

## Governing Body (public) meeting

DATE: 21 May 2015

<b>Title</b>	<b>Minutes from March Bexley Health and Wellbeing Board meeting</b>	
Recommended action for the Governing Body	That the Governing Body:  <b>NOTE</b> the attached minutes from Bexley's Health and Wellbeing Board (HWB) meeting on 17 March.	
Executive summary	<p>Bexley's HWB met on 17 March 2015 and the minutes of the meeting are attached.</p> <p>This meeting was an additional HWB meeting primarily to consider the borough's Pharmaceutical Needs Assessment (PNA), as the board has a specific duty to develop and update a PNA for the borough.</p> <p>The meeting's minutes also reflect discussion on:</p> <ul style="list-style-type: none"> <li>• An update on the development of the SE London strategy.</li> <li>• An update on the CCG's vanguard bid.</li> </ul>	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	N/A
	Equality and diversity	N/A
	Patient impact	N/A
	Financial	N/A

**Clinical Commissioning Group**

	Legal issues	N/A
	NHS constitution	N/A
Consultation (public, member or other)	N/A	
Audit (considered/approved by other committees/groups)	N/A	
Communications plan	N/A	
Author	Jon Winter, Assistant Director of Communications and Corporate Services	
	Clinical lead	Executive sponsor
	Dr Howard Stoate Chair	Simon Evans-Evans Director of Governance and Quality
Date	6 May 2015	

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## BEXLEY HEALTH AND WELLBEING BOARD

17 March 2015

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At a meeting of the BEXLEY HEALTH AND WELLBEING BOARD held at PUBLIC GALLERY WEST - CIVIC OFFICES on TUESDAY, 17 MARCH 2015 at 7.30 pm

**Present:**

Sarah Blow, Tom Brown, Anne Hinds-Murray (substituting), Dr Nada Lemic, Councillor Eileen Pallen, Dr Howard Storate, Sakthi Suriyaprakasam, Jacky Tiotto and Will Tuckley

**Also present:**

Vanessa Lane (Director, Webstar Lane)

**48. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

(Agenda Item No. 1)

Opening the meeting the Chairman asked for the Board's condolences and best wishes to be recorded and passed to the Leader of the Council.

Apologies had been received from Terry Bamford (Healthwatch Bexley - Anne Hinds-Murray substituting), Dr Khanna-Deshmukh (Bexley NHS CCG), Councillor Teresa O'Neill (Leader of the Council), Matthew Trainer (NHS England) and Barbara Trevanion (Bexley Children Safeguarding Board).

It was also noted that apologies for lateness had been given by Councillor Eileen Pallen.

**49. MINUTES OF THE MEETING HELD ON 11 FEBRUARY 2015**

(Agenda Item No. 2)

One typographical error was noted, and it was agreed that this would be corrected for the official record.

**RESOLVED:-** That the minutes of the meeting held on 29 October 2014, as amended, be agreed and signed as a true record.

**50. DECLARATIONS OF INTERESTS AND DISPENSATIONS**

(Agenda Item No. 3)

There were no declarations.

**51. STANDING ORDER 65(6)**

(Agenda Item No. 4)

There were no items of late business.

**52. PHARMACEUTICAL NEEDS ASSESSMENT**

(Agenda Item No. 5)

The Board shared the Chairman's concern that NHS England was not represented at the meeting, particularly for consideration of this important item that had implications for NHS(E) commissioning.

Dr Nada Lemic outlined the statutory responsibility of the Board to develop and update a Pharmaceutical Needs Assessment (PNA) for Bexley, and the arrangements previously agreed by the Board for a multi-agency Steering Group to manage the process. After two phases of consultation she said the final document was now before the Board for approval. Members noted that the document had been prepared in accordance with, and met, all legal requirements and Regulations. Dr Lemic invited Vanessa Lane to elaborate.

Vanessa Lane said the Board must publish a PNA by 1 April 2015, and it has a responsibility to maintain the document and keep it up to date, publishing a new one every three years, as a minimum. She added that the document before the Board identified current and future needs and it also identified opportunities for improvements in access and choice, including the need to increase pharmacy provision in the north of the Borough. Vanessa said it also highlighted the benefits of providing new services through pharmacies and set out a vision for pharmacy locally, stating an ambition for how community pharmacy may support the delivery of local and strategic priorities and health outcomes.

During the development process the Board noted that formal submissions on their behalf had been made to the Greenwich and Kent Health and Wellbeing Boards in response to being invited to participate in the consultation on their respective PNAs.

The Board also noted that it was now being invited to consider whether or not to delegate to the Director of Public Health and a nominated officer future responsibility for the maintenance and development of the PNA. Members were also advised that under such an arrangement there may be occasions where specialist pharmacy support will be required, and this might require a financial commitment of up to £5,000 a year.

In discussion the Board was advised that there is a duty to share the agreed PNA with NHS England, although NHS(E) had been part of the Steering Group and had responded positively to the draft document. Furthermore, the Board was advised that any actions arising thereafter, either from NHS England or because of new legislation or Regulations, would be handled by the Director of Public Health and the nominated officer, subject to the Board receiving reports and updates for consideration.

In addition, members agreed with a proposal for an action plan to be prepared to assign tasks and responsibilities arising from the PNA, to enable the Board to seek updates on actions, and to ensure the PNA is up to date and relevant.

On the basis of the aforementioned discussions, the Board approved the PNA and agreed to delegate responsibility for it to the Director of Public Health.

Tom Brown said care homes were referenced in the PNA and he asked how the Board might be able to promote pharmacies, such as poly pharmacies, in the prevention of health issues. Sarah Blow replied that the development of primary care is allied to the development of pharmacy services, but it is not the responsibility of the PNA to address primary care in this way.

The Chairman thanked Vanessa Lane, and everyone else involved, for this work and input to the development of the PNA which, he had noted, had received complimentary comments from NHS England.

**RESOLVED:-** That:

- (i) the Pharmaceutical Needs Assessment for Bexley (PNA) be approved;
- (ii) responsibility for the maintenance and future development of the PNA be delegated to the Director of Public Health; and,
- (iii) an action plan be developed to enable the Board to assign tasks and responsibilities and seek updates on actions proposed.

**53. UPDATE ON DEVELOPING THE "OUR HEALTHIER SE LONDON" STRATEGY**  
(Agenda Item No. 6)

Sarah Blow reported on progress made in the past six months by the six Clinical Commissioning Groups (CCGs) across SE London, in conjunction with NHS England, on the development of a joint commissioning strategy, now known as "Our Healthier South East London".

Sarah outlined the partnership arrangements and said that, through a whole systems approach, the proposed strategy will complement and build on work locally, with a particular focus on those areas where improvement can only be delivered by collective action, or where there is added value from working collectively. She said the strategy aims to respond to local needs, improve health, reduce health inequalities and deliver a health system which is clinically and financially sustainable. Describing the population segmentation of SE London, Sarah said it is proposed that Local Care Networks will support people to live healthier lives, enable them to manage their own health positively to prevent deterioration wherever possible and support those with complex needs or who are in the last year of life. Sarah also explained that the Local Care Networks would be the foundation of the entire integrated system model, providing person centred services to populations. The Board noted that Bexley's three localities – Clocktower, Frogna and North Bexley – would form the Borough's Local Care Networks. The Board further noted the five work stream areas: children; maternity services; cancer; urgent and emergency care; and, planned care, which would be the focus of action to achieve the aims of strategy.

Sarah summarised the high level outcomes for the strategy, explained the proposed programme through to mid 2016 when implementation was scheduled. She explained that more work is planned to set out what all this will mean for Bexley, which will be submitted to the Board for information, when available.

The Chairman said that an enormous amount of local engagement was scheduled in the coming months as the whole system approach was refined and tested with partners and other stakeholders. Will Tuckley said this proposal is designed to complement and support what is being done locally,

and could have profound implications for adult social care in SE London, bringing with it challenges for local government and all partners. The Chairman replied that financial modelling and the identification of implications across all partners had recently commenced, asking members to understand that not all the proposed outcomes could come from the NHS. He said the voluntary and education sectors, for example, had a part to play, adding that all partners will develop their own solutions, but always based on the same framework.

Asked if the many partners are able to work to the same pace, or indeed are starting from the same position, Sarah Blow said there are differentials in progress and funding, for example, hence the basis of the proposals being local services for local needs, but she confirmed that the aim is to ensure the best possible high quality services with the money available. To this end she added that this could not be a “one size fits all” model, and partners would be held to account, clarifying that this is a partnership of six CCGs who see the benefits to be achieved by working in partnership.

In response to a question about how a patient might see matters in five years’ time, Sarah said the plan was for them to see a considerable difference to now, with more local services, more community based care, care delivered at or near home, social care actively reducing the need for A&E attendance, and much more. The Board agreed that the plan was both ambitious and challenging.

The Board discussed the financial climate and increasing demand for services, and considered how the voluntary sector, for example, must be ready to deliver under the new model. Sarah said part of the challenge was to manage the forecast increase in demand with the same level of service available now, and suggested more care available in the community would be one solution. Dr Lemic said the prevention aspects within the strategy were very strong, and partners were aware of the benefits of early action to identify and prevent escalation of need, and thus using resources in a smarter way.

Asked about engagement, Sarah said this was now beginning to build, and she welcomed the offer from Sakthi Suriyaprakasam for the voluntary sector to be actively involved in engagement delivery. As part of the engagement strategy Will Tuckley said he thought pen picture case examples were about to be developed to demonstrate how someone’s care and health might improve under the new model. Sarah confirmed this was correct, and a key message would be to explain that services will look different and be delivered in a different way, but with improved outcomes. Tom Brown welcomed the opportunity for adult social care to engage on the issue.

The update was noted.

**RESOLVED:-** That the Board should receive update reports on implementation of the strategy, and what it means for Bexley, when further information is available.

(Agenda Item No. 7)

There were none.

**55. ANY OTHER BUSINESS**

(Agenda Item No. 8)

It was confirmed that the Leader of the Council will be writing to the Secretary of State for Health to outline the work and leadership on the health agenda in Bexley (as discussed at the previous meeting), and will copy the letter to Board members.

**a) BEXLEY NHS CCG VANGUARD BID**

(Agenda Item No. 8a)

Sarah Blow said the CCG had not been successful in its bid, but then nor had anyone else – no awards had been made. She added that if there was to be a second phase, consideration would be given on whether or not to submit a bid.

**b) FORWARD AGENDA FOR NEXT MEETING**

(Agenda Item No. 8b)

Maureen Holkham asked the Board to note that the suggested items on vulnerable young people and community services were not yet ready to come forward. Councillor Pallen proposed that the Board receives a report on the impacts of loneliness on older people, and this was agreed. Subject to these changes, the forward agenda was agreed.

**RESOLVED:-** That the forward agenda for the next meeting, as amended in discussion, be agreed.

**56. NEXT MEETING - 30 APRIL 2015, 7.30PM**

(Agenda Item No. 9)

This was noted.

*The Board rose at 8.26pm*