MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 13 FEBRUARY 2014 FROM 5PM TO 6.40PM

Present:-

David Lee	Leader of the Council
Julian McGhee Sumner	Executive Member for Health and Wellbeing
Prue Bray	Opposition Member
Darrell Gale	Consultant in Public Health (substituting for Dr Lise Llewellyn)
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
Chief Inspector	Community Safety Partnership
Rob France	
Clare Rebbeck	Place and Community Partnership
Beverley Graves	Business, Skills and Enterprise Partnership

Also present:-

Graham Jones, Chairman Pharmacy Local Professional Network, NHS England Thames Valley Area Team (until Item 64)

Madeleine Shopland, Principal Democratic Services Officer Nicola Strudley, Healthwatch Wokingham Borough

Dr Johan Zylstra, Wokingham CCG

PARTI

57. MINUTES

The Minutes of the meetings of the Board held on 12 December 2013 and the Extraordinary meeting of the Board held on 30 January 2014 were confirmed as correct records and signed by the Chairman.

58. APOLOGIES

Apologies for absence were submitted from Charlotte Haitham Taylor and Dr Lise Llewellyn

59. DECLARATIONS OF INTEREST

There were no declarations of interest received.

60. PUBLIC QUESTION TIME

There were no public questions received.

61. MEMBER QUESTION TIME

There were no Member guestions received.

62. COMMUNITY PHARMACY CALL TO ACTION

Graham Jones, Chairman Pharmacy Local Professional Network, NHS England Thames Valley Area Team, presented information relating to the Community Pharmacy Call to Action to the Board.

- Graham Jones outlined services provided by community pharmacies under a
 contractual framework on behalf of NHS England. The service consisted of three tiers:
 Essential services which all community pharmacies must provide, advanced services
 which community pharmacies could choose to provide and required extra accreditation
 and enhanced services such as flu vaccination which were commissioned by NHS
 England area teams to meet local need.
- Public health services such as smoking cessation, emergency hormonal contraception, supervised consumption of methadone and needle exchange services were commissioned by councils. CCGs also had the ability to commission services locally from community pharmacies to meet the pharmaceutical needs of patients.
- Graham Jones commented that community pharmacies could play a greater role in healthchecks and in disaster planning, acting as vaccination centres for example.
- Approximately 700 community pharmacies had achieved Healthy Living Pharmacy status with an expectation that this figure would rise to 1,385 by April 2014. Healthy Living Pharmacies had trained champions who could engage on public health issues such as smoking cessation.
- Graham Jones stated that pharmacy and GP contracts could be better aligned and integration between community and hospital pharmacies could also be improved.
- The Community Pharmacy Call to Action consultation about reshaping the pharmacy service had begun in December and was due to finish in March.
- All commissioned services delivered by pharmacies should be captured in Pharmaceutical Needs Assessments (PNAs) that were the statutory responsibility of Health and Wellbeing Boards.
- Matthew Tait asked Graham Jones how successful he felt advanced and enhanced services had proved and the top three changes that he would like to see. Graham Jones commented that Medicine Use Review Service helped patients to better understand their medication. The New Medicine Service helped patients in caring for themselves. For example those taking warfarin could be provided with information regarding their diet. In addition the flu vaccination service had gained traction in the community pharmacies and had proved a way of reaching some harder to reach groups. Flu vaccinations, Healthchecks and blood pressure monitoring were priorities.
- Matthew Tait went on to ask about the measurable benefits to primary care. Graham
 Jones indicated that as the demand on primary care increased, community pharmacy
 could provide support.
- Clare Rebbeck questioned whether Call to Action events would be held and was informed that a public engagement event via Twitter had taken place.
- In response to a question regarding the location of pharmacies in the community and within GP surgeries Graham Jones commented that different geographic locations could serve different needs.
- The administration of medication in care homes was discussed. Stuart Rowbotham asked whether providing support and advice to care home staff to enable them to meet their obligations, was an area in which there would potentially be growth.
- Chief Inspector Rob France asked how pharmacists could better identify vulnerable children if they supplied emergency hormonal contraception to teenagers and was informed that pharmacists were trained in relevant procedures.
- The Board discussed how to accelerate pharmacists' access to the Summary Care Records. Councillor Lee commented that the Better Care Fund Plan did not detail links with pharmacists. Katie Summers indicated that improved integration with pharmacists was required. Dr Madgwick stated that pharmacists would be included in

- the developing care home pathway and pharmacy and dentists needed to be included in the Primary Care Strategy development.
- Beverley Graves asked whether there was a shortfall in recruitment and was informed that there was a shortage of technicians but not pharmacists.
- The Call to Action asked a number of key questions which the Board was encouraged to respond to.
- Initial feedback from the Community Pharmacy Call to Action was expected in April.

RESOLVED: That the update on the Community Pharmacy Call to Action be noted.

63. FEMALE GENITAL MUTILATION

The Board considered a letter from the Police and Crime Commissioner Thames Valley regarding female genital mutilation.

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

- Chief Inspector Rob France indicated that be believed the Police and Crime Commissioner wanted assurance that if people or agencies became aware of female genital mutilation, that they would report it appropriately.
- Councillor Bray asked whether health professionals had difficulty coding female genital
 mutilation. Katie Summers indicated that this had been discussed at the Maternity
 Group. At the Royal Berkshire Hospital it could be recoded and in cases of expectant
 mothers, the matter raised with the patient's GP who could work with the mother. The
 Public Health team at Reading was working with the Royal Berkshire NHS Foundation
 Trust from a public health perspective.
- Councillor Lee asked if the CCG had a policy in place regarding child female genital mutilation. Dr Madgwick stated that GPs would communicate with the relevant organisations should they become aware of it happening. It was important to raise awareness of the issue.
- Stuart Rowbotham commented that should cases of child female genital mutilation be found they should be reported via child safeguarding as per other non-accidental injuries.
- Chief Inspector Rob France agreed to establish whether any cases of female genital mutilation had been reported in the Borough.

RESOLVED: That the letter from the Police and Crime Commissioner Thames Valley regarding female genital mutilation be noted.

64. BETTER CARE FUND PLAN

The Board received the draft Better Care Plan which was due to be submitted to the Local Government Association (LGA) and NHS England by 14 February 2014.

- Stuart Rowbotham presented the draft Better Care Fund Plan which had been amended following considerable discussion by the Board at its extraordinary meeting on 30 January.
- It was noted that the proposal regarding Wokingham Community Hospital had been removed from the draft plan.
- Stuart Rowbotham outlined the potential impact that the impending Care Bill liabilities
 would have. It was noted that the guidance talked about making changes from the
 existing eligibility criteria to a national standard which would have an impact on the
 Council.

- Clare Rebbeck praised the document but felt that more detail regarding how proposals would be measured could be included. It was noted that further detail would be outlined in the final version of the plan.
- Matthew Tait commented that the plan was one of the strongest he had seen. He
 went on to emphasise that the impact on the acute providers needed to be further
 developed in the final version of the plan and it was important that they understood
 these implications so that they could amend their plans accordingly. Katie Summers
 indicated that there had been acute sector involvement in the development of the draft
 plan and that this would be made clearer in the final version.

RESOLVED: That the draft Better Care Plan be agreed for submission to the Local Government Association (LGA) and NHS England by 14 February 2014.

65. NHS WOKINGHAM CCG DRAFT 2 YEAR OPERATIONAL PLAN ON A PAGE Katie Summers presented the NHS Wokingham CCG Draft 2 Year Operational Plan on a page. A revised Plan on a Page was circulated at the meeting.

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

- NHS Wokingham Clinical Commissioning Group was required by NHS England to develop a two-year Operational Plan and a five-year Strategic Plan. The draft Operational Plan had to be submitted to NHS England by 14 February 2014, with formal sign off by April 2014.
- The NHS Wokingham CCG draft Operational Plan set out and prioritised local health services for improvement. In doing so, the CCG had taken into account local community needs, as articulated in the Health and Wellbeing Strategy, and the views of residents, including at the Call to Action event.
- There was an improved focus in the plan on areas where Wokingham was an outlier compared with the rest of the country, such as mortality from breast cancer.
 Nevertheless, Wokingham generally performed well.
- Darrell Gale commented that he was pleased with the opportunity to include data and trends from the Joint Strategic Needs Assessment such as the fact that the Borough had a relatively high proportion of people in their 40s and the population was becoming increasingly diverse.
- In response to a question from Clare Rebbeck regarding carers' assessments and carers receiving health checks, Katie Summer confirmed that the health check developed included a question regarding carers' assessments.

RESOLVED: That the draft Operational Plan on a Page be noted.

66. BERKSHIRE WEST CCGS DRAFT STRATEGIC PLAN 2014-19

The Board examined the Berkshire West CCGs Draft Strategic Plan 2014-19. The strategy aimed to improve health outcomes, service quality and patient experience.

- The Board was reminded that the draft five year Strategic Plan has been developed at Berkshire West level.
- Board members noted the venn diagram representing the CCGs' vision.
- The number of people accessing A&E had increased. Healthwatch was carrying out an exercise on the patient at the centre of service planning and delivery.
- Engagement with service users had increased through the Call to Action events.
- It was anticipated that primary care would play a vital role in delivering the CCGs' vision to meet peoples' needs in the community where possible. Consideration

needed to be given to primary care taking on different roles such as leading neighbourhood cluster teams. Greater access to GP services and 7 day working was being further examined. It was noted that practices would be submitting a bid to the Prime Minister's Challenge.

- A piece of work on the 4 hour wait at A&E target was being undertaken.
- The CCGs were considering how elective care technology could be improved.
- Councillor Lee questioned how the improvements in outcomes for patients and service users by 2019 which had been identified as resulting from the implementation of the strategy's vision, such as a 3.2% reduction in the potential years of life lost from conditions which could be treated, would be measured. Katie Summers commented that these would be monitored by the Public Health team.
- Matthew Tait asked how the Board was monitoring the progress of the Health and Wellbeing Strategy and was informed that a RAG report (Red, Amber, Green report) had been presented previously and would be taken to future meetings.

RESOLVED: That the Berkshire West CCGs Draft Strategic Plan 2014-19 be noted.

67. WOKINGHAM NEEDS ASSESSMENT

Darrell Gale informed the Board that it was likely that it would receive the final version of the Wokingham Needs Assessment at its April meeting.

RESOLVED: That the update on the Wokingham Needs Assessment be noted.

68. UPDATE FROM THE PARTNERSHIPS REPRESENTATIVES

The Board received an update from the Partnership representatives on the Board on the Partnerships' activities.

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

- Beverley Graves indicated that the Business, Skills and Enterprise Partnership had met at Aspire on 5 February. A presentation had been received from New Approaches, which was working with the Cabinet and the Department of Health on health and wellbeing. Five ways of wellbeing had been highlighted.
- The Partnership was also focusing on the Local Economic Partnership and the City Deal progress and skills and employability.
- With regards to the construction industry, Bracknell and Wokingham College was looking to provide more construction skill opportunities. Currently demand outweighed the opportunities available.
- Clare Rebbeck stated that at its previous meeting the Place and Community
 Partnership had focused on supporting volunteers. It was noted that the Mayor would
 be holding a 'speed dating' event to put local businesses and charities in touch with
 each other.
- Chief Inspector Rob France informed the Board that there had been an increase in the reporting of domestic abuse. Board members were also informed of a piece of work with Trading Standards which had focused on criminals targeting the vulnerable within their homes.

RESOLVED: That the update from the Partnership Representatives be noted.

69. UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH

Nick Campbell-White updated the Board on the work of Healthwatch Wokingham Borough.

- A Non-Executive Director with responsibility for Governance had been appointed.
- Training for Enter and View volunteers was taking place. Clare Rebbeck asked whether any concerns had been identified locally following Enter and Views and was informed that there had not.
- The Care Quality Commission had asked Healthwatch to prepare a report on peoples' experiences of the Royal Berkshire Hospital Foundation Trust, both good and bad.
- Katie Summers questioned when it was expected that Healthwatch Wokingham Borough would report back on their projects. Nicola Strudley indicated that with regards to the project on gathering the views of children and young people regarding their health and social care, Healthwatch was still making contact with the primary schools, putting leaflets into pupils' book bags. Contact was being made with the secondary schools via the school councils. With regards to the GP appointments and the rise in residents presenting at Royal Berkshire Hospital A&E project, Healthwatch would also be looking at NHS 111. It was hoped that care home visits would begin in April. Healthwatch Wokingham Borough was forming a joint team of Enter and View volunteers with Healthwatch Slough.
- There had been an increase in residents expressing concern that they did not feel able
 to make an informed choice regarding the availability of their health and social records.
 These comments had been fed back to Healthwatch England.

RESOLVED: That the update from Healthwatch Wokingham Borough be noted.

70. FORWARD PROGRAMME 2013/14

It was agreed that the meeting scheduled for 10 April be moved earlier to enable the Board to sign off the final Better Care Fund Plan by the 4 April deadline. The Board also agreed to receive email updates regarding the Plan.

RESOLVED That the Forward Programme be noted.

These are the Minutes of a Meeting of the Health and Wellbeing Board

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