

Agenda

Date: Thursday 24 July 2014
Time: 10.30 am
Venue: Mezzanine Room 1, County Hall, Aylesbury

Agenda Item	Time	Page No
1		
WELCOME AND APOLOGIES		
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MINUTES OF THE MEETING HELD ON 26 JUNE 2014		3 - 8
3		
PUBLIC QUESTIONS This is a 15 minute session for public questions. Submissions for public questions to be made in writing to hw@buckscc.gov.uk		
4		
JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN - FOCUS ON EVERY CHILD HAS THE BEST START IN LIFE Sue Imbriano, Strategic Director for Children and Young People <i>Sue Imbriano, Strategic Director for Children and Young People will present on what has been delivered in relation to the Every Child Has the Best Start in Life priority of the Joint Health and Wellbeing Strategy Action Plan for the Board to identify potential opportunities for future focus.</i>		
5		
UPDATE REPORT ON BUCKINGHAMSHIRE'S PHARMACEUTICAL NEEDS ASSESSMENT (PNA) Louise Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group		9 - 12
6		
WORK PROGRAMME		13 - 18
7		
AOB		
8		
DATE OF NEXT MEETING 18 September 2014, 3pm, Aylesbury Vale District Council 16 October 2014, 2:30pm, venue tbc 20 November 2014, 3pm, Mezzanine Rooms 1 and 2, County Hall, Aylesbury 29 January 2015, 10:30am, Mezzanine Rooms 1 and 2, County Hall, Aylesbury		

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

*For further information please contact: Helen Wailling on 01296 383614
Fax No 01296 382421, email: hwailling@buckscc.gov.uk*

Members

Ms J Adey (District Council Representative), Mrs P Birchley (Cabinet Member for Health and Wellbeing), Mr T Boyd (Strategic Director for Adults and Family Wellbeing), Ms I Darby (District Council Representative), Mr C Etholen (Deputy Cabinet Member for Health and Wellbeing), Dr A Gamell (Chiltern Clinical Commissioning Group), Mrs S Imbriano (Strategic Director, Children and Young People), Dr G Jackson (Aylesbury Vale Clinical Commissioning Group), Ms N Lester (Chiltern Clinical Commissioning Group), Ms A Macpherson (Cabinet Member for Children's Services), Dr S Murphy (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Dr G Payne (Medical Director, NHS England Thames Valley Area Team), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group) and Dr K West (Aylesbury Vale Clinical Commissioning Group)

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 26 JUNE 2014, IN COUNCIL CHAMBER, CHILTERN DISTRICT COUNCIL, KING GEORGE V ROAD, AMERSHAM, COMMENCING AT 10.30 AM AND CONCLUDING AT 11.55 AM.

MEMBERS PRESENT

Mrs P Birchley (Cabinet Member for Health and Wellbeing), Mr T Boyd (Strategic Director for Adults and Family Wellbeing), Ms I Darby (District Council Representative), Mr C Etholen (Deputy Cabinet Member for Health and Wellbeing), Dr A Gamell (Chiltern Clinical Commissioning Group), Dr G Jackson (Aylesbury Vale Clinical Commissioning Group), Ms N Lester (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Dr G Payne (Medical Director, NHS England Thames Valley Area Team) and Dr K West (Aylesbury Vale Clinical Commissioning Group)

OTHERS PRESENT

Dr S Logan (Executive Clinical Lead for Chronic Disease Management, Medicine Management and End of Life Care, Aylesbury Vale Clinical Commissioning Group), Ms K McDonald (Health and Wellbeing Lead Officer, BCC), Ms L Perkin (Programme Director for Integrated Care), Ms R Rothero (Service Director, Commissioning and Service Improvement, Adults and Family Wellbeing, BCC), Ms E Tuff (Ernst and Young) and Ms H Wailing (Democratic Services Officer)

1 WELCOME AND APOLOGIES

Apologies for absence received from Julia Adey (District Council Representative), Jenifer Baker (Healthwatch Bucks), Sue Imbriano (Strategic Director for Children and Young People), Angela Macpherson (Cabinet Member for Children's Services), Dr Stephen Murphy (Chiltern Clinical Commissioning Group) and Dr Juliet Sutton (Aylesbury Vale Clinical Commissioning Group).

The Chairman welcomed Carl Etholen (Deputy Cabinet Member for Health and Wellbeing) to the Board and welcomed back Dr Karen West (Aylesbury Vale Clinical Commissioning Group). The Chairman also congratulated Isobel Darby who was now Leader of Chiltern District Council.

2 MINUTES OF THE MEETING HELD ON 15 MAY 2014

The Minutes of the meeting held on 15 May 2014 were agreed and signed as a correct record.

3 TRANSFER OF SECTION 256 MONIES

Report of Rachael Rothero (Service Director for Commissioning and Service Improvement, Adults and Family Wellbeing) and Jane Taptiklis (Chiltern Clinical Commissioning Group).

Overview:

The Comprehensive Spending Review announced that nationally Social Care would receive an extra £1 billion a year from NHS funds.

In 2013-14, NHS England had transferred £5,981,927 to Buckinghamshire County Council. For 2014-15 the figure transferred would be £7,660,209. This would be transferred from NHS England, as in the previous year.

The Section 256 agreement for the transfer of the money needed to be signed by Board members representing NHS England, Buckinghamshire County Council and both Clinical Commissioning Groups.

Member comments:

A member asked how the Section 256 Agreement would be monitored to ensure that work kept 'on track,' and asked when an update would come back to the Board. Rachael Rothero confirmed a quarterly report would be provided to the Board. The Joint Executive Team for Joint Commissioning had responsibility on a day to day basis for monitoring the Agreement. In the previous year, a performance report had been produced monthly and was forwarded to the CCGs, and the same was planned for 2014-15. This would be in the legal Agreement.

A member asked about community placements. Rachael Rothero said that the transferred monies were for investment in social care with a health benefit. There had been a significant increase in the demand for community placements. In the system, the S.256 monies were relatively small, and so investment needed to be maximised.

RESOLVED

The Health and Wellbeing Board agreed:

To support the priorities to be funded from the transfer of the funding for 2014/15.

To support the Spending Plan for 2014/15 which includes unspent money from previous years and the allocation for 2014/15.

For NHS England, the Clinical Commissioning Groups and the County Council to sign off memorandum of agreement set out in Appendix 1.

4 LONG TERM CONDITIONS

Nicola Lester (Development Director, Chiltern Clinical Commissioning Group) introduced the item. Long-term conditions formed part of a number of themes in the Joint Health and Wellbeing Strategy. The two Clinical Commissioning Groups (CCGs) had formed a Long-term Conditions Joint Executive Team.

Overview:

Dr Stuart Logan, Clinical Lead for Long Term Conditions (Medicines Management & End of life Care), Aylesbury Vale CCG, provided an update.

Dr Stuart Logan gave a presentation highlighting the following:

- CCGs were working together to deliver equal care across Buckinghamshire.
- 30% of those patients with a long-term condition also had mental health problems.
- 15-20% of smokers might develop Chronic Obstructive Pulmonary Disease (COPD), and links had been made with the Chiltern Breathe Well project. A specialist nursing service had been commissioned across Buckinghamshire. If caught earlier, the patient could stop smoking and prevent COPD.
- The diabetes service was being redesigned.
- Pharmacists were being employed to go into care homes to optimise medication. This service was now becoming self-funding, with savings of £100k a year.
- They were working with Public Health to improve uptake of NHS healthchecks.
- Buckinghamshire was a very rural County and they were looking at linking with Parish Councils and Local Area Forums.

Member comments:

A member referred to the link between diabetes and lifestyle and asked how this was being communicated. Dr Jane O'Grady said that around 20% of diabetes cases were inherited, but that around 80% were lifestyle-related. Younger people were now developing lifestyle-related diabetes, and they were focusing communication through the Physical Activity Strategy, with a life-course approach.

A member said that unless they had a whole-system approach regarding health checks, the work to increase take-up would not be successful. The member referred to patients with multiple morbidities and asked how this would impact on the approach taken. Dr Stuart Logan said that this was where care and support planning came in, and that care needed to be given for all conditions holistically, moving from condition-centred care towards person-centred care.

A member referred to a case study from Devon and asked how they would train staff to work in a more holistic way.

Dr Stuart Logan said that training was key and he was currently being trained to become a trainer. Training of staff would be rolled out gradually.

A member asked if they had considered using the patient activation tool which had been used in the USA. Dr Stuart Logan said that NHS England was currently trialling patient activation.

It was also noted:

- There were opportunities for research and funding through educational organisations.
- Health Education Thames Valley was running a workshop the following week on Out of Hospital Care.
- There was a conference being held on 4 July 2014 in Horsham on Community Activism.
- County Councillors were involved in increasing take up of health checks, and beginning to see positive changes.

A member referred to the Chief Medical Officer's 2012 Report on children, and requested that the care in Buckinghamshire for children with long-term conditions be an agenda item at a future meeting – **Action: KM**

5 STANDING ITEM - 5 YEAR PLAN AND SYSTEM ALIGNMENT

Update from Louise Patten (Chief Officer, Aylesbury Vale Clinical Commissioning Group).

Overview:

The Strategic Plan was focused on whole-system alignment. It was currently an iterative process and subject to change. The percentage figures given in the slides were reasonable five year projections made by both Clinical Commissioning Groups.

Under the Strategic Plan, services would be localised where possible, centralised where necessary and networking would be carried out where appropriate. This was also reflected in the Buckinghamshire Healthcare NHS Trust Strategy.

The next steps for the Plan would be developed by the Healthy Bucks Leaders Group to optimise integration.

Phase 1 (July – 1 August) – Whole System Understanding

Phase 2 (4 August – 8 September) – Future Model of Care

A refreshed document would be presented to the Board in October.

Member Comments:

Dr Annet Gamell said that it had to be a whole-system approach. Primary care was currently fragmented. The workforce in general practice had reduced, while the workload had increased. General practice needed to co-ordinate primary care but could not carry it all out.

A member asked if the Plan was a commissioning document or a statement of intent for provider trusts. Louise Patten said that everybody had to submit their own commissioning plans but this could not be done in isolation.

6 BETTER CARE FUND - OLDER PEOPLE'S INTEGRATED SERVICES

Report of Lesley Perkin, Programme Director for Integrated Care, and Emily Tuff, Ernst and Young LLP.

Overview:

The Outline Business Case (OBC) had been shared in draft with frontline providers from health and social care, all of whom had been supportive of the direction of travel.

It would come to the Board regularly so that Board members were able to feed in their thoughts on the direction of travel.

The feedback from the Board at the last meeting to include more detail on the risks involved in integration had been actioned and could be found in the cover report. A full risk log was currently being developed and would be shared with the Board later in the year.

Member Comments

A member said that the OBC had moved on a lot from earlier drafts, and there was support for the four tier approach. The commercial case was key and the profit and loss work being carried out would enhance the work on spend.

A member said that they did not have all the answers yet, and that they would be quite reliant on innovation and new ideas. It was agreed that there should be some mention in the OBC of how an innovative approach would be taken. The risk of resource shift also needed to be highlighted.

There was recognition from the Board that they needed to be able to hold onto the wider vision of the plans as well as making sure they linked in with system approaches across the Buckinghamshire health and social care landscape to use the resources available.

The next phase of activity included on-going discussions with partners to consider how commissioners would work together. The Board was keen that as the detail emerged it was also important to balance with grassroots patient experience about what local services should look like.

RESOLVED

The Health and Wellbeing Board:

- i. **Agreed with the tiered model presented in the Outline Business Case.**
- ii. **Agreed with the scope of the next phase of activity.**

7 AOB

Aylesbury Vale CCG had been asked to provide a photo of the Health and Wellbeing Board for a parliamentary review. Members agreed to have their photo taken after the meeting.

8 DATE OF NEXT MEETING

24 July 2014, 10:30am, Mezzanine Room 1, County Hall, Aylesbury

CHAIRMAN

Title	Update report on Buckinghamshire's Pharmaceutical Needs Assessment (PNA)
Date	Thursday 24 th July 2014
Report of:	Lou Patten, Chief Officer NHS Aylesbury CCG – Buckinghamshire Health & Wellbeing Board Lead Member for the PNA
Lead contacts:	Piers Simey, Consultant in Public Health, Bucks CC

Purpose of this report:

Buckinghamshire's Health and Wellbeing Board has a statutory duty to develop a Pharmaceutical Needs Assessment (PNA) by April 2015. This report has been developed to update members on progress.

Summary of main issues:

An expert contractor has been jointly commissioned by Buckinghamshire and Oxfordshire Health & Wellbeing Boards, as joint procurement is more cost effective. Work is progressing and is on track for delivery before the deadline.

Recommendation for the Health and Wellbeing Board:

Board Members should note that work on the PNA is underway and is on track. The draft PNA will be presented at the October meeting of the Health & Wellbeing Board, prior to formal consultation with key partners. The final PNA will be presented to the Health & Wellbeing Board for approval in 2015.

Main document: Pharmaceutical Needs Assessment – a report on progress

1. The Health and Social Care Act (2012) gave Health and Wellbeing Boards the statutory duty to develop and publish Pharmaceutical Needs Assessments (PNA) for their areas by April 1st 2015.
2. A steering group has been established to oversee this work in Buckinghamshire and Oxfordshire, including partner organisations of the Health and Wellbeing Boards along with representatives of the Local Pharmaceutical Committees and Local Medical Committee. A management group led by Public Health is making sure all operational details are on track.
3. A procurement exercise was carried out through open tender. A contractor (Primary Care Commissioning) has been appointed jointly between Buckinghamshire and Oxfordshire County Councils. The contractor will produce

needs assessments for each county. The joint contract is more cost effective for both counties than working separately.

4. The work includes the following elements

- A community pharmacy questionnaire (using a national template)
- Data analysis to identify population need for pharmacy services.
- Production of a draft PNA document for consultation
- A wide ranging public consultation with key local stakeholders for a minimum of 60 days
- Collation of the consultation responses into a report
- Production of a final PNA report.
- Recommendations for how the PNA will be maintained & updated
- A map of premises at which pharmaceutical services are provided in the county, as well as further maps covering current commissioned services in pharmacies, access and relevant demography
- A template for supplementary statements after publication

5. The work is on track and the expected milestones are listed in Annex 1

6. Work is currently underway to analyse local data, to consult pharmacies on the services they can offer, and to consult the public on their use of pharmacies. A public survey is live at <https://www.surveymonkey.com/s/buckspna2> and will be open until the end of September – this will be promoted by key partners. This will result in a draft Pharmaceutical Needs Assessment by October. It is a statutory requirement that this draft is subject to public consultation for at least 60 days. All partners will be consulted, along with a range of other stakeholders.

7. This statutory consultation period is scheduled for October – December 2014 and the draft document will go to the October meeting of the Health and Wellbeing Board for approval prior to consultation.

Annex 1 The project plan

Governance	Initial contractor / commissioner meeting	May 2014
	Mobilisation/project plan developed and signed off by Public Health	
	Identify Oxon and Bucks Joint PNA Steering Group overseeing PNA development, meeting monthly	
	Update meetings - monthly meetings/fortnightly email briefings for management team	

Health needs and priorities	Obtain reference documentation e.g. JSNA	May - July
	Confirm localities to be used	
	Obtain relevant public health data set at locality level	
	Obtain additional data (if required)	
	Identify mapping resources	Aug - Sept
	Produce maps for PNA	
Analysis		

Current pharmaceutical services provision	Obtain existing pharmaceutical services data	June - July
	Identify other services which may influence assessment	
	Data cleaning and preparation (localities)	
	Pharmaceutical services provider questionnaire issued	
	Pharmaceutical services provider questionnaire live	
	Data entry	
	Analysis of existing pharmaceutical services data	
	Analysis of provider questionnaire data	
Patients and the public	Agree methods for patient engagement to input into draft PNA	June – July
	Agree methods for patient engagement to input into consultation	
	Patient engagement - pre-draft	
	Analysis - pre-draft	
	Patient engagement - formal consultation	Oct - Dec
Stakeholder engagement	Agree methods for stakeholder engagement to input into draft PNA	June - July
	Agree methods for stakeholder engagement to input into consultation	
	Stakeholder engagement - pre-draft	
	Analysis - pre-draft	
	Stakeholder engagement - formal consultation	Oct - Dec
Synthesis and drafting	Develop PNA structure and framework	June - Aug
	Data analysis and preparation for drafting	
	Ongoing analysis and drafting	
	Review draft with PNA steering group	Sept
	Draft PNA for consultation	Oct
	PNA signed off by steering group and H&WB prior to consultation	
Consultation	PNA signed off for consultation	Oct
	Consultation	Oct - Dec
	Review consultation outcomes and revise drafting	Dec - Jan
Sign off	Final draft PNA produced for steering group	Jan
	Accompanying paper produced	Jan 2015
	Sign off by steering group	
	Incorporation of steering group comments	
	Final PNAs and Board papers available	Feb 2015

Health and Wellbeing Board Forward Plan 2014 – 15

HWB Meeting Date and Venue	Item	Lead Officer(s)	HWB Planning Group Meeting (submit draft paper to K McDonald the day before)	Final Report submission (Submit to H Wailing by 12 noon)	Purpose of item and recommendation for the Board	Outcomes and actions
15 May AV District Council 10:30 12:30	1. Physical Activity	Jane O'Grady (Piers Simey)	17 April	7 April	<ul style="list-style-type: none"> To endorse the strategy and action plan To note the actions relevant to your individual organisations and ensure contribution to delivery. 	<i>The Board endorsed the Strategy and action plan and committed to a follow up report against delivery of the action plan next year.</i>
	2. Better Care Fund Outline Business Case	Trevor Boyd (Lesley Perkin)			<ul style="list-style-type: none"> Approve direction of travel 	<i>Board agreed direction of travel. Agreed for BCF to be a standing item at all meetings to make sure HWB can input to mitigating risks of not delivering against the plan</i>
	3. Update on the Care Bill	Rachael Rothero			<ul style="list-style-type: none"> For Information 	<i>The HWB requested further updates as the work evolves.</i>
26 June Chiltern CCG	1. Transfer of Social Care Money from NHS (\$256) 2014/15	Trevor Boyd (Rachael Rothero)		18 June	<ul style="list-style-type: none"> Formal Sign off 	<i>The Board agreed the transfer of monies</i>
	2. Joint Health and Wellbeing Strategy – Long	Nicola Lester (Dr Street)			<ul style="list-style-type: none"> What are the main issues for LTC in Bucks? What have we delivered 	<i>Recommendations from the report would be considered by the HWB planning group</i>

Health and Wellbeing Board Forward Plan 2014 – 15

	Term Conditions		3 June		<p>this year against the JHWBS? Where are the gaps?</p> <ul style="list-style-type: none"> • What can the HWB do – areas of future focus 	<p>as recommendations for the 2014/15 JHWBS Action Plan.</p> <p>The Board requested that the care in Buckinghamshire for Children with Long Term Conditions be considered as a future item.</p>
	3.Standing Item 5 Year Plan and System Alignment	All			<ul style="list-style-type: none"> • HWB oversight of local strategic priorities and alignment 	<p>The Board will look at the emerging detail of the 5 year plan and the relationship with all the partner strategies in more detail at the September and October meetings.</p>
	4. Standing Item Better Care Fund	Trevor Boyd (Lesley Perkin)			<ul style="list-style-type: none"> • Approve direction of travel of Outline Business Case for Older People • Mitigate Risks and Issues 	<p>The Board agreed with the four tiered model presented in the outline business case and the scope of the next phase of activity.</p> <p>There will be further reporting in September.</p>
24 July BCC	1.Championing Better Outcomes for Children	Sue Imbriano	9 July	16 July	<ul style="list-style-type: none"> • What have we delivered this year against the JHWBS? Where are the gaps? • What can HWB do – areas of future focus? 	
	2.Pharmaceutical Needs Assessment	Lou Patten (Piers Simey)			<ul style="list-style-type: none"> • HWB to approve direction of travel and comment on proposals 	

Health and Wellbeing Board Forward Plan 2014 – 15

	3. HWB Forward Plan				<ul style="list-style-type: none"> • Updates and suggestions to work programme 	
18 Sept Aylesbury Vale District Council	1. Healthwatch Annual Report	CEO Healthwatch Bucks	28 August	10 September	<ul style="list-style-type: none"> • To look at Healthwatch Bucks achievements over the last year • Make recommendations to the HWB on future work programme from resident engagement and local intelligence. 	
	2. Focus on Prevention	TBC				
	3. Commissioning Intentions	All				
	4. Standing Item 5 Year Plan and System Alignment	All				
	4. Standing Item Better Care Fund	Trevor Boyd (Lesley Perkin)			<ul style="list-style-type: none"> • Approve direction of travel of Outline Business Case for Older People • Mitigate Risks and Issues 	
	5. HWB Forward Plan	KM			<ul style="list-style-type: none"> • Updates and suggestions to work programme 	

Health and Wellbeing Board Forward Plan 2014 – 15

16 October Venue tbc	1.HWB Annual Report	Cllr Birchley	tbc 1 October	8 October	<ul style="list-style-type: none"> • Launch and publication of HWB Annual Report 	
	2. Pharmaceutical Needs Assessment	Lou Patten Piers Simey			<ul style="list-style-type: none"> • Pre-Consultation 	
	3. Developing a Primary Care Strategy	Lou Patten			<ul style="list-style-type: none"> • Update on development of Primary Care Strategy 	
	4.Standing Item 5 Year Plan and System Alignment	All			<ul style="list-style-type: none"> • HWB oversight of local strategic priorities and alignment 	
	5. Standing Item Better Care Fund	Trevor Boyd (Lesley Perkin)			<ul style="list-style-type: none"> • Approve direction of travel • Mitigate Risks and Issues 	
	6. HWB Forward Plan	KM			<ul style="list-style-type: none"> • Updates and suggestions to work programme 	
20 November	1.Winter Planning	All tbc			<ul style="list-style-type: none"> • Promotion of a co-ordinated response around winter planning 	
	2 .Standing Item 5 Year Plan and System Alignment	All			<ul style="list-style-type: none"> • Whole System 5 Year Strategy update 	

Health and Wellbeing Board Forward Plan 2014 – 15

	3. Standing Item Better Care Fund	Trevor Boyd (Lesley Perkin)			<ul style="list-style-type: none"> • Approve direction of travel • Mitigate Risks and Issues 	
	4. HWB Forward Plan	KM			<ul style="list-style-type: none"> • Updates and suggestions to work programme 	
29 January 2015	1. Standing Item 5 Year Plan and System Alignment	All				
	2. Standing Item Better Care Fund	Trevor Boyd (Lesley Perkin)			<ul style="list-style-type: none"> • Approve direction of travel • Mitigate Risks and Issues 	
	3. HWB Forward Plan	KM			<ul style="list-style-type: none"> • Updates and suggestions to work programme 	
5 March 2015	1. Pharmaceutical Needs Assessment	Lou Patten Piers Simey			<ul style="list-style-type: none"> • Final Sign Off before 1 April 2015 	
	2. Standing Item 5 Year Plan and					

	System Alignment					
	2. Standing Item Better Care Fund	Trevor Boyd (Lesley Perkin)			<ul style="list-style-type: none"> • Approve direction of travel • Mitigate Risks and Issues 	
	3. HWB Forward Plan	KM			<ul style="list-style-type: none"> • Updates and suggestions to work programme 	

Other Items:

- **2014/15 Joint Health and Wellbeing Strategy priorities**
- **Health Inequalities**
- **HWB Engagement**
- **Children with Long Term conditions**