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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, 30 JULY 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), Dr Lise Llewellyn (Public Health), Cathy Winfield (Berkshire West CCGs) and Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care)

Also Present: Jessica Bailiss (WBC - Executive Support), Lesley Wyman (WBC - Public Health & Wellbeing), Shairoz Claridge (Newbury and District CCG), Jim Davis (The Children's Society), Joanna Petty (The Children's Society) and Patrick Leavey (WBC - Adult Social Care)

Apologies for inability to attend the meeting: Rachael Wardell, Councillor Hilary Cole, Councillor Lynne Doherty, Councillor Graham Jones and Councillor Gordon Lundie

(Dr Bal Bahia in the Chair)

PART I

15 Minutes

The Minutes of the meeting held on 4 June 2015 were approved as a true and correct record and signed by the Vice Chairman.

16 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.

Adrian Barker declared an interest in agenda item 13, by virtue of the fact that he was a trustee and Chairman of Time to Talk West Berkshire, a youth counselling charity. He 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.

17 Health and Wellbeing Board Forward Plan

Cathy Winfield reported that new guidance was being released for the Better Care Fund (BCF) and would be ready to come to the Health and Wellbeing Board around December 2015/January 2016. Adrian Barker supported the information coming to the Board and stated that it was important that the Board be kept informed about development relevant to its work.

Dr Bal Bahia reported that two Management Group meetings took place between each Board meeting and therefore further issues might arise.

18 Actions arising from previous meeting(s)

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

Dr Bal Bahia reported that Board Members had met informally between Board meetings, which had been very successful and signified that more informal work was required.

19 Public Questions

There were no public questions received.

20 Petitions

There were no petitions presented to the Board.

21 Health and Social Care Dashboard (Patrick Leavey/Shairoz Claridge)

Patrick Leavey introduced the item to Members of the Health and Wellbeing Board beginning with the Adult Social Care section of the Dashboard.

It was reported that improvement was being seen regarding ASC1; the proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service. Staff were often not waiting for formal discharge notes, but seeking it before this point ensuring a more timely approach. Better planning gave increased opportunity to engage with patients.

Regarding AS2; the number of assessments completed in the last 12 months leading to a provision of a long term service, Patrick Leavey reported that changes in eligibility under the Care Act would impact on this area. Data was not yet available to indicate the scale of the impact.

Lastly Patrick Leavey referred to ASC3; Proportion of clients with Long Term Service receiving a review in past 12 months. Since the introduction of the Care Act, there was a requirement for Councils to carry out these reviews. This measure would also be impacted upon by the change in the eligibility criteria, as some people receiving care would be entitled to an increased service.

Cathy Winfield commented that the Dashboard was a useful tool however, the level of impact needed to be considered. This would also need to be taken into account when planning for the Better Care Fund for 2016. Patrick Leavey stated that it was important to recognise that the impact from the Care Act i would not just be on the Council but the whole health system.

Dr Bal Bahia queried if the indicators under the Adult Social Care section of the Dashboard were the right ones to show resilience. Patrick Leavey reported that he would be able to bring data to the Board which showed increases in client numbers and impact on budgets. This also linked to the new way of working within Adult Social Care, which Tandra Forster would be presenting on at the next meeting of the Health and Wellbeing Board.

Dr Lise Llewellyn stated that it was important that wider conversations were taking place around prevention and that links were being made with different agencies in order to build resilience.

Mac Heath introduced the Children's Social Care section of the Dashboard. CSC1; number of Looked After Children: CSC2; the number of child protection plans and CSC3; the number of 47 enquiries per 10,000 population were all red and highlighted the

increase in demand on Children's Social Care. The recent Ofsted inspection had not identified thresholds as being wrong.

Shairoz Claridge introduced the Acute Sector of the Dashboard to the Board. There had been a struggle around AS1; four hour Accident and Emergency target, over the winter however, it was now an improving picture and performance was amber for the Royal Berkshire NHS Foundation Trust. Shairoz Claridge reported that this had improved further with June data being 96.7%. Data was not yet available for Great Western or Hampshire Hospitals NHS Foundation Trusts however, work was taking place to improve performance.

Regarding the AS5; Ambulance Clinical Quality, this was very close to being green and was being achieved on a Thames Valley basis. Work was taking place with the South and Central Ambulance Service (SCAS) to improve the picture.

Dr Bahia reported that there were no indicators that showed resilience for Primary Care however, the next item on the agenda was the Primary Care Strategy.

22 Primary Care Strategy (Dr Bal Bahia)

Dr Bal Bahia introduced the Primary Care Strategy to Members of the Health and Wellbeing Board. The four Berkshire Clinical Commissioning Groups had recently been given approval to jointly commission primary medical services with NHS England under co-commissioning arrangements. Comments on the Strategy were being sought from the Health and Wellbeing Board. The document was currently aimed at professionals however, a public facing document would be created.

The Strategy had been developed through Call to Action events. At these events, views had been shared on what was happening with the health economy and they had played a fundamental role in obtaining feedback.

Dr Bahia referred to page 30 of the agenda pack which detailed the vision for Primary Care. By 2019 Primary Care in Berkshire West would:

- Be an attractive place to work;
- Offer defined level of care through varying delivery models;
- Be sustainable;
- Use technology to maximum effect;
- Be preventative;
- Provide targeted, proactive and coordinated care for 'at-risk' patients;
- Be an integral part of the urgent care system;
- Offer timely appointments over extended week in accordance with patient need;
- Support patients to manage complex long-term conditions;
- Be provided from fit-for-purpose premises;
- Be high quality and cost-effective;
- Be valued and utilised appropriately by patients.

The aim was to develop the out of hospital sector. The Strategy was aligned to the NHS's Five Year Forward View.

Page 35 of the agenda pack listed the strategic objectives for Primary Care. Some of the work listed had already commenced such as acting as accountable clinicians for the Over 75s. Extended access had already begun through funding obtained by the Clinical Commissioning Group (CCG) for winter resilience. The overall aim was to maximise the work of General Practitioners.

Page 45 of the agenda pack detailed how the Strategy was being delivered. There was a Quality Outcomes Framework (QOF), which monitored the quality of care and had ensured that care had become standardised. The empowerment of patients was a theme that would be built upon, along with providing continuity for patients and working in collaboration.

Adrian Barker noted that there was an aspiration to move away from practices, which served over 6000 patients and queried how many practices there were like this in West Berkshire. Cathy Winfield reported that there were none in West Berkshire specifically and this referred more to inner city practices for example in Reading.

Adrian Barker queried how the Primary Care Strategy aligned with the broader Health and Wellbeing Strategy. It was felt that some of the issues could be dealt with more effectively with a whole system approach.

Dr Lise Llewellyn commended the Strategy however, asked how it linked to the wider system and the Better Care Fund as Primary Care was at the heart of patient services. Dr Llewellyn also stated that they needed to work with the public to ensure that the message was communicated that continuity was not always provided by doctors, for example somebody might need to see another health professional such as a pharmacist. This would be a huge culture change.

(Councillor Roger Croft left the meeting at 9.30am)

Dr Bahia referred to Dr Llewellyn's point and reported that part of the new way of working would involve looking at other services/professionals available.

Adrian Barker stated that it would be useful for both Healthwatch and the Council to form part of any engagement activity.

Cathy Winfield queried which Member of the Health and Wellbeing Board sat on the Co-Commissioing Committee as the Health and Wellbeing Board were entitled to a seat. It was confirmed that this role belonged to the Chairman of the Board. There was also a seat on the Committee for Healthwatch.

23 An update report on the Better Care Fund and wider integration programme (Patrick Leavey/Shairoz Claridge)

Patrick Leavey introduced the item to Members of the Health and Wellbeing Board. The aim of the report was to update the Board on progress with the Better Care Fund Schemes. Patrick Leavey firstly referred to the two local West Berkshire Schemes.

The Joint Care Provider Project: This project began at the beginning of June 2015. The aim of the project was to ensure people accessing the Adult Social Care front door were responded to jointly. Other components included within this project were seven day working and Trusted Assessors.

Personal Recovery Guide: This project commenced in July 2015 and involved three voluntary organisations; the Red Cross, the Volunteer Service West Berkshire and AgeUK. These organisations would work with people going through the system to help resolved any blockages or help patients struggling to understand aspects of their care.

Councillor Mollie Lock noted that links were made to Basingstoke and Swindon Hospitals and queried if links were also made with Oxford. Patrick Leavey confirmed that links had been formed with Oxford and that the process was a gradual build up of links. Eventually the service would apply to anyone using the Adult Social Care Front Door, which could mean any hospital in the country.

Dr Bahia queried how patients were selected and Patrick Leavey confirmed that this could be done by General Practitioners, staff within hospitals or self referral.

Dr Bahia queried the progress with the Integrated Health and Social Care hub. Patrick Leavey reported that this was an ongoing concept however, the concept of a central hub conflicted with the new approach being adopted by Adult Social Care, which was to ensure issues raised by a person entering the system were followed up by one person. There would be the potential to move towards a central hub in the future.

Cathy Winfield reported that she understood that Adult Social Care had adopted a new way of working however, the concept of a central hub might want to be revisited once the national Urgent Care Strategy was released. It was about ensuring services were sustainable going forward and although good work was taking place, it was important to make use of opportunities.

24 Quality Premium (Shairoz Claridge)

Shairoz Claridge introduced the report which aimed to inform the Board of the Quality Premium Scheme. It highlighted the two local indicators that the Clinical Commissioning Group (CCG) had elected to achieve, which aligned with the local Health and Wellbeing Strategy.

NHS England had produced 'Quality Premium Guidance' for CCGs for 2015/16. The Quality Premium was intended to reward CCGs for improvements in the quality of services that they commissioned and for associated improvements in health outcomes and educing inequalities.

There was a menu of three measures for CCGs to choose from locally in conjunction with their relevant Health and Wellbeing Board and local NHS England team. The menu was worth 30 per cent of the Quality Premium.

Newbury and District CCG had chosen two local indicators. The first indicator was on domestic violence and the second indicator was on the Eat 4 Health scheme. North and West Reading CCG's local Quality Premium Indicators were featured under paragraph six of the report.

Adrian Barker asked for confirmation that the total amount awardable equated to about quarter of a million pounds. Cathy Winfield reported that not all of the Quality Premium had been obtained however, the Newbury and District CCG had managed to secure the majority of the money in comparison to the other CCGs in the Thames Valley.

Adrian Barker referred to paragraph 3.5 of the report, which detailed an indicator on increasing the number of people in contact with mental services who were in paid employment. He asked how robust the data was on this indicator. The Joint Strategic Needs Assessment suggested numbers in this area were small. Cathy Winfield reported that it was about recovery and the NHS contributing the economy.

Dr Lise Llewellyn was disappointed that an indicator around smoking cessation had not been chosen as smoking was a huge health risk. She agreed that Eat 4 Health provided good support however she did not feel that the scheme would make a huge difference. Dr Llewellyn felt that it was about training, for example training General Practitioners to talk about weight. Dr Bal Bahia reported that focusing on prevention had been given thought in the Newbury area for some time and as a result there would be a further diabetes programme.

25 Children and Young People Wellbeing Survey (Jim Davis from the Children's Society)

Jim Davis and Joanna Petty from the Children's Society introduced the item to Members of the Board. The aim of the item was to inform them of the finding of a survey, which had taken place in early 2015 into the happiness and wellbeing of children and young people in West Berkshire.

The Survey had been followed by face to face consultations with the children. Results had been compared to a national comparator survey.

In total 2000 children and young people had taken part in West Berkshire across nice schools. 169 children had then taken part in the face to face consultations. It was clear from the results that children and young people in West Berkshire had levels of wellbeing that were as good or in some domains higher than the national average. There was a drop in wellbeing during the transition period from primary to secondary school however, this was in line with the national trend.

There had been a fairly even gender split in those completing the survey at 51% girls to 49% boys. The Child Wellbeing Index had been used as a basis for the survey.

Children and young people with low wellbeing were fairly in line with the national average at 8%. Wellbeing declined from the ages of 11-12 years old up to 16-17 years old, which was in keeping with that seen nationally.

Children who were not feeling happy were usually experiencing something else and the three most common issues nationally were; having a disability; difficulties learning or experience of bullying.

Of those children surveyed only 5% were eligible for free school meals, which was lower that the national average.

There was little difference in the level of wellbeing between boys and girls. Nationally this usually differed however, in West Berkshire the levels were in similar proportion. At the adolescent stage, girls were noticeably more unhappy about their appearance, which was inline with the national trend.

19% at primary school level and 13% at secondary school level had believed they had a caring responsibility. There was however, uncertainty around whether this question had been misunderstood, for example, some may have considered babysitting a caring responsibility. There were however, children in some consultation groups, which had confirmed they cared for a sick or disabled relative.

On attitudes to health behaviour and sport, it was found that that the majority of children reported taking exercise or being involved in sport regularly, especially for primary age children. The vast majority of secondary age children thought that smoking and drug taking were unacceptable behaviours for people their age. More girls than boys aged 15-16 years old felt that it was ok to go out someone who was 18 years old plus.

Dr Lise Llewellyn asked if the results could be compared to similar areas rather than a national average. Jim Davis reported that the national dataset could not be broken down, so it would depend on which other areas they had visited.

Dr Llewellyn noted that there was there was a relatively small proportion of children from low income families, but that these children had lower levels of happiness. Jim Davis reported that the Children's Society also carried out work around school experience and poverty. Schools meals was a considered crude indicator of poverty.

Councillor Mollie Lock was disappointed that only nine schools had taken part and asked if these schools had been in rural or urban locations. Jim Davis confirmed that there had been a mix of locations. There was further work to take place around deprivation and transport. Councillor Lock asked if there had been an opportunity to visit schools for the more vulnerable or Pupil Referral Units (PRUs). Jim Davis stated that unfortunately the opportunity had not arisen.

It was requested that the full consultation report be circulated to the Health and Wellbeing Board.

RESOLVED that Jess Bailiss would circulated the full survey report.

26 Child and Adolescent Mental Health Service (Mac Heath/Sally Murray/Gabrielle Alford)

Sally Murray introduced the report, which aimed to provide an update in the improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHs) System. Sally Murray reported that she would brief the Board on the strategic policy both nationally and locally and then would hand over the Mac Heath to talk about Tier Two services in West Berkshire.

A range of national, regional and local reviews had been undertaken in the last 12 months that related to CAMHs. A very good summary of the policy context could be found in the Commons Select Committee Report, published on 28th October 2014, which acknowledged the ingrained problems with commissioning and the provision of CAMHs.

Sally Murray reported that tier three CAMHs involved medical intervention and in theory CAMHs Tier One and Tier Two services should prevent this. Schools taking a whole school approach were considered good practice and it was about offering support in the right place at the right time. The aim was to get help to children needing support quickly and to offer a seamless pathway.

In spring 2014 there had been a comprehensive review of CAMHs and a picture of CAMHs locally had been drawn up.

Regarding progress to date, the document ‘Future in Mind’ required areas to have a Transformation plan for 2015/16 to deliver a local offer in line with the national ambition. Additional funding could be applied for through this plan.

Work had begun around where the gaps were and areas of focus going forward included referrals, response rates and bringing the rates down.

Tier Four CAMHs included in house treatments. Historically there had been no Tier Four Service provision in West Berkshire. Since 2014 longer term plans had been agreed between Berkshire CCGs and NHS England to change the Berkshire Adolescent Unit based in Wokingham from a Tier Three (with some tier 4) into a Tier four provision. The unit was open seven days a week, 52 weeks of the year. The aspiration was to expand the unit from a seven bed facility into l a larger patient residential unit as well as catering for day patients.

At crises point a quick response helped to ensure better outcomes. It was also confirmed that the CCG had contributed an extra one million pounds into CAMHs.

Mac Heath reported that he would talk about Tier Two services in Andrea King’s absence. He stated that as commented earlier in the meeting sometimes there might be other professionals besides General Practitioners who could provide a service.

A lot of work was taking place around the range of services available. A multi –agency event had taken place in July to focus on what Tier Two services should be offering.

Work was now taking place to co-design an approach to filling gaps and overcoming challenges. A key strand of work was around ensuring different services were educated and confident. The design of prevention services to help further meet the need was also being reviewed.

Sally Murray concluded that a lot effort was going into ensuring focus was being placed on outcomes. The CAMHs outcomes framework ensured a sensible reporting mechanism was in place. The next step was to pull a data set together to help see what was working in the area.

Dr Lise Llewellyn felt that there was a lot to learn from neighbours regarding the use of social media. She also agreed with Mac Heath's comments about building confidence amongst services.

It was noted that some areas already had online surgeries. Sally Murray reported that there was a system called 'Sharon' for eating disorders available in Berkshire.

Dr Bal Bahia thanked Sally Murray and Mac Heath for their report and felt it was helpful to be aware of work taking place in the background.

27 Child Sexual Exploitation (Mac Heath)

Mac Heath introduced the report, which intended to outline the priorities in relation to child sexual exploitation locally and the needs of the young people involved. The report also highlighted the progress being made in addressing these concerns.

Mac Heath reported that work in this area was developing at a fast pace. Work took place across boundaries as well as within West Berkshire. Thames Valley Police had contributed information to ensure a good local picture of the situation was formed.

A screening tool had been agreed and a Child Sexual Exploitation (CSE) Strategy was being developed. The 'Toxic Trio' consisted of domestic violence, parental mental ill-health and parental substance misuse, all of which could often been linked to the problem. A number of groups and boards had contributed to this work.

Mac Heath chaired the CSE Strategy Group, which was a sub-group of the Local Safeguarding Children's Board (LSCB) and had oversight of activity in relation to CSE. The recent Ofsted Inspection of Children's Services in March 2015, had recognised that the CSE Strategy Group was well attended and was effectively monitoring partnership activity.

There was still profile work to take place around perpetrators. There was information available at Thames Valley level but not at a local level. An event had been held, which was chaired by the Chairman of the LSCB to consider some of the challenges and it had been acknowledged that issues were on partner radars and were developing.

Dr Bal Bahia felt that the issue was very topical and would be interested to know what the local profile was.

Regarding the screening tool, Mac Heath reported that it was being used across Berkshire. The main aim of the tool was to prompt responses. It helped gather information and also helped services in answering the question 'is this appropriate?'. A referral could be made at any stage of the process.

28 Members' Question(s)

29 Question submitted by Councillor Adrian Edwards

A full transcription of the public question and answer session is available from the following link: Transcriptions of Q&As

A question standing in the name of Councillor Adrian Edwards on the subject of what preventative activities are taking place in the district around obesity, smoking, alcohol and other major risks to health, was answered by the Vice Chairman of the Health and Wellbeing Board.

A supplementary question on the subject of how the Health and Wellbeing Board aimed to improve promotion around obesity was answered by the Vice Chairman of the Health and Wellbeing Board.

30 A Time to Deliver

Members of the Health and Wellbeing Board noted the report.

31 Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 24th September 2015 (at Shaw House).

(The meeting commenced at 9.00 am and closed at 10.55 am)

CHAIRMAN …….

Date of Signature …….