

**MINUTES OF AN EXTRAORDINARY MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON THURSDAY 30 JANUARY 2014 FROM 5PM TO 7PM**

Present:-

Charlotte Haitham Taylor	Executive Member for Children's Services
Julian McGhee Sumner	Executive Member for Health and Wellbeing
Prue Bray	Opposition Member
Stuart Rowbotham	Director Health and Wellbeing
Dr Stephen Madgwick	Wokingham Clinical Commissioning Group (Vice Chairman in the Chair)
Katie Summers	Wokingham Clinical Commissioning Group
Nick Campbell-White	Healthwatch Wokingham Borough
Andy Couldrick	Community Safety Partnership (substituting for Chief Inspector Rob France)
Clare Rebbeck	Place and Community Partnership
Beverley Graves	Business, Skills and Enterprise Partnership

Also present:-

Darrell Gale, Consultant in Public Health

Madeleine Shopland, Principal Democratic Services Officer

Jim Stockley, Healthwatch Wokingham Borough (item 56)

Dr Cathy Winfield, Chief Officer, Berkshire West CCGs

Mike Wooldridge, Senior Manager Improvement and Performance

Dr Johan Zylstra, Wokingham CCG

PART I

51. APOLOGIES

Apologies for absence were submitted from Councillor David Lee and Chief Inspector Rob France.

52. DECLARATIONS OF INTEREST

There were no declarations of interest received.

53. PUBLIC QUESTION TIME

There were no public questions received.

54. VOLUNTARY SECTOR QUALITY ASSESSMENT

Clare Rebbeck took the Board through a proposal from the Wokingham Voluntary Sector Forum regarding a quality assurance standard for the voluntary sector.

During the discussion of this item the following points were made:

- The Forum had recognised the need for a quality assurance standard for the voluntary sector and after exploring several models it had found Simple Quality Protects (SQP) to be fit for purpose with the flexibility to be a tailor made tool for Wokingham. Many tools already available were expensive and complex for smaller organisations.
- Once a tool was developed it was hoped that the Health and Wellbeing Board would recommend and endorse the tool, promoting its recognition by commissioners.

- Stuart Rowbotham commented that he was pleased that the proposal would be self-financing. Clare Rebbeck commented that whilst organisations would be encouraged to undertake the accreditation they would not necessarily be expected to do so.
- Beverley Graves commented that she thought that a quality assurance standard would be beneficial and asked how longevity of the process could be ensured. Clare Rebbeck indicated that the Wokingham Voluntary Sector Forum would purchase the initial licence then provide support to reach the standard. Longevity would be brought about by recognition and promotion to different groups.
- Katie Summers indicated that she thought it to be a good idea. Clare Rebbeck commented that the details behind the tool would be developed.
- Dr Madgwick stated that he would like to see some tie in with the partnership development fund.

RESOLVED: That the Health and Wellbeing Board:

- 1) recognises the need for such a tool (quality assurance standard) and recommends the input from partners to develop the standard;
- 2) endorses the Quality Assurance Model as a tool for the Voluntary Sector of Wokingham and strategic partners to use once developed.

55. ROYAL BERKSHIRE NHS FOUNDATION TRUST 2013/14 QUALITY ACCOUNT CONSULTATION

The Board had received a consultation document from the Royal Berkshire (RBH) NHS Foundation Trust 2013/14 regarding its 2013/14 Quality Accounts.

During the discussion of this item the following points were made:

- The Trust was developing its priorities for the next five years and these would form the key objectives of its Quality Improvement Strategy. The Trust was also developing the key priorities for 2014/15 to be included in its Quality Accounts. The Board was asked which of the proposed priorities it would most like to see reflected in the next year's Quality Account. Six priorities would be developed which would be reported on publicly. These priorities should include at least one from each aspect of quality of care: patient safety, clinical effectiveness and patient experience.
- The Board was informed that Debbie Daly, Nursing Director for the Berkshire West CCGs was producing a response to the consultation from the CCG.
- Prue Bray commented that she did not feel able to comment on the medical aspects but she had received a lot of feedback from residents regarding the administration and appointment systems and difficulties parking at the main RBH site. Julian McGhee Sumner commented that he too had received a lot of feedback from residents on these matters. Also many elderly residents often preferred to see the same practitioner and found seeing more than one practitioner, confusing.
- With regards to the proposed priority 'Improve the availability of car parking at the main site', Nick Campbell-White indicated that Healthwatch Wokingham Borough had met with the Trust's Interim Chief Executive regarding increasing car parking at the main site. Healthwatch Wokingham Borough was also trying to engage with the University of Reading about their empty car parks around the hospital.
- Clare Rebbeck emphasised that the lack of parking at the hospital was a big issue for volunteer drivers. This had been flagged up at the recent Transport Forum and raised with David Cook, lay member for the Wokingham CCG.
- Darrell Gale highlighted the priorities which he had identified as being of particular importance; 'Reduce harm by improving performance in the 4 Safety thermometer

areas,' 'Integration of elderly care/end of life care: pathways across acute & community to improve care', 'To reduce the rate of emergency & elective readmissions', 'Reduce Maternity C-section rates,' 'Mortality: To improve weekend HSMR' and 'Improve staff attitude & behaviours.'

- Dr Madgwick commented that with regards to the clinical aspects, many of the priorities were being looked at by clinical committees.
- Clare Rebbeck commented that the number of medication errors appeared high in comparison to national figures.
- Beverley Graves questioned whether there was a correlation between 'Improve clinical presence /staffing levels at weekends and night (7 day working)' and 'Mortality: To improve weekend HSMR.'
- Nick Campbell-White indicated that Healthwatch Wokingham Borough had focused in particular on those priorities grouped under the Patient Experience heading and put forward the following priorities; 'Improve staff attitude & behaviours.,' 'Reducing length of stay through delayed transfers of care and improved discharge planning,' 'Improve administration systems (to improve booking processes, reduce cancellations)' and 'Improve the availability of car parking at the main site.'
- Katie Summers questioned the inclusion of 'Reduce Maternity C-section rates' as whilst the number of elective C-sections were higher than the expected rate, the number of emergency C-sections was not. She went on to state that the accuracy of clinical coding was a recurring issue.
- The Board agreed that it would like the Trust to focus on the following priorities;
 - Reduce harm by improving performance in the 4 Safety thermometer areas:- Venous thromboembolism, Urinary tract infections, Pressure ulcers and Falls;
 - Mortality: To improve weekend HSMR;
 - Improve staff attitude & behaviours;
 - Improve the availability of car parking at the main site;
 - Reducing length of stay through delayed transfers of care and improved discharge planning and;
 - Improve administration systems (to improve booking processes, reduce cancellations).

RESOLVED: That a response from the Health and Wellbeing Board, to the Royal Berkshire NHS Foundation Trust 2013/14 Quality Account Consultation, be collated and returned by the 31 January 2014 deadline.

56. BETTER CARE FUND

Stuart Rowbotham and Katie Summers took the Board through the outline of the proposed Better Care Plan and progress made to date.

During the discussion of this item the following points were made:

- The Better Care Fund had been announced in June as part of the 2013 Spending Round and provided an opportunity to transform local services so that people were provided with better integrated care and support.
- In 2014/15, an additional £200m would be transferred to councils (on top of the previously announced £900 million transferred from health to social care) to prepare for the Better Care Fund. Wokingham's share of this additional £200m would be £335,000 and would be subject to submission of a two year spending plan for the Better Care Fund. In 2015/16 £3.8 billion nationally would be available to be spent locally on integrated and improved health and care services. Wokingham's share of this would be £8.04 million. £1 billion of the national fund released in 2015 would however be performance related.

- Board members were reminded that this was not new money but money already allocated to Health and Social Care which would be transferred into pooled budgets. Nevertheless, the CCG would ensure that a good tranche of approximately £8million would come unallocated.
- Local authorities and Clinical Commissioning Groups were required to submit a jointly developed plan detailing how the fund would be spent to meet the national conditions and how this would impact on local services against a number of performance measures. The Health and Wellbeing Board had to agree and sign off the plan.
- The deadline for the submission of the draft plan to the Local Government Association and NHS England was 14 February 2014. A final Better Care Fund plan was due by 4 April 2014. Katie Summers stated that greater engagement with stakeholders following 14 February was required.
- A number of proposed initiatives had come to the fore following the public 'Call to Action' event in November
- In response to a question regarding cost allocations, Stuart Rowbotham emphasised that any figures provided at this stage were still broad figures and as such should be treated with caution. For some initiatives Wokingham would look to coordinate with the Berkshire West Partnership and beyond.
- Stuart Rowbotham emphasised that timescales had been very tight and the plan presented was still a work in progress. A number of areas including connecting the mental health system and children's services required further focus. There were huge opportunities for the voluntary sector to be involved but this too needed to be brought out more in the plan.
- Katie Summers outlined the national conditions which the Better Care Fund Plan had to deliver on. Clare Rebbeck asked what would happen if the conditions were not met. Dr Winfield explained what action could be taken.
- With regards to the performance metrics Stuart Rowbotham indicated that the reablement area was performing less well.
- Board members discussed areas where they felt that the draft plan could be further enhanced. Charlotte Haitham Taylor commented that she had had some concerns regarding the children's element of the plan and was pleased that this would be enhanced. She also commented that she felt that more detail regarding carers and young carers and local area indicators could be added and a business case developed for each proposed initiative. Darrell Gale emphasised that mention should be made of data protection and prevention from a public health view point.
- The Wokingham Integrated Strategic Partnership had worked to scope and define the integrated pathway and to develop remodelled service designs to feed into the service re-specification. The Board went through each of the proposed initiatives in detail.

A Single Point of Access for local health and social care services in Wokingham:

- Berkshire Healthcare Foundation Trust had developed a Health Hub which operated across the West of Berkshire, through which all referrals from professionals for healthcare services were channelled. GPs and the Royal Berkshire NHS Foundation Trust both found the system useful.
- It was proposed that the hub be developed further to extend to all local health and social care services and become a true single point of access for all local services for Wokingham. There would be a single telephone number.
- Prue Bray commented that no mention was made of out of office and weekend arrangements and that this should be made clear.

Integrated Short term Health and Social care team:

- This project would bring together the existing START (short term assessment and reablement team) with Intermediate Care into a single short term intervention team under a single manager and with a shared resource and budget. The teams would be co-located in Wokingham Community Hospital from February. This represented a positive step towards integrating services.
- Stuart Rowbotham commented that there could be roles for the voluntary sector.
- Katie Summers stated that trying to prevent people going into acute services would likely place pressure on support services. It was suggested that an additional £0.5m-£750,000 would be required for this service.

A Hospital at Home Service:

- A business case was being developed. Potential costings for the project had been considered by the CCG.
- It was anticipated that the project would cost between £700,000-£1.2/£1.5m. Some Board members felt that this figure was quite low. Dr Zylstra emphasised that it was anticipated that patients would not use the service for more than 7 days.
- Prue Bray suggested that the relevant section of the plan be reworded to highlight that the Hospital at Home Service was also available to adults other than the frail elderly.

Enhanced Care and Nursing Home Support:

- The aim of the initiative was to reduce non-elective hospital admissions from care homes through the introduction of a GP enhanced community service. Each care home would have a named GP who was their principal point of contact with the general practice looking after their residents.
- In addition increasing the community pharmacist resource would ensure the community pharmacist would be able to visit each care home twice a year to undertake medication reviews and provide training on medicines to care home staff.
- New residents would be assessed within a few weeks of moving into the home and again 6 months later.
- Katie Summers commented that the initiative had the commitment of the GPs. Partnership working between care home providers, community geriatricians and health and care staff would be strengthened.
- The number of frail elderly entering A&E had been increasing and it was hoped that this initiative would help to decrease this number.
- Prue Bray asked for the care homes' views of the initiative. Katie Summers indicated that there was a Care Homes Working Group on which a Care Homes representative sat. The proposed initiative had been well received.
- Clare Rebbeck asked whether promotion of an advocacy service for self-funders had been considered. Stuart Rowbotham stated that should the Care Bill be enacted the Council would have a greater duty towards self-funders which would help bridge any gaps.
- Charlotte Haitham Taylor questioned why care homes for adults with a learning disability were not included. Katie Summers commented that the initiative could be extended if successful.
- Stuart Rowbotham reminded the Board members that Wokingham had been a pilot area for entrenching health checks for those with learning difficulties.
- The initiative would cost approximately £144,000.

Streamlined or integrated Assessment:

- Investment would be made to develop a model of assessment and care planning which was based around people's needs, would not duplicate assessments, respect the knowledge and wishes of those being assessed and enable people to have control over their care plan.
- It was noted that this would be developed at a Berkshire West level or wider to achieve consistency, a process for assessment of frail elderly people and the ability to share assessment information electronically. Darrell Gale suggested reference be made to data protection at this point in the plan.
- It was anticipated that this would cost approximately £40,000.

Joint Information:

- It was agreed that this be retitled Joint Information and Better Integrated IT Systems.
- Katie Summers emphasised that the ability to share patient data electronically across healthcare and social care settings would enable clinicians and care staff to make better informed judgements about the care they provided or arranged. It would also reduce people having to provide the same information to different organisations.
- Clare Rebbeck asked how data would be shared with the third sector and was informed that this depended on the data. Stuart Rowbotham stressed the need for clarity regarding child protection issues.
- Safeguards within the systems were discussed.
- The project was expected to cost in the region of £250,000, which was primarily for training and development. An additional £137,000 of capital had also been identified.

Supporting People to Self-Care:

- This initiative built on national pilots regarding self-care and personal health budgets. It linked in with other initiatives particularly the development of primary care and neighbourhood clusters.
- Supporting people to self-care would require a focus on better information, support to help with care co-ordination and planning and making best use of new technologies and assistive technology.
- The initiative would cost approximately £500,000.
- Darrell Gale suggested that it be retitled 'Prevention and Self-care' and that more information regarding the need to increase self-care, be included. He went on to comment that this initiative tied in with the Public Health Strategy.
- Charlotte Haitham Taylor asked that more detail regarding target groups and the possible impact be provided.

Development of functions and services at Wokingham Hospital:

- A view expressed during the 'Call to Action' was that Wokingham Hospital was not being utilised as effectively as possible.
- At present the Wokingham Hospital provided rehabilitation, intensive nursing or end of life care but not diagnostic services, meaning that patients had to travel to and from the Royal Berkshire Hospital to access these services. It was proposed that the services at Wokingham Hospital be expanded to include x-ray, blood analysis, ultrasound and pathology for outpatients as well as inpatients.
- Julian McGhee Sumner commented that the £400,000 allocated seemed low.
- Charlotte Haitham Taylor enquired whether car parking would be increased at the Community Hospital if the services offered were increased.

- A number of Board members expressed reservations and felt that the proposal required further work. It was noted that it was easier for some residents to travel to the Bracknell clinic.
- Prue Bray stressed that she believed that it should be made clear that a strategic look at the hospital and how it could better provide services would be taken.
- It was suggested that this initiative be outside the bid at present.

Integrating acute and social care working at the Royal Berkshire Hospital:

- This proposed a greater Social Work presence in the acute hospital which it was hoped would have a positive impact on discharge planning.
- Stuart Rowbotham indicated that this could cost in the region of £100,000.

Step up and down facilities:

- This put forward the development of potential sites within Wokingham providing links into short term reablement /intermediate care, increasing capacity and broadening options and the range of services to give an enhanced reablement function.
- Capital for an extra care scheme was already in place. This initiative would cost approximately £500,000.

Night Sitting Carers Service:

- Part of longer term support to people at home and avoiding care home placement.
- The initiative would cost approximately £300,000.

7 day services:

- 7 day services were a condition of the fund and had been interwoven through all the other initiatives. Board members felt that this should not be included as a bid in its own right but that it should be highlighted at the start of the Wokingham Better Care Fund Plan.

Primary Care Enhanced hours:

- Board members learnt that it was proposed that 'neighbourhood clusters' be developed to supporting those with long term conditions. Dr Madgwick explained that GP practices could lead on a neighbourhood basis. Clusters would have input from housing, social services and others but would be medically driven.
- The primary care element would be based on £5 per head for the registered population (around £742,000) and the neighbourhood clusters would cost in the region of £500,000.
- Stuart Rowbotham indicated that the protection of social care services and Care Bill abilities could cost a further £1.5million, although there was more to understand around these costs.
- At present there was insufficient capacity to implement all of the suggested initiatives and a further £150,000 was proposed for an Implementation Team.
- Charlotte Haitham Taylor suggested that Judith Ramsden be further involved in ensuring that the plan also met children's needs.
- Board members agreed that although further work to the plan was required to ensure that it was balanced, it was a good and ambitious plan.

RESOLVED: That:

- 1) the outline of the proposed Better Care Plan and progress made to date in relation to developing the plan for the submission of a draft to the Local Government Association and NHS England by 14 February 2014, be noted and supported.

- 2) authority be delegated to the Chairman and Vice Chairman of the Board to sign off any agreed amendments to the proposed Better Care Plan.

These are the Minutes of an Extraordinary Meeting of the Health and Wellbeing Board

If you need help in understanding this document or if you would like a copy of it in large print please contact one of our Administrators.