

Governing Body meeting (held in public)

DATE: 30 July 2015

Title	Minutes from meeting of the Bexley Health and Wellbeing Board on 30 April 2015	
This paper is for Information		
Recommended action for the Governing Body	That the Governing Body: 1. Note the minutes of the meeting of the Bexley Health and Wellbeing Board on 30 April 2015.	
Potential areas for Conflicts of interest	None	
Executive summary	The Bexley Health and Wellbeing Board minutes are from its meeting on 30 April 2015. The meeting discussed: health and wellbeing priorities - annual update 2015; public health budget spend for 2015/16; impacts of loneliness on older people; maternity services update and update on the building health partnerships programme	
How does this paper support the CCGs objectives?*	Patients:	Not applicable
	People:	Not applicable
	Pounds:	Not applicable
	Process:	Not applicable
What are the Organisational implications	Key risks	None arising from this report
	Equality	None arising from this report
	Financial	None arising from this report
	Data	None arising from this report
	Legal issues	None arising from this report

Clinical Commissioning Group

	NHS constitution	None arising from this report
Engagement	None in relation to this report	
Audit trail	None	
Comms plan	None in relation to this report	
Author: Jon Winter	Clinical lead: Chair, Dr Howard Stoate	Executive sponsor: Chief Officer, Sarah Blow
Date	17 July 2015	



BEXLEY HEALTH AND WELLBEING BOARD

30 April 2015

At a meeting of the BEXLEY HEALTH AND WELLBEING BOARD held at G04, CIVIC OFFICES on THURSDAY, 30 APRIL 2015 at 7.30 pm

Present:

Terry Bamford, Tom Brown, Simon Evans-Evans (substituting), Dr Sonia Khanna-Deshmukh, Dr Nada Lemic, Councillor Teresa O'Neill, Councillor Eileen Pallen, Dr Howard Storate, Sakthi Suriyaprakasam, Jacky Tiotto and Will Tuckley

Also present:

Councillor Roy Ashmole

57. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

(Agenda Item No. 1)

Opening the meeting the Chairman said Barbara Trevanion had left her position as Chair of the Bexley Safeguarding Children Board (BSCB) and asked that thanks be recorded for Barbara's contribution to the work of the Health and Wellbeing Board. The Chairman welcomed Simon Evans-Evans who was representing both the BSCB as Vice-Chair and the Bexley NHS CCG as a substitute for Sarah Blow, who had sent apologies. Matthew Trainer (NHS England) had also sent apologies.

58. MINUTES OF THE MEETING HELD ON 17 MARCH 2014

(Agenda Item No. 2)

RESOLVED:- That the minutes of the meeting held on 17 March 2015 be agreed and signed as a true record.

59. DECLARATIONS OF INTERESTS AND DISPENSATIONS

(Agenda Item No. 3)

There were no declarations.

60. STANDING ORDER 65(6)

(Agenda Item No. 4)

In accordance with Standing Order 65(6) the Chairman announced that she had received notification of one item of urgent late business, in respect of the Quality Premium, which she had agreed should be discussed. She then invited Simon Evans-Evans to elaborate.

Simon referred the Board to a short report that had been tabled. He said NHS England has the power to make payments – the Quality Premium – to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities. He said the 2015/16 Quality Premium requires two local measures to reflect local priorities identified in health and wellbeing strategies. Simon said the CCG was of the opinion that these two measures should be around children, adults and safeguarding, namely a set of safeguarding indicators and improving the quality of reporting

from care homes in Bexley. The Board welcomed the proposal and discussed the required datasets to support the measures, noting that LB Bexley already collects some of the required data, and that discussions were under way with Oxleas, for example, whose input would be required. Simon confirmed that discussions would continue with all partners with a view to agreeing the indicators and data collection methodology by the 14 May 2015 deadline for submission. In the meantime he was seeking the Board's endorsement of the proposal, which was given.

There were no other items of late business.

RESOLVED:- That the Board endorses proposals for two local measures for the 2015/16 Quality Premium.

61. HEALTH AND WELLBEING PRIORITIES - ANNUAL UPDATE 2015
(Agenda Item No. 5)

The Board received a report from Dr Lemic on the Health and Wellbeing priorities for Bexley, as set out in the Health and Wellbeing Strategy, and was advised on the actions being taken to address those priorities. Dr Lemic summarised progress being made, and actions, for each of the five priorities, as set out in the report before members. She also highlighted the fact that whilst sexual health is not one of the five priorities, a number of strands cut across other priorities, and she provided brief details of activity in this area.

Dr Lemic added that, although it was not a perfect science, an attempt had been made to ascertain Bexley's performance against the national (England) Public Health Outcomes Framework. In terms of comparable performance across London, she said Bexley's average ranking was improving, and Bexley was performing better than the average for 58% of the 158 indicators: in England this was 65%. Dr Lemic added that Bexley performs less well in the domains of health protection and health improvement, but well in health care and reducing premature mortality.

Dr Lemic also asked members to note some of the data with caution. For example, she said that although recorded diabetes was ranked as poor, this is because Bexley is very good at recording and identifying diabetes, and this leads to high incidence being recorded. Nevertheless, Dr Lemic said all the data provided a useful benchmark for Bexley, but didn't fully describe how well Bexley was performing, and so she added that new Bexley-specific data was being developed to enable the Board to have a better understanding of local performance picture in 12 months' time: this would include trend data too. This was welcomed and noted, as some members were unsure what weight could be placed on the, albeit impressive, dataset before them.

The Board discussed a number of priorities and indicators, such as smoking, weight management, child obesity and the mental health and emotional wellbeing of children and young people, and in response to questions from Jacky Tiotto, Dr Lemic agreed to provide more background information on the data collection and monitoring for the latter.

The update was noted.

RESOLVED:- That:

- i) the new locally-specific health and wellbeing priorities data and trends are sourced and provided for the 2016 annual update; and,
- ii) Dr Lemic provides Jacky Tiotto with more background information on the data collection and monitoring for the mental health and emotional wellbeing of children and young people priority.

62. PUBLIC HEALTH BUDGET SPEND FOR 2015 - 16
(Agenda Item No. 6)

Dr Stoate said he would welcome an update on public health expenditure, to ensure the CCG and LB Bexley plans dovetail to ensure value for money.

Will Tuckley said LB Bexley was spending more on public health and outcomes than in recent years, because the grant had risen. He said the public health profile had risen and, in LB Bexley, public health was more central to considerations. However, Will asked members to note that public health was working from a low financial base, adding that Bexley was about 25% below the target level for distribution of public health funding, which Government data suggests represents underfunding of £2 - £3m a year.

For 2015-16 Will said much of the planned expenditure is on inherited contracts and demand led programmes, which limits the Council's ability to move towards other priorities. As an example, he said that more than half the public health grant for 2015-16 would be spent on two programmes - £1.9m on sexual health and £2.3m on substance misuse.

Nevertheless, the Board was advised that the public health programme was very different from that inherited, and Will said some health lifestyle work had seen a boost in activity and focus, savings had been achieved on school nursing (without reducing the quality) and a retendered substance misuse programme had achieved budgetary savings. He said a long term programme on obesity was in the pipeline, and GP health checks - also a long term programme - would see some investment.

Will added that achievement of public health outcomes within the budget provided was proving to be a challenge, and advised that some public health funds had been set aside to try and boost voluntary and Council services that could deliver improvements. Members agreed that improving outcomes is also about individuals making lifestyle changes, and wider population health issues, that no single agency can tackle alone, and noted that more collaborative effort from partners and agencies was being galvanised.

Dr Lemic said that a number of services had been re-commissioned, there has been a re-focus on JSNA priorities and expenditure had now been directed towards those priorities. The Chairman commented that key public health issues were now being addressed, to the benefit of Bexley's residents - an achievement that all involved should be proud of.

Dr Stoate welcomed this update, adding that the CCG hadn't felt properly sighted and was seeking a better information stream with closer, more collaborative, working. Will Tuckley responded by offering to report back to the CCG's Governing Body, and to speak to their Chief Officer about developing some enhanced joint programmes that, based on current evidence, might lead to a reduced demand on NHS services.

The Board noted the update and agreed the proposal for discussions with the CCG.

RESOLVED:- That Will Tuckley:

- i) reports to the CCG's Governing Body on 2015-16 public health spend; and,
- ii) discusses with the CCG's Chief Officer options for developing enhanced joint public health programmes.

63. IMPACTS OF LONELINESS ON OLDER PEOPLE
(Agenda Item No. 7)

Councillor Pallen said that having met with the Campaign to End Loneliness she would like to ascertain what services are available locally to help prevent loneliness in older people. Cllr. Pallen added that she had also met the Diocese of Rochester and discussed their mapping exercise of services available for older people. Cllr. Pallen added that the report before members set out the wellbeing and wider health issues surrounding loneliness and how early intervention can mitigate some of the adverse outcomes, and reduce the reliance of a lonely older person on Council and national health services.

Cllr. Pallen said she was seeking the Board's approval to establish a task and finish group, which she was prepared to chair, that would ascertain what services were available locally, and then report back to members within six months with ideas and recommendations on what could be delivered and accomplished in Bexley. She added that partners such as the Bexley Voluntary Service Council, Age UK and Neighbourhood Watch would be invited to join the proposed group.

The Board noted that a lot of suitable services are available, but improved access to them is required.

The Board approved the proposal to establish a task and finish group.

RESOLVED:- That:

- i) a task and finish group be established to ascertain what local services are available to combat loneliness in older people; and,
- ii) the Board receives from the group within six months ideas and recommendations on what could be delivered and accomplished in Bexley to combat loneliness in older people.

64. MATERNITY SERVICES UPDATE

(Agenda Item No. 8)

The Chairman invited Jacqui Skinner, Head of Children, Young People and Maternity Commissioning (LB Bexley and CCG) Integrated Commissioning Unit, to provide an update on maternity services.

Jacqui said that Bexley women can choose where to give birth, and nearly half choose to do so at Darent Valley Hospital, although there is an increasing trend for deliveries at the PRUH. The Board noted that because of the birth choices available to women, there are currently gaps in ante-natal and post-natal support, and Jacqui said providers needed to work together to ensure seamless care and maternity pathways regardless of where a woman chooses to give birth.

The Board heard that a high proportion of teenage mothers are smokers, and Jacqui said the Bexley Maternity Services Liaison Committee was working to address this and a number of other issues, such as choice, obesity in pregnancy (shortlisted for a Florence Nightingale Award for this work) and maternity and care pathways. Jacqui summarised a number of initiatives designed to improve access to pregnancy advice and services in Bexley, adding that work is underway to encourage women to engage earlier with services. Jacqui said breastfeeding initiation and sustainment has been below target in Bexley and it is a priority for 2015-16 to increase the proportion of women who breast feed. It was noted that, by July 2015, Bexley will have achieved UNICEF breast feeding levels one and two, and that all GP practices had taken up UNICEF breast feeding initiation e-learning: an infant feeding lead is working with GP's to improve data entry in this regard.

Jacqui reported that the family nurse partnership programme, established in 2014, aims to improve maternal and child health and family economic self-sufficiency in first time pregnant teenaged women, and is currently working with 14 young women in Bexley and 28 in Bromley.

The Board was advised that a hospital based neo-natal hearing screening service was to be introduced from October 2015, enabling screening for all babies before discharge or recalled back for screening at a later date. Jacqui described how maternity services would fit, and be provided, in the proposed Healthier South East London integrated whole system model, and set out the six priorities in 2015-16 for the South East London Maternity Working Group.

Concluding, Jacqui said because half of Bexley women give birth outside the SE London system, the key challenge for Bexley commissioners is to ensure that all providers work together across boundaries to provide seamless care and pathways, and to ensure no one is lost in the system. She added that communication channels between the community (GPs, health visitors etc.) and maternity services also need to improve.

Dr Stoate said that, as a GP, he was disappointed to see so few mothers breastfeeding at the six week check, and he considered the six hour transfer from hospital to be a contributory factor. Jacky Tiotto and Dr Lemic both anticipated that planned work would achieve an increase in breastfeeding,

and the Board commented that this is an important component of the prevention agenda.

The update was noted.

65. UPDATE ON THE BUILDING HEALTH PARTNERSHIPS PROGRAMME
(Agenda Item No. 9)

Sakthi Suriyaprakasam reported that following the successful bid for Phase 2 of the Building Health Partnerships Programme in January 2015, the first, well attended, facilitated session took place on 31 March 2015. Sakthi said this session focussed on exploring opportunities and barriers to cross sector collaboration, and jointly discussing and building on the initial programme application to support health and wellbeing in the local community. By the end of the day, Sakthi said key priorities for working together had been agreed and an action plan developed.

The Board noted the update, and also noted that the next meeting was scheduled for 30 June 2015, but before that, on 11 May 2015, there was to be a national event to bring together key people involved in Phase 1 and 2. Sakthi agreed to report back to the Board on both.

RESOLVED:- That the Board receives feedback on the progress of the Building Health Partnerships Programme.

66. PUBLIC QUESTIONS
(Agenda Item No. 10)

There were none.

67. ANY OTHER BUSINESS
(Agenda Item No. 11)

a) Adult Autism Self-Assessment

Tom Brown summarised the self-assessment outcomes, which were contained in the papers before the Board, asking members to note that areas requiring attention were in the areas of planning (specifically data collection), training and diagnosis, and he said better engagement with the criminal justice system was also required. Areas of progress were around mapping existing local provision and the Local College First programme that educates learners with complex needs in their home borough.

The Board noted that the Autism Sub-Group would be reviewing what has been learned from the self-assessment and developing an action plan to address weaknesses.

b) Better Care Fund – Operationalisation Guidance 2015-16

The Board noted the 2015-16 guidance, and the fact that planning is underway to finalise the Quarter 4 2014-15 submission to NHS England.

c) Stroke Services update

Tom Brown said the outcome of a review of the move of stroke services from Queen Elizabeth Hospital to Lewisham was awaited. He hoped improvements would be forthcoming as a result of the move, and the Board agreed that Tim Higginson should be invited to the next meeting to report on the review findings and the impacts the move has had on the service.

d) Forward Agenda for next meeting

The Board agreed their forward agenda for July 2015, subject to the addition of a stroke services update and the deferral of a report on Child Sexual Exploitation to September 2015.

RESOLVED:- That:

- i) Tim Higginson be invited to attend the Board's next meeting to report on the findings of the review into the move of stroke services; and,
- ii) the forward agenda for the next meeting, as amended in discussion, be agreed.

68. DATE OF NEXT MEETING
(Agenda Item No. 12)

The provisional schedule of meetings for the next Municipal Year was noted.

The Board rose at 9.02 pm