

READING HEALTH & WELLBEING BOARD MINUTES - 18 MARCH 2016

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Wendy Fabbro	Director of Adult Care & Health Services, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Lovelock	Leader of the Council, RBC
Ishak Nadeem	Chair, South Reading CCG
David Shepherd	Chair, Healthwatch Reading

Also in attendance:

Adam Bevington	Digital & Website Manager, RBC
Andy Fitton	Acting Head of Early Help and Family Intervention, RBC
Jo Hawthorne	Head of Wellbeing, RBC
Kevin Johnson	Integration Programme Manager, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Sally Murray	Head of Children's Commissioning, Berkshire West CCGs
Conor Nolan	Reading Youth Cabinet
Melanie O'Rourke	Head of Adult Social Care, RBC
Rachel Pearce	Director Commissioning Operations South Central, NHS England South
Veronica Reynolds	Intelligent Health
Nicky Simpson	Committee Services, RBC
Mandeep Sira	Chief Executive, Healthwatch Reading
Councillor Stanford-Beale	RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs
Tom Woolmer	Participation & Accreditation Coordinator, RBC
Jen Young	Reading Youth Cabinet

Apologies:

Lise Llewellyn	Director of Public Health for Berkshire
Ian Wardle	Managing Director, RBC
Kim Wilkins	Senior Programme Manager, Public Health, RBC

1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 22 January 2016 were confirmed as a correct record and signed by the Chair.

Further to Minute 20, regarding the review of the Reading and West of Berkshire Health and Wellbeing Boards, Wendy Fabbro reported that the LGA Peer Review had taken place on 1-4 March 2016. Initial verbal feedback had been given by the LGA team and a written report was expected in a few weeks' time. A report would be submitted to the next Board meeting, to ensure that all parties had had a chance to receive the written Peer Review report and an action plan could be prepared.

Resolved - That the position be noted.

2. READING YOUTH CABINET UPDATE ON MENTAL HEALTH CAMPAIGN ISSUES

Further to Minute 4 of the meeting on 17 July 2015, when members of Reading Youth Cabinet had given a presentation on their campaigns on Mental Health and PSHE to the Board, Tom Woolmer submitted a report and Jen Young and Conor Nolan from Reading Youth Cabinet attended the meeting to give a presentation giving an update on the progress of the campaigns. Copies of the presentation slides had been included in the agenda.

The report and presentation explained that the Youth Cabinet had sought to raise the profile of mental health within schools, including the relaunch of a Mental Health Treaty (a copy of which was appended to the report) which had been sent to all schools in Reading, and the delivery of an event in November 2015, to which all schools had been invited.

The Treaty aimed to increase the amount of mental health education delivered, promote a consistent approach and continue to put pressure on schools to better support young people around mental health. The event in November 2015 had involved around 60 participants from five schools in workshops on the PSHE and Mental Health campaigns, to raise awareness of issues within these schools and look at ideas of how to tackle these issues and increase support; there had been good participation from those present at the event.

It was explained that engagement from schools in these opportunities had been mixed, so there was a continuing need to better engage schools consistently in this work. Mental Health had again been selected as one of the campaigns for the Youth Cabinet in 2016, for the fourth consecutive year. The other two campaigns were Anti-Discrimination (which had been voted for by the participants at the November event) and Right to Self-Expression.

Work in 2016 on the Mental Health campaign would focus on identifying gaps in service provision, ensuring an awareness of and accessibility to existing services, and supporting initiatives such as the School Link project to improve support within schools. This would go hand-in-hand with the continued work around the Mental Health Treaty.

The meeting discussed the challenges, which, even when schools did engage with mental health issues, could include lack of advertising of support for young people or advertising in places where they did not see it, and lack of training in mental health issues for those providing support for the young people. It was also noted that many young people with mental health issues did not think to go to their GP for support.

Sally Murray reported that there was a strand of work in a Future in Mind project which was about upskilling schools to enable them to help young people and increase communication and awareness with young people themselves. She said that this work needed reviewing to ensure that the work was reaching the right people and she also suggested that more use could be made of the Council's networks in working out the best ways of reaching young people generally.

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It was also suggested that two ways for the campaign to be presented to schools was through the new REAP Reading Schools Partnership and the regular meetings of school Special Educational Needs Coordinators.

Councillor Hoskin said that he and the Lead Councillor for Education had made a commitment to support the Mental Health Treaty relaunch and it was important to think about how this could be supported through the Council's networks, as it was key to provide support to people with mental health problems at as early a stage as possible.

Resolved -

- (1) That the presentation and progress of the Youth Cabinet on their campaigns, and their campaign plans for 2016, be noted;
- (2) That Andy Fitton liaise with Tom Woolmer to organise for members of the Youth Cabinet to be invited to present their campaigns to the new REAP Reading Schools Partnership and to the meeting of school Special Educational Needs Coordinators;
- (3) That members of the Board consider any further opportunities where they could work with the Youth Cabinet to further their campaign aims and ultimately services for young people.

3. UPDATE STATUS REPORT ON COMPREHENSIVE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Further to Minute 5 of the Health and Wellbeing Board meeting on 9 October 2015, Andy Fitton and Sally Murray submitted a report giving an update on service development and improvement across the comprehensive CAMHS (Child and Adolescent Mental Health Services) system. Appendix 1 set out acronyms used in the report, Appendices 2 & 3 set out details of Tier 1-4 services and Appendix 4 set out details of progress to date against the Action Plan to Improve CAMHS Service Delivery.

The report explained that the system-wide CAMHS Local Transformation Plan for Reading, which had been approved in October 2015 (Minute 5 refers), was built around the national "Future in Mind" policy document and the comprehensive CAMHS engagement work undertaken in 2014 to identify local needs, and it had enabled additional recurrent funding to be released from NHS England to the Berkshire West CCGs. The report gave details of the themes included in the plan and stated that a joint meeting was held monthly to oversee and support the implementation of the Local Transformation Plans - the Berkshire West 'Future in Mind' group.

The report explained that the Action Plan had been updated with current progress since October 2015 and it highlighted key points of progress. The report noted that Berkshire West had committed an additional £1m recurrently and an additional £0.5m in the current financial year to Berkshire Healthcare NHS Foundation Trust to mainly address waiting times, and set out the associated targets. The report stated that it was recognised that these were challenging targets, which were not yet being met although waiting times were reducing, and contractual action was being taken to ensure that a robust recovery plan was in place to achieve the waiting time targets. However, there had been a number of quality improvements, details of which were set out in the report.

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The report stated that there was close working across a network of partners, including the Council, Berkshire West CCGs, local Schools, the voluntary sector and other key partners to finalise the 2016/17 priorities in the Plan. The current priorities were:

- Reduce waiting times
- Develop the role of schools, primary care, early years settings and wider children's workforce to identify and respond to emerging mental health needs
- Plan how to make the system easier to navigate, through mapping the partnership collective resilience, prevention and early intervention offers
- Review current Common Point of Entry and access arrangements into CAMHS services, ensuring access for the most vulnerable
- Consider whether to commission a crisis home treatment or enhanced step up/step down service following the CAMHS CORE 24 Urgent Care Response Team pilot project
- Enhance provision across the system for children and young people with Autism Spectrum Disorder and Learning Difficulties
- Roll out of enhanced perinatal service
- Implement enhanced community Eating Disorders service

It was requested that the next update report also include metrics giving actual outcomes and measuring investment against outcomes in the action plan.

Resolved -

- (1) That the progress made in CAMHS in terms of strategic direction and service improvement be noted;
- (2) That a further update report be submitted to the Board in 12 months' time, to include metrics.

(Councillor Stanford-Beale declared an interest in the above item but remained in the room and took part in the debate. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

4. BEAT THE STREET READING 2015

Jo Hawthorne and Veronica Reynolds submitted a report providing feedback on the Beat the Street (BTS) Reading 2015 walking challenge project and giving an update on arrangements for the 2016 Beat the Street project. The report had appended:

- Appendix 1 - Beat the Street Reading Engagement Overview 2015
- Appendix 2 - Beat the Street Reading 2015 feedback - What do people get out of Beat the Street?

The report explained that BTS 2015 had been commissioned by Reading Borough Council Public Health and the North & West and South Reading CCGs, to increase physical activity levels, with a focus given to engaging people who had long term conditions and who had low levels of physical activity. The 2015 project had been developed based on the positive reception of the 2014 BTS project.

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BTS had been carried out by Intelligent Health, a company which focused on promoting physical activity to improve health outcomes. Intelligent Health's Beat the Street community initiative was designed to inspire people to walk more. People scanned a card or key fob onto 'Beat Box' scanners located around the community in order to indicate that they had walked between the boxes, earning points that added up to win prizes for their team or school.

The report stated that 23,992 people had taken part in BTS 2015 between 29 April and 24 June 2015 (as compared with 15,074 in 2014). 10,831 participants (8,416 in 2014) had been school children and 13,161 (6,658 in 2014) had been adults. The project had succeeded in engaging 11% of the population of Reading and 12% of participants had had a long term condition such as Chronic Obstructive Pulmonary Disease, arthritis or diabetes.

306,640 miles had been walked in total (244,537 in 2014). At the beginning of the project 40% of people had reported meeting the Department of Health's guidelines for levels of activity (30 minutes of physical activity for five or more days per week). By the end of the project, this had increased to 48%. 78% had said they would try to continue the changes they had made after Beat the Street had ended. A full evaluation of the 2015 BTS project was set out in the appendices to the report.

The report stated that, in order to build on the project outcomes, Public Health and North & West and South Reading CCGs would commission further projects over the next two years that would have higher participation rates, especially from GP practices engaging patients. The 2016 BTS project would cost £127,650, with 50% of the cost to be funded by Public Health and the remaining 50% funded equally from North & West and South Reading CCGs.

The 2016 project would run from 15 April - 27 May 2016, with the following expected benefits/outcomes:

- 15% of the population to participate (31,650)
- 25% of adults participating to have been referred by their GP and for 18% of adults participating to have a Long Term Condition
- 8% of participants to be referred through business workplaces
- 95% of primary schools participate
- 50% of secondary schools participate
- 10% increase in activity levels

As previously, monitoring of the BTS system and database would take place before, during and after the competition. Progress analysis and evaluation would be undertaken at inception, at the end of the live project and after six months and 12 months.

Veronica Reynolds gave a further update at the meeting on the way BTS projects had been taken up in other areas in the UK and across the world, following Reading's lead, and she also reported on the analysis of further follow-up data which had recently been collected on the Reading 2015 BTS project. She reported that the increase in activity had been sustained and there had been the greatest impact in those who had previously been least active. There had also been a sustained change in people choosing to walk more and it was hoped that each year these improvements in activity would be sustained and built upon. She said that, because of the large

numbers of people involved and the effectiveness of the project, there were expected to be significant healthcare savings, which justified the investment made.

Resolved -

- (1) That the background to the Beat the Street walking initiatives and the feedback and evaluation results for the 2015 Beat the Street project be noted;
- (2) That the arrangements for delivery of the Reading Beat the Street 2016 project be noted.

5. NHS PLANNING GUIDANCE & BERKSHIRE WEST CCGS DRAFT OPERATIONAL PLAN 2016-17

Cathy Winfield submitted a report on the draft Operational Plan 2016/17 for the four Berkshire West Clinical Commissioning Groups (CCGs) which had been submitted to NHS England on 2 March 2016, in line with NHS Planning Guidance issued in December 2015, and for which the final submission was due on 11 April 2016. A copy of the draft Executive Summary of the Operational Plan 2016/17 was attached at Appendix 1.

The report also set out the requirement within the Guidance for the development of a five year Sustainability & Transformation Plan (STP), which had to be submitted by the end of June 2016, and stated that the final versions of this and the Operational Plan would be reported to the Board's next meeting. Rachel Pearce attended the meeting and gave a presentation on the development of the STP. Copies of the presentation slides were circulated at the meeting.

The report explained that NHS England had issued planning guidance to CCGs "Delivering the Forward View: NHS Planning Guidance 2016-17 - 2020/21" in December 2015, which required CCGs to provide two separate (but connected) plans: A five year Sustainability and Transformation Plan (STP) and a one year Operational Plan 2016/17, as well as the submission of a Better Care Fund Plan for 2016/17 (see Item 10 below).

The report stated that the draft one year Operational Plan 2016/17 had been developed and aligned with the four goals and sub-objectives of the Reading Health and Wellbeing Strategy 2013-16 and the recent Reading JSNA, and the individual CCG Public Health profiles had informed its content for any Reading-specific areas of focus. The CCGs planned to develop a public facing "plan on a page" for each CCG in recognition that the Operational Plan was an "NHS" document, written in a format to meet the requirements of the NHS planning process and not intended as a public facing document.

The report stated that the guidance described the following "must do's" which had to be fulfilled by local systems:

- Develop a high quality, agreed STP & achieve local critical milestones for accelerating progress in 2016/17
- Return the system to aggregate financial balance
- Develop & implement local plan to address sustainability & quality of general practice (including workforce & workload issues)

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- Achievement of access standards for A&E & ambulance waits (including through making progress in implementing the urgent & emergency care review)
- Improvement & maintenance of NHS Constitution standards (18 weeks Referral to Treatment Time (RTT) & patient choice)
- Deliver 62 day cancer waiting time standard & make progress in improving 1 year survival rates (including by securing adequate diagnostic capacity)
- Achieve & maintain 2 new Mental Health access standards (treatment of psychosis & referral to IAPT) & continue to meet dementia diagnosis rate
- Deliver actions to transform care for people with Learning Disabilities (including community provision & reducing inpatient capacity)
- Develop & implement plans for improving quality (providers to also participate in annual publication of avoidable mortality rates)
- **Plus** - three specific actions against roll out of 7 day services - consultant cover and diagnostics/improved access to Out of Hours care, and improved access to Primary care at evenings and weekends.

The appended Plan summary set out the Berkshire West CCG priorities for the coming year and plans to meet the “must do’s”. It explained that the Berkshire West system had been working as the Berkshire West 10, comprising four CCGs, three local authorities, Royal Berkshire Foundation Trust, Berkshire Healthcare Foundation Trust and South Central Ambulance Service for some time, within a shared governance structure, and Berkshire West was proposing to establish a new Model of Care and operate as a local Accountable Care System (ACS), of which it gave more details. It also gave details of the development of a Thames Valley footprint STP.

Cathy Winfield explained at the meeting that, since the submission of the draft Operational Plan on 2 March 2016, discussions on the STP had moved on and the STP footprint was now expected to cover Berkshire West, Oxfordshire and Buckinghamshire (BOB).

Rachel Pearce’s presentation on the STP covered the following:

With the resources provided in the Spending Review’s £8.4 billion increase in funds for the NHS by 2020/21, a Five Year Forward View needed to be implemented to close a number of gaps. Health and care systems had to develop a five year Sustainability and Transformation Plan (STP) by June 2016. The STP was a place-based, strategic plan demonstrating how, as a health and social care system, it would:

1. Close the health and wellbeing gap
2. Drive transformation to close the care and quality gap
3. Unlock resources to invest in meeting the challenges of future demand, while achieving and maintaining financial balance and efficiency, whilst still delivering on the first two actions

The STP would require a step change in how the health and care system worked together, in having a common understanding of future service models and in identifying a level of collective saving over five years far higher than the NHS had ever delivered. There was an expectation that there would be a move away from thinking about organisations and their boundaries, towards looking at populations and patient flows at a very local level, whilst collaborating to find benefits of scale on issues such as estates or digital technology.

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Buckinghamshire, Oxfordshire and Berkshire West CCGs had formed an alliance to develop STPs. The BOB alliance comprised ten CCGs and Provider Trusts operating through four local health economies - Buckinghamshire, Oxfordshire, Berkshire West and Berkshire East.

Providers, clinicians, patients and local authorities would be engaged in the local health economies, and the initial projects and workstreams being worked on included:

- Urgent and emergency care
- Specialised commissioning
- Workforce Resilience
- Digital Innovation
- PLCV/IFR/clinical thresholds
- Primary care provider development
- Central Support Unit procurement
- Provider landscape strategic oversight

The STP would cover a number of different footprints and the following examples were given of levels of service planning:

- Services designed/planned on an England-wide footprint (Highly Specialised Services) - eg liver transplant services, enzyme replacement therapy and secure forensic mental health services for young people
- Services designed/planned on an Buckinghamshire, Berkshire and Oxfordshire Alliance+ footprint (specialised commissioning) - eg chemotherapy, radiotherapy, complex rehabilitation
- Services designed/planned on a Buckinghamshire, Berkshire and Oxfordshire Alliance footprint - eg urgent and emergency care network; development of the integrated clinical hub and 111
- Services designed/planned on a CCG footprint - eg planned care, maternity
- Services designed/planned on a locality-footprint - eg new models of care; customisation of CCG models for long-term conditions

The meeting discussed the report and presentation and it was noted that the success of the STP would rely on leaders coming together to create an appropriate governance structure, especially if new resources would be fed into the STP level. The governance structure had not yet been signed off, but it was expected to build on existing structures rather than duplicate them.

Councillors expressed concern that the Council, and Social Care and Public Health particularly, had not been involved in the development of the STP, even though it was a health and social care system plan, and that there was a danger of losing local accountability, engagement, influence and decision-making.

Resolved -

- (1) That the priorities identified by the CCGs as outlined in the “One Year Operational Plan 2016/17” be noted and the ongoing work of the CCGs in supporting the delivery of the Reading Health and Wellbeing Goals be supported;

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- (2) That the requirement for the development of a five year Sustainability and Transformation Plan across Berkshire West be noted;
- (3) That it be noted that the final one year Operational Plan 2016/17 and five year STP would be reported to the next meeting of the Board;
- (4) That further consideration be given to how the Council could be more involved in the development of the STP.

6. READING JOINT STRATEGIC NEEDS ASSESSMENT 2016-19

Jo Hawthorne submitted a report giving an update on the progress made to date on the redesign process with refreshed national and local data for the web-based Reading Joint Strategic Needs Assessment (JSNA). Adam Bevington attended the meeting and gave a presentation demonstrating the content and accessibility of the updated web-based Reading JSNA.

The report explained that the JSNA provided a local assessment of the current and future health, social care and wellbeing needs of the local population in Reading, so that the local system had the health and wellbeing intelligence it required to commission and provide the best services based on evidence of need. Following the launch of the Health and Social Care Act 2012, which had introduced significant changes to the health and social care system, a new approach to the production of the JSNA had been introduced in 2013/14. The report listed the key features of JSNA development and also examples of how the JSNA content had been used by health and social care partners to inform strategy and commissioning.

The report gave details of the work involved in the production of a comprehensive JSNA for 2016-19, to replace the existing one. It stated that content development, review and sign-off of a few final remaining JSNA sections was in progress and it was reported at the meeting that the new JSNA would be launched on 1 April 2016.

It stated that, throughout the year, individual JSNA modules would be reviewed following receipt of revised national and local sets of data, to ensure that the JSNA was updated as new data was released and reviewed appropriately, before being uploaded onto the JSNA website.

The report listed some of the key health and wellbeing needs in Reading which were emerging from the work on the JSNA and noted that the JSNA was a key source of information which would be used to develop the next iteration of the Reading Health and Wellbeing Strategy in collaboration with local key stakeholders. The new version of the Health and Wellbeing Strategy, as well as an implementation plan, would be submitted to the next meeting of the Board. A “dashboard” of key performance indicators would also be developed, to enable robust and transparent monitoring of progress on commitments and actions set out in the implementation plan (see Minute 7 below).

It was noted at the meeting that, unfortunately, some information available, such as that from the 2011 national census, was necessarily somewhat out of date, but that, where possible, local intelligence provided by partners had been used to provide more up to date figures, for example on the number of carers in Reading.

Resolved -

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- (1) That the proposal to move to in-year JSNA updates be endorsed and a schedule of planned updates be provided to members of the Board;
- (2) That the JSNA be recommended to full Council for information and comment.

7. PROPOSAL FOR HEALTH & WELLBEING PERFORMANCE DASHBOARD

Jo Hawthorne submitted a report presenting a draft Health and Wellbeing Performance Dashboard for use by the Health and Wellbeing Board to enable monitoring of key performance indicators linked to the Health and Wellbeing Strategy. The draft dashboard was attached at Appendix 1.

The dashboard set out six priorities across the four goals of the Health and Wellbeing Strategy, listed indicators for each priority and gave a red/amber/green (RAG) status for each priority.

The report explained that it was proposed that the dashboard would contain key priorities, performance indicators and outcomes which would be monitored and reported on at the Health and Wellbeing Board by partners, who had the responsibility to develop and deliver specific outcomes. The Wellbeing Team would support this by providing data and intelligence through performance reports and it was envisaged that the dashboard would be viewed at each Health & Wellbeing Board as a pictorial aid, once developed.

The JSNA would provide the national and local context for the development of indicators, which had been drawn largely from the national NHS Outcome Framework, Public Health Outcomes Framework and Adult Social Care Outcome Framework. As the dashboard further developed, other appropriate quality measures might be identified and added, in collaboration with Reading Healthwatch and Commissioners.

A Task and Finish group with key stakeholders had been formed and had developed the first draft of the dashboard. The intention was for the Board to agree the principle and format of the dashboard in order for the Task and Finish Group to continue to develop, design and bring back to the Board a more detailed dashboard for approval.

The report stated that the outcomes and indicators contained within the dashboard would be reviewed in line with reviews of the Health and Wellbeing Strategy on an annual basis, or as indicated by the Board.

Resolved -

- (1) That the format of the proposed Health and Wellbeing Performance Dashboard be endorsed;
- (2) That the Task and Finish Group make further developments to the Health and Wellbeing Performance Dashboard and bring back a more detailed dashboard to the Board for approval.

8. QUALITY ACCOUNTS

Wendy Fabbro submitted a report on options for Health and Wellbeing Boards to comment on and advise on quality standards and performance to be achieved in the delivery of Health and Wellbeing strategic outcomes in NHS healthcare provider Quality Accounts (QAs). The report had appended QA consultation documents.

The report explained that a QA was a report about the quality of services delivered by an NHS healthcare provider. Reports were published annually by each provider, including the independent sector, and were an important way for local NHS services to report on quality and show improvements in the services they delivered to local communities and stakeholders. The quality of the services was measured by looking at patient safety, the effectiveness of treatments that patients received and patient feedback about the care provided.

The Department of Health required providers to submit their final QA to the Secretary of State by uploading it to the NHS Choices website by 30 June each year. Healthwatch should be provided with a copy to comment on prior to publication of the Quality Account, and had been asked to consider producing guidance that would enable them to effectively challenge QAs locally.

Foundation trusts and NHS trusts were only required by regulation to share their Quality Report with NHS England or relevant Clinical Commissioning Groups, Local Health Watch organisations and Overview and Scrutiny Committees (and have their reports audited). There was no regulatory requirement for foundation trusts or NHS trusts to share their Quality Account/Report with Health and Wellbeing Boards unless the Health and Wellbeing Board was fulfilling a scrutiny function, although the report stated that it was hard to see any reason why this would not be sensible given the remit of the Health and Wellbeing Board to oversee alignment and potential integration of health and care services. For Reading Borough Council, the Constitution identified the Adult Social Care, Children's Services & Education Committee (ACE) as the Health Scrutiny body, although in practice much of the reporting of developments was managed via the Health and Wellbeing Board.

The report stated that no central guidance had been issued to Health and Wellbeing Boards in terms of the expectation of comments, but comments might be made on the following areas:

- the degree to which local communities had been engaged in priority setting
- other priority areas that could have been included in the QA
- the approach the organisation had towards quality improvement overall

At the point of writing the report, a consultation document on QA priorities had been received and responded to from Royal Berkshire NHS Foundation Trust, but not the whole QA, and a draft QA had been received from Berkshire Healthcare NHS Foundation Trust, with a further QA expected from South Central Ambulance Service. However, the next Board meeting was planned for July 2016, after the deadline for publishing with NHSE. The received documents were attached as Appendices A and B.

Resolved -

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- (1) That a Task & Finish Group be set up from Board members and observers to evaluate Quality Accounts against strategic intentions and JSNA priorities;
- (2) That a further report be submitted to the next meeting, setting out recommendations for ongoing monitoring of Quality Accounts as an essential element of Health Scrutiny.

9. PROGRESS REPORT ON HOW THE EX-GURKHA COMMUNITY ACCESS AND EXPERIENCE HEALTH AND SOCIAL CARE IN READING

Further to Minute 7 of the Board meeting on 17 July 2015, Wendy Fabbro submitted a report giving an update on progress on actions across health and social care as a result of recommendations from Healthwatch Reading's report on "How the ex-Gurkha community in Reading access and experience health and social care services".

The report explained that the original report had been commissioned in 2014 from Healthwatch Reading by Reading Borough Council, on behalf of a consortium of local authorities in the south-east of England, to gather feedback from members of the ex-Gurkha Community on how they accessed health and social care services and their experience of those services. This had been presented to the Health and Wellbeing Board on 17 July 2015 (Minute 7 refers).

The report explained that the Healthwatch report had provided partners with a helpful understanding of the issues and experiences faced by the Nepalese community, which was a small but growing population in Reading, and had made a number of recommendations. The report gave details of information which had been gathered on the community and its health needs and stated that, based upon the recommendations within the Healthwatch report, health and social care had devised an action plan to address the key areas of development. Table 1 in the report described the recommended actions and the responses and the final column of the table demonstrated that all areas of the action plan had been completed.

The report stated that health and social care providers had also committed to making continued improvements, working in partnership, and the Reading Integration Board would lead on this programme, highlighting the need for greater community collaboration.

Resolved -

- (1) That the progress made be noted;
- (2) That the Reading Integration Board continue to track the progress of access to services for the ex-Gurkha community.

10. BETTER CARE FUND 2016/17 PLANNING AND SUBMISSION UPDATE

Further to Minute 13 of the previous meeting, Wendy Fabbro submitted a report giving an update on the 2016/17 Better Care Fund (BCF) submission requirements and timetable and the changes to the mandated National Conditions that would inform spending for 2016-17. It gave details of progress to date on 2016/17 BCF submission planning and requested officer authority to submit the final 2016/17 BCF plans by the deadline of 25 April 2016. Appendix 1 to the report contained a list of the projects

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involved in the 2015/16 Reading BCF and Appendix 2 contained a diagram showing the Berkshire West 10 Integration Programme.

The report explained that the BCF was the biggest ever financial incentive for the integration of health and social care. It required Clinical Commissioning Groups (CCGs) and Local Authorities to pool budgets and to agree an integrated spending plan for how they would use their Better Care Fund allocation. For 2016/17, the BCF would continue with a mandated minimum fund of £3.9 billion to be deployed locally on health and social care. It was reported at the meeting that this translated to a local Reading fund of approximately £10.4 million (not £10.1 million as set out in the report).

The report listed the changes to the BCF Policy Framework for 2016/17, noting that in place of the performance fund, there were now two new national conditions, requiring local areas to fund NHS-commissioned out-of-hospital services (at a level in line with the 15/16 performance fund allocation) and to develop a clear, focused plan for management of delayed transfers of care (DTC), including locally agreed targets. It stated that the national guidance had also given further advice on the alignment of BCF targets for reducing non-elective admissions to hospital (NEL) with the planning assumptions included in final CCG operational plans, and gave details of the current situation on NEL in Reading.

It explained that increased NEL in 2015/16 had led to system-wide pressures at discharge which the Council had experienced as significant financial pressure from the high numbers of additional people requiring support. The Council believed that there needed to be increased emphasis on BCF projects to tackle the increased admissions to hospital before the health and social care BCF was viable. During 2015/16 there had been a significant increase in NEL of 14.9% for North & West Reading CCG and 18.8% for South Reading CCG and an in-depth analysis was being undertaken to understand this cohort of patients and the financial impact on all partners. NHS England advice to the CCGs and the Council had been that in 2016/17 there could be a risk share to mitigate the cost pressure of extra hospital activity, but this was not required in the guidance. The details of the risk share were subject to further discussion between the Council and the CCGs so that a jointly agreed submission could be made on 21 March 2016.

The report stated that for 2016-17 the CCGs and Council would be required to collectively develop and agree through the Health and Wellbeing Board:

1. A short, jointly agreed narrative plan including details of how the national conditions were being addressed;
2. Confirmed funding contributions from the Local Authority and CCGs including arrangements in relation to funding within the BCF for specific purposes;
3. Spending plans broken down by each BCF scheme demonstrating how the fund would be spent;
4. Quarterly plan figures for the national performance metrics.

Due to the delays with the publication of the final 2016/17 BCF submission guidance and timetables from NHS England it had not been possible to fully anticipate all requirements. The final guidance had eventually been released on 23 February 2016 creating a challenging timetable with the first BCF submission having been due on 2 March 2016. This had not been submitted, due to outstanding issues relating to the

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NEL targets and financial reconciliation as reported to Health and Wellbeing Board in June 2015, and further discussions were required on whether to include the risk share on BCF plans. The report gave a brief summary of the submission requirements and the related progress/position to date in the following areas:

- Narrative
- Funding Contributions
- Scheme Level Funding Plan
- Performance Metrics
- Engagement with: Patients and Service Users; Housing; Local NHS Providers and Local Adult Social Care Providers

The report set out the timetable that the BCF submission and assurance process would follow, which included first draft BCF submission by 2 March 2016, second draft submission by 21 March 2016 and final submission, having been signed off by the Health and Wellbeing Board, by 8 April 2016. The Section 75 agreements had to be signed and in place by 30 June 2016.

The meeting discussed the challenges of increased NEL and the work that was being done to prevent admissions, to analyse the existing data, and to look at risk sharing and providing a financial buffer within the BCF to protect social care, as it was noted that, although there was a significant impact on all parties of increased NEL, local authorities could not run deficit budgets.

Resolved -

- (1) That the 2016/17 BCF submission be agreed in principle, subject to final revisions negotiated by officers;
- (2) That the Director of Adult Care & Health Services be authorised to formally sign the agreement for the 2016/17 BCF submission, in line with the agreements in (1) above, in consultation with the Chair and members of the Board;
- (3) That it be noted that the Chief Officer would sign off the agreement for the 2016/17 BCF submission on behalf of the CCGs.

11. DATES OF FUTURE MEETINGS

Resolved -

That the meetings of the Health & Wellbeing Board for 2016/17 be held at 2.00pm on the following dates:

- Friday 15 July 2016
- Friday 7 October 2016
- Friday 27 January 2017
- Friday 24 March 2017

(The meeting started at 2.00pm and closed at 4.55pm)