

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, 27 NOVEMBER 2014

Present: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Leila Ferguson (Empowering West Berkshire), Councillor Marcus Franks (Portfolio Holder for Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gwen Mason (Shadow Health and Wellbeing Portfolio Holder), Councillor Irene Neill (Portfolio Holder for Children and Young People), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Nikki Luffingham (NHS England Thames Valley) and Councillor Keith Chopping (Portfolio Holder for Community Care)

Also Present: Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Lesley Wyman (WBC - Public Health & Wellbeing), Heather Hunter (Healthwatch), Tandra Forster (WBC - Adult Social Care), Shairoz Claridge (Newbury and District CCG), Fatima Ndanusa (Public Health), Steve Bedser (Local Government Association), Susan Powell and Barrie Prentice (Boots and Berkshire LPC)

Apologies for inability to attend the meeting: Dr Barbara Barrie and Councillor Gordon Lundie

PART I

50. Minutes

The Minutes of the meeting held on 18th and 25th September were approved as a true and correct record and signed by the Chairman.

51. Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board noted the Forward Plan.

52. Actions arising from previous meeting(s)

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

53. 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.

54. Public Questions

There were no public questions.

55. Petitions

There were no petitions presented to the Board.

56. **Health and Social Care Dashboard (Tandra Forster/Shairoz Claridge/Jessica Bailiss)**

Tandra Forster introduced the item to the Health and Wellbeing Board and referred to the Adult Social Care section. It was noted that ASC1 was currently red regarding the average number of delayed transfers of care which were attributable to social care per 100,000. She reported that the figure of 6.1 per 100,000 population had now improved to 5.3 and therefore the direction of travel was improving.

ASC2 was also red regarding the proportion of older people who were still at home 91 days after discharge from hospital to reablement/rehabilitation services. Tandra Forster reported that this area in particular was under a lot of pressure as they were working with people with critical needs.

Shairoz Claridge referred to the section of the dashboard on the Acute Sector. There had been a good degree of improvement around the four hour accident and emergency target. The Royal Berkshire Hospital in particular had seen a significant improvement. Ongoing work would continue to alleviate pressures within this area. Cathy Winfield added that this particular target had been achieved for seven of the last eight weeks and therefore was on track to be on target at the end of the quarter.

Shairoz Claridge asked if there were any further comments on the Acute Sector section of the dashboard. Councillor Marcus Franks queried when missing target information would be added to the Dashboard. Shairoz Claridge reported that some new information would be added as related areas of work progressed. In the mean time it was suggested that baseline information be provided where there were no targets/benchmarks.

RESOLVED that Shairoz Claridge would provide baseline data for the Dashboard where necessary.

Cathy Winfield reported that 10% was the target for the 111 Service nationally and therefore this could be used on the Dashboard. Berkshire was currently green (9.7%) against the national target. Cathy Winfield reported that there was also activity information that could be added.

Dr Lise Llewellyn referred to the Primary Care Section of the dashboard and suggested that the extension of hours be used as a metric. This would gauge how surgeries were responding. Dr Bal Bahia reported that there were a number of initiatives taking place across Primary Care and the limiting factor was currently the workforce. Many practices already opened on a Saturday morning. There was also an additional fund available for winter resilience.

Dr Llewellyn felt that Dashboards often focused on negatives issue. The expansion of Primary Care was extremely positive and should be included. Dr Bahia agreed in principle however felt that it would be difficult to define a measure.

RESOLVED that metrics to reflect the expansion of Primary Care to be explored as a possibility for the Health and Social Care Dashboard.

Rachael Wardell drew the Board's attention to the Children's Social Care section on the Dashboard. She referred to the number of Looked After Children and reported that the decision to take a child into care was always taken for the right reasons. Ways to bring this figure down were being explored and involved early intervention and family work. Regarding Child Protection Cases, although red (91%), they were not too far from the 99% target however, there was still a lot of work to be done to get them to where they wanted to be. The number of Section 47 enquiries carried out was within the normal range expected however, was at the higher end of the range. This was also the picture

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nationally and in turn created work load pressures, which impacted upon review timescales.

Adrian Barker commented on the format of the Dashboard and suggested that it could show trends over a period of time.

RESOLVED that the format of the dashboard and whether it should include longer term trend data would be discussed at the Management Group.

Cathy Winfield reported that Monitor had recently been called in to carry out an investigation at the Royal Berkshire Hospital. She suggested that this could be included on the Dashboard.

RESOLVED that a metric to reflect Monitor's investigation at the Royal Berkshire Hospital would be included on the dashboard.

57. JSNA Ward Profiles (Lesley Wyman)

Lesley Wyman introduced the item to Members of the Board, which aimed to inform them on how ward profiles could be used to identify links between deprivation and health.

Lesley Wyman gave a presentation to the Board. In summary:

- The ward profiles included information on demographics; deprivation, poverty and access to services; economy and enterprise; education; health; housing; community safety and the environment.
- Summary spine charts showed the areas where each ward was performing more or less positively compared to the West Berkshire average.
- Regarding deprivation, each ward was ranked out of the 30 wards in West Berkshire.
- School children receiving free school meals was a measure used when calculating deprivation. Recently however, this measure had changed as all children in reception received schools meals. The coding would need to be changed accordingly to ensure it was still apparent, which families were on lower incomes.
- A caveat was highlighted regarding health data because data at ward level was often very small numbers and therefore should not be used to make strong conclusions, especially forecasting trends etc.
- Regarding mortality rates, levels were higher in wards which were more deprived.
- There were also ward profiles featured on the Local Government Associations (LGAs) website. Although these profiles used the same data as that used for West Berkshire's own profiles, it was set out in a different way that some might find useful.
- Lifestyle data indicated that 65% of people in West Berkshire were overweight or obese. This was similar to the national average but still very high.
- Census data used for the ward profiles was from the year 2011 and therefore was reasonably up to date.
- Central heating information was an important measure of fuel poverty.
- Regarding how the ward profiles would be used, there were many factors that affected someone's health and wellbeing. The aim was to achieve positive outcomes for the population, address inequalities in health and understanding where to target resources and services.

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- There were two overarching Public Health Outcome Framework Indicators (PHOF): increased healthy life expectancy and reduced difference in life expectancy and healthy life expectancy between communities

Lesley Wyman concluded her presentation on ward profiles by exploring the possible ways forward. There was the potential to link to the parish planning process; use the new Communities Sub-group to guide the process; explore other ward based work that could be linked to and increase involvement of elected Members. Lesley Wyman explained that although the Public Health Team wanted to do more around this work, capacity was a limiting factor. Community asset mapping was a possibility for the future however; this would require resourcing and a partnership approach.

Asset Mapping was a possibility for the future however, this would require resourcing and a partnership approach.

Cathy Winfield was interested to see how community asset mapping could be linked to the Adult Social Care hub work. Tandra Forster felt that this was an area that needed building on and that more could be done at ward level through working with the parishes/communities.

Councillor Marcus Franks noted a similarity to the Pharmaceutical Needs Assessment (PNA) paper. Cathy Winfield highlighted that pharmacies were excluded from the work of the Clinical Commissioning Groups (CCG). Cathy Winfield added that risk mapping was taking place across surgeries. It was important that housing development and planning were also taken into account.

Councillor Franks pointed out that none of the three most deprived wards in West Berkshire had a GP surgery located within them.

Rachael Wardell stated that Lesley Wyman was working closely with the Communities Directorate Leadership Team, who were having active conversations regarding what could be done collaboratively. A programme of work was unfolding with a focus on community resilience. Community assets needed to be drawn on to a greater degree and assurance was given that a piece of work was taking place.

Dr Bal Bahia thanked Lesley Wyman for her presentation, which he felt highlighted areas that were often overlooked. Dr Bahia felt that focusing on community asset mapping and empowering communities was moving things in the right direction however, consideration was now required as to how these things would be made to happen.

Dr Lise Llewellyn reiterated that the ward profile data often consisted of small numbers however, it did initiate useful conversations. The work linked to care groups including both children and older people. Links to community development was something that needed exploring further.

Rachael Wardell stated that conversations did not necessarily need to be led from the Health and Wellbeing Board and alternatively could be given to the community to lead on. Ward Members worked at grass root level within communities. Councillor Gwen Mason felt that caution needed to be taken when going out to the community, as it was vital that they fully understood what was trying to be achieved.

Councillor Franks suggested that the link to the ward profiles be emailed to all Members. Lesley Wyman suggested that there be a short session aimed at supporting Members to interpret the data accurately.

RESOLVED that the link to ward profile would be emailed out to all elected Members.

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58. Themes for Health and Wellbeing Board meetings (Lesley Wyman)

Lesley Wyman introduced her report to the Health and Wellbeing Board, which proposed three priority areas that would be brought to the Board for update, discussion and development. It was suggested within the report that each priority areas be called a Hot Focus..

Lesley Wyman reported that the Management Group for the Board had discussed and agreed with the three proposed hot focuses, as follows:

1. We will improve the health and educational outcomes of looked after children through high quality health and social care support.
2. We will promote mental health and wellbeing in adults through prevention, early identification and provision of appropriate services.
3. We will maximise independence in older people by preventing falls, reducing preventable hospital admissions due to falls and improving rehabilitation services.

The three hot focuses had been lifted from the Health and Wellbeing Strategy, which was currently being consulted on and therefore a degree of flexibility would be required depending on the outcome of the consultation.

The plan was to have a three month period focused on each Hot Focus, which would give an opportunity to explore successes and areas where joint working could take place. For each Hot Focus a task and finish group would be set up, which would feedback to the Board at the end of the three month period.

It was acknowledged that issues could change over the period of a year due to different areas of work taking place across the district and therefore the Hot Focuses would need to remain flexible.

Councillor Marcus Franks felt that thought needed to be given to the format of each meeting and that each theme would require an adequate slot on the agenda to ensure it was given the level of attention necessary.

Rachael Wardell supported the chosen three hot focuses. These were also the areas identified through the West of Berkshire Pioneer Bid. Regarding the format, Rachael Wardell reported that she had recently attended a very useful half day session on domestic abuse, aimed at creating a better collated response to the issue. It was suggested a similar format could be applied to each of the Hot Focus sessions.

Adrian Barker was satisfied with the hot focuses however felt that the one around Looked After Children was a little narrow and could be broadened out to include other vulnerable groups of children. He also felt that the hot focus on falls prevention could also be broadened out.

Dr Lise Llewellyn commented that the area of Looked After Children drew together a whole host of services. She disagreed that the topics should be broadened out and was of the view that it was important to stay focused. With this approach there was more likeliness that there would be a positive impact that could then be rolled out in the future. Dr Llewellyn noted that the Looked After Children and Falls Prevention work linked to the Care Group work referred to by Tandra Forster.

Cathy Winfield stressed that it was important to look at what work was already underway when assessing what work was required. They also needed to remain realistic about capacity.

Rachael Wardell stated that she was not resistant to broadening out the Hot Focus on Looked after because work within her directorate covered a wider area. However she felt

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that keeping it focused would help to get the work started. She reassured all that work with other vulnerable groups would continue despite the Board choosing to focus on a specific area.

Lesley Wyman noted that a half day session for each hot focus had been suggested. She concurred with Cathy Winfield that they needed to be smart when assessing areas where work was required.

RESOLVED that three half day sessions would be set up in addition to the six Health and Wellbeing Board meetings.

59. **Health and Wellbeing Strategy Performance Report (Lesley Wyman)**

Lesley Wyman introduced her report to Members of the Board, which reported on performance against the current Health and Wellbeing Strategy, which would be in place until the end of March 2015. The Strategy had a huge range of priorities, which made performance reporting particularly onerous and had led to the subsequent Strategy for 2015 onwards consisting of a much smaller number of priorities.

Consultation on the new Strategy had recently been undertaken and there would be a performance framework in place from the adoption of the new Strategy.

Lesley Wyman drew Board Members' attention to appendices 1a to e, which were the performance framework for 2013/14. Data for smoking prevalence in adults had slightly increased according to this however, Lesley Wyman reported that more recent data showed a significant decrease. The weight management service had recently been commissioned and therefore it was anticipated that this would bring obesity levels down.

Lesley Wyman reported that the figure for the number of Health Checks carried out was slightly below the 10% target. A lot of effort was going into raising this figure.

Councillor Marcus Franks queried why less people were opting to have Health Checks. Dr Bal Bahia explained that they had been contacting people regarding these checks for a few years now. He reported that there had been an ongoing debate concerning the effectiveness of the Health Checks as a screening programme.

Dr Lise Llewellyn assured all that the Health Checks would continue. Two areas of focus for West Berkshire included blood pressure and atrial fibrillation. Work needed to be carried out on raising the profile of the Health Checks. Dr Llewellyn reported that it did not necessarily have to be a medic who carried out the Health Checks, for example four individuals within the Fire service had recently been trained

60. **Health and Wellbeing Board Governance (Councillor Marcus Franks)**

Councillor Marcus Franks introduced the item to the Board, which aimed to give clarification on the constitution for the Health and Wellbeing Board. He reported that the paper in particular clarified the situation around voting and nominated deputies.

The report also set out that when a situation occurred where a decision of the Board would impact on the finances or general operation of the Council, the recommendation made by the Board must be referred up to the Executive for final determination and decision.

Dr Bal Bahia stated that a similar process would need to be followed for the Clinical Commissioning Groups (CCGs), in that the Governing Body would have to be advised. Cathy Winfield stated that they would need to look at the CCGs constitution and give those on the Board delegated responsibilities.

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Councillor Franks informed the Board that going forward, they needed to ensure that from a public perspective the deliberations of the Board were more transparent to ensure that accountability was clear. He proposed that only the thirteen Members of the Health and Wellbeing Board or their nominated deputies sit around the Committee tables. This would mean that it would be apparent to those attending who the members of the Board were. Only Board Members, or their nominated deputies, would be permitted to vote on issues or take part in discussions.

Councillor Franks reported that he had asked that there be a designated table for those presenting items and presenters would be expected to return back to the public seating area before the Board voted on a specific issue.

Officers and Guests who could provide clarity or answer questions on certain issues would only be able to speak if and when invited to do so by the Chairman. It would not be permissible for non Board Members to become involved in a debate or vote on an item being considered by the Board.

RESOLVED that all Members of the Board would send details of their nominated deputy to Jess Bailiss.

RESOLVED that all Members of the Board and their nominated deputies would complete a Declaration of Interest form in line with the Council's Code of Conduct.

61. **Health and Wellbeing Board Development Session (Nick Carter)**

Nick Carter referred to the session outline for the Health and Wellbeing Development Session on page 59 of the agenda.

It was agreed at the first Development Session in April 2014, that another would take place six months later to review the progress that had been made. The session would be led on and facilitated by the Local Government Association (LGA).

Councillor Marcus Franks felt that it would be helpful to explore the Hot Focus Sessions in more detail at the event.

62. **Update report on the Better Care Fund (Tandra Forster)**

Tandra Forster introduced the item, which aimed to update the Board on progress with the Better Care Fund Plans (BCF).

Tandra Foster reported that they were still awaiting a more detailed proposal on the BCF funding from the Department of Health (DH). Rachael Wardell added that the DH had stated that they were expecting no further work from West Berkshire Council.

The Department of Health had confirmed that West Berkshire was among 90 other areas that had BCF plans approved subject to conditions.

Cathy Winfield reported that dialogue was taking place with the DH and they had stated that were hoping to let West Berkshire have the necessary information during the week leading up to the 12th December. The final deadline date was 9th January 2015, so there was more time if required.

Tandra Forster added that they had entered a period of clarification and were awaiting a proposal from DH. West Berkshire was one of three authorities, that would be changing its criteria eligibility and all would be facing similar pressures.

Adrian Barker asked if the voluntary sector or members of the public had been involved in the Project Board. Tandra Forster highlighted that there had been Call to Action events

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held in public. Evaluation of feedback was ongoing. The establishment of a public Care Steering Group was a possible option.

Cathy Winfield reported that there was a BCF tracker that ensured work was targeted and measured impacts and outcomes. Tandra Forster commented that metrics had been agreed for all projects and the metric start date was 1st April 2015, which was when impacts would begin to become apparent.

Adrian Barker queried the hub. Tandra Forster reported that this created consistency and avoided duplications in the system. Currently it was just a professionally based hub. Cathy Winfield added that the hub enabled consistency in response and closely linked to the obligations set out in the Care Act. Nikki Luffington reported that this sat with the national team.

Regarding the offer from the DH Councillor Franks reported that a deadline of the end of October 2014 had originally been agreed. Due to continued negotiations this deadline was extended until the end of November however, an offer had still not been received from the DH.

Councillor Franks proposed that a letter be drafted from Wokingham and West Berkshire Council, referencing local Members of Parliament, asking the DH to provide an offer by midday on 5th December. If the DH failed to meet this deadline, Members of Parliament would be asked to escalate the issue.

Cathy Winfield queried if it was a Local Authority action or Health and Wellbeing Board action. Councillor Franks stated that it was important that the Care Act was not decoupled from the BCF. Nick Carter added that the letter would come from the Local Authority with the intention of confirming timescales.

Councillor Franks proposed that the revised deadline date of 5th December be submitted to the DH. If the Board approved this date the Local Authority would draft the letter as detailed above. The proposal was seconded by Councillor Keith Chopping.

RESOLVED that the Health and Wellbeing Board supported the revised DH offer deadline date of 5th December 2014.

63. **Better Care Fund Project Management Report (Tandra Forster)**

Tandra Forster drew the Board's attention to the project highlight reports for each of the Better Care Fund Projects.

The Health and Social Care Hub Project was currently green and on target. The Hospital at Home Project had been through the proof of concept stage and the outcome had been evaluated. As a result of the evaluation there would be a change in the way this project was delivered.

Councillor Marcus Franks requested that the original highlight report template be retained for the West Berkshire based projects.

Cathy Winfield commented that the status report circulated was just an overview and there were more detailed reports that sat beneath it.

RESOLVED that the original highlight report templates would be retained for the West Berkshire based BCF projects. The Berkshire projects would be presented in a different format, using the reports that sat beneath the Programme Status Report.

64. **Safeguarding Adults Partnership Board Annual Report (Sylvia Stone)**

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Rachael Wardell introduced the item and reported that she would be covering the item as Sylvia Stone was unfortunately unable to attend the meeting. Any questions on the Annual Report would be forwarded to Sylvia Stone after the meeting if required.

Rachael Wardell reported that the Safeguarding Adults Partnership Board was a single partnership board that covered the whole of Berkshire.

Dr Lise Llewellyn referred to page 193 of the annual report regarding the location of abuse. She was aware that the recent way of thinking was to encourage people to stay at home and therefore she questioned if work was taking place to account for this with regards to domestic abuse. Rachael Wardell reported that under the Care Act Regulations there was a requirement for increased focus and attention in this area however, at this stage there was not a dedicated piece of work being undertaken. Assessments of carers or those being cared for were always used as a means for giving out important information.

65. **Pharmaceutical Needs Assessment Briefing (Lise Llewellyn)**

Lise Llewellyn drew attention to her report, which was a summary of neighbouring areas' Pharmaceutical Needs Assessments (PNA). Generally areas across Berkshire had similar requirements to West Berkshire. Reading and Wokingham were both satisfied with their pharmaceutical services. Hampshire had also stated that they were happy with the pharmaceutical services. One issue raised was that people were often not taking their medication correctly.

Wiltshire had carried out their PNA at a district level and overall felt that they had sufficient pharmaceutical services. They were looking to increase services in the same areas as West Berkshire. Oxford also felt that they had sufficient pharmaceutical services however wanted to see more enhanced services.

In essence all were looking to expand the role of pharmacies. Dr Llewellyn proposed that if the Board were happy with the report then she would write to each neighbouring authority on behalf of the Health and Wellbeing Board, responding to their PNA, stating that it was in support of their recommendations.

Councillor Marcus Franks proposed that Dr Llewellyn be given the delegated role of responding to each area's PNA. This proposal was seconded by Rachael Wardell.

RESOLVED that Dr Llewellyn would write a letter to each neighbouring authority on behalf of the Health and Wellbeing Board, responding to their PNA.

66. **NHS Five Year Forward View (Cathy Winfield)**

Cathy Winfield drew the Board's attention to the NHS Five Year Forward View on page 213 of the agenda. She explained that the paper was very welcomed and was an easy read.

The paper took a view of the radical reframing of Public Health and how this should be approached. Both the importance and impact of this needed to be recognised.

There was a new model of care delivery and Cathy Winfield expressed that she was slightly disappointed that this was largely health focused.

There had been a lot of local thinking, as well as by Chief Officers on what process model would be suitable. In parallel with thinking about suitable models, work was taking place with practices to develop a Strategy for Primary Care. Once this had been established, thought would be needed around what was being asked of Primary Care and how the chosen model could fit with the local system. There would be a strong element of community engagement in decisions. Innovation technology was also a large

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factor to be considered as all would have to get used to receiving health and social care support in a different way.

Regarding the next steps, Cathy Winfield reported that the delivery element would follow behind the Five Year Forward View. It was anticipated that this might be released around spring time 2015. It was possible that that more detailed would be provided in the National Guidance due to come out in December 2014.

67. **Members' Questions**

There were no questions from Members.

68. **Local Safeguarding Children's Board Annual Report**

The Board noted the report.

69. **Mental Health Crisis Concordat**

The Board noted the Mental Health Crises Concordat, which would be reported on in more detail at the meeting in January.

70. **Future meeting dates**

It was confirmed that the next Health and Wellbeing Board meeting would take place on 22nd January 2015.

(The meeting commenced at 9.00 am and closed at 11.30 am)

CHAIRMAN

Date of Signature