

HEALTH AND WELLBEING BOARD
CONFERENCE ROOM - YORK HOUSE AT 3.30 PM

08 June 2016

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey and Stuart Carroll, Mike Copeland, Lise Llewellyn, Sally Macfarlane, Eve Baker, Dr Adrian Hayter, Marianne Hiley, Alex Tilley and Dr William Tong,

Officers: Alison Alexander, Angela Morris, Catherine Mullins, David Cook and Hilary Hall.

PART I

42/15 **APOLOGIES FOR ABSENCE**

Apologies for absence were received by Angela Morris and Hilary Turner.

43/15 **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, 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.

44/15 **MINUTES**

The minutes of the meeting on the 8th June 2016 were approved as a true and correct record subject to Cllr Carroll being spelt correctly in DOI and Alex Tilley being spelt correctly in attendance.

45/15 **THE JOINT HEALTH AND WELLBEING STRATEGY (JHWS) - WORKING ON OUR PRIORITY AREAS 2016-2020 (15 MINUTES)**

Catherine Mullins gave a presentation on the refresh of the Joint Health and Wellbeing Strategy 2016-2020 and provided legislative background to the strategy highlighting the need for it to be produced in partnership between Clinical Commissioning Groups and local authorities.

The Board were informed that the first strategy was introduced in October 2013 and ran until March 2016. The strategy had been based on extensive consultation and some of the key achievements shown in the presentation were supporting 866 people to stop smoking, reducing falls in the elderly by over 10% and that there had been 1,137 interventions to prevent homelessness.

For the refresh it had to be seen in a changing policy context and the impact of the local and national spending review. There was a focus on the integration of health and social care to help meet the changing demographics and need whilst providing savings with reduced funding.

The Board were informed that whilst undertaking the refresh evidence had shown that there had been no significant change in need in the area and thus the current themes were still relevant. Any additional requirements found in the Joint Strategic Needs Assessment were reflected in the refreshed strategy and there had been extra focus given to empowering residents.

The presentation highlighted the strategies framework that contained the three themes from the previous strategy but with changes to the priorities. The themes and priorities had been developed with residents and to enable the strategy to help focus resources on better outcomes. The strategy showed the commitments being made to residents and also the contribution they could make.

The communication plan for the strategy and the Board were also shown, this included highlighting some of the key messages about self care and how to access the right services. There was a need to focus and take advantage of social media to get the message across and if agreed there would be a special section in 'Around the Royal Borough' informing of the work being undertaken by the Board and the Strategy. There were also other opportunities for partners to take advantage of national and local campaigns and the use of local newsletters such as those produced by housing associations.

The Chairman asked if the Board if the approved the refresh and during discussion the following points were raised:

- It was felt that the some of the language used for resident's responsibilities was too passive and it was agreed to make it more active.
- It was important to put into peoples' minds what the actions meant for them; looking after your own health and public participation.
- It was agreed to add a link between the CCG and RBWM websites and to look at utilising digital media for example using a short video explaining what the strategy was about.
- It was agreed to try and take the Boards meeting into the public domain by holding meetings in a variety of locations such as schools, colleagues or community halls. A variety of stalls, publicity boards could be used and invite groups such as students to participate.
- It was agreed to see if there would be any interest from students in producing a 'young persons' version of the strategy.

Resolved unanimously: that the Board:

- **Approved the refreshed Joint Health and Wellbeing Strategy subject to the changes approved at this meeting.**
- **Approved the outlined communication strategy and approved the development of a calendar of events.**
- **Agreed to use the strategy to drive the business of the Board with regular updates and focus being given at meetings on an individual theme / priority.**

The Board received a presentation updating on the Sustainability and Transformation Plan (STP) for the Frimley footprint which was due to be submitted to the Department of Health at the end of June 2016. The Frimley health and care planning footprint had a population of 750,000 people registered with GPs in 5 CCGs: Slough; Windsor, Ascot & Maidenhead; Bracknell & Ascot; Surrey Heath and North-East Hampshire and Farnham, a area map was provided as part of the presentation as well as listing all the system partners.

The STP set out the key priorities across the system for the next five years and would be crucial to securing transformation funding. A significant amount of work had already been done with partners that had helped identify five emerging priorities:

1. Making a further step change to improve wellbeing, increase prevention and early detection.
2. Significant action to improve long term condition pathways including greater self management and proactive management across all providers.
3. Frailty pathways: providing proactive management of frail complex patients, having multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays.
4. Redesigning urgent and emergency care, including integrated working and primary care models providing out of hospital responses to reduce hospital stays.
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

The Board were informed of the leadership and governance arrangements that brought together 3 established system leadership groups; East Berkshire System Leadership Group; North East Hampshire and Farnham Leadership Group and Surrey Heath Alliance. They would be looking at good practice and how that could be built upon. The STP would build on good relationships with a high degree of trust.

To inform the development of the STP, analysis had been undertaken of a range of data sources to provide information about the health and wellbeing, the care and quality and the financial challenges. The analysis demonstrated that the Frimley system had a good starting point, with some issues being highlighted and informing the STP. Demographic changes had to be taken into account to ensure any good progress was maintained.

The Board discussed the overall purpose and scope of the STP, and it was noted that the plan was focused on identifying and addressing the common issues and priorities across the Frimley system. A strong plan would be required to attract the additional transformation

funding and it would complement rather than replace local plans, strategies and activities.

It was mentioned that the ambition was about people taking responsibility for their conditions and how better signposting to services would help. It was also raised that a lot of residents in the WAM area used the Royal Berks and they were concerned that they may have to go to another hospital; the Board were informed that there would always be concerns like this at the edge of boundaries but the STP would bring widened consistency.

The Chairman mentioned that the Board would require updates on the STP as it develops.

Resolved unanimously: that the Board note the update.

47/15 BETTER CARE FUND - UPDATE ON BCF GOVERNANCE SUBMISSION TO NHS ENGLAND AND PROGRESS ON ACTIVITY (20 MINUTES)

The Better Care Fund Manager provided an update on the Better Care Fund. Key points noted regarding the finances were:

- £75k ARK / SIGNAL new carers services that had been grant funded from Berkshire Carers and will be an in year virement.
- IMCA advocacy budget increased by £7k.
- £75K transformation funding in social care.
- The £604K contingency budget remained in place.
- £130k under spend carried over.

The presentation then went on to show the timescales relating to the submissions of the NHSE and the Board were asked to approve delegated authority to submit Section 75.

Resolved unanimously: that the Board approve delegated finalisation of section 75 to Alison Alexander (RBWM), Alex Tilley (WMMCCG) and Mary Purnell (BACCG), supported by Nigel Foster, CFO for East Berkshire CCGs.

The Board went on to consider the BCF performance data that had been updated to include M12 2015/16 actuals, although performance was good it was noted that NEL admissions and delayed transfers had not met target.

Resolved unanimously: that the Board note the outturn performance for 2015/16 and approved the business targets for 2016/17.

(Alison Alexander left the meeting)

The Board went on to consider key risks for the BCF, such as better communication, better use of resources and workforce development. Proposed mitigating actions being put in place were also considered.

48/15 TRANSFORMING CARE PARTNERSHIP (20 MINUTES)

The Head of Mental Health and Learning Disabilities Commissioning gave a presentation on the Transforming Care Partnership Plan.

The presentation gave the background to the plan that included the 'Winterbourne view' that people with learning disabilities should only go into hospital if that was the best course of action and that they should not remain longer than required.

The Board were informed that a systematic change was required for the care partnership with 49 Transforming Care Partnerships (TCPs) set up nationally with the Berkshire TCP being formed by 7 CCG's and 6 local authorities. The Berkshire TCP was to be held account by the Chief Accountable Officers in East and West Berkshire, the Chief Executives / Manager Director of the local authorities and the Health and Wellbeing Boards.

The presentation showed the TCP programme and the vision for the Berkshire TCP which was about care for all ages. The model of care being used was shown and showed a range of services and activities being made available with the service user and family being the centre focus.

With regards to inpatient service the Board were informed that the CCGs commissioned 16 inpatient beds in Berkshire with individuals also being placed outside the area; there were currently 28 individuals in hospital. The west of Berkshire had a higher usage than the east especially in Wokingham.

The presentation went on to show the Berkshire Plan for both health and social care where it was planned to retain 11 specialist health provision beds supported by existing community teams and a new Intensive Intervention Service to help reduce the need for hospital admissions. The TCP would also work closely with existing local authority teams, housing providers and support qualified skilled staff to support individuals. There would be no additional funding so existing funds would have to be re-invested.

The Board were informed that the plan had been approved by NHS England and the next steps were to set up the work streams and start implementation.

Resolved unanimously: that the Board note the update.

49/15 AOB - ADDITIONAL INFORMATION FOR THE BOARD

It was noted that there was a WAM Workshop P3 in the Town Hall Council Chamber on 28th July 2016.

50/15 FUTURE MEETING DATES

The future meeting dates were noted.

The meeting, which began at 3.35 pm, ended at 5.10 pm

CHAIRMAN.....

DATE.....

