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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, 25 SEPTEMBER 2014

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

Also Present: Councillor Geoff Mayes, Jessica Bailiss (WBC - Executive Support), Andy Day (WBC - Strategic Support), Lesley Wyman (WBC - Public Health & Wellbeing), June Graves (WBC - Housing), Heather Hunter (Healthwatch), Tandra Forster (WBC - Adult Social Care), Fiona Slevin-Brown (Berkshire West CCGs), Fatima Ndanusa (Public Health), April Peberdy (Public Health), Susan Powell and Sylvia Stone (Safeguarding Adults Partnership Board)

Apologies for inability to attend the meeting: Cathy Winfield and Councillor Joe Mooney

PART I

33. Minutes

The Minutes of the meeting held on 24 July 2014 were approved as a true and correct record and signed by the Chairman.

Councillor Marcus Franks asked Rachael Wardell for a brief update on the Better Care Fund (BCF), which had been the subject of an extraordinary meeting which had taken place the previous week.

Rachael Wardell reported that Health and Wellbeing Board had agreed at the extraordinary meeting that the BCF be approved and submitted to the Department of Health (DH) subject the DH confirming by the 31 October 2014, that the full cost of funding the new minimum eligibility criteria under the Care Act would be met centrally.

Wokingham had submitted their BCF plan with a caveat aligned to that submitted by West Berkshire. West Berkshire and Wokingham had written a joint letter to the DH. Concerns had also been submitted to respective Members of Parliament so that they could lobby the DH on behalf of both West Berkshire and Wokingham.

34. Health and Wellbeing Board Forward Plan

Councillor Marcus Franks drew the Board's attention to the Forward Plan, which was included for their information.

Adrian Barker recalled that at the last Board meeting in July, the possibility of inviting interest groups along to speak to the Board had been discussed. He queried what groups the Board would want to hear from and which issues it might be interested in. Councillor Franks reported that he had given this some thought and suggested that once the Health and Wellbeing Strategy (HWBS) was agreed, the Board should pick out three priorities it

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wished to focus on. Groups could be invited to come along based on the chosen priorities.

35. **Actions arising from previous meeting(s)**

All were happy with the actions that had been completed since the last Board meeting in July.

36. **Declarations of Interest**

Councillor Gordon Lundie declared an interest in all matters pertaining to Health and Wellbeing, by virtue of the fact that he was a director of the pharmaceutical company UCB, but reported that, as his interest was not personal, prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

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.

37. **Public Questions**

Councillor Marcus Franks reported that a number of questions had been submitted by Mrs Pearl Baker. However, as Mrs Baker was unable to attend the meeting a written response would be sent to her.

38. **Petitions**

There were no petitions presented to the Board.

39. **Health and Social Care Dashboard (Tandra Forster/Jessica Bailiss)**

Councillor Marcus Franks introduced the Dashboard to Members of the Health and Wellbeing Board. Tandra Forster highlighted that it was still very much a work in progress.

Rachael Wardell raised her concern about the use of the word 'target' in relation to the Children's Services section. Some of the metrics gave volume, for example the number of Looked After Children. This type of information could not be targeted as they did not want to drive numbers down but rather benchmark against what was considered the normal range.

RESOLVED that the wording for the Children's Social Care section of the dashboard be reviewed to include 'normal range' rather than 'target' where necessary.

Tandra Forster explained that some of the data came from the national performance framework and some detailed volume. The dashboard had two elements; the number of people receiving services and then targets around the work being carried out by these services.

Dr Lise Llewellyn felt that dashboard only reflected a part of what the Health and Wellbeing Board covered and issues like early intervention and school readiness were not included. Tandra Forster reported that it was just a snapshot of the Health and Social

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Care economy and that prevention work would be fed into the Board as part of the Health and Wellbeing Strategy (HWBS).

Rachael Wardell commended the dashboard for showing the whole range of hospitals servicing West Berkshire.

Councillor Marcus Franks referred to ASC7 regarding the Proportion of 111 calls converted to 999 and queried if it was lower or higher number the CCG were seeking on this metric. Fiona Slevin-Brown stated that lower numbers were positive for this target. Rachael Wardell felt that this metric might just reflect the nature of calls and therefore suggested that the steps taken in deciding a call should be converted to 999 should be included within the narrative for the dashboard.

Councillor Gordon Lundie asked if there was an indicator that could be included around accessibility to General Practitioners (GPs). Fiona Selvin-Brown explained that work was being carried out by the NHS Local Area Team on Primary Care demand. They were currently trialling an IT system with practices in the Oxford area and would be linking in with West Berkshire going forward. It was difficult to apply a single metric due to the way Primary Care was managed in that each practice had its individual processes.

Dr Barbara Barrie stated that end of life support by services could be used as a measure for integration.

RESOLVED that a measure indicating performance of end of life services to be added to the Dashboard.

Councillor Lundie asked Dr Bal Bahia to give his perspective on how practices were monitored. Dr Bahia stated that each practice was set up individually. If the demand was not being met then actions were taken to increase nursing and medical staff. There were lots of ways practices were measured including national metrics and patient consultations. A lot of work had taken place with practices in West Berkshire to increase capacity using the Call to Action Fund. Dr Bahia stated that more people in West Berkshire used West Call Out of Hours GP service because they lived further away from Accident and Emergency services.

Lise Llewellyn noted that there were a range of metrics within the BCF. She suggested that the CCG/NHS England should be asked to carry out a baseline assessment to give the ability to measure the impact over winter on primary care services.

RESOLVED that NHS England and the CCG would look into carrying out a baseline assessment to show the impact on Primary Care Services over the winter.

Councillor Franks stated that a baseline would help in identifying where the problems were going forward and if the Board was able to help with any of these. Councillor Franks referred to a survey he was aware of elsewhere that collected information on access to GPs. Adrian Barker stated that access to GP information was collected through Healthwatch consultations.

RESOLVED that Adrian Barker would send access to GP information to Jess Bailiss to circulate prior to the next Health and Wellbeing Board.

Councillor Marcus Franks referred to the four hour Accident and Emergency indicator and noted that the Royal Berkshire Hospital was improving. Tandra Forster confirmed that this was correct however, they were still under pressure and work was ongoing.

RESOLVED that a completed version of the dashboard would be brought back to the next Health and Wellbeing Board in November.

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40. **A update report on the Better Care Fund (Tandra Forster)**

Tandra Forster introduced the item to Members of the Health and Wellbeing Board. Within the paperwork there was a highlight report for each of the five projects, which supported the seven schemes of the Better Care fund (BCF).

Dr Bal Bahia referred to the Enhanced Care and Nursing Home Support Project and stated that all practices who were linked to a Care Home had signed up to the plans.

Rachael Wardell noted that two of the projects were rated as red under their project budget status. Tandra Forster confirmed that red meant that funding had been identified through the Call to Action funding however, had not yet been received. The aim was to improve outcomes from people accessing services. It was noted that this should be rated green by the time of the next board meeting in November.

Dr Lise Llewellyn asked where performance for the BCF was being reported and queried if this would be done through the Health and Social Care Dashboard.

Lise Llewellyn stressed that a subset of performance metrics were required for the BCF that could be reported to the Health and Wellbeing Board at each meeting

RESOLVED that Tandra Foster and Fiona-Slevin Brown would identify a subset of performance metrics for the Better Care Fund that could be reported to the Health and Wellbeing Board at each meeting.

Councillor Marcus Franks noted that the budget section was blank on some of the highlight reports. Tandra Forster stated that a new programme for management across the West of Berkshire was being set up.

Nikki Luffington reported that Key Performance Indicators were being monitored and therefore missing information was expected imminently.

Councillor Franks praised the format of the highlight reports in helping the Board keep an overview of the BCF projects.

41. **Draft Health and Wellbeing Strategy available for consultation (Lesley Wyman/Adrian Barker)**

Lesley Wyman drew Members attention to her report on the Health and Wellbeing Strategy (HWBS). A lot of changes had been made since the Board meeting in September to incorporate the health and social care agenda. Priorities were based on the Joint Strategic Needs Assessment and there had not been any major changes over the past two years. The aim had been to narrow down the number of priorities compared to the original strategy.

Lesley Wyman reported that another area for the Board to discuss was how the HWBS sat with the Sustainable Community Strategy (SCS). The previous HWBS had touched on the wider determinants of health however, these had largely been covered in the SCS. Lesley Wyman asked if the Board were of the view that the wider determinants of health should be included within the HWBS or if they should be addressed in a separate strategy. She had included them within the priorities for the time being however, the Board needed to decide where they should be included. It was reported that this item largely linked to item 12 regarding the merger of the Local Strategic Partnership and Health and Wellbeing Board.

The rest of the Strategy was relatively self explanatory. It gave a picture of health and wellbeing in West Berkshire, the challenges faced and what the priorities were for the district. A section on the integration agenda was currently awaited. Tandra Forster confirmed that this section would be produced based on the Better Care Fund.

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Lesley Wyman stated that the next step was to take the HWBS out to consultation. A consultation plan could be seen in appendix one.

Racheal Wardell stated that she had attended a meeting where there had been a really good discussion on integration on a West of Berkshire basis. There had been representatives from Wokingham and Reading local authorities as well as the CCGs, Hospital Trusts and Ambulance Trusts. There had been a shared ambition in the room for joint social care commissioning however, there had also been acknowledgement that they were still in the early days of the integration agenda. Rachael Wardell was in full support of plans for integration being included within the HWBS. She was also in support of slimming down the number of boards and strategies.

Rachael Wardell felt that information on carers should not just sit under the older people section within the strategy, as those requiring carers also included adults with learning disabilities, children and children who were carers themselves.

Dr Lise Llewellyn felt that the wider determinants of health needed to be included within the HWBS as they were crucial to the health and wellbeing of the population. Dr Llewellyn suggested that the priority on blood pressure be broadened out to cardiovascular disease.

Councillor Gwen Mason was concerned that Children's issues were not being adequately reported on within the HWBS in its current draft. She could not identify where ordinary children's views were being listened to. There used to be a Children and Young People's Partnership however, this had been disbanded.

Rachael Wardell reported that she was not concerned to the same extent as Councillor Mason as focus was being given to tackling inequalities and supporting vulnerable children and young people. Capacity within the system was limited which was why focus was being given to these areas. The Children and Young People's Partnership had become unsustainable as there had been little scope to act on matters it was discussing due to resourcing pressures. Rachael Wardell stated that she would be happy to revisit the possibility of the children's group once resources allowed.

Councillor Marcus Franks stated that although wider children's issues were not covered by priorities within the HWBS, they were covered by individual services plans. Adrian Barker confirmed that Healtwatch were also listening to the views of children and young people in schools.

Adrian Barker reported that there were a number of areas where he would like to see more emphasis within the strategy. He wanted to see the public treated as equal partners; more detail on how the priorities and objectives would be delivered and how the different sectors would need to work together to do so, for example around obesity. Adrian Barker felt that the draft HWBS was largely focused on public health at the moment and if it was to drive partner commissioning plans this needed to be broadened out. Finally Adrian Barker felt that the wider determinants of health were extremely important and needed to be included. Although issues such as the environment should not be priorities within the strategy, there should be reference to how important these issues were to health and wellbeing. Adrian Barker felt that to ensure there was buy in into the priorities, task and finish groups should be formed to look at detailed aspects of the strategy.

Leila Ferguson highlighted that there was still a Children and Young People's Forum, which was led on by Rosemary Lily from the voluntary sector.

Dr Barbara Barrie felt that the HWBS needed to embrace the Board's commitment to patient choice at the end of life. Councillor Gordon Lundie supported this point.

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Councillor Franks stated that going forward if agreed, the new Community Sub-Partnership would carry out a lot of the work around the wider determinants of health. Housing also needed broadening out to include the amount of housing and the sustainability of housing.

Lesley Wyman asked if the Board would like the wider determinants of health included within the main body of the HWBS or as a separate section. Dr Llewellyn felt that they should be included within the overall HWBS to ensure they were not overlooked.

Dr Bal Bahia felt that the HWBS needed to reflect the current health and social care economy, if the Board were expecting partners to use the HWBS as a basis for their commissioning plans.

RESOLVED that Lesley Wyman would speak to Dr Bahia outside of the meeting.

Cllr Marcus Franks suggested that once the HWBS was agreed, the Board could choose three priorities that it would focus on over the following year. The aim of this was to ensure the Board took ownership and drove its own Strategy.

RESOLVED that Councillor Franks' suggestion for the Board to focus on a select number of priorities, be explored once the HWBS was agreed and placed on the forward plan.

Heather Hunter from Healthwatch was leading on the delivery plan for the HWBS and therefore Councillor Franks invited her to make any comments.

Heather Hunter reported that they had produced a timeline for consultation on the HWBS and were currently on track. However, she suggested that the four proposed public engagement meetings be replaced with a simple online presentation. This would also be supported by a paper version. It was felt that four public engagement meetings would be very restrictive and the online presentation would increase engagement with a wider audience and ensure people were not excluded.

Heather Hunter reported that the presentation would be taken out to the Healthwatch outreach stations. There were 27 outreach stations in 21 areas.

Rachael Wardell reported that she was in support of broadening consultation methods. She felt that rather having the online presentation instead on the public engagement meetings, it should be carried out in addition to it.

Heather Hunter stressed that the consultation was very time limited with little opportunity for advertisement and therefore they risked being criticised if they held the public engagement meetings.

Tandra Forster stated that she also supported the online presentation being carried out in addition to the public meetings.

Lesley Wyman confirmed that the final version of the HWBS was due to come to the next Board meeting on the 27th November. Dr Llewellyn concurred with earlier comments of having both the online presentation and the public engagement meetings however, questioned what timescale was realistic for doing this. Heather Hunter felt that they would need a further two to three weeks.

Rachael Wardell noted that the HWBS was for delivery in the next municipal year and therefore suggested the final version go to the board meeting in January 2015 rather than November.

RESOLVED that the final version of the Health and Wellbeing Strategy would be brought to the Board meeting in January 2015 for sign off rather than November, to allow for a more thorough consultation phase. A new consultation timetable to be drawn up to reflect this.

42. Development Plan for the Health and Wellbeing Board (Nick Carter/Marcus Franks)

Councillor Marcus Franks drew the Members' attention to his report, which included a development plan for the Health and Wellbeing Board. The development plan detailed the steps the Board needed to take in becoming an executive decision making body that understood, drove and pushed to improve the health and social care economy of West Berkshire.

Ideas for the development plan had come from the development sessions which had taken place earlier in the year for the Board. It had been decided through these sessions that the Board wanted to move towards a form of integration that involved pooling budgets.

Adrian Barker praised the report and development plan however, suggested moving forward it would need to incorporate how the Board would use the sub-partnerships to progress work. Councillor Franks suggested that this could be included once these sub-groups had been agreed. It was also felt that there could be additional column added at a later date which detailed how each stage was going to be achieved.

43. Proposal to merge the Local Strategic Partnership Management group and Health and Wellbeing Board (Nick Carter)

Andy Day introduced the report, which aimed to enable the Board to consider the proposal to merge the Health and Wellbeing Board with the Local Strategic Partnership (LSP).

Andy Day reported that in the year 2000 legislation had requested that Local Authorities set up LSPs. Part of their role was to develop the Sustainable Community Strategy (SCS). If the Board decided to agree to the recommendations set out within the report there was potential to join the Health and Wellbeing Strategy (HWBS) and SCS together.

The LSP had twelve members and the membership was split up equally between the public, private and voluntary sectors. The real motivation for having LSPs was to drive the Local Area Agreements (LAAs) under the former Labour Government. The aim of the LAA was to identify what areas within the district required improvement. There had been a large amount of funding attached to the LAA.

Since the demise of the LAA the purpose of the Board was less clear. There were three sub-partnerships that sat underneath the LSP and of these only the Safer Communities Partnership was statutory. The Skills and Enterprise Sub-Partnership was leading on the City Deal and largely focused on getting young people into work or education. The Greener Sub-Partnership was largely self sustaining. The LSP had also led on the two locality projects in the district, which had been very successful.

Andy Day referred to the report, which was suggesting that the LSP be discontinued. If the Board was minded to agree the proposal then the sub groups that were working well as part of the LSP would be retained. The report also suggested that a new Communities Sub-Partnership be set up, which would lead on community focused work that had been successful under the LSP including the locality projects. The terms of reference for this group needed to be agreed.

Leila Ferguson reported that she had no problem with the principles of the report however, was concerned that children and young people's issues were being overlooked. She was also concerned that the private sector representation would be lost if the new plans were agreed. Andy Day stated that if the Board felt that the private sector should sit on the Communities Sub-Partnership then this could be arranged.

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Lesley Wyman felt that the Communities Sub-Partnership needed broadening out to include all vulnerable groups and tackling inequalities. She felt that these issues were missing from the subgroups as they currently stood.

Councillor Marcus Franks referred back to his suggestion for the Board to focus on three priorities from the HWBS once agreed. He felt that the Communities Sub-Partnership could support this work. Councillor Franks felt that the governance structure on page 70 of the report was flat. He asked for clarity on what the Board's purpose was in overseeing the work of the sub-partnerships as some did not fit in with the Health and Wellbeing Board's agenda. Councillor Franks suggested that the sub-partnerships feed into the Communities Sub-Partnership and then this group feed into the Health and Wellbeing Board.

Andy Day referred to the report which suggested that two additional meetings a year be set up to focus on the wider wellbeing agenda. These events would also help to inform the refresh of the HWBS. He suggested that the sub-partnerships report into the Board every six months at one meeting.

Rachael Wardell expressed her support for discontinuing the LSP however, felt that more work was required to agree the terms of reference for the Communities Sub-Partnership. Rachael Wardell suggested that the Board agree to the recommendations within the report in principle subject to the terms of reference being firmed up in time for when the Board next met in November.

Andy Day stated that he did not expect the membership of the Communities Sub-Partnership to be static as it would need to change depending on the issues being discussed.

Councillor Marcus Franks suggested that the links between Parish Planning and those the Communities Sub-Partnership would deal with should be mapped .

Dr Lise Llewellyn felt that it was important that vulnerable groups and tackling inequalities were issues that fell within the remit of the Communities Sub-Partnership and that the Head of Public Health and Wellbeing should be a standing member of the group. She also felt that it was important that the Sub-Partnerships did not report ongoing work to the Board and that they only reported issues where they needed Board's support. Otherwise the Board would be at risk of being inundated with information.

Andy Day reported that he would ensure that the Board were only alerted to issues needing support from the Board. The work plans of the sub-partnerships would be shaped to support the HWBS and Joint Strategic Needs Assessment.

RESOLVED that:

1. The Terms of Reference for the Communities Sub-Partnership to be firmed up in time for the next Health and Wellbeing Board in November
2. The recommendations as set out in section 5 of the report (Proposal to merge the LSP and HWBB) were agreed subject to the Terms of the Reference for the Communities Sub-Partnership being amended.

44. Risk to the CCG if providers do not meet the NHS Constitution rights or pledges for patients (Cathy Winfield)

Fiona Slevin-Brown introduced Phil McNamara's report to the Health and Wellbeing Board. The aim of the report was to address a query received following approval of the Newbury and District CCG Quality Premium at the July Board meeting.

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Fiona Slevin Brown explained that the report emphasised what was said in the original paper brought to the Board in July and highlighted the risk if numerous rights and pledges were not achieved. In essence, if targets were not met then no payment would be received. A pot of money had been divided over four targets and 25% of the money would be released when each target was met. The CCGs were working with the Royal Berkshire Hospital and other providers to achieve the targets.

Rachael Wardell recalled that at the last meeting she had highlighted the process as unhelpful as it was driven predominately by bureaucratic processes.

Fiona Slevin-Brown reported that the CCGs were required to undertake the work. Dr Lise Llewellyn highlighted that NHS rights and pledges were driven by national policy. It was hoped that local targets were chosen based on local need. Adrian Barker stated that the aim was to support the system and not to chase targets. Fiona Slevin-Brown stated that the aim of the work was to enable them to achieve better outcomes for patients.

45. **Protocol Agreement between the Health and Wellbeing Board and the Safeguarding Adults Partnership Board (Sylvia Stone)**

Sylvia Stone introduced the Protocol Agreement between the West Berkshire Health and Wellbeing Board and the West of Berkshire Safeguarding Adult Partnership Board (SAPB).

In essence the protocol aimed to improve communication between the two Boards, particularly around the Care Act. It would strengthen the governance to ensure joint working took place as much as possible.

Sylvia Stone reported that Healthwatch had recently joined the SAPB and therefore was a link between the two boards. It was also important that the Health and Wellbeing Board had sight of the SAPBs Annual Report as well as receiving feedback on other issues such as the Care Act.

Rachael Wardell expressed her support for the protocol and stated that the Board had signed up to a similar protocol with the Local Safeguarding Children's Board (LSCB). She was also in support of the SAPB presenting their Annual Report to the Board, to mirror what was brought to the Board by the LSCB.

Dr Lise Llewellyn felt that the protocol was unclear around expectations of the Health and Wellbeing Board and highlighted that it was not responsible for delivery. Sylvia Stone reported that delivery would sit with the subgroups of the SAPB. The role of the Health and Wellbeing Board was to keep an overview and be aware of key findings and learning areas.

It was suggested that the word 'ensure' be used throughout the protocol when referring to the Health and Wellbeing Board.

Dr Llewellyn reported that she would like to see the Health and Wellbeing Board taking a role in unblocking barriers for the SAPB. Dr Bal Bahia concurred and asked if the SAPB currently held providers to account on safeguarding issues. Sylvia Stone reported that the SAPB was a non statutory body and would not become statutory until April 2015. The SAPB currently took a negotiating role rather than a challenging one however, it was hoped that this would change after April 2015.

Rachael Wardell suggested that the Safeguarding Adults Partnership Board (SAPB) Protocol be amended so that the word 'Board' was not used alone. This would avoid confusion to whether it was the SAPB or HWBB being referred to.

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Councillor Marcus Franks proposed that the Health and Wellbeing Board sign up to the protocol agreement between the Health and Wellbeing Board and the SAPB.

RESOLVED that:

1. Sylvia Stone would send the amended version of the protocol to Jess Bailiss.
2. The SAPB Annual Report to be placed on the HWBB Forward Plan for November.
3. The Health and Wellbeing Board signed up to the protocol agreement with the SAPB.

46. Pharmaceutical Needs Assessment (Lise Llewellyn)

Dr Lise Llewellyn introduced her report to the Board which presented the draft Pharmacy Needs Assessment (PNA) for West Berkshire. Once the document had been agreed by the Health and Wellbeing Board the PNA would go out for public consultation.

The Health and Wellbeing Board were required to support the NHS Area Team in delivering the PNA. A new pharmacy could only be opened if a need was demonstrated. The West Berkshire PNA was one of six for the whole of Berkshire. Surveys had taken place with pharmacies, dispensing surgeries and users.

In West Berkshire there was generally a high level of satisfaction with pharmaceutical services. The PNA was not recommending that West Berkshire needed a further pharmacy.

Pharmacies played a key role in delivering wider primary care services and signposting to services. In 2013 they had carried out work around drink awareness. Further focus was required to explore how pharmacies could be used as a sign posting service for older people, for example to winter warming services and flu vaccinations. Their role in giving professional advice needed to be built upon.

Dr Llewellyn explained that the next step was to take the PNA out to public consultation, which would take place over three months. Dr Llewellyn reported that she would also be bringing PNAs from other authorities to the Health and Wellbeing Board for their comments. She was happy to summarise the PNAs rather than bring them to the Board in their entirety.

Councillor Irene Neill referred to page 119 of the report and stated that just over the border, there was a pharmacy in Tadley. Dr Llewellyn stated that she would ensure this was noted.

Fiona Slevin-Brown queried how the CCGs should best link in with the PNA. Lise Llewellyn reported that CCGs were a statutory consultee.

Councillor Marcus Franks queried to what extent the Health and Wellbeing Board had leverage to request existing services extend their services. Dr Llewellyn stated that the services currently sat with the area team. Offering advanced services was a voluntary choice and therefore pharmacies could not be forced to extend their services.

Tandra Forster queried how many pharmacies carried out home delivery services. Dr Llewellyn reported that this was a voluntary service however, there was a high percentage of pharmacies offering this service.

Nikki Luffington explained that although the Area Team held the core contract and were responsible for monitoring services, pharmacies could work with others on a voluntary basis for example the Local Authority or CCG.

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Adrian Barker asked if the Council or CCG were currently commissioning pharmacies to deliver services. Dr Llewellyn reported that they were and examples included supervised consumption of methadone, needle exchange service and Chlamydia screening.

Councillor Franks proposed that the Health and Wellbeing Board agree that the West Berkshire PNA go out for public consultation.

RESOLVED that the West Berkshire PNA would go out for public consultation.

47. **Thames Valley Quality Surveillance - Dental Review**

The Health and Wellbeing Board noted the report regarding the Thames Valley Quality Surveillance – Dental Review.

48. **Members' Question(s)**

49. **Future meeting dates**

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 27 November 2014.

(The meeting commenced at 9.00 am and closed at 11.25 am)

CHAIRMAN

Date of Signature