

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 19th November, 2014, 10.00 am

Councillor Paul Crossley	Bath & North East Somerset Council
Dr. Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Councillor Simon Allen	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Dine Romero	Bath & North East Somerset Council
Jo Farrar	Bath & North East Somerset Council
Pat Foster	Healthwatch representative
Diana Hall Hall	Healthwatch representative
John Holden	Clinical Commissioning Group lay member
Tracey Cox	Clinical Commissioning Group
Co-opted Non-Voting Member: Julia Davison	NHS England - Bath, Gloucestershire, Swindon and Wiltshire Area Team

45 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

46 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

47 **APOLOGIES FOR ABSENCE**

There were none.

48 **DECLARATIONS OF INTEREST**

Councillor Simon Allen declared an other interest in 'Time To Change' agenda item as he has been employed by the Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust.

49 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

The Chairman informed the Board that he agreed to include an update on the RNHRD acquisition by the RUH Bath at this point of the meeting.

The Chairman congratulated the RUH Bath on achieving Foundation Trust status.

The Chairman invited Sarah Truelove (Deputy Chief Executive RUH) to update the Board on the latest developments.

Members of the Board welcomed the news that acquisition of the RNHRD by the RUH might happen as early as February 2015. The Board also welcomed that both hospitals had had clear understanding in their discussions around the acquisition process.

The Board was also assured by hospitals' representatives, and by the CCG, that public would be informed about acquisition through a number of events over the next couple of months

The Board **RESOLVED** to note an update.

The Chairman informed the Board that 'Section 256 Agreement' agenda item would be discussed straight after 'Minutes of Previous Meeting' item.

As an item of urgent business agreed by the Chair, John Holden sought a review by the HWB in which papers come to the Board. He contended that it was not always clear what report authors requested from the Board and that this may impact on the Board's role of providing strategic oversight. John Holden had suggested that papers should be more focused as to purpose and content. Councillor Crossley had commented that the public want to and should see all the detail. With support from the Chair, it was **AGREED** that a review of our processes be carried out and reported back to the Board.

50 **PUBLIC QUESTIONS/COMMENTS**

There were none.

51 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were approved as a correct record and signed by the Chair, subject to the following amendment:

- Page 2, last paragraph, first sentence should read: 'James Scott commented that, given that the RUH has been providing acute services to wider population'.

52 **SECTION 256 AGREEMENT AND FUNDING ALLOCATION 2014/15 (15 MINUTES)**

The Chairman invited Jane Shayler (Deputy Director: Adult Care, Health and Housing Strategy and Commissioning) to introduce the report.

The Board supported the agreed use of Section 256 funding in 2014/15, as presented in the report.

John Holden said that he was pleased with the direction of travel and asked who would be accountable for this money.

Jo Farrar supported the paper and added that it was really important to formalise Section 256 Agreement and Funding Allocations for 2014/15 and beyond.

Councillor Dine Romero asked about the role of the Section 256 money in terms of the early years intervention and preventative work for children and young people, in particular for 'end of life' care and mental health.

Bruce Laurence welcomed the report and noted it had gone through a very complex review process. Bruce Laurence added that there was room for moving some investment into more preventive upstream over time.

Jane Shayler said that oversights of the Better Care Fund spend would be within Joint Commissioning Committee (JCC) remit. The JCC would be providing regular updates on implementation of the BCF to this Board. Chief Executives from the Council and CCG Board have had a clear accountability in respect of some of the expenditure of this money.

Jane Shayler also said that the BCF and Section 256 money would be used for investment into services for adults of working age and older people, which was in the line of guidance for the use of BCF fund.

Jane Shayler responded that challenge with investment into more preventive upstream would be in presenting the evidence that upstream investment would be having a relatively timely effect on immediate and urgent pressures, most which would be statutory responsibilities of the Council and the CCG.

It was **RESOLVED** to support the agreed use of Section 256 funding in 2014/15.

53 **HEALTH AND WELLBEING BOARD TERMS OF REFERENCE (5 MINUTES)**

The Chairman invited Helen Edelstyn (Strategy and Plan Manager) to introduce the report.

The Board welcomed the Terms of References with the following suggestions to be

included:

John Holden suggested that bullet point 2.1 of the report could be strengthened by adding 'and audit' after 'ongoing oversight'.

Julia Davison suggested that it might be sensible to take into account changes within NHS England and use NHS England instead of Area Teams.

It was **RESOLVED** to agree three amendments to the Health and Wellbeing Board's terms of reference:

- The Health and Wellbeing Board is co-chaired by the Council's Cabinet Member for Wellbeing and the Chair of Clinical Commissioning Group.
- That the new statutory responsibility for completing and publishing a Pharmaceutical Needs Assessment is added to the terms of reference.
- That the Health and Wellbeing Board's new responsibility for the B&NES Better Care Fund, including the 'sign off' of the plans, is added to the terms of reference

It was also **RESOLVED** to include suggestions from some Board Members as above.

54 **CLINICAL COMMISSIONING GROUP OPERATIONAL RESILIENCE & CAPACITY PLAN FOR 2014/15 (15 MINUTES)**

The Chairman invited Dominic Morgan (B&NES CCG) to give a presentation.

Dominic Morgan highlighted the following points in his presentation:

- ORCP – The New National Approach for 2014/15
- The key role of the System Resilience Group (SRG)
- ORCP Planning Requirements and Best Practice
- BaNES ORCP
- ORCP – Key Dates
- BaNES SRG ORCP funding sources, allocations by providers and targeted project areas
- ORCP Reporting Arrangements
- Next Steps

A full copy of the presentation is available in the Minute Book at Democratic Services.

The Chairman asked how the quality of patient experience would be measured.

Dominic Morgan replied that the national vision has been that SRGs offer a powerful opportunity to improve care for patients by, for example, fully integrating emergency healthcare development with primary care (where most unscheduled care takes place). In some areas SRGs have already helped to establish more patient-centred care and were encouraging shared learning across health and social care communities by working in partnership.

Successful SRGs should work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships

between all health and social care organisations in a geographical area and health community.

Councillor Romero asked if being classed as 'Medium – with assurance' was good rating for Bath and North East Somerset and how many other areas had been classed the same like us.

Dominic Morgan explained that majority of other SRGs had been classed as 'medium'. Dominic Morgan explained that 'medium' SRGs had not been defined as 'high' or 'low' risk and would be expected to produce plans that contain all actions from the best practice guidance, which would then be assured.

Councillor Romero asked about winter planning considering that last year we had had mild winter, in particular about additional capacity if weather gets worse.

Dominic Morgan explained that winter planning capacity had been based on a five year historical forecast, with continued monitoring of weather.

Pat Foster asked if there were any expectations to involve Patient & Public Forum in the Plan.

Dominic Morgan responded that patient involvement in the Plan would be quite important.

Jo Farrar informed the Board on existence of quite proactive Local Resilience Forum, and suggested that they should be involved in the Plan. Jo Farrar also said that the CCG had received non-recurrent national resilience monies of £1.3m for 2014/15 and asked if there was any contingency plan in case of the cost exceeding that sum.

Dominic Morgan responded that there were on-going discussions regarding the utilisation of £1.3m.

Tracey Cox commented that there was a culture within B&NES and between providers to continuously look into improving their services, as part of best practice. In terms of patient experience – there are a number of routine indicators showing whether the system was succeeding or failing, such as cancellations of operations on the day of procedure, delayed transfers of care and mixed sex accommodation breaches as well as the 4 hour target that were routinely monitored. Tracey Cox concluded by saying that the CCG did not receive confirmation of winter pressure/ resilience funding until well into the financial year or clarity on how much funding was available from the Government which made planning more difficult. Tracey Cox said she would personally lobby to request notification of 2015/16 monies as early as possible or as part of the 2015/16 planning round as this would in turn save a lot of time, money, and discussions with providers and help to plan for future.

The Chairman thanked everyone for their input.

The Chairman concluded this debate by saying that we have demonstrated that our system has a good plan in place and there has been a strong focus on patient safety. The Chairman also asked for Board's approval to write to NHS England to request earlier notification of additional funding, which would help better planning.

It was **RESOLVED** to note the presentation and to agree with Chairman's comments.

55 **ALCOHOL HARM REDUCTION STRATEGY FOR BATH AND NORTH EAST SOMERSET (2014 - 2019) (20 MINUTES)**

The Chairman invited Cathy McMahon (Public Health Development and Commissioning Manager) to introduce the report.

The Chairman welcomed the strategy and commented that people should not underestimate impact that the alcohol related harm had had not only on the individual but society as a whole. The total estimated cost in B&NES of the harm arising from alcohol-use disorders was some £45.0 million a year, of which £21.3 million was a result of crime and £5 million healthcare costs.

The Board welcomed the report and supported the refreshed Strategy, especially on increasing the focus and capacity of the treatment system to respond to alcohol clients and proactive management of the night time economy to address crime and anti-social behaviour.

The Board also showed a commitment to lead on prevention and early detection of alcohol misuse amongst the residents, businesses and visitors to Bath and North East Somerset.

John Holden supported officers' recommendation that the Health and Wellbeing Board should endorse the Alcohol Harm Reduction Strategy for Bath and North East Somerset (2014 – 2019) and support its delivery by maintaining its strategic commitment to the reduction of alcohol misuse and encouraging stakeholder engagement to contribute towards delivery of its outcomes. However, John Holden felt that the second recommendation, 'The Health and Wellbeing Board uses its influence as a collective, and as individual organisations and community representatives, to actively engage in the call for evidence based national initiatives to support local delivery such as minimum unit pricing, a reduction in blood alcohol levels for driving, a public health objective in the Licensing Act and restrictions on advertising and sponsorship by the alcohol industry' was not appropriate and for that reason he would not support the second recommendation.

The rest of the Board supported both recommendations as printed.

It was **RESOLVED** that:

- 1) The Health and Wellbeing Board endorsed the Alcohol Harm Reduction Strategy for Bath and North East Somerset (2014 – 2019) and supported its delivery by maintaining its strategic commitment to the reduction of alcohol misuse and encouraging stakeholder engagement to contribute towards delivery of its outcomes.
- 2) The Health and Wellbeing Board would use its influence as a collective, and as individual organisations and community representatives, to actively engage in the call for evidence based national initiatives to support local delivery such as minimum unit pricing, a reduction in blood alcohol levels for driving, a public health objective in the Licensing Act and restrictions on advertising and

sponsorship by the alcohol industry.

56 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2013-14 (20 MINUTES)

The Chairman invited Lesley Hutchinson (Assistant Director for Safeguarding and Personalisation) and Robin Cowen (Independent Chair – Local Safeguarding Adult Board) to introduce report.

Members of the Board praised the Annual Report and Business Plan.

The Chairman commented that this year had been a tough year for services, with significant national events, new legislation, with implementation of the recommendations for a serious case review and with ever increasing demand for safeguarding.

Jo Farrar commented that the Local Safeguarding Adults Board had had to balance a degree of sensitivity to the pressures on services and on staff, whilst remaining firmly focused on the quality and effectiveness of safeguarding. Jo Farrar added that she would expect more information on the prevention services and on monitoring results.

John Holden agreed with suggestion from Jo Farrar by suggesting that three page summary could be presented to the Board in June or July 2015.

It was **RESOLVED** to:

- 1) Note the Annual Report and Business Plan
- 2) Receive a three page summary on up to date activity of the LSAB, with focus on the prevention services and monitoring results.

57 JOINT HEALTH AND WELLBEING STRATEGY PERFORMANCE REPORT NOVEMBER 2014 (15 MINUTES)

Members of the Board felt that this report should be given more time at the next meeting of the Board (January 2015).

It was **RESOLVED** not to debate the report at this meeting and instead receive the same report at the next meeting of the Board, and allocate more time for discussion.

58 TIME TO CHANGE - TACKLING MENTAL HEALTH STIGMA IN B&NES (5 MINUTES)

The Chairman invited Paul Scott (Public Health Consultant) to introduce this item.

The Chairman thanked Paul Scott for an update and commented that now was the right time to talk on mental health conditions, especially in increasing awareness on men with mental health conditions.

Councillor Romero added that an early years intervention, for children and young people with mental health problems, should not be overlooked.

It was **RESOLVED** to agree that:

- The enclosed plan is implemented in B&NES
- The plan is submitted on behalf of the Board as its pledge to the Time to Change programme
- An update on progress is provided to the board as part of the 6-monthly Health and Wellbeing Strategy delivery report on mental health.

59 **B&NES LOCAL FOOD STRATEGY (15 MINUTES)**

The Chairman invited Jane Wildblood (Corporate Sustainability Manager) and Sophie Kirk (Corporate Sustainability Officer for Food) to give a presentation.

The following points had been highlighted in the presentation (available on the Minute Book in Democratic Services):

- Why we need a strategy
- Vision
- Local Food Strategy delivery themes
- Local food production
- Food provision and access
- Healthy and sustainable food culture
- Where the Strategy will contribute to
- Contribution to specific Health and Wellbeing priorities
- Governance
- Engagement
- Recommendations

Members of the Board welcomed the report and presentation by praising officers who worked on the Strategy.

The Board agreed that the Chairman, Councillor Dine Romero, Ian Orpen and Bruce Laurence would receive, on behalf of the Board, invitation for stakeholder events and engagement sessions as appropriate.

It was **RESOLVED** to:

- 1) Provide high-level support for the B&NES Local Food Strategy and implementation plan.
- 2) Nominate to Councillor Simon Allen, Councillor Dine Romero, Ian Orpen and Bruce Laurence to attend stakeholder events and engagement sessions as appropriate.
- 3) Receive a feedback on the Strategy every 6 months.

60 **TWITTER QUESTIONS (5 MINUTES)**

The Chairman read out the relevant tweets and comments from the public that were posted during the meeting.

The meeting ended at 12.20 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services