

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

Present:

| | |
|------------------------------|---|
| Councillor Hoskin (Chair) | Lead Councillor for Health, Reading Borough Council (RBC) |
| Andy Ciecierski | Chair, North & West Reading CCG |
| Councillor Eden | Lead Councillor for Adult Social Care, RBC |
| Mandeep Sira | Chief Executive, Healthwatch Reading (as substitute for David Shepherd) |
| Bu Thava | Chair, South Reading Clinical Commissioning Group (CCG) |
| Councillor R Williams | RBC (as substitute for Councillor Gavin) |

Also in attendance:

| | |
|-------------------------------|--|
| Melissa Arkinstall | Public Health Officer, RBC |
| Barbara Barrie | Chair, Berkshire West End of Life Steering Group |
| Jo Hawthorne | Head of Wellbeing, Commissioning & Improvement, RBC |
| Victoria Hunter | Equalities Coordinator, ACRE (Alliance for Cohesion & Racial Equality) |
| Lise Llewellyn | Strategic Director of Public Health for Berkshire |
| Maureen McCartney | Operations Director, North & West Reading CCG |
| Jenny Miller | Commissioning Manager, RBC |
| Eleanor Mitchell | Operations Director, South Reading CCG |
| Vernon Nosal | Head of Adult Social Care, RBC |
| Janette Searle | Preventative Services Manager, RBC |
| Nicky Simpson | Committee Services, RBC |
| Councillor Stanford- Beale | RBC |
| Liz Stead | Head of Safeguarding Children, Berkshire West CCGs |
| Kim Wilkins | Senior Programme Manager, Public Health, RBC |
| Thom Wilson | Interim Head of Commissioning, RBC |
| Cathy Winfield | Chief Officer, Berkshire West CCGs |

Apologies:

| | |
|-------------------------|---|
| Gabrielle Alford | Director of Joint Commissioning, Berkshire West CCGs |
| Councillor Gavin | Lead Councillor for Children's Services & Families, RBC |
| Councillor Lovelock | Leader of the Council, RBC |
| Councillor O'Connell | RBC |
| David Shepherd | Chair, Healthwatch Reading |
| Graham Wilkin | Interim Director of Adult Care & Health Services |

1. MINUTES

The Minutes of the meeting held on 7 October July 2016 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

(a) South Reading CCG's Operational Plan for 2016-17

"South Reading CCG's Operational Plan for 2016-17 contains the following sentence:

"This plan is supported by a suite of documents including our Financial Strategy, 16/17 Activity plans, Dementia Action plan, Cancer recovery plan, and the Systems resilience plan."

I requested these supporting documents from the CCG. The reply from the CCG was as follows:

"Further to your email below please note the following:

- Financial Strategy - content already included in 16/17 operational plan as specific chapter
- 16/17 Activity plans - these are technical spreadsheets completed through an online portal which we are unable to release
- Dementia Action plan - content already included as an Appendix to 16/17 operational plan
- Cancer recovery plan - this is a Royal Berkshire Hospital document and not owned by the CCG
- Systems resilience plan - this is a technical spreadsheet completed through an online portal which we are unable to release"

It is true that Chapter 3 of the Operational Plan is devoted to Financial Sustainability - it may be that the reference to a separate document was an error.

The Dementia Action Plan may be an appendix to the Operational Plan but it has not been published with it on the CCG website and was not provided.

With respect to the activity plans I accept that the information may be hard to extract from the forms in which support staff handle it. But without some understanding of the changing levels of activity it is not possible for the public to gain an understanding of the present shape of our health service and spending and hence to appreciate the various reconfigurations, QIPP projects and behaviour modification programmes that emerge.

Could the next Operational Plan contain a sufficient breakdown of activity to enable the public to gain an understanding of where demand is changing and what must be done to bring activity and expenditure into balance?"

REPLY by the Chair of South Reading CCG (Dr Bu Thava), on behalf of the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"The 2017-19 Berkshire West Operational Plan was submitted to NHS England on the 23 December 2016; we currently await feedback on the plan prior to publication on our websites. Aligned to this we have also submitted activity spreadsheets to NHS England which have been agreed with our providers including Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust and South Central Ambulance trust. In doing this we look at the activity from previous years and anticipated growth.

Expected percentage growth for emergency admissions to hospital (non-elective) is a 3.5% increase from 16/17; elective care is a 0.8% increase.

Where plans have exceeded activity we generally look to implement projects to manage this. As has been the case for a number of years our largest area of growth is in emergency admissions to hospital. Each of the chapters of the operating plan look at areas of activity, eg urgent care, elective care and set our plans/priorities for the forthcoming two years.

If when the plan is published this does not contain sufficient information we are happy to discuss this further.”

In response to a supplementary question from Tom Lake about whether the CCGs had a flow model of patients between services and the rate that this could effectively take up patients, Dr Bu Thava said that he would endeavour to answer this question in a separate response to Tom Lake.

(b) Royal Berkshire Hospital Admissions

“In the Royal Berkshire Hospital's account of the festive season on its website it was stated that on many days of the season ADMISSIONS to the hospital were 25% higher than last year. What could be the possible causes of this much higher rate of admissions and what can be done to reduce it?”

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

“The information referred to in the question asked is in the archived section of the RBH website and refers to the pressure on A&E and admissions during the 2015 festive period. This year the numbers were similar to last but the activity was planned for and all partners in the health and social care system worked together to ensure that patients requiring onward care had a smooth transfer once they were fit to leave the hospital.

That said it is clear that health and social care services in Reading, and across the country, are facing major increases in demand coupled with increasing underfunding. Items 12 and 13 on the agenda of today's Board look at exactly these issues and the actions we are taking as partners in order to address them.”

In response to a supplementary question from Tom Lake about asking the Royal Berkshire Hospital to date the articles on their website, Councillor Hoskin said that he would speak to the Chief Executive at the Hospital and pass on this request.

(c) Ambulatory A&E Attendance - Referrals

“The survey of ambulatory A&E attendance at RBH commissioned from Reading Healthwatch revealed that many of the ambulatory attendees had been referred, sometimes conditionally, to A&E by other parts of the NHS. What change is proposed, if any?”

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

“At its meeting today the Health & Wellbeing Board will receive a progress report on actions agreed in response to the Healthwatch survey “A week in A&E” . This confirms:

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

- The work that GP Practices are doing to review patients who have attended A&E more than 5 times in the previous 6 months and to consider how the needs of these patients could be more appropriately managed in future to reduce future A&E attendances.
- The proportion of callers that the NHS 111 service send to the A&E department is monitored by the CCGs. The Directory of Services used by NHS 111 is also regularly reviewed to ensure that all alternatives to A&E are included so that patients whose needs can be met elsewhere are directed to another service.
- The proportion of callers that the SCAS 999 service convey to the A&E department is also monitored and SCAS benchmark very well nationally on their non-conveyance rates.
- For both the 111 and 999 services Commissioners are working with SCAS to increase the number of calls being triaged by a clinician to ensure only those needing the facilities of a full A&E department are directed there.
- The ratio between numbers of patients attending A&E and those going on to be admitted is high so we know that the majority of people attending A&E are doing so appropriately although it is recognised that there is always further scope to ensure patients are aware of and utilising all alternative services.”

The following question was asked by Caroline Hearst in accordance with Standing Order 36:

(d) Peer Support for Autistic Adults

“Why has peer support for autistic adults in Reading been stopped given there was a contract issued to offer this?”

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

“Reading Borough Council have commissioned Autism Berkshire to provide a peer support service for adults with autism. The agreement runs from June 2016 to May 2018. Funding has not been cut.

Autism Berkshire originally subcontracted with Autangel to deliver the service, but decided to terminate that agreement.

Under the terms of its Narrowing the Gap agreement, Autism Berkshire now facilitates peer support through a post-diagnosis social skills course, a fortnightly support group (the 197 Club), and a monthly women’s group. There is also a Young Adults Group and Level Up. This is not the same offer as the courses Autangel was offering, but still fits with the outcomes required under this part of the Narrowing the Gap framework. We amended Autism Berkshire’s funding agreement to reflect the variation. This means that Autism Berkshire is not in breach of any arrangement with Reading Borough Council by facilitating peer support in a different way now.”

3. END OF LIFE CARE BRIEFING

Further to Minute 3 of the meeting held on 9 October 2015, when the Board had received a presentation on the role of Health and Wellbeing Boards in Palliative and End of Life (EOL) Care, Dr Barbara Barrie presented a joint report giving an updated overview of EOL Care locally and on how the Reading locality could further develop care and support for those at the end of life.

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

The report explained that EOL care was a cross-cutting theme across a wide range of conditions. A Berkshire West-wide EOL Steering Group met quarterly and had representation from all stakeholders, including the Council and the Reading CCGs, chaired by Dr Barrie. This group reported into the Long Term Conditions Programme Board, ensuring that all the Long Term Conditions work also aligned with the ambitions for EOL as well as other programmes of care.

A Reading End of Life working group had been set up following a decision at the October 2015 Health and Wellbeing Board meeting. This group had sponsored a local conference involving a range of stakeholders and the meeting had highlighted services available locally and some of the service gaps. The report gave details of the work being done and planned by the Council and the CCGs to ensure that care and health services were safe, timely, commissioned appropriately and delivered in a way that enabled a personalised and proportionate approach to EOL care. It highlighted, for example, the recent commissioning of "PallCall", a new 24 hour, 7 days a week palliative care coordination and support service, designed to support EOL patients to die in their preferred place and to prevent avoidable, unwanted admissions for that patient group. In its first six weeks of operation, PallCall had dealt with 100 calls, prevented 19 admissions and supported six patients to die in their preferred place.

The report stated that it was proposed to convene a multi-agency task and finish group to develop an implementation plan for EOL care service development locally and to ask the group to report back on its work to a future Health and Wellbeing Board.

A number of those present said they would like to be involved in the Task & Finish Group and it was suggested that it would be useful to involve voluntary and community groups in the Task & Finish Group, as they played a key role in EOL care. It would also be important to get a shared understanding of the legal powers, responsibilities, roles and abilities of all those involved in supporting people in EOL care.

Resolved -

- (1) That the report be noted;
- (2) That an End of Life Task & Finish Group be set up to produce an integrated implementation plan for the development of End of Life Care services locally, to include in its membership Councillor Rachel Eden, Vernon Nosal, Jo Hawthorne, Barbara Barrie, Eleanor Mitchell, Mandeep Sira and appropriate representatives from the wider voluntary/community sector;
- (3) That a report on the work of the Task & Finish Group be submitted to a future meeting of the Health and Wellbeing Board.

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

Further to Minute 3 of the previous meeting, Cathy Winfield submitted a letter about and a document summarising the NHS Sustainability and Transformation Plan (STP) for Buckinghamshire, Oxfordshire and Berkshire West (BOB), which had been published in

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

December 2016 by the STP BOB Lead and Chief Executive of Oxfordshire CCG, David Smith. She also gave a verbal update on the latest situation on the BOB STP.

Cathy Winfield said that the BOB STP had been submitted on 23 December 2016, and a formal response was awaited from NHS England, whose Board would be meeting on 9 February 2017. Once the Quarter 3 financial position was known at the end of February 2017, a refreshed STP based on the latest financial outcomes was likely to be submitted. She explained that public engagement on the Berkshire West CCGs Operational Plan was being carried out, which included reference to the BOB STP, and that public engagement events for the BOB STP were being prepared for when it was formally signed off.

Cathy Winfield explained that, unlike other STPs, most of the BOB STP work was being done through the local health economies, including the Berkshire West 10, and so the work focus was bottom-up and it was not expected that things would be that different from currently - work would continue on the local programmes. She said that the funding allocation to spend on the NHS was being increased from £2.5 billion to £2.78 billion and that some funds were available in a central fund; local bids had been made to this fund for cancer services, strengthening digitisation work and mental health work, especially for support in mental health crises expanding psychological need. She said that current modelling suggested that, if things continued as currently, demand would outstrip supply, creating a £479m gap, and there were also many other pressures.

Councillor Hoskin expressed concern about the lack of consultation and transparency on the STP, but noted that the way that the STP changes were being developed and handled was under national control. He said that the Council was keen to know how the finances would work through to local provision and how activity and workforce plans would change, for example what changes to the movement of patients through the health system there would be with centres of excellence, but it seemed that at the moment this was not knowable. Cathy Winfield explained that any major changes would trigger a formal consultation, and the NHS would want to do engagement on these issues.

Councillor Hoskin reported that the Council had signed up to be involved in a joint scrutiny of the STP across Berkshire West, and would also be thinking about what scrutiny of the STP it would carry out locally, in order to look at how the plans would fit with the local population's needs and demands and how they would link to social care.

Resolved - That the documentation and position be noted.

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

Further to Minute 5 of the previous meeting, Janette Searle submitted a report on the adoption of Reading's second Health and Wellbeing Strategy, for 2017-20, which was attached to the report at Appendix C. The report also had attached the results of the consultation on the Strategy at Appendix A, an Equality Impact Assessment at Appendix B and a draft Action Plan at Appendix D.

The report explained that, as required by statute, the Strategy would set the basis for commissioning plans across both the local authority and the local CCGs. It was a joint strategy and its development to date had properly been driven by the Health and

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

Wellbeing Board but, as required by the Council's Constitution, the Strategy had also been submitted to the full Council on 24 January 2017 for formal approval.

The report explained the process of developing the three year Strategy, which retained the previous vision of "A healthier Reading" and had added a Reading Mission Statement "To improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest".

The draft Strategy proposed the following 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 drink 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;
- Reducing deaths by suicide.

Resolved -

- (1) That the feedback from the formal consultation on Reading's second joint Health and Wellbeing Strategy (attached to the report as Appendix A) together with the Equality Impact Assessment (attached to the report as Appendix B), which had been considered and taken into account in the development of the Strategy, be noted;
- (2) That the 2017-20 Reading Health and Wellbeing Strategy, as attached at Appendix C to the report, be endorsed and it be noted that it had been adopted by the Council at its meeting on 24 January 2017;
- (3) That the supporting Health and Wellbeing Action Plan, as attached at Appendix D to the report, be approved;
- (4) That the Board's thanks to the Well Being Team, key partners and all those involved in developing the Health and Wellbeing Strategy and Action Plan be recorded.

5. **BERKSHIRE WEST CCGS OPERATIONAL PLAN 2017/19 AND READING ADULT SOCIAL CARE COMMISSIONING INTENTIONS 2017/18**

The Board received a joint covering report presented by Jo Hawthorne, Eleanor Mitchell, Maureen McCartney and Thom Wilson, presenting the Berkshire West CCGs Operational Plan 2017/19 and the Reading Borough Council Adult Social Care Commissioning Intentions 2017/18. Copies of the documents were appended to the report, as well as a "Plan on a Page" summary of the Operational Plan 2017/19.

The report explained that two separate reports had been presented as the Berkshire West CCGs were required by NHS England to submit a separate plan in line with the NHS Operational Planning Guidance issued in September 2016, so a joint report had not been possible, but the plans had been prepared in close collaboration, and both

documents referred to the need to work more closely together, as well as including a range of specific objectives. During the past year, close working had included development of a Reading Integration Board to oversee local integration opportunities and priorities and the CCGs and Council had agreed to prioritise opportunities for joint commissioning through the Integration Board in the coming year.

a) Berkshire West CCGs Operational Plan 2017/19

The report stated that the NHS Planning Guidance described the following “must do” priorities, and the Operational Plan had to outline the CCG plans against these criteria:

- STP alignment;
- The plans must be delivered within the available allocated financial resources;
- Plans must demonstrate implementation of the General practice Forward View;
- Delivery of Urgent & Emergency care targets and priorities;
- Delivery of referral to treatment times in elective care;
- Implementation of the cancer taskforce report and deliver key standards;
- Delivery of transforming care plans and improved access to healthcare for people with learning disabilities;
- Improved quality of care.

These priorities did not encompass the full breadth of CCG responsibilities and, in addition to the above, NHS England also set out specific areas where improvement was needed by 2020. This included seven day services, patient experience, cancer, finance, Obesity & Diabetes, Dementia, A & E and ambulance targets, new models of care in general practice, health & social care integration, mental health, learning disabilities and autism, research, technology and health at work.

The Berkshire West CCGs Final Operational Plans had been submitted to NHS England on 23 December 2016 and had been approved by the four CCG Governing Bodies. Initial feedback from NHS England had been positive. All contracts with main providers (Royal Berkshire Hospital, Berkshire Healthcare Trust and South Central Ambulance Service) were required to be and had been signed by 23 December 2016.

A “Plan on a Page” document had been produced by the CCGs to help illustrate and summarise the key elements of the plan on a single page, with specific CCG priorities highlighted on the reverse.

The report explained that, as in previous years, the Quality Premium scheme had been offered to CCGs, which had now become a two year scheme. The two Reading CCGs had been required to choose one Quality Premium target each and the report gave further details of the following targets:

- North and West Reading CCG - Increased number of Chronic Kidney Disease patients treated with an ACE-1 or ARB medication
- South Reading CCG - Increasing prevalence of hypertensive patients

It was reported at the meeting that the South Reading CCG had just heard that they had been successful in achieving their 2015/16 Quality Premium and were in the top 16 in the country on Quality Premium achievements.

b) Reading Borough Council Adult Social Care Commissioning Intentions 2017/18

The report explained that the key priorities for Adult Social Care Commissioning for 2017/18 were:

- Maximising Independence and recovery - we will use reablement, assistive technology, and aids for daily living as a first response.
- Personalisation - we will support personalisation through personal budgets to ensure that people requiring longer term care can take as much control over their lives as their needs allow, in line with Care Act requirements.
- Home Care - we will seek to support sustainable homecare in the borough by working proactively and building on relationships with our Home Care Framework providers (HCF).
- Reshaping Accommodation - we will continue to shift the balance of accommodation provision from residential care to extra care housing and supported living options.
- Integration with Health Partners - we will continue to build upon partnerships with our colleagues in the health service in order to work closely together to meet the needs of our population.
- Effective Commissioning and Sustainability - we will transform the way that we commission, ensuring that we have a service that is fit for purpose and able to play a key role in supporting the council to maintain a balanced budget.

The Commissioning Intentions document gave details of progress to date on each of the priorities and set out objectives for the year ahead.

It was noted that the plans and intentions involved a lot of areas which would need changes in culture and behaviour by the people of Reading to help in achieving the aims, and that it would be important to work out how to involve both service users and all residents in such changes. It was explained that the Wellbeing - Public Health intentions and Communications Plans had yet to be developed and it was hoped that this work could be done together.

Resolved -

- (1) That the Berkshire West CCGs Operational Plan 2017/19 & Reading Borough Council Adult Social Care Commissioning Intentions 2017/18 be noted;
- (2) That the Quality Premium Targets for the two CCGs for 2017/18 and 2018/19 be noted;
- (3) That the Reading Integration Board continue to review and develop joint commissioning opportunities and an Implementation Plan.

6. HOW IS ELECTRONIC PRESCRIBING WORKING FOR READING PEOPLE? - FINDINGS OF A HEALTHWATCH READING PROJECT

Mandeep Sira submitted a report on a project carried out by Healthwatch Reading in September and October 2016 to find out Reading people's experiences of the NHS electronic prescribing service (EPS).

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

The report explained that the EPS allowed a patient prescription to get from a GP's computer to a patient's pharmacy computer, so people did not have to take a paper copy. Healthwatch Reading had been given evidence of some local problems with EPS and wanted to understand whether people knew about the service, what it was like to use the service and if people did not use the service, why not. It was hoped the findings would help influence any future local improvements to the EPS.

The report gave details of how the project had been carried out, visiting GP surgeries and pharmacies and by provision of surveys. 217 people had completed the survey, with 183 filling out a paper version and 34 answering online. Information had also been gathered from pharmacists, a GP and local NHS staff.

The report set out key highlights, gave details of patient and professional views and information from the NHS, and concluded:

“Reading people told us that they think the electronic prescription service is a convenient system that saves them an extra trip to the surgery to collect repeat prescriptions. However, they do not think it is working to its full potential and would like, in particular, pharmacies to notify them when their medication is ready to pick up. This is possible, as some people told us their pharmacy does text them to inform them of collection times.

There is some confusion among the public about how EPS works, with some people thinking it requires the patient to have a computer or to be computer literate.

Our research also highlighted some worrying variations in the use of EPS across Reading, meaning some patients are missing out on its potential benefits.

Based on the evidence Healthwatch Reading collected, we are posing the following questions and recommendations to NHS England, which is responsible for overseeing pharmacy services. We also welcome any comments from Thames Valley Pharmacy, on behalf of local pharmacies, and Berkshire West CCG federation, which oversees GP services:

1. Why is there such a wide variation across Reading, in the number of electronic prescriptions sent? Is there a timetabled action plan in place to ensure all patients get the opportunity to register with EPS via their local pharmacy or GP, regardless of where they live in Reading?
2. Is it possible for pharmacies to be encouraged/or required to inform patients when their prescription is ready to collect, via a text message or other communication service? How can good practice in this area be shared?
3. We recommend a local communication plan that helps the public better understand what EPS is, and explains how and where they can sign up - including the fact they do not need a computer themselves and can also sign up at their pharmacy.
4. What action is or can be taken by NHSE to ensure all pharmacies' computer systems can receive electronic prescriptions for controlled drugs?

5. How can the issue of 'drug synchronisation' be addressed more effectively and by whom, to help patients?"

The report had appended a response from the Local Pharmacy Committee and it was reported at the meeting that responses had also now been received from NHS England and Berkshire West CCGs. Mandeep Sira said that Healthwatch would approach NHS England centrally to encourage them to pilot a scheme for patients to receive a text message when their prescription was ready.

It was noted that the Health and Wellbeing Board had a potential item on its bringforward list for a future meeting on changes in funding for community pharmacies and it was suggested that the issues raised in the EPS report could be included in that agenda item.

Andy Ciecierski said that the EPS was still a relatively new system for both GPs and pharmacies and acknowledged that, whilst it had its benefits, it was not foolproof and it would be useful to review it in the future. He also noted that the role of clinical pharmacists in primary care was key, as there was a need for pharmacists to be able to help in this workload and it would be useful to review how this was being developed in local practices.

Resolved -

- (1) That Healthwatch be thanked for their work on the project and the report be welcomed;
- (2) That the issues raised in the report and the role of clinical pharmacists in primary care be considered as possible future agenda items for the Board.

7. ACRE'S FEMALE GENITAL MUTILATION (FGM) COMMUNITY ENGAGEMENT WORK & PROGRESS TOWARDS CREATION OF THE ROSE CENTRE, READING

Further to Minute 8 of the previous meeting, Victoria Hunter submitted a report giving an update on developments since October 2016 in relation to tackling Female Genital Mutilation (FGM) from the Alliance for Cohesion & Racial Equality (ACRE) (see also Minute 8 below).

The report explained that ACRE had recommended the development of a specialist FGM centre, the Reading Rose Centre, some funding for which had been committed by NHS England and the Office of the Police and Crime Commissioner, although there was currently still a shortfall in funding. However, two potential funds had recently opened under the Violence Against Women and Girls Strategy - The Service Transformation Fund and the Tampon Tax Fund. ACRE would be applying in partnership with the Office of the Police and Crime Commissioner and the Berkshire West CCGs to the Service Transformation Fund; ACRE would also be applying for the Tampon Tax Fund. If the bids were successful, the Rose Centre would be fully funded for three years.

Victoria Hunter said that, although the Rose Centre had originally been planned to serve Reading, as Reading was an FGM hotspot, it had now been widened out to all of Berkshire, with the potential to grow to serve the Thames Valley. It was the first time that such a collaborative co-commissioning process had been followed and this

approach would secure sustainability. She said that the National Police Chiefs Council's Head for FGM was coming to Reading to see the work. She noted that, although the Centre had been planned for FGM, it was now expected that it would also cover all community-based and honour-based issues and domestic violence, looking at how to address cultural issues and work across boundaries, looking at victims, families and perpetrators.

ACRE had now also secured funding from the Office of the Police and Crime Commissioner and NHS England to continue community engagement work in the run up to the forthcoming development of the Rose Centre and facilitate community participation in the planning of the service. ACRE had recruited four new community advocates and through responses to questionnaires, had collated information on 30 FGM survivors in the local area.

Resolved - That the report and the progress made so far be noted and welcomed and all those involved be congratulated.

8. ESTABLISHING A CLINICAL RESPONSE FOR ADULTS WHO HAVE SUFFERED FEMALE GENITAL MUTILATION (FGM)

Further to Minute 8 of the previous meeting, Liz Stead submitted a report from the Berkshire West Federation of CCGs giving an overview of the current arrangements for physical and/or psychological support for survivors of FGM and outlining the proposed plan for the development of services in this area (see also Minute 7 above).

The report explained the current process for identifying cases of FGM, noting that, for women identified in the antenatal period, they were seen in routine hospital clinic appointments as there was currently no separate service for issues around FGM, and that there was also currently no provision for supporting women who were not pregnant but had issues relating to their FGM; the identification of these women in primary care was also currently poor. The report stated that partners had been working in collaboration to take a holistic standpoint to consider all aspects of the consequences of FGM and that plans had been made to establish a Reading Rose Centre to be based at the Oxford Road Community Centre. This would be a one-stop-shop for communities around addressing the issue of FGM and other BME issues and to access services such as English as a Second Language and back to work skills.

The report explained that, despite contributions and commitments from NHS England and the Office of the Police and Crime Commissioner, there was currently still a shortfall in funding to keep the Centre going for a minimum of three years. However, in December 2016, the Home Office had launched its funding strategy for the Violence Against Women and Girls Service Transformation Fund, a copy of the prospectus for which was appended to the report. The plans for the Reading Rose Centre satisfied virtually all of the requirements for the funding and an Expression of Interest had been submitted; if the bid was successful this should be known by the end of March 2017.

It was noted that, if the Home Office funding bid was not successful, an alternative plan would need to be made and a more streamlined proposal might be needed.

Resolved - That the report be noted and, if news on the bid had been heard by the next Board meeting on 24 March 2017, an update be given at that meeting.

9. ACCESS & EMERGENCY (A&E) DELIVERY BOARD AND IMPROVEMENT PLAN

Maureen McCartney submitted a report on:

- The role of the system-wide Berkshire West A&E Delivery Board in ensuring delivery of the NHS constitutional standard that 95% of patients should spend no more than four hours in an A&E department from arrival to admission, transfer or discharge;
- Progress on delivery of the local A&E Improvement Plan which was designed to support recovery of the standard at the Royal Berkshire Hospital;
- Actions agreed in response to the Healthwatch report “A week in A&E” which had been considered by the Board on 7 October 2016.

The report had a copy of the latest version of the A&E Improvement plan attached at Appendix 1 and a copy of the Terms of Reference of the A&E Delivery Board attached at Appendix 2.

The report explained that performance against the four hour constitutional standard was a barometer of flow across the health and social care system and required each part of the system to work in partnership to deliver their respective contributions to recovery of the target. The report gave details of performance, explaining that the target had not been consistently achieved in Berkshire West since quarter 3 of 2015/6, gave details of the rationale for the establishment of the A&E Delivery Board in September 2016 and set out its core purpose and membership.

The report also set out the requirement to have an A&E Improvement Plan, which was attached to the report, setting out progress to date against the five key interventions recognised nationally to be best practice and a number of additional actions agreed at two system-wide “Round Table” events held in July and September 2016, which had been organised by the Chief Executive of the Royal Berkshire Hospital in response to pressures within the Trust which required a whole system response and urgent action.

The close link between the Better Care Fund Requirements in relation to action required to reduce Delayed Transfers of Care and the A&E Improvement Plan were set out in the report, and it also gave details of progress on actions agreed in response to the HealthWatch Report “A Week in A&E”, which the Board had considered at its previous meeting.

Maureen McCartney reported at the meeting that the length of hospital stay had reduced significantly in the previous few weeks, and she also reported that the Royal Berkshire Hospital actions in response to the Healthwatch report which were still open were on the agenda for the Hospital Trust’s next Board meeting.

It was noted that it was important to get appropriate messages out to the public about where to attend in different medical situations, to prevent unnecessary attendance at A&E. It was noted, for example, that in some circumstances people

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

were told not to attend A&E but to go to a minor injuries unit, but there was no such unit within Reading. Maureen McCartney reported that there had been a discussion at the A&E Delivery Board about developing a joined-up Communications Strategy and the Communications Teams had been asked to work together on this.

In response to an enquiry about the plans for the Reading Walk-In Centre and opportunities for a system-wide discussion about the vision for the Centre, Cathy Winfield explained that the contract for the provider had been extended for two years and consideration was being given as to how the Centre fitted with the urgent care strategy. The Centre had initially been set up with a primary care priority, for example providing cervical screening, but recently a system had been put in place for people to attend the Centre when the urgent care system was busy and consideration was being given as to how the Centre could contribute to the urgent care system. It was noted that it would be good if it could be used to provide a minor injuries resource for Reading.

Resolved - That the report be noted.

10. INTEGRATION AND BETTER CARE FUND

Jo Hawthorne submitted a report giving an update on the progress of the Integration programme, including Better Care Fund (BCF) Performance.

The report gave details of progress to date against the four key BCF performance indicators that each Health & Wellbeing Board was required to report on:

- Reducing delayed transfers of care (DTC) from hospital
- Avoiding unnecessary non-elective admissions (NEA)
- Reducing inappropriate admissions of older people (65+) in to residential care
- Increase in the effectiveness of reablement services

It also summarised performance to date on the following key integration/BCF schemes:

- Discharge to Assess - Willows
- Community Reablement Team
- Enhanced Support to Care Homes
- Connected Care

The report also included information received in relation to 2017/18 & 2018/19 Better Care Fund requirements. The final policy and technical guidance had yet to be published and was not expected to be until late January 2017. This meant that the final funding, national conditions and planning requirements were still unclear.

As part of the BCF Policy Framework and Integration and BCF Planning for 2017-19, there was a proposed option for local areas to look towards 'graduation' from BCF. Areas that graduated would no longer be required to submit annual BCF Plans and quarterly returns. An expression of interest had been put forward on behalf of the Berkshire West localities but, as with BCF policy guidance, the graduation criteria and process were yet to be finalised, so the application would require review upon publication of the final policy. Any final application would return to the Board for formal approval.

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

It was noted that it was frustrating that the publication of the BCF criteria had been delayed, and Councillor Eden said that she had written to the Minister firmly requesting the publication.

Resolved - That the report and position be noted.

11. A HEALTHY WEIGHT STATEMENT FOR READING - PROGRESS UPDATE

Melissa Arkinstall and Kim Wilkins submitted a report presenting a Healthy Weight Position Statement for Reading and reporting on progress on the development of a Healthy Weight Strategy and action plan. Reading's Healthy Weight Statement was attached at Appendix A and an initial Healthy Weight Strategy Action Plan was attached at Appendix B.

The report gave details of the ways that the Healthy Weight Position Statement for Reading had been developed, including an analysis of local data, scoping of current service provision and involvement of stakeholders at various stages of development. It explained that this work had helped to identify both the range of programmes already available to support people to be a healthy weight in Reading and had highlighted where it was necessary to further focus efforts.

Proposed areas of focus included:

- Provision of information and support to help people manage their weight
- A continued focus on helping the least active members of the population to move more
- Strengthening work with schools and families to help more children be a healthy weight
- Provision of support for parents in early years settings
- Supporting/encouraging teenagers to eat healthily and have active lifestyles

The report set out initial emerging priorities which, if agreed, would form the basis of the action plan, in the following three tiers:

- Tier 1/Primary prevention: To prevent children and adults from becoming overweight or obese through supporting healthy eating and active lifestyle habits throughout life.
- Tier 2 services/Community Weight Management Programmes
- Tier 3 services - commissioned by the CCGs

The report stated that a draft action plan was in development which, as a starting point, included some of the work under way or planned by the Council, and was attached at Appendix B. The next step would be to further develop and enhance the action plan, including engagement with and input from key stakeholders and the formation of a task and finish group to develop the detailed action plan.

Councillor Hoskin said that he would be keen to be involved in the Task & Finish Group and noted that it would be important to include representatives from education and children's services as connections with the education community would be key in achieving the healthy weight aims. It was noted that achieving progress was likely to be challenging in light of the current budget situation for both the Council and the CCGs, as exemplified by the inability to fund the Beat the Street programme

for 2017, and the Task & Finish Group would need to look at other ways of doing things.

Resolved -

- (1) That the work undertaken to date and the Healthy Weight Statement for Reading be endorsed;
- (2) That the development of a Healthy Weight Strategy for Reading and the formation of a Task and Finish Group to develop a detailed implementation plan, to be progressed through engagement and in partnership with key stakeholders, be endorsed;
- (3) That a further progress report and an updated action plan be submitted to the next meeting of the Board.

12. BERKSHIRE TRANSFORMING CARE PARTNERSHIP

Gabrielle Alford, who had been due to attend the Board to give the presentation on the work of the Berkshire Transforming Care Partnership (TCP), which had been deferred from the previous meeting, was unable to attend the meeting. Copies of the presentation slides had been included in the agenda, which gave an update on the work of the Partnership in delivering the Berkshire Transforming Care Plan.

The Plan had the following aims:

1. Making sure fewer people were in hospitals by having better services in the community.
2. Making sure people did not stay in hospitals longer than they needed to
3. Making sure people got good quality care and the right support in hospital and in the community
4. To avoid admissions to and support discharge from hospital, people will receive and be involved in a Care and Treatment Review

The presentation gave details of the programme's governance structure, work streams and project groups and TCP achievements in 2016. It also gave an overview of the 2017/18 TCP Programme Plan and outcomes, and of plans to develop an Intensive Support Team in the community to provide proactive community based support for people with a learning disability and/or autism who had associated mental health needs and/or presented with behaviour that could challenge.

Resolved - That the presentation be noted.

13. WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2015-16

The Board received a report presenting the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2015-16, a copy of which was attached to the report at Appendix 1, for the Health and Wellbeing Board to accept the report for information, to meet statutory requirements.

The covering report stated that the trend analysis contained in the Annual Report highlighted the year on year increase in the number of safeguarding concerns, with

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

the majority of those concerns relating to older people over 65 years of age. Reading had seen a rise in the number safeguarding concerns from 702 in 2014/15 to 1075 in 2015/16, an increase of 153% and 59% of all enquiries were for those aged 65 years or over.

A number of initiatives in the Reading area had contributed to how working together had made a difference, including:

- Working with Rahab to support the victims of modern day slavery
- World Café Planning with partners to obtain community views and ideas in relation to vulnerable and exploited individuals
- Multi-agency partnerships identifying health, housing and financial support to meet the needs of vulnerable people

Reading Borough Council's achievements had included:

- Establishing a new safeguarding team
- Increasing the learning lunches and safeguarding workshops for staff and increasing the amount of safeguarding training available
- Reducing the amount of outstanding Deprivation of Liberty Safeguards (DoLS) and creating a pathway for community DoLS

Resolved - That the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2015-16 be noted and accepted.

14. READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16

The Board received a report presenting the annual report of the Reading Local Safeguarding Children Board (LSCB) 2015/16, which was appended to the report.

The report explained that the Reading LSCB was the key statutory mechanism for agreeing how the relevant organisations would co-operate to safeguard and promote the welfare of children in Reading and for ensuring the effectiveness of what they did, as outlined in statutory guidance Working Together to Safeguard Children 2015.

The LSCB Chair was required to publish an Annual Report on the effectiveness of child safeguarding and promoting welfare of children in Reading; this report had a wide distribution and was sent to key stakeholders and partners so that they could be informed about the work and use the information in planning within their own organisations to keep children and young people safe. It was being presented to the Health and Wellbeing Board in line with statutory guidance and had also been presented to the Children's Trust Board and the Adult Social Care, Children's Services and Education Committee.

The report explained that the Annual Report focused on the achievements and ongoing challenges for the LSCB and partners specifically against priorities. The achievements and ongoing challenges were set out under the following headings:

- Domestic Abuse;
- Strengthening the Child's Journey and Voice;
- Child Sexual Exploitation and other Particularly Vulnerable Groups;
- Neglect;

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

- Effectiveness and Impact of the LSCB.

The covering report explained that the Annual Report related specifically to the 2015/16 year and gave details of a number of developments since March 2016.

It also gave details of the outcome of an Ofsted Inspection in May/June 2016. Ofsted had agreed that progress had been made within the 2015/16 year citing 'positive change' and that 'the challenge and concern log facilitates active challenge, and has led to practice improvements'. Ofsted had graded the LSCB as 'Requires Improvement' and made five recommendations which had been clearly included within the highlighted ongoing challenges for the Board. All challenges were included as part of the LSCB Improvement and Development Plan for 2017.

Resolved - That the annual report of the Reading Local Safeguarding Children Board 2015/16 be noted.

15. READING AUTISM STRATEGY AND ACTION PLAN

Jenny Miller submitted a report giving details of progress on the delivery of the Reading Autism Strategy's key objectives, and presenting a proposed revised Implementation Plan for 2017/18. The report had appended:

- Appendix 1 - Reading Autism Strategy 2015-18
- Appendix 2 - Reading Autism Strategy Addendum - National Policy Context Update
- Appendix 3 - Reading Autism Strategy Action Plan Review 16/17
- Appendix 4 - Reading Autism Strategy Implementation Plan 2017/18

The report explained that Reading's Autism Strategy had been approved by the Health and Wellbeing Board on 17 April 2015.

The following six priorities for improving support for people with autism in Reading had been identified in the Strategy:

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

An Autism Partnership Board had been established to progress the delivery of the Strategy through an Action Plan, which had been developed in the context of reducing budgets delivered through the Council's extensive transformation plans, and the report noted that there had been no additional resource identified or available to deliver the Action Plan. The Plan was focused on how existing resources across partners could be used most effectively.

The report stated that, at the meeting on 9 October 2015 (Minute 7 refers), the Health and Well Being Board had discussed the membership and reporting lines of the Autism Partnership Board, suggesting that political representation and the representation of the Health and Wellbeing Board on the Autism Strategy Board

READING HEALTH & WELLBEING BOARD MINUTES - 27 JANUARY 2017

should be considered, and that copies of agendas and minutes should be circulated appropriately. This had been actioned. It had also been suggested that where the Autism Partnership Board reported internally in the Council should be considered further. This action would be taken forward in the next year.

The report stated that, in the last year, work had continued on the key actions identified. Appendix 3 provided details of the progress made, including:

- Autism Partnership Board established
- Information given to commissioned service providers about training opportunities
- Review of Supported Living providers training was undertaken
- Training provided to schools, Adult Social Care, Health and the voluntary sector
- Health services restructured to integrate physical and mental health support for children
- Appreciative Enquiry undertaken on services for children and young people and as a result a multi-agency “Together for Children with Autism Group” is being developed
- Development of single referral process and pathway for Berkshire Health Foundation Trust services for children and young people is underway
- Consultation undertaken on short breaks for children and young people which was reported to ACE in October 2016
- Funding for well-being support for people with autism developed via the “Narrowing the Gap” Framework and new funding arrangements started in June 2016
- Positive living model for support for people with Learning Disabilities, Autism and Challenging Behaviour developed via the Transforming Care Board
- Reading Voice trained four Care Act Advocates experienced in working with people with autism
- Work undertaken to ensure information and advice from the Council promotes support for carers

The report stated that the Autism Partnership Board had recognised that the Action Plan would require updating on a regular basis as progress was made to deliver the objectives set out in the Autism Strategy. The current refresh of the Action Plan included: changes to legislation and national policy; links between the Autism Strategy and Action Plan and the Council’s Social Care Commissioning Strategy and Market Position statement; and links to the current remodelling of the Adult Social Care assessment services.

Councillor Eden reported that the Westminster Commission on Autism had published a report on the experience of people with autism in accessing healthcare services and she recommended it to members of the Board as a useful way of understanding the issues encountered.

Resolved -

- (1) That the actions undertaken to address the Reading Autism Strategy Action Plan be noted;
- (2) That the Reading Autism Strategy Implementation Plan for 2017/18 be agreed.

(Councillor Stanford-Beale declared an interest in the above item, but was not present for the item and therefore took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire.)

16. ANTIMICROBIAL RESISTANCE

Lise Llewellyn submitted a report which gave a briefing on Antimicrobial resistance (AMR), its impact on people's health, the need for support for antibiotic awareness, strategies to tackle AMR and what was being done locally.

The report explained that AMR was resistance of a microorganism to an antimicrobial drug that was originally effective for treatment of infections caused by it. Resistant microorganisms were able to withstand attack by antimicrobial drugs, so that standard treatments became ineffective and infections persisted. Alternative medications or higher doses that might be more costly or more toxic were therefore required, causing delay in treatment. Treatment could also fail altogether. AMR was a topic that was poorly understood by the general public and the recent increase in the use and abuse of antimicrobials had accelerated the rate at which resistance was developing and spreading.

The report noted that strategies to tackle AMR relied on three pillars of Antimicrobial Stewardship:

- Preventing infectious disease
- Protecting current antibiotics
- Promoting and monitoring infection prevention and control measures

It was noted that one of the prevention activities was avoiding contact with sick people, but it was suggested that many people came into work when they were ill and employers did not do enough to encourage their sick employees not to come in to work so as not to spread the sickness, especially to those more vulnerable or immuno-compromised than them.

Resolved -

- (1) That the report be noted;
- (2) That Lise Llewellyn bring a report back to the Board in July 2017 on messages for winter 2017/18 on how to change the attitudes of the public and employers to people not going to work if they were sick.

17. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 24 March 2017.

(The meeting started at 2.10pm and closed at 4.45pm)