Public Document Pack

NOTICE

OF

MEETING

HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 8TH MARCH, 2016

at

3.30 pm

in the

DESBOROUGH SUITE - TOWN HALL,

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR DAVID COPPINGER (LEAD MEMBER FOR ADULT SERVICES AND HEALTH) (CHAIRMAN), COUNCILLOR NATASHA AIREY (CABINET MEMBER FOR YOUTH SERVICES AND SAFEGUARDING) AND COUNCILLOR STUART CARROLL (DEPUTY LEAD MEMBER FOR PUBLIC HEALTH), ALISON ALEXANDER (MANAGING DIRECTOR AND STRATEGIC DIRECTOR OF ADULTS, CHILDREN AND HEALTH SERVICES), DR LISE LLEWELLYN (STRATEGIC DIRECTOR OF PUBLIC HEALTH), DR ADRIAN HAYTER (WINDSOR ASCOT AND MAIDENHEAD CCG CLINICAL CHAIR AND LEAD FOR WINDSOR), DR WILLIAM TONG (BRACKNELL & ASCOT CCG CLINICAL CHAIR), AND MIKE COPELAND (CHAIRMAN OF HEALTHWATCH WAM)

Karen Shepherd
Democratic Services Manager
Issued: 29 February 2016

Members of the Press and Public are welcome to attend Part I of this meeting.
The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Wendy Binmore** 01628 796 251

Fire Alarm - In the event of the fire alarm sounding or other emergency, please leave the building quickly and calmly by the nearest exit. Do not stop to collect personal belongings and do not use the lifts. Do not re-enter the building until told to do so by a member of staff.
Recording of Meetings – The Council allows the filming, recording and photography of public Council meetings. This may be undertaken by the Council itself, or any person attending the meeting. By entering the meeting room you are acknowledging that you may be audio or video recorded and that this recording will be available for public viewing on the RBWM website. If you have any questions regarding the council's policy, please speak to the Democratic Services or Legal representative at the meeting.

AGENDA

PART I

ITEM	SUBJECT	PERSON	TIMING	PAGE NO
1.	APOLOGIES FOR ABSENCE To receive apologies for absence.			
2.	DECLARATIONS OF INTEREST To receive any Declarations of Interest.			5 - 6
3.	MINUTES To confirm the Part I minutes of the previous meeting.			7 - 14
4.	MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD (DECISION) To receive and consider the above report.			15 - 20
5.	THE JOINT HEALTH AND WELLBEING STRATEGY (JHWS) - WORKING ON OUR PRIORITY AREAS 2016-2020 To receive a presentation for information and to receive feedback..			
6.	A NEW VISION OF CARE SERVICES To receive a presentation for information purposes.			
7.	TRANSFORMING CARE PARTNERSHIP To receive a verbal report for information purposes.			Verbal Report
8.	SUSTAINABILITY AND TRANSFORMATION PLAN To receive a verbal report for information purposes.			Verbal Report
9.	BETTER CARE FUND - PROGRESS ON ACTIVITY AND PLANNING FOR 2016/17 AND INSIGHT VISIT FROM NHE ENGLAND (DECISION) To receive a presentation..			
10.	PUBLIC HEALTH ACTIVITIES UPDATE - RBWM PUBLIC HEALTH ANNUAL REPORT			21 - 24

	To receive a presentation for information purposes.			
11.	<u>DRUG AND ALCOHOL REVIEW - UPDATE ON PROGRESS</u> To receive a verbal report for information purposes.			Verbal Report
12.	<u>AOB - ADDITIONAL INFORMATION FOR THE HWB</u> To discuss any additional business of the Health and Wellbeing Board.			
13.	<u>FUTURE MEETING DATES</u> • 8 June 2016 • 31 August 2016 • 30 November 2016 • 15 February 2017			

This page is intentionally left blank

MEMBERS' GUIDANCE NOTE

DECLARING INTERESTS IN MEETINGS

DISCLOSABLE PECUNIARY INTERESTS (DPIs)

DPIs include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any license to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where
    a) that body has a piece of business or land in the area of the relevant authority, and
    b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

PREJUDICIAL INTERESTS
This is an interest which a reasonable fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs your ability to judge the public interest. That is, your decision making is influenced by your interest that you are not able to impartially consider only relevant issues.

DECLARING INTERESTS
If you have not disclosed your interest in the register, you **must make** the declaration of interest at the beginning of the meeting, or as soon as you are aware that you have a DPI or Prejudicial Interest. If you have already disclosed the interest in your Register of Interests you are still required to disclose this in the meeting if it relates to the matter being discussed. A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in discussion or vote at a meeting.** The term 'discussion' has been taken to mean a discussion by the members of the committee or other body determining the issue. You should notify Democratic Services before the meeting of your intention to speak. In order to avoid any accusations of taking part in the discussion or vote, you must move to the public area, having made your representations.

If you have any queries then you should obtain advice from the Legal or Democratic Services Officer before participating in the meeting.

If the interest declared has not been entered on to your Register of Interests, you must notify the Monitoring Officer in writing within the next 28 days following the meeting.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD
COUNCIL CHAMBER - TOWN HALL AT 2.00 PM

01 December 2015

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey and Stuart Carroll, Christabel Shawcross, Alison Alexander, Dr Lise Llewellyn, Dr Adrian Hayter, Mike Copeland.

Also Present: Chief Inspector Gavin Wong (TVP), Theresa Leavey, Helen Bennett (Alexander Devine), Marianne Hiley, Hilary Turner (substituting for Rachel Pearce), Jane Reynolds and Hilary Hall.

Officers: Wendy Binmore and Catherine Mullins

PART I

14/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Rachel Pearce.

15/15 DECLARATIONS OF INTEREST

Cllr Carroll – Declared a personal interest as he worked 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 Carrol confirmed he had no pecuniary interests or conflicts of interests for any of the agenda items under discussion.

16/15 MINUTES

RESOLVED: That the Part I minutes of the meeting held on 6 October 2015 be approved

17/15 THAMES VALLEY POLICE

Chief Inspector Gavin Wong of Thames Valley Police addressed the Health and Wellbeing Board requesting the support of the Board in introducing a pilot for Street Mental Health Triage which has the potential to begin in April 2016. He added that one in four people suffer with mental health issues and the JSNA covered the area. The Chief Inspector explained the police were proposing setting up a Street Mental Health Triage Service in the East Berkshire area and that the proposal was made using an evidence base generated as a consequence of a current Street Triage pilot in Oxfordshire.

The Chief Inspector gave some back ground information to show why he felt the Street Triage Service was necessary which included 30% of incidents attended by the police were not crime related and the police were not specialists trained in Mental Health; he wanted to play a proactive role in safeguarding and make sure it related to current legislation.

Following assessment, someone assessed by the Mental Health Street Triage Service could

be admitted to hospital, they could refer themselves to hospital or, they could be released or discharged. The Chief Inspector was looking to improve the service for people with mental health issues.

The service would work by having a mental health professional accompanying a police officer when attending incidents. The mental health professional would be there to advise if it was not an S136 job. The pilot was running across Thames Valley Police but, evidence shows that across the UK, numbers of S136 were significantly reduced when the Street Triage Services was implemented.

The Chief Inspector confirmed there were cost implications and that the benefits outweighed the costs as there were less assessments and GP time required. There was also the benefit to the police as officers would spend less time dealing with S136; with the impact to community health teams reduced also. The Chief Inspector added that the pilot would only run during peak times.

Dr Hayter stated that a proposal for better joined up care was welcomed by the Health and Wellbeing Board. However, the reality was there were a number of mental health workers and teams already in place, such as crisis response teams and information sharing also taking place. He questioned if there was a better way of allocating resources other than pairing mental health workers with police officers. The best situation would be to come together at the right time; but keeping people together all the time just in case something happened was not the best use of resources. The Chief Inspector explained he did not mind how the teams came together; the scheme was not set in stone. However, there needed to be some sort of triage model in place. Dr Hayter responded that as a GP, most calls came in for mental health out of peak hours, they needed to look at the best use of resources and a different way of doing things.

The Chief Inspector confirmed information sharing was already in place and that the Mental Health Triage Services was a pilot to see if the scheme was effective. Based on evidence from other pilots, it showed it worked well but, he was also happy to look at other ways of implementing resources.

Christabel Shawcross, Strategic Director of Adult & Community Services stated evidence of S136 was rising in Berkshire so she understood the issue from a police perspective. However the evidence did not demonstrate savings for adult social care on reducing the working time for Approved Mental Health Practitioners (AMHP). There were calls for more AHMPs to be provided nationally. Whilst this may be a community safety issue, it was not necessarily an adult social care budget issue, with competing priorities. There was also the need to explore wider issues of prevention services that are related to this type of mental health project, such as alcohol or drug abuse. Christabel Shawcross said there had been discussions amongst colleagues Directors who would liaise after the other HWB presentations and she chaired a Mental Health East Berkshire coordinating meeting and would discuss in a few weeks. The Chief Inspector replied the Triage Service was not a solution to everything. He added the costs of the service could be spread across agencies and partners.

RESOLVED: That the Strategic Director of Adult & Community Services in conjunction with Dr Adrian Hayter to liaise with Chief Inspector Gavin Wong about the best way to coordinate resources for a Street Mental Health Triage Service to be piloted in East Berkshire.

18/15 CHILDREN'S SERVICES

Emerging issues regarding the status of the Multi-Agency Safeguarding Hub (MASH)

Alison Alexander, Strategic Director of Children's Services stated there was no paper available as it was scheduled for Cabinet in December 2015. However, a paper would be brought to the

next Health and Wellbeing Board.

Alison Alexander went on to give a brief update on the status of MASH and stated there was a secured agreement between TVP, CCG's Local Authority Social Care element and Education element. The second floor, Zone E in the Town Hall was set aside for the Hub and building work started in the coming week to accommodate. Once completed, TVP would have three representatives, health professionals, information officers, education welfare and social care officers stationed there making it a front door for all services. The Hub would be live by the end of January 2016. Workshops would be held so all people working within MASH understood how everything would work. Once the Hub is operational, it would be reviewed.

Theresa Leavy, Deputy Director, Early Help and Safeguarding stated the success would be taking in early help requests with all requests going through the one system. Effective MASH looked clearer with one access point. It would mean a range of information from a range of partners was available so that better decisions could be made with more core staff available setting particular targets.

Health Services – School Nurses, Health Visitors and Family Nurse Partnership

There were a range of services managed through NHS England, such as school nursing, family nurse partnership and health visitors. The Borough had responsibility for all of those services and Children's Services wanted to integrate all three of them to achieve greater integration and wider multi-skilling so staff were able to deliver a broader range of skills. The services came under the responsibility of the Local Authority on 1 October 2015. Children's Services were not looking to continue family nurse partnership, they were looking to contract that out.

Child and Adolescent Mental Health Services Transformation Planning

Theresa Leavy gave a verbal update on transformation planning which included the following key points:

- The Department for Health (DfH) wanted to ensure the service was more integrated.
- The DfH was looking at developing literacy service providers and had been working on that in Slough and Bracknell already.
- Counselling Services to be extended in the Royal Borough.
- Anti-stigma campaign being developed.
- Continue to work together to devise a three year strategy for those three areas.

Dr Lise Llewellyn stated there was a lot of work ongoing looking at anti-stigma and teenagers keeping themselves well using digital technology. 50% of mental health issues occurred in teenagers.

19/15 ALEXANDER DEVINE CHARITY

The Board received a verbal report on Berkshire's Children's Palliative Care Team proposal from Helen Bennett, Director of Care at Alexander Devine Children's Hospice Service. The verbal report included the following key points:

- There was a real drive for focus on adult end of life care and it was important to remember children at the end of their lives too.
- Over 600 children lived with life limiting conditions in Berkshire.
- The palliative care team had already received 90 referrals.
- Since starting the service, Alexander Devine wanted an integrated approach with the NHS.
- A steering group had been set up to establish need.
- Gaps in service provision and Alexander Devine were trying to fill those gaps.
- There were more children needing palliative care than receive the service.

- The amount of children under one years old and children aged 16-19 was growing.
- There was a need for 20 children's community nurses in Berkshire but there were only 17 trained nationally.
- A lot of families had to travel outside of Berkshire to access services.
- Alexander Devine wanted to set up a Berkshire team to provide 24/7 support.
- There was an Alexander nurse in hospital but there was still a lot to do.
- Alexander Devine were contacting other Berkshire Health and Wellbeing Boards with the same proposal.

Dr Hayter stated he welcomed the work being done and that working with existing services over a period of time was a welcomed approach. In managing transitions going forward, he wanted to help more families locally so they did not have to travel.

Helen Bennett confirmed there was an Alexander nurse based at Wexham Park Hospital but, since the contracts had changed with Frimley Park, the post was on hold so it has not been advertised. Dr Hayter confirmed he would follow that up and find out the status of the contract. Helen Bennett confirmed that from March 2017, Berkshire would have a building for inpatients.

RESOLVED: That Dr Hayter will follow up the status of the contract for the Alexander Nurse and communicate with Helen Bennett

20/15 HEALTH AND WELLBEING DEVELOPMENTS AND THE JOINT STRATEGIC NEEDS ASSESSMENT

Catherine Mullins gave a brief presentation to Members of the Health and Wellbeing Board. The key points of the presentation included:

- The JSNA had been updated and the current version was live on the website.
- An event was held on 10 November 2015 to engage with stakeholders and some service users.
- The event included the NHS five year forward view and changes to the BCF.
- Effort was made to include public opinion in the JHWS.
- The event received good feedback.
- The Joint Health and Wellbeing Strategy (JHWS) aimed to enable more self-care.
- More targeted work for people who needed support.
- Support with technological advances (Telecare, Mental Health Services promoted).
- A task and finish group of the Health and Wellbeing Board had been set up.
- It was felt the JHWS needed a new look and feel.
- A lot had changed since 2013.
- Set out a plan for 2016-2020 with a review at 2018.
- Needed to look at timescales for JHWS especially on governance and sign off.
- A thorough report on progress would be brought to the next HWB meeting.

21/15 BETTER CARE FUND

Marianne Hiley gave a short presentation to the Health and Wellbeing board. The key points of the presentation included:

- Non-elective admissions (NEL):
    - Was still showing red on the metrics.
    - There was a community focus on NEL
    - There was a requirement to report to the national body through the HWB.
    - A bid had been submitted for additional funding as there were other projects.
    - The trend for NEL admissions was going down.

  - Keen to learn best practice from elsewhere as others delivering their targets.
  - Very integrated targeted approach of NEL admissions i.e. bronchitis and asthma.
  - Work directionally going well.
- BCF Metrics:
  - Currently sitting in green on the metrics.
  - Doing particularly well on this due to RBWM hospital team practices.
  - Focused on ensuring potential delays due to diagnoses of dementia to get people discharge quickly.
  - Permanent admissions of older people to residential and nursing care homes was currently in amber on the metrics.
  - Optimistic BCF target was 120 admissions for 15/16 – average 10 per month. The actual average was more like 16.
  - There was a better working relationship with care homes.
  - Number of falls was in green on the metrics
  - Falls prevention was delivering 12% above the target.
  - The service user feedback was an innovative programme.
- Next steps in maximising our leverage for change:
- Refresh and refocus WAMCCG/RBWM strategic commitments to:
  - Carers strategy and dementia strategy needed to be reinforced.
- Develop plans and priorities for key enabling strategies:
  - Technology enabled care strategy – assistive technology, telehealth and Telecare.
  - Third sector development programme – building capacity, outcome focus and collaboration – a key part of capability.
  - Workforce development strategy
  - Areas for further exploration:
    - Self Care & Prevention programme
    - Children/family support services
    - Mental health/Dementia strategy – is key and would be redrafted for early 2016.
- Timeline Framework for progress in Q4 15/16
  - January 2016 – MH reviews BCF with IHSCCG team using national self assessment framework.
  - February 2016 – IHSCCG reviews collated feedback and agree action plans.
  - 17 March 2016 – Insight visit Anthony Kealy, National Director, Better Care Fund.

Christabel Shawcross confirmed a plan was needed by 2017 to deliver the full integration of health and social care by the year 2020, and that in order to qualify, each area had to meet criteria for devolution whether or not each area is going to devolve some powers from central government.

22/15 E-CONSULTATIONS

Marianne Hiley led the discussion on E-Consultations. The main points of the discussion included:

- Use of electronic referrals/prescriptions was gathering momentum.
- How do we commission services if we can not monitor services – so using electronic data to do that.
- Thinking about how people could use technology to do jobs properly and patients to self care better.
- E-Consultations could take on many forms, such as consultant to consultant or patients learning how to access the services they need.
- Diabetes services had been live on E-Consultations and received great feedback.
- HWB workshop supported the approach of modernising the way things were being

done.
- The Borough's Policy Committee were looking into E-Consultations as part of their work.

23/15 SAFEGUARDING PEER REVIEW, INCLUDING MODERN DAY SLAVERY AND HUMAN TRAFFICKING

Christabel Shawcross gave a brief verbal update on the safeguarding peer review, with the report still to be finalised, and which will go to the RBWM Safeguarding Adults Partnership Board in January and scrutiny in March 2016. The key points of the update included:

- A draft report had not been finalised.
- An action plan was being prepared and that would accompany the report's findings.
- Once ready, the action plan was ready, it would go to the Safeguarding Board.
- There would be an action plan for the Safeguarding board and one for Adult Social Care.
- On modern day slavery and human trafficking she reminded the board of the new reporting requirements on all statutory bodies. In addition A Child Sexual Exploitation action plan was a statutory requirement for people in the field to report any incidents of CSE or trafficking.

24/15 PUBLIC HEALTH ACTIONS UPDATE

Being Active in the Borough

The Board received a short presentation on being active in the borough called Everybody Active Every Day. The main points of the presentation included:

- Over one in four women and one in five men did less than 30 minutes of physical activity a week, so were classified as 'inactive'.
- Physical inactivity directly contributed to one in six deaths in the UK, the same number as smoking.
- More than one in 17 adults in the UK had diabetes; 90% of those were type two diabetes. Being active reduced the risk by 30-40%
- Being active could prevent one in 10 cases of stroke and heart disease in the UK.
- One in eight women were at risk of breast cancer during life and being active everyday could reduce that risk by up to 20% and also improve the lives of those living with cancer.
- Inactive people were three times at risk of severe or moderate depression; activity reduced the risk of vascular dementia.
- 40% of women and 35% of men spent more than six hours a day desk-bound or sitting still.
- People living in the least prosperous areas were twice as likely to be physically inactive as those living in more prosperous areas.
- Physical activity declined with age to the extent that by the age of 75 years, only one in 10 men and one in 20 women were active enough for good health.
- Disabled people were half as likely as non-disabled people to be active.
- Only one in four people with learning difficulties took part in physical activity each month compared to over half of those without disability.
- Only 11% of Bangladeshi women and 25% of men were sufficiently active for good health compared with 25/37% of the general population.
- There was a workshop in spring 2016 on sport and leisure best practice.

Christabel Shawcross stated a lot had been done with Public Health input; there was an impressive amount of residents who wanted to continue walking with the groups RBWM had

set up including a walking scheme for employees that could walk around the building or, as others suggest. Dr Lise Llewellyn stated the Royal Borough did well in getting people active but there was still more to do. Dr Hayter commented there were health pro's in being active. The Borough could use the river strategically for people to cycle with mapped routes. If could make good use of resources and link them together.

Smoking Cessation Provision

There was a Cabinet review on potential providers taking place in March 2016.

Drug and Alcohol Update

Bespoke meetings had taken place with Board stakeholders. The first meeting was held on 19 November 2015 with a further meeting being held on week commencing 7 December 2015. The meeting was looking at benchmarking and best practice. There was a clear mandate for the DAAT Service to produce a paper and present it to Cabinet.

25/15 ADDITIONAL ITEMS FOR THE HWB.

There were no additional items to discuss or present.

26/15 POTENTIAL FUTURE AGENDA ITEMS

Potential future agenda items were noted.

- A New Vision of Care Services
- Advocacy in RBWM
- Safeguarding Peer Review Update

27/15 STANDING ITEMS

Standing items were noted.

- Public Health Activities
- Joint Health and Wellbeing Strategy
- Better Care Fund

28/15 FUTURE MEETING DATES

Formal HWB Meeting – 8 March 2015.

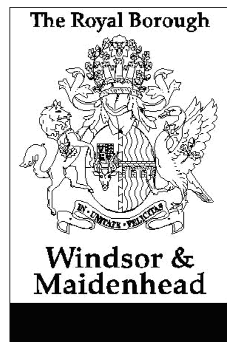
The meeting, which began at 2.00 pm, ended at 3.46 pm

CHAIRMAN……………………………….

DATE………………………………..........

This page is intentionally left blank

Report for: ACTION



Contains Confidential or Exempt Information	NO – Part 1
Title	Membership of the Health and Wellbeing Board
Responsible Officer(s)	Alison Alexander, Managing Director and Strategic Director of Adults, Children and Health Services
Contact officer, job title and phone number	Catherine Mullins, Health and Wellbeing Development Officer 01628 68 3664
Member reporting	Cllr David Coppinger, Lead Member Adults, Health and Sustainability
For Consideration By	Health and Wellbeing Board
Date to be Considered	8 March 2016
Implementation Date if Not Called In	Immediately
Affected Wards	All

REPORT SUMMARY

1. Due to the organisational changes that have taken place in the Council, the Health and Wellbeing Board (HWB) representation from Local Authority Officers has reduced from three Officers to two. Under the criteria of the Health and Social Care Act 2012, to be fully compliant with Section 194 (2) of the Act, which identifies three specific Officer roles as being within the core membership of the HWB this is a proposal to include the Deputy Director Health and Adult Social Care as a member of the HWB.

2. Additionally there is a communication from NHS England that has identified that the Better Care Fund (BCF) Manager for the South Central region of NHSE. There has been a request to include the role as a presence on the HWB to accelerate knowledge sharing and strategic support.

If recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
There are no direct benefits to residents in terms of measureable outcomes; however there will be more collaboration between key roles in the strategic planning of services which will have indirect service improvements.	

1. DETAILS OF RECOMMENDATIONS

RECOMMENDATION: That the Health and Wellbeing Board:

i. Enhance the skills and expertise of the Health and Wellbeing Board membership through including the Deputy Director Health and Adult Social Care as a permanent member to the HWB.

ii. 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.

2. REASON FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

2.1 The Health and Social Care Act 2012 created the Health and Wellbeing Board programme and identified the statutory core minimum membership for the HWB. It is the first Committee of Council that has non-elected roles on a decision making Board due to sections of the Local Government Act 1972 being specifically dis-applied to the HWB.

2.2 The roles that are identified in the Act as being from Local Authority Officers and a part of the core membership for the HWB are:

1. Director of Childrens Services
2. Director of Adults Services
3. Director of Public Health

2.3 Until January 2016, these three roles were held by three different people within the local authority setting. Due to an organisational reorganisation, the roles of Director of Childrens Services and Director of Adults Services have been amalgamated into one position and as a natural consequence, the number of Officers on the HWB has reduced. This is not in keeping with the ethos of the Act in regard to the numbers of Officers who are represented on the HWB as core members.

2.4 The restructure of the Council has identified that the role of the Deputy Director for Health and Adult Social Care would be able to make significant contributions to the work of the HWB and could strengthen the Officer representation. Therefore this paper is a formal consultation to propose that the Deputy Director for Health and Adult Social Care becomes a full formal member of the RBWM HWB.

2.5 In response to the letter from NHS England in regard to the Better Care Fund Manager as a regular co-opted member of the HWB, it is proposed that this is agreed within the caveats outlined in the letter, therefore the role does not have decision making capacities but is able to offer knowledge sharing and support to the HWB about key areas where NHSE are involved.

Option	Comments
To accept the role of the Deputy Director of Health and Adult Social Care as a full member of the Health and Wellbeing Board **This is the recommended option**	Including the role of the Deputy Director onto the HWB will allow for the expertise and experience of the Deputy Director to contribute to the decisions and work of the HWB and ensure that there is compliance with the ethos of the Health and Social Care Act 2012 in relation to numbers of Local Authority Officers on the Health and Wellbeing Board
Not to accept the role of the Deputy Director of Health and Adult Social Care as a full member of the Health and Wellbeing Board This is not recommended	Not including the role of the Deputy Director on the HWB may limit the perspectives of the members of the HWB and their contribution to the decision making and capacity to deliver the objectives of the HWB
To accept the role of the NHSE Better Care Fund Manager as a co-opted member onto the Health and Wellbeing Board within the agreed parameters of the role **This is the recommended option**	The NHSE Better Care Fund Manager being on the HWB in a non-decision making capacity will be able to give insight and liaison with the HWB and NHSE, thus improving relations and collaboration in regard to developments that would impact the local area
Not to accept the role of the NHSE Better Care Fund Manager as a co-opted member onto the Health and Wellbeing Board within the agreed parameters of the role This is not recommended	Not having the NHSE Better Care Fund Manager on the HWB as a co-opted member may negatively impact the communication and liaison with NHSE and may reduce the levels of insight of the shared work that is completed through the HWB

1. KEY IMPLICATIONS

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
The Deputy Director attends the HWB as an officer as a full member building capacity and expertise	There are only two Officers on the HWB	The Deputy Director attends the HWB meetings	The Deputy Director attends the HWB meetings, leading and coordinating elements of the HWB work		May 2016 (first meeting of the HWB in the 2016/17 municipal calendar)

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
The NHSE Better Care Fund Manager is co-opted onto the HWB and gives strategic insights to key service developments with NHSE	The NHSE Better Care Fund Manager does not attend the HWB meetings	The NHSE Better Care Fund Manager does attend the HWB meetings and gives insights that contribute to achieving better outcomes to residents through the BCF	The NHSE Better Care Fund Manager does attend the HWB meetings and gives insights that contribute to achieving better outcomes to residents through the BCF and in others areas where NHSE has involvement		May 2016 (first meeting of the HWB in the 2016/17 municipal calendar)

4. FINANCIAL DETAILS

4.1 There are no financial impacts on the budget with either role being added to the HWB membership.

5. LEGAL IMPLICATIONS

5.1 The Health and Social Care Act S.194 (2) states there is a statutory requirement that there needs to be three Local Authority Officers as the minimum, these are stipulated as Director of Childrens Services, Director of Adult Services and Director of Public Health. Further guidance issued by the LGA states that there must be three LA officers to comply with the spirit of the Health and Social Care Act 2012. Sections 194 (8) and (9) of the Act if there is going to be a change in membership there is a duty to consult with existing HWB members about the changes, and therefore to the purpose of this paper is to comply with those sections of the Act for the roles of the Deputy Director and the NHSE Better Care Fund Manager to be members of the HWB

6. VALUE FOR MONEY

6.1 There are no specific measureable value for money implications to the expansion of the membership of the HWB, thought there are some foreseeable efficiencies in terms of staff time and work developments through better and effective liaisons coordinated through the HWB

7. SUSTAINABILITY IMPACT APPRAISAL

7.1 None

8. RISK MANAGEMENT

8.1 There are no risks associated with these recommendations

9. LINKS TO STRATEGIC OBJECTIVES

9.1 The strategic objectives of the Council are supported through the actions and activities of the HWB, both explicitly and implicitly

10. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

10.1 Not Applicable

11. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

11.1 None

12. PROPERTY AND ASSETS

12.1 None

13. ANY OTHER IMPLICATIONS

13.1 None

14. CONSULTATION

14.1 Under the Health and Social Care Act 2012 S.194 (8) and (9) changes to the membership of the HWB have to be agreed by the existing HWB members. The method of this consultation with existing HWB members is not stipulated, and so this paper is to present the options in regard to membership to the HWB.

15. TIMETABLE FOR IMPLEMENTATION

Date	Details
8 March 2016	Paper regarding membership options to the HWB meeting with a decision to be made
8 June 2016	First meeting of the HWB in the 2016/17 municipal year with the new members present

16. APPENDICES

16.1 None

17. BACKGROUND INFORMATION

17.1 The Health and Social Care Act 2012 created Health and Wellbeing Boards as a forum for health and social care service to work together and deliver a range of statutory functions. The statutory powers for HWBs came into effect from April 2013

17.2 A core minimum membership for HWB was specifically identified in the Act of:

- At least one elected representative, which may be the elected Mayor or leader of the Local Authority and / or a Councillor or Councillors nominated by them.
- The Director of Childrens Services
- The Director of Adults Services
- The Director of Public Health
- Representatives of Local Healthwatch
- Representatives of each relevant Clinical Commissioning Group (one CCG with the consent of the HWB may represent another CCG that has a boundary within or coinciding with the Local Authority area)

  Additional members of the HWB may be appointed by the HWB and the Local Authority following consultation with members who are on the HWB.

17.3 HWBs are established as a Committee of Council as per the Local Government Act 1972. Section 194 of the Health and Social Care Act 2012 allows for people who are not elected members to have the same status as elected members on the HWB.

REPORT TO: The Health and Wellbeing Board for the Royal Borough of Windsor and Maidenhead

DATE: 8 March 2016

CONTACT OFFICER: Dr Lise Llewellyn DPH

PUBLIC HEALTH ANNUAL REPORT 2015/16

1. **Purpose of Report**

1.1 To inform the members of the Health and Wellbeing Board for The Royal Borough of Windsor and Maidenhead of the public health issues in the local residents and help stimulate a discussion and debate around the future priorities and work of the Board, including the Children Trust and wider partnerships.

2. **Recommendation(s)/Proposed Action**

2.1 That the Board notes and agrees to publish the draft document at Appendix A in principle subject to any comments or amendments that are raised at the meeting.

2.1 The Annual Report 2015/16 relates to aspects of the Joint Health and Wellbeing Strategy's (JHWS) *current* priorities and its cross-cutting themes[1] in so far as they relate to children and young people.

2.2 The annual report is written using information from the latest available needs data and evidence supplemented by other information sources from education and other services.

3. **Other Implications**

A) Financial - Work on Public Health has implications for all health care providers and commissioners. However this report has no direct financial implications

B) Risk Management –

C) Human Rights Act and Other Legal Implications - The Director of Public Health (DPH) has a statutory responsibility to produce an annual report for Public Health. The Health and Social Care Act 2012 states: *"The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority. The local authority must publish the report".* The DHP's final report will be published electronically on the Council website.

D) Equalities Impact Assessment (EIA) – n/a

[1] *The JHWS is due to be refreshed in 2016.*

4. **Supporting Information**

4.1 In general, the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the annual report on the health of the local population – where the DPH has a duty to write a report, while it is the local authority's duty to publish it (section 31 of the 2012 Act refers).

4.2 The draft report at Appendix A therefore pulls together a snapshot of some of the key challenges and inequalities that exist within one group of the population - our children and young people - and describes the impact of these inequalities in later life and on current service provision.

4.3 The evidence shows that children should be a key focus for attention if we are to address inequalities. If commissioners and partners are serious in addressing health inequalities in our communities then the early year's period presents a key intervention point.

4.4 RBWM population is similar in profile to the national picture with growing numbers of children. One question would be does the HWB board work demonstrate this young profile.

4.5 This report highlights some of the issues that are key in childhood. The report starts by describing that whilst our childhood mortality is improving nationally, we are doing so at a slower pace than our European colleagues and now have one of the highest European death rates. This lag in performance seems to be due to poor performance in deaths under 1 year (infant deaths) and deaths in children with long term conditions.

4.6 Services can be too focussed on clinical conditions and not recognise the huge impact that other issues contribute to outcomes. Education and health are intertwined. Whilst RBWM schools perform well with regard overall educational attainment in secondary schools, however success in children who are eligible for free school meals is low, there is significant gap in performance.

4.7 Whilst our children have lower levels of obesity than the England average, the numbers who are obese almost triples between reception and year 6.

4.8 The report shows the key issues that underpin and should be addressed to support good health in childhood that should be incorporated into plans to develop health visiting services as part of early years services integration approach. The key issues of smoking cessation, breast feeding and childhood obesity are important for both morbidity and mortality

4.9 Finally the report highlights that whilst we should be focussed on improving children's health as it has key long term benefits, if we focus improving our support in our more deprived wards then we can alter the pattern of health services use positively over the short term too and so improve effectiveness of spend.

5. Conclusion

- The role of the DPH is to be an independent advocate for the health of the residents in this authority.
- The annual report at appendix A provides an independent review of the health needs and challenges facing one area of our population - not the population as a whole (this information is reflected separately in the Joint Strategic Needs Assessment).
- It highlights some of the key challenges and inequalities at work within this group and is intended to help stimulate a debate about what local organisations, including the Health and Wellbeing Board, could do in response to these important health issues.
- The HWB board are asked to discuss how this report will influence the work o improve health inequalities

6. Appendices Attached

A – DPH's Draft Annual Report 2015/16

B - ***DPH annual report 2014/15 – Update of achievements***

6.1 Last year's annual report raised and described the issue of Mental Health within our population and described (in both childhood and adulthood) the widespread impact and inequality that this major health issue was causing locally.

6.2 This publication of the report was coupled with a new sense of priority around mental health services in the national NHS guidance and positively this year (2015/6) has seen significant investments in this major area of health burden and inequality.

6.3 Moreover it has been a major area of work in the health and well being board arena and joint work between the NHS and local government. Developments that have occurred include improved capacity and access to services and improvement in mental health prevention and promotion services.

6.4 Whilst we are just seeing the impact on service experience for our residents this is the start of a long journey to achieve parity of esteem and understandably yet to be translated into improved outcomes for residents. We will review the indices around mental health as part of the JSNA annually and continue to review the trends on outcomes over the coming years.

7. Background Papers

None

This page is intentionally left blank