

ACTION NOTES

MEETING:	Chesham and Chiltern Villages Local Area Forum
DATE:	13 April 2011 7.38 pm to 10.00 pm
LOCATION:	Memorial Hall, Ashley Green

Present:	John Axon (Ashley Green Parish Council), Mohammad Bhatti (Buckinghamshire County Council), Patricia Birchley (Buckinghamshire County Council), Michael Brand (Buckinghamshire County Council), Chris Brown (Cholesbury-cum-St Leonards Parish Council), Noel Brown (Buckinghamshire County Council) (Chairman), Andrew Garth (Chiltern District Council - Ashley Green, Latimer and Chenies), Joan Lherbier (Chartridge Parish Council), Merrin Molesworth (Chesham Town Council), David Natali (Ashley Green Parish Council), Keith Platt (Latimer Parish Council) and Elizabeth Stacey (The Lee Parish Council)
In Attendance:	Phil Folly, Christine Gardner, Kimberley Hardwick, Lee Jones, Sam Knollys, Maggie McKerron, Penny Miles, Martin Parkes, Kerry Stevens and Helen Wailing
Apologies:	Jane Bramwell

Item	ISSUES RAISED				
1	<p>APOLOGIES AND CHANGES IN MEMBERSHIP</p> <p>See above.</p> <p>The Chairman thanked Ashley Green Parish Council for their warm welcome and for providing refreshments.</p>				
2	<p>DECLARATIONS OF INTEREST</p> <p>Michael Brand declared an interest in agenda item 8, as his wife was a Non-Executive Director of Buckinghamshire Healthcare NHS Trust.</p>				
3	<p>ACTION NOTES</p> <p>The notes of the meeting held on 2 February 2011 were agreed and signed as a correct record, with the following amendments:</p> <ul style="list-style-type: none"> • Page 6 – Bid for salt bins in Chesham – be amended to read, ‘This was a bid for 3 salt bins’. • Page 6 – The table of agreed funding (line 3) to read: <table border="1" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 70%;">Three salt bins, Chesham</td> <td style="text-align: right;">£1350</td> </tr> </table> • Page 6 – the table of agreed funding (line 5) to read: <table border="1" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 70%;">Construction of kerb around grass island, the junction of Gilberts Hill and Bottom Road</td> <td style="text-align: right;">£2797</td> </tr> </table> 	Three salt bins, Chesham	£1350	Construction of kerb around grass island, the junction of Gilberts Hill and Bottom Road	£2797
Three salt bins, Chesham	£1350				
Construction of kerb around grass island, the junction of Gilberts Hill and Bottom Road	£2797				

<p>4</p>	<p>QUESTION TIME</p> <p>Revitalisation of Chesham town centre Martin Parkes (Chesham Chamber of Commerce) spoke briefly about the work of 'Better Chesham,' a Group interested in funding for the High Street in Chesham. The Group had been formed recently to bring back life to the High Street, and to bring people in from surrounding villages (Chesham was in competition with other market towns).</p> <p>The aim was to increase the morale of traders in the High Street, who saw the internet as a threat, and who also could not compete with large firms. An initiative was needed which traders could be part of, as current groups did not include the traders. The Chairman said that one of the current priorities identified by the Local Area Forum for the allocation of the Local Priorities budget was the revitalisation of the town centre.</p> <p>http://www.better-chesham.co.uk/</p> <p>Good Neighbour Scheme Penny Miles (Age Concern Buckinghamshire) then gave an update on the Good Neighbour Scheme, to which the Local Area Forum had previously allocated some funding. The Scheme was running and taking on volunteers. Penny Miles asked members to publicise the Scheme in their area. The details are:</p> <p>Penny Miles Community Services Manager Age Concern Buckinghamshire Tel Age Concern Office: 01296 431911 Fax Number: 01296 330783 www.ageconcernbucks.org.uk</p> <p>Chris Schwier A member of Cholesbury-cum-St Leonards Parish Council asked that his thanks be put on record to Chris Schwier, who had now left BCC, and said that Chris had been a very loyal public servant. The Chairman said that he agreed with this and formally put on record his thanks to Chris Schwier, saying that Chris had had a wealth of local knowledge.</p>
<p>5</p>	<p>PETITIONS</p> <p>There were no petitions.</p>
<p>6</p>	<p>INFORMATION ON GP-LED COMMISSIONING</p> <p>Kerry Stevens, Lead Area Officer for the Chesham and Chiltern Villages Local Area Forum, took members through some slides about the changes in the NHS (attached).</p> <p>A member asked how definite the changes to the NHS were. Kerry Stevens said that there was still some uncertainty nationally but that the deconstruction of Primary Care Trusts (PCTs) had already started and PCTs were being clustered together. Buckinghamshire PCT had clustered with Oxfordshire PCT.</p> <p>A member asked how the changes would affect the development of the Healthzone in Chesham. The Chairman said that the contract for the Healthzone was now directly between GPs and the developer, and that the PCT was no longer involved. The projected</p>

completion date was November 2011. A member asked how the Healthzone was being funded. Kerry Stevens said that he could provide a briefing note – **Action: KS**

A member asked if the Healthzone in Chesham was definite. The Chairman said that the funding had been committed.

A member asked how the Local Area Forum (LAF) could influence the changes and suggested that a member of the Local Involvement Network (LINK) could attend LAF meetings. Kerry Stevens said that this could be arranged.

A member asked which organisation would be responsible for transport to hospitals and health appointments. Kerry Stevens said that this should become clear as things developed.

A member asked where the County Council would locate its Public Health team. Kerry Stevens said that the aim was to have integrated provision where possible. In Buckingham and Burnham, pilots were being run where Adult Social Care staff were based in GP practices.

A member asked about GP clusters. Kerry Stevens said that these were regional GP groupings within a GP Consortium.

7 IMPROVING LINKS WITH HARD TO REACH GROUPS

The Chairman said that this item linked with agenda item 13.

Maggi McKerron (Chiltern District Council) said that the Building Community Capacity Project in Chesham helped to keep people in their own homes rather than going into institutional care.

The Chairman said that the project was aimed at those people who did not usually engage or attend events.

A member of the public asked if the Building Community Capacity Project was reaching Asian communities. Maggi McKerron said that members of the Asian communities had been invited to sit on the project group, but had not done so. A meeting would be held with representatives of the Asian communities to try to address this.

A member asked how the project was funded. Patricia Birchley (Cabinet member for Adults and Families) said that funding had come from the Government, via the County Council. The project in Chesham (urban area) had also been piloted in Haddenham (rural area).

A member asked if the pilot could be extended to rural areas near Chesham. Maggi McKerron said that the model being used could be replicated in other areas, and Kerry Stevens said that there had been discussions about extending the project.

A member said that the project had been successful but was not sustainable by volunteers.

8 UPDATE FROM THE BUCKINGHAMSHIRE HEALTHCARE NHS TRUST (PREVIOUSLY THE BUCKINGHAMSHIRE HOSPITALS TRUST)

Sam Knollys (Director of Strategy and System Reform) and Lee Jones (Director of Communications) from the Buckinghamshire Healthcare NHS Trust were welcomed to the meeting.

Sam Knollys took members through some slides (attached).

There was public concern about district nurses coming out of GP surgeries. The idea of a Link nurse for each surgery was being looked at. It was not about reducing the number of district nurses, but about employing them in a different way.

Foundation Trust applications were part of Government policy, and were a quality standard to be met by all health trusts. Buckinghamshire Healthcare NHS Trust aimed to become a Foundation Trust by September 2012. The Foundation Trust application would include a five year plan.

Foundation Trusts were membership organisations, and were much more locally accountable. A Council of Governors would hold the Trust Board to account. This would be very different to the current structure.

A member said that many people in the south of the County went to Wexham Park Hospital, and asked how this fitted with the statement that Buckinghamshire Healthcare NHS Trust was responsible for all Buckinghamshire residents. Sam Knollys said that the Government policy was for patients to have choice about which hospital they attended.

A member asked about Accident and Emergency (A&E) services in Buckinghamshire. Sam Knollys said that Wycombe Hospital had an emergency centre, but that this was not a full A&E department. Stoke Mandeville Hospital had a full A&E department, with specialists.

Statistics showed that 30% of A&E attendees could actually be treated by a GP. The GP Centre at Wycombe Hospital had been put in place to treat minor injuries. A similar centre was also planned for Stoke Mandeville Hospital.

A member said that residents should be made aware of the different A&E services provided at each hospital. Sam Knollys said that there had been a 2004 Consultation 'Shaping Health Services.'

Lee Jones said that the Primary Care Trust campaign 'Choose Well' gave information about A&E services.

A member noted that more and more services were being based at Wycombe Hospital. The member referred to the Private Finance Initiative (PFI) debt and asked how long the Trust would be able to keep three hospital sites open. The member also said that the geography of Buckinghamshire was not suitable for large numbers of ambulances travelling between hospitals.

Sam Knollys said that the Trust was constrained by the PFI contracts which were already in place, and by the length of these contracts. The quality of some of the Wycombe estate was very bad. The Trust was trying to ensure that clinical care was provided in the PFI building in Wycombe, and not in the old building.

There was also a move to provide services in the Community rather than in hospitals.

A barrier system was being introduced in the car park at Wycombe Hospital, to prevent

shoppers parking there.

A member said that people in rural communities often chose a GP surgery where they worked, rather than where they lived. This included some GP surgeries outside Buckinghamshire (e.g. in Tring). The member asked which authority would provide community services if the GP surgery was in another county.

Sam Knollys said that if it was a Buckinghamshire resident, they could still access Buckinghamshire community services, and their GP would refer them to Buckinghamshire services.

Patricia Birchley (Cabinet member for Adults and Families) said that Adult Social Care services would definitely be provided by Buckinghamshire County Council.

The Chairman said that Amersham Hospital had recently lost 18 services, which would mean 25 000 additional journeys to other hospitals. Lee Jones said that she would check this figure – **Action: LJ**

9 LOCAL AREA FORUM BUDGETS

Report on Local Area Forum Budgets

The Local Area Forum received the Report of Rebecca Carley, Acting Head of Localities and Safer Communities.

Christine Gardner, Localities and Communities Manager, took members through the Report and drew attention to the following points:

- The Transport Delegated Budget for 2011/12 had been increased to £69,168.94, following a decision by Full Council. The applications which had been agreed at the last meeting were shown on page 3 of the Report.
- The general principles regarding decision-making were laid out on page 2 of the Report.
- The criteria for applications to the Local Priorities budget were laid out on pages 2-3.
- A summary of schemes which had received funding from the Chesham and Chiltern Villages Local Area Forum in 2010/11 were shown on pages 4-5.
- The table on page 11 should read *three* salt bins for Chesham at £1350. The Status column should read 2/2/11, not 9/2/11.

The Chesham and Chiltern Villages Local Area Forum noted the arrangements in 2011/12 for its devolved budgets as described in the report and also noted the expenditure of the allocated funding in 2010/11.

Applications for funding from the Local Priorities Budget

The Forum then received a second report. The Report gave details of an application which had been received from the Citizens' Advice Bureau (CAB) for £5000 of funding from the Local Priorities Budget. The application was for funding to move the premises from the Market Square in Chesham to larger offices in Townsend Road, Chesham. Planning permission from Chiltern District Council had already been granted. The funding would be used for a disabled access ramp, re-tarmac of the entrance, a gate, lighting and an external door.

Christine Gardner told members that the project met four of the Local Priorities for the Chesham and Chiltern Villages Local Area Forum. These were:

- Support for families
- Support for Older People
- Access to Health Services (increasingly more GPs are referring patients to CAB)
- Links to the Asian Community (approx 15% of Chiltern CAB clients are from this community)

A member asked if the CAB had made any other funding requests. Christine Gardner said that they had submitted a request to each of the four Local Area Forums within the Chiltern District and had proportioned their requests based on the client base in each Forum area.

A member said that the Local Area Forum should not respond to funding requests as they were received, but wait until all requests were received before making any decisions. The member said that the risk with the current system was that it would be 'first come, first served.'

Christine Gardner said that the decision on funding could be deferred.

A member said that the CAB was under a time pressure, but it was noted that all voluntary organisations had pressures. A member also said that the CAB had moved premises within the last few years and asked whether it was appropriate to give funding for another change of premises. Christine Gardner said that she would check this.

Another member said that they did not support a deferment of the funding decision as the CAB only had 12 months until its lease ended.

The majority view was that the decision should be deferred until the next meeting, when all applications received would be considered together.

A member asked when other applications for funding could be submitted. Christine Gardner said that ideas for projects could be submitted anytime from then on (the sooner the better) and that the project ideas would be reviewed against the local priorities so that the Local Area Forum could decide which projects to commission or not. Any outstanding budget would be reviewed in November 2011. Projects commissioned by the Local Area Forum would have to be completed by the end of March 2012.

RESOLVED

The Chesham and Chiltern Villages Local Area Forum agreed to defer any decisions on allocation of the Local Priorities budget to the next meeting.

Local Priorities Workshop

Christine Gardner told members that the Local Priorities which had been identified by members in March 2010 now needed to be refreshed. A workshop would be held. Members asked that this be held in October, as part of the main meeting.

10

TRANSPORT FOR BUCKINGHAMSHIRE DELEGATED BUDGET 2011/12

The Local Area Forum received the Report of Ann-Marie Davies, Transport Localities Team Leader.

Kim Hardwick, Transport for Buckinghamshire, introduced herself and told members that she was working with Ann-Marie Davies to cover Chris Schwier's work in the Chiltern District.

Since the last meeting Buckinghamshire County Council had agreed its budget for 2011/12, including an increase in the transport delegated budget for the Chesham and Chiltern Villages Local Area Forum from £34,441.00 to £69,168.94.

Some funding for transport schemes had been agreed at the last meeting. Given the increase in funding, members were asked to choose between three options. These were:

1. To proceed with the identified schemes and identify additional schemes that fit in with the local priorities.
2. To proceed with the identified schemes but increase the size of the allocation to those schemes which will deliver additional quantity of that scheme.
3. To remove the schemes that have already been identified and identify alternative schemes that may not have been considered due to the cost of providing those schemes.

Members discussed the options.

RESOLVED

The Chesham and Chiltern Villages Local Area Forum agreed to proceed with the identified schemes and to identify additional schemes that fitted in with the local priorities.

Kim Hardwick said that the unsuccessful bids from the last meeting and any new bids would be considered at the next meeting. Bids could be submitted by completing a delegated budget form, which would be circulated.

Kim Hardwick told members that new bids must be submitted by the 2 May 2011 to Ann-Marie Davies.

Germain Street, Chesham

Kim Hardwick said that the costs for the traffic calming scheme in Germain Street had been reviewed, as the road required re-surfacing. This extra cost would be met via Transport for Buckinghamshire. However the cost of the scheme would still be £10k over the original estimated budget. This included a request for conservation-style street lighting. A meeting was planned for the following week to confirm the costs involved.

It was up to the Local Area Forum whether they wanted to fund the extra cost. If the Local Area Forum decided not to ahead with the scheme, the road would still be re-surfaced and the extra funding which was released would go into the delegated budget pot for 2011-12.

Members made the following comments:

- The original reason for the traffic calming scheme was to protect children and young people who walked along the road. A child had been hit there two years previously.
- The Local Area Forum should be given a fuller picture when schemes were

	<p>discussed, as it seemed there were a number of different funding streams. A note describing the different funding streams was requested.</p> <ul style="list-style-type: none"> • Extra funding should not be considered from the delegated budget unless there was a detailed written proposal on the table. • The extra funding would be a sizeable amount for Chesham Town, when many members of the Local Area Forum lived in rural areas. <p>Members requested a further report on this. Action: KH</p> <p>A member asked if schemes which had previously failed to attract funding could be resubmitted. Kim Hardwick said that they could.</p> <p>The re-surfacing of the Warren was being carried out by Transport for Buckinghamshire (TfB). TfB was also aware that Hawridge Lane needed to be re-surfaced.</p> <p>Transport for Buckinghamshire had received additional funding for re-surfacing of roads. The deadline for requests for this was 26 April 2011. A member said that priorities for this work should be requested from Parish Councils.</p>
11	<p>UPDATE ON LOCAL AREA TECHNICIANS (WHO TO CONTACT)</p> <p>Kim Hardwick said that there would not be any changes to the Local Area Technicians (LATs) and that the LAT for Chesham and the Chiltern Villages was still Mike Barber.</p>
12	<p>TRANSPORT UPDATE</p> <p>Members noted the report.</p>
13	<p>BUILDING COMMUNITY CAPACITY IN CHESHAM - VERBAL UPDATE</p> <p>See agenda item 7.</p>
14	<p>FOR INFORMATION - COMMUNITY CAR SCHEMES</p> <p>Members noted the report.</p>
15	<p>FOR INFORMATION - OUTCOME OF DAY CARE SERVICES CONSULTATION</p> <p>Members noted the report.</p>
16	<p>FOR INFORMATION - SPEEDING CONCERNS</p> <p>Members noted the report.</p>
17	<p>DATE OF NEXT AND FUTURE MEETINGS</p> <p>15 June 2011, 7:30pm, Council Chamber, Chesham Town Hall</p> <p>AOB</p> <ul style="list-style-type: none"> • The Chairman said goodbye to Merrin Molesworth who was stepping down from Chesham Town Council, and thanked her for all her work at the Local Area Forum. • A member asked that in future agendas should be shorter and contain timings.



Meadowcroft

AYLESBURY
Bucks HP19 9HH
tel: 01296 431911

Reg. Charity No. 204798

Bucks Good Neighbour Scheme Chesham and the Surrounding Villages Questionnaire

Our experience of working with and in the community means that we are very aware of a growing need to support individuals who still live in their own homes, but who find it a struggle to manage many things that younger, mobile and healthy people take for granted.

If you are either **(a)** over 60 years of age and need some extra support or **(b)** anyone who may like to volunteer as a 'good neighbour', please complete this questionnaire and return to us.

Please tick the 'yes' box if this is a service which you would find beneficial; with some services, where transport by car is provided by a volunteer, they would expect to be reimbursed for their petrol costs and any car parking charges.

Volunteers, please tick any box where you may be willing to help as a Good Neighbour Scheme volunteer in Chesham and the surrounding villages.

If you have any queries please contact the GNS Facilitator, Judy Vivis, on 07826 416439 or 01296 431911

Help with Transport

Over 60s

Volunteers

- | | | | |
|--|------------------------------|-----------------------------|--------------------------|
| 1) Be taken shopping | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 2) Have your prescription or pension collected | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 3) Lift to doctor, dentist or hospital | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

Social Outings

- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| 4) Be taken out, for example garden centre, coffee morning, pub lunch, lunch club | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 5) Do you have access to a library? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 6) Would you like to have access to a library service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

Household Help

- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| 7) Help with grass cutting or gardening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 8) Help with light housework / ironing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

Caring

- | | | | |
|--|------------------------------|-----------------------------|--------------------------|
| 9) More help for you as a carer, such as a sitting service / relief care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
|--|------------------------------|-----------------------------|--------------------------|

Crime Prevention

Over 60s

Volunteers

10) Help to make your home secure, for example locks on doors & windows, key safes, etc. Yes No

11) Help with DIY tasks around your home Yes No

Information & Advice

12) One Contact Point when you want help or need to know where to go to get help Yes No

13) A Contact Point in your own community where you can get direct help or information Yes No

Home Safety

14) A check to make sure your home is safe and secure, for example smoke alarms, electrical equipment etc. Yes No

15) Look at equipment you might need, for example grab rails, bath lifts. Yes No

Are there any additional services you may need to help you to live independently in your own home?

Name: _____

Address: _____

Telephone _____ Email: _____

What age group are you?

20 – 29 yrs 30 – 39 yrs 40 – 49 yrs

50 – 59 yrs 60 – 69 yrs 70 – 79 yrs

80 – 89 yrs Over 90 yrs

Do you live alone? Yes No

Are you a carer? Yes No

When you have completed this form you can either deliver it to The Town Clerk, Town Hall, Chesham, Bucks HP5 1DS (accessed from Catlings car park or on foot from the High Street via Baines Walk) or post it directly to Age Concern Bucks, 145 Meadowcroft, Aylesbury, Bucks HP19 9HH

Supported By



**The Health and Social Care Bill
Equity and Excellence Liberating the NHS**



Presentation in 2 parts:

- Headlines and opportunities for LAFs
- Some of the detail

N.B. Much is still under debate and so may change but change is assured



Headlines

- Major changes in the UK health service
- In simple terms:
 - Localising of most healthcare decision making
 - GPs (in “GP consortia”) responsible for purchasing of most healthcare
 - Return of public health to the County Council
 - County Council responsible (with key partners) for establishing a Health & Wellbeing Board to maintain strategic framework (incl Joint Strategic Needs Analysis aka JSNA)
- Due for full implementation April 2013 but Bucks is an “early implementer”
- Part of the journey is greater involvement by the public in having an increasing say about their health and how the money is spent



3 GP consortia in Bucks

The 60 Bucks practices formed into 3 GP consortia:

- United Commissioning covers practices in the north of Bucks
- Buckinghamshire Primary Care Collaborative covers practices in the south of Bucks (Wycombe, Chiltern and S Bucks) – see http://www.buckspcc.co.uk/how_to_get_involved_p4057.html?a=0 for how to get involved
- The Practice PLC, an independent company with three practices in Great Missenden and High Wycombe, and which runs GP practices and walk-in centres in other areas of the UK



Issues/opportunities for LAFs and local communities

- Join up with GP practices to help deal with local issues that impact on health and wellbeing
- Be champions for the health and social care needs of your local communities
- Get involved in establishing priorities
 - key role for community led plans and Local Area Plans that identify local needs and solutions, including community led solutions
- Think about how you will deal with the inevitable thorny issues



Issues for LAFs and local communities

- The Local Involvement Network (LINK) is responsible for representing the views of health and social care users in Bucks
- The LINK will become Local HealthWatch with wider role (still under development)
- LAFs and local communities can become involved in the LINK/HealthWatch
 - promote the LINK/HealthWatch locally
 - have LINK representative as part of LAF?



Key messages

- Development of GP commissioning consortia - responsible for commissioning £80bn NHS services (3 consortia in Bucks)
- Abolition of SHAs (2012) and PCT (2013) PCT clustering now!
- Maintain NHS spending in real terms, although efficiencies @ 45 % of total NHS management costs to offset rising demographic demands
- Hospital treatments tariff will be changing and acute trusts will assume responsibilities for patients for 30 days following discharge
- All hospitals to become foundation trusts – freedom to earn money by treating certain number of private patients



Key messages cont

- Creation of an independent NHS Commissioning Board responsible for setting outcomes framework and setting budgets for consortia – shadow April 11
- NHS Commissioning Board will also commission some specialist services and may well intervene in 'failing' consortia
- Funding Review of long term care for social care
- The LINKs would be transformed into the Local Healthwatch
- Controversy rages over these reforms – fear about use of private providers (“any willing provider”)



Specific Implications for Local Authorities

Joining up Commissioning – building on what exists

- Key role for social care Local Authorities in ensuring joined up commissioning between health and social care.
- Local Authorities will be required to establish “health and wellbeing boards
- The JSNA remains mandatory and the production of a health and wellbeing strategy to meet identified needs becomes obligatory
- Priorities aligned to BCC and PCT financial strategies



Specific Implications for Local Authorities

- Local agreement for BCC to lead on joint commissioning partnership agreement with PCT
- Poss. agreement for BCC to lead on joint purchasing of long term care placements
- Scrutiny function remains

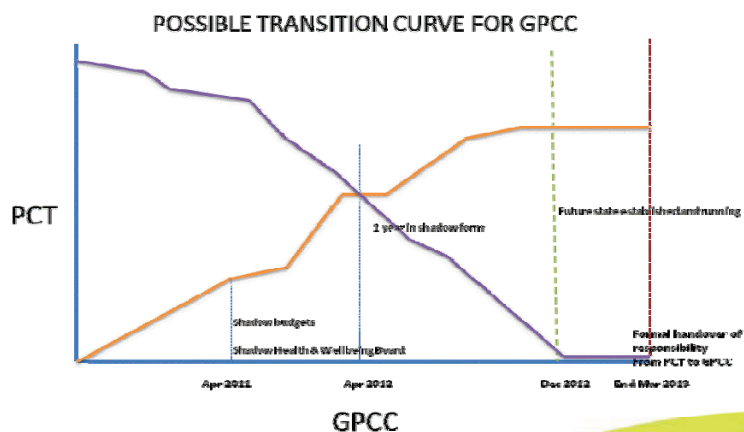


Transition to new arrangements

- Transformation Group established with GP collaboratives in the driving seat, Director of Public Health, Director of Commissioning, Director of Adults and Family Wellbeing also members
- Route map being established: Priorities currently Medicines Management, Finance (shadow budgets from April 11), Health and Wellbeing Board, Building Leadership Capability,



Transition from PCT to Consortia



New Vision for Social Care – Capable Communities and Active Citizens

- Refocus of social care on the well-being of the whole community
- JSNA key to informing Commissioning Priorities
- Focus on the 7P's
 - Prevention – people and communities working together to maintain independence through Big Society
 - Personalisation – individuals taking control through Direct Payments as first response
 - Partnership – across public sector with individuals and providers with a focus on the Health and Wellbeing Board and focus on joint commissioning
 - Plurality: the variety of people's needs is matched by diverse service provision
 - Protection – sensible safeguards against risk and abuse. Communities being the eyes and ears building on neighbourhood watch / local Healthwatch



New Vision for Social Care – Capable Communities and Active Citizens

- Productivity – More integration to support the delivery of the CSR settlement
 - Effective rehab and LTC mgt across health and social
 - Re-ablement – funded by NHS for health and social care
 - Integrated crisis response
 - Telecare to reduce spend on home and residential care
 - Reduction in management costs of assessment and care management
- People – development of a workforce providing care with skill, compassion and imagination



Public Health

“The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society”

- **Health improvement** (inequalities, broader determinants, lifestyles)
- **Health protection** (infectious diseases, environmental hazards, emergency preparedness)
- **Population Health Care** (service planning, efficiency, effectiveness and evaluation)



A new public health system

- Public Health England – a national public health service
- A return of public health leadership to Local Government
- Dedicated resources (ring fenced) for public health at national and local levels
- Maintaining a strong relationship with the NHS, social care and civil society
- New public health service directly accountable to the Secretary of State for Health with a clear mission to:
 1. Achieve measurable improvements in public health outcomes
 2. Provide effective protection from public health threats



Public Health Responsibilities for Local Authorities from April 2013

- Recovery from drug dependency
- Sexual health
- Public mental health
- Physical activity
- Some local nutrition
- Obesity
- Child health promotion
- Immunisation programmes for school age children
- Alcohol prevention
- Smoking prevention & cessation,
- Health checks
- Dental public health



Public Health Responsibilities for Local Authorities from April 2013

- Health at work
- Social exclusion
- Domestic violence
- Monitoring the health of the population and surveillance of disease
- Designing strategies and commissioning services to improve the health and wellbeing of the population
- Protection from communicable disease and environmental hazards in partnership with Public Health England
- Tackling health inequalities

N.B. Local authorities already active on many of these issues



Public Health Outcomes Framework

Vision - To improve and protect the nation's health and to improve the health of the poorest, fastest

- **Domain 1 - Health Protection and Resilience:** Protecting the population's health from major emergencies and remain resilient to harm
- **Domain 2 - Tackling the wider determinants of health:** Tackling factors which affect health and wellbeing and health inequalities
- **Domain 3 - Health Improvement:** Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities
- **Domain 4 - Prevention of ill health:** Reducing the number of people living with preventable ill health and reduce health inequalities
- **Domain 5 - Healthy life expectancy and preventable mortality:** Preventing people from dying prematurely and reduce health inequalities



Timetable

Summary timetable (subject to Parliamentary approval of legislation)	Date
Consultation on: <ul style="list-style-type: none"> ▪ specific questions set out in the White Paper; ▪ the public health outcomes framework; and ▪ the funding and commissioning of public health. 	Dec 2010–March 2011
Set up a shadow-form Public Health England within the Department of Health Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Public Health England will take on full responsibilities, including the functions of the HPA and the NTA. Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013



Allocations and the Health Premium

Allocations

- From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow allocations will be issued to LAs in 2012/13, providing an opportunity for planning.
- Department of Health will take independent advice on how the allocations are made.

Health premium

- Building on the baseline allocation, LAs will receive an incentive payment, or 'health premium', that will depend on the progress made in improving the health of the local population and reducing health inequalities, based on elements of the Public Health Outcomes Framework.
- The premium will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

DH currently consulting on Public Health allocations and the health premium



Health and Wellbeing Boards

- These Boards will deliver the following:-
 - LAs lead on overseeing partnership and promoting integration
 - oversee delivery of commissioning priorities
 - Joining up financial strategies of commissioners aligned to priorities
- Commissioning consortia are required to consult with wellbeing boards when drawing up their annual plan "setting out how it proposes to exercise its functions in that year.



Health and Wellbeing Boards - Membership

Each board must include the following:

- at least one local authority councillor
- the director of adult social services for the local authority
- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of the local healthwatch organisation for the area of the local authority
- a representative of each relevant commissioning consortium
- and such other persons, or representatives of such other persons, as the local authority thinks appropriate



Elected Members

- Members will need to be clear about what they are looking to achieve with their partners including:
 - Democratic mandate being recognised - Understand different cultures are coming together – sometimes not easy
 - Influence, own and understand the outcomes that need to be delivered to the people of Buckinghamshire and ensure they are delivered
 - Get involved in LAFs, and see how LAFs could join up with GP practices to help deal with local issues that will impact on health and wellbeing
 - Think about how you will deal with the inevitably thorny issues
 - Leadership and Representation through Scrutiny and Health and Wellbeing Boards



Chesham and Chilterns Local Area Forum

Sam Knollys

Director of strategy and system reform

13 April 2011

Where your needs always come first

Buckinghamshire Healthcare - About us

- Integrated acute and community healthcare provider since 1 April 2010 serving Buckinghamshire and borders
- Based across three acute sites, five community hospitals and in the community / home
- Over 6,000 staff serving a population of >500k



Where your needs always come first

For Buckinghamshire people ...

- We are responsible for a whole spectrum of care for the people of Bucks - from health visiting to serious trauma
- We have invested over £6m in our women and baby services at Stoke Mandeville
- We have one of the lowest infection rates in the country

... and beyond

- We are the regional centre for burns and plastics, dermatology and neurorehabilitation
- We are home to the National Spinal Injuries Centre – the birthplace of the Paralympic Games

Where your needs always come first

Care closer to home

- Working hard to integrate acute and community services to ensure more joined-up patient care
- Develop and strengthen community services to minimise patients' stay in hospital
- We spent time last year listening to aspirations and exasperations of what we currently provide
- Our ambition is to ensure far more care is provided closer to patients' homes
- Acute hospitals to become 'leaner' and more specialised in care not available elsewhere
- set up of clinical networks and more specialist commissioning

Where your needs always come first

Developing community healthcare

- Work already underway
 - long term conditions: IV at home, heart failure, respiratory, diabetes
 - community hospital inpatient facilities providing:
 - step-down for patients requiring rehabilitation prior to going home
 - end of life care / respite
 - intermediate care to avoid acute admission
 - Investing in our adult community healthcare teams (nursing & therapy)
 - doubling the number of people they can see
 - Commencing 24/7 service over the coming months

Where your needs always come first

Developing community healthcare

- Develop community hospitals as a local hub – still determining what they will look like, but over next year would like to ...
 - Develop elderly care
 - Develop stroke care
 - Support long term conditions
 - Shift rehabilitation, diagnostic and outpatient services from acute to community settings

Where your needs always come first

Amersham Hospital

- Base for care of the elderly
- Strong rehabilitation focus and an area we wish to develop over coming year
- Buckinghamshire Neurorehabilitation Unit
 - providing a county-wide specialist service for patients with a wide range of neurological conditions including head injury, stroke and multiple sclerosis
 - opened in October 2010
- Expanded community beds providing a rehabilitation service, including physio and occupational therapy
 - also provides palliative and end of life care

Where your needs always come first

Developing our acute hospitals

Wycombe

- Cardiovascular centre of excellence with HWPFT
 - Stroke
 - Elective vascular
 - Cardiac network HWPFT and RBHFT
- Elective treatment centre
- GP led urgent care with new model for general medicine

Stoke Mandeville

- Trauma and emergency surgery
- Acute women and children's
- Specialist and acute surgery eg plastics, burns and ophthalmology
- National Spinal Injuries Centre

Where your needs always come first