

# 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, 4 JUNE 2015

**Present:** Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing) and Councillor Graham Jones (Executive Portfolio: Health and Wellbeing)

**Also Present:** Jessica Bailiss (WBC - Executive Support), Lesley Wyman (WBC - Public Health & Wellbeing), Tandra Forster (WBC - Adult Social Care) and Fiona Slevin-Brown (Berkshire West CCGs)

**Apologies for inability to attend the meeting:** Leila Ferguson, Councillor Gordon Lundie, Cathy Winfield, Shairoz Claridge and Councillor Mollie Lock

#### PART I

#### 1 Election of Chairman and Vice-Chairman for the 2015/16 Municipal Year

Councillor Graham Jones was voted as Chairman of the Health and Wellbeing Board and Dr Bal Bahia was voted as Vice-Chairman for the 2015/16 municipal year.

#### 2 Minutes

The Minutes of the meeting held on 26<sup>th</sup> March 2015 were approved as a true and correct record and signed by the Chairman.

Adrian Barker noted that answers to public questions were not included within the minutes. Jessica Bailiss confirmed that answers to questions were contained within a separate pack that was published along with the minutes on the internet.

**RESOLVED that** a reference to the web location of question and answer packs be included within the minutes of meetings where an answer to a public or Member question was given.

#### 3 Declarations of Interest

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a Pharmaceutical Director in Lambourn but reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

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.

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### 4 **Health and Wellbeing Board Forward Plan**

The Health and Wellbeing Board noted the Forward Plan.

### 5 **Actions arising from previous meeting(s)**

The Health and Wellbeing Board noted the action list from the previous meeting and the progress made.

Jessica Bailiss reported that she had received an update from Rachael Wardell regarding action point 55 concerning the number of Female Genital Mutilation (FGM) cases in West Berkshire. As stated within Rachael Wardell's report to the Local Children Safeguarding Board, the group was not able to ascertain any data relating to the number of cases of FGM in any of the three areas of Berkshire West. Whilst the group was in existence there was one referral made to Children's Social Care Services in West Berkshire which was handled under the Berkshire Child Protection Procedures. Hospitals were now required to report data to Department of Health of pregnant women attending who had themselves suffered FGM.

Dr Bal Bahia referred to action point 51 concerning whether soft intelligence gathered by Primary Care was suitable for the Health and Wellbeing Board. Dr Bahia stated that it was not felt that this information would have as much value to the Board as the Primary Care Strategy and therefore this would be presented to the Board at its next meeting on 30<sup>th</sup> July 2015.

### 6 **Public Questions**

There were no public questions received.

### 7 **Petitions**

There were no petitions presented to the Board.

### 8 **Health and Social Care Dashboard (Tandra Forster/Fiona Slevin-Brown)**

*(Rachael Wardell and Councillor Lynne Doherty joined the meeting at 9.15am)*

Tandra Forster introduced the item to Members of the Health and Wellbeing Board. She reported that the target had been exceeded regarding the number of people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation services. Tandra Forster reminded the Board that this indicator reflected the enablement service and only consisted of a small number of people and therefore it fluctuated easily.

Rachael Wardell briefed the Board on the Children's Social Care section of the Dashboard. Due to processes being undertaken as a response to the Ofsted Inspection the number of Looked After Children (LAC) was not expected to decrease. Children who were in care were there because they needed to be. Therefore it was likely that the target would remain red. Rachael Wardell reminded the Board that numbers were being compared against a normal range and therefore should not be considered as a target.

Rachael Wardell drew attention to CSC5 regarding looked after children cases, which were reviewed within the required timescales. Performance was currently at 97% and was getting closer to the target (99%).

Dr Bal Bahia asked when General Practitioners (GPs) were notified when a child was brought into care. Rachael Wardell confirmed that they were not notified as a matter of course however, it should be flagged up as part of the Healthcheck process. Dr Bahia referred to a case where he had only become aware that a child was looked after, when

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he had requested their notes. Rachael Wardell acknowledged Dr Bahia's point in that it would be helpful for GPs to be informed as part of the process.

Dr Lise Llewellyn queried why the number of LAC in West Berkshire was outside of the normal range. Rachael Wardell stated that Ofsted had felt that there were further children in West Berkshire who should be looked after by the authority and therefore it was likely that the number of LAC in West Berkshire would increase. Each LAC case was decided on by the courts. Ofsted had not found any children who they had considered unsafe and their criticism had been that sometimes children were not brought into care fast enough.

Dr Llewellyn further queried what it was about the locality that drove more children into care. Rachael Wardell stated that she was sceptical about where the normal range data came from. West Berkshire was within the normal range for the South East. The normal range being measured against was a nationally defined measure and did not truly reflect the area.

Councillor Graham Jones asked if numbers could be linked to the number of Asylum Seekers entering the district as a result of the two service stations. Rachael Wardell explained that child abuse was often linked to poverty however, this was not always the case. The Legal Team would be of the view that there were unusual cases that might be the result of a cluster. There was nothing obvious that could be pinpointed as the cause. Rachael Wardell continued by explaining that thresholds had been set well within West Berkshire and children were moved into permanency efficiently. Focus needed to be placed on taking legal advice earlier in the process and if care proceedings were required, then these would be implemented. Thresholds also needed to be set earlier.

Dr Bal Bahia stated that there was a Hot Focus Session for LAC taking place on 11<sup>th</sup> June, which would be a good opportunity to explore the issues. Dr Llewellyn stated that her question had not been in reference to processes but rather what the characteristics were that caused West Berkshire to fall outside of the normal range.

Rachael Wardell reported that two years ago the levels of LAC had been slightly below the normal range and now they were slightly over. There was nothing special or unique about West Berkshire. She also added that the Hot Focus Session on 11<sup>th</sup> June would address what services were in place for children coming into care but would not address the health and wellbeing of children in the district generally and what led them into care.

Fiona Slevin-Brown drew attention to the Acute Sector section of the Dashboard. It was an improving position regarding the four hour Accident and Emergency Target. Although performance (94%) was red against the target (95%), April data showed that performance in this area had improved further and the target had only marginally been missed.

Councillor Hilary Cole queried how AS3; DTOC attributable to social care (Total West Berkshire) was calculated and whether it should be an average or total figure.

**RESOLVED that** Tandra Forster would check with her team and report back.

In response to a question from Dr Llewellyn regarding the Accident and Emergency indicator, Fiona Slevin-Brown reported that attendees fluctuated however, growth that led to increased admission had not been seen.

Tandra Forster referred to AS3 regarding the number of Delayed Transfers of Care, which were attributable to social care per 100,000 population. Although the target was not being met, there had still been a significant improvement in performance. Focus was required around hospital pathways. Tandra Forster added that some money had been received through the winter resilience project and further funding could be expected through the Better Care Fund and therefore further improvement was anticipated.

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

Tandra Forster introduced her report which aimed to update the Health and Wellbeing Board on progress within the Better Care Fund (BCF) Schemes and sought approval on the first quarterly data return.

Tandra drew the Boards attention to paragraph two of the report, which detailed the BCF quarterly data collection. The Department of Health (DH) had introduced a quarterly template to enable Health and Wellbeing Boards to track performance on delivery of the BCF programme of work. The first of these reports was included under Appendix C however, was retrospective in this instance due to timings and had already been submitted to the DH. Tandra Forster highlighted that this return contained no new information as it included performance that had been reported over the past year.

Going forward the data return would require approval from the Board and this would be completed prior to submission to the DH.

Fiona Slevin-Brown moved onto paragraph three of the report, which detailed the Non Elective (NEL) Targets for the BCF. As part of planning process, the Clinical Commissioning Group (CCG) had needed to revisit the NEL Targets and in April 2015 they had revised their assumptions. Rather than to decrease by one percent the target was now to increase by two percent. Baseline figures had needed to be reset, taking into account projects for the coming year. Fiona Slevin-Brown highlighted that the information contained within the report was for information. No feedback had been received from NHS England.

Adrian Barker queried as a result of the changing target if money would be received through the system rather than the BCF. Fiona Slevin-Brown clarified that money would still come from the BCF on out of hospital services however, agreement on how this money would be spent would be required from the Health and Wellbeing Board. Tandra Forster stated that the point at which the funding would be released had changed.

Tandra Forster moved focus to the highlight reports for the BCF projects. The Joint Care Provider Project had commenced on the 1<sup>st</sup> June 2015 and had received positive feedback. The Personal Recovery Guide Project had been set up and was ready to begin however, aspects around funding needed finalising. The Integrated Social Care Hub would be reviewed at a later stage due to changes taking place across Adult Social Care. The soft launch for the Hospital at Home Project would take place on 15<sup>th</sup> June 2015. The Board would be kept informed on its progress and the project would go completely live in September 2015.

In response to a question from Dr Lise Llewellyn on the Integrated Social Care Hub, Tandra Forster confirmed that it was about having shared information on people. Challenges were being faced with this project because Adult Social Care was changing the way it worked locally. To be more sustainable, more focus was required around prevention and more social workers were required within the community. Wokingham had already made changes regarding their first point of contact in that they had a general contact centre, whereas in West Berkshire there was still a social care front door.

Tandra Forster proposed that she would give a presentation at a future meeting of the Health and Wellbeing Board meeting regarding the new way of working. The purpose of this item would be to advise the Health and Wellbeing Board on the Adult Social Care change programme.

**RESOLVED that** Tandra Forster would give a presentation to the Board on the Adult Social Care change programme at a future meeting.

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Dr Lise Llewellyn reported that there was evidence that a 'hands off' approach was not good as a way of practice and that a professional at the front door was much more effective in improving satisfaction and outcomes

Fiona Slevin-Brown added that it was important that the information detailed under the project description for the Integrated Social Care Hub was revisited to ensure it was fit for local purpose.

Councillor Graham Jones felt that the paper was dry and that there was little regard to the patient experience. Tandra Forster added that it was a new way of working and was not yet being applied to all those going through the front door of services. Rachael Wardell stated that if someone only needed information, then the professional would not be expected to 'stick' with them but would stay with them until their information needs were met. Tandra Forster stated that her presentation would include how many people had accessed the front door of services and numbers regarding how many people they had 'stuck' with.

Rachael Wardell referred to Stockport, which was a Vanguard site where there were no 'hands off'. They were developing professional partnerships within communities and the principle of 'hands off' was being operated through GP surgeries. Dr Llewellyn stated that in Buckinghamshire they were integrating at a groups of practice level. Councillor Jones felt that it would be a worthy exercise to make a visit to one of the areas mentioned or even Greater Manchester.

Adrian Barker asked what FOT stood for and it was confirmed that it was 'Forecasting Outturn'.

**RESOLVED that** Officers should ensure acronyms were referenced within reports.

Adrian Barker asked if the use of the NHS Number was comprehensive across the area. Fiona Slevin-Brown confirmed that this was not quite the case. Around 80% were using the system and they needed to reach 95%. This was one of the national criterion for the BCF.

### 10 **Improving the Frail Elderly Pathway (Tandra Forster/Fiona Slevin-Brown)**

Tandra Foster introduced the report to Members of the Board, which sought their endorsement of the Frail Elderly Pathway as a design that informed service arrangements. Tandra Forster reminded Members that there was an accompanying presentation, which had been circulated and included a higher level of detail on the work.

Work on the Frail Elderly Pathway started in 2012 prior to the Better Care Fund (BCF). The Frail Elderly Care Pathway came out of a number of stakeholder workshops facilitated by the King's Fund, which enabled the whole system to develop a local model. The model was centred around the needs of Sam (a typical patient with a variety of health and social care needs), as described in Sam's story, rather than by which services were in place. The end point was to have something that was easier to navigate around and to develop a pathway and direct resources where they would have most impact.

Tandra Foster reported that more work was required on the financial modelling aspect. At this stage the report set out an overview of the piece of work and was requesting that the Board accept the principles of the Frail Elderly Pathway work.

Fiona Slevin-Brown reported that she and her colleague Stuart Rowbotham were leading on the piece of work and it had been recommended that a more complex piece of work was required. The King's Fund work had been excellent however, it was difficult to roll out on a larger scale and therefore the wider partnership would be expected to help with

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this. Financial impacts would need to be considered and the Health and Wellbeing Board would have a key role in overseeing the work.

Tandra Forster reminded the Board that there was more detail in the presentation that had been circulated. Adrian Barker had read the presentation and felt that it was more about 'doing to' rather than 'doing with'. Fiona Slevin-Brown stated that work had been very service focused however, they were now looking at how people 'aged well'. This focused largely on empowering individuals to ensure they received the right care.

Rachael Wardell added a point of caution in that there was already an established framework and therefore there would be a significant demand on workforces to act. These workforces were already used to working in a particular way. It would be challenging for some as they relied on the existing framework and would need to let go of their professional authority.

Dr Barbara Barrie reported that there would be large challenges around how the frail elderly were indentified. She queried how aligned the work would be with Primary Care's two percent service. Dr Barrie also highlighted the 'Living Well' project taking place in North and West Reading, which was working particularly well.

Dr Bal Bahia stated that the Board had seen the Frail Elderly Pathway work develop over the past 18 months. Thought needed to be given to how a changing culture could be supported and the Board needed to have a key role in challenging where the project was going.

Fiona Slevin-Brown clarified that although the project was called 'Frail Elderly', it was about people growing older and the empowerment aspect of prevention. It did not reflect 'Frail Elderly' in the clinical term.

**RESOLVED that** the Health and Wellbeing Board endorsed the Frail Elderly Pathway work taking place.

### 11 Alignment of Commissioning Plans (Tandra Forster))

Tandra Forster introduced the Board to her report, which aimed to update Members on the alignment of commissioning plans and recommended a way forward.

Tandra Forster reported that this was a large piece of complex work and therefore the report was proposing that a presentation on existing commissioning arrangements be given at the Health and Wellbeing Board on 24<sup>th</sup> September 2015.

**RESOLVED that** a presentation on existing commissioning arrangements would be brought to the September Board meeting.

### 12 Health and Wellbeing Development Session (Dr Bal Bahia)

Dr Bal Bahia introduced his report which aimed to provide an opportunity for Board Members to discuss desired objectives for the Development Session taking place in July 2015.

The session would be facilitated by the Local Government Association. Progression had been made since the first Development Session in Spring 2014, including a more structured agenda. The Board had also successfully taken control of what was presented at Board meetings and in managing its business.

Dr Bahia felt that it would be beneficial to have an informal session before the Development Session for Board Members to come to together and to get to know each other.

**RESOLVED that** a informal meeting/evening session would be set up for the Board.

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Councillor Hilary Cole was supportive of a session that took place in less formal surroundings. Councillor Lynne Doherty suggested that a similar structure be used to that of the Hot Focus Sessions, where people have a timed slot to stand up and say what they did and what they could bring to the table.

### 13 **Members' Question(s)**

There were no questions from Members.

### 14 **Future meeting dates**

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 30<sup>th</sup> July 2015.

*(The meeting commenced at 9.00 am and closed at 10.15 am)*

**CHAIRMAN** .....

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