
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 23rd March, 2016, 10.00 am

Councillor Vic Pritchard	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
Morgan Daly	Healthwatch Manager: B&NES and Somerset
John Holden	Clinical Commissioning Group lay member
Tracey Cox	Clinical Commissioning Group

Co-opted Non-Voting Member:

43 WELCOME AND INTRODUCTIONS

The Chairman (Councillor Vic Pritchard) welcomed everyone to the meeting and requested that attendees switch their mobiles etc. to silent. He stated that the meeting was being webcasted live and the recording stored on the Council's website.

44 EMERGENCY EVACUATION PROCEDURE

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

45 APOLOGIES FOR ABSENCE

There were apologies from Jo Farrar OBE and Dr Ian Orpen whose respective substitutes were Jane Shayler and Dr Ruth Grabham. There were also apologies from Councillor Michael Evans and Ashley Ayre.

46 **DECLARATIONS OF INTEREST**

There were none.

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

There was no urgent business.

48 **PUBLIC QUESTIONS/COMMENTS**

There were none.

49 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting held on Wednesday 3rd February 2016 were approved as a correct record and signed by the Chairman.

50 **TRANSFORMATION GROUP UPDATE**

The Chairman invited Tracey Cox (CCG) to introduce the update.

Tracey Cox reminded the Board that the group is a Sub-Group of the Board providing a forum to support the delivery and implementation of “Seizing Opportunities”, BaNES CCG’s 5 Year and shared system oversight of the Better Care Fund and to support the development of future service models and enable active input into the Board’s strategic planning.

Tracey Cox took the Board through the report which included the outcomes from the most recent meeting of the group.

John Holden asked about B&NES area position in terms of Delayed Transfer of Care (DToC).

Tracey Cox replied that B&NES area had been performing much better than other areas in terms of DToC. However, DToC performances had been below the target set in the Better Care Fund.

John Holden expressed his concerns in conflict of resources allocated for Your Care Your Way (YCYW) and those for Sustainability and Transformation Plan (STP). John Holden said that YCYW was much more important than the STP in case of a competition for resources.

Tracey Cox agreed with John Holden and added that she would have discussions with health community on the progress of both, YCYW and STP, and how they collide and overlap each other.

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

51 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

The Chairman invited Tracey Cox to give a presentation.

Tracey Cox highlighted the following points in her presentation:

- Overview of the process
- Sustainability and Transformation Footprint
- Leadership and Governance
- Draft Governance structure
- Checkpoint on 15th April 2016
- Next steps
- Areas STPs will need to cover
- Linkages to B&NES Health and Wellbeing

A full copy of the presentation is attached to these minutes.

The Chairman said that the STP had been specific in what it had been accountable for. The Chairman expressed slight concern that Councils within the STP Footprint may have different NHS objectives.

Jane Shayler said that the STP footprint would not preclude Councils from forming other partnerships based on a different geographical footprint, including with the West of, nor it would prevent B&NES to progress with its own key priorities for the community, including Your Care Your Way.

Bruce Laurence said that one of B&NES' strengths were in strong links between the Council and NHS. Councils within the Footprint had had different communities though interests on different health areas might be in common. Bruce Laurence concluded by saying that the challenge would be in getting the benefit from the plan rather than being steered by it.

Dr Ruth Grabham expressed her concern on resources for the STP and highlighted that it would be a huge ask from people who were already working really hard with their daily duties.

The Chairman concluded the debate by saying that some considerable work and effort had gone into this project so far. The Chairman also said that James Scott, RUH Chief Executive, would commit 50% of his work time to the role of Senior Responsible Officer. The Chairman said that the Senior Responsible Officer role would cover whole spectrum to delivery of health, and not just one area (i.e. acute only).

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

52 **JOINT HEALTH AND WELLBEING STRATEGY UPDATE: CREATING HEALTHY AND SUSTAINABLE PLACES**

The Chairman invited Paul Scott (Consultant Public Health) and Louise Davidson (Team Manager - Enabling & Development) to give a presentation.

The following points were highlighted in the presentation:

- Why housing is important to health and wellbeing

- Foxhill Housing Zone
- The Vision for Regeneration
- Consultation and collaboration
- Housing Zone Designation
- Mulberry Park and Phase 1 approved plan
- Regeneration of the Foxhill estate
- Foxhill Regeneration & Development Charter
- Mulberry Park and Foxhill Estate Regeneration - Next few months
- Health & Sustainability Opportunities
- Issues

A full copy of the presentation is attached to these minutes.

Councillor Bob Goodman (Combe Down Ward) supported the project and thanked the officers for their presentation. Councillor Goodman added that the project had been brought back to the limelight by the current administration. Curo and the Council had had a number of workshops which engaged Foxhill community. Councillor Goodman concluded that Foxhill regeneration should continue to evolve.

The Chairman said that this would be an opportunity for the Board to set a standard on involvement of the Board, and also other health bodies, in future developments in B&NES.

Councillor Tim Warren praised joint work between the Council, Curo and Foxhill community in this project and highlighted the part of the Foxhill residents association.

Diana Hall asked how those who were opposing the project could put their views forward.

Louise Davidson replied that people could object through planning process. Curo, as the developer, would have to balance the views of the community. Curo had set a vision in 2013 and now they had created a plan which had incorporated views of different groups and community.

Bruce Laurence said that this shows the real benefit of bringing Public Health within the Council and getting the team engaged in this development. The Board should be presented with clear indicators on what the development should achieve. The Board should also show clear leadership from health perspective.

Morgan Daly said that he would be prepared to talk, on behalf of the Board, with health advisory groups on this matter and monitor progress of the development and impact that would make on health infrastructure.

John Holden asked why Curo should be trusted when the report had indicated that their current social housing stock in Foxhill had been in poor condition and had required redevelopment. John Holden also commented that health need for around 1,300 housing units had been mentioned briefly and that some other issues, such as traffic via Bradford Road, would also need to be considered. John Holden expressed his concerns that profits from Mulberry Park development would be used to support Foxhill estate. John Holden concluded by showing his full support to

involvement of the Public Health and that the Board should continue to be engaged in this project.

Louise Davidson replied that current housing stock had been built under building regulations some time ago, and now those regulations had expired. The affordable housing would have to meet latest standards and it would have to be built under particular building requirements.

Tracey Cox said that the CCG would do whatever is required to support the development.

The Board agreed with the Chairman for an update at one of Board's future meetings.

It was **RESOLVED** to:

- 1) Note the presentation and report;
- 2) Request from officers to take on board issues raised in the debate; and
- 3) Receive further update at one of future meetings.

53 **BETTER CARE FUND PLAN UPDATE**

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler introduced the report to the Board as printed.

The Chairman asked how responsive were the RUH in terms of the delayed transfer of care.

Jane Shayler replied that the RUH had been one of the key partners who made significant contributions towards the delayed transfer of care action plan and who would be the lead on some actions within the action plan. However, the RUH do recognise that there would be challenges in delivering the targets for reducing delayed transfers of care and that it is important that all partners play an active role in reducing delayed transfers of care across the whole system, including those in community services.

Tracey Cox added that the RUH would be looking into length of stay on speciality level and they would set some internal targets on what the length of stay should be.

John Holden said that he was pleased with the Better Care Fund (BCF) submission, although he felt that the 8% target for the delayed transfer of care could be easily achieved and there should be more stringent target set internally. John Holden expressed slight concern on shared accountability with the Fund and suggested there should be one person to drive this.

Jane Shayler responded that the Council and the CCG had appointed Caroline Holmes as Senior Commissioning Manager – Better Care who is now accountable on a day to day basis for the DTOC Action Plan and management of the BCF Plan for 2016/17. Jane Shayler also explained that it had been difficult to establish the local baseline for DTOCs as the definition used for DTOCs had changed twice in

2015/16, initially in relation to recording of DTOCs in the community hospitals, which the majority of areas do not report as part of the national performance indicator and then, later in the year in response to best practice guidance. The proposed local target will be challenging to deliver as it relates to DTOCs in all care settings. Even better performance in reducing DTOCs would, of course, be preferable. The 8% target would be challenging and to deliver anything more than 8% would be quite difficult.

It was **RESOLVED** to:

- 1) Agree the proposed utilisation of BCF 2016/17 funds;
- 2) Agree the Delayed Transfers of Care (DTOC) Action Plan;
- 3) Agree the proposed local DTOC targets; and
- 4) Delegate to the Co-Chairs of the Health and Wellbeing Board formal sign-off of the final submission on 25th April 2016.

54 **SUICIDE PREVENTION STRATEGY AND ACTION PLAN**

The Chairman invited Paul Scott to give a presentation.

Paul Scott highlighted the following points in the presentation:

- Introduction
- Key messages
- Partnership working
- Suicide data headlines for B&NES
- 2000-2014 data
- Risk groups
- B&NES self-harm data
- Action plan with 6 key objectives

A full copy of the presentation is attached to these minutes.

The Chairman welcomed the Strategy and Action Plan by bringing up an example of unfortunate events that have happened in his Ward.

Morgan Daly asked how effective engagement with the schools was.

Paul Scott replied that the engagement with the schools had been quite successful and really positive though there would be quite more work to be done towards this matter.

Bruce Laurence added that the Strategy was a part of the broader Mental Health agenda. Bruce Laurence highlighted that the economic downturn, suicide rates had increased and had become one of the main reasons for suicide. Bruce Laurence also said that self-harming could be really hard to understand though it had been a lot more common than some people think.

It was **RESOLVED** to:

- 1) Note the Strategy and its key actions;

- 2) Continue to provide high level support for the suicide prevention activities outlined in the action plan.

55 HEALTH INEQUALITIES INQUIRY DAY

The Chairman invited Paul Scott and Rebecca Reynolds (Consultant Public Health) to introduce the report.

The Board welcomed a programme for the summit on 11th May 2016.

It was **RESOLVED** to note the report and to receive a paper on the output of the summit for July 2016 meeting of the Board.

The meeting ended at 12.10 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services