

**MINUTES OF A MEETING OF THE  
HEALTH AND WELLBEING BOARD  
HELD ON 9 APRIL 2015 FROM 5.00 PM TO 7.15 PM**

**Present**

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Nick Campbell-White	Healthwatch Wokingham Borough
Chief Inspector Rob France	Community Safety Partnership
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Judith Ramsden	Director of Children's Services
Clare Rebbeck	Place and Community Partnership
Stuart Rowbotham	Director of Health and Wellbeing
Katie Summers	NHS Wokingham CCG

**Also Present:**

Madeleine Shopland	Principal Democratic Services Officer
Darrell Gale	Consultant in Public Health
Jim Stockley	Healthwatch
Nicola Strudley	Healthwatch
Justin Wilson	BHFT
Andy Couldrick	Chief Executive

**71. APOLOGIES**

An apology for absence was submitted from Nikki Luffingham.

**72. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Board held on 12 February 2015 were confirmed as a correct record and signed by the Chairman.

**73. DECLARATION OF INTEREST**

There were no declarations of interest made.

**74. PUBLIC QUESTION TIME**

**74.1 Jim Stockley asked the Chairman the following question:**

**Question**

Healthwatch Wokingham Borough have collated serious concerns from professionals, young people and parents about the Child and Adolescent Mental Health Services (CAMHS) in Wokingham Borough. A comprehensive independent review of CAMHS was undertaken a year ago. We understand that this service will not be recommissioned but that a local action plan for Wokingham is currently being finalised. Can you tell us who and which organisation is taking lead responsibility for turning this failing service around? Healthwatch Wokingham Borough believes that young people in Wokingham Borough are

at risk of increased distress due to the lack of timely and effective emotional support being provided.

### **Answer**

Wokingham CCG are concerned about the reported serious concerns reported by Wokingham Healthwatch. The CCG would like to see a copy of any report by Healthwatch in order to respond to specific concerns raised. Numerous local, regional and national reviews into emotional health and wellbeing services for children and young people have been published over the past 12 months including a Berkshire CCG commissioned review which was published on the Wokingham CCG website last year. Since then “You said, We Did” update on progress has also been published by the CCG in December 2014. Both reports are also available on the Wokingham CCG website in a Young Person friendly format.

<http://www.wokinghamccg.nhs.uk/mental-health/review-and-outcomes-of-berkshire-camhs>

‘Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing’ (March 2015) makes a number of proposals the government wishes to see by 2020.

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

These include:

- tackling stigma and improving attitudes to mental illness
- introducing more access and waiting time standards for services
- establishing ‘one stop shop’ support services in the community
- improving access for children and young people who are particularly vulnerable

The report sets out how much of this can be achieved through better working between the NHS, local authorities, voluntary and community services, schools and local services. It also makes it clear that many of these changes can be achieved by working differently, rather than needing significant investment.

“Future in Mind” recommends the development of Transformation Plans for Children and Young People’s Mental Health and Wellbeing which clearly articulates the local offer. These Plans would cover the whole spectrum of services for children and young people’s mental health and wellbeing from the health promotion and prevention work, to support interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. It is anticipated that the lead commissioner, in most cases the Clinical Commissioning Group, would draw up the Plans, working closely with the Health and Wellbeing Board partners including local authorities. All these partners have an important role to play in ensuring that services are jointly commissioned in a way that promotes effective joint working and establishes pathways.

Wokingham CCG will be working with partners to develop a Transformation Plan. Lead responsibility will be confirmed in due course. Given the complex commissioning arrangements in Wokingham there is a need for close partnership engagement.

There are bits that I can come on to but I think the main part is that the CCG have not seen a copy of your report so they are somewhat blind to exactly the specifics of what it says so what I would suggest is that, unless there is a particular reason why you could not, if you could let the CCG and us have a copy of the report.

There was further discussion regarding the Healthwatch Wokingham Borough report.

#### **75. MEMBER QUESTION TIME**

There were no Member questions received.

#### **76. HEALTH AND WELLBEING BOARD SUB-COMMITTEE**

Darrell Gale presented a report regarding the establishment of a Health and Wellbeing Board Sub Committee. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Health and Wellbeing Board was able to establish formal sub committees to discharge those of its functions it considered appropriate.

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

- In January 2014 the Public Health Team had commissioned Grimes Ltd. to carry out a needs assessment for primary healthcare requirements in the Borough's Strategic Development Locations at Arborfield Garrison, South of M4, Wokingham North and Wokingham South. One of the main recommendations of the final report was 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.*"
- Councillor Haitham Taylor commented that the difference between a formally constituted sub-committee and a working group could be made clearer.
- The Board considered the draft terms of reference. Darrell Gale commented that the introduction in the terms of reference should also refer to the planning of primary care infrastructure.
- A number of Board members questioned why a formal sub-committee was required. Darrell Gale commented that this was to provide transparency and accountability.
- Dr Zylstra suggested that a mechanism be created to deal with any conflicts of interest.
- It was suggested that elected Member sub-committee members be allowed to have nominated substitutes.
- Some Board members questioned why South Central Ambulance had been included as a possible member. Stuart Rowbotham suggested that there be no providers members and that South Central Ambulance be co-opted as and when required.
- It was proposed that amendments discussed be made to the draft terms of reference and circulated to the Board for agreement.

**RESOVLED** That

- 1) the Health and Wellbeing Board Sub Committee be established;
- 2) following amendment, the terms of reference be recommended for inclusion in the Council's Constitution.

#### **77. PROTOCOL BETWEEN THE LOCAL SAFEGUARDING CHILDREN'S BOARD AND THE HEALTH AND WELLBEING BOARD**

The Board received a Protocol between the Local Safeguarding Children's Board and the Health and Wellbeing Board. The Director of Children's Services commented that the Protocol had been endorsed by the Local Safeguarding Children's Board.

**RESOLVED** That the Protocol between the Local Safeguarding Children's Board and the Health and Wellbeing Board be noted.

## **78. PERFORMANCE METRICS**

The Board received an update on performance against various performance metrics.

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

- Darrell Gale updated the Board on a number of Public Health Outcome Framework (PHOF). Comparing Wokingham to the comparative deprivation decile the majority of indicators were green. The Board was focusing on the few red indicators where improvement was required.
- The School Readiness indicators had an upward direction of travel. Public Health had identified £100,000 for a community chest to support parents to access interventions that would hit a range of the PHOF's including School Readiness.
- The Chlamydia detection indicator had a downward direction of travel. However, the direction of travel was based on only two data points.
- With regards to chlamydia detection, Councillor Haitham Taylor commented that she only saw testing kits in GP surgeries and 15-24 year olds did not always visit their GP often. She suggested that the Young Commissioners be asked for suggestions for other places that kits could be put. Dr Llewellyn commented that the Trust went out into the community to try and target the relevant age groups.
- The Health Check indicators remained red. Beverley Graves asked why Wokingham was underperforming on the number of Health Checks offered. It was noted that the CCG was making Health Checks a priority.
- Board members questioned how the PHOF indicators had been selected and suggested that an introductory précis would be helpful. It was agreed that it was important that the indicators that the Board monitored aligned with the Health and Wellbeing Strategy objectives.
- The Board discussed various performance indicators and the Health and Wellbeing Strategy objective that it related to, where appropriate.
- With regards to the 'Total non-elective admissions in to hospital (general & acute), all-age' indicator, Stuart Rowbotham indicated that it was sole performance payment metric in the Better Care Fund Plan. Wokingham was one of the best performers with regards to the non-elective admissions and the target set was very difficult. The CCG had proposed that the Department of Health be requested to revise the data and to renegotiate the non-elective admissions target.
- Councillor Haitham Taylor commented that a number of indicators were performing much better than expected and questioned whether this would have an impact on staff capacity. With regards to the 'Increase the number of referrals to the BHFT memory clinic' indicator, Katie Summers stated that the Trust had indicated that there was sufficient capacity.
- It was noted that the 'Number of Adult Safeguarding Referrals' had decreased. This was an area of significant concern and impact nationally and was something that Board felt needed to be monitored closely. Stuart Rowbotham emphasised that a referral was not necessarily evidence of a safeguarding issue. Councillor McGhee-Sumner questioned whether the target for next year would be based on this year's performance. Stuart Rowbotham commented that the benchmark across England was 591 referrals and it was expected that Wokingham would see fewer referrals than it was currently seeing.
- Councillor Bray questioned why there was not information on Children's Safeguarding. Judith Ramsden commented that the Local Safeguarding Children's

Board received data on the effectiveness of Children's Safeguarding. It was suggested that the Chairman liaise with the Chairman of the Local Safeguarding Children's Board with regards to the possibility of sharing that information with the Board.

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

#### **79. BETTER CARE FUND SECTION 75 AGREEMENT**

The Board considered a report regarding the Better Care Fund Section 75 agreement. NHS England required Councils and Clinical Commissioning Groups (CCG) to hold the Better Care Fund pooled budgets in a section 75 agreement.

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

- The Director of Health and Wellbeing indicated that it was not yet possible to conclude the signing of the Section 75 agreement as further clarification around of some elements was required.
- It was expected that the agreement would be signed off by the end of April and that it would then be taken to the Health and Wellbeing Board for information.

**RESOLVED** That the Section 75 pooled budget and proposed arrangements be noted.

#### **80. PRESENTATION ON DEPARTMENT OF HEALTH ASSURANCE PROGRAMME - BETTER CARE FUND**

The Board received a presentation on the Department of Health Assurance programme – Better Care Fund.

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

- Board members were informed that the national Better Care Fund Task Force had produced standard reports for the minimum national reporting obligations against the key requirements and conditions of the Fund.
- CCGs and Councils were to use the quarterly reporting template, as well as an annual reporting template. The template covered reporting on: income and NHS defined expenditure; payment for performance; supporting metrics; and national conditions but not individual schemes. The reports were to be discussed and signed off by the Health and Wellbeing Board.
- Board members noted the return deadlines. As the deadlines for Operationalisation returns did not fit with the timetable of Health and Wellbeing Board meetings it was proposed that the signing off of the returns be delegated to the Director of Health and Wellbeing in conjunction with the Chairman of the Health and Wellbeing Board, who would then provide a full review of the completed return at the following Board meeting.

**RESOLVED** That

- 1) the presentation on the Department of Health Assurance programme – Better Care Fund be noted.
- 2) the signing off of the returns be delegated to the Director of Health and Wellbeing in conjunction with the Chairman of the Health and Wellbeing Board, who would then

provide a full review of the completed return at the following Health and Wellbeing Board meeting.

## **81. PRESENTATION ON NEIGHBOURHOOD CLUSTERS**

Board members received a presentation on Neighbourhood Clusters.

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

- Neighbourhood Clusters were one of the nine Better Care Fund Schemes designed to deliver improved services in the community, developed in partnership between health and social care.
- The CCG and Council had sought feedback from residents on the concept of Neighbourhood Clusters. Katie Summers provided feedback on the Neighbourhood Cluster events.
- It was proposed that there would be three Neighbourhood Clusters; North, West and East. There had been alignment with the SDL arrangements. The areas had been selected in line with predicted population growth. The GP Practices within these Clusters had formally agreed to work together.
- A Sam's Story in the Wokingham area had been produced which had been viewed over 3,000 times during March on the CCGs YouTube Channel and the Council's Facebook page. There had been 500 unique hits on Sam's Page during March on the CCG's web site.
- Two events had been held; one at St Crispin's School and one at the Oakwood Centre, which had been attended by 60 members of the public. Views had also been sought via PPG meetings, Twitter and Online Conversation 23-27 March. There had been 50 submissions online and 4,150 Twitter "impressions."
- Board members noted some of the comments made online and at the events.
- Katie Summers outlined some of the action which was being taken to address what people had said:
  - A Steering Group had been formed which had reviewed the key messages. This would meet monthly and include representation from Healthwatch Wokingham Borough;
  - A full report from Communications and Engagement would be considered. This could be taken to the Board in future;
  - Responses would also be put on the website;
  - The Project plan timescale would be adjusted;
  - A Project Manager would be brought in;
  - Initial mapping of accountability undertaken, although more was work required;
  - Transport and VCO funding would be taken into account;
  - Data security: needed to tie into communications about Connected Care Project
- Katie Summers outlined the pathway for the cluster development.
- With regards to financial support for the voluntary sector, Clare Rebbeck commented that support was needed for bidding for funds.
- Councillor Haitham Taylor commented that different areas had different needs. For example, transport was more of an issue in rural areas.
- Stuart Rowbotham stated that with regards to transport, volunteers liked working in localities. The areas would not be stand alone and funding was for the whole of the Borough.
- Clare Rebbeck indicated the Transport Forum had 350 volunteers and that they were looking to work together more effectively and to refer to each other.

**RESOLVED** That the presentation on Neighbourhood Clusters be noted.

**82. PRESENTATION ON NHS WOKINGHAM CCG'S REFRESHED OPERATING PLAN**

The Board received a presentation on NHS Wokingham CCG's refreshed Operating Plan.

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

- Katie Summers reminded the Board that the CCG had submitted a refreshed Operating Plan.
- Changes needed were outlined:
  - New model of care provision which meets financial constraints;
  - Coordinated "wrap around" care enabled by different resourcing for primary, community and social care;
  - Hospital care delivered in the community building on the success of diabetes work in Berkshire West; professionals working together beyond hospital walls;
  - Focus on health and wellbeing, collaborating with Public Health to support patient self-care
- The CCG's focus areas included Hospital Services, Urgent Care Services and Out of Hospital Sector.
- With regards to the Plan on a Page, the Board was informed that the CCG would be focusing on Health Checks and carer's health checks in particular. The Hospital at Home model was being reshaped going forward and it was hoped that this project would begin in the summer.
- The CCG had received an allocation of £170.5m which represented a 7.3% increase in the current allocation. This was due to the anticipated population growth and the fact the CCG was in one of the lowest funded areas.
- Investments of £1.2m would be made in Mental Health services. This included Parity of Esteem, Crisis resolution £100,000, and Early Intervention Psychosis £100,000, CAMHS £440,000. With regards to CAHMS she clarified that Tier 2 services were commissioned by the Council.

**RESOLVED** That the presentation on NHS Wokingham CCG's refreshed Operating Plan be noted.

**83. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST DRAFT QUALITY ACCOUNT**

Dr Wilson presented the Berkshire Healthcare Foundation Trust draft Quality Account 2015 to the Board.

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

- The Account included the Trust's priorities for the year ahead and information on the previous year's priorities.
- Nick Campbell-White emphasised that the Account did not give sufficient information on outcomes with regards to CAMHS. Dr Wilson commented that activity with regards to Tier 3 had increased and that the Account did refer to working effectively with other commissioners. CAMHS had been reorganised but demand had not yet been caught up with.
- Nick Campbell-White commented that CAMHS had been identified as a priority the previous year and questioned why the Account stated that a lot of work was still

required in this area. Dr Wilson commented that there had been progress in the understanding of what was needed and in working with partners.

- With regards to the funding of CAMHS, Dr Zylstra commented that there were different commissioners for different parts of the service.
- Councillor Haitham Taylor commented that the length of waiting times for CAMHS was unacceptable. She also expressed concern at the percentage of readmissions and the fact that only 76% of practitioners working with the 0-19 children's community health teams across Berkshire were compliant with receiving individual child protection supervision between September 2012 and April 2013. She felt that the forward plan for the next year could be more detailed.
- Dr Wilson assured the Board that local plans were in place to tackle CAMHS waiting lists. Whilst the Trust had selected 3-4 priorities for the Quality Account, this did not reflect all that the Trust was doing.
- Judith Ramsden commented that as Director of Children's Services she would look for much quicker assurance and that change needed to have happened within 3 months. She was disappointed that children in care were not a key group of those who experienced health inequality but she was very supportive of the health visitor service.
- Dr Wilson indicated that much of the content within the draft Account was mandated.
- Dr Llewellyn emphasised that it was important to understand why the number of children using CAMHS was increasing.
- Nick Campbell-White suggested that more needed to be included in the Account regarding how the Trust would deal with complaints it received.
- It was proposed that a Board meeting focus on CAMHS to enable Board members to look at different aspects of the service.
- It was noted that the Trust was working hard to engage with staff.
- Stuart Rowbotham commented that the number of nursing vacancies was of concern particularly as there was investment in increased community services out of hospital. Beverley Graves asked what was being done to support nurses' wellbeing.
- With regards to a common point of entry, Stuart Rowbotham suggested that the Trust engage with the work being carried out in relation to the Hub. Dr Wilson indicated that progress had been made with the recruitment of health visitors.

**RESOLVED** That the Berkshire Healthcare Foundation Trust draft Quality Account 2015 be noted.

#### **84. VOLUNTARY SECTOR REPRESENTATION**

The Board discussed future Voluntary Sector representation on the Health and Wellbeing Board.

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

- Clare Rebbeck provided an update on the work of the Place and Community Partnership and the Co-Production Network. Board members were reminded that it was Mental Health Awareness Week on the week beginning 11 May.
- Clare Rebbeck commented that there would be a new Chairman of the Place and Community Partnership and as such she would no longer be a Board member and the Voluntary Sector would no longer be represented on the Health and Wellbeing Board. She asked Board members to give consideration as to whether they would like Voluntary Sector representation in future. Judith Ramsden indicated that the

voluntary sector lead was under her area and that she would give the matter further consideration.

**RESOLVED** That further consideration be given to Voluntary Sector representation on the Health and Wellbeing Board.

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