

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 16th July, 2014, 10.00 am

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| Dr. Ian Orpen | Member of the Clinical Commissioning Group |
| Councillor Katie Hall | Bath & North East Somerset Council |
| Ashley Ayre | Bath & North East Somerset Council |
| Councillor Simon Allen | Bath & North East Somerset Council |
| Councillor Dine Romero | Bath & North East Somerset Council |
| Jo Farrar | Bath & North East Somerset Council |
| Diana Hall Hall | Healthwatch representative |
| Tracey Cox | Clinical Commissioning Group |
| John Holden | Clinical Commissioning Group lay member |
| Paul Scott | Bath & North East Somerset Council |
| Ronnie Wright | Healthwatch representative |
| Julia Davison | NHS England |

23 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

24 EMERGENCY EVACUATION PROCEDURE

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

25 APOLOGIES FOR ABSENCE

Bruce Laurence and Pat Foster had sent their apologies for this meeting. Paul Scott

and Ronnie Wright were their substitutes for this meeting.

26 **DECLARATIONS OF INTEREST**

Diana Hall Hall declared a disclosable pecuniary interest under item 6 on the agenda as she is a member of the newly formed B&NES Neurological Alliance. Diana Hall Hall declared the interest as she would read a statement on behalf of the B&NES Neurological Alliance.

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

There was no urgent business.

28 **PUBLIC QUESTIONS/COMMENTS**

The Chairman informed everyone that a number of speakers submitted their requests to address the Board at this point of the meeting.

The Chairman said that each speaker would have up to three minutes to address the Board.

Diana Hall Hall read out the statement by introducing the newly formed group called B&NES Neurological Alliance. Diana Hall Hall, as a member of that group, also said that the B&NES Neurological Alliance (NE) had been concerned that neurology had been completely omitted from the CCG's 5 year plan. Diana Hall Hall invited Councillor Allen and Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy) to meet the Alliance and hear what they have to say in terms of neurological services.

A copy of the statement from Diana Hall Hall is available on the Minute Book in Democratic Service.

The Chairman informed the meeting that the Panel received a number of statements about Warm Water Pools in advance of the meeting.

The Chairman invited Susan Charles and Susan Smith to read out their statements. Susan Charles and Susan Smith presented their views on benefits from the Warm Water Pools provision. Speakers also asked the Board to support their suggestion for provision of the Warm Water Pools.

Lara Varga read out her statement in which she asked the Board to support provision of the Warm Water Pools.

A statement from Lara Varga is available on the Minute Book at Democratic Services.

The Chairman informed the meeting that all statements submitted to the Board would be placed on the Minute Book at Democratic Services.

The Chairman read out the following statement:

'Warm Water Pools – HWB Briefing Note

'The Health and Wellbeing Board is committed to working in partnership with sports and leisure commissioners and providers to encourage people to be active and to make sure that leisure facilities are accessible. As part of this, the Health and Wellbeing Board notes that the Council is considering a range of options (including accessible teaching pools) as it seeks to modernise its leisure facilities.

The Health and Wellbeing Board notes that the Council and the CCG will be working closely together to ensure that the new leisure contract provides the best possible service for local people and supports them to live healthy lifestyles.

It is important to clarify that the provision of warm water swimming facilities is not the same as the provision of hydrotherapy services which is a specialist health service provided from appropriately equipped, specialist facilities and funded by the CCG.

For advice and guidance on accessible sports facilities, Sport England has produced an 'Accessible Sports Facilities Design Guidance Note.'
(<http://www.sportengland.org/media/30246/Accessible-Sports-Facilities-2010.pdf>)

Comments on the procurement process for the new leisure contract are welcomed by the Council and the Health and Wellbeing Board recognises the important role this contract plays in helping to deliver the Joint Health and Wellbeing Strategy. The Health and Wellbeing Board will work with the Council as it develops these options through dialogue with potential contractors as part of the procurement process. The contract will be awarded in January 2015, with a contract start date of July 2015.'

29 MINUTES OF PREVIOUS MEETINGS

The minutes of the previous meetings were approved as correct records and signed by the Chair, subject to small corrections which were taken on board by Jack Latkovic (Senior Democratic Services Officer).

30 LONELINESS AND ISOLATION (40 MINUTES)

The Chairman informed the meeting that he would allow Chris Head to read out his statement before officers' introduction of the report.

Chris Head said that there were two age groups of people that should be looked on this subject. Young people 16-25 age and over 70. Loneliness could be caused by many issues, some of which were:

- Access to transport in rural areas
- Lack of employment in some areas
- Black and Ethnic Minority
- Access to different services (Council, bank, etc)
- Advice and guidance
- Broadband and technology
- Lack of contact with relatives and neighbours

- Lack of affordable housing

The Chairman invited Andy Thomas (Group Manager for Partnership Delivery) and Ronnie Wright (Healthwatch) to introduce the report.

Andy Thomas took the Board through the report as printed.

Ronnie Wright updated the Board on outcomes of the network event where loneliness and social isolation had been discussed. Ronnie Wright explained that loneliness and social isolation were two different matters. Loneliness was a subjective feeling whilst social isolation was when people were for one reason or another isolated from other people and community.

Two questions had been raised within the discussion – how to support people through changes and how those changes were managed.

Older people should not be seen as stereotypes for loneliness.

58 people had turned up at the network event and the following had been highlighted: mental health issues; a need for consistent access to services; GP involvement; range of available services; more joined-up thinking; more support with more training for staff; availability of funding.

The Chairman commented that loneliness and social exclusion were quite complex issues. The Chairman also said that quality of interaction was a key element when looking at these issues.

The Chairman also said highlighted importance of having an advice and information strategy, something that the Council had been working lately.

Councillor Romero agreed that loneliness should not be linked only with older people. Councillor Romero also said that public transport was an issue for rural areas. The technology, mostly IT, could be seen as 'silver bullet' – people tend to stay more at home and their only communication mean was their PC/laptop/tablet. Loneliness was not only an issue for rural area – some communities in Bath had been experiencing the same.

Jo Farrar commented that the Council had been discussing Transport Strategy and Leisure Strategy, which should contribute towards interconnectivity.

Dr Ian Orpen commented on importance of distinction between loneliness and social exclusion.

John Holden said that one of the reasons for isolation had been that people were less mobile than before (due to IT, social networks, etc).

The Chairman proposed that the Board should set up a working group to look in to this issue from all aspects.

It was **RESOLVED** to note the report and for the Board to set up a working group to look into this issue.

31 **COMMISSIONING OF PRIMARY CARE (20 MINUTES)**

The Chairman invited Tracey Cox to introduce the report.

The Board supported the approach and also the issue around the governance. Members of the Board felt that the new approach would open doors to joined-up ways of working.

Tracey Cox welcomed comments from the Board and added that some frameworks were yet to be put in place, as well as some safeguards in terms of the joined-up arrangements between the NHS England and the CCG.

It was **RESOLVED** to note report and to receive further on governance arrangements within the commissioning of primary care at one of Board's future meetings.

32 **HEALTHWATCH B&NES ANNUAL REPORT (20 MINUTES)**

The Chairman invited Ronnie Wright to give a presentation to the Board.

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

Diana Hall thanked the Care Forum for being a host organisation to the Healthwatch. Diana Hall also said that the Healthwatch had been in discussion with the Council around contractual requirements, such as percentage of people engaged via social media.

Dr Ian Orpen had said that he was delighted with the Healthwatch, whose representatives had been attending every meeting of the CCG Board.

Tracey Cox said it was helpful to see the plan and invited Healthwatch to meet with her and Jane Shayler to talk about future workplans.

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

33 **SPECIAL EDUCATIONAL NEEDS AND DISABILITY REFORM UPDATE (30 MINUTES)**

The Chairman invited Charlie Moat (Child and families Group manager) to give a presentation to the Panel.

A full copy of the presentation from Charlie Moat is available on the Minute Book at Democratic Services.

The Chairman said that children with Special Educational Needs (SEN) should have access to education like every child.

Charlie Moat said that SEN Reform would put strong duties on school to identify SEN and meet those needs.

Jo Farrar commented that she would be happy, on behalf of the Council, to help with

the project.

Tracey Cox commented that it was important to raise awareness of personalisation. Tracey Cox also said that possible dialogues with a range of providers, across the whole system, could contribute towards more commitment, on this subject, across the whole system.

The Chairman suggested that the Board should receive a further update on this matter, at one of future meetings.

It was **RESOLVED** to note the report and to receive a further update at one of future meetings.

34 **TWITTER QUESTIONS**

The Chairman read out a question from twitter to which he provided an answer.

The meeting ended at 12.10 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services