HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 4th June, 2014, 10.00 am

Ashley Ayre Bath & North East Somerset Council

Councillor Simon Allen Bath & North East Somerset Council

Bruce Laurence Bath & North East Somerset Council

Dr Simon Douglass Member of the Clinical Commissioning Group

Councillor Dine Romero Bath & North East Somerset Council

Diana Hall Hall Healthwatch representative

John Holden Clinical Commissioning Group lay member

Douglas Blair NHS England

David Trethewey Bath & North East Somerset Council

13 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

14 EMERGENCY EVACUATION PROCEDURE

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

15 APOLOGIES FOR ABSENCE

Councillor Katie Hall, Jo Farrar, Dr Ian Orpen and Pat Foster had sent their apologies for this meeting. David Trethewey was a substitute for Jo Farrar.

16 **DECLARATIONS OF INTEREST**

There were none.

17 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

18 **PUBLIC QUESTIONS/COMMENTS**

There were none submitted in advance of the meeting

The Chairman informed the meeting that any questions or queries related to the remit of the Board could be submitted during the meeting. Also, members of the public would have the opportunity to ask questions, or make their comments via Twitter.

19 **HEALTH AND WELLBEING NETWORK FEEDBACK**

The Chairman invited Ronnie Wright (Healthwatch B&NES) to take the Board through the report.

Ronnie Wright said that the Healthwatch B&NES Health and Wellbeing Network session on Tuesday 13th May 2014 had been attended by 35 people from a range of different organisations. The session was an opportunity for interested organisations and people to hear an update on the NHS B&NES CCG draft Strategic 5 Year Plan and discuss the priorities and next steps for putting the plan into action.

As part of the session, two workshops had been held with attendees, who discussed the CCG's priorities on Prevention and self-care and Care for frail older people.

A range of points were highlighted by the participants and a summary of the key themes had been provided by Ronnie Wright, as per the report.

Councillor Romero commented that the Healthwatch B&NES Health and Wellbeing Network session on Tuesday 13th May 2014 had been a good session although, as per Councillor Romero's view, there was a lack of consideration for children's' and young people health and wellbeing issues. Councillor Romero asked for those issues to be considered at the next network session.

Ronnie Wright responded that the Healthwatch B&NES Health and Wellbeing Network was separate from Children's Network, though there was nothing to stop those two networks to organise joint session in near future.

Dr Simon Douglass asked if future plans had been too ambitious.

Ronnie Wright commented that plans might appear to be too ambitious, though it has been more about deliverability of those plans that people were anxious about.

The Chairman welcomed the report and praised the network session held on 13th May 2014. The Chairman felt that a comment from Councillor Romero should be noted and for that reason he suggested that Children and Young People Network be invited for the next meeting of the Board.

It was **RESOLVED** to note the report and to invite the Children and Young People Network for the next meeting of the Board.

20 NHS BANES CCG 5 YEAR STRATEGIC PLAN 2014/15-2018/19

The Chairman invited Dr Simon Douglass to introduce the report.

The Chairman informed the meeting that this would be Dr Douglass' last meeting on the Board, thanked Dr Douglass for his contribution, and wished him all the best in future.

Dr Douglass explained that the purpose of the plan was to identify their strategic vision for the next 5 years and describe their role as a high performing CCG to lead health and care system collaboratively through the commissioning of high quality, affordable, person centred care which harnesses the strength of clinician led commissioning and would empower and encourage individuals to improve their health and wellbeing.

The 5 Year plan still requires further refinement and would be submitted on the 20th June 2014. The final version would:

- Articulate more clearly the CCG's plans for implementation
- Articulate the impact of the changes on providers and the whole health care system.

The Chairman welcomed the report with the acknowledgement on the amount of hard work put into this report. The Chairman suggested that patient stories should be included in the final version of the Plan.

John Holden agreed with the Chairman by saying that this Plan has been a substantial piece of work. John Holden said that B&NES area had been identified as one of the best in the country for people to get an appointment with the GP (according to The Times).

John Holden also said that, in his view, an implementation of the Plan would be an issue, with plenty of work to be done.

Councillor Romero also welcomed the Plan and asked if the CCG took into consideration that population would grow.

Dr Douglass replied that the CCG had had discussions with different organisations about this matter. Dr Douglass reminded the Board that the Plan would not address problems about future workforce.

Bruce Laurence also welcomed the Plan though he expressed a slight concern on implementation of it.

Dr Douglass said that the CCG would have significant challenges ahead of them. The CCG had had quite proactive and supportive engagement from the stakeholders throughout this process. Dr Douglass highlighted the importance of partnership work within the Better Care Fund which could be used as a template for joint work with other agencies and bodies.

Douglas Blair commented that this Plan has been a clear step forward. Douglas Blair also said that some might see this Plan as ambitious though people who

created the Plan could make it happen.

David Trethewey highlighted the importance of community engagement, best use of resources and also on the engagement of public agencies.

Councillor John Bull asked about '7 day services'.

Dr Douglass explained that '7 day services' were designed for the Urgent Care System. There was no financial or workforce support for 7 days access to GPs.

Ashley Ayre said that the Plan was very strong and one of the main issues would be its implementation. Ashley Ayre also said that the role of the Board would be in challenging agencies.

Councillor Romero asked about data exchange with the neighbouring authorities.

Dr Douglass responded that there was a lot of good evidence that data exchange would be successful though the biggest challenges would be in linking with social care system and some other agencies.

It was **RESOLVED** to support the direction of the 5 Year Strategy and its consistency with the Joint Health and Wellbeing Strategy.

21 NHS ENGLAND: BGSW AREA TEAM OPERATIONAL PLAN FOR 2014/15 AND 2015/16

The Chairman invited Douglas Blair to introduce the report.

Douglas Blair said that NHS England was responsible for directly commissioning a number of services:

- Primary care services (including GP services, dental, optometry and pharmacy services)
- Secondary care dental services
- Secondary healthcare services for armed forces serving personnel and families
- Public Health services under Section 7a
- Specialised healthcare services
- Healthcare services for offenders and those within the justice System

This draft delivery plan sets out the strategic framework for the development of health services in the Bath, Gloucestershire, Swindon and Wiltshire (BGSW) area commissioned by the NHS England.

The Chairman asked more about the commissioning intentions.

Douglas Blair explained that there were no set models or fixed views on expression of interest from the NHS England and the CCG in terms of the expression of interest.

The Chairman asked about the NHS England part in the spatial strategy.

Douglas Blair responded that the NHS England would have to be part of the planning in order to understand demand for primary care at new development. The demand for primary care would depend not only from new development but also from the existing population in the area.

John Holden commented that this was the first time that such plan was produced by the NHS England. John Holden asked about link between the CCG's 5 year plan and the 2 year NHS England plan.

Douglas Blair responded that Strategic Health Authority, NHS England predecessor, did not have commissioning responsibilities. The 2 year plan had been created as one plan, for the whole area, though when separated documents were needed, for the specific CCG areas, then those would be generated. Douglas Blair also said that due to changes in commissioning arrangement for the NHS England there were some differences in budget balances. Douglas Blair also explained that the NHS England would co-commission with the CCG in areas such as GP services and similar.

Bruce Laurence welcomed the new direction of the NHS England and Public Health England. Bruce Laurence commented that one of the biggest issues for the NHS England would be primary care workforce.

Douglas Blair commented that specialised services had been also under the NHS England and historically there had been always a lot of pressure on specialised services. The NHS England had been getting familiar with the primary care workforce, together with the CCG.

Dr Douglass said that the issue around the demographic of the workforce was an important one. One of the interesting outcomes around urgent care was on a focus on getting clinical expertise early on in patient's journey. That would have to be part of the primary care as well. In terms of the co-commissioning between the CCG and the NHS England – local area team had been quite clear what were their expectations from it.

David Trethewey said that our main challenge was to ensure that our local strategies and national strategies around economy recognise the value of the health and social services.

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

22 TWITTER QUESTIC	ONS
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The meeting ende	ed at 11.25 am
Chair	

Date Confirmed and Signed	
Prepared by Democratic Services	