

**HEALTH AND WELLBEING BOARD
11 APRIL 2013
2.00 - 3.35 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr William Tong, Bracknell Forest & Ascot Clinical Commissioning Group (Vice-Chairman)
Dr Janette Karklins, Director of Children, Young People & Learning
Dr Lise Llwellyn, Director of Public Health for Berkshire (East)
Andrea McCombie-Parker, Local Healthwatch
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group
Timothy Wheadon, Chief Executive, Bracknell Forest Council
Helen Clanchy, Thames Valley NHS Commissioning Board Representative

Apologies for absence were received from:

Councillor Dr Gareth Barnard, Executive Member for Children, Young People & Learning
Glyn Jones, Director of Adult Social Care, Health & Housing

Also Present:

Cllr Virgo, Chairman of the Health O&S Panel
Sarah Bellars, CCG Nurse Governor
Zoe Johnstone, Chief Officer: Adults & Joint Commissioning
Lisa McNally, Consultant for Public Health
Kieth Naylor, Joint Commissioning Officer
Debra Venning, LINK

11. Election of Chairman

RESOLVED that Councillor Birch be appointed Chairman of the Health and Wellbeing Board for the Municipal Year 2012/13.

COUNCILLOR BIRCH IN THE CHAIR

12. Appointment of Vice-Chairman

RESOLVED that Dr William Tong be appointed Vice-Chairman of the Health and Wellbeing Board for the Municipal Year 2012/13.

13. Declarations of Interest

There were no declarations of interest.

14. Urgent Items of Business

There were no urgent items of business.

15. **Minutes from Previous Meeting**

It was **RESOLVED** that subject to the amendment detailed below the minutes of the Shadow Board meeting held on 14 February be confirmed as a correct record.

Minute 6: Draft Clinical Commissioning Group's Plan for 2013/14

iii) Replace final sentence to state: There wasn't a measure under local prevalence of depression that could be used currently as the metrics were often difficult to interpret.

16. **Arrangements for Substitutes and Public Participation at Board Meetings**

It was agreed that Board Members be given the opportunity to nominate named substitutes but that it was crucial that substitutes if attending Board meetings had been appropriately briefed and had considered the agenda papers fully before attending.

The Board asked that public questions be given a slot towards the beginning of the agenda.

It was **RESOLVED** that;

- i) the Board recommend to full Council that substitutes for each Board Member be permitted.
- ii) the Board recommend to full Council that the Council and Committee Procedure Rules in the Council's Constitution be amended to permit the Board to implement a scheme of public participation.
- iii) subject to the Council accepting the recommendation in ii) above, the Scheme of Public Participation set out in Annex A of the agenda papers be approved.

17. **Link Final Annual Report**

The Board received the LINK's final annual report and accounts in accordance with statutory requirements and agreed arrangements for making it publicly available by the statutory deadline.

The Board thanked Barbara Briggs and Debra Venning for all their efforts and hard work particularly over the last year and their input in terms of supporting the establishment of the shadow Health and Wellbeing Board and their efforts to support the transition to new arrangements.

It was **RESOLVED** that by 30 June 2013;

- i) the LINK annual report be made publicly available on the Local Healthwatch Bracknell Forest website.
- ii) The report be distributed to recipients as proposed in the report attached to the agenda papers.

18. **Francis Report into Mid Staffs**

The Board received an update on the Francis Inquiry and the Government's response to the Inquiry. The Board were asked to consider and agree a mechanism to identify partner roles and responsibilities to implement the recommendations.

The Chairman welcomed Sarah Bellars, Nurse Governor for the Clinical Commissioning Group, lead for safeguarding. Sarah Bellars made the following points:

- The report was huge and the third of its kind, it included 290 recommendations. The Department of Health had only just formally responded to the report in the previous week. Up until that point it had been difficult for health organisations to respond.
- Sarah Bellars would be chairing a steering group to oversee this work and would be inviting a representative from Local Healthwatch to participate in this work. A joint action plan would be developed, which would cover the whole local health economy. The steering group would need to report to NHS England by the end of the year. It was hoped that a joint action plan could be developed by July/September. It was envisaged that each individual organisation would undertake a review; reviews would then be gathered together to develop a joint action plan. The Board noted that a number of actions were already in place.
- The steering group's initial focus would be around commissioners but by July, this would be much wider and would encompass providers and numerous other interested parties.
- Where there were glaring gaps in service areas, these would be addressed immediately. A large mapping exercise would be necessary to understand what already existed and what needed to be put into place.
- The Board noted that it wasn't just one section of the NHS that needed significant improvement, a system wide approach was required, which would require all stakeholders to come together. It was clear that commissioners would need to lead this work.
- The role of the Board in this work was unclear however once the mapping exercise was complete, this would become clearer.

The NHS England representative reported that in advance of the Francis Report, quality surveillance groups were being established across England. These groups were meeting monthly and brought together commissioners and this included local authority representatives. These groups didn't include providers and provided an opportunity for concerns to be raised in a semi formal way. She stated that a local authority representative would be welcome to join the group. Local Healthwatch would also be welcome to join this group.

The Chairman stated that the Francis report highlighted that some elected members did not know their role and in particular the expectation that they should be challenging health partners. It was important that elected members were aware of groups locally and at least be given the opportunity to ask questions, as they would be held to account by local residents.

The Board noted that it was important to understand the role of the Board as opposed to Overview and Scrutiny. The Board would take plans forward, whereas Overview and Scrutiny would undertake a scrutiny role.

The Board made the following points:

- An overriding element of Francis was that patients were not listened to; a strong voice was needed to provide intelligence on this.
- Board members would need to ensure that when questions
- were raised, that these are followed up.

- The Board noted the importance of whistleblowing and staff working in a culture where they felt at ease to raise concerns.
- The Department of Health would be introducing a staff survey which would provide a reflection of the culture of health organisations.
- A Friends and Family survey would also be introduced, for patients to complete within 48 hours of discharge. There was some scepticism as to how effective this could be, it was acknowledged that it wasn't a perfect tool. Sarah Bellars agreed to provide a brief on this for the Board.

The Chairman of the Overview and Scrutiny Health Panel was invited to speak and stated that he endorsed all that had been said. He believed that Overview and Scrutiny could play a role by asking questions and scrutinising data and information produced by health organisations.

The Public Health Consultant stated that Public Health could assist in the collection of open ended qualitative data to assist Overview and Scrutiny.

It was **RESOLVED** that the Board;

- i) agreed to take responsibility for oversight of the implementation of the recommendations.
- ii) proposed a workshop to clarify roles and responsibilities for all organisations with a responsibility for implementing the recommendations.

19. **Local Healthwatch Bracknell Forest Contract Award**

The Chairman thanked all those that had been involved in putting together the tender for Local Healthwatch, a provider had now been selected.

Andrea McCombie-Parker reported that she recognised that the Local Healthwatch (LHW) provider would need to have a great deal of experience and expertise to carry out their role effectively, she believed that this was one of the reasons the Ark had been successful in the tendering exercise.

She reported that LHW had just completed creating its branding and this was about to be signed off. A communications strategy was being developed and she would be attending a full partnership meeting in the following week. She commented that partnership working in Bracknell Forest was very strong and she looked forward to working within it.

The Board commented that the communication strategy for LHW would be crucial in ensuring that the public understood the role of LHW, how they operated and what the public could expect.

The Clinical Commissioning Group (CCG) reported that they had already met with LHW and looked forward to taking the partnership forward with them.

The Board noted the report.

20. **Shaping the Future - Primary Care Trust Decision and Action Plan**

Dr Tong reported that at the NHS Berkshire Board meeting on 26 March 2013, recommendations on three issues; the Minor Injuries Unit, the closure of Ward 8 at Heatherwood and the closure of the Ascot Birth Centre at Heatherwood, had all been agreed.

The Implementation Group had met two weeks ago to begin work and would be chaired by Dr Kittell.

- Commissioning primary care (GPs, dentists, optometrists and pharmacists) across Oxfordshire, Buckinghamshire and Berkshire
- Some Public Health functions, on behalf of Public Health England: screening, immunisation and the health child programme for under 5's
- Specialist commissioning (this was for relatively rare and specialist treatments that needed to be commissioned across higher population numbers). This would be Led by Wessex Area Team
- The Thames Valley AT will also lead on Offender Health commissioning on behalf of Wessex AT.
- Armed Forces health care was commissioned by Bath Gloucestershire, Swindon and Wiltshire AT on behalf of the South of England and London.
- CCG development and assurance
- Emergency preparedness, resilience and response
System oversight; partnerships; and quality and safety

The Board highlighted the importance of ensuring that the public understood the function and purpose of the Minor Injuries Unit and that this message was communicated and publicised to the public correctly. Dates and timescales for the Unit also needed to be provided to the public and should be included in the action plan for the Unit. The Board asked to be provided with dates and timescales for the opening of the Unit and asked CCG representatives to take this back to Dr Kittell and the Commissioning Board and report back to the Board.

21. **Relationship of the Board with NHS England**

Helen Clanchy reported that NHS England was still in the early days of its establishment and she hoped to develop a very positive relationship with the Board. NHS England would be responsible for:

NHS England would also have a role in considering the Joint Health & Wellbeing Strategy.

In response to queries from the Board, it was reported that NHS England would be committed to producing transparent data.

The Director of Public Health reported that she would be meeting the new Head of Public Health England, who was also committed to ensuring data across the board was transparent.

The Public Health Consultant requested that some further detail be added to the section of the report around public health, in particular around the commissioning support that would be provided to CCG's. She agreed to provide some wording for NHS England.

CCG representatives reported that they looked forward to working much more closely with NHS England.

22. **Pooled Budget Agreements**

The Board considered the current pooled budget arrangements and the new arrangements with the Clinical Commissioning Groups. It was reported that the report detailed just two formal agreements, there were many more informal examples of very positive partnership working across Bracknell Forest.

The Board agreed that whilst these agreements were as a result of Section 75 agreements, every effort should be made to consider other applications for pooled budget arrangements wherever possible.

It was **RESOLVED** that the Board endorsed the approach to pooled budget agreements and joint working arrangements between the Council and health bodies.

23. Public Questions

Question: Would one of the Board members please identify the new route for submitting concerns in relation to the NHS care services we the public receive.

Also once a route is confirmed should members of the public provide a copy of their complaint to the Health and Wellbeing Board so it has visibility?

Ken Le Garde

Board Members reported that the public should not notice any significant difference in the way they report concerns or complaints. The Patient Advice and Liaison Service (PALS) function was still in place and the contact numbers remained the same.

It was advised that Local Healthwatch (LHW) would also now play a role in addressing any concerns that the public may have with local health services. LHW would also be permitted to access complaint data and would play a key role in ensuring that the voice of the public and patient was heard.

It was noted that NHS England would also be launching a national single contact number for complaints and Freedom of Information requests. This number would run alongside, PALS.

In response to concerns that the PALS service was not effective, the Board stated that if complaints were processed by PALS this information went into hospital recording and it was unclear how this complaint was handled. CCG representatives felt that CCGs needed to get smarter at bringing together all intelligence.

LHW stated that they would be undertaking unannounced visits to health organisations in an attempt to drive up standards.

The Board agreed that all complaint information and soft intelligence needed to be pulled together and that there needed to be a single access point for the public.

The Director of Public Health reported that it was important to separate patient experiences from patient complaints and to assess the level of 'noise'. There were generally two groups of people, the first group was reluctant to complain but would make comments to people, the second group were formal complainants who would take their complaint further if unhappy with the response to their complaint. It was noted that complaints were regularly considered by NHS Complaints and the Independent Complaints Advocacy Service.

The Board agreed to work with Local Healthwatch to undertake some work around mapping of public complaints and comments.

The Board recognised the importance of taking action once complaint data was compiled to achieve better outcomes for the public, the Board would play a key role in this.

24. Actions Taken Between Meetings

None to report.

25. Forward Plan

The Board was asked to make any additions or amendments to the Board's Forward Plan as necessary, the following points were made:

The Director of Children, Young People & Learning reported that new 'Working Together' Guidance had been published around safeguarding children and vulnerable people. She agreed to provide a summary of this Guidance to the Democratic Services Officer to be circulated for information to Board members. It was suggested that this could be an area for the Board's sub groups to consider.

It was noted that there wasn't a statutory requirement to produce an annual report for the Board, however it would be a useful means of demonstrating and publicising the work and actions of the Board over the year.

The Director of Public Health requested that the updates to the Joint Strategic Needs Assessment be added to the July 2013 meeting of the Board. Updates from subgroups would also need to be added to the Forward Plan in regular intervals throughout the year.

26. Dates of Future Meetings

4 July 2013
5 September 2013
12 December 2013
13 February 2014
10 April 2014

CHAIRMAN