

# **HEALTH AND WELLBEING BOARD**

## **MINUTES OF THE MEETING HELD ON THURSDAY, 25 APRIL 2013**

**Present:** Dr Alex Anderson (Newbury and District CCG), Councillor Pamela Bale, Leila Ferguson (Empowering West Berkshire), Councillor Graham Jones, Dr Catherine Kelly (North and West Reading CCG), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC – Communities), Lady Emma Stevens (Healthwatch)

**Also Present:** Councillor David Allen, John Ashworth (WBC - Environment), Andy Day (WBC - Strategic Support) and Lesley Wyman (WBC – Public Health), Natausha Van Vilet (Healthwatch), Moira Fraser (WBC – Strategic Support).

**Apologies for inability to attend the meeting:** Heather Hunter

### **PART I**

#### **1. Minutes**

The minutes of the meeting held on the 28 March 2013 were approved as a true record and signed by the Chairman.

#### **2. Declarations of Interest**

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a pharmacist in Lambourn as well as a member of the Public Health and Pharmacy Forum but reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

#### **3. Public Questions**

There were no public questions submitted relating to items on this agenda.

#### **4. Petitions**

There were no petitions submitted at the meeting.

#### **5. The Role of the Health and Wellbeing Board and the Health and Wellbeing Strategy (Graham Jones)**

Councillor Graham Jones in introducing this item noted that the Health and Wellbeing Board provided a great opportunity for integration for both the Local Authority and Health. The transfer of Public Health into the authority as of the 01 April 2013 also provided a great opportunity for additional democratic involvement in this area.

The Clinical Commissioning Groups (CCGs) had already been integrated into the Board and opportunities were being sought to engage more broadly with other professionals that would have an impact on the health and wellbeing of the District. This would offer and opportunity to address some of the broader determinants of wellbeing. Workshops would be run in the future to look at ways that broader engagement could be enacted.

Dr Alex Anderson noted that as of the 01 April 2013 the CCGs had become statutory bodies and were responsible for a number of aspects of health care including secondary care and commissioning services although they were not responsible for general practices or tertiary care.

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There were two CCGs in West Berkshire namely:

- Newbury and District CCG
- North and West Reading CCG

The Newbury and District CCG comprised 11 practices all of whom fell within the West Berkshire District boundary. Three of the ten North and West Reading practices fell within West Berkshire boundaries.

Both CCGs had already submitted their Clinical Commissioning Plans which set out their priorities for the forthcoming year.

Newbury and District CCG had identified the following priorities in their Commissioning Plan:

1. Delivery of 9 care processes for people with diabetes, to achieve best practice care for everyone;
2. Better identification of carers by GP practices, to enable targeted support;
3. Offer Cardiovascular Health Checks to eligible patients in the 40-74 year age range.

North and west Reading CCG had identified the following priorities in their Commissioning Plan:

1. Delivery of 9 care processes for people with diabetes – to achieve best practice care for everyone;
2. Better identification of people with Cancers;
3. Reducing Non Elective admissions for people with Chronic Obstructive Pulmonary Disease (COPD).

Natausha Van Vliet from Family Resource Centre UK explained that this independent charity organisation had been awarded the Healthwatch contract in West Berkshire. Their aim was to give a stronger voice to communities and the people within West Berkshire, helping to influence and shape how health and social care service in West Berkshire were provided. The local board had now been set up and had been fully recruited to. Their first meeting would take place in May.

Lise Llewellyn explained that Public Health had transferred from the NHS to the Local Authority as of the 01 April 2013. One of the key functions would be to undertake a Joint Strategic Needs Assessment (JSNA) of the district which would be used as the basis for the Health and wellbeing Strategy and would assist the CCGs when they produced their Commissioning Plans in future years and would also be used to hold the organisations to account. This small group of staff would be responsible for a range of areas and their main aims were to add years to life and also to address any inequalities relating to public health that existed within the District.

Lesley Wyman reported that this was an exciting and challenging time for Public Health and although the transfer had only taken place three weeks ago the team had already manage to forge a number of new links with colleagues across the Council. A Public Health and Wellbeing Integration Programme Board had been set up to expedite and underpin these links.

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**THE RECENTLY ADOPTED HEALTH AND WELLBEING STRATEGY SET OUT THE FOLLOWING VISION FOR WEST BERKSHIRE “WE AIM TO ADD YEARS TO LIFE AND LIFE TO YEARS FOR THE RESIDENTS OF WEST BERKSHIRE”. THE STRATEGY SET OUT THE FOLLOWING PRIORITIES:**

1. Addressing childhood obesity in the Primary School Phase;
2. Supporting those over 40 years old to address lifestyle choices detrimental to health;
3. Promoting independence and supporting older people to manage their long term conditions;
4. Giving every child the best start in life;
5. Supporting a vibrant district.

Workshops would be run to establish what activity was already being undertaken to support these priorities and to deliver action plans for future delivery. The first workshop had taken place in January 2013 and a second had been arranged for the 16 May 2013.

Leila Ferguson explained that she was the Empowering West Berkshire (EWB) appointee to the Board. EWB was an umbrella organisation representing all the voluntary sector groups across the district. They had been set up to co-ordinate activity and provide information to the various organisations.

Councillor Pamela Bale explained that she was the Chairman of the Local Strategic Partnership (LSP) which was a group comprising representatives from the voluntary sector, statutory bodies, local government and private organisations. The focus of the group over the past few years had largely been project driven revolving around the more deprived areas of the District (Greenham and Calcot) and it was anticipated that this role would provide a link between the LSP and the Health and Wellbeing Board going forward. Similarly Councillor Graham Jones would attend LSP meetings. In addition Councillor Bale’s Portfolio was also linked to parish planning and it was anticipated that this role could also feedback information about initiatives in the community that were supporting both health and wellbeing in the district.

Councillor Graham Jones thanked the Board for providing information on the various roles they undertook and how this work could support the activity of the Board.

### **6. The 111 Service (April Peberdy)**

Lesley Wyman updated Board on the progress with implementing the new 111 Service. Ms Wyman explained that typically, faced with an often confusing array of services, patients tended to visit their GP unless they were directed elsewhere by a health professional. Directing out of hours enquiries by triaging could also help to reduce waiting times by ensuring that callers were directed to the most appropriate services.

This had led to the planned implementation of this new IT system that provided a directory of services, linked to the providers that could be accessed by patients. It was essential that the transition to the new system was as smooth as possible. It was noted that calls from mobile phones and landlines would be free of charge. Questions on the system had been structured so where callers required an ambulance they would only be required to answer three or four questions at which time the existing 999 protocols would come into operation.

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Callers not requiring an ambulance would be asked a few additional questions in order to direct them to the appropriate service. Calls would be managed by trained call handlers supported by clinicians who could take over the call if necessary.

The benefit of this service was that it would take cognisance of local strategies and services and would notify the service that the patient would be attending.

Ms Wyman explained that the national start date for the service was the 01 April 2013. It had however been decided to postpone implementation locally to reduce any risks associated with a large number of sites going live at the same time. Berkshire East would go live on the 24 April and here in West Berkshire the service would go live on the 15 May 2013. NHS Direct would cease to function on the 18 June 2013. An official launch would be held after the implementation date to prevent the system potentially being overloaded.

The Board discussed the possibility of using information generated by the system to inform services locally. Lise Llewellyn suggested that it would be best to get the system embedded before looking at ways the information garnered could be used.

The Chairman thanked Officers for the update.

### 7. **Revised Terms of Reference of the Integrated Care Steering Group (Jan Evans)**

Jan Evans explained that the group had originally been set up as a task and finish group to look into the high levels of Delayed Transfer of Care in the District. The task group had been tasked with finding potential solutions despite demand increasing and their being fewer resources available. The group had identified a few key issues and had helped to significantly reduce the levels across all the hospitals. However it was also recognised that it was important to continue to progress integrated working (between the NHS, the local authority and other parties) in both commissioning and service provision to improve outcomes for the authorities and also the users.

The report therefore sought permission to continue to take the agenda forward to engender closer working in the future. The document therefore set out proposed terms of reference for the West Berkshire Locality Integrated Care Steering group which the Board was asked to approve.

Councillor Graham Jones noted the importance to understand cause and effect and therefore supported the need for continuing to adopt an integrated approach to this area of work in order to develop shared pathways.

#### **RESOLVED that:**

1. the terms of reference be agreed;
2. the Steering Group to report back to the Health and wellbeing Board every second meeting.

### 8. **Work Programme**

The work programme was noted and it was proposed that consideration be given to including the following items at future meetings:

- Children and Young People Health Commissioning (Rachael Wardell)
- Demand and Capacity Management (Rachael Wardell)
- Frail Elderly Pathway (Rachael Wardell)
- Health Behaviour and Lifestyles in Schools (Rachael Wardell)

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- Update on the MMR Programme (Lise Llewellyn) (Post meeting note: will be covered under LAA update on 23<sup>rd</sup> May)
- JSNA Outline (Lise Llewellyn)
- Alcohol Intervention (Councillor Graham Jones)
- Introduction by the Area Teams (Councillor Graham Jones)
- Joint Strategy for Carers (Dr Alex Anderson)

### 9. **Members' Question(s)**

There were no member questions submitted relating to items on this agenda.

### 10. **Future meeting dates**

23<sup>rd</sup> May 2013 – Council Chamber  
25<sup>th</sup> July 2013 – Committee Room 2  
26<sup>th</sup> September 2013 – Committee Room 2  
28<sup>th</sup> November 2013 – Committee Room 1  
23<sup>rd</sup> January 2014 – Committee Room 1  
27<sup>th</sup> March 2014 – Committee Room 1  
22<sup>nd</sup> May 2014 – Committee Room 1

*(The meeting commenced at 9.15am and closed at 10.35am)*

**CHAIRMAN** .....

**Date of Signature** .....