

**MINUTES OF A MEETING OF THE  
HEALTH AND WELLBEING BOARD  
HELD ON 10 AUGUST 2017 FROM 5.00 PM TO 6.55 PM**

**Present**

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Mark Ashwell	WBC
Nick Campbell-White	Healthwatch
Shaun Virtue	Community Safety Partnership
Ian Pittock	WBC
Clare Rebbeck	Voluntary Sector representative
Dr Cathy Winfield	NHS Wokingham CCG
Darrell Gale (substituting Judith Wright)	Consultant in Public Health

**Also Present:**

Madeleine Shopland	Democratic & Electoral Services Specialist
David Cahill	Berkshire NHS Foundation Trust
Vicki Elliot King	Service Manager, Intelligence & Impact
Phillip Sharpe	Interim Head of Adult Social Care & Safeguarding
Dr Amit Sharma	Brookside Practice
Georgina King	Impact & Inspection Analyst
Luka Zestic	Senior Performance Analyst
Angela Morris	Operations Director, Optalis

**18. APOLOGIES**

Apologies for absence were submitted from Beverley Graves, Councillor Charlotte Haitham Taylor, Nikki Luffingham, Judith Ramsden, Jeremy Sharpe, Jim Stockley, Nicola Strudley, Katie Summers, Kevin Ward and Judith Wright.

**19. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Board held on 15 June 2017 were confirmed as a correct record and signed by the Chairman.

Clare Rebbeck commented that the MICE bus was terminating but that work was being undertaken to pick up the localities that it had covered.

**20. DECLARATION OF INTEREST**

There were no declarations of interest.

**21. PUBLIC QUESTION TIME**

There were no public questions.

**22. MEMBER QUESTION TIME**

There were no Member questions.

It was clarified that the Member question section of the agenda was for Wokingham Borough Council Members who were not members of the Health and Wellbeing Board, to submit questions to the Health and Wellbeing Board, should they wish. All members of the Health and Wellbeing Board were able to ask questions throughout the meeting.

### **23. COMMUNITY HEALTH & SOCIAL CARE**

David Cahill, Berkshire Healthcare NHS Foundation Trust, Dr Amit Sharma, Phillip Sharpe, Interim Head of Adult Social Care & Safeguarding and Angela Morris, Operations Director, Optalis, presented the business case for Community Health and Social Care.

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

- David Cahill outlined what the Community Health and Social Care (CHASC) project was seeking to address including pressures in primary care, financial pressures across the system, stretched resources and increased demands on services. If nothing was done to meet these challenges, costs would exceed funding by approximately £7m over the next year across the Wokingham health system.
- CHASC would create a single long term Health and Social Care Team focused on early interventions and prevention and would remove organisational boundaries, meaning that users would only have to tell their story once.
- The Board noted the proposed system model, objectives and deliverables and benefits; both financial and for people.
- Dr Sharma commented that the multi-disciplinary team meetings were very helpful and that the Community Navigators were proving successful.
- Clare Rebbeck commented that more could be made of the prevention agenda.
- Councillor McGhee-Sumner questioned how certain it was that sufficient funds would be in place for the next five years. David Cahill commented that the financial information was based on information that was currently available.

**RESOLVED:** That

- 1) the business case be supported.
- 2) the update on Community Health and Social Care be noted.

### **24. BERKSHIRE WEST ACCOUNTABLE CARE SYSTEM**

Dr Cathy Winfield updated the Board on the Berkshire West Accountable Care System (ACS).

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

- The ultimate aim of the ACS was to have a single programme for the whole health and care system, delivering new care and business models.
- Board members were reminded that the Berkshire West 10 Integration Programme (BW10) and local integration programmes would continue.
- The reporting mechanism for the ACS and local authority joint commissioning programme would be via the BW10 governance and through on to the three Berkshire West Health and Wellbeing Board.
- In June 2017 the Berkshire West ACS had been selected as one of only eight systems nationally to operate as an ACS in shadow form for 2017/18.
- Dr Winfield outlined why an ACS had been considered locally. Reasons included different parts of the health system being funded differently, primary care in

particular being under pressure and financial challenges across the entire health system.

- Board members were informed that the ACS would create a more collaborative approach to the planning and delivery of services with collective responsibility for resources and population health. It would operate on a single budget for the whole health care system.
- Organisations were starting to work more closely in partnership and system wide governance arrangements had been put in place. A Memorandum of Understanding had been agreed in June 2016.
- Board members were informed of progress made to date including the award of 'exemplar' status in June 2017.
- Next steps would include the agreement of a performance contract with NHS England and NHS Improvement. Faster movement on the Five Year Forward View key deliverables would be required.
- In year 2 the BW10 and ACS would begin to be brought together. It was noted that Nick Carter, Chair of the BW10 Integration Board had joined the ACS leadership Group. Councillor McGhee-Sumner asked how the Integration Board would report back to Wokingham and was informed that the Chairmen of the Health and Wellbeing Boards were sent the papers for the Board meetings and also that Judith Ramsden, Director of People Services, was a member of the Integration Board.
- Clare Rebbeck commented that the voluntary sector had a huge part to play in the success of the ACS.
- Darrell Gale emphasised that from a public health perspective the ACS was very welcome.

**RESOLVED:** That the update on the Berkshire West Accountable Care System be noted.

## **25. URGENT AND EMERGENCY CARE DELIVERY PLAN: SUMMARY BRIEFING**

Dr Zylstra provided the Urgent and Emergency Care Delivery Plan: Summary Briefing. The briefing outlined plans for a modernised and improved urgent and emergency care service as described in the Urgent and Emergency Care Delivery Plan published by NHS England in April 2017. It also highlighted the proposed local response to the Plan.

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

- The winters of 2015-2016 and 2016-17 had been particularly difficult. There had been a consistent failure to meet the 4 hour wait time for A&E across the country and increased demand for urgent care services.
- Dr Zylstra outlined the seven priorities within the Urgent and Emergency Care Delivery Plan.
- The NHS 111 service would be reviewed and updated and had been recommissioned across Thames Valley. There would be improved clinical input in the call process. How the clinical input would be implemented was discussed.
- Board members were informed of the new integrated NHS 111 service for Thames Valley – the new 'front door' for urgent care which was due to go live shortly. The service would offer access to a 24/7 urgent clinical assessment and treatment service and bring together NHS 111, GP out of hours and other clinical advice, including dental, medicines and mental health. It was noted that the new service had been developed around the patient, with a team of clinicians available on the phone when needed, and would be linked into a new NHS Clinical Hub. The Board asked how the changes would be communicated to the public. Dr Winfield

indicated that a soft roll out would take place and that it was important that clinicians and GPs were on board. Patient communication would follow.

- Expanding evening and weekend GP appointments to 50 per cent of the public by March 2018 and then 100 per cent by March 2019 was a priority.
- Around 150 standardised 'urgent treatment centres' which would offer diagnostic and other services to those who do not require A&E attendance would be rolled out. Whilst this would be considered as part of the development of the Berkshire West local plan, it was unlikely that there would be such a centre in the Borough.
- By October 2017 there would be comprehensive front-door clinical screening at every acute hospital. Streams would include: minor illness, minor injuries and ambulatory.
- Dr Zylstra outlined the work which would be undertaken around Hospital at Home.
- The recommendations of the Ambulance Response Programme would be implemented by October 2017, freeing up capacity for the service to increase their use of Hear & Treat and See & Treat, thereby conveying people to hospital only when clinically necessary.
- Dr Zylstra highlighted some of the next steps that would be taken, including hospitals developing a more consistent interface with Councils for Drug and Alcohol services.
- In response to a question from Nick Campbell-White, Dr Zylstra indicated that there would be a GP present at the front door of A&E from September.
- Nick Campbell-White also questioned whether the A&E at the Royal Berkshire Hospital would be expanded. Dr Winfield stated that funding had been received from NHS England to reconfigure the A&E department.
- Clare Rebbeck questioned whether there continued to be proposals to introduce prescribing nurses into GP practices to help free up GP time and was informed that there was.
- Clare Rebbeck informed the Board of an initiative regarding the winter crisis fund that Age UK Berkshire was hoping to put into place.

**RESOLVED:** That the report be noted.

## **26. LETTER FROM THE PLACE AND COMMUNITY PARTNERSHIP**

The Board considered a letter from the Place and Community Partnership.

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

- The Place and Community Partnership had a broad representation from agencies across the Borough. However, the Partnership had previously been tasked with little by the Health and Wellbeing Board.
- A previous proposal from the Partnership regarding engagement with the public had not been taken forward.
- The Partnership felt that it could contribute to the implementation of the Health and Wellbeing Strategy Action Plan and the production of a communications strategy.
- Nick Campbell-White commented that there needed to be a greater focus on wellbeing.
- Work would need to be carried out to reinvigorate the Partnership.
- The Chairman indicated that he would meet with Judith Ramsden, Director of People Services and Darrell Gale, to discuss the Partnership's proposal and bring an update to the Board's October meeting.

**RESOLVED:** That the letter from the Place and Community Partnership be noted.

## **27. UPDATES FROM BOARD MEMBERS**

The Board was updated on the work of a number of Board members:

### *Voluntary Sector:*

- It was noted that the Voluntary Sector had undergone its second review in three years.
- Clare Rebbeck requested up-to-date information on the structure of the commissioning team within the Council.
- Board members were reminded that it was often difficult to attract external funding as Wokingham was an affluent area.

### *Healthwatch Wokingham Borough:*

- Nick Campbell-White commented that Healthwatch Wokingham Borough had reissued its report on Extra Care following input from Readibus.
- The quarterly reports produced were now more streamlined.
- Board members were updated on the outcome of the World of Opportunities event which had been held at Bulmershe School.
- Two Enter and Views were due to take place; one at Suffolk Lodge and a joint visit with Reading Healthwatch to Prospect Park.
- Clare Rebbeck commented that there was a large number of people in the Borough who self-funded their care. She asked who the current provider of advocacy services was and the number of self-funders who had been provided with this service.
- Following some discussion by the Board, Councillor Ashwell agreed to investigate the possibility of appointing a young person to the Health and Wellbeing Board to help give an insight into young people's views on health and wellbeing, locally.

**RESOLVED:** That the update from Board members be noted.

## **28. WOKINGHAM BOROUGH HEALTH AND WELLBEING STRATEGY 2017-2020 - ACTION PLAN UPDATE**

The Board received the Wokingham Borough Health and Wellbeing Strategy 2017-2020 Action Plan update.

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

- The Board was reminded of the four main priorities in the Health and Wellbeing Strategy.
- The aims of the dashboard for the Action Plan were: to describe the direction and magnitude of progress in implementing the Health and Wellbeing Strategy Action Plan, to identify concerns with progress so that these may be rectified and to identify and celebrate good progress.
- Previous dashboards had attempted to indicate the health of the local health and social care system.
- Darrell Gale, Georgina King and Luka Zestic presented the proposed dashboard and some suggested behind the scenes indicators to the Board.

- Dr Winfield commented that nationally data was being collected routinely on a number of issues, and suggested that the dashboard include such information where it related to hot spots such as mental health. Darrell Gale stated that there was a need for baseline data on mental wellbeing in the Borough to be collected.
- The Board congratulated the Analysts on their good work.
- Dr Winfield expressed caution with regards to ad hoc data collection. The Board was informed that a Public Health Analyst would be starting in September.
- The completed dashboard would be taken to the October meeting for agreement.
- Newer Board members in particular were requested to highlight any areas which they felt were not currently covered.

**RESOLVED:** That measures that the Board wishes to monitor in order to assess the implementation of the Strategy Action Plan and the measures the Board wishes to monitor in order that it may have a clear understanding of the health of the local health and social care system, be discussed.

## **29. PUBLIC HEALTH OUTCOMES FRAMEWORK - EXCEPTIONS**

The Board considered the exceptions for the Public Health Outcomes Framework.

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

- The Public Health Outcomes Framework profile for Wokingham had last been updated on 15 June 2017.
- Indicators which had shown significant changes since they were last reported to the Board, were highlighted.
- It was noted that Emergency Hospital Admissions for Intentional Self-Harm had shown an increase from 91.1 to 176.3. Whilst this was still below the England value of 196.5 the rise was concerning and investigating self-harm would form part of the Health and Wellbeing Strategy Action Plan. Darrell Gale informed the Board that national work on suicide prevention would also look at reducing intentional self harm.
- In addition Emergency hospital admissions due to falls in people aged 65 and over had shown increases across five of nine indicators.

**RESOLVED:** That the changes in performance outcomes contained in the Public Health Outcomes Framework (PHOF) be noted.

## **30. FORWARD PROGRAMME 2017-18**

The Board considered the forward programme for the remainder of the municipal year.

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

- The proposal from the Place and Community Partnership would be discussed at the Board's October meeting.
- Councillor Pittock requested an overview of the range of initiatives supported by the Board and the funds committed by the different organisations which made up the Health and Wellbeing Board.
- Dr Winfield indicated that the Chief Executive, Leader of the Council and the Chairman of the Health and Wellbeing Board had been written to, to inform them that the member practices of the four Berkshire West CCGs had recently voted on the proposal to create a single CCG with four localities. This proposal had been supported. An expression of interest would be put to NHS England which would

make the decision on 27 September as to whether this proposal could proceed. It was anticipated that approximately £200,000 in savings could be made with the reduction of duplication across the CCGs. Dr Zylstra emphasised that contacts would remain the same at this stage. The Board requested an update at the October meeting.

**RESOLVED:** That the forward programme be noted.

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