

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 MARCH 2015

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 (Portfolio Holder for Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Irene Neill (Portfolio Holder for Children and Young People) and Rachael Wardell (WBC - Community Services)

Also Present: Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Lesley Wyman (WBC - Public Health & Wellbeing), Councillor Quentin Webb, Tandra Forster (WBC - Adult Social Care) and Martha Vickers

Apologies for inability to attend the meeting: Councillor Gordon Lundie, Cathy Winfield, Nikki Luffingham and Councillor Keith Chopping.

PART I

93 Minutes

The Minutes of the meeting and subsequent special meeting of the Board held on 22 January 2015, were approved as a true and correct record and signed by the Chairman.

94 Declarations of Interest

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

Councillor Marcus Franks declared an interest in Agenda Item 12 and 13, 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 matter.

95 Question Submitted by Martha Vickers to the Health and Wellbeing Board

A question standing in the name of Mrs Martha Vickers on the subject of what measures had so far been enacted or proposed to tackle the extremely disturbing health issues caused by drug abuse, was answered by the Chairman of the Health and Wellbeing Board.

A supplementary question standing in the name of Mrs Martha Vickers on the subject of whether the new contracted service would replace the current provider and if it would be sited in the same location, was answered by the Chairman of the Health and Wellbeing Board.

96 Petitions

There were no petitions presented to the Board.

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97 Health and Wellbeing Board Forward Plan

Councillor Marcus Franks briefly updated the Board on the process for dealing with provider quality account documents, as the Board was expected to submit comments.

The timescales for commenting on the documents often did not fit with the timescales that governed the Health and Wellbeing Board. Therefore the Management Group had agreed that the Clinical Commissioning Group and the Council would provide a response to the documents. A summary would then be drafted and circulated to Members of the Board. If any queries were raised the relevant provider could be invited to present to a future meeting of the Board if necessary.

Adrian Barker added that Healthwatch were a statutory consultee and therefore would be submitting a response.

98 Actions arising from previous meeting(s)

Councillor Marcus Franks referred to action point 49, which referred to the report from the Dementia Alliance, which was brought to the last Board meeting in January 2015. An email had been distributed to all Members of the Board to see if there was any resource available to fund the project to ensure it continued in 2015/16. Only one response had been received and therefore it was assumed that Members were not able to support the project.

Shairoz Claridge reported that the request had been sent to the Long Terms Conditions Board, who had stated that this would be revisited as part of its ongoing dementia work however, there was no funding available at that present time.

Councillor Marcus Franks referred to action point 38 and stated that there was one Declaration of Interest Form outstanding. This needed to be sent to Jessica Bailiss as soon as possible.

99 Health and Social Care Dashboard (Tandra Forster/Shairoz Claridge)

Councillor Marcus Franks introduced the item to Members of the Board and invited Tandra Forster to speak to the Adult Social Care section.

Tandra Forster reported that ASC1; Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service was currently on target. The data for the target represented a small cohort and therefore percentages fluctuated very easily.

Regarding AS3 under the acute section of the Dashboard; Average number of delayed transfers of care which were attributable to social care per 100,000 population (18+), Tandra Forster reported that the target was amber and that work was underway to increase social worker presence in hospitals and commissioning in rural areas.

Shairoz Claridge introduced the acute section of the Dashboard. The Royal Berkshire Hospital (RBH) was currently amber on the four hour Accident and Emergency Target (AS1). This was still a reflection of the increase in demand throughout December, however, the RBH was one of the first hospital trusts in the area to show recovery. Shairoz Claridge reported that Newbury and District Clinical Commissioning Group (CCG) was not the lead commissioner for the Great Western Hospital or Hampshire Hospitals NHS Foundation Trusts, both of which were performing below target for the four hour Accident and Emergency indicator however, work would be ongoing to improve this. As of February Shairoz Claridge reported that RBH had achieved 94.7% and therefore was closer to reaching the 95% target.

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Shairoz Claridge drew attention to AS5; Ambulance Clinical Quality – eight minute response time, which was currently red. She reported that due to the Christmas period, there had been pressures experienced across the country. This pressure was now beginning to reduce and a period of recovery had begun. Councillor Marcus Franks queried whether the main pressure was the failure of the Accident and Emergency service or demand. Shairoz Claridge reported that it was a combination of both demand and excessive pressure of Accident and Emergency services. Tandra Forster added that increased pressure was a nation wide issue. Carolyn Lawson stated that the South Central Ambulance Service (SCAS) had reported that calls had increased by a third from the same period last year, so although it was a combination of factors that increased pressure on the system, there was also a underlying increase in numbers.

Shairoz Claridge moved onto the primary care section of the dashboard and reported that once co-commissioning started between the CCG and NHS England, reporting would become more robust. Currently only soft intelligence was being collected and a discussion needed to take place at the Management Group as to whether this information should be reported to the Board, even though it was not suitable for the dashboard.

RESOLVED that Shairoz Claridge would confirm whether soft intelligence gathered from Primary Care was suitable for the Health and Wellbeing Board.

Councillor Franks had noted at a Call to Action event, that appointment information had been available. Dr Bal Bahia was not sure that this information could be used to indicate resilience. Dr Barbara Barrie reported that Call to Action was about access to service, whereas resilience was about what additional resources were required when services were under pressure.

Carolyn Lawson reported that there had been an 8% decrease in minor injuries across the West Berkshire population.

Rachael Wardell introduced the Children's Social Care section of the dashboard. She reported that when the dashboard had come to the Board in January the Children's section had been predominantly green however, she had warned that an increase in pressure would cause targets to be pushed into the red and this was what had happened. Remedial action was detailed on the dashboard regarding red indicators. Looked After Children and child protection plans were only applied when necessary and work was taking place to manage the numbers down through early intervention. Permanent family solutions were being sought for Looked After Children.

Regarding CSC6; Child protection cases, which were reviewed within require timescales, it was a recognised issue that social workers made recommendations for one sibling rather than all and this was being reviewed and training was taking place.

Adrian Barker asked if there was a clear reason why the number of child protection cases had increased. Rachael Wardell reported that it was difficult to pin point however, there were increasing pressures on families including insecurities around work and homes. Despite increased effort around early intervention, it was possible that these was still not enough being done at this important stage and there was little capacity to expand.

100 Winter Resilience Programme (Carolyn Lawson)

Carolyn Lawson reported that on the 13th June 2014, NHS England published a framework to support planning for operational resilience during 2014/15. Planning guidance encouraged systems to move beyond traditional winter planning for urgent care and consider a year round resilience across both urgent and planned care. It acknowledged that emergency services could not be looked at in isolation.

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CCGs had been required to submit an Operational Resilience and Capacity Plan on behalf of their local health and social care economy, addressing the requirements outlined within the planning guidance. The aim was to meet the four hour Accident and Emergency target and the 18 week referral to treatment target.

The plan was approved in October 2014 and £2.6m of resilience money was allocated and divided up as detailed in Appendix A. £500k had been given to each provider. Organisations allocated money were asked to submit bids for schemes they wished to deliver. Carolyn Lawson highlighted that although the amount allocated to RBH (£500k) seemed low being the primary provider for the district, she stated that it had already been allocated a large sum of money from the local emergency tariff.

Looking historically at performance against the Accident and Emergency four hour target, there had been consistent failure to meet it throughout 2013/14. As a result a huge amount of diagnostic work had taken place. Table three under Appendix A linked the diagnostic work to each of the priorities.

The £2.6m was supplemented with other pots of funding dedicated to NHS 111 resilience schemes across the Thames Valley; South and Central Ambulance Service (SCAS) resilience across the Thames Valley and mental health resilience schemes. A further allocation of £1.09m was also received in November 2014. Receiving money so late in the year made it extremely difficult to spend it efficiently.

Carolyn Lawson referred to the description of the schemes detailed on page 36 of appendix A, including Urgent Hospital Assessment and Urgent Care Delivery, which considered issues around rurality.

Carolyn Lawson reported on the outcomes anticipated as a result of delivering the schemes. The 'Fit to Go List' referred to patients in the acute area, but whose medical needs had been addressed and were waiting for onward care. The number of West Berkshire patients on the 'Fit to Go List' had been consistently low. Regarding the average length of stay, West Berkshire was the best performing authority out of three that the CCG worked with. The capacity of community beds was often filled because this involved teams moving patients into the community sector.

Paragraph 4.2 of Appendix A considered in hours access to primary care, during periods of high demand. The CCG would have offered nearly all of the allocation available.

In hours Accident and Emergency attendance seemed to be reducing when compared to the same period in 2013/14, with a 12% reduction in January 2015 and an 8% reduction overall to date.

A key measure of success was the four hour Accident and Emergency Target. As of February the RBH were just below target achieving 94.7%, which was a sign this was improving. This figure was also more positive when compared to the national average.

Carolyn Lawson reported that in 2015/16, monies would be allocated early enough to come into the CCG's baseline budgets. Therefore this could be used to recruit permanent staff. This was well received by the Health and Wellbeing Board.

Councillor Marcus Franks asked if it would be possible to address bank holiday and weekend pressures with the new plans. Tandra Forster reported that seven day work was a key national condition and would be covered in more detail under the Better Care Fund discussions.

Adrian Barker thanked Carolyn Lawson for her report and commended the good news story. He understood that the health and social care economy was made up of various providers and queried if the voluntary sector had been involved. Carolyn Lawson confirmed that the voluntary sector had been involved particularly the Red Cross. There

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was also a Partnership Development Fund of £50k that voluntary sector organisations would be able to bid for in 2015/16.

Adrian Barker also noted that £100k had been allocated to the Alamac system, which he felt seemed a lot of money for a dashboard. Carolyn Lawson reported that not all of the £100k had been spent on this and it had also included intensive support from the company to aid the recovery process. The cost would not be as high going forward.

Adrian Barker queried what the abbreviations ANP and TTO stood for and Carolyn Lawson confirmed that ANP stood for 'advanced nurse practitioner' and TTO stood 'to take out' in relation to drugs.

Dr Barbara Barrie welcomed the fact that money would be made available earlier in the year.

101 **An update report on the Better Care Fund and wider integration programme (Tandra Forster)**

Tandra Forster introduced her report which aimed to inform the Board on the current position regarding the Better Care Fund schemes and sought approval of the revised non elected admission targets.

Tandra Forster explained that things had moved on since the report was written.

Personal Recovery Guide – The Council had agreed to act as a lead commissioner and its Procurements Board had agreed an exemption for the usual procurement requirements. Proposals had been received from three voluntary sector organisations who wanted to collaborate.

Joint Provider Project – Areas for further focus had been identified and the work would go live as of 1st April 2015.

Hospital at Home – a soft launch was taking place in March, with the project going formally live in June 2015.

Enhanced Care and Nursing Homes Support – this project had been repositioned and Local Authorities would be involved in taking it forward.

Shairoz Claridge drew the Board's attention to changes to non elected admission targets under paragraph 1.4 of the report and asked for confirmation that all were happy with the change. The changes had come about as a result of recent audit work that had taken place. Tandra Forster added that since the Hospital at Home Project was reframed, there was a much clearer idea of what needed to be done and therefore the targets had been reviewed as a result.

Rachael Wardell asked if there was payment attached to the targets and queried if the new targets were viewed as attainable. Shairoz Claridge confirmed that they would need to stretch to meet the new targets however felt that they were realistic. Tandra Forster reported that a quarter of a million pounds was being held aside to match the risk.

It was suggested that a leaflet highlighting what was going well with the BCF projects would be helpful. Tandra Forster agreed and felt that this could be something that would be produced in the future.

Councillor Marcus Franks proposed that the Board approve the revised non elected admission targets. This was seconded by Dr Bal Bahia and carried at the vote.

RESOLVED that the Health and Wellbeing Board approved the revised non elected admission targets.

102 Delivery plan for the Health and Wellbeing Strategy (Lesley Wyman/Adrian Barker/Shairoz Claridge/Tandra Forster)

Lesley Wyman introduced her report to the Health and Wellbeing Board, which sought to give an update on the arrangements being put in place to coordinate the action plan for the Health and Wellbeing Strategy. Following the consultation on the Strategy it was agreed by the Board that delivery plans should be developed to support the priorities contained within the Strategy. It had also been acknowledged that where possible, existing strategic/steering groups could focus their work on how the priorities would be addressed.

Lesley Wyman reported that she had met with colleagues from both Adult Social Care and the CCG to discuss what groups were already in place and which groups needed to be set up. She welcomed suggestions from the Board on any other groups in existence that had been missed. Both the Mental Health Strategy Group and the Carers Strategy Group were ones which were already in existence that could take on the role.

It was suggested in the report that the three priorities, relating to the health and wellbeing of children and young people should be developed by a single group. Rachael Wardell agreed that this would be helpful and coherent. She was concerned however that children's issues were a minority interest for the Board. Following feedback from a recent Ofsted Inspection, it had been clear that children's issues had not carried the weight that they should. Rachael Wardell felt that the proposed children's delivery group should be flexible with the ability to consider other issues when necessary outside of the three priorities.

Councillor Marcus Franks noted that children's issues cut across many others and therefore asked if the children's group would pick up on these. Lesley Wyman stated that there would end up being a matrix of adult's and children's issues.

Rachael Wardell felt that links between the groups needed to be made explicit and reiterated that the children's group needed to remain flexible.

Adrian Barker highlighted that the Health and Wellbeing Strategy would be the linking document. Since the Strategy was approved, Adrian Barker stated that the NHS Forward View had been developed and therefore queried if the Strategy should be taking a longer view including the integration agenda and a better model for care. The NHS Forward View had gained support from all major partners and consisted of the themes; prevention; patient and care empowerment; integrated care and Innovation. Adrian Barker felt that if changes were to be made to the Strategy in the future then it was likely they would fall under these themes and therefore suggested the delivery groups should be asked to work to these. Lesley Wyman reported that she was pulling together a draft template for the delivery groups to use and would explore using these themes in doing so.

Adrian Barker further queried what timescales were in place for delivery groups and Councillor Franks stated that the Terms of Reference and action plan template would be agreed at the first meeting of each delivery group.

The Health and Wellbeing Board supported Lesley Wyman's report as a way forward in coordinating the action plan for the Health and Wellbeing Strategy.

RESOLVED that the Terms of Reference and Action Plan template be drafted for each Delivery Group and agreed by the Management Group. These will then be discussed/agreed at the first meeting of each delivery group.

103 Hot Focus Session Report (Lesley Wyman)

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Lesley Wyman introduced her report to the Board, which proposed an outline for the first Hot Focus session on 23rd April 2015. Initially it had been intended that the first Hot Focus session should focus on Looked After Children, however given a change of staffing within West Berkshire Council Children's services, this had now been changed to promoting mental health and wellbeing of adults. Each of the hot Focus Sessions would be based on using a continuum approach:

- Prevention and promoting positive mental health and wellbeing;
- Early diagnosis and intervention;
- Treatment
- Rehabilitation

The session was an opportunity to bring together relevant partners and would help support the strive towards commissioning alignment.

Each provider in attendance would be asked to showcase their work. To ensure there was time for this within the three hour session, each service would be given four minutes to share what services they offered; who this was aimed at; what they were proud of and what challenges were being faced. Lesley Wyman reported that she had attended a showcasing session, which had been run in a similar manner and it had worked very well. Providing the information in writing was another option however, it was felt that hearing from the provider would be more powerful. Lesley Wyman asked the Board for their comments on the draft agenda under Appendix A.

Shairoz Claridge acknowledged that the mental health and wellbeing of adults was a difficult topic to cover and felt that the session would act as a useful mapping exercise. Dr Lise Llewellyn noted that the event was a showcasing event and an opportunity to identify any gaps in services.

Councillor Franks stated that the objectives he had expected to be met by the event were awareness raising; identification of gaps; opportunities for integration and what more needed to be done. Lesley Wyman was concerned that there was a limit to what could be done in three hours. Dr Bal Bahia agreed that the session needed to be kept simple for example; three things providers were proud of and one thing they would like to change.

Rachael Wardell felt that the session was an opportunity for an important message to be portrayed. Many mental health patients were also parents and this was one of three in a toxic triangle with regards to safeguarding children. Rachael Wardell felt that partners needed to leave the session with a clear understanding of their safeguarding responsibilities.

Leila Ferguson expressed her support for the session and the four minutes showcasing opportunity. She felt that if mapping was to take place at the event then this needed to be followed by monitoring to see how the gaps were rectified. Lesley Wyman stated that this role would be picked up by the relevant delivery group via the delivery plans.

Adrian Barker queried where the event was taking place and if the public was invited. It was confirmed that the event was taking place at Shaw House and could be opened up to the public.

Councillor Franks stated that health visiting was vital in identifying post natal depression and therefore suggested that this be added to the list of showcases.

104 The Health and Wellbeing Annual Conference (Andy Day/Lesley Wyman)

Andy Day referred to his report, which proposed that the Council hold a conference in November 2015, which would bring together key partners in order to consider how the

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wider determinants of health could add value to the overall Health and Wellbeing Strategy.

After the demise of the Local Strategic Partnership it had been agreed that priorities around some of the wider determinants of health should include input from a wider range of stakeholders and that this should be a key purpose of the annual event. This wider discussion would help align the wider determinants of health more closely with the overall delivery of the Health and Wellbeing Strategy.

Leila Ferguson expressed her support for the event and a focus on the wider determinants of health. It was suggested that focus on the delivery groups rather than the priorities would help focus discussions. Lesley Wyman acknowledged that the focus on all the priorities would be too much for the event to cover.

Nick Carter added that the event was an opportunity for all stakeholders to come together and for partners to talk about what they were doing. It would provide an opportunity for a focus on how the wider determinants of health must also be prioritised.

Andy Day reported that originally they had been minded to tie the event to three priorities as the event would only take place over a half day. However it has been felt that the event would provide an opportunity for a wider set of partners to come together and share what work was taking place. The Safer Communities Partnership and Housing currently felt isolated from the work of the Board and this would provide an opportunity to close some of the gaps and focus resources.

Adrian Barker suggested that work completed by the delivery groups could be made available prior to the conference.

Rachael Wardell informed the Board of work taking place under the 'Brilliant West Berkshire' Project. This was currently being carried out across the Communities Directorate however, was not confined to this area. With the event taking place in November there was plenty of time to shape what it should look like.

RESOLVED that the Health and Wellbeing Board supported the report and that further work needed to take place to develop the detail of the conference. Another report would be presented to the Board in due course.

105 Joint Self Assessment for Learning Disabilities (Tandra Forster)

Tandra Forster drew attention to her report which aimed to inform the Health and Wellbeing Board about the Joint Health and Social Care Learning Disabilities Self Assessment for West Berkshire.

Tandra Forster reported that the Self Assessment had to be completed on an annual basis. It had been developed collaboratively by learning disability specialists from the former Strategic Health Authority Offices, the Association of Directors of Adult Social Services, NHS England and members of the Winterbourne View Joint Improvement Board.

Tandra Forster reported that she had circulated the key points rather than the whole document. There was still work that needed to take place around what could be done for adults with learning disabilities. An Action Plan would be drawn up as a result of the Self Assessment.

Leila Ferguson felt that the Self Assessment seemed a little light touch and queried whether it referred to paid employment for those with learning disabilities. Tandra Forster reported that it referred to paid employment as well as voluntary opportunities. It was difficult to identify opportunities for paid employment however, it was possible and the

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key to this was support. Tandra Forster confirmed that she could provide comparative data however, stated that the performance shown was benchmarked against other areas.

Leila Feguson queried if it was an ongoing programme of work. Tandra Forster confirmed that the Assessment was carried out on an annual basis. Tandra Forster reported that there was a more comprehensive version of the assessment that she could circulate to Members. The action plan could also be circulated once ready.

RESOLVED that comparator data to be provided regarding the Joint Self Assessment for Learning Disabilities

RESOLVED that the Learning Disability Action Plan to be circulated to Board Members along with a more comprehensive version of the Self Assessment document.

106 FGM Report (Rachael Wardell)

Rachael Wardell introduced her report to the Board, which presented the findings from the Local Safeguarding Children Board's (LSCB) Task and Finish Group. The report proposed that Female Genital Mutilation (FGM) should be a matter raised at the Health and Wellbeing Board in order to ensure that addressing FGM was a priority for all agencies and that it was seen as a family and community issue.

Rachael Wardell reported that FGM was a safeguarding issues for children; a wellbeing issue for woman and an allegations management issue. Rachael Wardell stressed that the issue needed the Board's attention. It would also be picked up by the new children's delivery group. This group would then report progress back to both the LSCB and the Health and Wellbeing Board.

Councillor Marcus Franks noted that practitioners were required to record cases and therefore asked how many cases there had been in the district, to help indicate to the Board the size of the issue. Rachael Wardell reported that she would put this question to the Task and Finish Group. She was aware that the numbers in West Berkshire were low however, they were not zero. Rachael Wardell reported that the proposed quarterly meeting was the main concern for the Health and Wellbeing Board. It also needed to ensure that the necessary steps were being taken.

It was suggested that the Children's Delivery Group should not be time limited like the others.

RESOLVED that the children's delivery group be discussed further at the Management Group, including whether it should be a permanent group rather than time limited like the other delivery groups.

107 Pharmaceutical Needs Assessment (Lise Llewellyn)

Dr Lise Llewellyn introduced the report to Members of the Board, which sought approval of the final Pharmaceutical Needs Assessment (PNA) document following consultation and revisions.

Dr Llewellyn reported that there had been a consultation process on the document and although there were low numbers of comments, all key stakeholders had participated.

One of the major areas highlighted in the responses to the consultation included the need to identify and publish the individual opening hours of pharmacies in the area and map these against local GP opening hours. A more in depth description of dispensing doctors and their role was also required. Dr Llewellyn reported that the Health and Wellbeing Board needed to agree the changes in document, which were outlined within the report.

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Councillor Quentin Webb queried if anyone could use dispensing practices. Dr Llewellyn confirmed that they could not. Only patients who did not live within a one mile radius from a pharmacy were able to use dispensing practices.

Dr Lewellyn stated that the PNA might require reviewing at some point in the future.

Councillor Marcus Franks proposed that the Board approved the final PNA document. This was seconded by Councillor Gwen Mason and carried at the vote.

RESOLVED that the Health and Wellbeing Board approved the final PNA document following consultation and revisions.

108 **Members' Question(s)**

There were no questions from Members.

109 **Future meeting dates**

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 4th June 2015.

(The meeting commenced at 9.00 am and closed at 11.00 am)

CHAIRMAN

Date of Signature