

Note: These Minutes have been amended. Please see Minutes of 7 July 2016 for amendments.

## **HEALTH AND WELLBEING BOARD**

### **MINUTES OF THE MEETING HELD ON THURSDAY, 24 MARCH 2016**

**Present:** Dr Bal Bahia (Newbury and District CCG), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Lesley Wyman (WBC - Public Health & Wellbeing), 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), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care) and Andrew Sharp (Healthwatch)

**Also Present:** Tandra Forster (WBC - Adult Social Care), Shairoz Claridge (Newbury and District CCG), Jo Reeves (Policy Officer), Jason Jongali (Berkshire West CCGs) and April Peberdy (Programme Officer - Public Health)

**Apologies for inability to attend the meeting:** Dr Lise Llewellyn and Councillor Roger Croft

#### **PART I**

##### **85 Minutes**

The Minutes of the meeting held on 28<sup>th</sup> January 2016 were approved as a true and correct record and signed by the Chairman.

##### **86 Health and Wellbeing Board Forward Plan**

The Health and Wellbeing Board noted the forward plan.

Dr Bal Bahia asked that a report on pharmaceutical provision plans for West Berkshire, in the context of changes initiated by the government and the NHS, be added to the forward plan for the July meeting.

Lesley Wyman reported that Dr Lise Llewellyn that the West Berkshire Prevention Working Group Consultation Paper be added to the forward plan for the July meeting.

*(Councillor Hilary Cole joined the meeting at 9.32am)*

##### **87 Actions arising from previous meeting(s)**

The Board noted the actions arising from previous meetings.

##### **88 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.

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

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a Pharmaceutical Director in Lambourn but reported that, as his interest was

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personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks Rapid Response Cars (WBRRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Gordon Lundie declared an interest by virtue of the fact that he worked for a pharmaceutical company which sought to influence public health policy. The company was not currently offering medical treatments and was still at the research stage. He reported that, as his interest was personal and not 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 also declared during the discussion on Item 13, that he was a member of the Board of Governors for the Royal Berkshire Hospital. He reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

### 89 **Public Questions**

There were no public questions submitted.

### 90 **Petitions**

There were no petitions presented to the Board.

### 91 **Annual Report of the Director of Public Health (Lise Llewellyn)**

The Board considered a report and presentation (Agenda Item 8) from the Director of Public Health (DPH). Section 31 of the Health and Social Care Act 2012 placed a duty on the local authority to publish the DPH's annual report, while the Act required the DPH to write one.

This year's annual report focused on children's health in its broader sense. Each organisation was charged with improving the health of local residents and to reduce health inequalities. Giving children the best start in life was evidenced to be the most effective way to do this.

Lesley Wyman gave a presentation on Lise Llewellyn's behalf, summarising the presentation included in the agenda for the meeting.

Infant mortality had decreased over the last 20 years from 12.0 deaths per 1,000 live births in 1980 to 3.8 in 2013. This was the lowest level recorded in England and Wales. Councillor Hilary Cole questioned how there could be .8 of a death. Lesley Wyman answered that the figure presented was a rate not an absolute figure. Councillor Gordon Lundie commented that he would like to see the numbers, noting that there was a higher infant mortality rate in the 10% most deprived areas in West Berkshire.

The Child Death Overview Panel (CDOP) reviewed information on all unexpected child deaths, recorded preventable child deaths and made recommendations to ensure that similar deaths were prevented in the future. The Berkshire CDOP reviewed cases across the county and reported into each Local Safeguarding Board. In West Berkshire in 2015 the main cause of death in infants was genetic or chromosomal abnormalities. Councillor

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Lynne Doherty asked whether screening could identify such abnormalities. Rachael Wardell advised that she was the Deputy Chair of the CDOP and explained that as a result she was aware that many were identified during pregnancy and were carried to term with significant medical intervention but unfortunately lost their life.

In 2014/15, 11.4% of mothers in England were smokers at the time of delivery. All of the Berkshire local authorities had a significantly lower level of smokers, from 6.3% in Wokingham to 9.2% in Reading. In West Berkshire, the level was 8.7%. Councillor Doherty commented that while the whole of Berkshire had low levels, West Berkshire had the second highest level of smoking and asked whether this was cause for concern. Lesley Wyman responded that Wokingham had an exceptionally low level of smoking in its population generally. West Berkshire's smoking cessation service was paid additionally for supporting expectant mothers to quit smoking. Councillor Doherty asked if there were any lessons to be learnt from Wokingham's low smoking rate. Lesley Wyman responded that Wokingham had reported low levels of smoking since records on the measure began and could not be connected to any particular initiative.

Rachael Wardell indicated that the level of smoking amongst mothers at the time of delivery for Slough was an outlier when, based on other demographic factors it might be anticipated that it would have similar levels to Reading. It was interesting to consider what the drivers for smoking behaviour were and suggested that cultural expectations of women's behaviour might be a factor.

Turning to the issue of obesity, Lesley Wyman advised that rates of childhood obesity varied with socioeconomic status. In West Berkshire, 7.2% of children in Reception class were obese and 14.9% of children in year 6 were obese. The pattern was not predictable by ward as childhood obesity was prevalent in wards such as Mortimer and all the Thatcham wards, not just the wards that were typically considered the most deprived. Andrew Sharp asked if the Board could have confidence in the figures, indicating that in Falkland ward, there was little variation between Reception and Year 6 children. Lesley Wyman commented that some wards were very small and the cohort used to collect the data might not present a reliable picture.

Councillor Cole asked what work was being undertaken with schools to ensure children were being provided with healthy meals and were receiving sufficient levels of physical activity. Lesley Wyman responded that there was a huge amount of work done with schools and families, such as Green Badge schemes to encourage families to exercise together. There was also work to look at how school life could become more active. April Peberdy further commented that there had been a pilot project at Park House and Winchcombe seeking to achieve more standing in lessons. West Berkshire had been the first in the country to do this type of project with a secondary school and Cambridge University had expressed an interest. Lesley Wyman also mentioned the Beat the Street project undertaken by North and West Reading Clinical Commissioning Group. Councillor Mollie Lock commented that it had been a popular programme in Mortimer. Councillor Cole asked whether a similar project could take place in West Berkshire. Lesley Wyman replied that it would depend on whether the outcomes justified the cost. Dr Barbara Barrie commented that the outcomes from the project had not been reflected in the data presented as part of the DPH report.

Lesley Wyman went on to explain that lower income and social class had a marked impact on educational attainment. Children with higher cognitive ability but from lower socio-economic class in testing were overtaken in test results by children of lower ability but higher social background by the age of 7. In the UK, the largest influence on a child's success at school was their father's education level. Cathy Winfield questioned why paternal educational attainment was more influential than maternal. Lesley Wyman

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advised that the study in question had focused on fathers but would assume the same conclusion could be drawn from a consideration of mother's education level.

Data was presented regarding the percentage of students achieving 5 A\*-C grades at GCSE; in West Berkshire 34% of children eligible for Free School Meals achieved those grades. Councillor Cole stated that it was disgraceful that West Berkshire was being outperformed by Slough against this measure and asked what was being done. Councillor Doherty commented that to some extent interventions at school were too late and more focus was required at the early year's stage.

Rachael Wardell agreed that there should be better performance against this measure and closing the gap at all Key Stages at which attainment is measured was included as a target in the School Improvement Strategy. Work was being undertaken to ensure take up of free places in early years care for children under two years of age who met the disadvantage criteria. In the context of a reduced footprint of the Children's Centres, there would be a challenge to continue to target early years. The data presented was from small cohorts which year-to-year presented a varied picture. For example in some years in some schools the pupil premium cohort had performed better than their mainstream peers. Councillor Lundie asked if the Every Child A Talker programme still existed. Rachael Wardell responded that it did, though many programmes now have a reduced reach and level of support. The programmes will continue to target the most vulnerable children.

Councillor Doherty advised that this matter was the most concerning issue raised by the DPH report and felt there needed to be more cohesion between the health and education sectors. She continued that a holistic approach to perinatal care was required to provide a preventative service and if interventions were delayed until a child was aged two, it would be too late for the interventions to be effective.

Councillor Lock advised that primary schools reported that increasing numbers of children had poor speech and language and Children's Centres had been doing good work around supporting parents to develop these skills.

Dr Bal Bahia identified that the best interventions would take place before pregnancy and asked what lessons could be learnt from Inner London which had performed well. Rachael Wardell commented that Inner London schools had been better funded than West Berkshire's and also had larger cohorts of children eligible for Free School Meals which had been shown to make it easier to tackle the gap. London had also enjoyed a specific programme of support called "The London Challenge". West Berkshire's schools had more difficulties creating targeted programmes without the scale the Inner London schools could achieve. Another London effect was thought to be that, due to immigration, there was a higher number of non-British families on lower incomes but with higher educational ambitions. This resulted in children from minority ethnic groups outperforming their white working class counterparts.

Councillor Jones commented that there appeared to be an appetite from Board members to discuss this issue further. Councillor Lundie commented that previously a workshop held with other local authorities had been successful in educating members on this issue.

Councillor Cole enquired how local authorities and health partners could manage these issues once all schools became academies and outside direct control of the local authority.

Moving to the subject of Looked After Children (LAC) It was reported that one of the key duties of the Children's Act required the local authority to assess the health of all their looked after children annually. This included arrangements for mental and dental care,

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such as immunisations and dental check-ups, as well as a short behavioural screening questionnaire (SDQ).

The SDQ was an important measure of emotional distress in this vulnerable group. In 2014, 68% of looked after children had an SDQ score submitted in England, but the submission rate across Berkshire did vary significantly from 29% in West Berkshire to 93% in Bracknell Forest. Rachael Wardell commented that the 29% figure was a snapshot at a particular time and so the data had been skewed by the submission deadline. However, later in the year the coverage had been significantly better.

Councillor Lundie, referring to the graph on page 40 of the agenda, noted that on 31<sup>st</sup> March 2015 the rate per 10,000 population of LAC was 47, almost 1.5 times higher than in Wokingham. Rachael Wardell responded that there was no easy explanation for the difference in the rates but that the number of LAC was now as low as 161, including unaccompanied asylum seekers and the rate per 10,000 was now lower. The figure might have been collected at a time when the service was most under pressure and was struggling to achieve permanency for LAC. Some causes of the difference might be that Wokingham was using a signs of safety model across its services which West Berkshire had also implemented and which still required further embedding here. There was a Community Care article which had reported North Yorkshire achieving outstanding results from this model of working and it was hoped that similar outcomes would be seen in West Berkshire in due course.

Councillor Lundie asked for an update on the work being done around the Child and Adolescent Mental Health Service (CAMHS). Rachael Wardell advised that very good work had taken place. At tier 4, a large number of bed spaces had been realised in the Berkshire Adolescent Unit. The CCGs had committed to a significant increase in funding which had helped to reduce the waiting list at tier 3. At tier 2 the existing provision would be decommissioned as of 1<sup>st</sup> April 2016 and replaced with the new Emotional Health Academy. Staff were in place and it would be launched the following week. There had already been triage work to reduce the waiting list at Tier 2. Councillor Lundie asked whether the Emotional Health Academy connected to the Brilliant West Berkshire scheme. Rachael Wardell responded that they were separate but connected projects, in that they both adopted the same working principles. In the Emotional Health Academy graduate psychologists had been recruited, some with significant experience, to provide support at a lower level to CAMHS tier 3. They would be able to intervene, whilst being supported with their professional development. Lynne Doherty asked whether there was scope to prioritise LACs in CAMHS waiting lists and whether there could be a dedicated emotional health worker for LACs. Rachael Wardell agreed to look further into a dedicated LAC emotional health worker. Cathy Winfield advised that at tier 3, children were prioritised according to clinical need.

Regarding use of hospital services, Lesley Wyman explained that in England (2008/09 to 2012/13), the number of attendances in A & E departments by those living in the most deprived 10% of areas was double that of those in the least deprived 10%. Children were key users of services, especially A & E, and were a key area of pressure in the NHS currently.

Councillor Jones asked how the Board could monitor this. Cathy Winfield responded that discussions were held at the Urgent Care Board and it was hoped that the NHS 111 service procurement would offer more triage strength. A project at the Reading Walk-In-Centre had been undertaken to prioritise appointments at school closing times for children but there had not been the expected take up. Attendance at A&E was a cost effective way of treating children so the main cause for concern was the reason why a

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child was then admitted to hospital. National reports had concluded that the highest cause of a child being admitted to hospital was dental extraction.

Councillor Jones asked how the Board or the Council might support this work. Cathy Winfield suggested that the Urgent Care Board were asked to respond regarding child A&E attendances and subsequent admissions.

Br Bal Bahia commented that a large number of agencies were involved and more attention needed to be paid to how the population could be empowered to make more informed, healthier choices. Work needed to be done to link different agencies and there needed to be more attention paid to achieving outcomes.

Rachael Wardell applauded the report for drawing attention to children's health issues as she had long held the view that children's issues were underrepresented at the Board. The graph on page 37 of the agenda most demonstrated the need to close the inequality gap. There were a number of initiatives such as Healthy Schools and the Emotional Health Academy. The Corporate Parenting Panel, chaired by Councillor Doherty, looked at all outcomes and focused on developing family and community wellbeing and targeting prevention initiatives. The fact that local authorities now commissioned the health visiting service was indicative of a set of activities being knitted together. There was a Children and Young People's delivery group which sat underneath the Board and could be required to provide exception reports to the Board.

Andrew Sharp stated that the data was worrying because it painted a bleak picture of deprived children in West Berkshire. The concerns raised by the report needed to become the focus and priorities of the Board. Andrew Sharp further suggested that there should be more target setting in order to drive improvement.

Leila Ferguson expressed that she was pleased that the report had raised such important issues and asked whether the voluntary sector was represented on the Children and Young People's delivery group. Leila Ferguson also reported that she was shocked to learn that the most common cause of a child's admission to hospital was a dental extraction. Rachael Wardell confirmed that the voluntary sector was represented on the delivery group and noted that the number of dental checks being completed for LAC was now over 80%.

Dr Bal Bahia enquired how Brilliant West Berkshire was tied in to the prevention and education agenda. Rachael Wardell explained that officers were currently working on six community development projects including in Mortimer, which members had earlier in the meeting been surprised to learn had high rates of childhood obesity. The objective was to encourage communities to tackle issues for themselves and the strengths and assets based approach was proving successful.

**RESOLVED** that the report and accompanying presentation be noted. Rachael Wardell and Bal Bahia would coordinate an item regarding the educational attainment of children receiving Free School Meals to be added to the forward plan. The Urgent Care Board would be asked to respond to the Board regarding child A&E attendances and subsequent admissions. The Children and Young People's delivery group would be required to provide an exception report to the Board.

### 92 **Health and Social Care Dashboard (Tandra Forster/Shairoz Claridge/Rachael Wardell)**

The Board considered a report (Agenda Item 9) concerning the Health and Social Care Dashboard.

ASC1: Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service: Tandra Forster was disappointed to

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report that latest data indicated that this measure would remain 'red' at year-end as the measure related to a small number of people and it would not take a lot of change to effect performance against the measure. There would be continued work to provide reablement support as the majority of people admitted to hospital wanted to be able to return home.

ASC3: Proportion of clients with Long Term Service receiving a review in the past 12 months: Latest data now indicated that performance was at 90% against the measure and officers were confident that by year-end 100% of reviews would be achieved.

Rachael Wardell commented that some of the RAG rating in the Children's Social Care section was incorrect.

CSC1: The number of looked after children per 10,000 population: Rachael Wardell advised that 46 looked after children per 10,000 would make this indicator 'green' as it was within normal range and since submitting the data for inclusion in the dashboard there were 45.

CSC2: The number of child protection plans per 10,000 population: This measure should not be reported as 'green' as the number was outside normal range, however Rachael Wardell reported that she was not currently concerned about this measure as the length of time children were staying on a plan was reducing thanks to effective interventions or timely escalation.

CSC3: The number of Section 47 enquiries per 10,000 population: numbers of Section 47 enquiries were still increasing. They were a significant intervention and might be seen as heavy-handed if they did not result in a Child Protection Plan. Conversely, children might be at a safeguarding risk if concerns were not progressed under a Section 47 enquiry. This indicator was 'red' and was a cause for concern.

CSC4: To maintain a high percentage of (single) assessments being completed within 45 working days: Performance was reported at 79% so should not be 'red'. Although recent performance was much higher than 79% at 93% and 96%, YTD performance is negatively impacted by poor performance earlier in the year.

CSC6: Child Protection cases which were reviewed within required timescales: Although performance of 99% met the suggested target and could be flagged as 'green' Rachael Wardell was satisfied to leave this measure as 'amber' as in her view 100% should be being achieved.

CSC7: Percentage of LAC with Health Assessments completed on time: Q3 reporting had demonstrated that performance was at 93% and above target. As at the end of February, performance against this measure was now 98% and expected to be achieved by year-end.

AS1: 4-hour A&E target - total time spent in the A&E Department: Although this measure should be green as it was showing performance of 95.1% against a target of 95%. However Q4 reporting was expected to make performance against this indicator 'red' again.

Dr Barbara Barrie commented that an influenza virus had been affecting children and young to middle-aged adults which had impacted on the resilience of A+E and primary care. Shairoz Claridge commented that while there were issues, the Royal Berkshire Hospital was the second best in the South and although it might not hit the target it was performing well.

AS2: Average number of Delayed Transfers of Care (all delays) per 100,000 population (18+): Tandra Forster advised that local hospitals were performing well, however North Hampshire and Great Western Hospitals were struggling. The main challenge was to

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coordinate the right care package to be delivered to those in rural areas. There had been a number of companies withdrawing from the market place and giving 28 days notice on the Council that they would no longer be providing the care package.

Primary Care: Shairoz Claridge advised that so far it had been difficult to gather robust data on these indicators however from the 1<sup>st</sup> April 2016 these should be possible. Dr Barbara Barrie commented that a measure on out-of-hours care would be helpful.

Cathy Winfield commented that a similar approach to the Alamac was required as the system was not good enough at anticipating service pressures.

Shairoz Claridge advised the Board that the CCG was under national investigation due to missing the DToC target of 5% delayed bed days from the point that the patient was ready for discharge. Tandra Forster commented that the CCG used a different indicator to the Council.

**RESOLVED** that the Health and Social Care Dashboard be noted.

### 93 **Mental Health Street Triage Briefing Report (Shairoz Claridge/Jason Jongali)**

The Board considered a report (Agenda Item 10) concerning a briefing report on Mental Health Street Triage.

The Berkshire West Street Triage One Year Pilot Project was part of collaborative funding arrangements between Berkshire West Clinical Commissioning Groups, three Local authorities and NHS England at a total cost of £150k. This service was based on the Oxford Street Triage Model of care to support the reduction of mental health patients being detained inappropriately in police custody, reduce the use of Section 136 and also to support the Local Crisis Care Concordat Action Plan Commitment from CCGs & LAs.

Street triage referred to a service where clinical mental health professionals (MHPs) accompanied and/or assisted police at incidents where the possible mental ill health of an individual gave rise to concern. The MHPs would assist in ensuring the best option for the individuals in crisis. They would do this by offering professional advice on the spot, accessing health information systems, and helping to liaise with other care services to identify the right kind of support required.

Between 1 April 2014 to 31st March 2015, there was a total of 216 Section 136 applied by Thames Valley Police officers in Berkshire West (136- Reading, 47- West Berkshire and 33- Wokingham). This was an increase of 23% on the previous year for Berkshire West. Mental Health incidents as reported by TVP, during the same period of time were reported (per 1000 population) Reading- 6.4, West Berkshire- 2.9 and Wokingham- 2.1. Reading had the third highest in the Thames Valley area, whilst West Berkshire and Wokingham were below the TVP average of 4.5.

The project sought to achieve the following outcomes:

- To reduce the number of Section 136's applied by Thames Valley Police (TVP) across Berkshire West.
- To provide alternative mental health outcomes to persons found in crisis by TVP officers in Berkshire West.
- Provide support to TVP regarding mental Health Welfare/ calls of concern calls received by TVP control room.
- Release/ free up TVP officer's time/ earlier return to non- Mental Health related duties.

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- To prevent mental health patient being detained in police custody

An evaluation of this project took place in January 2016 to share the impact of this service in Berkshire West. The draft report had demonstrated positive outcomes and the case was strong.

The plan was to develop a business case to seek recurrent funding of £133k for the Berkshire West Street Triage Service for 2016/17 from the CCGs & LAs. Jason Jongali reported that he was confident that the business case was strong and recurrent funding would be received.

Councillor Jones asked that the report be circulated to the Board once it had been finished. He further enquired what mechanisms were in place to review the business case for continued funding of the street triage service. Jason Jongali replied that Reading Borough Council were the lead Local Authority for the pilot and Wendy Fabbro, Head of Adult Social Care at Reading Borough Council would coordinate with her counterparts at Wokingham and West Berkshire to review the business case.

Councillor Cole asked whether Thames Valley Police would also contribute to funding the service; Jason Jongali affirmed that they would.

Leila Fergusson advised that although she represented the voluntary sector at the Board, she also worked with people who had learning disabilities. She enquired whether these service users would also benefit from the service. Jason Jongali replied that anybody with mental health or learning disabilities presenting in a state of distress could be supported by the service.

**RESOLVED** that the report be noted. The final report would be circulated to all Board members once received.

### 94 **Better Care Fund: Guidance and process for 2016/17 and wider integration programme (Tandra Forster/ Shairoz Claridge)**

*(Councillor(s) \* declared a personal and prejudicial interest in Agenda item 4(\*) by virtue of the fact that \*. As his/her/their interest was personal and prejudicial he/she/they left the meeting and took no part in the debate or voting on the matter).*

*(Councillor(s) \* declared a personal interest in Agenda item 4(\*) by virtue of the fact that \*. As his/her/their interest was personal and not prejudicial he/she/they was/were permitted to take part in the debate and vote on the matter).*

The Board considered a report (Agenda Item 11) concerning the Better Care Fund arrangements for 2016/17.

Despite delays within the Department of Health in confirming the timeline and the technical guidance the Council and the CCGs were able to commence negotiation of the 2016/17 financial plan; details of the initial proposals were discussed at Operations Board on the 14th January.

Subsequent to this meeting, allocations for localities were published. These confirmed the CCG minimum contribution at £8.807m, an increase of £279k and an increase in the capital grant to the Council (routed through the BCF) from £1.005m to £1.4m. The main element of the capital funding was for Disabled Facilities Grants.

In the local plan it had been agreed with the CCG that £4.367m would now be provided in the 2016/17 BCF to maintain provision of social care services. This reflected a real terms increase on last year's amount, £4.021m, and fulfilled the guidance that 'As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16.'

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The amount includes the £408k invested in the Joint Care Provider scheme. This was considered as our local flagship scheme; it had seen much closer working between the Council and BFHT resulting in less duplication and good performance levels despite unprecedented challenges for the acute Trusts. The £408k would allow the existing capacity of the reablement service to be maintained.

£500k had also been included to help to continue to deliver 7 Day Week Services. The council had made a number of changes to ensure a social work presence in hospitals at the weekend to ensure discharge was not now limited to weekdays. The intention was to build on this good work with other hospitals we work with and to extend our focus into the community to address non elective admissions.

The amount also included funding for West of Berkshire projects. These include 'Connected Care', an ICT project that aimed to support more effective information sharing across health and social care, a key requirement of any integration programme and 'Care Homes' which focused on reducing the disproportionately high number of non elective admissions from care homes.

Investment related to the contract held with BFHT had also been agreed with the CCG, totalling £1,889,000. This covered a range of services including intermediate care, speech and language therapy and the community geriatrician.

Whilst the financial plan had been agreed with the CCG the accompanying narrative was still in progress. The Better Care Fund had introduced a new Key Lines of Enquiry document that would reduce the burden in this part of the process.

**RESOLVED** that the update on the arrangements for the Better Care Fund 2016/17 be noted.

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

The Board considered a report and presentation (Agenda Item 12) concerning updates to the Joint Strategic Needs Assessment (JSNA).

Lesley Wyman asked the Board whether they felt it was helpful to present updates to the JSNA as she had used updated information from the Public Health Shared Team, however the JSNA actually contained more in-depth data from a number of sources which, when layered, gave a better picture of the needs of the district.

Councillor Jones expressed the view that it was useful to look at data in-depth but acknowledged that there might not be enough time in this meeting to go into detail. Lesley Wyman suggested that she sent out updates to all Board members as they were received and members could identify areas for more in-depth discussion. Rachael Wardell agreed with this approach and asked that Lesley Wyman drew Board members' attention to data changes which were significant or surprising.

Councillor Lundie, referring to the data on page 72 of the agenda pack regarding oral health, asked for the reason that the number of five-year-olds and twelve-year-olds had the same number of decayed teeth. Lesley Wyman advised that the data was confusing and came from a Public Health England dental health sample survey using different cohorts. The key piece of information to draw from this data was that older children had more problems with decayed teeth.

Councillor Lundie commented that when he had visited care homes there was an issue with the dental health of older people as it effected their eating and appetite which could lead to a downward spiral for their overall health and wellbeing; he asked whether there was any data on the dental health of older people. Tandra Forster advised that although

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it wasn't reported, officers were sighted on this information and worked with older people in care homes and dental surgeries to help them attend dental appointments.

**RESOLVED** that the updates to the JSNA be noted. Lesley Wyman would circulate JSNA updates to Board members outside of meetings in the future and would identify areas of focus based on comments received, for more formal reporting to the Board.

### 96 **Alignment of Commissioning Plans and Local Account (Tandra Forster/Shairoz Claridge/Lesley Wyman)**

*(Councillor Gordon Lundie declared a personal and prejudicial interest in Agenda item 13 by virtue of the fact that he was a member of the Board of Governors for Royal Berkshire Hospital. As his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.)*

The Board considered a presentation (Agenda Item 13) concerning the alignment of commissioning plans.

Shairoz Claridge and Tandra Forster gave the presentation as attached on the agenda and invited the Board to comment on how they would like to see alignment of commissioning work progress in the future and whether there were any areas that officers had not already considered.

Councillor Hilary Cole commented that very good work had taken place around aligning commissioning plans. She further added that in a time of diminishing financial resources, no stone should be left unturned when it came to achieving economies of scale by better joint commissioning.

Councillor Lynne Doherty enquired upon the timelines for further commissioning work as the end of the current financial year was fast approaching. Shairoz Claridge responded that the work was ongoing and work to align the Voluntary Sector Prospectus would be undertaken in the following twelve months in anticipation of the 2017/18 financial year. Other timelines would be agreed by other commissioning groups.

Cathy Winfield sought to raise the same point as Councillor Cole regarding financial pressures and asked how this could link to the three local authorities (Reading, West Berkshire and Wokingham) in their joint commissioning. Tandra Forster described the example of the procurement of the NHS 111 and explained that the contract would allow for an extension in order to allow a new approach to be initiated. Rachael Wardell added that the business case had been completed and it was deemed that better value for money could not be achieved from a standalone commissioning unit but there was a case for a more collaborative approach. No contract would be renewed without consultation with the other two local authorities (Reading and Wokingham) and the Director for Adult Social Services would keep this under review.

Councillor Lundie advised that he was a member on the Board of Governors for Royal Berkshire Hospital and at its strategy board meeting had discussed integration funding for providers. In the context of accountable care organisations, he asked what the role of the Board was in these organisations as providers had signed letters of intent regarding integration with the Clinical Commissioning Groups. Cathy Winfield explained that discussion on this matter had been held at the Berkshire West 10 Integration Board which took a view that there was an Accountable Care System rather than organisation. There was a two year plan with integration in the CCGs the focus of year one and the plan was for local authorities and adult social care to have more involvement in year two of the integration project. Providers had received large amounts of funding towards

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deficits in their budgets and in the case of the Royal Berkshire Hospital a surplus budget was expected to be delivered.

Councillor Lundie commented that the Board of Governors for the Royal Berkshire Hospital might not have understood the need to clear the deficit and also deliver a surplus on its budget. He commented that the Council's Executive members might need to hold a discussion on the matter.

Andrew Sharp commended the good commissioning work that had been completed by the local authority and CCG in collaboration and pressed the need to be mindful of what was and wasn't working. He continued that at times the joint system worked very well and could think of a case example from Christmas Day where services had worked together excellently, however there were other times when the system was not quite as effective. More engagement with the public should be carried out and when there were issues they should be highlighted and addressed.

Councillor Jones asked Tandra Forster whether the Board had provided the influence that was required. Tandra Forster advised that further work on priorities would be undertaken. Councillor Cole agreed that as the Portfolio Holder for Adult Social Care, she would progress these discussions and report back to the Board.

**RESOLVED** that the presentation be noted. A report on Accountable Care would be brought to a future Board meeting.

### 97 **Community Engagement Event (Dr Bal Bahia)**

The Board considered a report (Agenda Item 14) concerning the Community Engagement Event facilitated by the South, Central and West Commissioning Support Unit.

In December 2015, 36 colleagues from across the health, social and voluntary sector service in West Berkshire met for the first time to discuss better partnership and cooperation between organisations in the system. The impetus for the meeting came from a Community Engagement Strategy commissioned by the West Berkshire Health and Wellbeing Board earlier in 2015.

The event identified a number of quick wins such as more 'sharing' and 'liking' of each other's content on social media and establishing a common events calendar.

**RESOLVED** that the actions from the Community Engagement Event be noted.

### 98 **Joint Agreement in respect of operational arrangements for children and young people with Special Educational Needs and Disabilities (SEND) aged 0 to 25 years (Jane Seymour)**

This item had been provided for information only and was not discussed.

### 99 **Beat the Street (Maureen McCartney)**

This item had been provided for information only and was not discussed.

### 100 **BHFT Quality Account Q3 2015/16**

This item had been provided for information only and was not discussed.

### 101 **Members' Question(s)**

- a **Question to be answered by the Executive Member for Health and Wellbeing submitted by Councillor Gordon Lundie**

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A question standing in the name of Councillor Gordon Lundie was answered by the Executive Member for Health and Wellbeing, Devolution.

### **102 Question to be answered by the Executive Member for Health and Wellbeing submitted by Councillor Gordon Lundie**

A question standing in the name of Councillor Gordon Lundie was answered by the Executive Member for Health and Wellbeing, Devolution.

#### **a Question to be answered by the Executive Member for Health and Wellbeing submitted by Councillor Gordon Lundie**

A question standing in the name of Councillor Gordon Lundie was answered by the Executive Member for Health and Wellbeing, Devolution.

### **103 Future meeting dates**

The list of future meeting dates was noted as follows:

Jo Reeves also reminded Members that there would be a Special Health and Wellbeing Board on 14<sup>th</sup> April 2016 to approve the Better Care Fund 2016/17.

*(The meeting commenced at 9.30 am and closed at 11.40 am)*

**CHAIRMAN** .....

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