

# Minutes

**MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 7 JUNE 2016, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.38 AM AND CONCLUDING AT 12.41 PM.**

## **MEMBERS PRESENT**

Mr M Appleyard (Buckinghamshire County Council), Mr R Bagge (District Council Representative), Ms J Baker OBE (Healthwatch Bucks), Ms I Darby (District Council Representative), Mr N Dardis (Buckinghamshire Healthcare Trust), Dr A Gamell (Chiltern Clinical Commissioning Group), Mr D Johnston (Buckinghamshire County Council), Ms N Lester (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), Mr M Tett (Chairman) and Ms K Wood (District Council Representative)

## **OTHERS PRESENT**

Ms A Donkin, Ms K McDonald, Mrs E Wheaton and Ms D Wolfson

### **1 WELCOME & APOLOGIES**

Apologies were received from Mr S Bell, Mr T Boyd, Ms L Hazell, Dr G Jackson, Ms L Patten, Dr J Sutton and Dr K West.

### **2 ANNOUNCEMENTS FROM THE CHAIRMAN**

The Chairman welcomed Ms Katrina Wood who had replaced Ms J Adey as a District Council representative and Ms Thalia Jervis, the newly appointed Chief Executive of Bucks HealthWatch.

### **3 DECLARATIONS OF INTEREST**

Ms K Wood declared an interest in item 10 as she was a Member of the County Council's Children's Social Care & Learning Select Committee.

### **4 MINUTES OF THE MEETING HELD ON**

The Minutes of the meeting held on Thursday 31 March were agreed as a correct record.

The Chairman clarified the role of the District Council representatives on the Board and it was agreed to amend the template so that future Minutes were consistent in referencing District Council representatives.

### Actions

Item 5 – Ms Wolfson explained that the allocations for the Disabled Facilities Grant had been received at the beginning of May, and that as the Cabinet Member had recently written to the District Councils with regard to their allocation, the workshops could now take place. Ms Darby stressed the importance of the grant in enabling people to stay in their home for longer. Ms Wolfson agreed to update Mr Mordue who raised the question at the last meeting.

**ACTION: Ms Wolfson to contact Mr Mordue**

Item 6 – Mr D Smith had been invited but was unable to attend and would be invited to a future meeting.

**ACTION: Mr Smith to be invited to a future meeting (Katie McDonald)**

Item 9 – Dr J O’Grady reported that NHS colleagues and District Council planning officers had been invited to attend a workshop in early July. Ms Darby stressed the importance of moving quickly as Local Plans were accelerating at a very fast pace.

**5 PUBLIC QUESTIONS**

Two public questions were received in advance of the meeting from Mr Bill Russell.

***Q1. Could the Health & Wellbeing Board please provide the scorecard showing the performance of the Better Care Fund (BCF) during 2015/2016? I have seen the scorecard for Q1 but I have searched for those for Q2, Q3 & Q4 but have been unable to find them.***

*Response from Mr Trevor Boyd, Strategic Director, was sent to Mr Russell on 1 June 2016. Copy attached.*

During discussion, it was agreed that Ms Wolfson would develop a Dashboard showing the performance metrics of the BCF which would be brought to the next meeting and added as an agenda item for all further meetings.

**ACTION:**

- Ms Wolfson to develop a dashboard report, applying it retrospectively and reporting on a quarterly basis in future.
- Ms K McDonald to add the BCF as an agenda item for all future meetings.

***Q2. A review of the Post-acute Stroke support Service was carried out recently by the joint commissioners in advance of a decision to recommission the service. The report of the review was presented to the Joint executive Team on 31<sup>st</sup> March. I would like to take this opportunity, as Chairman of the Stroke Service Users group, to ask the council to publish this report.***

***The current contract is due to run out at the end of August and so there is little time left to redesign the service, to prepare a service specification and procure a provider. This is of great concern to members of the service user group and the stroke survivors who use the service.***

***Could someone please tell us what is happening, has a decision been made and what is the timetable for making a decision on the recommissioning of the service?***

*Responses from Bucks County Council Lead Officers on 1 June 2016:*

“The County Council is currently working with partners to determine the way forward and a meeting has been arranged with Esme Mutter Stroke Association, Susie Yapp and Debbie Richards from CCCG on 15<sup>th</sup> June to discuss the position. The decision will be taken as soon as possible and will be shared with the Stroke Service User Group at the earliest opportunity, as will the findings of the review.”

Ms Wolfson apologised that the report had not been published yet and assured Members that it would be published by the end of June.

The Chairman expressed his concern and asked whether there were problems with the process. Ms Wolfson acknowledged that the process had not worked correctly and assured Members that the report would be made available as soon as it had been shared with the main providers and key organisations. Mr Appleyard added this would be looked into further.

The Chairman asked that the statutory duties of the Health & Wellbeing Board be revisited.

**ACTION:**

- **Ms Wolfson to publish the review as soon as the meeting with key providers and organisations had taken place.**
- **Ms McDonald to review the statutory responsibilities of the Board.**

**6 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT AND ACTIVE BUCKS CAMPAIGN**

Dr J O'Grady took Members through the presentation which focussed on the Active Bucks campaign and made the following main points.

- Green spaces were key to boosting immunity and could help to reduce inequalities.
- Physical inactivity caused 1 in 6 deaths and was a risk factor for more than 20 diseases. Active people had 25-35% lower risk of premature death.
- If everyone walked 30 minutes a day, the death rate would drop by 14%.
- Inactive people visited the GP more often, had more nurse visits and longer hospital stays.
- Physical activity prevented disease and could also be an important treatment for many conditions.
- Physical activity reduced the risk of cardiovascular disease by 35% & cardiac rehabilitation reduced the risk of death after heart attack by 30%.
- More than 2,000 residents had engaged in the Active Bucks campaign and over 142 activities had been commissioned. The first session would be free.
- There was a drive to recruit community champions. 20 Community champions (volunteers) had been recruited so far to support the sustainability of the project.
- The website address was noted – [www.activebucks.co.uk](http://www.activebucks.co.uk)
- There was an aim to make physical activity part of the therapies available on the NHS.
- In response to a question from Ms K Wood, Dr O'Grady explained that some of the data could be broken down by District and agreed to discuss this with the Member after the meeting.

**ACTION: Dr O'Grady to speak to Ms K Wood**

- In response to a question about monitoring and evaluating the success of this initiative, Dr O'Grady explained that UK Active had been commissioned to monitor and evaluate and a target for engaging with inactive people was one of the measures.
- Dr Gammell reported that Chiltern Clinical Commissioning Group had won the Active Work Place Award.
- Dr O'Grady reported that she would be speaking at a forthcoming School Governor Conference and would be working hard to engage better with schools.
- Dr O'Grady asked all Members for their help in promoting Active Bucks within their work environment and directed Members to the digital toolkit, including postcards and e-flyers on the Active Bucks website which would be circulated after the meeting.

## **ACTION:**

- **Dr O'Grady to circulate Active Bucks promotional materials;**
- **All Members to think about how they can support and promote the Active Bucks project.**

## **7 HEALTHWATCH UPDATE**

Ms Jenny Baker OBE, Chairman of Healthwatch Bucks, presented an update and made the following main points.

- In April 2015, Healthwatch had brought delivery of information, signposting and outreach services in-house.
- Two new staff members had been recruited to build capacity for research, engagement and awareness raising.
- The Dignity in Care project had been managed by Healthwatch directly with a dedicated project manager. Healthwatch Bucks visited 20 adult care homes across the county this year in response to its BCC commission to report on dignity in care homes
- Healthwatch Bucks had represented others across the Thames Valley on the Urgent & Emergency Care Network with patient and public engagement as one of three priorities for 2016/17
- Healthwatch had brought the patient voice to many other decision-making panels, project boards and committees dedicated to people's health and wellbeing.
- The priorities for 2016/17, included:
  - GP & Dental Services;
  - Mental Health Services;
  - Community, Domiciliary and Residential Care Services.

Ms Baker was thanked for her presentation.

## **8 UPDATE ON THE SUSTAINABILITY AND TRANSFORMATION PLAN**

The Chairman introduced the item and noted Ms L Patten apologies.

Dr Gamell provided the Board with an update, making the following main points:

- The NHS Shared Planning Guidance required every health and care system to come together to create their own ambitious 5 year local blueprint to accelerate implementation of the *Five Year Forward View (FYFV)*. These plans are known as Sustainability and Transformation Plans (STPs).
- David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group, was the system leader for the local footprint which included Buckinghamshire, Oxfordshire, and Berkshire West, known as BOBW.
- The footprint covered a population of 1.8m population, a £2.5bn place based allocation, 7 Clinical Commissioning Groups, 17 Foundation Trust & NHS Trust providers and 14 Local Authorities.
- The challenge was to bring all these organisations and their plans together to ensure synergy and alignment.
- Governance would play a key part and in Buckinghamshire, the work was being driven by Healthy Bucks Leaders which reported to the Health & Wellbeing Board.
- The Local STP included key goals around prevention and self-care.
- Mr N Dardis added that on a national scale, the footprint which includes Buckinghamshire was seen as low risk in terms of its performance and financial challenge in comparison with other systems. There was, however, a need to make sure the key stakeholders were held to account on the scale and ambition of the STP.

- The Chairman felt that agreeing the footprint had been a moveable feast and the changes had impacted on the financial information which the Board had previously seen. The timescales had also changed so he asked for clarification around the key dates. The Board heard that the final submission would need to be made by mid-September and that an outline was required by June, including the key priorities, governance structures and more information on the engagement process with key stakeholders.
- The role of Ms Donkin, Programme Director, was clarified as a joint and shared post between the NHS and the County Council.
- It was acknowledged that a number of the plans were already well underway and the engagement process was more about an ongoing dialogue with key stakeholders.
- A consultation would only be necessary if there were significant changes in service delivery.
- There would be academic rigour in terms of who would be looking at the plans. The research base would be rooted in the Joint Strategic Needs Assessment led by Dr O'Grady and her team.
- One of the key challenges in Buckinghamshire was around integrating and aligning health and social care needs to address the issue of long Hospital stays and too many people in bed based care.
- A newly formed Integrated Commissioning Executive team (formerly known as the Joint Executive Team) considered the STP plan and governance arrangements. The team included senior managers from within social care.

## **RESOLVED:**

**The progress to date was noted. More details around the Plan would be available at the next meeting.**

## **9 BETTER CARE FUND UPDATE**

Ms D Wolfson presented the update report on behalf of Mr T Boyd, who sent his apologies.

The following main points were made:

- The amount in the Fund for 2016/17 had been confirmed as £30.2m which incorporated money to protect social care, formerly Section 256 funding.
- £7.79m had been allocated to 'protecting social care' in line with national conditions and funded a number of schemes, many of which had an associated health benefit.
- £2.7m for Social Care Capital Grant and DFG allocation plus £1.4m for Care Act Implementation.
- The Better Care Fund programme of work had helped manage and reduce Delayed Transfers of Care although this continued to be a key area of focus.
- Following the establishment of the integrated reablement provision, the number of people still at home 91 days following discharge from hospital had improved, however performance had dipped in the last quarter of the year. The reasons for this were being investigated.
- In the area of non-elected admissions, the performance metrics showed that the service was not doing well. This picture was replicated nationally although the service was looking into the reasons to understand it further.
- In response to a question about whether the non-elective admission figures were realistic, Ms Wolfson explained that the targets were ambitious but there was an expectation that out-of-Hospital care would get better.
- It was noted that the Q4 figure should be the 'forecast' figure rather than 'actual' figure as the actual figure had yet to be confirmed.

The Chairman reiterated that monitoring the performance metrics of the BCF was a key statutory duty for the Health & Wellbeing Board.

**ACTION:**

**Ms Wolfson to bring an updated scorecard on the performance metrics to the next meeting.**

**10 CHILDREN AND YOUNG PEOPLE 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 number of Looked After Children had remained static at around 450.
- There had been an increase in the number of children who needed a Child Protection Plan.
- Adoption rates in Buckinghamshire had reached their highest which was described as a very good outcome. 30 children had been placed last year with 37 being placed this year.
- In response to a question about the process for looking at successful adoption, Mr Johnston explained that the data around adoption had improved greatly and the support to adoptive parents was very good.
- There had been an increase in Special Guardianship Orders.
- The Improvement Board met quarterly rather than monthly.
- Partnership working with neighbouring authorities continued.
- Ofsted's SEND (Special Educational Needs and Disabilities) area review would be taking place soon. The guidance had recently been published and would include partners such as NHS England and Clinical Commissioning Groups.
- Kent County Council had asked each region to take a portion/percentage of Unaccompanied Asylum Seeking Children currently placed in Kent. The Council was currently being asked to support where it can by taking some of the 300 children Kent believe would be better placed elsewhere.

**11 UPDATES/AOB**

There were no updates.

**12 FORWARD PLAN AND SUGGESTED AGENDA ITEMS FOR FUTURE MEETINGS**

**Members AGREED the following items for the next meeting:**

- **Better Care Fund to be a regular agenda item.**
- **Sustainability and Transformation Plan – David Smith to be invited.**
- **Community Hubs – Neil Dardis to present this.**
- **Update on the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.**

**ACTION: Katie McDonald and Liz Wheaton**

**13 DATE OF NEXT MEETING**

The next meeting is due to take place on Thursday 15 September at 2.30pm in Mezz 2, County Hall, Aylesbury.

**CHAIRMAN**

