

**HEALTH AND WELLBEING BOARD
17 SEPTEMBER 2014
2.00 - 3.35 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing
Dr William Tong, Bracknell Forest & Ascot Clinical Commissioning Group
Glyn Jones, Director of Adult Social Care, Health & Housing
Dr Janette Karklins, Director of Children, Young People & Learning
Timothy Wheadon, Chief Executive, Bracknell Forest Council
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group
Mark Sanders, Healthwatch

In Attendance:

Zoë Johnstone, Bracknell Forest Council
Lisa McNally, Public Health

Apologies for absence were received from:

Councillor Dr Gareth Barnard, Executive Member for Children Young People and Learning
Lise Llewellyn, Director of Public Health
Matthew Tait, NHS England, Local Area Team

111. Declarations of Interest

There were no declarations of interest.

112. Urgent Items of Business

There were no urgent items of business.

113. Minutes from Previous Meeting

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 5 June 2014 be approved as a correct record and signed by the Chairman.

114. Matters Arising

There were no matters arising.

115. Public Participation

In response to the following question, submitted by Mr Ed Glasson on behalf of People's Healthwatch.

The Public Health activity and performance report the Board will receive today excludes any data from Public Health England's 201/14. peer local authority mortality study. The 2012/13. study was on the agenda for the Board's 4 July 2013. meeting but so much time was then spent on attempting to undermine its credibility that there was no time for any serious discussion either of Bracknell Forest's bottom placing in

its peer group on premature mortality and cancer deaths, or whether this might be connected to ~25% cuts vs. UK averages over the preceding three years in outpatient appointments, emergency admissions and operations in East Berkshire.

Why have the latest PHE study results been omitted & when will they be discussed by the Board?

Lisa McNally, Consultant in Public Health, responded that over the last twelve months Bracknell Forest had seen the largest fall in the number of emergency admissions when compared against its comparator group of local authority areas and this decrease should be seen as a good news story.

Reducing the number of premature deaths was not an activity that Public Health had sole control over. It would therefore be inappropriate to include premature death figures in a performance report that dealt only with Public Health activity. Furthermore it was stressed that the East Berkshire data drew its information from a particularly heterogeneous area and this did not always give the most appropriate data for comparison purposes.

116. Update on Child & Adolescent Mental Health Services (CAMHS) Tiers 1-4

The Director of Children, Young People and Learning presented a report providing an update on the work taking place to review each tier of the Child and Adolescent Mental Health Services (CAHMS) and the work that was underway to prepare for the recommissioning of Tier 3 and 4 services from April 2015.

The report set out the national perspective with regard to CAMHS, summarised the findings of each review process and the implications for Bracknell Forest, provided an overview of the work taking place to recommission services and set out the work that was taking place to improve services in the Borough in the interim.

The reviews found that whilst CAHMS can and does provide timely help for some children and young people it does not provide efficient, timely or effective help for a significant number of children and their families. It was acknowledged that providing appropriate support to children and young people at an early stage helped prevent poor mental wellbeing from becoming poor mental health and that work in this area was crucial. Additionally ensuring that the pathways and options available were well signposted would help practitioners make more appropriate referrals and improve the level of support provided.

It was noted that services at Tiers 1 and 2 were not being recommissioned and all current activities would continue however these would be realigned to match the seven identified care pathways ensuring consistency across all tiers.

It was acknowledged that reducing waiting times for accessing services was a key indicator for the Clinical Commissioning Group and these would be monitored by the Board.

It was agreed that a briefing on the recommissioning of CAHMS would be added to the Board's forward plan.

RESOLVED that:

- i. the outcome reports and findings from the national and local reviews of CAMHS be noted

- ii. the proposed improvements to Bracknell Forest's emotional health and well being support for children and young people at each tier be endorsed
- iii. the arrangements in place for planning re-commissioning of services for children with emotional and mental health issues be noted
- iv. the determination for early intervention and prevention of escalation where possible to higher tiers of service be endorsed
- v. a review of the workforce training and support needs for improved transition between CAMHS and Adult Mental Health Services be carried out
- vi. A review of the workforce training and development needs for better identification of post natal mental health issues, to receive swift and early help, and to better understand the reasons why women do not take up the provision of Adult Mental Health Services for pregnant women and for the first year after birth be carried out
- vii. the preparation of a joint CAMHS action plan from April 2015 which links all four tiers of support be endorsed

117. **Better Care Fund**

The Board received an update on recent changes to the Better Care Fund. The report set out the revised requirements that needed to be met before funding was accessed and the implications and risks that these changes had for both the Council and the Clinical Commissioning Group. An update was also provided on the status of Bracknell Forest's submission to the Fund.

It was reported that following the initial submission to the Better Care Fund, NHS England had issued revised requirements which placed an increased emphasis on achieving reductions in emergency admissions to hospital. It was also expected that plans would be operational over a five year period rather than the two year period originally envisaged.

In addition a proportion of the funding had been set aside to cover an element of performance in relation to the reduction of non-elective hospital admissions. If a reduction target of 3.5% was not achieved in this area then the performance element of the Better Care Fund would be available to pay for 'over performance' by hospital trusts. The Board noted the potential financial implications if the target was not met and it was stressed that care should be taken to ensure that there was sufficient flexibility to enable services to be managed and delivered without having to rely on receiving the performance element of the budget.

It was reported that public perception of the Better Care Fund was generally positive and that residents were looking forward to the changes that the Fund would bring.

The Board expressed disappointment that the focus had moved away from the development of innovative practices towards a more performance based focus however it was felt that the strong commissioning and service provision base in Bracknell Forest placed the area in a good position going forward.

The Board thanked all those who had been involved in the development of the submission.

RESOLVED that:

- i. The changes to the Better Care Fund requirements, and the potential implications for all organisations in the Health and Social care economy be noted

- ii. The submission, contained within the Director of Adult Social Care, Health and Housing's report, be agreed in accordance with the requirements with final sign off being delegated to the Chairman of the Better Care Fund Board
- iii. All schemes in the Plan should be in place by 1 April 2015 and a review submitted to the Health and Wellbeing Board identifying impact at six months.

118. **Public Health - Review of First Year in Bracknell Forest Council**

The Consultant in Public Health gave a presentation in respect of the work that the Public Health function had undertaken during the 2013/14 financial year in Bracknell Forest.

Following the transfer of the Public Health function into local authority control in April 2013 there had been two focuses to public health work: integration of public health work across the organisation, harnessing existing work and enhancing the contribution of the whole council to improved health and wellbeing outcomes and improving the performance of key health improvement services including the Stop Smoking Service, the Health Check Programme, Weight Management Support and Sexual Health Services.

Over the course of the year significant progress had been made across all areas with key indicators of note including:

- There had been a 74% uptake rate amongst those offered Health Check. Not only was the highest uptake rate in Berkshire but it was also one of the highest in the Country
- The Stop Smoking programme experienced one of the highest successful quit rates in the Country at 70% and the number of people successfully stopping smoking reached 763
- The referral system for weight management programmes had been expanded and the number of new starters each month had risen from 5 to 20
- Independent evaluation of a new and innovative alcohol harm reduction campaign run in partnership with the charity Drinkaware and local pharmacies had found the programme had had a positive effect on people's attitudes and behaviour. The campaign had subsequently been held up as an example of good practice by the UK Faculty of Public Health
- A comprehensive review of sexual health services had taken place and the outcomes had been used to inform the recommissioning and expansion of the service
- The Joint Strategic Needs Assessment (JSNA) had been comprehensively redesigned to make it much more user friendly and easier to understand. Bracknell Forest's JSNA was the first in the UK to combine an interactive web and mobile based format, a monthly blog highlighting key issues and a guide to self care of long term conditions. It has also been held up as an example of best practice by Public Health England

It was acknowledged that the development of a profile for Public Health at GP practice level had been pivotal to the success of many of these areas of work.

Notwithstanding the progress made to establish good performance standards across the Borough the Public Health Team were committed to ensuring that performance levels remained high and that services continued to improve.

The Board acknowledge the positive progress made by the Public Health Team over the course of the year and congratulated all those involved in the development and delivery of the service.

RESOLVED that:

- i. The report and presentation on Public Health performance in 2013/14 be noted
- ii. the top level plans for Public Health in 2014/15 be approved

119. Actions taken between meetings

The following actions were noted as having taken place since the Board's last meeting:

- A presentation from NICE had been circulated for information. Any questions should be directed to the presentation's author
- All those who had participated in the recent Health and Wellbeing Board Workshop session would be sent a write up of the agreed actions and thanked for their input. It was noted that consideration would need to be given to the development of a communications strategy
- The Protocol for Joint Working had been circulated by email. It was agreed that the Board would participate in the protocol and that it would be signed by the Chairman
- The Children, Young People and Learning Department was expecting an OFSTED inspection of its children's safeguarding services in the near future. The Department had been invited and had agreed to participate in a new multi-agency inspection approach. The Board would be kept informed of any developments
- It was agreed that the Board would select the winner of the Self Care Prize Draw before its next meeting

120. Forward Plan

There were no additions or amendments made to the Forward Plan.

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