

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, 26 NOVEMBER 2015

Present: Dr Bal Bahia (Newbury and District CCG), Leila Ferguson (Empowering West Berkshire), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing) and Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care)

Also Present: Jessica Bailiss (WBC - Executive Support), Lesley Wyman (WBC - Public Health & Wellbeing), Tandra Forster (WBC - Adult Social Care), Shairoz Claridge (Newbury and District CCG), Mac Heath (Head of Children and Family Services), Nick Carter and Andrea King (Head of Prevention and Developing Community Resilience)

Apologies for inability to attend the meeting: Dr Barbara Barrie and Andrew Sharp

PART I

49 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, 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.

50 Minutes

The Minutes of the meeting held on 26th September 2015 were approved as a true and correct record and signed by the Chairman.

51 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board noted the forward plan.

52 Actions arising from previous meeting(s)

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

53 Public Questions

There were no public questions received.

54 Petitions

There were no petitions presented to the Board.

55 Health and Social Care Dashboard (Shairoz Claridge/Tandra Forster/Rachael Wardell)

Tandra Forster introduced agenda item eight to Members of the Health and Wellbeing Board with the purpose of highlighting any emerging issues. Tandra Forster drew the Board's attention to the Adult Social Care section and reported that some of the latest data reported was from quarter two due to the timing of submission deadlines.

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ASC1: Proportion of older people who were still at home 91 days after discharge from hospital to reablement/rehabilitation service: The target was 92% and performance was 90% and therefore was highlighted red. Tandra Forster explained that the indicator referred to a small cohort of people. The Better Care Fund (BCF) Joint Care Provider (JCP) Project would help improve performance for this indicator.

Regarding Delayed Transfers of Care, performance was green with regards to all delays and performance in relation to those attributable to social care was amber. There was a good relationship with the Royal Berkshire Hospital (RBH) however, it was acknowledged that there were still areas that needed improving. Focus was being given to extending the JCP and increasing seven day working. Home care in rural areas was also a challenge and would be incorporated into the BCF for 2016/17.

Shairoz Claridge introduced the Acute section of the Dashboard.

AS1: 4 hour A&E target – total time spent in Accident and Emergency (A&E) department: The RBH were currently the only hospital trust achieving this target. It was expected that with the approach of winter the number of people using A&E would increase. Hampshire Hospitals and Great Western Hospital were struggling to meet the target. Shairoz Claridge highlighted that the Newbury and District Clinical Commissioning Group were not the commissioners for these two Foundation Trusts however, efforts were being made to obtain narrative around the target. Year to date information showed that 70% of those accessing urgent care from West Berkshire flowed towards the RBH, 14% go to Hampshire Hospitals and 8% to Great Western Hospital.

There was a great deal of work taking place regarding urgent care services. Vanguard were redesigning the Urgent Care system and details on this could be found within the document 'Safer, Better, Faster'. Urgent Care was being looked at locally on a Thames Valley basis. A paper was being brought to the next Board meeting on the 111 service, which formed part of the Urgent Care system.

Tandra Forster reported that Adult Social Care was currently developing its winter plan. Performance in West Berkshire was very good with only a few spikes throughout the year. Different ways to manage performance were being explored.

AS5: Ambulance Clinical Quality – Category A 8 Minute Response Time: Shairoz Claridge reported that the provider was the key to turning performance around on this target, which was currently red. There were currently challenges being faced in recruiting and retaining staff.

(Cathy Winfield joined the meeting at 9.15am)

Rachael Wardell introduced the Children's Social Care section of the Dashboard.

CSC1: the number of Looked After Children (LAC) per 10,000 population: the volume of LAC in West Berkshire was still above the national rate. Rachael Wardell explained that the figure of 48 did not mean that there were 48 LAC in West Berkshire but that there were 48 per 10 000 population.

CSC2: the number of child protection plans per 10 000 population: this remained stable in West Berkshire however, was above the national average. Rachael Wardell stated that recent data showed this number was starting to reduce slightly and this was as a result of the way cases were being managed.

CSC3: the number of Section 47 enquiries per 10 000 population: there had been a significant increase in the number of Section 47 enquiries according to the data for quarter two. As a result of this increased thresholds had been reviewed and conclusions made that the necessary Section 47 enquiries were being applied. It was not yet clear why an increase was being witnessed.

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CSC4 and CSC5: to maintain a high percentage of (single) assessments being completed within 45 working days and LAC cases reviewed within required timescales: both of these indicators were green and performing within the target however, Rachael Wardell felt that all LAC should expect to be reviewed on time.

CSC6: Child Protection Cases which were reviewed within required timescales: although amber, performance against this target was very strong and only one percent away from being rated green.

CSC7: percentage of LAC with Health Assessment completed on time: Performance was currently red at 73% (target 90%) and Rachael Wardell had requested that the indicator be added to the Dashboard due to under performance in this area. All LAC received a Health Assessment when brought into care and therefore it was felt that the target for this should be 100%. 73% was a significant improvement and October data showed further improvement over 80%. It was hoped that at least 90% would be achieved by December.

Councillor Graham Jones stated that he was pleased to see the indicator on Health Checks incorporated as part of the Dashboard. He questioned the arrow symbol for those indicators showing volume, in particular the number of LAC. Rachael Wardell explained that numbers were compared to the normal range nationally. LAC within the system were those children who could not be safely protected at home. There was no right or wrong in terms of these figures however increased numbers, or a number of LAC higher than the normal range, indicated significant pressure on the system. Councillor Roger Croft queried what the 'normal range' referred to and Rachael Wardell confirmed that it was the 'England normal range' that was used. Given the prosperity of the District Councillor Croft queried if West Berkshire should expect to fall into the lower part of the 'normal range' and Rachael Wardell confirmed that this was correct.

Leila Ferguson was concerned that the number of LAC could rise significantly if money for Short Breaks was reduced or removed. It was hoped that the necessary conversations were taking place on this. Rachael Wardell explained to ensure all Board Members were clear, that Short Breaks provided respite care for families with children with disabilities. It was possible that some families might feel unable to care for their child at home if this service was removed.

RESOLVED that the Health and Wellbeing Board noted the Dashboard.

56 An update report on the Better Care Fund and wider integration programme (Tandra Forster/Shairoz Claridge)

Tandra Forster introduced the report (Agenda Item 9) to Members of the Health and Wellbeing Board regarding the Better Care Fund (BCF) and wider integration programme. Tandra Forster reported Berkshire West would be showcasing its BCF projects in February and as part of this a Team from NHS England would be visiting. The team would not just be looking at the BCF projects but also wider integration work. They would also be attending and observing one of the Locality Group meetings.

Tandra Forster referred to Appendix C and explained that it was a performance report that showed how well the national conditions for the BCF were being met. The report had to be submitted to NHS England on a quarterly basis and quarter two had already been submitted. Shairoz Claridge reported that West Berkshire was progressing well in comparison to other areas particularly in relation to increasing seven day working provision.

The submission dates for the quarterly returns to NHS England did not align with meetings dates for the Board and therefore wording was being agreed with Democratic Services to enable delegated authority to the Corporate Director (Communities Directorate).

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Dr Bal Bahia reported that the ACG tool had been used in Newbury to help identify patients. Regular meetings were taking place with the Primary Care Team to ensure pathways were agreed for patients with the most complex needs. Tandra Forster reported that good work was taking place with some GP Practices.

Tandra Forster reported that conversations were already taking place regarding what the BCF would look like in 2016/17. There would be a 1.9% increase in the total amount of funding available.

Tandra Forster drew Board Members' attention to the Hospital at Home Project, which had undergone a great amount of change including enhancement of the Rapid Response Team. The project would now be much more focused on care homes and enhanced support in these settings to avoid unnecessary admissions. The title of the project would be changing and the new name would be brought to the Board in January 2016. Shairoz Claridge reported that six to seven people had already used the Rapid Response Service.

Three voluntary organisations had shown a keen interest in the Personal Recovery Guide Project and performance was improving. This would help inform decision making in 2016/17. Shairoz Claridge added that the project was being viewed in a broader aspect rather than just urgent care services. It was important to obtain robust data around this.

Regarding seven day working the aim was to have a wider remit of skills available seven days per week. Shairoz Claridge referred to the frail elderly strand of work and reported that colleges within the Commissioning Support Unit were finalising a finance model. The output would be a new pathways for the frail elderly.

All Local Authorities and CCGs were required to evaluate their CF projects. Pricewater House Cooper was helping to support this process.

It was hoped that the approach to the BCF in 2016/17 would be improved as a result of lessons learnt in 2014/15. Tandra Forster reported that operational guidance had not yet been provided however, it was hoped that it would be available soon given that the Spending Review had taken place.

Regarding the Personal Recovery Guide Project, Dr Bal Bahia reported that Care Coordinators were now working with GP Practices to increase signposting, which should in turn increase uptake.

Councillor Hilary Cole queried when the showcasing event was taking place in West Berkshire and the date of 3rd February 2016 was confirmed.

Councillor Cole queried the cost of the internal audit being carried out at the CCG by Price Waterhouse Cooper. Shairoz Claridge reported that this formed part of the CCGs routine internal audit work.

RESOLVED that the cost information would be reported back to Councillor Cole outside of the meeting.

Regarding wording going to Democratic Services in relation to the Scheme of Delegation, Councillor Graham Jones suggested that both himself and Dr Bahia needed to be part of the sign off process.

RESOLVED that the Board noted the BCF report and approved the quarter two data return.

57 **Feedback on the Health and Wellbeing Strategy Hot Focus: Looked After Children (Mac Heath)**

Mac Heath drew the Board's attention to his report (Agenda Item 10), which provided an update on the progress of Health Assessments for Looked After Children, subsequent to the Health and Wellbeing 'Hot Focus Session' that took place on 11 June 2015.

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Mac Heath reported that there were 164 LAC in June 2015 and only 51% had their Health Assessment completed on time. The rate had recently increased to about 81% and the commitment was to raise this to at least 90% by Christmas. Conversations had been taking place with foster parents to help understand the health needs of children. There had also been huge efforts to drive recruitment of foster parents. A huge challenge was when children were placed with a family 20 miles or so outside of the West Berkshire borders. Mac Heath stated that there was still much work to do however, things were improving.

Councillor Lynne Doherty felt that the 90% Health Assessment target should be 100%. Mac Heath recognised why Councillor Doherty felt the target should be 100%. In his previous authority 98% had been achieved however, there had been a couple of children who had refused to take part in Health Assessments which is why 100% was not reached and signified why a 100% target was not always realistic. Mac Heath was meeting with other Heads of Children's Social Care the following day where this would be discussed.

RESOLVED that the Board noted the report.

58 **Joint Strategic Needs Assessment and the District Needs Assessment (Lesley Wyman)**

The Board considered a report (Agenda Item 11) concerning the process of merging the Joint Strategic Needs Assessment (JSNA) with the District Profile and to share some of the latest data on JSNA chapters.

The JSNA used data and evidence about the current health and wellbeing of residents in West Berkshire and highlighted the health needs of the whole district. Councils and Clinical Commissioning Groups (CCGs) had an equal and joint duty to prepare JSNAs as part of the NHS reforms outlined in the Health and Social Care Act 2012. In West Berkshire this process was overseen by the Health and Wellbeing Board. The JSNA was the key source of information which was used by the Health and Wellbeing Board to agree the priorities within the Health and Wellbeing Strategy.

The structure of the JSNA took a life course approach and focused on the demographics of the West Berkshire population and information about different groups of people throughout their life. The main sections including demography were **starting well**, which was about giving children a healthy start in life and laying the groundwork for good health and wellbeing throughout life; **developing well**, which focused on children and young people aged between 5 and 19 years, detailing what affected their health; **living well**, which looked at general health and wellbeing of adults, including lifestyles and health protection; **ageing well**, providing information about the health of people aged 65 and over and finally a section on the **wider determinants of health and vulnerable groups**.

Information and data about many of the wider determinants of health were available for West Berkshire in the form of a District Profile. This had been produced locally for a number of years and had provided a wealth of facts and figures that could also be used to guide commissioning of services within the district. There were considerable overlaps between the JSNA and the District Profile resulting in the decision to bring together these two key documents into a District Needs Assessment (DNA).

A strict version control process would be employed whereby each section of the DNA would be allocated to a designated data provider who would be responsible for the updating of information/data when it became available. The Research, Consultation and Performance team within West Berkshire Council would oversee this process, with updates being released on a quarterly basis and version control documentation logging the changes made and the version reference number.

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A solution would be explored for presenting the key findings as part of a high level summary (e.g. info graphics). This would be accessible for a wider audience and would enable them to get an effective overview of the District, the needs of communities and gaps in services.

Cathy Winfield advised that it would be of benefit to CCGs to receive headline data in September as they began to prepare their budgets for the following financial year in the autumn. Lesley Wyman agreed that data could be provided to all partners in September.

Rachael Wardell posited that a key issue was that it was difficult to make visible the positive impact of public health programmes. For example, the quality of the delivery within schools of these programmes was clear however those Not in Employment, Education, or Training (NEET) were difficult to engage. The district had an advantaged population on the whole however, there was a need to 'close the gap' between the advantaged population and the less advantaged.

Lise Llewellyn commented that a disadvantage of the JSNA was that the data presented a negative slant on the population, whereas the DNA might be more positive.

Councillor Lynne Doherty questioned the timeliness of the data available, for example some figures cited that they referred to 2012/13 and others 2013/14. She asked that a note be included with data to advise whether it was the most current data available.

Lesley Wyman referred to the Public Health outcomes framework which did have a 'time-lag'. She advised that an advantage of the DNA would be that updated information would be immediately published. Information on what action was being taken by health partners to rectify concerning data trends could also be included.

Rachael Wardell commented that in the current financial climate there needed to be clear evidence of the ways in which public money affected outcomes. However the positive impact of some services might not be known until the funding and the programme was withdrawn.

Cathy Winfield drew attention to the information in the report that the rate of young people who smoked was increasing. She also noted the information on cancer trends, which indicated that West Berkshire was an outlier. Lesley Wyman added that the under 75 mortality rate was consistent and being monitored. Dr Lise Llewellyn commented that Public Health Berkshire had produced a cancer profile which was specific to each CCG area.

Councillor Graham Jones drew attention to the statistic on page 70 of the agenda which reported that two thirds of West Berkshire residents were overweight or obese. He identified a link between this figure and the information that 10% of NHS spending was for diabetes related illnesses. Councillor Jones was alarmed that such a proportion of the resource was targeted at treating this area of illness rather than preventative measures. Lesley Wyman agreed that obesity was the biggest challenge in public health and the Health and Wellbeing Board's next hot focus session would be on the topic.

Rachael Wardell stated that she would like to see a clearer distinction between obesity and being overweight, arguing that West Berkshire's rates of obesity were better than the national average. It was felt that focussing on those who were overweight might be counterproductive. Dr Lise Llewellyn agreed that the overall health of those who were overweight and active was better than those who were of a normal weight and inactive, however people with obesity would find it very hard to be active. Councillor Roger Croft remarked that if using Body Mass Index as an indicator, most rugby players (who were very active) would be considered to be technically obese.

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Councillor Jones summarised that there was an increase in health issues associated with lifestyle issues.

59 **Draft Strategy for Community Engagement (Dr Bal Bahia)**

The Board considered a report (Agenda Item 12) concerning the Draft Strategy for Community Engagement. At its meeting on 24th July 2014, the West Berkshire Health and Wellbeing Board agreed a protocol that committed the partners to work co-operatively together on community engagement and agreed that a strategy for the development of community engagement should be drawn up. The strategy identified a vision, acknowledged the challenges faced by the HWB partners and a path towards working in partnership to achieve the strategic aims. There would be a joint meeting on 10 December 2015 to network and promote the strategy.

Rachael Wardell offered the view that the capacity and knowledge and skills of key individuals and organisations was core to achieving the outcomes in the strategy. The key challenge would be the financial pressures experienced by all healthcare partners as they absorbed the local proportion of the £30billion reduction in spending on healthcare. Public finance would be the main challenge to public health.

Lise Llewellyn, referring to a point about health inequalities on page 87 of the agenda, stated that as West Berkshire was affluent it could be easy to overlook deprived groups, however overcoming the health inequality which existing between those who were more and less affluent would be a focus of the engagement strategy.

Councillor Doherty commented that she was pleased with the aspiration of the strategy and that by identifying the differences between partner agencies, action could be taken to overcome these differences.

Councillor Croft commended the report and expressed that it was at risk of being process-led rather than outcome-led. Dr Bahia responded that the first steps would be to link in with partner agencies and then more focus could be applied to outcomes.

Lise Llewellyn noted the point regarding using technology to engage with communities. She agreed that social media was a resource that was not being utilised effectively by Public Health and there was still a level of expectation that people would attend a public meeting. Further consideration ought to be given to how technology could be utilised.

Jo Kransinski hoped that Healthwatch could become more involved in the engagement process once it was more established.

Councillor Jones summarised that the Board were satisfied to adopt the draft strategy.

RESOLVED that the Board noted the report.

60 **Update from Healthwatch West Berkshire (Jo Karasinski)**

Jo Karsinski introduced her report (Agenda Item 13), which aimed to inform the Health and Wellbeing Board on Healthwatch West Berkshire's activities and plans for the coming year.

The current contract was granted on May 1st 2015 to Seap, a renowned Advocacy Services Charity, as a joint contract to include NHS Complaints, Independent Mental Health Advocacy, Safeguarding Advocacy and Healthwatch West Berkshire. No staff had been retained from the previous Healthwatch provider and therefore a transitional period of three months was agreed to establish a new Healthwatch West Berkshire. An interim manager was appointed to maintain a service and aid in recruiting a new team.

Two interim board meetings had been held on September 4th and October 21st to clarify the working structures of a newly constituted board and governance structures going

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forward and the creation of a new more focussed work plan for Healthwatch West Berkshire.

The Champions' Advisory Board had been appointed and was responsible for the elderly, homeless and children. The membership of this group currently stood at 12 active members and might expand if additional members were thought to improve the wider representation of the population.

Andrew Sharp was attending other Healthwatch meetings (Reading, Wokingham and Swindon) to help identify areas for joint working.

Jo Karasinski referred to the table of activities on page 97, which showed the various groups Healthwatch West Berkshire was visiting.

There was still work to take place around marketing Healthwatch West Berkshire and further work on this would be taking place imminently

Regarding the work plan and reporting a new custom built Healthwatch England CRM (Customer Relationship Management) system was being used and would aid reporting across a range of metrics.

Jo Karasinski concluded that activity was happening rapidly and a lot of work was taking place around recruiting volunteers and developing projects such as Healthwatch Youth.

Councillor Graham Jones asked if Healthwatch linked to the Patient Participation Panel and it was confirmed that it did. Jo Karasinski attended all panel meetings.

Cathy Winfield welcomed the joint working opportunities that were being sought particularly as many areas had providers in common. Jo Karasinski reported that they were learning a great deal from their peers in other areas.

RESOLVED that the Board noted the report.

61 **Delivery Plan Performance Report (Lesley Wyman)**

The Board considered the report (Agenda Item 14) to update the Board on progress made on the establishment of Delivery Groups and the development of Delivery plans to demonstrate progress on addressing the eleven priorities in the Health and Wellbeing Strategy.

The Health and Wellbeing Strategy had eleven priorities and in June 2015 individuals were asked to establish Delivery Groups and to develop Delivery Plans to demonstrate to the Board how each of the priority areas would be addressed.

Terms of reference for the Delivery Groups were sent out alongside a Delivery Plan template for each of the priorities and where possible priorities were grouped.

The following leads were identified at a meeting with Head of Public Health and Wellbeing, Head of Adult Social Care and Director of Operations, Newbury and District CCG:

- **Dementia Lead:** West Berkshire Council Dementia Team Leader supported by PH Programme Officer
- **Mental Health and Wellbeing – adults Lead:** PH Programme Officer
- **Children and Young People - Lead:** Head of Children's Services
- **Carers - Lead:** Adult Social Care Service Manager supported by PH Programme Officer
- **Health Damaging Behaviours - Lead:** Head of Health and Wellbeing
- **Healthy weight and physical activity - Lead:** PH Programme Manager

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- **Cardiovascular disease and cancer - Lead:** Director of Operations, NDCCG supported by Head of PH and Wellbeing
- **Long Term Conditions, Falls Prevention and EOL Care Lead:** Head of Adult Social Care

Progress was varied across the priorities and where groups had already been in existence this had usually been beneficial. This had certainly been the case for the following:

- **Carers Strategy Group**
- **Mental Health Collaborative**
- **Healthy Lifestyles Network**
- **Newbury Dementia Action Alliance**

The Children and Young People's Group was being set up initially by the Head of Prevention and Community Resilience, West Berkshire Council. The first meeting was on 24 November 2015. The group would link into the existing School's Health and Wellbeing group. It was agreed by the Health and Wellbeing Board at an earlier meeting that the Children and Young People Delivery Group would address the three priorities relating to the health and well being of young people: promoting emotional wellbeing in all children and young people, improving health and educational outcomes of looked after children and closing the attainment gap between children on free school meals and all other children. There had been discussions about the possibility of addressing children and young people's mental and emotional wellbeing through the Mental Health Collaborative, however this had not been completely agreed and was still under consideration.

Since there had been such a diverse response to the setting up of Delivery Groups and the development of Delivery Plans it was suggested that a new deadline for draft Delivery Plans be set by the Health and Wellbeing Board with a requirement for these to be submitted to inform the Board of progress on all the priorities.

Cathy Winfield stated that there was not the organisational capacity to support lots of new groups and recommended that existing groups were captured.

Lesley Wyman posed to the Board how these groups should be required to feedback progress.

Jo Karsinski advised that she had asked to join the Dementia Group in her capacity as the Healthwatch representative and enquired upon how effective this group was.

Leila Ferguson requested that Empowering West Berkshire be involved in these groups as there was huge variety in their voluntary sector prospectus.

Rachael Wardell, in her capacity as Director of Children's Services and of Adult Social Services observed that there was not sufficient visibility of children's issues. She was pleased to see the creation of a children and young people group as she did not think that children's issues should be sidelined. It was however the intention that the Delivery Groups would supply only exception reports to the Board. Councillor Mollie Lock agreed that children's issues should be prioritised.

62 **Emotional Health Tier 2 design proposals (Andrea King/Sally Murray)**

Andrea King introduced her report (Agenda Item 15) to the Health and Wellbeing Board which aimed to update them on the Building Community Together emotional health re-design proposals for children and young people's emotional health services. It also aimed to inform the Board that the West Berkshire Transformation Plan for emotional health services submitted to the Department of Health (DH) on Friday 16th October, included explicit commitment to the creating of the Emotional Health Academy in West Berkshire.

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Andrea King highlighted that approval was being sought from the Board retrospectively for the strategic commitments to improving child and adolescent mental health support in the West Berkshire Transformation Plan.

Andrea King reported that the local Transformation Plan ensured that children and young people with emotional needs were reached earlier. The provision of a Transformation Plan was a requirement by the DH and there had been a very tight timescale provided.

An away day had taken place in July, which had brought together partner agencies to do the design work. A local design had been based on the Brilliant West Berkshire initiative and incorporated an Emotional Health Academy, which would pose the role of delivering sustainable changes to improve the emotional health and wellbeing of children and young people in West Berkshire.

The Academy would be unique to West Berkshire and would focus on Tier Two Child and Adolescent Mental Health Services (CAMHS). Many children were waiting half a year for services to the aim was to get services to these children more efficiently.

Tier Three CAMHS would also be increased and a recruitment drive was planned for January 2016.

The Academy model would be launched in April 2016 and Andrea King gave thanks to headteachers who had provided funding for the initiative. Rachael Wardell expressed her support for the Academy and investment in CAMHS Tier Two and Three services. She commended the Transformation Plan, which had been well received.

Dr Lise Llewellyn was unclear about some of the content within the appendices and queried if the cost of the Academy would be covered by the Transformation Fund. Andrea King reported that the Academy would be funded by the Local Authority and partner contributions. £120k would be provided by West Berkshire Council, then headteachers would match fund this amount approximately. CCG colleagues had advised that a bid should be submitted for £100k. The scale of the Academy would depend on how much funding was received. It was confirmed that whichever model was adopted, it had to be sustainable.

Councillor Mollie Lock queried if all schools had to comply with the initiative or if they could opt in or out. Andrea King confirmed that schools could opt in or out and that there was sliding scale from small schools.

RESOLVED that the Health and Wellbeing Board approved in retrospect, the strategic commitments to improving child and adolescent mental health support in the West Berkshire Transformation Plan, subject to further funding information being provided.

63 **Members' Question(s)**

64 **Question submitted by Councillor Adrian Edwards**

A question standing in the name of Councillor Adrian Edwards on the subject of whether the West Berkshire Health and Wellbeing Board would consider appointing a senior executive from the Berkshire Healthcare NHS Foundation Trust, was answered by the Chairman of the Health and Wellbeing Board.

A supplementary question standing in the name of Councillor Adrian Edwards on the subject on whether the Health and Wellbeing Board would accept a presentation in the future from Berkshire Healthcare NHS Foundation, was answered by the Chairman of the Health and Wellbeing Board.

65 **Seasonal Influenza Campaign 2015-16**

The report was noted by the Health and Wellbeing Board.

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66 Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on the 28th January 2016.

(The meeting commenced at 9.00 am and closed at 10.50 am)

CHAIRMAN

Date of Signature