

HEALTH AND WELLBEING BOARD
DESBOROUGH SUITE - TOWN HALL AT 3.30 PM

08 March 2016

PRESENT: Councillors David Coppinger (Chairman) and Stuart Carroll, Alison Alexander, Eve Baker, Dr Adrian Hayter, Marianne Hiley, Angela Morris, Alex Tiley and Dr William Tong,

Officers: Wendy Binmore, Alison Alexander, Angela Morris, Catherine Mullins and Hilary Hall

PART I

29/15 APOLOGIES FOR ABSENCE

Apologies received from Councillor Natasha Airey, Mike Copeland, Dr Lise Llewellyn and Rachel Pearce.

30/15 DECLARATIONS OF INTEREST

Cllr Carroll – Declared a personal interest as he works for a pharmaceutical company, Biogen. Cllr Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Biogen's business he would abstain from the discussion and leave the room as required. Cllr Carroll confirmed he had no pecuniary interests or conflicts of interests for any of the agenda items under discussion.

31/15 MINUTES

RESOLVED: That the Part I minutes of the meeting held on 1 December 2015 be approved

32/15 MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD (DECISION)

Catherine Mullins gave a brief introduction to the report. The main key points highlighted included:

- When the Health and Wellbeing Board was established, the statutory minimum membership of the Board was included in the Health and Social Care Act 2012.
- The Health and Wellbeing Board is a sub-committee of Council.
- The Act states that membership needs to include three Local authority Officers comprised of the Directors of Adults Services, Children's Services and Public Health.
- The report was requesting members to agree to having the Deputy Director to be a Member as the roles of Director of Adults and Childrens Services have now been merged in RBWM so there were not enough officers on the Board.
- When membership of the Board changes beyond the statutory requirements, it needed the permission of the whole Board to agree those changes.
- The second recommendation in the report was around NHS England Better Care Fund

Manager for the region being a Health and Wellbeing Board Member within a non-decision making capacity.

- A communication from NHS England had been received requesting the Better Care Fund Officer be co-opted onto the Health and Wellbeing Board without voting rights.

RESOLVED UNANIMOUSLY: That the Health and Wellbeing Board:

- 1. Enhance the skills and expertise of the Health and Wellbeing Board members through including the Deputy Director of Health and Adult Social Care as a permanent member to the HWB.**
- 2. Include the Better Care Fund Manager for South Central NHS England as a co-opted member of the HWB in line with the letter from NHS England which states that the person will not have a vote (decision making powers) but is there to offer strategic support and knowledge sharing on key issues, particularly Better Care Fund planning.**

33/15 THE JOINT HEALTH AND WELLBEING STRATEGY (JHWS) - WORKING ON OUR PRIORITY AREAS 2016-2020

Members received a presentation by Hilary Hall, Head of Commissioning Adult, Children and Health, on the Joint Health and Wellbeing Strategy Refresh 2016 and what the priority areas being worked on were. The key points noted were:

- One draft of the strategy had already been circulated.
- A Task and Finish Group had been formed to help drive the strategy refresh forward.
- The strategy was to be more proactive than previously.
- The strategy would be more accessible to residents.
- The JHWS would be keeping the same overarching priority themes as they are still relevant and have good support from stakeholders and the Task and Finish Group
- Hilary Hall had received a lot of good feedback on Theme 2: Prevention and Early Intervention.
- Engagement with wider stakeholders was taking place.
- There would be ongoing communication with stakeholders and other partners throughout the life of the strategy.
- A further version of the strategy was to be circulated.

Alison Alexander, Managing Director & Strategic Director of Adults, Children and Health Services stated there needed to be more visibility with all strategies so the all aligned. Marianne Hiley confirmed that aligning all of the strategies were key to integration.

RESOLVED: That: Members noted the contents of the presentation.

34/15 A NEW VISION OF CARE SERVICES

Members viewed a short video and received a brief presentation on a New Vision of Care Services and noted the following main points:

- The New Vision of Care is a model developed jointly with all partners.
- It had wide and growing support from CCG leadership, professionals and from local people.
- A lot of consultation work had been carried out.
- The sharing patient information core programme was up and running.
- The presentation explained the New Vision of Care was a simplified version of the model creating better health and independence.
- The model encouraged people to record their choices of care as they went through life.
- The New Vision of Care would deliver better value and financial sustainability.

Alison Alexander, Managing Director & Strategic Director of Adults, Children and Health Services stated with growth of work streams, she had requested clarity on getting the right people linked in to the New Vision of Care. Dr Adrian Hayter commented that he was always trying to do better, and it was always possible to do more. Councillor Coppinger stated a paper had not been to Council or Cabinet and until it did, the strategy would not go anywhere. Elected representatives had not taken part in the journey and he wanted that addressed. Alison Alexander confirmed she would have a paper added to the Forward Plan for April

Dr Adrian Hayter explained that there had been three workshops held and he'd made sure that those delivering and using services had been included. He added it was important to work and liaise with charities and other relevant groups and that collaboration was beneficial as all stakeholders wanted to see the same positive outcomes in health services. In conjunction with the workshops, there had been a survey running and he was hoping the New Vision of Care produced a new way of delivering care; he wanted to ensure improvements benefit patients and were a person centred approach.

Resolved: that members of the Health and Wellbeing Board noted the contents of the presentation.

35/15 TRANSFORMING CARE PARTNERSHIP

Dr William Tong confirmed a bid had been submitted by the CCG. Alison Alexander, Managing Director & Strategic Director of Adults, Children and Health Services suggested that all transformation papers be rolled into one paper for Cabinet.

36/15 SUSTAINABILITY AND TRANSFORMATION PLAN

Dr Adrian Hayter provided members with a brief presentation on system sustainability and transformation plan. The key points members noted included:

- Frimley Health had changed the way quality was being delivered to patients.
- There was an emerging plan to work with Frimley Park collaboratively to deliver health improvements.
- Successful joint working with the Royal Borough and Public Health.
- Frimley were thinking about delivering care differently. The hospital would not be sustainable if it continued to deliver quality services in the way it currently did.
- He wanted to build on existing innovation and transformation, especially within the Better Care Funds – it was all about making it better.
- Work would be ongoing for the next five years.

Resolved: That: Members noted the contents of the presentation.

37/15 BETTER CARE FUND - PROGRESS ON ACTIVITY AND PLANNING FOR 2016/17 AND INSIGHT VISIT FROM NHE ENGLAND (DECISION)

Marianne Hiley provided members with a presentation on the Better Care fund. The main key points included:

- NEL admissions, general and acute, all ages per 100,000 population target to be more robust for 2016/17. Marianne Hiley was very clear about where and how failings to meet the target were occurring.
- Permanent admissions of older people (65+) to residential and nursing care homes, per 100,000 population target – needed to look at how the data was measured. There was also a need to understand the referrals process.
- Progress on 2016/17 planning: Maximising our leverage –

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- Need to review successes and where it went wrong with regards to reviewing all costs and projects for the next year.
- Agreed Terms of Reference for Intermediate Care Review and Commission Consultant Support – this was done in-house and provided by RBWM and other agencies.
- Timelines –
 - 2 March: Guidance made available on 23 February. Local areas to submit a first draft of the BCF Planning Return template only to national DCO teams – unlikely to be any more or any less than previous year.
 - 21 March: First Submission of 'light touch' narrative plans for Better Care alongside a second submission of the BCF Planning Return template. Detailing the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement – where no change of direction, being told that Marianne Hiley is able to just acknowledge that.
 - 25 April: Final submission, with full narrative, formally signed off by the Health and Wellbeing Board and financial agreement.
- The Sources of Finance were preliminary figures.
- Key Themes:
 - Non-Elective Admissions – will still figure going forward.
 - There were aligned projects and programmes being written into CCG forward plan.
 - BCF nationally being asked for really detailed delayed transfers of care.
- The timeline highlights the specifics of the Insight Visit.

Resolved: That: Members noted the contents of the presentation.

38/15 PUBLIC HEALTH ACTIVITIES UPDATE - RBWM PUBLIC HEALTH ANNUAL REPORT

Dr Lise Llewellyn was not available to attend the meeting but, she had stated that she was happy to answer any questions directly regarding to her report and would use any feedback to the report. The focus of the report this year was on infants and was very detailed.

39/15 DRUG AND ALCOHOL REVIEW - UPDATE ON PROGRESS

Hilary Hall, Head of Commissioning, Adult, Children and Health gave a brief update on the Drug and Alcohol Review. The main points included:

- A Task and Finish Group had been set up and there was a tight timeline for options to be presented to Cabinet in May 2016.
- A consultation had been carried out in January 2016 with good responses which were being analysed.
- The National Drug Strategy was about to be published so there was a delay going to Cabinet till the strategy was released.

Members thanked Officers for the huge amount of work that had been done.

40/15 AOB - ADDITIONAL INFORMATION FOR THE HWB

None.

41/15 FUTURE MEETING DATES

Future meeting dates were noted.

The meeting, which began at 3.30 pm, ended at 4.50 pm

CHAIRMAN.....

DATE.....