

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