

**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON THURSDAY 9 OCTOBER 2014 FROM 5PM TO 7.10PM**

Present:-

Charlotte Haitham Taylor	Executive Member for Children's Services
Prue Bray	Opposition Member
Darrell Gale (substituting Dr Lise Llewellyn)	Consultant in Public Health
Judith Ramsden	Director Children's Services
Stuart Rowbotham	Director Health and Wellbeing (until 6.30pm)
Dr Stephen Madgwick (Vice Chairman in the Chair)	Wokingham Clinical Commissioning Group
Dr Johan Zylstra (substituting Katie Summers)	Wokingham Clinical Commissioning Group
Nick Campbell-White	Healthwatch Wokingham Borough
Andy Couldrick (substituting Chief Inspector Rob France)	Community Safety Partnership
Carolyn Collyer (substituting Clare Rebbeck)	Place and Community Partnership
Beverley Graves	Business, Skills and Enterprise Partnership

Also present:-

Helene Dyson, Service Manager, Public Health Programmes

Madeleine Shopland, Principal Democratic Services Officer

Jim Stockley, Healthwatch Wokingham Borough

PART I

24. MINUTES

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 were confirmed as a correct record and signed by the Vice Chairman.

In response to a question from Nick Campbell-White, Stuart Rowbotham clarified that there had not been a reduction in resources available to the Learning Disability Partnership Board.

25. APOLOGIES

Apologies for absence were submitted from Councillor Baker, Chief Inspector Rob France, Dr Lise Llewellyn, Councillor McGhee-Sumner, Clare Rebbeck and Katie Summers.

26. DECLARATIONS OF INTEREST

Dr Zylstra declared a Personal Interest in Agenda Item 33 Update on the Strategic Development Locations and Primary Care Facilities on the grounds that he was a partner at Finchampstead Surgery which was adjacent to Arborfield.

Dr Madgwick declared a Personal Interest in Agenda Item 33 Update on the Strategic Development Locations and Primary Care Facilities on the grounds that he was a partner at Brookside Surgery which was referred to within in the report.

27. PUBLIC QUESTION TIME

There were no public questions received.

28. MEMBER QUESTION TIME

There were no Member questions received.

29. APPOINTMENT OF ADDITIONAL WOKINGHAM CLINICAL COMMISSIONING GROUP MEMBER TO HEALTH AND WELLBEING BOARD

The Board received a report proposing the appointment of an additional Wokingham Clinical Commissioning Group member to the Health and Wellbeing Board.

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

- The Board was reminded that Health and Wellbeing Boards could appoint additional members to the Board beyond that set out in the legislation. This could include representatives from other groups or stakeholders who could bring in particular skills or perspectives, or have key statutory responsibilities which could support the work of boards. Dr Cathy Winfield as Chief Officers for the four CCGs across Berkshire West, would provide the Board with a Berkshire West health system perspective that would support the delivery of the Board's objectives. There was currently a disparity in membership with the other Berkshire West Health and Wellbeing Boards.
- The Council's Constitution currently stated that there would be two representatives from the Wokingham Clinical Commissioning Group on the Health and Wellbeing Board. Section 4.4.23 (g) would therefore require amendment to reflect the appointment of an additional member of the Clinical Commissioning Group.
- Councillor Bray commented that much of the Board's agendas focused on health as opposed to wellbeing related issues. She questioned the need for an additional health representative and indicated that there was also an NHS England representative on the Board.
- Dr Madgwick emphasised that Dr Winfield was the Accountable Officer for Wokingham Clinical Commissioning Group and also the other Berkshire West Clinical Commissioning Groups.
- Stuart Rowbotham commented that there had been a number of health and social care related items such as the Better Care Fund which the Board had had to give significant attention to. There was a commitment to ensure that the wellbeing agenda was also addressed in future.
- Board members were informed that the Board had been offered a place of the Local Government Association Health and Wellbeing Improvement programme.
- Judith Ramsden stressed that it was vital that the children's agenda was addressed and commented that additional Board representation from those providing children's services may be sought in the future.
- It was agreed that the Health and Wellbeing Board membership should be reviewed in the future.

Upon being put to the vote it was:

RESOLVED That

- 1) Dr Cathy Winfield be appointed to the Health and Wellbeing Board as an additional Wokingham Clinical Commissioning Group representative.
- 2) it be recommended to Council, via the Constitution Review Working Group that section 4.4.23 of the Council's Constitution be amended to reflect the increase in Clinical Commissioning Group membership on the Health and Wellbeing Board.

30. WOKINGHAM BOROUGH COUNCIL HEALTH AND WELLBEING STRATEGY 2014-2017

Darrell Gale presented the draft Wokingham Borough Council Health and Wellbeing Strategy 2014-17.

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

- Comments made previously by Board members had been reflected in the Strategy. The evidence base and rationale had also been improved.
- The final Health and Wellbeing Strategy would be recommended to the November Council meeting for approval.
- An updated version of the Emotional Health and Wellbeing objective was circulated.
- Board members' attention was drawn to the Plan on a Page. It was noted that where benchmarks or clear targets were unable to be defined or initial scoping work had yet to be completed it was crucial to have measurable outcomes detailed in the strategy, so for that reason Public Health Outcome Measures had been taken from the Public Health Outcomes Framework (PHOF) and inserted to provide guidance and benchmarking, therefore ensuring all services could be measured on their progress.
- As the Strategy was a three year strategy consideration needed to be given to how it would be reviewed. Darrell Gale suggested that this could be considered as part of the Local Government Association Health and Wellbeing Improvement programme.
- With regards to the section on 'Promoting Good Health throughout Life' Beverley Graves asked that 'disadvantaged young people' be defined. Andy Couldrick commented that the reference to CAMHS in objective 1f) should be amended to read mental health services.
- With regards to the measurement of 3e) 'Ensure effective support for children in transition' in the section regarding the 'Children and Families Act' objective, it was clarified that 'Transition plans agreed with young person in 100% of cases by 15' meant by the time the young person had reached 15 years old.
- Councillor Haitham Taylor congratulated the Public Health team on the work that they had undertaken on the Strategy. She requested that more qualitative and quantitative information be included to facilitate the monitoring of progress. Councillor Haitham Taylor also suggested that Appendix 1 Objectives and progress on 2013-2014 Health and Wellbeing Strategy, be coloured coded to better highlight progress.
- Councillor Bray suggested that reference should be made to the recent government announcement that treatment for mental health conditions would be brought into line with other NHS services with the introduction of the first ever waiting time standards.
- Judith Ramsden indicated that she would look to better articulate the base line for the CAMHS objective
- The objective 'The board will become consulted on all major (50+ units) housing developments and regeneration activities in the Borough including pre application' was briefly discussed.
- It was suggested that the Board receive quarterly updates on the progress of the Strategy following its agreement by Council.

RESOLVED That once amended the Wokingham Borough Council Health and Wellbeing Strategy 2014-17 be recommended to Council for approval.

31. UPDATE ON STRATEGIC DEVELOPMENT LOCATIONS AND PRIMARY CARE FACILITIES

Board members received an update on the Strategic Development Locations and Primary Care Facilities.

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

- Grimes Ltd had been commissioned to review Primary Care capacity across the Borough to identify solutions for ensuring sufficient estates capacity was available to meet the health needs of the incoming population arising from housing development. The report had focused on GP surgery provision.
- Population growth and GP accessibility was both a local and national concern.
- A key recommendation of the Grimes Report had been that 'The Wokingham Health and Wellbeing Board forms a sub-committee, which includes co-opted external members as necessary, to act as a Programme Board to manage the healthcare delivery programme up to 2026.' Meetings could be held both in public and private.
- Dr Zylstra clarified that NHS England's Thames Valley Area Team did not yet have a co-commissioning arrangement with Wokingham Clinical Commissioning Group to commission primary healthcare services.
- Nick Campbell-White commented that he had concerns regarding GP availability in the North Wokingham Strategic Development Location, particularly in the Matthewsgreen area.
- Councillor Haitham Taylor suggested that the Affordable Housing Working Group, Elevate and relevant children's groups be liaised with.
- The Strategic Development Location forums could possibly be used as a mechanism for public consultation.

RESOLVED That

- 1) the calculations made by Grimes Ltd., acting as our contractor, on the capacity growth required for additional GP posts and estate, to meet the primary healthcare needs of the Borough population as it grows through the period of housing growth, be noted.
- 2) the recommendation contained in the Grimes Report that "*The Wokingham Health and Wellbeing Board forms a sub-committee, which includes co-opted external members as necessary, to act as a Programme Board to manage the healthcare delivery programme up to 2026*", be considered and an approach to meet this recommendation be agreed, making the necessary steps to recommend this approach to Full Council in due course. The first step would be to form a task and finish group to agree on the governance approach.

**32. BERKSHIRE WEST OPERATIONAL RESILIENCE AND CAPACITY PLAN
2014-15**

The Board considered the Berkshire West Operational Resilience and Capacity Plan 2014-15.

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

- The Plan covered the Berkshire West area and had been developed in response to the Operational Resilience and Capacity Planning guidance for 2014-15 published on 13 June 2014 and prepared by NHS England, the NHS Trust Development Authority, Monitor and the Association of Directors of Adult Social Services.
- Councillor Bray expressed concern that the plan had already been submitted and that the Board was therefore unable to influence it. Board members agreed further context to the report and requirements in future would be helpful. It was noted that the Health and Wellbeing Board report template was currently under consideration.
- Dr Zylstra clarified various elements of best practice from the 7 Days a Week forum.
- Councillor Haitham Taylor commented that the sections regarding Mental Health Services and Children's Services were short.

- Stuart Rowbotham emphasised that the Council and the CCG were operationally very engaged with the Urgent Care Board. Councillor Bray questioned why there was no children's services representative on the Urgent Care Board. Andy Couldrick commented that as the focus was the 4 hour A& E target he felt that the Board was fairly constituted.

RESOLVED That the Berkshire West Operational Resilience and Capacity Plan 2014-15 be noted.

33. BETTER CARE FUND UPDATE

The Health and Wellbeing Board received an update on the Better Care Fund. The report set out the Wokingham revised (Sept 2014) Better Care Fund proposals, as shared with Health & Wellbeing Board members during development and prior to submission on 19 September.

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

- Board members were reminded that the Council had been required to resubmit the plan following further advice and guidance. Only minor amendments had been required. NHS England had recruited consultants to validate the Plans. Feedback from the assessors had suggested that the two issues identified had been based on the misreading of the Plan.
- Within the Better Care Fund allocation was an element regarding the implementation of the Care Act. The Care Act required that from April 2015 all social care authorities provide services to people whose needs meet the new national eligibility threshold (akin to the existing 'Substantial' eligibility criteria). Three local authorities; Wokingham, West Berkshire and Northumbria had previously decided to provide services for those whose needs were assessed as 'Critical', the highest level of need under the existing Fair Access to Care Services guidance.
- Board members were advised that in preparing for the Care Act implementation, the Department of Health had conducted an Impact Assessment in which it had recognised the impact of the change in eligibility on the three authorities. A sum of £25m had been set aside to address this financial pressure. However, Wokingham had learnt on 15 September that a decision had been taken to allocate Care Act money across all 152 social care authorities. This was despite the Department of Health's own impact assessment clearly recognising that the costs would only fall on the three councils who provided services to those at 'Critical' level. Approximately £4.5million (based on client numbers) had been previously expected but Wokingham was now expected to receive approximately £60,000. The Department of Health had advised that Wokingham would have to deal with the eligibility shift out of the existing Better Care Fund allocation.
- The siting of two of the three social care authorities who provided services to those at 'Critical' level, Wokingham and West Berkshire, in the same local health economy, had a further impact on the implementation of the Better Care Fund Plan across Berkshire West.
- The Health and Wellbeing Board had submitted Better Care Fund plans to the Department of Health as required, but had added a condition that unless this problem was resolved Wokingham would reserve the right not to submit a final version, or to conduct wholesale reallocation of the Better Care Fund scheme to address this unplanned funding gap.
- Councillor Haitham Taylor asked how Wokingham would prioritise which schemes would be progressed should this funding gap remain in place. Stuart Rowbotham commented that negotiations would need to take place.

- With regards to GPs working with care homes, Councillor Haitham Taylor asked whether this would be 7 days a week. Dr Zylstra clarified that 5 days a week were the GPs core hours. If GP services were required at the weekend Westcall would have the relevant information from the patient's care plan.
- The Board congratulated those who had been working on the Better Care Fund Plan for their hard work.

RESOLVED That

1) the Health and Wellbeing Board note:

- a) the progress made in developing plans for health and social care integration in Wokingham.
- b) the revised (September 2014) BCF submission as set out in the annexed documents – Better Care Fund Planning Template Part 1, Better Care Fund Planning Template – Part 1 -Annex 1, Better Care Fund Planning Template – Part 1 - Annex 2 and Better Care Fund Planning Template – Part 2

2) the impact of the Social Care Act be noted.

34. WOKINGHAM FLU PLAN

Helene Dyson provided a presentation on the Wokingham Flu Plan.

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

- The Joint Strategic Needs Assessment contained recommendations regarding flu immunisation including 'To raise awareness of the flu immunisation programme within general practice.'
- National Institute of Clinical Excellence recommendations included strategic planning from Health and Wellbeing Boards.
- The Winter Influenza vaccination programme had started with target groups of:-
 - 2,3 and 4 year olds;
 - Pregnant Women;
 - 18 - 65 year olds with long term conditions;
 - Over 65 year olds;
 - Carers;
 - Workforce
- Board members were informed that some groups needed to increase uptake by 25%. A graph highlighting the uptake of flu immunisation by different at risk groups against relative risk. It was noted that those with chronic liver disease had the lowest take up of flu immunisation but the highest level of relative risk.
- A Wokingham Flu Task and Finish Group had been established.
- Immunisation of different at risk groups was discussed. 2, 3 and 4 years could be vaccinated using a nasal spray. This vaccination was only available at GP surgeries. Vaccinations for pregnant women were available at GP Surgeries, Pharmacies and the Maternity unit at the Royal Berkshire Hospital. Residents might use maternity services other than those at the Royal Berkshire Hospital but it was not guaranteed that they would be able to receive at a flu vaccination at these services.
- Vaccinations for those in receipt of Carers Allowance or who was the main carer for an elderly or disabled person were available at pharmacies and GP surgeries. However, there were a lot of unregistered carers.

- Take up of vaccinations by health and social care workers was relatively low, which needed to be addressed. Vaccinations were available at Pharmacy (Public Health funded) or in the workplace.
- A community venue pilot would be run. Councillor Haitham Taylor asked why only two children's centres were due to be involved in the pilot and was informed that only two had expressed an interest. Judith Ramsden agreed that she would follow this up.
- Councillor Haitham Taylor went on to ask whether information regarding vaccinations would be sent to nurseries. It was confirmed that it would.
- In response to a question regarding whether health visitors could take vaccinations to people's homes, Helene Dyson clarified that vaccinations had to be refrigerated and information on who had been vaccinated had to be securely fed back to the GPs. Dr Zylstra emphasised that it was vital that GPs were kept up-to-date if patients received a flu vaccination elsewhere, such as in the workplace.
- Carolyn Collyer suggested that the SMART Drug and Alcohol Service could assist in helping to contact those using the service.
- Judith Ramsden suggested that the Task and Finish Group link up with the Disabled Children's team to help target both children and carers.
- Beverley Graves asked how health and social care workers would be encouraged to take up the flu vaccination. Helene Dyson clarified that they would be encouraged through their employer. For example voucher could be provided in payslips and information distributed at team meetings.

RESOLVED That the Wokingham Flu Plan be noted.

35. ACCOUNTABILITIES AND RESPONSIBILITIES AND COMMUNITY INVOLVEMENT

Carolyn Collyer gave a presentation on roles and responsibilities and Community Involvement.

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

- The Place and Community Partnership had a lot of community involvement activity in Wokingham and good voluntary and community resources. Experts by experience included the most vulnerable, and service users. However, they were not always shaping the Partnership's plans, priorities, actions and the joining up of different partners could be improved.
- There was a need to better use the views of clients and current resources.
- It was proposed that the Place and Community Partnership be developed to be a core steering group of community and expert by experience voice for the partnership.
- Current engagement would be built on to create a stronger joined up network, with a central steering group (the Place and Community Partnership).
- A Charter was in the early stages of development.
- The Partnership met every 6-8 weeks. Agendas were themed and publicised in advance so that people got the most out of meetings. It was planned for there to be a regular agenda item to allow residents to participate.
- A priority outcomes was to improve wellbeing by reducing loneliness and isolation, improving confidence in our personal strengths to care for ourselves and increasing prevention of the need for intensive support and hospital stays
- A core steering group which included key council officers, Learning Disability Partnership Board Members, a Choice Champion, Healthwatch, Voluntary Sector support and Public Health, would start the process. A wider network including the Health and Wellbeing Board, Service User and Carer groups and forums e.g. Learning

Disability Partnership Board, Councillors, Towns and Parish Clerks, Resident groups, Faith based organisations, Voluntary and Community Organisations and other providers of Health and Social Care, would be involved in the development.

- To maximise attendance from their 'experts by experience', the Partnership would be seeking offers to host network meetings around the Borough.
- Judith Ramsden suggested that further work was required and the balance in the core group be shifted.

RESOLVED That

- 1) the presentation regarding Accountabilities and Responsibilities and Community Involvement be noted.
- 2) the work underway in developing our community network be noted
- 3) the Health and Wellbeing Board supports the work of the Place and Community Partnership in ensuring that experts by experience including those more vulnerable people have a direct voice at Health and Wellbeing Board;
- 4) formal proposals be received at a future Health and Wellbeing Board meeting.

36. PUPIL PERFORMANCE FIGURES

This item was withdrawn from the Agenda.

37. UPDATE FROM BOARD MEMBERS

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

Healthwatch:

- Healthwatch Wokingham Borough had conducted four assemblies on four consecutive mornings at St Crispin's school talking to young people about emotional health and wellbeing. Approximately 1200 responses had been received to a survey on emotional wellbeing.

Business, Skills and Enterprise Partnership:

- The Partnership was reviewing its remit and would continue to address the wellbeing agenda.

Community Safety Partnership:

The work of the Partnership was progressing well.

RESOLVED That the update from Board members be noted.

38. FORWARD PROGRAMME 2014/15

The Board considered the Forward Programme 2014/15.

Darrell Gale commented that the Council was consulting on charges for adult social care services. The Health and Wellbeing Board would consider this consultation at its informal meeting in November. The consultation closed on 1 December.

RESOLVED That the Forward Programme 2014/15 be noted.