



**WOKINGHAM
BOROUGH COUNCIL**

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

THURSDAY 9 OCTOBER 2014

AT

5PM

AGENDA

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**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 9 October 2014 at 5pm**

Andy Couldrick
Chief Executive
1 October 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.
26.00	None Specific	MINUTES To confirm the Minutes of the Meeting of the Board held on 14 August 2014 and the Minutes of the Extraordinary Meeting of the Board held on 11 September 2014.	1-10 11-12
27.00	None Specific	APOLOGIES To receive any apologies for absence	
28.00		DECLARATIONS OF INTEREST To receive any declarations of interest	
29.00		PUBLIC QUESTION TIME 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 www.wokingham.gov.uk/publicquestions	
30.00		MEMBER QUESTION TIME To answer any member questions	
31.00	None Specific	APPOINTMENT OF ADDITIONAL WOKINGHAM CLINICAL COMMISSIONING GROUP MEMBER TO HEALTH AND WELLBEING BOARD To receive a report proposing the appointment of additional Wokingham Clinical Commissioning Group member to Health and Wellbeing Board	13-15 <i>10 mins</i>
32.00	None Specific	WOKINGHAM BOROUGH COUNCIL HEALTH AND WELLBEING STRATEGY 2014-2017 To receive the draft Wokingham Borough Council Health and Wellbeing Strategy 2014-17	16-39 <i>15 mins</i>
33.00	None Specific	UPDATE ON STRATEGIC DEVELOPMENT LOCATIONS AND PRIMARY CARE FACILITIES To consider an update on the Strategic Development Locations and Primary Care Facilities	40-48 <i>15 mins</i>
34.00	None Specific	BERKSHIRE WEST OPERATIONAL RESILIENCE AND CAPACITY PLAN 2014-15 To receive the Berkshire West Operational Resilience and Capacity Plan 2014-15.	49-75 <i>15 mins</i>

35.00	None Specific	BETTER CARE FUND UPDATE To receive an update on the Better Care Fund	76-221 <i>15 mins</i>
36.00	None Specific	WOKINGHAM FLU PLAN To receive the Wokingham Flu Plan.	222-245 <i>10 mins</i>
37.00	None Specific	ACCOUNTABILITIES AND RESPONSIBILITIES AND COMMUNITY INVOLVEMENT To receive a presentation on Accountabilities, responsibilities and community involvement.	To follow <i>10 mins</i>
38.00	None Specific	PUPIL PERFORMANCE FIGURES To receive an update on Pupil Performance figures.	To follow <i>10 mins</i>
39.00	None Specific	UPDATE FROM BOARD MEMBERS To receive updates on the work of the following Health and Wellbeing Board members: <ul style="list-style-type: none"> • Healthwatch Wokingham Borough • Business, Skills and Enterprise Partnership • Community Safety Partnership • Place and Community Partnership 	Verbal <i>20 mins</i>
40.00	None Specific	FORWARD PROGRAMME 2014/15 To receive the Forward Programme 2014/15	246-250 <i>5 mins</i>
41.00		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

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.

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**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON THURSDAY 14 AUGUST 2014 FROM 5PM TO 6.40PM**

Present:-

Charlotte Haitham Taylor	Executive Member for Children's Services
Julian McGhee Sumner	Executive Member for Health and Wellbeing
Dr Lise Llewellyn	Director of Public Health
Stuart Rowbotham	Director Health and Wellbeing
Piers Brunning (substituting Judith Ramsden)	Service Manager, Policy, Strategy & Partnerships
Shellye Hanson (substituting Judith Ramsden)	Service Manager, Intelligence and Impact (Children and Adults)
Dr Stephen Madgwick	Wokingham Clinical Commissioning Group
Katie Summers	Wokingham Clinical Commissioning Group
Vera Doe (substituting Nick Campbell-White)	Healthwatch Wokingham Borough
Chief Inspector Rob France	Community Safety Partnership
Carolyn Collyer (substituting for Clare Rebbeck)	Place and Community Partnership
Beverley Graves	Business, Skills and Enterprise Partnership

Also present:-

Helene Dyson, Service Manager, Public Health Programmes

Darrell Gale, Consultant in Public Health

Mark Redfearn, Service Manager, Libraries & Community Development (until item 10)

Madeleine Shopland, Principal Democratic Services Officer

Nicola Strudley, Healthwatch Wokingham Borough

Dr Cathy Winfield, Wokingham Clinical Commissioning Group

Dr Johan Zylstra, Wokingham Clinical Commissioning Group

PART I

1. ELECTION OF CHAIRMAN FOR THE 2014/15 MUNICIPAL YEAR

RESOLVED: That Councillor Julian McGhee Sumner be elected Chairman of the Health and Wellbeing Board for the 2014/15 municipal year.

2. ELECTION OF VICE CHAIRMAN FOR THE 2014/15 MUNICIPAL YEAR

RESOLVED: That Dr Madgwick be appointed Vice Chairman of the Health and Wellbeing Board for the 2014/15 municipal year.

3. CONFIRMATION OF VOTING ARRANGEMENTS FOR THE HEALTH AND WELLBEING BOARD 2014/15

RESOLVED: That

- 1) it be noted that Councillor Julian McGhee Sumner, Dr Stephen Madgwick and Nick Campbell-White would be the voting representatives of the Health and Wellbeing Board for the 2014/2015 municipal year;

- 2) if the Healthwatch or Wokingham Clinical Commissioning Group representative was unable to attend a Board meeting and a vote was required, their substitute would act as the voting representative.

4. MINUTES

The Minutes of the meeting of the Board held on 5 June 2014 were confirmed as a correct record and signed by the Chairman.

5. APOLOGIES

Apologies for absence were submitted from Keith Baker, Prue Bray, Nick Campbell-White, Judith Ramsden, Clare Rebbeck, Jim Stockley and Louise Watson.

6. DECLARATIONS OF INTEREST

There were no declarations of interest made.

7. PUBLIC QUESTION TIME

In accordance with the agreed procedure the Chairman invited members of the public to submit questions to the appropriate Members.

7.1 Question

Mrs Michelle Hawkins had asked the Chairman the following question but due to her inability to attend the meeting the following written answer was provided:

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. 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.'

Answer

It is a helpful question to have asked and it is important that the public and stakeholders can see how the system fits together. As a result, the Board has commissioned some work to address the question and this will be available at the next Health and Wellbeing Board meeting.

7.2 Question

Mrs Maddy Bristow asked the Chairman the following question which was answered by the Consultant in Public Health:

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?

Answer

Wokingham Borough Council in partnership with the CCG commissioned a project manager to look at the new housing development planned and assess with local practices the impact on the future delivery and options to expand current provision. In addition Wokingham CCG and NHS England Thames Valley Area team have surveyed practices current access to primary care appointments for patients and how they plan to improve availability to their patients, this will form part of the CCG primary care strategy.

Locally the CCG and Area Team have worked with the three Woodley Practices on the following areas:

- Telephone Access
- Number of GPs
- On line Booking
- Working with patient groups

The Health and Wellbeing Board has specifically included the provision of health services to a growing population (as a result of the major developments in Wokingham Borough and neighbouring areas) as a priority for the Health and Wellbeing Strategy 2014-17.

However your question concerns the present and the immediacy of finding an available appointment with a patient's GP.

The Health and Wellbeing Board is aware both locally and nationally of the difficulties patients have in securing the urgent and routine appointments with their GPs. There is a national shortage of GPs and Practices in Wokingham which have had vacancies have failed to recruit to these. The responsibility for commissioning GP services rests in a co-commissioning arrangement between NHS England's Thames Valley Area Team (who are ultimately responsible for the contracts with GP practices) and Clinical Commissioning Groups.

The Government has been keen to improve access and to move towards 7 day a week working. The Wokingham Clinical Commissioning Group (CCG) – the organisation made up of local GPs to commission and coordinate services in the Borough, bid to the Government to take part in a pilot to trial new approaches to improving access, but were sadly unsuccessful in their bid. The CCG and the Area Team work with other organisations represented on the Board such as Healthwatch, to understand the pressures in the local GP practices, and have undertaken work looking at the capacity within each surgery. The CCG is working with the Practices to improve access on a practice-by-practice basis. Without knowing which particular surgery the questioner has had difficulty with, we cannot be exact as to when the benefits will be felt by the patients.

The Wokingham Borough Health and Wellbeing Board will continue to seek assurance and hold organisations to account in the matter of GP access and capacity. The Board is due to receive a report on the primary care needs of the new development areas in a future meeting.

Supplementary Question

When the findings of the Woodley experiment are published when will it be rolled out to the rest of the Borough? The area I am particularly interested in is Wokingham Without.

Supplementary Answer

The supplementary answer was provided by Dr Madgwick, Wokingham Clinical Commissioning Group and Katie Summers, Director of Operations Wokingham Clinical Commissioning Group.

The Interim Report was published recently and is available on the CCG website and on Rob Wilson MP's information. It looked at, for the three Woodley Practices; how patients could access GPs, online and telephone booking and what was being done to improve telephone access and booking and how often you can see your GP. Those with long term conditions such as diabetes often preferred to see their own GP and this was a target for the CCG.

The CCG was looking at one level of practice going forwards. Actual receptionist times were being looked at. We are trying to support receptionists through training so that they can be more receptive on picking up calls.

The final report is due in October and whilst it is still just Woodley Drs Madgwick and Zylstra are keen to look at other practices. An audit for the other practices and increasing the number of appointments a day, has been carried out.

We are trying to improve access to GPs. Some are good and other not so good in terms of access and the CCG is trying to standardise this. On the other hand, we face the pressure of having not enough GPs around or coming through the training system. We are trying to use the workforce we have as sensibly as we can. But it is a practical problem as there are just not enough GPs and it is the same for nurses. A number of staff are getting older and are leaving and the younger ones do not want to work in the same way.

Additional question:

When are the results of the findings going to bring about improvements?

Additional question answer:

Improvements should be brought about from autumn this year. The CCG is heavily dependent on feedback on how well the surgeries are performing.

8. MEMBER QUESTION TIME

There were no Member questions received.

9. SHAPING OUR NEW COMMUNITIES STRATEGY

Mark Redfearn, Service Manager, Libraries & Community Development provided an update on the Shaping our New Communities Strategy (SONC).

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

- The Council's Core Strategy had identified the four Strategic Development Locations (SDL) which would accommodate the majority of the 13,000 new homes to be built across the borough. These areas would also provide the infrastructure required to support and make a success of these new developments, and offset their impact on existing local communities, in order to protect and enhance the good quality of life enjoyed in the borough. The Shaping Our New Communities Strategy (SONC) document set out recommendations for the softer aspects of this infrastructure provision, in the national context of the Localism and Health and Wellbeing agendas, and Wokingham Borough's own Vision.
- SONC seeks to formalise the Council's position on how it:
 - continues to engage with the community in the planning stages of the four SDL communities;
 - supports community development within SDLs and their integration with neighbouring communities;
 - provides the right community facilities for the new SDL neighbourhoods, with a particular emphasis on proposed multi-use Community Centres;
 - develops options for future management of these facilities.
- A public consultation on the aims and aspirations of SONC was being conducted between 8 August and 17 October 2014 to help shape the next steps of the agenda.
- Councillor McGhee-Sumner commented that first residents had started to move into the new Montague Park development and asked whether the Council had sought to engage with these new residents. Mark Redfearn indicated that surveys were sent to new residents in the new areas. Questions included matters such as whether residents felt connected and if they believed that there was sufficient green space. In response to a question from Beverley Graves, Mark Redfearn indicated that the majority of surveys issued were electronic. Residents were contacted in different ways such as leaflets and press releases. Qualitative feedback was a key part of the consultation.
- Councillor Haitham Taylor suggested that officers undertake some door to door consultation with residents of newer estates.
- Dr Llewellyn requested that the Developing Communities Forums be asked for their views on pharmacy provision to feed into the Pharmaceutical Needs Assessment process.
- Councillor McGhee-Sumner asked that the Board be kept updated on the consultation and its outcomes.
- Darrell Gale informed the Board that a specific piece of work on GP surgeries and capacity was being finalised and would be taken to the Board in future.

RESOLVED That the briefing on the Shaping our new communities Strategy be noted.

10. UPDATE FROM BOARD MEMBERS

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

Healthwatch:

- Healthwatch Wokingham Borough had undertaken a survey on Wokingham Residents use of the foodbank and had recently published the report.
- 2 visits to care homes; Alexandra Grange in Molly Millars Lane & Alexander Place in Woodley, had been undertaken. The reports would be released soon.
- Healthwatch Wokingham Borough was focusing on hearing the views of children and young people and was due to carry out four assemblies on four consecutive days at St Crispin's school. 800 pupils would be surveyed about their emotional health & wellbeing. A Healthwatch You-Tube video had been produced and would be launched on Healthwatch's young people's webpage, soon.

Business Skills and Enterprise Partnership:

- The next meeting of the Partnership would be either October or November.
- Partnership representatives would be meeting with Council officers to look at the Business, Skills and Enterprise Partnership structure and how it interacted with the Health and Wellbeing Board.

Community Safety Partnership:

- Domestic abuse and reporting continued to be a key priority of the partnership.
- Considerable pieces of work were being undertaken with regards to the MARAC process and the Drug Action Team.
- Board members were informed of forthcoming national changes to the probation service.

Place and Community Partnership:

- The Place and Community Partnership were looking to refocus its objectives and had been focusing on young people and their way to health and wellbeing and older people and isolation and how the voluntary sector could help. In addition Clare Rebbeck had been looking at 'Butterfly', an online volunteering project under which volunteers could earn points for volunteering. Carolyn Collyer indicated that 'Butterfly' was in very early stages at the moment. Currently there was little pitched at young people to encourage them to volunteer. People could also be put off by paperwork they had to complete to become a volunteer. Katie Summers commented that greater use needed to be made of volunteers to help relieve the challenges to the health service.
- The 'Live well Spend less' events had been very successful. Board members were pleased to note that approximately 97% had indicated that they had learnt something new from the sessions. It was suggested that something similar be offered next year. Dr Madgwick asked whether events would be held in different areas of the Borough. Carolyn Collyer commented that satellite events were often less well attended but it was possible that an event would also be held at the Crescent Centre in Earley.

RESOLVED That the update from Board members be noted.

11. BETTER CARE FUND: CHANGES TO THE NATIONAL GUIDANCE

Stuart Rowbotham, Director of Health and Wellbeing presented a report regarding the Better Care Fund: Changes to the National Guidance.

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

- There had been a delay in signing off national plans because of NHS England's concerns that savings from reduced hospital activity would not be sufficient to cover their contribution to the BCF in 2015/6, putting overall NHS finances at risk. The Secretary of State for Health had announced some important changes to the BCF, two of which were critical; the pay for performance element will be linked solely to reducing total emergency admissions to hospitals in 2015/6 and that every Health and Wellbeing Board would be asked to resubmit their BCF Plan.
- Health and Wellbeing Boards would be invited to agree a target reduction in emergency admissions from the level that would otherwise have been anticipated in 2015 and agree the savings that would accrue from such a reduction. The national target was likely to be approximately 3.5%. Achievement of this target reduction would be extremely difficult for Wokingham as it was one of the best performing CCGs for emergency admissions. Berkshire West as a whole performed well in this area and West Berkshire and Reading were the third and fifth best performers. Discussions needed to be had with the NHS England Area Team about putting a case forward for a more achievable target. It was thought that 0.5% would still be difficult but was more achievable.
- Wokingham was originally part of the 'fast track' programme but, along with West Berkshire, had decided to step back from the programme to allow for more time to consider the changes required to achieve the new performance measure. Reading continued to be part of the fast track system and received advice and support from NHS England and Deloitte. Being part of the Berkshire West shared system, Wokingham also benefited from this external support provided to Reading Council.
- The new submission date for Plans was 19 September. It was therefore proposed that an extraordinary meeting be held on 11 September to enable the Health and Wellbeing Board to agree the amended Better Care Fund Plan.
- Councillor Haitham Taylor asked what changes needed to be made to the Plan and was informed that risk share arrangements needed be added. Metrics, the financial and non-financial deliverables tightened. Berkshire West was well placed and Better Care Fund Plans were more developed than some other areas.

RESOLVED That the Health and Wellbeing Board

- 1) notes the policy changes to the Better Care Fund;
- 2) considers the request from the ADASS President to share the potential impact of the changes to Wokingham social care budgets, once these are fully understood;
- 3) holds an extraordinary meeting on 11 September 2014 to sign off the revised plan to meet the timetable of submission of plans by 19 September.

12. BERKSHIRE WEST CCG FEDERATION 5 YEAR STRATEGIC PLAN

Dr Winfield presented the updated Berkshire West CCG Federation Strategic Plan.

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

- Following feedback and further guidance from the NHS England Area team on the original 5 year plan which had been submitted in April this year; several revisions have been made to the Plan which mainly focused on the section on system sustainability.
- Board members were assured that the changes made were not material to the vision and aspirations for improving health outcomes for the local population as set out in the original document.

- The three areas of strategic focus were Hospital Care, the Urgent Care System and Out of hospital sector: Integrated primary, community and social care at scale.
- Two key programmes were the Berkshire West 10 Integration programme and the Clinical Strategy Programme.
- Councillor Haitham Taylor asked whether wording regarding co-commissioning and placements for children and young people could be included in the plan. Dr Winfield commented that the Plan had been submitted and accepted by NHS England. Dr Madgwick indicated that there was an intention to co-commission with the local authority in relation to Children's Services.

RESOLVED That the latest version of the Strategic Plan be noted.

13. QUALITY PREMIUM TARGETS FOR 2014-15

The Health and Wellbeing Board received a report on the Quality Premium targets for 2014/15. Board members considered the targets proposed by NHS Wokingham CCG.

The Quality Premium was a payment from NHS England to Clinical Commissioning Groups. It was intended to reward CCGs for improvements in the quality of the services that they commissioned and for associated improvements in health outcomes and reducing inequalities. The Quality Premium would be based on six measures that covered a combination of national and local priorities.

Board members were informed that the Quality Premium target to reduce avoidable emergency admissions by in 2014/15 was 3.5% not 5.3%.

RESOLVED That:

- 1) the following Quality Premium targets for 2014-15 be agreed:
 - a) Reduce potential years of lives lost through causes considered amenable to healthcare by 11 per 100,000 population;
 - b) Increase access to psychological therapies by 3%;
 - c) Show improvement the patient experience indicator Patient Experience of Hospital Care;
 - d) Increase the number of medication errors reported at the Royal Berkshire NHS Foundation Trust by 10% (as a demonstration of an open culture of reporting and learning);
 - e) Increase referrals to memory clinics by 10%.
- 2) the Quality Premium target to reduce avoidable emergency admissions by 3.5% in 2014/15 be noted.

14. UPDATE ON THE HEALTH AND WELLBEING STRATEGY

Helene Dyson, Service Manager, Public Health Programmes provided a verbal update on the progress of the refreshed Health and Wellbeing Strategy. Board members were informed that the majority of proformas had been received. It was hoped that a draft version of the Strategy would be presented at the Board's September meeting. The final version would be taken to the Board's October meeting then on to November Full Council meeting for approval.

RESOLVED That the update on the Health and Wellbeing Strategy be noted.

15. WINTERBOURNE VIEW

The Board received the Joint Commissioning Plan for Services for People with Learning Disabilities & Challenging Behaviour which had been produced by Reading, West Berkshire and Wokingham Councils and NHS Berkshire West Clinical Commissioning Groups (CCGs) in response to Winterbourne View.

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

- Identifying needs early was an important aspect of commissioning the right services. Commissioning services for younger people transitioning to adults' services offered an opportunity for this. The establishment of joint commissioning pathways to ensure that the right services were in place, would be worked on. Out of area placements will be reviewed to ensure that where appropriate people are supported to move back to the area.
- For Wokingham, for Winterbourne reporting purposes (i.e. numbers of people who placed in hospital who were not receiving active treatment) the return in September 2013 was nil.
- With regards to out of area residential provision, the main reason for out of area placements is a legacy one; such placements were made due to lack of local provision for the services deemed appropriate at that time. Whilst the Council had sought to find local accommodation of a suitable type it could sometimes prove difficult to arrange moves back to the borough or the local area as individuals had become used to the existing provision. Consideration would be given to the provision for future cohorts who may specialist intervention that was not available locally.
- Dr Llewellyn emphasised that even when an individual was placed outside the local area, the Council retained responsibility and it was important that assurance was provided on the quality of the placement.
- Collaborative commissioning arrangements and plans to ensure good quality, local services to prevent unnecessary out of area placements, had been identified.

RESOLVED That the update on Winterbourne View be noted.

16. PHARMACEUTICAL NEEDS ASSESSMENT

Health and Wellbeing Board members were updated by Dr Llewellyn on the Pharmaceutical Needs Assessment.

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

- There were four levels at which pharmacy services were commissioned: NHS England, NHS England Area team, local authority and CCGs.
- The Pharmaceutical Needs Assessment (PNA) was the statement for the needs of pharmaceutical services of the population in a specific area. It set out a statement of the pharmaceutical services which were currently provided, together with when and where these were available to a given population. The Health and Wellbeing Board had statutory responsibility to keep an up-to-date statement of the Pharmaceutical Needs Assessment.
- Dr Llewellyn outlined what the PNA provided, including an assessment of existing pharmaceutical services and recommendations to address any identified gaps.
- As part of the consultation process two surveys had been sent out; one to community pharmacies and dispensing doctors and one to users who could complete a survey either online or through the community pharmacy. Analysis of the results was underway.
- 18 out of 24 community pharmacies had responded and 1863 people had responded to the user survey. Of 1500 respondents only 3% used internet pharmacy.

- 84% of respondents were less than 15 minutes away from a community pharmacy. Prescription dispensing was the most common reason for use of the pharmacy. Participants had also been asked what services they would like to see the community pharmacies provide.
- Dr Llewellyn informed the Board of some of the draft recommendations coming out of the surveys. There was no recommendation for new pharmacies as coverage was good with no areas without access within 20 minutes. Darrell Gale commented that work undertaken regarding GP provision suggested that another practice was required in one area. It was suggested that Planning be consulted. Dr Llewellyn indicated that there was no benchmark for the number of residents needed to sustain a pharmacy. However, it was important that existing pharmacies had capacity to serve new residents moving into the Sustainable Development Locations. It was suggested that the capacity of community pharmacies near the SDLs be assessed.
- In response to a question from Chief Inspector France regarding child sexual exploitation, Dr Llewellyn commented that local pharmacies could provide the morning after pill to children 13 years old and over. Additional training would be provided to pharmacists on assessing the vulnerability of the particular child.
- The consultation process was discussed. Katie Summers suggested that consultation take place with the CCG Board and CCG council members. Vera Doe indicated that Healthwatch Wokingham Borough would be interested in helping to engage with the public. Councillor McGhee-Sumner suggested that Public Health provide presentations on the PNA at Group meetings to seek the views of Members.
- The final PNA would be considered at the Board's February meeting.

RESOLVED That the update on the Pharmaceutical Needs Assessment be noted.

17. FORWARD PROGRAMME 2014/15

The Board considered the Forward Programme 2014/15.

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

- Katie Summers requested that a Better Care Fund project performance dashboard be added to the agenda of all future meetings.
- Katie Summers suggested that September and October would be appropriate times to consider the Operational Resilience Plan which covered matters such as winter pressures.
- Darrell Gale proposed that information regarding flu vaccination performance be considered at the September Board meeting.
- A draft of the CCG's refreshed Operational Plan would be presented at the February meeting.
- A Care Act update would be provided at the February meeting.
- Katie Summers suggested that the Board have sight of the social care service plans. Stuart Rowbotham commented that these were only starting to be developed and that they would not be ready for consideration until at least October.
- Board members were reminded that an application for a peer review challenge had been submitted.

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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**MINUTES OF AN EXTRAORDINARY MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON THURSDAY 11 SEPTEMBER 2014 FROM 5PM TO 5.10PM**

Present:-

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
Darrell Gale (substituting Dr Lise Llewellyn)	Consultant in Public Health
Dr Johan Zylstra (substituting Dr Stephen Madgwick)	Wokingham Clinical Commissioning Group
Katie Summers	Wokingham Clinical Commissioning Group
Nick Campbell-White	Healthwatch Wokingham Borough
Nikki Luffingham (substituting Louise Watson)	NHS England
Chief Inspector Rob France	Community Safety Partnership
Clare Rebbeck	Place and Community Partnership
Tom Clark (substituting Beverley Graves)	Business, Skills and Enterprise Partnership

Also present:-

Teresa Bell, Wokingham Better Care Fund Programme Manager

Steve Cross, Health Integration Finance Lead

Andrea King, Community Safety & Family First Service Manager

Holli Pickford, Public Health Project Officer

Andrew Price, Manager Wokingham Clinical Commissioning Group

Madeleine Shopland, Principal Democratic Services Officer

Dr Cathy Winfield, Wokingham Clinical Commissioning Group

PART I

18. APOLOGIES

Apologies for absence were submitted from Dr Madgwick, Beverley Graves, Dr Llewellyn, Judith Ramsden and Stuart Rowbotham.

19. DECLARATIONS OF INTEREST

There were no declarations of interest made.

20. PUBLIC QUESTION TIME

There were no public questions received.

21. MEMBER QUESTION TIME

There were no Member questions received.

22. BETTER CARE FUND

Board members were reminded that councils had been asked to resubmit their Better Care Fund Plan by 19 September 2014.

A 'How to' guide had been circulated nationally during the week beginning 1 September and a regional workshop for locality teams working on the submission, and facilitated by NHS England had been held on 8 September. As much of the new technical guidance and support had not long been available, it was proposed to delegate the authorisation of the final Better Care Fund Plan to the Chairman of the Health and Wellbeing Board in order to meet the new submission deadline to NHS England.

Councillor Bray questioned whether the changes were substantive and whether the amount of money received would be affected. Katie Summer commented that the sole performance payment metric in the Better Care Fund was reducing total emergency admissions to hospitals in 2015/6. This was worth £448k.

RESOLVED That responsibility for the authorisation of the final version of the Better Care Fund Plan be delegated to the Chairman of the Health & Wellbeing Board in order to meet the submission deadline to NHS England of 19 September 2014.

23. FUNDING TRANSFER FROM NHS ENGLAND; AND PREPARING FOR THE BETTER CARE FUND 2014-15

The Board received a report regarding the funding transfer from NHS England and preparation for the Better Care Fund 2014-15. The report explained the financial background in which the Council was operating and how the total NHS funding had been used to support Adult Social Care and the implementation of the Better Care Fund and Care Act. The report and the appended S256 agreement identified those areas of service which had been protected as a result of this funding.

Councillor Haitham-Taylor noted that £335k was set aside for preparation for the Better Care Fund and questioned how the Board could be assured that the Council would not overextend itself. Steve Cross commented that it was not anticipated that further funds would be required. Teresa Bell reminded Board members that the programme would be managed by the Wokingham Integration Strategic Partnership which reported to the Health and Wellbeing Board.

Clare Rebbeck commented that £210k had been assigned to 'Other preventative services – (financial support to the voluntary sector and other organisations currently providing a range of preventative services)' and questioned whether this was part of the existing voluntary sector budget or an addition. Steve Cross agreed to feed back.

RESOLVED That the use of the 2014-15 transferred monies be approved.

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

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