

HEALTH & WELLBEING BOARD (SHADOW)

Minutes of the Meeting held

Wednesday, 19th September, 2012, 2.00 pm

Councillor Simon Allen	- Bath & North East Somerset Council
Ashley Ayre	- Bath & North East Somerset Council
Dr. Ian Orpen	- St James Surgery, Bath
David Smith	- NHS
Paul Scott	- Director of Public Health
Jo Farrar	- Bath & North East Somerset Council
Councillor Dine Romero	- Bath & North East Somerset Council

13 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

The Chair also welcomed new Board Members – Councillor Dine Romero (new Cabinet Member for Early Years, Children and Youth) and Jo Farrar (new Chief Executive for Bath and North East Somerset Council).

14 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the evacuation procedure.

15 APOLOGIES FOR ABSENCE

The following Board Members gave their apologies:

- Diana Hall Hall – Jill Tompkins was her substitute.
- Ed Macalister-Smith – Jenny Howell was his substitute.
- Councillor Paul Crossley
- Dr Simon Douglass
- Patricia Webb.

16 DECLARATIONS OF INTEREST

The following member of the Board has roles in the Council and PCT:

Ashley Ayre: Strategic Director for People and Communities, operating across the Partnership

There were no other declarations of interest.

17 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

18 PUBLIC QUESTIONS/COMMENTS

There were none.

19 MINUTES OF PREVIOUS MEETING

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

20 ORGANISATIONAL UPDATES (35 MINUTES)

Local Healthwatch (procurement) – Derek Thorne said that HealthWatch is progressing positively, as planned. The procurement phase will start in October with expectation to have provider in December so the service could start running in February 2013. The timeline is good and everything is according to the plan.

Public Health – Paul Scott

- *Transition Plan* – By April next year Public Health will join the Local Authority. Work was underway for the last 18 months. Very good relationship with the Local Authority and the main contact is through Ashley Ayre's directorate but also with the other services across the Council. There are good planning procedures in place and good engagement from the Clinical Commissioning Group (CCG). New project manager was appointed recently as a part of the strategy, to help moving on in practical arrangements (i.e. IT, desks, etc.).
- *Memorandum of Understanding* – the purpose of it is to establish a framework for working relationships between B&NES CCG and Public Health in B&NES Council. Memorandum of Understanding (MoU) Signatories are: Paul Scott (Public Health), Dr Ian Orpen (CCG), Ed MaCalister-Smith (NHS B&NES Chief Executive) and Jo Farrar (B&NES Council Chief Executive).

Members of the Board unanimously welcomed the MoU document as it sets out what will be expected in the future.

Jane Pye (LINK) commented that the LINK was not involved in the Equality Impact Assessment (EIA) on this document. Paul Scott explained that the EIA had been cleared by the Equality Officer from the Council but he welcomed a suggestion from Jane Pye to also engage LINK on this matter.

NHS – Jenny Powell said that the pace of the NHS reform picking up in speed and only six and a half months left before the PCTs are abolished. The biggest impact locally is that some of the PCT's functions will be transferred to the National Commissioning Board (NCB) who will have the responsibility for direct commissioning of primary care. Other local area teams will take the responsibility for the specialised commissioning. The property services company will be managing much of the assets. They will become landlord not only for commissioning bodies but also for community services. Our PCT is ahead of the game with the transition as we recognised what was required few months back.

Clinical Commissioning Group (CCG) –

Dr Ian Orpen said that there is a lot on going work at the moment. There are 8 days before the CCG send all the documents for authorisation. The Joint Working Framework between the CCG and Council was presented last week to all Councillors. Jan Stubbings will be interim director for the Local Area Team. Dr Orpen highlighted the commissioning support in back office arrangements are progressing. Appointments: 2 lay members – one for Public and Patient Engagement and the Vice Chair for the CCG; Dr Ian Orpen has been confirmed as Chair of the CCG; Dr Simon Douglass has been appointed as Clinical Accountable Officer; Sarah James has been appointed as Chief Finance Officer; and Tracey Cox has been appointed as Chief Operating Officer. The CCG started advertising for the Executive/Chief Nurse recently. As mentioned earlier the date for sending documents for authorisation is 1st October and the formal site visit will be on 9th November. The results of the process will be known in January 2013. Dr Orpen said that he and his colleagues feel that they are in the right place with this process.

Council –

Ashley Ayre said that the 1st phase of the consultation on change of the structure of department has been completed with one Divisional Director yet to be appointed. The 2nd phase of the restructure is just about to be launched. The final phase will start in January and the new structure will be functional as from 1st April 2013 (in line with the changes within the NHS). Mike Bowden will deputise for Ashley Ayre on Children's Services whilst the deputy for Adult and Community Health Commissioning is still to be appointed. Partnership agreement between the Council, Public Health and NHS, which exists since 2008, is to be refreshed to be ready with formal establishment of the local CCG as from April 2013. The Council is quite keen to develop a strong working relationship with the Local Area Team.

21 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE (10 MINUTES)

The Chair invited Jon Poole (Research and Intelligence Manager) to give a presentation.

Jon Poole gave a presentation in which highlighted the following points:

- Aim of the JSNA
- Our approach
- Website - www.bathnes.gov.uk/jsna
- Next steps
- Requests
 - Note the findings
 - Is this format suitable?
 - What researches is missing?

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

The Chair thanked Jon Poole and his team for the work they did on the JSNA. The Chair felt that the update format is great and has potential to reach 'hard to reach groups'.

Ashley Ayre said that the document is easy for pulling out data that are key to certain groups – i.e. child measurement data could be sent out to head teachers, like child health etc.

Paul Scott also said that the website is really good but that information on what we achieved in the last 5-10 years are missing. Paul Scott also suggested that the JSNA should present show what the priorities are for the area. Paul Scott also welcome that the website has economic needs assessment as well as community safety assessment.

Jo Farrar also welcomed the document and the website and suggested that the document should also focus on mental health as part of the emotional wellbeing.

Councillor John Bull pointed out the different information in the CCG report and the JSNA document about the children obesity rate in the area.

Paul Scott explains why the figures could be seen different as some of the figures are about the obesity comparison with national average and some are about the overweight figures comparison.

The Chair said that issues like these show how the JSNA is important.

Dr Ian Orpen said that it is really important getting the feedback from the public on the JSNA.

The Chair thanked everyone for the debate and suggested that Board Members could have info about the JSNA in their email signatures as a way to promote it.

It was **RESOLVED** that the Board:

- 1) Noted the findings of the report and presentation given to them.
- 2) Asked the officers to take on board comments and suggestions from the debate above.

22 **STRATEGIC PRIORITIES (25 MINUTES)**

The Chair invited Helen Edelstyn (Strategy and Plan Manager) to take the Board through the report.

Members of Board the welcomed the report.

Jo Farrar commented that this is really good piece of work and that she particularly liked the principles of operation and high quality service delivery within available resources.

Jane Pye (LINK) said that the LINK would like to be involved in the next stages. Jane Pye also said that there is a need to identify which are statutory authorities and which are not.

Councillor Vic Pritchard said that the list of the 7 strategic priorities is quite aspirational and asked that the outcomes be presented to the public.

Derek Thorne commented that the HealthWatch will be the key agent to present the

outcomes to the public.

It was **RESOLVED** that:

1. The Board agreed with the following 7 strategic priorities:
 - a. Improve outcomes for people who experience mental health problems
 - b. Improve the outcomes of families experiencing complex needs
 - c. Improve the outcomes of vulnerable groups
 - d. Improve the outcomes of people with long term conditions (including end of life)
 - e. Improve the outcomes of our aging population
 - f. Reduce economic inequality (linked with poor health outcomes)
 - g. Develop healthy and sustainable places and communities
2. The Board agreed to review the strategic priorities in line with the 3 year duration of the CCG Plan.

23 **NHS BANES CLINICAL COMMISSIONING GROUP STRATEGIC PLAN (20 MINUTES)**

The Chair invited Dr Ian Orpen to introduce the report.

Dr Orpen took the Board through the CCG Plan by saying that each Clinical Commissioning Group is required as part of the CCG Authorisation process to develop an integrated plan. The integrated plan includes: a high level strategic plan for the 3 year period to 2014-15; the CCG's Operational Plan for 2012/13; Draft commissioning intentions for 2013/14.

The Board welcomed the plan and said that it is easy to understand document with clear strategic objectives.

Some Board Members and also some members of the public asked questions about the Urgent Care Re-Design Project. The Chair commented that this would be not the right venue to go into detail on this subject considering that no specific report on the Urgent Care Re-Design Project was on the agenda for this meeting. The Chair informed the meeting that this issue will be on the agenda of Wellbeing Policy Development and Scrutiny Panel on Friday 21st September.

Jane Pye (LINK) commented that LINK was invited to participate in creation of this document and that they contributed in the process by doing the Equality Impact Assessment.

Janet Rowse (Sirona Chief Executive) said that she like the portability and the accessibility of the document which makes this document easy to understand.

It was unanimously **RESOLVED** that the Board fully supported the NHS BANES Clinical Commissioning Group Strategic Plan.

24 **COMMUNITY ENGAGEMENT (25 MINUTES)**

The Chair invited Helen Edelstyn to introduce the report and give a presentation on

the approach to community engagement.

Helen Edelstyn highlighted the following points in her presentation:

- Health and Wellbeing Board duty to engage the public
- Health and Wellbeing Board commitment
- Health and Wellbeing Board principles
- Local Engagement Framework and Healthwatch
- Next steps

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

The Chair said that there are two elements to consider with regards to public engagement – role of the Healthwatch and role of the Board Members.

Helen Edelstyn added that Local Involvement Network was fully involved in this exercise.

Members of the Board welcomed the report and supported the commitment to engage the public in their work.

Members of the Board debated with the public and the officers on the approach to engage community groups into their work. Helen Edelstyn and David Trethewey said that the Healthwatch would have significant role in engaging the public and community groups in consultation.

It was **RESOLVED** that the Board **AGREED** with the set of principles for community engagement as printed in the report.

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

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

The meeting ended at 3.55 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services