be changes during the year. In future greater work would be undertaken to improve the definition for wellbeing and provide greater detail of how wellbeing outcomes were being developed and incorporated into commissioning plans.

22. Resolved – That the Board approves the Health and Wellbeing Strategy for the shadow year.

Health and Wellbeing Cooperative

23. The Board received a report by the Head of Planning and Partnerships of the outcomes and suggestions from the first meeting of the Cooperative on 31 May (copies of both appended to the signed version of the minutes). Mike Link, Head of Planning and Partnerships, outlined the report and advised the Board that the strongest message emerging from the event was the need to improve methods of communication. The establishment of a Facebook page for the Board and other forms of social media were suggestions that emerged from the event. The Board was asked to note and support the suggestions to improve communications and engagement as set out in the report.

24. The Board supported the use of social media and recognised that the Cooperative offered a structure for smaller, community based groups to join and increase their influence.

25. Resolved – That the Board supports the proposals for ongoing communications and engagement as set out in paragraph 3 of the report.

Health and Wellbeing Board Business Planning Group

26. The Board received a verbal proposal by the Executive Director Health and Social Care for the creation of a business planning group for the Board. The group would be a subgroup of the Board that would meet between the quarterly meetings of the Board to maintain a rolling work plan and consider those items referred to it by the Board. Members of the Board would receive an email to request nominations to the group.

27. Resolved – That the Board supports the proposal for the establishment of a business planning group.

Joint Commissioning Board

28. The Board received a verbal update from the Executive Director Health and Social Care regarding a proposal to incorporate the Joint Commissioning Board

(JCB) as a subcommittee of the Board. It was envisaged that the Board would provide the overall strategic direction which the JCB would enact as a commissioner.

29. The Board was supportive of the proposal and felt it would ensure that the JCB was incorporated within a formalised structure of accountability. A query was raised by the Board regarding a potential conflict of interest for members of local CCGs under the proposed structure. It was unlikely that a conflict would arise and during the production of new terms of reference for the JCB all such issues would be fully considered. The inclusion of the Chairman of the JCB in the membership of the Health and Wellbeing Board was raised. It was confirmed that draft terms of reference for the JCB and the Board would be produced for consideration before the end of 2012/13 and the new structure would take effect from April 2013.

30. Resolved – That the Board supports the proposed incorporation of the JCB as a sub-committee of the Health and Wellbeing Board.

Board Membership and Providers

31. The Board received a verbal report from the Executive Director Health and Social Care that asked the Board to consider how it should engage with local providers. The Board did not support the allocation of seats on the Board to local providers, due to conflict of interests and the problem posed by determining which providers to invite from the wide range of local providers in West Sussex. The Board supported the engagement of providers through a subgroup or periodic events.

32. Resolved – That the Board supports the notion of engagement with local providers and asks the business planning group to develop proposals to be considered at a future meeting of the Board.

Commissioners Engagement

33. The Board received a verbal update from the Executive Director Health and Social Care relating to the proposed meeting of commissioners on the Board to prepare and coordinate commissioning plans prior to presentation to the Board meeting in November. It was proposed that two meetings be held; one for commissioners in the North of the County and one for the South.

34. It was explained that North West Sussex CCG had already had the first of a series of quarterly planning meetings, involving District and Borough Councils and the Joint Commissioning Unit and had agreed high-level principles. It was anticipated that the commissioning plan for the North West Sussex CCG would be in place by November 2012. The Board raised the prospect of engagement with the planning meetings in the North West region in the future.

35. Prospective dates for the Board's commissioners meeting had been circulated and two dates had been identified which would be allocated to a region of West Sussex and circulated to the relevant commissioners.

36. Resolved – That the Board agrees the arrangement of two meetings for the North and the South of the County for commissioners to prepare plans for presentation to the Board.

Healthwatch Update

37. The Board received and noted a verbal update from the Head of Planning and Partnerships relating to Healthwatch. Mr Link explained that tenders for the service would be invited in July 2012 with the intention to let the contract in October 2012. This would allow a period for transition to the new service which would start in April 2013. Healthwatch will be a social enterprise and therefore be able to trade its services; for example the roles of Healthwatch in public engagement, advocacy and research could be marketed to other organisations.

38. The Board queried the role of unpaid volunteers on Healthwatch in respect of its commercial operations. It was explained that such issues would be considered and resolved during the transition period.

Academic Health Science Network

39. The Executive Director Health and Social Care updated the Board on an invitation to participate in the Academic Health Science Network. Engagement would be conducted electronically and members of the Board would be contacted by email with further details.

Date of the next meeting

40. The next meeting of the Board would be held at 2.15 p.m. on Thursday 22 November 2012 at County Hall, Chichester.

The meeting ended at 4.25 pm.

Chairman.