

# HEALTH AND WELLBEING BOARD

## MINUTES OF THE MEETING HELD ON THURSDAY, 23 JANUARY 2014

**Present:** Dr Bal Bahia (Newbury and District CCG), Councillor Marcus Franks (Health and Well Being), Heather Hunter (Healthwatch), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Rachael Wardell (WBC - Community Services), Dr Rupert Woolley (North and West Reading CCG) and Lesley Wyman (WBC - Public Health & Wellbeing)

**Also Present:** Jessica Bailiss (WBC - Executive Support), Councillor Adrian Edwards, Councillor Mollie Lock, Councillor Gwen Mason, Philip McNamara, Sarah Mussett (NHS England - Thames Valley Team), Fatima Ndanusa (Public Health), April Peberdy (Public Health), Jon Shatford (Caremark), Martha Vickers (Healthwatch), Councillor Quentin Webb and Cathy Winfield (Berkshire West CCGs)

**Apologies for inability to attend the meeting:** Adrian Barker, Leila Ferguson and Dr Lise Llewellyn

### PART I

#### 68. Minutes

The Minutes of the meeting held on 28 November 2014 were approved as a true and correct record and signed by the Leader.

#### 69. Declarations of Interest

Councillor Gordon Lundie declared an interest in all matters pertaining to Health and Wellbeing, by virtue of the fact that he was a director of the pharmaceutical company UCB, but reported that, as his interest was not personal, prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

#### 70. Public Questions

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

#### 71. Petitions

There were no petitions presented to the Board.

#### 72. Forward Plan (Councillor Marcus Franks)

Councillor Marcus Franks drew Members attention to the forward plan, which had been circulated with the agenda. The aim of the forward plan was to help the agenda setting process. It would be publicly available. Councillor Franks urged all to think ahead and submit forward plan items to Jessica Bailiss.

**RESOLVED that** Members of the Board would send items to be placed on the forward plan to Jessica Bailiss.

The Health and Wellbeing Board was a meeting of the Executive and therefore agenda items needed to be placed onto the forward plan at least 28 working days (about six weeks) prior to the meeting where it would be considered.

Councillor Gordon Lundie referred to the refresh of the Health and Wellbeing Strategy and queried the process for this. Lesley Wyman stated that essentially input was required

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from other services on the refresh. The original Strategy only spanned two years. There were not yet plans in place to refresh the Strategy. An option would be to have a focused group of representatives working on the refresh. If this approach was taken, it would be important that the right people were on the group including a representative from Healthwatch and each of the relevant Council directorates. Lesley Wyman stated that she would be happy to lead the work if this approach was chosen by the Board.

Councillor Lundie highlighted that the Council had a three to five year financial strategy and that would be an election in 15 months time, therefore it would be helpful for the process to be established sooner rather than later.

Sarah Mussett noted item ten on the agenda, which would inform the Board of the planning timetable for the Clinical Commissioning Groups (CCGs) five year strategy. Sarah Mussett reported that two year plans were being submitted on the 4<sup>th</sup> April 2013 and five year plans on 20<sup>th</sup> June 2014. Councillor Lundie noted that a piece of work focusing on the refresh could take place from July to September.

### **73. Social and Emotional Wellbeing for Children and Young People (Rachael Wardell)**

Rachael Wardell introduced her report, which aimed to make the Health and Wellbeing Board aware of issues around young people's emotional wellbeing and to initiate a strand of work to support improved emotional wellbeing as part of the health and social care integration.

In essence the report acknowledged issues around children and young people's emotional wellbeing and proposed a way forward. A West of Berkshire Children's Joint Commissioning Group had been established with the aim of looking at opportunities for joint working and commissioning around children's emotional health and wellbeing. The report proposed that the West of Berkshire Children's Joint Commissioning Group took the work strand forward on a west of Berkshire basis.

In December 2013 the report 'Overlooked and Forgotten' by the Children and Young People's Mental Health Coalition identified weaknesses around Children's Emotional Health and Wellbeing as a result of resource pressures and proposed that these be tackled jointly.

Sarah Mussett noted that CAMHS Tier 1 and Tier 2 services were highlighted in the report however, stated that Tier 4 was also a problem. Rachael Wardell confirmed that it was unlikely that this would form part of the discussions however locations would be looked at more closely to view this issue in more detail.

Councillor Gordon Lundie asked what the next step for the work would be. Rachael Wardell confirmed that if the Board were happy with the proposed approach she would go back to the Children's Joint Commissioning Group who would begin to move the work forward. Issues would require unpicking and then work would need to be developed accordingly. Rachael Wardell confirmed that concerns had been raised about the pathway however, at this stage it did not look like focus would be given to fleshing this out. Rachael Wardell highlighted that issues were shared and would be tackled collectively.

Sarah Mussett reported that Oxfordshire had their pathway right and therefore suggested that West Berkshire look at what its neighbours were doing.

Heather Hunter reported that a number of issues had been raised through their consultation with users around children's emotional health, particularly users who had children in transition. Rachael Wardell reported that she had received feedback from

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Adrian Barker, who besides Healthwatch also represented the organisation Time2talk, regarding new literature that had been developed.

**RESOLVED** that Rachael Wardell would have the piece of work placed on the next agenda of the Children's Joint Commissioning Group and then would bring a proposal back to the Board by May 2014.

### 74. **The Better Care Fund (Formally known as the Integrated Transformation Fund) (Cathy Winfield)**

Cathy Winfield introduced her report which aimed to inform Members of the Health and Wellbeing Board about the Better Care Fund (BCF). Cathy Winfield reported that the BCF was originally known as the Integration Transformation Funding (ITF).

BCF plans offered the opportunity to transform local health and social care services and provide better integration care and support. It provided an opportunity to improve the lives of the most vulnerable providing them with better services, support and improved quality of life.

Guidance for the BCF had been published before Christmas 2013. The BCF included money that was originally designated as the Social Care Fund.

Berkshire West would receive about £270k in total and this was in line with what had been expected. Berkshire West CCGs had experienced a better growth than expected and therefore were able to transfer some money into the BCF. The whole of this budget could be spent on new projects. The Health and Wellbeing Board would have to decide how this money was spent prior to the deadline of 14<sup>th</sup> February 2014. Proposals would have to meet certain criteria, which in essence aimed to protect social care services. An informal meeting was planned to talk about the proposals.

Some of the BCF money would be allocated under a 'rewards for meeting goals' criteria. Money would be retained if the goals were not met and a recovery plan would need to be submitted as an initial step to releasing it. The spending round established six national conditions for accessing the fund:

- Plans to be jointly agreed.
- Protection for social care services (not spending)
- As part of agreed local plans, 7 day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care, based on the NHS number.
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.
- Agreement on the consequential impact of changes in the acute sector.

Councillor Gordon Lundie asked what the next steps were and Cathy Winfield reported that planning was underway for a special meeting of the Health and Wellbeing Board to take place on 6<sup>th</sup> February 2014, where proposals could be agreed.

Councillor Lundie questioned if any of the conditions in particular presented a challenge. Rachael Wardell explained that this depended on the success of plans. She was confident that there was a strong common understanding of what needed to be achieved. It was anticipated that there would be challenges around seven day working.

Councillor Graham Pask asked for clarification around targets and how they would be monitored. Cathy Winfield confirmed that targets set out under each of the conditions were detailed on page 20 of the agenda. There would be a requirement for the Health

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and Wellbeing Board to sign off plans. Plans would also go through an assurance process involving NHS England and the Local Government Association (LGA) to assure ministers.

**RESOLVED that** Cathy Winfield would bring a paper to the next meeting on the urgent care system.

Sarah Mussett questioned to what degree the BCF would deliver around the urgent care agenda. Cathy Winfield felt this would largely be addressed during conversations about seven day working. Letters had been received by accountable officers from NHS England to plan a recovery for the urgent care system. It was vital that patient flow around the system was maintained.

### 75. Commissioning Intentions (Phil McNamara)

Phil McNamara gave a presentation to the Health and Wellbeing Board, which gave an overview of the process and timescales for the CCGs Commissioning Plans.

The key points of the presentation were:

- key items that had derived from the Call to Action events.
- Demands on Newbury and District identified through Call to Action were an ageing population, long term conditions, urgent care and patient expectations.
- The local financial forecast showed demand increasing rapidly.
- Challenges identified related to the growth, included a requirement for £10.5 million efficiency savings having to be found.
- The main focus over the next five years would be prevention and early detection.
- The five year vision also identified the need for better integration between health and social services.
- There would be a move towards hospital at home services in order to reduce the pressure on Accident and Emergency Services.
- There was pressure for primary care to move to a 24/7 model.
- The five year vision included a proposal for an Urgent Care Unit at West Berkshire Community Hospital. The service would be open to anyone over 18 years of age however, would be focused on the frail and elderly.
- Operation plans had to be submitted by CCGs by 24<sup>th</sup> January 2014 however, there was a further deadline in June 2014. The CCG Operation Plan needed tying together with relevant plans within the Council.

Councillor Graham Pask thanked Phil McNamara for his presentation and in particular was pleased to hear about the proposed urgent care unit for Newbury. He asked how this service would reduce pressures on services already in place. Phil McNamara reported that this option was being considered due to financial tensions. The cost of people going to Accident and Emergency was very high and in certain cases it was more suitable for people to receive their care in a more appropriate setting.

Rachael Wardell expressed her support for the proposals highlighted in Newbury and District CCGs Vision for the next five years.

Lesley Wyman reported that there was a strong link between the CCG and the Public Health Team and it was reassuring to know that the CCGs plans were based on the Joint Strategic Needs Assessment. Lesley Wyman stressed that it was vital that the focus on self care was even greater and people's ability to look after their own health and

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wellbeing. This should not just start later in life but during early childhood years to prevent issues later on in life.

Sarah Mussett stated that she looked forward to seeing greater detail on quality.

Councillor Gordon Lundie reported that in January a capped Drugs Bill had come into force, resulting in anything above 2% having to be paid by the industry. There was uncertainty about where this money was going and concern that it would not find its way back to the NHS and CCGs. Cathy Winfield reported that she was unable to comment on Councillor Lundie's specific example however, confirmed that there was a very high level of growth. The figures included in the presentation were presumptions only. If more people were cared for in their own homes in the future, present costs could be expected to rise. Councillor Lundie commented that it was unhelpful to be handed a cost with no funding associated.

**RESOLVED** that CCG colleagues noted the comments made by Councillor Lundie.

### 76. **The Clinical Commissioning Group's Five Year Strategy (Cathy Winfield)**

Cathy Winfield drew the Boards attention the table on page 30, which informed the Board of the planning timetable for the CCGs five year strategy.

The main theme was that there were numerous conditions that needed to be addressed when developing the strategy. The strategy would be patient experience and outcome based. Largely it needed to close the £10million Quality Improvement Productivity Prevention (QIPP) gap. Planning could no longer take place at a single organisational level. Increasingly they were moving towards a whole system planning scenario.

Berkshire West had decided to group key messages under the three headings;

- Outer hospital setting – these often operated seven days per week,
- The urgent care system – this included 111; 999 and Accident and Emergency. These services needed to be grouped together to ensure people were routed correctly.
- Thinking was required around the implications on hospitals as how they currently operated would have to change.

Cathy Winfield stated that some acute hospitals were merging into partnerships, e.g. Heatherwood and Wexham Park and Frimley, The Oxford Hospital Trusts, but the Royal Berkshire Hospital was not going down this route and remained a small stand alone provision. It was likely that each speciality within hospitals would need reviewing.

Councillor Gordon Lundie noted that there should be a level of understanding through hospital business plans for example the one produced by the Royal Berkshire NHS Foundation Trust (RBFT), which the Board had been consulted on.

Cathy Winfield confirmed that the RBFT were now refreshing their business plan to ensure it aligned with the commissioning and financial aims of the NHS.

### 77. **Performance Management Framework - Update on Progress (Lesley Wyman)**

Lesley Wyman presented to the Board an overview of progress with the Performance Management Framework. The key points were as follows:

- The priorities within the Health and Wellbeing Strategy were closely linked to the Public Health Outcomes Framework (PHOF).

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- The main difference between the Health and Wellbeing Strategy priorities and outcomes and the Public Health outcomes was that the Public Health outcomes Framework included major incidents and infectious diseases, whereas the H&WB Strategy subsumed these into supporting a vibrant district.
- For each priority Lesley Wyman reported that she had pulled out the key measurable indicators from the PHOF that could be reported on.
- The aim was to focus on outcomes rather than process.
- Additional key performance indicators to demonstrate ongoing progress towards the higher level PH outcomes would need to be added and these would come from the PH and Wellbeing Action Plan and the Council Service Plan.

Cathy Winfield suggested that a high level dash board of indicators be developed and reported on to the Board. A fewer number of indicators would mean greater focus could be given to each one.

Councillor Lundie felt that the Health and Wellbeing Board needed to have an overview of the whole system element.

**RESOLVED that** Lesley Wyman and Councillor Marcus Franks would have a discussion outside the Board meeting regarding the Performance Management Framework.

### 78. **Quarterly Update Report from Healthwatch (Heather Hunter)**

Heather Hunter introduced her quarterly update report from Healthwatch. An excellent level of data was being collected from grass roots level. The aim was to find out the views of services users.

Out of the feedback collected to date 74% was positive and 26% negative. The main areas of concern were around primary care services, maternity services (shortage of rather than quality of care), disability support, access to information and mental health.

Access to services had largely been a concern raised by younger people. As a result Healthwatch would be sending out surveys to capture further information on these concerns. Concerns relating to mental health services were largely from parents with children in transition either between schools or going from children's to adult's services.

Heather Hunter reported that the information Healthwatch had gathered was both qualitative and quantitative. In quarter four Healthwatch would begin building on this data. In the fourth quarter Healthwatch would also be establishing Healthwatch Champions, who would feed into an Advisory Board.

Heather Hunter compared Healthwatch findings to the areas of work prioritised by other sectors and stated the main outstanding difference was that there was no concern raised about the frail and elderly. This featured largely in CCG forward planning. Heather Hunter however, placed a caveat on the Healthwatch data as it only represented what users currently missed.

Dr Bal Bahia asked how Healthwatch were seeking views from the frail and elderly and it was confirmed that a group had been worked with that represented people in care homes. It was confirmed that Healthwatch would soon look to visit day centres and numerous luncheon clubs. Councillor Gordon Lundie suggested re-ablement services also be included in future consultation around elderly services.

Rachael Wardell explained that there was a large difference between problems identified by users to those identified through the economy. The aim of Healthwatch was to ensure services heard the views of users and did not become solely focused on the system. Rachael Wardell expressed her interest in findings for children and young people, maternity and mental health services.

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Cathy Winfield concurred with Rachael Wardell and stressed that a stronger direct link was required between Healthwatch and the CCGs.

**RESOLVED that** Heather Hunter bring a report back to the future meeting of Board explaining how the information collected by Healthwatch could be turned into accountable items for providers.

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

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

### 80. **Future meeting dates**

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 27<sup>th</sup> March 2014.

*(The meeting commenced at 9.00 am and closed at 10.45 am)*

**CHAIRMAN** .....

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