

**HEALTH AND WELLBEING BOARD
5 SEPTEMBER 2013
2.00 - 4.00 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr William Tong, Bracknell Forest & Ascot Clinical Commissioning Group (Vice-Chairman)
Councillor Dr Gareth Barnard, Executive Member for Children, Young People & Learning
Glyn Jones, Director of Adult Social Care, Health & Housing
Dr Janette Karklins, Director of Children, Young People & Learning
Lisa McNally, Consultant for Public Health
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group
Chris Taylor, Local Healthwatch (Substitute)
Timothy Wheadon, Chief Executive, Bracknell Forest Council

Apologies for absence were received from:

Helen Clanchy, Thames Valley NHS Commissioning Board Representative
Dr Lise Llwellyn, Director of Public Health for Berkshire
Andrea McCombie-Parker, Local Healthwatch

Also Present:

Cllr Virgo, Chairman of the Health O&S Panel
Lynne Lidster, Head of Joint Commissioning
Graham Symonds, Commissioning, Services to Schools and Youth Service Lead
David Williams, CCG Director of Development
Craig Anderson, Royal Berkshire NHS Trust: Director of Finance
Ed Donald, Royal Berkshire NHS Trust: Chief Executive
John Taylor, Royal Berkshire NHS Trust: Associate Director of Strategy

42. Declarations of Interest

There were no declarations of interest.

43. Urgent Items of Business

There were no urgent items of business.

44. Minutes from Previous Meeting

RESOLVED that the minutes of the Health and Wellbeing Board held on 4 July 2013 be signed by the Chairman and approved as a correct record.

45. Matters Arising

Minute 31: Shaping the Future: Update on Progress from the Clinical Commissioning Group (CCG)

David Williams, Director of Development at the CCG informed the Board that he was pleased to report that the early support discharge service for stroke patients would be in place this month. The CCG had a number of productive discussions with the

Council's Adult Social Care officers and over the next few months would be monitoring how the service was bedding in.

Health partners were now close to agreeing a model for rehabilitation services and investment of £700,000k had been agreed however this was predicated on the closure of ward 8 at Heatherwood Hospital.

The procurement process for the Urgent Care Centre was currently underway, a provider would be announced in November 2013 and it was hoped that the service would be up and running in early 2014. In terms of the judicial review application sought by the Royal Borough of Windsor and Maidenhead Council (RBWM) it was reported that the application had been refused by the High Court, which would mean the end of the litigation process in terms of the Shaping the Future proposals. RBWM had however indicated that they would be requesting that the Secretary of State make a referral to the Reconfiguration Panel. This Panel could then recommend that services be independently reviewed.

The Chairman expressed that it was very concerning that the RBWM continued to frustrate decisions around Shaping the Future. He stated that the Council would be expressing their comments through a press release as well as writing a letter to the Secretary of State. He asked how much delay to proposed services could be caused if the Secretary of State decided that the referral merited a full independent review.

The CCG's Director of Development stated that they were committed to the early support discharge service for stroke patients and this would not be affected by an independent review. If an independent review was to go ahead this would affect the Urgent Care Centre and Rehabilitation services and a contract could not be awarded.

It was reported that under national timescales the Reconfiguration Panel would have four weeks to decide if the referral merited a full independent review. If a full review did take place there would be a delay in the Urgent Care Centre and Rehabilitation services. If the delay continued to after April 2014, this would significantly impact the CCG's financial plans. In addition, the Urgent Care Centre would significantly reduce pressure on A&E services, if this was delayed there would also be an adverse impact on Frimley Park and Heatherwood and Wexham Park and their A&E attendances. The CCG felt that there was no merit in the referral; the proposals had the full support of clinicians locally and other local councils in the area. The CCG were hopeful that the referral would be refused.

The Chairman assured health partners that the Council was fully supportive of their position; a motion had been agreed at the last full Council meeting that affirmed the Council's commitment to local health services.

It was reported that signposting would continue and an emphasis on self care and how services should be accessed. This was particularly important with winter pressures coming up.

The Board agreed to support health partners as far as possible and to reaffirm the Shaping the Future proposals wherever possible.

46. Public Participation

There were no submissions from members of the public to the meeting.

47. Presentation from the Royal Berkshire NHS Foundation Trust

The Board's views and feedback were sought on the Royal Berkshire NHS Trust's draft five year integrated plan. The Chief Executive of the Trust, Ed Donald delivered a presentation and made the following points:

- The Trust's five year plan presented the Trust's emerging view over the next five years. Beginning a dialogue with local authorities about this plan was important to the Trust.
- The Trust felt that the following four elements were central to everything the Trust did: i) what were patients saying about services, ii) what were staff saying, iii) what were the clinical outcomes and iv) was value for money being achieved.
- The Trust saw the key challenges that lay ahead as providing; safe, high quality care for all, managing forecast demand increases jointly, safe and modern infrastructure to meet demand and financial stability.
- The Chief Executive stated that demand for services was set to grow and one of the major challenges that lay ahead for the Trust was to consider how they could work better to keep people well and at home. The Trust operated from an ageing building that was 175 years old in parts. The Trust's A&E was designed to cope with 65,000 patients a year, demand was forecast to grow up to 100,000 in the coming years. Any work that could be done to prevent Bracknell Forest residents from using the A&E services at the Trust would be greatly appreciated.
- The Trust felt that innovative approaches were needed to deal with this level of demand. Currently the Trust did not have any beds that were unused or being closed, every bed was in use. Waiting lists for elective and planned surgery had increased despite attempts to reduce waiting times. The Chief Executive stated that he would welcome the Board's views, particularly on the methodology used by the Trust to predict population growth and demand on services. The Trust had estimated that 125 additional beds would be needed across the healthcare economy, based on medium growth and 87% occupancy. Feedback from the Board to ensure that there was alignment on major diseases would also be useful.
- In terms of strategic investments, the Trust had invested in the Royal Berkshire Healthspace. The Chief Executive felt that this facility was underused and would like to see it used to its fullest potential. The Healthspace provided real choice for both patients and GPs. It was noted that Frimely Park were already providing services from the facility, the Heatherwood and Wexham Park Trust would also be welcome to utilise the facility. He also looked forward to the delivery of the Urgent Care Centre.
- He looked forward to working with CCG colleagues to establish one stop shops and to general closer working with GPs. Integral to this closer working would be the use of technology to ensure GPs could view when patients were booked in for day surgery and other similar developments.

CCG representatives expressed concern around the prediction that 125 additional beds would be required across the local health economy and asked that a dialogue around this be continued outside of the Board meeting.

The Trust's Chief Executive confirmed that the forecasting in the Trust's five year plan took into account the Trust's catchment area as it currently stood.

The Board commented that in terms of integration work there was clearly scope for work around prevention and perhaps considering more fully outreach services. The Chairman stated that he would like to see partners coming together to carry out

prevention work wherever possible, as this would reduce costs overall. The Board were clear that Public Health work would have a significant role to play in this.

The Council's Chief Executive commented that he felt it encouraging that the Trust saw a more fuller use of the Healthspace facility regardless of who the provider was. The Trust's Chief Executive confirmed that he hoped to see the name of the Royal Berkshire Clinic at Brants Bridge changed to the Royal Berkshire Bracknell Healthspace once this had been agreed by the Trust's Board which was likely to be in October/November 2013.

The Board agreed to coordinate its feedback and share this with partners.

48. **Funding and Integrated Development Work**

The Director of Adult Social Care, Health & Housing reported that in February 2013 the Board had been presented with priorities for spending in Social Care as well as a range of proposed programmes and projects which had been agreed by the Board. Since then, NHS England had produced a common template to be used nationally, which required a different reporting style and the headings to be used were listed under paragraph 3.3 of the agenda papers. The Council and CCG had subsequently needed to manoeuvre their original intentions into the template.

Both the Council and CCG would need to report regularly to NHS England and therefore ensuring work was tailored to NHS England's template would prevent additional work.

The Board noted the Public Health projects detailed in Annex A and the Adult Social Care year end performance and Quarter one performance in Annex B.

The Director of Adult Social Care, Health & Housing reported that the Integration Fund would bring together CCG allocations and Social Care allocations with a potential injection of £5.9m. There would be conditions attached to this money, a report would be brought to the next Board meeting to provide details of what integration would entail. This work would build on a position of strength given the relationship the Council already had with the CCG. It was noted that with the use of creative solutions between partners, better outcomes for patients could be achieved.

The Vice Chairman reported that timelines had now been defined for this work and a two year plan would need to be completed by Dec/Jan 2014. The work would need to be signed off by the Board. It was noted that the CCG straddled two local authorities and this would also need to be taken into account.

The Chairman reported that he would be keen to see an update on this work. It was reported that a scoping report would need to be completed and submitted to the Board for sign off.

It was **RESOLVED** that;

- i) the Board signed off the Health & Wellbeing Board report (14 February) together with Section 256 (S256) and return to NHS England (paragraph 3.1 in the agenda papers refers),
- ii) noted the Public Health projects in Annex A of the agenda papers,
- iii) noted the Adult Social Care year end performance and Quarter one performance in Annex B of the agenda papers,

- iv) establish a local 'Integration' Task Force to develop proposals for the integration fund. These proposals must be reported and approved by the Health & Wellbeing Board.

49. **Refresh of the Children & Young People's Commissioning Approach**

The Children and Young People's Partnership Board had agreed a revised commissioning approach in May 2013 and the Board was asked to note the approach and recent progress.

The Director of Children, Young People and Learning reported that the revised commissioning approach established the basis of joint planning and commissioning for the C&YP Partnership. It also recognised that all partners may have their separate commissioning processes. The commissioning approach also took into account the need for decommissioning.

The Council's Chief Executive suggested that value for money be incorporated into the four underpinning priorities for the commissioning approach. It was agreed that this would be incorporated.

The Board welcomed the report and stated that it would assist Public Health colleagues to identify priorities for children and young people and focus on these.

Board members recognised the value of considering what could be achieved collectively to achieve similar objectives across a range of partners.

The Chairman suggested that a more granular approach with outcomes would be useful. It was agreed that including examples would achieve this.

It was noted that page 56 of the agenda papers titled 'Priorities for commissioning strategy development and other work priorities' presented an area where integration could be achieved. CCG representatives confirmed that they had now identified someone to support the Commissioning Working Group for Children and Young People.

The Board agreed that representation from the voluntary sector was key and this would be followed up with Bracknell Forest Voluntary Association.

It was **RESOLVED** that the Board noted the Children and Young People's commissioning approach and recent progress.

50. **Annual Report - Shadow Board 2012-2013**

The Director of Adult Social Care, Health & Housing reported that the annual report presented highlights of activity during the Board's shadow year. The Board had met privately during its shadow year and had established its governance arrangements and undertaken a host of other varied activities and discussions.

Lynne Lidster, Head of Joint Commissioning reported that the annual report covered the period up until April 2013 when the Board became statutory. It was intended to be for the public to give a sense of the Board's work over the last year and the report would be published on the Council's website once agreed by the Board.

She stated that the report detailed the responsibilities of the Board and set out decisions made by the Board and provided a brief overview of each area. The Chairman asked the section around decisions of the Board be more clearly formatted.

It was noted that page 76 detailing the membership of the Board needed to be updated.

It was **RESOLVED** that the Annual Report be approved by the Board.

51. **The NHS Belongs to the People: A Call to Action**

CCG representatives reported that they wanted to bring this item to the Board's attention, all partners had a responsibility to engage the public in their work and this item encouraged partners to work together to ensure one message was delivered cohesively. As various themes emerged, it was likely that there would be a number of common messages that all partners would want to communicate.

Board members felt that the information from NHS England was somewhat unclear; partners would need to consider carefully what message they wished to collectively communicate to the public. The Board felt that this would involve a message around there being some difficult conversations with stakeholders around healthcare not being sustainable as it currently stood. Public engagement would need to be built into the CCG's timetable.

It was noted that the NHS England Local Area Team would be setting up a small steering group who would work with CCG's. A Thames Valley event around this work was already scheduled and networks were beginning to emerge.

Board members queried the role of local Healthwatch in this work as it seemed to be that NHS England had omitted them this in their literature. The Board agreed that Healthwatch would have a strong role to play in this work alongside the Board.

The Chairman commented that often messages from the NHS to the public were patronising and poorly delivered, it was key that the Board ensured that their communication was pitched appropriately.

The Public Health Consultant reported that her team were currently preparing to consult with 18,000 residents about health through the Public Health survey. This would provide a good starting point for the call to action, as part of the requirements detailed by NHS England were to undertake user and carer surveys. It was noted that partners should use NHS England's resources to support their work.

The Chairman agreed to contact the Local Area Team at NHS England to suggest that a meeting be arranged with chairmen of Health & Wellbeing Board's and other lead members and directors to establish what messaging was required and what assistance from NHS England would be available to undertake this work.

52. **Actions taken between meetings**

Members noted the actions that had been taken between meetings and the update reports.

53. **Forward Plan**

There were no additions/amendments to the forward plan.

54. **Dates of Future Meeting**

12 December 2013

13 February 2014

10 April 2014

CHAIRMAN