

**HEALTH AND WELLBEING BOARD
29 JUNE 2016
2.00 - 4.25 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr Tong, Bracknell & Ascot Clinical Commissioning Group (Vice-Chairman)
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 & Learning, Bracknell Forest Council
Lise Llewellyn, Director of Public Health
Mary Purnell, Bracknell & Ascot Clinical Commissioning Group
Mark Sanders, Healthwatch
Gill Vickers, Bracknell Forest Council
Timothy Wheadon, Chief Executive, Bracknell Forest Council

1. Election of Chairman

Councillor Birch was elected as chairman of the Board for the 2016/17 municipal year.

2. Appointment of Vice Chairman

Dr William Tong was appointed vice-chairman of the Board for the 2016-17 municipal year.

3. Declarations of Interest

Councillor Birch declared an interest in Minute 11: Families in a Strong Community, as the Council's representative and a trustee of Involve.

Councillor Dr Barnard declared an interest in Minute 11: Families in a Strong Community, as the Council's representative and trustee of Involve.

4. Urgent Items of Business

There were no items of urgent business.

5. Minutes from Previous Meeting

RESOLVED that the minutes of the meeting of the Health & Wellbeing Board held on 3 March 2016 be approved as a correct record and signed by the Chairman subject to Minute 44: Volunteer Passport Scheme, being amended to read that the Scheme was currently being put together and wasn't yet up and running.

6. **Matters Arising**

There were no matters arising.

7. **Public Participation**

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

8. **Actions taken between meetings**

There were no actions to report.

9. **Sustainability & Transformation Plan**

New Vision of Care (NVC), the Care Act and the Sustainability and Transformation Plan

A presentation was delivered on the New Vision of Care, the following points were made:

- NVC was a model of care for those living with complex conditions, produced in partnership with local people and professionals. The aim of the model was to create a better experience of health and care for individuals and financially sustainable services for the local population.
- The presentation summarised the model, described the approach, showed alignment to the Care Act, outlined steps for delivery and showed alignment to the Sustainability and Transformation Plan (STP).
- It was reported that the NVC was not a traditional programme but rather a social movement to value and build on what already worked well. The commitment to the programme locally had been very promising.
- The Frimley System: The Frimley health and care planning footprint would be the population of 750,000 people registered with GPs in five CCGs; Slough, Windsor, Ascot & Maidenhead, Bracknell & Ascot, Surrey Heath and North East Hampshire and Farnham.
- It was reported that the NVC would be integral to the STP.
- The five priorities for the STP were outlined, which were intended to be addressed over the next five years.
- The six STP initiatives chosen to maximise benefit over the next 12 to 18 months were outlined.

The Director of Adult Social Care, Health & Housing delivered a presentation on the System Sustainability and Transformation Plan and made the following points:

- It was anticipated that the STP would be well received. A Frimley System Wide Leadership Group had been established. The Board noted that the STP would allow collaborative working where needed.
- Overview of gap analysis: Analysis showed that the Frimley system was a good starting point. There was evidence of greater need due to demographic change. Current improvement trajectories were not sufficient to stop gaps widening or to prevent the progress being made to be reversed.
- The CCG Accountable Officer reported that the case for a Frimley based system had to be strongly argued. This had been successful as it was recognised that the Frimley footprint was successful and cogent.
- Priorities would be defined by the themes arising from underlying plans of all in the footprint and would take account of health and social care gaps.

Solutions provided would be intended to provide sustainable solutions for the whole footprint.

- Finances for this work would evolve over the next few months and timescales would be challenging. The indicative budget was attractive, but it was yet uncertain how it would be distributed. The Board noted that the 2% provider efficiency could not be achieved without collaborative working.
- The Chief Executive stated that this was an important piece of work, driven by the NHS, with NHS timescales. It would be critical that challenges were shared challenges with shared outcomes. It was important when looking at whole system problems, that every component benefitted from work carried out. Managing the market would be important, as well as managing the market outside of the footprint. The Board would potentially play a role in removing any blockers to this work.
- The Board noted that local engagement would be critical and part of this would involve communicating implementation plans.
- The Involve representative reported that he was pleased to see that the voluntary sector had been referenced throughout this work, particularly in terms of work around self reliance, where the voluntary sector could play a significant role.
- The Chairman expressed disappointment that elected members had not been engaged with this process to date. Local authorities were well placed to deliver key messages to their communities but this was not possible if they were not actively involved in the process. This could not continue in future, elected members needed to be actively involved and work needed to be collaborative. All partners had ideas and innovation that they could bring to the table, collaboration needed to include local authorities and the voluntary sector and not run by the NHS alone. For example, Bracknell Forest had a bus strategy which could be linked to various strategies to ensure/improve access to various sites. The amount of work that needed to be completed by September 2016 was a concern but it was important that local authorities were included in this work and not presented with a fait au complot. The Chairman was keen to understand the implications for his local community.
- In response NHS representatives stated that all finances had been put together in conjunction with the Council's Borough Treasurer and that various updates were being provided as well as the information provided at Board meeting, however clearly there was more that could be done.
- It was reported that working from the grassroots was important and that the STP provided a great opportunity to do that.
- Board members recognised the need to develop a joint narrative and to work together to produce this.
- Healthwatch stated that a one page plain English narrative would be useful that could be accessed on all websites.
- The Board recognised that a strong and established local voluntary sector existed as well as strong patient participation groups in GP surgeries and that they would be well placed to communicate key messages.

10. **Emotional Health & Wellbeing Strategy 2016-19**

The following points were made:

- The Director of Children, Young People & Learning thanked all partners for the contribution they had made to the development of the strategy. The strategy had now been approved and was available on the Council's website.
- The Executive Member for Children, Young People & Learning emphasised the importance of this strategy in delivering the best outcomes for local young people. The emphasis on early intervention was particularly important and it

would be vital to measure the impact of the strategy on young people and more widely. Reporting of high level milestones would be useful for the Board. It was encouraging to see a more open culture around emotional health in terms of young people, this was being reinforced by schools and a much greater flow of information around this issue. It was noted that the impact of the strategy would define future funding.

- The Board noted that the strategy was the culmination of much hard work and that it could now move forward to annual review against milestones.
- The Chairman emphasised the need to maintain momentum in delivering the required changes, particularly against waiting times.
- Healthwatch commended all those involved in drafting the strategy for the use of plain language which was accessible to all.

RESOLVED that the Board noted the Emotional Health & Wellbeing Strategy 2016-19.

11. **Families in a Strong Community**

The Director of Children, Young People & Learning presented a report to the Board and made the following points:

- The Families in a Strong Community project aimed to reduce social isolation, and develop communities which were more resilient and better placed to look after their own health. Bracknell Forest had received a grant of £87,500 through the DCLG 'Delivering Differently Through Neighbourhoods' programme. This was used to develop a Bracknell Forest volunteering training scheme to support vulnerable families from within the community and had been hugely successful to date..
- The model had proved beneficial for both vulnerable families and the volunteers, with a proportion having been able to access employment opportunities through upskilling and increased mental health and wellbeing.
- Links had also been made for volunteers to access other services that they may need. Involve would be continuing to take this work forward. This work had developed capacity in schools and community centres and created a means of informal sign posting to services within the community. In particular, some of the most vulnerable communities in Bracknell Forest.
- The Involve representative stated that the project had been successful on many levels and had attracted different people to volunteering. The project had created resilience in vulnerable communities as well as encouraged self sufficiency.

The Board agreed that the Director of Children, Young People & Learning and her team put together a bid to be submitted to the Better Care Fund to seek funding to continue this work.

12. **Forward Plan**

There were no additions to the forward plan.

CHAIRMAN