

**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON 11 FEBRUARY 2016 FROM 5.00 PM TO 7.10 PM**

Present

Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Superintendent Rob France	Community Safety Partnership
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Lois Lere (substituting Katie Summers)	NHS Wokingham CCG
Judith Ramsden	Director of Children's Services
Stuart Rowbotham	Director of Health and Wellbeing
Nick Campbell-White	Healthwatch
Kevin Ward	Place and Community Partnership Representative
Clare Rebbeck	Voluntary Sector representative
Hilary Turner (substituting Nikki Luffingham)	NHS England

Also Present:

Madeleine Shopland	Principal Democratic Services Officer
Jim Stockley	Healthwatch Wokingham
Darrell Gale	Consultant in Public Health
Carolyn Lawson	Urgent Care Lead, Berkshire West CCGs
Helen Clark	Assistant Chief Officer, Berkshire West CCGs

73. APOLOGIES

Apologies for absence were submitted from Councillor Julian McGhee-Sumner, Nikki Luffingham, Katie Summers and Dr Cathy Winfield.

74. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 10 December 2015 were confirmed as a correct record and signed by the Vice Chairman.

75. DECLARATION OF INTEREST

Councillor Haitham Taylor declared a Personal Interest in Agenda Item 86 Urgent & Emergency Care Review – Progress Report and Item 87 Berkshire West Primary Care Strategy on the grounds that her husband's company was contracted to undertake work for NHS 111 services elsewhere in the country.

76. PUBLIC QUESTION TIME

There were no public questions received.

77. MEMBER QUESTION TIME

There were no Member questions received.

78. HEALTH AND WELLBEING

79. JOINT STRATEGIC NEEDS ASSESSMENT

The Board was informed that the Joint Strategic Needs Assessment (JSNA) microsite was nearing completion.

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

- Approximately half of the chapters had been uploaded. Some chapters were still outstanding. Each chapter took some time to upload.
- The JSNA was a live document and would be updated quarterly. Councillor Bray questioned whether this was achievable in light of the length of time it took to upload data. Darrell Gale informed the Board that it would be.
- Darrell Gale demonstrated the new microsite.
- Public Health was looking to launch the new microsite from March. The existing JSNA would be taken down from the Council's website at the same time.
- Superintendent Rob France questioned whether the accessibility guidelines had been met and was assured that they had.
- It was anticipated that going forwards the JSNA would provide 'one version of the truth' which could be referred to by the different commissioners and organisations.
- Judith Ramsden asked whether the microsite included a key words function. Darrell Gale indicated that it did not at this stage.
- Stuart Rowbotham commented that the new microsite was more initiative than the previous document.
- Testing around live situations had taken place.
- Kevin Ward asked whether feedback had been sought from the public. Councillor Baker proposed that for the first 12 months that the microsite was active a popup encouraging users to undertake a survey giving feedback appeared when users clicked on the microsite.

RESOLVED: That

- 1) the new JSNA and the microsite, specifically the navigation, content and structural design be endorsed;
- 2) the finalisation of the content upload and chapter synthesis be supported;
- 3) the launch of the JSNA in March 2016 through social media, newsletters etc. be supported.

80. DRAFT PUBLIC HEALTH ANNUAL REPORT

Dr Llewellyn presented the Draft Public Health Annual Report.

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

- The Director of Public Health was required to produce an annual report on the health of the local population.
- Dr Llewellyn commented that much of the Board's focus that year had been on the frail elderly. She had chosen to focus on children's health and some of the inequalities around them in her draft annual report.

- It was noted that 20 years ago mortality in the UK for under 19 years compared favourably with the rest of Europe. However, now the UK had one of the highest rates. The Board noted infant mortality rates for Berkshire.
- Inequalities for children included obesity and there was a link between obesity and deprivation.
- Dr Llewellyn highlighted the impact of education. Those who were better educated tended to be healthier.
- Councillor Haitham Taylor asked that where the report referred to Looked After Children it be amended to read Children in Care. It was noted that Children in Care often had poorer life outcomes.
- Councillor Haitham Taylor highlighted the importance of a good start in life. She expressed concern regarding the speed of the progress made against the CAMHs Strategy for Children in Care.
- The information relating to free school meals had since been updated.
- Judith Ramsden welcomed the report's emphasis on children's health and wellbeing. She referred to the acceleration of the CAMHs agenda and the need to focus on the pre-birth agenda. The Children and Young People's Partnership's continued to work hard regarding CAMHs.
- Judith Ramsden went on to question the role the Health and Wellbeing Board had to play in breaking the cycles of deprivation and narrowing the gap. Dr Zylstra asked how the Board saw its role in meeting challenges. It was agreed that Judith Ramsden and Dr Llewellyn would bring back some options to a future Board meeting.
- Hilary Turner commented that some councils had included children's projects in their Better Care Fund Plans.
- Dr Zylstra commented that similar in depth looks at other areas would be helpful. For example the 40-65 age group were the highest A&E attendees. Dr Zylstra questioned what more could be done to address this.

RESOLVED: That the Draft Public Health Annual report be noted.

81. PERFORMANCE

82. PERFORMANCE METRICS

Stuart Rowbotham, Director of Health and Wellbeing, presented the Performance Metrics.

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

- It was suggested that the suite of indicators be reviewed after the Health and Wellbeing Strategy was refreshed to ensure that indicators related to more of the Borough's population, children for example.
- Board members agreed that the Key and the Direction of Travel arrows were confusing and could be clearer.
- It was proposed that further context be provided in the commentary section in the future. The Performance Metrics could be simplified.

RESOLVED: That the Performance Metrics be noted.

83. ORGANISATION AND GOVERNANCE

84. URGENT & EMERGENCY CARE REVIEW - PROGRESS REPORT

Carolyn Lawson, Urgent Care Lead, Berkshire West CCGs presented the Urgent & Emergency Care Review Progress Report.

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

- Urgent and emergency care was one of the new models of care set out in the NHS Five Year Forward View. The Urgent and Emergency Care Review proposed a fundamental shift in the way urgent and emergency care services were provided.
- The patient offer for 2020 would be:
 - A single number – NHS 111 – for all your urgent health needs;
 - Be able to speak to a clinician if needed;
 - That your health records are always available to clinicians treating you wherever you are (111, 999, community, hospital);
 - To be booked into right service for you when convenient to you;
 - Care close to home (at home) unless need a specialist service;
 - Provide specialist decision support and care through a network.
- Carolyn Lawson outlined the vision for future systems. It was a challenging vision and would not be a quick fix.
- NHS England had been working with stakeholders on transformational change.
- NHS England had developed a route map that outlined high-level expectations to support networks and System Resilience Groups in prioritising their delivery of the Review.
- Monitor and NHS England had published “*Urgent and emergency care: a potential new payment model*”, which highlighted potential payment options and provided guidance on how a new payment approach might be implemented in practice.
- With regards to NHS 111, it had been agreed that an integrated NHS 111/Urgent Care Service for Thames Valley would be commissioned. Patients who required it would be offered immediate access to a wide range of clinicians, both experienced generalists and specialists. This model would also offer advice to health professionals locally, such as paramedics and emergency technicians, so that no decision need be taken in isolation.
- Board members were reminded of the role of the Berkshire West Urgent Care Programme Board.
- In response to a question from Dr Llewellyn, Dr Zylstra emphasised that the report set out the basic structure of the system and there was more work to be done. Carolyn Lawson explained that the infrastructure behind the system was under consideration.
- Councillor Haitham Taylor asked whether there was an opportunity to feed in as a Health and Wellbeing Board.
- Clare Rebbeck expressed concern regarding GP capacity, particularly in light of the forthcoming development of the Strategic Development Locations. She indicated that Montague Park residents had been signposted to Wokingham Medical Centre as the nearest surgery. However, many of them had been unable to get appointments or had opted to remain registered at their previous surgery.
- Councillor Bray questioned whether there was likely to be financial consequences for commissioning in Wokingham and was informed that it was not a likely result of the NHS 111/Urgent Care Service procurement.

RESOLVED: That

- 1) the report and the action being taken nationally and locally to deliver the objectives of the “Urgent and Emergency Care Review” be noted.
- 2) how the local health and social care system currently works in partnership to support good patient flow around the system, which is critical is to the success of our local urgent and emergency care system, be noted.

85. BERKSHIRE WEST PRIMARY CARE STRATEGY

Helen Clark, Assistant Chief Officer, Berkshire West CCGs presented the Berkshire West Primary Care Strategy.

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

- The Primary Care Strategy set out the vision for sustainable, enhanced primary care services which would play a key role in delivering out-of-hospital care for patients as described in the CCG’s Strategic Plan. Helen Clark explained that the Strategy was a high level document and more work would be undertaken going forward.
- The Strategy’s development had been overseen by the Joint Primary Care Commissioning Committee on which the Health and Wellbeing Board was represented.
- Engagement events had been held and an online consultation carried out.
- Key messages from the public engagement were that there was a desire for Saturday appointments but less so for Sunday appointments. Many practices now offered Saturday appointments. There was a willingness to access primary care in new ways such as using online appointments. Patients wanted continuity and a named GP for long term conditions but were less concerned about seeing a named GP for urgent appointments.
- The CCG had applied to move to a fully delegated co-commissioning arrangement with effect from 1 April 2016. In response to questions from Board members Dr Zylstra commented that should a decision be taken regarding a service which would be commissioned from a GP, that GP would be excluded from voting on the decision. There were strict guidelines in place.
- Helen Clark outlined the five strategic objectives within the Strategy.
 - Addressing current pressures and creating a sustainable primary care sector.
 - Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting;
 - Managing the health of a population by working in partnership with others to prevent ill-health. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home;
 - Using new approaches and technologies to improve access and patient experience, ensuring that the needs of patients requiring urgent primary care were met appropriately and appointments were available in the evenings and at weekends;
 - Making effective referrals to other services when patients will most benefit.

- With regards to Strategic Objective 1, work was being carried out to address the workforce challenge. Board members were informed of Physician Associate training offered by the University of Reading.
- With regards to Strategic Objective 3, greater emphasis was being placed on prevention and putting patients in control of their own care planning.
- With regards to Strategic Objective 5, it was noted that an additional 476 appointments a week had been commissioned in Wokingham.
- The Board was informed that the CCG had developed a draft Estates Strategy.
- Kevin Ward asked how the strategy objectives would be achieved and was informed that work around the implementation was ongoing.
- Councillor Bray asked whether the CCG was confident that the Strategy could be delivered. Helen Clark commented that it would not be easy due to the pressure on primary care.
- The Board discussed new ways of working in Primary Care. A move away from a GP focused model was likely.
- Clare Rebbeck asked whose responsibility it was to educate people regarding prevention and self-care.
- Dr Zylstra commented that the same people often attended engagement events and that it was important to also hear the views of other parts of the community.
- Judith Ramsden emphasised that it was vital that there was a line of accountability to the Health and Wellbeing Board.

RESOLVED: That the Berkshire West Primary Care Strategy be endorsed.

86. HEALTH AND WELLBEING BOARD SUB-COMMITTEE - PRIMARY CARE

The Board considered a report which proposed the dissolution of the Health and Wellbeing Board Sub Committee.

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

- The Board was informed that the Health and Wellbeing Board Sub-Committee's Terms of Reference were misdirected; the sub-committee had no locus to carry out its purported aims.
- The Department of Health had determined that Clinical Commissioning Groups would be responsible for commissioning Primary Care and a local Joint Primary Care Co-Commissioning Committee had been established for that purpose. A Primary Care Commissioning Strategy had been published which had been presented to the Health and Wellbeing Board.
- The Health and Wellbeing Board was a key consultee for Primary Care commissioning matters, both with regard to the Primary Care Commissioning Strategy and primary care infrastructure planning consent applications. Through these mechanisms the Health and Wellbeing Board would continue to exercise its influence regarding the development of local primary care services.
- It was felt that the continued involvement of the Sub Committee would add bureaucracy and create confusion.

RESOLVED: That the Health and Wellbeing Board Sub-Committee –Primary Care be dissolved.

87. CHILDREN'S SAFEGUARDING OFSTED REPORT AND THE LOCAL SAFEGUARDING CHILDREN'S BOARD OFSTED REPORT

Judith Ramsden, Director of Children's Services updated the Board on the Children's Safeguarding Ofsted report and the Local Safeguarding Children's Board (LSCB) Ofsted report.

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

- Ofsted's findings had been published on 5 January. The results of the inspection had validated the self-assessment undertaken by the Council.
- Ofsted had indicated that it would expect to find the Service at 'Good' level in a few months' time.
- The Ofsted report had identified strong leadership and governance. The need for some improvements regarding management had also been identified. This was being addressed.
- Recommendations 3 and 4 of the Ofsted report were particularly relevant to the Health and Wellbeing Board.
- Recommendation 3 - Accelerate the implementation of the joint local authority and clinical commissioning group emotional health strategy to ensure better and quicker access to emotional and mental health support for children and young people.
- The Local Safeguarding Children's Board wanted to bring to the Health and Wellbeing Board's attention the fact that the average length of time spent in the ASD pathway was 2 years. Consideration should be given as to how this could be addressed.
- Recommendations 4 - With partners, ensure that there is an effective integrated service pathway for all children and for young people in transition.
- There were some good transition plans in place and also some examples of poor planning.
- Judith Ramsden noted that an update from the Children and Young People's Partnership on the Early Health and Innovation Project was scheduled for the Board's April meeting. She suggested that alternatively an update on the changes made in response to Recommendation 3 be provided.
- Lines of accountability for progressing the two recommendations needed to be established.
- Dr Zylstra commented that a notice of challenge had been issued to the CAMHs provider. The relevant information requested would be provided to the CCG as commissioners and the Health and Wellbeing Board would be informed of the outcome. Judith Ramsden indicated that she would want to be informed prior to their issue of any future notice of challenge regarding CAMHs. More radical thinking was required to take pressure off of the system.
- Nick Campbell-White commented that Healthwatch Wokingham Borough had concerns regarding workforce levels in CAMHs. He questioned whether greater use could be made of ARC. Dr Zylstra reminded the Board that the CCG was not the primary commissioner of ARC.

RESOLVED: That the presentation on the Children's Safeguarding Ofsted report and the Local Safeguarding Children's Board (LSCB) Ofsted report be noted.

88. UPDATE FROM BOARD MEMBERS

The Board received updates from several Board members.

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

Business, Skills and Enterprise Partnership:

- Beverley Graves provided an update regarding objective 1d. 'Improving the life chances and wellbeing of disadvantaged young people (Not in Employment, Education and Training) aged 16-25 years) in the Borough' and 1e. 'Enabling the older working population to work in fulfilling, productive employment for longer – including volunteering,' in the current Health and Wellbeing Strategy. Further information would be circulated to Board members.

Community Safety Partnership:

- The Ofsted report had commented that joint working regarding missing children was good.
- Superintendent Rob France updated the Board on work being undertaken with regards to domestic abuse.

Place and Community Partnership:

- It was noted that the last meeting of the Place and Community Partnership had been cancelled.

Voluntary Sector

- Clare Rebbeck informed the Board of partnership development decisions.
- Board members were informed of a community awareness event regarding children's safeguarding which would take place on 22 February.
- It was requested that the item on Updates from Board members be higher up the agenda in future. It was agreed that the most important items should be placed at the start of the agenda to ensure that they were discussed sufficiently.

RESOLVED: That the updates from Board members be noted.

89. FORWARD PROGRAMME

The Board discussed the Forward Programme for the remainder of the 2015/16 municipal year.

Lois Lere requested that the item on the National Information Board – Local Digital Roadmap scheduled for April be deferred to the next meeting as the project had been delayed.

Board members were asked to inform the Principal Democratic Services Officer of any items that they wished to add or remove from the forward programme.

RESOLVED: That the Forward Programme be noted.