

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, 24 NOVEMBER 2016

Present: Dr Bal Bahia (Newbury and District CCG), Dr Barbara Barrie (North and West Reading CCG), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Rick Jones (Executive Portfolio: Adult Social Care), Garry Poulson (Volunteer Centre West Berkshire), Paul Jones (Group Manager (RBFERS)) and Jim Weems (Thames Valley Police)

Also Present: Lesley Wyman (WBC - Public Health & Wellbeing), Tandra Forster (WBC - Adult Social Care), Shairoz Claridge (Newbury and District CCG) and Jo Reeves (Policy Officer)

Apologies for inability to attend the meeting: Councillor Mollie Lock and Andrew Sharp

PART I

15 Educational Attainment and Health Outcomes of Children from Vulnerable Families

Before the commencement of the meeting, Councillor Graham Jones asked to put on record the Board's thanks to Leila Fergusson for her service to the Board since its establishment in 2013 and welcomed Garry Poulson as the new voluntary sector representative.

The Board considered a report (Agenda Item 2) to respond to the Board's request to receive information regarding the educational attainment and health outcomes of children from vulnerable families. The report had been written jointly between the Public Health and Education departments.

Maxine Slade began introducing the report by explaining that the definition of a vulnerable family came from the Department for Education and included children entitled to Free School Meals (FSM) or children/ young adults in care. This definition was problematic because all children in Key Stage 1 were now entitled to a free school meal, therefore parents were encourage to still apply so they and the school could benefit from Pupil Premium funding. Maxine Slade also explained that there was a limitation with how progress in educational attainment was defined; pupils who improved from a 'D' grade to 'C' grade were recorded as making progress but a pupil who improved from an 'F' grade to a 'D' grade was not, despite that potentially being a significant achievement for that pupil.

Dr Barbara Barrie joined the meeting at 9.38am)

Maxine Slade explained that in 2016, all children entitled to FSM had improved educational attainment, however children not entitled to FSM made more improvement so the attainment gap widened, likewise with children with Special Educational Needs and Disability (SEND). Referring to the report, Maxine Slade summarised the activities undertaken by the Education department and schools to address the educational attainment gap.

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Councillor Lynne Doherty commended the amount of work undertaken to encourage the take up of Pupil Premium funding. Regarding the recommendations in the report, Councillor Doherty expressed the view that these could be more specific about how the Board could help to drive improvement. She also expressed the view that there might be some key messages that the Board could help transmit, such as the importance of breakfast to a child's health and attainment at school. Councillor Doherty continued that there might be more work around the transition from early years that to be done. Maxine Slade responded that staffing levels had reduced so this was more difficult but vulnerable two year-olds were tracked through early years and their information was given to the accepting school.

Councillor Doherty asked how West Berkshire's performance compared with national averages. Ian Pearson advised that the South East usually performed better than the national average and West Berkshire was usually in the higher part of the South East overall but there was work to do and there was no complacency.

Councillor Doherty suggested that the Children's Delivery Group be consulted to develop clear recommendations for the Board and report back at a later date, including the best ways to spend Pupil Premium Grant. Ian Pearson clarified that Pupil Premium and FSM were just proxy measures and there was another cohort, families just about managing, that might need just as much support as Pupil Premium children but were not eligible for the funding. Maxine Slade added that officers have known about that cohort of children for some time and encourage schools to include those children in targeted support groups for Pupil Premium children.

Dr Lise Llewellyn noted that reducing the educational attainment gap was a difficult problem nationally and a particularly difficult problem to address in area of relative affluence. She enquired whether health visitors could do more to identify children from vulnerable families at their two year-old checks or if wider activities such as breakfast clubs could be pursued. Maxine Slade responded that a lot of work had been done regarding health visiting. Ian Pearson, on breakfast clubs, stated that many schools have offered these but changes in the way schools were funded by the government had lead to breakfast club closures.

Councillor Rick Jones agreed with Councillor Doherty that the report's recommendations could be more focussed and explain what the objectives were, where on the path West Berkshire was and how the Board fit in.

Dr Bal Bahia noted that there was still work to be done to identify the barrier for increased take up of free nursery places and also raised that there were other health issues, such as low physical activity and low self esteem, particularly for adolescent girls, which played a factor in educational attainment. Maxine Slade agreed with this point and explained that seven of the ten West Berkshire secondary schools were academies so the School Improvement Team did not have the same footprint.

RESOLVED that the report be noted.

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The Minutes of the meeting held on 7 July 2016 were approved as a true and correct record and signed by the Chairman.

17 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board noted the forward plan. The following items were added to the meeting to be held in March 2017:

- Director of Public Health's Annual Report

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- Clinical Commissioning Groups (CCG) Two-Year Operational Plan
- Final Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan (STP) Submission

Alison Foster commented that March 2017 was a long time away with only private meetings and asked what opportunity the public would have to comment on the STP before it was finalised. Councillor Graham Jones advised that the Council's Overview and Scrutiny Management Commission would be scrutinising the plan at its meeting on 6 December 2016. Cathy Winfield added that the CCG held public meetings. Councillor Jones also advised that if it was necessary to hold a public meeting before March 2017 it could be arranged and there was a discussion on the STP later on the agenda for the meeting. Cathy Winfield explained that Healthwatch were represented within the STP's governance structure.

18 **Actions arising from previous meeting(s)**

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

19 **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 personal and not a disclosable pecuniary or other registrable interest, they determined to remain to take part in the debate and vote on the matters where appropriate.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks Rapid Response Cars (WBRRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

20 **Public Questions**

There were no public questions submitted.

21 **Petitions**

There were no petitions presented to the Board.

22 **Health and Social Care Dashboard**

The Board considered a report (Agenda Item 9) concerning the health and social care dashboard.

Tandra Forster began by providing an overview of the status of the Better Care Fund (BCF). The Policy Guidance would be published by the end of November 2016 and would be finalised by the end of March 2017. Some increase in funding was anticipated across the two year BCF, with a 1.79% increase in 2017/18 and 1.9% increase in 2018/19. The number of national conditions had been reduced and would be focused on protecting social care; out of hospital services; and joint plans. More information would be known in the coming weeks.

ASC1 – Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service: Tandra Forster advised that the target for 2016/17 was 88%, not 92% and so performance was exceeding the target and should be green.

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AS2 – Average number of Delayed Transfers of Care per 100,000 population: performance against this target was correctly showing as red against target but was improving. The reason for the delay was down to difficulties in acquiring home care; this accounted for 70% of delays and recruitment issues was the main factor. Providers were also withdrawing for the market. Delays would continue to be addressed in the following year's BCF.

Dr Lise Llewellyn asked how West Berkshire was performing in comparison to Wokingham who had set up their own arms-length care provider. Tandra Forster explained that their Wokingham Integrated Social Care and Health (WISH) Team was equivalent to West Berkshire's Joint Care Pathway (JCP) and they were able to pay more for care. Dr Llewellyn asked if their capacity was any better; Councillor Rick Jones commented that if they were able to pay more they would be likely to be able to acquire more care. Cathy Winfield expressed the view that the difficulty in acquiring care was a recurring theme and it might be worth considering a system-wide solution at one of the Board's Hot Focus Sessions. Tandra Forster commented that Delayed Transfers of Care was a subject also being considered at the Council's OSMC meeting on 6 December 2016 and the Board could consider their recommendations at the Hot Focus Session.

ASC2 – Number of assessments completed in the last 12 months leading to a provision of a Long term service: West Berkshire was performing better than the national average for assessments.

Rachael Wardell informed the Board that there was an improving picture across the children's Social Care Indicators due to the hard work of frontline teams and West Berkshire was bucking the national trend on a number of measures.

CSC2 – the number of child protection plans per 100,000 population: Not only was the number of children on CP plans reducing but the time spent on a plan was reducing. Attention had now turned to monitoring those children who then returned to a CP plan, but no worrying trends had been identified and Rachael Wardell concluded that West Berkshire had become more effective at prevention and this was improving family life.

CSC3 – The number of Section 47 enquiries per 10,000 population: Performance against this indicator was more troubling. A Section 47 Enquiry was a statutory social work responsibility and was an action not taken lightly as it could be a massive interference into a family which might cause harm. The new Multi Agency Safeguarding Hub (MASH) would mean there was a better aggregation of information. Social work teams did not view these indicators as having targets and they sought to ensure that they were doing the right thing by the child

CSC7 – Percentage of LAC with Health Assessments completed on time: A significant amount of work had been put in to turn around performance on this indicator which continued to be very strong. There might be other indicators such as dental health checks which might now need to be scrutinised by the Board.

Paul Jones asked what peer assessment had been undertaken in Children's Services. Rachael Wardell responded that West Berkshire Council had been quite heavily peer assessed in recent years including Department for Education (DfE) interventions following the Ofsted inspection in March 2015. The six month review would be happening in early December. The new MASH also helped to make safeguarding decisions as there would be input from Thames Valley Police and health colleagues. Cathy Winfield asked where Section 47 referrals came from. Rachael Wardell responded that referrals came from members of the public and from professionals in other organisations – a high number from schools. Social workers made the decision to conduct a Section 47 enquiry if there was evidence to suggest the child was at risk of significant harm. In many cases

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on receipt of a referral there would be services put in place which could help the child or family but the circumstances would fall short of a Section 47 enquiry. In some circumstances the person making the referral might require additional training or signposting.

AS1 – 4-hour A&E target: Shairoz Claridge explained that while performance against these indicators was showing as amber and red, more recent data was showing that it would be unlikely that the Royal Berkshire Hospital (RBH) would meet the 95% target as winter was approaching. RBH were performing the second best in the area but still not able to reach the target. The local System Resilience Group had been transformed into Local A&E Delivery Boards to focus solely on Urgent & Emergency Care, and attendance at executive level by member organisations was expected. This was a requirement from NHS England of all CCGs. Five improvement areas were identified and a new 999 response programme called 'Nature of the Call' was identifying key words and phrases to prioritise emergency responses.

AS5 – Ambulance Clinical Quality: Performance against this indicator was red in July and the CCGs had agreed an action plan with SCAS which was anticipated to improve standards by February 2017.

AS6 – A+E attendances and AS7 – Number of non elective admissions: These levels were both increasing, despite the CCGs being in the top 10 nationally.

CS2 – Mental Health DTOCs: Tandra Forster advised that this was the first time that mental health DTOCs were being reported as there was an increasing focus on mental health so no comparison could yet be made.

Rachael Wardell advised that she had seen un-validated data against indicators up to September 2016 and the dashboard was reporting data as old as July 2016. She suggested that the reporting cycle be amended to enable more recent data to be presented to the Board. Councillor Lynne Doherty suggested that the dashboard was presented with a caveat to state that performance was within a variance. Councillor Graham Jones suggested that this information be something the Steering Group look into.

Alison Foster raised a query regarding patient flows towards hospitals. Shairoz Claridge explained that 60-70% of patients went to the Royal Berkshire Hospital in Reading and of the rest, the majority of patients went to the North Hampshire Hospital in Basingstoke with about 8-10% attending the Great Western Hospital in Swindon. Tandra Forster explained that there had historically been an issue with the level of DTOCs from North Hants. Alison Foster considered the conversion rate from A&E attendances to non elective admissions and asked if there was a risk that people who needed to be admitted were being sent away. Shairoz Claridge admitted that there was always a risk but a lot of work had gone into ensuring patients received the right clinical support before attending A&E. Cathy Winfield added that the CCGs wanted a high conversion rate because it offered reassurance that people were attending A&E for the right reasons. Short stays were sought as they would evidence patients being treated efficiently.

RESOLVED that the health and social care dashboard be noted.

23 Health and Wellbeing Strategy

The Board considered a report (Agenda Item 10) concerning the Health and Wellbeing Strategy refresh. The first Health and Wellbeing Strategy (HWS) was developed in 2013 and an updated version was published in early 2015. Following the LGA Peer Challenge in March 2016, it became apparent that the strategy needed to be refreshed for a number of reasons:

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- To decrease the number of priorities to a more realistic number,
- To set out a clearer vision of the Health and Wellbeing Board,
- To demonstrate how the strategic aims and objectives will be achieved,
- To demonstrate the governance of the Health and Wellbeing Board,
- To be clearer about how the Board operates as systems leaders,
- To ensure that the Health and Wellbeing Strategy drives the commissioning of all partners,
- To integrate the work of the Building Community Together partnership,
- To fully integrate work around the wider determinants of health into the strategy.

Alison Foster enquired how alcohol was chosen as an area of focus. Lesley Wyman advised that the subject had emerged through a number of meetings of the Board and with wider stakeholders as something a range of agencies could drive improvement against if they worked in an effective way. Rachael Wardell commented that alcohol was a factor involved in a significant proportion of safeguarding issues.

Cathy Winfield commented that the presentation of the strategy was good and thanked Lesley Wyman for producing it.

RESOLVED that the Health and Wellbeing Strategy be approved.

24 Health and Wellbeing Board Governance

The Board considered a report (Agenda Item 11) concerning the Health and Wellbeing Board governance, the purpose of which was to enable the Health and Wellbeing Board to drive improvement against the Health and Wellbeing Strategy and fulfil its intended role as a system leader. This report defined how its governance would be amended to enable it to be more effective.

It was proposed that the membership of the Board should include system leaders from other local public sector organisations such as Thames Valley Police, Royal Berkshire Fire and Rescue Service, Housing Associations and the Portfolio Holder for Community Resilience and Partnerships.

It was noted that there had been a number of changes in how the Health and Wellbeing Board worked over the last few months and the same process would be applied to the Steering Group. The aim was to streamline the process to enable the Board and its sub-groups to work more effectively.

Rachael Wardell offered her support for the report and expressed a warm welcome to Paul Jones (Royal Berkshire Fire and Rescue Service) and Jim Weems (Thames Valley Police) who had joined the Board.

Referring to the governance diagram, Alison Foster note a number of lines of relationship and accountability, and queried where the Board fit in, particularly with the STP governance. Nick Carter advised that the governance was driven to an extent by some internal work he had been completing to clarify how resource was allocated to the Board through a multi-agency team and a Senior Management Review. A further paper would be produced to outline this in more detail as he thought some of the linkages, particularly to the role of the local economy was missing.

Rachel Wardell expressed the view that it would be useful if the governance diagram distinguished between a line of accountability and a relationship. Dr Bal Bahia commented that the diagram at present demonstrated the landscape rather than the governance.

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Dr Lise Llewellyn acknowledged that there was already work ongoing to improve relationships between health, TVP and RBFRS, noting the successful Fire Fit programme which had been taken up in schools.

RESOLVED that the Health and Wellbeing Board Governance be approved.

25 **Feedback on the Health and Wellbeing Strategy Hot Focus: Alcohol**

The Board considered a report (Agenda Item 12) to feedback on the Alcohol Hot Focus session and suggested further actions.

The Health and Wellbeing Strategy Board agreed that within the Health and Wellbeing Strategy two key priorities would be identified that would be the Board's focus for the coming year, from October 2016 to October 2017. One of these was to reduce alcohol related harm in West Berkshire and it was further agreed that a multiagency task and finish group would be set up to take this work forward.

In order to help the Health and Wellbeing Board and other key community stakeholders gain a greater understanding of current services available to reduce alcohol related harm in West Berkshire an Alcohol Hot Focus session was run on 27 October 2016.

Positive comments were fed back at the end of the session with partners stating that it had been helpful in understanding what services were available and who did what locally. There was also a great deal of positivity about the opportunity for partners to work more closely together particularly in setting up a task and finish group and to conduct a mapping exercise.

This group, to be named the Alcohol Harm Reduction Partnership, held its first meeting on 15 November. It was well attended and the Partnership was in the process of agreeing its terms of reference. They would then be completing a needs assessment.

Councillor Graham Jones expressed his thanks to the team that organised the Hot Focus Session which helped to outline the multi-agency approach already being taken. He found that the lived experience of one of the speakers who was a recovering alcoholic was particularly memorable.

Dr Llewellyn noted that alcohol related harm was one of the prevention issues in the forthcoming STP, including how different sectors of the health system responded to alcohol.

Alison Foster asked how the Partnership would measure its impact. Lesley Wyman advised that a number of indicators could be used such as alcohol-related admissions to A&E or alcohol-related disturbances in the night time economy. Each organisation came to the table with its own key performance indicators and the Partnership would determine which would be used as measures of success.

Councillor Doherty thanked officers for the paper and the Hot Focus Session, noting the role of alcohol in around 95% of Child Protection Plans.

RESOLVED that the report be noted.

26 **Sustainability and Transformation Plan Update**

Cathy Winfield gave a presentation to the Board (Agenda Item 13) concerning an update on the Sustainability and Transformation Plan (STP) submission. She advised that she had made some updates to the version included in the agenda and this would be published on the website following the meeting.

The STP would encompass working with a number of different statutory organisations which would retain their autonomy, but there were opportunities to streamline back office functions. For example the CCGs, Royal Berkshire Hospital and Berkshire Hospitals

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Foundation Trust might share some functions or even collocate as part of the One Public Estate programme to deliver value for money.

The STP had five key ambitions: prevent ill health; improve access to urgent care, improve hospital services, improve mental health services and to co-commission specialist services. To achieve these ambitions there were two enabling workstreams: workforce and digital solutions. New ways to improve recruitment and retention were being pursued, including rotational opportunities across organisations to keep work varied and it was planned to reduce agency spend. More digital solutions for self care and remote appointments were being investigated.

Initial assessments suggested if nothing was done differently, rising costs, inflation and demand on the NHS would lead to a gap of £479m by the end of 2020/21 so while there was not going to be a cut to funding, there needed to be transformation in the ways services were delivered. Since then CCGs had undertaken more detailed planning and reviewed the initial assumptions. Once CCG Operating Plans for 2017-2019 were finalised the STP financial position will be refreshed in January 2017 and a final version of the STP would be published.

The governance arrangements were still a work in progress, for example at the Delivery Board there was only one Local Authority representative and the most effective way to include Local Authorities was yet to be determined.

Residents of West Berkshire would be most interested in the commitment to review community hospitals. However, West Berkshire had a fantastic community hospital with a new renal unit being constructed; the plan would be to continue to expand and develop West Berkshire Community Hospital.

Councillor Graham Jones thanked Cathy Winfield for offering clarity on the financial aspects of the STP.

Alison Foster expressed concern that there was no lay engagement within the STP governance structure. Cathy Winfield advised that one of the sub-groups was a Patient and Public Engagement Group which included membership from Healthwatch. Alison Foster expressed the view that there was a lack of visibility and asked what had been done locally to raise awareness of the STP. Cathy Winfield advised that in the summer of 2016 there had been the 'Let's Talk' call to action and once the STP was made public the golden thread would be revealed.

Paul Jones asked what the implications would be for the Royal Berkshire Fire and Rescue Service and Thames Valley Police who worked on different footprints to the Buckinghamshire, Oxfordshire and Berkshire West footprint. Cathy Winfield advised that there would be some overlaps between footprints, for example Milton Keynes came under the Central Bedfordshire STP footprint.

Cathy Winfield concluded by stating that the document would be released to the public before Christmas.

RESOLVED that the presentation be noted.

27 **Members' Questions**

There were no Member Questions submitted to the Board.

28 **Future meeting dates**

The next meetings of the Board would take place on:

- 26th January 2017 (Development Session)
- 30th March 2017

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Garry Poulson thanked the Board members for his introduction as the new voluntary sector representative. He explained that whilst he could not speak on behalf of every organisation he would attend meetings and listen carefully to the matters being discussed for key messages to feedback to other organisations. He would consider upcoming agenda items and invite other voluntary sector colleagues as required. Councillor Graham Jones stated that he could not think of a better person to represent the voluntary sector.

(The meeting commenced at 9.30am and closed at 11.17am)

CHAIRMAN

Date of Signature