HEALTH AND WELLBEING BOARD
13 FEBRUARY 2014
2.00 - 4.15 PM

Bracknell Forest Council

Present:
Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (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
Timothy Wheadon, Chief Executive, Bracknell Forest Council
Lisa McNally, Consultant in 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:
Andrea McCombie-Parker, Local Healthwatch
Lise Llewellyn, Director of Public Health
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group (Vice-Chairman)

In Attendance:
Eve Baker, Bracknell & Ascot Clinical Commissioning Group
Zoe Johnstone, Chief Officer: Adults and Joint Commissioning
Lynne Lidster, Head of Joint Commissioning
Dr Jenkins and Mr Elwood, One Medicare

69. **Declarations of Interest**

There were no declarations of interest.

70. **Urgent Items of Business**

There were no urgent items of business.

71. **Minutes from Previous Meeting**

RESOLVED that the minutes of the Health & Wellbeing Board held on 12 December 2013 be signed by the Chairman and approved as a correct record.

72. **Matters Arising**

Minute 65: Services around Children's Mental Health
The Director of Children, Young People & Learning reported that she had met with Berkshire Healthcare Foundation Trust to discuss commissioning arrangements and a further meeting had been arranged to consider future arrangements for tiers 1 to 3. A steering group had now also been formed to address the issue of future commissioning arrangements in this area.

The Local Area Team agreed to provide the Board with timescales for Tier 4 commissioning.

The Chairman expressed concern that little progress had been made since the last meeting despite the Board requesting that progress on joint commissioning arrangements be brought to them before this meeting.

The Chief Executive reported that a number of partners needed to come together to deliver this work and that whilst the Council would take the lead in bringing the partners together, this work couldn't be delivered by any one partner alone and the Council could not ultimately determine how the waiting lists worked for CAMHS.

It was agreed that the CCG and NHS England would liaise with the Director of Children, Young People & Learning to set out timescales for the development of a joint commissioning strategy for CAMHS, with a view to a strategy being in place by September 2014 and submit a report to the April 2014 Board meeting to report progress.

The Chairman asked that he and the Vice Chairman be kept informed of developments on this as actions develop.

73. **Public Participation**

The Chairman reported that a series of questions had been submitted by the Peoples Healthwatch, however similar questions had been submitted and answered at the Board's previous meeting and as a result the Board would not be answering them a second time. If the Peoples Healthwatch wanted further statistical information this could be gleaned from the NHS England website or the World Health Organisation.

74. **Royal Berkshire Bracknell Healthspace: Urgent Care Centre**

Representatives of One Medicare, Dr Jenkins and Mr Elwood gave a presentation to the Board as the providers of the Urgent Care Centre at the Royal Berkshire Bracknell Healthspace and made the following points:

- In terms of their background, One Medicare was now entering their tenth year in practice. They were based in Leeds and had centres across Yorkshire, Lincolnshire as well as an office in London and now the Urgent Care Centre (UCC) in Bracknell Forest. Their role included build, design and managing GP's in good quality community premises. They were an experienced team clinically and operationally. One of their core values as an organisation was to put patients first, this was absolutely critical.
- The Bracknell Forest UCC would be a place for people with acute need for medical help but who did not need emergency care. The UCC would cover illness and injury; this would include fractures and dislocations. X-rays could also be undertaken at the UCC. The UCC would be able to deal with most sports and playground injuries. The UCC would not be able to treat critically ill patients, major trauma, and fractures to long bones or compounds.
- The UCC would be run in accordance with the requirements of local commissioners. One Medicare was keen to fulfil the needs of the local community. It would be open 8-8pm every day of the year. There would be a paediatric clinic which would run after school and bookable appointments would be available for this. One of the GPs at the UCC had a strong paediatric background and would be available to see children under five.

- GPs would be on site throughout the opening times of the UCC as well as an emergency nurse practitioner. GPs would be able to refer to the UCC and so too would the NHS 111 line.
- The UCC would keep people in the community and would look and feel like primary care, this was deliberate. Local GPs would have knowledge of their patient's attendance within four hours, electronically. There was recognition that it was important that the UCC did not interfere with the relationship between the GP and patient.
- There would be a Patient Education Centre, advocating 'talk before you walk'. Given that people were living longer, self care was critical. One Medicare had already had discussions with the Public Health team around smoking cessation and healthy eating and joint work in these areas.
- One Medicare would work closely with A&E, Clinical Commissioning Groups, the South Central Ambulance Service and the 111 NHS line.
- One Medicare would encourage patient and community feedback and would present feedback in a transparent way on notice boards and on their website for all to see. Further an action plan would be created based on feedback.

In response to Board members' queries, representatives from One Medicare made the following points:

- The target for waiting times at the UCC would be 30 minutes.
- One Medicare had also presented to the Bracknell and Ascot Clinical Commissioning Group as well as Public and Participation Groups.
- The UCC would adopt local safeguarding policy and act in accordance with locally agreed protocols for adults and children.
- It would be key to communicate an integrated message to the public around when to go to A&E or the UCC. They would work with Public Health and other local partners to ensure a consistent message was achieved.
- If the UCC experienced frequent attenders, these people would be considered further and a care plan developed where appropriate.
- The UCC would be able to access patient information and would be subject to the Caldecott Guardian principles. They recognised that the more patient information that they were able to access, the safer the experience would be for the patient.
- It would not be necessary to register to attend the UCC, the UCC would support those patients that were not registered anywhere in the NHS. These patients often had chaotic lifestyles and were hard to reach and suffered inequalities in the health system.
- It was confirmed that if patients arrived at A&E and could be referred back to the UCC, this would happen. There would be a round robin to gauge capacity of all health providers locally. They would also work with the Ambulance teams to ensure patients were brought to the UCC and not A&E wherever possible.

The Board welcomed the strong emphasis of supporting families.

The Director of Adult Services, Health & Housing stated that it would be key to work closely with One Medicare on a jointly commissioned service for older people and for the UCC to be able to refer patients in and out of the Council's social care services.

The Chairman thanked Dr Jenkins and Mr Elwood for their presentation and stated that he looked forward to seeing the UCC up and running.

75. **Better Care Fund**

The Director of Adult Services, Health and Housing (ASCHH), reported that the report before the Board set out the initial joint plan for the use of the Better Care Fund in accordance with the guidance received to date. The Government had announced £3.8bn of funding to encourage integration amongst healthcare providers. The funding aimed to encourage seven day working and a move away from reliance on A&E services.

The Integration Task Force established by the Board had been instrumental in driving progress. There had been some discussion with providers, but a strong recognition that more detailed involvement was needed as well as with other stakeholders in the identified activity areas.

The aim of the Better Care Fund programme ultimately would be a population that was happy, healthy and active for longer, through having better information, access to health and care services when required and support to make the right choices. In practical terms this would mean that people:

- would only have to tell their story once, as there would be integrated, shared records based on the NHS number as the unique identifier.
- need would be met with the minimum time spent in hospital or travelling to access the services needed
- care planned with people who work together to understand people and their carers and put the person in control, co-ordinate and deliver services to achieve best outcomes.

There were already strong foundations in place for joint working locally and these would be built upon. Three strategic themes had been identified which would be worked up into work streams:

i) Prevention and self-care
ii) Integrated delivery of care
iii) On-going Care and Support

The CCG intended to put a sum of £0.302m in addition to the increase in S256 funding for 2014/15. Plans would be developed in order to ensure that both the CCG and Council use the resource to support the transformation required. In addition, it was reported that the CCG had proposed to make an additional contribution equivalent to 1% of total budget during 2014/15. This sum would be used to secure a strong position in preparation for 2015/16. Funding would need to be pump primed in order to see a reduction in hospital admissions.

Work would be necessary to ensure ICT systems could work together.

In terms of the five national targets that needed to be measured, Bracknell Forest performed well in all of these areas. The whole programme would be overseen by the Board. Whilst the Health & Wellbeing Board would play a fundamental role it was not the right vehicle to manage the detail of the operational changes required. It was therefore proposed to reframe the ITF into the Better Care Programme Board (BCPB). The Chairman and Vice Chairman of the Health & Wellbeing Board would be invited to attend the Board.

The joint plan had been to the Council's Executive and the CCG's Governing Body. Following the Board's endorsement, the joint plan would be submitted to the Local Area Team the following day.

In response to Members' queries, the following points were made:

- It was reported that in order to ensure that existing service providers were not destabilised in would be critical for there to be strong partnership arrangements in place and people would have to remain at the centre of all decisions with an emphasis on providing care in the best possible settings.
- Risks would need to be pooled rather than to be pushed on any particular organisation. Expectations would need to be managed as demand rose year on year across the board in terms of acute services and social care services.

The Chairman stated that it would be key that partners did not 'huddle around their own handbags' and only consider their own services. Conversations around an integrated approach would need to start early. The Director of ASCHH stated that partners would need to start from the premise of a shared vision with the CCG, with people at the centre and how they were to be supported in a safe and sustainable way.

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

i) approved the submission of the template attached as Annex A of the report,

ii) approved the establishment of a Better Care Board as set out in 5.3.5 and

iii) agreed that additional resources for staff to programme manage the approach be delegated to the Director of Adult Social Care, Health and Housing in conjunction with the Executive Member within the funding envelope.

76. **Local Healthwatch Forward Plan**

Mark Sanders, representative from Healthwatch presented the Forward Plan to the Board and made the following points:

- Healthwatch had now been operational for three months and was part of a consortium of local community and voluntary organisations, powered by The Ark Trust Ltd. Healthwatch had a bank of volunteers that they could draw from, they would be holding a public meeting in April to elect a public chair and public members onto the board.
- Healthwatch had raised their profile by using social media sites. It was reported that public engagement had been difficult, specific areas had been targeted and 5,000 leaflets had been delivered to houses across the borough.
- Healthwatch would be attending the Priestwood AGM and be working with the press to create a news release to raise their profile. They would also be targeting major employers in the area and establishing 'Healthwatch Voices'.
- Healthwatch were unclear how their role linked in with the Board and the Health O&S Panel but hoped to explore this further and to achieve some clarity. They would be continuing their work with the Council's Adult Social Care teams and Children's Services and would be meeting with the CCG to discuss further their role with the CCG.
- It was reported that as the bank of volunteers expanded, the work of Healthwatch could be expanded. At present, Healthwatch were receiving numerous invites to various community functions but did not have the capacity to attend all of these.
- Healthwatch would be meeting with One Medicare as well as undertaking some work with the South Central Ambulance Service around response times. Their work would be driven by feedback. It was noted that the Health O&S

Panel had already completed some work around ambulance response times and that Healthwatch should liaise with them.

Board Members recommended that Healthwatch attend and present at town and council annual meetings where possible, Sandhurst would be having their meeting in the upcoming weeks. It was also recommended that Healthwatch attend and present at the Town and Parish Liaison Group meeting.

It was reported that Healthwatch had invited the People's Healthwatch – a group that had been formed by local residents, to discuss common issues with them. Healthwatch had also released a statement into the press with their branding and there were signs that their branding was starting to be recognised.

CCG representatives stated that there had been a certain amount of pressure from the CCG requesting that Healthwatch participate with them, it was crucial to the CGG that Healthwatch was a strong body as it was the CCG's route into the community. There needed to be a symbiotic relationship. It was also noted that work around patient reference groups needed professional development which Healthwatch would be well placed to provide.

77. **Pharmaceutical Needs Assessment**

The Public Health Consultant presented a report that set out what was required within a PNA, the approach to be used and the timeline for delivery of the project. The Public Health Consultant made the following points:

- The Director of Public Health and her team would be co-ordinating the PNA as part of Berkshire Shared Services. She would ensure that Bracknell Forest's needs were met and their voice heard.
- It was now widely recognised that pharmacists did much more than simply dispense medicine, they had become a trusted adviser to the local community and were well placed to deliver numerous local services.
- The PNA would be used by the NHS to commission pharmaceutical services in Berkshire. It would also be used by the public health team in Bracknell Forest to commission locally enhanced services.
- Existing pharmaceutical services in Berkshire would be mapped against population density and against the rate of long term diseases. The Joint Strategic Needs Assessment and other relevant existing documents would be used to identify health needs of the population and a gap analysis undertaken.
- The Public Health team already commissioned some services through pharmacies such as the Stop Smoking services. A good working relationship therefore already had been established with pharmacies in Bracknell Forest.
- A steering group would be set up to ensure stakeholder involvement and compliance with statutory requirements as set out in the report. The PNA would need to be in place by 1 April 2015 and progress report would be submitted to the Board in December 2014.

NHS England reported that it was critical that this work was undertaken comprehensively and properly, she was confident that this would be the case in Berkshire given the ground work that had been undertaken to date. The PNA presented an opportunity to influence the provision of pharmacies and there would be an expectation that social development and anticipated developments would be carefully considered within any PNA.

In terms of consultation, pharmacists would be consulted as well as residents and other health professionals. Local authority Planning departments were also required to be consulted, this ensured current and future needs were mapped.

It was **RESOLVED** that the Health & Wellbeing Board agreed to undertake a Pharmaceutical Needs Assessment and agreed the process outlined in the report.

78. **Roles of the Health & Wellbeing Board, Healthwatch and Overview & Scrutiny Committees**

The report set out the roles of the Board, Healthwatch and Overview & Scrutiny (O&S) Committees. The report would also be submitted to the relevant O&S Committees and was based on national guidance and advice provided by the Centre for Public Scrutiny.

The Chief Executive reported that this was the manifestation of a national problem and that there needed to be clarity of roles to ensure that duplication of effort was avoided.

It was clear to the Board that it was key that Healthwatch acted as an effective conduit for the Board, the CCG and NHS England with the local community. Whilst Healthwatch were not a decision making body, they did have an important role in terms of intelligence gathering and feeding in views and opinions of the local community into the system appropriately. The Healthwatch representative reported that national guidance on this was expected to be issued soon and that he understood that Healthwatch would play a large role in terms of signposting.

The Chairman reported that if any partner or councillor was contacted it was important that a consistent message was presented as to which body issues should be referred and when.

It was **RESOLVED** that:

i) initial discussions be arranged between Healthwatch, O&S and officers to agree a protocol which set out how providers and commissioners etc should engage with each the Health & Wellbeing Board, Healthwatch and O&S Committees to avoid duplication and to ensure issues were dealt with by the most appropriate body.

ii) results of these discussions be brought back to the Board to consider.

79. **Actions taken between meetings**

No actions were reported.

80. **Forward Plan**

The following items be added to the Forward Plan:

- Progress report on the development of a joint commissioning strategy for CAMHS, setting out timescales with a view to a strategy being in place by September 2014. Report to the April 2014 Board meeting, CCG to lead.

- Two Year and Five Year CCG plans to be submitted to the April 2014 Board meeting.

81. **Dates of Future Meeting**

10 April 2014
5 June 2014
4 September 2014
11 December 2014
5 March 2015

CHAIRMAN