

## READING HEALTH & WELLBEING BOARD MINUTES - 19 JANUARY 2018

### Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Lovelock	Leader of the Council, RBC

### Also in attendance:

Michael Beakhouse	Integration Programme Manager, RBC & CCGs
Teresa Bell	Chair, West of Berkshire Safeguarding Adults Partnership Board
Michelle Berry	Neighbourhood Coordinator, Wellbeing, RBC
Ramona Bridgman	Chair & Parent Carer, Reading Families Forum
Darrell Gale	Acting Strategic Director of Public Health for Berkshire
Deb Hunter	Principal Educational Psychologist
Maureen McCartney	Operations Director, North & West Reading CCG
Melissa Montague	Public Health Officer, RBC
Maura Noone	Interim Head of Adult Social Care, RBC
Kajal Patel	Clinical Lead for Cancer (Berkshire West CCGs)& GP Governing Body Member South Reading CCG
Helen Redding	SEND Improvement Adviser, RBC
Tara Robb	Parent Carer, Reading Families Forum
Janette Searle	Preventative Services Manager, RBC
Liz Siggery	Home Instead Senior Care and Dementia Action Alliance representative
Nicky Simpson	Committee Services, RBC
Mandeep Sira	Chief Executive, Healthwatch Reading
Matt Taylor	CEO of Age UK Reading and Dementia Action Alliance representative
Alex Walters	Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Suzie Watt	Programme Officer, Wellbeing Team, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

### Apologies:

Ann Marie Dodds	Director of Children, Education & Early Help Services, RBC
Stan Gilmour	LPA Commander for Reading, Thames Valley Police
Eleanor Mitchell	Operations Director, South Reading CCG
Sally Murray	Head of Children's Commissioning, Berks West CCGs
David Shepherd	Chair, Healthwatch Reading
Councillor Stanford-Beale	RBC

## 1. MINUTES

The Minutes of the meeting held on 6 October 2017 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) Accountable Care System

“There is much support for the flexible, innovative, integrated working which is promised by the Accountable Care System (ACS) collaboration, but at the same time there is much concern about the possibility of the population's healthcare being traded or obscured by commercial confidentiality. There is also a pending national Judicial Review of regulations introduced to enable transition to new models of care.

It may be helpful to compare the development of the ACS to the evolution of the Foundation Trust concept.

At present the ACS has no corporate existence, which assures against it being subject to trading but affords none of the governance and responsiveness standards which other NHS organisations adhere to.

It seems strongly in the interests of patients that a way be found to take integration forward while allaying fears of a radical change to the basis on which the ACS is working, so that it continue on the present collaborative basis for an extended time.

Given an extended period of working on a collaborative basis it would seem sensible for governance to be provided on a parallel collaborative basis between the governing bodies of the institutions involved - Trust governors, councillors, patient organisations.”

Does this offer a way forward for all the organisations involved to proceed?”

**REPLY** by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

“We welcome the local support we have received for the Berkshire West ACS. You are correct that the primary purpose of the ACS is to promote closer working and collaboration between the CCG, Royal Berkshire Foundation Trust, Berkshire Healthcare Trust and GP practices and to support the ongoing integration work with Local Authorities through the Berkshire West 10 programme. By doing this we hope to offer people more integrated care which improves health outcomes and makes the best use of the NHS and LA pound locally.

As you observe ACSs have no legal form - this would require legislative change. The model is one of the statutory bodies - CCGs and Foundation Trusts - working together on a collaborative basis. The governance of the statutory bodies remains in place along with the responsibility for decision making in public boards and the duties of engagement and consultation, for example. This provides the assurance the public and partners expect in relation to governance and wider NHS standards. We agree with you that continuing this collaborative approach represents the way forward for us at this current time.”

**b) GP Alliances**

“The Government is encouraging the formation of larger primary care providers with patient lists around 30,000-40,000.

What is the corporate form of the GP alliance in South Reading?

And of any similar organisations in North Reading? Are these public or private bodies? Are they subject to NHS standards and FoI?

Could they be the principal contract holders for primary care within the next few years?”

**REPLY** by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

“You are correct that national policy is for primary care to work in multidisciplinary teams serving networks or neighbourhoods of 30,000 - 40,000. This does not necessarily require practices to merge to create a single practice but could be achieved by practices working together. In recognition of this the practices across Berkshire West have come together to form 4 GP Alliances. These are companies limited by share.

It is unlikely that individual practices will move off their current GMS and PMS contracts for the provision of core primary care in the short term. However, they may wish to respond as an Alliance to the opportunity to provide extended access 7 days per week. This is something that individual practices would find it hard to do. The Alliances may also wish to work together with Royal Berkshire Foundation Trust and Berkshire Healthcare Trust to redesign pathways so that patients can receive more of their care in a primary care setting. Where contracts are placed with the Alliances they will be subject to the same standards, monitoring and quality assurance as other NHS providers. Freedom of Information Act requests can be made to the CCGs about any contracts that they may place with the Alliances.”

**c) Approaches to Intervention in GP Practices**

“Over several years we have seen quite a few GP practices in Reading show signs of difficulty, eg partnership unable to continue or CQC rating of inadequate. We have seen two approaches to intervening in these cases - either re-tendering of the contract or supportive action, possibly involving changes to the providing partnership. It now seems clear that the latter - pre-emptive and supportive - approach has been far more successful than re-tendering in present circumstances.

Isn't there now enough evidence for a supportive approach for local partnerships wherever possible?”

**REPLY** by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

“You are correct that a number of the smaller practices in Reading have struggled to meet the standards required of modern primary care. National policy recognises this, hence the requirement for practices to work at scale to improve their resilience.

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We agree that getting alongside practices and supporting them is the best approach to driving improvement and the CCG has provided support in a number of ways: Financial support; practice manager and GPs from other practices working in and alongside challenged practices; expert advice eg infection control, and access to the Royal College of General Practitioners' support package.

However, where GPs hand back their contracts the CCG is legally obliged to test the market via competitive tender, unless it is an urgent situation in which case the CCG can disperse the registered list of patients to other practices. The CCG may also determine that contractual action is required if practices fail to improve after a sustained period of support. Each situation has to be judged on its own merits. The CCG's primary duty is to ensure safe, high quality services for patients."

The following question was asked by Sarah Morland in accordance with Standing Order 36:

### **d) Partnership with the Voluntary Sector**

"Reading Voluntary Action is asking this question on behalf of local voluntary and community organisations which deliver services and activities to support the health and wellbeing of vulnerable people in Reading.

We understand the financial challenges facing both Reading Borough Council and the Berkshire West Clinical Commissioning Groups. As a result, there have been reductions in funding to the voluntary sector from both statutory agencies. Over the past two years we have seen more than 50% cuts from Reading Borough Council and the CCG Partnership Development Fund.

A recent example is the CCG Partnership Development Fund which awarded 24 grants for 17/18 and we understand that only 8 or 9 will be awarded for 18/19 across Berkshire West.

Would the Health and Wellbeing Board outline future plans for working in partnership with the voluntary sector in the light of reduced funding and increased demands across all health and social care agencies (both statutory and voluntary)."

**REPLY** by the Chair and Vice-Chair of the Health & Wellbeing Board (Councillor Hoskin & Dr Andy Ciecierski):

"You are right that the Council and the CCG both face significant financial challenge but we both wish to support the voluntary sector to the extent that we can and recognise the value which third sector providers bring in how we commission services.

The CCG will move away from an annual bidding round and will seek to place two to three year contracts to give security and stability to voluntary sector organisations.

Both the CCG and the Council share an ambition to work more closely together on voluntary sector commissioning. Unfortunately due to the pressures we both face we have not been able to put this in place across our commissioning programmes for 2018/19.

However, the CCGs included local authority representatives on the appraisal panel for the Partnership Development Fund this year. The Berkshire West 10 programme is

committed to looking at the opportunities for joint commissioning of the voluntary sector across the whole of Berkshire West.”

### **3. MAKING READING A PLACE WHERE PEOPLE CAN LIVE WELL WITH DEMENTIA: UPDATE ON PRIORITY 6 FROM THE HEALTH AND WELLBEING STRATEGY ACTION PLAN**

Michelle Berry and Suzie Watt submitted a report giving an update on delivery against the Health and Wellbeing Strategy Action Plan Priority 6 - “Making Reading a place where people can live well with dementia”. It included an overview of performance and progress towards achieving goals which contributed to making Reading a place where people could live well with dementia, as well as upcoming activities which supported the strategic objectives.

The report stated that local estimates suggested that around 1,500 people in Reading were living with dementia, with around 70% of these aged 80 or over, and that by 2035 this could have risen to almost 2,500 with 75% aged 80 or over. If the same proportions as in the current population were eligible for care, this might mean around 380 people receiving care, with around half of these in nursing or residential care. The report explained the impact of dementia on individuals and families, and the knock-on effects on health and social care services and the economy. It set out progress made to date on the targets within the Health and Wellbeing Strategy Action Plan in relation to Priority 6 on dementia, giving details of the many initiatives and activities being carried out, under the three headings of Raising Awareness, Diagnosis and Care, and Improving Understanding.

Matt Taylor and Liz Siggery from Reading Dementia Action Alliance (DAA) also attended and gave a presentation on the work of the alliance and explained why they and their organisations Age UK Reading and Home Instead Senior Care were involved in the Reading DAA.

The presentation explained that the DAA was a group of individuals who dedicated their time to raise awareness of dementia and to work towards creating a dementia-friendly Reading. The DAA was not: a dementia expert; a charity or an organisation; holding or raising funds; nor owned by any organisation, but a group of activists who worked to ensure that individuals living with dementia and their carers were supported and understood while living in Reading. The membership included a range of organisations, from charities to the Oracle shopping centre, and the public and voluntary sector, and each member had a written organisation action plan on the DAA website <https://www.dementiaaction.org.uk>. The Reading DAA had been working to make neighbourhoods dementia-friendly and had started with Southcote, where development work continued.

People were encouraged to take small actions to help improve things for people with dementia, such as activity on social media, watching the online video, signing up their team, organisation or service to the DAA, or becoming a Dementia Friend <https://www.dementiafriends.org.uk/>. A Dementia Friend learned a little bit more about what it was like to live with dementia and then turned that understanding into action. There were also Dementia Friends Champions. Reading had over 30 volunteer champions, who delivered standardised one hour dementia awareness information sessions, and these had helped create 5892 new Dementia Friends in Reading.

**Resolved -**

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- (1) That the report and presentation and progress to date against Priority 6 in Reading's Health and Wellbeing Strategy Action Plan be noted;
- (2) That members of the Board take back to their organisations the importance of dementia awareness and encourage them to take up the DAA training for staff and volunteers.

### 4. IMPROVING HEALTHY LIFESTYLES IN READING - THE PILLAR OF PREVENTION (PRIORITIES 1 & 5)

Melissa Montague submitted a report giving an update on the work of Public Health in the Local Authority, and in collaboration with the Berkshire West CCGs, to address priorities 1 and 5 in the Reading Health and Wellbeing Strategy:

1. Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
5. Reducing the amount of alcohol people drink to safe levels.

The report explained that these two priorities had a focus on helping residents to adopt healthier lifestyle behaviours in order to prevent poor health and the need to use health and social care services in the future. It stated that people were living longer, with complex health problems that were sometimes of their own making. One in five adults still smoked, a third drank too much alcohol and just under two thirds were overweight or obese.

The role of Public Health in the Local Authority was to promote wellbeing and prevent ill-health and one way of achieving this was to support and encourage residents to adopt healthier lifestyles by being more physically active, eating a healthier diet, achieving and maintaining a healthy weight, not smoking and drinking alcohol only at safe and recommended levels. If the nation failed to get serious about prevention then recent progress in healthy life expectancies would stall and health inequalities would widen.

It was recognised that many of these unhealthy behaviours were more prevalent in the more deprived populations and so by focusing on helping individuals to change to more healthy lifestyles this was also tackling the inequalities in health that existed in society.

The report set out the context for the Health and Wellbeing priorities 1 and 5 including reasons why they were priorities. There was a clear link of this work to the NHS 5 Year Forward View and the BOB STP Plans. The report used evidence from the Global Burden of Disease, the Public Health Outcomes Framework and the Reading Joint Strategic Needs Assessment to demonstrate the importance of supporting people to adopt healthy lifestyle behaviours, and gave details of the innovative, successful and comprehensive programmes of work for each of the lifestyle areas including physical inactivity, obesity, smoking and drinking excess alcohol in order to prevent conditions such as diabetes, cardiovascular disease, liver disease and cancer.

The report noted that, with regard to drinking excess alcohol, a draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 had been developed and was about to go out to consultation, so the strategy would be brought back to a future meeting of the Board following the consultation.

**Resolved -** That the progress to date against Priorities 1 and 5 in Reading's Health and Wellbeing Strategy Action Plan be noted.

### 5. CANCER UPDATE

Dr Kajal Patel submitted a report and gave a presentation summarising the work under way across Berkshire West in relation to cancer detection and treatment, underpinned by the Berkshire West Framework for Cancer, including areas of key focus specifically within the Reading locality. The report had appended a copy of the Berkshire West CCGs Cancer Framework "plan on a page" and of the presentation slides. The framework aligned with, supported and contributed to the delivery of Priority 7 within the Reading Health & Wellbeing Strategy, increasing bowel screening and prevention services.

The report stated that the Cancer framework outlined the vision within Thames Valley "To create a region that secures and delivers the best possible outcomes for every patient affected by cancer by working together to maximise resources, to deliver the best possible, clinically-led and patient driven health and social care".

The report gave details of the six overarching objectives of the Berkshire West cancer framework:

- Improving early detection of cancers by increasing access to diagnostics
- Improving one year survival rates for cancer in Berkshire West through improvement in the proportion of cancers diagnosed at stage one and stage two and reducing the proportion of cancers diagnosed following an emergency presentation.
- Ensuring faster access to treatment and a shorter client journey.
- Increase prevention of cancers by significantly improving screening uptake and linking with achievement of targets for smoking cessation, alcohol and obesity
- Provision of a recovery package to support people living with and beyond cancer
- Increasing the number of people supported to die in their place of choice (linking with the Berkshire West End of Life Programme)

The report and presentation gave details of the latest Reading performance data in relation to cancer and explained the background to the need for work on cancer and the modifiable risk factors for cancer and the important role that the Wellbeing Team could play in supporting these. It explained that a multi-agency Cancer Steering Group met monthly and that this had resulted in nine key workstreams which would benefit the residents within Berkshire West. The desired outcomes were listed in the presentation.

One of these key workstreams included a specific area of focus within the South Reading communities. South Reading CCG had identified some specific areas of focus to improve their outcomes for the early detection of cancers. Work was under way with Macmillan, Cancer Research UK and the local Wellbeing team. Macmillan would provide two years of community development support to improve education with seldom heard groups and Cancer Research UK and the Wellbeing team were developing a project for teachable moments for people who had had results come back as "not cancer" following a referral for suspected cancer.

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Rushmoor Healthy Living, who had been commissioned to support this work, had been running community events across Reading, specifically reaching out to the more deprived areas and minority ethnic communities. More than 30 people who represented different communities and organisations across Reading had expressed an interest in becoming a cancer ambassador.

Cathy Winfield commended the work that had been done in Berkshire West on cancer led by Dr Patel and reported that an all-party Parliamentary Group had picked out Berkshire West for their work on this.

**Resolved -** That the report, and progress to date against the Reading Health and Wellbeing Strategy Action Plan Priority 7 on increasing bowel screening and prevention services, be noted.

### **6. REFRESHED FUTURE IN MIND LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & WELLBEING**

Further to Minute 2 of the meeting held on 6 October 2017, Cathy Winfield and Deb Hunter submitted a report giving an overview and seeking approval of the refreshed Future in Mind Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing for 2015-2020, which had been published in October 2017 in accordance with national Future In Mind requirements. The LTP provided an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system.

The report had appended the refreshed LTP, which covered the Berkshire West area Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities. It stated that a young person-friendly version was currently being co-produced with service users and this would be published in due course.

The report stated that a wide range of initiatives across the system was under way to improve emotional health and wellbeing of children and young people. Further details of the Schools Link project in Reading were given at the meeting as an example of one of the initiatives linked to the LTP. Like most other areas of the country, demand for emotional health and wellbeing services had increased and the complexity of presenting issues was increasing. The increase in demand and complexity was being seen across voluntary sector, schools and specialist services and nationally there were specialist CAMHS staff shortages.

While waiting times for specialist CAMHS had reduced since 2015, the service was now at full capacity and waiting times were likely to increase unless demand could be managed better at an earlier stage across the system and additional resources in terms of staff and finance could be secured. Waiting times for specialist CAMHS in Reading were generally better than the national average.

The report stated that, for Reading, the focus continued to be on supporting and strengthening collaborative working from developments in integrating mental health into children's social care to ensure Reading children thrived and grew up to be confident and resilient individuals. The report set out how this would be achieved and set out the outcomes that the LTP expected to be achieved over the next four years.



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The report stated that a Government Green Paper 'Transforming Children and Young People's Mental Health Provision' had just been published. This was welcomed, and recommendations made were similar to actions already contained within the refreshed Local Transformation Plan. However, the Green Paper did not make clear how possible additional resources would flow (via health or education) or where additional staff capacity would be sourced. The report recommended that the individual agencies involved in the Health and Wellbeing Board should review and respond to the Green Paper.

The Board discussed the LTP and in the discussion the points made included:

- There were lots of examples in the LTP where young people were involved, but it would be good if they were more involved in the transformation planning itself.
- In the section on further work needed, under the 17/18 actions, it was noted that on the waiting times for Specialist ADHD CAMHs treatment it stated that this care pathway had the greatest non-attendance rate which drove up average waiting times because non-attenders remained on the list, making this an outlier on the statistics. It was queried whether any further work was planned on investigating why these children did not attend, and if it was linked to their condition. Deb Hunter responded that officers would be keen to revisit this area.
- In response to a query about how CAMHS services were marketed to avoid the stigma associated with mental health issues, it was explained that each school was encouraged to reduce this stigma by having lessons on mental health. The publication of a PHSE on Mental Health and Wellbeing was also being awaited, and schools would be encouraged to develop their own bespoke approach to this. Emotional wellbeing needed to be encouraged, not just a focus on emotional mental health, and a range of responses needed to be offered to issues so that a continuum was available.

### Resolved -

- (1) That the refreshed Future in Mind Local Transformation Plan be approved;
- (2) That the organisations on the Health and Wellbeing Board review and respond to the Green Paper 'Transforming Children and Young People's Mental Health Provision' as individual agencies.

## 7. SPECIAL EDUCATIONAL NEEDS & DISABILITY (SEND) STRATEGY 2017-22

Helen Redding submitted a report setting out the Special Educational Needs & Disability (SEND) Strategy for Reading Borough which had been approved by ACE Committee in July 2017 and the progress made to date on its delivery.

The following appendices were attached to the report:

Appendix 1: SEND Strategy 2017 - 2022

Appendix 2: Terms of Reference of SEND Strategy Board

Appendix 3: Schools Forum High Needs Block report October 2017

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The report stated that the SEND Strategy provided a framework for SEND improvement, and the delivery of the provision and support required across key agencies to deliver the SEND Code of Practice (2015) in a coordinated way, ensuring that children and young people's needs were met at the right time, making best use of the resources available.

It set out the framework for addressing the key areas of improvement and development that would support universal and specialist provision across a range of agencies in meeting the needs of children and young people with SEND and their families into the future.

The report stated that the SEND Strategy consisted of four strands:

- Analysis of data and information to inform future provision and joint commissioning;
- Early Identification of needs and early intervention;
- Using specialist services and identified best practice to increase local capacity;
- Transition to adulthood.

The strategy provided a framework for a coordinated approach that would support all stakeholders and partners to:

- understand the profile of children and young people's needs with special educational needs and/or disabilities (SEND) 0-25 within Reading borough and how that compared to other local authorities;
- have clarity regarding their responsibilities and their role in identifying and meeting the needs of children and young people with SEND;
- ensure that there was a continuum of provision to meet the range of needs of children and young people with SEND and their families which was flexible to the changing profile in Reading;
- understand the pathways to accessing more specialist support when required;
- have confidence that high needs spending and resources were targeted effectively and supported improved outcomes for children and young people;
- understand what needed to be commissioned, recommissioned and decommissioned to meet the changing profile of needs across Reading borough both now and into the future.

The report gave details of progress made to date on the Strategy, which included the setting up of a SEND Strategy Board with representatives from all key partners, including Reading Families Forum (Reading's Parent Carer Forum), which was monitoring the implementation of the strategy and would ensure progress was made. The terms of reference of the SEND Strategy Board were appended to the report. The report also gave details of other current work, including on: a Young People's Forum; a needs gap analysis for schools; a detailed graduated response guide; a review of the range of services and provision; a number of audits; and converting SEND statements to Education Health and Care Plans.

The report stated that there was currently a significant overspend in the High Needs Block of the Dedicated Schools Grant. A detailed report on High Needs Block spend had been presented to and discussed at Schools Forum and next steps agreed to

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ensure that allocation was appropriate and based on evidenced need, was targeted where it needed to be, and was supporting improving outcomes for children and young people. The Schools Forum High Needs Block report was appended to the report.

Ramona Bridgman and Tara Robb, from Reading Families Forum, addressed the Board, explaining how the SEND Strategy was making a difference for children and young people with SEND. They welcomed the improvements in planning, information sharing and support following development of the Strategy and the benefit of sharing datasets, formats and information across agencies and authorities. They highlighted the importance of all partners working together, not just Council and NHS colleagues with parent carers, but also with Academies and Free Schools. They said that more cross-boundary working and information-sharing was also needed to ensure that children received what they needed.

Ramona Bridgman and Tara Robb noted that the new Young People's Forum "Special United" were keen to be involved in areas where young people needed to be consulted. They encouraged members of the Health and Wellbeing Board to consider any potential changes that could impact on young people with additional needs, and ensure that the agencies liaised with both the young people and parent carers from the start, to encourage co-production.

It was noted that there were often issues for those with SEND around the transition from child to adult services. It was suggested that an update on progress on the SEND strategy could be brought to the Board in six months, and that this could also include an update on progress on these transition to adulthood issues. It was suggested that, if appropriate, some young people could come to the meeting.

### **Resolved -**

- (1) That the SEND Strategy 2017-2022, and the required contributions of key agencies for its delivery, be noted;
- (2) That all partners support the delivery of the SEND Strategy;
- (3) That a further report back on progress on the SEND Strategy be submitted to the Board in six months' time, and that this report include details of progress on issues around transition from child to adult services.

### **8. READING LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2016/17**

Alex Walters submitted a report presenting the Reading Local Safeguarding Children Board (LSCB) Annual Report for 2016/17 on the work of and achievements of the LSCB for the 2016/2017 financial year, which was appended to the report.

The report explained that the Reading LSCB was the key statutory partnership whose role was to oversee how the relevant organisations co-operated to safeguard and promote the welfare of children in Reading and to ensure the effectiveness of the arrangements, as outlined in statutory guidance Working Together to Safeguard Children 2015.

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The LSCB Chair was required to publish an Annual Report on the effectiveness of child safeguarding and promoting welfare of children in Reading. The report had to be presented to the Health and Wellbeing Board in line with statutory guidance and had also been presented to the Adult Social Care, Children's Services and Education Committee in December 2017.

The report explained that the Annual Report focused on the achievements and ongoing challenges for the LSCB and partners specifically against the priorities identified for the 2016/17 year. The achievements and ongoing challenges were set out under the following headings:

- Children's Emotional Health and Wellbeing;
- Strengthening the Child's Journey and Voice;
- Child Sexual Exploitation;
- Neglect;
- Improving Cultural Confidence and Competence in our Workforce to Meet Children's Needs.

The covering report explained that the Annual Report related specifically to the 2016/17 year but the covering report gave details of a number of developments since April 2017. It also set out likely changes to national guidance for LSCBs and local proposals for the merger of the three West of Berkshire LSCBs.

**Resolved -** That the annual report of the Reading Local Safeguarding Children Board 2016/17 be noted.

### **9. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2016-17**

Teresa Bell submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2016-17, which was attached to the report, for the Health and Wellbeing Board to consider the report, to meet statutory requirements.

The report stated that the SAB had to lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The overarching purpose of a SAB was to help and safeguard adults with care and support needs. It did this by: assuring itself that local safeguarding arrangements were in place as defined by the Care Act 2014 and statutory guidance; assuring itself that safeguarding practice was person-centred and outcome-focused; working collaboratively to prevent abuse and neglect where possible; ensuring agencies and individuals gave timely and proportionate responses when abuse or neglect had occurred; and assuring itself that safeguarding practice was continuously improving and enhancing the quality of life of adults in its area.

The Annual Report presented what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2016-17, both as a partnership and through the work of its participating partners. It provided a picture of who was safeguarded across the area, in what circumstances and why and outlined the role and values of the SAB, its ongoing work and future priorities.

Teresa Bell highlighted some of the trends across the area in 2016-17, noting that there had been a large increase in safeguarding alerts in Reading, which she hoped

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was due to increased awareness. She said that only 24% of the alerts and concerns translated into a formal Section 42 safeguarding enquiry, compared to a national conversion rate of 40%, which raised the issue of whether people were raising a safeguarding concern when the issue could be managed through other processes, and she said this issue needed further work.

She also noted that, as in previous years, the majority of enquiries in Reading, as nationally and across Berkshire West, related to over 65s, mostly women, and that individuals with a white ethnicity were more likely to be referred. She said that she wanted to investigate why this was the case and there were not more concerns from the ethnic groups within the area. She acknowledged that sometimes some community and cultural groups found it harder than others to approach statutory services for help and said that it would be good to engage further with and involve all communities in this issue.

### **Resolved -**

- (1) That the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2016-17 be noted;
- (2) That the Lead Councillor for Adult Social Care, the Chair of the SAB and the Director of Adult Social Care & Health Services investigate further the safeguarding data and the issue of the under-representation of some groups, such as men, younger people and ethnic minorities, and whether there was under-reporting.

### **10. UPDATE ON URGENT AND EMERGENCY CARE DELIVERY PLAN**

Maureen McCartney submitted a report giving an update on progress in delivery of a modernised and improved urgent and emergency care service as described in the “Urgent and Emergency Care Delivery Plan” which had been published by NHS England in April 2017.

The report listed the seven key areas of change set out in the plan and set out, where appropriate, a summary of the steps which had been taken locally to date to support the delivery of the plan. The seven areas were:

1. NHS 111 Online
2. NHS 111 - Increase the number of 111 calls receiving clinical assessment to a third by March 2018, so that only patients who genuinely needed to attend A&E, or use the ambulance service, were advised to do this
3. Expanding evening and weekend GP appointments to 50% of the public by March 2017, then 100% by March 2019
4. Roll out of around 150 standardised ‘urgent treatment centres’ to offer diagnostic and other services to patients who did not need to attend A&E
5. Comprehensive front-door clinical screening at every acute hospital by October 2017
6. Hospital to Home: Hospitals, primary care, community care and local authorities working together to address delayed transfers of care
7. Ambulances: Implementing the recommendations of the Ambulance Response Programme by October 2017

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The report also described the winter planning process in place for Winter of 2017/18.

Maureen McCartney explained that good partnership working across the health and social care system had had positive impacts on urgent and emergency care and the Royal Berkshire Hospital had so far been maintaining its performance of 90% against the Accident & Emergency standard.

The meeting discussed the current situation with regard to flu, especially in relation to the national “Australian flu” outbreak. It was reported that there were currently 30 flu cases in the Royal Berkshire Hospital and the situation locally was well under control and there were robust plans in place. For example, prophylactic antivirals could be used in care homes where there were outbreaks of flu. Children’s flu jabs were working well, and this had a knock-on effect in protecting the elderly.

It was explained that the Australian flu had created an outbreak, as it had not been predicted that that strain would come to the UK, so the current jab had not covered it, but vaccination could never cover every strain. The best advice was still for people who were in ‘at risk’ groups to have a flu jab.

**Resolved -** That the report be noted.

### **11. READING HEALTH & WELLBEING ACTION PLAN 2017-20: PROGRESS REPORT**

Janette Searle submitted a report giving an update on progress against delivery of the Health and Wellbeing Action Plan which supported the 2017-20 Health and Wellbeing Strategy as at June 2017. Current progress against each element of the Action Plan was set out in Appendix A to the report.

The report explained that, alongside the Health and Wellbeing Dashboard (see Minute 13 below), the Health and Wellbeing Action Plan update provided the Board with an overview of performance and progress towards achieving local goals. It also gave the Board a context for determining which parts of the Action Plan it wished to review in more depth at its future meetings, in line with the Health and Wellbeing Peer Review recommendation that the Health and Wellbeing Strategy should be used to drive the agenda of the Health and Wellbeing Board.

The appendix gave details of performance in the following eight priority areas of the Strategy:

- 1) Healthy lifestyle choices;
- 2) Loneliness and isolation;
- 3) Mental health and wellbeing of children and young people;
- 4) Suicide rate;
- 5) Safe use of alcohol;
- 6) Living well with dementia;
- 7) Breast and bowel cancer screening;
- 8) Incidence of tuberculosis.

**Resolved -**

- (1) That the progress to date against the 2017-20 Reading Health and Wellbeing Strategy Action Plan, as set out in Appendix A, be noted;
- (2) That a progress report on the Reading Health and Wellbeing Action Plan 2017-20 be submitted to the Board twice a year.

**12. INTEGRATION PROGRAMME UPDATE**

Michael Beakhouse submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets. The BCF Performance Dashboard issued in December 2017 was appended.

The report stated that, of the four national BCF targets, performance against two (limiting the number of new residential placements & increasing the effectiveness of reablement services) was currently on track or very nearly on track to be met.

It stated that partners were not currently reducing the number of delayed transfers of care (DTOCs) in line with targets, but based on trends shown in weekly analysis of DTOC data across November 2017 onwards, they were optimistic that performance across the remainder of Quarter 3 would see further improvement. Performance had been markedly improved over performance shown 12 months previously. Additionally, a number of workstreams within the Programme had commenced with an aim to further improving performance.

Partners were not currently reducing the number of non-elective admissions (NELs) in line with targets and this remained a focus, particularly for the Berkshire West-wide BCF schemes. In addition, the Accident & Emergency Delivery Board was to have had a focused discussion on this at its December 2017 meeting to consider what further action was required. In terms of the local versus national position on NELs, the four Berkshire West CCGs were in the top 10 out of 211 CCGs for lowest numbers of NELs.

**Resolved -** That the report and progress be noted.

**13. HEALTH AND WELLBEING DASHBOARD - DECEMBER 2017 UPDATE**

Janette Searle submitted a report giving an update on the development of the Health and Wellbeing Dashboard, which would be used to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy, and which was attached at Appendix A.

The report explained that the Board had agreed in July 2017 that the dashboard would be presented on an annual basis at the end of each financial year but had revised this decision in October 2017, when it had been agreed that the dashboard would be presented at each quarterly Health and Wellbeing Board meeting. Health and Wellbeing Board Strategy Leads had been asked to identify appropriate indicators and targets in partnership with local stakeholders in order to facilitate this.

Indicators and targets had been agreed for most of the priority areas. Indicators and targets for Priority 4 (Promoting positive mental health and wellbeing for children and young people) needed to be aligned with the local Future in Mind plan, and some of the indicators for Priority 5 (Living well with dementia) were still to be finalised. The

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latest version of the Dashboard was attached at Appendix A, and included the latest available published data in December 2017 for each indicator agreed for inclusion.

Members of the Board noted at the meeting that the dashboard showed that the targets in Priority 1 on healthy lifestyles choices on obesity for adults and 4-5 year olds had been met, although not for 10-11 year olds, and it was suggested that these figures needed checking for accuracy and to see if the targets were challenging enough.

### **Resolved -**

- (1) That the the progress made in developing the Health and Wellbeing Dashboard be noted;
- (2) That the refreshed Dashboard be brought back to each Board meeting from March 2018 onwards;
- (3) That the data on the obesity targets be investigated to check that they were accurate and if so, they be reviewed.

### **14. DATE OF NEXT MEETING**

**Resolved -** That the next meeting be held at 2.00pm on Friday 16 March 2018.

(The meeting started at 2.00pm and closed at 4.41pm)