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| **Minutes** | **Board Meeting** |
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| Date: | 26 July 2018 Venue: Chalvey Community Centre |
| Present: | Colin Pill Board ChairDolly Baskharan Non-Executive DirectorShaid Latif Non-Executive Director (Finance)Emma Leatherbarrow Executive Director (Help & Care)Man Mohan Lay RepresentativeJane Senior\* Service lead: Commissioning & Transformation (SBC)Mike Wooldridge\* Better Care Fund Programme Manager (SBC) |
| In attendance: | Liz Woods Minute Taker  |
| Apologies: | Mike Connolly Lay Representative (Slough CCG)Nicola Strudley Healthwatch Slough Locality Manager  |
|  | \*until end of Item 3 |

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| 1. | Apologies, welcome and introductions Apologies had been received from MC and NS. |  |
| 2. | Minutes of the last meeting held on 23.05.18a) Accuracy - Agreed as a true record and signed by the Chair.  |  |
|  | b) Matters arising - There were no matters arising. |  |
| 3. | GUEST SPEAKER Jane Senior (Service Lead: Commissioning & Transformation) with Mike Aldridge (Better Care Fund Programme Manager) Jane Senior (JS) recently joined SBC. She has worked in commissioning for over 10 years, in various senior positions, and she also has third sector experience. Within the context of SBC’s 5-year plan and its 5 outcomes (listed at <http://www.slough.gov.uk/downloads/Five-year-plan-18-23.pdf>), JS’s role is twofold:1. Commissioning: planning, procuring, delivering & evaluating services.
2. Transformation: development of an approach which will result in a truly integrated ICS.

Better Care Fund MW explained that this is funded by a pooled budget (NHS & local authority) and it seeks to integrate health & social care. Within Frimley Health & Care ICS, Better Care Funds are delivered locally and different places use different models. In Bracknell for instance it is phone call-based and more about information/signposting. In Slough, it is more holistic and therefore more resource-intensive. Two key initiatives are being pursued in Slough:1. A single point of access has already been introduced, with one phone number for all services.
2. Integrated Care Teams are being developed to case-manage individuals.

Three Integrated Care Teams currently operate in Slough and the aim is to maintain these and add more. Referrals come from surgeries and social services. Currently only urgent cases are addressed this way, but it will be expanded to include cases before they become ‘urgent’ and eventually to those who might be at risk. The goal is that with earlier intervention, hospitalisation can be prevented and with improved patient experience, people will be better able to manage their own conditions. It is not intended that cases remain with the team indefinitely, but that they can eventually be de-escalated with a care plan in place. This is a big change for GPs and currently not all see the benefits of social prescribing. Better Care is therefore initially concentrating on those who do, although eventually all GP practices will be involved. The intention is to bring in other professionals too. In practice, only a limited time will be available for each patient, so the success of teams will depend on how well members are trained and on how well meetings are chaired.Various points were raised in discussion:* Once established, it will be important to assess impact. Initial figures suggest that Integrated Care Teams are not having an impact on the number of interventions, but this may be a weakness in the method of recording, as patient experience is said to be great.
* Is Better Care looking elsewhere to learn from the experience of other places? MA explained that this is not happening because they were given their own specification.
* The system is complex and, especially with CCG amalgamation, there is a danger of Slough losing out, not least because its health needs are greater than the other two former-CCGs. It was agreed that money needs to be ring-fenced for Slough and that this issue needs to be watched carefully.

Adult Social Care JS outlined her priorities within Adult Social Care:1. To increase opportunity for people to access direct payment
2. To introduce a memorandum of understanding for carers
3. To identify carers; ensure they have support & can draw on the community
4. To approach co-production (‘with’ rather than ‘to’)
5. To work with MW across the health & social care interface
6. To build on the relationship with HWS, addressing the challenge collaboratively

In discussion some problems were highlighted:* In a recent SBC survey, there were no questions about carers
* If getting through to SBC on the phone is difficult – which it can be - any good work done by the council will be negated

JS was asked what HWS can do to help her, given our shared desire for the best possible health & social care services for Slough. She would like to:* Continue to liaise with NS
* Ensure that she & HWS are aligned in terms of priorities & work programme
* Come to any board meeting as necessary
* Receive support/input from HWS, in terms of independent opinions and practical help. She recognises this may require extra resources.

CP thanked JS & MW for attending the meeting. He extended a welcome to them to attend any future board meeting. JS and MA left the meeting.  |  |
| 4. | Board members’ interactions/stories/experiences for the CRMThe role of HWS is not to help individual people. If enough people are experiencing the same problem, HWS identifies the common issue and reports it to the CCG. Instead of sharing stories at the meeting, board members were encouraged to let NS know if they hear of a problem.However, one particular problem was highlighted: too many people are being discharged without a care & support plan. Apparently, in many cases, senior managers are not aware that this is happening.  | All to note |
| 5. | Development of 360° Review action planThe 360° Review was produced in the context of NHS quality statements & HWE now realise that it was too complex. HWS feedback was very positive in terms of vision, added value & good relationships. However, the need for more consistent attendance at strategic meetings was highlighted.The identified areas of development were:1. To ensure that the value of insight is articulated. Our surveys will never be representative of a whole community, but every voice counts.
2. To expand and better deploy the volunteer base
3. To improve communication with East Berkshire CCG. Is the right information going to the right person at the right time?
4. To ensure we are represented at all strategic meetings & that we make consistent contributions to ensure consumer voice is considered.
5. To ensure the public know they can actively participate in commissioning, delivery and scrutiny
6. To share what we escalate to HWE

Various comments were made in discussion:* We need to build relationships and be challenging. How can we be more challenging? When there is an ongoing concern, what can be done to help change the situation?
* We need to help people understand why they do things. Additional resources would be required, but we can offer training packages (eg training for commissioners for co-production). People perhaps don’t realise that this is something provided by HW.
* Do we really want staff in meetings all the time? When they attend strategic meetings, safeguarding often takes up a significant amount of time. Though important, safeguarding has limited cross over with the role of HW. Is this always time well-spent?
* Volunteer support takes time. It involves recruitment, training etc, but also ongoing input in order to maintain interest/involvement.

The general feeling was that HWS came out positively in the report, but that certain things need attention. The areas of development identified in the report form a good starting point. It was agreed that NS should make an action plan; implement it and report back in February.  | NS |
| 6. | Risk Register Item carried forward to the Sept board meeting. EL apologised that she has been too busy to work on this. | EL |
| 7. | People’s Assembly: Salt Hill Play Day (01.08.18) CP encouraged board members to come and give support. | All to note |
| 8. | Slough becoming a disabled-friendly town Slough is not disabled-friendly. For wheelchair-users, there are few public toilets with wheelchair access and many shops have narrow aisles. Slough fails to meet parking bay regulations & does not have the required percentage of disabled spaces in car parks. Access to buses is limited & for trains, it is worse. In addition to wheelchair-users, there are of course a wide range of other disabilities too. There are some which are permanent & others temporary; some that are obvious & others invisible. Each presents a unique set of challenges, often not being addressed in Slough.Alan Sinclair (Director of Adults & Communities, SBC) raised a paper in which he pointed out that every year the matter of Slough not being disabled-friendly comes up at the Health Overview & Scrutiny Committee and he wants to see this remedied. His aim is to make Slough the first disabled-friendly town in the country and he has set up a Task & Finish group (which includes CP) with its first meeting on 10 Aug. All on the Wellbeing Board signed up to the group. Alan Sinclair also wants business representation on it. (In discussion, a suggestion was made that a ‘planner’ is also needed to provide another crucial perspective) For HWS it is an opportunity to do one of the biggest tasks ever done by a HW with perhaps the biggest impact. Alan Sinclair recognises that resources will be needed and there are funds available. For example, money earmarked for infrastructure, which is specific & constrained, could be used for disabled-access in GP practices etc. CP and NS are already working on it and NS has contacted other groups. It has been agreed that GP surgeries are to be the starting place. To this end, an accessibility checklist has been prepared to send out to surgeries next week for completion. (If board members want to add items to the list, they should email CP & NS within the next few days) NS plans to spend some time in a wheelchair out and about in Slough to give her a glimpse of the problems involved. This whole initiative is a huge undertaking, with perhaps only the tip of the iceberg visible at the moment. So many things pose problems for disabled people. However, CP pointed out that there are simple changes which can be made relatively easily which would bring improvement and change lives. Disabled people should feel safe in Slough, but they don’t. This venture aims to change that and he will keep the board informed of progress. CP will speak with NS, as this will need to go into the work plan.CP also informed the meeting of recent changes to the Wellbeing Board. In July, Natasha Pantellick was appointed chair and Jim O’Donnell, vice chair. Naveed Ahmed has resigned. | All to noteCPCP |
| 9. | Helpdesk Quarterly ReportThere are still not a large number of calls: just 79 in 3 months. There were 16 interactions, some of which were lengthy. Most other HWs have more (except Wokingham) and HWS wants to see an increase. How do we raise awareness of the phone numbers? It was suggested that perhaps leaflets should be distributed again, as last time this resulted in more calls. The importance of leaflets available at all times in GP surgeries, hospitals etc was also emphasised.  | NS |
| 10. | Volunteer PlanHWS keeps seeking new volunteers and has gained a few new ones, but they are difficult to find. HWS has a Code of Conduct for volunteers. Induction day to be held in September. | NS |
| 11. | FinancesIt was reported that £925 appears to have been overspent but this is simply a function of the reporting method. The discrepancy is explained by insurance having been charged as a lump sum, rather than divided. When that is taken into account, income/expenditure is in balance and on target.Help & Care were asked to send a balance sheet, SL to request from Nihar. SBC makes payments faster than many other local authorities & this is appreciated.Arunjot has reduced her hours (from 25 to 20) and this will help with the management of the budget.  | SL |
| 12. | Any other business – There was no other business. |  |
| 13. | Dates of future meetings20 Sep 2018 (FORMAL) - venue tbc due to Chalvey closure in Sept18 Oct 2018 (informal)22 Nov 2018 (FORMAL) - venue tbcIt has been suggested that if it is available, the board room at Upton Hospital could be used for HWS board meetings and they have agreed to provide tea & coffee. It would save having to hire a venue. |  |

Agreed & signed: ...........................................................................Chairman

Date: ........................................