



**WOKINGHAM
BOROUGH COUNCIL**

**MEETING OF THE
HEALTH AND WELLBEING BOARD
ON**

THURSDAY 13 FEBRUARY 2014

AT

5PM

AGENDA

UNCLASSIFIED

**Civic Offices
Shute End
Wokingham
Berkshire**

**Andy Couldrick
Chief Executive**



WOKINGHAM BOROUGH COUNCIL

Our Vision

A great place to live, an even better place to do business

Our Priorities

Improve educational attainment and focus on every child achieving their potential

Invest in regenerating towns and villages, support social and economic prosperity, whilst encouraging business growth

Ensure strong sustainable communities that are vibrant and supported by well designed development

Tackle traffic congestion in specific areas of the Borough

Improve the customer experience when accessing Council services

The Underpinning Principles

Offer excellent value for your Council Tax

Provide affordable homes

Look after the vulnerable

Improve health, wellbeing and quality of life

Maintain and improve the waste collection, recycling and fuel efficiency

Deliver quality in all that we do

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WOKINGHAM BOROUGH COUNCIL

To: The Chairman and Members of the Health and Wellbeing Board

A Meeting of the **HEALTH AND WELLBEING BOARD** will be held at the Civic Offices, Shute End, Wokingham on **Thursday 13 February 2014 at 5pm**

Andy Couldrick
Chief Executive
5 February 2014

David Lee	Leader of the Council
Charlotte Haitham Taylor	Executive Member for Children's Services
Julian McGhee Sumner	Executive Member for Health and Wellbeing
Prue Bray	Opposition Member
Dr Lise Llewellyn	Director of Public Health
Judith Ramsden	Director Children's Services
Stuart Rowbotham	Director Health and Wellbeing
Dr Stephen Madgwick	Wokingham Clinical Commissioning Group
Katie Summers	Wokingham Clinical Commissioning Group
Nick Campbell-White	Healthwatch Wokingham Borough
Matthew Tait	NHS England
Beverley Graves	Business, Skills and Enterprise Partnership
Chief Inspector Rob France	Community Safety Partnership
Clare Rebbeck	Place and Community Partnership

ITEM NO.	WARD	SUBJECT	PAGE NO.
58.00	None Specific	<p>MINUTES To confirm the Minutes of the Meeting of the Board held on 12 December 2013 and the Minutes of the Extraordinary Meeting of the Board held on 30 January 2014.</p>	1-9 10-17
59.00	None Specific	<p>APOLOGIES To receive any apologies for absence</p>	
60.00		<p>DECLARATIONS OF INTEREST To receive any declarations of interest</p>	
61.00		<p>PUBLIC QUESTION TIME To answer any public questions The Council welcomes questions from members of the public about the work of this Board.</p> <p>Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions</p>	
62.00		<p>MEMBER QUESTION TIME To answer any member questions</p>	
63.00	None Specific	<p>COMMUNITY PHARMACY CALL TO ACTION To receive information regarding the Community Pharmacy Call to Action</p>	18-25
64.00	None Specific	<p>FEMALE GENITAL MUTILATION To consider a letter from the Police and Crime Commissioner for Thames Valley regarding female genital mutilation</p>	26-27
65.00	None Specific	<p>BETTER CARE FUND PLAN To consider the Better Care Fund Plan</p>	28-54
66.00	None Specific	<p>NHS WOKINGHAM CCG DRAFT 2 YEAR OPERATIONAL PLAN ON A PAGE To consider the NHS Wokingham CCG Draft 2 Year Operational Plan on a page</p>	55-58
67.00	None Specific	<p>BERKSHIRE WEST CCGS DRAFT STRATEGIC PLAN 2014-19 To consider the draft Berkshire West CCGs draft</p>	59-104

Strategic Plan 2014-19

68.00	None Specific	WOKINGHAM NEEDS ASSESSMENT To consider the Wokingham Needs Assessment	To follow
69.00	None Specific	UPDATE FROM THE PARTNERSHIPS REPRESENTATIVES To consider an update from the Partnerships Representatives	Verbal
70.00	None Specific	UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH To consider an update from Healthwatch Wokingham Borough	105-107
71.00	None Specific	FORWARD PROGRAMME 2013/14 To consider the Forward Programme 2013/14	108-111
72.00		ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading	

This is an agenda for a meeting of the Health and Wellbeing Board

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**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON THURSDAY 12 DECEMBER FROM 5PM TO 7PM**

Present:-

David Lee	Leader of the Council (Chairman)
Charlotte Haitham Taylor	Executive Member for Children's Services
Julian McGhee Sumner	Executive Member for Health and Wellbeing
Prue Bray	Opposition Member
Darrell Gale	Public Health Consultant (substituting for Dr Lise Llewellyn)
Pauline Maddison	Strategic Director Children's Services (interim)
Stuart Rowbotham	Strategic Director Health and Wellbeing
Dr Stephen Madgwick	Wokingham Clinical Commissioning Group (Vice Chairman)
Katie Summers	Wokingham Clinical Commissioning Group
Nick Campbell-White	Healthwatch Wokingham Borough
Matthew Tait	NHS England
Chief Inspector Rob France	Community Safety Partnership
Carolyn Collyer	Place and Community Partnership (substituting for Clare Rebbeck)
Beverley Graves	Business, Skills and Enterprise Partnership

Also present:-

Madeleine Shopland, Principal Democratic Services Officer

Nicola Strudley, Healthwatch Wokingham Borough

Dr Cathy Winfield, Chief Officer, Berkshire West CCG's

Dr Johan Zylstra, Wokingham CCG (until Item 44)

PART I

37. MINUTES

The Minutes of the meeting of the Board held on 10 October 2013 were confirmed as a correct record and signed by the Chairman.

38. APOLOGIES

Apologies for absence were submitted from Dr Lise Llewellyn and Clare Rebbeck.

39. DECLARATIONS OF INTEREST

There were no declarations of interest made.

40. PUBLIC QUESTION TIME

There were no public questions received.

41. MEMBER QUESTION TIME

There were no Member questions received.

42. WINTERBOURNE VIEW BRIEFING

Stuart Rowbotham presented a briefing on Winterbourne View.

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

- The Department of Health had completed an in-depth review of what went wrong at Winterbourne View, the lessons that must be learnt and the actions that must be taken to prevent it from happening again. The Review had highlighted a widespread failure to design, commission and provide services which gave people the support they required close to home, and which were in line with well-established best practice. There had also been a failure to assess the quality of care and the outcomes that were being delivered for the high cost of places at Winterbourne View and other hospitals.
- A Berkshire Winterbourne Project group had been set up in May 2013 to offer a whole Berkshire response.
- Central government expected the local health and social care economies to ensure that vulnerable people were not improperly placed. A deadline of June 2014 for local authorities and CCGs to ensure that those currently in hospital style units some distance away should receive personalised care and support in appropriate community settings closer to their homes, had been set.
- A Joint Health and Social Self-Assessment Framework had been completed on 30 November and the judgement on the submission would be published shortly.
- Stuart Rowbotham outlined actions completed on the Winterbourne View plan. Work was being carried out across Berkshire regarding bespoke services for those with autism.

RESOLVED That the Winterbourne View briefing be noted.

43. INTEGRATION OF HEALTH AND SOCIAL CARE – UPDATE

The Board received an update on the following:

- Integration of health and social care
- Hospital at Home model
- Strategic Planning process

During the discussion of these items the following points were made:

Integration of health and social care:

Stuart Rowbotham provided an update on integration of health and social care.

- The Wokingham Integration Strategic Partnership was a sub-group of the Health and Wellbeing Board and its role was to progress the joining of the health and social care service. The Health and Social Care Act 2012 and the Care Bill had introduced a number of requirements to integrate.
- The Partnership had 5 key priority areas on which it would focus;
 - Single points of access,
 - Intermediate Care and Reablement;
 - Long Term Conditions Management;
 - Single Assessment;
 - Joint Information.
- Dr Winfield informed the Board that the Berkshire West CCGs had established a workstream to look at informatics sharing and were looking to recruit an integration programme director.
- A number of significant announcements had been made this year which had signalled a clear intention to move towards fuller integration between health and

social care, including the establishment of the Better Care Fund. This was 'a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities'.

- Although the Better Care Fund did not come into full effect until 2015/16, CCGs and councils were being asked to 'build momentum' in 2014/15, using the additional £200m due to be transferred to local government from the NHS to support transformation. There would need to be two year plans for 2014/15 and 2015/16 which outlined plans for the use of the funds.
- Better Care Fund plans were due to be finalised by 15 February 2014 and would need to be reviewed by the Health and Wellbeing Board prior to its submission.
- Plans and assurance would need to satisfy nationally prescribed conditions, including plans and targets for reducing A&E attendances and emergency admissions, better data sharing between health and social care and seven day working in social care.
- At least 50% of the Better Care Fund was expected to be released incrementally based on performance.
- It was noted that the Berkshire 10 Pioneer Bid had been unsuccessful.

Hospital at Home model:

Dr Zylstra provided a presentation on the Hospital at Home model which was under consideration by the Berkshire West CCGs.

- Central government was focusing on moving away more from secondary care and more towards primary care.
- The Home at Hospital model would look at those groups of people who were admitted to the Royal Berkshire Hospital (RBH) for short periods of time such as several days and received intensive treatment but who could be safely treated within the community or at home.
- Under the model, people would arrive at the hospital either having been referred by a GP or via self-referral (walking into A&E or through phoning an ambulance). All those presenting at A&E with various specific conditions would be assessed for the Hospital at Home pathway. Following diagnosis people could either be admitted to the RBH if necessary, discharged without treatment if none was required or if they were considered able to be treated in a community facility or at home they would be considered for the Home at Hospital pathway. Patients making use of the Hospital at Home model would be transported home or to a community facility using a dedicated transfer service. A care package would be put in place and they would be cared for by the Community team. It was clarified that they would be considered community patients and not in patients.
- The principles of the Hospital at Home model included reducing non elective conditions by 50%, being open to those over 18 years old and being available every day of the year.
- Clinical responsibility for Home at Hospital patients would be held by community geriatricians in hours and by Westcall (supported by RBH medics) out of hours.
- Whilst there were 4 CCG's in Berkshire West there would be 3 community wards as they would be in line with the 3 unitary authority boundaries.
- Virtual ward rounds would take place each day and each patient would be visited by either a Community Matron or District Nurse, who would report back.
- The maximum length of stay in a Hospital at Home ward would be 7 days. The average length of stay was expected to be 5 days.

- Each of the 3 Berkshire West unitary authorities would be assigned 20 ward beds. These could be the patient's own bed or one within a community facility such as Wokingham Community Hospital or a bed purchased within a care or nursing home facility. Residents of other local authority areas would not be able to make use of 'Wokingham' beds and vice versa.
- The Board noted the virtual ward model. The core team included a Geriatrician, Ward Matron, Care Coordinator, Social Worker and Short Term Assessment and Reablement Team.
- Councillor Lee asked whether each local authority would employ a Community Matron and was informed that it was likely that they would be employed by Berkshire Healthcare Foundation Trust.
- Councillor Haitham Taylor asked whether 20 beds would be enough, the minimum amount of visits a patient would receive daily and what support they would receive if they were incapacitated. Dr Zylstra commented that the patients would not be left alone and that a sit in service would be provided. The reason why the number of beds was as small as it was, was because the model was aimed at specific groups of patients where turnover was high. Approximately 9,000 patients per year would be eligible for treatment under the Hospital at Home model and it was hoped that 4-5,000 patients per year would be treated under this model. At present it cost in the region of £3,000 per admission. It would cost than half this amount to treat patients under the Hospital at Home model.
- Councillor Bray questioned whether 20 beds per unitary authority would match demand and was informed by Katie Summers that they were starting small as part of a test and learn to help calculate spend in the longer term.
- Nicola Strudley asked how it was decided which patient would use the Hospital at Home model if all patients were considered for this pathway and was informed that should all beds in the community ward be full new patients would be admitted into hospital.
- Stuart Rowbotham stated that it was likely that many patients would already be known to social care and that joined up information and services was important.
- Carolyn Collyer asked what the process would be should a patient have particular needs over and above the condition which they were being treated for in the community ward. Dr Zylstra stated that in many cases whatever arrangements were already in place would continue and that the Community Matron would coordinate the care provided.

Strategic Planning process:

The Board considered a report which set out the key roles envisaged for Health and Wellbeing Boards in assuring the CCG Commissioning Plans and in determining the use of the Better Care Fund. The report also sought endorsement from the Board of the arrangements being put in place to develop a five year strategic plan across Berkshire West.

- Full CCG planning guidance from the Department of Health was expected in December along with funding allocations for the next two years.
- NHS England had issued letters to commissioners setting out matters for the CCG to consider in its planning process and the Better Care Fund. A letter from NHS England, Monitor, Local Government Association and the NHS Trust Development Agency had provided further information on planning mechanisms, timescales and expected outputs. The expectation was that long term strategic planning likely needed to be undertaken by planning units larger than a single CCG.

- The Better Care Fund was not new funding and the pooled budget would be created from within the CCG allocations. Compensating savings plans and a significant freeing up of existing resources would be required.
- Stuart Rowbotham commented that it was imperative that local community services were developed to ensure less reliance on the acute sector.
- The CCG was required to produce both a 5 and 2 year plan and imbedded in these would be information regarding the Better Care Fund.
- It was suggested that the Board may wish to have a workshop on the Better Care Fund.
- Dr Winfield commented that CCGs would be receiving a 2 year allocation for the first time. The four Berkshire West CCGs were currently working together through the Programme Boards to develop detailed operational plans for the next two years. Each CCG would produce its own plan detailing how it would utilise its financial allocation to improve health outcomes and deliver financially sustainable services. The Berkshire West Partnership Board had discussed the planning of 5 year plans and had recommended that the appropriate unit for strategic planning should be on a Berkshire West wide basis.

RESOLVED That:

- 1) the updates on the integration of health and social care, the Hospital at Home model and Strategic Planning process be noted.
- 2) the Berkshire West Partnership Board's recommendation that the planning unit for the CCGs' five year strategic plans should be Berkshire West wide, be endorsed.

44. YOUR LOCAL ACCOUNT – ANNUAL REPORT FOR ADULT SOCIAL CARE 2011/12-2012/13

The Health and Wellbeing Board considered Your Local Account – Annual Report for Adult Social Care 2011/12-2012-13.

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

- Stuart Rowbotham presented the refreshed Wokingham Local Account for Adult Social Care Services for 2012/13 and reminded the Board that the CQC no longer inspected local authority social services. These inspections had been replaced by the Local Account, a self-assessment where residents were asked to comment on the social services function.
- Many key national performance indicators had been performing well. Nevertheless, the indicator regarding 'Percentage of people who are living at home 91 days after hospital discharge into a reablement service' was underperforming.
- Dr Madgwick commented that it was a good, easy to read document.
- Councillor McGhee Sumner commented that people were asked to write to the Complaints Team if they wish to provide feedback but that not all feedback was negative.

RESOLVED That Your Local Account – Annual Report for Adult Social Care 2011/12-2012-13 be endorsed.

45. NHS ENGLAND CALL TO ACTION – UPDATE

The Board were updated on the NHS England initiative 'Call to Action.'

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

- NHS England had published A Call to Action in July 2013. Its aims included giving people the opportunity to give their views on how values underpinning the health service could be maintained in the face of future pressures, gathering ideas and possible solutions that enable the CCGs to develop their local plans and also to inform and develop national plans, including levers and incentives, for the next 5 – 10 years.
- NHS England had asked 6 strategic questions.
- The CCG had run a Patient Revolution event in July which had been attended by approximately 90 people. Key points coming out of this event had included a need for better communication and joining up of the health service.
- 82 people had attended the main Call to Action event which had been held in November. Presentations had been provided by David Cook, Lay Member from the CCG and Dr Cathy Winfield. Dr Will Beecham, CCG had presented the 5 year and 2 years developing plans.
- Emerging themes from the event included:
 - NHS must be kept free at the point of delivery;
 - Limiting the amount of private sector involvement in the delivery of healthcare;
 - Need to establish greater roles for Neighbourhood Team;
 - Value more the vital contribution the voluntary sector make;
 - Improved levels of integration across healthcare providers.
- The themes and ideas generated at the events would be used to help the planning and commissioning of NHS funded services in Wokingham. The CCG would use the output of the engagement workshops to determine its priorities for improvement and change over the course of the next two years.
- The CCG would produce its commissioning intentions in December 2013 and develop and produce a strategic plan for change. The CCG's Strategic Plan would be published by April 2014.
- Nick Campbell-White emphasised that a number of people at Healthwatch Wokingham Borough's launch had commented that they were unable to see a GP as quickly as they would like and asked whether the CCG was looking at 7 day working. Dr Madgwick confirmed that this was being looked at further.
- Dr Madgwick indicated that the reason behind this was not fully understood. Matthew Tait reminded the Board that increased A&E attendance was a national problem. Dr Winfield indicated that the out of hours GP service had more capacity following the introduction of NHS 111 and were engaging with A&E about making consultants available whilst there was sufficient capacity. Other new ways of working were also being looked at.

RESOLVED That the NHS England Call to Action update be noted.

46. QUALITY KPIs

Katie Summers provided information on the CCG key performance indicators used to measure Quality.

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

- Quality was at the heart of all that the CCG did.
- The Board felt that it would be helpful to receive information on key performance indicators. It was noted that the Health Overview and Scrutiny Committee

reviewed the CCG's Performance Outcomes reports so it was important to ensure that there was not duplication.

- Patient Reported Outcome measures (PROMs) were questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view. These were reported on an annual basis. Katie Summers commented that the CCG performed less well on patient's reporting hip conditions.
- Katie Summers explained what Commissioning for quality and innovation (CQUIN) Initiatives entailed.
- Information was also received on matters such as never events, patient survey results and hospital mortality rates and the quality accounts.
- The National Quality Board had recommended in May 2012 that whilst there had been improvements in recent years in capturing hard data about quality, the CCG should not lose sight of the importance of 'soft' intelligence. The CCG was looking at information such as information from Monitor and in the media.

RESOLVED That the information regarding the CCG key performance indicators used to measure Quality be noted.

47. PUBLIC HEALTH UPDATE

Darrell Gale provided an update on Public Health.

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

- The Board was reminded that responsibility for children's public health 0-5 was due to transfer to Public Health in 2015 and work was being undertaken nationally to ensure the smooth transfer. Berkshire also wished to review services offered to 0-19 year olds to ensure that services were focused on the existing and emerging needs of children, since school nursing was already commissioned through Public Health in Bracknell Forest Borough Council.
- A children's services review across the six Berkshire unitaries, led by Public Health, had been suggested. The suggested approach was to review the existing services for children, to reflect these against needs and best practice in order to develop a 5 year plan to support the health and wellbeing strategic goals. The work would be managed to ensure that the needs of the various age groups were addressed and to allow the Council to respecify and to commission the school nursing and health visiting roles.
- Nationally part of the health visitor transition work had made available and there would be transition funding of approximately £20,000 for Berkshire to support the transition process. The focus of this bid for funding would be to review the approach to 0-5 years' service delivery, and to develop a new strategy for this area.
- Pauline Maddison commented that a year ago a lot of work regarding school nurses had been carried out with the Headteachers and that the outcomes had been fed back to Public Health.
- It was noted that Tier 4 CAMHs provision was a specialist service and as such was commissioned through the NHS England area team. A national review on Tier 4 provision was being carried out. Councillor Bray questioned what influence the Board had with NHS England regarding CAMHs. Matthew Tait indicated that the Board had influence as a stakeholder and through his position on the Board.
- An update on seasonal flu immunisation was also provided. Whilst targets were not fully being met, improvements were being seen.

- Councillor Lee asked whether those who paid for a flu jab were included in the figures and was informed that they were not.
- Matthew Tait agreed to feed back the recommendations which related to the NHS England Area Team. Capacity issues were noted.

RESOLVED That:

- 1) all new responsibilities and new developments this year be noted;
- 2) the past / current performance along with gaps in this years' service be noted;
- 3) it be suggested that the NHS England Area team share the good practice of the high performers and to raise issues directly with low performing GP practices;
- 4) efforts to promote flu jabs among 2 & 3 year olds (Fluenz vaccine has a short shelf life and most batches expire around the end of December 2013) be intensified;
- 5) the NHS England Area team be asked to offer additional support (if needed) to practices to upload their data in a timely manner and to send frequent reminders.

48. UPDATE FROM PARTNERSHIP REPRESENTATIVES

The Partnership representatives on the Board provided an update regarding the activities of their respective partnerships.

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

- The Business, Skills and Enterprise Partnership had last met in October and would next be meeting in January. The Partnership was meeting with BUPA to discuss targeting large businesses in the area supporting employee's health and wellbeing. A bid for a social action project had been submitted to The Vulnerable and Disengaged Young People Fund and it was hoped that more news on this would be available in January.
- The Place and Community Partnership had nothing further to update since the previous meeting.
- Updating on the work of the Community Safety Partnership, Chief Inspector Rob France commented that White Ribbon Week had been successful. A more detailed update would be provided at the Board's next meeting.

RESOLVED That the updates from the Partnership representatives be noted.

49. UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH

The Board received an update from Healthwatch Wokingham Borough.

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

- Healthwatch Wokingham Borough had been officially launched the week commencing 18 November. One of the main issues that people had raised with Healthwatch Wokingham Borough was access to GPs and some patients not being able to access appointments at the time or day that they wanted.
- The Board noted information regarding assessments carried out by the Wokingham and District Citizens Advice Bureau which had been identified as Healthwatch and the trends in enquiries. Residential/ nursing care home charges was the most

common subject enquiry. Calls took 48 minutes on average, including recording data and following up. Information signposting was also provided.

- Board members were encouraged to complete freepost reporting forms about their experience of local health and social care services and to return them to Healthwatch Wokingham Borough.
- Two of Healthwatch Wokingham's key priorities included;
 - *Ascertain the views of children & young people with regards local health and social care services* - An introductory Healthwatch article had been published in the latest edition of Wokingham Borough Council's "Education News" which goes to the 60 primary, infant and junior schools and 16 secondary schools in the Borough.
 - *Looking at how people choose a care home & ascertain views of care home residents* - Healthwatch had purchased a RemPod (a pop up reminiscence room) which would be used when visiting care homes to facilitate discussion with residents.

RESOLVED That the update from Healthwatch Wokingham Borough be noted.

50. FORWARD PROGRAMME

The Board considered the Forward Programme. Board members were asked to inform the Principal Democratic Services Officer if they had any items to add to the Forward Programme.

RESOLVED That the Forward Programme be noted.

These are the Minutes of a 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.

**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, Public Health Consultant

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 was 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 was 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

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