

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 Carroll 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.

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- 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.

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- 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.....