

**HEALTH AND WELLBEING BOARD  
12 DECEMBER 2013  
2.00 - 4.20 PM**



**Present:**

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)  
Dr William Tong, Bracknell & 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  
Timothy Wheadon, Chief Executive, Bracknell Forest Council  
Lisa McNally, Consultant in Public Health  
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group  
Andrea McCombie-Parker, Local Healthwatch  
Matthew Tait, NHS England, Local Area Team

**Apologies for Absence were received from:**

Lise Llewellyn, Director of Public Health

**In Attendance:**

Eve Baker, Bracknell & Ascot Clinical Commissioning Group  
Claire Bright, Child & Adolescent Mental Health Service  
Zoe Johnstone, Chief Officer: Adults and Joint Commissioning  
Lynne Lidster, Head of Joint Commissioning  
Alex Walters, Independent Chair: Local Safeguarding Children's Board

**55. Declarations of Interest**

There were no declarations of interest.

**56. Urgent Items of Business**

There were no items of urgent business.

**57. Minutes from Previous Meeting**

**RESOLVED** that the minutes of the Health and Wellbeing Board held on 5 September 2013 be signed by the Chairman and approved as a correct record.

**58. Matters Arising**

*Minute 45: Shaping the Future: Update on Progress from the Clinical Commissioning Group (CCG)*

Mary Purnell, CCG reported that the procurement of services for the Royal Berkshire Bracknell Healthspace was progressing. There was an immense amount of work to be done before April 2014 but the CCG would keep the Board informed of progress. It was confirmed that basic diagnostics could be performed at the healthspace.

*Minute 47: Presentation from the Royal Berkshire NHS Foundation Trust*

The Chairman of the Health & Wellbeing Board reported that he had written a formal response to the Trust on their strategic plan.

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

The Chairman confirmed that he had received a briefing on this initiative and he looked forward to the receiving more information with language that was clear and appropriate.

**59. Public Participation**

The following question was submitted by Mr Ed Glasson:

*'What is the percentage efficacy of the influenza vaccination being offered to elderly patients (over 60) in preventing Influenza like illness?'*

Lisa McNally, Public Health Consultant stated in response that evidence showed that the influenza vaccination reduced hospital attendance. The level of effectiveness of the vaccine differed depending on the age of the recipient and from year to year. She agreed to provide Mr Glasson with a written response detailing the figures.

**60. Integration Transformation Fund**

It was noted that the Government had now named this fund the 'Better Care Fund'. Guidance on this fund would be published in the following week. Eve Baker would be the lead on this work from the CCG Federation.

The Director of Adult Social Care, Health & Housing (ASCH&H) made the following points:

- The Better Care Fund advocated that the person receiving care should be placed at the centre of their care and that all services and support should be organised in such a way so as to maximise outcomes. The Fund also aimed to reduce reliance on A&E and urgent care.
- The timescales were challenging and a high level plan would need to be in place by February 2014. This plan would need to set out vision; detailed information could be added at a later stage. The Plan would need to prioritise people and to ensure that services were in the right places, this would mean work taking place outside the borough. This was inevitable given that all hospitals used by Bracknell Forest residents were outside the borough.
- The Joint Health & Wellbeing Strategy was designed to ensure seamless healthcare, the strategy would be the basis of developing the plan and there would need to be an emphasis on having an ambitious vision but continuing to deliver local outcomes for the local population.
- The Board would play a key role in supporting the role of local leaders and would benefit from the strong foundations already established locally.
- A pragmatic approach would be necessary to build on joint working where it was working well and to work independently where this secured better outcomes for people. It would be necessary to measure and evaluate work along the way.
- The Better Care Fund advocated developing joint plans and an increased emphasis on seven day working. This would necessitate data sharing and integrating systems and a joint approach to assessment and care planning. Organisations would need to share risks and have contingency arrangements across organisations.

In response to members' queries, it was reported that differences would be seen by local people in the way services were delivered by integrated care teams. This work was already taking place locally for people with long term conditions. This care involved wrapping a team of people around the recipient; however one person would be responsible overall all for the recipients care. One care plan would be developed, creating a holistic and integrated approach to care. There were still issues that needed to be resolved such as agreeing consent across organisations, however this work had now been running for six months and a reduction in hospital admissions had been seen as a result.

The Director of ASCH&H reported that patient views would be sought on integrated care and the Board would also be consulted. It was reported that in terms of patient and public involvement in the development of plans, a reference group had already been established which Healthwatch already sat on and there were a number of other consultations and opportunities for the public and patients to contribute to. The Board were clear that all organisations would be keen to see strong public engagement.

The Chairman stated that it was critical that the impact on people of all plans was made clear at every stage and that plans were clearly communicated to the public. It was reported that the NHS Call to Action placed a duty on all health organisations to consult. In addition, Self Care Week was also used to ask people a range of questions about local healthcare services.

In response to members' queries, it was reported that providers would need to be involved in the planning of services. With reference to paragraph 6.4.2 of the report around decommissioning it was noted that this presented a significant risk to providers, however this would change the pace of commissioning and allow specialist support to be commissioned. Providers would be supported to downsize where necessary.

The Director of ASCH&H reported that the Board would have a key role to play in ensuring organisations and services were kept on track and where things were going wrong to intervene to remedy this. The Board would hold a torch to the performance of all local services, plans, outcomes and activities.

Eve Baker, CCG reported that there was already lots of innovative practice taking place across the country and this would be considered when developing plans.

It was noted that the methodology for allocation of funding had not yet been confirmed and it was hoped to be confirmed before Christmas and was likely to include deprivation.

The Director of ASCH&H confirmed that the Integration Task Force had been established and work was underway to develop integration plans where appropriate.

Board members noted that it was important to be clear that this work involved moving resources around and didn't include new funding for services.

It was **RESOLVED** that the Board;

- i) noted the requirements of the Integration Transformation Fund
- ii) agreed the timescale and supported the approach to developing the Integration Plan for sign off by the Council's Executive, Bracknell and

61. **Autism Self Assessment 2013**

The Chief Officer: Adults and Joint Commissioning reported that the paper before the Board provided a stock take of progress against the national autism strategy, which had been put together to ensure that people with an Autistic Spectrum Disorder (ASD) living in Bracknell Forest had access to an appropriate range of support and health services.

Two service deficits were identified as a result of the stock take:

- i) the development and implementation of a multi-agency autism training plan and
- ii) specialist healthcare as detailed in paragraph 5.6 of the report.

The Board noted that for many people, access to specialist services could delay or prevent the need for long term support, where it allowed people to manage to live more independently.

CCG representatives stated that they welcomed this paper and the identification of gaps in current service delivery. The Chairman asked that clarification be given as to who was responsible for commissioning these specialist services. Mathew Tait, NHS England agreed to seek clarification and circulate a response to all Board members.

The Board noted that the Chief Officer: Adults and Joint Commissioning would be leading on the development and implementation of a multi-agency autism training plan. It was reported that once the self assessment was complete, it would be submitted in September 2014 to the Department of Health. The Department of Health would then review their national strategy based on the information in the self assessments submitted by local authorities.

It was noted that a refreshed strategy would be submitted to the Board once complete.

It was **RESOLVED** that the Board noted the content of the Autism Self-Assessment and determined an appropriate course of action in relation to the service deficits identified as detailed above. This included identifying which NHS organisation was responsible for commissioning specialist healthcare services for people with ASD.

62. **Joint Strategic Needs Assessment Update**

Lisa McNally, Public Health Consultant presented a progress report on the redesign of the Joint Strategic Needs Assessment and refreshed data for 2013/14 and she made the following points:

- The JSNA was a key document that would be used to plan and inform service delivery locally. The drive was to establish a document that contained live data that was responsive and dynamic and engaging to a wide range of people with localised narrative. The JSNA would be web based and would provide the user with as much or as little information as they wanted. There would be a blog and the user would be able to select topics.
- Local ward profiles had already been produced as well as CCG profiles.

The Chairman congratulated the team on behalf of the Board for this excellent work.

It was **RESOLVED** that the Board noted the progress to date and agreed the next steps for launching the web based JSNA for consultation.

63. **Review of Childrens' Public Health Commissioning Opportunities**

Lisa McNally, Public Health Consultant reported that from April 2015, the local authority would be responsible for public health services for children aged 0-5 years. This essentially included health visitor work and school nurses. Complex arrangements currently existed but as the local authority took over commissioning responsibility this provided an opportunity to consider whether resources were in the right places for this area of healthcare. It was clear that there would need to be a focus on collaborative work.

The Board felt that this would provide an exciting opportunity to tackle a range of issues such as childhood obesity, exploring healthy weights for children and a whole range of other issues. It was noted that it was important that work around child obesity was holistic and focussed on collaboration with parents and self care.

The Public Health Consultant reported that this would be an intensive programme of work and that she would report on it to the Board in the New Year.

It was **RESOLVED** that the Board noted the approach to children's planning to drive the provision of public health services to children.

64. **Local Safeguarding Children's Board: Annual Report**

Alex Walters, Independent Chair of the Local Safeguarding Children Board (LSCB) was invited to present the annual report of the Board for 2012/13. She made the following points:

- The annual report reflected the work of the Board over 2012-13. The LSCB was a statutory partnership that had been in place since 2006. The LSCB monitored the effectiveness of all partners in terms of safeguarding.
- As of November 2013, the Board would be inspected by Ofsted as part of their new inspection regime.
- The National Association of Independent Chairs were working together to develop example protocols to be used between the LSCB and Health & Wellbeing Board. She would share these with the Board as soon as they became available.
- There were some challenging capacity issues and that the LSCB would be watching this closely.

The Chief Executive reported that part of the work around developing protocols was aimed at ensuring all partner organisations were commissioning services appropriately and in line with the requirements of the LSCB. The Board expressed that they were keen to be responsive to the requirements of the LSCB.

The Director of Children, Young People & Learning reported that it would be important to include the views of children and young people in this work.

It was **RESOLVED** that the Board;

- i) noted the learning and recommendations from the LSCB 2012/13 Annual Report (Annex 1 of the report)

- ii) considered the key messages contained in section 8 of the Annual Report and the role of the Board in ensuring these key messages were supported through the ongoing work of the Board with partners, through key plans, strategies and direct practice.
- iii) develop a protocol between the LSCB and the Health & Wellbeing Board to clarify safeguarding accountability and how scrutiny and challenge can be effectively undertaken and evidenced.

#### 65. **Services around Children's Mental Health**

Claire Bright from the Child Adolescent Mental Health Service (CAMHS) attended the meeting and stated that she was happy to respond to any questions from the Board.

The Board noted average waiting times and the quality improvement target placed on the Service to improve waiting times. It was clear that once support was given, dramatic improvements could be seen. The Board recognised that a 12 week wait would encompass almost an entire term of school.

Claire Bright reported that they were currently having ongoing discussions with commissioners and that a lot of work was being done on a patch basis through the Children and Young People Partnership Board. It was reported that children and young people were assessed through clinical need and age was not used to prioritise cases.

Mathew Tait, NHS England reported that he would confirm Tier 4 timescales for the Board for all six Berkshire authorities. He would also consider how best to put Tier 4 into a pathway in the Berkshire community and report back to the Board.

The Director of Children, Young People & Learning reported that there needed to be a closer consideration of how these services were commissioned and some work be undertaken to move the tiers closer together to achieve seamless care. She stated that she would like to develop a joint commissioning strategy for CAMHS with the Berkshire Healthcare Foundation Trust, with the endorsement of the Board.

The Chairman stated that he welcomed closer working between commissioners to improve outcomes for local people and asked that proposals for potential joint commissioning be considered before the next Board meeting. He stated that average waiting times of 12 weeks was good but asked if this performance be improved further. He asked that work be undertaken to consider the practice of other areas and where shorter waiting times were being achieved, consideration be given to how this was being achieved. It was noted that the south coast and Portsmouth have undertaken some effective work in this area.

It was **RESOLVED** that the Board noted the report from CAMHS and that work be undertaken to consider joint commissioning arrangements and ways to achieve shorter waiting times for children and young people.

#### 66. **Actions taken between meetings**

It was noted that the Helping You to Stay Independent Guide and the Adult Safeguarding Annual Report had been circulated since the last meeting of the Board.

#### 67. **Forward Plan**

There were no additions/amendments to the forward plan.

68. **Dates of Future Meeting**

13 February 2014  
10 April 2014

**Dates for 2014-15:**

5 June 2014  
4 September 2014  
11 December 2014  
5 March 2015

**CHAIRMAN**