

# 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 SEPTEMBER 2013

**Present:** Councillor Graham Jones, Dr Bal Bahia (Newbury and District CCG), Leila Ferguson (Empowering West Berkshire), Lesley Wyman (WBC - Public Health and Wellbeing), Dr Rupert Woolley (North and West Reading CCG), Adrian Barker (Healthwatch) and Rachael Wardell (WBC - Communities).

**Also Present:** Jan Evans (WBC - Adult Social Care), Councillor Gwen Mason, Councillor Quentin Webb, Jessica Bailiss (WBC - Executive Support), Jan Fowler (Director of Nursing), (Chris Washbrook (Berkshire Health Foundation Trust), Barrie Prentice (Boots and Berkshire LPC), Fatima Ndanusa (WBC – Public Health), Colin Valler (SPMSD), Dan Cooper (Newbury Weekly News), Susan Powell (WBC – Community Safety Team) and Councillor Keith Chopping.

**Apologies for inability to attend the meeting:** Dr Lise Llewellyn, Councillor Graham Pask and Lady Emma Stevens

#### PART I

#### 40. Election of Vice-Chairman

Dr Bal Bahia was elected as Vice-Chairman of the Health and Wellbeing Board.

#### 41. Minutes

The Minutes of the meeting held on 25 July 2013 were approved as a true and correct record and signed by the Chairman.

#### 42. Declarations of Interest

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a pharmacist in Lambourn as well as a member of the Public Health and Pharmacy Forum but 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.

#### 43. Public Questions

Councillor Graham Jones reported that a question had been submitted by Mrs Carol Trower, Chief Officer of the Berkshire Local Pharmaceutical Committee. However, as Mrs Trower was unable to attend the meeting a written response would be sent to her.

Councillor Graham Jones declared a personal and prejudicial interest in the subject matter of the question.

#### 44. Royal Berkshire NHS Foundation Trust Draft Five Year Integrated Business Plan (Royal Berkshire NHS Foundation Trust)

This item was deferred.

**45. Funding Transfer From NHS England to Social Care**

Jan Evans introduced her report which set out how the 2013-14 funding transfer from the NHS was being used by West Berkshire Council. The report was seeking approval from the Health and Wellbeing Board for the use of the 2013-14 transferred monies.

Jan Evans stated that for 2013-14 an additional £0.519m had been provided to West Berkshire Council by the NHS. The report stated that this increased the total NHS funding to £1.782m in 2013/14 however, Jan Evans confirmed that this needed amending to £1.793m.

Agreement had been reached between the NHS England Area Team and the Council. The report along with the appended Section 256 agreement identified those areas of spend, which had been protected as a result of the funding. Protecting the most vulnerable citizens remained a Council priority and therefore additional funding from the NHS had been used to protect Adult Social Care as far as possible from the full level of cuts faced by other Council services.

Paragraph four of the report looked at future years funding. In 2014/15 £400k of additional funding would be transferred to the Council and would be used to support Adult Social Care services in 2015. The Council and NHS would need to draw up plans which showed how this money would be utilised. The plans would need to demonstrate how care and support services would be protected and how the plans met specific criteria including seven day working in health and social care, better data sharing and a joint approach to assessment and care planning.

There would also be performance monitoring in place in respect of the 2015/16 funding, with the second half of the money being released half way through the financial year. Further guidance from the Department of Health was expected in the autumn of 2013. A governance structure was also being agreed.

Jan Evans requested that the Health and Wellbeing Board note the information within the report and approve plans set out for 2015/16. Councillor Graham Jones remarked how the area of work demonstrated that the collaborative agenda was continuing to move forward.

Adrian Barker commented that the item linked to the integration work taking place and the Call to Action item later on the agenda. Jan Evans continued that the integrated transfer fund underpinned how the NHS and Council would move forward.

**RESOLVED that** the Health and Wellbeing Board approved the use of the 2013/14 NHS transfer funds. The Section 256 Memorandum would be signed by Councillor Jones and circulated to the relevant persons.

**46. Public Health - Immunisations Update**

Lesley Wyman introduced her report, which aimed to brief the Board on the Measles Mumps and Rubella (MMR) vaccination catch up programme and the progress that the Thames Valley Area Team were making in delivering the national target.

There was a national target to immunise 95% of children with one dose of the vaccine by the age of two and a second dose of the vaccine by the age of five. Although the rate of those completing the course of vaccinations was good in West Berkshire, improvement was required as the 95% target was not being reached.

There had been a rise in the incidences of Measles in 2011/12, which had carried on through until 2013. There was a higher rate of cases in teenagers, which had never before been an issue. The 10 – 16 year old age group was the one most affected by the adverse publicity relating to the MMR vaccine between 1998 and 2003 and therefore

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

there were larger numbers of children of this age unimmunised or partially immunised against measles.

Lesley Wyman drew the Boards attention to the section of the report which detailed what was being done to increase the immunisation rate and formed part of the MMR catch-up campaign. Phase one of the campaign in Berkshire included communications to encourage parents or guardians of unvaccinated and partially vaccinated young people to take them to their General Practice and the targeting of vulnerable groups such as Gypsy, Roma and Traveller families.

The proposed outcome for West Berkshire was for 95% of young people aged 10 – 16 years to have received at least one dose of the MMR by September 2013.

Lesley Wyman reported that there was difficulty in obtaining data showing which young people had received one or both of the doses. Regarding phase two of the campaign, there would be a meeting of the Thames Valley Steering Group including Directors of Public Health to agree the actions, which would be taken locally. Three from the six unitary authorities had achieved or almost achieve the 95% target for the first MMR immunisation and all apart from Slough were above 90%.

Percentages included within the report as part of Sentinel Survey, showed West Berkshire was achieving positively however, the caveat was added that the percentages did not take all GP practices into account and therefore were not a total representation. Following an audit it had been found that a number of GP Practices were under reporting on the particular age group of concern, therefore it was possible that more 10 – 16 year olds had received the MMR than indicated by the data.

Lesley Wyman reported that it was about encouraging parents and schools to identify children who had not received immunisation. General practices were paid to identify children, encourage them into surgeries and give them the MMR through a Locally Enhance Service.

There was intention to provide extra vaccinations within schools however, only within South Reading and Slough where the number of those immunised was less.

Lesley Wyman referred to page 51 of the agenda which featured tables showing the trend in MMR immunisation in Reading, West Berkshire and Wokingham. In West Berkshire, the percentage of those receiving the first dose by two years was 95.9% and 92.6% the second dose. In essence it was the second does which required further focus as this needed to be pushed up to 95%.

Councillor Graham Jones noted that the percentages within the report were not representative of all practice data and questioned if Lesley Wyman believed the data was representative of those practices, which had not submitted. Lesley Wyman confirmed that this was difficult to confirm however, reported that the Area Teams were working hard to obtain the data.

Councillor Jones enquired whether the plan to offer MMR within schools was decided or still up for discussion and Lesley Wyman confirmed that this was currently a consideration. Councillor Jones expressed the opinion that this seemed like the most proactive approach to increasing the number vaccinated.

Rachael Wardell asked if the school approach was taken, whether changes would need to be made to school nursing contracts. Lesley Wyman felt that this was unlikely as there would be a relatively small number needing the vaccination. Dr Bal Bahia pointed out that if general practices were struggling to identify who needed the vaccine, how could school nurses be expected to do this.

There was no known risk to giving someone the MMR vaccine twice. On these grounds Rachael Wardell suggested the MMR being offered to everyone and then parents could

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

withdraw their children if they knew they had already been immunised. Cathy Winfield felt that this approach should be a last resort and in the first instance assurance was required on the data. It was confirmed that the number of those not immunised in Swansea, where the outbreak of Measles had occurred, was much higher than in West Berkshire.

Graham Jones summarised from discussions that there was an ongoing action to obtain and strengthen data and then if required the schools route should be progressed.

Lesley Wyman referred to her second report on page 53 of the agenda and requested that the Board note its contents.

**RESOLVED that** the report be noted.

### 47. **Joint Assessment Framework for Learning Disability**

Rachael Wardell introduced her report to the Board which presented the new Joint Health and Social Care Learning Disability Self Assessment Framework. All local authority areas had been asked to complete the self-assessment, working with local partners including Clinical Commissioning Groups (CCGs) by the end of November 2013.

Rachael Wardell gave a presentation to the Board which had been written for the broader public and therefore simplified the process. In summary:

- The Joint Self- Assessment (JSA) was a way of checking how good services were working for people with learning disabilities and their family members.
- In the past this had been carried out through the Health Self Assessment Framework and the Learning Disability Partnership Board. In essence the JSA brought these two things together.
- The three measures for the JSA were Staying Healthy, Being Safe and Living Well.
- Areas were being checked against these measures through their compliance to relevant policy; data showing how many people were using particular services and through sharing case studies.
- Local partners shared the responsibility for ensuring the framework was a success and this would be overseen by Learning Disability Partnership Boards, Clinical Commissioning Groups and Health and Wellbeing Boards.

Rachael Wardell reported that the work was in hand and she would report back to the Health and Wellbeing Board with the result of the self assessment at a later date.

**RESOLVED that** Rachael Wardell would inform the Board of when the self assessment would be completed as soon as she was made aware.

### 48. **Frail Elderly Pathway**

Rachael Wardell introduced her report which aimed to make the Health and Wellbeing Board aware of an early strand of Health and Social Care integration being undertaken in the West of Berkshire.

Berkshire West Health and Social Care partners had committed to working more closely together to ensure effective provision of quality services to the population, using their collective resources to achieve the best outcomes for service users and their families.

Locality groups had been set up in each Council area to develop Health and Social Care integration. The West of Berkshire group consisted of ten partners including CCGs and

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

the Ambulance Trust. These partners had always collaborated loosely however, working relationships were now more defined due to the Pioneer Project.

Approval was not required from the Board as there was capital funding designated for the project.

Councillor Graham Jones referred to the Governance section of the report where it stated that the steering group for the project would be the Berkshire West Partnership. Rachael Wardell confirmed that the Health and Wellbeing Board sat above the Berkshire West Partnership. Councillor Jones questioned Member involvement and Rachael Wardell acknowledged that in the future she might need to seek permission from the Executive Portfolio Holder for Children and Young People, Youth Service and Education.

Cathy Winfield reported that she would like to see care pathways redesigned around outcomes and as a result reduced placements in care homes. The next step was to create a business plan for the future state, which assessed where additional funding was needed and where the gaps were in the Social Care system. If the system was changed it needed to be done collectively both in terms of resources and results. Cathy Winfield suggested that a presentation be brought to the next Board meeting, which detailed the strands and governance of the project.

**RESOLVED** that Cathy Winfield coordinate a presentation for the next H&WB Board meeting which gave an update on the project.

Councillor Jones noted that the target was red for the number of elected admissions and questioned whether this was measurable. Cathy Winfield confirmed that there were a variety of metrics including some patient experience measures. The number of people going through hospital doors needed to be reduced.

Adrian Barker commended the project and asked whether there would be an opportunity for the public to input their experiences. Rachael Wardell confirmed that this would be considered, she still needed to draft a response on the methodology.

Cathy Winfield reported that a plan would be in place by March 2014 and it was hoped that they would have a future state by February 2014. A high level plan would be required, which could then be fine tuned accordingly. The delivery in West Berkshire would be different to that of Reading.

### 49. Turnaround Families Programme

Rachael Wardell introduced the Turnaround Families Programme to Members of the H&WB Board, which was being managed by the Department of Communities and Local Government. The Programme had been initiated as a result of the riots which had taken place in London during 2011. There were specific areas that were taken into account when families were referred onto the programme and these included work related benefit dependency, anti-social behaviour, youth offending and school attendance. A cohort of families had been identified. Payment by result was the method being used for the programme.

West Berkshire was considered advanced as it already had the Family Intervention Programme (FIP) and a Family Intervention Team (FIT). The first year of the Turnaround Families Programme had largely been foundation laying and planning.

Rachael Wardell handed over to Satdeep Grewel (Development Officer – Turnaround Families) and Ruth Adams (Turnaround Families Referral Coordinator) to give a presentation to the Board giving more detail on the programme.

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

In summary:

- There were ten families on programme so far for whom payment was being sought;
- The programme promoted a whole family approach;
- Participation by the families was voluntary and the aim was to move the families towards economic independence.
- Research had been carried out on the families using data from RAISE, which showed that 70.1% had mental health issues and 69% had experienced domestic abuse.
- The local Turnaround Families Programme aimed to turn around services delivery; turn around the lives of 145 families and turn around aspects of strategic funding and partnerships.
- The Department of Health would carry out a re-evaluation of the service.

Cathy Winfield questioned how the programme fit with health visiting and secondly how FIP sat with Family Nursing Partnerships. Rachael Wardell confirmed that this highlighted a weakness of the programme as families were not eligible until their children came of school age whereas Health Visiting supported birth to 5 years.

Lesley Wyman stated that the Turnaround Families Programme overlapped with the Public Health agenda in a number of success indicators. A number of common issues, which had been raised, formed part of the Public Health Action Plan. It was vital that joint working took place to avoid duplication.

**RESOLVED** that the Turnaround families Team meet with Public Health to discuss collaborative working.

Adrian Barker questioned how the Police were involved in the Programme and secondly asked if plans were in place to try and sustain the programme.

**RESOLVED that:** Rachael Wardell would look into the latter part of Adrian Barker's question regarding sustainability.

Regarding the involvement of the Police force it was reported that Susan Powell and Police representatives sat on the Safer Communities Partnership, which was aware of the Turnaround Families work. The Police were able to make referrals to the Turnaround Families Programme and close working also took place with the Youth Offending Team.

Leila Ferguson reported that Empowering West Berkshire (EWB) were the umbrella organisation for voluntary organisations. Leila Ferguson noted that 70% of the families had disabilities, of which it was likely that some were learning disabilities. There was little mention to the voluntary sector however, they had a lead role to play. People were often more likely to open up to voluntary organisations. Satdeep Grewel reported that in the first year services had been funded through the Innovative Fund. The funding associated with the programme would become less as it continued.

Satdeep Grewel confirmed that the programme was due to come to an end in 2015. It was hoped the programme would continue however, thought was needed on how it could be sustained.

### 50. Call to Action

Cathy Winfield introduced her report which sought to inform the H&WB Board of the national Call to Action that would engage stakeholders in the design of a renewed and revitalised NHS.

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

NHS England had published the Call to Action document 'The NHS Belongs to the People' to engage with NHS staff, stakeholders, patients and the public about the future of the NHS in the light of challenges faced by the service. The aim of the document was to build a case for change and address pressures faced by the NHS. The normal financial allocation within the NHS was annual however, in 2014 funding would be allocated for two years.

The three options which had been ruled out regarding the future of the NHS were:

- Do nothing;
- Assume increased NHS funding;
- Charge for fundamental services or 'privatise' the NHS.

The engagement process would allow the opportunity to gather ideas and solutions. The NHS was facing workforce challenge and demand pressures. A workshop was taking place on 7<sup>th</sup> November 2013 to begin looking at challenges faced.

**RESOLVED that** Cathy Winfield would report back to the Board regarding the workshop on 7<sup>th</sup> November.

Councillor Graham Jones identified that there was a direction of travel away from a national illness service towards prevention. Prevention was an easy concept to buy into however, he could foresee political issues arising. Councillor Jones asked what was expected from West Berkshire Council by the Call to Action initiative. Cathy Winfield confirmed that scheduled strategic meetings and the event planned for November, were relevant for the H&WB Board.

Lesley Wyman pointed out the importance of Public Health in leading on the prevention agenda and supporting the CCGs in this work.

Rachael Wardell referred to page 197 of the agenda (page 21 of the NHS belongs to the People document) and pleaded that a one model approach was not taken, as this often caused an area of work to collapse. What worked well in West Berkshire needed to be held onto and its rural nature kept in mind.

Cathy Winfield confirmed that there was opportunity for localism. And it was expected that there would be variation across the models of delivery.

**RESOLVED that** the H&WB Board noted the national Call to Action and its role in the engagement process.

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

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

### 52. **Future meeting dates**

The date of the next meeting was 28 November 2013 in the Council Chamber (Market Street Offices)

*(The meeting commenced at 9am and closed at 10.45am)*

**CHAIRMAN** .....

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