# Health and Social Care Partnership Board 14 September 2009 2.00 - 3.35 pm Council Chamber, Fourth Floor, Easthampstead House, Bracknell



Present: Irene Douglas, Berkshire East PCT

Barbara Briggs, Carer's Forum Madeline Diver, PPI Forum

Glyn Jones Bracknell Forest Council Mary Purnell, Berkshire East PCT

In attendance: Andrea Durn, Bracknell Forest Council

Zoe Johnstone, Bracknell Forest Council Mira Haynes, Bracknell Forest Council Alex Bayliss, Bracknell Forest Council

Martin Gilman, BFVA

Liz Sanneh, Democratic Services

Apologies: Councillor Dale Birch, Bracknell Forest Council

Viki Wadd, Berkshire East PCT Nancy Barber, Berkshire East PCT

Julie Burgess, Heatherwood & Wexham Park NHS Trust

Minute	Item
16	Welcome and Apologies
	The Chairman welcomed members and visitors to the meeting.
17	Declarations of Interest
	There were no declarations of interest made at the meeting.
18	Minutes
	The minutes of the meeting of the Board held on 8 June were agreed as a correct record.
19	Matters Arising
	All actions from the meeting on 8 June had been completed.

## 20 Local Area Agreement - Quarter 1 Performance

The Board received a presentation from Andrea Durn, Head of Performance and Partnerships, on the Local Area Agreement Quarter 1 Performance Report, which had been circulated with the Agenda. She informed the Board that there was an update on LAA targets. Following a change in definition of Outcome 6 NI 136 People supported to live independently through social services (all adults) It was proposed that the Council should seek to renegotiate the target. Martin Gilman requested that new definitions should be circulated and Glyn Jones agreed to do this.

**Action: Glyn Jones** 

Berkshire East PCT and Bracknell Forest Council had had a productive meeting on data sharing, looking at process and procedures. They were working together to find a simplified template. It was hoped that by the end of September, procedures would be agreed. Mary Purnell added that there was a real willingness to work together on this. Dawn Hines is leading on performance.

The Chairman thanked the Officer for her presentation, and asked whether there were any questions or comments.

Glyn Jones told the meeting that in future the report would be amended to reflect those indicators relating to social and health care of adults and public health for this board.

At this point in the meeting Madeline Diver joined the meeting, and Andrea Durn left

### 21 Health Issues/Initiatives Update

## Bracknell Healthspace

Mary Purnell reported that the Healthspace project was continuing. There was a lot of work currently being done, and it was hoped that it would be ready to go to Planning this autumn.

The Health Impact Assessment had been successfully completed and showed that the Healthspace would have a positive impact on health. The document outlining the impact on people working and living in the area had been completed, and it was suggested that this be circulated.

**Action: Liz Sanneh** 

The Steering group had seen the draft, but it had not yet been finalised. Collaborative working is ongoing. Glyn Jones informed the meeting that the Chief Executive had brought together the necessary people to assist with supporting the project, and the Health Overview and Scrutiny Panel had a working group to look at the results.

#### Love Bracknell/Wee for a Wii

There was a "Love Health" theme during August and two shops in the centre were used. These were very successful and there was a lot of interest, and support from

colleagues. Outputs from the initiative were being collated at present.

Wee for a Wii was a programme for women, encouraging them to exchange a urine specimen (for chlamydia testing) for the chance to win a Wii. This had been extended into September and response had been very good. The Chairman asked that the figures for these initiatives be brought to the next meeting of the Board.

**Action: Mary Purnell** 

#### Swine Flu

Mary Purnell reported that things were quiet at present, but an upsurge was expected during autumn and winter. Emergency planning was underway, with daily reporting to the Health Authority.

## **Transforming Community Services**

There had been a change in this initiative, the thrust of which had been how the PCT would disengage from provision. This was now the vehicle for taking forward five priority areas of Stroke, End of Life care, Urgent care, Diabetes, and Planned Care close to home. Project leaders will be appointed on a multi-agency basis.

The Chairman pointed out that Care Pathways would be impacted by this change, and asked that an appropriate person report on this at the next meeting of the Board.

# 22 Safeguarding Adults Annual Report

The Chairman welcomed Alex Bayliss, who presented the Annual Report on Safeguarding Adults. The Report had been circulated with the Agenda papers.

Mr Bayliss told the Board that he would give highlights from the report. These included

- Safeguarding Adults Partnership Board which offered greater accountability that the one which covered three local authorities
- Success in training on safeguarding
- Increased number of referrals and alerts in Bracknell Forest
- Successful planning and clear processes met legal requirements
- Care Governance Board was a framework of high quality, with improvement plans being implemented to drive up standards.

Objectives had been set for the coming year, with emphasis on personalisation.. A quality assurance framework was been created. The group continued to work with Thames Valley Police on issues of concern as resources to attend meetings for Police and the NHS,

A new ICT system was being planned which would be able to capture safeguarding data.

The Chairman thanked Alex for his presentation, and said the Board would note it. She was content that the obligations had been met, and she invited questions and comments.

Garry Nixon raised the question of single patient care records, and Mr Bayliss responded that there was a number of issues underlying this: where there were joint teams, the reporting was better than in non-shared team information. There was an improving position in Joint Teams for Safeguarding. Data are recorded within the social care mechanism from centralised reporting systems.

The Chairman asked what stopped the sharing of information, and Garry Nixon told the Board that single healthcare records would help us understand and drive better reporting and sharing. It was likely that eventually there would be a single patient record across health. Glyn Jones reported that there is a statutory obligation for anyone working with vulnerable people to notify the Local Authority...

The Chairman asked what the next step would be and Mr Bayliss explained that there was a need to target safeguarding in older adult groups. Glyn Jones told the meeting that it was a challenge to ensure that NHSI staff are reporting and alerting accurately.

Madeline Diver raised the question of whether or not the local Citizens Advice Bureau has a representative on the Safeguarding Adults Board, and Glyn Jones responded that there was not currently a representative there, but he could take it to the Board for consideration. Alex Bayliss told the meeting that they could give information sharing and awareness raising training with the CAB. Martin Gilman reiterated that it was essential that the voluntary community sector has support and training available, as it was difficult for the voluntary sector to keep up to date. Glyn Jones reported that Adult Social Care at Bracknell Forest would like to use the Board to identify and act on areas where there was a lack of co-operation.

At this point Alex Bayliss left the meeting.

### 23 Improving Access to Psychological Therapies

Garry Nixon gave a verbal update to the meeting. This was a PCT initiative within Primary Care for mild to moderate mental health problems. The initiative had been instigated by Berkshire Health Trust, in the Reading area and East Berkshire. The first services would be in Bracknell Forest; this was new money, and 12 new staff members had been recruited. Currently there was negotiation taking place on where new services could be accessed.

There was a national programme pulling in psychology colleagues with training in CBT for the step programme which would start soon after Christmas. There would be local induction and governance so that the programme could deliver service in practice. There would be some slow provision in the early stages, but eventually there would be self-referral. The funding was currently ring-fenced, but might not be in the future. There is an ambitious national programme of IAPT, and this was good news for the population of Bracknell. Reporting on the initiative would be through the PCT.

In response to a question from Glyn Jones about increasing numbers of people seeking therapy because of the economic cycle, Garry Nixon confirmed that

generally this was a primary care service, but sometimes there were referrals to secondary care.

The Chairman asked that the Board receive a further report at their meeting in March 2010.

As Glyn Jones had to leave the meeting, he raised the issue of the meeting being Mrs Douglas's last as Chairman of the Board. He thanked her on behalf of the Council and Partnership Board for her involvement, and offered the Board and Council's best wishes for the future.

Glyn Jones left the meeting at this point.

#### 24 Dementia Adviser - Demonstrator Bid

Zoe Johnstone presented the report on the Dementia Adviser, telling the meeting that Bracknell was a national pilot site following Bracknell Forest Council and Partners bidding, which was successful. The Adviser will work in CMHT and with older adults, and interviews for the post were taking place in the week of this board meeting. It was hoped that this appointment would involve as many people as possible. There will be a Project Board in October.

The Chairman congratulated the team on their success in winning the bid, and commented that Jane Bremner, the project manager, was to be particularly congratulated. The Council and Partners were very pleased to have the pilot running in the area.

Garry Nixon asked whether a needs analysis had been undertaken on the numbers of people likely to present in a year, and whether the memory clinic would need to expand. There were currently around 200 people in memory clinics per year; was there any anticipation of diagnosis in primary care?

Mary Purnell indicated that a pragmatic approach would be taken to match local need against national criteria. This was outlined on the website under the commissioning strategy, and Garry Nixon was reassured by this.

#### 25 National Consultations Adult Social Care

Zoe Johnstone spoke to the report, which had been circulated with the Agenda papers for the Board meeting. She told the Board that there was a plethora of national consultations out at present, and Adult Health and Social Care were coordinating responses for Bracknell Forest Council and its partners. The consultation covered "Shaping the Future of Care Together", "New Horizons – Mental Health" and "A Better Future" concerning autism. The consultation would end on 15 September, and it was being co-ordinated by the Policy and Commissioning Officer at the Council. Contact information was given on page 97 of the Agenda pack.

Martin Gilman asked how Shaping the Future of Care fit in with provision of local care, and how did this affect funding. Zoe Johnstone responded that this was an

	issue, and there would be greater demand in the future. It would be explored alongside the personalisation agenda.
	Martin Gilman raised the issue that needs within the NHS were currently met at the point of care with no charge; what would happen with Adult Social Care? Zoe Johnstone assured the board that summaries would be available on line.  There was no other business.
26	Dates of Future Meetings
	The date of the next meeting of the Board was confirmed as Wednesday 2 December 2009.