

Questions and Answers

Health and Wellbeing Board

Thursday, 22nd July, 2021

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Health and Wellbeing Board

22 July 2021

Questions and Answers



Public Questions as specified in the Council's Procedure Rules of the Constitution

(a) Question submitted to the Chairman of the Health and Wellbeing Board by Paula Saunderson:

“Concerning the Action notified in the 20th May 2021 meeting, to undertake a ‘Review of Continuous Health Care and its local application’, will this Action Arising be monitored by this Board, or will it be transferred to the new Health Scrutiny Board?”

The Chairman answered:

I said that we would look at this under item 161 on the action log. You can see from the action log that the progression of the review of CHC in Berkshire West is with the CCG to come back to us for our meeting in December, so we will look at that overall question, so far as this Board is concerned, in December.

So far as Health Scrutiny is concerned (and I made this comment at the last meeting of the Executive), I think it is very much for scrutiny committees to decide what they want to scrutinise. So I am not looking to interfere in anything that the Health Scrutiny Committee wants to do, and if they also want to look at Continuing Health Care, that is very much a matter for them, but it is something that I would be neutral on and would look forward to seeing what they did, if they did it.

The Chairman asked: *“Do you have a supplementary question?”*

Paula Saunderson did not have a supplementary question.

(b) Question submitted to the Berkshire West Clinical Commissioning Group by Paula Saunderson:

“In May 2021, the timescale for delivery of the ‘Review of Continuous Health Care results and its local application’ was ‘within 6 months’, please can you advise whether this is likely to be achieved?”

The Director of Place Partnerships answered:

The results of the local application will come back to the Health and Wellbeing Board. Niki Cartwright is overseeing the process and she is working very closely with stakeholders as well as users regarding that review process, so I think it will be a really good update that can be provided at the December meeting.

The Chairman asked: *“Do you have a supplementary question?”*

Paula Saunderson did not have a supplementary question.

(c) Question submitted to the Berkshire West Clinical Commissioning Group by Paula Saunderson:

“Please may I ask that the scope of the ‘Review of Continuous Health Care and its local application’ work does look at the process for applying for Standard Continuous Health Care for Family Unpaid Carers who are providing Domiciliary Care at home, who are not on the radar of an Adult Social Care department, with Berkshire West Clinical Commissioning Group providing clear diagrammatic flowcharts (Process Maps) for the Application Process on its web site?”

The Director of Place Partnerships answered:

Thank you for your question. I believe you are already in direct conversation with Niki Cartwright and she apologises that she can't be here today, but she really wanted to assure you and seek clarity for you regarding this question.

So to clarify, at the moment there is no national review of Continuing Healthcare, but Berkshire West CCG is reviewing the CHC functions, including the capacity review, so you should be already aware of that.

There is no process for an assessment of carers within CHC. Continuing Healthcare is a national assessment process, with nationally agreed eligibility criteria, which is delivered locally, and every CCG is required to apply the national criteria and process. So to clarify, there is no standard Continuing Healthcare or definition within Continuing Healthcare.

The Continuing Healthcare assessment process is to identify the needs of the individuals who require care and there is no care assessment within the Continuing Healthcare process. Anyone over the age of 18 can request a care assessment, or the CHC Team can provide details to the carers.

Also, Niki wanted to relay to you that as the CCG, we are working very closely with the healthcare teams by providing training to support health and care professionals in respect of their roles to the actual CHC process. There is checklist assessment and ensuring there is consent in place. This has been in place since the construction of the CHC Framework in 2007, and if professionals are unsure as to how to undertake any aspects of the process, the CHC Team has a Duty Nurse who can advise. So I feel that actually we have got a clear process, but I appreciate that you are directly in contact with Niki, and as the Chairman said, there is going to be an update about the process that will come back to the Health and Wellbeing Board.

The Chairman asked: *“Do you have a supplementary question?”*

Paula Saunderson asked the following supplementary question:

“I will have to listen to it back, but we know there are breakdowns in the process that's supposed to happen. Shall I take up examples within the group direct with Niki?”

The Chairman of the Health and Wellbeing Board answered:

Yes, please do.

(d) Question submitted to the Chairman of the Health and Wellbeing Board by Paula Saunderson:

“Does your new Health and Wellbeing Board Health Inequalities Task Force have within its scope the widely recognised Inequalities in Dementia Clinical Pathway and later stage Care provision in comparison to other Incurable Terminal Illnesses??”

The Chairman answered:

The purpose of the Taskforce is going to be to provide a coordinated approach to the work that we're doing to address inequalities. If you recall the last meeting, when we looked at the new strategy, I made the comment that health inequalities was a theme running right through it. You'll appreciate that it's a very wide remit for that work and not everything will sit directly under that Taskforce, but the Taskforce is intended to support the system as a whole making sure that we've got joined up working and we get the communication right between the various group members and the wider partnership.

So far as those living with dementia are concerned, they are an identified group within one of the priorities for the new strategy, and ensuring the dementia pathway is robust is a strategic objective within the 'supporting individuals at high risk of bad health outcomes to lead healthy lives' priority.

It's likely that the scope for that piece of work will sit with the Ageing Well Task Group in West Berkshire and alongside that, it will sit with the Berkshire West Dementia Steering Group - a system partnership along with the CCG and the other two local authorities within Berkshire West (i.e. Reading and Wokingham).

What I would say is that we are in the process of reviewing governance in light of the new strategy, in order to ensure that it is delivered in the best way. And one of those will be a fundamental, because inequalities is going to be a theme running through.

The Chairman asked: *“Do you have a supplementary question?”*

Paula Saunderson asked the following supplementary question:

“No. I've noticed that it is included in the strategy – dementia is mentioned explicitly on page 17 - and I have faith in your process to ensure that the inequalities of it as a disease are covered.”

The Chairman answered:

We will be looking at the delivery plan in due course. It's all very well having a strategy, but you've got to deliver it. And we'll also be looking at the existing plan and its KPIs later on in the meeting.

(e) Question submitted to the Chairman of the Health and Wellbeing Board by Paula Saunderson:

“Please may we have a Structure Chart which explains the fit and headline purpose of the various boards and task forces relating to Health and Wellbeing to include established and newly formed bodies and projects?”

The Chairman answered:

My general comment in response to this question is that it is a 'work in progress', because I am certainly looking at the structure of the Board and the structure of the various bodies that sit underneath it. I doubt that we are going to end up with a structure chart that has the purposes embedded within it – I think it's far more likely that we have a structure chart, and sitting alongside that are a terms of reference that explain what each of those pieces within the jigsaw is going to be doing.

We will look at the proposed terms of reference for the Building Communities Together Partnership and the Domestic Abuse Board later on in the meeting and that will give you a flavour as to where we're going with those and how we explain what's going on.

So what's going to happen is that the Health and Wellbeing Board governance arrangements are going to be reviewed over the summer, and that's going to tie up with the new strategy and the delivery plan in order to make sure that we align the bodies that sit under the Health and Wellbeing Board with those strategic purposes and with that delivery plan.

As you know, we've already got some new functions – the Domestic Abuse Board is one example, and another one is the responsibility with respect to violence reduction (we had a discussion of that fairly recently). As soon as we've bottomed all of this out and we have formed a new structure chart, I'll ensure that it is published on the website and those terms of reference will be published as well.

So far as other partnership boards that fit in with the Health and Wellbeing Board (e.g. the ICS and ICP), that is really a matter for those entities to publish their own structure charts, but where they do, I will ask officers to ensure we have the link to those, so to the extent that we can, we have one central library of information on our own website.

The Chairman asked: *"Do you have a supplementary question?"*

Paula Saunderson asked the following supplementary question:

'Could that be included in the Strategy or the Delivery Plan, because the previous Health and Wellbeing Strategy did have a kind of picture of all the bodies involved in delivering the strategy? There's nothing in this one and that's feedback I've given on the document. I just think it helps pictorially for people to realise how many different bodies there are involved.'

The Chairman answered:

I fully appreciate that and that's what I mean by 'this is a work in progress'. I intend to end up with a structure plan, and whether it is sitting as a formal part of the delivery of the strategy or not, I certainly intend to have one and have that published on the website so everyone can see it, and link it to those terms of reference.

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