

HEALTH & WELLBEING BOARD (SHADOW)

Minutes of the Meeting held

Wednesday, 13th June, 2012, 2.00 pm

Councillor Paul Crossley	- Bath & North East Somerset Council
Christine Reid	- NHS B&NES and Wiltshire
David Smith	- NHS B&NES and Wiltshire
Patricia Webb	- NHS B&NES
Councillor Nathan Hartley	- Bath & North East Somerset Council
Councillor Simon Allen	- Bath & North East Somerset Council
John Everitt	- Bath & North East Somerset Council
Paul Scott	- Acting Joint Director of Public Health
Ashley Ayre	- Bath & North East Somerset Council
Diana Hall Hall	- Local Involvement Network
Ed Macalister-Smith	- NHS B&NES and Wiltshire
Dr Ian Orpen	- Member of the Clinical Commissioning Group
Dr Simon Douglass	- Member of the Clinical Commissioning Group

1 WELCOME AND INTRODUCTIONS

The Chair was taken by Councillor Simon Allen.
The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

3 APOLOGIES FOR ABSENCE

Tony Barron sent his apology and Christine Reid was his substitute. Councillor John Bull (observer) sent his apology.

4 DECLARATIONS OF INTEREST

The following member of the Board has roles in the Council and NHS:
Ashley Ayre: Strategic Director for People and Communities, operating across the Partnership.

The following member of the Board has roles in BANES and Wiltshire PCT Cluster:
Ed Macalister-Smith: NHS BANES and NHS Wiltshire Chief Executive.

Dr. Simon Douglass declared non-prejudicial interest as he is running a GP practice in Radstock.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

6 PUBLIC QUESTIONS/COMMENTS

There were none.

7 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

8 ORGANISATIONAL UPDATES (35 MINUTES)

Local Healthwatch (procurement) - David Trethewey (Divisional Director for Policy and Partnerships) informed the meeting about the on-going process of setting up the Healthwatch for the area. The procurement process has finished and it was publicly announced that the Wiltshire and Swindon Users' Network will be appointed. Everyone who has been involved has been notified about the appointment. The intention is that new organisation picks up the work as from the 1st of July this year. Also, the Cabinet agreed on funding for the Healthwatch. This is just a start to make the Healthwatch arrangements pretty effective.

David Trethewey informed the board that four organisations were involved in the procurement process.

Diana Hall Hall commented that LINK played its part in the process and that they would be looking forward on the future shape of the Healthwatch. One of the things that will need to be discussed is the role of the Healthwatch on the Health and Wellbeing Board. Diana Hall Hall asked to be recorded LINK's gratitude to Scout Enterprises who provided excellent service to B&NES LINK.

Public Health - Ed Macalister-Smith said that he was very pleased that Paul Scott had been appointed as Acting Joint Director of Public Health. Paul Scott was already involved in the transition and Public Health team have done a lot of work with Ashley Ayre and his team on the Transition Plan. In summary – Public Health is in good and solid position.

NHS - Ed Macalister-Smith informed the meeting that strategic objectives for this year, as NHS Cluster with Wiltshire, are to stay in control of day to day duties which is to commission excellent service to patients. Quite a lot of challenges around but overall the state of health services in the area is very good. The reform agenda is very substantial and it is speeding up. Nationally the changes in the NHS are affecting the whole NHS, not only the commissioning part. The key change for the commissioning part is the establishment of the Commissioning Board (which will drive many of the changes that are about to come around). Key decision of the NHS Commissioning Board was to make appointments to the four layer original tiers (London, South of England, Midlands and North). Chief Executive for South of England, that we are in, is Andrea Young. Andrea Young's will be thinking of setting up her own management team and also be responsible of setting up local offices for the Commissioning Board (27 in total across the country). Local office for this area will include Wiltshire, Bath, North-East Somerset, Gloucestershire and Swindon.

Each local area team will need around couple of months to make appointments. Each local area team will have common structure in the office (lead manager, lead doctor, lead nurse, etc.) and they will be expected to engage strongly with the local Health and Wellbeing Boards. Some of those 27 local offices will have additional functions on behalf of 2-4 of those local offices such as functions for special commissioning, managing the special services for military and ex-military personnel and similar. Transition Plan (handover from the PCT to the Council and Clinical Commissioning Group (CCG)) is in place. It is a difficult time for staff who has no clarity on what is going to happen to them although national promise is that people will be clear what will happen to them by December this year.

Ed Macalister-Smith explained that in future specialised commissioning will be responsibility of Commissioning Boards and not with the CCG as they have to cover quite wide area.

Clinical Commissioning Group (CCG) – Dr Ian Orpen said that the CCG are quite happy with the developments. The CCG have appointed the Project Manager to help them going through the re-organisation. The CCG also appointed Interim Strategic Finance Officer (Sarah James) and also Chief Operating Officer (Tracey Cox). The guidance for the CCG work has been rolled out. The key thing for the CCG is the development of its Constitution. Dr Ian Orpen also said that B&NES CCG had useful conversation with Wiltshire CCG on range of things including the arrangements on what information can be shared between different CCGs.

Council – Ashley Ayre said that People and Communities will start formal consultation with the staff, unions and associations and partners on 18th June. The re-design of the department is in two phases. The first phase is to sort out the divisional structure of the senior management and the second will provide the detailed structure of each of the Divisions. . The reason for the re-design links to the change strategy of the council and the range of external changes underway including NHS reform, reform of adult social care services and the changes to schools and the Munro review of child protection services.. Ashley Ayre said that he was also delighted that Paul Scott is appointed as the Acting Joint Director of Public Health. Ashley Ayre also said that White Paper on Adult Social Care will probably not be ready before Christmas 2012. There is also strong commitment to work very closely with the NHS and CCG on transition. Staff consultation is on-going and there were a number of briefings and meetings held with the staff and Trade Unions. The Council will start detailed consultation in mid-September on phase two of the re-structure.

The Chair thanked everyone who provided their verbal updates.

9 **UPDATE REPORTS (20 MINUTES)**

Children's Safeguarding – Liz Price (Acting Divisional Director for Children's Health, Commissioning & strategic Planning) gave apology for Maurice Lindsay (Divisional Director for safeguarding, Social care and Family Service) who is report author and took the Board through the report.

Patricia Webb commented that, looking at the reports, it seems like that the service lacks on resources to keep up with the increase in demand.

Ashley Ayre responded that the reasons are complex and include cyclical recruitment issues, increasing volumes, etc. However, it is not simply a case of needing extra resources.

John Everitt pointed out to the table in Appendix 1 of the report (page 18) and said that figures in '2011/12 Actual' row are identical with the figures in '2011/12 Quarterly/Q4' row and asked the officers to check that.

John Everitt also said that some of the indicators in the table should be challenged and that he doesn't think that there should be automatic presumption that we need more resources, especially in these times when everyone are struggling financially. The targets for 2012 looked pretty ambitious and John Everitt questioned if they are reasonable.

Councillor Simon Allen said that targets set are important but as Health and Wellbeing Board we need to investigate why the numbers of referrals increased drastically and collectively look how to make change in that area. Lots of red fields have to be challenged.

It was **RESOLVED** to note the update and for officers to take on board comments and suggestions from the Board.

Children's Health Services Commissioning Performance- Liz Price took the Board through the report.

It was **RESOLVED** to note the update.

Safeguarding Adults at Risk – Lesley Hutchinson (Assistant Director for Safeguarding and Personalisation) took the Board through the report.

Councillor Simon Allen said that the increase in referrals is a result of the increase of awareness. Councillor Allen asked about those referrals that were investigated, that are partly or fully substantiated, is there an increase in year by year on those cases.

Lesley Hutchinson responded that for this year there was a slight increase in the cases where there was no further action required and also slight increase on cases that partly or fully substantiated. The figures are broadly the same.

Paul Scott commented that it would be interesting and helpful to see some background data to these report in the annual report.

Lesley Hutchinson responded that the background data will be included.

It was **RESOLVED** to note the update

Adult Health and Wellbeing Commissioning- Dr Simon Douglass said that the results of the end of year are really good. Immunisation rates and screening programme really good, good engagement on child obesity measuring programme, NHS Healthchecks are also good. NHS Dentistry continues to improve. Better performance and results in un-planned care. No indicators yet for performance in Social Care due to delay of data. Planned care – met all of targets for this year. Increase in activity for referrals to RUH. Mental Health – we achieved agreement to

develop more robust understanding of performances affecting the AWP and we will look at those concerns to set commissioning intentions for future.

It was **RESOLVED** to note the update.

10 **CLINICAL COMMISSIONING GROUP (CCG) PLAN (30 MINUTES)**

Clinical Commissioning Group (CCG) Plan (30 minutes)

Dr Ian Orpen and Dr Simon Douglass gave a presentation called 'NHS B&NES CCG 3 Year Strategic Plan' where they highlighted the following points:

- Values and vision
- Why are we doing this?
- Outcome
- Our Mission
- Our Values
- Our overall vision
- National Priorities
- Key Local Priorities (CCG)
- Local Priorities (H&WB)
- CCG
- Public Health
- Social care
- Financial Planning
- CCG Commissioning Funds
- Key Planning Assumptions
- 2012/13 In Year Risks
- CCG priorities/action plans
- Priorities – Unplanned Care
- Priorities – Mental Health
- Priorities – Primary Care
- Priorities – End of Life Care
- Priorities – Long Term Condition & Frail Elderly
- Priorities- Learning Disabilities
- Priorities – Children
- Key Priorities – Planned Care
- Priorities – Public Engagement
- Next Steps

A full copy of the presentation named 'NHS B&NES CCG 3 Year Strategic Plan' is available on the minute book in Democratic Services.

Members of the Board welcomed the presentation and suggested that the CCG should have discussions with the public about the challenges ahead. It should also inform the public that the NHS is cash limited.

Dr Orpen and Dr Douglass said that one of the ways forward is to simplify services. The CCG want to be ambitious but not over-ambitious in their targets.

It was **RESOLVED** to note the presentation.

11 **THE EMERGING PRIORITIES (25 MINUTES)**

Councillor Allen said that this report is looking at the emerging priorities that will make up Health and Wellbeing Strategy as a requirement for this Board to produce. The aspiration is to link up with the CCG priorities.

Helen Edelstyn (Strategy and Plan Manager) took the Board through the report.

John Everitt commented that there are two principle funders, and those are Council and the NHS. When thinking about priorities for the partnership we need to know what national priorities are. The priorities of the Partnership need to be blend of the CCG priorities as well. Aspirational objectives are fantastic and challenging but we need to consider huge increase in demand in near future. Along with the increase in demand there will be requirement for improvement in services so the question is what is realistic. The next question is what will be reduced in order to improve in other areas. There is a need for balance and there is a need for a discussion with the public on those issues. The aspiration needs to be realistic. The key is that the next 5 years will be really tough and somehow that needs to be reflected to people.

Dr Simon Douglass said that out of all priorities urgent care is absolute must and that matter needs to be addressed when sending the message to the public.

Janet Rowse (Sirona Chief Executive) commented that priorities need to have political backup otherwise none of these things will be done.

Councillor Allen said that the strength of the Partnership is to do things together. It is not wrong to have aspirations but the question is if we have to have long term strategic objectives and have discussion on what to protect and what not to protect.

Members of the Board agreed with the points made by John Everitt and Janet Rowse and suggested that those issues should be considered when the priorities are set out.

Helen Edelstyn reminded the Board that the task group will meet again on 2nd July to review the emerging priorities.

Patricia Webb asked if the Board will receive performance reports in future.

Councillor Allen responded that as the Board moves away from its Shadow status it would be right to bring those reports before the Board.

It was **RESOLVED** to note the emerging priorities and ask the officers to take comments on board.

12 **FORWARD HEALTH AND WELLBEING BOARD (SHADOW) DATES**

It was **RESOLVED** to note the future dates

The meeting ended at 4.45 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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