

**HEALTH AND WELLBEING BOARD
3 MARCH 2016
4.20 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Jane Hogg, Frimley Health NHS Foundation Trust
Dr Janette Karklins, Director of Children, Young People and Learning
John Nawrockyi, Director of Adult Social Care, Health and Housing
Mary Purnell, Bracknell and Ascot Clinical Commissioning Group
Lise Llewellyn, Director of Public Health
Chris Taylor, Bracknell Forest Healthwatch
Timothy Wheadon, Chief Executive, Bracknell Forest Council

In Attendance:

Zoe Johnstone, Chief Officer: Adults & Joint Commissioning
Christine McInnes, Chief Officer: Learning & Achievement
Dr Lisa McNally, Consultant in Public Health
Paul Sly, Berkshire East Clinical Commissioning Group

39. Declarations of Interest

There were no declarations of interest.

40. Urgent Items of Business

There were no items of urgent business.

41. Minutes from Previous Meeting

RESOLVED that the minutes of the meeting of the Health & Wellbeing Board held on 10 December 2015 be approved as a correct record and signed by the Chairman.

42. Matters Arising

There were no matters arising.

43. Public Participation

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

44. Actions taken between meetings

Better Care Fund:

The Chairman reported that the template had been approved since the last meeting of the Board, on behalf of the Board. The template would be circulated to Board Members and there would be an opportunity to look at the template in more detail before its final submission.

Volunteer Passport Scheme:

It was reported that this scheme was now up and running and was intended to generate better and easier volunteering across the borough. The Scheme would require a volunteer to register once, to be considered for various volunteering opportunities. The scheme would also enable volunteers to upskill or multi skill.

45. **Better Care Fund**

It was reported that the template approved by the Chairman on behalf of the Board was the first outline template that laid out resources. A final plan would be submitted on 25 April, with the Section 75 needing to be signed off by June 2016.

The Director of Adult Social Care & Health reported that the key services funded by the Plan did not change year on year, adjustments were made to respond to changing growth areas. It was noted that the plans provided a good analysis of where growth had occurred.

The Board queried how they would identify if the Board was operating successfully. It was noted that the following information should be provided for Board Members:

- Selected baseline data
- Updates/summaries of projects

The Chief Officer: Adults and the Consultant in Public Health agreed to send this information to Board Members.

It was **RESOLVED** that the Board gave delegated authority to the Director of Adult Social Care, Health & Housing to submit the 2016/17 plan to the Department of Health.

46. **Child and Adolescent Mental Health Service Transformation Tracking**

The Board received a report that updated them on the work to transform the Child & Adolescent Mental Health Service (CAMHS).

The Director of Children & Young People reported that emotional and mental health and wellbeing were two of the priorities detailed in the Health & Wellbeing Strategy. It was important to recognise that a number of actions were taking place to transform the CAMHS service and Berkshire Healthcare Foundation Trust (BHFT) were working on the blue print for this service.

BHFT reported that they shared the Board's vision for an integration of children's services, health visiting and school nursing. It was proposed that the programme lead be invited to a future Board meeting, the Board welcomed this.

It was reported that a common point of entry would be established for the CAMHS service. There would be work with schools and children's centres to achieve a joined up service.

At the next meeting of the Board, there would be a few months of evidence of how the service was operating. A leaflet had been produced to summarise the key elements of the service.

BHFT reported that they aimed to build confidence in the service, reduce overall numbers waiting and move to a maximum 12 week waiting time for Bracknell Forest. The CAMHS was now fully staffed.

The Chairman stated that this was an improvement in waiting times however 12 weeks still represented a whole term of school for a young person. He stated that he would like to see a reduced assessment time.

BHFT recognised that waiting times needed to be reduced to below six weeks and were keen to accept the challenge of achieving this.

It was reported that it was important to bring down intervention times. Work was being undertaken in schools to raise awareness around the importance of emotional wellbeing among young people. This could potentially lead to more referrals lower down.

It was recognised that whilst Kouth the online counselling service for young people was doing lots of good work, other work was also needed to support young people and an action plan had been developed for the Board to consider.

The CCG recognised that commissioning of this service may need to be considered further. They were keen to hear the views of the provider as well as to get feedback from service users.

It was reported that a Zen-zone was being commissioned in schools as a preventative measure, feedback so far had shown that it was helping young people resolve a lot of difficulties.

It was also reported that a survey would be carried out at the end of the school term to assess the impact of the online youth counselling service. The Director of Children & Young People reported that there was a range of preventative work being undertaken and that she would circulate the strategy to the Board.

It was noted that the CAMHS Transformation Board would keep the Board updated on the progress on their work.

47. Joint Health and Wellbeing Strategy Performance Monitoring

The Board considered a report that asked them to agree the suite of performance indicators and reporting mechanisms that would ensure the Board was informed about progress on the priorities identified in the Health & Wellbeing Strategy, "Seamless Health 2016-2020.

It was reported that in relation in Priority 4, a process was being developed to ensure patients were seen by the most appropriate professional. The Board recognised that evidence from other areas needed to be considered, whilst patients always wanted to see their GP first, this was not always necessary and was not sustainable. The message to patients needed to be that General Practice included a range of professionals and not just GPs. These practitioners needed to be defined and detailed under Priority 4.

This work would enable the CCG to assess if the right capacity was in place, as well as the correct skill mix. This then would also assist with understanding waiting times. The Board noted that the waiting time for packages of care was a good indicator of how well the system was working overall.

The Board noted that it would be important to monitor the effectiveness of tier 1 and 2 services for CAMHS under priority 2.

The Chairman asked that on page 60 of the agenda papers, the second sentence in the rationale for CAMHS be amended to read: 'Extended waiting times must be avoided as they leave young people particularly vulnerable to deteriorations in their mental health.'

It was **RESOLVED** that;

- i) the Board agreed to the proposed suite of "high level" indicators (the dashboard), subject to any required amendments.
- ii) the Board agreed to receive the performance report quarterly for information (outside of meetings), with areas for concern to be agenda items for discussion and decision at Board meetings.

48. **Joint Council and Clinical Commissioning Group Funding for Emotional Health and Wellbeing**

The Board received an update on the CCG's Innovation Fund and Adult Social Care funded schools project. It was reported that;

- The project would place an emphasis on work around ASD and consider pathways. A strategy would be developed which identified existing good practice and reflected shared priorities. A description had been provided of what every school should provide.
- The project was currently working with Garth Hill, in addition primary schools were being asked if they could accommodate a unit. There had been lots of interest generated and two schools had become beacons of good practice.
- The project would be aimed at young people who had a diagnosis of ASD, an impact on behaviour was anticipated. There would be an analysis of some of the significant cases to assess if earlier intervention could prevent escalation.

There would be a further update in the summer.

It was **RESOLVED** that the Board noted the project plans and the progress to date.

49. **NHS Sustainability and Transformation Plan**

The Interim Accountable Officer for Berkshire East CCG delivered a presentation to the Board.

The Chairman stated that 25% of people in Bracknell Forest chose the Royal Berkshire Hospital for services and asked how this was accounted for in the STP, as these people did not fall in the Frimley footprint. It was reported that there were strong links with the Thames Valley STP and that influence could be made albeit in a minor role, to represent those residents that accessed services in this area.

The Chairman reported that whilst he was keen to see services being joined up, he had some concerns around there being some gaps between the STP areas. It was recognised that these gaps would need to be addressed.

50. **Asset Review and Management**

The Board noted the supplementary report that updated them on asset planning arrangements.

51. **LGA Peer Review**

It was reported that it would be useful to get a health check on the performance of the Board. The Board agreed that a challenge team be established and that this work be funded by the Better Care Fund, it was anticipated that the costs would be between £10-12K.

52. **NHS Restructuring**

It was reported that;

- Whilst there would not be a Sustainability and Transformation Plan (STP) leader, a triumvirate of people would feed into the centre.
- A three week consultation period was currently underway and it was anticipated that by the end of April a new structure would be in place.
- At present there were three CCG's working independently and it was proposed that one support team be created whilst ensuring that local focus and local intelligence was not lost.

The Chief Executive expressed concerns that the funding model in place would not be adequate to support legislation and that a common approach across the three areas covered by the STP would not work effectively. The three areas had different perspectives, issues and demographics, for example a Slough solution may not be appropriate for the population of Bracknell Forest.

It was reported that CCG's would remain as separate statutory organisations and that there was no intention to combine CCG's. The Board agreed that it would be important not to lose local energy and mandate. There were clear benefits to the proposed new structure for example, any issues with Frimley Park could be dealt with singularly instead of having three teams approaching Frimley Park.

The Chairman sought clarification as to how they were to reduce their running costs by 2% and yet they were increasing headcount by 14 posts. The Interim Accountable Officer from Berkshire East CCG reported that nine posts had now been filled by interims. He reported that when local issues arose, these could not be vetoed.

Frimley Park had indicated that they were supportive of the proposals.

The Board noted that clinical leads had not yet been mapped out in this process.

53. **Forward Plan**

The Board noted the items for consideration at future meetings of the Health & Wellbeing Board.

CHAIRMAN