

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 31 MARCH 2016, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 2.30 PM AND CONCLUDING AT 4.30 PM.

MEMBERS PRESENT

Ms I Darby (District Council Representative), Dr J O'Grady (Director of Public Health), Ms N Lester (Chiltern Clinical Commissioning Group), Dr K West (Aylesbury Vale Clinical Commissioning Group), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Mr T Boyd (Strategic Director for Communities, Health and Adult Social Care), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group), Dr G Jackson (Aylesbury Vale Clinical Commissioning Group), Mr M Appleyard (Buckinghamshire County Council), Lin Hazell (Cabinet Member for Children's Services), Ms J Adey (District Council Representative), Ms J Baker OBE (Healthwatch Bucks), Mr D Johnston (Buckinghamshire County Council), Mr N Dardis (Buckinghamshire Healthcare Trust), Mr R Bagge (South Bucks District Council) and Mr M Tett (Chairman)

OTHERS PRESENT

Mrs C Capjon, Mr C Thompson (Aylesbury Vale Clinical Commissioning Group), Ms T Ironmonger and Mr T Burton

1 WELCOME & APOLOGIES

Apologies were received from Mr S Bell, Dr A Gamell, Ms S Jenkins, Mr S Murphy, Mr G Payne and Mr D Williams.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman reported on his attendance at a recent LGA workshop on the role of Health and Wellbeing Boards, at which Mr G Jackson had made a presentation.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON

The Minutes of the meeting held on 28 January were agreed as a correct record.

5 PUBLIC QUESTIONS

Mr H Mordue, Director of Healthwatch Bucks and Cabinet Member at Aylesbury Vale District Council asked for clarity around future funding arrangements in relation to the Disabled Facilities Grant.

Mr T Boyd confirmed that the funding was no longer a separately ringfenced grant and agreed to discuss arrangements with District Council colleagues.

ACTION:

Mr T Boyd to hold a meeting with all District Council representatives on the Health and Wellbeing Board to discuss the Disabled Facilities Grant, and to report back subsequently to Mr Mordue.

6 UPDATE ON THE SUSTAINABILITY AND TRANSFORMATION PLAN

Mr N Dardis presented the report, highlighting that the Sustainability and Transformation Plan (STP) announced in health planning guidance in December, moves planning from an institution-based, single year approach to a multi-year, multi-agency basis.

Mr Dardis explained that work on the STP was being undertaken by the Healthy Bucks Leaders (HBL) group and that any agreed documentation would be taken by representatives for consideration by individual governing bodies.

Mr Dardis confirmed that the STP had provided the opportunity for Healthy Bucks Leaders to increase their pace of work and brought members' attention to the principles, governance and key areas of work outlined in the report.

The meeting was told that the STP was a locally driven agenda but that there were opportunities to work across boundaries on issues such as IT. Mr Dardis reported that a key area of focus was currently on engagement with communities.

In discussion, the following points were made by members of the Board:

- That it made sense for some areas to be considered at scale on a larger footprint than Buckinghamshire
- That the focus on the needs of local, smaller groups within the County should not be lost when considering issues on a larger scale
- That the Buckinghamshire STP was part of a number of building blocks across the Thames Valley and that the county footprint adjoined several neighbouring STP areas
- The initial submission of the STP, focusing on governance, needed to be made by 15 April, with a full submission made by the end of June
- That enough time needed to be built into the STP development process for thorough consideration by partner boards
- That public engagement was important and that although current work focused on the framework for future planning, public involvement would be needed at a service planning level
- That HBL also reported to the local Senior Responsible Officer, David Smith

ACTIONS:

- **David Smith to be invited to a meeting of the Health & Wellbeing Board in the autumn (Jane O'Grady)**
- **A further progress report be submitted to the next meeting of the Health and Wellbeing Board (David Williams/Neil Dardis)**

RESOLVED:

That the report was noted

7 COMMISSIONING OF PRIMARY CARE UPDATE

Ms L Patten updated the Board on the latest position in relation to the commissioning of primary care services, highlighting the following:

- That primary care services mainly included GPs and GP contracts, pharmacy, optometry and dentistry.
- That when CCGs were formed, NHS England retained the responsibility for commissioning GP practices
- NHS England was offering CCGs the opportunity to commission local GP practices as providers
- After a period of co-commissioning and a 95% vote of confidence by member practices, Aylesbury Vale CCG had made a successful application for the delegated responsibility for commissioning GP practices locally
- Aylesbury Vale CCG would have delegated responsibility for GP practices from 1 April 2016
- Chilterns CCG was working towards a similar application

Ms N Lester reported that Chiltern CCG was currently consulting members and would not be seeking delegated responsibility before April 2017. Ms Lester informed the Board that the opportunity to take on the responsibility was unresourced.

In response to a request for clarification, Ms Patten confirmed that existing contract funding would be transferred via NHS England to the CCG and that NHS England remained the accountable body for GP commissioning. Ms Patten explained that not all commissioning involved GP practices and that the CCGs would continue to work with partners on other aspects of primary care commissioning.

In relation to the patient experience, Ms Patten explained that local commissioning provided a better opportunity for local people to have their voice heard.

Mr Jackson reported that CCGs across the Thames Valley region had agreed collectively to move to delegated responsibility as this would ensure a single system for NHS England to administer.

8 BETTER CARE FUND UPDATE

Mr T Boyd introduced the report explaining that the Better Care Fund (BCF) had been set up to further the integration of health and social care and provided funding for the protection of adult social care services as well as the Disabled Facilities Grant and moneys for community hospitals and out of hospital care.

Mr Boyd explained that the Chief Officers Group, with membership from the County Council and Clinical Commissioning Groups (CCGs), were developing plans for allocation of the BCF locally, and that these needed to be submitted to the Department of Health by 25 April 2016.

Mr C Thompson took members through the presentation explaining that the BCF was a component of the Sustainability and Transformation Plan and had been introduced in 2015/16 as a driver for integration.

Mr Thompson highlighted successes of integration to date, which sought to deliver better quality, value and efficiencies, including:

- wheelchair services, which through application of the Fund had improved quality and decreased costs;
- data sharing through use of the NHS number in Councils and hospitals which could lead to integration of IT systems;
- progress towards 7 day service in social care;
- joint health and social care quality in care teams; and
- becoming an exemplar in delayed transfers of care but seeking now to focus on improving fitness for transfer.

In relation to the return required for the Department of Health, Mr Thompson confirmed that although all targets had been hit, there was scope for more ambition. Mr Thompson explained that although the Better Care Fund involved approx. £30m per annum, Buckinghamshire had the potential for integrated commissioning in the region of £350m.

The Board was told that a scope was being drafted to explore the potential for an integrated commissioning board.

The Chairman reminded members that the Government required local areas to have a plan for integration by 2017, with integrated services in place by 2020 and that local areas had the freedom to design locally. Mr Tett explained that as Leader of the County Council, it was important to understand the risks, rewards and full implications of integration plans.

In discussion, the following points were made:

- That the plan needed to have a stronger emphasis on children's services including successes such as Child and Adolescent Mental Health Services (CAMHS)
- That it could benefit the Board to apply a life-course approach to its work to ensure no groups were inadvertently missed
- That it was important to identify and include the most appropriate people at the start of any piece of work
- That the HBL considered implications for services across the county arising from decisions in response to financial challenges faced by individual organisations

Mr Thompson was thanked for his presentation.

RESOLVED:

The report was noted

9 A COORDINATED HEALTH AND SOCIAL CARE APPROACH TO INFLUENCING PLANNING OF THE BUILT ENVIRONMENT

Mrs T Ironmonger was welcomed to the meeting and presented the report, reminding the Board that all District Councils would be consulting on Local Plans in 2016. Mrs Ironmonger explained that recent discussions with planners around how to ensure health infrastructure and wider determinants of health were considered in planning work, had resulted in new proposals for the Board:

1. That NHS colleagues met with the Bucks Planning Officers Group to articulate the key pressures and priorities for the NHS, to feed into the work of the Bucks Planning Group; and

2. That Public Health and NHS colleagues met with the same group to share and explore key data to help inform discussions

Mr Tett confirmed that the Government required Local Plans to be in place by 2017.

In discussion, the following points were made:

- That Local Plans needed to have reference to requirements in order to ensure planning authorities could assess applications in the context of health priorities
- That influence was limited to new developments and the health priorities were often in older, fully developed housing areas
- That there would be value in including District Council officers in meetings
- That there was value in looking at developing areas of good practice in relation to planning for healthy communities
- That given the challenge of securing GPs, meeting health infrastructure needs could require a different approach to the traditional practice
- The checklist could include health aspects in relation to education and primary care needs in the widest sense
- The overview taken of health needs and implications could provide a valuable resource for planners who would not pick up on issues raised through incremental or individual planning applications
- That encouraging healthy lifestyles in planning was challenging and that, for example, changing allocation for parking could result in displaced parking rather than increased activity
- That safety at night could be a barrier to activity in some local areas
- That the Board should consider joint funding of priorities

Ms Ironmonger reminded the Board that general recommendations from the Board was an efficient mechanism for raising issues and that much evidence was already available, for example in the Joint Strategic Needs Assessment.

RESOLVED:

- 1. That NHS colleagues meet with the Bucks Planning Officers Group to articulate the key pressures and priorities for the NHS, to feed into the work of the Bucks Planning Group; and**
- 2. That Public Health, District and NHS colleagues meet with the same group to share and explore key data to help inform discussions**

10 PHYSICAL ACTIVITY UPDATE

Dr J O'Grady introduced the item explaining that the publication of the Childhood Obesity Strategy and the Sport England plan to deliver key elements of its Sporting Future Strategy had both been delayed. Dr O'Grady explained that the report was an update on activity currently taking place but that there would be a significant change once the two national documents had been implemented.

Mr T Burton was welcomed to the meeting and highlighted that one of the key elements of the report was the move to measuring impact rather than activity.

The following points were made in discussion:

- Schools provided enough spaces for all children to take part in sports and that competition was built in to all intensity levels, rather than restricted to elite participation
- The satellite clubs programme linked private sports clubs with schools to widen the opportunities available to students
- Work was being undertaken to communicate and engage with communities and to scale up proven programmes
- The importance of teachers and parents understanding the physical benefits of activity for children
- The importance of celebrating achievement by children at all levels and beyond the school gates
- Mr Burton had attended social care and headteacher meetings in the past to discuss engagement, particularly in relation to harder to reach communities
- Promotion needed to engage young people through the issues of importance to them, for example in connection with the benefits to mental health
- The potential of 'activity by stealth' should be considered
- Buckinghamshire has good trends in activity compared to the national picture
- That the Board needed to consider actions that could be taken to achieve improved activity levels within the County.

Mr Burton was invited back to the Board following publication of the national strategies.

ACTION:

Mr Burton to be invited to the Board following publication of the national strategies (Dr J O'Grady)

11 BUCKINGHAMSHIRE STRATEGY FOR TACKLING CHILD SEXUAL EXPLOITATION

Mr D Johnston presented the report, explaining that the core elements of the strategy were: protect; prevent; and pursue. Mr Johnston highlighted improvements in prevention work, with the instigation of the Swan Unit, and stressed the importance of awareness of the Strategy by all staff within partner organisations. Partners were asked for feedback to help improve strategies and services.

Mr Tett brought the Board's attention to the issues on page 62 of the report and the recommendations on page 63. Mr Johnston and Ms Hazell thanked partners for their engagement, particularly in relation to training.

RESOLVED:

The Board agreed the Buckinghamshire Strategy for Tackling Child Sexual Exploitation

12 CHILDREN AND YOUNG PEOPLES IMPROVEMENT PLAN

Mr D Johnston provided the Board with a verbal update on the Children and Young People's Plan, making the following points:

- The authority had been subject to a Department for Education (DfE) review in the autumn of 2015, following which further assurance work had been undertaken and an audit had been completed on 95 cases
- The subsequent letter received from the Minister confirmed the progress being made and further work to be done
- A further visit from the DfE would be made in summer 2016

- A number of multi-agency events were taking place to reaffirm the vision for children's safeguarding in Buckinghamshire
- The strapline 'Together keeping children safe' had been agreed and partners were encouraged to use this where appropriate
- Work had been undertaken to ensure social care was inspection-ready and future inspections would include partners
- The Improvement Plan had been revised and the number of workstreams reduced to four
- The Improvement Board would be meeting less frequently in future
- Mr J Goldup, Chairman of the Improvement Board, was spending time with the service prior to his submission to the DfE in May
- Increases had been seen in the numbers of Looked After Children (now at 480), in Children In Need and in children with a Child Protection plan (at 400, an increase of 100 over the past year)
- There were pressures on foster and general placements across the South East
- The support provided by colleagues from partner agencies in terms of provision of reports and information, and attendance at conferences, was welcomed
- Early help across agencies was resulting in improvements in the quality of referrals, identification of appropriate leads and the number of referrals back to the local authority, which had dropped from 90% to 60%

Reflecting that the responsibility for the issue would return to the Health and Wellbeing Board once the Improvement Board was disbanded, members agreed to receive an update at the next meeting.

ACTION:

Mr Johnston to provide a further update at the meeting on 16 June 2016

13 HEALTHWATCH BUCKS UPDATE

Ms J Baker presented highlights from the report, commenting on the value of the opportunity to Healthwatch of reporting at the Board to the health system. Ms Baker informed the Board of the appointment Ms Thalia Jervis as the new Chief Executive to the organisation.

Ms Baker was thanked for the update and the contribution of Healthwatch to the health system.

ACTION:

Ms T Jervis to be invited to attend the next meeting of the Board (Dr J O'Grady)

14 DATE OF THE NEXT MEETING

16 June 2016 at 2.30pm in Mezzanine 2, County Hall, Aylesbury.

CHAIRMAN