READING HEALTH & WELLBEING BOARD MINUTES – 7 OCTOBER 2016

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecerski	Chair, North & West Reading Clinical Commissioning Group (CCG)
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
David Shepherd	Chair, Healthwatch Reading

Also in attendance:

Andy Fitton	Head of Early Help and Family Intervention, RBC
Jo Hawthorne	Head of Wellbeing, RBC
Kevin Johnson	Integration Programme Manager, RBC
Tom Lake	South Reading Patient Voice
Lise Llewellyn	Strategic Director of Public Health for Berkshire
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC
Mandeep Sira	Chief Executive, Healthwatch Reading
Councillor Stanford-Beale	RBC
Libby Stroud	South Reading Patient Voice
Cathy Winfield	Chief Officer, Berkshire West CCGs

Apologies:

Councillor Eden	Lead Councillor for Adult Social Care, RBC
Simon Warren	Interim Managing Director, RBC

1. MINUTES

The Minutes of the meetings held on 14 June and 15 July 2016 were confirmed as a correct record and signed by the Chair, subject to the amendment that Frimley Park Hospital was actually in Surrey, not in the East of Berkshire.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following three questions were asked by Tom Lake in accordance with Standing Order 36:

(a) Health and Wellbeing Dashboard – Mortality Rates

"The Health and Wellbeing Board is having a dashboard of local Health and Wellbeing designed. Standardised mortality rates assess the ultimate outcome of health evolution and interventions. Indeed it has been reported that mortality rates for older women have increased in the last year in Reading. Will the Health and Wellbeing Board's dashboard include mortality rates?"

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"As discussed by the Health and Wellbeing Board, the final indicators that will be included in the Health and Wellbeing Dashboard will be selected by a dedicated group of stakeholders and partners when the partnership Health and Wellbeing Strategy has been finalised. We want to make sure that the indicators we select give a full and accurate picture of how Reading's services are working towards the specific issues and priorities identified. Comparing mortality rates with areas with similar populations is a very useful way of giving an indication of the relative health of people in a given area and may well be considered an appropriate indicator to include. However, there are a great many indicators available to the group, including those focusing on particular health conditions and important social care processes, and it is difficult to say at this time which will be considered most beneficial to the Board.

Benchmarked mortality rates for Reading and all other Local Authority areas are publicly available as part of the Public Health Outcomes Framework http://www.phoutcomes.info/ and the PHE Longer Lives website (See http://healthierlives.phe.org.uk/topic/mortality/#are/E06000038/par/E92000001/ati/102/pat/)"

(b) Swimming Offer – Health Consequences

"Reading Leisure's swimming offer is shrinking and will be restricted, especially in East Reading, for several years. Have the health consequences of closures been considered? What health consequences are foreseen?"

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"Reading's recent review of leisure facilities has indeed taken into account the health benefits of swimming and the need to modernise our facilities to improve access for our residents.

The Council proposes to build a new 25m 6 lane pool and a teaching pool at Palmer Park which will improve swimming facilities in the East Reading area. Because of the current condition of the Arthur Hill Pool, the Council is talking to user groups about adapting the programmes at other pools (Academy Sport, Meadway and Central) to accommodate swimmers in the event that the Arthur Hill Pool needs to be closed before the new Palmer Park pool is ready. A planned closure is the best way to manage the impact on user groups and to avoid the risk of an unplanned, forced closure.

The Council is also taking forward plans for a demountable pool at Rivermead, and there will be a new hourly bus service between Rivermead and the town centre from later in October making that site more accessible to more residents. Having the demountable pool in place is part of our preparations for the development of a new competition standard pool to replace Central Pool over the next few years.

Reading residents can also access public swimming sessions at the Bulmershe and Loddon Valley leisure sites to the south and east of the Borough. With the range of alternatives available, any health impact of a short term reduction in facilities in East Reading should be minimal. In the medium to longer term, facilities will be enhanced so that more people can enjoy the health benefits of swimming, which include reducing the risk of and helping delay a deterioration in a range of chronic long term conditions including cardiovascular disease, type 2 diabetes, obesity and mental

health issues. Swimming has added benefits for those who have difficulties with weight-bearing activities or disabilities that impact on mobility and is less likely to cause impact injuries than other forms of physical activity so is particularly well suited for those with mobility restrictions."

In response to a supplementary question from Tom Lake about provision of arrangements for those with mobility problems or learning difficulties to access sessions at other swimming pools, Councillor Hoskin said that he understood that discussions were currently taking place in order to make such arrangements.

(c) Health & Social Care Public Engagement – Information at Civic Offices

"Public engagement with local health and social care involves a range of events organised by various arms of the NHS, local authority and community. Could the Borough Council make available a notice board or web page in the Civic Centre main reception area to accommodate a calendar of forthcoming events and the individual event notices?"

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"The Council is always happy to promote public engagement in developing health and social care services, and to help reach as wide a range of our residents as possible.

The Council has three screens in the foyer at the Civic Centre which are used to advertise events and services. The display revolves throughout the day and can accommodate a range of items. We would be happy to design a calendar to include on the revolving display which sets out forthcoming public engagement opportunities in health and social care, and could be refreshed on a monthly basis.

In addition, we have a consultations page on the Council's website and we are happy to include health and social care partner engagement opportunities on there alongside public engagement events being co-ordinated by the Council.

Relevant items for inclusion on the display screen or RBC website can be sent to Wellbeing.Service@reading.gov.uk."

Tom Lake noted at the meeting that the Commissioning Support Unit provided rotating notice screen arrangements for GP surgeries, which were customisable and updated periodically, and suggested that these could also be provided in non-surgery civic venues.

Councillor Hoskin said that further conversations were needed with health partners about communications and engagement opportunities.

The following question was asked by Libby Stroud in accordance with Standing Order 36:

(d) Homeless Children

"South Reading CCG is commissioning an audit of the health needs of the single homeless, which I welcome. This is expected to cover those on the streets and the much larger numbers in hostels and temporary accommodation, as well as those borrowing a sofa or bed. But why has this not been extended to the health needs of homeless children and young people under 16 (who will be in temporary

accommodation) as they are recognised as being particularly vulnerable to the effects of homelessness on their health (in the widest sense of the word)?"

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"Reading Borough Council's Housing Needs department are currently having discussions with partner agencies and voluntary sector organisations about planning a Homeless Health Needs Audit for a month across January and February 2017. The first planning meeting was held on 7 July 2016 and the second is scheduled for 27 October 2016.

It is Homeless Link, a national membership charity for organisations working with people who become homeless in England that has developed the Homeless Health Needs Audit toolkit. Homeless Link works towards making services better and campaigning for policy changes that will help to end homelessness. The toolkit includes the resources and planning tools to conduct the Audit. After the local authority area has conducted the Audit it is Homeless Link that dedicates their resources to analysing the Audit data and producing any subsequent reports.

RBC Housing Needs department will be using the toolkit and Homeless Link's advice and guidance to conduct the Homeless Health Needs Audit. Several local authorities have conducted the Audit since its inception and the toolkit has evolved over time to ensure that it produces the most useful outcomes for the local authority area. The data collated feeds into the overall national picture and assists Homeless Link with their ongoing work around single homelessness. Therefore the toolkit we are using for the Audit has been developed for auditing single homeless individuals only.

The resource for planning, organising and following up the Audit comes from the Homelessness Pathways team within Housing Needs. The team works with those who are aged 18+, who are single and homeless. The Council's Housing Needs department commissions several services for single homeless individuals and the Audit will help to inform the development of services and future provision. The time and resources saved by using Homeless Link's Audit toolkit, as well as the guidance they are able to provide, is what is making it possible to conduct the Audit in Reading. Additionally, to create nationally comparative data and to be able to benchmark the health needs of single homeless individuals, the sample context must be the same for all local authorities that take part.

As outlined by Homeless Link, the aims of conducting a Homeless Health Needs Audit are as follows:

- To listen to, take account of and record the views of single homeless people regarding their health needs using relevant evidence gathering procedures.
- To provide an evidence base on the health needs of single homeless people by building a comprehensive dataset on the local homeless population to fill in any information or evidence gaps.
- To contribute to the local authority's Joint Strategic Needs Assessment (JSNA).
- To demonstrate the value of homelessness services in contributing to the health agenda and vice versa – identifying what we are doing well and where improvements could be made.
- To improve service access and delivery for single homeless individuals in the local authority area and ultimately improve their overall health.

- To develop a case for change by considering the development of new services; service remodelling; new or better partnerships and systems, or additional training for targeting and engaging single homeless individuals.

As a service, Housing recognises the effects that homelessness has upon the health of children and young people under the age of 16. Although the Homeless Link toolkit is not available for this group, an audit that includes children and young people under the age of 16, who may or may not be in temporary accommodation and that may be vulnerable to the effects of homelessness on their health, may be something that Children's Services, the Reading Clinical Commissioning Groups (CCGs), Public Health Reading and Housing Needs would want to commission in the future. However, in the context of the Homeless Link Homeless Health Needs Audit, the resources are not available to include this wider group."

3. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST (BOB) NHS SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - UPDATE

Further to Minute 1(b) of the meeting held on 14 July 2016, regarding the draft Sustainable Transformation Plan (STP) submission for the West of Berkshire, Oxfordshire and Buckinghamshire (BOB) region, and following the closed session held on 13 September 2016 for members of the Board to be briefed on and discuss the development of the STP, Cathy Winfield gave a verbal update on the latest situation.

She reported that, following the Board's previous concerns about the STP process and the scale of the BOB region, she had been heartened that, when the latest STP planning guidance had been issued a couple of weeks previously, it seemed that there would be an opportunity for STPs operating over large areas to split into sub-divisions, each with their own governance arrangements and financial control totals. She said that the Berkshire West 10 was keen to operate as a sub-division, and that there was already governance in place.

She said that the STP submission was due in on 21 October 2016 and the Leadership Group would be meeting in the week beginning 10 October 2016 to develop a new iteration of the submission to reframe the STP in sub-divisions. Contact had been made with NHS England, who wanted to see robust plans at the local health economy level. She explained that there were some areas where partnership work at the BOB level would still be needed, including digital transformation, workforce, acute sector, mental health and prevention, but the vast majority of work would be done in local partnership, with a split of about 80:20 expected.

Wendy Fabbro said that, by the time of the next Health and Wellbeing Board meeting, the agencies involved should be in a position to explore opportunities for aligning the plans from all agencies.

The Board discussed the process of public engagement on the STP, with some members of the Board expressing concern that the public had not been involved in the development of the proposals or able to comment and influence. Cathy Winfield explained that the guidance issued had said that public engagement would not start until after the formal sign off on 21 October 2016 and she said that then further work on detail would be needed and consultation events would need to be planned up to February 2017. She noted that these might now be aligned with the CCGs' operating

plan consultations, as the timescale for the operating plans had been brought forward to 23 December 2016, rather than the usual March deadline.

Resolved - That the position be noted.

4. HEALTH AND WELLBEING BOARD POST-LGA PEER REVIEW STOCKTAKE

Further to Minute 4 (4) of the previous meeting, Jo Hawthorne gave a verbal update on the results of a stocktake undertaken by members of the Health and Wellbeing Board on 3 October 2016 to consider the feedback and recommendations from the LGA Peer Review of the Reading and West of Berkshire Health and Wellbeing Boards.

She said that the stocktake session had been very successful, providing an opportunity for members of the Board to have an initial look at the challenges from the Peer Review, but that the key discussions had really just been getting going by the end of the session, so some additional sessions needed to be organised in order to take the work forward further.

Members of the Board noted that the Peer Review had identified the strength of all the Board members being committed to the health and wellbeing of the people of Reading and also challenges in the different ways of working within the organisations involved and in working out how best to bring these together in partnership working. There was a lot of potential for developing relationships and integrating agendas further, including aligning strategies and workstreams to avoid duplication of effort, and further sessions would help identify what could be changed in the way the Board organised itself and its work.

It was reported that, at the session, members of the Board present had agreed that the Vice Chair of the Board should be from the CCG membership, rather than from the Councillor membership, and so this change to the operational arrangements for the Board was recommended to the Board for formal approval. It had also been agreed to mix up seating positions at the Board meetings so that health and Council partners were not sitting separately and this had been put into place for the current meeting.

Resolved -

(1) That the position be noted;

(2) That further stocktake sessions be organised to take the work further;

(3) That the operational arrangements for the Health and Wellbeing Board be amended to say "A Clinical Commissioning Group member of the Health and Wellbeing Board will be Vice-Chair." rather than "A Councillor member of the Health and Wellbeing Board will be Vice-Chair" and Andy Ciecierski be appointed as Vice-Chair of the Board.

5. READING'S SECOND HEALTH AND WELLBEING STRATEGY – 2017-20

Further to Minute 9 of the previous meeting, Janette Searle submitted a report setting out progress in developing Reading's second Health and Wellbeing Strategy for 2017-20 and seeking authority to launch a formal consultation on the draft Strategy, a copy of which was attached at Appendix 1.

The report explained that, at its 15 July 2016 meeting, the Health and Wellbeing Board had agreed to a set of proposals for developing Reading's 2017-20 Health and Wellbeing Strategy, and had requested a further report to the next meeting on the commencement of a formal consultation. The Chair of the Board had requested a period of stakeholder engagement prior to the formal consultation so that the draft strategy could be co-produced with local partners, particularly voluntary and community sector partners, who would be key to developing a strong community infrastructure to support wellbeing.

The report set out the process which had been carried out to develop the new strategy, involving members of the Health and Wellbeing Board and key stakeholders in the Health and Wellbeing Involvement Group, which had developed the priorities for the Strategy.

The Health & Wellbeing Involvement Group had felt that the 2013-16 Health & Wellbeing Vision – now widely cited across other local strategies and plans – was still valid, and recommended that this be carried forward as the 2017-20 Vision: "A Healthier Reading"

The Group had also liked the idea of adopting the Public Health England mission statement, and suggested adding a Reading Mission Statement: "To improve and protect Reading's health and wellbeing – improving the health of the poorest, fastest"

A number of issues had been identified to make up a 'priorities shortlist' for the new strategy using the following criteria:

- Reading's performance in this area was significantly below average (for England/for the region/by reference to statistical neighbours).
- This was something which stakeholders felt confident was under local control and influence, and could therefore be changed through a local strategy.
- Reading's performance over time indicated a need to focus on this issue, eg Reading was now performing in line with or better than national averages, but this reflected a focus given to a 'hot topic' which needed to be sustained.
- The issue either was not already included in/monitored via other strategic plans, or there would otherwise be clear added value in making this a HWB priority, eg this was something which stakeholders believed Reading would be best placed to address by working together across the membership of the HWB Board.
- The expected return on investment in this area was significant if the issue was made a priority across the HWB partnership.

Three building blocks had been identified to underpin the refreshed Health and Wellbeing Strategy:

- Developing an integrated approach to recognising and supporting all carers
- High quality co-ordinated information to support wellbeing
- Safeguarding vulnerable adults and children

The draft Strategy proposed the following seven priorities for the next three years:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)

- Reducing loneliness and social isolation
- Reducing the amount of alcohol people drank to safe levels
- Promoting positive mental health and wellbeing in children and young people
- Making Reading a place where people could live well with dementia
- Increasing breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

The report stated that there were a number of issues which the Involvement Group considered were best owned by partnerships other than the Health and Wellbeing Board. All were seen as being relevant to achieving the Health and Wellbeing vision, and the Group suggested that they should be recorded as issues in which the Health and Wellbeing Board would maintain an interest and a dialogue with other appropriate local partnerships. These issues were:

- Increasing the number of young people in employment, education or training (not NEET)
- Ensuring more people planned for end of life and had a positive experience of end of life care
- Supporting vulnerable groups to be warm and well
- Reducing the number of people using opiates
- Protecting Reading residents from crime and the fear of crime
- Narrowing the gap between the educational attainment of children who were eligible for free school meals and those who were not eligible
- Tackling poverty
- Reducing the number of people and families living in temporary accommodation

The Involvement Group's recommendation was that future information sharing with the Health and Wellbeing Board should be purposeful, with clear requests or recommendations to the Board as part of any reports submitted to it.

A dashboard of key performance indicators had been developed, to increase the accountability and transparency of the Health and Wellbeing Board's future progress against stated aims and objectives. This dashboard would be used to track performance against the Action Plan which would be developed in support of the 2017-20 Health and Wellbeing Strategy. It would identify performance in those areas ultimately selected as the priorities for the new Health and Wellbeing Strategy, as well as performance in the wider 'business as usual' across the health and wellbeing landscape.

The Board noted the importance of consulting with children and young people on the strategy, presenting it in an accessible way, and co-designing solutions with young people. It was reported that plans were in place to develop a suitable presentation for consultation with young people, and for consultations with various patient groups and user forums, but that other suggestions would be welcomed.

Resolved -

(1) That a formal consultation be launched on the draft Health and Wellbeing Strategy 2017-20 set out at Appendix 1;

(2) That a progress report be submitted to the next meeting presenting a final version of the Strategy, including a supporting Action Plan developed with stakeholders as part of the consultation process;

(3) That the Board's thanks to all those involved in drawing up the draft Strategy be recorded.

6. A WEEK IN A&E: FINDINGS OF A HEALTHWATCH READING PROJECT TO COLLECT PATIENT VIEWS

Mandeep Sira submitted a report on a project carried out in May 2016 collecting patient views in the Royal Berkshire Hospital Accident & Emergency (A&E) department. She explained that the project had been carried out outside the Healthwatch action plan because of the recent discussions about pressure on A&E, in order to collect patient views to feed into the discussions when coming up with solutions.

The survey had been carried out at the Royal Berkshire Hospital from Monday 16 to Sunday 22 May 2016, for two to four hours each day, making a total of ten visit sessions, to collect people's experiences about what services, if any, they had contacted before coming to the emergency department (ED) and what factors had influenced their decision to go to A&E, in order to inform commissioners as they planned and made changes or improvements to urgent care and other services.

249 people (238 adults and 10 young people) in either the adults' or children's waiting areas had shared their views, by filling in an anonymous two-page survey handed out by a Healthwatch Reading staff member or volunteer; Healthwatch Reading had also spoken in-depth with some people who wanted to share more details. The visits had been agreed in advance with the hospital, and the findings had been independently produced by Healthwatch Reading, under its statutory Enter and View function.

The report set out the main findings of the project as follows:

- Most common reasons for visit:
  - Accident (39%)
  - New symptom or problem (14%)
  - Change or worsening of long term condition (10%)

- 25% described 'other' issues (eg bee sting, lumps, eye and dental problems, swollen tongue, back and chest pain)

- 48% had experienced their health problem for 1-7 days

- 55% had tried to seek help from other services before going to the ED (ie GP (73%), NHS 111 (33%), NHS Walk In Centre (15%), GP out-of-hours service (12%), pharmacist (4%) but only 1 person NHS Choices website)

- 79% said the service they had contacted beforehand had advised them to go to the ED

- The 83 patients who had not contacted a service before coming to the ED had selected these reasons:

- 28% believed they had machines, technology or medicines not available anywhere else
- 27% believed their problem was very serious
- 23% believed A&E had staff/experts they would not find anywhere else

- Patients who had not contacted a service before coming to the ED said they would consider doing so in future if they had more information about alternatives

The report also set out observations about the A&E department and detailed results from a separate young person's survey.

It stated that Healthwatch believed the findings raised a number of questions and it urged the Urgent Care Programme Board and the Hospital to consider and report on these questions. The report listed the following questions and also included further comments on each question:

1. Are common triage pathways/ED referral criteria used by various clinicians and services – including GPs, 111, walk-in centres, urgent care centres, ambulance services and hospital specialists caring for end-of-life patients, when seeking help for problems they believe are urgent? Do people of Reading (and the rest of Berkshire West) get consistent advice about when it is appropriate to go to A&E?
2. Are clinical quality audits regularly carried out of referrals made to A&E by other healthcare services to assess their appropriateness?
3. Do we need to consider restructuring local urgent and emergency care services?
4. How can we improve the information given to the public about using the right service at the right time?
5. What can be done to prevent ED attendances prompted by dissatisfaction with other services?
6. What can be done to improve the 'check-in' experience of people arriving at A&E?
7. Could changes be made to improve the overall experience for patients and relatives/friends, while they are waiting to be seen?
8. Could changes be made to the way patients are called through to the ED clinical area?
9. Can more in-depth research be commissioned in the future on the patient's journey, before, during and after ED?

Mandeep Sira explained that a thorough preliminary response had been received from the Berkshire West CCGs, including an action plan, and a fuller formal response was being prepared. She said that she was concerned about the consistency of messages across the health and social care economy and the need for local, clear and concise communications about what services were available locally.

Maureen McCartney said that the CCGs had welcomed the comprehensive report, which had been discussed at the Primary Care Commissioning Committee on 19 September 2016 and she tabled copies of the preliminary response at the meeting, which set out initial responses to the questions and initial action plans and stated that a formal written response was to be approved by the A&E Delivery Board on 27 October 2016.

It was noted that the project needed to be seen in context, as 87% of Berkshire West's residents did not attend A&E and were attending the various NHS services appropriately, but that there was a need for reinforcing communications about the purpose of A&E and where and when other services were available.

Cathy Winfield explained that the Urgent Care Programme Board was now the A&E Delivery Board, which would be taking oversight of the delivery of the agreed actions and was developing an Improvement Plan, which could be brought to the next meeting.

Resolved -

(1) That Healthwatch be thanked for their work on the project and the report be welcomed;

(2) That the Berkshire West CCGs bring back a report on progress on the A&E Delivery Board Improvement Plan to the next meeting of the Board and set out anything the Health and Wellbeing Board could do to support the solutions.

7. PUBLIC HEALTH BUDGET

Jo Hawthorne submitted a report which set out the current position of the Public Health Budget for 2016/17 and detailed the programmes of work funded by the Public Health grant. The report had appended a breakdown on spend and savings measures at Appendix 1 and the final budget position for 2016/17 at Appendix 2.

The report stated that the Government had announced that the 2015/16 public health grant reduction would be recurrent and had confirmed further overall reductions to the Council's public health grant. Details of the breakdown of the grant reduction to £10,269,000 (7.52% reduction) were set out in the report. The Chancellor's Autumn Statement had confirmed that public health funding would continue to be reduced annually until 2020 and that the ring-fenced conditions for use on public health grant would continue for at least two more years.

In addition, the drug and alcohol treatment service currently received a £284,635 grant from the Police and Crime Commissioner. This grant was being reviewed and should the grant reduce or be cut in full for 17/18 this would create an additional pressure. The report gave details of the likely position for 2017/18, involving a further 2.7% reduction in grant to £10,016,000.

The report stated that all public health grant spend across the Council, both for services commissioned directly by public health locally and through the shared team, as well as all additionally-funded services provided across the Council, had been reviewed. Officers across the Council had worked together to identified ways to manage the impact to services through better use of resources or reducing activity within contract limits. The rationale for spending reductions or reducing services was included in Appendix 1.

Additional savings on top of those initially identified were listed in the report. The final budget position and savings made for 2016/17 was attached at Appendix 2 and reported a breakeven position. To address the ongoing grant reductions up to and including 2019/20, officers would be reviewing all spend against the public health

grant. Longer term planning would ensure that all expenditure was informed by local health priorities and local population health needs.

Resolved -

(1) That the current budget position for 2016/17 be noted;

(2) That the budget pressures to be faced in 2017/18 as a result of further grant reductions be noted.

8. UPDATE ON TACKLING FEMALE GENITAL MUTILATION (FGM)

Further to Minute 5 of the meeting on 22 January 2016, Andy Fitton submitted a report giving an update on work undertaken since January 2016 and planned in relation to tackling Female Genital Mutilation (FGM).

The report explained that two strands had been identified to organise the response to FGM:

- Strand 1 – Prevention and Education
- Strand 2 – Protect and respond

Strand 1 had been led by the Alliance for Cohesion & Racial Equality (ACRE) with partnership support, including sponsorship from the Local Strategic Partnership (LSP) that had accepted FGM as one of its three priorities in June 2015. The report listed key achievements since January 2016 on the continuation and development of community engagement work. It stated that a plan of action had been drafted on how to best engage with practising communities in the run up to the opening of the forthcoming specialist FGM centre for the West of Berkshire, the Reading Rose Clinic, to secure its optimal reach and value, and the report gave details of further work on prevention and education. It stated that ACRE needed to source start-up funding, to avoid engagement coming to a standstill until the opening of the clinic. The report noted, however, that the funding from the LSP to ACRE had now ended and there was no short-term way of continuing the FGM community engagement work, and it set out the key risks.

Strand 2 had been led by Children's Services in Reading Borough Council, with support from the LSCBs (Local Safeguarding Children Boards). The report stated that good and timely progress had been made against the partnership action plan on protection work and gave details of key highlights, including a launch of a range of tools on FGM awareness and assessment in July 2016 and completion of an audit of prevalence in July 2016, based on work in the hospital with public health. It also listed planned work up to January 2017.

The report explained that, as previously noted in January 2016, there was a significant gap in provision for adults having undergone FGM, as Berkshire did not have a specialist clinic similar to Oxford and Bristol, without which many women would not be able to seek the help they needed. ACRE, with the support of Children's Services in the Council, had written a proposal that provided an option to create a single West of Berkshire provision of a specialist clinic alongside the extension of the preventative community work that ACRE had already been providing. This Reading Rose Clinic would be the centre point for health and education and

affected community activists and leaders could use it to educate, enable and support girls, women, their wider families and communities to stop FGM.

The proposal had been presented to the Nurse Director at the CCG Berkshire West Federation and the Police and Crime Commissioner (PCC) in June 16 to gain their support. Both key partners were in principle committed to establishing a specialist clinic with a level of wraparound preventative work led by ACRE, and the CCG were currently building a business case to consider funding a start medical clinic and ACRE was in discussion with the PCC office to explore potential funding options for the preventative work. The current target was to set up a clinic by April 2017.

Resolved -

(1) That the work undertaken so far and the proposed next steps be endorsed;

(2) That a report from ACRE on progress against the creation of a community-based education and preventative programme of support be submitted to the Health and Wellbeing Board in January 2017;

(3) That a report from Berkshire West CCG on the progress of establishing a clinical response for adults who had suffered FGM be submitted to the Health and Wellbeing Board in January 2017.

9. BERKSHIRE TRANSFORMING CARE PARTNERSHIP

Sarah Rowland, Interim Programme Manager for the Berkshire Transforming Care Partnership, who had been due to attend the Board to give a presentation giving an update on the work of the Berkshire Transforming Care Partnership on the Berkshire Transforming Care Plan, was unable to attend the meeting due to sickness. Copies of the presentation slides had been included in the agenda.

Resolved - That consideration of the item be deferred until the next meeting.

10. INTEGRATION AND BETTER CARE FUND

Kevin Johnson submitted a report setting out the Better Care Fund (BCF) integration performance within Reading at the end of Quarter 1, the BCF reporting and monitoring requirements and the findings from a Joint Commissioning Workshop held in September 2016.

The report explained that the Reading BCF had gained fully approved assurance by NHS England on 8 July 2016 and a copy of the letter was attached at Appendix 1. A BCF Plan on a Page had been produced to explain the 2016/17 submission, which was attached at Appendix 2.

The Reading BCF for 2016/17 totalled £10.4m and funded a range of integration initiatives intended to promote more seamless care and support services, deliver improved outcomes to patients and service users and protect key front line services that delivered value to both the NHS and the Local Authority. As in previous years, the BCF had a particular focus on initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care as well as a number of national conditions to which partners must adhere.

The report stated that, to date, Reading had seen some positive local BCF scheme performance, such as an increase in the number of patients/service users successfully reabled via the Discharge To Assess/Community Reablement Team services, fewer admissions to residential care and reduced admissions to hospital from care homes supported by the Rapid Response and Assessment Team. As at the end of Quarter 1, however, this had not translated into clear system-wide benefits or a positive impact on the key BCF metrics, namely non-elective admissions (NEA) and delayed transfers of care (DTOC).

The report gave further details of the figures for Quarter 1 on NEA, DTOC and residential and nursing home admissions and on actions being taken. It also gave details of local project performance on the Connected Care project, the Enhanced Support to Care Homes project, the Community Reablement Team and the Discharge to Assess service.

The report explained the reporting and monitoring requirements set by NHS England to report on BCF on a quarterly basis, and set out the timetable for this process in 2016/17. It explained that the template return required sign off by the Health and Wellbeing Board, but that the submission dates did not coincide with Health and Wellbeing Board meetings, and therefore recommended an officer delegation to meet the NHS England deadlines.

The report set out the key next steps to be taken in Quarter 2, including work on the Commissioning Intentions themes and synergies, which had been identified at a Joint Commissioning Workshop held in September 2016 and were set out in Appendix 3 to the report.

Kevin Johnson noted that, as set out in the report, Quarter 1 had shown an increase in DTOC from the Royal Berkshire Hospital, for a number of reasons including an increase in patient admissions within the acute trust, and the delays had been escalated to Reading Integration Board. He said that a lot of work was being carried out on this area, an analyst had recently been employed to go through the data to work out why there was such a problem, and partners would be working together to look at this issue further.

Maureen McCartney reported at the meeting on the figures for elective and non-elective hospital admissions in South and North & West Reading CCGs, noting that elective admissions had only increased by around 2-3% and that both Reading CCGs benchmarked very well nationally on NEAs. In 2015/16, South Reading CCG had been ranked fourth out of 209 CCGs and North and West Reading fifth. The latest figures for 2016/17 showed this trend continuing. She also explained that the CCGs planned to work with patients who had five or more NEAs in one year, looking at how to give better support to these patients.

Resolved -

(1) That the Board note the position on Integration and the Better Care Fund performance at the end of Quarter 1;

(2) That the Director of Adult Care and Health Services and the Chief Officer of Reading South and Reading North & West CCGs, in consultation with Reading Integration Board, be given delegated authority to sign off and submit Better Care Fund quarterly reports to NHS England.

11. DATE OF NEXT MEETING

Resolved – That the next meeting be held at 2.00pm on Friday 27 January 2017.

(The meeting started at 2.05pm and closed at 4.05pm)