

**MINUTES OF A MEETING OF THE  
HEALTH AND WELLBEING BOARD  
HELD ON 13 AUGUST 2015 FROM 5.00 PM TO 7.00 PM**

**Present**

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Stuart Rowbotham	Director of Health and Wellbeing
Katie Summers	NHS Wokingham CCG
Dr Cathy Winfield	NHS Wokingham CCG
Andy Couldrick	
Jim Stockley	Healthwatch Wokingham
Alan Stubbersfield	

**Also Present:**

Carol-Anne Bidwell

**15. APOLOGIES**

Apologies for absence were submitted from Nick Campbell-White, Councillor Charlotte Haitham Taylor, Chief Inspector Rob France, Nikki Luffingham, Judith Ramsden and Kevin Ward.

**16. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 11 June 2015 were confirmed as a correct record and signed by the Vice Chairman.

**17. DECLARATION OF INTEREST**

Dr Zylstra declared a Personal Interest in Agenda Item 32 CCG Cluster profiles on the grounds that he was involved in the Neighbourhood Cluster work.

**18. PUBLIC QUESTION TIME**

There were no public questions.

**19. MEMBER QUESTION TIME**

There were no Member questions.

**20. ORGANISATION AND GOVERNANCE**

**21. WOKINGHAM LEARNING DISABILITY PARTNERSHIP BOARD - JOINT  
HEALTH AND SOCIAL CARE SELF-ASSESSMENT**

The Board received a presentation on the Wokingham Learning Disability Partnership Board – Joint Health and Social Care Self-Assessment Framework.

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

- It was explained that the Joint Health and Social Care Self-Assessment Framework was annual report that checked how well health and social care services were working for people with learning disabilities and their families. Although non-mandatory, it was good practice.
- It asked for data, compliance and people's stories around three main areas: Staying Healthy, Keeping Safe and Living Well.
- Public Health, with the support of the Partnership, had completed the framework. 51 people had shared their stories and 38 people had attended an engagement event held to share the information collected and RAG ratings produced.
- The Board was informed of what was going well under and where improvements could be made under the three main areas.
- With regards to Staying Healthy it was noted that:
  - All GP practices were signed up to the Annual Health Check Direct Enhanced Service.
  - Good evidence of people with learning disabilities accessing prevention, health screening and health promotion opportunities. Dr Zylstra commented that cervical screening was on a three or five year rotation as was breast screening and that the figures provided seemed low.
  - Good evidence of reasonable adjustments being made in all areas of Primary Care.
  - The Learning Disability Co-ordinator role at Royal Berkshire Hospital was highly regarded.
- Where improvements could be made included:
  - The GP surgeries kept a register of people with learning disabilities, as per QOF requirements. Whilst data was aligned to the number of adults in receipt of social care the children's data did not reflect actual numbers. Dr Zylstra clarified that Under 18's were not included in the QOF.
  - Specific health improvement targets set in the Annual Health Check were not always integrated with the Health Action Plans.
  - The Joint Strategic Needs Assessment (JSNA) did not have a chapter on learning disabilities. It was noted that the updated JSNA would include a learning disabilities section.
- With regards to Keeping Well it was noted that:
  - Good safeguarding reporting, training and partnership working, overseen by the Local Safeguarding Adults Board and the Local Safeguarding Children's Board. An easy read booklet that explained the safeguarding process was being written.
  - Training around the Mental Capacity Act and Deprivation of Liberty Safeguards was being provided.
  - Some people with learning disabilities and their families were being involved in training and recruitment in learning disability specific services, although this was not happening across all areas.
- Where improvements could be made included:
  - 69% of people with a learning disability had had an annual review of their care package. However, under 90% was rated as Red. Stuart Rowbotham indicated that the 69% related to the 2013/14 data, that the 2014/15 data was due late September and that improvements were expected.
  - More involvement from people with learning disabilities, their carers and families in the commissioning and monitoring of services and the recruitment and training of staff within the service, was needed.

- An amber rating had been received for the question asking if family carers and people with a learning disability agreed that all providers treated people with compassion, dignity and respect.
- With regards to Living Well it was noted that:
  - Good evidence of those with learning disabilities having access to reasonably adjusted sports and leisure activities and cultural services.
  - Evidence of reasonably adjusted services which helped improve and enhanced access to the community such as Safer Places scheme and Changing Places toilets.
  - Targets for getting people with learning disabilities into employment had been exceeded year on year.
  - Good transition mapping and planning.
- Where improvements could be made included:
  - There was uncertainty regarding the existence of a local Employment Strategy, meaning the Council's employment rating was set at amber, despite high numbers of those with learning disabilities in employment.
- Stuart Rowbotham emphasised that the Council was one of the higher performers in the country for assisting those with learning difficulties into employment and congratulated the employment services provided by Optalis. He also commented that any Employment Strategy would be out of date and that capacity regarding strategic support had reduced. However, he would take the matter back for further consideration.
- Dr Llewellyn indicated that Public Health had been successful in gaining McMillian funding for cancer services for those with learning difficulties. She requested that the assistance of the Partnership Board in discussions.

**RESOLVED:** That the presentation on the Wokingham Learning Disability Partnership Board – Joint Health and Social Care Self-Assessment Framework be noted.

## **22. CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP UPDATE ON PRIORITIES AND THE EARLY HELP INNOVATION PROGRAMME**

Alan Stubbersfield, Head of Learning & Achievement updated the Board on the Children and Young People's Partnership priorities and the Early Help Innovation Programme.

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

- The Board was informed of progress made against the key priorities identified in the Wokingham Children and Young Peoples Plan 2014-2016 which were:
  - **Priority 1** - Refresh and renew our Early Help approach, building on what works well, empowering professionals to always keep child centred and designing service to enable excellent practice.
  - **Priority 1a** - As part of a renewed focus on Early Help, develop an integrated 0-5 offer across the Local Authority, health and early year's sector.
  - **Priority 1b** - As part of a renewed focus on Early Help, review emotional health and wellbeing services including primary CAMHS to improve the emotional health and wellbeing of vulnerable children and young people.
  - **Priority 2** - Ensure more Wokingham children have access to the best education and focus on delivering improvements for those most at risk of poor outcomes
  - **Priority 3** - Implement changes required to deliver on the Children and Families. Act 2014 and go further to bring the child and family into the centre of assessment, planning and support processes.

- With regards to Priority 2 it was noted that local A level results had bucked the national trend and had increased. Early Years result had also increased by 8%. This reflected the Council's aspiration to provide the best education for Wokingham children.
- Projects identified were linked together by the further development of the single partnership brand 'Wokingham for Children.'
- Board members were updated on the Early Help and Innovations Programme.
- A positive impact was being seen and staff turnover had reduced to 9.9%
- Board members noted the next steps for the Early Help and Innovation Programme.

**RESOLVED:** That:

- 1) the progress made against both Children and Young Peoples Plan Priorities and the Early Help and Innovation Programme be noted.
- 2) the proposed next step actions be endorsed.
- 3) a further report on impact and outcomes be received in the Autumn term, in particular with regards to Early Help.

### **23. CARE ACT REFORMS UPDATE**

The Director of Health and Wellbeing updated the Health and Wellbeing Board on the Care Act reforms.

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

- The Board was provided with an overview of reforms which had been due to be in place by April 2015.
- The Government had announced that the implementation of the Care cap of £72,000 would be delayed until April 2020, which meant that the local authorities would not have to pick up the costs until this time. However, there was no clear information yet about how this was to be funded. There would no longer be a need to assess self-funders from October (in preparation for April 2016). In addition there would be no impact on current social care customers who were fully funded by the local authority and self-funders and customers who paid full cost or contributed to the cost of their care would continue paying for their support until 2020.
- The increase in capital thresholds had also been delayed until April 2020. The current capital thresholds (upper limit for both residential and non-residential care was £23,250 and the lower limit £14,250) would continue to apply until that time. The delay would not impact on current customers.
- In addition the duty on councils to meet the eligible needs of self-funders in care homes at their request was delayed until April 2020. This would not create additional pressures on resources. The delay would have a positive impact on providers and local authorities; self-funders being entitled to lower rates negotiated by the local authority would potentially lead to destabilisation of the market and higher prices for the local authority.
- The implementation of a new appeals process for adult social care (to appeal against decisions made about care and support) was delayed until the Spending Review in Autumn. Social care customers and carers could still access to the existing complaints system.

- With regards to funding it was noted that the Department of Health was expected to advise local authorities on what would occur with the implementation funding in the light of the delay.
- The forthcoming Spending Review would determine the level of funding for social care.
- Dr Winfield commented that the NHS would be receiving a three year allocation and asked whether a similar arrangement would be put in place for local authorities.

**RESOLVED:** That the update on the Care Act reforms be noted.

## **24. APPOINTMENT OF VOLUNTARY SECTOR REPRESENTATIVE TO HEALTH AND WELLBEING BOARD**

The Board received a report which proposed the appointment of a voluntary sector representative to the Health and Wellbeing Board.

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

- The Health and Wellbeing Board could appoint such additional persons to be members of the Board as it thinks appropriate. This could include representatives from other groups or stakeholders, such as the voluntary sector, who could bring in particular skills or perspectives, or have key responsibilities which can support the work of boards.
- The Council's Constitution, section 4.4.23, would require amendment to reflect the addition of a representative from the Voluntary Sector to the Health and Wellbeing Board.
- Councillor Bray expressed concern with regards to the proposal that the Health and Wellbeing Board agree amendments to its terms of reference in future without requiring the agreement of Council, due to the evolving nature of the Board.

**RESOLVED:** That

1) That Clare Rebbeck be appointed to the Health and Wellbeing Board as a representative from the Voluntary Sector.

2) it be recommended to Council, via the Constitution Review Working Group that section 4.4.23 of the Council's Constitution be amended to reflect the addition of a Voluntary Sector representative on the Health and Wellbeing Board.

## **25. DELEGATION OF RESPONSE TO CONSULTATIONS ON PHARMACY APPLICATIONS**

The Board received a report regarding the delegation of responses to consultations on Pharmacy Applications.

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

- The Health and Wellbeing Board was consulted on various types of applications for new pharmacy contracts in the Borough or adjoining areas.
- The Wokingham Pharmaceutical Needs Assessment did not make a recommendation for new pharmacy provision in the area at this stage.
- Due to the fact that the consultation periods for the applications might not coincide with the timing of the Health and Wellbeing Board meetings it was proposed that the

formulation of consultation responses on behalf of the Health and Wellbeing Board to pharmacy applications received from the Thames Valley Primary Care Agency, be delegated to the Consultant in Public Health in consultation with the Chairman of the Health and Wellbeing Board.

**RESOLVED:** That the formulation of consultation responses on behalf of the Health and Wellbeing Board to pharmacy applications received from the Thames Valley Primary Care Agency, be delegated to the Consultant in Public Health in consultation with the Chairman of the Health and Wellbeing Board.

## **26. UPDATES FROM BOARD MEMBERS**

Jim Stockley informed the Board that Healthwatch's work with young people continued to go well and that Healthwatch Wokingham Borough had been approached by other schools and Healthwatches.

Beverley Graves indicated that Claire Folan, Policy Officer, would now be supporting the Business, Skills and Enterprise Partnership. She would circulate information on progress made against elements assigned to the Partnership in the Health and Wellbeing Strategy. Beverley Graves also informed the Board of an opportunity to bid for funding.

Andy Couldrick commented that the membership of the Community Safety Partnership had changed a little since the last update. The Partnership had completed the Domestic Homicide Review and was awaiting feedback from the Home Office. It was noted that the Community Safety Partnership was looking at the low level of disability related hate crimes and whether this was due to a low number of incidents or the result of low reporting. The number of burglaries and thefts had improved as had the rate of repeat domestic abuse referrals. Theft from vehicles were down 40%. While violent offences were up 40% this had been from a very low level. Board members were also informed that the Community Safety Partnership would be responding to proposals from Thames Valley Police regarding police areas.

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

## **27. PERFORMANCE**

### **28. PERFORMANCE METRICS**

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

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

- Councillor Bray queried what was measured by the performance indicator 'Percentage of report dementia diagnosis.' Dr Zylstra clarified that this referred to diagnosis of dementia against a formula for the area. Typically the better the health of an area, the lower the incidences of dementia.
- Dr Llewellyn commented that the message about measures people could take such as exercise, to prevent dementia, need to be better publicised.
- Dr Zylstra questioned whether the targets were challenging enough as they were all rated green. Stuart Rowbotham stated that some targets had been difficult to achieve.

**RESOVLED:** That the Performance Metrics be noted.

## **29. INTEGRATION**

### **30. BETTER CARE FUND HIGHLIGHT REPORT**

The Board received the Better Care Fund Plan highlight report.

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

- The Section 75 had been signed for the locality.
- With regards to the Health and Social Care Hub, a Project Manager for the Wokingham area had been appointed.
- An advert was out for a single team manager for the integrated short term health & social care team.
- With regards to Domiciliary Care Plus initial meetings had been held with Optalis senior management regarding domiciliary care service being expanded to a 24 hour service.
- The Step Up Step Down service had had a good start although there had not been the level of take up anticipated.
- Good progress was being made with regards to Neighbourhood Clusters. Different models were being looked at and Vitality Partnership would be talking to the GP council as examples of alternative ways of working. Board members were informed that a Community Navigator Co-ordinator had been appointed.
- Dr Zylstra commented that good engagement with the public was required with regards to the Neighbourhood Clusters.
- It was noted that the original budget for the Hospital @ Home service was £639k. The service had started slowly and some of the budget was unspent at present. The model and how the money could be used would be relooked at.
- Dr Winfield questioned whether the £300k allocated to the Wokingham locality for winter resilience was included in the Section 75 and was informed that it was.

**RESOLVED:** That the Better Care Fund Plan highlight report be noted.

## **31. HEALTH & WELLBEING**

### **32. CCG CLUSTER PROFILES**

The Board were updated on the progress of the Clinical Commissioning Group Cluster Profiles and noted the East Cluster, West Cluster and North Cluster profiles.

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

- Board members were reminded that the Neighbourhood Clusters project was part of the wider Better Care Fund and was aimed at primary prevention and self-care.
- The central Public Health Team based in Bracknell had created a Wokingham CCG Locality Profile which was part of the Joint Strategic Needs Assessment. Its aim was to support GP commissioners in identifying the priorities for the local area and to develop their commissioning priorities accordingly. The profile had been further broken down into three separate cluster profiles; East, West and North cluster profiles. Board members were reminded that some of those living in the Borough would not be registered at GP practices situated within the Borough and similarly some people living outside the Borough would be registered at Wokingham Borough GP practices.
- In response to a question from Councillor Bray regarding comparators Darrell Gale commented that it was hoped that these would be included in the next iteration. It

was noted that the East Cluster had a higher prevalence of cancer and the North Cluster a higher prevalence of obesity and smoking.

- Board members requested an update in six months' time.

**RESOLVED:** That the progress of the Cluster Work by Wokingham Borough Council's Public Health Team and the wider Cluster Project Team be noted.

### **33. UPDATE ON THE DEVELOPMENT OF THE APPROACH TO THE HEALTH AND WELLBEING STRATEGY**

Darrell Gale provided an update on the development of the approach to the Health and Wellbeing Strategy.

He outlined the following key milestones:

- The Joint Strategic Needs Assessment (JSNA) updates would be downloaded in September.
- Health and Wellbeing Strategy priorities would be discussed in September and also at the Board's October meeting.
- Work on structuring the JSNA website and chapter sign off would take place October and November and that the Board would sign off the JSNA in December.
- It was anticipated that Council would approve the final Health and Wellbeing Strategy in February.

**RESOLVED:** That the update on the development of the approach to the Health and Wellbeing Strategy be noted.

### **34. FORWARD PROGRAMME**

The Board considered the Forward Programme 2015/16.

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

- It was proposed that the draft CCG Operating Plan be taken to the Board's February meeting and that the final version be presented at the April meeting.
- Katie Summers suggested that a briefing paper be taken to the Board's September meeting regarding the National Information Board 'Personalised Health and Care 2020' road maps and domains. The Health and Wellbeing Board would oversee the delivery of domains.
- A quarterly progress update on the Emotional Health and Wellbeing Strategy would be provided.

**RESOLVED:** That the Forward Programme 2015/16 be noted.

### **35. EXCLUSION OF THE PUBLIC**

**RESOLVED:** That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act as appropriate.

### **36. FEMALE GENITAL MUTILATION**

The Board received an exempt update on Female Genital Mutilation.

**RESOLVED:** That the recommendations set out in Appendix 1 of the report be agreed except recommendation 2 of the report.

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