

# 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 JANUARY 2019

**Present:** Councillor Rick Jones (Executive Portfolio: Health and Wellbeing, Leisure and Culture), Dr Bal Bahia (Berkshire West CCG), Councillor Graham Jones (Leader of the Council), Councillor Lynne Doherty (Executive Portfolio: Children, Education & Young People), Tessa Lindfield (Strategic Director for Public Health), Cathy Winfield (Berkshire West CCG), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Superintendent Jim Weems (Thames Valley Police), Ian Mundy (Locality Director, BHFT), Garry Poulson (Volunteer Centre West Berkshire) and Andrew Sharp (Healthwatch)

**Also Present:** Matthew Pearce (Head of Public Health and Wellbeing), Jo Reeves (Principal Policy Officer), Councillor Quentin Webb (Council Member), Tessa Ford (School Improvement Advisor), Sally Kelsall (Housing Strategy and Operations Manager) and Barry Stormont (Operations Manager Emotional Health Academy)

**Apologies for inability to attend the meeting:** Councillor Graham Bridgman, Councillor Richard Somner, Mary Sherry, Neil Carter and Luke Bingham

#### PART I

#### 29 Minutes

The Minutes of the meeting held on 4 October 2018 were approved as a true and correct record and signed by the Leader.

#### 30 Health and Wellbeing Board Forward Plan

The Forward Plan was noted.

#### 31 Actions arising from previous meeting(s)

The list of actions arising from previous meetings was noted and updated as appropriate.

#### 32 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, but reported that as his interest was 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.

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.

Councillor Graham Jones declared an interest by virtue of the fact he was a pharmacy contractor, and reported that as his interest was personal and a disclosable pecuniary or

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other registrable interest, he would leave the meeting during any discussion which might arise relating to pharmacy provision.

### 33 Public Questions

There were no public questions submitted.

### 34 Petitions

There were no petitions presented to the Board.

### 35 Delivering the Health and Wellbeing Strategy Q2 2018/19

The Board considered a report (Agenda Item 8) regarding progress made by the Health and Wellbeing Board's sub-groups at quarter two of 2018/19 to deliver the Health and Wellbeing Strategy. Jo Reeves particularly drew members' attention to section 6 of the summary report which stated:

(1) The Mental Health Action Group (MHAG) agreed its desired scope for the 'crisis review', but had not been clear how this review would be resourced. In Q3 the CCG made a commitment to undertake a coproduced review of the crisis care pathway.

(2) Performance relating to Delayed Transfers of Care was showing as 'green' for quarters one and two of 2018/19. It was likely, however, that performance would not be sustained into quarter three as actions were taken to mitigate the forecast overspend in the Council's Adult Social Care budget and health-attributable delays also increased.

(3) The Health and Wellbeing Steering Group had allocated £11,185 from the Health and Wellbeing Priority Fund. The remaining balance of the Fund was £84,815.

Andrew Sharp wished to record his thanks to Katrina Anderson and Rabia Alexander from the Clinical Commissioning Group (CCG) for attending the MHAG. A productive discussion had been held and it was clear that they understood the challenges in mental health services. Andrew Sharp added that the MHAG needed to consider its approach to public engagement and expressed concern that without future Thinking Together events the connection with service users might be lost. The CCG had committed to undertake a review of the crisis care pathway and Andrew Sharp expressed the view this should include both lower and higher levels of crisis. It should be aligned to a review of assets in the voluntary sector and ensure gaps were identified.

Ian Mundy advised that the CCG had recognised a system wide review of mental health crisis care was required. Cathy Winfield endorsed this viewpoint because too often people thought only of the Berkshire Healthcare Foundation Trust service when a broader approach was needed.

Councillor Lynne Doherty sought reassurance that the Board had robust processes in place to ensure that sub-groups updated their performance indicators and provided their data. Dr Bal Bahia advised that the Chairman had met one to one with sub-group chairs to help to hone down on what their groups were trying to achieve and present this information in a way which would be useful for the Board. There was a range of softer benefits which had been achieved. Councillor Rick Jones endorsed this viewpoint and noted that only a few groups did not have completed datasets; this was mainly due to personnel changes.

Andrew Sharp noted that in some instances it had been difficult to identify chairs for the Board's sub-groups. He thanked Matthew Braovac, the outgoing independent chair of the MHAG for his service over 2018.

**RESOLVED that the Board noted the report.**

**36 Update on Priority One (Mental Health) for 2018/19**

The Board considered a report (Agenda Item 9) regarding the update from the Mental Health Action Group (MHAG) on their work around the Board's annual priority for 2018/19 to 'promote positive mental health and wellbeing for adults'.

Councillor Rick Jones noted that as Matthew Braovac had stepped down as the Chair of the MHAG, he had asked Matt Pearce to take on the role in the interim.

In addition to the information contained in the report, Matt Pearce explained that the MHAG was in the process of formalising activity into project plans for its four workstreams:

- Celebrate, promote and connect existing resources especially those who provide Community Navigation and Peer Support
- Exploring the introduction of a digital community resource directory for prevention, recovery and self-care
- Investigating preventable deaths from physical health conditions of people with serious mental illness
- Work with users and BHFT to co-produce improvements to patients experience when in crisis

The MHAG had successfully bid for the Board's Priority Fund to support Eight Bells for Mental Health and Open for Hope, two peer support organisations. Work would be undertaken to clarify key performance indicators.

Matt Pearce also explained that the NHS Long Term Plan had many implications for mental health including smoking cessation support, psychological therapies and perinatal mental health.

Cathy Winfield noted the recent headlines regarding the impact of social media and mental health; she warned that the Emotional Wellbeing website, referred to on page 33 of the agenda, should be appropriately moderated.

Councillor Graham Jones sought more information on what measures of success the MHAG would be using. Matt Pearce advised that initially, outcome measures would be used for the projects which received funding but he was conscious that impact and not just activity should be recorded.

Tandra Forster asked whether the group had the capacity to take a formal project approach. Matt Pearce advised that it did, so long as effort was shared across the system.

Councillor Lynne Doherty enquired how the MHAG's activities would dovetail with mental health services for children. Matt Pearce noted that a common query arose at the Board regarding relationships between the sub-groups and that had yet to be resolved.

Tessa Lindfield praised the group's exciting work and asked whether the MHAG needed anything from the Board in order to help establish links across the system. Andrew Sharp suggested that it would be helpful to look at key metrics across the system such as mental health admissions. Jo Reeves reminded members that the Board formerly had a system resilience dashboard which included those kinds of indicators but the Board had decided that there was sufficient oversight on those in other parts of the system. It had therefore decided to focus on monitoring the performance of its own programme. Cathy Winfield suggested that the best approach would be to track inputs while keeping an eye on the outputs. She was also optimistic that the new population health management programme would support the production of live data. Dr Bahia noted that the Board's

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Steering Group had a role to make links between different work areas and Board members had a role to deal with any blockages in the system.

Councillor Marigold Jacques asked how the MHAG worked with the community; Matt Pearce noted that there was a lot of input from the voluntary sector into the work of the group.

Councillor Rick Jones thanked everyone for the wide ranging inputs into the conversation which included some immediate and some strategic matters which would be considered as preparations for the next Health and Wellbeing Strategy commenced.

**RESOLVED that** the report be noted.

### 37 **West Berkshire Vision 2036**

The Board considered a report (Agenda Item 10) which presented the final version of West Berkshire Vision 2036 for the Board's approval.

Councillor Rick Jones advised that this document was not just a Council document but was to be shared and owned jointly between the partners of the Board. While the Strategy covered a four year period, this Vision took a longer term approach to considering the challenges and aspirations for West Berkshire. Amendments had been made to the draft based on the feedback received through the public consultation.

Andrew Sharp hoped that this was a living document and would be regularly monitored and refreshed. Councillor Rick Jones stated that while there was no detailed plan around the document, he hoped that it would be reviewed annually to ensure that the aspirations were still appropriate. Members supported reviewing the Vision annually.

Cathy Winfield highlighted that it would be useful for the CCGs if West Berkshire joined together with Reading and Wokingham in respect of their Health and Wellbeing Strategies.

**RESOLVED that** the West Berkshire Vision 2036 be approved and reviewed annually.

### 38 **Homelessness Strategy Group Winter Plan Update**

The Board considered a report (Agenda Item 11) which provided an update on the implementation of the Homelessness Strategy Group's (HSG) Winter Action Plan.

Councillor Rick Jones thanked Sam Headland for her time chairing the group and wished her well with her new job. The HSG would appoint a new chair at their next meeting.

Matt Pearce noted that the Winter Action Plan was agreed by the Board in October 2018 and some funding had been received from the government through the Rough Sleepers Initiative grant.

Sally Kelsall advised that the Council had commissioned winter provision from Two Saints to ensure that any individual with a local connection to West Berkshire at risk of rough sleeping between 1<sup>st</sup> November 2018 and 31<sup>st</sup> March 2019 could have access to shelter and daytime activities. The plan also included promotion of Streetlink, health and dental drop-in services and a dual-diagnosis worker. A 'make it happen' and a 'move on' fund had been established to enable people to move through Two Saints to independent accommodation and employment. The Homelessness Strategy Group meeting the following week would consider the Rough Sleeper Strategy.

Councillor Doherty stated that it was good to see the amount of work ongoing and asked for clarity regarding the official number of rough sleepers. Sally Kelsall advised that in November 2018 the official count was undertaken according to the government's prescribed methodology. In 2017 there were 20 rough sleepers, prior to the official count the number of known rough sleepers was 29 and in November 2018 the figure was 19.

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As of January 2019, there were 15 rough sleepers. The Housing Service had worked hard to enable people to move through supported accommodation and the Homelessness Reduction Act had extended the Council's powers to offer discretionary accommodation. West Berkshire Homeless had also accommodated people in halfway houses. Rough sleeper numbers fluctuated daily.

Tandra Forster enquired whether rough sleepers who were offered accommodation would be able to sustain their tenancies. Sally Kelsall advised that it would depend on the individual's support needs. The Housing First project sought to offer accommodation first and then put support in place to enable people with complex needs to sustain their tenancies. The project was funded for 18 months so the Housing Service was looking at the longer term sustainability of the project.

Andrew Sharp stated that he disagreed with the November 2018 official number of rough sleepers and expressed the view that the methodology was deeply flawed. Sally Kelsall advised that the Council also hosted the Rough Sleepers Task and Targeting Group which monitored individuals known to be, or have a history of, rough sleeping. Tessa Lindfield noted that the official government figure was to enable comparison between local authorities.

Councillor Quentin Webb asked whether data regarding the length of time an individual slept rough was analysed. Sally Kelsall confirmed that this information was tracked.

Andrew Sharp commented that considerable progress had been made in comparison to the situation the previous year. He noted that the temperature was -4C the previous night and local knowledge suggested 13 people slept outside. He expressed disappointment that joint working was good until disagreements over alternative accommodation arose. Sally Kelsall responded that in accordance with the Winter Plan, the Council had commissioned 25 additional places over winter, plus bed and breakfast accommodation so there was capacity to accommodate anyone still sleeping rough.

Andrew Sharp advised that a draft version of the plan had made reference to an overspill facility and as it had not been realised it was removed before the plan was presented to the Board in October 2018. In November 2018, an overspill facility was identified. The Homelessness Strategy Group had always known that there would be a small number of people who would never accept accommodation at Two Saints. Andrew Sharp also requested a breakdown of the Rough Sleepers Initiative spending and challenged that none had gone towards voluntary groups who supported rough sleepers. He stated that the number of rough sleepers should be agreed with local charities. Andrew Sharp suggested that the Health and Wellbeing Board should consider what lessons it could learn from how statutory partners worked with the voluntary and community sector. Councillor Rick Jones advised that Andrew Sharp was correct to raise his concerns but would like the Homelessness Strategy Group to discuss these at their next meeting before Board members got involved.

Councillor Graham Jones noted that rough sleepers were a hard to reach group and while there was capacity to accommodate them, people were entitled to make their own choices. He asked how this situation could be resolved. Sally Kelsall advised that the Rough Sleeping Strategy would outline a person centred approach and acknowledge that solutions could not take a one size fits all approach. It was likely that there would be small number of people who would choose not to engage with any offers of support and accommodation.

Tessa Lindfield praised the impressive reduction in the number of rough sleepers that had been achieved and asked how evidence of best practice was being used to inform decision making. Sally Kelsall advised that 33 Councils had benefitted from the Rough

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Sleepers Initiative funding and regular meetings were held with the other local authorities. The Housing Minister also made recommendations and the South East Public Health England team had supported the development of a longer term homelessness strategy.

Andrew Sharp noted that in the longer term, there was an opportunity to establish a health and wellbeing hub. The Homelessness Strategy Group should also look into hospital discharge arrangements for homeless people. Cathy Winfield advised that practice at the Royal Berkshire Hospital was good but other hospitals used by West Berkshire patients could be an area for improvement.

**RESOLVED that** the report be noted.

### 39 Educational Attainment of Children from Vulnerable Families

The Board considered a report (Agenda Item 12) regarding the 'red' performance for the action "to improve on 2015/16 Academic Year rankings for reading, writing and maths combined expected standard for disadvantaged pupils in KS2 in 2016/17 Academic Year."

Tessa Ford introduced the report which explained the reasons for the disappointing levels of performance, challenges around the definitions for 'disadvantaged pupils' and action being undertaken by Family Hubs, School Improvement and Public Health services to drive improved outcomes.

Councillor Mollie Lock noted that a school's rurality often made the provision of facilities more difficult. Registration for free school meals status was also challenging as this was a universal service until Key Stage 2. Tessa Ford advised that schools worked hard to encourage parents to take up Free School Meals status.

Councillor Mollie Lock expressed the view that the Family Hubs were not as effective as Children's Centres had been in ensuring early identification of issues, particularly in rural areas such as Lambourn.

Councillor Lynne Doherty thanked Tessa Ford for the detailed report and confirmed that improving educational attainment for disadvantaged children was a Council priority. She reported that Family Hubs were reaching more vulnerable families than Children's Centres had before them and ensured that there was coverage in rural areas. She was pleased to see alignment of activity to the wider determinants of health and noted that system working would be key to achieving success. While there had been positive progress at KS1 and KS4, West Berkshire was behind at KS2 despite efforts to make improvements. She thanked the Council's officers, head teachers and school staff for their hard work. Councillor Doherty asked the Board how they as system leaders might help a wider change to be achieved as 3000 children's social mobility was limited.

Andrew Sharp noted that CAMHS waiting times were an issue. Councillor Doherty noted that a larger proportion of West Berkshire's disadvantaged children had special educational needs (SEN), however support was provided when a need was identified, before a diagnosis was made. The Children's Delivery Group could consider how a whole family approach could be taken.

Cathy Winfield suggested that more links to the integrated health visiting service could be made.

Councillor Doherty noted that although the majority of children in West Berkshire achieved good outcomes, more focus was required on educational attainment and she hoped the Children's Delivery Group would prioritise this in future.

**RESOLVED that** the report be noted.

**40 Future in Mind: Local Transformation Plan Refresh**

The Board considered a report (Agenda Item 13) which sought approval of the Future in Mind Local Transformation Plan which was refreshed in October 2018.

Barry Stormont presented the report which outlined areas of strength and areas of challenge and development. He highlighted that West Berkshire had been successful in being selected alongside Berkshire West Clinical Commissioning Group (CCG), Reading Borough Council and Berkshire Healthcare NHS Foundation Trust to run a project to transform children's mental health.

Councillor Lynne Doherty supported the recommendation to approve the refreshed plan and was pleased to see the amount of work being undertaken, although she wished that it was not required. She referred to recent headlines regarding the use of social media by children and stated that legislative controls were required to safeguard children and young people. Participation in the national pilot for a mental health support team was testimony to the innovative work already being undertaken in West Berkshire. Garry Poulson supported the point about social media.

Councillor Mollie Lock advised that she had seen headlines that elsewhere in the country there was a problem at Key Stage One regarding children's violent behaviour; Barry Stormont advised that this was not a known problem in West Berkshire.

Andrew Sharp hoped that children's mental health would be considered as a priority for the Health and Wellbeing Board the following year.

Councillor Quentin Webb enquired upon the methodology used to select schools to participate in the trailblazer pilot. Barry Stormont advised that schools would be selected in order to compare and contrast results with schools involved in Reading's pilot.

**RESOLVED** that the report be noted.

**41 Delayed Transfers of Care in Berkshire West: Report from the LGA Peer Review**

The Board considered a report (Agenda Item 14) which set out the findings of the Local Government Association (LGA) Review into Delayed Transfers of Care and to update on current progress with implementing the recommendations.

Tandra Forster reported that the LGA had helped West Berkshire, Reading and Wokingham to identify ways in which they could collaborate, rather than compete, with each other. It had also helped that the previous year's target had been identified as incorrect. Consistent improvement had been seen as a result of implementing the recommendations made by the LGA including in the care market.

Councillor Quentin Webb noted that the Council's Overview and Scrutiny Management Commission had investigated performance around delayed transfers of care and was pleased to see that the problem had been identified as broader than just West Berkshire's actions. He was impressed that the solution was a more collaborative approach.

Ian Mundy noted that weekly hour long meetings were held between the local authorities and hospitals to 'sign-off' the delays. It ensured that system leaders had direct oversight.

In response to a question from Councillor Mollie Lock, Tandra Forster confirmed that the Council had a link worker at the Royal Berkshire Hospital in Reading and other hospitals used by West Berkshire patients.

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Councillor Marigold Jacques enquired about seven day working in care homes. Tandra Forster confirmed that while patients were discharged at weekends it was an area of development for all partners.

Andrew Sharp noted the workforce challenges, market pressures and demographic pressures. He queried whether the Health and Wellbeing Board should look into capacity.

Councillor Rick Jones recognised that workforce issues were highlighted in the West Berkshire Vision 2036 and stated that as a system wide response was required, not everything was in the scope of the Board. He praised the DTOC work as a great example of collaborative working and asked what factors would determine continued performance improvements. Tandra Forster advised that the care market was still the primary challenge rather than timely patient assessment. The market was experiencing workforce and quality issues.

**RESOLVED** that the report be noted.

### **42 2017/18 Annual West of Berkshire Safeguarding Adults Annual Report**

This item was not discussed. Members were asked to direct any queries to the Safeguarding Adults Board via Jo Reeves.

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

There were no questions submitted by Members.

### **44 Future meeting dates**

The next public meeting of the Health and Wellbeing Board would be held on 30 May 2019.

*(The meeting commenced at 9.30 am and closed at 11.30 am)*

**CHAIRMAN** .....

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