

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 24 JULY 2014, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.30 AM AND CONCLUDING AT 11.53 AM.

MEMBERS PRESENT

Ms J Baker OBE (Healthwatch Bucks), Mrs P Birchley (Cabinet Member for Health and 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), Ms A Macpherson (Cabinet Member for Children's Services), Dr S Murphy (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), 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)

OTHERS PRESENT

Ms H Llewelyn-Davies (Chair, Buckinghamshire Healthcare NHS Trust), Ms K McDonald (Health and Wellbeing Lead Officer), Ms A Molagoda (Central & South East CMHT), Ms J Prosser (Chiltern Clinical Commissioning Group), Ms R Rothero (Service Director, Commissioning and Service Improvement, Adults and Family Wellbeing), Mr P Simey (Consultant in Public Health) and Ms H Wailing (Democratic Services Officer)

1 WELCOME AND APOLOGIES

Apologies for absence were received from Julia Adey, Trevor Boyd, Dr Graham Jackson, Nicola Lester and Louise Patten.

Dr Karen West was in attendance in place of Dr Graham Jackson.

The Chairman welcomed Hattie Llewelyn-Davies, Chairman of Buckinghamshire Healthcare NHS Trust, who was present as a guest of the Board.

The Chairman also welcomed Jenny Baker OBE, who was Chairman of Healthwatch Bucks and would now be representing Healthwatch Bucks on an interim basis while a new Chief Executive was recruited.

The Chairman welcomed Jackie Prosser (Chiltern CCG) and Aruni Molagoda (Central & South East CMHT), both of whom were in attendance as observers.

2 MINUTES OF THE MEETING HELD ON 26 JUNE 2014

The Minutes of the meeting held on 26 June 2014 were agreed and signed with the following amendment:

- Page 6, 1st line, to be amended to read, "Dr Annet Gamell said that it had to be a whole-system approach. *The commissioning of primary care was currently fragmented...*"

3 PUBLIC QUESTIONS

There were no public questions.

4 JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN - FOCUS ON EVERY CHILD HAS THE BEST START IN LIFE

Presentation from Sue Imbriano (Strategic Director for Children and Young People), Dr Jane O'Grady (Director of Public Health) and Dr Juliet Sutton (Aylesbury Vale Clinical Commissioning Group).

Joint Health and Wellbeing Strategy:

- All work was measured against the United Nations (UN) Convention on the Rights of the Child.
- Priorities in the Joint Health and Wellbeing Strategy included support for young carers (to be looked at in more detail at a future meeting).
- The Strategy also had a focus on early intervention and prevention.
- Evidence and research was embedded to inform commissioning decisions.
- The Strategy had a focus on early years, including children's centres.
- There was national and international evidence regarding parenting programmes. Recently around 200 parents in Buckinghamshire had undertaken a parenting programme. The challenge would be to create a more universal parenting programme.
- The Reconnect Programme had been set up to look at disorganised attachment and the damage it did to young children. Intervention was needed at an early stage.
- The Catch Programme supported young children and their parents in the Community. There was a Junior Catch programme and also one for older children.

Outcomes achieved:

- Children's Centres – so far they had been able to maintain investment in these, but it was becoming increasingly difficult. Children's Centres continued to work with families most in need.
- Early Years – the quality of provision was very important. Three and four year olds now had free places, and more schools could take younger children. Statutory organisations needed to be very clear about what they were expecting from providers.
- Educational attainment - in 2013, 55% of children in Buckinghamshire aged 5 achieved a 'good level of development' at the end of the Early Years Foundation Stage (68% in the most affluent areas and 40% in the least affluent areas). Work was being carried out to look at what could be done to improve this figure, including work on phonics.
- 'Narrowing the Gap' – in the previous year, the Key Stage 2 gap had narrowed. The Key Stage 4 gap had also narrowed but was still too large. Every year's cohort was different and this affected the figures.
- There had been engagement with schools and early year settings to review the School Improvement Strategy, with a focus on narrowing the gap.
- Families First was a really good example of how partner organisations had positively changed the way they worked together.

Challenges:

- A greater proportion of births were occurring in deprived areas. This increased demand on Children's Social Care Services.
- Encouraging young people to be involved in physical activity (this was also an issue nationally).
- The voice of the child needed to come through in all work carried out.
- Transition between Children's Social Care services and Adult Social Care services was still a challenging area.

Work being carried out:

- Public health work with Clinical Commissioning Groups to achieve healthier pregnancies. There was a focus on smoke-free work and improved rates for smoking cessation. The cost of a pre-term birth up to the age of 18 was £51k.
- Regular meetings were held with maternity colleagues on improving referrals to smoking-cessation services, which used carbon monoxide monitors. They were looking at how they could reach out to people instead of people having to come to them.
- Improved support for teenage mothers and Asian mothers.
- Introduction of a maternity needs assessment.
- Public Health commissioned a Cut Films youth prevention project for a third year, which resulted in 52 short films being made by local young people on the harm caused by tobacco. A total of 46 participative workshops were held involving 537 young people as part of this project.
- The Five Ways to Wellbeing Programme had now been adopted for children.
- Unique statistics on teenage activity had been obtained through a 'Social Norms' programme. A Facebook campaign had also provided advice and facts on sexual health.
- The Director of Public Health's Annual Report this year has been developed with young people from Buckinghamshire schools. It addresses the areas the schools and young people identified as the most important and relevant.
- Work had been carried out on urgent care pathways for 0-5 year olds.
- Leaflets were being prepared about fever, gastro-enteritis, head injury and asthma.
- Leaflets on bronchiolitis and jaundice would be re-launched in September 2014.
- Work was being carried out to produce an 'app' so that sexual health information would be available through smart phones.
- Research showed that people placed trust in services which carried the NHS logo / endorsement.
- Multi-agency work to address self-harm, including work with schools, headteachers and CAMHS, to increase skills in this area of work. A pilot was currently being run with 16 schools (primary, secondary and special needs, both upper and grammar schools). There was very positive feedback so far.
- Work on health needs in different localities. Educational sessions on minor illness and self-care had been carried out, which had been very well-received.

Member comments:

A member asked if there was joint working with colleagues in Oxfordshire. Dr Juliet Sutton said that they were working with services in Berkshire and Oxfordshire on the urgent care pathway.

A member said that from a resident's point of view, they needed to assure themselves that they were communicating services. How accessible were the services? Sue Imbriano referred to the Family Information Service website which had received 193 000 hits in the previous year.

A member referred to the Director of Public Health's Annual Report and said that self-worth and self-esteem were linked to many other behaviours. Dr Jane O'Grady said that they had looked at emotional wellbeing with young people. Winners of a competition were working with a design company to make a film on emotional wellbeing. Mental wellbeing had also been addressed in the 'Social Norms' project.

A member said that they were very concerned about looked-after-children, of whom 50% were located outside Buckinghamshire, and noted that it was a tough task to join up with other CCGs.

A member asked about the success of each intervention. Dr Jane O'Grady said that there was more work they needed to do so that the interventions were systematic. Work with schools was individual to each school, but they had data for which schools had rolled out the emotional resilience training. Much more could be done by joining up (e.g. Public Health was developing a sexual health app with young people and it would be good to have NHS endorsement for that).

Jenny Baker said that Healthwatch had focused on youth in its priority plan.

Jenny Baker said that Healthwatch had commissioned a survey of looked after children experiences of healthcare and had attended a conference earlier this year where it was felt that there was a gap between commissioners and other groups, such as the Health and Wellbeing Board, on the flow of information.

Dr Juliet Sutton said that Action for Youth had presented at the last AV CCG community meeting. Some of the action points from that were already being actioned.

The Board agreed a Health and Wellbeing Board meeting or workshop session focussing on children should form part of the forward plan.

The Chairman thanked Dr Jane O'Grady, Sue Imbriano and Dr Juliet Sutton.

5 UPDATE REPORT ON BUCKINGHAMSHIRE'S PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

Presentation by Piers Simey, Consultant in Public Health.

Overview:

- The Pharmaceutical Needs Assessment (PNA) for Buckinghamshire would be brought to the Health and Wellbeing Board meeting in October 2014. Over the next two months they would be going through a range of data to inform the PNA.
- The PNA was a statutory requirement, to be delivered by the Health and Wellbeing Board.
- The PNA was being developed by Primary Care Commissioning, who had been through a tender process (this had been done in partnership with Oxfordshire).
- A PNA Steering Group had been set up.
- Regulations specified that the Health and Wellbeing Board area needed to be divided into localities for the PNA.
- A Pharmacy Survey would be carried out on how the public used pharmacies and on what else might be needed. This would be going out to 11 000 homes via the 'My Bucks' e-newsletter, as well as through a number of other routes.

Member comments:

Dr Stephen Murphy declared an interest as his GP practice had a dispensing pharmacy.

A member asked if it was too costly to advertise the Pharmacy Survey on the paper bags use for prescription medicines. Piers Simey said that he had taken advice from the Local Pharmaceutical Committee, which had suggested advertising via posters.

A member noted that 15 minutes was a long duration time for a survey. Piers Simey said that they had considered this, but that all the information contained in the Survey was relevant.

A member asked how many pharmacies there were in Buckinghamshire and if the number was growing. Piers Simey said that there were 96 pharmacies in place. Consideration would

need to be taken regarding the 7500 new homes in Aylesbury. Change in population and demographics were core factors.

A member suggested that information on the Survey could be printed on the prescription slips used by GPs. Dr Juliet Sutton suggested that this could be done by approaching practice managers.

A member asked who commissioned pharmacies. Piers Simey said that NHS England commissioned pharmacies. The member asked if NHS England would use PNA data to develop its commissioning plan. Dr Geoff Payne said that he thought they would. The member asked if there was a budget for NHS England to expand the number of pharmacies. Dr Geoff Payne said that there was not.

A member said that in other Healthwatch areas, they had a stall once a month in pharmacies to gather data from customers. The members also said that text messages could convey information about the Pharmacy Survey.

A member said that pharmacies often saw patients more often than their GPs, and that pharmacists needed to be integrated into joined-up care.

An update on the consultation process would come back to the Board in October.

The Chairman thanked Piers Simey for attending.

6 WORK PROGRAMME

Katie McDonald, Health and Wellbeing Lead Officer, thanked members who had sent her comments on the Forward Plan. The Forward Plan was now published on the BCC website: <https://democracy.buckscc.gov.uk/documents/s50705/HWB%20Forward%20Plan%202014-2015.pdf>

The Cabinet Member for Children's Services said that there would need to be an agenda item to discuss the Ofsted inspection results in September.

7 AOB

The Chairman told members that she had lent her support to a pilot health survey being carried out by HS2 Action Alliance.

8 DATE OF NEXT MEETING

18 September 2014, 3:30pm, Jubilee Room, Aylesbury Vale District Council, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF

16 October 2014, 2:30pm, Mezzanine Rooms 1 and 2, County Hall, Aylesbury

20 November 2014, 2:30pm, The Oculus, Aylesbury Vale District Council, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF

29 January 2015, 10:30am, Mezzanine Rooms 1 and 2, County Hall, Aylesbury

CHAIRMAN