

READING HEALTH & WELLBEING BOARD MINUTES - 17 APRIL 2015

Present:

Councillor Eden	Lead Councillor for Adult Social Care, Reading Borough Council (RBC)
Councillor D Edwards	RBC (substituting for Councillor Lovelock)
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Hoskin (Chair)	Lead Councillor for Health, RBC
Lise Llewellyn	Director of Public Health for Berkshire
David Shepherd	Chair, Healthwatch Reading
Ian Wardle	Managing Director, RBC
Cathy Winfield	Chief Officer, Berkshire West Clinical Commissioning Groups (CCGs) (substituting for Andy Ciecierski)

Also in attendance:

Gabrielle Alford	Director of Joint Commissioning, Berkshire West CCGs
Caroline Ainslie	Director of Nursing, Royal Berkshire NHS Foundation Trust
George Boulos	Clinical Lead, North & West Reading CCG
Debra Elliott	Director of Commissioning, NHS England (South Central)
Pat Leroy	Service Manager - Improvement, RBC
Sally Murray	Head of Children's Commissioning Support, Berkshire CCGs
Jean O'Callaghan	Chief Executive, Royal Berkshire NHS Foundation Trust
Melanie O'Rourke	Interim Head of Adult Care, RBC
Caroline Penfold	Disability Service Manager (Adults & Children), RBC
Rob Poole	Corporate Finance Business Partner, RBC
Nicky Simpson	Committee Services, RBC
Chris Stevens	Inclusion Services Manager, RBC

Apologies:

Andy Ciecierski	Chair, North & West Reading CCG
Wendy Fabbro	Director of Adult Care & Health Services, RBC
Frances Gosling-Thomas	Independent Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Vicki Lawson	Interim Head of Children's Services, RBC
Councillor Lovelock	Leader of the Council, RBC
Helen McMullen	Interim Director of Children, Education & Early Help Services, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Ishak Nadeem	Chair, South Reading CCG
Asmat Nisa	Consultant in Public Health, RBC
Councillor Stanford-Beale	RBC
Suzanne Westhead	Interim Director of Adult Care & Health Services, RBC
Sarah Wise	CCG Manager, North & West Reading CCG

1. MINUTES

The Minutes of the meeting held on 30 January 2015 were confirmed as a correct record and signed by the Chair.

2. ROYAL BERKSHIRE NHS FOUNDATION TRUST CQC IMPROVEMENT PLAN

Further to Minute 3 of the last meeting, Jean O'Callaghan and Caroline Ainslie submitted a copy of a presentation giving an update on progress on the Royal Berkshire NHS Foundation Trust's Care Quality Commission (CQC) Post Inspection Action Plan, as well as a copy of the latest CQC Action Plan, following the CQC Inspection in March 2014.

It was explained that, following the CQC formal inspection on 24-26 March 2014, after which the Trust had been awarded an overall rating of 'Requires Improvement', a lot of work had been done on the seven 'Compliance Actions', details of which were set out in the presentation slides. The Trust had just had its one year annual review of progress, and the Action Plan set out the progress which had been made and next steps. The seven Compliance Actions covered the following areas:

1. Treatment of disease, disorder or injury - Surgical procedures
2. Treatment of disease, disorder or injury - Diagnostics & Screening (radiology)
3. Treatment of disease, disorder or injury - Privacy & Dignity
4. Treatment of disease, disorder or injury - Maternity & Midwifery premises
5. Treatment of disease, disorder or injury - Consent
6. Treatment of disease, disorder or injury - Staffing
7. Medical Records

Caroline Ainslie addressed the Board on the progress made. She noted that, in line with a national problem with recruitment and retention of medical and nursing staff, the Trust had similar ongoing challenges. The Trust had robust processes in place to monitor progress, which was reported publicly in Trust Board meetings, there was monthly reporting on planned versus actual numbers of nurses, and systems were in place to keep appropriate resourcing levels. The incidence of "Never Events" had reduced significantly in the last year and it was now 130 days since the last never event. Staff training on the Mental Capacity Act, Deprivation of Liberties and Dementia had improved and there had been big improvements made in medical records and maternity services, although there was still work to do.

In response to a query about the number of red and amber actions in the plan, she explained that, although there were still a number of actions rated amber, this was because the Trust was reluctant to change actions from amber to green unless it had assurance tested at the point of care delivery that the issue had been completely resolved. At the year end review, a clear need to devolve ownership to ward level had been identified, and a number of the actions featured in various improvement programmes across the Trust. The CCGs were scrutinising the Trust in detail as commissioners, visiting on a regular basis to do Quality Assurance visits and ensure progress against actions, as well as challenging the Trust at monthly and quarterly meetings.

Cathy Winfield confirmed that the CCGs were working closely with the Trust on monitoring progress of the Action Plan and said that the CCGs had confidence in the quality of services being provided; the CCGs were able to compare providers and on a number of issues, such as hospital acquired infections, the Trust compared very well with others. The CCGs were also assured about nursing at the Trust, despite staffing problems, and she noted that the Trust was looking at creative ways of improving the situation.

The meeting noted the ongoing challenges for the Trust, including dealing with its budget deficit alongside increasing demand for services, and it was suggested that, whilst it was good for the Trust to be cautious about changing actions to green, it might be helpful for the Trust to communicate more clearly about the progress being made to show the public what was being done.

Resolved -

- (1) That the position be noted;
- (2) That the Board's thanks to all the staff at the Trust for their hard work whilst facing difficult challenges be recorded.

3. READING INTEGRATION - UPDATE REPORT

Melanie O'Rourke and Cathy Winfield submitted a report giving an update on a number of key areas of work within the Health and Social Care Integration Programme as it related to Reading. This included an update on the following Better Care Fund schemes, their progress and plans for implementation:

- Hospital @ Home
- Enhanced Support to Care Homes
- Berkshire West Connecting Care (Interoperability)
- Discharge to Assess / Time To Decide beds
- Whole System / Whole Week (Neighbourhood Clusters, Health and Social Care Hub and 7 day working)

The report stated that, as part of the NHS planning process, the two Clinical Commissioning Groups (CCGs) in Reading had developed refreshed "Plans on a Page" and had submitted drafts of these to NHS England. The report provided a summary of the updated Reading CCG priorities, many of which related directly to the Integration Programme.

The report also gave details of work being carried out on the development of the Frail Elderly Care Pathway, noting that a Frail Elderly Steering Group had been established with senior leadership across the West of Berkshire to drive forward the development of a model, which it was anticipated would create greater opportunities for integration beyond those already in place.

The report explained that, in reviewing the second year of the local CCG operating plans, NHS England had advised the CCGs to revise the target for reducing Non Elective Admissions to hospital (NEL) for 2015 - 2016. The need to revise the target related to the pressures experienced over the winter period, alongside now having a clearer understanding as to how the Better Care Fund schemes were likely to impact on NEL activity. The report set out the progress that had been made in determining a new target.

The report explained that the two Reading CCGs had reviewed their most recent non elective (NEL) admission data during the process of reviewing and refreshing their Two Year Plans as requested by NHS England. This had then revised the baseline denominator from which the % change in activity was calculated. The calculations had included, as previously, all those improvement intervention schemes which were expected to have an impact on reducing NEL activity, including the Better Care Fund,

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but also schemes that had been directly commissioned by the CCGs, such as the community respiratory service.

On 27 March 2015, Health and Wellbeing Board members had been contacted via email for their views on revising the target for reducing Non Elective Admissions to Hospital (NEL) for 2015 - 2016 from 2.8% to 0.6%. As the timing for submission of the draft target had not coincided with a Health and Wellbeing Board meeting, it had been necessary to seek “in principle” agreement by Board members outside of the scheduled meeting, prior to formal approval at the meeting. An email had been sent out to Board members on 27 March 2015, seeking such approval. No adverse comments had been received from Board members.

However, since that point, further analysis of the data had been conducted to secure an accurate and realistic figure. It was important that the impact both financially for the whole system and against capacity and service delivery were considered and any areas of risk identified and mitigated where possible.

It was explained at the meeting that the initial work had been based on data from the early part of the year and that, once the December 2014 and January 2015 data had been received, showing that there had been a lot of NEL due to flu and respiratory problems, NHS England had advised that the target in the BCF had been too aspirational and high risk to use in the following year. It was noted that the four CCGs were already in the top five in the South of England regarding having low NELs, and also that, whilst the Hospital at Home work was reducing admissions, these were still technically counted as admissions as people attended hospital for assessment, even though they were discharged on the same day. There was an upward rise in NEL and the aim would now be to reduce this trajectory, rather than actually reduce NEL. Further work with all partners was needed to model this area, and to come up with an ambitious but realistic target. It was therefore proposed that the Board authorised the Director of Adult Care & Health Services to agree a new target, in consultation with the Board members, so that it could be submitted by the NHS England final submission deadline of 14 May 2015. The final agreed target would be reported to the next Board meeting.

The report also stated that NHS England had issued guidance “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16” on 20 March 2015, which set out the reporting and monitoring requirements for the Better Care Fund, and how progress against conditions of the Fund would be managed. Officers were undertaking work to determine the implications of these requirements and a further report would be brought to the next Health and Wellbeing Board to advise the Board of its obligations.

Resolved -

- (1) That the following be noted and supported:
 - (a) the progress which had been achieved in taking forward Reading’s Better Care Fund schemes;
 - (b) the priorities set out in the Reading Clinical Commissioning Groups’ Two Year Plan refresh;
 - (c) the further development of the Frail Elderly Pathway;

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- (2) That the work that had been undertaken, and the work that was required, to develop a revised Reading Better Care Fund performance target in relation to Non Elective Admissions for 2015-16 be noted;
- (3) That the Director of Adult Care & Health Services be authorised, in consultation with the voting members of the Health and Wellbeing Board, to agree a revised Reading Better Care Fund performance target in relation to Non Elective Admissions for 2015-16 for submission to NHS England by 14 May 2015, and the final agreed target be reported to the next meeting;
- (4) That the receipt of guidance from NHS England “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16” be noted and a further report on this be submitted to the next meeting.

4. PRIMARY CARE UPDATE REPORT

Further to Minute 4 of the last meeting, Cathy Winfield and Debra Elliott submitted a joint report which provided an update on primary care in Reading following the discussion at that meeting.

The report described changes to commissioning arrangements which would enable the CCGs and NHS England to work together to implement their emerging strategy for primary care. This strategy would set out how they would work to address current challenges facing the local primary care system in order to ensure its future sustainability as a key component of an enhanced out-of-hospital sector. The report set out the following new key ‘asks’ of primary care services that would be in the strategy:

- Managing the health of a population in partnership with others. Identifying patients at high risk of admission or ill health and working proactively with others in primary, community and social care to put in place co-ordinated care plans to support patients at home;
- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting;
- Ensuring appropriate access to primary care services in line with patient need. Offering extended provision to improve access and better meet the needs of patients requiring urgent care thereby ensuring patients got optimal care without needing to go to hospital;
- Making effective referrals to hospital when people would most benefit.

The report described work undertaken to identify practices that might currently be facing particular pressures in order to work with them to address those challenges and plan for the future. It also gave information on national and local work to address the specific challenge of GP recruitment and retention.

The report also provided an update on current issues which had previously been highlighted to the Health and Wellbeing Board. It described progress following the publication of the Care Quality Commission (CQC) report for Priory Avenue Surgery and highlighted the publication of further CQC reports for Reading practices. It also provided an update on a forthcoming procurement exercise relating to the Reading

Walk-in Centre and on the interim provider arrangement now in place at the Circuit Lane Surgery.

It was reported at the meeting that it was hoped to conclude discussions on the plans for Priory Avenue Surgery in the next few days and then the interim provider could be announced; all parties would be informed and communication plans were in place to advise patients.

It was confirmed at the meeting that one of the six practices in South Reading CCG inspected by CQC, the Melrose Avenue Surgery, had been put in Special Measures as it had been rated inadequate. NHS England were working closely with and providing support to the partners involved, one of whom was currently in hospital. Lise Llewellyn also reported that the Council had set aside money to work with Berkshire Healthcare NHS Foundation Trust and the local community on the future of this surgery.

Resolved - That the report and position be noted.

5. LETTER FROM MINISTERS REGARDING SHARING INFORMATION EFFECTIVELY FOR THE PROTECTION OF CHILDREN

Pat Leroy submitted a report on a joint letter from Government Ministers, dated 3 March 2015, which had been sent to all Chief Executives, Directors of Children's Services, Local Safeguarding Children Boards and Health and Wellbeing Boards following the publication of the Government response to the child sexual exploitation cases in Rotherham, and which stated that a key factor in keeping children safe was the effective sharing of information. The letter was appended, as well as a list of 'Eight Golden Rules of Information Sharing' which had been disseminated to frontline staff.

The letter stated that local areas should consider the following principles for multi-agency working:

- Integrated working (eg co-location) - Close collaboration in multi-agency working was essential in developing 'real time' risk assessments to enhance decision making. A truly integrated approach helped to break down cultural barriers, leading to greater understanding and mutual respect among different agencies.
- Joint risk assessments - these ensured clear and sufficient information about particular cases and joint plans for individual interventions.
- A victim-focused approach - the needs of the victim must be at the forefront of approaches, not systems and processes.
- Good leadership & clear governance - strong leadership could often bind different organisations together to develop a shared culture.
- Frequent review of operations - to continue to drive improvement of service.

The report stated that the letter had been discussed at the Reading Local Safeguarding Children Board (LSCB) on 5 March 2015, and actions had been agreed to review the existing Information Sharing Protocol and produce a revised document in time for the next LSCB meeting on 14 May 2015.

The report asked the Health and Wellbeing Board to note the contents of the Ministers' letter, sign up to the principles it contained and note the actions set by the

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LSCB. A further report would be produced for the July 2015 Health and Wellbeing Board to update on progress.

Resolved -

- (1) That the content of the Ministers' letter be noted;
- (2) That the Board sign up to the principles of multi-agency information sharing set out in the letter;
- (3) That the actions taken by the LSCB be noted;
- (4) That a progress report be submitted to the next meeting.

6. STATUS REPORT ON COMPREHENSIVE CAMHS (CHILDREN & ADOLESCENT MENTAL HEALTH SERVICES)

Gabrielle Alford submitted a joint report giving an update on service development and improvement across the CAMHS (Children & Adolescent Mental Health Services) system.

The report explained that there were serious and deeply ingrained problems with the commissioning and provision of CAMHS, nationally, regionally and locally, and explained the reasons for this. It stated that a comprehensive engagement exercise had been completed about the Berkshire CAMHS service in spring 2014, which had resulted in ten recommendations for improvements. A joint action plan had been developed, providing a range of commitments to improve the service delivery to meet the recommendations, and the report gave details of progress made to date, including work going on currently to refresh the part of the Joint Strategic Needs Assessment which described CAMHS, as well as future opportunities for further improvements.

The report had appended:

- Appendix 1 - acronyms used in the report
- Appendices 2 & 3 - Definitions and examples of Tier 1 to 4 CAMHS services commissioned in Berkshire
- Appendix 4 - Reading Action Plan to improve Comprehensive CAMHS service delivery

The report proposed that the Children's Trust Board should oversee implementation of the Action Plan and hold partners to account, and suggested that progress on the Action Plan should be reported at future Health and Wellbeing Board meetings on a six-monthly basis.

It was reported at the meeting that, since the report had been written, the CCGs had agreed an additional £1.5m funding for investment in CAMHS in 2015/16, £1m of which would be recurrent. The CCGs were also talking to NHS England about the possibility of pooling budgets so that savings made in Tier 4 caused by improvements in Tier 3 could be used to re-invest in Tiers 1 and 2.

It was also reported that, although it had been announced that the Government was committed to spending £250m a year over the next five years on CAMHS, it was not yet clear what that would mean in terms of specific funding. However, £250k had

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been put into early intervention in psychosis and it was expected that the £150m funding for treatment for eating disorders announced in December 2014 would be allocated through a bidding process for populations of around 750k, so partners were working together to prepare appropriate bids.

The meeting discussed the importance of early diagnosis and intervention, and of redesigning the care pathways to enable joining up of services, in order to improve the CAMHS service.

Resolved -

- (1) That the progress made in terms of strategic direction and service improvement be noted;
- (2) That the Board provide partnership commitment to the Action Plan that aimed to build a transformed comprehensive and integrated full CAMHS service offer to families;
- (3) That the JSNA be improved in its analysis and recommendations for CAMHS;
- (4) That responsibility for overseeing the implementation of the Action Plan be delegated to the Children's Trust Board, and the Health and Wellbeing Board receive an update report every six months on progress.

7. READING'S AUTISM STRATEGY

Caroline Penfold submitted a report on a proposed Autism Strategy, which set out plans to improve support for children, young people and adults with autism in the Borough. The report had appended a draft version of the Strategy along with an Equality Impact Assessment.

The report explained that, in 2013, Berkshire Autistic Society had been commissioned by the Council to complete an assessment of the needs of people with autism in the borough, and the services available to support children, young people and adults with autism and their families and carers. The report had been informed by a consultation with people with autism and their families, mapping of existing provision in Reading, and an examination of population projections and data to understand need.

Progress on the research by Berkshire Autistic Society, including initial findings, had been reported to the Health and Wellbeing Board on 13 December 2013 (Minute 45 refers) and the Board had agreed to a future report on the Autism Strategy once completed.

The Berkshire Autistic Society research had been used to develop an Autism Strategy for children, young people and adults with autism in Reading. The Strategy set out the national and local context for people with autism and their families, and the current service provision. The main part of the Strategy presented six priorities for improving support for people with autism in Reading:

1. Increasing awareness and understanding of autism
2. Improving access to diagnosis
3. Supporting better outcomes for people with autism

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4. Supporting people with autism to live safely and as independently as possible
5. Supporting families and carers of people with autism
6. Improving how we plan and manage support

Work was under way to produce an Action Plan that set out how the actions identified in the Strategy would be delivered and it was proposed that the multi-agency Strategy Steering Group which had overseen the development of the Strategy continued to meet to oversee this work, as an Autism Partnership Board.

Resolved -

- (1) That the Autism Strategy be approved and recommended for sign-off to Council and other partners;
- (2) That the establishment of an Autism Partnership Board to progress work on the Strategy through an Action Plan be endorsed;
- (3) That the Strategy Action Plan be presented to the Board at a future meeting.

8. UPDATE ON CHANGES TO SEN PROVISION 2014-16

Further to Minute 19 of the Adult Social Care, Children's Services & Education (ACE) Committee meeting held on 6 November 2015, Chris Stevens submitted a report setting out the progress that had been made by the Council, schools and parents in the development of a proposed Special Educational Needs (SEN) Strategy Action Plan and in meeting the required statutory duties. A copy of the SEN Action Plan was attached to the report at Appendix A.

The report gave details of how the statutory requirements set out in the Children and Families Bill for September 2014 had been met, including the publication of the Local Offer. An SEN Strategy Action Plan had been co-produced with parents and school representatives, setting out the direction of travel for officers, schools and parents to follow. The report stated that this might require further decisions to be taken at policy level, which would be reported to the ACE Committee as necessary.

Conversion plans to Education, Health and Care (EHC) Plans for children with Statements of Special Educational Needs were under way to meet the appropriate timetable and the report gave further details of progress to date and planned next steps in relation to SEN provision.

Resolved -

- (1) That it be noted that the statutory requirements set out in the Children & Families Bill for September 2014 had been met, including publication of the Local Offer;
- (2) That it be noted that the SEN Strategy Action Plan had been co-produced with parents and school representative, setting out the direction of travel for officers, schools and parents to follow.

9. TRANSFER OF 0-5 COMMISSIONING RESPONSIBILITIES - HEALTH VISITORS/FAMILY NURSE PARTNERSHIP

Rob Poole submitted a report that set out the contracting arrangements for the transfer of the Health Visiting and Family Nurse Partnership Service.

The report explained that the transfer of the commissioning responsibility to the Council for the Public Health 0-5 years Health Visiting and Family Nurse Partnership Service had been progressing steadily both nationally and locally. The national allocations of the resource had been confirmed and work had progressed to agree the service specification that would be provided from 1 April 2015. The first six months for 2015/16 would be commissioned by the NHS England Area Team and from 1 October 2015 the Council would become responsible for commissioning these services.

In order for the Council to deliver its responsibility from 1 October 2015 it had been working with the Public Health Shared Team and the NHS England Area Team to review the national specification and make adjustments for local variations. This work was progressing and to support it the Council was required to state its contracting intentions. The proposals for both the Health Visitor and Family Nurse Partnership Service were set out in the report.

The report set out progress to date on the transfer and contracting arrangements and gave details of the decisions made by the Adult Social Care, Children's Services and Education (ACE) Committee on 4 March 2015 to agree the contracting approach for the two services and to authorise the Director of Children, Education & Early Help Services to enter into the contracts by 1 April 2015.

The meeting noted the importance of there being work within the Health Visiting Service's Healthy Child Programme for 0-5s on emotional health and wellbeing as well as physical health and wellbeing.

Resolved -

- (1) That the progress to date in terms of development and agreement of the Health Visitor and Family Nurse Partnership service specification and contract be acknowledged;
- (2) That the decisions made by the Adult Social Care, Children's Services and Education (ACE) Committee on 4 March 2015 to agree the contracting approach for the two services and to authorise the Director of Children, Education & Early Help Services to enter into the contracts by 1 April 2015 be endorsed;
- (3) That the Board endorse continuing with the existing partnership working processes to ensure a safe transfer of 0-5 commissioning responsibilities.

10. WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2013-14

Melanie O'Rourke submitted a report providing a summary of the information contained within the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2013-14, a copy of which was attached to the report at Appendix 1.

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The report explained that the SAPB Annual Report 2013-14 provided an overview of the Board's activity and progress during 2013/14 and its priorities for 2014/15. The data within the report had been sourced from the statutory Abuse of Vulnerable Adults (AVA) return for 2012-13.

The report summarised the key developments in 2013-14, performance in 2013-14 and the priorities for 2014-15.

Resolved - That the contents of the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2013-14 be noted.

11. DATES AND TIMES OF FUTURE MEETINGS

Resolved -

That the meetings of the Health & Wellbeing Board for 2015/16 be held at 2.00pm on the following dates:

- Friday 17 July 2015
- Friday 9 October 2015
- Friday 29 January 2016
- Friday 18 March 2016

(The meeting started at 2.00pm and closed at 4.15pm)