

HEALTH AND WELLBEING BOARD
COUNCIL CHAMBER - TOWN HALL AT 3.00 PM
15 January 2019

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey, Stuart Carroll, Lindfield and Mark Sanders

Officers: Hilary Hall, Kevin McDaniel, Nabihah Hassan-Farooq

PART I

167/15 WELCOME AND INTRODUCTIONS

Councillor Coppinger welcomed all attendees to the meeting and asked that members introduce themselves.

168/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Angela Morris, David Scott, Jackie McGlynn & Dr William Tong.

169/15 DECLARATIONS OF INTEREST

Councillor Carroll declared a personal interest as he works for a pharmaceutical company, Sanofi Pasteur. 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 Sanofi Pastuer's business he would abstain from the discussion and leave the room as required.

170/15 MINUTES

RESOLVED UNANIMOUSLY; That the minutes of the meeting held on the 16th October 2018 be approved.

171/15 APOLOGIES FOR ABSENCE

172/15 STANDING ITEM: UPDATE ON THE BETTER CARE FUND (BCF)

Hilary Hall, Deputy Director of Strategy and Commissioning (RBWM) gave an update on the above titled item. It was noted that the authority was awaiting guidance in relation to the rolled over BCF. The long term NHS plan had been published in early January 2019 but the green paper on adult social care was still awaited. Members were informed that non elective admissions had decreased by 0.4% and this had been mitigated by the impact of different work carried out in care homes and through CCG communication streams. There had been an increase, however, in 0-5 year old non elective admissions for fever related instances. Board Members were told that the telephone hotline and mechanisms were now in place to

support. It was noted that delayed transfers of care had not met target but that delays attributable to social care were very low. It was felt that a whole system approach was needed to address the wider challenges at hand, and that data was assessed monthly with each upload. There would be a peer review in March which would focus on learning from best practice particularly around health delays.

Current targets for 91 day re-admission were at 87.5% and it was reported that current performance was at 92.4%. Care homes had been set a target of 86 placements, and YTD 17 placements into care homes had been made. There had been an increase in nursing home placements and it was noted that there had been a higher increase in the rate of dementia diagnosis. It was highlighted that the BCF would continue delivery and to be realigned with the priorities.

At the conclusion of the update, the Chair commended officers on their commitment to work through the BCF and commended the positive metrics update. Dr Adrian Hayter stated that more consistency was needed and that the peer review would be a good way of analysing ways of improving performance further. The peer review was intended to provide a critical friend approach and was not intended as an inspection of services, it would serve as a reflective piece of work to delve further into more positive outcomes. Members discussed that leadership support was needed and that more work on social prescribing to inform residents of services was needed to reflect positive experiences. Members felt that it would be useful to have an update at the next HWB meeting to look at the positive advantages of social prescribing and how this is helping individuals to stay at home longer. Members were informed that social prescribing was a set of activities based in the community which aimed to support individuals. There had been three wellbeing practitioners employed across the borough and patients could be referred to this service through their GP surgery. The wellbeing practitioners were also able to provide advice, assistance and signposting to relevant services relating to money/debt/housing advice.

173/15 UPDATE ON THE INTEGRATED CARE SYSTEM (ICS)- SYSTEM OPERATING PLAN

Jane Hogg, Integration and Transformation Director, Frimley Health outlined the above titled item. Members of the Board were told that a refresh of the System Operating Plan (which had been agreed in 2016) was currently underway. It was highlighted that transformation initiatives would be looked at in more detail and that the already set out objectives for 2019/2020 would remain the same. Delivery of the System Operating Plan would be place based and GP networks would be strengthened for local delivery of service. The early draft plan had been shared with partners and would be submitted to NHS England by mid-February 2019.

It was noted Fiona Edwards had been selected as chair to replace Andrew Morris and that the structure had been changed. Conversations were ongoing regarding the new structure, retaining alignment, ensuring that local and health partnerships were connected at system level whilst retaining their own individual importance. Councillor Coppinger highlighted that there had been regular Health and Wellbeing Alliance Board meetings involving the Chairs of the Wellbeing Boards across the Frimley CCG and that these meetings had provided the opportunity to ensure that all areas were working towards the same collaborative ambition. Members of the Board discussed ways in which residents could be engaged and ways to advance the dialogue of change moving forward. Dr Adrian Hayter highlighted that when engaging with the community, residents should be aware that place now played a key role in the way that services would be shaped. Kevin McDaniel highlighted that in East Berkshire, the Children's Board (0-5 year olds), had different funding arrangements and that it was important to hear all voices.

Tessa Lindfield noted that local authorities had a public health duty and that the duty to advise on commissioning had now ended. This had been explored through the ICS, and work

with primary care networks to utilise data for immunisations were fragmented and that work being carried out with primary networks was vital to ensuring that there would be better outcomes for residents. Members of the Board discussed that the further work to enhance the launch of the JSNA was needed and that next steps would include looking at the online tools to ensure that the HWB had a broader view. Councillor Carroll suggested that there could be some work into the designing of a JSNA microsite which would support further development.

174/15 UPDATE ON HEATHERWOOD

Janet King, Director of HR and Corporate Services (Heatherwood Hospital Trust) gave a presentation on the above titled item. Members of the Board were informed that major transformational change was taking place and that the hospital had a great reputation but that the facilities had needed improvement. The Board were informed that Frimley Health Trust had taken over the management of the hospital facilities in 2014 with a promise to build a new hospital at the Heatherwood site. It was highlighted that there had been positive opinions from the local community and staff despite many services being taken off site, such as maternity and minor injuries. It was important that with the development of a new hospital, the services were shaped accordingly whilst maintaining the best modern healthcare for its patients and community.

The new facilities would include a dedicated elective care centre with state of the art facilities for multiple specialities and would provide the best patient experience. Members were informed that in order to deliver upon the Frimley Health vision, the existing hospital site would be sold for housing development and that planning permission to build within the green belt woodland would be applied for. The plan had some key advantages;

- Enabling ways to raise capital to re-invest into the new £95.8m facility
- Continued operational running of the current site until the new site was ready
- Retaining of staff throughout Heatherwood Hospital sites
- Re-development of the site would help the local authority meet its housing provision requirement
- Land alongside the hospital offering could be opened to public use (for example SANG development).

Members were informed that there was significant advantage in favour of the plans in respect of intrusion onto the green belt. There had been overwhelming support from the local community and local planners. Public engagement events had been held, and work with local planners, health and care partners and key stakeholders was vital. Working with these partners helped to address concerns relating to lowering height and scale, car parking, landscaping, fencing and security. The Board were informed that the new Hospital was scheduled to open in 2021 and would comprise; 6 operating theatres (all laminar flow); 40 beds (half en suite) plus eight private patient beds; 22 day case spaces & endoscopy; outpatient and diagnostic procedures/treatment rooms; surgeries running into the evening and space for primary care hub and a GP clinic. It was expected that within 10 years, the number of patients would double from 85,000 to 168,000. There was a focus on providing services where related procedures could be carried out together with extended hours and that there be a greater amalgamation between primary and community services. These linked services would be known as “one stop shops” and would enhance the current offer of services to be delivered in more efficient ways.

Members were told that great care and detail had been taken in designing the exterior and interiors of the new building and that this work had been co-designed with Friends of Heatherwood and other parties. The Board were informed that there were a number of details yet to be resolved following the planning decision, which included agreeing and approving a full business case to ensure sustainability of services; liaising with health and care partners to ensure that the plans fit within the ICS priorities and to seek approval from NHS improvement. There has been significant investment in the Greenwood offices (formerly

mental health unit) in bringing new life to the hospital. There had been up to 300 staff employed in IT, HR, Finance plus a number of meeting spaces. Members were informed that with the recent opening of the Greenwood offices, there was also the good news with the commencement of building work on site. It was proposed that the start of main construction work on site would begin in February 2019 and that by the end of 2021, commissioning would be complete with the ambition to open the hospital for use.

Tessa Lindfield, Director of Public Health; outlined that there had been a recent public health report which reported the advantages of green space and the positive results this had on recovery. It was queried whether the inclusion of green place had been taken into account with the plans and it was confirmed that this had been taken into account with various floors offering views and green space, and that this was already phased in on the acute site. Dr Adrian Hayter praised the trust for the efficient timeline of works and for the wider offer that would be available to local resident for specialised and non-specialised services. It was outlined that the GP space was an integral part of the hospital and that this service had been well received by patients; it was requested that these spaces be co-designed with the GP network to ensure collaborative aspirations were met and that there was enough practical space for clinics to be carried out. Mark Sanders, (Healthwatch WAM) highlighted that the pending expansion of Heathrow could also increase the population by 40,000 and that community engagement and feedback was incredibly useful in shaping future places of localised services. It was noted that there should be a greater effort to inform the public of the replaced services and current health provisions that were in place.

175/15 ADDRESSING LONELINESS AND ISOLATION- CASE STUDY FROM ST MICHAELS C OF E PRIMARY SCHOOL., ASCOT

Lorna Anderton, Head teacher of St Michael's C of E Primary School gave a presentation on the above titled item. The school was situated within Sunninghill and had served the community for over 200 years. The school had strong community and links with the local Church. The school recognised the value of working with local senior citizens and the value that could be added to pupils' learning and wellbeing, whilst giving importance to caring which was an important school value. It was felt that in giving back to the community children had felt the joy of giving and that it was importance to include vulnerable families and pupils who may have experiences loneliness and isolation. Ways in which the school had engaged with the community were as follows:

- Communications with local care homes and Ascot Day Centre
- Supporting fundraising with the Rotary Club
- Christmas Plays
- Church Services- Harvest & Easter
- Extended invitations to the local community to attend whole school outdoor events
- Remembrance Service
- Bi-Centenary Celebrations
- Sharing facilities with local Nursery School
- Pupils had sent letters and Christmas cards

A Designated Welfare Support lead had been designated at the school, and they had been able to provide a friendly point of contact; bereavement support; access to entitlements; discreet uniform re-cycling; safeguarding; outside agency support; finding support within school community and coffee mornings. Reported benefits of community well-being included taking/having time to listen; genuine engagement/ elevated self-esteem of participants; feeling valued; contributing positively to society. It was noted that SEN pupils had felt a huge sense of achievement without judgment and that research had shown that the positive impact of intergenerational engagement in both physical and emotional wellbeing. Future intergenerational engagement included the following;

- Regular reading sessions to be timetabled
- Nursery School and Day Centre visit St Michael's for community- 'play and learn dates'.
- Working with Nursery, Care Home and Day centre to evaluate the impact on the wellbeing of those involved and assess if feelings of isolation and loneliness had been reduced.
- Questionnaires to be sent to all involved to analyse further ways of support and engagement.
- Reaching out to the most "hard to reach" families to provide meaningful engagement and support.
- Increasing hours of dedicated family support worker.
- Improving holiday care to provide enriching experiences for most vulnerable pupils and families.

At the conclusion of the presentation, Dr Adrian Hayter queried whether consideration had been given to more hard to reach members of the community, such as young carers, overcoming GDPR issues and how to forge strong connections between all parts of the community? Lorna Anderton informed the Board that there were known young carers at the school presently and that they had assisted in transport to a function where the carer was unable to travel independently. More work would be carried out and Members of the Board were pleased with the work being carried out by the school.

176/15 FUTURE IN MIND- LOCAL TRANSFORMATION PROGRAMME CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

Janette Fullwood, Head of Children, Young People's and Families- East Berkshire CCG gave a presentation on the above titled item. It was noted that the national strategy, Future in Mind, had been published in 2015 which outlined how local services would invest their resources to improve children and young people's mental health across the "whole system". It would also eliminate "tiers" within structures, look at early intervention and promote transformational change. East Berkshire's first local Transformational Plan was published in October 2016 with nine strategic priorities, this had been refreshed in March 2017 and retained the original priorities. It was highlighted that NHS England required all Local Transformation Plans to be refreshed by the end of October 2019. Board Members were told that additional services including online support and community counselling had been rolled out across the patch. PPEP care training had been delivered to all professionals including GPs and teachers. Eating Disorder and Rapid Response were now in place and that the new Anxiety and Depression support tier 2 support via the Andy Clinic (Reading University) was now on offer. It was noted that survey and focus groups had been set up to encourage children and young people's participation. The Board were informed that there had been an increase in Tier 4 admissions but that this had slowed down with the reduction in average length of stay.

Current challenges were outlined as follows;

- A fragmented service offer – children and young people do not always know about the additional support that has been commissioned
- Unfamiliarity among professional partners and school staff, who are often unaware of the services that exist in each area and how to access them
- Rising demand on specialist CAMHS (this continued in the first quarter of 2018, with the total number of referrals up by 14.5% compared to the same quarter in 2017)
- A lack of dedicated mental health roles for early intervention
- Weak links between targeted services within LAs and specialist mental health services
- Under-developed parent/carer participation
- A data-rich but intelligence-poor system with weak transparency of existing data

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- The absence of a coordinated, system-wide approach to workforce development
- A high number of inappropriate referrals to specialist CAMHS – approximately 50% of East Berkshire referrals fall into this category
- Collaborative commissioning needs further development
- Transformation to date has focused heavily on the provision of additional services, as opposed to a system-wide approach
- A tiered approach to support, which in practice means that children and young people have to fit the services, rather than the services fitting the changing needs of the child or young person

Key areas of change with the refreshed Local Transformational Plan included, four key priority outcomes and enablers with clear information as to how these outcomes would be achieved. Greater alignment with partners' priorities through links and partnership working would be included in the refresh. There would be a move from consultation to co-production for delivery of the plan with greater multiagency ownership and delivery of the plan through new governance arrangements. There would also be a systematic and suitable approach towards transformation and this would be broader than the additional funds allocation from NHS England. It was noted that there would be four new outcomes and the first outcome was outlined as "Communities, Schools, families and young people will work together to build resilience, learning from young people themselves, how best to help them cope with life's ups and downs." This outcome would be promoted through good mental health and emotional wellbeing to allow young people to thrive and stay positive through the facilitation and development of peer support. The second new outcome- "Children and Young people will have access to early help to meet any emerging emotional and mental health needs", this would primarily focus on early intervention and to ensure that systems that care for children and young people would be easily accessible and effective for the service user. Outcome three- "Better communication- we will provide improved and coordinated information about the mental health and wellbeing support available and we will communicate this information effectively to children, young people and families, communities and professionals; this would be addressed through the dissemination of clear information on the services in the locality relating to mental health and wellbeing. The final outcome was outlined as "improved coordinated care for children and young people with complex mental health needs and vulnerable children and young people- ensuring the right support at the right time in the right place; and it was noted that this would be achieved by providing immediate, round the clock help to children and young people in crisis.

As part of the ongoing work, there would also be strengthened direct governance arrangements for the delivery of the plan with the formation of the new Local Transformation Plan group. The Board were told that Directors of Children's Services and Public Health leads had nominated representatives for this group and that the voluntary sector were now an active part of the Local Transformation Plan group. Outcomes would be translated from the plan in a tangible local offer and that this would differ in each local authority area based on current provision and emerging needs. The group were currently meeting monthly to ensure that the plan was implemented at the pace needed, it was outlined that the CCG would remain the lead in coordinating the plan but that the delivery overall was in the remit of multiple stakeholders. The CCG would provide dedicated project leads to manage the workload and to ensure that there was strong project management with a focus on implementation. The priority concerns with the implementation of early intervention support would be supported by ongoing work with the nominated local authority leads and children/young people to co-produced a specification of early intervention support with a view to the model being implemented by May 2019.

At the conclusion of the presentation, Members were happy with the signed off plan and were keen to learn work together in regards to the local offer. It was noted that there was a new Mental Health team who were currently working with a cluster of schools and that this would be something likely to be rolled out across the patch as part of the refreshed Local Transformation Plan.

177/15 WINTER PLANNING ASSURANCE

Rachel Wakefield, Associate Director Urgent and Emergency Care and Specialist Services, East Berkshire CCG gave a presentation on the above titled item. It was highlighted that NHS England had provided guidance for a phased approach to winter planning. The Frimley ICS plan took into account the overarching resilience, flu plan, winter plan and infection control. Local schemes had been focused on the improvement plan, 111 line, GP services, ambulance services, urgent care centres, local schemes and hospital to home services. It was noted that there had been community step up and down services implemented and that there had been an increased number of staff employed where the demand was higher for those services. There had been notable challenges in WAM and additional staff were needed for the winter period.

It was highlighted that there had been some challenges with the communications programme process and it was difficult to see where services could be accessed. Work had been carried out with the 111 service to provide more information to residents and further work was being carried out with the walk in services. It was reported that there had been better performance for these services over the last twelve months and projected performance was expected to increase with the dissemination of information to patients. It was stated that there had been better performance throughout the severe weather period due to the 2018 projected milder weather with a delayed start to the announcement of the official flu period (25th December 2018). There had been challenges throughout the first week of the new year with a notably high rate of admissions at hospital with flu related symptoms, and it was noted that there had been increased pressures upon the urgent care and accident/emergency services. It was noted that other systems were working well and that this could change with the increased demand for health care with instances related to flu.

Members were informed that the out of hours service had seen a decrease in demand in the weeks leading up to Christmas but that the demand was now increasing with higher numbers of patient calls to the service. It was noted that partnership working with services was going well but that there was room for improvement once trends had been identified. Berkshire Healthcare Trust had been working effectively and the Board were informed that more nursing home beds had been commissioned. Further updates included the re-opening of the detox ward at Wexham park, which would be open for use in January 2019. At the conclusion of the presentation members agreed that there had been a many positives and that the work be commended.

178/15 STANDING ITEM: UPDATE ON THE SUB BOARDS

Kevin McDaniel, Director of Children Services updated the board on the above titled item. It was noted that all Boards had made significant progress and that the pace of delivery was good.

179/15 QUESTIONS FROM THE PUBLIC

No questions from the public were received.

180/15 ANY OTHER BUSINESS

None.

181/15 FUTURE MEETING DATES

Noted.

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

CHAIRMAN.....

DATE.....