

# SHADOW STATUTORY HEALTH AND WELL BEING BOARD

21<sup>st</sup> March 2012 at 4.30pm

Present: Councillor Sheila Roden (Portfolio Holder for Adult Social Care) CHAIR  
Pam Garraway (Director of Housing & Community Living)  
Martin Pratt (Director of Children and Learning)  
Gerry Taylor (Director of Public Health)  
Dr Barhey (Representative of Shadow Clinical Commissioning Group)  
Neville White (Representative of Luton LINK)  
Felicity Cox (Representative of NHS Luton)

In Attendance: Lisa Jerome – Democracy and Scrutiny Team Leader (Clerk) (LBC)  
Bren McGowan – Partnership Manager (LBC)  
Mike McMahon – Head of Community Living (LBC)  
Mike Ringe – CCG  
Dr. Fiona Sim (Representative of NHS Luton)  
Morag Stewart – Deputy Director of Public Health  
John Swain – CCG  
Rod While – CCG

## 1. APOLOGIES (ITEM: 1)

Apologies for absence from the meeting were received on behalf of Cllr Tahir Khan.

## 2. NOTES OF PREVIOUS MEETING – 12TH OCTOBER 2011 (ITEM: 2)

**Resolved:** The notes of the meeting of the Shadow Health and Wellbeing Board held on 12<sup>th</sup> October 2011 be agreed.

## 3. DEVELOPMENT SESSION FEEDBACK (ITEM: 4)

Gerry Taylor submitted a report requesting agreement to a number of proposals to assist in the Board's development. She advised that a development session had been held in January which had been useful.

In response to a question, Pam Garraway assured the Board that partners such as the Probation Service would be fully engaged with the development of the Board through the governance structure. There would also be interface with the communities through the new Area Neighbourhood Boards.

It was also suggested that the Chair of the Health and Social Care Review Group, Councillor Aslam Khan, could be invited to the Board as an observer to help strengthen the link to the Overview and Scrutiny Board.

**Resolved:** (i) That a developmental element be incorporated into all meetings beginning with governance at the next meeting. These may be purely developmental sessions or incorporate business and decision making such as

agreeing future governance arrangements.

(ii) That future developmental sessions be considered, for example developing a shared understanding of the commissioning process, how to engage the wider public, how to work with Overview and Scrutiny Board, how to handle difficult decisions, how to take an evidence based approach.

(iii) That the Transition Group be asked to develop a programme to present at the next meeting of the Board.

(iv) That wider and/or informal mechanisms be considered to develop relationships such as between the Councillors and CCG.

(v) That the HWS tools for transformation be used to support the Board in assessing strategic and commissioning decisions.

(vi) That the Transition Group be asked to take forward the offer from the LGA of a Leadership Academy.

#### **4. MARMOT HEALTH INEQUALITIES INDICATORS FOR LOCAL AUTHORITIES (REF: 5)**

Morag Stewart gave a presentation to the Board on the Marmot Health Inequalities Indicators for Local Authorities. The indicators highlighted:

- Male and female life expectancy;
- Inequality in male and female life expectancy;
- Inequality in male and female disability-free life expectancy;
- Children achieving a good level of development at age 5;
- Young people who are not in education, employment or training (NEET);
- People in households in receipt of means-tested benefits;
- Inequality in percentage receiving means-tested benefits;

It was agreed that where there were adverse trends being seen, these indicators should be picked as part of the Health and Wellbeing Strategy as key indicators. The trends need to be understood and used to inform Luton's commissioning intentions.

Pam Garraway suggested that the data should be used to model a forward looking picture and used by the Inequalities Group to do some preventative work. It was agreed to request that Group to look at specific initiatives particularly around the life expectancy gap for women.

**Resolved:** That the presentation be noted.

#### **5. HEALTH AND WELLBEING STRATEGY (REF: 6)**

Morag Stewart submitted a report and gave a presentation on the progress of the Health and Wellbeing Strategy and the approach taken so far.

Morag proposed that three priority outcomes should be identified for the Strategy to focus on:

- A healthy start in life;
- A reduced gap in life expectancy within Luton;
- Increased healthy life expectancy.

In terms of the proposed delivery structure, it was agreed that the use of existing groups should be looked at before creating new meetings. Key players were already engaged with this issue and would ensure a strong starting point.

In relation to governance, it was agreed that it would be clearer following the next meeting when more work would have been done on this issue. Gerry Taylor advised that there were currently a number of Learning Sets one of which was around the issue of governance, where results would be available after April. At this point there would also be clearer guidance around the pooling of budgets.

In terms of timescales, the drafting of the strategy is expected to be completed in the Spring with consultation taking place until late Summer. The strategy will be taken through organisations for their formal approval in the autumn so that it can influence commissioning decisions from 2013 onwards. The strategy will go to Full Council as the final stage.

**Resolved:** That the proposed framework for the Health and Wellbeing Strategy be approved.

## 6. INTEGRATION (REF: 7)

Pam Garraway submitted a report to the Board regarding the development of Integrated Care in Luton.

All Members agreed that the aim of the proposal was positive and would result in tangible and lasting benefits for the people of Luton. The need to include arrangements for children as the commissioning system changed was also noted.

**Resolved:** (i) That the direction of travel for an integrated care model for Luton be noted.

(ii) That the Compact, set out at Appendix 1 to the report, and recommendations contained within it to start the development of an integrated model in the Luton Social Care and Health system be agreed.

(iii) That the commissioning framework be agreed as a basis for moving forward commissioning intentions.

## 7. HEALTH AND SOCIAL CARE BILL – PROGRESS (REF: 8)

Bren McGowan submitted a report identifying key issues for the Health and Wellbeing Board arising from the passage of the Health and Social Care Review Bill.

**Resolved:** (i) That the progress of the Health and Social Care Bill be noted.

(ii) That the implications of the Government's response to the Future Forum be

worked out on a local level.

(iii) That the introduction of HealthWatch and broader community engagement be part of a development session prior to a meeting of the Shadow Health and Wellbeing Board.

(iv) That no governance issues be identified at the present time in relation to particular organisations.

(v) That the review of the terms of reference be rescheduled until June 2012.

## **8. NHS COMMISSIONING BOARD (REF: 9)**

Felicity Cox, NHS Luton gave a verbal update on the current position with the NHS Commissioning Board.

A new Local Offices Director of Operations had now been appointed and would be the first point of contact for the Board.

**Resolved:** That the update be noted.

## **9. CLINICAL COMMISSIONING GROUP (REF: 10)**

Mike Ringe gave a verbal update on the Clinical Commissioning Group including the timescales for the CCG to take responsibility. It was noted that the Board was now up and running and had begun to refresh the structure and the individuals on the Board. Staff consultation was currently underway in relation to the management structure.

Members were pleased to note that there had been good engagement with the majority of GP practices within Luton

In response to a question regarding the role of the PCT over the next 12 months it was advised that the PCT would be carrying out a dual role for the best part of the year. The PCT clusters would be responsible for finance but this would be monitored through the CCG.

**Resolved:** That the update be noted.

**(Note: Meeting ended at 6.50pm)**