

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 27 MARCH 2014

Present: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Leila Ferguson (Empowering West Berkshire), Councillor Marcus Franks (Health and Well Being), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services) and Dr Rupert Woolley (North and West Reading CCG)

Also Present: Jessica Bailiss (WBC - Executive Support), Mrs Pearl Baker (Member of the Public), Nick Carter (WBC - Chief Executive), Councillor Adrian Edwards, Jan Fowler (Director of Nursing and Quality), Jeanette Longhurst (Berkshire West Intergration), Councillor Gwen Mason, Philip McNamara (Newbury and District CCG), Councillor Graham Pask, Councillor Quentin Webb, Cathy Winfield (Berkshire West CCGs) and Lesley Wyman (WBC - Public Health & Wellbeing)

Apologies for inability to attend the meeting: Councillor Gordon Lundie

(Dr Bal Bahia in the Chair)

PART I

83. Minutes

The Minutes of the meeting held on 23rd January and the special meeting on 6th February 2014 were approved as a true and correct record and signed by the Vice Chairman.

84. Declarations of Interest

There were no declarations of interest received.

85. Public Questions

85(1) Question submitted by Mrs Pearl Baker to the Health and Wellbeing Board

A question standing in the name of Mrs Pearl Baker on the subject of how the Health and Wellbeing Board proposed to implement the Department of Health's "Closing the Gap" priorities for essential change in mental health including physical and mental health, was answered by the Vice Chairman of the Health and Wellbeing Board.

A supplementary question on the subject of whether General Practitioners could be more proactive regarding the physical health of those with mental health issues was answered by the Vice Chairman of the Health and Wellbeing Board.

85(2) Question submitted by Mrs Pearl Baker to the Health and Wellbeing Board

A question standing in the name of Mrs Pearl Baker on the subject of how the Health and Wellbeing Board proposed to implement Mental Health Advocacy as described in the Care Bill, would receive a written answer from the Lead Commissioners for Mental Health Services on behalf of the Health and Wellbeing Board.

85(3) Question submitted by Mrs Pearl Baker to the Health and Wellbeing Board

A question standing in the name of Mrs Pearl Baker on the subject of a monitoring process to ensure the implementation of Mental Health Independent Advocacy as described in the Care Bill, would receive a written answer from the Lead Commissioners for Mental Health Services on behalf of the Health and Wellbeing Board.

85(4) Question submitted by Mrs Pearl Baker to the Health and Wellbeing Board

A question standing in the name of Mrs Pearl Baker on the subject of how the Health and Wellbeing Board would address the discharging of patients to Section 117, whilst still receiving care and treatment, would receive a written answer from the Lead Commissioners for Mental Health Services on behalf of the Health and Wellbeing Board.

85(5) Question submitted by Mrs Pearl Baker to the Health and Wellbeing Board

A question standing in the name of Mrs Pearl Baker on whether the Health and Wellbeing Board would re-instate patients discharged from section 117 whilst still receiving care and treatment , would receive a written answer from the Lead Commissioners for Mental Health Services on behalf of the Health and Wellbeing Board.

85(6) Question submitted by Mrs Pearl Baker to the Health and Wellbeing Board

A question standing in the name of Mrs Pearl Baker on the subject of section 117 patients being charged for 'specific' accommodation placed in by local authorities, would receive a written answer from the Lead Commissioners for Mental Health Services on behalf of the Health and Wellbeing Board.

85(7) Question submitted by Mrs Pearl Baker to the Health and Wellbeing Board

A question standing in the name of Mrs Pearl Baker on the subject of whether the Board would address the General Practitioners role into an integrated system of care was answered by the Vice Chairman of the Health and Wellbeing Board.

85(8) Question submitted by Mrs Pearl Baker to the Health and Wellbeing Board

A question standing in the name of Mrs Pearl Baker on the subject of the Health and Wellbeing Board setting up an email alert system on a number of priority topics, including mental health was answered by the Vice Chairman of the Health and Wellbeing Board.

86. Petitions

There were no petitions presented to the Board.

87. Joint Strategic Needs Assessment Report (Lesley Wyman)

Lesley Wyman introduced her report to the Board, which gave an overview of the Joint Strategic Needs Assessment (JSNA), which should be used to agree priorities for Health and Wellbeing and inform the Health and Wellbeing Strategy.

Lesley Wyman reported that the JSNA was now on the Council's website and suggested that all members of the Board take the time to have a look at it (www.westberks.gov.uk/JSNA). The aim of the JSNA was to provide analysis of data to

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show the health status of different groups; identify health inequalities; highlight unmet needs; indicate recommendations and act as a useful tool for commissioning.

The process for pulling the JSNA together this time around differed to other years as Public Health now sat within the Local Authority. This made it easier to obtain input from services from across the Council for each of the sections.

The JSNA was published as a series of PDFs however, would soon become a fully interactive tool as West Berkshire Council's website was currently being redesigned and would go live in May 2014. This would make the JSNA much easier to navigate.

The JSNA was structured around the chapters:

- Starting well
- Developing well
- Living well
- Ageing well
- Wider determinants and vulnerable groups
- Demography

Lesley Wyman highlighted that as the new JSNA was web based it could be continuously updated.

Adrian Barker reminded members of the Board that producing a JSNA was a statutory duty. He emphasised the importance of Healthwatch being involved throughout the phased development process. Adrian Barker referred to an item being discussed later on the agenda regarding the management of Charters and addressing the needs of vulnerable groups and suggested that this could be tied in with the JSNA process.

Councillor Marcus Franks questioned when health would be mapped against areas of deprivation and Lesley Wyman confirmed that this was one of the next phases.

RESOLVED that the ward profiles be brought back to a future meeting of the Health and Wellbeing Board along with the assets serving those wards.

Graham Pask reported that Lesley Wyman had given a slightly different version of her presentation to the Local Strategic Partnership and had included ward profile information. It had been clear from the presentation that there were isolated pockets of deprivation, which needed addressing.

Lise Llewellyn reported that the next steps were to map how resources were spent across the direct. This information would be brought back to the Board however, would take time to compile and therefore timescales needed to be realistic. Regarding asset mapping, discussions would be required at a community level. It was also important to ensure that valuable work around parish planning was not duplicated.

Rachael Wardell supported the points made by Lise Llewellyn and referred to a programme she was aware of called 'Community Signature', which was a way of supporting community assets. Rachael Wardell saw the work as an opportunity for collaborative working and felt that discussions were needed with Public Health and the CCGs.

Leila Ferguson urged that the voluntary sector be involved throughout the process, particularly in asset mapping as this would highlight some of the smaller organisations working within communities.

RESOLVED that the Health and Wellbeing Board noted the JSNA report.

88. Newbury and District and North West Reading Clinical Commissioning Groups' Two Year Operational Plans (Philip Mcnamara and Dr Rupert Woolley)

Philip Mcnamara drew the Board's attention to Newbury and District Clinical Commissioning Group's (CCG) Operating Plan for 2014/16. The aim of presenting the plan was to assure the Board that it aligned with the health needs of the population and the Health and Wellbeing priorities.

The operating plan detailed a review of Newbury and District CCG's clinical aims and also achievements for 2013. The Operating Plan detailed the health needs of the population drawn from the JSNA and took account of patients' views and public opinion. A key "Call to Action" event had been held in November 2013 and over 60 members of the public had attended to contribute their views. The public would be continuously consulted on plans and listened to moving forward. Newbury and District CCG had identified three local priorities that reflected feedback from its patients and the public including:

- To better identify those who were Carers in their area, so that they could provide them with support.
- To offer Cardiovascular Health Checks to eligible patients, in order to proactively help people to remain well and healthy.
- To offer nine care processes to people identified with diabetes, so that all patients diagnosed with diabetes had the same standard of care.

The Newbury and District CCG had worked with the three other CCGs in Berkshire West to develop a five year Strategy and vision for the Berkshire West health and social care economy, which had been endorsed by the West Berkshire Health and Wellbeing Board. Through implementing their vision Newbury and District CCG were looking to secure a number of improvements in outcomes for patients and services users by 2019:

- A 3.2% reduction in the potential years of life lost from conditions which could be treated;
- An increase in the proportion of patients who said they felt supported to manage their long-term condition from 78.5% to 81%;
- A (tbc) reduction in unplanned admissions to hospital;
- A 3.6% reduction in the number of patients reporting poor experience of inpatient care;
- An (tbc) increase in the number of people reporting a positive experience of care outside hospital.

Philip Mcnamara reported that local aims outlined how the CCG wanted to join up mental and physical health. Key improvement Interventions covered the urgent care system including hospital at home and the NHS 111 service, both of which required further promotion.

Philip Mcnamara reported that close working had been demonstrated when developing the Operating Plan and it reflected both guidance from NHS England and the Area Team. Philip Mcnamara stressed that the document was just in draft form at present.

Councillor Graham Pask pleaded that agencies work together to improve discharge rates and utilise the district's greatest asset, West Berkshire Community Hospital. The access to this facility was excellent and it was hoped that the CCG would do all possible to promote its future use. Philip Mcnamara reported that this had been a key piece of

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feedback from both members of the public and staff. He confirmed that they were looking to develop specific services which could be delivered from the West Berkshire Community Hospital.

Lise Llewellyn queried the aim of reducing the potential years of life lost from conditions which could be treated by 3.2% and was concerned that this figure was unrealistic. Lise Llewellyn also queried how realistic it was aiming to reduce the number of caesarean sections to less than 10%. Lise Llewellyn stated that West Berkshire was one of the healthiest places to live in the country and therefore progress was even more difficult. Philip Mcnamara reported that many of the measures were set nationally and West Berkshire was already doing well against many of them.

RESOLVED that Philip Mcnamara would look into the figures queried by Lise Llewellyn and confirm to the Board.

Rachael Wardell stressed that she did not want to see the number of targets dedicated to improving outcomes for children and young people diminish. It was often the case that adult issues dominated over those of children and young people. Rachael Wardell confirmed that she would be looking closely at objectives for children and young people.

Adrian Barker felt that the Operating Plan was full of innovative ideas that were aligned to the Health and Wellbeing Strategy. He felt however, that there was a lack of sense within the plan that it was part of a wider strategy, of which the Health and Wellbeing Board was one of the drivers. Further emphasis was required on prevention and this needed to be aligned with what others were doing in this area. Philip Mcnamara agreed and stated that steps could be taken to see what other information could be captured, for example from GPs as well as patients.

Cathy Winfield reported that there would eventually be an appendix to the Operating Plan which showed how the document linked to the Health and Wellbeing Strategy and other documents.

Lesley Wyman stressed that there needed to be more input from the CCGs when developing the Health and Wellbeing Strategy and this is what she hoped she would see moving forward.

Dr Rupert Woolley referred to North and West Readings draft two year Operational Plan and stated that there was much overlap with Newbury and District CCGs operating plan. The priorities were slightly different in that they included diabetic services, end of life care, improved communications between GPs and West Call (the Out of Hours GP service) and finally the health of those living with long term conditions. Rupert Woolley reported that other areas, in particular urgent care overlapped with the Newbury and District area.

Councillor Graham Pask noted that one area that had not been mentioned was elderly dental services. It was felt that this was an area which was often forgotten however, had great repercussions.

RESOLVED that Jan Fowler would bring a report to a future Board meeting regarding the Dental Review.

89. **Health and Wellbeing Performance Framework (Lesley Wyman)**

Lesley Wyman gave a presentation to the Board updating them on the Health and Wellbeing Performance Management Framework. In summary:

- She had brought a paper to the November 2013 Board meeting which suggested that national performance outcome indicators were used, supported by local indicators relating to all priorities and underlying themes;

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- It was felt at the Board meeting that there were too many high level indicators, which carried a risk of duplication as many were already reported on in other places.
- At the Board meeting in January it was suggested that five to eight national outcome indicators be used to monitor progress in priority areas.
- Feedback suggested that there were still too many outcomes and that a single performance framework was required for the work of the Board.
- The next steps were to agree a reduced list of national outcomes indicators and short list of local indicators based on the current Health and Wellbeing Strategy and Action Plan.
- A final report using these indicators would be brought to the Board meeting in May identifying progress made in the first year.

RESOLVED that an item on the Performance Framework for 2013/14 be added to the Health and Wellbeing Board's Forward Plan for the next meeting in May.

- The planning for the Performance Framework for 2014/15 would take a very different form. Priorities would be agreed from the Joint Strategic Needs Assessment (JSNA). Consultation would take place and Healthwatch would be involved in this.
- It was acknowledged that the Board did not have the capacity to focus on everything and therefore would have specific areas of focus.
- A continuum approach would be adopted that ranged from prevention and early intervention through to treatment and rehabilitation.
- There needed to be a focus on universal services as well as a targeted approach for vulnerable groups.
- As well as focusing on joint commissioning and joint working the Board needed to work to four points (taken from the Council's Strategy): Help residents to help themselves; help residents when they cannot help themselves; help residents to help one another and promote and act in the interest of the communities, people and businesses of the district.
- Areas of joint working that needed to be driven forward included public health and wellbeing, health care and social care.
- Each priority would need to be supported by a number of local indicators.
- The aim was: **one person**, supported by people acting as **one team** from organisations behaving as **one system** 'Sir John Oldham'.

Leila Ferguson reported that she had learnt from a recent course that numerous Boards had dropped the word 'health' and remained focused on 'wellbeing'. There were cases where 'wellbeing' had been placed on every council and NHS agenda. Bal Bahia confirmed that a development session for the Health and Wellbeing Board would soon be taking place where there would be an opportunity to discuss such suggestions.

Rachael Wardell stated that she supported the light touch approach to the performance management framework. However, she felt that it needed to be noted that the areas not included were still being carried out but monitored elsewhere. It was felt that it would be useful for those areas where there was a deficit, to show the gap between the deficit and where they needed to be rather than ambitions. The

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Board needed to have shared objectives and identify areas where more could be done.

Adrian Barker highlighted that qualitative data was as important as quantitative data. Lesley Wyman reported that some of the information captured was based on qualitative data from self reported surveys etc. Dr Bal Bahia stated that Healthwatch gave the Board the opportunity to find out what outcomes the public wanted to see. Bal Bahia asked Adrian Barker what it was the public wanted to see and he responded that patient stories were always deemed useful. Jan Fowler suggested that the development session for the Health and Wellbeing Board might be a good place for patient experiences to be heard.

RESOLVED that short specific Performance Management Framework was the right direction for the Board. It was also agreed that deficits needed to be focused on.

90. **Better Care Fund update and next submission (Rachael Wardell)**

Rachael Wardell introduced her report to the Board which sought agreement on the final plan of how the Better Care Fund pooled budget would be used.

Rachael Wardell stated that the document was very similar to the first submission paper considered by the Board at their special meeting on 6th February 2014. Approval had been given at this meeting for the draft plans to be submitted to the Department of Health. Rachael Wardell stated that the report provided an update of development since the special meeting and sought approval on the final plans which would need to be submitted to the Department of Health by 4th April 2014.

A quality assurance process had taken place to ensure final plans were ready for submission. Whilst waiting for feedback on the plans from the Department of Health, discussions had taken place with the Clinical Commissioning Group (CCG) and all parties remained committed to the chosen schemes.

Rachael Wardell suggested that the Board might wish to have details of governance arrangements attached to the submission as an appendix. The Board needed to agree whether a light touch version should be submitted or a version with the governance arrangements included.

Cathy Winfield reported that the Berkshire West Partnership Board formed a layer of the governance.

Councillor Marcus Franks queried if there was a case for submitting the stages of monitoring, for example on a two monthly basis. Cathy Winfield confirmed that the standard checklist being used did not require target information at this stage.

Cathy Winfield reported that North and West Reading CCG and West Berkshire funds were being pooled together. This was detrimental to West Berkshire as North and West Reading received a larger proportion of the fund. Cathy Winfield stressed that it needed to be reflected that two CCGs made up the West Berkshire Health and Wellbeing Board.

Councillor Marcus Franks referred to page 157 of the agenda, which included information on deprivation and queried the level of detail included. Rachael Wardell confirmed that there was further detail required at this stage. Cathy Winfield reported that many of the programmes were not due to begin until 2015 and therefore West Berkshire had done particularly well to be clear on its plans at this early stage. The next year could be used to work up the remaining detail.

Councillor Franks queried the strength of the risk information detailed on pages 152, 166 and 167. Cathy Winfield concurred that the risk information could be strengthened. Phil Mcnamara confirmed that discussions had taken place with Steve Duffin (Head of ASC Efficiency Programme at West Berkshire Council) and the plan was to run the area of

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work using stranded project management. The Health and Wellbeing Board would then receive reports on this. Councillor Franks stated that the detail referred to by Philip Mcnamara needed to be included in the planning document.

Councillor Franks proposed given the timings that the Health and Wellbeing Board delegate the power to Rachael Wardell and Cathy Winfield to sign off the final plans prior to them being submitted to the Department of Health. This was seconded by Dr Bal Bahia.

RESOLVED that Rachael Wardell and Cathy Winfield would sign of the final planning document for the BCF on behalf of the Health and Wellbeing Board.

91. The Urgent Care System (Cathy Winfield)

Cathy Winfield gave a presentation to the Board on Urgent Care and the Berkshire West system. In summary:

- The national review of urgent care focused on five main elements, in particular how urgent care services could connect together and work in a cohesive way.
- There was a national standard for 95% of Accident and Emergency attendances to be seen, treated, admitted or discharged within four hours. It was anticipated that more reasonable measures would be introduced in time.
- Regarding the ambulance service, a swift handover of 15 minutes between ambulance staff and the Accident and Emergency department was vital so that the ambulance service could accept a new call. If this took longer than 30 minutes an Accident and Emergency department could be fined.
- The Berkshire West urgent care system was very complex and consisted of many different components. It was expected that the complexity of the system was the reason why the public visited their Accident and Emergency department in the first instance.
- The Accident and Emergency department became the barometer of the system. Consistency was required and a system that directed people to the same places.
- The acute medical unit was for those people with more complex issues. It needed to be ensured that when entering the unit people were looked after in the most suitable part of the hospital and by the best consultant for their needs. This resulted in the best outcomes for the patient.
- There was a new service specification for NHS 111. Due to the problems with the service experienced nationally, Berkshire West opted for a phased approach to its introduction. There was realisation that members of the public were still not as aware of the 111 service as they should be. There was aspiration to have a renewed effort at raising awareness.
- There was ambition for a single health and social care hub that provided ease of access to all out of hospital services.
- The urgent care system had come under scrutiny by Monitor and NHS England and a system recovery plan would need to be implemented.
- There were a number of reasons why targets were breached including the internal discharge planning process. As a result seven day cover was being increased to help prevent patients not being discharged until after the weekend.
- Regarding what had been achieved, this included transparent whole system data, which formed an Urgent Care dashboard.

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- Performance was gradually improving across the Urgent Care system. It could be seen from graphs that after a period of poor performance, recovery rates were very positive.
- Focus needed to remain on increasing discharge rates at weekends.
- Work was taking place with ECIST to help identify issues across the system. Length of stay reviews had been carried out to investigate why a bottle neck situation occurred.
- The Health and Wellbeing Board had a role to play which included taking oversight and ensuring all parts of the Urgent Care system were working to optimise flow through the system and by ensuring the Better Care Fund was applied to develop services that would support people with urgent care needs.

Councillor Marcus Franks questioned if 999 calls made by care workers were reported on. Cathy Winfield confirmed that reports were received regarding calls from care homes however not primary carers. This was acknowledged as a useful point and further thought was required regarding communication points for carers and where they should make contact if they had concerns.

Rachael Wardell reported that the use of 111 was important when managing care pathways. If a person had real concerns then they should go to their local Accident and Emergency service, even if sound clinical advice advised them to wait until Monday.

Cathy Winfield confirmed that work also needed to take place with the voluntary sector and Children's Centres regarding the 111 service. Adrian Barker stated that this was an area where Healthwatch would be able to assist.

RESOLVED that the Health and Wellbeing Board noted Cathy Winfield's presentation on the Urgent Care System.

92. **Pharmaceutical Needs assessment (Lise Llewellyn)**

Lise Llewellyn introduced her report to the Board which set out the scope of the Pharmaceutical Needs Assessment (PNA). Lise Llewellyn reported that like the JSNA, the PNA was a mandatory document.

Pharmacies provided a range of services and the report considered what CCGs and Public Health could commission or add to enhance the services offered by pharmacies.

A service mapping process would take place to map existing pharmaceutical services in Berkshire against population density and rate of long term conditions. The JSNA and other relevant existing documents would be used to identify health needs of the population and to carry out a gap analysis. Consultation would also take place with the pharmacies and services users. The PNA would come back to the Health and Wellbeing Board before final sign off.

RESOLVED that the PNA be placed on the Forward Plan for a future meeting of the Board.

93. **Review of Children's Public Health Commissioning Opportunities (Lise Llewellyn)**

Lise Llewellyn introduced her report to the Board. Key principles in the Health and Wellbeing Strategy identified the need to focus on children. The report summarised a practical programme that would allow exploration and identification of opportunities. Lise Llewellyn reported that the report aimed to inform the Board of the national changes that would be occurring in children's commissioning for public health services and of the proposal of a local approach to support the change.

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Lise Llewellyn reported that Public Health currently commissioned public health services for 5-19 year olds and Health Visitors were commissioned through the Area Team.

The new specification around Health Visiting provided universal services from ages 0 – 5. Health Visitors also provided a service to parents who's children were experiencing particular issues for example sleep issues.

In October 2015 the commissioning responsibility for these services would be brought under the Local Authority. The services needed to be aligned with services which already existed and integrated with Local Authority mainstream children's preventative services.

There would be the opportunity to look into the financial risk of health visiting services falling under the Local Authority and also the opportunity to see if there were any gaps in the allocation or transfer processes. An event would soon be organised in West Berkshire with stakeholders to look at the issues involved.

Rachael Wardell felt that there would be an opportunity to view the relationship between Health Visitors and Children's Centres. The early help hub 'help for families' fell short of thresholds and still required assistance.

Cathy Winfield questioned what would be controlled from the wider mental health and CAMHs agenda. Lise Llewellyn confirmed that the Solihull model was already being implemented and various other tools would need to be considered in the approach.

RESOLVED that the Health and Wellbeing Board noted the report.

94. **Management of Charters (Lesley Wyman)**

Lesley Wyman introduced the report which proposed a purpose for managing charters coming to the Health and Wellbeing Board. The Board at one of its earlier meetings had been asked to support a Charter for the Disabled Children's Trust. At the time the Board felt that there could be many other similar requests forthcoming and whilst the Board might be sympathetic to the aims and objectives of each charter, they did not feel it was appropriate to formally sign up to any one of them.

The report suggested that the Board adopted the process set out in paragraph two of the report. Lesley Wyman reported that in essence it would be her role to acknowledge receipt of a Charter and then cross reference any charter with the Health and Wellbeing Strategy.

Rachael Wardell confirmed that she was supportive of the process however, felt that another step needed adding which stated that if a charter was cross referenced with the Strategy and no link was found, the Strategy would be reviewed to ensure the area covered by the charter in question had not been missed.

RESOLVED that this step would be added to the process for managing charters.

95. **Members' Question(s)**

95(1) **Question to be answered by the Health and Wellbeing Board submitted by Councillor Gwen Mason**

A question standing in the name of Councillor Gwen Mason on the subject of the Health and Wellbeing Board producing a 'map' of local organisations involved in health and social care, so that it was clear where local people needed to go to seek information, advice and guidance would receive a written answer from the Health and Wellbeing Board in writing.

96. **ITEM FOR INFORMATION - FORWARD PLAN**

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RESOLVED that all noted the Forward Plan for the Health and Wellbeing Board.

97. Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 15th May 2014.

(The meeting commenced at 9.00 am and closed at 11.05 am)

CHAIRMAN

Date of Signature