

# 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, 15 MAY 2014

**Present:** Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Councillor Marcus Franks (Health and Well Being) and Rachael Wardell (WBC - Community Services)

**Also Present:** Jessica Bailiss (WBC - Executive Support), Councillor Roger Hunneman (Deputy Liberal Democrat Group Leader), Councillor Graham Pask, Barrie Prentice (Boots and Berkshire LPC) and Louise Watson (Thames Valley Area Team).

**Apologies for inability to attend the meeting:** Dr Bal Bahia, Nick Carter, Leila Ferguson, Dr Lise Llewellyn, Cathy Winfield and Lesley Wyman

**Apologies also received from:** Nick Carter, Lesley Wyman and Cathy Winfield.

**Councillors Absent:** Councillor Gordon Lundie

*(Councillor Marcus Franks in the Chair)*

#### PART I

##### 1. Minutes

The Minutes of the meeting held on 27<sup>th</sup> March were approved as a true and correct record and signed by the Chairman.

##### 2. Declarations of Interest

There were no declarations of interest received.

##### 3. Public Questions

No public questions were received.

##### 4. Petitions

There were no petitions presented to the Board.

##### 5. Quality Account proposed responses for Royal Berkshire NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust (Philip McNamara)

Phil McNamara introduced his item, which aimed to assure the Health and Wellbeing Board as to the quality of services provided by the Royal Berkshire NHS Foundation Trust (RBFT) and Berkshire Healthcare NHS Foundation Trust (BHFT).

Phil McNamara reported that the Foundation Trusts were duty bound to provide the Quality Account documents. Both RBHT and BHFT were inviting comments from stakeholders as part of the consultation process.

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The Clinical Commissioning Groups (CCG) took keen interest in the Quality Account Documents and Debbie Davy (Nurse Director) had studied the documents closely and was satisfied they covered what they were required to.

Phil McNamara drew the Board's attention to the BHFT Quality Account document and stated that the priorities were for 2014/15 (rather than 2013/14 as stated in the document). Areas included within the document were those the CCG would expect to be included.

Regarding RBFT, Phil McNamara reported that the Quality Account document was at a slightly different level as they were slightly further on in the draft process. The CCG were satisfied with the areas focused upon with the document.

The CCG was satisfied with the level of consultation which had taken place on both documents and the Nurse Director had been fully involved in the early stages. Phil McNamara then asked if there was anything specific in either of the two Quality Account documents the Health and Wellbeing Board would like to comment on.

Councillor Marcus Franks explained that the Health and Wellbeing Board had requested the CCG provide comments on the Quality Account documents. West Berkshire was served by several hospital trusts, whose Quality Account timeframes did not coincide with that of the Health and Wellbeing Board. A further development session for the Board was being set up and would be used to host discussions on how other planning timescales could be incorporated into the work programme for the Board.

Rachael Wardell asked for confirmation on deadlines for both documents and Phil McNamara stated he would check and report back. Councillor Franks stated that one of the consultation deadlines had passed and this illustrated how timeframes were not yet aligned to enable the Board time to comment.

Rachael Wardell highlighted the importance of engaging stakeholders moving forward.

Adrian Barker reported that Healthwatch had commented on the RBFT Quality Account document and had raised numerous questions including why hard copy records were being used rather than moving to an electronic system and also relating to Accident and Emergency Services.

Phil McNamara reiterated the need to move towards a more consistent method of responding in future.

### **6. Health and Wellbeing Board Development session (Rachael Wardell)**

*(The decision was taken to discuss item 8 before item 7 on the agenda, due to the references to the performance framework under item 8)*

Rachael Wardell updated the Health and Wellbeing Board on the development session that took place on 30<sup>th</sup> April 2014 and was facilitated by the Local Government Association (LGA). The main body of the report that was circulated with the agenda 'The West Berkshire Health and Wellbeing Board – Three Years On – A Review' (on page 25) formed the basis for the development session. It reviewed the progress that had been made over the past three years, drawing on national research conducted by the Kings Fund.

The report reflected on the West Berkshire Health and Wellbeing Board's position in comparison to other Health and Wellbeing Boards nationally. It found that the West Berkshire Board was in a similar position to that of many Boards nationally and was still on a journey.

Rachael Wardell reported that the report had been written with the expectation that the Board would move to an Executive Decision Making Model.

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An addendum update report had been circulated following the Board's development session on 30<sup>th</sup> April with a purpose of summarising the debate and to agree the next steps. The update report highlighted what had been identified as going well and what had gone less well.

Using the King's Fund three scenarios, the conclusion reached at the development session was that the West Berkshire Health and Wellbeing Board should be positioned between options one (continue on the current trajectory) and three (an executive decision making body). Ambitions should move the Board towards option three, without damaging what had been developed so far.

Rachael Wardell asked if the Board were in agreement with the next steps outlined in the update report.

Councillor Graham Pask commended the development session and stated that it had been a very useful event. The West Berkshire Health and Wellbeing Board had been set up with the best intentions and the way forward for the West Berkshire Board was what was important. It needed to be an executive decision making board. It was acknowledged that there had been predominant emphasis on health to date however, wellbeing required further focus. Councillor Pask stated that the Board also needed consider how it should move forward with regards to other bodies such as the Local Strategic Partnership (LSP). Some places in the country had merged their Health and Wellbeing Board and LSPs. The question of whether this approach diluted issues needed to be asked and this needed further discussion with a certain degree of urgency.

Adrian Barker stated that one option that had only been lightly touched on was an option for the Board outside the King's Fund three scenarios. This could involve the Board being strategic without an executive decision making power. This as an option had not yet been discussed.

Adrian Barker stated that he was hopeful that Healthwatch could be involved in the proposed Management Group that would be set up to support the Board, if the next steps outlined in the report were approved.

Adrian Barker stated that it was felt by Healthwatch that there was generally more scope to involve the public in general. There was opportunity to involve a wider group of stakeholders in the Board however, this did not necessarily mean having a large amount of people sat around the table and alternative approaches needed to be explored. Adrian Barker stated that the format and style of Board meetings needed further thought as it currently functioned as a traditional Council meeting. He also suggested the use of task and finish groups. Finally Adrian Barker suggested that the Board did not always need to meet in the Council Chamber at Market Street and could meet in different locations.

The Board were in support of the next steps detailed in section three of the addendum report subject to the membership of the Management Group being reviewed to include Healthwatch.

**RESOLVED that** the Health and Wellbeing Board endorsed the next steps included within section three of the addendum report, subject to the membership of the Management Group being reviewed.

Rachael Wardell reiterated words stated by the facilitator at the development session, that the key to partnership working was about what partners were willing to give up in order to stay at the table. Councillor Pask supported this view and stressed that partners must not operate in silos.

7. **Performance Framework for 2013/14 (Councillor Marcus Franks)**

Marcus Franks introduced the report to Members on behalf of Lesley Wyman, which was recommending a finalised Health and Wellbeing Performance Framework for 2013/14 for approval.

Councillor Franks reported that the performance framework for 2014/15 would look very similar however, would include the Better Care Fund (BCF).

Section two of the report detailed the five priorities in the Health and Wellbeing Strategy.

Councillor Franks referred to page 17 of the agenda pack, which was the Performance Framework for the Health and Wellbeing Board for 2013/14. There were overarching indicators and then below this local indicators for each priority area. Councillor Franks stressed that Lesley Wyman had experienced difficulties obtaining information from both internal and external colleagues, particularly around agreeing what information needed to be included within the framework.

Councillor Franks went on to talk through each priority area, highlighting some of the local indicators for each.

***Reducing Childhood Obesity in Primary School Children***

Regarding the number of additional physical activity initiatives commissioned in school and community settings for children - more work was needed in order to map which schools would be involved next.

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

Councillor Franks reported that the health checks and been a great success. The number of people offered this service had been in line with the benchmark however, there was ambition to do more.

***Promoting independence and supporting older people to manage their long term conditions***

Councillor Franks remarked that this section was particularly empty due to lack of cooperation in providing information. Figures and local indicators were the responsibility of General Practitioners and Adult Social Care. Councillor Franks questioned if members felt the indicators were the right ones and if not the strategy needed refreshing as soon as possible. If they were the correct indicators, consideration needed to be given to how the indicators were going to be met.

***Giving every child and young person the best start in life***

More local indicators were required in this section.

***Supporting and Vibrant District***

This was considered the most difficult priority to measure.

Decreasing statutory homelessness, homelessness acceptances and households in temporary accommodation was currently an indicator however, the Housing Team had suggested that this should not be included due to the low numbers in West Berkshire. Local indicators around fuel poverty were still required.

Rachael Wardell wanted to make it clear that any individual presenting as homeless was always a priority for the Housing Team, but agreed that including it in the performance framework for the Board might be over prioritising an area given that actual numbers were low.

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Rachael Wardell suggested that the Board could learn lessons from the Local Safeguarding Children's Board (LSCB) and how it managed performance management across a group of diverse partner organisations. Membership organisations of the LSCB gave a lot of attention to their performance information and were held accountable for this information if the LSCB had particular concerns.

Councillor Franks stated that at the next development session discussions were required on indicators for health quality, integration and then also wider indicators. Oversight needed to be kept of high level indicators belonging to the Acute Trusts, as these affected the work of the Board.

The Board needed to take a view of the performance framework and be satisfied it reflected what work was taking place.

Councillor Pask acknowledged that there was a huge amount of work taking place beneath the performance management framework for example the Feel Good Fortnight. The framework needed to support work taking place on the ground.

Councillor Graham Pask queried access to General Practitioners (GPs) and if consultation with GPs reflected wellbeing. Philip McNamara reported that close working took place with the Public Health Team, in particular Lesley Wyman who formed part of the Executive Board.

Philip McNamara reported that health checks had been extremely positive. There was always more that could be done around GPs and a lot of work was taking place to develop primary care. It was felt that GPs in the Newbury and District area were easy to access.

Dr Barbara Barrie reported that access to GPs was an ongoing issue. It largely came down to capacity. If availability was increased, demand also increased. Effective triage was extremely important. A programme of work was taking place across practices that focused on processes. The aim of this work was to help primary care services be as productive as possible.

Adrian Barker suggested that a Task and Finish Group be set up to focus on the Performance Framework for 2014/15 using the LSCB as a learning aid.

Rachael Wardell acknowledged that Lesley Wyman had struggled alone to pull the performance framework together. It was important that the framework was widely inclusive of issues together with those belonging to Public Health.

Councillor Franks recalled in the past the Board had discussed the mapping of services against other factors such as deprivation. Assets and access were important factors moving forward.

**RESOLVED** that a Task and Finish Group be formed to take the Performance Framework forward for 2014/15.

### 8. **Joint Self Assessment - Learning Disabilities (Alison Love)**

Alison Love introduced her report to Members of the Health and Wellbeing Board, which aimed to give a follow up report on the Joint Health and Social Care Self Assessment Framework (JH&SCAF), which was now complete.

The JH&SCAF was a required annual report on local health and social care services for people with learning disabilities. In 2013 the responsibility for requesting and collating this information transferred from the Government Office for South East England to Public Health England. The requirement to collect and monitor this information was part of the Valuing People Now objectives.

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There was much evidence to indicate that people with learning disabilities suffered from poorer health than the general population.

The local Joint Health and Social Care Self Assessment approach was developed in conjunction with colleagues from the Commissioning Support Unit of the Clinical Commissioning Groups (CCGs) and Berkshire Healthcare Trust.

The format of the report had changed considerably from previous years and some colleagues struggled to obtain the information required. Therefore there were significant gaps and inaccuracies in the health information. The local Community Team, for People with Learning Disabilities had some information that gave evidence of better local health services than was portrayed in the report however, the report format clearly stipulated how and where the evidence should be gathered.

Dr Barbara Barrie stated that there should be information from areas such as Mortimer and Theale, where the CCGs overlapped. Alison Love reported that all GP practices were approached and then the relevant information sent back to each Local Authority.

Adrian Barker stated that he had read the report however, struggled to see how the Board itself could assist. He also acknowledged that the numbers of those with learning disabilities did seem very low and queried what the definition was for someone with a learning disability. Alison Love reported that the definition was those people who had an IQ less than 70 however, those with milder forms of a learning disability were also welcomed to have a health check.

Rachael Wardell reported that much of the Board's contribution would be around the ground work. It was incomplete baseline information and it was being flagged that further work was required.

Adrian Barker questioned what work needed to be done to get to where they needed to be. Alison Love confirmed that the JH&SCAF formed part of the work carried out by the Joint Commissioning Group for the West of Berkshire. Locally there was contact with GPs, so health check information was being requested. Other screening information from the NHS was also required. Under reporting had taken place across the board and not just in Newbury. There would be a push for better information gathering next year.

Alison Love reported that there was a dedicated Learning Disability Nurse and she was particularly good at helping to access the right services.

Councillor Franks questioned how people requiring learning disability support were flagged to GPs, particularly if joining a new practice. Dr Barbara Barrie reported that someone with a learning disability need would be coded and placed on the Learning Disability Register. This information should be transferred electronically from their previous surgery.

Those with a learning disability had to be offered a health check once per year and they had to be sent a letter inviting them to the health check at least three times. Individual practices would be able to provide information on exactly how many health checks had taken place. There was an issue around patients not taking up the offer of a health check and this issue required further attention.

Rachael Wardell asked if a health check could be carried out if a patient came into the surgery for a separate issue. Dr Barbara Barrie stated that an alert would be raised if they were overdue a health check however, regular appointments were usually only ten minute slots and would not allow time for a health check. Once alerted, the practice could take steps to set up a separate appointment for a health check.

Phil McNamara explained to Alison Love that there were certain aspects which were not commissioned by the CCG and therefore it would be helpful for a conversation between them to take place outside of the meeting.

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Councillor Franks noted that over 100 of those recorded with a learning disability lived in supported accommodation. He felt that there was possibly an opportunity to work with Public Health to take health checks out to people. It was also noted that there were 40 people with learning disabilities living without any support. Alison Love confirmed that these were people known to Adult Social Care as having a recognised form of learning disability however, were able to live in their own tenancy without the need for support.

Councillor Franks asked what support mechanisms were in place to help people with learning disabilities move from voluntary work to paid employment. Alison Love confirmed that there was very little support in West Berkshire for this transition. Steps were being taken to address this with the voluntary sector. Councillor Franks suggested that Alison Love contact Janet Duffield (Economic Development Officer), as she might be able to assist.

Concern was raised that dental health was not included within the statistics gathered. Louise Watson (NHS England – Area Team) confirmed that this could be looked into and that as well and the CCG, NHS England could be approached when trying to gather information.

**RESOLVED** that dental health be included within the annual report.

### 9. **The Special Education Needs and Disability Reforms (Jane Seymour)**

Jane Seymour introduced her report to Members of the Health and Wellbeing Board, which aimed to raise awareness of the Special Educational Needs (SEN) and Disability reforms. It also sought to inform Members regarding the work undertaken so far towards implementation of the reforms and seek their approval and finally to request that the Board consider how the specific implications of the reforms for health would be address.

Section two of the report outlined the main changes as a result of the SEN Disability Reforms and section three looked at the next steps towards implementing the changes.

The existing statutory assessment and statementing process would be replaced by a much more holistic, person centred Education Health and Care (EHC) Assessment process. There would be a new timescale in that EHC assessments must be carried out within 20 weeks, compared to the previous 26 weeks.

The process would be much more person centred and every family whose child had an EHC Plan would be able to request a Personal Budget for the education, health and/or care aspects of the EHC Plan. As a result the process would be much more resource intensive.

Three Assessment Coordinators would be recruited. Interviews were taking place the week commencing 19<sup>th</sup> May 2014.

Local Authorities' responsibilities would extend potentially up to the age of 25, whereas they currently lapsed at age 19.

There were specific requirements for joint commissioning. These included the development of clear arrangements between Local Authorities and partner commissioning bodies for commissioning services for children with SEND, the integration of education, health and care provision for SEND where it was beneficial and the agreement of shared outcomes including joint analysis of intelligence about needs of the local population.

Jane Seymour reported that section four power phrased the report by the Commissioning Support Unit Officer and outlined specific implications for health commissioners and providers. Section 4.2 of the report gave additional recommendations for consideration by CCGs including all EHC Plans needing to be outcome focused and reiteration of the new 20 week deadline for the publication of final EHC Plans.

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Councillor Graham Pask asked Philip McNamara if this was innovative work for the CCG and what steps the CCG would need to take. Phil McNamara reported that the pooling of budgets was not new to them as this had also taken place within the previous Primary Care Trusts. The recent approach taken to the BCF illustrated how the CCG would operate moving forward. Phil McNamara support the suggested way forward.

Jane Seymour confirmed that there was an external organisation commissioned to hold personal budgets if individuals did not feel confident to do so.

Councillor Franks referred to the 'Local Offer' and queried if there was a case for extending the voluntary prospectus. Tandra Forster was leading on a piece of work looking at what was being commissioned with the voluntary sector and quality assessment. Jane Seymour confirmed that she was unaware of this would however, would ensure she linked to it moving forward.

Councillor Franks expressed that the Board would be interested to keep sight of the area or work moving forward particularly the pooling of budgets, due to the Boards own role in joint commissioning moving forward.

Rachael Wardell reported that the biggest challenge with this work was personalisation, which was particularly difficult concerning children. If the families were at the centre of professional thinking then it was easy to overlook the needs of the child.

Adrian Barker stated that he struggled to see how the Board could promote the integration of services. Councillor Franks confirmed that a steering group was coordinating the work. The role of the Board was to ensure joint commissioning arrangements were working. Most of the work would be carried out elsewhere however, it was important that the Board kept oversight as part of it's joint commissioning/integration role.

**RESOLVED** that the Board would be kept up to date on work surround the SEN reforms post implementation.

### 10. Quarterly update report from Healthwatch (Adrian Barker)

Adrian Barker gave a quarterly update to the Health and Wellbeing Board on behalf of Healthwatch for quarter four.

It was reported that most of the work in quarter four had focused on outreach work. This would be built on in the coming year. There had also been a lot of activity around online communication and referring to the advocacy service SEAP if required.

Councillor Marcus Franks referred to page 107 of the agenda pack and asked what 'enter and view' was. Adrian Barker reported that this was a power that had once belonged to LiNKS and enabled them to enter premises in the form of unexpected visits. This power now belonged to Healthwatch.

Councillor Franks further questioned how many people were reached through social networks and what was the age profile of these people.

**RESOLVED** that Adrian Barker would find out the number and age profile of people accessed through social networking.

Phil McNamara asked for an update on the Champions network. Adrian Barker reported that the champion board had met and it brought together people involved with particular areas to look at priorities. The next step was to involve other organisations.

Rachael Wardell queried the value of the 'free text' views because they were insufficiently specific as to what problems or issues were. As a director responsible for delivery she found the outputs from this difficult to use to improve services. Rachael Wardell felt that they needed to identify the next steps for Healthwatch and how the



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information it was gathering from the public could be used to better shape services. Adrian Barker concurred and stated that the same point had been made by the Champions Board.

It was felt that it would be interesting for the Board to receive reports and findings from the Champions Board.

Adrian Barker stated Heather Hunter was due to report to the Board in July and would cover the items raised.

### 11. **Forward Plan for the Health and Wellbeing Board**

All noted the Forward Plan for the Health and Wellbeing Board. Adrian Barker suggested that there was further opportunity to tie in progress with the JSNA and development of the Health and Wellbeing Strategy. It was important that Healthwatch were involved at an early stage in both of these areas of work.

Rachael Wardell referred to the forward plan item coming to the next meeting of the Board regarding the protocol on the working arrangements between West Berkshire LSCB, the Health and Wellbeing Board and the Munro Implementation Board. She reported that it was likely that this item would be expanded to inform the Board about recent revisions to the Children and Young People's Partnership.

Councillor Marcus Franks stressed the importance of ensuring the right reports were coming to the Board. It was possible that meetings would take on a themed nature in future to ensure the right topics were being considered.

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

There were no Members' questions received.

### 13. **Future meeting dates**

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 24<sup>th</sup> July 2014.

*(The meeting commenced at 9.00 am and closed at 10.48 am)*

**CHAIRMAN** .....

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