

Sandwell Health and Wellbeing Board
Monday 18th January 2010
4:30 - 6:30pm
Room 2F, Kingston House

Minutes

Present:

Richard Nugent (**Chair**), Chair Sandwell PCT
Rob Bacon, Chief Executive, Sandwell PCT
Surrinder Bains, Performance Management Lead, Sandwell Partnership
Susan Davis, Chair, Sandwell and West Birmingham Hospitals NHS Trust
Alan Dean, Head of Health and Well-being Services
Glynn Dixon, Head of Inclusion and Improvement, Sandwell MBC
Karen Dowman, Chief Executive, Sandwell Mental Health Foundation Trust
John Edwards, Chair, Scrutiny Management Board, Sandwell MBC
Mary Fairfield, Choosing Health Manager, Sandwell PCT
John Garrett, Executive Director, Adult and Community Services, Sandwell MBC
Cllr Linda Horton, Cabinet Member for Culture and Leisure, Sandwell MBC
Pam Jones, Chair of Sandwell Local Involvement Network
John Middleton, Director of Public Health, Sandwell PCT
Janette Rawlinson, Sandwell Community Health Services
Cllr Derek Rowley, Cabinet member for Adult Services and Health, Sandwell MBC
Shane Ward, Voluntary Sector Representative
Andy Williams, Director of Commissioning, Sandwell PCT

In Attendance:

Gordon Andrews, Obesity - Strategic Lead (item 5)
Lynn Jackson, Joint Planning and Policy Manager, Sandwell PCT (item 7)
Ann-Marie McElhone (notes), Planning and Performance Officer, Sandwell PCT
Janet Murray, Head of Service, Children's Social Care (For Andy Ferguson)
Paul Southon, Public Health Development Manager, Sandwell PCT
Les Williams, Programme Director, Right Care, Right Here (item 4.1)
Richard Wilson, Head of Information and Intelligence, Sandwell PCT (item 3)

1.	Introductions and Apologies Apologies were received from Keith Heyes, Ian Jones, Praful Patel, Andrea Pope-Smith, Ian Walton and Paul Wright. Richard Nugent welcomed Cllr. Derek Rowley the new Cabinet member for Adult Services and Health, and Janette Rawlinson, Chair of Sandwell Community Health Services. Paul Southon, Public Health Development Manager in the Health and Wellbeing Unit was in attendance at today's meetings, along with Janet Murray who was in attendance for Andy Ferguson.
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<p>2.</p>	<p>Minutes and Matters Arising</p> <p>a) Previous meeting minutes - 16th November</p> <p>The Board: Agreed these as a true record of proceedings.</p> <p>Richard Nugent referred to page 6 and indicated that a report on 'Growing your own' should be included on the Action Log for coming back to the Board at a future date. The action log will therefore be amended to include this item.</p> <p>Rob Bacon referred to page 8 and reporting back from the LSP Executive meeting. He indicated that the minutes/action log from December's meeting would come to the next meeting in February as these need to be approved at the next LSP Executive meeting before being circulated.</p> <p>Alan Dean took the opportunity to discuss the Dignity pledge covered at November's meeting. Dignity packs were circulated to members and Alan spoke of the importance of sign up to this pledge. He clarified that a pledge could be something simple that members are already doing i.e. checking on an elderly neighbour.</p> <p>b) Action Log</p> <p>Alan Dean referred to the action log provided as enclosure 2. The items in green will be covered as part of today's agenda, and those in amber will come to future meetings.</p>
<p>3.</p>	<p>Tackling Health Inequalities - 2006 - 08 Policy and Data update for the 2010 National Target</p> <p>Richard Wilson was in attendance for this item. He referred to enclosure 3 and indicated that this report was in response to publication provided as enclosure 3a. The target was to reduce the gap by 10%, but the Department of Health report shows Sandwell is currently off track and is actually bottom of the spearheaded areas.</p> <p>Work has taken place with the National Support Team (NST) and they have provided subsequent support through a series of masterclasses. Two areas have been highlighted, circulatory disease and infant mortality.</p> <p>Page 2 of enclosure 3 showed the geographical spread of performance and page 3 displayed a graph which clearly shows Sandwell at the bottom in terms of improvement in closing the gap.</p> <p>With regards to deaths in females, a slight improvement has been made which is shown by the graph on page 8 levelling off. Page 11 captures the areas where the greatest gain in life expectancy is to be made with Cancer, Cardiovascular Disease and Smoking being the biggest causes of deaths in Sandwell. These figures pose a challenge to Sandwell in what they have to do.</p> <p>John Edwards asked with regards to cancer deaths and when the PCT got serious about smoking cessation. John Middleton responded that a formal</p>

Stop Smoking Service began in 1999, however a well structured services with Nicotine Replacement Treatment (NRT) wasn't really in place until 2002. He added the number of people coming through the service is still particularly small.

Broadening discussion out, John Middleton spoke of how the next Public Health report will discuss how in order to impact on prevalence 30,000 quit attempts will be needed in order to achieve 14,000 quitters. It is also important not to lose sight of 'diet' related cancers in terms of bowel and stomach cancer. Immediate things we can do is treatment and by the end of March there will be a new Cancer Strategy. He added that people in Sandwell are also less likely to survive cancer.

John Edwards went on to asked if the investment in Stop Smoking Services should be looked at. Andy Williams responded that the PCT accepted a proposal to move towards tariffs. This came about partly from a social marketing exercise where it appeared people wanted a wide range of support to stop smoking. He indicated that a risk is carried with tariffs as it destabilises the existing service, however better performance may start to show in time when tariffs are underway. There is a need to show how this plays out. Providers will only be paid by results and the new arrangement should help support up to double the individuals that we can with existing service and resources. Richard Nugent pointed out that even so this will still only be half of what is needed to meet targets.

Sue Davis commended the PCT Board on the work of the Stop Smoking Service and on referring back to the life expectancy discussion she asked if there was any way of assessing year on year effects that migration has on these figures? Richard Wilson felt this could be something to look at, however it is thought that if other boroughs are meeting these targets then we should be too.

Alan Dean informed members that a meeting will be taking place with the Strategic Health Authority (SHA) to discuss this and the aim will be to go well informed on all the issues discussed. John Middleton is taking a report to PCT Directors on (21st January) to demonstrate we are doing all we can. While smoking is a big issue there are other issues that contribute and we need to make sure that to have maximum benefit we have a number of interventions in place. We will be judged whether we are giving the attention to this that we should.

Janette Rawlinson queried with regards to the causes of death, what the category 'other' referred to. She added that within Sandwell a lot of the population had worked in heavy industry, she felt that if they didn't die from CVD or Cancer, they will from something else or 'other'.

John Middleton said that in terms of 'other' this could be neurological conditions, dementia or anything that caused death that didn't fit into the other large categories and will depend on what the doctor recorded on the individuals death certificate. He referred to Janette's second point which he felt was a good point to raise, and said that since 2004 we have been challenged to address some of these things. Cancer is difficult in that it is not

just 'one' disease and is harder to treat. With CHD (Coronary Heart Disease) you can check blood pressure, put people on statin etc. This has been one of the most preventative measures that we can take and we have seen a fall in cardiac admissions. He went on to refer to the MSDi information system. This is the first time we have had a system like this and regardless of what figures are telling us, we are committed to making improvements. Ending, John said that we won't have 2010 data until 2012 for 3 year rolling average.

Andy Williams spoke about infant mortality and whilst this was a small number it relates to about 20 children a year. He went on to say that he had spoke to Janine Brown in this regard and it was discussed how improvement will be about targeting interventions at people who are seen as being at most risk, such as teenage mothers. Andy said he is very interested to see what this plan comes up with.

Janet Murray said it would be useful if information could be filtered down to her level so it could be used in the work her team does.

John Garrett went on to say it was difficult to identify partner contributions without seeing what is being done against each category and indicated he would like to see a report which captures this information.

Rob Bacon spoke of how disappointing it was to be at the bottom of the spearheaded areas. There is a clear strategy with partners about what we are doing over the next 5 years. He agreed that we ought to look at what John Garrett spoke about and tie this work in with the NST team. He reflected that changing people's lifestyles is difficult to achieve.

Richard Nugent hoped an improvement will be seen since this report was compiled. There is a meeting in April with Government Office where they will be holding us to task. A report back from this meeting will come to the Board.

The Board:

Agreed that a report back from the meeting with Government Office in April will come to the Board.

4. Quarterly reports on major programmes

4.1 Right Care, Right Here Programme

Les Williams was in attendance to present this item. He updated members on the three new service redesign workstreams established, demand management - urgent and emergency care, demand management - referrals and outpatients, and thirdly, intermediate care. More details of these workstreams were given in appendix 2 of enclosure 4a.

Taking members through project performance, Les indicated that a number of these have been completed successfully and some will be assigned to one of the three workstreams identified.

On discussing the strategic models of care (SMOC) steering groups Les indicated that the Clinical Group had agreed the clinical strategies, models of care and priorities for all service redesign groups except mental health. It is

expected that this will be approved in February.

Les spoke to members about concerns raised about the review of commissioning arrangements in Birmingham and the effects this may have on the programme. Ian Cumming, Chief Executive of Strategic Health Authority (SHA) made a positive response to these concerns.

It has also been agreed with John Edwards that they will present to the scrutiny panel on 19th February.

John Middleton referred to Les's point made about the voluntary sector on page 10. John felt that the voluntary sector could be doing more than they are. Les indicated we need to get their involvement in the re-design of services. He has had discussions with SCVO and will continue to involve them in these discussions.

John Garrett queried feedback from the stakeholder event in November and Les responded that a report is due back on this next month, this can come with the next report to the Board.

The Board:

Agreed that feedback from stakeholder event in November will come to the Board in March.

4.2 PCT World Class Commissioning

Andy Williams circulated a presentation to members. He stated this was a reaffirmation of the vision to reduce health inequalities in Sandwell, the second strand to this is maintaining a sustainable health economy.

They are currently working with acute colleagues to plan disinvestments in the acute sector in time for the new hospital, as well as targeting other opportunities for control of primary care spend around prescribing.

Andy spoke of the World Class Commissioning Strategy and referred to the timetable for this as captured in the slides under 'next steps'. Submission deadline is 9th February with results and feedback hoped for autumn 2010. He added that the strategy as a plan is based on service redesign and reflects commitments to Right Care Right Here and the community strategy.

Pam Jones asked how the changes proposed will be managed in such a way to show that they are positive changes, given the disinvestments. Andy felt this was a fair point and stated that the intention is to talk about things that are going to happen and how this is all about saving lives. In terms of better efficiency in the health economic, it is about people having a healthier lifestyle.

Pam then asked about staff, she felt there was a need to 'sell' this to staff. Andy agreed that it was important to work with staff. There is a large part of the plan about the engagement of clinical staff and there is an extensive amount of work going on in this.

Rob Bacon said that there was a very active process of engagement in place with consultants and GP's. We are however in for very turbulent times in order to make savings. People have got to see the strategic direction and efficiencies that need to be made.

John Garrett asked regarding community beds and Andy clarified that these included intermediate beds and beds at home.

Alan Dean took this opportunity to remind the Board about next week's stakeholder event where we will be speaking to the public and service users about our intentions.

4.3 Adult Social Care Transformation and Personalisation

Glynn Dixon presented this item and referred to enclosure 6. The first page described developments with regards to the 6 workstreams. Glynn talked about the vision of the programme and how key areas for development included designing and delivering new customer experience which enabled people to have greater access to services.

Over the next few months work will be underway to improve access to information and support. The aim of improving the customer experience is to ensure that people get the right amount of support they need and that they are 'guided' through the system.

Glynn moved on to speak about individual budgets. Adult Social Care has gone live with individual budgets being offered as an option for support. A new assessment process has been developed to support the delivery of these.

An information hub is being developed, this will provide people with broader and better information. This piece of work will be developed through the Universal Services group.

Engagement is very important. The Adult and Community Services teams are developing a communication and engagement plan and the community ambassador forum has now been in place for 6 months. This group made up of service users and carers feeds back evidence on effectiveness of the approach.

On summarising the report Glynn said that detailed planning and governance arrangements are in place, these were requirements through the Department of Health and local government. There are no red rated risks at present with regards to progress which is in line with expectation.

5. For endorsement Draft Sandwell Obesity Strategy - Summary document

Gordon Andrews joined the meeting to speak to this item. Gordon said that there was a need for this strategy for reference in order to see the direction of travel. A good piece of consultancy work has been completed by Jenny Chen and Rosemary Kyle on this and guidance was given to keep it simple and easy to understand.

The diagram at the top of page 2 shows the working relationships and the section at the bottom relating to indicators, baselines, targets and outcomes will be used to show how we are doing against performance measures. This will help determine who the key groups to be targeted are. Gordon added that work is being done with Richard Wilson in this regard. The plan is to update this section quarterly.

The diagram on page 3 follows guidance from the obesity forum and on referring to tier 1, Gordon indicated the importance of tackling these areas using a 'family approach'.

Pages 4, 5 and 6 are action planning and shows mapping completed which helped to plan actions around this with page 6 showing what services are coming in at each tier. It is proposed that performance will be built into this for monitoring. Gordon finished by saying the next steps will be to provide quarterly updates in order to show progress.

Jeanette Rawlinson indicated that Sandwell Community Health Services were not listed as partners and queried the role of the third sector in this. Gordon responded that these are present, but the problem is in mapping these. He indicated that these roles were present in the commissioning level of the working relationship diagram.

Shane Ward felt that because the voluntary sector is so diverse it is difficult to 'pin point' who or when. Shane has discussed issue with SCVO about undertaking a mapping exercise to establish which organisations feel they could contribute to what areas. Gordon noted to follow this piece of work up with SCVO with regards to his strategy.

John Middleton commended Gordon and his colleagues for what they have done in condensing this document. He did however feel that they may have to relax this approach in order to take into account Jeanette's points raised. He then referred to tiers 3 and 4 which enters very expensive treatment and highlighted the importance of targeting individuals early on to prevent them from getting to that stage.

Cllr Linda Horton asked how we would know when we have made a difference? Gordon responded that we first need to show what section of the population we are talking about and come up with robust measurements.

Alan Dean informed members that Government Office will be focusing on this performance and wanted to make members aware of this.

**The Board:
Endorsed the draft obesity strategy.**

**6. For Information
Sandwell Works - Fit for Work Service Pilot**

This item was on the agenda for information. Bashir Ramzan was in attendance in the event that there were any questions and he circulated

	<p>'Working towards a better health' annual report to members.</p> <p>Mary Fairfield added that this was a good report in showing the direction of travel we are going. Alan indicated how this links in to the later item 8 on the agenda and the proposal to have a joint meeting with the Economic Regeneration Partnership.</p>
7.	<p>Equality Impact Assessment - looking ahead</p> <p>Lynn Jackson introduced this item and indicated that this had been a joint effort between herself and Surrinder Bains. She spoke of the equality impact assessment workshop which took place last March and the key issues identified from this.</p> <p>The LSP then identified from this workshop a number of LSP equality priorities to which Lynn indicated there was a close associate with lifestyles, these priorities were listed on page 1 and 2 of the report. Lynn wanted to query how we can each contribute to these.</p> <p>John Middleton questions the first priority about incidence of Coronary Heart Disease (CHD) in BME communities. He pointed out that figures show that it is white men who are dying more from CHD. Richard Nugent suggested that both Lynn and Surrinder pick up on this point of feed it back.</p> <p>Shane Ward went on to discuss the issue of class and how this wasn't something that we look at in BME communities. He added there was a similar theme when looking at education. There needs to be some more sophistication when looking at this.</p> <p>Richard asked members that subject to the changes discussed, were members happy to agree the amended recommendations.</p> <p>The Board: Agreed the recommendations proposed in this report subject to the changes discussed.</p>
8.	<p>Joint meeting with Economic Regeneration Partnership</p> <p>This item was discussed as part of item 6 on the agenda.</p> <p>Additional papers had been circulated to the meeting on Shared and cross-cutting priorities.</p> <p>Alan Dean informed members that discussions have taken place with Ally Allerson, and Lynn Jackson complied together a suggested approach. The approach will involve having a series of discussions with other Boards</p> <p>Alan added that the approach for Children's services is to have a substantial item on their agenda.</p> <p>He felt it was important to hear what Economic regeneration's priorities are. Discussion will either take place at these Board meetings or an extra board</p>

	<p>meeting for this purpose.</p> <p>John Middleton referred to the amount of jobs already created out of the Routeways project which was good progress.</p> <p>Sue Davis indicated she could not see any reference to Right Care Right Here programme of the new hospital developments. Richard said that when Right Care Right Here first came together a health impact assessment was completed. This was about job creation, which looked at the economic and environmental issues, we may need to pick up on this.</p>
	<p>Governance Matters</p>
<p>9.</p>	<p>Progress report on developing revised joint commissioning arrangements</p> <p>Alan Dean referred to the 'Means to an End' report circulated at the meeting. He indicated that this report identified some of the issues of joint financing.</p> <p>Alan had reported to the Board in September. It was clear from discussions that there were 2 agendas we need to take this forward, although separately but linking them together somehow. The PCT and Adult Services are holding a workshop in February to consider how to take this work forward. The conclusions from this workshop will be taken back to the Board. Alan is also meeting Gary Bowman next week (week commencing 25th January) to discuss how strategic joint commissioning can be developed across the Local Strategic Partnership.</p> <p>Paul Southon referred to links back to the NST masterclasses which he attended in Leeds. Outcomes from this feeds into this work also.</p> <p>Janet Murray referred to joint commissioning arrangements in children's services, an Offsted report which came back wasn't very positive.</p> <p>Richard Nugent indicated it was important that we get this right and that it came back to the Board.</p> <p>The Board: Agreed that an update report on Joint Commissioning Arrangements comes back to the board along with feedback from the February's workshop.</p>
<p>10.</p>	<p>Update and Issues from Sandwell Local Involvement Network</p> <p>Pam Jones provided an update report for today's meeting as enclosure 11. LINK hosted a Big Care Debate in partnership with Adult Services in November. A mapping system was then used to identify which views were most commonly held and how important they were rated. A report on this was submitted to the government and is available on Sandwell LINK's website.</p> <p>Pam felt they were able to feedback a lot on what was going on as well as getting feedback from those who attended.</p>

	<p>LINK's response to the Maternity Consultation is also available on their website, this was signed-off on 8th December.</p> <p>LINK management group members continue to attend training. Recent training took place on patient records which means they are up to date on everything to need to be.</p>
11.	<p>Agenda Items for next meeting (Performance focus)</p> <ul style="list-style-type: none"> • Quarter 3 2009/10 performance reports • Progress report on NST visit on Health Inequalities Action Plan • Strategic review of Carers Services • Progress report on End of Life Care - Centre of Excellence • New Horizons - towards a shared vision for Mental Health - For information • Valuing People Now - Physical Health of People with Learning Disabilities • Initial Thematic Partnership Plan • Report back from LSP Executive
12.	<p>News and Information</p> <p>Health and Wellbeing Newsletter Alan Dean indicated that we are about to produce a newsletter which will capture what we have been doing over the past 3 months and the event due to take place.</p> <p>Richard Nugent suggested that the newsletter should pick up on the point raised by Shane Ward under the obesity item about SCVO undertaking a mapping exercise on areas where voluntary organisations can contribute. earlier in the meeting.</p> <p>SHOES John Middleton informed members of the forthcoming SHOES conference taking place week commencing 21st June. On the Wednesday 23rd Richard Wilkinson will be a guest speaker. John asked for members to contact him for further information.</p> <p>Richard recommended members to attend this event and reassured that further information will be circulated.</p>
13.	<p>Next meeting date (Performance Focused)</p> <p>Monday 22nd February 4:30 - 6:30pm Room 2F Second Floor Front Kingston House</p>