

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 22 JANUARY 2015

Present: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Councillor Marcus Franks (Portfolio Holder for Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Councillor Gwen Mason (Shadow Health and Wellbeing Portfolio Holder), Councillor Irene Neill (Portfolio Holder for Children and Young People), Rachael Wardell (WBC - Community Services), Nikki Luffingham (NHS England Thames Valley) and Councillor Keith Chopping (Portfolio Holder for Community Care)

Also Present: Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Lesley Wyman (WBC - Public Health & Wellbeing), Councillor Quentin Webb, Tandra Forster (WBC - Adult Social Care), Councillor Roger Hunneman (Deputy Liberal Democrat Group Leader), Councillor Adrian Edwards, April Peberdy (Public Health and Wellbeing), Susan Powell and Jane Seymour

Apologies for inability to attend the meeting: Leila Ferguson and Cathy Winfield

PART I

76 Minutes

The Minutes of the meeting held on 27th November 2014 and 8th January 2015 were approved as a true and correct record and signed by the Chairman.

77 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board noted the Forward Plan.

78 Actions arising from previous meeting(s)

The Health and Wellbeing Board noted the actions arising from the previous meeting.

79 Declarations of Interest

Dr Bal Bahia and Dr Barbara Barrie declared an interest in all matters pertaining to Primary Care, by virtue of the fact that they were General Practitioners, but reported that, as their interest was not personal, prejudicial or a disclosable pecuniary interest, they determined to remain to take part in the debate and vote on the matters where appropriate.

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.

Councillor Lundie declared an interest in all matters pertaining to the Royal Berkshire Hospital, by virtue of the fact that he sat on its Council of Governors, but reported that, as his interest was not personal, prejudicial or a disclosable pecuniary interest, he

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

determined to remain to take part in the debate and vote on the matters where appropriate.

80 Public Questions

There were no public questions.

81 Petitions

There were no petitions presented to the Board.

82 Health and Social Care Dashboard (Tandra Forster/Shairoz Claridge/Jessica Bailiss)

(Councillor Gordon Lundie declared a personal interest in Agenda item 8 by virtue of the fact that he sat on the Council of Governors for the Royal Berkshire Hospital . As his interest was personal and not prejudicial he was permitted to take part in the debate and vote on the matter).

Tandra Forster introduced the item to Members of the Health and Wellbeing Board and briefed them on the Adult Social Care section of the dashboard. She highlighted that performance had dropped slightly for ASC1. The data for this measure however, referred to a very small cohort of people and therefore it only took one person to change the percentage significantly.

Councillor Gordon Lundie reported that he was aware of new funding that was attached to Delayed Transfers of Care (DTC) and asked for an update. Rachael Wardell explained that money had been made available by the Department of Health (DH) specifically for hospital discharges. However there were a number of obstacles in the way of improving performance in this area and adding money was not necessarily the answer. More of what was already working well needed to take place and people who might be at risk of having a delayed discharge needed to be identified on admission. Effort needed to focus on identifying blockages in the system and targeting these areas. It was for health partners to decide the best way in which the money should be used.

Councillor Lundie further questioned how well plans were aligned with the Royal Berkshire Hospital (RBH). Tandra Forster reported that they had moved towards a trust performance system. The RBH had issues regarding a number of Care Homes.

Tandra Forster further added that the performance team were working hard to get people out of hospital efficiently. Funding had to be used by the end of the year, which was going to be challenging.

Councillor Lundie queried what the DTC data actually represented. Tandra Forster confirmed that one of the DTC figures was a snapshot taken on the third Thursday each month. Once a person was assessed as being well enough they were released from hospital as soon as possible, however there were a number of factors that could hold this process up such as medication, or issues at home. Those in the system had to work together to support someone leaving hospital. It was acknowledged that the longer someone stayed in hospital the higher the risk that they would become dependant on services.

Rachael Wardell added that there were often a number of people on the Fit to Go list (Fit List) however, had not yet been discharged.

Shairoz Claridge added that focus was required on those medically fit to be discharged. Tandra Forster confirmed that she had the current Fit List for the RBH and positively it was at zero.

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

Rachael Wardell explained that one of the DTOC measures (AS2) showed all delays and the other (AS3) showed only those attributable to Social Care. These measures were helpfully broken down by individual hospital trusts.

Adrian Barker referred to the two DTOC indicators AS2 (all delays) and AS3 (delays attributable to Social Care) and queried why the figures attributable to Social Care were higher than those for all delays regarding both Berkshire Healthcare Foundation Trust and Hampshire Hospitals Foundation Trust.

RESOLVED that Tandra Forster confirmed that she would check DTOC figures with the relevant colleagues and feedback the answer to Adrian Barker's question to the Board.

Councillor Lundie queried if the issues discussed on the dashboard were also on the relevant forward work plans. Shairoz Claridge confirmed that the acute section was discussed at the Urgent Care Board. She added that a report on winter resilience was currently under construction and a report would be brought back to the Board meeting in March.

Councillor Lundie queried how pressures faced by the RBH were being taken into account. Shairoz Claridge reported that the Urgent Care Board had actions in place to help address these pressures. Daily updates on figures were also provided and helped RBH deal with the pressures.

Shairoz Claridge referred to the pressures faced across the county by Accident and Emergency departments. She reported that anecdotal information she had received indicated that cases being presented at Accident and Emergency departments were appropriate.

Shairoz Claridge reported that Accident and Emergency figures had peaked over the Christmas period however, this had now levelled off and it was a national issue. Shairoz Claridge stated that she would ask the Urgent Care lead to present the winter resilience information to the next Board meeting in March.

Dr Barbara Barrie felt that Primary Care's efforts to mitigate the winter pressures was often excluded, and therefore many surgeries had carried out an audit of appointments dealt with over the Christmas period. This gave a snapshot of each practice. Dr Bal Bahia reported that results for his surgery showed that there had been a 14% increase in consultations and 18% increase in phone calls over the Christmas period.

Nikki Luffington felt that the data contained on the dashboard was out of date as quarter three information was available. She reported that DTOC was on the national agenda and quarter three data for West Berkshire showed that it was underperforming.

Councillor Marcus Franks responded to Nikki Luffington's point about the data being out of date. In this instance this was largely due to different reporting timescales because of the Christmas period. However, this would be raised at the Management Group.

RESOLVED that the reporting timescales for the dashboard to be discussed at the next meeting of the Health and Wellbeing Management Group.

Shairoz Claridge reported that they were working with NHS England to make the Dashboard as live as possible.

Adrian Barker suggested that an indicator be included on the Dashboard, which showed the number of people seeing General Practitioners.

RESOLVED that Nikki Luffington would look into this.

(Councillor Gordon Lundie left the meeting at 9.30am)

83 Update report on the Better Care Fund (Tandra Forster)

Tandra Forster introduced the item, which aimed to inform Members of the Health and Wellbeing Board on the current position regarding the Better Care Fund schemes. Included within the appendices were highlight reports for the two West Berkshire projects and a Programme Status Report for all five projects.

Tandra Forster went on to add that the Hospital at Home project had been reframed. A number of required changes had been identified and the business case had been revised. This was due to go to the three Integrated Steering Groups in February 2015.

A number of the projects had new project managers including the Integrated Health and Social Care Hub and Enhanced Care and Nursing Home Support project.

The highlight report for the Personal Recovery Guide Project showed that positive progress was being made. A pilot was currently being carried out for this project.

Councillor Franks noted that on page 32 of the agenda under the Joint Care Provider/Personal Recovery Guide Project Risk Log, that the Emergency Duty Team contract was at high risk. Tandra Forster explained that a contract was required across the whole of Berkshire. A large part of this project was seven day working and out of hours services. The question being asked was to what extent the Emergency Duty Team helped the delivery of these areas.

84 Alignment of Commissioning Plans (Tandra Forster/Shairoz Claridge)

Tandra Forster presented the report to the Board which aimed to inform Members about the progress on the alignment of commissioning plans for health and social care partners.

The alignment of commissioning was a priority for the Health and Wellbeing Board and the purpose was to avoid duplication across the system.

A small group had come together including Tandra Forster, Lesley Wyman and Shairoz Claridge to begin listing what commissioning activity was already taking place. Tandra Forster reported that the next step was to broaden this group out. In the future it was hoped that consultation would take place on all decisions concerning commissioning.

Shairoz Claridge reported that the Clinical Commissioning Group (CCG) had looked at its commissioning intentions to see where they aligned to the Health and Wellbeing Strategy.

Rachael Wardell drew attention to the fact that there was now a Children's Commissioning Group in place. There was also a piece of work taking place between the leads for Adult Social Care across Reading, West Berkshire and Wokingham, looking specifically at joint commissioning. Councillor Marcus Franks highlighted the importance of involving the voluntary and community sector in commissioning alignment.

Tandra Forster reported that there had been a shift towards outcome focused commissioning. Shairoz Claridge added that there was currently a lot of overlap in the areas of mental health and children's, both of which fell under the Better Care Fund Plans. Information Technology was acknowledged as a key enabler.

Adrian Barker felt that it was important that there was focus on the alignment of plans as well as the alignment of commissioning. A discussion was required between the relevant people to look at how individual commissioning decisions affected one another.

Tandra highlighted that Adult Social Care used an independent market whereas the Health sector used an internal market.

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

Dr Bal Bahia stressed the need for an overarching vision to bring the work together. Tandra Forster felt that mapping was the key to aligning commissioning successfully. Councillor Marcus Franks agreed with Dr Bahia and highlighted the importance of other groups being aware of the Board's ambitions around commissioning. Tandra Forster confirmed that she sat on the Berkshire West Partnership and therefore would act as a link between the two Boards.

85 **Finalisation and Agreement of the Health and Wellbeing Strategy (Lesley Wyman)**

Lesley Wyman introduced the item to the Board which sought finalisation and agreement of the Health and Wellbeing Strategy post the consultation period.

The consultation on the Strategy had been carried out by Healthwatch and positively there had been a large number of comments received from people across a wide age range.

Although a high number of comments had been received, there had been minimal issues raised about the priorities and most had agreed that the priorities were the right ones to be focusing on. Most comments related to how the Strategy would be delivered and therefore the next step was to coordinate a delivery plan for the Strategy. Lesley Wyman suggested that task and finish groups could be set up to help pull this together. A list of stakeholders who could be involved was listed under paragraph 1.1 of Lesley Wyman's report.

Adrian Barker referred to page five of the Strategy and queried if the overarching aims could be revised. Lesley Wyman reported that these had been taken from the Public Health Outcomes Framework and could be revised. Adrian Barker felt that the first overarching aim should be amended to 'whilst maintaining a high quality of life throughout life'. Adrian Barker also felt that the third bullet under the overarching aim should be amended so that read 'and healthy life expectancy'.

Adrian Barker acknowledged that the next step was to pull the task and finish groups together and the report suggested a group could be formed to focus on each priority. He felt that the multi-agency working group should be formed to develop a strategic action plan for the strategy as a whole, as well as for each individual priority. Councillor Franks suggested that this role could be taken on by the Health and Wellbeing Management Group. Adrian Barker was concerned this group would not have time. Councillor Franks felt that this was something the Management Group needed to explore.

Adrian Barker stressed that engagement needed to be ongoing throughout the process. This could be fed into the event planned for the Board in September, where stakeholder input could be sought. Adrian Barker stated that he was happy to volunteer to sit on any of the groups.

Dr Barbara Barrie expressed her disappointment that End of Life Care was still not featured as a stand alone priority within the Strategy. Dr Lise Llewellyn confirmed that priorities had been chosen using information from the Joint Strategic Needs Assessment (JSNA).

Dr Llewellyn had noted from the consultation responses that the two priorities that were less acceptable were drinking alcohol and being overweight, which fundamentally could show social acceptance of these two issues.

Dr Barrie referred to the outcome of a Local Pathway Outcome Review, which proposed 34 recommendations around the care of those at the end of their lives. She was

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

concerned that if end of life services were not a priority then this area would be neglected by the Board.

Councillor Franks was not in agreement that end of life care should be a stand alone priority however, felt that it should be picked up through the delivery plan for the Strategy.

RESOLVED that end of life care to be included within the delivery plan for the Health and Wellbeing Strategy.

RESOLVED that Task and Finish Groups involving the relevant people would be set up to coordinate actions plans, which would underpin each of the priorities within the Health and Wellbeing Strategy. A progress report would be given at the next Board meeting in March.

RESOLVED that the Health and Wellbeing Board agreed the Health and Wellbeing Strategy, which would be formally ratified at the Council meeting on 3 March 2015.

86 Health and Wellbeing Performance Report (Lesley Wyman)

Lesley Wyman introduced the item which updated the Board on the progress being made towards priorities within the current Health and Wellbeing Strategy.

The report focused on quarters one and two of 2014/15. Appendix one contained the completed data set to accompany the report. The report considered what was being done locally to meet national indicators. Lesley Wyman continued by giving a summary of the main issues.

Reducing Childhood Obesity

- The National Childhood Measurement data for 2013/14 was published in December 2014.
- 2013/14 data coupled overweight and obesity figures together.
- In reception the rate had gone up slightly from 18.9 to 19.3%.
- Trend data within the report showed that West Berkshire was below the national rate regarding obesity.
- For year six the rate had decreased slightly which was very encouraging.
- It was important to note that a different cohort of children were being measured each year and therefore variations were expected year on year.

Rachael Wardell queried if it was possible to compare the reception rate for the current year six children to see any changes overtime. For example, this would show if those at reception were still overweight or obese when they reached year six. It was confirmed that it would be possible to provide this data, once it was available nationally.

Councillor Keith Chopping was concerned that just under 30 percent of children in year six were overweight or obese. Lesley Wyman reported that there were numerous programs of work taking place to try and bring this figure down. Dr Lise Llewellyn stated that generally parents did not take their children to the doctors for being overweight. Weight was measured by Body Mass Index (BMI). There were different graduations including overweight, obese and morbidly obese and for children these were measured using national growth charts.

Supporting those over 40 to change lifestyle behaviours detrimental to health and wellbeing

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

- Adult smoking prevalence had dropped in West Berkshire from 18.76 percent to 15.4 percent, which was significantly below the national average.
- The number of those quitting smoking at four and 12 weeks had improved compared to 2013/14.

The successful completion of drug treatment for opiate users

- This was a measure of the percentage of opiate drug users who left drug treatment successfully and did not represent to treatment within six months.
- There was a significant drop in this measure from 2012 to 2013 and the quarter two figure for 2014 had risen slightly from a low of five percent in quarter one.
- Part of the reason for the fluctuation was due to small numbers in West Berkshire. Therefore only a small number was required to change the figures significantly.
- The drug and alcohol service had been tendered out in the latter part of 2014 and Public Health and Wellbeing would work closely with the new providers once in place.

Councillor Marcus Franks queried Primary Care's involvement in this area. Lesley Wyman reported that Primary Care were involved through the Shared Care Contract. Dr Bal Bahia stated that Primary Care also played a key role in signposting to services.

The percentage of adults achieving 150 minutes of physical activity per week

- This figure had dropped slightly from 2012 to 2013 and West Berkshire was now below the national average.
- Lots of work was taking place locally within the Public Health and Wellbeing Team.
- A Physical Activity Co-ordinator had been appointed, who was working across the district with partners to run physical activity initiatives
- Stronger links needed to be made to Leisure Centres where there was often significantly less to do for the over 50's.

Councillor Franks queried if exercise was still prescribed by GPs. Lesley Wyman confirmed that exercise on prescription was still available.

Councillor Gwen Mason stressed that the cost of gym membership needed to be looked at as this was often very expensive.

Dr Barbara Barrie reported that a 'Beat the Street' campaign had been implemented in Reading. Dr Lise Llewellyn reported that this was quite an urban campaign and would need to be adapted to suit more rural areas. Lesley Wyman reported that the campaign was currently being evaluated and therefore they were awaiting the outcomes of the project.

Improving the self reported emotional wellbeing scores of adults

Lesley Wyman reported that this measured individual/subjective wellbeing based on a number of questions regarding how happy or less happy they were with their lives.

The percentage of eligible population being offered and receiving the NHS Healthcheck

- This was the main area of underperformance within the Health and Wellbeing Strategy.
- Quarter one figures were 30% lower for invites and quarter two, 26% lower for completed checks in 2014/15 compared to the previous year.

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

- The target for West Berkshire was 20% of the eligible population to be invited for a health check each year and for 50% of those invited to have a Healthcheck completed.
- There were a number of reasons responsible for the underperformance.
- GPs were the main providers of Healthchecks. The Public Health and Wellbeing Team attended meetings with practices to try and address the issue, however were aware of the capacity issues faced.
- It was possible that in the future, third sector providers would be sought to carry out the health checks.

Councillor Franks noted that all those invited for a Healthcheck in 2009 could now be re-invited.

Councillor Mason felt that Healthchecks were an important preventative measure and queried if enough was being done to educate the public of the benefits of having one of these checks.

Lesley Wyman reported that publicity and promotion of Healthchecks was a difficult area. If there was suddenly an influx of people wanting Healthchecks, the GP practices would struggle to balance the demand.

Dr Llewellyn reported that Public Health would most likely look to community pharmacies and supermarkets for delivering Healthchecks in the future. The rate of cardiovascular disease in West Berkshire was rising and Healthchecks played a key part in early diagnosis. Many health issues were identified through Healthchecks including the early onset of dementia.

The Rate of cardiovascular disease in the under 75's considered preventable

- The rate of this had decreased steadily up until 2008-10 however, from this point over the last 2 years the rate had begun to increase.
- It was vital that everything possible was done to bring this rate down.

Breastfeeding rates

- This indicator was considered a valid and important measure for public health and was therefore included in the Public Health Outcomes Framework.

Lesley Wyman reported that no data had been received for this measure, which was something she needed to look into. Dr Barrie confirmed that the data for this measure had been collected in the past and therefore was unsure why it was not available. The data was collected as part of the six week check system.

Rate of domestic abuse reported to the Police.

- The rate of this had risen very slightly.

Councillor Franks reported that the Safer Communities Partnership had a target to increase reporting.

Rachael Wardell reported that there had been a homicide in West Berkshire relating to domestic violence.

Domestic violence was a significant factor across many areas including Looked After Children, attendance behaviour and performance at school. If increased reporting was viewed as positive then Rachael Wardell stressed that this needed to be matched by how these cases were dealt with.

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

Councillor Franks, welcomed comments from Susan Powell (Safer Communities Team Manager) who stated that this was one measure for a very broad area of work. Domestic violence was also included within the Local Children Safeguarding Board's Business Plan which would be reported to the Board later on the agenda.

Lesley Wyman agreed that they needed the local indicators that sat beneath the measure.

Emotional wellbeing of looked after children

- This indicator was based on the average difficulties score for all looked after children aged five – 16 who had been in care for at least 12 months as of 31 March.
- The score for West Berkshire had decreased from 2010 to 2013 however, average scores for the south east had improved.

Lesley Wyman stated that more local indicators were required from Children's Services to underpin the indicator.

Lesley Wyman continued by drawing the Board's attention to the Suicide Prevention Strategy under Appendix two. The Government had announced recently for the attention of the NHS, that suicide was preventable. A pilot of work was taking place in Liverpool around this and a dramatic decrease had been seen.

RESOLVED that The Suicide Prevention Strategy and Audit to be placed on the HWBB Forward Plan for June 2015.

Adrian Barker stated that he found the data very useful however, found it difficult to identify how the Health and Wellbeing Board had made a difference. Lesley Wyman explained that it was hard to know if an area of work being carried out at present was working. An up to date list of indicator, including local ones from the relevant areas would make a difference.

87 Draft Business Plan for the Local Safeguarding Children's Board (Fran Gosling-Thomas)

Fran-Gosling-Thomas introduced herself to the Board as the new independent Chairman of the Local Safeguard Children's Board (LSCB) and thanked them for inviting her to present. At the time of the previous LSCB Business Plan it was felt that a lot of activity was taking place however, this was largely within silos of individual organisations.

At a business planning session held in October 2014, West Berkshire LSCB had agreed five new top priorities for the next two years 2015-17 as follows:

- Early Help;
- The Child's Voice and Journey
- Child Sexual Exploitation
- Domestic Abuse and Vulnerable Groups
- Effectiveness and Impact of the LSC

The number of priorities within the new LSCB Business Plan had been reduced from the former plan to help maximise impact. Each priority was owned and shared by the LSCB however, each also had its own designated sponsor.

The LSCB was seeking support from the Health and Wellbeing Board around four particular areas:

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

Early Help: Fran Gosling-Thomas explained that if they got this right it would affect many other areas. Further work was required across communities and within schools. Early Help had strong links to health visiting and school nursing. There was also a link between Early Help and self harm and suicide.

Childs Voice: It was acknowledged that there was already a lot of activity taking place with regards to consulting young people. It was important that this work was not duplicated. Consultation needed to be strengthened and not be tokenistic.

Regarding health checks for Looked After children (LAC), this was an area where West Berkshire had performed poorly in the past however more recently had seen a slight improvement.

Fran Gosling-Thomas stressed that focus was required to increase Practitioner (GP) attendance at Child Protection Conferences. The huge pressures GP's were under was acknowledged however, information exchange was crucial.

Child Sexual Exploitation: It was reported that a Serious Case Review was about to be published involving a young woman who had been sexually exploited at 14 years old. There was a huge amount of learning to be taken from this case as the victim had reported the issue on numerous occasions however, nothing had been done.

Domestic Abuse and Vulnerable groups: Domestic violence had huge impact across many other areas. It was important that areas of work were not duplicated.

Effectiveness and Impact of the LSCB: Fran Gosling-Thomas explained that the aim within the new LSCB Business Plan was to have less bureaucracy.

Dr Bal Bahia referred to Fran Gosling-Thomas' comment regarding GP attendance at Child Protection Conferences. He reported that the duty to provide information had been discussed with Mark Evans (Head of Children's Services) along with the timeframes Social Services had to work to. GPs were happy to provide reports in a timely fashion. Dr Lise Llewellyn asked if a conference call system was a possibility for GPs. Rachael Wardell stated that although information sharing was required, there was also a need for conversation.

Dr Barbara Barrie reported that Social Services often did not feedback to GPs and therefore there was a disengagement issue that needed addressing. Fran Gosling-Thomas acknowledged this as a very valid point.

88 **Mental Health Crisis Concordat (Angus Tallini)**

Dr Angus Tallini introduced the item to Members of the Board. The Crisis Care Concordat was a shared agreed statement, based on a national initiative and was signed by senior representatives from all organisations involved across the whole of Berkshire. It was a good example of agencies working together in a coordinated way to reach an agreement.

It covered what needed to happen when a person in a mental health crisis needed help. This included across policy making, spending decisions, anticipating and preventing a mental health crisis where possible and making sure effective emergency response systems operated in localities when a crisis occurred.

If a mental health crisis was not planned for, there was risk that it could become a public disorder or a public welfare concern.

Dr Tallini reported that the Crisis Care Concordat was at the stage where agreement was being sought from all stakeholders. He was unsure if the Health and Wellbeing Board should be a signatory and asked for clarification from the Chairman.

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

Dr Tallini referred to the list of stakeholders included under Appendix A of the report. He highlighted that there was an error within the list and confirmed that Berkshire West and East Drug and Alcohol Action Teams no longer existed. In place of these there was Berkshire West Partnership, which consisted of: Wokingham DAAT, Reading DAAT and West Berkshire Public Health and Wellbeing. The Berkshire East Partnership consisted of: Slough DAAT, Windsor and Maidenhead DAAT and Bracknell DAAT.

Councillor Keith Chopping asked how a mental health crisis was confirmed. Dr Tallini confirmed that it was when the distress caused by ones illness reached a level which caused risk to themselves and others. These cases were normally flagged by the Police, neighbours or members of the public.

Councillor Marcus Franks confirmed that mental health and wellbeing of adults was one of the Health and Wellbeing Board's Hot Focus themes and therefore he was happy for the Board to sign up to the Crisis Care Concordat. It was requested that the action plan be shared with the Board once ready.

RESOLVED that the Health and Wellbeing Board signed up to the Crisis Care Concordat.

89 **Post Implementation Reflection - Special Educational Needs Reform (Jane Seymour)**

Jane Seymour drew attention to her report which updated the Board on the implementation of the Special Educational Needs and Disabilities (SEND) Reform. The Children and Families Act had taken effect in September 2014, and had significantly changed the way in which services were provided for children with SEN and disabilities and their families.

Section three of the report detailed requirements of the Children and Families Act in respect of children with SEND and section four gave an overview of the implementation of the SEND Reforms in West Berkshire. The team were now able to take on the management of cases for young people up to the age of 25.

Work taking place with partners was detailed with section six of the report. Positive progress had been made around the joint operation process. Further work was taking place around joint arrangements including joint commissioning.

Appendix A of the report included guidance for Health and Wellbeing Board's on Children with Special Educational and Complex Needs. It focused in particular on how Board's should support children with learning disabilities.

Rachael Wardell confirmed that the Board had agreed a process on the management of Charters. The aim of agreeing this process was to ensure that the Board remained focused on the priorities within the Health and Wellbeing Strategy, which were shaped by the Joint Strategic Needs Assessment.

Councillor Marcus Franks reported that Children with SEND was picked up under priority nine of the Health and Wellbeing Strategy and would be included within the proposed delivery plan.

Rachael Wardell suggested that Board review the guidance for Health and Wellbeing Boards on Children with Special Educational and Complex Needs.

RESOLVED that the Management Group would a review of the guidance as outlined above on the Forward Plan for the Board.

90 **Dementia Alliance (Alison Love)**

HEALTH AND WELLBEING BOARD - 22 JANUARY 2015 - MINUTES

Tandra Forster introduced the item in Alison Love's absence. In 2012 the West of Berkshire PCT (now 4 West of Berkshire CCGs) and the three unitary authorities in the west of Berkshire worked collaboratively to make several bids to the Prime Ministers Dementia Challenge Fund. One of the successful bids included funding which was given to each of the local authorities to set up a project to promote the area as a dementia friendly community and to set up a Dementia Action Alliance.

Tandra Forster reported that this piece of work was now due to come to an end. It was stressed that dementia was a growing issue both nationally and locally and the Dementia Action Alliance had been a really effective piece of work within communities. The aim of the project had been to change the environment so that people with dementia could live within the community for longer.

The loss of funding related to the work, would result in the loss of the Dementia Action Alliance Coordinator. It was acknowledged by the Board that the project would not be sustainable without the Coordinator post.

Rachael Wardell explained that as the Board held no budget and therefore there was a question about what the Board could do apart from give the work its blessing. Alternatively it could try and suggest a funding source that could be applied to.

Tandra Forster reported that the aim of bringing the work to the attention of the Board was to gain its endorsement. Councillor Keith Chopping asked how far the work of the Dementia Alliance Coordinator extended. Tandra Forster confirmed that there had not been enough funding to roll the project out West Berkshire wide however, it had linked to the Village Agent Project. There was the potential for it to be extended further.

Lesley Wyman reported that Public Health had funded some Dementia work in 2014.

RESOLVED that Board Members would be contacted after the meeting in attempt to seek funding for sustaining the Dementia Alliance Coordinator role for 2015/16.

91 Member's Questions

There were no questions from Members.

92 Future meeting dates

It was confirmed that the next Health and Wellbeing Board meeting would take place on 26th March 2015.

(The meeting commenced at 9.00 am and closed at 11.15 am)

CHAIRMAN

Date of Signature