

Governing Body meeting (held in public)

DATE: 24 September 2015

Title	Minutes From Meeting Of The Bexley Health And Wellbeing Board On 8 July 2015	
This paper is for Information		
Recommended action for the Governing Body	That the Governing Body: Note 1. The minutes of the meeting of the Bexley Health and Wellbeing Board on 8 July 2015.	
Potential areas for Conflicts of interest	None.	
Executive summary	The Bexley Health and Wellbeing Board minutes are from its meeting on 8 July 2015. The meeting discussed: stroke services, Care Act 2014, winter resilience, co-commissioning, managing and learning from complaints - health and social care, domiciliary care - research project update, end of life care and special educational needs and disability (send) reforms: overview and update.	
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 AD of Communications and Corporate Services	Clinical lead: Dr Howard Stoate Chair	Executive sponsor: Sarah Blow Chief Officer
Date	14 September 2015	

BEXLEY HEALTH AND WELLBEING BOARD

8 July 2015

At a meeting of the BEXLEY HEALTH AND WELLBEING BOARD held at COUNCIL CHAMBER - CIVIC OFFICES on WEDNESDAY, 8 JULY 2015 at 2.30 pm

Present:

Terry Bamford OBE, Sarah Blow, Tom Brown, Councillor Teresa O'Neill OBE, Councillor Eileen Pallen, Moyra Pickering (substituting for Jacky Tiotto), Jane Shuttleworth, Dr Howard Stoate, Will Tuckley and Vikki Wilkinson (substituting for Sakthi Suriyaprakasam).

Also present:

Councillors Roy Ashmole, David Hurt and Philip Read
Shanie Dengate (LB Bexley), Estelle Frost (Oxleas NHS Foundation Trust), Ahmet Latif (LB Bexley), Mariette Mason (NHS Bexley CCG), Harvey McEnroe (Lewisham and Greenwich NHS Trust) and Dr David Sulch (Lewisham and Greenwich NHS Trust).

1. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

(Agenda Item No. 1)

At the start of the meeting members were advised that Dr Stoate had decided not to stand for re-election as Chair of the NHS Bexley Clinical Commissioning Group and, as a consequence, he would not be a member of the Board thereafter. The Chairman stated that she understood this would be his last Board meeting and thanked Dr Stoate for his valued contribution to the work of the Board and wished him well for the future. The Chairman then welcomed Jane Shuttleworth, the newly appointed Chair of the Bexley Safeguarding Children Board, to her first meeting.

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

2. MINUTES OF THE MEETING HELD ON 30 APRIL 2015

(Agenda Item No. 2)

The Chairman announced that the Government was likely to be consulting on proposals for an in year reduction of 7% on public health funding, and said LB Bexley would be making representations.

Dr Stoate said he had recently met Duncan Selby, NHS (England), who had to deliver £200 million savings. At a time when an increased emphasis on public health was required, Dr Stoate considered this to be unhelpful.

The Chairman said London Councils would be seeking an early agreement on the Better Care Fund, and to build into that a prevention element, and children's services.

RESOLVED:- That the minutes of the meeting held on 30 April 2015 be agreed and signed as a true record.

3. DECLARATIONS OF INTERESTS AND DISPENSATIONS

(Agenda Item No. 3)

There were no declarations.

4. STANDING ORDER 65(6)

(Agenda Item No. 4)

There were no items of late business.

5. STROKE SERVICES

(Agenda Item No. 5)

The Board received an update from Harvey McEnroe and Dr David Sulch, both from Lewisham and Greenwich NHS Trust, on the transfer of stroke services from Queen Elizabeth Hospital to a new 24 bed stroke ward at Lewisham Hospital.

Harvey McEnroe said the move was a response to 2014 winter pressures, adding that the outcome of a second service review meeting indicated that the Trust supported the retention of the facility, although there would be a public consultation before any decision was made.

Dr Sulch said the single service solution at Lewisham with improved facilities was financially and clinically the best long term option, and benefits for patients were evident in the time it had been open. He added that the rate of repatriation had improved considerably, lengths of stay had reduced, there was very good input from social services, no complaints had been received and there was 100% satisfaction achieved in the friends and family test. The Board noted that although concerns had been raised about transport links for Bexley patients prior to the move, there had been no subsequent feedback about travel problems.

Dr Sulch outlined trends in stroke prevalence in Bexley, adding that more people are surviving strokes due to the high quality care available. He said vascular factors, rather than hypertension, were more likely to result in strokes for Bexley residents, recommending that the primary focus on prevention should be control of blood pressure and better information on the risk factors.

In response to questions Dr Sulch confirmed that repatriation evidence and outcomes would be considered before any decision was taken about the future retention of the service. Harvey McEnroe offered to share the information and service options with the Board. Sarah Blow confirmed that the proposals would be discussed with Bexley's relevant Overview and Scrutiny Committee.

The Board welcomed the positive comments regarding social care, and was advised that a patient's repatriation path depends on their condition and needs, noting that improving services available at home will be a key factor in reducing NHS costs.

The update was noted.

6. CARE ACT 2014
(Agenda Item No. 6)

Tom Brown provided a stocktake report on the good progress being made in respect of the cross-council Care Act programme in Bexley. He said the programme brings together all project activities across the Council reducing effort and making most efficient use of resources, including those of partners and providers.

Tom outlined key areas of focus, including accessible and smart assessment processes, a new advocacy service, development of online portals, staff training, an ever improving offer to carers, and redesigning the adult social care workforce. In response to a question on the latter, Tom said this was intended to be able to meet anticipated increased demands for services and ensure skilled assessors are in place, for example, all intended to provide the best possible service support for the patient and to enable people to keep well and able to live independently for as long as possible.

Tom confirmed that preparations for the 2016 financial reforms arising from the Care Act were underway.

The update was noted.

7. WINTER RESILIENCE
(Agenda Item No. 7)

Following up on the discussions in February 2015, Sarah Blow provided members with a system resilience update, with particular reference to A&E performance and funding and initiatives for 2015/16.

Sarah said System Resilience Groups, based around acute hospital configurations, lead on resilience planning and management for the NHS. The Board noted that despite performance on A&E being challenging across London, it has improved significantly in Lewisham and Greenwich NHS Trust, was improving in King's, and being maintained in Dartford and Gravesham.

The Board was advised that winter funding for 2015/16 has already been allocated to acute providers, and Sarah outlined a number of other initiatives by the NHS Bexley CCG to support performance, such as developing local care networks, rapid response, admission avoidance and supported discharge. Sarah summarised a number of key initiatives underway in the three NHS Trusts – operational, structural, capacity reviews, care pathways, compete system reviews commissioned from McKinsey's and winter planning, amongst others. Sarah added that the CCG had overachieved early, and so was well placed to review performance and ensure the system was in a better position in time for winter 2015/16.

Dr Sulch said there can be spikes in demand, especially winter, which can lead to a dip in performance, and Harvey McEnroe said systematically there is a system in place to cope, and this is reflected in improved patient experience which, he suggested, was a key win from the changes introduced.

Sarah added that all Trusts aim for 95% A&E performance, with the best achieving this: she said the three Trusts were close to achieving that standard. The Board noted and welcomed the evident successes in A&E performance.

In discussing the possible reasons for delayed transfers of care members were advised that residential care placements are more difficult to come by and the more complex needs of people leaving hospital places pressures on domiciliary care and community capacity, for example. Sarah said there are better care pathways in place, but the difficulties being faced presented an opportunity for all service providers to work together to support social care, and an offer to review and discuss the issues and evidence with Councillor Eileen Pallen.

The Board noted the update and thanked the CCG and the Trusts for their work in this regard.

RESOLVED:- That Sarah Blow and Cllr. Pallen review and discuss the issues and evidence around delayed transfers of care.

8. CO-COMMISSIONING UPDATE (Agenda Item No. 8)

Sarah Blow updated the Board on co-commissioning arrangements and plans ahead of a more detailed report on developments in primary care scheduled for the next meeting.

Sarah said a Co-commissioning Board across all six local CCG's had been established and it had met to agree terms of reference and a strategic direction. Members were advised that this new Board would look at primary care in the first instance, and GP data had been sought from NHS England to inform discussions on how services might be developed in the future.

Referring to recent media coverage about access to GP's and Bexley's position in regard to GP access, Sarah Blow said it was not clear where some of the quoted data had come from, and some of it was not correct. That said, she agreed access to GP's nationally is a problem, adding that locally the Local Care Network model will be reviewing access and considering the matter alongside any co-commissioning proposals being drawn up by the newly established Board.

The update was noted.

9. MANAGING AND LEARNING FROM COMPLAINTS - HEALTH AND SOCIAL CARE (Agenda Item No. 9)

Shanie Dengate described complaints management across health and social care services in Bexley. Ahmet Latif summarised the number and themes of complaints received over the past 12 months relating to CCG services, LB Bexley's Adult's and Children's Social Care, and those received by

Healthwatch Bexley on a number of health and social care issues affecting residents in Bexley. He also outlined the outcomes from a number of these.

Ahmet said the Department of Health (DoH) would be introducing in April 2016 an adults' services complaints process, meaning two schemes (DoH and Bexley) would be running in parallel. Members noted the CCG "Mystery Shopper scheme" launched in July 2014, and the lessons being learnt from the feedback received, and the improvements identified as a result, such as access to blood tests at Erith Hospital.

Ahmet added that the adults' and children's' complaints procedures provide objective independent intelligence to identify proactive actions necessary to resolve individual complaints, and to review services and practices more widely. He said annual reports on complaints for both services were being prepared, and these would expand on the information before members, and include more detail on the timeliness of resolution of complaints.

Sarah Blow said complaints received by the CCG were low, as most are submitted direct to the providers, with NHS England retaining responsibility, and escalation to the CCG is the next stage in the process. Nevertheless, Sarah said the CCG does analyse complaints data to ascertain if there are quality issues that the CCG can address. She added that the CCG also reviews a web based alert portal which is available for all GP's to highlight quality issues.

In discussion, Ahmet advised that there would soon be one public sector ombudsman, which would ensure a co-ordinated response for an issue that cut across sectors. There was some concern expressed about the prospect of two schemes for adults' services, which could slow the process. In response to a question about expanding the mystery shopper scheme to integrate all services, it was agreed that Sarah Blow should discuss this further with Will Tuckley. Sarah also confirmed that the CCG reviews all complaints to providers through its quality review and ongoing contact review processes, adding that the Patient Experience Team regularly meet complainants. The work of the PALS team was recognised too.

The report was noted and the recommendations agreed.

RESOLVED:- That:

- i) Sarah Blow and Will Tuckley discuss opportunities for expanding the CCG mystery shopper scheme to other services; and,
- ii) The opportunities for improvement and closer working, as set out in the report before members, be agreed.

10. DOMICILIARY CARE - RESEARCH PROJECT UPDATE
(Agenda Item No. 10)

Ahead of a formal report to the Board in September 2015, Terry Bamford provided a brief update on the progress of a Healthwatch Bexley research project exploring the impact of domiciliary care on the wellbeing and quality of

life of service users in Bexley. It was noted that the project was being delivered in partnership with the University of Kent.

Terry outlined the background to the study and the research techniques being used. He said the emerging findings to date demonstrated that service users were happy, visits by care workers were valued and continuity of care is valued. However, he added that problems with the flexibility of the service to deal with different needs, isolation and lack of contact with LB Bexley after a service was commissioned appeared to be two concerns, all of which would be addressed in the final report.

Tom Brown welcomed the research, adding that the contribution home carers make to people's lives is not always recognised, and is often under-rated.

The update was noted.

11. END OF LIFE CARE (Agenda Item No. 11)

Sarah Blow reported on service developments that were part of a CCG business case intended to extend and improve End of Life Care services for Bexley residents. She said the business case set out a plan to increase care planning for individuals, their families and carers, (through the Co-ordinate My Care – CMC - system) and to avoid unnecessary hospital admissions in the last year of life, with the intention of providing patient centred and integrated services delivered by a compassionate, skilled and competent workforce.

The Board heard that since the new arrangements had been implemented CMC plans had increased on average from 16 per month to 71, with a total of more than 600 plans now in place. Sarah explained the service staffing and integration arrangements now in place, the training provided to selected staff, and how these staff and arrangements can assist palliative care patients, for example, to access advice and assistance.

In response to a question about the arrangements for children, Mariette Mason confirmed that this service is for adults. Sarah Blow said a service for children would be different. It was agreed that she would report back on the children's end of life care arrangements.

Mariette said that whilst not all professionals may have the skills at present to hold the difficult conversations that are sometimes needed, the CCG is continuing to work with, and train, the acute providers, district nurses, GP's and hospices, together with working together with a national alliance.

Mariette added that the CCG is also raising awareness of the scheme, by holding early planning events and roadshows, and offering advice and guidance, all of which were progressing well.

The Board welcomed the new service, and the progress being made.

RESOLVED:- That Sarah Blow reports back to the Board on end of life services for children.

**12. SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) REFORMS:
OVERVIEW AND UPDATE**
(Agenda Item No. 12)

Moyra Pickering reported on the new legal duties soon to be placed on local authorities in respect of services for disabled children and young people and those with Special Educational Needs. She said these covered matters such as: enabling children, young people and their parents to participate as fully as possible in decision-making; having joint commissioning arrangements in place; conducting Education, Health and Care (EHC) assessments; publishing a local offer; a greater focus on aspirations, outcomes and achievements for those with SEND; and, implementing a new code of practice.

Outlining in a little more detail a number of the new duties, Moyra directed members to the Department of Health guidance for Health and Wellbeing Boards in respect of children with special educational and complex needs. The Board noted the guidance and in particular the requirement to oversee the assessment of local needs in the JSNA, ensuring that a work programme around children with special needs is developed and implemented, and monitoring the local offer.

Moyra added that a key issue of the reforms is to ensure that the local authority and health partners work collaboratively and closely, and directed members to some of the challenges and demands being placed on the CCG in this regard. She concluded that a SEND Board is providing strategic direction in Bexley, all statutory statements are in the process of being transferred to EHC's and new access arrangements are being developed.

The Board discussed the impacts of the changes and was of the opinion that Bexley was in a good place to progress with them. Jane Shuttleworth said the Local Safeguarding Children's Board would be considering the reforms also, but was of the opinion there had been good collaboration to date. Terry Bamford said Healthwatch Bexley had just completed some work on the transition from children's to adult's social care, and currently scheduled for consideration at the next meeting.

Sarah Blow said she was confident of the arrangements planned and already in place (such as commissioning) for joint working between LB Bexley and the CCG, but she said the NHS England aspect also needed to be factored in. Moyra said the NHS(E) aspect was a little more complex and discussions had not yet been held with them on this. It was agreed that Moyra Pickering and Sarah Blow should hold discussions with NHS(E) before any decision is made on whether or not the Board should discuss further with them.

RESOLVED:- That discussions are held with NHS England about their aspects of implementing the SEND reforms in Bexley before any recommendation is made for the Board to consider/discuss with NHS(E).

13. PUBLIC QUESTIONS
(Agenda Item No. 13)

There were none.

14. ANY OTHER BUSINESS
(Agenda Item No. 14)

a) Forward Agenda for next meeting

The Board agreed their forward agenda for September 2015, subject to the addition of the item agreed earlier, namely for the CCG to report on Developments in Primary Care.

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

15. MEETINGS FOR 2015 - 16
(Agenda Item No. 15)

The schedule of meetings was noted.

The Board rose at 4.40pm