
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 18th September, 2013, 2.00 pm

Councillor Simon Allen	Bath & North East Somerset Council
Dr. Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Dine Romero	Bath & North East Somerset Council
Pat Foster	Healthwatch representative
Douglass Blair	NHS England - Bath, Gloucestershire, Swindon and Wiltshire Area Team

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

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

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from the following Board Members:
Councillor Katie Hall, Jo Farrar, Dr Simon Douglass and John-Paul Sanders.

Councillor John Bull (Observer) sent his apology. Councillor Eleanor Jackson was substitute for Councillor Bull.

NOTE:

The Democratic Services Officer informed the Board that, according to their Terms of Reference 5.4, 'The quorum for the meeting will be six members of the Board with two members of the Clinical Commissioning Group, one member of Healthwatch B&NES and three members of the Council'. This meeting of the Board had only one member from the Clinical Commissioning Group present.

The advice from Democratic Services was that, in the spirit of partnership working, the meeting should continue as long as the Board was not having a formal vote on specific issues. Members of the Board were asked to consider membership arrangements, member attendance and contemplate substitution appointments in order to avoid cancellation of meetings.

4 DECLARATIONS OF INTEREST

There were none.

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 JOINT HEALTH AND WELLBEING STRATEGY (10 MINUTES)

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

The Chair and the Board congratulated Helen Edelstyn and her team for the hard work they put in the Joint Health and Wellbeing Strategy. The Board felt that Strategy is accessible and easy to understand. The Board also welcomed the Equality Impact Assessment attached to the report.

It was **RESOLVED** to:

- 1) Approve the Joint Health and Wellbeing Strategy;
- 2) Note the Equality Impact Assessment carried out on the Joint Health and Wellbeing Strategy; and
- 3) Note that a final Joint Health and Wellbeing Strategy will be submitted to Council on 14th November 2013 for approval.

9 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (20 MINUTES)

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

Jon Poole highlighted the following points in his presentation:

- Gypsy Traveller Health Needs Assessment
- Child Weight
- Domestic abuse profile
- The JSNA is online

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

Councillor Dine Romero said that she was pleased to see Gypsy Traveller Health Needs Assessment and asked if the individual groups (i.e. boat dwellers, gypsies, and show people) were treated separately.

Jon Poole responded that is correct – the study quite clearly differentiate needs of the each part of that community.

Councillor Romero said that presentation had information about unhealthy weight and asked if this was only about the obesity or did the information included children with underweight issues.

Jon Poole said that the definition of unhealthy weight does not include underweight issues.

Bruce Laurence commented that the overweight figure is a concern. Bruce Laurence said that he would be interested to know the trend of the domestic violence figures and whether it is down to the impact of economically difficult times.

Jon Poole commented that it is really difficult to understand the problem of domestic abuse. The team is relying on Police recorded crime data which means some incidents might be quite bad though Police was not called and not recorded. It is an issue of under-reporting.

Councillor Eleanor Jackson asked if the Joint Strategic Needs Assessment Team had seen the health needs assessments information from the Housing and Major Projects PDS Panel's review on Boat Dwellers and River Travellers, in particular difficulty registering with GPs, identifying where the emergency vehicle was needed and similar issues raised in the review.

Jon Poole responded that, as per his understanding, findings of the PDS Panel review had fed into the Health Needs Assessment.

The Chair suggested that the Board should receive a report on the Gypsy Travellers Health Needs Assessment at one of the Board's future meetings. The Board agreed with this recommendation.

Jon Poole showed the Board the new version of the JSNA website page and explained how to navigate the page.

It was **RESOLVED** to note the presentation and to receive a report on the Gypsy Travellers Health Needs Assessment at one of the Board's future meetings.

10 **HEALTH AND WELLBEING NETWORK FEEDBACK - PLACEMAKING PLAN DISCUSSION ON 24TH JULY 2013 (10 MINUTES)**

The Chair invited Pat Foster (Healthwatch representative) to introduce the report.

The Board welcomed the outcome of the public engagement session.

It was **RESOLVED** to note the key recommendations from Health and Wellbeing provider discussion on the Placemaking Plan, in particular six areas highlighted in the report.

11 **PLACEMAKING PLAN (20 MINUTES)**

The Chair invited Stephen George (Senior Planning Policy Officer) to introduce the report.

The Chair commented that Placemaking Plan and Core Strategy will influence the shape of B&NES in many years to come and the Board's role will be to have their input.

Dr Ian Orpen said that there is a lot of discussion on provision of primary care services in new and existing communities, in particular of surgeries working together. There is a need for physical capacity for doctor surgeries.

Douglas Blair said that the NHS England is involved in the work of planning services and new developments.

Stephen George said that it is fine to be in line on delivering the policy and what the expectations are, or would be. Though, it is only as far as the Planning Services can go in terms of requirement from developers to provide what we want.

Councillor Dine Romero commented that when large communities were developed previously there were no thoughts about the delivery of health infrastructure hence why we have so many cases of health inequalities. Because of that, we should put any pressure we can on developers to fulfil the needs of the community.

Councillor Vic Pritchard commented that the Council has no Core Strategy in place which gives the opportunity to developers to build whatever they want. By not having Core Strategy means that National Planning Policy Framework is in place, which means we can't resist any big applications. Councillor Pritchard suggested that the Board should be specific in the Placemaking Plan what health benefits/infrastructure will be required.

The Chair agreed with comments from Councillor Pritchard and said that all these issues will be included in the Placemaking Plan.

Ashley Ayre also agreed with comments from Councillor Pritchard and said it will be really difficult to put requirements on developer for some forms of health and wellbeing provision as it would be difficult to attribute that need to a specific development examples would include increases in numbers of the population with LDD, ASD, etc. as part of overall population growth. Placemaking Plan will provide the opportunity to look at things differently and avoid creating communities without the appropriate infrastructure.

The Chair suggested that the Board should set a Task and Finish Group to feed their views into the Placemaking Plan.

The Board agreed with this recommendation.

It was **RESOLVED** to:

- 1) Note the progress that is being made with the Placemaking Plan and note the opportunity to link the Plan with Public Health Objectives; and
- 2) Form the Task and Finish Group which will feed their views into the Placemaking Plan.

12 **HOMELESSNESS STRATEGY (15 MINUTES)**

The Chair invited Sue Wordsworth (Planning & Partnership Manager – Housing) to introduce the report.

The Chair said that it is really important that the strategy is on the agenda for today and for the Board to agree to launch consultation today. The Chair said that he will support the strategy.

Councillor Dine Romero commented that phrase ‘affordable homes’ is a bit misleading. If homes are affordable then people would be able to buy them. Councillor Romero also commented that young people are often at quite high risk of not having a place to stay and asked how much work is done with armed forces.

Sue Wordsworth said that phrase ‘affordable homes’ is used on day to day basis though she took that point on board. In terms of statutory homelessness – the main reason for being homeless is leaving home shared with parents, family and friends. This is why there are a lot of young people in homeless category and they are key concern. One of the things that Council will be looking at is to integrate homelessness into other strategies. Many of rough sleepers had previous life in armed forces, which is the concern though there is nothing in the strategy that directly addresses that issue. Sue Wordsworth said it is something that the officers could take away and look to incorporate in the strategy.

Bruce Laurence said that twelve priorities are rightly focused on prevention of homelessness and helping people finding the right accommodation. Bruce Laurence said that he couldn’t see much about physical and mental health side of people who are homeless.

Sue Wordsworth commented that she will make note of that issue and register what comes out of the consultation and include in the strategy.

The Board was also informed that there are specific health services funded by the CCG for homeless people.

Dr Ian Orpen commented that number of people in bed and breakfast temporary accommodations is rising due to current economic situation which also has impact on families.

Councillor Eleanor Jackson commented that the strategy should take into account the needs of people in rural areas, considering how difficult for them is to access services in Bath.

The Chair welcomed the point raised by Councillor Jackson and asked the officers to take this into account.

It was **RESOLVED** to:

- 1) Ask the officers to take on board comments made above;
- 2) Endorse the statement 'The Health and Wellbeing Board will champion the homelessness agenda in Bath and North East Somerset'; and
- 3) Endorse the Homelessness Strategy Communications Plan 2013.

13 BATH AND NORTH EAST SOMERSET CHILDREN AND YOUNG PEOPLE'S PLAN (CYPP) (15 MINUTES)

The Chair invited Mike Bowden (Deputy Director for Children and Young People Strategy and Commissioning) to introduce the report.

The Board welcomed the Children and Young People's Plan (CYPP). Some Members of the Board, whom attended some consultation events with young people, said that they were impressed with the quality of discussion with young people, schools, parents and carers and the voluntary and community sector during the period of 24th June until 31st August this year.

It was **RESOLVED** to agree the priorities and the proposed timeframe for the next Children and Young People's Plan.

14 SECTION 256 AGREEMENT AND FUNDING ALLOCATION 2013/14 (5 MINUTES)

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

Jane Shayler took the Board through the report and suggested that the Board could have, at one of their future meetings, a further report on funding allocations for 2014/15 and 2015/16 (yet to be confirmed) once the guidance on the use of Section 256 funding and transfer arrangements is published.

The Board welcomed the report and in particular the part that the Health and Wellbeing Boards are expected to have in agreeing plans for the use of the 2015/16 Integration Transformation Fund.

It was **RESOLVED** to:

- 1) Note the agreed use of Section 256 funding in 2013/14;
- 2) Note proposals in relation to the 2015/16 Integration Transformation Fund and, in particular, the key role of Health and Wellbeing Boards in agreeing plans for the use of the 2015/16 Integration Transformation Fund; and
- 3) Request a further report on funding allocations for 2014/15 and 2015/16 once the guidance on the use of Section 256 funding and transfer arrangements is published.

15 **HEALTHWATCH BATH AND NORTH EAST SOMERSET - UPDATE (10 MINUTES)**

The Chair invited Pat Foster to introduce the update.

The Board welcomed the update and stressed the importance of having two Healthwatch members on the Health and Wellbeing Board.

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

16 **SAFEGUARDING ADULTS ANNUAL REPORT 2012/13 (10 MINUTES)**

The Chair informed the meeting that Lesley Hutchinson (Head of Safeguarding Adults, Assurance and Personalisation), who is the report author, gave her apology for this meeting and invited Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) to introduce the report.

The Chair welcomed the report and invited the Board to place on record its thanks to Lesley Hutchinson and her team who worked really hard during 2012-13. The report has been signed off by the Local Safeguarding Adults Board (LSAB) and now it is before Health and Wellbeing Board for approval. The LSAB is incredibly effective board working really hard with multi-agency partners to safeguard and protect vulnerable adults.

Members of the Board agreed with the Chair to place on record their thanks to Lesley Hutchinson and her team.

Bruce Laurence felt that report is quite detailed and there should be a summary at the beginning of the report focusing on the key issues and highlights as it was hard to extract key issues.

Bruce Laurence asked how we are going to assure that Winterbourne View Hospital events will not happen in Bath & North East Somerset.

Jane Shayler responded that, in her view, part of it is about the awareness that unfortunate events at Winterbourne View happened. A specific training is provided to all organisations with the clear message that it is not in order to allow this to happen again and every individual has responsibility to make their concerns known. The aim is to never-ever have Winterbourne View events in our area but it is important not to let complacency to slip in so there is a need for on-going raise of awareness and training in order to have tight grip on procedures. Procedures are really important – every single case, where time scales were not met, needs to be understood. Jane Shayler also said that we need to be vigilant for each and every case.

The Chair added that he, in his role of Cabinet Member for Wellbeing, and Wellbeing Scrutiny Panel will be receiving bi-monthly performance report on care homes.

Bruce Laurence asked how we get input from people in the care homes, the actual residents and/or their carers/relatives to make sure that anything that is questionable get spotted early.

Jane Shayler responded that part of it is about public awareness and part is about specific training for Ward Councillors, as they have quite important role in this matter. Part of the value of integrated commissioning arrangement is that not only Lesley Hutchinson and her team meet on monthly basis with the Care Quality Commission (CQC), but also the CCG's Director of Nursing meets with the CQC that enables to share of information. That would include District Nurses who might go into care homes and spot something they don't think it is right or GPs, relatives, friends, etc. This is all in addition to harder evidence, referrals, and it is all about sharing information. If there are concerns about particular home (because of number of concerns from different places) then there is a process in place where by somebody with considerable experience and knowledge on what good social care service looks like goes along with someone of nursing background and they do joint visit and develop joint action plan, if appropriate.

Ashley Ayre commented that when the work was done internally, to establish the departmental structure with the CCG, there was a specific question on how to respond to a "Winterbourne View" event in this area. Senior officers spent couple of sessions working on this. The key is information sharing across the frontline service delivery, commissioning and safeguarding functions about providers and any concerns or anomalies. Ashley Ayre also welcomed a need for executive summary of the report.

Dr Ian Orpen also welcomed a suggestion for executive summary of the report considering that there is a lot of detail in this high volume report which could be missed. Dr Orpen also said that higher number of referrals is not necessarily bad thing. It could mean that the awareness is higher and also the way how information is shared and collected now. Dr Orpen concluded by saying that safeguarding issue is not confined to care homes only. The reception staff at GP surgeries also has significant role in spotting if something is not right.

It was **RESOLVED** to agree the Local Safeguarding Adults Board Annual Report and Business Plan.

The meeting ended at 4.00 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services