

DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 25 JULY 2013

Dr Alex Anderson (Newbury and District CCG) (*Vice-Chairman*), Leila Ferguson (Empowering West Berkshire), Heather Hunter (Healthwatch (substitute)) Dr Lise Llewellyn (Public Health), Councillor Graham Pask and Dr Rupert Woolley (Reading and West CCG (substitute))

Also Present: Lesley Wyman (WBC - Public Health and Wellbeing), Andy Day (WBC - Strategic Support), Janet Meek (NHS), Adrian Barker (Healthwatch), Paul Batchelor (Dental Public Health), Jan Evans (WBC - Adult Social Care) (Cathy Winfield (Berkshire West CCGs), Chris Washbrook, Barrie Prentice and Jessica Bailiss (WBC - Executive Support)

PART I

27. Minutes

The Minutes of the meeting held on 23 May 2013 were approved as a true and correct record and signed by the Vice Chairman.

28. Declarations of Interest

No Declarations of Interest were received.

29. Public Questions

29(1) Question submitted to the Board by Mr Chris Horner

A question standing in the name of Mr Chris Horner on the subject of plans to shift care into the home, supported by assistive technologies would receive a written answer from Jan Evans on behalf of the Health and Wellbeing Board.

30. Health & Wellbeing Action Plan (Lesley Wyman)

Lesley Wyman introduced her report to the Board which detailed progress with the Health and Wellbeing Strategy Action Plan, which was still in draft form. The action plan underpinned the Health and Wellbeing Strategy which contained five priority areas. Actions were set out to show that they were either lead by the Public Health team or in partnership with the Local Authority, Clinical Commissioning Group (CCG) or third sector organisations.

Lesley Wyman referred to page 45, which was an outline summary of the Public Health budget for 2013/14. Core team staffing costs referred to staff in Bracknell, including a knowledge and information team, working on the Joint Strategic Needs Assessment (JSNA) the Director of Public Health for Berkshire and a Health Protection Consultant.

School nursing, sexual health, tobacco control and substance misuse were joint agreement contracts and were agreed at the outset when Public Health transitioned from the NHS. Sexual health services were under review in order to get a better sense of the true cost of these services specific to West Berkshire. This review was progressing well with the Royal Berkshire Hospital.

HEALTH AND WELLBEING BOARD - 25 JULY 2013 - MINUTES

Work on tackling obesity and increasing physical activity; NHS health checks; work targeting the Gypsy, Roma, Traveller and Black and Minority Ethnic communities and finally crime and disorder had been rolled over from 2012/13.

Any money remaining would be available for providers to bid for who could contribute to achieving Public Health outcomes in the priority areas.

Lesley Wyman referred to page 47 of the agenda, which detailed the process for identifying providers who could contribute to the action plan. It was noted that the timescale was tight, however, it was important that the application process was completed as quickly as possible. Expressions of interest could be submitted by any West Berkshire Council department; Newbury and District CCG, North and West Reading CCG or any voluntary/community group.

From the expressions of interest a list of projects would be drawn up by a panel consisting of the West Berkshire Chief Executive, Strategic Director of Public Health and the Head of Public Health and Wellbeing.

Lesley Wyman reported that she would distribute the action plan more widely to third sector organisations via Empowering West Berkshire. Work had already taken place via the Public Health Integration Board to look at the Action Plan in more detail and to assist with identifying possible projects from West Berkshire Council.

Proposals put forward needed to have measurable outcomes and there was a set of assessment criteria that needed to be considered in order to be successful. Any projects proposed needed to be realistic in terms of meeting objectives within the set timescale (March 2015). If a project included appointing to a post, then there would have to be explanation included on the sustainability of the work post March 2015.

Lesley Wyman stated that projects that promoted joint working would be viewed favourably along with those that addressed health inequality. Projects would also be assessed on the extent to which they aimed to prevent deterioration in health and thereby reduce demand on services.

Leila Ferguson asked how the application documents would be accessed and Lesley Wyman reported that they would be placed on the website and it was vital that they were clearly identifiable.

Jan Evans felt that it was important that analysis work was used by Public Health to give an indication of where the gaps were. This would help prevent an inundation of unsuitable applications.

Councillor Graham Pask praised the Action Plan document although was fearful it might raise expectations due to the size of the document. Councillor Pask expressed how important it was to link to Parish Plans when delivering the Action Plan.

Dr Rupert Woolley questioned whether the CCGs would be involved in considering the bids. Lesley Wyman confirmed that both CCGs would be consulted.

RESOLVED that: Lesley Wyman would organise a meeting with Dr Rupert Woolley and Dr Catherine Kelly.

It was confirmed that the formal decision process would involve both the Local Authority and the CCGs and as a result would have to go through the Health and Wellbeing Board before being approved.

Dr Alex Anderson asked if projects emerging throughout the year would be considered or those in 12 months time. Lesley Wyman confirmed that there would be further opportunities as there would be growth in the budget in 2014. It was important to note that this year they would not be interested in projects that would involve a long period of planning. New projects would need to start in 2013.

HEALTH AND WELLBEING BOARD - 25 JULY 2013 - MINUTES

Dr Anderson questioned how the funding would be governed and how this would link to the Health and Wellbeing Board. Lesley Wyman reported that the Health and Wellbeing Integration Board, performance managed the Action Plan. This group then reported into the Health and Wellbeing Board. Dr Lise Llewellyn stated that Lesley Wyman would act as the link to the CCG Board as she attended these meetings.

Councillor Graham Pask asked who was responsible for monitoring the Public Health budget. Dr Llewellyn confirmed that herself and Nick Carter were responsible for the Local Authority Public Health Budget. Updates on the budget had to be reported to the Health and Wellbeing Board and via the Councils budget monitoring process.

31. **Public Health Advisory Board Feedback (Lise Llewellyn)**

Dr Lise Llewellyn drew the Boards attention to Nick Carter's report, which gave an update of the work of the Berkshire Public Health Advisory Board. In essence the aim of the Board was to ensure contracts were progressing through monitoring their performance. The Board would then identify opportunities and re-commission in order to meet local need. The Board had a streamlined way of procuring the services.

The Public Health Advisory Board also played a key role in ensuring Public Health was delivering against its mandate.

Dr Llewellyn highlighted the Boards Terms of Reference and reported that the Board's Membership was formed from the six Berkshire Unitaries.

Dr Llewellyn added that the Advisory Board was also taking an overview of health protection and infectious diseases in Berkshire, which involved close liaison with each Local Authority's Emergency Planning Team.

32. **Winterbourne View (Jan Evans)**

Jan Evans introduced her report which aimed to update the Board on the outcome of the Serious Case Review of Winterbourne View Hospital and local actions with respect to the Department of Health recommendations.

Minister Norman Lamb had led on the Winterbourne View Review. Recommendations and actions from the Department of Health were very clear and involved NHS and Social Care organisations working in collaboration to review the way they worked.

Locally a Berkshire wide Winterbourne Project Group consisting of the six local Authorities would be established to ensure the delivery of actions and recommendations deriving from the Winterbourne View Review. This group would be chaired by the Director of Joint Commissioning for Berkshire West CCGs and would report to the Health and Wellbeing Board. This group would carry out a stock take of progress as requested by the Department of Health, which was in essence a self assessment of work taking place. The self assessment process would indicate areas that required focus.

There had been a Serious Case Review carried out since the Winterbourne Review by Devon County Council. In October 2011 three safeguarding alerts had been raised in Devon regarding "Atlas" LD care homes run by Atlas Project Team Limited (APTL). APTL went into administration and all placing Local Authorities were given notice to move individuals by 30 July 2012. West Berkshire had one individual in a Devon APTL care home for whom alternative care was found immediately.

This situation had flagged the need for there to be an advocate representing the West Berkshire Council present, when individuals were placed in long distance homes and had no family who could take responsibility.

33. Funding Transfer from NHS England to Social Care (Janet Meek)

Janet Meek drew the Boards attention to her report on the funding transfer from NHS England to Social funding, which detailed arrangements and amounts to be transferred from the NHS to Local Authorities during 2013/14 – 2015/16.

In late June, two Gateway letters from NHS England had been sent referring to the transfer of funding from the NHS to Local Authorities.

The first letter looked at the Funding Transfer from NHS England to social care. Funding for Berkshire West Authorities would come directly from the Thames Valley Area Team and the Health and Wellbeing Board would be the forum for discussions between the Area Teams, CCGs and Local Authorities on how the money should be spent.

The funding allocated to West Berkshire was almost £1.8 million. Funding would be passed over to the Local Authority once a Section 256 Agreement was signed. However, before the agreement was signed certain conditions needed to be satisfied which were set out in Janet Meek's report.

The second letter concerned the Spending Round Health Settlement, which proposed the establishment of a £3.8bn Integrated Care Fund (Integrated Transformation Fund) of which the NHS would contribute £3.4bn. Most of the Transformation Fund would be a pooled budget for the integration of health and social care. It was stated that much of this was not new money and previously fell under NHS England. Some new money would be available as described in a further Bill from the Department of Health.

The pooled funding would sit with the Local Authority however, would be subject to plans being agreed by local Health and Wellbeing Boards and signed off by CCGs and Council Leaders. Plans would be subject to assurance at a national level and would need to include the protection of social care services.

Janet Meek reported that her paper was for discussion and for all to note the conditions. Janet Meek proposed that a sub task group of LA and CCG representation be established to recommend how funding was allocated in 2013/14.

Jan Evans stated that she had received the first Gateway letter however had not seen the second letter concerning the Spending Round Health Settlement. Jan Evans proposed that she would speak to finance colleagues and bring a report to the next Board meeting which outlined how the 13/14 funding was being spent.

RESOLVED that: Jan Evans put together a report for the next meeting of the Health and Wellbeing Board in September, outlining the current budget and how funding had been spent to date.

Dr Lise Llewellyn noted how well the discussion fitted in with those that had previously taken place on the Action Plan. Dr Llewellyn felt that more focus was required regarding preventative care. Dr Llewellyn highlighted that there would be risk in trying to add NHS Number to data as this would be extremely challenging. There was also a risk regarding seven day working.

Councillor Pask noted that they were already three months in to the 2013 virtual funding and questioned what the procedure was with this in mind. Jan Evans stated that this money had been accounted for against items outlined in Janet Meek's report (page 79). Next year there would be a formal plan put in place for spending the money, which would be agreed in advance with the NHS.

Councillor Pask felt strongly that a mechanism was required to support how the funding was allocated. Jan Evans suggested in the first instance a smaller group meet including finance colleagues.

HEALTH AND WELLBEING BOARD - 25 JULY 2013 - MINUTES

RESOLVED that: Jan Evans would set up a one off meeting with finance and CCG colleagues, to look at funding for 2013/14 in preparation for the next Board meeting in September.

Regarding NHS Numbers, Jan Evans reported that Social Care used the system RAISE. In two to five years this would need replacing. It was possible that the NHS system RIO might be suitable for the Council to use. It was asked whether this would also affect Children's Services and Jan Evans confirmed that there was a strong argument for Adults and Children's Services going forward with a similar system.

Dr Alex Anderson highlighted that there were two decisions that were required. Firstly to agree a sub task group and then secondly, a timescale for this group to be set up in.

RESOLVED that: coordinated by Jan Evans: a Sub Task Group would be set up to recommend how the funding should be allocated in 2013/14 and associated KPI's by the next meeting of the Health and Wellbeing Board on 26 September.

34. **JSNA Update (Lesley Wyman)**

Lesley Wyman referred to her report which gave an update on progress with the JSNA process.

Work with the new style JSNA was progressing well, moving from PDF to a web based tool. There was good representation from the six Berkshire Authorities and groups were moving the project forward in each locality. Jason Teal was representing West Berkshire and was looking at how to link the JSNA to the areas current District Profile. The plan was to establish a web based tool, then create ward profiles and CCG profiles.

Each Local Authority would be given a template and a small team tasked with taking the work forward. In West Berkshire this team consisted of Jason Teal, Jenny Legge (Research and Consultation Team), Lesley Wyman and Phil Rumens (Web Development). Jason Teal had already created ward profiles for West Berkshire and was using these to show other Local Authorities. It was hoped that the ward profiles would be completed by the end of August and the JSNA published by mid November 2013. Any data was required by the end of August.

Councillor Graham Pask commended the ward profiles and asked if the health authority could provide health data to the same broken down level. Lesley Wyman stated that it was more difficult to break down health data due to such small numbers. Dr Lise Llewellyn explained that they had to be careful not to make it possible to identify individuals. Dr Llewellyn reported that by December 2013 the JSNA would be in an easily accessible format and then the next stage would be to look at particular health issues in more detail.

35. **Integrated Health and Social Care Management including the Pioneer Programme (Cathy Winfield)**

Cathy Winfield referred to page 89 of the agenda which featured the Berkshire West Application to become an integration pioneer. The document set out the direction of travel. It looked at what an area would want to move away from, what to retain and what to move towards. The model used to illustrate this within the bid document, was modelled on Frail Elderly Services.

Cathy Winfield referred to the part of the bid application document (page 96), which detailed options for integration. These included developing a Social Care Hub which would provide access to both community and social care services; changing the way of working; encouraging independent living though working with care homes and using risk stratification across health and local authority services.

HEALTH AND WELLBEING BOARD - 25 JULY 2013 - MINUTES

The Health and Wellbeing Board would have a leading role in demonstrating strong governance arrangements. A Chief Officers group would consist of representatives from the ten Berkshire West Areas. The Berkshire West Partnership Board were formed to monitor the approach to integration.

Cathy Winfield reported that a decision would be made as to whether Berkshire West was a pioneer in December 2013. However, as a result of the spending review the piece of work would need to be carried out regardless of whether pioneer status was achieved.

Paul Bathchelor noted that there was no reference to dental care. More doctors were receiving visits from oral patients due to the service being free and he questioned how the existing workforce was being trained to deal with this. Dr Lise Llewellyn noted Paul Bathchelor's point and confirmed that reviewing the skill mix was a key priority for the area.

Dr Llewellyn felt that it was important that changes in services needed to be communicated to the public and it was noted that Healthwatch played a vital role in capturing the voice of the general public.

Dr Alex Anderson referred to Cathy Winfield's point that work was required regardless of the Pioneer Programme. It was felt that the body of work required a name and needed to be reported on to the Health and Wellbeing Board.

Jan Evans felt that if the Local Integration Steering Group took responsibility for the Pioneer Programme it would need its terms of reference reviewed. Much of the detail regarding integration that had been touched on had not been consolidated as areas of work and therefore required further focus.

RESOLVED that: Jan Evans to ensure the Local Integration Steering Group review its terms of reference to take on this wider remit.

36. **Review of West Berkshire Council's Eligibility Criteria (Jan Evans)**

Jan Evan's referred to David Lowe's report, which advised the Board of the Scrutiny review into adult social care eligibility criteria.

Following legal action, the Council's Executive Member for Community Care supported by Officers, requested that the Health Scrutiny Panel conduct a review into the way the Council provided adult care services. This was to ensure that they continued to be statutorily compliant and did not disadvantage the very vulnerable of West Berkshire.

In 2003 West Berkshire Council set a policy of 'critical' only (4 levels include low, moderate, substantial and critical). Therefore if a person's assessed care needs were critical they would receive personal care services. A Scrutiny led exercise supported by Council Officers commissioned a consultation, including with local residents. A report had been drawn up from the results and Jan Evans was meeting with David Lowe to discuss the response. The report would go to Overview and Scrutiny Management Commission and then the Executive.

Jan Evans reported that other areas had tried to change to 'critical' but had been challenged by the consultation process. The aim of the Scrutiny exercise was to look into the cost of West Berkshire moving to 'substantial'.

Dr Alex Anderson was concerned about the impact the change could have and questioned whether the impact would be assessed. Jan Evans confirmed that there would be a substantial equality impact assessment carried out.

REOLVED that: Jan Evans would circulate the equality impact assessment once it was publically available.

HEALTH AND WELLBEING BOARD - 25 JULY 2013 - MINUTES

Jan Evans confirmed that if the Care Bill was endorsed, all 1000 individuals in West Berkshire would need re-assessing anyway. This would have a profound affect of Adult Social Care. The Government had given re-assurances that this would not significantly affect Council care budgets.

Councillor Graham Pask stressed that this issue should come back to the Health and Wellbeing Board, as it was important all were aware of the potential impact this could have on the already stretched Council budget.

37. Healthwatch (Heather Hunter)

Heather Hunter introduced the first quarter progress report for Healthwatch West Berkshire. In summary:

- The progress report included a basic project development implementation plan (page 116).
- The report aimed to give transparency, without confusing people with too much detail.
- West Berkshire Healthwatch was the first Healthwatch to begin and was set up by 1 April 2013.
- Healthwatch was a standalone community interest company;
- Two members of staff were from the Family Resource Centre;
- There were a Board of non-executive directors.
- Lady Emma Stevens was the Healthwatch representative on the Health and Wellbeing Board and Heather Hunter would attend meetings on a quarterly basis.
- The operation side of Healthwatch was run by the Family Resource Centre.
- Healthwatch England had given minimal guidance on the purpose of Healthwatch, so each area was able to interpret this for themselves depending on what was needed in a particular area
- West Berkshire Healthwatch had consulted the public on their views about the NHS and generally they had been positive.
- West Berkshire Healthwatch had its own website, which was admired and used as a template by other areas. As a result of this an extra £6k had been raised.
- A board of Healthwatch Champions had been formed, they were due to meet in three weeks time.
- The main West Berkshire Healthwatch Board meetings would link to the Health and Wellbeing Board. They would also feed into the Champions Board.

Councillor Graham Pask congratulated Healthwatch on the work that had taken place in a short period of time however, questioned how Healthwatch could be found by members of the public. It would be challenging to capture the voice of the general public and not just become a contact point for those who had complaints. Heather Hunter stated that work was taking place to become established with the public. They had set up pods in Boots, Tescos, libraries and Children's Centres.

It was highlighted that the Health and Wellbeing Board needed to utilise Healthwatch for any survey work required. The Healthwatch website was also there for the Board to use to communicate any key messages to the public.

38. Members' Question(s)

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

39. Date of the next meeting

HEALTH AND WELLBEING BOARD - 25 JULY 2013 - MINUTES

The date of the next meeting was 26 September 2013 in the Council Chamber (Market Street Offices).

(The meeting commenced at 9am and closed at 10.35am)

CHAIRMAN

Date of Signature