

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 25th March, 2015, 10.00 am

Dr Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Councillor Simon Allen	Bath & North East Somerset Council
Bruce Laurence	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
John Holden	Clinical Commissioning Group lay member
Tracey Cox	Clinical Commissioning Group

Co-opted Non-Voting Member:

75 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

76 EMERGENCY EVACUATION PROCEDURE

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

77 APOLOGIES FOR ABSENCE

Councillor Paul Crossley and Morgan Daly had sent their apologies. Ronnie Wright was a substitute for Morgan Daly.

78 **DECLARATIONS OF INTEREST**

Councillor Simon Allen (Cabinet Member for Wellbeing) declared an “other” interest as an employee of Sirona Care & Health Community Interest Company.

Dr Ian Orpen declared an “other” interest in item 8 of the agenda as a part share holder of Bath Pharmacy.

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

There was no urgent business.

Dr Ian Orpen expressed his sincere thanks to Councillor Simon Allen on behalf of the Board members, officers and external partners, for his tremendous contribution, support and commitment during his term as the Health and Wellbeing Board Chair.

80 **PUBLIC QUESTIONS/COMMENTS**

There were none.

81 **MINUTES OF PREVIOUS MEETING**

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

The Chair informed the meeting that he had agreed to move forward agenda item ‘Better Care Fund Section 75 agreement’, as the next item on the agenda.

82 **BETTER CARE FUND (BCF) SECTION 75 AGREEMENT (15 MINUTES)**

The Chair invited Jane Shayler (Director of Adult Care and Health Commissioning) to introduce the item.

The Chair thanked the Council and the CCG BANES for work they have put into the plan.

John Holden had asked if the BCF existing 3.5% target reduction, that has been included in the plan, would be maintained over the life of agreement.

Jane Shayler and Tracey Cox responded that September 2014 submission of the plan had had a revision to the reporting metrics; this was the introduction of the metric of reductions of total emergency admissions with the national ambition of a 3.5% reduction in 2015 against a 2014 actual baseline. As the BCF was not new money, much of it would have to be re-invested from existing NHS services.

Through the CCG’s 2015/16 operational planning process there has been the opportunity to review the BCF existing 3.5% target reduction that was included in the BANES BCF plan. This has allowed BANES to review actual 2014/15 activity and aligned its BCF plan reductions with the CCG operational plan and associated QIPP

(Quality, Innovation, Productivity and Prevention) schemes that sit within or alongside the BCF.

It was **RESOLVED** to:

- Note the financial summary of BCF schemes and the 2015/16 funding transfers;
- Support the changes to the target for reductions in emergency admissions; and
- Agree entering into the draft section 75 agreement with delegation to the Co-chairs of the Health and Wellbeing Board and CCG's Chief Officer for agreement of the final agreement before signing.

83 **BATH AND NORTH EAST SOMERSET PHARMACEUTICAL NEEDS ASSESSMENT 2015-18 (15 MINUTES)**

The Chair invited Paul Scott (Public Health) to give a presentation to the Board.

Paul Scott highlighted the following points in his presentation:

- Purpose of the Pharmaceutical Needs Assessment (PNA)
- Who uses a PNA?
- Governance
- Pharmaceutical Services provided in B&NES
- Location map
- Key findings
- Next steps...

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

Members of the Board welcomed the report and presentation from Paul Scott.

The Board also welcomed that they would be required to keep a map up to date of the provision of NHS pharmaceutical services within the area.

The Board acknowledged that 'upon receiving a pharmacy application (to amend or open a pharmacy premises), NHS England would notify interested parties of the application and the Board would be included as part of this. NHS England would require written representation to be made within 45 days of circulation of the application.

The Board agreed that option 2 in the report, for responding to such notifications, should be preferred option.

Option 2 –

A board member, such as the Director of Public Health, be given delegated authority for coordinating application responses back to NHS England, on behalf of the B&NES Health and Wellbeing Board.

As part of this process, Public Health will be responsible for circulating applications electronically within 7 days of receipt to representatives from the below teams for their input and feedback before preparing any response:

- Public Health team
- Research and Intelligence team
- Strategy and Plan team
- Ward councillor(s) impacted by application
- BaNES NHS CCG
- Healthwatch B&NES

As part of this process, all those consulted will be required to highlight any potential conflicts of interest which may arise in response to an application.

If a clear response cannot be easily identified and agreed electronically, the above group will be invited to meet to discuss and co-ordinate a response.

Members of the Board noted that location map of B&NES pharmaceutical providers and location of premises had had a gap in the middle.

The Board also noted that there has been a gap in the provision of easily accessible local community pharmaceutical services that serve the Chew/Keynsham GP cluster in the evenings after 18:30 Monday to Saturday, and on Sundays.

It was **RESOLVED** to:

- 1) Adopt the key findings set out in the Bath and North East Somerset Pharmaceutical Needs Assessment 2015-18;
- 2) Agree the proposed arrangements for maintaining and keeping the PNA up to date, including an annual PNA Steering Group review meeting;
- 3) Agree that representatives of the Health and Wellbeing Board meet with the Avon Local Pharmaceutical Committee through an informal intelligence-sharing meeting;
- 4) Adopt option 2 for responding to notifications of new pharmacy applications from NHS England.

84 **REFRESH OF THE HEALTHY WEIGHT STRATEGY (15 MINUTES)**

The Chair invited Jameelah Ingram (Public Health) to give a presentation.

Jameelah Ingram highlighted the following points in her presentation:

- Why is obesity an issue?
- Obesity harms communities
- Key facts – healthy weight
- Vision for discussion
- Aim and objective
- 3 Levels of Action
- Prioritising Need
- Monitoring Outcomes
- Local Governance

- What can action on obesity lead to
- Initial Consultation Plans
- Next Steps

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

Councillor Romero welcomed the Strategy and commented that the Council should take some action in terms of healthy eating. Councillor Romero suggested that the Board should receive an update in near future with information on what was stopping people changing their lifestyle and what dialogue took place with families and individuals on this issue. Councillor Romero also said that the Council could not control what children, who have been in academies, have in their school meals.

Dr Ian Orpen also welcomed the strategy though people should not necessarily think that an increase in exercise would help them lose weight. People should control what they eat and control consumption of high caloric food and drink.

Jo Farrar also welcomed the strategy and added that 'Fit For Life' Strategy has been also designed to help people live healthy lifestyle. Jo Farrar also suggested that the Board could invite partners within Fit for Life Partnership and hear their views on increasing number of mass participation events aimed at engaging new people, promoting positive messages and providing education about sport and physical activity.

It was **RESOLVED** to:

- 1) Approve the strategy subject to public consultation;
- 2) Agreed with the governance of the strategy;
- 3) Receive a feedback in 6 months timer;
- 4) Invite and hear from partners within Fit for Life Partnership.

85 **DEMENTIA WORK PROGRAMME UPDATE (15 MINUTES)**

The Chair invited Laura Marsh (CCG representative) to introduce the report.

It was **RESOLVED** to note the work undertaken to date and support the delivery of the work programme.

86 **DIABETES CARE PATHWAY REDESIGN (15 MINUTES)**

The Chair invited Laura Marsh (CCG representative) to introduce the report.

The Chair commended the work in this area and suggested that Healthwatch could get involved in the pathway redesign.

The Board welcomed new approach and emphasises on prevention.

It was **RESOLVED** to note the project work undertaken to date and to support the development and delivery of the new pathway.

87 **BATH AND NORTH EAST SOMERSET JOINT HEALTH AND WELLBEING STRATEGY (25)**

The Chair invited Helen Edelstyn (Strategy and Plan Manager) to give a presentation.

Helen Edelstyn highlighted the following in her presentation:

- Introduction
- The JHWS
- Changing how we work
- Preventing ill health by helping people to stay healthy
- Improving the quality of people's lives
- Tackling health inequalities by creating fairer life chances
- Delivery

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

The Board welcomed the report and presentation. Members of the Board felt that it was important that priorities should stay the same. Members of the Board also welcomed the format in which the Strategy had been presented to the community.

It was **RESOLVED** to adopt the refreshed B&NES Joint Health and Wellbeing Strategy.

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

The Chair invited Ronnie Wright (Healthwatch) to introduce the report.

It was **RESOLVED** to note the feedback received through issues and concerns and through the Network, including an update on a research project conducted by Healthwatch within the Royal United Hospital; and to note the proposal for a model of Healthwatch work which maximises resources available within the overall Healthwatch project and local partners.

89 **TWITTER QUESTIONS**

There were no questions from Twitter.

The Chair thanked Board members and officers involved for their service and input over the past four years.

The Chair wished the new Board (membership to be known post May 2015 elections) continued success.

The Board thanked Councillor Allen for his contribution to the Board including his extremely effective leadership qualities, his guidance and direction and sense of fairness.

The meeting ended at 12.10 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services