

**HEALTH AND WELLBEING BOARD  
4 JUNE 2015  
2.00 - 4.20 PM**



**Present:**

Councillor Dr Gareth Barnard, Executive Member for Children & Young People  
Councillor Dale Birch, Executive Member for Adult Services, Health & Housing  
John Nawrockyi, Director of Adult Social Care, Health & Housing  
Mary Purnell, Bracknell & Ascot Clinical Commissioning Group  
Lise Llewellyn, Director of Public Health  
Timothy Wheadon, Chief Executive, Bracknell Forest Council

**Also Present:**

Alex Tilley, Bracknell and Ascot Clinical Commissioning Group  
Anshu Varma, Berkshire East Clinical Commissioning Group Federation

**In Attendance:**

Mira Haynes, Chief Officer: Older People and Long Term Conditions  
Zoë Johnstone, Chief officer: Adults and Joint Commissioning  
Christine McInnes, Chief Officer: Learning and Achievement  
Dr Lisa McNally, Public Health

**Apologies for absence were received from:**

Dr Janette Karklins, Director of Children, Young People and Learning  
Mark Sanders, Healthwatch  
Dr William Tong, Bracknell and Ascot Clinical commissioning Group

**1. Election of Chairman**

**RESOLVED** that Councillor Birch be elected Chairman of the Health and Wellbeing Board for the 2015/16 Municipal Year.

**2. Appointment of Vice-Chairman**

**RESOLVED** that Dr William Tong be appointed Vice-Chairman of the Health and Wellbeing board for the 2015/16 Municipal Year.

**3. Declarations of Interest**

There were no declarations of interest.

**4. Urgent Items of Business**

There were no urgent items of business.

**5. Minutes from Previous Meeting**

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 5 March 2015 be approved as a correct record and signed by the Chairman.

6. **Matters Arising**

There were no matters arising.

7. **Public Participation**

No submissions had been received under the terms of the Health and Wellbeing Board's public participation scheme.

8. **Actions taken between meetings**

It was noted that no substantive actions had taken place since the Board's last meeting.

9. **Xenzone Presentation**

It was noted that due to illness the presenter of this item was unable to attend the meeting. It was agreed that the presentation would be deferred to a future meeting.

It was reported that the Kooth programme had been launched in April 2015 and provided free anonymous counselling and support to young people experiencing emotional problems. Resources were also available for parents and teachers. Since the programme's Bracknell Forest launch in April 2015 support had been provided to 17 young people.

To ensure that the Kooth service was integrated into the services that were already available in the area an Integration and Participation Scheme Officer had been appointed and they were working with GP surgeries, the Child and Adolescent Mental Health Service (CAMHS) and other agencies that worked with young people including Youth Services and Youthline. Kooth was also able to take on clients that had been stepped-down from CAHMS services and this would mean that young people would now be able to receive ongoing support. A move that was hoped would reduce the number re-referrals being made to CAHMS.

In order to ascertain whether the service was having an impact a range of quantitative data was being collated and analysed including psycho-social indicators, impacts on other services and displacement activity e.g. the number of referrals and re-referrals made to CAHMS and the size of CAHMS waiting lists. Work was also taking place with a small group of young carers to develop qualitative data gathering about the service's impacts. It was suggested that Head Teachers and School Safeguarding Leads be asked to provide feedback on their views of the impact that the service was having on pupils.

This data would be reported on a quarterly basis and it was agreed that the regular service monitoring reports would be circulated to the Health and Wellbeing Board.

10. **Co-commissioning of Primary Care and the Implications for the Health and Wellbeing Board**

Alex Tilley, NHS England, gave an update in respect of the work taking place to develop co-commissioning of primary care and the development of appropriate governance arrangements to take this work forward.

It was reported that the Bracknell and Ascot Clinical Commissioning Group's (CCG) application to enter into co-commissioning arrangements 'Better Futures for All' had been approved by the National Panel and work to develop appropriate governance arrangements was underway. A communications plan had been developed and the

CCG's website would be regularly updated with developments and a newsletter would also be produced.

It was proposed to base the programme's governance arrangements on NHS England's model terms of reference for joint commissioning arrangements. It was noted that the model terms of reference stipulated that whilst membership of the Joint Committee responsible for the work would include Health and Wellbeing Boards and Healthwatch organisations voting rights would be restricted to those representing NHS England and the CCG and it was questioned why local authorities were being expected to contribute to the resourcing of co-commissioned work when they were being denied voting rights.

The Board's concerns were acknowledged. However the National Health Service Act 2006 had restricted the delegation of primary care commissioning to NHS agencies and that legal advice was that all voting arrangements had to be balanced between the CCG and NHS England. Notwithstanding this it was stressed that other agencies would be able to have an input into any discussions by the Joint Committee and that any co-commissioning decisions should be based on the direction of travel set out in an area's Health and Wellbeing Strategy. In addition to the CCG's policies on the declaration of any conflicts of interest the Joint Committee would also be bound by its own policies drawn up for the registration of interests and the declaration of any conflicts of interest.

In order to inform the co-commissioning process a stakeholder event had been held in January 2014 and this had then been followed by a programme of consultation exercises with patient engagement groups, Healthwatch and public meetings. The outcomes had then been used to inform the application that had been made to the Prime Minister's Challenge Fund.

#### **11. Child and Adolescent Mental Health Services Review Update**

The Board received a report providing an update on the progress made to develop a joint action plan to support children and young people's mental health in Bracknell Forest.

It was reported that the joint action plan focused on a number of key areas including:

- Improving emotional health and wellbeing in educational settings
- Promoting resilience, prevention and early intervention
- Improving access across all service providers to effective support at all levels
- Providing timely care for the most vulnerable
- Addressing perinatal mental health in new mothers
- Workforce development

It was intended that the Action Plan would act as a working document that would be updated regularly as the two to three year programme was progressed.

The Board questioned what actions were being taken to reduce the waiting list for those who required treatment at Tiers 3 and 4 and expressed the view that partners should be working towards a guaranteed waiting time of less than eight weeks. In response, Berkshire Healthcare NHS Foundation Trust confirmed to the Board that in 2015/16 they would be investing an extra £2.5million in Tier 3 services (including the recruitment of additional nurses) and made a commitment to ensuring that as a minimum waiting times would be reduced to 12 weeks by March 2016. It was also noted that work was taking place to improve access to services. It was hoped that

this allied to the work taking place across tiers 1 and 2 would help stabilise the position at Tier 3.

**RESOLVED** that:

- i. The latest new national guidance on CAMHS be noted
- ii. The joint (draft) action plan be endorsed
- iii. An annual update on progress made against the joint action plan be received by the Health and Wellbeing Board

## 12. **Bracknell and Ascot Clinical Commissioning Group Operational Plan**

The Health and Wellbeing Board considered a report setting out Bracknell and Ascot Clinical Commissioning Group's (CCG) Operating Plan for 2015/16. It was noted that the Plan was covered the second year of a two year plan and set out a summary of the aims and intentions of the CCG. The full plan was scheduled for approval by the CCG's Governing Body in July 2015.

The Board was pleased to note that improving mental health had been added to the Operating Plan as an additional priority.

An overview was given of the work that was taking place to develop Collaborative Care for Older Citizens a new and transformed model of care for older people through the development of an evidence based pathway that would provide an increase in the capacity and effectiveness of out of hospital care and deliver financial sustainability for the health and social care economy. The programme involved Bracknell and Ascot CCG, Windsor Ascot and Maidenhead CCG, Slough CCG and the Chiltern (Southern Locality) CCG. The programme had included a significant volume of consultation with service providers as well as patient groups and the general public and work was now taking place to develop and refine the proposed new model of care and explore how it might link with programmes that were already operational for example Ageing Well and the Better Care Fund work.

The Board noted the ambitious nature of the Collaborative Care programme and expressed concern the programme might divert funding and resources away from existing local programmes. It was also questioned why the programme was required as it was felt that there was a level of integration already.

The integration and co-commissioning of services that had already taken place locally was acknowledged however it was stressed that acute and community services were not particularly well integrated currently and when future service provision was explored it had been found that gaps in services would appear and older people would not get the service they needed.

The Board questioned why the Collaborative Care programme did not cover Wokingham or Surrey Heath and it was noted that the programme currently covered only the area covered by the Frimley Hospital's Trust.

It was noted that although the business case for the programme would not be ready for approval until November 2015 there were a number of actions which could be put into place at a local level more quickly for example developing the falls programme and the development of a frailty index, similar to one in use in Yorkshire and the Humber, which could be linked into GP data systems and healthcare records so that frailty could be picked up at an earlier stage and appropriate intervention and prevention measures put in place to prevent a problem escalating.

### 13. **Infrastructure Group Update**

The Board received a report providing an update on the work of the Health Infrastructure Task and Finish Group which had been set up at the request of the Board to look at the projected housing growth and demographic changes within the Borough and the impacts that these might have on health infrastructure in future years.

It was stressed that capacity was not just an issue in the areas earmarked for larger developments and that it was important that the group maintained an overview of the situation in established areas.

It was agreed that the Chairman of the Health and Wellbeing Board would join the Group and that an invitation to join the Group would be extended to the Chairman of Wokingham Borough Council's Health and Wellbeing Board to ensure that cross border issues were managed.

**RESOLVED** that the Health and Wellbeing Board:

- i. That support the development of primary care in the areas of greatest housing growth (Warfield and Crowthorne). These centres can then be used as a focus for activities to promote health and wellbeing in the communities and play a vital role, particularly in the preventative aspects of health and wellbeing.
- ii. That the concept of focussing on the identified 'hotspots' is agreed as a principle by which the Health and Wellbeing Board should focus its combined energy on addressing the changing needs of the population.
- iii. That the changing needs of the Crowthorne population are the first area for the task and finish group to focus on in some detail, to address the impact of the housing growth and the complexity arising from the close proximity of the Wokingham border. This will be achieved through close working with key stakeholders including Wokingham Clinical Commissioning Group, Wokingham Borough Council (initially via the public health consultant), local affected GP practices and Crowthorne Parish Council, as well as the developer.
- iv. That further work is done, taking into account the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and national exemplars, to investigate the opportunities the redeveloped town centre presents in terms of promoting health and wellbeing, and delivering health interventions. This will include understanding and influencing the possible redevelopment of Skimped Hill Health Centre.
- v. That the Health and Wellbeing Board assumes a role in influencing the future development of services at the Royal Berkshire Hospital Bracknell Healthspace such that these are complementary to other health infrastructure solutions in the Borough, and reflect the changing needs of the population

### 14. **Health and Wellbeing Board Review Implementation Update**

The Board received and noted a report setting out the progress made to implement the changes agreed following a review of the Health and Wellbeing Board's structures.

### 15. **Forward Plan**

The Board noted the items on the Forward Plan.