

## MINUTES

Shadow Health and Wellbeing Board  
Thursday 28 March 2013, 1:00 – 3:30pm



### Attended;

Cllr Mehboob Khan	Leader of the Council
Cllr Cath Harris	Kirklees Council
Cllr Molly Walton	Kirklees Council
Cllr Linda Wilkinson	Kirklees Council
Dr David Kelly	NHS North Kirklees Clinical Commissioning Group
Dr Farhad Kohi	NHS North Kirklees Clinical Commissioning Group
Dr Paul Wilding	NHS Greater Huddersfield Clinical Commissioning Group
Dr Steve Ollerton	NHS Greater Huddersfield Clinical Commissioning Group
Alison O'Sullivan	Director for Children and Adults, Kirklees Council
Denzil Nurse	LINK
Dr Judith Hooper	Director of Public Health
Carol McKenna	NHS Greater Huddersfield Clinical Commissioning Group

### Invited Observers;

Mark Lacey	Kirklees Citizens Advice Bureau/ Healthwatch Kirklees
Catherine Riley	Calderdale and Huddersfield NHS Foundation Trust
Robert Flack	Locala
Tim Kingsman	West Yorkshire Police

### Supporting Officers;

Adrian Lythgo	Chief Executive, Kirklees Council
Chris Dowse	Chief Officer, NHS North Kirklees Clinical Commissioning Group
Sue Richards	Assistant Director, Wellbeing and Integration, Kirklees Council
Iain Baines	Strategic Transformation Programme Lead, Kirklees Council
Rebecca Morrison	Partnership Officer, Kirklees Council
Nicola Whitworth	Partnership Officer, Kirklees Council

### Member apologies;

Cllr Elizabeth Smaje	Kirklees Council
Angela Monaghan	Chair, NHS Calderdale, Kirklees and Wakefield

## MINUTES

### 1. Welcome

Cllr Mehboob Khan (Chair) welcomed everyone to the meeting and received board member apologies.

#### Announcements

With the changes coming to the Board from 1 April Cllr Khan thanked all the members, who would no longer be part of the Board, for their contributions and support of the Shadow Board.

### 2. Strategic Review and Transformation Programme Updates

#### Calderdale and Huddersfield Health and Social Care Strategic Review

Dr Paul Wilding updated the Board on progress to date with a summary report included in the reports. Highlighted in the update were a number of opportunities that had been identified which aim to make improvements and savings across the economy. The approaches to the challenges faced with regards to the financial efficiencies were also highlighted.

The schematics for a timeline for designing a solution for the model and the implementation of this model were stated. The current position was highlighted and options for change were being produced. These will be presented through the Programme Board and Executive Steering for the Review during April and May. Further updates will come to the health and Wellbeing Board. Decisions will also need to be made on the scope of the public engagement process, and signing off an out-line business case.

The consultation process needs to be less formal and more about having “conversations” with the public. We need to think about how we get some of the changes across to the public, help them understand what changes are taking place, advise those people who are most effected and have more information available as and when it is asked for.

A Communications and Engagement lead has been appointed and starts week commencing 1 April 2013. We also need to utilise the experience that the Local Authority has with engagement, ensure people’s expectations are being met and consulting on what is important to local people, what we are engaging on and how we express this to the different communities across Kirklees. However, the Council is consulting on the budget process and we need to take care that we are not consulting on too much at one time.

#### Mid Yorkshire Transformation Programme

Chris Dowse informed the Board that they were in the fourth week of a twelve week consultation process and a number of public meetings had taken place. Most of the concerns are coming from North Kirklees rather than other areas.

	<p>People value Dewsbury and District Hospital and want this recognised by the Trust. The public are sceptical about the conversations that have taken place about Accident and Emergency as they think this means the service is to be closed. The Programme is trying to “bust some of these myths” in order to move forward. Local messages are being mixed in with National activity. However, the questions at the public meetings have been good in asking about the changes taking place, there is still a lot of work to do but good progress is being made.</p> <p>A task and finish group is looking at the views from the consultation process. There is also a task and finish group looking at how we help people with challenging travel arrangements for those services that have moved.</p> <p>Information will be circulated to the Board on budgets along with the timelines once they have been finalised.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• To continue to have the Programme updates at future meetings for the foreseeable future.</li> <li>• To have Community Budgets as a future agenda item.</li> <li>• For Chris Dowse to circulate the budget information to the Board.</li> </ul>
<p><b>3.</b></p>	<p><b>a) Minutes of last meeting and matters arising</b></p> <p>The minutes from the meeting of the Shadow Health and Wellbeing board held on 28 February 2013 were accepted as an accurate record.</p> <p>Matters arising: In relation to item 4 – Clinical Commissioning Updates – Steve Ollerton advised that “end of life” had now been included as a priority in the CCG plans.</p> <p><b>b) Updates:</b> There were no further updates.</p>
	<p><b>c) Actions Record from previous board meetings</b></p> <p>The actions record was presented to the board which lists all the actions from previous board meetings. All actions are now in progress and it was agreed that plan should be left as is for the next meeting.</p> <p><b>ACTION:</b> None</p>
<p><b>4.</b></p>	<p><b>Kirklees Council’s Corporate Plan</b></p> <p>The Council’s Corporate Plan was shared with the Board. The Plan summarises what the Council will aim to achieve in the short term providing an overview of how we plan, where we allocate the range of our resources and how we measure the</p>

effectiveness of our results. We are currently in the third year of the current three year plan. This is an aspirational plan and the four key priorities will need refreshing. For the coming year consultation and dialogue is needed in driving the outcomes for local people.

## 5. Healthwatch

Mark Lacey gave a presentation update on Healthwatch highlighting the progress made to date, the organisational details, Healthwatch's philosophy for how they will operate, the future challenges and finally how the partners around the Board can help.

The consortium led by Kirklees Citizens Advice (KCA) has been awarded the contract for Healthwatch Kirklees and the company was registered on 21 March 2013. The constitution is in place as is the communications strategy with leaflets & posters available. The telephone helpline is open and the website is configured and live. The PALS team had been contacted to see the type of calls currently received and Citizens Advice will analyze the calls to ensure the right information is available.

The handover from LINK host and PALS is in progress. Interviews for the Director are taking place on 10 April with the national launch event taking place on 11 April.

KCA has been awarded separate grants for Calderdale and Kirklees Independent Complaints Advisory Service (ICAS), which is a well established service.

Healthwatch is made up of seven organisational members from Kirklees Citizens Advice, Cloverleaf Advocacy, Barnardos Yorkshire, Voluntary Action Kirklees, Age UK, Calderdale & Kirklees Mencap in Kirklees and Huddersfield Mission with five places reserved for elected community, patient and service user group representatives. The newly appointed Director will come to the Health and Well-being Board. As the organisation is small a number of back office functions will be contracted out.

The philosophy is that people have a right to be involved in decisions that affect their lives and Healthwatch we will give equal priority to health & social care issues and only pursue issues that are supported by the evidence and will commission independent research where appropriate. The aim is to seek and gain the trust of both the public and professionals and will always seek to resolve problems by talking to the people directly involved in the first instance and escalate only when all other means have failed. Volunteering and community development is seen as a key part of the role of Healthwatch.

The Board asked for regular three monthly updates on activity and learning from the complaints and compliments process. The Board also asked that the Director work closely with provider and commissioning colleagues initially to ensure that the connections are made with the integrated commissioning approach and to give

	<p>opportunities for working together. Healthwatch would be accountable to the Health and Well-being Board for how the money is being spent.</p> <p>The Board felt that some high level mapping of the groups involved with Healthwatch would be beneficial for this Board to discuss at a future meeting.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• For updates to be brought to the Board on a three monthly cycle.</li> </ul>
6.	<p><b>Capitalising on a Public Health focus across the Health and Social Care economy</b></p> <p>This item was deferred to the next meeting.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• Deferred to the next meeting</li> </ul>
7.	<p><b>Clinical Commissioning Group updates</b></p> <p>Updates were received from the two Clinical Commissioning Groups.</p> <p>North Kirklees shared three documents with the Board for comment and views, these being the Commissioning Prospectus 2013-2014, Integrated Planning Framework Context and Mandate and the Integrated Delivery Plan 2013-2014. The governing body will be asked to sign these documents off at the end of April 2013.</p> <p>Carol reminded the Board that they had seen where the plans were up to at previous meetings. This being the case all Huddersfield's documents have now been signed off.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• Comments on the three documents to be sent to Chris Dowse by 12 April 2013.</li> </ul>

## 8. Community Involvement and Capacity Building

Paul Wilding spoke to the report that was shared with the Board on the progress on the 60 day action plan for community involvement. The activities, lead responsibility and actions were stated in the report.

The three activity areas are:-

- Partnership involvement in developing guidance and tools to support the framework
- Carry out asset based mapping with a particular focus on priority areas
- Through the JSNA and mapping exercise learned in 30 days plan, identify key communities and develop a programme of activity to build capacity within these communities

Work is progressing with partnership involvement and thinking using information at a practical level in innovative ways to invest in community capacity.

A summary plan will be produced at the end of the 60 day process. It will be looking to connect information through existing mechanisms as well as new ones such as on-line apps on mobile phones.

### **ACTION:**

- Cllr Walton to share her ward Community Plan with Dr Wilding as it shows a picture of the ward and can provide useful links

## 9. Any Other Business

### **Terms of Reference for the Health Protection Board**

Judith shared the terms of reference with the Board, the Health Protection Board will be a sub-board of the Health and Well-being Board and will report on the management of risk and progress in minimising threats to local health. An annual report will be provided.

The membership of this group was clarified.

### **Council Decision Summary**

The Board were reminded that the next meeting will be taking place under the Council's Committee structures and therefore the format of papers will change as will the fact that these meeting will now be held in the public arena.

Decisions were made on the format of public questions and it was noted that there would be two sections for reports – public and private – depending on the nature of the content and discussion for these items.

Conflict of interest forms will be circulated to Board members through the Council's Governance Team.

**ACTION:**

- The Terms of Reference were agreed.
- For future meetings public questions will not be included as an agenda item.
- Conflict of interest forms will be circulated to Board members for completion.

**Date and Time of Next Meeting;**

Thursday 25 April 2013, 1 – 3:30pm  
Executive Conference Room, 2<sup>nd</sup> floor Civic Centre 3, Huddersfield