

HEALTH AND WELLBEING BOARD
NEW WINDSOR COMMUNITY CENTRE, HANOVER WAY, WINDSOR,
BERKSHIRE, SL4 5NW AT 3.00 PM

31 August 2016

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey and Stuart Carroll, Jackie McGlynn, Geraldine Richardson, Lise Llewellyn, Dr Adrian Hayter, Alex Tiley, Colin Mapperley

Officers: Angela Morris, Catherine Mullins, Hilary Hall and Andy Carswell

PART I

51/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Alison Alexander, Mike Copeland, Mary Purnell and Dr William Tong.

52/15 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 the HWB discussed anything directly related to Biogen's business he would abstain from the discussion and leave the room as required.

53/15 MINUTES

The Minutes of the meeting of June 8th were agreed and signed as a true and accurate record.

54/15 PUBLIC QUESTIONS

There were no Public Questions.

The Chairman expressed his disappointment that there were no members of the public present and stated that the Board should investigate ways of publicising future meetings. Informing local surgeries and community associations was suggested as a way of publicising meetings.

55/15 FRIMLEY HEALTH NHS FOUNDATION TRUST - HEATHERWOOD HOSPITAL DEVELOPMENT PLANS

Colin Mapperley gave a presentation to the Board to remind Members of the proposed redevelopment at Heatherwood Hospital. He:

- Said the current mental health building would remain and be used as an administration hub and for GP surgeries, with 700 square metres being set aside for GPs

- Said a bus stop near to the entrance of the new building had been proposed and around half of the bus companies to be approached had indicated a willingness to run services to it
- Explained the layouts of each of the floors of the proposed new building and which services would be provided on each one
- Reiterated that all services currently provided at the hospital would still be provided at the redeveloped facility
- Explained that a Suitable Alternative of Natural Greenspace would be created next to the hospital, to account for the use of designated Green Belt land. He said that a footpath to the hospital from Ascot railway station would be created running through the SANG, with a view to possibly also including a cycle path

Dr Hayter said he was concerned that the future capacity for GPs could be restricted, and asked if the proposed amount of space was fixed or whether it could be readjusted. Mr Mapperley said there was scope to increase the amount of space for Primary Care, but the details of it would need to be agreed between the Trust and the CCG. Dr Hayter stated the question of future capacity should be raised as early as possible.

Resolved unanimously: That Members note the contents of the presentation.

56/15 THE FUTURE ROLE OF CHILDREN'S CENTRES IN DELIVERING HEALTH AND WELLBEING - RESPONSE TO THE ALL-PARTY PARLIAMENTARY ENQUIRY.

The Head of Commissioning for Adults, Children and Health informed Members that the Council is considering providing a greater number of services at Children's Centres. She stated that proposals to integrate a greater number of family services, not just in relation to children's services, was something that was being supported by the Council. She explained that the proposals are still at the development stage, with informal discussions taking place, and that a full campaign strategy would follow by April next year.

The Head of Commissioning for Adults, Children and Health stated that the informal discussions related to a willingness to explore the proposals. She said that more formal discussions with the CCG are now likely to take place.

Dr McGlynn said that a similar integration of Primary Care services was also currently being considered. She said there was a large amount of support for the proposals as it allowed service providers to be joined up.

Dr Llewellyn stated her belief that victims of domestic abuse would feel more comfortable attending a Family Hub which provided a range of services, rather than, for example, a charity or drop-in centre for abuse victims.

The All Party Parliamentary Group Report Recommendations were noted in Appendix 1 of the report. Cllr Carroll said he questioned the rationale of recommendation 6, which stated that local authorities should be required to record family breakdown statistics on a statutory basis. Dr Hayter stated that data such as school attendance and contact with the police would help to identify families that are at high risk of breakdown.

Resolved unanimously: That Members note the direction of travel for Children's Centres to develop into Family Hubs and invite Council partners to explore how their services can be aligned to support the developing model.

57/15 UNDERREPORTING OF FEMALE GENITAL MUTILATION ACROSS THE THAMES VALLEY - RESPONSE TO THE LETTER FROM THE POLICE CRIME COMMISSIONER

The Head of Commissioning for Adults, Children and Health told Members that there is a mandatory yes/no question relating to Female Genital Mutilation on referral forms that are sent to the multi agency safeguarding hub, and that identifying FGM formed part of standard training to level 1 and 2. She stated that a safeguarding audit of all schools within the Royal Borough had recently been carried out and the feedback was currently being analysed. The Head of Commissioning for Adults, Children and Health stated that although a number of procedures, policies and training was in place in relation to FGM, the abuse is difficult to identify.

Dr Llewellyn stated that obstetricians had not hitherto reported cases of FGM, but known cases were now being reported. She said that as a result, any daughters in a family where FGM was known to have taken place were being assessed to identify the level of risk they were subject to. Dr Llewellyn acknowledged that there had been an under reporting of FGM in the past, but steps were now being taken to address this.

Ms Richardson queried if the Council had had any contact with leaders from communities that had been identified as being at high risk of FGM. She stated that this had been the case in Reading and Slough.

Dr Hayter said there was more training available to hospital staff and consultants and awareness around FGM was increasing. However he noted that cases were not being progressed to the point where people were being prosecuted.

Resolved unanimously: That the Board note the letter from the Police and Crime Commissioner.

58/15 HEALTHWATCH WINDSOR, ASCOT AND MAIDENHEAD - ANNUAL REPORT AND INFORMATION FROM THE STAKEHOLDER EVENT FOR FUTURE SERVICE DEVELOPMENTS

Geraldine Richardson gave a presentation and verbal update to the Board on Healthwatch WAM. She said that it hosted an open forum of community groups and other Healthwatches on July 28th, which was attended by around 60 people. Healthwatch WAM asked for views on the services currently provided and those that people wanted to be provided, and how they could be provided. Those findings had been collated into an interim report, which had provided a list of priorities to be actioned over the next six months. A plan of action based on the feedback was being put together and would be ready by April next year.

Ms Richardson said the top three concerns that WAM had received since January related to GP appointments, discharge from hospital, and mental health services.

She said that WAM had prioritised working collaboratively with neighbouring Healthwatches. A joint meeting to discuss this further will take place within the next few weeks. She said there was a feeling that more needed to be done to publicise the work of Healthwatches.

Ms Richardson said that WAM was four weeks into a programme of visiting care homes within the Royal Borough. Around 100-120 hours of volunteer work had been undertaken so far. A report on the visits' findings will be written by the beginning of October and will be passed in the first instance to WAM's commissioners. The programme was commenced following numerous comments that WAM received from members of the public and was organised by a former CQC inspector. It was hoped that good practice could be identified from the inspections.

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

59/15 THE JOINT HEALTH AND WELLBEING STRATEGY (JHWS) - WORKING ON OUR PRIORITY AREAS 2016-2020

Catherine Mullins gave a presentation to update Members on the priorities of the Health and Wellbeing Strategy. Three themes – supporting a healthy population, prevention and early intervention, and enabling residents to maximise their capabilities and life chances – were identified, as were four priority areas for each theme, making a total of 12. The proposal is to have a rolling programme for each of the 12 priority areas with different focuses depending on the time of year.

The plan is for the Health and Wellbeing Board to oversee the context in which services are delivered to meet the priorities, rather than manage the actions directly.

Cllr Carroll stated that Officers had done an excellent job in compiling the priority areas. He said the Council was working to digitalise the materials it had for the public to use, in order to centralise resources and make it easier for members of the public to access. Efforts were being made to make the material easier to understand. Cllr Carroll said that the Council's YouTube channel was in the process of being reactivated, with a view to uploading an informational video on the JHWS. All Council partners would then be informed of where the material could be found, instead of just one focus group being targeted.

RESOLVED UNANIMOUSLY: That Members note the contents of the presentation.

60/15 BETTER CARE FUND

The Head of Commissioning for Adults, Children and Health told the Panel that following an externally-led review of intermediate care it had been agreed to fully progress the Better Care Fund. It was felt the BCF would help to clarify what the Council provides in terms of intermediate care. A large increase in demand for services had been noted.

The Deputy Director of Health and Adult Social Care said there had been two surges in the last six weeks, which had caused delays to service users. The reasons for the surges and subsequent delays had been identified and solutions to this were being sought in conjunction with the CCG, but it was acknowledged that this was a necessarily slow process.

RESOLVED UNANIMOUSLY: That Members note the update on BCF governance and progress on activity.

61/15 THE AUTISM SELF ASSESSMENT RESPONSE - OUR LOCAL PERFORMANCE

The Head of Commissioning for Adults, Children and Health said responses to the Self Assessment needed to be submitted to Public Health England by October 17th. She said that representatives from Council would be visiting public health partners to give guidance on how to complete the Self Assessments before the deadline.

Resolved unanimously: That Members note the update.

62/15 TERMS OF REFERENCE FOR THE HWB - ANNUAL REFRESH

Members were provided with an updated set of Terms of Reference. The Board was told that it was being proposed that the Terms of Reference are reviewed on an annual basis.

RESOLVED UNANIMOUSLY: That the Board agree the updated Terms of Reference.

63/15 AOB - ADDITIONAL INFORMATION FOR THE HWB

Dr Llewellyn said that she wanted the Connected Care Programme and Patient Portal to be discussed at a future meeting.

64/15 FUTURE MEETING DATES

The future meeting dates of 30th November 2016 and 15th February 2017 were noted by Members.

The meeting, which began at 3.05 pm, ended at 4.52 pm

CHAIRMAN.....

DATE.....