

READING HEALTH & WELLBEING BOARD MINUTES - 20 SEPTEMBER 2013

Present:

Councillor Lovelock (Chair)	Leader of the Council, Reading Borough Council (RBC)
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Hoskin	Lead Councillor for Health, RBC
Elizabeth Johnston	Chair, South Reading Clinical Commissioning Group (CCG)
Lise Llewellyn	Director of Public Health for Berkshire
David Shepherd	Board Member, Healthwatch Reading
Rod Smith	Chair, North & West Reading CCG
Ian Wardle	Managing Director, RBC
Avril Wilson	Director of Education, Social Services and Housing, RBC

Also in attendance:

Paul Batchelor	Consultant in Dental Public Health, Public Health England
Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS England
Brigid Day	Head of Transformation, RBC
Sarah Gee	Head of Housing, Neighbourhoods & Community Services, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Janet Meek	Chief Finance Officer, Berkshire West CCG Federation
Eleanor Mitchell	Operations Director, South Reading CCG
Asmat Nisa	Consultant in Public Health, RBC
Rob Poole	Head of Finance & Resources, Housing & Community Care, RBC
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC
Councillor Tickner	RBC
Councillor Williams	RBC
Cathy Winfield	Chief Officer, Berkshire West CCG Federation

Apologies:

Councillor Rye	RBC
Suzanne Westhead	Head of Adult Social Care, RBC

16. MINUTES

The Minutes of the meeting held on 21 June 2013 were confirmed as a correct record and signed by the Chair.

17. JOINT WORKING OPPORTUNITIES TO SUPPORT CHILDREN & FAMILIES ACROSS HEALTH AND CHILDREN'S CENTRES

Elizabeth Johnston, Rod Smith and Sarah Gee submitted a report on joint working opportunities to support children and families across health and children's centres.

The report explained that, at a Health & Wellbeing Strategy workshop on 12 April 2013, the potential for health and local authority partners to focus collaborative work around children and families had been identified as a key area which would support the implementation of key elements of the Health and Wellbeing Strategy. Following the workshop, visits to Reading's children's centres by representatives from both

READING HEALTH & WELLBEING BOARD MINUTES - 20 SEPTEMBER 2013

Clinical Commissioning Groups and the Director of Public Health had been conducted by the Council, and the report gave details of key opportunities which had been identified for closer joint working between the Council's Children's Action Teams and health services, including GPs, Midwifery and Health Visitors, under the following themes:

1. Improved Awareness of Children's Services for GPs and Health Care Professionals
2. Education and Resources for Families
3. Opportunities for Awareness Raising and Making Contact with Families
4. Promotion of Immunisations
5. Future Opportunities

The report also explained that the Council was currently consulting on its first draft Early Help Strategy and that the actions set out in the report closely aligned with the actions identified in that strategy.

The report stated that it was planned to establish a joint working group with key stakeholders to develop a joint project plan for the strands of activity set out in the report and proposed that the working group report back on progress to the Health & Wellbeing Board on 21 March 2014.

Resolved -

- (1) That the opportunities identified in the report be noted and the ongoing development of the work be supported;
- (2) That a working group of the Health and Wellbeing Board be set up to develop a joint project plan, to include Councillor Gavin and appropriate officer representation;
- (3) That an update report from the working group be presented to the Health & Wellbeing Board meeting on 21 March 2014.

18. NORTH & WEST READING CCG - UPDATE REPORT

Rod Smith submitted a report giving an update on the work being carried out by the North & West Reading CCG, covering the following areas:

- Urgent Care Programme Board and Winter Planning across the Health and Social Care System
- End of Life Care
- Update on Childhood Immunisation Coverage
- 'Beat the Street' in Caversham
- Integration Pioneer Bid

Cathy Winfield and Avril Wilson reported at the meeting that there had recently been pressure on urgent care due to bed closures in hospital wards and the lack of provision of good quality nursing home beds. The Urgent Care Programme Board had agreed on 19 September 2013 to carry out joint work in health and social care to develop a strategy for the procurement of provision of good quality beds, to increase capacity and prevent pressures in the winter months.

Resolved - That the report and position be noted.

19. SOUTH READING CCG - UPDATE REPORT

Elizabeth Johnston submitted a report giving an update on the work being carried out by the South Reading CCG, covering the following areas:

- Breastfeeding
- Launch of NHS 111
- Focus on Dementia and Elderly Care
- Health Hub Goes Live
- Clinical Concerns Email Service
- Long Term Conditions
- CCG Prospectus

Resolved - That the report be noted.

20. PROGRESS REPORT ON HEALTHWATCH

David Shepherd submitted a report which gave an update on the work of Healthwatch Reading. The report covered the following areas:

- Staff Team
- AGM
- Healthwatch Workplan 2013-14 - Update
- Healthwatch Voices Forum (David reported that the first meeting had been held on 17 July 2013, not 17 October 2013 as stated in the report)
- Healthwatch England

Resolved - That the report be noted.

21. FUNDING TRANSFER FROM NHS TO ADULT SOCIAL CARE 2013/14-2015/16

Rob Poole and Janet Meek submitted a joint report on the funding arrangements and amounts to be transferred from the NHS to local authorities for social care during 2013/14 to 2015/16 and seeking endorsement to the allocation of the Health Transfer Allocation between key service areas for 2013/14.

The report stated that the funding transfer to Reading was being coordinated by the Area Team of NHS England, and the Council had to agree the use with the Area Team and its two local Clinical Commissioning Groups (CCGs). The funding for 2013/14 was not a new grant and had been previously included in the Council's budget build for 2013/14, but a change in grant conditions required a retrospective spend approval. In 2013/14, the Council would receive a transfer of £2.038M, which had been included in the Council's "spending power" as estimated by DCLG; in 2014/15 this was expected to rise to £2.509M, based on information from the Department of Health. The report set out the conditions of the transfer in paragraph 4.3 and the key service areas identified for the allocation of the transfer allocation in paragraph 4.4.

The report detailed the implications of integrated funding for social care and health, explaining that the pooled Integration Transformation funding would formally sit with local authorities but would be subject to plans being agreed by local HWB Boards,

READING HEALTH & WELLBEING BOARD MINUTES - 20 SEPTEMBER 2013

signed off by CCGs and the Council, and assurance at national level. It was envisaged that, as part of the wider 2014/15 planning round, plans would be developed jointly in the current year, signed-off and assured over the winter and implemented from 2014/15.

For the integration to work effectively, there was a need to agree a set of key objectives that all partners could work towards and to develop dedicated resources to work together to establish a delivery plan based on those objectives. The Council and health partners would be working together on this in the coming months and it was planned to bring a report to the next Board meeting setting out the principles and 'stretch' that partners were committed to, accepting that there would need to be radical change within the system to manage growth in demand and promote better patient/service user outcomes.

Janet Meek reported that clarification was being sought on whether the release of funds under a Section 256 Agreement between NHS England Thames Valley Area Team and Reading Borough Council would be dependent on prior sign-off by the Council's independent auditor.

Resolved -

- (1) That the conditions for the use of the health transfer funding set out at para. 4.3 of the report be noted;
- (2) That the use of the funding for 2013/14 be approved as set out in Table 1, para. 4.4 of the report and as follows:

	13/14 (£)	NHS Analysis Area
Funding Allocation	2,038,343	
The Willows - Intermediate Care Services	347,812	Bed-based intermediate care services
Christchurch Court Assessment Flat	7,000	Bed-based intermediate care services
Charles Clore Court Assessment Flat	24,000	Bed-based intermediate care services
Intermediate Care Team	264,375	Integrated crisis and rapid response services
Community Re-ablement Team	923,975	Re-ablement services
Specialist Nursing Placements	109,494	Early supported hospital discharge schemes
Mental Health Re-ablement Team	150,000	Mental health services
Long Term Conditions	176,687	Other preventative services
Community equipment and	35,000	Community equipment and

READING HEALTH & WELLBEING BOARD MINUTES - 20 SEPTEMBER 2013

adaptations		adaptations
Total to support Whole systems Health Activity	2,038,343	

- (3) That the implications for both the Council and the NHS of the funding transfer in 2014/15 and 2015/16 be noted;
- (4) That the Director of Education, Social Services & Housing and the Head of Finance be authorised to agree the Health Transfer Allocation to Reading for 2013/14 (including if necessary agreeing minor variations to the table in (2) above) with the Area Team of NHS England and the local Clinical Commissioning Groups, and to enter into any necessary agreements in this respect.

22. HEALTH & SOCIAL CARE INTEGRATION - PIONEER BID

Further to Minute 8 of the last meeting, Avril Wilson submitted a report on the “Berkshire West 10” joint application which had been submitted with nine other local authority and health partners to become an integration pioneer under the Health & Social Care Integration agenda. A copy of the Pioneer Bid was appended to the report.

The bid had been developed following the demand and capacity modelling work which had been carried out in Spring 2013, and included a number of outline business cases on how to improve the local health and social care economy. Pioneer status would not bring any additional monies but would allow the local economy to access expert help and advice such as workforce development and financial modelling, which could help the integration agenda to move forward more quickly than otherwise.

There had been 111 bids at national level and it was reported at the meeting that the Berkshire West 10 bid was one of the 28 (not 18 as set out in the report) still being considered at national level. A decision on which ten of the bids would be supported was now expected in late October 2013.

Resolved -

- (1) That the Pioneer Bid be noted;
- (2) That a further report on the integration agenda be submitted to the Board in due course.

23. NHS “A CALL TO ACTION”

Cathy Winfield submitted a report on the NHS England’s “A Call to Action” programme of engagement about the future of health and social care provision in England and the roles of CCGs and HWB Boards in the programme.

The report stated that, in July 2013, NHS England had published “A Call to Action”, which set out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remained flat and rising expectations of the quality of care. The document said that the NHS had to change to meet these demands and make the most of new medicines and technology and that

it would not contemplate reducing or charging for core services. Copies of the “A Call to Action” document were circulated at the meeting.

Following the launch of the Call to Action document, CCGs were to hold a period of engagement in their local communities to enable them to have an open and honest conversation about the challenges ahead, to help them to develop five year strategies and two year commissioning plans, as part of the yearly NHS planning process which ran from the Autumn through to plans being signed off at the end of March 2014.

NHS England had produced a slide pack outlining the roles of different partners and the slides relating to the roles of CCGs and HWB Boards were attached at Appendix A to the report.

The suggested roles for HWB Boards were:

- Understanding the specific communities to engage
- Agreeing how integrated budgets would contribute towards strategic plans
- Ensuring community needs and requirements were covered in the plan development at a local health economy level
- Taking the opportunity to work in partnership with CCGs to be an integral part of the Call to Action and planning process.

Resolved - That the report be noted.

24. WINTERBOURNE VIEW STOCK TAKE AND BRIEFING

Brigid Day submitted a report on a stocktake of progress against key commitments related to the Department of Health report “Transforming Care; A National Response to Winterbourne View”, published in December 2012, which addressed the failings which had led to abuse of people with learning disabilities in a hospital setting at Winterbourne View.

The report gave details of joint work which had been carried out across Berkshire to ensure that the Winterbourne View report recommendations had been actioned, gave details of the situations of the eight affected people in Reading (as well as a further eight with similar needs but living in residential care), and had attached a Local Government Association stocktake, which had been submitted on 5 July 2013 separately by each of the six Berkshire unitary authorities, together with a pan-Berkshire response, which had been incorporated into the Reading submission. It stated that locally all the actions required had been delivered, and gave details of planned future work, including a Berkshire-wide commissioning initiative for provision for people with challenging behaviour, intended to develop better procurement of this specialist area.

Resolved -

- (1) That the report and the attached LGA/NHS stocktake document and Reading’s actions to date be noted;
- (2) That a further update report on progress be submitted to the 21 March 2014 meeting.

25. DELIVERY OF DENTAL PUBLIC HEALTH FUNCTION IN THAMES VALLEY FROM 1 APRIL 2013

Paul Batchelor gave a presentation on the delivery of the Dental Public Health function in the Thames Valley, which had transferred on 1 April 2013 from the Primary Care Trusts (PCTs) to Public Health England (PHE). Copies of the presentation slides were included in the agenda.

The dental public health functions included:

- Public Health
 - health needs assessment: JSNA, epidemiology
 - advice on oral health promotion
- Health Promotion
 - safety of dental patients
 - assurance processes support for specific incidents
- Health Improvement
 - oral health improvement strategy
- Healthcare Services
 - clinical governance and professional standards

Paul explained that, while the PCTs had previously been responsible for managing dental public health services locally, the contracts were now held by PHE as a central function, with more standardised operating procedures. The PCTs had also been responsible for general health functions, and so this had allowed integrated functions to be undertaken. Since 1 April 2013, the NHS England Area Team, Local Authorities, the CCGs and PHE had been working with a shadow dental Local Professional Network, to see how best to work together on dental health issues to avoid fragmentation. The Chair of the Network was due to be appointed on 15 October 2013.

The determinants of disease or health were based on factors such as where people lived, their socio-economic circumstances etc, which were outside health services, so PHE had adopted a common risk approach, focusing on health promotion activity. There were many factors which affected health and were interconnected, for example diet could have an effect on obesity, cancers, heart disease and dental caries. Other partners had a role to play in service interventions with patients, looking at where uptake was occurring and promoting health issues to patients, but there were challenges working across different sectors and encouraging people to make the right choices which affected their health, including dental health. For example, as dental health services had a cost, some patients were seeking advice from primary care for oral problems inappropriately, or perhaps delaying getting needed new dentures because of their cost.

Paul referred to the Tooth Bus project, which worked within communities in Reading to increase access to NHS dentistry, but noted that this was a 'one-off hit'-type project, and they were keen for patients to build relationships with dental practices and have continuity of care. The Brushing for Life children's dental health initiative in Reading had been encouraging healthy dental habits in children, and Asmat Nisa reported that the Public Health team had been providing Brushing for Life packs for Children's Centres.

The meeting noted that there were links between deprivation and health, including dental health, and that, as the Council was currently considering its Anti-Poverty

READING HEALTH & WELLBEING BOARD MINUTES - 20 SEPTEMBER 2013

Strategy and would be holding an event on 19 November 2013 on Tackling Poverty, it would be important for health needs to be considered in the planning of the event.

Resolved -

- (1) That the position be noted and Paul Batchelor be thanked for his presentation;
- (2) That Lise Llewellyn and Asmat Nisa work with the Lead Councillor for Health and appropriate officers on what involvement there should be from members of the Health & Wellbeing Board in the Tackling Poverty event on 19 November 2013.

26. SCREENING AND IMMUNISATION PROGRAMME UPDATE

Lise Llewellyn submitted a report by the Screening and Immunisation Manager (Thames Valley), NHS England, giving an update on the targets and performance of the following programmes in Reading:

- Childhood immunisation in the under 5s
- Cervical cancer screening (women aged 25 to 64)
- Breast cancer screening (women aged 50 to 70)
- Bowel cancer screening (individuals aged 60 to 74)
- Abdominal Aortic Aneurysm (AAA) screening (men in the year of their 65th birthday)

It also summarised some of the initiatives under way to improve uptake of screening and immunisation.

The report concluded that, whilst not yet achieving its 95% target, immunisation coverage in children under 5 years old had continued to improve, and the AAA screening programme which had started in 2013 had had a slow start in Reading, but the provider had given assurance that all eligible men would be offered screening by March 2014.

With regard to cancer screening, the report stated that there were challenges with meeting coverage targets in parts of Reading, and bowel cancer screening had been identified as a priority for action as uptake was particularly low. Practice-based initiatives were in place, but opportunities to work with council colleagues to increase knowledge and awareness of cancer screening in the community would be welcomed.

The meeting discussed the report and the points made included:

- The initial step of uptake in bowel cancer screening was difficult to persuade people to take. Letters from individual GPs could have more influence than generic NHS letters, but there was a tendency towards diffidence and letters could be made more persuasive.
- It would be useful to look at the different profiles of cancer for targeting purposes. For example, whilst the incidence of some cancers could be linked to deprivation, the incidence of bowel cancer was more likely to be related to age and consumption of red meat.

READING HEALTH & WELLBEING BOARD MINUTES - 20 SEPTEMBER 2013

- There was a need to target particular groups, for example there could be low uptake in certain areas due to patients being in difficult-to-reach ethnic communities, or due to high turnover of patients.
- The data related to registered patients, and the majority of the population was registered, but there was information available on where there were higher proportions of unregistered patients, and this could include travellers, homeless people and itinerant groups.
- There was a need to think imaginatively about how to improve and maintain uptake of immunisation and screening. Suggestions for possible creative ways to do this included:
 - Working with the Alliance for Cohesion and Racial Equality to come up with ways of targeting ethnic communities.
 - Making more use of the Children's Centres. For example, a speech therapist attended "Two Year Old Birthday Party" events to screen the children for speech problems, and a similar approach could be used for health screening at appropriate ages.
 - A model had been used for benefit take-up campaigns to target hard-to-reach groups, using "Beer, Hair and Prayer" - targeting people through pubs, hair salons and faith networks, and this model could be shared.
 - Sharing information across organisations about potential events which could be used for targeting.
- It was suggested that a joint Task & Finish Group should be set up to look at possible opportunities to improve uptake of screening and immunisation.

Resolved -

- (1) That the report be noted;
- (2) That Lise Llewellyn and Asmat Nisa liaise with appropriate people to set up a Task & Finish Group to look at ways to improve uptake of screening and immunisation, including Measles, Mumps and Rubella (MMR) (see Minute 27 below);
- (3) That an update report from the Task & Finish Group be presented to the next Health & Wellbeing Board meeting.

27. MEASLES, MUMPS AND RUBELLA (MMR) IMMUNISATION UPDATE FOR BERKSHIRE

Lise Llewellyn submitted a report on the Measles, Mumps and Rubella (MMR) vaccination catch up programme and the progress that the NHS England Thames Valley Area Team was making in delivering the national target. The report had appended a report from the Area Team describing a range of national initiatives being undertaken to increase the uptake of the MMR vaccine to 95%.

READING HEALTH & WELLBEING BOARD MINUTES - 20 SEPTEMBER 2013

The report explained that a national campaign to increase MMR uptake had been launched in response to a recent increase in the number of measles cases in England, particularly focused at the 10 to 16 year old age group, who had been most affected by adverse publicity about MMR between 1998 and 2003, resulting in fewer being fully immunised. There was a national target to immunise 95% of children with one dose of vaccine by two years and two doses by five years, and Phase 1 of the catch up campaign had a target of 95% of young people aged 10 to 16 years having received at least one dose of MMR by September 2013.

The report gave details of Phase 1 actions and outcomes in Berkshire and stated that data collected in July 2013 had indicated that the 95% coverage was unlikely to be met by September 2013 and so Phase 2 plans were being developed nationally. The report gave details of the likely elements of the Phase 2 plans.

The report stated that immunisations were commissioned by the NHS England Area Team from a range of providers, with a focus on General Practice. Public Health had been meeting with the Area Team to support the local delivery of the national work. As the impact of the catch up programmes had been limited, both nationally and locally, the second set of actions was now being planned. However, Lise stated that at this time she could not assure the Board that the national 95% MMR target for 10-16 year olds would be delivered.

The meeting discussed the report and the points made included:

- A multi-level approach was needed to improve uptake and data was needed at the appropriate level in order to be able to plan appropriate actions.
- It was proposed that the Screening & Immunisation Task & Finish Group, agreed earlier in the meeting, should also look at MMR immunisation.
- Suggestions for possible ways to improve MMR uptake included:
 - Working through as many routes as possible, including schools and higher education establishments. Some establishments required students to be up to date with their immunisations at enrolment and provided facilities for catch up. It was noted that the Council could not require schools to do anything, but could influence and persuade.
 - Using organisations which went into schools to promote health issues, such as Healthwatch and the Get Juicy organisation.
 - Talking to the Reading Youth Cabinet to come up with further ideas.

Resolved -

- (1) That the report be noted;
- (2) That the Task & Finish Group looking at ways to improve uptake of screening and immunisation (see Minute 26 above), also look at MMR immunisation;

- (3) That Avril Wilson identify a resource to look at how to tackle the MMR uptake issue by working with schools, higher education establishments etc.

28. COMMUNITY PHARMACY HEALTH PROMOTION CAMPAIGNS

Lise Llewellyn submitted a report on Public Health work with community pharmacy to undertake health promotion work.

The report explained that community pharmacies were easily accessible and provided a convenient and less formal environment for those who could not or did not wish to visit other kinds of health services. Community pharmacy was commissioned under a national contract by NHS England and part of the contract required each pharmacy to undertake health promotion work in defined areas.

The report stated that four key areas had been identified for Berkshire, informed by the Joint Strategic Needs Assessments, the Health & Wellbeing Strategies and evidence from pharmacists, and had been agreed in negotiation with the Local Pharmaceutical Committee (LPC) and the Public Health team.

The four key areas, further details of which were set out in Appendix 1 to the report, were:

- Cancer screening - with a focus on bowel cancer screening
- Flu vaccination - with a focus on high risk groups
- Alcohol - working with Drink Aware
- Healthy Hearts - with a focus on NHS health checks

Each area had a lead Consultant who would work across Berkshire and be the main contact to support the LPC in each campaign. The campaigns would have defined objectives and outcomes that could be used to evaluate the approach and shape future work.

It was noted at the meeting that, in the current economic climate, some companies were encouraging their staff to come to work even when unwell, which could encourage the spread of illnesses such as colds and flu and potentially result in more people being off sick. It was suggested that companies could be encouraged to give their staff flu vaccinations, as this could make economic sense as well as preventing illness.

Resolved -

- (1) That the report be noted;
- (2) That Lise Llewellyn talk to the Local Enterprise Partnership about the possibility of encouraging companies to provide flu vaccinations for their staff.

29. SPECIAL EDUCATIONAL NEEDS (SEN) STRATEGY CONSULTATION

Further to Minute 4 of the last meeting, Avril Wilson reported that consultation with parents on the development of the new Special Educational Needs (SEN) Strategy had

READING HEALTH & WELLBEING BOARD MINUTES - 20 SEPTEMBER 2013

just started, and that the draft Strategy would be circulated to members of the Board for comments. The findings of the consultation could also be circulated.

Resolved -

That Avril Wilson circulate the draft SEN Strategy to members of the Board for comments, and then the findings of the consultation.

30. HIGH ENERGY DRINKS

Asmat Nisa submitted a report on the outcome of exploratory work in relation to the sale of high energy drinks to children, as a result of a question and motion to Council.

A question had been asked at the Council meeting on 24 January 2012 about promoting the responsible sale of high energy drinks to children and a related motion had been passed at the Council meeting on 23 October 2012 calling for a report on what additional measures could be taken on this issue to be presented to the Health & Wellbeing Board (Minute 37 refers). A verbal report had been submitted to the Board on 25 January 2013 (Minute 12 refers).

The report gave an update on the situation in relation to high energy drinks, covering the following areas:

- Limited powers and control
- Wider health impacts
- Obesity
- Diabetes

The report set out how the Public Health team would take this area of work forward in line with the agreed priorities of the Reading Health & Wellbeing Strategy.

Resolved - That the report be noted.

31. WORLD MENTAL HEALTH DAY - 10 OCTOBER 2013

It was reported that the World Mental Health Day in 2013 would be on 10 October 2013, on the theme of "Mental Health and Older Adults". In Suzanne Westhead's unexpected absence due to unforeseen circumstances, the further planned verbal update was not available.

Resolved -

That information on the World Mental Health Day 2013 be circulated to members of the Board by email.

32. DATE AND TIME OF NEXT MEETING

Resolved -

That it be noted that the next meeting of the Health & Wellbeing Board would be held at 2.00pm on Friday 13 December 2013.

(The meeting started at 2.00pm and closed at 4.12pm)