

**MINUTES OF A MEETING OF THE  
HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY 12 FEBRUARY 2015 FROM 5PM TO 6.45PM**

*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
Dr Lise Llewellyn	Director of Public Health
Judith Ramsden	Director Children's Services
Stuart Rowbotham	Director Health and Wellbeing
Dr Johan Zylstra	Wokingham Clinical Commissioning Group
Katie Summers	Wokingham Clinical Commissioning Group
Nick Campbell-White	Healthwatch Wokingham Borough
Chief Inspector Rob France	Community Safety Partnership
Clare Rebbeck	Place and Community Partnership

*Also present:-*

*Helene Dyson, Public Health Service Manager*

*Darrell Gale, Consultant in Public Health*

*Madeleine Shopland, Principal Democratic Services Officer*

*Davina Williams, Policy & Strategy Manager (Community Safety, Partnership and Children's Service)*

## **PART I**

### **57. ELECTION OF A VICE CHAIRMAN FOR THE REMAINDER OF THE 2014/15 MUNICIPAL YEAR**

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

### **58. CONFIRMATION OF CLINICAL COMMISSIONING GROUP VOTING REPRESENTATIVE FOR THE HEALTH AND WELLBEING BOARD FOR THE REMAINDER OF 2014/15**

**RESOLVED:** That:

- 1) it be noted that Dr Johan Zylstra would be the NHS Wokingham Clinical Commissioning Group voting representative on the Health and Wellbeing Board for the remainder of the 2014/2015 municipal year; and
- 2) if Dr Zylstra was unable to attend a Board meeting and a vote was required, his substitute would act as the voting representative.

### **59. MINUTES**

The Minutes of the meeting of the Board held on 11 December 2014 were confirmed as a correct record and signed by the Chairman, subject to the addition of Judith Ramsden to the list of apologies.

## **60. APOLOGIES**

Apologies for absence were submitted from Beverley Graves, Nikki Luffingham and Dr Cathy Winfield.

## **61. DECLARATIONS OF INTEREST**

There were no declarations of interest made.

## **62. PUBLIC QUESTION TIME**

There were no public questions received.

## **63. MEMBER QUESTION TIME**

There were no Member questions received.

## **64. HEALTH AND WELLBEING SUB COMMITTEES**

Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Health and Wellbeing Board may establish formal sub-committees to discharge those of its functions it considers appropriate. It was proposed that the Health and Wellbeing Board's terms of reference set out in the Council's Constitution be updated to reflect this.

**RESOLVED** That the following amendment to the Health and Wellbeing Board's terms of reference as set out in the Council's Constitution be recommended to Council, via the Constitution Review Working Group;

### **"4.4.47 Health and Wellbeing Board Sub-Committees**

The Health and Wellbeing Board has the ability to establish sub-committees and delegate functions to them. The Health and Wellbeing Board will agree the terms of reference and membership of any such sub-committee."

## **65. PERFORMANCE UPDATE**

The Board received an update regarding performance.

### **Better Care Fund:**

- The Board was presented with Better Care Fund metrics, which were also considered by the Wokingham Integration Strategic Partnership. The metrics indicated how the various Better Care Fund projects were performing.
- Board members were reminded that that the sole performance payment metric in the Better Care Fund Plan was reducing total emergency admissions to hospitals in 2015/6. The 2% reduction target would be challenging.
- Board members felt that the information could be presented in a different, simpler format to make it easier to understand. Some Board members suggested that the inclusion of comparative data would be helpful.
- It was agreed that a revised framework would be produced for the Board's next meeting.

### **Public Health Outcomes Framework:**

- Darrell Gale provided an update on the Public Health Outcomes Framework, drawing Board members' attention to those indicators where performance was either poor or high. Some data was from 2012/13 and other sections were from more up-to-date data.
- Performance against the indicators relating to school readiness had been poor, in common with other areas of high affluence. However, progress had been made in

narrowing the gap and as part of the Families First project. Judith Ramsden explained that supporting school readiness was a key priority in Children's Services and that Early Years Resources had been refocused. Improvements were being made and an above average level of improvement was predicted.

- Performance against the Health Check indicators had been poor. Darrell Gale commented that it had been difficult to get lists of eligible patients from the GPs. Some GPs had not been willing to offer the Health Check service. Four practices had expressed an interest and two had indicated that they did not wish to participate. Dr Zylstra commented that resources were an issue and that as capacity increased this was likely to improve. Whilst the number of those offered Health Checks had been low, the percentage of those offered a Health Check who then took up the offer was reasonably high. Clare Rebbeck stated that the voluntary sector was undertaking a pilot with three organisations willing to be involved in the Health Checks process.
- The Board discussed the indicators relating to sexual health related screening and vaccination. It was noted that a new contract for aspects of sexual health services was beginning in April 2015, and that this was likely to lead improvement in these areas through a focus on networked services and prevention. With regards to chlamydia screening, Dr Zylstra questioned whether there would be input from the schools. Helene Dyson stated that chlamydia screening would be targeted more and from April more work in the community would be taking place. In response to a comment from Judith Ramsden, Dr Llewellyn commented that outreach workers were trained to recognise the signs of child sexual exploitation.
- Nick Campbell-White queried the good performance of the indicator Statutory homelessness - households in temporary accommodation.

#### **Implementation of the Care Act:**

- Stuart Rowbotham updated the Board on the implementation of the Care Act.
- The Council was on track to meet the required changes for April 2015 and had completed a stocktake on its preparedness.
- There would be a new eligibility criteria and assessments as the Council moved from 'critical' to 'substantial.' Discussions with the Department of Health continued.
- Board members were informed that the Wokingham Better Care Fund Plan had been given full assurance.
- The Council was also on track regarding processes and new staff were being recruited to undertake the additional assessments. Extensive staff training was ongoing.
- Changes were being made to the IT systems to facilitate self-assessments.
- There would be a new entitlement to services for self-funders and carers.
- With regards to the Council's duties relating to the provision of information and advice, the Wokingham Information Network webpage was being enhanced.
- The Council had invested well in prevention services when it had moved to 'critical' eligibility criteria for adult social care services so Council was prepared for the duties regarding prevention.
- The Safeguarding Adults Partnership Board would become statutory.
- New requirements relating to managing provider failure would come into effect. In response to a query from Councillor Bray, Stuart Rowbotham clarified that more proactive checking to ensure providers were not failing would be required. The provider failure framework was being revised.
- Councillor Haitham-Taylor questioned whether the Council would develop contingency plans to follow if a major local provider was to go out of business by April and was informed that it would.

- There had been good communication with a wide range of stakeholders on the changes coming out of the Care Act.
- Stuart Rowbotham highlighted a number of risks;
  - The total implementation costs could be higher than predicted due to uncertainty regarding additional demand from carers and self-funders;
  - There was uncertainty about the 2016/2017 changes, including the care cap;
  - Confirmation of funding for the April 2016 reforms had not yet been received.
- The Board was assured that the Council was as ready as it could be and was in the upper quartile for preparedness.
- Clare Rebbeck commented that the voluntary sector was helping to spread the Care Act message and had produced toolkits. It would work with Healthwatch to further communication.
- With regards to the number of self-funders estimated in the area for 2015/16 and 2016/17, Katie Summers asked what percentage were likely to become depleters. Stuart Rowbotham indicated that it was difficult to predict but it was expected that it would be in the region of 8%.
- Stuart Rowbotham clarified that self-funders placed in care homes within the Borough were classed as Wokingham residents.

**RESOLVED** That the performance update be noted.

#### **66. APPOINTMENT OF H&WB REPRESENTATIVE TO ATTEND CCG JOINT AND DELEGATED COMMISSIONING COMMITTEES**

The Board was advised of the CCG's increased role in the commissioning of primary care services. In both joint and delegated commissioning arrangements, CCGs must issue a standing invitation to the local Health and Wellbeing Board to appoint representatives to attend commissioning committee meetings, including, where appropriate, for items where the public are excluded from a particular item or meeting for reasons of confidentiality. These representatives would not form part of the membership of the committee.

**RESOVLED** That Stuart Rowbotham be appointed the Health and Wellbeing Board's representative to attend the CCG's joint and delegated commissioning committees.

#### **67. PHARMACEUTICAL NEEDS ASSESSMENT**

The Health and Wellbeing Board had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area. Dr Llewellyn presented the Pharmaceutical Needs Assessment (PNA).

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

- The local consultation in Wokingham consisted of three tiers; dedicated pharmacy events, online promotion and utilising existing channels and events. Public Health, in conjunction with Healthwatch had held several events to engage with residents. The need for a detailed assessment of pharmacy opening hours had been identified and this had since been included in the PNA.
- When the draft PNA had been previously presented to the Board the impact of the SDL's on access to pharmacies had been raised. During the consultation the Consultant in Public Health and the Local Pharmaceutical Committee Chairman had visited pharmacies in areas affected by the development to assess more fully the capacity of the services to cope with increasing demand during 2015 – 2018. All pharmacies had reported that their premises could cope with the additional demand and could accommodate the additional staffing.

- Judith Ramsden commented that she had hoped to see reference made to child sexual exploitation and that all commissioning agencies had a safeguarding duty.
- Dr Zylstra questioned why internet pharmacies had not been included and was informed that this was not covered under the PNA's remit as internet pharmacy was considered a national rather than local resource.
- Katie Summers commented that the pharmacy opening hours was one of the major barriers for getting patients released from the Royal Berkshire Hospital in a timely fashion as 'to take outs' could only be completed by the hospital pharmacy.

**RESOLVED** That the final Pharmaceutical Needs Assessment document, following the consultation and revisions, be approved.

#### **68. MENTAL HEALTH CRISIS CARE CONCORDAT**

This item was deferred.

#### **69. COMMUNITY SAFETY PARTNERSHIP RESTRUCTURE**

Davina Williams updated the Board on the restructure of the Community Safety Partnership.

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

- Due to various system test and reviews the Community Safety Partnership was re-configured in 2014 to enable a more planned approach and where necessary provide a responsive service to need.
- The delivery of community safety required a shared and committed approach.
- Various delivery Groups had been established and re-invigorated to meet local need and to work towards prevention.
- The Multi Agency Risk Assessment Conference (MARAC) membership had been reviewed. Recommendations had now been adopted as part of a pan Berkshire approach of good practice. A 'What is MARAC' local leaflet had been shared.
- All the delivery groups were led by a senior officer with experience in the relevant area.
- Davina Williams provided further information regarding the Domestic Abuse Strategy Group.
- Clare Rebbeck asked whether the Community Safety Partnership engaged with the voluntary sector providers and the faith community and was informed that it was.
- Dr Llewellyn commented that alcohol was a high driver of domestic abuse. Chief Inspector France stated that it was often difficult to access A&E data regarding admissions and alcohol. Katie Summers agreed to follow this up.

**RESOLVED** That the update on the Community Safety Partnership be noted.

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

The Board considered the Forward Programme for the remainder of the 2014/15 municipal year.

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

- Clare Rebbeck informed the Board that she was due to stand down as the Chairman of the Place and Community Partnership which would mean that the Board would no longer have representation from the voluntary sector. The Board was asked to give consideration as to whether it would wish to have voluntary sector representation.
- The Board would receive an update on various aspects of performance, using an amended format, at its April meeting.

- Katie Summers informed the Board that the CCG's Operational Plan would be presented at the April meeting.
- Councillor Bray indicated that the Community Safety Partnership had considered the Broadmoor sirens issue and that an update would be presented to the Board in April.
- Judith Ramsden proposed that the Board receive an update regarding the work being undertaken in relation to child sexual exploitation, at its April meeting.

**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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