

**HEALTH AND WELLBEING BOARD**  
**MAGNET LEISURE CENTRE, HOLMANLEAZE, MAIDENHEAD SL6 8AW AT**  
**3.00 PM**

**30 November 2016**

PRESENT: Councillors David Coppinger (Chairman), Dr Adrian Hayter (Vice-Chairman) and Stuart Carroll, Alison Alexander, Dr Lise Llewellyn, Dr Adrian Hayter, Dr William Tong and Mike Copland

ALSO PRESENT: Mark Sellman, Head of Digital Transformation, Commissioning Support Unit (CSU).

Officers: Wendy Binmore and Nick Davies, Catherine Mullins and Teresa Salami-Oru

**PART I**

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Natasha Airey, Angela Morris, Hilary Hall, Mary Purnell and Alex Tilley. Hilary Turner has left her position with NHS England and will therefore, no longer be attending the Health and Wellbeing Board.

**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, 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.

**Dr Adrian Hayter** – Declared a personal interest as he is a member of a GP practice that is part of the Sustainability and Transformation Team affected by the Sustainability and Transformation Plan.

**MINUTES**

**RESOLVED That: the minutes of the meeting held on 31 August 2016 were agreed and signed as a true and accurate record.**

**PUBLIC QUESTIONS**

The Chairman explained to the Board that a question had been received via social media which read:

'I would be interested to know what is being done to monitor and address health impacts of Heathrow flight noise on residents.'

Nick Davies, Service Lead Adult Commissioning responded to the question with the following statement:

The Royal Borough of Windsor and Maidenhead has long had an interest in the developments at Heathrow Airport and have had an Aviation Forum since 2008. The Forum is committed to providing community leadership to local communities within the Royal Borough by representing local views at national and regional government on the economic, social and environmental impacts (including noise), and concerns arising from activities associated with aviation, particularly those related to Heathrow Airport.

At the last Aviation Forum on 1 November 2016, the decision by the RBWM Cabinet Prioritisation Sub-Committee on 13 October 2016 was discussed; namely to authorise the potential expenditure of £50,000, if required, to legally challenge any potential decision to expand London Heathrow Airport.

The preference expressed by government on 25 October 2016 towards Heathrow, is required to go through an NPS/consultation in 2017 before a final decision is confirmed. It remains the hope of the Council that such a decision will not happen – in order to safeguard against the significant environmental impacts such expansion would have upon Royal Borough residents, including the significant noise detriment that extra air traffic movements would bring.

It is important to note that the four Borough's considering legal action (in the event of an NPS/decision), will not have arrived at the decision making stage suddenly. A detailed dialogue has been (and will continue to be) undertaken with Government and previously with the Airports Commission over the last few years. It was hoped that the judicial review process will not have been necessary owing to the fact that expansion of the airport cannot satisfy environmental, health and other legal challenges. The Royal Borough continues to believe that Heathrow can get better without getting bigger and that there is only one viable choice in front of the government at present, which was the expansion of Gatwick airport.

The next steps for the Royal Borough will be to scrutinise the detail behind the reported evidence base (involving a further review of environmental assessments), ensuring we continue to hold government to account to protect our residents.

The Royal Borough owns two aviation monitors located in Windsor and Old Windsor to keep a log of noise from both runways. These are in addition to noise monitors sited by the airport at various locations in local communities. The results of these are often discussed with the airport at their Community Noise Forum.

All of the latest information on the Aviation Forum is on the RBWM website, with regular updates on the developments with Heathrow communicated to residents through a variety of news releases.

Other questions asked came from the public gallery of the Health and Wellbeing Board meeting. The following questions were asked with the following responses:

- **Who will be carrying out the new development at the St Mark's site?** – The estate was handed over to NHS Property Services and within the last few months, the development had been re-energised. A group was launched six weeks previously which discussed how to make the best use of the site and to see what was actually needed. The Managing Director confirmed the Borough and the CCG's would be very careful to ensure that people were constantly informed on what was happening with the site. Dr Hayter stated there would be lots of organisations working in the background but, services would be delivered to residents in a streamlined way. He wanted to make sure services were connected and simple.
- **Was there a specific place where the public could access and see what Sequins had been decided on?** – Dr Hayter confirmed that Sequins would be published on the

CCG website after Christmas 2016.

- **With STP and the CCG's, where did the voluntary sector fit in?** - the Managing Director confirmed that all services across a wide spectrum would include some voluntary sector input. STP and the CCG's were really going to start to capitalise on volunteer's expertise. Dr Hayter stated the CCG had contracted out to organisations and had discussion at the AGM on how to commission services across the voluntary sector and be more joined up. They needed to look at how voluntary organisations could partner up with other community providers to help deliver a range of services.
- **Would integrated hubs mean less GPs?** – Dr Hayter responded that no, the hubs were there to help GPs deliver better services. To help deliver things on a bigger scale such as group consultations where GP's, nurses and dieticians can all work together. Details were still to be worked out but, not to take services away from GP's but to add to them. They would also improve access to care for patients making consultations with GP's longer.
- **A lot of older people and other residents were seeing change and there was a lot of change taking place. Residents were seeing the changes as a loss. How will the Borough get across to residents that the changes were not bad or negative and that it was urgent changes that were needed?** Dr Hayter stated that the CCG's did work with patient groups that underpinned the message that the changes were positive and necessary. His patient group had been discussing the changes and had moved to telephone consultations on Mondays. The patient group had made patients aware of the changes before carrying them out. It was necessary to get patient groups to communicate those messages effectively to residents. Dr Tong commented that despite all of the different things, he asked people if there was another better way of doing things instead of it being the professionals always telling the patients.

## SUSTAINABILITY AND TRANSFORMATION PLAN

Alison Alexander, Managing Director & Strategic Director of Adults, Children and Health Services and Dr Adrian Hayter gave a brief presentation on the Sustainability and Transformation Plan and highlighted the following key points:

- The STP will provide benefits to the communities and individuals will:
  - Be supported to remain as healthy, active, independent and happy.
  - Receive better coordination of health & social care system - a 'no wrong door' approach.
  - Know who to contact if they need help and be offered care and support in their home that is well organised, only having to tell their story once.
  - Work in partnership with their care and support team to plan and manage their own care, leading to improved health, confidence and wellbeing.
  - Find it easy to navigate the urgent and emergency care system and most of their care will be easily accessed close to where they live.
  - Have confidence that the treatment they are offered is evidence based and results in high quality outcomes wherever they live - reduced variation through delivery of evidence based care and support.
  - Increase their skills and confidence to take responsibility for their own health and care in their communities.
  - Benefit from a greater use of technology, gives easier access to information & services.
  - As taxpayers, be assured that care is provided in an efficient and integrated way.
  - STP was a culmination of work that had taken place over the last two to three years through the BCF and JHWS.
  - Already acknowledged the population is independent, healthy and happy but, it needs to be better coordinated to get residents what they need so they only have to tell their story once.
  - Better use of technology.

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- People's needs needed to be met through the HWB boards.
- Initiative 1: Ensuring residents had the skills, confidence and support to take responsibility for their own health and wellbeing.
  - Key local initiatives – already taking place around the Borough:
    - Detection of raised blood pressure
    - Diabetes prevention programme – programme just started within the Borough which supported healthier lifestyles.
    - Smoking cessation support for those awaiting elective procedures – real evidence post surgery that giving up smoking provides positive outcomes.
    - Obesity reduction.
    - Development of digital programmes to support healthy lifestyles.
- Initiative 2: Develop integrated decision making hubs to provide single points of access to services such as rapid response and reablement, phased by 2018.
  - Re-development of St Marks as an integrated hub for Maidenhead: Engaging with NHS PropCo regarding possibilities.
  - Potential expansion of Dedworth Medical Centre as an integrated hub for Windsor.
    - To integrate as many services within the hub as possible.
    - Want to provide the care that is actually needed.
- Initiative 3: Lay foundations for a new model of general practice provided at scale, including development of GP federations to improve resilience and capacity.
  - Drawing GPs together and working together to provide resilience.
  - Development of quality bundle for GP enhanced services – GP practices want to join together so there is a more joined up approach.
- Initiative 4: Design a support workforce that is fit for purpose across the system
  - Challenges in GPs, paramedics, nurses, non-regulated workforce domiciliary care workers.
  - Big gaps in areas so, looking to fill gaps with the right people to train and get in place.
  - Local initiatives:
    - Map current provision and gaps including use of agency
    - Establish career development track for bands 1-4 and into first registered position – lots of care staff have great potential to expand their learning.
    - Develop cross-trained Healthcare Assistants (HCAs)/Domiciliary Care Workers that operate both in hospital and community: rotational apprenticeships – some areas have difficulty recruiting and other areas don't, so joining together would help plug any gaps.
- Initiative 5: Transform the social care support market including a comprehensive capacity and demand analysis and market management.
  - Development of site to enable discharge – 'step up, step down'
- Initiative 6: Reduce clinical variation to improve outcomes and maximise value for individuals across the population.
  - Ensuring all residents get access to the same services.
- Programme of transformation enablers:
  - Working together
  - Becoming a collective system
  - Developing communities and social networks so that people have the skills and confidence to take responsibility for their own health and care in their communities.
  - Developing the workforce across our system so that it is able to deliver the new models of care – using technology and the estates.
  - Using technology to enable patients and the workforce to improve wellbeing, care, outcomes and efficiency.
  - Developing the Estate.

## CONNECTED CARE - INTEROPERABILITY AND THE PATIENT PORTAL

Mark Sellman, Head of Digital Transformation for the regional Commissioning Support Unit (CSU), gave a brief presentation on the Local Digital Roadmap update. He highlighted to the Board the following key points:

- The local digital roadmap brought together health and social organisations to have a system-wide digital strategy
- Makes best use of limited resources by utilising scale, sharing best practice and reducing duplication – adopting solutions.
- Provides digital support to the Frimley Sustainability and Transformation Plan.
- Key enabler is Connected Care.
- High level vision:
  - Developing the patient portal will access Health and Social Care services online.
  - By 2017 will have a substantial number of users
  - Pulls together 18 different systems.
  - Support users that use apps
  - Patients wont need to tell their story more than once.
- Connected Care
  - Started from engagement with residents and their feedback
  - Provides a care portal that provides access to key information for health and social care professionals with the consent of the resident
  - 18 organisations across Berkshire are participating to create a holistic record.
- Connected Care Benefits:
  - There should be significant improvements to care
  - Improved patient experience
  - Increased efficiency
  - Clinical quality & improved outcomes
  - Wont replace communication between patient and health care professional.
- Patient / citizen portal:
  - Diabetes care evolving through the patient portal
  - Underpins the work on STP
  - Ahead of many areas of the country due to work ongoing for the last couple of years.
  - Patients could opt out entirely to sharing their personal details. Records would only be accessed at the point of care so a patients portal would not be activated until then.

Dr Lise Llewellyn stated the apps to access personal care information would not be live until late 2017, early 2018. One app was for new mums and there had already been some good feedback already. It was important to start using digital technology to help patients manage their conditions even if they were not connected to the portal.

## CCG COMMISSIONING INTENTIONS AND OPERATING PLAN

Dr Hayter introduced his presentation and Board Members noted the following key points:

- Our commissioning Intentions – what are they?
  - How CCGs signal to providers how they were going to make changes to contracts.
  - Set out what changes they intend to make to the services they commission from providers.
  - Gave a starting point for contract negotiations
  - Provided an opportunity to discuss intentions with all stakeholder groups
  - Set the scene for the CCG Operational Plan.
- What to the Commissioning Intentions Say?

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- The main headings focus on the key areas of work:
  - Urgent and emergency care – to be able to think about this with more and more demands being made of the service.
  - Integrated care – joined up services and how they were delivered in the community.
  - Mental health, learning disability and/or autism – part of a national plan and to improve care
  - Childrens and maternity services – new building in Wexham Park
  - Planned care – pharmacies and dentistry to be included.
  - Primary care – forward view in GP Practices
  - Specialised care – prevention to obesity and after care.
  - The full published document is on the CCG website at – <http://www.windsorascotmaidenheadccg.nhs.uk/>
- Planning Guidance for the Operational plan:
  - 2 years plan, 2 year allocations, two year contracts
  - Submissions of final plan 23/12/16 and contracts signed 23/12/16
  - Needs to be a clear link to trajectories and milestones in the STP
- Nine Must Do's:
  - Alignment of the Operational Plan to the STP
  - Financial Sustainability
  - Primary care (General Practice)
  - Urgent and emergency care
  - Referral to treatment and elective care
  - Cancer
  - Mental health
  - Learning disability
  - Improving quality
- Development of Initiatives:
  - Reviewed where there is variation in outcomes and spend
  - Considered areas where we know there are quality issues
  - Worked with clinical leads for areas to develop proposals
  - Discussed at Programme Boards
  - Discussion at BCF Boards
  - QIPP workshop to consider areas to develop further
- Examples of developments:
  - Mental health services for new mothers and children and young people
  - Improved cancer diagnosis treatment times
  - New ways of supporting people at the end of their lives
  - Seven day services – primary care and in hospitals
  - Development of GP Hubs and integrated services
  - Improved cardiology and diabetes services
  - Personal health budgets – not doing so well at working closely with Local Authority to see where working with personal budgets has worked well.
- There was a requirement to get views from the HWB so need the Board to note the plan and progress and sign off for the plan would be needed by December 2016.
- A statement was required from the HWB by 23/12/16 regarding the alignment of the HWBS and Operating Strategy.

Mike Copeland, Chairman of Healthwatch, stated it was difficult getting the information to the public and the public get confused regarding GP Out of Hours Services. There was a need to get the public to understand what services were available to patients and that required a PR campaign. Dr Hayter responded saying that A&E doctors were there 24hours but that was not necessarily the best use of resources. They needed to continually get the message out to patients. There was clear information within STP and the Patient Portal. They could use the Around the Royal Borough publication and produce a marketing plan. Alison Alexander, Managing Director & Strategic Director of Adults, Children and Health Services agreed with getting the CCG to use the Around the Royal Borough publication to get the information out to residents regarding all areas of care. The Health and Wellbeing Board agreed in principle to

the commissioning plans summary as presented

## DELIVERING DIFFERENTLY - DELIVERING ADULT AND CHILDRENS SERVICES IN RBWM

Alison Alexander, Managing Director & Strategic Director of Adults, Children and Health Services gave Members a presentation on delivering adult services differently within the Royal Borough. Board Members noted the following main points:

- Meeting residents' needs as early as possible to ensure they live independent successful lives – the Borough feels it can be creative in delivering differently.
- Because our expectation of how we support residents is high, we also invest in our workforce so that we have the highest skilled workforce supporting our residents – continue to service residents and have their needs met so they can live independent healthy lives. The Borough wants to meet their needs.
- The Challenges:
  - People are living longer – the Borough is a small Local Authority
  - Needs are getting more complex – residents not as dependent on adult services till a later stage in their lives and then their needs are more complex
  - The world is more competitive – RBWM was a small Borough but with the largest number of care homes per population. That meant that residents had a choice and could have impact on the Borough as working with a broad range of care homes. The Borough needed to provide support to care homes.
  - The Borough has really good staff – but as a small Local Authority, they move onto somewhere where there were opportunities for career development
  - Retaining staff was difficult in a small unitary authority – so there were many advantages in working together
- Meeting the challenges:
  - The council was committed to constantly evolve (transform) and the focus has been on three areas:
    - Knowing our services – knowing which ones the Borough does deliver and which ones the Borough can deliver
    - Having the right people and tools – STP and commissioning intentions. Asking people to have a broader range of skills
    - Delivering differently, where necessary: Children's services approved by Cabinet in September 2016 – the Royal Borough feels it can deliver adult services and children's services differently.
- Adult services responding to change – saying to residents: what can you do for yourself and what can the people around you do for you so the Borough can target care more effectively.
  - Over four years there has been significant transformation across adult services – need to partner with another LA to deliver services.
  - Current changes include projects such as 'Each Step Together.'
  - More recently we have undertaken research and investigation into the different operating models in the country to deliver adult services.
- Conclusion of research:
  - We will enter into a partnership with Wokingham Borough Council – deliver services together. Will be overseen by three elected members.
  - Bringing our services together and buy a shareholding in the local authority trading company – Optalis Limited – Optalis was set up in 2011 and provides care at home, domiciliary care and will provide provision support and testing new ways of delivering services to residents.
  - Company overseen through a board that comprises of Elected Members from the Royal Borough and Wokingham Borough Council
    - Optalis employed around 450 people delivering services for Wokingham Borough Council
- Current Position:

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- Both Councils taking proposals to Cabinet in October 2016 to form a partnership.
  - The Royal Borough will own 45% and will move over to 50% over the next two years.
  - Both Councils agreed to the partnership.
  - The ambition was to start the partnership in April 2017 with a commitment for 10 years – currently developing implementation.
- What this means for adult services staff:
  - New delivery model for adult services through Optalis, delivering £29.9m gross of services.
  - Adult services staff – circa 300 headcount TUPE to Optalis by 1 April 2017
  - Professionals delivering support services: finance, hr, ICT, data, transport etc – resource to transfer to Optalis being determined.
- Adult services to move into the partnership:
  - Physical disabilities and older people
  - Community team and people with learning difficulties
  - Windsor day car centre
  - Oakbridge Centre for adults with learning disabilities
  - Boyn Grove Day Care Centre
  - Homeside and Winston Court
  - Allenby Road
  - Short Term Support & Rehabilitation
  - Integrated mental health
  - Strategic safeguarding/DOLS
  - Contracts, Accreditation and Monitoring Team
  - Operational commissioning and brokerage
  - Business Support
  - Financial Assessment Team
  - Assisted Technology.
- Adult services not moving into the Partnership:
  - So, All adult services except for:
    - Statutory role of Director of Adult Services
    - Safeguarding Adults Board Business Unit
    - Strategic commissioning including public health.
- Fundamentally, staff will continue to deliver services to adults in the Royal Borough on behalf of the Royal Borough of Windsor and Maidenhead – with the same aims with a broader range of staff to service needs.

## ANTIMICROBIAL RESISTANCE

Dr Lise Llewellyn explained to the Board that antimicrobial resistance was on the rise and highlighted the following points in order to raise awareness of the issues:

- Antimicrobial resistance was resistance to antibiotics
- During the 1900s, most deaths were due to infection
- Now, the quickest killers are cancer and heart disease
- Bugs were now becoming resistant to antibiotics
- Many infections were becoming untreatable
- The number of deaths due to infections would inevitably rise
- Increasing numbers of people are surviving cancer but, chemotherapy means the body is less able to fight infection so, if a bug is antibiotic resistant, the patient will be untreatable
- One thing that people can do to prevent antimicrobial resistance was to complete the course of antibiotics once prescribed.
- If the course isn't completed, they won't kill the bug and then the bug becomes resistant to antibiotics.

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- Patients should not ask for antibiotics if they have a virus.
- All GPs and health care professionals treat people differently for a many reasons. WAM CCG prescribe more antibiotics per 1,000 but Bracknell and Ascot CCG prescribe less.
- There is a website called antibiotic guardian, people can sign up and make a pledge

Dr Hayter stated he had done work on this in GP practices and there is good information and leaflets on this which can be given to patients. An important element of this is hospitals. The south of the county are better than most areas but, there are things that could be done even better. Dr Lise Llewellyn commented there was an Antibiotic Guardian Steering Group that was looking at putting antibiotic guardians in hospitals. Dr Tong said it was about making sure the patients get the best care so there was a balance. By not prescribing antibiotics, that could cause harm when they are needed so there was a need to strike a balance. Dr Lise Llewellyn agreed and said super antibiotics shouldn't be used for a simple infection and medical professionals need to ensure patients complete courses of antibiotics. Mike Copeland, Chairman of Healthwatch commented that they needed to make the public more aware of when they need to take antibiotics. There was also a need to reduce the use of antibiotics in farm animals so they are not consumed by the public.

## TRANSFORMING CARE PARTNERSHIPS

Nick Davies, Service Lead Adult Commissioning provided the Board with the information relating to Transforming Care Partnerships which included the following key points:

- Transforming Care Partnerships was a national plan
- It focused on those with learning difficulties – there was no long term residency within the Borough
- It was challenging to secure community based accommodation
- The Borough had made good progress in Windsor and Maidenhead with a bid for capital funding to NHS England so the Borough can work with providers to deliver accommodation
- It will allow three people to be accommodated in the Borough and in the community.
- Confident about the final submission to secure capital funding and will make the bid work
- Property was in place by the end of 2016 and three people will be in placement by April 2017

Dr Lise Llewellyn asked if there was any plan to look at how residents with learning disability access regular health care services such as services for cancer. Could this be looked at in the next phase of work? Dr Hayter responded saying that could be taken forward within the CCG and clinical priorities for next year. Disability health checks was in there and that could probably be done better as not yet reaching everyone.

## BETTER CARE FUND

Nick Davies, Service Lead Adult Commissioning wanted to reassure the Board that the Borough was progressing with key indicators and was monitoring them. A few of the highlights he wanted to share with the Board were that the Borough was hitting the target for non-elective admissions for the first time, delayed transfers of care from hospital target was being met and new figures showed that falls related NELs were exceeding targets in spite of last years successes. The Chairman stated that the Borough was required to integrate health and social care and that had started with the Better Care Fund and that was a good way to share resources and funds.

## AOB - ADDITIONAL INFORMATION FOR THE HWB

The Chairman stated he had received a letter from the Home Office asking the HWB to include the Police and Crime Commissioner in the HWB membership. The Chairman felt that a smaller Board was a more effective Board and he intended to keep it that way. The Chairman said he would respond to the letter explaining that and stated that the Police and Crime Commissioner would always be invited to the Board on matters which were directly linked to their role.

The Chairman had also received another letter from David Mowat MP asking the HWB to work closer with Primary Care and to support the 5 Year Forward View for General Practice. He felt the HWB already did that through joint working with the CCGs and Cllr Carroll also worked with GPs in a variety of different ways across the system so he was going to respond with words to that effect to that letter too.

FUTURE MEETING DATES

Members noted the date of the next Health and Wellbeing board meeting.

The meeting, which began at 3.00 pm, ended at 5.00 pm

CHAIRMAN.....

DATE.....