

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 7 NOVEMBER 2017, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 2.00 PM AND CONCLUDING AT 3.40 PM.

MEMBERS PRESENT

Ms J Baker OBE (Healthwatch Bucks), Ms D Clarke (Oxford Health Foundation NHS Trust), Mrs I Darby (District Council Representative), Ms Hollman (Bucks Healthcare Trust), Mr R Majilton (Director of Sustainability and Transformation), Dr J O'Grady (Director of Public Health), Mr G Peart (Wycombe District Council), Ms G Rhodes White, Mr M Tett (Buckinghamshire County Council) (Chairman) and Mr W Whyte

OTHERS PRESENT

Ms J Bowie, Ms J Butterworth, Ms K McDonald, Ms S Taylor (Secretary) and Ms E Youngman

1 WELCOME & APOLOGIES

Apologies had been received from Ms K Wood, Mr R Bajwa, Mr N Naylor, Ms A MacPherson, Ms L Patten, Mr N Dardis, Mr G Jackson, Ms S Roberts, Ms J Sutton, Ms S Norris, Mr T Vouyioukas and L Hazell.

Mr G Peart attended in place of Ms K Wood; Ms E Hollman attended in place of Mr N Dardis; Ms G Rhodes-White attended in place of Ms S Norris and Mr T Vouyioukas; and Ms D Clarke attended in place of Mr S Bell.

The Chairman welcomed everyone to the meeting and introductions were made by all. The Chairman explained that the low attendance was partly due to the Ofsted inspection taking place in Children's Services.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

There were no announcements from the Chairman.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 14 SEPTEMBER 2017

The Chairman asked for feedback on the following actions:

Page 8 – Life expectancy figures for specific ward areas. Dr J O'Grady said Public Health had looked at middle super output areas which is a bigger group of wards and had found that the gap in life expectancy is narrowing for women but constant for men. More analysis is being carried out to look at bigger areas.

Page 8 – The maternity workshop was very successful. Dr O’Grady proposed to convene a Task and Finish Group from all partner organisations to develop specific proposals to tackle broader determinants that drive poorer outcomes for mums and babies right through to the more specific actions required by the NHS but doing it through existing partnerships and groups.

Page 9 - The Chairman questioned why the peer support groups delivered by Mind were all in the south of the county. Ms J Baker thought it was a specific project with its own parameters. Ms Baker offered to send the Healthwatch report on a joint project with Mind to Ms McDonald.

Action: Ms Baker

The minutes of the meeting held on Thursday 14 September 2017 were deemed as an accurate record and the actions were discharged, subject to references to Buckinghamshire Hospitals NHS being amended to Buckinghamshire Healthcare Trust.

5 PUBLIC QUESTIONS

There were no public questions.

6 HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD

Dr O’Grady confirmed that the dashboard is available on the web and explained that it had been developed to show how the health and wellbeing of the population was progressing. The indicators were arranged under the priorities expressed in the Health and Wellbeing Strategy. Partners have had the opportunity to feedback on which indicators were required. The indicators were benchmarked against national and CIPFA benchmarks and some were a year behind, particularly the national benchmarks. The spark chart shows how the data is trending.

The following points were raised by the Board.

- In response to a query about different time periods, Dr O’Grady responded that the time periods would be shown in the first report with more detail. The dashboard was a visual guide and charts would be produced with vertical axis to show the drop. An annual report would be produced containing all the data. The Chairman stressed the importance of understanding the data in order to gauge the significance of the trends.
- A Member of the Board asked if there were any other cross-cutting topics which need to be measured due to the development of the Accountable Care System e.g. a measure of public engagement. Dr O’Grady said that it would be a difficult indicator to benchmark but the Board could collectively say how they want to measure engagement.
- It was suggested that a covering paper be provided with the annual dashboard report showing what needed to be focussed on.
- There were a number of dashboards in development, for example the Accountable Care System, and it would be important to co-ordinate for forward plans.
- Should there be a weighting factor? Should a priority be focussed on from each area in the covering paper?
- There was a danger of not seeing what lies behind the green indicators. Was the Board planning a cyclical review of individual metrics as part of the covering paper? Dr O’Grady suggested having themed priorities as each organisation had different priorities.
- It was noted that “blue” is not on the key. Dr O’Grady explained that blue was significantly better than the national average but a judgement had not been applied.
- It was suggested that the arrows used on the Cabinet papers would be a useful addition.

- It was noted that the definition of “green” on the last page needed correcting.
- In response to a query about why the chlamydia was a red indicator even though the national average was 1.8% and the Buckinghamshire rate was 1.3%, Dr O’Grady said that it was in the dashboard for transparency and was a Public Health England defined red. It had been decided that if a high level had not been detected it could mean that they had been missed.
- Ms Rhodes-White said that the dashboard would be scrutinised by the refreshed Children and Young People’s Partnership and that they would raise any areas of concern with the Board.

RESOLVED: The Board AGREED the recommendations as set out in the report.

It was noted it would be necessary to keep the actions of the planning group under review. The Chairman agreed to the suggestion that partnership Boards be given ownership of the priority sections.

It was agreed that the definition of “green” be corrected to say “significantly better” and the definition of red should say “significantly worse”. The definition of “blue” to be added to the key.

Action: Ms McDonald

7 HEALTHWATCH BUCKS ACHIEVEMENTS 2016/17

Ms Baker ran through the presentation and thanked the Board for the opportunity to do the presentation which was supported by two annual reports.

The following comments/questions were raised:

- The Chairman asked if a person from Buckinghamshire was being treated at the Radcliffe in Oxfordshire would fall under Healthwatch Bucks or Healthwatch Oxfordshire. Ms Baker replied that it would be the Healthwatch where the person was resident or working but added that it was a complicated playing field.
- The Chairman raised that on page 25 it said that 68% of the feedback was positive regarding appointment bookings, meaning that 32% was negative. Ms Baker agreed that Healthwatch would like to see an upward trend and that it was a very common issue in other Healthwatch areas.
- The Chairman raised that the information provided on dentistry from the NHS was inaccurate or out of date which was worrying, particularly from a patient’s point of view. Should there be a responsibility to provide accurate information? Ms Baker said that dentists were now more aware and that the problem was being addressed at a national and local level. Mr Majilton clarified that NHS England commission the NHS dentistry services and it would be part of the national contract to provide up to date information.
- Mr Whyte asked where opticians sit as they are only mentioned as part of the local eye health network. Mr Majilton advised they were commissioned by NHS England with a similar structure to dentistry. The Chairman asked that it be checked if the NHS optician service also comes under the scope of the Health and Wellbeing Board.

Action: Ms McDonald

The Chairman thanked Ms Baker for the presentation and said how valuable it was to have Healthwatch on the Health and Wellbeing Board.

8 PHARMACEUTICAL NEEDS ASSESSMENT

Ms J Butterworth, Associate Director, Medicines Management and Long Term Conditions, Aylesbury Vale CCG and Chiltern CCG ran through the presentation and the following points were raised:

- Mr Whyte raised the issue of lack of pharmacy provision on a Sunday evening. Ms Butterworth explained that the supermarket pharmacy opening hours were driven by Sunday opening hours. A patient requiring a prescription would have been treated by an out of hours' provider which would hold most of the common drugs needed.
- The Chairman asked what was meant by the four internet pharmacies as they do not have a location. Ms Butterworth clarified that for the purpose of the PNA it covered the internet pharmacies which were registered in Buckinghamshire as the vast majority of people using the four internet pharmacies were local even though the service could be used by anyone.
- Ms Baker asked if the PNA had considered the likely increase in population in the next five years. Ms E Youngman replied that she had looked at the local plans and where the pharmacies were located. Local plans would also be looked at to see if a gap in provision would occur before the next PNA was due in three years' time. If there was a significant change then the PNA steering group would reassess the situation and issue a supplementary statement. Ms J Butterworth acknowledged that the PNA steering group may need to be re-visited in the near future as Lloyds pharmacy will be closing some of their branches; it was not known if some of these will be in Buckinghamshire. This would then be brought back to the Health and Wellbeing Board if it changed significantly.

The Chairman thanked Ms Butterworth for the presentation.

RESOLVED: The Board AGREED the recommendations as set out in the report.

9 UPDATE ON HEALTH AND CARE SYSTEM PLANNING

Mr Majilton provided the following verbal update.

- The Accountable Care System (ACS) partnership Board meetings were continuing to support the work to jointly deliver services.
- Work is linked into the roadmap to integration which the partnership board signed off in March.
- All the constituent bodies to ACS have approved the memorandum of understanding with NHS England – a very positive position.
- A lot of work had taken place with national teams.
- The national primary care team came down and showcased an event for the whole of the Bucks system.
- There would be a Bucks Health and Social Care event on 16 November 2017 at Kings Church in Amersham.
- The implementation of the new Musculoskeletal Service (MSK) which had been discussed at the Health and Adult Social Care Select Committee.
- The Diabetes service transformation was also being worked on.
- The population health management work stream was being led by Public Health.

- Looking at how to develop the system and identify the gaps in what is delivered as the ACS was a very ambitious system.

Mr Whyte asked if the CCGs and NHS were communicating on the growth agenda and Mr Majilton confirmed that they were.

Dr O'Grady added that Public Health ran a very good workshop with planners and the NHS to look at the growth issues. Public Health had also run a Health Impact Assessment workshop with planners from BCC, NHS and the Districts.

RESOLVED: The Board noted the verbal update by Mr Majilton.

10 THE BETTER CARE FUND

The Chairman welcomed Ms J Bowie, Director of Joint Commissioning, who updated the Board on the progress of the Better Care Fund (BCF).

Ms Bowie advised that the delays were reduced in July as a system but the targets were not met for August. The Chairman asked what would happen if targets continue to be unmet. Ms Bowie explained that the service had been focussing on the effectiveness of the plans and looked at where the delays were occurring in order to have a targeted approach. The service is also working to ensure the accuracy of the count data.

The Chairman then asked what the financial implication would be if the targets continue to be unmet. The Association of Directors of Adult Social Services (ADASS) and County Council Network (CCN) had both expressed concern over the proposed action indicated should areas fail to meet their targets. Further correspondence was expected from NHS England later in November.

The Chairman advised that the main purpose of the agenda item was for Board Members to have sight of the correspondence and to raise any points for clarification.

RESOLVED: The Board NOTED the update.

11 CHILDREN'S SERVICES UPDATE

The Chairman emphasised the importance of making sure children were integral in everything the Council does.

Mr Whyte reported that the Ofsted inspection started on 7 November and would last for around four weeks. Mr Whyte thanked all the stakeholders/partners for their help with the preparation. Mr Whyte highlighted that two of the ongoing challenges were health assessments of children in care and the health passports for care leavers.

A press release was circulated last week regarding the Early Help review. There were over 2,000 responses to the consultation and therefore the decision had been postponed until January 2018 to allow time to consider the responses.

Mr Whyte highlighted page 90, paragraph 2 which showed the number of children in the care system as well over 2,000 children. The Chairman added that these numbers were slightly out of date now and Mr Whyte said that there are 475 looked after children and 1440 children in need.

Mr Whyte reported that the Corporate Parenting Panel now included foster carers and hopefully a District Councillor. The panel also included a number of looked after children.

The Chairman said that the Health Passport was a great innovation for children in care due to there being no family history to call upon.

RESOLVED: The Board NOTED the update.

12 FORWARD PLAN

Ms McDonald advised of some slight revisions.

The December meeting would include a governance review and the first Health and Wellbeing Board dashboard analysis report would be discussed at the January meeting. Ms McDonald said she would also work with the Children's Partnership Board as mentioned by Ms Rhodes-White.

Action: Ms McDonald

Ms McDonald advised that the Board has oversight of the domestic abuse work being carried out as a priority in the Joint Health and Wellbeing Strategy and that a workshop was being held on 8 November 2017. This may be added to the forward plan for January or March after discussion with the Health and Wellbeing board planning group.

Action: Ms McDonald

RESOLVED: The Board NOTED the forward plan.

13 DATE OF NEXT MEETING

7 December 2017 in Mezz 1.

CHAIRMAN