

# Minutes

## *SHADOW HEALTH AND WELLBEING BOARD*

**MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD HELD ON TUESDAY 6 DECEMBER 2011, IN MEZZANINE ROOM 3, COUNTY HALL, AYLESBURY, COMMENCING AT 1.37 PM AND CONCLUDING AT 3.40 PM.**

### **MEMBERS PRESENT**

Mrs P Birchley (Cabinet Member for Health and Wellbeing), Ms I Darby (District Council Representative), Dr A Gamell (Bucks Primary Care Collaborative), Mrs S Imbriano (Strategic Director, Children and Young People), Mrs R Lally (Strategic Director, Adults and Family Wellbeing), Mrs V Letheren (Cabinet Member for Children's Services), Dr J O'Grady (Director of Public Health), Ms Pearce (District Council Representative), Mr A Walker (LINK Chairman) and Dr K West (United Commissioning GP Collaborative)

### **OTHERS PRESENT**

Ms R Carley (Locality Services Manager), Mr M Chard (Policy Officer), Mrs J Fisk (Team Leader - Policy and Partnerships) and Ms H Wailling (Democratic Services Officer)

### **1 WELCOME AND APOLOGIES**

Apologies were received from Nicola Lester, Louise Patten and Jeremy Rose.

### **2 MINUTES OF THE MEETING HELD ON 9 NOVEMBER 2011**

The Minutes of the meeting held on 9 November 2011 were agreed and signed as a correct record.

### **3 UPDATE FROM PARTNERS**

The Board noted the Update Report.

#### **Conference – Achieving Health Reforms in two-tier Authorities**

Isobel Darby had attended this Conference, which had been organised by the Local Government Organisation (LGA). The key points which had come from the Conference about health and wellbeing boards were:



INVESTOR IN PEOPLE



- The importance of good partnerships
- Recognition that 'one size does not fit all.'
- An emphasis on local solutions
- A case study from the Vale of Evesham, where volunteers had been trained to interview residents in rural and urban areas about their health needs.

### **The Local Involvement Network (LINK)**

The LINK was setting its work programme to the end of April 2012, including the transition to Local Healthwatch.

### **Update from the Cabinet Member for Children's Services**

The Cabinet Member had attended a conference the previous day *Fulfil your responsibility as a corporate parent* (LGA Event), at which the importance of the children's agenda on health and wellbeing boards had been emphasised.

### **Update from the Strategic Director for Children and Young People**

- A significant consultation was being carried out on changes to the management structure in the Children and Young People's portfolio. The second phase of this would be a reconfiguration of services, which would mean doing things differently.
- Work had been carried out on community budgets, and the progress of this work would need to be fed into the Shadow Health and Wellbeing Board, due to the significant impact it could have on health and wellbeing.

### **National Learning Sets**

Dr Karen West had attended the launch of the National Learning Sets in London, and had been asked to share the Priority Setting Framework used by the Buckinghamshire Shadow Health and Wellbeing Board.

### **Update from the Strategic Director for Adults and Family Wellbeing**

- The County Council was currently setting its budget for 2012-13 and difficult choices had to be made. The budget proposals were available on the BCC website. There would be significant reductions in the Adult Social Care budget (from a budget of £105m in 2010 to a budget of £92m in 2013-14). A significant reconfiguration of services would be necessary. These budget issues, along with those of the Clinical Commissioning Board, needed to be taken into consideration in the context of the setting of the Joint Health and Wellbeing Strategy priorities.
- A very interesting radio debate had taken place the previous day between Sir Michael Marmot and a representative of the Adam Smith Institute, regarding the concept of inequalities.

### **Update from the Director of Public Health**

The Clinical Commissioning Board and the PCT were also under pressure to make large budget cuts, and a radical, different approach would be needed to service provision.

### **Clinical Commissioning Groups**

Dr Gamell reported that United Commissioning and the Bucks Primary Care Collaborative were working closely together.

The Practice plc had decided not to go for authorization and therefore were withdrawing from the Board. It was therefore proposed that the two Board representatives from The Practice plc be replaced with two clinicians.

## RESOLVED

The Shadow Health and Wellbeing Board agreed that the places on the Board for representatives from The Practice plc should be replaced by clinicians from the other two clinical commissioning groups.

### 4 LOCAL HEALTHWATCH

Rebecca Carley, Locality Services Manager, was welcomed to the meeting.

Rebecca Carley referred the Board to her report about Local Healthwatch, and said the following:

- Local Healthwatch was a requirement in the Health and Social Care Bill 2011.
- Local Healthwatch would provide a broad overview of views of health and social care users, to inform commissioning decisions and to constructively challenge service providers.
- Local Healthwatch would provide signposting and advocacy functions.
- Buckinghamshire County Council (BCC) had a statutory responsibility for the provision of Local Healthwatch, and would need to decide the form the organisation should take.
- A number of workshops were being carried out to obtain feedback from key stakeholders on how Local Healthwatch could add value. There were not likely to be additional resources available from the Government.
- There would be focused work over the coming weeks to look at existing user engagement functions, and how Local Healthwatch could fit into these (and not duplicate them).
- Local Healthwatch was due to come into being in October 2012, but the timeline could slip.

Members then asked questions. The questions and answers are summarised below.

#### **When will the Local Involvement Network (LINK) be disbanded?**

LINK, as a statutory provision, will cease to exist at midnight the day before Local Healthwatch comes into being.

#### **How will Local Healthwatch be different to the LINK?**

Local Healthwatch will absorb the functions of the existing LINK, as well as having additional and extended functions. The LINK legislation prescribed the organisational form, and there was no recourse for local authorities if the LINK did not function effectively. In some areas LINKs have worked well, but for the most part they have not been successful.

The Healthwatch legislation gives local authorities considerable freedom in how they provide the Local Healthwatch, and a very clear responsibility for putting in place new arrangements if Local Healthwatch is not effective.

There is a clear remit for Local Healthwatch to tackle inequalities.

LINK legislation gave a strong steer for LINKs to be established as voluntary bodies, but this is not the case with Local Healthwatch.

Members also made the following comments:

- The arrangements needed to serve children's interests.
- Education / training needed to be provided for Local Healthwatch members regarding the issues, problems and restrictions.
- There needed to be more emphasis on the patient and public voice upfront in commissioning (but not a single issue voice).

- Voluntary and community organisations needed to be engaged with Healthwatch.
- A key issue was regarding the Healthwatch steering group, and whether this should involve providers and commissioners.

## 5 WORKSHOP ON DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY

Further to conversations at the previous meeting, Board members had a lengthy discussion about the vision and draft priorities for the Joint Health and Wellbeing Strategy (JHWS).

The priorities which had been identified at the previous meeting would be included in the consultation document, but it was agreed that these would not be placed in any order of importance, and would be given another title, such as ‘activities,’ in order to allow open public consultation.

Potential cross-cutting themes for the Strategy were discussed. These included:

- Addressing unhealthy lifestyles
- Families with multiple problems / complex needs
- Mental health and emotional wellbeing
- Community involvement / engagement
- Ageing population

### The Vision for the Strategy

Board members discussed options for the Vision Statement.

**The Board agreed the following Vision Statement:**

***Promoting healthier lives for everyone in Buckinghamshire***

Agreed actions:

- A draft Consultation document to be drafted and circulated to members for comment before the next meeting.
- The evidence document circulated at the meeting to be available on the BCC website alongside the Joint Health and Wellbeing Strategy consultation document.

## 6 JOINT HEALTH AND WELLBEING STRATEGY: CONSULTATION PLANNING

Board members discussed the draft consultation questions, the draft marketing plan and the draft stakeholder engagement plan, which were attached to the agenda.

Members made the following comments:

### Draft Consultation questions

- Question 2 should be amended to ‘Do you have any comments on the proposed vision?’
- Section 2 – the first paragraph should read ‘The board has developed 4 *outcomes...*’
- Each outcome should have examples attached to it, to provide some context.
- Section 3 – another word should be used instead of ‘priorities.’

### Draft Marketing Plan

- Websites used should include the Local Involvement Network (LINK) website.
- A paragraph about the Consultation could be included in Council tax leaflets.
- Posters – there were no resources to provide hard copies of posters but these could be emailed, or displayed on electronic screens (e.g in GP surgeries). Posters should also be sent to supermarkets, police stations, dentists, pharmacies and hospitals.
- Ronan O’ Connor, NHS Buckinghamshire and Oxfordshire Cluster, should be the first point of contact for circulating information to health organisations.

### **Draft Stakeholder Engagement Plan:**

- Children and Young People's groups should include the Children and Young People's Trust and schools.
- Neighbourhood Watch groups were suggested as an additional group to add to the stakeholder engagement plan.

### **Branding for the Consultation**

The Board discussed and agreed branding for the Consultation. The branding and logo would be checked with Bucks Vision to ensure it was accessible for people with visual impairments.

## **7 FORWARD PLANNING**

Members noted the Forward Plan, including suggested items for future meetings:

- Community Budgets
- Future communications from the Board

## **8 KEY COMMUNICATIONS MESSAGES FROM TODAY'S MEETING**

A press release would be prepared to be circulated to the media and key stakeholders, as an alert to the Consultation being held in January 2012.

## **9 AOB**

There was none.

## **10 DATE OF NEXT MEETING**

12 January 2012, 2pm, Mezzanine Room 1, County Hall, Aylesbury

**CHAIRMAN**