

## Governing Body meeting (held in public)

**DATE: 24 November 2016**

<b>Title</b>	<b>Minutes from meeting of the Bexley Health and Wellbeing Board on 7 September 2016</b>	
This paper is for <b>Decision</b>		
Recommended action for the Governing Body	That the Governing Body  <b>Note</b> the minutes of the meeting of the Bexley Health and Wellbeing Board on 7 September 2016.	
Potential areas for Conflicts of interest	None.	
Executive summary	The <b>Bexley Health and Wellbeing Board</b> minutes are from its meeting on 7 September 2016.  The meeting discussed: the joint strategic needs assessment (2016 review summary); Transition from children's services to adult's services; Integrated care provider; Co-commissioning of primary care; Health and wellbeing board development and governance and a new compact agreement for Bexley	
How does this paper support the CCG's 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	14 November 2016	

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## BEXLEY HEALTH AND WELLBEING BOARD

7 September 2016

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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 7 SEPTEMBER 2016 at 7.30pm.

**Present:**

Terry Bamford OBE, Sarah Blow, Tom Brown, Dr Nikki Kanani, Dr Sonia Khanna-Deshmukh, Dr Nada Lemic, Councillor Teresa O'Neill OBE, Councillor Philip Read, Councillor Brad Smith, Gill Steward, Jacky Tiotto and Vikki Wilkinson (substituting).

**Also present:**

Lotta Hackett, Healthwatch Bexley.

### 88. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

(Agenda Item No. 1)

Opening the meeting the Chairman said that Dr Nada Lemic was moving on from her role as Director of Public Health for Bexley, and this would be her last Board meeting. Members joined the Chairman in expressing sincere thanks and appreciation to Nada for her work, advice and guidance on public health matters.

Apologies had been received from Annie Callanan, Sakthi Suriyaprakasam (Vikki Wilkinson representing), Helen Smith (Oxleas NHS Foundation Trust) and Matthew Trainer.

It was reported that Matthew Trainer had written to the Chairman to explain the reasons for NHS England's recent poor attendance and representation at Board meetings, and to advise that the NHS(E) regional team is currently reviewing its resources to ensure future attendance at as many Health and Wellbeing Boards across SE London as possible.

### 89. MINUTES OF THE MEETING HELD ON 27 JUNE 2016

(Agenda Item No. 2)

The minutes of the meeting were agreed.

**RESOLVED:-** That the minutes of the meeting held on 27 June 2016 be agreed and signed as a true record.

### 90. DECLARATIONS OF INTERESTS AND DISPENSATIONS

(Agenda Item No. 3)

There were none.

### 91. STANDING ORDER 65(6)

(Agenda Item No. 4)

There were no items of late business.

**92. JOINT STRATEGIC NEEDS ASSESSMENT - 2016 REVIEW SUMMARY**  
(Agenda Item No. 5)

Following up a commitment from the previous meeting, Dr Nada Lemic presented the updated JSNA. She said this was a basic update of last year's document, with no new sections, and sought comments.

Asked if the document could improve on its representation of the needs of children and young people, disability, domestic violence, looked after children's mental health and substance misuse, for example – Dr Lemic agreed and pointed to the recommendation for next year's JSNA to focus on the health of young people, including mental health and wellbeing. In discussion it was recommended that some interim work should be undertaken to ensure the JSNA properly represented vulnerable people, including those with special educational needs and/or disability.

Responding to a question about the need to include dentistry, as discussed at the April 2016 meeting, Dr Lemic said it was for the Board to determine what was included in future documents, bearing in mind the various topics that have been discussed by the Board, and the importance the Board might wish to place on each.

Dr Lemic was asked about the reliance on health checks to recognise problems, given that recent research had questioned the cost effectiveness of such checks. Dr Lemic replied that health checks had been seen to work, but whether they did so clinically across the sector remained to be seen, although further research was underway on this. She added that later in the year there will be a full evaluation available on the national NHS health checks programme.

The Board also suggested that the content on mental health was rather thin, despite this becoming a growing problem. Also, being silent on autism would mean this would be highlighted as a concern in a forthcoming autism self-assessment (SAF) and it was therefore agreed that the autism data be added into the JSNA to ensure the autism SAF can become compliant.

Sarah Blow suggested that the time is right to think about restructuring the JSNA and, as discussed previously, working together to deep dive using a joint data sharing system. Gill Steward said the JSNA is a critical document, and a decision needs to be taken on how to move it forward: she suggested the first quarter of 2017 would be an appropriate time to review progress. Meantime, she asked that the current document be finalised to ensure that it is compliant.

It was then agreed that the next Board meeting would start the process of developing a new JSNA, in the first instance to ascertain if the technology is available to help jointly develop the document. The Board noted the key points from the JSNA and the recommendations for further deep dives and the next edition.

**RESOLVED:-** That,

- i) some interim and update work be undertaken to ensure that the JSNA properly represents vulnerable groups of children and young people, including those who have a special educational need and/or disability;
- ii) autism data be added into the current JSNA;
- iii) the November 2016 Board meeting begins the process of developing a new JSNA, on the lines of the recommendations in the report before members; and,
- iv) progress made on developing the JSNA be discussed in the first quarter of 2017.

**93. TRANSITION FROM CHILDREN'S SERVICES TO ADULT'S SERVICES**  
(Agenda Item No. 6)

Members heard from Lotta Hackett about the key findings arising from Healthwatch Bexley research into the experiences of young people and their parents/carers going through transition from children's to adult's services in the Borough. A previous LB Bexley Transitions Scrutiny Sub-Group report was also referenced.

The Board noted the findings which suggest there are aspects of the transition process that need to be improved and how, in particular, parents feel isolated in navigating the health and social care system, particularly through lack of continuity of staffing, communication and information sharing from health and social care.

The Board heard that study participants expressed feeling frustrated by budget restrictions and lack of suitable options locally, and gaps in provision of services when transferring from children's to adult services, especially within health. Members were concerned that some participants had voiced concerns that their child has regressed physically, socially and emotionally as a result of a fragmented system and unsuitable provision, and heard that some had expressed frustration over a perceived limited understanding of young adult's needs, which participants believe differs substantially from older adults. Issues around discontinuing health services, such as CAMHS, when a person reaches the age of 18 were also highlighted.

Lotta said the research found there was general consensus that services within the Borough take a 'one size fits all' approach and have yet to develop a fully person-centred approach. She added that the findings demonstrate the marginalisation and isolation experienced by young adults with special needs within the community. She said this was evident once education and all the support young people received whilst at school or college terminates, and they are left with very little support to progress into adulthood on equal terms as their peers who do not have health and social care needs.

In discussion the Board agreed the report identified some challenges for Bexley, but was disappointed that some reflected matters identified by the Transitions Sub-Group in February 2014 which had clearly not been resolved. Members were of the opinion that the current system suggests there is a cliff edge for people with health and social care needs as they approach the age of 18, and this needs to be better planned across the entire education, social care and health system to ensure a smooth transition.

The Cabinet Members for Children's and Adult's Services both expressed concern that the present system is leading to the concerns and problems identified in the report, and to the fact that some matters remain unresolved since February 2014. They both confirmed that young vulnerable people require the support they deserve, and that they had asked their respective Heads of Service to address the issues raised.

Vikki Wilkinson added that the voluntary sector should have a role to play here too: assisting parents generally and through counselling services, helping young people when, for example, Bexley Voice visits schools.

The Board noted the report recommendations intended to address the issues identified. Furthermore, a review in 12 months' time, rather than the 18 months recommended, was agreed.

**RESOLVED:-** That the Board reviews in Autumn 2017 the progress made in implementing the recommendations arising from the Healthwatch Bexley report "An explanation of parents/carers and young people's experiences of going through transition from children to adult services in Bexley".

**94. TACKLING LONELINESS IN LATER LIFE TASK GROUP - UPDATE**  
(Agenda Item No. 7)

This item was not taken and was deferred to a subsequent meeting.

**95. INTEGRATED CARE PROVIDER (ICP)**  
(Agenda Item No. 8)

Tom Brown introduced a report setting out proposals for a programme of work to assess the feasibility of developing an Integrated Care Provider (ICP), intended to further develop the integrated way of working between Adult Social Care and Oxleas Community Services.

Tom said it was envisaged that an ICP will deliver tangible benefits for Bexley residents who require care and support, with a new arrangement built around people rather than around the traditional organisational and structural boundaries. Tom explained the programme approach and intended governance arrangements. The Board noted that the service has an intended implementation date of 1 April 2017, and will be located within a multi-disciplinary locality model currently being researched and developed.

Gill Steward added that the 1 April 2017 target would not be an end date, but the start of a journey to redesign many services. She added that this proposal can only succeed within an environment that accepted financial and cultural

change, and for this reason the views of staff are being sought, as they are the people necessary to help redesign and deliver services and bring about the required change.

Sarah Blow said this provides a real opportunity for working differently in Bexley, both as part of and alongside CCG development of locality based multi-disciplinary services, such as Local Care Networks.

The Board welcomed and supported the proposals.

**99c. CO-COMMISSIONING OF PRIMARY CARE**  
(Agenda item 12c)

At this point in the meeting the Chairman suggested that the Board should be updated on this item, which had been requested under Any Other Business.

Sarah Blow said that initial work was underway to move to delegated primary care commissioning at CCG level, i.e. moving to level 3 commissioning from the current level 2 (co-commissioning with NHS England). Members noted the intention to submit a proposal for level 3 commissioning in December 2016.

Sarah said the financial risk of such an arrangement was less now than it might have been in the past, and advised that a move to level 3 would extend local powers, provide more opportunities to support local practice and offer greater freedom to introduce incentive schemes that are currently at national or London level. It was noted that an additional Lay Member would be recruited to the CCG Board to any enable potential conflicts to be appropriately managed.

The proposal was noted.

**96. HEALTH AND WELLBEING BOARD DEVELOPMENT AND GOVERNANCE**  
(Agenda Item No. 9)

**a) Development Opportunities**

Gill Steward suggested that it was time to take stock on how members see the Board developing, and there was now an opportunity to undertake a development programme that is supported by the Local Government Association. Having heard how the three step development programme would be delivered, members agreed to proceed as proposed. In so doing, the Board noted that they fared well in comparison to others, and were of the opinion that the programme could act as a springboard and driver to move forward and meet the changing needs of the Borough and the wider health and care system.

**b) Quick Guide - Protocol and Practice**

The Board was invited to consider a proposed protocol and practice document intended to clarify the respective roles of the Board and LB Bexley's health scrutiny function.

Members approved the document for submission to the Council's People Overview and Scrutiny Committee (OSC) for their consideration and approval, and to consider the OSC response thereafter.

**RESOLVED:-** That

- i) the proposed development programme, as set out in the report before Members, be agreed; and,
- ii) the protocol and practice document be approved and submitted to the Council's People OSC for their consideration and approval, and to consider the OSC response thereafter.

**97. A NEW COMPACT AGREEMENT FOR BEXLEY**  
(Agenda Item No. 10)

Vikki Wilkinson explained the purpose of Compact is to ensure that the statutory and voluntary community sectors work together effectively in partnership to achieve common goals and outcomes for the benefit of communities in Bexley. She added that the version before Members was a refresh of one agreed in 2010, and had been prepared on the recommendation of LB Bexley's Resources Overview and Scrutiny Committee.

The Board heard that greater integration is now evident, and a refreshed Compact establishes common principles to jointly evolve and develop services in an environment of change, to manage performance honestly and develop solutions for the challenges faced. Members noted the five key commitments for each sector, the shared aims and the next steps to embed the Compact in Bexley, hopefully in October 2016. Members further noted the intention to bring this back for consideration when more detail was available.

In discussion the Board supported the principles of the Compact, but felt that all partners needed to be made aware that this is a refresh, and thus it would need to demonstrate why it is different and how change will come about. It was noted that some examples of what partners can do will be included in the final document, including how people can work differently, and the Board commented that the key to this will be the proposed action plan and subsequent performance management of the Compact. The MIND café in Bexleyheath was cited as an excellent example of partnership building and working differently.

**RESOLVED:-** That the principles of the proposed Compact be supported, with a view to a more detailed version being made available for the Board's consideration at a later date.

**98. PUBLIC QUESTIONS**  
(Agenda Item No. 11)

There were no public questions.



**99. ANY OTHER BUSINESS**

(Agenda Item No. 12)

**a) Pharmaceutical applications**

In accordance with the Protocol for managing pharmaceutical application changes, the Board noted details of responses submitted to NHS England by the Director of Public Health in relation to pharmacy applications and changes in Bexley.

**b) Forward Agenda for next meeting**

The Forward Agenda was agreed, subject to the proposed digital item also including the start of the JSNA review process. The Better Care Fund and Social Impact Bond items were deferred to a later meeting.

**c) Co-commissioning of Primary Care**

This item had been considered earlier in the meeting.

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

**100. NEXT MEETING: 17 NOVEMBER 2016, 2.30PM**

(Agenda Item No. 13)

This was noted.

*The Board rose at 8.44pm*