

## Governing Body meeting (held in public)

**DATE: 26 November 2015**

<b>Title</b>	<b>Minutes from meeting of the Bexley Health and Wellbeing Board on 9 September 2015</b>	
This paper is for <b>Information</b>		
Recommended action for the Governing Body	That the Governing Body:  <b>Note</b> 1. The minutes of the meeting of the Bexley Health and Wellbeing Board on 9 September 2015.	
Potential areas for conflicts of interest	None.	
Executive summary	The <b>Bexley Health and Wellbeing Board</b> minutes are from its meeting on 9 September 2015.  The meeting discussed: Election of vice-chairman; child sexual exploitation (CSE); children and young people alliance commissioning; developments in primary care (primary care development and clinical capacity of general practice); Healthwatch Bexley annual report; addictions plan for Bexley; Health and Wellbeing Board development - a review of current support offers and the Better Care Fund submission.	
How does this paper support the CCGs objectives?	<b>Patients:</b>	Not applicable.
	<b>People:</b>	Not applicable.
	<b>Pounds:</b>	Not applicable.
	<b>Process:</b>	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 AD of Communications and Corporate Services	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Sarah Blow Chief Officer
Date	13 November 2015	

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**BEXLEY HEALTH AND WELLBEING BOARD**  
**9 September 2015**

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At a meeting of the BEXLEY HEALTH AND WELLBEING BOARD held at Council Chamber, Bexley Civic Offices, 2 Watling Street, Bexleyheath on WEDNESDAY 9 SEPTEMBER 2015 at 7.30pm.

**Present:**

Terry Bamford OBE, Sarah Blow, Tom Brown, Councillor Teresa O'Neill OBE, Annie Callanan, Councillor Eileen Pallen, Jane Shuttleworth, Dr Howard Stoate, Jacky Tiotto, Will Tuckley, Vikki Wilkinson (substituting for Sakthi Suriyaprakasam) and Jo Woodvine (substituting for Dr Nada Lemic, agenda item 10).

**Also present:**

Councillors Roy Ashmole and Philip Read  
Gary Beard (NHS England) and David Sturgeon (NHS England).

**1. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

(Agenda Item 1)

Apologies had been received from Dr Sonia Khanna-Deshmukh, Dr Nada Lemic, Sakthi Suriyaprakasam and Matthew Trainer.

**2. MINUTES OF THE MEETING HELD ON 8 JULY 2015**

(Agenda Item 2)

The minutes of the meeting were agreed.

**RESOLVED:-** That the minutes of the meeting held on 8 July 2015 be agreed and signed as a true record.

**3. DECLARATIONS OF INTERESTS AND DISPENSATIONS**

(Agenda Item 3)

Dr Stoate declared that, in respect of agenda item 8, he was a GP in a practice in the Borough. Will Tuckley asked that it be recorded that he was the Senior Responsible Officer for alcohol for the South London Health Improvement Network.

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

(Agenda Item 4)

There were no items of late business.

**5. ELECTION OF VICE-CHAIRMAN**

(Agenda Item 5)

The Board was invited to consider the election of a Vice-Chairman and, after a brief discussion, agreed that the position should be held by the

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Vice Chair of the NHS Bexley Clinical Commissioning Group. The Board also agreed that it was not necessary to time limit the appointment.

**RESOLVED:-** That the Vice-Chairman of the Health and Wellbeing Board shall be the Vice-Chair of the NHS Bexley Clinical Commissioning Group.

**6. CHILD SEXUAL EXPLOITATION (CSE)**

(Agenda Item 6)

Jane Shuttleworth introduced the Board to the work being undertaken to tackle CSE and to the CSE Strategy and Action Plan for Bexley.

Members noted the issues facing agencies when they are protecting children who are at risk of, or are being sexually exploited, and heard that the Local Safeguarding Children Board (LSCB) would be focussing on the actions set out within the Plan, which mirrored the strategic approach set out in the Strategy.

Jane said a key approach of the LSCB would be to raise awareness in communities and disrupt perpetrators adding that, in the next few months, she would be reviewing how and if more could be done, and would be consulting partners.

The Board welcomed the Strategy and noted the strong links between this and their own new priority “children’s mental and emotional wellbeing” currently under development.

The Board considered that if some identified behaviours are cyclical, such as those that happen in school holidays, then some activity to identify and tackle these might be worth including in the Plan. Jane said she would review the August missing children data to see what lessons might be learned.

Against the background of reviews of the Police Service, the Board considered that Police training was critical to the delivery of the Strategy and hoped that the LSCB would monitor the situation in this regard. Asking about procedures for return interviews, both in children’s social care (for Looked After Children and those not looked after) and other partners, Members were pleased to hear that there is always a robust action plan and response in all instances.

Annie Callanan said that before the meeting she had met Jane where they had considered common issues and transition to adults’ services, with a view to working jointly on this.

The Strategy was noted.

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**7. CHILDREN AND YOUNG PEOPLE ALLIANCE COMMISSIONING**  
(Agenda Item 7)

Following up on previous Board discussions Sarah Blow said the proposal was still being developed. Given this, the Board agreed to receive a more detailed update on progress at a later date.

**RESOLVED:-** That the Board receives a more detailed update on children and young people alliance commissioning at a later date.

**8. DEVELOPMENTS IN PRIMARY CARE**  
(Agenda Item 8)

a) Primary Care Development

Sarah Blow said CCG's were not designed to deliver primary care but Bexley CCG was proposing to work with and support GP's by encouraging different ways of working, such as the development of local care networks and multi-disciplinary teams, designed to bring about service change. In this regard, members noted the work being undertaken as part of the primary care commissioning intentions project, designed to assist GP's provide accessible care, co-ordinated care and proactive care, for example. Work underway with NHS England around commissioning and primary care infrastructure (both estates and workforce) was also noted.

Members heard that all practices in Bexley had agreed to participate in the proposals for new ways of working, albeit with differing levels of engagement.

In discussion, the Board considered the balances that would need to be made to ensure that different groups of people could be supported in different ways within the proposed multi-disciplinary teams.

In respect of a question about admissions, members heard that many GP's analyse data on their patients admitted to hospital, to ascertain if there are alternative options available to avoid admission in the future. Members heard that good systems are in place within adult social care to review re-admission cases to ascertain if discharge too early could be the cause, all as part of the intention to move from a reactive to a pro-active service.

Members noted that the Health and Wellbeing Strategy offered opportunities to promote integration and it was suggested that the Board could add value in the primary care development agenda.

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The update was noted, and it was agreed that six-monthly updates on progress should be provided.

b) Clinical Capacity of General Practice in Bexley

David Sturgeon, presented the Board with an update on clinical capacity in Bexley, focussing on the Board's previous concerns with the GP Workforce Census 2014 survey data which had revealed Bexley has the lowest number of GP's per 1,000 patients.

David provided data on a number of factors – such as IMD scores, GP and nurse patient ratio, Patient Surveys and the Friends and Family Test. He said that, overall, whilst Bexley GP's had large patient lists, there was confidence and trust in GPs and nurses and the majority of practices would be recommended to friends and family, but there was less (albeit differing) satisfaction levels for access to appointments and being able to contact practices.

He added that the low GP to patient ratio increases when practice nurses are taken into account, where Bexley has the highest workforce in London. He suggested high nurse workforce might represent the needs significant to the local population, rather than being any obvious direct correlation to the funding situation. The Board considered that the high nurse workforce might be because practices are unable to recruit GPs, although it was recognised that it is also about having the appropriate skills mix in surgeries.

Against the background of the data presented, David explained the Commissioning Framework practices and highlighted the commissioning opportunities now available as a result of a number of initiatives. These include: national investment in the recruitment and retention of GPs; contract changes and reviews (both locally and nationally) which may include improvements in access; monthly data reporting on the Friends and Family Test; and, other national initiatives which, allied to the Bexley CCG review of Primary Care, would lead to local improvements.

He asked the Board to note that NHS England was not in a position to prescribe GP and staffing levels in practices, and could only ensure delivery of the relevant GP contract clause to provide essential services at such times, within the core hours, as are appropriate to meet the reasonable needs of patients.

In discussion members agreed that the national funding formula does not benefit Bexley and welcomed David's comment that this was to be reviewed because it did not appear to accurately reflect certain factors which are now known to add to the workloads of London GP's.

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David said the data before the Board was not based on a full dataset, but with the introduction of monthly data submission he anticipated this would improve and would enable NHS England, as the contract holder, to engage with practices that were not receiving good feedback.

The Board discussed possible options open to NHS England should a practice fail to improve, and noted that a Primary Medical Services review in Bexley will enable NHS England to see how the patient funding premium is allocated, and ascertain if funding is an issue impacting on performance. The Board also noted that the premium in Bexley is £75 per patient which some members felt was insufficient in the current climate, and certainly not sufficient to enable GPs to take on more work

It was agreed that the data codes used to anonymise the practices would be circulated after the meeting, although members noted that everything before them was also available on line.

The update was noted.

**RESOLVED:-** That:

- a) the CCG provides the Board with six-monthly updates on primary care development; and,
- b) codes used to anonymise Bexley GP practice data be circulated after the meeting.

**9. HEALTHWATCH BEXLEY ANNUAL REPORT 2014-15**  
(Agenda Item 9)

Terry Bamford introduced the Annual Report, and asked members to note the award given to Healthwatch Bexley for their collaborative work on the joint “Enter and View” visits project. Terry summarised the highlights within the Annual Report, noting a number of forthcoming projects, adding that a research analysis report into domiciliary care would be presented to the Board’s next meeting.

The Board welcomed and noted the Annual Report.

**RESOLVED:-** That in November 2015 the Board receives a Healthwatch research analysis report into domiciliary care.

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**10. ADDICTIONS PLAN FOR BEXLEY**  
(Agenda Item 10)

In opening this item the Chairman said that Mr Adrian Kelly had submitted five questions (under agenda item 12) and that written responses to each question had been provided to Mr Kelly, the Board and members of the public present prior to the start of the meeting.

The Chairman then invited Jo Woodvine, Tobacco & Bexley Stop Smoking Service Manager, to introduce the Plan. Jo said that the Board has agreed that tackling addictions in Bexley should be a priority, and that the Plan before members was the outcome of earlier discussions with the Board and a public consultation. She invited members to approve the Plan for implementation.

In discussion it was agreed that the Local Safeguarding Children Board and the Adult Safeguarding Board should be given a sight of the Plan and, should they have any comments, to refer these back to the Health and Wellbeing Board for consideration.

The Chairman then invited Mr Kelly to respond to the answers he had been given. Mr Kelly confirmed that he had no further questions but wished to welcome the Plan, and in particular the confirmation that additional staff support is being recruited for this area of work.

The Board approved the Plan.

**RESOLVED:-** That:

- a) the Addictions Plan for Bexley be approved for implementation; and,
- b) referral to the Local Safeguarding Children Board and the Adult Safeguarding Board be agreed, with any comments arising to be submitted to the Health and Wellbeing Board for consideration.

**11. HEALTH AND WELLBEING BOARD DEVELOPMENT – A REVIEW OF CURRENT SUPPORT OFFERS**  
(Agenda Item 11)

Introducing the report before members Will Tuckley said the Board now has an opportunity to develop systems leadership, adding that work on the Building Health Partnerships project has helped. Vikki Wilkinson said the Building Health Partnerships work has been positive, and had enabled in depth discussions with partners, but the challenge now is to sustain the progress made.



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Will said the current programme of support proposals in the report before the Board offered a range of options, but said all could act as a launch pad for the Board going forward. Sarah Blow supported the proposal as part of necessary continuous development, and said CCG would be open to participate in all offers that came forward.

The Board agreed that all the proposals and ideas in the report should be taken forward and explored further.

**RESOLVED:-** That the current programme of support offers contained in the report before the Board be taken forward and explored further.

**12. PUBLIC QUESTIONS**  
(Agenda Item 12)

All submitted public questions had been dealt with under agenda item 10, and there were no other questions taken at this point in the meeting.

**13. ANY OTHER BUSINESS**  
(Agenda Item 13)

a) Forward Agenda for next meeting

The Board considered the Forward Agenda and recommended that, in the light of earlier discussions on primary care, an update on the Bexley GP contracts review be deferred until Spring 2016. It was noted that a further report on the Addictions Plan was not now necessary, and that Healthwatch Bexley would be presenting their research report on domiciliary care. Subject to these amendments, the Forward Agenda was agreed.

b) Summary of 2 July meeting of the Integrated Commissioning Board

Members noted the summary report before them.

c) Better Care Fund Submission

Tom Brown advised that the data before Members had been amended slightly before the final submission. The fact that the submission had been made, with subsequent minor amendments, was accepted and noted.

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

**14. NEXT MEETING 11 NOVEMBER 2015, 2.30PM**  
(Agenda Item 14)

This was noted.

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Concluding the meeting, the Chairman advised that Will Tuckley would be leaving the London Borough of Bexley and, as a consequence, this was his last meeting. On behalf of the Board the Chairman thanked Will for his valued contribution to the work of the Board and wished him well for the future.

It was also confirmed that this was Dr Storate's final meeting, and grateful thanks expressed previously were re-iterated.

*The Board rose at 9.09pm*