

Bournemouth and Poole Health and Wellbeing Board, 10 December 2015

**BOURNEMOUTH AND POOLE HEALTH AND WELLBEING BOARD  
10 December 2015**

**PRESENT:**

**BOARD MEMBERS:**

Bournemouth Borough Council:

Councillor Blair Crawford	Cabinet Portfolio Holder for Adult Social Care
Councillor Jane Kelly	Cabinet Portfolio Holder for Partnerships, Regeneration and Public Health
Jane Portman	Executive Director, Adults and Children's Services

Borough of Poole Council:

Councillor Karen Rampton - Co-Chair	Cabinet Portfolio Holder for Health and Social Care, Housing and Communities
Jan Thurgood	Strategic Director - People Theme

NHS Dorset Clinical Commissioning Group:

Dr. David Richardson - Vice-Chair	Poole GP
Sally Sandcraft	Deputy Director, Review Design

Healthwatch Dorset:

Joyce Guest	Chair - Healthwatch Dorset
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Bournemouth and Poole Councils for Voluntary Services:

David Leighton	Age UK Bournemouth
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Public Health:

Sam Crowe Assistant Director - Public Health

NHS Foundation Trusts:

Ron Shields Dorset Healthcare

**ALSO PRESENT:**

Bournemouth Borough Council:

Debra Jones Children's Strategy Officer -  
Commissioning

Tom Hancock Democratic & Overview & Scrutiny  
Officer

Borough of Poole Council:

Natalie Dowling Project Manager, Corporate Strategy  
and Communications

Phil Hornsby Head of Commissioning and  
Improvement - People Services

Nick Wharam Strategic Planning and Commissioning  
Manager, Borough of Poole.

Dorset County Council:

Miriam Maddison Interim Programme Director - Better  
Together

Public Health Dorset:

Jane Horne Consultant in Public Health

Other:

Martyn Underhill Dorset Police and Crime Commissioner.  
Barrie Crook Interim Chair - Local Safeguarding  
Adults Board.

Marytn Webster Manager, Healthwatch Dorset

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Rob Hutchinson  
Interim Chair - Local Safeguarding  
Children's Board

The meeting commenced at 11.00 a.m.  
The meeting finished at 12.49 p.m.

**Note: To see a copy of the public reports that were considered by the Board at this meeting please visit:**

<http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/Committees/Panels/BournemouthPooleHealthWellbeingBoard.aspx>

## **SECTION I - BUSINESS RECOMMENDED TO COUNCIL**

No items

## **SECTION II - BUSINESS DECIDED UNDER DELEGATED POWERS**

### **34. APOLOGIES**

Apologies for absence were received from Councillor Nicola Greene, Bournemouth Borough Council, Councillors Mike White and Janet Walton, Borough of Poole Council, David Phillips, Director of Public Health and Mike Wood, Dorset CCG.

### **35. SUBSTITUTE MEMBERS**

Sam Crowe, Assistant Director of Public Health for David Phillips, Director of Public Health

Sally Sandcraft, Deputy Director, Review Design, for Mike Wood, Dorset CCG.

### **36. DECLARATIONS OF INTEREST**

There were no declarations of Disclosable Pecuniary Interests by Members of the Board.

### **37. CONFIRMATION OF MINUTES**

The minutes of the meeting held on 10 September 2015 were confirmed.

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**38. PUBLIC ISSUES**

The Democratic and Overview and Scrutiny Officer reported that there were 6 public questions and no deputation requests or petitions submitted.

To view the questions and subsequent responses please click on the link below:

<http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/Previousquestionsdocs/HealthandWellbeingBoard/PublicQuestion/twitter-public-questions-10-december-2015.pdf>

**39. ELECTION OF VICE-CHAIR**

The Democratic and Overview and Scrutiny Officer reported that there was a vacancy for the Vice-Chairmanship of the Board.

**DECISION MADE:**

1. That Dr. David Richardson be appointed Vice-Chair for the remainder of 2015/16.

**40. LOCAL SAFEGUARDING ADULTS BOARD**

The Co-Chair welcomed the Interim Chair of the Local Safeguarding Adults Board (LSAB) to the meeting. The Interim Chair of the LSAB introduced the report circulated at '7'. The Interim Chair of the LSAB highlighted a number of areas to the Board which included the development of revised inter-agency policy and procedures following the Care Act and the continuing need to learn from serious case reviews

The Interim Chair of the LSAB highlighted a number of areas to the Board which included the importance of communication and the need to learn from serious case reviews

The Board had a number of questions and made a number of comments including on the following topics:

**Emerging Issues** - The Interim Chair of the LSAB was asked what issues would emerge over the next year. The Board was told there the LSAB had highlighted that adult sexual exploitation would be a key issue. The Board was also told that LSAB had highlighted the issues of the improvement of capacity and quality in the care sector and planned to improve public awareness of Safeguarding.

**Difference in figures** - The Interim Chair of the LSAB was asked about a set of data in the report which measured the number of referrals across the two constituent Boroughs of the Board and what the reason for a large discrepancy

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was. The Board was told that the discrepancy was down to the difference in data collection methods at the two boroughs. It was explained that there was a new national framework and work on both sides which would reduce the discrepancy.

#### **41. POLICE AND CRIME COMMISSIONER**

The Co-Chair welcomed the Police Crime Commissioner - PCC - to the meeting. The PCC thanked the Board for the invitation to attend and highlighted that shortly the Home Secretary and Health Minister would issue a joint letter that would recommend that Police and Crime Commissioners should sit on Health and Wellbeing Boards.

The PCC highlighted his letter earlier that year, in August, to the Board. The letter outlined numerous initiatives that brought synergy between the Board and the PCC Office.

The PCC highlighted to the Panel recent advancements in mental health in Dorset including the mental health crisis care concordat, the acute mental health pathway review and the proposed use of the 'house of calm' initiative.

The PCC discussed with the Board about the need to focus on Health and Wellbeing in prisons and explained there were problems when prisoners from Dorset were placed outside of the area as the physical distance made it hard to intervene. Further to that, it was explained that the health and medical records of prisoners do not follow them when they are moved around the county or country.

The PCC explained to the Board that his vision, and that of the Chief Constable, is that as the County move forward under austerity and with proposed "super" Unitaries, there was a need for professionals to consider the opportunity to remove the 'silos' that exist in the system that deal with vulnerable people and that the journey to remove those should be considered a priority. Adult and Children Services categories are unhelpful, the PCC explained that whether you are 2 or 92, and vulnerable, arguably the same professional team should deal with you and that team could be a Directorate funded by various agencies with multi skilled staff.

The Board had a number of questions and made a number of comments including on the following topics:

**Silos** - Various Board Members highlighted that there was a need for joined-up thinking and the right culture in the various organisations and teams involved in addressing vulnerable persons and preventing abuse but that the route to that was not guaranteed via the merger of teams, departments, organisations and structures. The PCC agreed and highlighted that with the likely changes in Local Government structure, an opportunity would arise to consider the best way forward and that the moment could be seized. The PCC explained that whilst this could be a 4 or 5 year journey, the journey needed to start. The PCC highlighted that roughly 50% of the money Dorset Police spent on vulnerability

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issues was used to backfill staffing or delays from other services, especially out of hours.

In closing the discussion, the PCC asked the Board, and elected persons on the Board, to remember to consult policing and the PCC in any future discussions on devolution or a super Unitary.

Mental Health - The Chief Executive, Dorset Healthcare, welcomed the focus and commitment on mental health issues from the PCC, and highlighted the Victim scheme jointly initiated by DHUFT and the PCC's office.

**42. HEALTHWATCH ANNUAL REPORT**

The Co-Chair welcomed the Manager, Healthwatch Dorset to the meeting. The Manager, Healthwatch Dorset introduced the report circulated at '9'.

It was explained to the Board that Healthwatch had received approximately 6,000 pieces of feedback from service users and was able to drill down on that information and analyse it. The Board was told that 52% of feedback was negative and that the key issues at a broad level included quality and patient pathway, and at the level beneath that people were most concerned about waiting times, quality of treatment and staff attitudes.

The Board was also told that Healthwatch used the motto ' You Said, We did, They did' to acknowledge the fact that the power to change the health system lay with those holding the budgets and the powers but that Healthwatch could listen to service users and speak out on their behalf to influence those who were able to provide change. The Board was informed that Healthwatch had undertaken a 'mystery shopper' role at General Practices to test their complaints procedures, it was explained that this had resulted in over 50 GP practices changing their procedures and processes.

The Board was further told that at the Healthwatch England Annual conference had taken place and Dorset Healthwatch had been shortlisted for 3 awards, winning one and coming runner-up in another.

The Board had a number of questions and made a number of comments including on the following topics:

**Healthwatch Review** - The Manager, Healthwatch Dorset was asked whether the review of the Healthwatch contract had been helpful. The Board was told that it had been valuable to ensure that Healthwatch were aware of the perceptions people had of them. It was explained to the Board that it also confirmed that Healthwatch was making a real difference to people's lives.

**People in Care and Residential Homes** - The Strategic Director - People Theme highlighted that the voices of those in care and residential homes need to be heard. The Manager, Healthwatch Dorset concurred and informed the Board that scoping was underway to start a solution to look into that exact

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issue. The Board was told that Healthwatch was concerned about this area as a number of safeguarding alerts had been raised in the area by its partners.

**43. LOCAL SAFEGUARDING CHILDRENS BOARD**

The Co-Chair introduced Rob Hutchinson, Interim Chair of the Local Safeguarding Children's Board - LSCB. The Interim Chair of the LSCB introduced the report circulated at '10' and explained that they had taken the role up in the past week only but had a couple of points to highlight. The Board was told that demand on the system continued to increase and that the demands were of an ever increasing complexity.

The Board was also told that the LSCB would look to make use of qualitative information alongside the quantitative data. The Board was further told that there was a need for increased continuity on data sets from all the various agencies involved in the system.

**44. MAJOR CHANGE PROGRAMMES****i. MCP 1**

The Assistant Director - Public Health introduced the report circulated at '11a'. It was highlighted to the Board that inequality continued to exist and that the paper outlined the approach and a number of projects that were underway to reduce inequalities. It was highlighted to the Board that the Board needed to consider its role in tackling inequalities. The Board was told that there also needed to be a recognition that there was a focus on geographical area that may, in some circumstances, not be the most efficient way to tackle the issue and that for example the focus on West Howe and Boscombe meant that inequality was being determined only by geographical boundary and not need. It was suggested a more universal approach was needed to the issue and a more active leadership role from the Board.

It was explained that there would be a development session that would help to address the issues raised.

**ii. MCP 2**

The Executive Director - Adults and Children's Services introduced the report circulated at '11b'. It was reported that there had been good progress on early intervention for pre-school children. It was reported that the issue of data sharing which the Board had focussed on at other meetings had been resolved and data was being shared, although not in an automatic manner.

It was explained that the priority for next year was Health Visiting, the responsibility for which had transferred to Local Authorities in October. The services rendered were in the process of review with any reforms to be made next year. The Executive Director - Adults and Children's Services suggested

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that the focus of the Major Change Programme may want to be broadened out to cover the whole of childhood and early adulthood.

**iii. MCP 5**

The Strategic Planning and Commissioning Manager introduced the report circulated at '11c'. The Board was told that MCP 5 was moving into a business-as-usual phase after a period of rapid change. It was explained that the focus for the future would be around measuring outcomes, with a regulatory framework expected.

**DECISION MADE:**

That the Board:

1. Continue delegation of the implementation of this programme through the Pan-Dorset Joint Commissioning Board for Children and Young People with reporting to the Health and Wellbeing Board
2. Support the proposal for the Joint Programme Board to continue to deliver this workstream through to March 2016, recognising that continued cultural and workforce changes will still require strong leadership by the different statutory organisations.

**iv. MCP 6**

The Interim Programme Director introduced the reports circulated at '11di and 11dii'.

It was explained that there had been a series of new policy announcement that emanated from the spending review.

The Board had a number of questions and made a number of comments including on the following topic:

**Performance** - The Co-Chair asked about the performance of the Better Care Fund. The Interim Programme Director explained that nationally Dorset was around the average, although this put the Board in a 'Red,Amber' zone and that a set of performance indicators would be sent to Board members after the meeting.

**45. CLINICAL SERVICES REVIEW**

The Deputy Director, Review Design introduced the report circulated at '12'. The Board was told that the Clinical Services Review - CSR continued to look at system integration and that a focus on processes and working through the system was crucial. It was also explained that the CSR had focussed on hospitals but the focus would move to other services that make up the system.



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The Board had a number of questions and made a number of comments including on the following topics:

**Engagement** - Councillor Blair Crawford requested that local authority portfolio holders be engaged with greater frequency.

**Hospitals** - Board members commented on the change of focus from hospitals and queried what the timescales for change were. The Deputy Director, Review Design commented that there were no concrete timescales and that it was acknowledged different sections of the CSR had different needs and would take different lengths.

**Vanguards** - The Executive Director Adults and Children's Services enquired about the series of 'Vanguards' that had been set up and expressed concern that they were very much GP-Centric and were drawn from only a small pool of GP surgeries in Bournemouth.



**Flux** - The Strategic Director - People Theme - noted that the systems and organisations involved were all in a state of flux which provided both great opportunity and difficulties.

**46. FORWARD PLAN**

**DECISION MADE:**

1. That the Forward Plan be approved.

The meeting finished at 12:49 p.m.

Contact: Tom Hancock, Democratic & Overview & Scrutiny Officer  
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Please note that the next ordinary meeting of the Bournemouth and Poole Health and Wellbeing Board will take place at the Civic Centre, Poole, at 11.00 am on Thursday 10 March 2016.