

READING HEALTH & WELLBEING BOARD MINUTES - 16 MARCH 2018

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
David Shepherd	Chair, Healthwatch Reading

Also in attendance:

Pat Bunch	Healthwatch Reading Manager
Darrell Gale	Acting Strategic Director of Public Health for Berkshire
Stan Gilmour	LPA Commander for Reading, Thames Valley Police
Kim McCall	Health Intelligence, Wellbeing Team, RBC
Sarah Morland	Partnership Manager, Reading Voluntary Action
Maura Noone	Interim Head of Adult Social Care, RBC
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC
Lewis Willing	Integration Project Manager, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

Apologies:

Michael Beakhouse	Integration Programme Manager, RBC & CCGs
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Lovelock	Leader of the Council, RBC
Mandeep Sira	Chief Executive, Healthwatch Reading

1. MINUTES

The Minutes of the meeting held on 19 January 2018 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

a) Life Expectancy & Infant Mortality

“Can you give an update on life expectancy trends in Reading, with whatever information is available on variation across our community, and an update on infant mortality? Or alternatively, schedule this as an item for next HWB?”

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

“Life expectancy trends:

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Life expectancy at birth (based on 2014-16 mortality data) for males in Reading is 78.9 years, which is slightly lower than the England average of 79.5 years. This has stayed close to but very slightly below the England average for around the last 14 years (figures taken from the Public Health Outcomes Framework).

Life expectancy at birth for women in Reading is 83.2 years, very similar to the England average of 83.1 years. This has stayed close to the England average for the last 14 years (figures taken from the Public Health Outcomes Framework)

There are differences in life expectancy between different people living in Reading, many of which are likely to be related to relative deprivation (encompassing income, education, employment, health, barriers to services and amenities and environment). We can illustrate this by looking at life expectancy and relative deprivation by ward.

LEAST DEPRIVED	
Mapledurham	85.1
Thames	82.3
Peppard	81.5
Tilehurst	79.0
Redlands	78.5
Park	78.2
Kentwood	78.4
Caversham	78.1
Southcote	79.2
Minster	75.3
Katesgrove	77.4
Abbey	74.1
Church	77.4
Battle	78.1
Norcot	76.5
Whitley	75.5
MOST DEPRIVED	

Infant Mortality

The rate of infant mortality in Reading remains similar to the national average (3.2 deaths of infants aged under 1 year per 1,000 live births between 2014 and 2016, compared to 3.9 per 1,000 live births in England). The rate in Reading has fallen year on year for the last ten years. For a more detailed discussion see Reading's JSNA (<http://www.reading.gov.uk/jsna/infant-mortality>) and to compare with other Local Authorities and regions see the Public Health Outcomes Framework (indicator 4.01). <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000044/pat/10039/par/cat-39-7/ati/102/are/E06000038/iid/20101/age/235/sex/4>

b) Diabetes Prevention Week

"16 - 22 April 2018 has been declared Diabetes Prevention Week. What will Reading be doing to communicate the facts about Type 2 Diabetes and what opportunities will there be for the voluntary sector to participate?"

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

“Public Health Programme Officers are currently in discussions with the Diabetes Prevention Programme Coordinator for Berkshire West to plan our involvement in supporting Diabetes Prevention Week in April 2018. We plan to look at how we can use social media and work with partners to raise awareness of type 2 diabetes, encourage people to find out if they are at risk by signposting them to the diabetes risk score online and encourage people to take up GP referrals to join the National Diabetes Prevention Programme. We are also exploring the opportunities for the voluntary sector to participate.”

3. IMPACT OF FUNDING REDUCTIONS ON THE CAPACITY OF VOLUNTARY ORGANISATIONS TO CONTRIBUTE TO THE BOARD’S STRATEGIC PRIORITIES

Sarah Morland submitted a report highlighting how recent funding awards to local voluntary organisations by Berkshire West CCGs (Partnership Development Fund) and Reading Borough Council (Narrowing the Gap II) could impact on the capacity of voluntary organisations to contribute to the Board’s strategic priorities. It also set out the possible impact of a reduction in preventative health and social care services delivered by Reading voluntary and community sector.

The report explained that Reading’s voluntary and community organisations made a significant contribution to the Health and Wellbeing Board’s strategic priorities. It stated that RVA had been pleased to hear at the previous meeting that, although Reading Borough Council and Berkshire West Clinical Commissioning Group both faced significant financial challenge, they wished to support the voluntary sector to the extent they could, and recognised the value that voluntary sector providers brought to how services were commissioned.

The report stated that RVA welcomed the opportunity to co-produce a voluntary sector strategy with health partners to clarify future ambitions for partnership working and commissioning across Berkshire West. They hoped that the discussions could be extended to include local authority partners at some stage in order that the voluntary and community sector had a clear “position statement” for future relationships with its two key statutory partners.

The report gave details of the local voluntary sector commissioning opportunities in 2018/19, explaining that there had been 59 applications to the Berkshire West CCG Partnership Development Fund (PDF) in 2018/19 and, although the final number of grants had not yet been advised, it was understood that only eight or nine grants would be awarded. In comparison, in 2017/18, 27 grants had been awarded through PDF, all to local voluntary organisations delivering health and wellbeing services to support the CCG’s priorities.

It also stated that Reading Borough Council had commissioned voluntary organisations through Narrowing the Gap II, the outcome of which would be announced soon. Contracts covered a wide range of preventative services. There had been some overlap in the health and wellbeing outcomes of services commissioned from voluntary organisations by the Council and CCG and, in Narrowing the Gap II, a number of the services would now be joint-funded.

The report stated that RVA had wanted to understand how a reduction in the number of grants awarded through PDF could impact on voluntary organisations’ continuing capacity to support vulnerable people in Berkshire West and prevent/reduce the demands on statutory services.

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They had sent an online survey to all organisations which had previously received funding through PDF, or which they were aware had applied for 2018/19 funding. They had asked what the likely impact of no funding from the CCGs on the organisation and the people who used their services was, and about “the possible impact on statutory health and social care services if your service is reduced or closed”. 17 responses had been received to the survey from organisations across Berkshire West. Ten organisations had given permission for their responses to be attributed to their organisation: Reading Refugee Support Group, Age UK Reading, Reading Mencap, Berkshire Youth, Me2Club, Cruse Bereavement Care (Thames Valley Berkshire), Dingley’s Promise, Newbury Family Counselling Service, Reading Lifelines and Home-Start West Berkshire. Other responses had been anonymised.

The report gave details of the key results, in the following areas:

- Reduction in or loss of preventative services and longer waiting times
- Loss of opportunity to develop new, innovative services aligned with CCG priorities
- Counselling services across Berkshire West being significantly impacted
- Possible impact on statutory agencies
- Voluntary sector support for prevention and self-management

The report urged Reading Borough Council and Berkshire West CCG to continue investing in the preventative services delivered to vulnerable people by voluntary and community organisations, whilst recognising that the financial return on the investment might be difficult to quantify. It stated that RVA would continue supporting voluntary organisations to have robust systems in place to gather evidence, drawing on published research where relevant to demonstrate the impact of their services. They would encourage voluntary organisations to share the stories of, and learn from the experiences of, people who used their services to ensure that they received the most effective services to meet their needs.

Resolved - That the report and the results of the survey be noted.

(Councillor Stanford-Beale declared an interest in the above item as the organisation she worked for had, in the past, received funding from the Council.)

4. WHAT DO READING PEOPLE KNOW ABOUT TB? - HEALTHWATCH REPORT

David Shepherd and Pat Bunch submitted a report on the results of a knowledge, attitude and belief survey about TB (tuberculosis), commissioned by Reading Borough Council Public Health Team, with funding from South Reading CCG, and carried out by Healthwatch Reading, to provide a baseline of public awareness against which to evaluate the success of current and future TB campaigns.

The report explained that the latest data from 2015 had shown that there were a higher than average number of notified TB cases in Reading compared with England and the South East of England. These cases mostly affected people who were aged, on average, 41 years, and living in Park, Abbey and Whitley wards. The Health and Wellbeing Board had therefore set a priority in the Health and Wellbeing Strategy 2017-20 to reduce TB incidence, and a number of actions had already been taken, including launching a local plan to increase primary care referral to a TB screening service, and holding awareness events for healthcare workers and the public.

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The report explained that Healthwatch had been commissioned to carry out a survey from 1 August to 31 October 2017, by visiting 12 community groups or events to ask and/or assist people in completing an anonymous survey about TB, the questions and format for which had been decided by Public Health. The project aims had been: to provide a baseline against which to evaluate the success of current and future TB campaigns; provide insight into the knowledge, attitudes and behaviours of local populations around TB, with a focus on surveying population groups living in the areas of South Reading where TB was more common; and signpost people to further information, resources or local screening services. It had been aimed to survey at least 150 people, particularly 18-34 year olds who might have been born in, or had lived during the previous five years in, one of 58 countries outside the UK where TB rates were high.

The survey had had 326 respondents, 48% of whom had been aged 16-34, and the report gave further details of the ethnicity, birth country, time in the UK and residence of respondents. The main findings of the survey had been:

- 91% had heard of TB before the survey
- 80% or more knew that persistent coughing, or coughing up blood, were symptoms of TB; the least known symptom was swollen feet
- 60% correctly identified some TB risk factors, eg living in overcrowded homes
- 51% believed (wrongly) that a person with 'sleeping TB' could pass it on
- 32% believed (wrongly) that the BCG vaccine protected you from TB for life
- 25% did not know that you could carry TB germs even if an X-ray showed you had a clear chest
- 30% believed (wrongly) that having a TB test/treatment could affect your UK immigration status if you came from another country
- 36% would be embarrassed to tell family or friends if they had TB
- 41% did not feel that TB was relevant to them or their family
- Most people learned about TB from friends/family (36%), TV or school
- 83% believed NHS staff would treat TB-infected people with respect
- 65% of people did not feel that Reading residents knew enough about TB

The report gave further details of and discussion on the survey's findings, highlighted a selection of other initiatives from across England that Reading services might consider trialling, and set out the response from South Reading CCG and the Council. It stated that the results of the survey had been discussed at a Berkshire-wide TB workshop on 5 December 2017 and the outputs from the workshop would form an action plan, to be managed and implemented by the Latent TB Project Manager and monitored by the Berkshire TB Operational Group.

The meeting welcomed the report and noted how useful the results of the survey would be. Cathy Winfield reported that the CCG had heard that it had received funding from NHS England for TB work for a further year.

Resolved - That the report, and the fact that the results of the survey would be used to form a TB action plan, be noted and welcomed.

5. HEALTH AND WELLBEING DASHBOARD - MARCH 2018 UPDATE

Kim McCall and Janette Searle submitted a report giving an update on the Health and Wellbeing Dashboard, which was used to keep Board members informed of local

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trends in priority areas identified in the Health and Wellbeing Strategy, and which was attached at Appendix A. An amended version of the report had been circulated prior to the meeting, which included additional information on updates to indicators for Priority 4.

The report set out details of updates to the indicators and targets, and updates to performance, which had now been included in the Health and Wellbeing dashboard.

The report set out the following areas where performance was worse than the set target, giving commentary on each area:

Priority 1 - Supporting People to Make Healthy Lifestyle Choices

2.06ii - % 4-5 year olds classified as overweight/obese

2.14 - Smoking prevalence - all adults

2.14 - Smoking prevalence - all adults - routine and manual professions

2.22 - Health check indicators.

Priority 2 - Reducing Loneliness and Social Isolation

1.18i - Adult Social Care users with as much social contact as they would like

1.18ii - Carers with as much social contact as they would like

Priority 3

2.18 - Admission episodes for alcohol related conditions

Priority 8

4.10 - Mortality rate from suicide and injury of undetermined intent

The report also listed indicators for which updates were expected to be available for the July 2018 meeting of the Board.

The meeting discussed the dashboard and particularly the issue of children's health and wellbeing. Janette Searle reported that, although the indicators in the dashboard for priority 2 on reducing loneliness and social isolation currently only related to adults, work would be continued to develop an appropriate measure for children.

Referring to target 2.22 on health check indicators, relating to the proportion of eligible population offered and received an NHS healthcheck, Maura Noone explained that, currently, anyone could ask for a healthcheck but, in future, it was planned to target healthchecks more to the population most likely to need them, hopefully resulting in a smaller number being offered, with a higher uptake.

Stan Gilmour raised the issue of adverse childhood experiences (ACE) and their long term effect on Health and Wellbeing issues. He said that work between the police and public health around ACE and developing a more trauma-informed approach to practice was important, and that investment was being made in this area. This needed a collaborative approach across a range of agencies and he reported as an example on work in Reading at Katesgrove Primary School where their "mini police" had been involved in an alcohol-awareness programme. He said that there was a Police and Public Health Research Group, and he would invite the Director of Public

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Health to join this group for wider discussions about these sorts of preventative issues.

Stan Gilmour also said that, whilst the issue of child sexual exploitation was still important, and work was continuing in this area, the issue of child criminal exploitation now needed work, and projects were already running on this issue. All the agencies involved needed to make links and see how they could incorporate the work being done in this area.

Resolved - That the updates and the expected updates to the Health and Wellbeing Dashboard be noted.

6. INTEGRATION PROGRAMME UPDATE

Lewis Willing 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 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 good, with a trajectory that appeared to bring performance close to realising the targets.

It stated that partners were not currently reducing the number of delayed transfers of care (DTOCs) in line with targets, but recent DTOC rates for December 2017 had been lower than they had previously been in the financial year, which represented positive progress.

Reducing the number of non-elective admissions (NELs) in line with targets remained a focus for the Berkshire West-wide BCF schemes.

The report stated that meetings with Healthwatch to review and refine existing service user engagement metrics had been held and a further meeting with Healthwatch had been scheduled for 15 March 2018 to review the mechanisms used by services to gather service user feedback and ensure they reflected best practice. It was reported at the meeting that further actions had been agreed at the meeting with Healthwatch and site visits with Healthwatch colleagues were being planned.

Stan Gilmour noted the importance of the police also being involved in integration discussions, as many calls to the police involved social care issues and, as first responders, the police were often heavily involved in health and social care issues.

Resolved - That the report and progress be noted.

7. READING'S PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021

Further to Minute 13 of the meeting on 6 October 2017, Darrell Gale submitted a report presenting the final Reading Pharmaceutical Needs Assessment (PNA) for 2018 to 2021 and seeking formal approval to publish the final PNA and appendices on the Reading Borough Council website.

The report had appended the Reading Pharmaceutical Needs Assessment 2018 to 2021 and the following Appendices:

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Appendix A - Berkshire PNA Pharmacy Survey 2017

Appendix B - Berkshire PNA Public Survey 2017

Appendix C - Opening times for Pharmacies in Reading

Appendix D - Equalities Screen Record for Pharmaceutical Needs Assessment (Reading)

Appendix E - Consultation Report Reading Borough Council

Appendix F - Berkshire PNA Formal Consultation Survey 2017

Appendix G - Supplementary Statement - February 2018

The PNA also had appended the following maps, which would be published with the final PNA if approved:

Map 1 - Pharmaceutical Services in Reading

Map 2 - Reading pharmacies and Index of Multiple Deprivation

Map 3 - Reading pharmacies and population density by ward level

Map 4 - Reading pharmacies and weekend opening

Map 5 - Reading pharmacies and evening opening

Map 6 - 5 and 10 Minute Driving Times Reading

Map 7 - 15 Minute Walking Times Reading

Map 8 - Pharmacies inside and within 1.6km (1 mile) of Reading

The report explained that the PNA was the statement of the needs for pharmaceutical services of the population in Reading. It set out a statement of the pharmaceutical services which were currently provided, together with when and where these were available. The PNA also considered whether there were any gaps in the delivery of pharmaceutical services and would be used by NHS England to make decisions on which NHS-funded services should be provided by local community pharmacies. The PNA could also be used to inform commissioners, such as local authorities and Clinical Commissioning Groups (CCGs), who might wish to procure additional services from pharmacies to meet local health priorities.

Reading's Health & Wellbeing Board had published the last PNA in April 2015 and a revised assessment had been required to be completed by 31 March 2018. The report presented the key findings of the PNA for Reading for 2018 to 2021 and summarised the process undertaken to develop this, including public consultation on the draft PNA for a formal 60-day period from 1 November to 31 December 2017, responses from which had informed a review of and amendments to the PNA to produce the final version.

The report stated that the final PNA and appendices would be published on Reading Borough Council's website and would be accessible for the lifespan of the report (until 31 March 2021). If local pharmaceutical services changed during this time, such as the opening hours, address of premises or needs of the local population, the Council would need to publish supplementary statements to the relevant website. If other significant changes occurred which impacted on the need for pharmaceutical services during the lifetime of the PNA, this might result in the need to refresh the PNA, although no such changes were expected.

The meeting discussed the importance of pharmacies in providing primary care in order to reduce pressure on GPs and Accident & Emergency services, and of close working between GPs, NHS England and pharmacies in order to plug the gaps and potential future gaps in delivery in Reading, including looking at possible co-location of pharmacies and GP surgeries.

Resolved -

- (1) That the report be noted;
- (2) That the final Reading Pharmaceutical Needs Assessment 2018-2021 be approved for publication.

8. HEALTH AND WELLBEING BOARD - CHANGES TO MEMBERSHIP

Maura Noone submitted a report proposing the following changes to the membership and therefore terms of reference and powers and duties of the Reading Health & Wellbeing Board:

- To amend the Clinical Commissioning Group (CCG) membership of the Health and Wellbeing Board to reflect the merger of the four Berkshire West CCGs into one Berkshire West CCG with four localities from 1 April 2018;
- To co-opt a representative from Reading Voluntary Action as a non-voting additional member of the Health and Wellbeing Board, in order to facilitate partnership working with the voluntary sector.

The amended terms of reference and powers and duties and operational arrangements of the Board were set out at Appendix A to the report. If the changes were agreed, the amended terms of reference and powers and duties as set out in the Appendix to Appendix A would need to be introduced at the Annual Council Meeting, on 23 May 2018.

It was suggested at the meeting that Stan Gilmour, who was currently an invited participating observer as the Local Police Area Commander for Reading from Thames Valley Police, should also be co-opted as a non-voting additional member of the Board, in order to facilitate partnership working with the police.

Resolved -

- (1) That the following amendments to the terms of reference and powers and duties of the Health and Wellbeing Board be agreed:
 - (a) That the CCG membership of the Reading Health and Wellbeing Board be amended to be two representatives from the Berkshire West Clinical Commissioning Group (CCG) from 1 April 2018;
 - (b) That a representative from Reading Voluntary Action be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board;
 - (c) That a representative from Thames Valley Police's Reading Local Police Area be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board;
- (2) That it be noted that Cathy Winfield and Andy Ciecierski would be the two representatives from Berkshire West CCG, Sarah Morland would be the representative from RVA and Stan Gilmour would be the representative from Thames Valley Police.

9. DATES OF FUTURE MEETINGS

Resolved - That the meetings for the Municipal Year 2018/19 be held at 2.00pm on the following dates:

- Friday 13 July 2018
- Friday 12 October 2018
- Friday 18 January 2019
- Friday 15 March 2019

(The meeting started at 2.05pm and closed at 3.25pm)