

**MINUTES OF A MEETING OF THE  
WOKINGHAM BOROUGH WELLBEING BOARD  
HELD ON 14 FEBRUARY 2019 FROM 5.00 PM TO 6.45 PM**

**Present**

Parry Batth  
Nick Campbell-White  
Philip Cook

Tessa Lindfield  
Dr Cathy Winfield  
Paul Doherty (substituting Carol Cammiss)  
Martin Sloan (substituting Angela Morris)

Wokingham Borough Council  
Healthwatch  
Voluntary Sector and Community  
Partnership  
Strategic Director Public Health Berkshire  
NHS Berkshire West CCG  
Assistant Director Education  
Assistant Director Adult Services

**Also Present:**

Madeleine Shopland

UllaKarin Clark  
Graham Ebers  
Rhosyn Harris  
Charlotte Seymour  
Teresa Bell

Democratic and Electoral Services  
Specialist

Deputy Chief Executive  
Public Health  
Wellbeing Board Manager  
Independent Chairman of the West of  
Berkshire Safeguarding Adults Board

**44. ELECTION OF CHAIRMAN**

**RESOLVED:** That Councillor Parry Batth be elected Chairman for the remainder of the municipal year.

**45. APOLOGIES**

Apologies for absence were submitted from Councillors David Hare, Pauline Helliard Symons and Julian McGhee-Sumner, Carol Cammiss, Sarah Hollamby, Dr Debbie Milligan, Angela Morris and Katie Summers.

**46. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Board held on 8 November 2019 were confirmed as a correct record and signed by the Chairman.

**47. DECLARATION OF INTEREST**

Tessa Lindfield declared a Personal Interest in Item 67 Data Available for service planning for veterans and the delivery of the Armed Force Covenant on the grounds that her husband served in the Armed Forces.

**48. PUBLIC QUESTION TIME**

There were no public questions.

**49. MEMBER QUESTION TIME**

There were no Member questions.

**50. APPOINTMENT TO WOKINGHAM BOROUGH WELLBEING BOARD**

The Board considered a report proposing the appointment of the Deputy Chief Executive to the Wokingham Borough Wellbeing Board.

**RESOLVED:** That

- 1) the Deputy Chief Executive (from Wokingham Borough Council) be appointed to the Wokingham Borough Wellbeing Board.
- 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 change in the Wokingham Borough Wellbeing Board membership.

**51. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017-18**

Teresa Bell, Independent Chairman of the West of Berkshire Safeguarding Adults Board, presented the West of Berkshire Safeguarding Adults Board Annual Report 2017-18.

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

- The establishment of a Safeguarding Adults Board was statutory under the Care Act 2014.
- Core duties of the Board included undertaking safeguarding adults reviews, producing an annual report and producing a business plan.
- Board members were informed that the number of safeguarding concerns reported had reduced across Berkshire West. Work was being undertaken to establish the cause of this. It was noted that there were slight differences in the way the triage system was operated in the three areas in Berkshire West. Common methodology in order to avoid disparity was being encouraged.
- There had been little change in the referral for safeguarding enquiry pattern. People were mostly over 65, many were female and the majority were white.
- The most common type of abuse across Berkshire West was neglect, followed by physical abuse.
- There had been an increase in self-neglect cases. Dr Winfield questioned whether this was linked to social isolation. Teresa Bell indicated that it was in some cases but in others people were very independent and did not wish to accept help. She went on to state that it would be helpful to explore the matter further with Public Health.
- Councillor Batth questioned why less referrals were being received from ethnic minorities. Teresa Bell commented that the level of referrals from ethnic minorities was not high in Berkshire West, even in Reading which had a larger ethnic community. The Board was focusing on engaging with local community groups. Tessa Lindfield suggested that the Board could learn good practice from other areas regarding engaging with people from ethnic minorities and encouraging them to make a safeguarding enquiry when required. Councillor Clark commented that a language barrier may be an issue in some cases when it came to considering making a report.

**RESOLVED:** That the West of Berkshire Safeguarding Adults Board Annual Report 2017-18 be noted.

**52. DATA AVAILABLE FOR SERVICE PLANNING FOR VETERANS AND THE DELIVERY OF THE ARMED FORCES COVENANT**

Rhosyn Harris, Public Health, presented a report regarding data available for service planning for veterans and the delivery of the Armed Forces Covenant.

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

- Estimates suggested that there were 1,720 working- aged (aged 16-64) Armed Forces veterans living in Wokingham Borough. A veteran could be anyone who had served in the Armed Forces for a day or more. Younger veterans in particular may not recognise themselves as such.
- Consideration of veterans' needs in the Joint Strategic Needs Assessment was key to ensuring that the commitment to local veterans set out in the Armed Forces Covenant was fulfilled.
- The Board was informed that health services for Armed Forces were commissioned by a number of different bodies.
- Board members were provided with information around the number of veterans in the Borough. It was noted that veterans could be in receipt of the Armed Forces Pension or registered with their GP as a veteran. The Clinical Commissioning Group had actively sought information regarding the number of veterans in the Borough, asking people attending for a flu vaccination whether they had served in the Armed Forces.
- Compared with the England averages, working-aged veterans living in Wokingham Borough were estimated to have better health, were more likely to be home owners and hold higher education qualifications and were less likely to be unemployed.
- Compared with the rest of the population veterans tended to be fit and healthy but reported higher levels of smoking prevalence, depressive illness, hearing loss and muscular skeletal problems.
- Graham Ebers commented that it was important to recognise that the JSNA was an evolving document and that the data regarding veterans could help shape the JSNA and the Wellbeing Strategy.

**RESOLVED:** That

- 1) the newly published data released by ONS/MoD be considered;
- 2) the call to action from the NHS Director of Health & Justice, Armed Forces and Sexual Assault Services Commissioning and Parliamentary Under Secretary of State for Mental Health, Inequalities and Suicide Prevention, specifically that veterans should be considered in JSNA refresh, to note the recent publication of "Our Community, Our Covenant" a guide for local authorities to support the delivery of the Armed Forces Covenant and to note the availability of the Covenant Fund, be considered.

### **53. GUIDING PRINCIPLES, WOKINGHAM INTEGRATED PARTNERSHIP**

The Board considered the Guiding Principles: Wokingham Integrated Partnership.

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

- The Guiding Principles had been developed by the Council and partners for working together for the provision of integrated adult health and social care services. It was a light touch agreement and not legally binding.
- Nick Campbell White was of the view that the governance structure and some of the names of the various Board was overly complex and confusing. Dr Winfield indicated that work was being done on the governance structure and the outcome of which could be reported back to the Wellbeing Board.

**RESOLVED:** That the Guiding Principles be agreed and endorsed and it be recognised that it was an important and significant step in the development of a new collaborative partnership for health and social care in Wokingham.

#### **54. BETTER CARE FUND QUARTER 3 REPORT**

Martin Sloan, Assistant Director Adult Services, presented the Better Care Fund Quarter 3 report.

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

- Each Better Care Fund was required to submit quarterly reports to NHS England and the Ministry for Housing, Community and Local Government. These were signed off by the Wellbeing Board.
- There were 4 national metrics that the Better Care Fund was measured against;
  - *Reduction in Non-Elective Admissions (NEAs)* – although this target was not being met Wokingham performed very well in this area;
  - *Rate of Permanent admissions to care homes* – this target was on track;
  - *Proportion of older people (aged over 65) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services* – Although this target was on track to be met, Martin Sloan explained that this target only took into account those referred to social care for reablement services whereas many of those who were referred for reablement services from Royal Berkshire Hospital, were referred to Berkshire Healthcare NHS Trust.
  - *Delayed Transfers of Care (DToC)* – this target was on track.
- Paul Doherty asked how much the Better Care Fund would be next year. Martin Sloan indicated that it was not currently known although it was hoped that it would be similar to current levels of approximately £10million. Approximately £8million would go towards core services and £2million would be allocated to invest in particular areas. A review was carried out each year to ensure that money was being spent in the right areas.

**RESOLVED:** That the performance of the Better Care Fund in Q3 2018/19 be noted.

#### **55. UPDATE FROM BOARD MEMBERS**

The Board received an update on the work of the following Board members.

##### *Community Safety Partnership:*

- Charlotte Seymour outlined the Partnership's priorities and the next steps that would be taken.

##### *Healthwatch Wokingham Borough:*

- Nick Campbell-White indicated that Healthwatch's main priority would be mental health, particularly the transition from children's to adults' mental health services. Healthwatch would be working with the Citizens Advice Bureau on this matter.
- Healthwatch had agreed nine small projects from organisations including Relax Kids and Age Concern Twyford, from its Community Chest to fund engagement with the hard to reach for the provision of integrated adult health and social care services. An event to celebrate the projects would be held on 25 March.

##### *Place and Community Partnership and Voluntary Sector:*

- Philip Cook indicated that he would seek further clarification about the position of the Place and Community Partnership.
- With regards to the Voluntary Sector he went on to update the Board on the restructure of Involve and the service it offered.

**RESOLVED:** That the updates from Board members be noted.

## **56. THE NHS LONG TERM PLAN - SUMMARY**

Dr Winfield provided a presentation on a summary of the NHS Long Term Plan.

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

- The Plan had been published in January and was the plan for the NHS for the next 5-10 years.
- The Plan outlined a 21<sup>st</sup> century model for care, the aims of which were to provide more joined up and better co-ordinated care, more proactive care and being more differentiated in the support of individuals.
- Various actions would be taken to achieve this including boosting out of hospital care. Nationally £4bn would be invested to help achieve this.
- In addition there was a desire to reduce the pressure on emergency hospital services, to better promote more personalised care and to increase digitally enabled primary and outpatient care.
- There would be a greater focus on population health. Berkshire West was piloting a population health system working around the frail elderly.
- Primary care networks and their role in boosting out of hospital care was highlighted. Dr Winfield indicated that primary care networks would be developed covering approximately 30-40,000 patients. The network would be contracted and a single fund would be in place hosted by a single practice within the network.
- Practices would be staffed by a wide range of staff including clinical physicians, social prescribers and first contact physios. There would be expanded neighbourhood teams for wider services such as district nurses. Board members were also informed of the development of community hubs for a range of integrated locality services.
- It was noted that GP practices could hold some appointments back which could be used by NHS 111 to refer directly to GPs, to help improve the use of NHS 111. If they were not used they could be released back for general use.
- Reducing unwarranted variations between practices would also be considered.
- Measures to help reduce pressure on emergency hospital services included working to reduce ambulance handover times.
- The Plan focused more on working at a higher level footprint. Dr Winfield referred to ICS, Place, Locality and Neighbourhoods. Martin Sloan commented that Berkshire West and the local authority were currently working well on the integration of health and social care. He expressed concern that should the focus shift to working on a larger scale Wokingham's voice may not be heard. Dr Winfield stated that the arrangements for Berkshire West were unlikely to change greatly. It was sensible to address some matters such as workforce and digitalisation, at a larger scale, but the majority of matters would continue to be dealt with at 'Place' level (Berkshire West).
- Dr Winfield referred to the 'Design our Neighbourhoods' around population health management,
- Tessa Lindfield emphasised that she felt that the Plan provided an opportunity to maximise the prevention agenda.

- In response to a question from Paul Doherty, Dr Winfield clarified that much of the money attached to the NHS Long Term Plan was revenue.
- Philip Cook commented that the voluntary sector needed to be involved earlier in the process. Dr Winfield stated that there could be better joint commissioning between the local authority and the Clinical Commissioning Group. It was important that the Voluntary Sector was involved in the Design the Neighbourhood work.
- Board members were informed that the Clinical Commissioning Group would be required to produce a Strategy in response to the Plan, by autumn. This Strategy would also align to the Berkshire West Health and Wellbeing Strategies.
- Graham Ebers stated that the trajectory around localism and integration aligned with the developing Wellbeing Strategy and the principles of 21<sup>st</sup> century Council. The local authority would work with the Clinical Commissioning Group to align its neighbourhoods with theirs and ideally they would be co-terminus.

**RESOLVED:** That the presentation on the NHS Long Term Plan be noted.

## **57. FORWARD PROGRAMME**

The Board discussed the forward programme for the remainder of the municipal year.

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

- Councillor Hare had requested that the Learning Disability Partnership Board be invited to present to the Board's next meeting.
- It was proposed that a review of the Board's terms of reference be taken to the next meeting.
- It was noted that the JSNA summary and JSNA model forward plan would also be taken to the Board's April meeting.

**RESOLVED:** That the forward programme be noted.