

Minutes of the meeting of the HEALTH AND WELLBEING BOARD held on THURSDAY, 10 SEPTEMBER 2015 at 6.30 pm

Present: Councillor Marland (Chair)
Councillors Bald, Bramall, Crooks and Miles (substitute for Councillor O'Neill), S Begley (deputy for L Payne [Divisional Director MK Community Health Services/Central North West London NHS Foundation Trust]), M Bracey (Corporate Director People), D Derby (deputy for M Webb [Acting Chief Officer, MK Clinical Commissioning Group]), H Kirkwood (Chair, Healthwatch), S Joyner (Strategic Director [Adult Social Care and Health Partnerships]), J Palmer (Voluntary Community and Social Enterprise representative), M Scott (Director Public Health) and Dr N Smith (Chair, MK Clinical Commissioning Board).

Officers: G Addison (Head of Public Health Delivery) C Broadhead (Interim Head of Joint Commissioning), A Green (Project Support), and T Milner (Committee Manager).

Apologies: Councillors Long, I McCall and O'Neill, D Cox (Locality Director [South] Central Midlands [NHS England]), L Payne (Divisional Director [MK Community Health Services/Central North West London NHS Foundation Trust]) and M Webb (Acting Chief Officer, MK Clinical Commissioning Group).

Also Present: C Bell (Buckinghamshire Fire & Rescue Service), G Chiariello (Local Police Area Commander [Thames Valley Police]), A Fisher & J Rein (Voluntary, Community & Social Enterprise representatives), J Held (Independent Chair [MK Safeguarding Children Board]), H Pugliese (Milton Keynes Clinical Commissioning Group), D Walls (Senior Probation Officer [Thames Valley Community Rehabilitation Company]), F West (Milton Keynes Clinical Commissioning Group) and 8 Members of the public.

HWB09 DECLARATIONS OF INTEREST

None disclosed.

HWB10 MINUTES AND ACTIONS ARISING

The Board considered the minutes from its meeting on 25 June 2015, together with updates on the various issues arising.

RESOLVED –

1. That the Minutes of the meeting of the Health and Wellbeing Board held on 25 June 2015 be approved and signed by the Chair as a correct record, subject to J Blakesley (Deputy for L Knight [Milton Keynes University Hospital NHS Foundation Trust]), being recorded as present.

2. That the updates on the actions arising from the previous meeting held on 25 June 2015 be noted, subject to the deletion of the word 'adult' under item 8.2(a), as obesity in both children and adults would be taken forward as part of the Starting Well and Living Well priorities.

HWB11 COUNCILLOR AND BOARD MEMBERS' ITEMS

No items had been submitted for consideration at this meeting.

HWB12 HEALTH & WELLBEING BOARD WORKING AND DEVELOPMENT GROUP – TERMS OF REFERENCE AND PROPOSED STRUCTURE

The Board considered the Terms of Reference for the Health and Wellbeing Working and Development Group, and the proposed structure.

The Board heard from the Director of Public Health that the first meeting of the Working and Development Group which had been set up to ensure the Board moved towards becoming exemplar, was held on 30 July 2015. The three new working groups aimed at following the life-course of Starting Well, Living Well and Ageing Well, were intended to supersede the Strategy Implementation Group and would over-see the delivery of the Joint Health and Wellbeing Strategy.

Board members and partners commented that in their view the following points should also be taken into consideration:

- The working groups should focus on clear delivery outcomes, and receive key performance indicators;
- Due to the closing of the Children and Families Partnership, it was important that information sharing continued as this would improve links with services and give a better understanding of the new structure;
- The Health and Adult Social Care Committee should be recognised as part of the new Health and Wellbeing Board structure and where the word wicked issues was referred to within the Terms of Reference it should be changed to difficult issues;
- All Partners should be included as part of the communication and engagement process and consideration should be given to how best to publicise future events; and
- Best practices should be shared.

RESOLVED

1. That the draft Terms of Reference of the Health and Wellbeing Working and Development Group be agreed, subject to 'wicked' issues being amended to read 'difficult' issues.

2. That the Proposed Health and Wellbeing Board Structure be agreed subject to recognising the role of the Health and Adult Social Care Committee as part of the structure.
3. That the Corporate Director - People be requested to provide an update on the closing of the Children and Families Partnership to a future Board meeting and how Starting Well will address the issues previously dealt with by the Partnership.
4. That the Director of Public Health be requested to produce a draft Communication and Engagement Strategy for discussion at the next Health and Wellbeing Working and Development Group meeting in October 2015.
5. That the Director of Public Health be requested to provide a list of potential events which could be publicised over the next 3 years, to the next Board meeting.
6. That the Partnership Agreements with the Health and Wellbeing Board be reviewed at the next Health and Wellbeing Working and Development Group meeting in October 2015.

HWB13

UPDATE – HEALTH & WELLBEING BOARD DEVELOPMENT

The Board considered an oral update in respect of the Health and Wellbeing Board's development.

The Board heard from the Director of Public Health that the Local Government Association (LGA) would be undertaking a Peer Challenge during December to assess the Board's development and the Board's aim to become an exemplar Board. The LGA had requested that as part of undertaking the Peer Challenge, the Peers attend a Board meeting and also interview Board members and partner organisations.

The Chair responded to Councillor Crooks' enquiry, and undertook that the lack of private business presence on the Board would be discussed as part of the Peer Challenge process.

RESOLVED –

That the oral update be noted.

HWB14

JOINT HEALTH AND WELLBEING STRATEGY 2015/18

The Board considered the Joint Health and Wellbeing Strategy 2015/18.

- (a) Implementation Plan 2015/16

The Board heard from the Director of Public Health, who indicated that the Implementation Plan for the Strategy presented a number of key highlights and challenges. Whilst it was important to look at what data was already in the Implementation Plan, additional key indicators and data sets should also be identified. It was recognised that this was a

starting point and that certain data was collated on an annual basis.

The Board also heard there were a number of gaps in the data collation, and that the working-groups might be required to focus in on certain areas to gain a broader understanding of the information provided.

The Chair indicated that the Board's first meeting of the Working Development Group was held on 30 July 2015, where it identified that the Board should try to reach out and work with other partner organisations, namely; Thames Valley Police; Buckinghamshire Fire and Rescue Service; the Ambulance Service and the Thames Valley Community Rehabilitation Company, whose knowledge and expertise could assist with the joint delivery of the Strategy.

RESOLVED -

That the report be noted.

(b) Strategic Priority – Starting Well – (Child & Adolescent Mental Health Services Review)

The Board received a presentation and considered a report from H Pugliese and F West (Milton Keynes Clinical Commissioning Group) in respect of the Transformation of the Milton Keynes and Young People's Mental Health and Wellbeing Pathway.

The Board heard that whilst the Child and Adolescent Mental Health Services (CAHMS) Pathway Review presented many challenges, the Board's view of the findings was sought prior to the governance arrangements being put in place, to aid delivery of the programme. The main comments arising from the Review were:

- There was a need to work more directly with schools and to address the various training needs;
- That the level of CAHMS support in schools could be improved, with more help being provided to deal with the increased capacity of issues around loneliness, isolation and exclusion;
- Children and young people suffering from eating disorders, personality disorders or Bipolar were not seen as high profile or as critical as other priorities;
- Funding requirements and prompt intervention should be looked at to further aid those children and young people who required help;
- The improved sign posting to services would be beneficial; and
- It was hoped that the level of growth of Milton Keynes would be taken into consideration as part of the Tier 3 funding review.

RESOLVED –

1. That the Review's findings be received and the recommendations agreed in principle, subject to Central North West London NHS Foundation Trust providing feedback by the end of September 2015.
2. That the identified priorities for the transformation programme, with consideration of available system wide resources and other competing priorities be supported.
3. That the proposed governance arrangements to oversee the implementation of the five year Milton Keynes Children and Young People's Mental Health and Wellbeing Transformation Programme be agreed.
4. That the Chair in discussion with the Director of Children's Services be authorised to sign off the Milton Keynes Transformation Plan prior to submission to NHS England by 16 October 2015.

(c) Strategic Priority – Living Well (Partners Strategic Priorities)

The Board received oral updates from the Service Delivery Manager (Buckinghamshire Fire and Rescue Service), Local Police Area Commander (Thames Valley Police) and the Senior Probation Officer (Thames Valley Community Rehabilitation Company), and considered partner contributions in respect of delivering the Living Well Strategic Priorities. The following main points were highlighted:

- Domestic abuse, particularly relating to re-offenders with drug and behavioural problems was being specifically looked at;
- Support for vulnerable people, including those suffering from mental health issues, and particularly those living in deprived areas of Milton Keynes;
- Safeguarding across all areas in Milton Keynes remains a high priority particularly in light of reductions in policing; and
- Working together with partners was important, including the provision of, and the sharing of data.

The three representatives commented that although resources were scarce in their organisations, it was important not to duplicate effort or to look at 're-inventing the wheel'. Where ever possible overlaps in the various Strategies would be looked at to ensure there was effective partnership working.

Councillors commented that it was vital that partners worked together with a joined up approach, which identified synergies

and contributed towards positive outcomes, whilst ensuring that funds were spent wisely.

RESOLVED

1. That the oral update from partners be noted.
 2. That the Board in collaboration with partner organisations work on a mapping exercise of the various groups and Strategies that highlight shared commonalities.
 3. That the Board liaise with partner organisations on shared objectives and outcomes that can be measured against.
 4. That the Board/Working and Development Group work with partner organisations to provide a Service Level Agreement on data sharing.
- (d) Strategic Priority – Ageing Well (Better Care Fund Performance Report)

The Board received a performance report on the Better Care Fund from the Head of Joint Commissioning (MKC/CCG), noting that the national data could not be totally validated for its robustness until the end of the year.

Councillor Bald praised the effort and volume of work that had gone into the report, particularly as a number of complex problems had been looked at in more detail. Additionally, sufficient data was provided to assist the Board identify the improvements being achieved. Councillor Bald hoped that the information might help to drive a new confidence in the work the NHS was undertaking.

The Board heard from the Strategic Director (Adult Social Care and Health Partnerships) that there were a number of different discharge assessment models in place, for people who were either under the social care system or for staying in hospital for longer periods.

The Board also heard that data provided would be further improved, namely with regard to Intermediate Care and there appeared to be gaps in areas, such as segmentation of services, mobility issues and hospital spend. The representative of MK Community Health Services/Central North West London NHS Foundation Trust, advised the Board that the data provided for Intermediate Care was for those aged 65 years and above, even though the service could be accessed by people aged 18 years and over.

The Voluntary Community and Social Enterprise representative commented that irrespective of age, more work could be done on preventative measures.

RESOLVED –

1. That the report be noted.
2. That a further update providing a more in-depth focus on the Intermediate Care Review, be brought to the next meeting of the Board in December 2015.

HWB15 HEALTHWATCH UPDATE

The Board heard from the Chair, Healthwatch who confirmed that G Ball and J Williams, who were looking at the Prime Minister's Challenge Fund to ensure that funding was spent correctly, would be speaking at Healthwatch's annual meeting. It was reported that a project update would also be provided on improving access to GP surgeries in Milton Keynes.

RESOLVED –

That the update from Milton Keynes Healthwatch be noted.

HWB16 SUMMARY OF ACTIONS AGREED AND FORWARD PLAN

It was suggested that the Forward Plan for the next Board meeting on 10 December 2015, be considered as part of the Working and Development Group meeting.

RESOLVED –

1. That the Forward Plan for the next meeting on 10 December 2015 be discussed at the next Health and Wellbeing Working and Development Group in October 2015, subject to the Board's endorsement of NHS Diabetes Prevention Programme being added to the Strategic Priority Living Well.
2. That the Actions Arising be circulated to the members of the Health and Wellbeing Board by email.

THE CHAIR CLOSED THE MEETING AT 8.45 PM