



**WOKINGHAM  
BOROUGH COUNCIL**

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

**THURSDAY 14 AUGUST 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

Chief Executive's Department
P.O. Box 150
Shute End, Wokingham
Berkshire RG40 1WQ
Tel: (0118) 974 6000
Fax: (0118) 979 0877
Minicom No: (0118) 977 8909
DX: 33506 - Wokingham



# 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 14 August 2014 at 5pm**

Andy Couldrick  
Chief Executive  
6 August 2014

Keith Baker	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
Louise Watson	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.
1.00	None Specific	<b>ELECTION OF CHAIRMAN FOR THE 2014/15 MUNICIPAL YEAR</b> To elect a Chairman for the 2014/15 municipal year.	2 mins
2.00	None Specific	<b>ELECTION OF A VICE CHAIRMAN FOR THE 2014/15 MUNICIPAL YEAR</b> To elect a Vice Chairman for the 2014/15 municipal year.	2 mins
3.00	None Specific	<b>CONFIRMATION OF VOTING ARRANGEMENTS FOR THE HEALTH AND WELLBEING BOARD 2014/15</b> To confirm the voting arrangements for the Health and Wellbeing Board 2014/15.	2 mins
4.00	None Specific	<b>MINUTES</b> To confirm the Minutes of the Meeting of the Board held on 5 June 2014.	1-7 2 mins
5.00	None Specific	<b>APOLOGIES</b> To receive any apologies for absence	
6.00		<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest	
7.00		<b>PUBLIC QUESTION TIME</b> To answer any public questions The Council welcomes questions from members of the public about the work of this.  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 <a href="http://www.wokingham.gov.uk/publicquestions">www.wokingham.gov.uk/publicquestions</a>	
7.01	None Specific	Mrs Michelle Hawkins has asked the Chairman of the Board the following question:  <b>Question</b>  Would it be possible within the next strategy document or within the remit of this group to share how we (we the individual being represented and our Borough's choice of services/service providers, be they be picked directly from Wokingham Borough Council, NHS, Friends & Family, Charities or Community Groups.	5 mins

Often there is an overlap and it is hard to know who is reaching who and who might not be able to access or reach a service), all fit together please? Perhaps pictorially as I and many others find this quick and easy reference.

Only sometimes in the past I have considered that the Council is responsible for something because it does the PR for it and other times I realised as I got older that some things the Council does is because it came from central government and sometimes it is because the Council deemed it a priority/had a budget for and started/stopped it. Other times I'm not sure how and where it is exactly decided who should gain a priority/service or be a part of a trial or new way of doing/approaching something or even how it could be effectively monitored but pictures and graphs help!

I also feel that such pictorial representations might help us all see how many People are represented when initiatives are discussed and or reached by any one strategy recognising whether it is a community response, charitable response, existing service contribution or direct council service based say on critical need only/project basis with timelines just to raise the profile of something. This would enable an individual to consider how or where they might be placed if they need to understand how and where they may gain assistance, help or provide feedback, volunteer or join a self-help initiative. Only, just looking at health and wellbeing already, I have for example noticed there are already various things happening which I wasn't aware of like the Take5 and the Reading for Health in the library and Berkshire Carers, who I didn't find and would have hugged and held on to dearly when I was in need as a Carer to gain some recognition. I also feel that working in community support/social care myself now is a good time to highlight this type of work and encouraging more to join and link up existing initiatives so that we can start sharing resources and help prevent People reaching critical need - only I never considered this as a career path but maybe I should have. Thank you.'

7.02      None Specific      Mrs Maddy Bristow has asked the Chairman of the Board the following question:      5 mins

**Question**

Whilst I understand that provision of new doctors' surgeries will be part of the developers planning obligations in respect of the identified SDL's, could you

please advise what plans there are to meet the immediate and urgent needs of local residents who are finding it increasingly difficult to get an appointment with their GP? From personal experience this seems to be particularly so in respect of routine and non-emergency appointments. In answering this question, please could you indicate when local residents are likely to feel the benefits of any plans proposed to alleviate this current situation.

<b>8.00</b>		<b>MEMBER QUESTION TIME</b> To answer any member questions	
<b>9.00</b>	None Specific	<b>SHAPING OUR NEW COMMUNITIES STRATEGY</b> To receive a briefing on the 'Shaping our new Communities Strategy'	<b>8-12</b> 15 <i>mins</i>
<b>10.00</b>	None Specific	<b>UPDATE FROM BOARD MEMBERS</b> To receive updates on the work of the following Health and Wellbeing Board members:  <ul style="list-style-type: none"> <li>• Healthwatch Wokingham Borough</li> <li>• Business, Skills and Enterprise Partnership</li> <li>• Community Safety Partnership</li> <li>• Place and Community Partnership</li> </ul>	<b>13-15</b> 20 <i>mins</i>
<b>11.00</b>	None Specific	<b>BETTER CARE FUND: CHANGES TO THE NATIONAL GUIDANCE</b>  To consider Better Care Fund: Changes to the National Guidance.	<b>16-22</b> 15 <i>mins</i>
<b>12.00</b>	None Specific	<b>BERKSHIRE WEST CCG FEDERATION 5 YEAR STRATEGIC PLAN</b> To receive the Berkshire West CCG Federation 5 Year Strategic Plan.	<b>23-117</b> 15 <i>mins</i>
<b>13.00</b>	None Specific	<b>QUALITY PREMIUM TARGETS FOR 2014-15</b> To consider the Quality Premium Targets for 2014-15.	<b>118-123</b> 15 <i>mins</i>
<b>14.00</b>	None Specific	<b>UPDATE ON THE HEALTH AND WELLBEING STRATEGY</b> To receive an update on the Health and Wellbeing Strategy.	<b>Verbal</b> 10 <i>mins</i>
<b>15.00</b>	None Specific	<b>WINTERBOURNE VIEW</b> To receive the Winterbourne View Response.	<b>124-165</b> 15 <i>mins</i>

<b>16.00</b>	None Specific	<b>PHARMACEUTICAL NEEDS ASSESSMENT</b> To receive an update on the Pharmaceutical Needs Assessment.	<b>To follow</b> 15 <i>mins</i>
<b>17.00</b>	None Specific	<b>FORWARD PROGRAMME 2014/15</b>  To receive the Forward Programme 2014/15	<b>166-171</b> 15 <i>mins</i>
<b>18.00</b>		<b>ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT</b> 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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#### **CONTACT OFFICERS**

<b>Madeleine Shopland</b>	<b>Principal Democratic Services Officer</b>	<b>Tel 0118 974 6319</b>
	<b>Administrator</b>	<b>Tel 0118 974 6054 / 6053</b>
<b>Fax</b>	0118 919 7757	
<b>Email</b>	<a href="mailto:democratic.services@wokingham.gov.uk">democratic.services@wokingham.gov.uk</a>	

**MINUTES OF A MEETING OF THE  
HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY 5 JUNE 2014 FROM 5PM TO 7.10PM**

*Present:-*

David Lee	Leader of the Council (from 5.20pm)
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 (Vice Chairman in the Chair until Item 89)
Katie Summers	Wokingham Clinical Commissioning Group
Nick Campbell-White	Healthwatch Wokingham Borough
Louise Watson	NHS England
Chief Inspector Rob France	Community Safety Partnership
Clare Rebbeck	Place and Community Partnership

*Also present:-*

*Chris Buckman, Service Manager Children's Social Care - Corporate Parenting (until Item 89)*

*Sarah Castle, Team Principal, Joint Legal Team (until Item 89)*

*Nick Durman, Healthwatch Officer, Healthwatch Wokingham Borough*

*Darrell Gale, Consultant in Public Health*

*Madeleine Shopland, Principal Democratic Services Officer*

*Dr Johan Zylstra, Wokingham CCG (until Item 89)*

## **PART I**

### **83. MINUTES**

The Minutes of the meeting of the Board held on 2 April 2014 were confirmed as a correct record and signed by the Vice Chairman.

Katie Summers updated the Board on the Better Care Plan which had been submitted by 4 April. A letter from NHS England had been recently received which indicated that the Local Government Association had reviewed submissions and that there was a lack of confidence in plans. Further work regarding metrics, engagement with key providers and potential financial savings was required. A new submission date of 27 June had been given. A new template and further clarity about requirements was expected shortly. Louise Watson commented that this was a national problem and that no Plan had been approved. Nevertheless, there had been a greater degree of confidence in the area's plans than in some others. Katie Summers emphasised that a number of the Better Care Fund Plan initiatives already lined up with the CCG metrics. Stuart Rowbotham expressed disappointment at the short original timescale for submission and the lack of guidance and the short timescale for revisions to the Plan. Louise Watson agreed to feed back this concern.



#### **84. APOLOGIES**

An apology for absence was submitted from Beverley Graves.

#### **85. DECLARATIONS OF INTEREST**

There were no declarations of interest made.

#### **86. PUBLIC QUESTION TIME**

There were no public questions received.

#### **87. MEMBER QUESTION TIME**

There were no Member questions received.

#### **88. FAMILY JUSTICE BILL PRESENTATION**

Sarah Castle, Team Principal, provided a presentation regarding the shared legal service across the six Berkshire unitary authorities which focused on children's services.

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

- The shared legal service had been established 15 years ago and had formally been the County Solicitors Childcare Team. Last year an East and West team had been created.
- The Family Justice Review had built on the principles of pre-proceedings social work and the Public Law Outline, in reducing delay in care proceedings.
- The Children and Families Act 2014 was now in force. Key measures emerging from the Act aimed to give families support when they needed it most, focusing on the delivery of service provision, reducing delay, minimising bureaucracy and breaking down barriers that might prevent the progress of cases within the family justice system. The Act implemented a new six month time limit on case completion, to speed up care proceedings in family courts so that children would have more security and stability without unnecessary hold-ups.
- Best evidence, direct reports to the Courts from partner agencies such as GPs, the Police and Education, was now required. Those who provided reports could potentially be called to give evidence in court. Clare Rebbeck asked whether the voluntary sector could be asked to provide reports if they had involvement with the child. Sarah Castle indicated that they could if it was considered relevant.
- Other key features of the Reforms included disclosure from Police pre-proceedings, the formation of a Single-Family Court from April 2014 and the formation of Local Family Justice Boards. The Police disclosure unit had increased from 2.5 to 6 officers.
- Care proceedings now had to be completed within 26 weeks. The Board was pleased to note that the combined Berkshire average duration for Care and Supervision proceedings was currently 25.6 weeks.
- Sarah Castle explained partner agencies responsibilities.
- Dr Madgwick asked whether discussions had taken place with the GPs and suggested contact with the Local Medical Council. In response to a question regarding the format that the best evidence would take, Sarah Castle indicated that those asked to produce best evidence would be sent a letter outlining the required information.
- Dr Llewellyn suggested that a training session be held to further disseminate the message.
- In response to a question from Councillor McGhee Sumner regarding social workers giving evidence in court, Judith Ramsden commented that the Council had a range of measures in place to help support social workers with this.

- Between 40 and 70 children were involved in care proceedings at one time. Dr Llewellyn asked how these numbers compared and was informed that they were fairly representative across Thames Valley.
- The Board briefly discussed teachers providing best evidence.

Chris Buckman, Service Manager Children's Social Care - Corporate Parenting updated the Board on Child Protection and Looked After Children.

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

- As of 1 June 2014 there were 76 children subject to Child Protection Plans, which represented 21.5 per 10,000. It was often children whose Plans were unsuccessful who went on to become subject to the Public Law Outline process.
- The Board received information on the breakdown by registration category of the Child Protection Plans. It was noted that there were none registered under sexual abuse.
- There were a higher number of 10-15 year olds who were subject to Child Protection Plans than other year groups.
- Statistics on attendance at Child Protection Conferences by organisation were provided.
- 64% of Looked After Children were male and 36% were female. There were 75 Looked After Children as of March 2014. There were a higher number of Looked After Children within the 10-15 year old age bracket.

**RESOLVED** That the Family Justice Bill presentation be noted.

## **89. UPDATE FROM HEALTH AND WELLBEING BOARD MEMBERS**

The Health and Wellbeing Board received an update on the work of various Board members.

### **Healthwatch:**

Nick Campbell-White and Nick Durman updated the Board on the work of Healthwatch over the previous year.

Healthwatch had begun to look into the rise in Wokingham patients presenting at the Royal Berkshire Hospital A&E, difficulties in getting a GP appointment, the rise in the use of food banks and patient transport. There was not the budget to undertake any further projects or to train more volunteers.

There had been a 26% increase in the number of Wokingham residents presenting at A&E. Healthwatch had recently completed its report on Royal Berkshire Hospital and would be sharing this report with the hospital prior to its publication. Healthwatch was also finalising a report on GP practices and would be presenting it informally to the relevant surgeries. In addition two Enter and View visits had been arranged.

Over the past year 400 pieces of feedback had been received from the community and over 800 people had signed up to the mailing list. Councillor McGhee Sumner asked what topics the 129 helpline phone calls had covered and was informed that they included people sharing their experiences or looking for information. Healthwatch's database was checked on a monthly basis to establish whether there were any trends. The Board was reminded that Healthwatch did not take on individual complaints.

Louise Watson asked what relationship Healthwatch Wokingham Borough had with NHS England. Nick Durman commented that representatives attended the Thames Valley

Quality Surveillance Group on a monthly basis. He felt that Healthwatch Wokingham Borough was also developing a good relationship with the Royal Berkshire Hospital NHS Foundation Trust which was positive.

Nick Durman provided further detail regarding the work that Healthwatch Wokingham Borough had undertaken in relation to the volunteer drivers.

Clare Rebbeck asked how Healthwatch Wokingham Borough would prioritise the use of its £107,000 budget and was informed that they could only continue to undertake current projects and research based on feedback received.

Nick Campbell-White stated that Healthwatch Wokingham Borough had had a positive session with Deaf Positives. Judith Ramsden suggested that an event be held at which all groups could present to the Board if they wished and that other stakeholders also be invited.

### **Community Safety Partnership:**

Chief Inspector Rob France summarised key activities undertaken with regards to domestic abuse. Some areas required further work. Knowledge about the outcomes of the Multi Agency Risk Assessment Conference (MARAC) could be improved as could clarity regarding the MARAC referral process.

There had been a 3% increase in the number of domestic abuse incidents reported to the Police. Whilst this did not quite meet the Health and Wellbeing Strategy target of '5% (963) increase in the number of domestic abuse incidents reported to the police' this was still a positive development.

Chief Inspector Rob France outlined suggested targets for the refreshed Health & Wellbeing Strategy including:

- To increase the number of Domestic Abuse incidents reported;
- To decrease the number of repeat incidents of domestic abuse with particular focus on victims reporting domestic abuse more than three times in a year;
- Increasing the number of referrals to MARAC, with particular focus on increasing referral from agencies consistently making less than 10% of the referrals over the three preceding years.

### **Place and Community Partnership:**

Clare Rebbeck indicated that volunteering remained a priority for the Place and Community Partnership.

### **Wokingham Integration Strategic Partnership (WISP):**

Stuart Rowbotham indicated that the Partnership's primary purpose was the delivery of Better Care Fund projects. Progress had already been made in relation to the integrated short term health and social care team.

CCGs had been required to set aside 1% of their budgets for 2014/15 as a Call to Action fund, to advance and pump prime integration projects which would be funded through the Better Care Fund in 2015/16.

Stuart Rowbotham went on to explain that the WISP had agreed a set of bids under the Call to Action fund for consideration by the Berkshire West Partnership Board and then the CCG Federation QIPP and Finance Committee meeting. The bids were to pump prime

and advance work on aspects of the Better Care Fund programme, as well as to request additional project resource to support the local integration work. Call to Action bids from across Berkshire West had exceeded the total funds available. The Night Care Services, Step Down Beds (reablement) and implementing the NHS number on social care systems as the primary identifier bids had been selected to go forward. Other bids were still under consideration for pump priming in the area. These included support for seven day working and Hospital @ Home. Some of the Call to Action Fund would be held as contingency to fund winter pressures.

An implementation plan with key targets identified would be brought to the next Board meeting. Following that the Board would receive exception reports.

#### **Public Health:**

Dr Llewellyn reminded the Board that the health visitors would transfer to Public Health in October 2015. A transition board would look at allocation and expenditure. A workshop on early intervention and health visitors would be held in July and a Wokingham specification considered.

The tender for the new sexual health services would go out in June. Chief Inspector Rob France asked whether female genital mutilation and abuse were considered as part of the commissioning process and was informed that this would be included in the Quality Standards.

It was noted that questionnaires regarding the Pharmaceutical Needs Assessment (PNA) had been sent out to pharmacies in the Borough and placed in pharmacies for customers to complete. A draft PNA was anticipated shortly.

The Child Adolescent and Mental Health Services (CAMHS) were working with the Berkshire CAMHS Commissioning Group to map best practice in Slough. The results of this would be shared with the other Berkshire unitaries. Councillor Lee asked whether the results of the questionnaires regarding CAMHS would be fed back and was informed that the raw data was currently being collated. Dr Madgwick commented that the main messages included issues relating to waiting times and organisation. Many patients were satisfied with the service but many parents and carers had been less positive.

Darrell Gale informed the Board that there would be 18 Public Health Ward events held between late June and July. Board members were encouraged to attend and to help promote the events. In response to a question from Councillor Haitham Taylor, Darrell Gale confirmed that events would be advertised in GP surgeries and pharmacies.

**RESOLVED** That the update from Health and Wellbeing Board members be noted.

#### **90. HEALTH AND WELLBEING STRATEGY PROPOSED PRIORITIES**

The Board discussed possible priorities for the refreshed Health and Wellbeing Strategy.

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

- The Strategy would cover a 2 year period.
- It was proposed that the key themes detailed in the current Strategy such as 'Promoting good health throughout life' be included in the refreshed Strategy. Six overarching priorities, including Improved adolescent Mental Health Services and Prevention, had been proposed.

- Report templates to enable the reporting back on the progress of priorities to bodies such as the Health Overview and Scrutiny Committee, would be developed.
- The final draft of the Health and Wellbeing Strategy would be taken to the Board's August meeting before being taken to Full Council for approval in September.
- Councillor Lee emphasised that it was important that the targets, what the Board wanted to achieve and how it would achieve it, be established.
- Katie Summers suggested that information about planning for the expected population growth should be included in the new strategy as this had implications for the whole system.
- Louise Watson stressed that consistency in presentation was important.

**RESOLVED** That the Health and Wellbeing Strategy proposed priorities be noted.

## **91. DEPRIVATION OF LIBERTY SAFEGUARDS**

Stuart Rowbotham updated the Health and Wellbeing Board on deprivation of liberty safeguards.

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

- Stuart Rowbotham explained that Deprivation of Liberty Safeguards protected vulnerable adults in hospitals or care homes who might be deprived of their liberty. The safeguards should ensure that the relevant care home, hospital or supported living arrangement only deprived someone of their liberty in a safe and correct way and that this was only done when there was no other way to look after the person and it was in their best interests.
- In 2013/14 the Council had received 5 referrals of which one had been found to be a deprivation under the old rules. However, a Supreme Court judgement in March had been significant in determining whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amounted to a deprivation of liberty.
- Since the judgement over 170 referrals had been received and every assessment undertaken so far had been found to be a deprivation under the new guidance. If a deprivation was done this had to be reviewed annually, further increasing the workload.
- The assessments were carried out by Best Interest Assessors (BIA). There were currently 8 BIAs, all of whom had substantive other duties. It took some time to train officers to become a BIA.
- Part of the assessment required an approved Mental Health Act doctor. This cost £300 each time, which the Council had to fund.
- Each referral took some time to process and due to the vastly increased volume of referrals the Council would not be able to meet the statutory timescale for response. This was a problem nationally. However, Stuart Rowbotham believed that there was a low risk of consequences so long as a robust action plan was in place. The proposed action plan dealt with a backlog over 6 months, backfilling 2 BIA so that they could be dedicated to BIA work. Additional BIA support and administration support could be required and there would be additional Court of Protection and medic costs. At worst the additional work and support could cost £330,000.
- Six local authorities had sought direction from the Court of Protection. The Council was expecting direction regarding how to manage the increased caseload.

**RESOLVED** That the update on the Deprivation of Liberty Safeguards be noted.

## **92. GP PROVISION**

The Health and Wellbeing Board discussed GP provision throughout the Borough.

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

- Darrell Gale commented that concerns had been expressed regarding access to GPs and in Woodley in particular and the effect of the forthcoming large population potential growth. Recruitment and retention of the workforce had also been identified as issues.
- Dr Llewellyn stated that Bracknell Forest Council was suggesting a joint approach on population growth and GP provision with regards to areas where Bracknell and Wokingham bordered each other. Possible approaches such as undertaking a joint hearing or a joint piece of work were discussed. Katie Summers indicated that the CCG would be looking at GP provision shortly.

**RESOLVED** That the update regarding GP provision be noted.

## **93. NATIONAL HEALTH PROFILES**

**RESOLVED** That this item not be considered.

## **94. FORWARD PROGRAMME 2014/15**

The Board considered the Forward Programme 2014/15.

Judith Ramsden requested that the item regarding pupil performance figures be taken to the October meeting. Darrell Gale requested that an item regarding the Pharmaceutical Needs Assessment be included on the August meeting agenda.

**RESOLVED** That the Forward Programme 2014/15 be noted.

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

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