## Health and Wellbeing Board - 06.10.15 WENDY BINMORE HEALTH AND WELLBEING BOARD AT 3.00 PM

### 06 October 2015

PRESENT: Councillors David Coppinger (Chairman) and Stuart Carroll

MEMBERS: Dr Adrian Hayter, Dr William Tong, Alison Alexander, Christabel Shawcross, Mike Copeland, Sue Longden,

Officers: Wendy Binmore, Nick Davies, Marianne Hiley and Catherine Mullins

Attendees: Mary Purnell

# <u>PART I</u>

### 1/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Natasha Airey, Lise Llewellyn and Rachel Pearce.

### 2/15 DECLARATIONS OF INTEREST

**Clir Carroll** – Declared a personal interest as he worked for a pharmaceutical company, Biogen. Clir 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. Clir Carroll confirmed he had no pecuniary interests or conflicts of interests for any of the agenda items under discussion.

## 3/15 <u>MINUTES</u>

**RESOLVED**: That the minutes of the meeting of the Meeting held on 2 July 2015 be approved.

### 4/15 CHILDREN'S SERVICES

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

Alison Alexander, Strategic Director of Children's Services and Dr Adrian Hayter had an offline conversation and agreed to set up a local MASH. It would be a Royal Borough of Windsor and Maidenhead MASH with input from health professionals and practitioners. It was due to go live from January 2016.

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

Health Visitors and School Nurses were in a good position. The Service wanted greater integration of Children's Services were working on a service description. They were looking at providing the service either internally or on a commissioning basis. A report would be brought to the Board at a later date.

Dr Tong stated he was looking to get a generic nurse to work across all three service areas. The Strategic Director of Children's Services confirmed she had a contractor delivering all three services. The service was hoping to move towards a workforce that provided a range of services. CCG's and Public Health were active in working in partnership to get the provision moving forward. She added that CCG's, Public Health and herself would conclude how to deliver the service. Dr Hayter agreed with the integration approach and stated there were real opportunities in that area. Marianne Hiley commented in addition to integration, it would be helpful to know how data sets would move across. There was a need to share information effectively. The Strategic Director of Children's Services responded that the good thing about the Local Authority being the provider was that it could get through so many of the data governance issues. She proposed that during the December 2015 meeting, she would bring a paper to the Board. It would go to Cabinet in November 2015 and could be signed off by the Health and Wellbeing Board in December 2015.

### CAHMS (Child and Adolescent Mental Health Services) and Thrive – Transformation Planning.

Local providers of CAHMS felt is should be reshaped to so that more people could receive the service as needed. It was an area of huge waiting lists for those not in the higher need bracket and that was where support needed to be. The Royal Borough and CCG's were working on a bid which should be submitted in October 2015. It was requested that Members of the Health and Wellbeing Board agreed to electronically sign off on the bid. The Chairman agreed he was happy to sign off on behalf of the Health and Wellbeing Board.

## 5/15 <u>HEALTH AND WELLBEING DEVELOPMENTS AND THE JOINT STRATEGIC</u> <u>NEEDS ASSESSMENT</u>

Catherin Mullins gave a brief presentation and Members noted the following key points:

- 1. That the Health and Wellbeing Board agree:
  - To form a task and finish group to look at the Joint Health and Wellbeing Strategy refresh, which will be tasked to –
    - Agree the focus and contents of the Strategy.
    - Support the identification of the key priority areas that HWB will give its collective support to achieving.
    - Set the measures so that the JHWS continues to be a document where the success can be identified.
- > Progress:
  - Workshop session for HWB Members identified key elements to develop the JHWS and agreed:
    - Rewrite rather that refresh Policy context had changed: Care Act, Five Year forward view.
    - From April 2016 March 2019.
    - The priority themes in the current strategy should continue they were still relevant.
    - Consultation and engagement for residents to input to design.
    - Engagement Event 10 November (invitations were being sent out) to gather views from the public and stakeholders.
    - A leaflet had been produced that promoted themes of the Health and Wellbeing Board.
    - The leaflets were being delivered to residents in the Royal Borough.
- 2. That the task and finish group also support the collective redesign of the Terms of Reference for the HWB.
  - Progress:
    - Terms of Reference (TOR) were being updated how did other HWB's develop themselves and conduct themselves.
    - TOR from CIP{FA comparator groups being looked at.

- Identifying a clear statement of purpose that was reflective of the partners of the HWB visions and compliments the added value that the HWB will bring – other HWB's had mission statements and vision statements.
- Draft TOR for the HWB to be circulated outside of next meeting to look at finalising for the HWB at the next formal meeting.
- 3. Consider the contents and deliver of the action points identified by the Kings Fund development session with the Health and Wellbeing Board.
  - Progress:
  - Of the nine actions that were identified:
    - Four were in progress (update JHWS, an annual work programme, develop HWB statement of purpose/vision and to work with other bodies for flexible memberships – possible providers being members of the Board).
    - Four completed/final stages (informal board workshops, meetings in other venues than Maidenhead, retention of statutory membership and consideration of relations to other bodies and promote the external profile of the HWB – community engagement exercise).
    - One due to start 2015 HWB development programme.

Catherine Mullins confirmed she had talked to other colleagues in the South East as they were also in the process of updating; theirs was much more fluid and was always changing. Slough had the Slough Story as the JHWS; they had a lot of businesses on their Board. She stated she would speak to them to get more information. A lot of places were in the same position as the Borough's HWB, they had done a three year strategy and were now also looking to refresh.

Dr Hayter stated in terms of external communication of the JHWS, he had had a debate at a workshop about how important it was to tell a story, he added he felt the Health and Wellbeing Board had been missing a trick on getting the message out. Catherine Mullins responded that they should make it something people can connect with. Dr Tong said they were looking over the borders; focus groups were great but people still did not know what the JHWS was. Mary Purnell commented a lot of the work was aligning different strategies to work together from existing strategies. Members noted it needed to be in a language people understood.

The Strategic Director of Adult & Community Services stated people did not always want to know about strategies, they just wanted to ring up and speak to one person who could advise them on what care or services they could access, such as Children's Services. There should be one person who can manage different aspects. Cllr Carroll stated it could focus around strategy when Members spoke to residents. They were not aware of the HWB or the strategy but they would be aware of certain aspects of it due to using services. The strategy should be looking at how to describe the JHWS using symbols and simple animations on You Tube to make people aware of the HWB and the JHWS.

Councillor Carroll commented that when the leaflet came through people's doors, most people would put it in the recycling bin. He suggested producing a leaflet with a few bullet points and if people wanted to know more, they could go to the link on the web. Sue Longden stated she attended the WAM CCG AGM which was most lively and popular. It was well attended with a cartoon of everything the CCG had achieved. It was a real opportunity to show what the JHWS could do for communities.

### 6/15 <u>BETTER CARE FUND</u>

Marianne Hiley gave a presentation to Members which included the following key points:

The BCF was undertaking a dementia review to prevent incorrect or inappropriate diagnosis of dementia when it could be delirium.

- BCF Metrics were a real opportunity in understanding and sharing information. It was not just a tick box exercise.
- Delayed transfers of care (adults 18+) from hospital per 100,000 population was shown as green for Windsor and Maidenhead but it was not green for Bracknell and Ascot.
- Permanent admissions of older people to residential and nursing care homes per 100,000 population showed tracking data indicated they were in excess of target for both nursing and residential care.
- > The number of falls showed significant improvement in July 2015 figures.
- > The numbers were going in the right direction.
- There had been great progress on falls prevention. The approach had been very proactive and falls week had been well advertised.
- > There was now a programme funded to support delivery of non-elective admissions.
- > GPs still visiting homes with high percentage of non-elective admissions to support.
- There were more opportunities for GP appointments our of hours and at weekends to help those working full time.
- Received feedback from a parent saying how helpful it had been taking their child to the doctors on a weekend.

Dr Hayter said he was looking to put forward a bid for a training to get resources to see what workforce needs were. It would include nursing and residential homes.

# 7/15 HEALTHWATCH WINDSOR, ASCOT AND MAIDENHEAD (HW WAM)

Mike Copeland of Healthwatch gave a verbal update and stated Healthwatch had completed a food survey at Wexham Park Hospital. The hospital had promised to address issues; they had acted and provided a new menu. Healthwatch would go back again in a few months time to see how the changes had been progressed.

The new management at Frimley Park were working with the staff; they were getting their new system up and running at mealtimes to improve them. A survey had gone out to gather information from patients and their friends and family. The results would form part of information submitted for inspection.

Healthwatch had a university student carry out work to find out how quickly assessments were made on how to move people on quickly so they weren't staying longer than medically required. WAM came out top and Healthwatch was waiting for comments from Local Authorities which would be published in a couple of weeks. The Royal Borough had a few spaces available but were moving patients on quickly; other areas had lots of spaces in care homes but were not moving people on quickly enough.

Healthwatch were working with GP's to do a survey soon on monitoring waiting times across the Borough when the new seven day GP access came in. they were liaising with GP's regarding a start date.

Healthwatch were monitoring 111 and 999 services, the transfer between the two numbers and outcomes to see if different services followed on to admissions or other services. Also to see if public were aware of the two services. Healthwatch had also been working on an outreach programme. The aim was to have sessions at different venues so people could go along and talk to Healthwatch so they could be signposted to a service that could help. Healthwatch were in the process of appointing a new engagement officer to raise awareness of Healthwatch.

Healthwatch were monitoring patient transport services and a tender for the service was up. They got a snapshot every couple of weeks showing the times the services were used, when they were ordered and the time patients were collected. Healthwatch had found some patients being dropped home at 11.30pm which was not appropriate. However, when Mike Copeland had last checked, the drop off times had got a lot earlier with patients being dropped home no

later than 6.40pm. He noted communication had also improved between services ordering the transport and the company providing it. Marianne Hiley commented it was important to understand what services were commissioned by Wexham Park regarding transport as there was a community service provider which used to take patients home. Mike Copeland confirmed he had a few problems getting statistics from that provider as they had recently changed their system.

### 8/15 THE CARE AND SUPPORT ACT

Christabel Shawcross, Strategic Director of Adult & Community Services gave Members an update on the changes to Phase two of the Care Act and stated a stock take had been done on viability of Phase two; the government had decided in June 2015 to delay implementation until 2020. There had been lots of discussions on viability. A lot of work had been don on Phase two but, for significant changes the team were waiting on guidance for a couple of years' time. The Strategic Director of Adult & Community Services believed they had successfully implemented Phase one of the Care Act. The focus was now on getting people out of hospital safely and preventing people going in.

The Strategic Director of Adult & Community Services stated the government gave a grant last year to cover Phase one and two. The systems were then set up. However, the government were to decide if they provide further funding or if they could request a refund.

## 9/15 <u>PUBLIC HEALTH ACTIONS - SMOKING CESSATION PROVISION - RESULTS</u> <u>FROM THE PUBLIC CONSULTATION</u>

Sue Longden, Interim Head of Public Health stated shareholder sessions for stopping smoking had been held, although they were not as well attended as she had hoped. There was strong support in targeting people with the greatest need and those who were at health risk. There was strong support for free smoking cessation through the NHS. A paper had been discussed at ASCOSP where there was strong discussion and the programme was supported by the Panel.

Dr Hayter said he agreed with a targeted approach and suggested there needed to be wider public health awareness. The Interim Head of Public Health confirmed she had amended the service specification for tender so the new provider could work on the communication strategy. There was also a proposal to develop an app looking at engaging with younger smokers. The Strategic Director of Adult & Community Services commented people could go to a pharmacy for support. It would be promoted through the Borough's website.

## 10/15 ADDITIONAL ITEM FOR THE HEALTH AND WELLBEING BOARD -COMMUNICATION TO THE HWB MEMBERS ABOUT THE CHILDREN'S SERVICES LOCAL OFFER

Catherine Mullins had circulated a handout which detailed to Members of the HWB the promotion of the Local Offer. The handout was from the Children's Officer, Rachel Franklin the key points of the handout included:

In September 2015 Children's Services published their Local Offer Website bringing together information about services for children and young people with Special Educational Needs and Disabilities (SEND) and their families. The Local Offer aimed to enable families to see the range of services available in the area, including Education, Health and Social Care, and how to access them. Families and professionals also had the opportunity to shape and improve the Local Offer by being involved in its development and review.

A year on from the launch, Children's Services had produced a report on the feedback they had received from families and professionals on the Local Offer.

The Annual Report for September 2015 – August 2015 was available with the appendices on the website.

The report set out the key themes of the feedback and how Children's Services would take it forward to review and improve the Local Offer. The feedback was in relation to:

- > The accessibility of the Local Offer.
- The content of the Local Offer.
- The range and quality of local services for children with special educational needs and disabilities.
- > How the Local Offer has been developed and reviewed.

Catherin Mullins explained an E-consultation was being discussed at the Policy Committee and it was to be tabled as a future agenda item for the Health and Wellbeing Board. The Chairman confirmed the E-consultation was so older people could speak to their doctor or other appropriate health professional through skype from their care homes.

# 11/15 POTENTIAL FUTURE AGENDA ITEMS

- > Children's Mental Health Services updates on Transformation Plan
- Working with stakeholders
- Advocacy Services in RBWM
- > Triage Nurse for mental health across East Berkshire funding discussions.

# 12/15 STANDING ITEMS

- Better Care Fund Update
- > The Care Act implementation (until October 2015)
- Public Health Activity Updates
- > Joint Health and Wellbeing Strategy update (until March 2016)

# 13/15 FUTURE MEETING DATES

- Formal HWB Meetings:
  - o 1 December 2015
  - o 8 March 2016

The meeting, which began at 3.00 pm, ended at 4.50 pm

CHAIRMAN.....

DATE.....