



## **NOTICE OF MEETING**

**Health and Wellbeing Board  
Thursday 14 June 2018, 2.00 pm  
Forest Lodge, Heatherwood Hospital, Ascot**

### **To: The Health and Wellbeing Board**

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing  
Dr Tong, Bracknell & Ascot Clinical Commissioning Group  
Councillor Dr Gareth Barnard, Executive Member for Children & Young People  
Philip Cook, Involve  
Nikki Edwards, Bracknell Forest Council  
Alex Gild, Berkshire Healthcare NHS Foundation Trust  
Jane Hogg, Frimley Health NHS Foundation Trust  
David Radbourne, South Central Sub Region NHS  
Mark Sanders, Healthwatch  
Fidelma Tinneney, Berkshire Care Association  
Hilary Turner, NHS England South Central Region  
Gill Vickers, Bracknell Forest Council  
Alex Walters, Local Safeguarding Children Board  
Linda Wells, Bracknell Forest Homes  
Timothy Wheadon, Chief Executive, Bracknell Forest Council

**ALISON SANDERS**  
Director of Resources

### **EMERGENCY EVACUATION INSTRUCTIONS**

- 1 If you hear the alarm, leave the building immediately.
- 2 Follow the green signs.
- 3 Use the stairs not the lifts.
- 4 Do not re-enter the building until told to do so.

If you require further information, please contact: Lizzie Rich  
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Published: 5 June 2018



**Health and Wellbeing Board**  
**Thursday 14 June 2018, 2.00 pm**  
**Forest Lodge, Heatherwood Hospital, Ascot**

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

**AGENDA**

Page No

1. **Apologies**

To receive apologies for absence and to note the attendance of any substitute members.

2. **Election of Chair**

To elect a Chairman for the Health & Wellbeing Board for the municipal year 2018-19.

3. **Appointment of Vice-Chair**

To appoint a Vice-Chairman for the Health & Wellbeing Board for the municipal year 2018-19.

4. **Declarations of Interest**

Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

Any Member with an affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.

5. **Urgent Items of Business**

Any other items which the chairman decides are urgent.

6. **Minutes from Previous Meeting**

To approve as a correct record the minutes of the meeting of the Board held on 6 March 2018.

5 - 8

7. **Matters Arising**

8. **Public Participation**

**QUESTIONS:** If you would like to ask a question you must arrive 15 minutes before the start of the meeting to provide the clerk with your name, address and the question you would like to ask. Alternatively, you can provide this information by email to the clerk at [committee@bracknell-forest.gov.uk](mailto:committee@bracknell-forest.gov.uk) at least two hours ahead of a meeting. The subject matter of questions must relate to an item on the Board's agenda for that particular meeting. The clerk can provide advice on this where requested.

**PETITIONS:** A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities.

9. **Actions taken between meetings**

Board members are asked to report any action taken between meetings of interest to the Board.

10. **Agency Updates**

11. **CCG public engagement update**

To note a briefing note from the CCG on public engagement.

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**HEALTH AND WELLBEING BOARD  
6 MARCH 2018  
2.00 - 3.00 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  
Nikki Edwards, Bracknell Forest Council  
Alex Gild, Berkshire Healthcare NHS Foundation Trust  
Jane Hogg, Frimley Health NHS Foundation Trust  
Mark Sanders, Healthwatch  
Gill Vickers, Bracknell Forest Council  
Mira Haynes, Bracknell Forest Council

**Apologies for absence were received from:**

Philip Cook  
David Radbourne  
Alex Walters  
Linda Wells  
Timothy Wheadon

**21. Declarations of Interest**

There were no declarations of interest.

**22. Urgent Items of Business**

There were no urgent items of business.

**23. Minutes from Previous Meeting**

The minutes of the meeting held on 7 December 2018 were approved as a correct record, subject to the following amendment:

Minute 17: Fiona Slevin-Brown reported that John Lyle, Accountable Officer *would be stepping down* from the CCG, and a replacement was sought.

**24. Matters Arising**

There were no matters arising.

**25. Public Participation**

There were no questions of petitions submitted for public participation.

**26. Actions taken between meetings**

There were no reports of actions taken between meetings.

## 27. Agency Updates

**Mira Haynes, Bracknell Forest Council** updated the Board on a number of issues in domiciliary care issues regarding home care providers.

Mira also informed the Board of challenges over the severe weather period, whereby Council care staff had needed to walk to see patients of commissioned home care providers. Bracknell Forest Council had asked its home care providers to provide their business continuity plans following the issues, and if no improvements were demonstrated, notice would be given to these providers.

Arising from discussion, the following points were noted:

- The care of 50-100 people had been affected by the lack of business continuity over the poor weather.
- Partners were asked to check their own contingency plans, and it was suggested that these should be brought to the Board for wider strategic planning.
- It was agreed that the process of an organisation being 'red flagged' by the Local Authority should be formalised and communicated to Healthwatch.
- It was recognised that the poor weather had prevented patients from accessing their GP appointments, which had been more problematic than staff being unable to travel.

**Mark Sanders, Healthwatch** advised Board members that an inspection report on Prospect Park was due to be released.

Mark also commented on the need for proper communication approaches for changes to health services, as the public often were unclear about why changes to the NHS would benefit them.

**Alex Gild, Berkshire Healthcare** reported that Berkshire Healthcare was awaiting a CQC inspection and would advise Board members of the outcome.

## 28. Pharmaceutical Needs Assessment

Lisa McNally presented the Pharmaceutical Needs Assessment (PNA) report on behalf of the Public Health shared team.

Lisa drew the Board's attention to the main recommendations arising from consultation. It was recognised that the PNA was not required to address current commercial issues with pharmacies.

The Board noted concerns over the process for raising concerns about quality and accessibility of pharmacies, and agreed that these concerns should be raised separately with the chair of the Local Pharmaceutical Committee. It was stressed that a local definition of quality and expectation on pharmacies was needed.

It was commented that pharmacies should be considered as a health service rather than a transactional service. If patients could build a relationship with their pharmacist, they would be more likely to visit them with more general health concerns.

Having discussed the matter, the Health and Wellbeing Board

**RESOLVED** that the Bracknell Forest Council Pharmaceutical Needs Assessment (PNA) for 2018 be published on the Council website.

29. **Management Arrangements for Public Health**

Gill Vickers presented the Management Arrangements for Public Health report which had been approved by the Council's Executive on 23 January 2018.

When Local Authorities inherited the Public Health function in 2013, a shared public health team for Berkshire had been established. Whilst the service had been initially effective, it was now felt that Bracknell Forest would benefit from having its own public health team and Director of Public Health. The other Berkshire authorities would continue to use the shared team and strategic Director of Public Health.

The shared public health team would continue to be hosted by Bracknell Forest Council.

The Board welcomed the changes which were hoped to bring an improved, bespoke service to partners.

It was commented that communication of the new role would need to be clear about the financial savings realised and quality improvements. However, it was noted that residents should not see any change to their Public Health service.

The Health and Wellbeing Board noted the report and the changes to Management Arrangements for Public Health.

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## **Involving residents in the transformation of primary care and community services – Briefing note on engagement**

Patients, the public, staff and other stakeholders have already told us about what they are looking for from certain services - general practice and NHS 111 – and our New Vision of Care which was co-produced with local residents and stakeholders. We have shared the vision for the Sustainability and Transformation Partnership (now Integrated Care System) widely and now moving into a period of turning these words into action.

The CCGs (East Berkshire CCG from 1 April 2018) are committed to working with local residents to shape services for the future. We now want to have local conversations with residents to understand what is already working well and the concerns, issues and perceptions residents hold locally. It is intended to start these discussions from 10 May.

These conversations will need to take place in the context of our commitment to delivering safe, high quality care and the challenges we face and

- Increased demand and pressure on services
- Managing this increased pressure within finite resources e.g. funding, trained workforce, organisational capacity
- Workforce constraints
- Complex and often fragmented services that are difficult for patients to navigate.
- Community estate which does not support the delivery of modern services and is costly to operate and maintain
- The way residents access health services and advice and the expectations of the NHS has changed

During these conversations we are seeking to engage in a dialogue with those we most need to hear from and those who are seldom heard.

Our aim will be to discuss with residents what is important to them using the following headings:

- How information and support about their health and wellbeing should be accessed
- How and when they access health and care services
- What is important to them about the range of care provided in community settings
- How the experience and satisfaction of care could be improved
- What we should take into account about their local area when transforming services

We also need to acknowledge that there are some things that are arranged at a national level. These include policies such as the core components of urgent treatment centres, the total amount of money available in the system and some aspects of primary care that are set out in core contracts.

The overall approach we intend to take is as follows:

- Have conversations with local communities relating to their local circumstances. We would plan to hold events in Ascot, Bracknell, Maidenhead, Sandhurst, Slough and Windsor
- Frequent briefings to locally elected members, member GP practices and those with an interest in the issues
- Work with Health and Wellbeing Boards, the Community Partnership Forum , Patient Partners and a Patient Panel (to be appointed) to shape the process and decision making criteria
- Appoint clinical leads to support the process
- Seek support from local residents, staff and other organisations with an interest in health and care, to enter into and support discussions
- Be clear about what local residents can influence and where there is no scope for influence due to e.g. national requirements
- Identify seldom heard groups and proactively approach them
- Utilise other communication channels such as social media
- Clearly evidence our activities and communicate the reasoning behind decisions
- Commission independent reporting and dissemination of the outputs from the engagement
- Decision making in public

We would appreciate a discussion on:

- Suggestions about how we can reach as many different sections of our population as possible, (different geographical areas, residents from different backgrounds and with different needs)
- Highlight information that would help inform the conversations.