

**SHADOW HEALTH AND WELLBEING
BOARD
14 FEBRUARY 2013
2.45 - 4.30 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr William Tong, Bracknell Forest & Ascot Clinical Commissioning Group (Vice-Chairman)
Councillor Dr Gareth Barnard, Executive Member for Children, Young People & Learning
Glyn Jones, Director of Adult Social Care, Health & Housing
Dr Janette Karklins, Director of Children, Young People & Learning
Dr Lise Llwellyn, Director of Public Health for Berkshire (East)
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group

Apologies for absence were received from:

Timothy Wheadon, Chief Executive, Bracknell Forest Council
Helen Clanchy, Thames Valley NHS Commissioning Board Representative

Also Present:

Kieth Naylor, Joint Commissioning Officer
Sandra Davies, Head of Performance Management & Governance
Zoe Johnstone, Chief Officer: Adults & Joint Commissioning
Lisa McNally, Consultant for Public Health
Kieth Naylor, Joint Commissioning Officer

1. Declarations of Interest

There were no declarations of interest.

2. Urgent Items of Business

The Chairman reported that there were two items of urgent business that had arisen since the publication of the papers for the meeting:

- i) The Francis Inquiry Report into Mid Staffordshire NHS Foundation Trust. The Director of Adult Social Care, Health & Housing reported that the Francis report had been published in the previous week and it had included 290 recommendations. The Department of Health had yet to respond to the findings. Commissioning organisations locally were preparing to take action and commissioning arrangements in light of the recommendations would be reported back to the Board at the next meeting. Action plans were also being developed to ensure that acute care was in line with the recommendations.

Board members made the following comments:

- The recommendations were extremely important, the Board were clear that the unacceptable care provided at mid Staffordshire could not be repeated. Every stakeholder needed to engage with the findings to ensure patient safety and care.

- It was critical that the voice of the patient and carer was always heard and that performance and targets did not hinder patient care. The Board was keen to see a strong commitment to patient care in all plans and actions of partner organisations.
- The Chairman stated that it was clear that structures had failed at mid Staffordshire and that nobody seemed to want to take responsibility for these failures. He invited the chairman of the Health Overview & Scrutiny (O&S) Panel to comment.
- Cllr Virgo stated that they had already agreed to set up an O&S Working Group to look into this and in particular the scrutiny at mid Staffordshire and how it had apparently failed.
- Board members noted that at mid Staffordshire there seemed to be lots of reporting by patients and families expressing concerns, however little if anything was done in response. The Chairman stated that the Board would also be seeking input from Healthwatch on the report, their input would be invaluable.
- The Director of Public Health reported that CCG's and PCT's had been keeping a watchful eye on the emerging recommendations from the Francis Report over the last few months, particularly around areas where a higher than expected death rate existed. Quality monitoring and a robust complaints process would be critical in any new structure. GP's also had a contact number that they could use to report any concerns.

The Chairman stated that it was key that the Board continued to drive the agenda; he did not want to see the Board becoming bureaucratic in its function. If action needed to be taken between formal meetings of the Board, they should be completed as soon as possible and all members notified by email. If decisions were needed between meetings, this could be done by asking the Chairman or Vice Chairman for approval and then listing the decisions made between meetings at the next regular meeting of the Board for information and examination if necessary. It was agreed that the Board would conduct its business in this way to eliminate delays, particularly regarding issues around the Mid Staffs recommendations.

- ii) The suggested possibility of a merger of the Frimley Park Trust with Heatherwood and Wexham Park Trust reported in the local media over the last few days. Dr Tong reported that Heatherwood & Wexham Park Trust had undergone a series of financial difficulties over the years and a suggested solution was for the Trust to merge with the Frimley Park Trust. It would be prudent for local commissioners to develop a plan locally rather than for there to be central intervention. Frimley Park and Heatherwood & Wexham Trust's had announced in the media that they would consider the possibility of merging and how this could be achieved. The Board agreed that if this did emerge into a local proposal, it would be one that the Board would support in principle.

The Chairman stated that he sincerely hoped that any proposals would consider the whole picture and what would be best for the population of Bracknell Forest and the surrounding area, based on sound clinical judgement and need. Proposals should not focus on location, but on quality, long term viability and not short term political fixes. If proposals were controversial, politicians and other partners would need to make some brave decisions to secure the best possible healthcare solution for

local people. He was keen to support the providers and looked forward to hearing their proposals.

The Director of Adult Social Care, Health & Housing stated that the Council would do whatever it could to assist the providers.

Board members were keen that quality of care and patient outcomes remained central to proposals; there existed a discrepancy between the two trusts in terms of quality.

3. **Minutes from Previous Meeting**

It was **RESOLVED** that subject to Minute 36, paragraph 4 being amended to 'CCG's Governing Body Nurse', the minutes of the Board meeting held on 6 December 2012 be confirmed as a correct record.

4. **Matters Arising**

Minute 35: Special Educational Needs (SEN) Arrangements

The Director of Children, Young People & Learning reported that work had now progressed, health colleagues had met with her officers to discuss areas where there had been changes to funding. A lead officer had now been confirmed for each area and another meeting with health colleagues was scheduled on 4 March.

Minute 38: The Health & Wellbeing Board: April 2013 Onwards: A Formal Statutory Committee – Protocols

Secondary regulations had been laid in Parliament and the Bracknell Forest Council's Legal team were in the process of determining governance arrangements for the Board. The Director of Adult Social Care, Health & Housing reported that Helen Clanchy had now been appointed by the NHS Commissioning Board as the Board's Local Area Team member for the purposes of section 197 of the Health and Social Care Act 2012.

Minute 40: Forward Plan

Dr Tong reported that the responsibility for the results of the Shaping the Future consultation would now rest with the CCG.

5. **Health & Wellbeing Strategy - Governance Arrangements**

The Board considered a report that sought to establish appropriate governance arrangements to ensure the implementation of the Health and Wellbeing Strategy (HWBS).

The Chief Officer: Adults and Joint Commissioning reported that the model strategy had been approved by the Board at the last meeting. The proposals included in this report set out to capitalise on existing structures to implement the strategy. It was proposed that three workstreams/groups be used to monitor and coordinate the implementation of the strategy:

- Prevention – Public Health Lead
- Intervention and Treatment – Clinical Commissioning Group (CCG) Lead
- Long Term Support – Children's Social Care Lead

She reported that a communications plan was being prepared for the Board that would incorporate communications for the Joint HWBS.

Board members made the following comments:

- The chairman reiterated the importance of using the latest available data and it was agreed that the wording of the report would be revised to reflect this.
- It was envisaged that the workstreams would report to the Board on a quarterly basis through performance reports. Information would also be sent to Overview and Scrutiny, Executive Members and the CCG.
- If any impediments or barriers to sharing information were identified, these would be brought back to the Board for resolution.
- The Director of Children, Young People & Learning requested that children's services be represented in the triangle of services presented on page 13 of the agenda papers.
- The Director of Adult Social Care, Health & Housing stated that the Board was charged with encouraging integration, the themed workstreams would contribute to this. The themes would entail a range of stakeholders coming together and undertaking cross cutting, joint work.
- The Director of Public Health stated that the Health & Wellbeing Strategy would be a key document when delivering improvements in public health. The Board would need to review the public health framework on a six monthly basis. The approach to governance was fine, the priorities would now need to be turned into action plans to implement the strategy. This would also address any concerns around children's services.
- The Board made preliminary suggestions for leads of each workstream as follows:
 - Public Health Lead, Lisa McNally
 - CCG Lead, Dr William Tong/Mary Purnell or Rohal Malik
 - Adult/Children's Social Care Lead, Zoë Johnstone/To be confirmed.

It was **RESOLVED** that;

- i) the communications requirements in respect of the strategy be developed alongside those of the CCG and Health and Wellbeing Board, including consistent presentations at all relevant partnership boards and project/programme boards or equivalent. A provisional list of the relevant groups is attached at Annex A of the agenda papers.
- ii) the implementation of the strategy be monitored and coordinated through three workstreams/groups, the focus of which will be:
 - Prevention – Public Health Lead
 - Intervention and Treatment – CCG Lead
 - Long Term Support – Children's Social Care Lead
- iii) Progress will be reported to the Board via these workstreams/groups the leads/chairs of these workstreams/groups form the core of the group that will refresh/review the HWBS. This group to be chaired by a representative from Adult Social Care, Health & Housing.
- iv) the relevant Board members nominate the chairs for the workstreams/groups and the strategy review group.

6. **Draft Clinical Commissioning Group's Plan for 2013/14**

The Board considered a report that detailed the latest draft plans for 2013/14 produced by NHS Bracknell and Ascot CCG and sought the views of the Board members to inform the final plan for 2013/14.

Dr Tong made the following points:

- The Area Team officers from the NHS Commissioning Board had now been appointed, Helen Clanchy had been appointed to the Bracknell Forest area.
- He referred the Board to the CCG's 'plan on a page' which the CCG had been required to produce.
- He reported that the three CCG's would work together in clinical forum as this would add strength.
- A single point of contact was available for GP's to put forward their concerns around any Trust or areas of failing around health. The facility was well used by the Bracknell and Ascot CCG which should be seen as a positive as it demonstrated that the CCG were on board with the idea and were keen to be a conduit, feed into the system with the overall objective of improving healthcare.
- Effective partnerships had been established; this included the Health & Wellbeing Board.
- The CCG would need to establish three priority areas as follows:
 - i) Public perception of primary care services, this was a local priority that the CCG would like to improve.
 - ii) Patients with long term conditions
 - iii) The third priority needed to be confirmed and would either be patient reported outcomes of hip and knee replacements, or local prevalence of depression. Local prevalence of depression was difficult to measure as baseline data was not at present available.
- The CCG had been subject to tight national deadlines to agree priorities and had based the three priorities on data taken from the Joint Strategic Needs Analysis, the Health and Wellbeing Strategy and Everyone Counts. The Board's input was welcomed.
- In response to members' queries, Dr Tong reported that local data around depression only showed prevalence and it was likely that this was an area affected by under-reporting. A marker for the data was necessary, for example, suicide rates could be used. Local psychiatrists and psychologists had been tasked with considering this further.

Board members made the following points:

- The Director of Public Health reported that it was important that there was sufficient alignment between the CCG Plan and the Health & Wellbeing Strategy and based on the CCG Plan before the Board there was sufficient alignment. She suggested that it may be difficult to quantify and/or impact upon the prevalence of depression and that it may be prudent to consider measures relating to experience of patients undergoing hip or knee replacements as this could be validated and measured and create a significant impact.
- The Director of Adult Social Care, Health & Housing noted that there was a healthy link between the CCG's core business and the Health & Wellbeing Strategy.
- Board members noted that priorities were based on outlying areas for the CCG and queried whether work was being undertaken around areas that were likely to become outlying areas. The Director of Public Health reported that this was the first time the CCG had been presented with the data and as a result it was difficult for the CCG to identify emerging issues at this early stage. Dr Tong reported that trend analysis and referral patterns would be monitored and used for priority setting.

- It was noted that there were a number of abbreviations and acronyms in the report and Board members agreed to refrain from using these, in order to ensure the reports could be easily understood by all.
- Board members were asked to feed through any other comments on the Plan to Mary Purnell.

It was **RESOLVED** that the Health & Wellbeing Board had reviewed the CCG Plan and asked that the comments made above be taken on board.

7. **Alignment of Service Plans with the Joint Health & Wellbeing Strategy**

The Board received a report that indicated the alignment of the proposed service plans for the Adult Social Care, Health & Housing and the Children, Young People & Learning department with the Joint Health & Wellbeing Strategy (JHWS). It was noted that at this stage with the Public Health function yet to transfer, the Adult Social Care, Health & Housing Plan was not sufficiently detailed in this area and this detail would be added in the first quarter of 2013/14.

The Director of Adult Social Care, Health & Housing reported that there was a requirement to ensure that the local authority's service plans were aligned to the JHWS. The report detailed this alignment for Adult Social Care, Health and Housing and Children, Young People and Learning. Further work would be necessary to align the Council's other departmental plans to the Strategy.

He stated that the report set out priorities for his department for the forthcoming year and included links to the JHWS.

The Director of Children, Young People & Learning stated that the report detailed main and underlying priorities for the department and there would be a crucial refresh of actions around the Plan coming up soon. She welcomed the opportunities for joint working and shared understanding. There would also be an opportunity to make better use of resources and to find synergies.

Recently there had been some work with young people around their emotional wellbeing in schools; this could potentially provide a useful starting point for joint working. In addition, the Children and Young People Partnership was a very active group.

Board members noted the need for clear priorities to ensure the voice of children and young people was heard.

It was **RESOLVED** that the Board;

- i) endorsed the conclusion from the assessment that the service plans for Adult Social Care and Children's Social Care are aligned with the themes and priorities of the Joint Health and Wellbeing Strategy.
- ii) on the basis of the analysis, will consider the opportunities for integrated working arrangements between partners and for the pooling of resources.
- iii) Recommend the analysis be conducted for all local authority service plans and other commissioning plans for health and social care services.

8. **Funding Streams 2013/14**

The Director of Adult Social Care, Health & Housing presented a report that reviewed last year's expenditure in relation to NHS Funding for Social Care and set out proposals for the Board to comment on in relation to NHS Funding for Social Care for 2013/14. The report also set out details of bids, submitted to the Strategic Health Authority in relation to 'winter pressures' and Enhanced Intermediate Care.

The Director of Adult Social Care, Health & Housing made the following points:

- The Department of Health had issued a letter detailing 'what to expect' in terms of the funding transfer from Social Care in 2013/14. With the abolition of the Primary Care Trust, this transfer will be carried by the NHS Commissioning Board.
- The allocation for Bracknell Forest was £1,295,071 and the criteria were contained in the letter. There was a condition that local authorities agree with local health partners on how the funding was best used within Social Care, recognising the Health & Wellbeing Board as the natural place for these discussions.
- The funding in relation to managing demographic and system capacity pressures had ensured that the department had not overspent causing potential pressures for the Council and the need for further efficiencies. It had provided ongoing social care support for people and ensured that the capacity was available to respond to the pressures within the health system.
- The new proposed allocation for Public Health was expected to be £100k. It was expected that current contracts would be rolled over for one year to avoid disruption to services, this would limit early flexibility. No absolute plans would be agreed until the funding was confirmed. It was proposed that there would be additional funding for dementia support.
- The Department of Health had identified additional funding to 'Support Local Resilience during Winter and Maintaining Access in 2013/14'. This would be administered by NHS South of England; there was £82.5 million available and a minimum of £25 million to be invested in Social Care. The Council was notified by the CCG prior to Christmas following the Department of Health letter issued on 20 December 2012 and bids needed to be returned on 7 January 2013. A number of bids had been submitted as detailed in the report.
- Reporting of progress with bids and specific projects would be undertaken between Board meetings.

It was **RESOLVED** that the Board;

- i) noted and supported the proposals in the report,
- ii) endorsed the approach to utilising the NHS Funding for Social Care
- iii) and agreed the reporting mechanisms back to the Board.

9. **Forward Plan**

Board members asked that:

- Pages 74 and 75 of the agenda papers relating to the Local Safeguarding Children's Board Annual Report to be incorporated into the programme of Board meetings as a single grouped item.
- Other items 'on the horizon' to be reviewed.

10. **Date of Next Meeting**

The Board agreed the following meeting dates for 2013/14:

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

CHAIRMAN