



**HEALTH AND WELLBEING BOARD
15 SEPTEMBER 2016
2.00 - 3.40 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
Lise Llewellyn, Director of Public Health
Mark Sanders, Healthwatch
Linda Wells, Bracknell Forest Homes
Gill Vickers, Bracknell Forest Council
Timothy Wheaton, Chief Executive, Bracknell Forest Council

Apologies for absence were received from:

Mary Purnell and Fidelma Tinneny

Also Present:

Lisa McNally, Public Health Consultant

13. Declarations of Interest

There were no declarations of interest.

14. Urgent Items of Business

There were no items of urgent business.

15. Minutes from Previous Meeting

RESOLVED that the minutes of the meeting of the Health & Wellbeing Board held on 29 June 2016 be approved as a correct record and signed by the Chairman, subject to Minute 3 being amended to reflect that Councillor Birch was the Council's representative for Involve and not a trustee. .

16. Matters Arising

There were no matters arising.

17. Public Participation

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

18. Actions taken between meetings

There were no actions to report.

19. **One Public Estate**

The Chairman stated that at a time when all partners were facing challenging budgets, it was timely to consider assets and the physical locations that services were being delivered from and to consider how these may be shared to create greater economies of scale or provide services in a better way.

He stated that the Board had a key role to play in this in terms of taking an overview of assets and resources within the health and care system as a whole as well as steering and driving this work.

The Chief Executive reported that a lot of work had already been undertaken in this area, a bid had been submitted earlier this year for £50,000 by the six Berkshire unitary authorities, CCG federations, Police and Fire organisations. This funding would allow these major public sector organisations to work up a business case proposing how One Estate might work in Berkshire. If this bid was successful, £0.5m could be secured to take the work forward.

He reported that by working together in this way, it was possible that surplus assets may be generated which could then be sold. Consideration would need to be given as to how the estate would be managed and whether it could be managed by an external provider.

Work was already underway locally to consider opportunities where partners may be able to work together and where synergies could be achieved. The Chief Executive stated that it would be key to ensure that the governance of the estate was right. The Board could then be updated periodically on progress.

Board members stated that the bid was an excellent piece of work and showed the demands that would be faced by Berkshire in future years. It was agreed that this document be shared with all Board Members.

Dr Tong reported that each CCG were currently looking into transforming primary care based on mapping of future housing. It was clear that the expansion of the population would be significant over the next 15 years and the mapping of primary care premises and workforce was critical.

The Public Health Consultant asked that the promotion of active lifestyles be promoted within any mapping work, for example, encouraging walking wherever possible.

The Involve representative stated that he would be interested to consider how the voluntary sector could play its part in this work. The regeneration of the town centre had reduced affordable property and as a result pushed charities out. He would be interested to see any opportunities for co-sharing premises. The Healthwatch representative added that it would be useful if property could be reserved for voluntary groups in the town centre.

The Chairman stated that once the outcome of the bid was known, this work could move forward. It would be important to take an evidence based approach and ensure that resources/funding were not being duplicated. Consideration needed to be given to joining together community plans with the Council's Development Plan. In addition, partners would need to plan for changes in health activity such as integrated care. Growth of neighbouring authorities would also need to be considered.

20. Proposed Housing Development Mapping for Bracknell Forest in respect of Primary Care Mapping

The Board made the following points:

- Dr Tong stated that it was important to raise the profile of this issue and he hoped that the Board could take on the role of driving this work to ensure that the work and outcomes were achieved.
- It was clear that GP practices were unlikely to remain on their current sites, partly as expansion or building work for many practices was not feasible.
- Dr Tong had met with the Council's Planning officers who had forecasted that around 40,000 new patients could be expected in Bracknell Forest by 2036. This clearly reflected that a transformation of primary care was necessary.
- The Public Health Consultant reported that Wokingham BC had progressed their work around primary care mapping as they considered it to be a priority as 30,000 new residents were expected over the next few years.
- Ms Hogg reported that work was at an early stage in terms of GP engagement however work was progressing well. She stated that if the size of the challenge kept changing, this made planning difficult. She stated that the more integrated work that was undertaken would lead to broader engagement.
- The Chief Executive reported that strategically, sites had been identified for primary care until 2026. Mechanisms for cross boundary working were in place.
- Dr Tong stated that the site for primary care for the new population at Crowthorne still needed to be identified. The Chief Executive stated that if the CCG identified where land was needed, he could identify land parcels that were available. The CCG would then need to fund this. It was key that the CCG identified their land need before planning permission was identified.
- The Chairman clarified that need could be taken into account within Planning processes. Therefore if a care home was needed to fulfil primary care needs locally, this need would be legitimately considered by Planning officers.
- Cllr Peacey suggested that it may be useful to make the CGG a consultee of the Planning processes. In addition the co-location of schools and health facilities could be considered. A clear strategy and analysis of need was required before work was carried forward.
- It was reported that a tool was available that modelled health and care need against population growth, although adjustments would need to be made to ensure it accurately reflected need locally. Projections of need based on available housing could be generated to ultimately create a cogent projection of need in future years.
- In response to partners queries, the Chairman proposed that a workshop be arranged for planners and health partners to consider future needs coherently.

21. Health & Wellbeing Board: Peer Challenge Feedback

The Board considered the feedback from the Peer Challenge and made the following points:

- Feedback had reflected that a culture shift was needed in the way in which the Board operated. Meetings needed to be less Council dominated and more user friendly. One suggestion was to have a workshop session facilitated by the LGA, this could include choosing a topic and then doing a 'deep dive'.
- The Board agreed that topics should focus around strategic issues derived from strategic plans.

- Board Members stated that the Peer Challenge had been a very positive and interesting process. It allowed more of an opportunity to work as a team and to develop relationships. It was clear that a Bracknell Forest focus was important but to not lose sight of the fact that partners worked in a broader context also.
- Board Members agreed that a Bracknell Forest focus should consider how Bracknell relates to the wider context and what synergies could be made.
- It was important to also consider how accessible documents submitted to the Board were for the public. In particular, it would be useful to have a clear and consistent message for the public to understand on the Sustainability & Transformation Plans (STP)
- It was identified that there was not a strong enough link between the Health & Wellbeing Strategy and Bracknell Forest Plans. Clearly this could be strengthened with the upcoming work with Planning officers.
- It was suggested that one of the Board's development sessions could focus on how Bracknell Forest could play an active part in the Frimley STP.
- The Chairman stated that it would be important for the workshops to act as a driving force and not simply scrutiny of work already taking place. Performance monitoring would also be important.

The Chairman concluded that the next steps would be:

1. The Director of Adult Social Care, Health & Housing and Lisa McNally would arrange a workshop very soon around the culture of the Board and how the Board worked as a team. In addition, how the performance/success of the Board would be measured.
2. A second workshop would focus on agreeing strategic priorities.
3. A third work shop would choose a strategic priority and a deep dive of that priority.

22. Healthwatch Annual Report

The Board noted the report and welcomed the very clear format.

23. Forward Plan

The Board agreed that the following items be added to the forward plan:

- Street Triage
- Government's withdrawal of bursaries for nurses training: The Board agreed that a discussion was needed around workforce planning and how future possibilities and risks would be managed. This could be considered at a Board development session.

CHAIRMAN