

**HEALTH AND WELLBEING BOARD
10 APRIL 2014
2.00 - 3.55 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group (Vice-Chairman)
Councillor Dr Gareth Barnard, Executive Member for Children, Young People & Learning
Zoe Johnstone, Chief Officer: Adults and Joint Commissioning
Dr Janette Karklins, Director of Children, Young People & Learning
Timothy Wheadon, Chief Executive, Bracknell Forest Council
Dr Lise Llwellyn, Director of Public Health
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group
Mark Sanders, Local Healthwatch
Helen Clanchy, NHS England, Local Area Team

Apologies for Absence were received from:

Glyn Jones, Director of Adult Social Care, Health & Housing

In Attendance:

Lisa McNally, Public Health Consultant

82. Declarations of Interest

There were no declarations of interest.

83. Urgent Items of Business

There were no urgent items of business.

84. Minutes from Previous Meeting

RESOLVED that the minutes of the Health & Wellbeing Board held on 13 February 2014 be signed by the Chairman and approved as a correct record.

85. Matters Arising

Minute 74: Royal Berkshire Healthspace: Urgent Care Centre (UCC)

It was reported that the UCC had opened on 7 April 2014 as planned. The Board thanked all those involved that had worked hard to ensure these services were secured for Bracknell Forest and Ascot residents. Particularly the services for children and families. It was acknowledged that a former Councillor, Terry Mills had campaigned tirelessly for over forty years to secure a hospital for local residents, allowing them to access services locally and this aspiration had finally been realised. The Board were also heartened that Windsor and Maidenhead colleagues had also attended the opening of the UCC and showed their support.

86. Public Participation

It was noted that Democratic Services had received notice of some questions; however the questions did not relate to any of the business on the agenda and so had not been accepted, in line with the Board's public participation scheme.

87. Berkshire Healthcare Foundation Trust's Quality Account Quarter 3

The Board was asked to comment on the Quality Account for Quarter 3 of the Berkshire Healthcare NHS Foundation Trust (BHFT).

David Townsend, Chief Operating Officer at BHFT reported that Francis had featured heavily in the quality accounts in the previous year but this year, the Francis elements were more implicit. Consultation responses had suggested that actions around Francis needed to be more explicit and this would be addressed.

It was also recognised from feedback received; that priorities around the Child and Adolescent Mental Health Service (CAMHS) needed to be more prominent and this would be addressed.

The results of the GP Survey would also be fed into the quality accounts where relevant.

The Board made the following comments:

- The Better Care Fund would be key in driving and achieving transformational change and BHFT would be a critical player in this. The Board looked forward to having discussions on the Better Care Fund in the future with BHFT. There was little mention of the Better Care Fund and its impact in the Quality Accounts.
- Trips and falls, the Board viewed this as a priority not just for BHFT but for all trusts and community care. Considering how all partners could get better at preventing trips and falls, it was recognised that this was a large and wide ranging area of work.
- The Board were keen to see more information around the work with children and young people, this was not presented very strongly in the quality account report, yet lots of work was being undertaken in this area. A greater prominence of the work of CAMHS was also important. It was also crucial to ensure that the waiting times for young people were measured prior to them becoming a patient.
- The Board asked that within the BHFT priorities for improvements 2014-15, they would like to see information on the physical ill health of people with mental health issues. Evidence showed that this group, suffered inequalities when requiring healthcare.

David Townsend reported that the Trust had done some work around the physical health of people with mental health issues. This work presented an opportunity to consider integrated teams across mental and physical health. He reported that this work did not feature in the quarter three quality accounts, as the results of the work would be seen in 2015. BHFT would be undertaking work over the next six to twelve months in this area.

The Chairman stated that this work should also encompass long term conditions and the lifestyle of people with mental health issues. It was also noted that it would be crucial to involve primary care.

The Chairman thanked David Townsend for his attendance and presentation and asked that he take on board the comments of the Board.

88. Update on Child and Adolescent Mental Health (CAMHS) Services Tiers 1-4

The Director of Children, Young People & Learning introduced the report as a joint report from her directorate, Public Health for Bracknell Forest, the Bracknell & Ascot Clinical Commissioning Group (CCG), Berkshire Healthcare Foundation Trust and NHS England. The Director reported that tiers 3 and 4 were undergoing small changes to commissioning. It was key to note that any changes to any tier would impact the other tiers, given the interrelationship between tiers.

The Director reported that the emphasis would be on prevention, to ensure service escalation wasn't necessary wherever possible and children and young people could be dealt with at the earliest possible stage.

The Chief Operating Officer of the Royal Berkshire Healthcare Foundation Trust (RBHT) reported that Children's Services were undergoing a challenging time, increased numbers had been seen in tier 1. RBHT had put in additional funding to address increased pressure on CAMHS. He stated that it was crucial for all partners to work together, this service area presented a complex landscape and anything that one partner did would have an impact across the whole system.

Bracknell and Ascot CCG representatives reported that they had held a number of meetings around this and recognised the complexities given that several commissioners were involved across the service. It would be important to consider what children's services should look like in the future and a steer from the Board would be essential. Dr Tong stated that children should be dealt with between the ages of 3-5 wherever possible, to reduce use of tiers 3 and 4. He stated that he would like to see the Local Area Team add to that budget. He also stated that services were cross cutting in terms of local authorities and a steer from the Board would be useful as to how this be addressed at pace.

The Executive Member for Children, Young People & Learning stated that he accepted the complexities of this service area; however the savings and benefits to reap for all partners would be tremendous if prevention could be achieved at a greater level. The number of children facing fixed term school exclusions, the impact of mental health and the pressure on teachers could all be reduced if this work was successful. He wasn't interested in national averages when looking at waiting times, only the impact on local youngsters. A 12 week waiting time would mean that a young person would struggle to function at school for this period and lose a huge part of the school year.

The Executive Member stated that the Board needed to consider how support could be brought in from other areas for example, what strategies could be used in schools and the ability to respond to an event in a young person's life.

The Director of Public Health stated that it would be important to evaluate and consider what success would look like. There wasn't a strong evidence base to suggest that if additional funding was put into tier 1 that this would alleviate pressure on tiers 3 and 4. The largest grouped being referred were children and young people with ASD and ADHD. It would therefore be key to look at the triggers and signs for this group.

The Chief Executive stated that it was clear that the landscape was complex given the various commissioners and geographical boundaries. In addition, two national reviews of the service were also currently being undertaken. The ideal would be to design an integrated commissioning system across all tiers. If leads could be

identified for each tier, the first step would be for these leads to meet within a working group to progress this work.

The Chairman stated that it was crucial that all work from reviews be joined up. The national review and the review undertaken by RBHT would need to be considered jointly as well as any other individual reviews undertaken by any other partners. The Chairman stated that he would be happy to assist with this work, the outcomes of all reviews would be critical in assuring the success of this work.

RBHT reported that they had commissioned their own review, which had included benchmarking work. This had been shared with commissioners. The review had resulted in the formation of a task and finish group which the Chief Operating Officer was leading on and meetings every three weeks with commissioners of CAMHS. A tier 4 review would take place at the end of May 2014.

The Healthwatch representative reported that he would like to see local services commissioned informed by the views of local children; young people and their families, who had been through the system. Perhaps by a pan Berkshire survey. The Director of Children, Young People & Learning stated that local views would be welcomed and sought.

The Board agreed that a report be brought back to them at their September 2014 meeting. It was noted that the Council would be undertaking their budget setting process in October 2014 and therefore the September meeting would be timely. It was agreed that if the September 2014 meeting proved to be too ambitious, a special meeting could be convened in October 2014. An outline specification of what local CAMHS services would look like would be submitted to the Board in September/October 2014. This would include the consideration of commissioning an integrated system of all tiers.

The Chairman stated that the timescales of this work were critical; any delay to this work would directly impact the lives and schooling of local young people and children. It was paramount that in September 2014, partners did not state that a further lengthy period of time was needed to let contracts or complete block contracts.

It was agreed that the following officers would lead for each tier:

Tier 1 and 2: Janette Karklins and Lisa McNally (Local Authority)
Tier 3: Sally Murray and a clinician (CCG)
Tier 4: Lisa Noble (BHFT)
Pan Berkshire: Angela Snowling

NHS England agreed to confirm who their lead officer would be and what other support and resources they could offer to this work.

The Director of Children, Young People & Learning stated that she would call the first meeting between leads.

It was **RESOLVED** that the Health & Wellbeing Board:

- i) endorsed what good looks like and supported the ambition to improve Bracknell Forest's emotional health and well being support for children and young people and CAMHS services to achieve at this level

- ii) noted the arrangements in place for commissioning and the plans for re-commissioning services for children with emotional and mental health issues.
- iii) endorsed the determination for early intervention and prevention of escalation where possible to higher tiers of service.
- iv) agreed leads for each tier as detailed above and that a report be submitted to the Board in September/October 2014, outlining a specification for the future of CAMHS.

89. **Better Care Fund**

The Chief Officer: Adults and Joint Commissioning reported that the first draft of the Better Care Fund application had been submitted on 14 February 2014. Feedback had been received from NHS England over the last few weeks and this had stated that further work was needed to engage with providers and on metrics. The latest plan had been submitted on Friday 4 April.

The Programme Board would include:

- Co-Chairs:-
 - Director of Adult Social Care, Health and Housing, BFC
 - Clinical Director, Bracknell and Ascot CCG
- Executive Member, Adult Social Care, Health and Housing
- Chair, Bracknell and Ascot CCG
- Chief Officer: Adults and Joint Commissioning
- Deputy Chief Officer: Bracknell and Ascot CCG
- Healthwatch Bracknell Forest
- Head of Operations, CCG
- Head of Joint Commissioning, BFC
- Programme Manager

The vision for the Better Care Fund by 2018 would be:

“Our population will be happier, healthier and active for longer; through having better information, support to make the right choices, and access to expert health and care services when required.”

- People would only have to tell their story once
- There would be shared records based on the NHS unique identifier
- People’s needs would be met with minimum time spent in hospital or travelling to access services needed
- Care and support will respond to the individual’s choices as well as their needs.

The Board was keen that the emphasis of children and young people should be developed and explored further as the work around the Better Care Fund progressed. The Child and Adolescent Mental Health Service would be a central deliverable of this work.

The Chairman stated that it would be crucial to view the whole spectrum of health and social care when considering the Better Care Fund and be mindful to not get bogged down with any one particular area.

90. **Update on the Progress of the Frimley Park Foundation Trust (FT) Acquisition of Heatherwood & Wexham Park Hospitals NHS Foundation Trust**

It was reported that whilst the report stated that the new Trust would commence in July 2014, this had now been pushed back to August 2014.

Healthwatch reported that the Care Quality Commission had showed that Frimley Park Trust had not scored highly in terms of listening to patients views and responding to patients complaints, this would need to be addressed by the Trust and the Quality Committee had given the Trust a clear steer to take action on this.

The Board stated that patient experience would be key and hoped that the Frimley Park Trust would be able to impact the culture of the Trust it proposed to acquire.

91. **Two Year and Five Year Clinical Commissioning Group Plans**

The Chairman stated that as Board members hadn't been given any time or opportunity to consider the Clinical Commissioning Group's (CCG) two and five year plans, it was proposed that only the two year plan be considered and if Board members wanted to submit any comments or proposed amendments that they feed these through to Mary Purnell by Friday 25 April 2014.

It was reported that the CCG's two year commissioning plan incorporated the following details:

- The population and the CCG
- Current health systems, opportunities and challenges
- Strategic deliverables and innovation
- Prioritisation
- Partner engagement
- Enabling plans
- Delivery and governance arrangements

It was reported that the full commissioning plan had been circulated to Board members.

CCG representatives reported that the health priorities behind the CCG's commissioning plan would be shaped by the Joint Strategic Needs Assessment, the local Health & Wellbeing Strategy and the seven ambitions as follows put forward by the CCG:

- Additional years of life
- Improving health of patients with long term conditions
- Reducing amount of time in hospital throughout hospital care
- Increase the number of older patients living independently at home following discharge from hospital
- Positive experience of hospital care
- Positive experience of out of hospital care
- Eliminating avoidable deaths

The commissioning plan was also aligned with the Better Care Fund submission. Both the CCG Commissioning plan and the Better Care Fund had now been submitted to the Local Area Team.

CCG representatives stated that it would be particularly useful to get feedback from partners around the seven ambitions in the commissioning plan.

In terms of the ambition around positive experience of hospital care, CCG representatives reported that it would be important to hold quality where it currently stood as in a climate of acquisition this would be challenging.

Healthwatch asked that plain English be used in the commissioning plan wherever possible, to make the document more accessible to the public.

92. The Health & Wellbeing Board - First Year Review

The Board considered a report that set out a process to review the membership of the Health & Wellbeing Board and to establish the Board's priorities for 2014/15.

The Chief Officer: Adults and Joint Commissioning reported that extra capacity in the joint commissioning team had been created to ensure a more proactive approach could be undertaken as the Board moved into its second year and established its priorities going forward. Lynne Lidster would be taking on the role of Business Manager for the Board two days a week. This had been created using 'one off' resources and would need to be reviewed at the end of 2014/15.

The Chairman reported that he had attended a number of Peer Challenges, where the value of Health & Wellbeing Board's had been analysed and considered. It was clear that it was now timely for the Board to review its membership and in particular consider whether providers should be members of the Board.

It was noted that Lynne Lidster would be contacting members to arrange the first meeting of the workshop to review the role and function of the Board.

It was **RESOLVED** that;

- i) the action in paragraph 5.1 of the report in the agenda papers, to provide additional support to the Board from the Joint Commissioning Team, be agreed.
- ii) the Board agreed to hold a workshop with the aim of:-
 - reviewing the role and function of the Board, including membership (paragraph 5.2 of the report)
 - establish the Board's priorities for 2014/15 (paragraph 5.3 of the report)

93. Protocol Between the Health & Wellbeing Board, Healthwatch and the Health O&S Panel

The report before the Board set out a draft protocol between the Board, Healthwatch and the Health Overview & Scrutiny Panel. It was agreed that whilst at times there may be some overlap between the work of Healthwatch and the Health Overview & Scrutiny Panel, they would work together to ensure there was no duplication. It was noted that it would be important to review this working arrangement over time.

It was **RESOLVED** that;

- i) the protocol between the Health & Wellbeing Board, Healthwatch and Health Overview and Scrutiny be agreed
- ii) the Board recommended that the protocol be presented to the Health Overview and Scrutiny Panel for agreement.

94. **Actions taken between meetings**

No actions were reported.

95. **Forward Plan**

There were no additions or amendments made to the forward plan.

96. **Dates of Future Meeting**

5 June 2014

4 September 2014

11 December 2014

5 March 2015

CHAIRMAN