

**HEALTH AND WELLBEING BOARD
4 JULY 2013
2.00 - 3.35 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Councillor Dr Gareth Barnard, Executive Member for Children, Young People & Learning
Zoë Johnstone, Chief Officer: Adults & Joint Commissioning
Dr Janette Karklins, Director of Children, Young People & Learning
Andrea McCombie-Parker, Local Healthwatch
Lisa McNally, Consultant for Public Health
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group
Timothy Wheadon, Chief Executive, Bracknell Forest Council
Ginny Hope, NHS England

Apologies for absence were received from:

Dr William Tong, Bracknell Forest & Ascot Clinical Commissioning Group (Vice-Chairman)
Helen Clanchy, Thames Valley NHS Commissioning Board Representative
Dr Lise Llwellyn, Director of Public Health for Berkshire (East)
Glyn Jones, Director of Adult Social Care, Health & Housing

Also Present:

Cllr Virgo, Chairman of the Health O&S Panel
Lynne Lidster, Head of Joint Commissioning

27. Declarations of Interest

There were no declarations of interest.

28. Urgent Items of Business

There were no urgent items of business.

29. Minutes from Previous Meeting

RESOLVED that the minutes of the Health and Wellbeing Board held on 11 April 2013 be signed by the Chairman and approved as a correct record subject to the following amendment:

Minute 11 and 12: should be amended to state that the Chairman and Vice Chairman be elected/appointed for the Municipal year 2013/14.

30. Matters Arising

There were no matters arising.

31. **Shaping the Future: Update on Progress from the Clinical Commissioning Group**

David Williams, Director of Commissioning for Bracknell and Ascot Clinical Commissioning Group (CCG) delivered a presentation to the Board.

He reported that work had taken place over the last two years to develop a new model for urgent care as well as changes to rehabilitation services, in liaison with partners. He stated that changes to services in Bracknell and Ascot were part of a three month consultation in 2012. The plans had been developed by doctors, nurses, midwives and other clinicians and were now at implementation stage. The PCT Board in March 2013 had supported the proposals and the three CCGs representing the area had also endorsed the proposals and they would now be responsible for implementing these proposals.

The Director made the following points:

- All the CCGs were very keen to involve patients and local people in on-going dialogue about the changes through the Community Partnership Forum. CCGs had heard very clearly the concerns of people about the changes and were determined to address them.
- Changes to services were part of wider plans to develop the Heatherwood site. Heatherwood and Wexham Park Hospitals NHS Foundation Trust was developing plans to establish Heatherwood as a state of the art centre for high quality planned surgery. It was proposed that this facility would open in 2015/16.
- In terms of whether services would be secure at Brants Bridge, the Director stated that a three year lease had been agreed at this site and he felt optimistic that services would be secure at this site.
- In terms of timescales for the Urgent Care Centre at Brants Bridge, the Director reported that providers would be shortlisted in July 2013; a decision would be made by CCG governing bodies in October 2013. The Minor Injuries Unit would then move to Brants Bridge in February 2014, subject to the outcome of the Judicial Review. The prospective provider would then begin in March 2014.
- It was envisaged that there would be a GP on site at the Urgent Care Centre for a minimum of two hours per day.
- In terms of the Judicial Review initiated by the Royal Borough of Windsor & Maidenhead against the proposed changes to services, the Director reported that the legal proceedings were likely to take place in Sept/October, with a potential full review next year. The CCG could not make any irreversible decisions until the Judicial Review process was complete. The CCG had made provision for legal costs and would be going ahead with procurement plans but would not be awarding any contracts. Contractors would be made aware of the potential risks.

The Chairman stated that there were real concerns over the delay that the judicial review could have on the implementation of the Urgent Care Centre. This in turn would impact wider discussions around health services for East Berkshire. He was encouraged that the CCG would be pressing on with processes in parallel with the judicial review. He stated that the Council was keen to support health partners as fully as possible to progress implementation of services. It was noted that the judicial review was unlikely to impact the eventual decision.

David Williams confirmed that all was being done to attempt to progress service implementation this included attempts to enter into a dialogue with the Royal Borough of Windsor and Maidenhead.

He stated that he was keen to work with the Council and local people to get services in place as soon as possible. A Community Forum had been set up and Healthwatch and local people had been invited to attend.

The Public Health Consultant stated that her team could assist with a communications strategy for the Urgent Care Centre; this was welcomed by David Williams.

The Chairman stated that he was hoping to meet with MP Jeremy Hunt to discuss potential health services for the East Berkshire population. David Williams confirmed that he would like to engage in these discussions alongside the Council.

David Williams made the following points in relation to Stroke and Rehabilitation services:

- The CCG were keen to maximise the number of people who got comprehensive health and social rehabilitation care in their own homes. New community services would be set up from September 2013. He recognised that it was imperative that existing provision for Stoke patients was not lost before appropriate care was in place to support these patients in their own homes. An additional eight Stroke beds would be made available at Wexham Park hospital.
- He stated that Mira Haynes from the Council's Adult Social Care Department was a part of the project team and had provided useful input around the Council's service models.

The Chairman thanked David Williams for his presentation.

32. Joint Strategic Needs Assessment: Redesign Vision

The Public Health Consultant presented a report that highlighted the vision for redesigning the Joint Strategic Needs Assessment (JSNA) and refreshed data for 2013/14.

She stated that historically JSNA documents had been dry and static documents which did not encourage engagement. A web based JSNA would be more accessible and dynamic and allow greater interactivity. The redesign would ensure there was a greater focus on local information and would include more narrative.

The Director for Children and Young People expressed concern that the JSNA did not have sufficient regard to children with special educational needs (SEN). Under recent legislation there were new requirements for local authorities and partners to meet the specialised needs of SEN children and she felt that SEN children were not represented strongly enough in the JSNA. She stated that it was crucial that the specialised requirements of SEN children be reflected in the JSNA. She also stated that it would be useful to see greater evidence of collaboration with partners particularly around personalised budgets.

It was noted that the JSNA provided a broad vision approach however increased data and information was required around children with SEN and the Public Health Consultant would work with officers from the Children and Young People department to ensure that this was achieved.

Board members raised a query around the inclusion of pharmaceutical needs assessment into the JSNA. It was reported that this would be included under a number of different sections of the JSNA.

In response to members' queries, the Public Health Consultant reported that whilst JSNA's around the country would have a reliance on secondary sources; this would not be the case in Bracknell Forest. An in depth public statistical survey would allow primary data to be gathered. There would also be the opportunity to analyse ward level data around several key features. It was noted that caution would need to be exercised to ensure that individuals could not be identified if ward level data was to be publicly available.

It was **RESOLVED** that;

- i) the Board approved the approach for the redesign of the JSNA, which emphasised accessibility and local relevance, utilising a web based format.
- ii) the Board agreed to nominate Glyn Jones as the JSNA Project Sponsor and Lisa McNally as the JSNA Project lead for the delivery of the redesigned Bracknell Forest JSNA.

33. **Terms of Reference and Locally Agreed Working Arrangements**

The Board was asked to note its terms of reference and endorse locally agreed arrangements as set out in Annex A of the agenda papers.

It was **RESOLVED** that the Board noted its terms of reference and endorsed locally agreed arrangements as set out in Annex A.

34. **Local Healthwatch Forward Plan**

The local Healthwatch representative reported that Healthwatch was still in its implementation phase and all processes were on track. Healthwatch had already had two monitoring meetings and its website, Twitter and Facebook accounts were all now fully operational.

She reported that Healthwatch were not legally permitted to engage with the community on their Board yet, however Madeline Diver had been co-opted on to the Board to provide some representation for the patient voice.

It was noted that Healthwatch would be delivering a large scale community engagement strategy in the upcoming months.

35. **Safeguarding: Section 11 Children Act 2004**

The Director for Children & Young People reported that the report before the Board provided information on the requirements of Section 11 of the Children Act 2004 and noted actions taken by partner agencies to demonstrate compliance with the requirements to date.

It was noted that Section 11 placed duties on a range of organisations and individuals to ensure their functions and any services that they contract out to others were discharged having regard to the need to safeguard and promote the welfare of children. These duties included NHS organisations including the NHS Commissioning Board, Clinical Commissioning Groups, NHS Trusts and NHS Foundation Trusts.

The Director reported that the Local Safeguarding Children's Board (LSCB) would be responsible for ensuring that there was compliance with Section 11.

The Board noted that it was important to maintain its role and not duplicate other mechanisms already in place. The Board's role was clearly to provide oversight and intervene where necessary.

It was noted that the LSCB would monitor progress of actions and would report back to the Health & Wellbeing Board through the Annual Report process, highlighting any key issues and making recommendations for the Health and Wellbeing Board to consider.

It was **RESOLVED** that the Board;

- i) noted the information in the report and agreed to maintain oversight of the Section 11 process in relation to the responsibilities of the Clinical Commissioning Group, by receiving reports as and when the Board's intervention was necessary or required.
- ii) noted that the LSCB was the responsible body for ensuring that there was compliance with Section 11 across partner agencies.

36. Local Safeguarding Children Board: Business Plan 2013/14

The Director of Children & Young People reported that the Local Safeguarding Children's Board (LSCB) produced a business plan to ensure that key safeguarding priorities were addressed by the LSCB and partner organisations.

It was **RESOLVED** that the Board;

- i) noted the 2013/14 Business Plan attached as annex 1 and ensured that the priorities identified were addressed through the Health and Wellbeing Board Members as appropriate.
- ii) ensured that the safeguarding priorities were incorporated as appropriate into the Health and Wellbeing Strategy.

37. Winterbourne View Stocktake

The Chief Officer Adults and Joint Commissioning reported that following the abuse that was uncovered at the Winterbourne View Hospital, all local authorities were now required to complete a stocktake report of progress against key Winterbourne View Concordat commitments.

She stated that Bracknell Forest had progressed well against all priorities and she assured the Board that any people living outside of Bracknell Forest were reviewed regularly and would be supported to return to Bracknell Forest if they wished to do so. To date, all wished to remain where they were.

The Chairman reported that the very tight timescales required highlighted the urgency of this work. He stated that he was pleased with the priority given to this work and the extent of focus given to it.

It was **RESOLVED** that the Board;

- i) approved the stocktake,
- ii) approved the submission of the Review Project report (appendix 3) with the stocktake as an example of innovative practice,
- iii) asked that the Learning Disabilities Partnership Board provided a further update to the Health and Wellbeing Board following the development of the Joint Learning Disabilities Strategy.

38. **Public Health Update**

The Public Health Consultant presented a Public Health update and made the following points:

- She asked that the Board note the 'Longer Lives' mortality data which considered mortality data across the country. Bracknell Forest came 37th out of 154 unitary authorities in terms of its premature mortality figures. The data also grouped together a number of unitary authorities that were deemed to be comparable in socio economic terms. She stated that comparing the data in this way could present an oversimplification and caution should be exercised.
- The data provided a good foundation on which to consider the wider determinants of health and upon which to outline Public Health priorities for the coming year.
- The report also set out priorities for Public Health work in 2013/14 and informed members of the further investment of £100k for Public Health for 2013/14. Public Health funding would kick start collaborative projects between the Public Health teams and other teams. A list of projects that would be taken forward was also included in the report and included projects from all four directorates of the Council.
- It was noted that Public Health priorities were in line with priorities in the Health and Wellbeing strategy, the priorities of Public Health England and the national Public Health Outcomes Framework.
- In response to members' queries, it was reported that MMR priorities could only be effectively delivered in partnership. Information had been disseminated from Public Health England to schools, CCGs and local Healthwatch and MMR figures would continue to be monitored.
- It was noted that comparing data with other local authorities would not be possible if Bracknell Forest collected its own data for the JSNA.

The Council's Chief Executive stated that it was encouraging that Public Health was now embedded within the Council's work and processes. He stated that smoking cessation was clearly a key priority for Bracknell Forest given the 'Longer Lives' data and had been included in the Public Health action plan.

The Public Health Consultant stated that it was useful to highlight smoking cessation, as this was clearly central to the Longer Lives results. Wokingham's life expectancy was 20% better than Bracknell Forest's and their smoking attributable mortality was 20% better than Bracknell Forest's. This clearly needed to be addressed. Bracknell Forest had already entered a contract to encourage smoking cessation and this was producing some good work. There was also lots of other work underway to tackle smoking, some of this work included setting up better referral paths.

The Board commented that preventative work that targeted children and young people could be very effective in reducing smoking uptake and reduce figures in the long term.

It was noted that the smoking cessation contract would be reviewed and there would be an emphasis on stretching and exceeding targets.

It was **RESOLVED** that the Board;

- i) noted the publication and key messages of the 'Longer Lives' mortality data
- ii) noted the successful Public Health Grant project proposals
- iii) agreed that the proposed priorities for local Public Health work in 2013/14.

39. Actions taken between meetings

None reported.

40. Forward Plan

- The Director of Children and Young People asked that an item be added to the Forward Plan on Services around Children's Mental Health. This presented a key underlying issue for the department and particularly affected children that were on child protection orders. It was key for the Board to consider the ways in which the various elements of support came together for children and whether provision was effective and performing well. This would include considering the role of the Child and Adolescent Mental Health Service (CAMHS) and if collectively more could be done in this service area overall. It was agreed that the Children and Young People Board be asked to develop recommendations for the Board to consider. It was agreed that this may also consider adult mental health services.

41. Dates of Future Meeting

5 September 2013
12 December 2013
13 February 2014
10 April 2014

CHAIRMAN