

READING HEALTH & WELLBEING BOARD MINUTES - 13 DECEMBER 2013

Present:

Councillor Lovelock (Chair)	Leader of the Council, Reading Borough Council (RBC)
Councillor Eden	Lead Councillor for Adult Social Care, 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, Adult & Children's Services, RBC

Also in attendance:

Ed Donald	Chief Executive, Royal Berkshire NHS Foundation Trust
Brigid Day	Head of Commissioning & Improvement, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Rob Poole	Head of Finance & Resources (Financial Planning), RBC
Nicky Simpson	Committee Services, RBC
Jonathan Smith	Head of Public Health Commissioning, Thames Valley Area Team, NHS England
Councillor Stanford-Beale	RBC
Councillor Tickner	RBC
Suzanne Westhead	Head of Adult Social Care, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

Apologies:

Stephen Barber	Independent Chair, Reading Local Safeguarding Children Board
Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS England
Councillor Rye	RBC

33. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 20 September 2013 were confirmed as a correct record and signed by the Chair.

In response to a query about progress on the programme to offer screening for Abdominal Aortic Aneurysm (AAA) to all eligible men by March 2014 (Minute 26 refers), Lise Llewellyn reported that the programme had started and a full roll out by March 2014 was still expected.

Resolved - That Lise Llewellyn circulate an update on the progress of the AAA screening programme to members of the Board.

34. THE READING HEALTH ECONOMY

Cathy Winfield gave a presentation on the Reading Health Economy, the five year financial forecast and the Clinical Commissioning Groups' approach to meeting the financial challenge. Copies of the presentation slides were circulated at the meeting.

The presentation covered the following areas:

- Increasing demand and the challenge of meeting increasing expectations, due to an ageing population, an increase in people with long term conditions, rising demand for urgent care and rising patient expectations, with the local financial forecast expecting demand to rise above the level of the NHS budget by £7m in 2015/16, and by up to £26m by 2018/19.
- Assumptions made in the current financial plan for 2014/15 to 2018/19, including 1.5% allocation growth in 2014/15 (a cautious estimate which Cathy confirmed at the meeting now seemed likely to be correct)

(It was explained that the money in the Integrated Transformation Fund (ITF, now to be called the Better Care Fund, BCF) was already committed and there was a challenge to the CCGs to generate the fund whilst remaining committed to local services. Discussions were being held with local authorities about which services could be integrated, and the local CCGs' aim was to have 80% of the ITF free to be spent, with only 20% being used for committed services. This would require careful balancing, but the hope was to be able to use the ITF for funding of care services and expansion of primary care, largely by reducing demand and therefore spend in acute hospital trusts.)

- Details of the Financial Plan gaps in the Berkshire West CCGs from 2014/15-2018/19, showing that by 2018/19, in total there would be a £56m gap in the financial system, providing a more significant challenge than ever before.
- Progress in closing the budget gaps for 2014/15 -2016/17, showing that there were currently gaps of £2.2m in 2014/15 and £9.6m in 2015/16.
- Early thinking on the CCGs' five year vision to improve health and reduce costs by keeping more patients healthy and therefore reducing the numbers of patients needing more specialist health services, which tended to cost more. Proposals included:
 - More emphasis on prevention
 - Patients in control of their own care planning
 - Better use of technology
 - Better integration between health and social services
 - Hospital at home
 - Changing primary care services
 - Hospital services delivered through new models of care - fewer centres of excellence, one stop shops, combining hospital and community services
- How the vision would be better for patients

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- The role of the Health & Wellbeing Board in developing a shared understanding of the financial challenges for health and social care, a shared vision for health and social care services and a shared narrative and engaging jointly with residents.

Resolved - That the position be noted and Cathy Winfield be thanked for her presentation.

35. ROYAL BERKSHIRE NHS FOUNDATION TRUST - DRAFT INTEGRATED BUSINESS PLAN 2013-18

Ed Donald gave a presentation on the Royal Berkshire NHS Foundation Trust's draft Five Year Integrated Business Plan (IBP) 2013-18. Copies of the presentation slides had been included in the papers for the meeting.

The presentation covered the following areas:

- Process and timeline for IBP development
- Distinctive features of the Royal Berkshire Hospital and the IBP proposition
- The impact of forecast activity on the capacity to keep people well and out of hospital
- Strategic Investments
- Financial Projections
- Clinical Care Groups
- Workforce plans
- Strategic Options
- Summary of strategic challenges and options
- Engagement questions
- Key feedback messages from engagement

Resolved - That the position be noted and Ed Donald be thanked for his presentation.

36. BERKSHIRE WEST CCGS PLANNING PROCESS

Cathy Winfield submitted a report setting out what was known about health economy planning processes for 2014-15 and beyond. It described the key roles envisaged for Health and Wellbeing Boards, both in assuring that CCG Commissioning Plans aligned with the Health and Wellbeing Strategy, and in determining the use of the Integration Transformation Fund, a pooled budget to be established between health and social care. It set out the scale of financial challenge facing the local health economy and sought endorsement of the arrangements being put in place to develop a five year strategic plan across the Berkshire West health and social care economy.

Based on guidance received so far, the report stated that the following outputs for the ITF were expected:

- CCG strategic plans for the next five years, developed through a dialogue with local government partners and providers, that demonstrated alignment across the health and social care economy;
- A two year detailed CCG operating plan for 2014/5 and 2015/16;

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- A jointly developed plan for the use of the ITF using a national template. In practice this would also form a key element of both the two and five year plans.

The report stated that exact timescales were yet to be confirmed, but it was likely that CCGs would be required to submit draft plans to the Local Area Team by the end of January 2014. ITF plans were due to be finalised by 14 February 2014 and CCG commissioning plans by the end of March 2014. Each plan would need to be reviewed by the relevant Health and Wellbeing Board(s) prior to submission.

Cathy reported at the meeting that new guidance had been received indicating that the national deadline for the two and five year CCG plans was now 14 February 2014, and the CCGs would need to produce drafts for the Area Team and CCGs to discuss by 17 January 2014.

Whilst the Board's statutory responsibilities to consider the degree of alignment between CCGs' commissioning plans and the local Joint Health and Wellbeing Strategy remained unchanged, the report stated that the intention was that Health and Wellbeing Boards should play a much more fundamental and proactive role in the joint development of consistent plans by each of the local statutory organisations, working to ensure that these were aligned and reflected a shared vision of the direction of travel for the local health and social care economy. As such, Health and Wellbeing Boards would be responsible for signing off the ITF plan, assuring themselves that the national conditions had been met and there was a shared understanding across the health and social care economy of the ambitions for the fund, performance goals and payment mechanisms. Boards would need to ensure that governance arrangements allowed for decisions made about the fund to be transparent and evidence-based and that risks were identified and addressed.

Appendix 1 to the report set out a financial forecast across the four CCGs in Berkshire West over the next five years, noting that, to remain in balance, CCGs would need to make a total of £56m recurrent savings over this period, which was a much higher rate of saving than had been required in recent years. These figures included provision for the ITF which would amount to £13.7m across Berkshire West in 2015/16.

The report gave further details of local joint working on the integration programme, stating that a system-wide workshop had been held on 6 December 2013, which had considered principles around the use of the ITF and arrangements for implementation.

It also set out joint work to develop the CCGs' detailed two year operational plans and their five year strategic plans, which national guidance suggested should be produced on a larger scale to reflect patient flows and provider configuration and to support delivery of whole system transformation. It stated that the Berkshire West Partnership Board had discussed this issue on 17 October 2013 and had recommended that the appropriate unit for strategic planning should be Berkshire West, which accorded with the way the integration programme was already operating at Berkshire West level, with the four CCGs and three local authorities committed to working together as health and social care commissioners.

The meeting discussed the increasing importance of all the organisations involved planning at a system level, not just at an organisation level, as their plans were

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bound to affect other organisations, and noted that the ITF work was providing opportunities to work together at looking at how to do things differently. It was noted that there would probably need to be an extra meeting of the Board held in early February 2014 to consider the ITF Plan and the CCG Plans before the national deadlines.

David Shepherd said that Healthwatch had a key role in commissioning intentions and asked that Healthwatch be involved in the CCG Programme Boards which were involved in developing commissioning intentions. This needed to take place promptly in order for Healthwatch to be actively involved in the imminent submission of commissioning intentions in the new year.

Resolved -

- (1) That the planning requirements, timescales and progress made to date be noted;
- (2) That the role of the Health and Wellbeing Board in agreeing a plan for the use of the ITF, which should encapsulate a shared vision for health and care services and which should also be articulated in each organisation's own plans, including the two and five year plans CCG plans which would be brought to subsequent Health and Wellbeing Board meetings for review, be noted;
- (3) That the Berkshire West Partnership Board's recommendation that the planning unit for CCGs' five year strategic plans should be Berkshire West be endorsed;
- (4) That David Shepherd and Cathy Winfield discuss the best way for Healthwatch to be involved in CCG Programme Boards involved in developing commissioning intentions.

37. INTEGRATION OF HEALTH AND SOCIAL CARE & PIONEER BID

Further to Minute 22 of the last meeting, Cathy Winfield submitted a report giving an update on the progress of the Berkshire West joint integration programme for health and social care.

The report explained that ten organisations in Berkshire West (the Berkshire West 10) were working together on a joint integration programme: the three local authorities, the four Clinical Commissioning Groups (CCGs), Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance Service Trust. The programme covered three key care groups (Frail Elderly, Mental Health and Children), and had six enabling work streams (Communications, Engagement, Information Sharing Informatics, Market Management/Third Sector, Workforce Development and Integrated Access Point to Health & Social Care).

The report gave details of progress to date on work in each of the three key care groups, and stated that the Berkshire West 10 would be jointly appointing a programme Director on a two year fixed term contract for Children's Health Commissioning, to be hosted by Wokingham Borough Council, with interviews to take place at the beginning of January 2014.

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The report stated that the Berkshire West 10 application to be one of the integration Pioneers had progressed to the final stage, along with only 29 others out of the 100 applicants. The panel had considered that the application had a number of strengths, but had felt that the plans for joint commissioning were still at a very early stage and that the overall programme, with programme management arrangements still to be put in place, was not sufficiently developed for the system to take on the challenge of the Pioneer role.

The report also gave an update on further guidance emerging from NHS England and the Local Government Association on the Integration Transformation Fund (ITF), noting that final guidance was expected in December 2013. The report stressed the conditional nature of the funding, which would only be released if the set criteria were met, and it noted that ITF plans would need to be produced and signed off by Health & Wellbeing Boards, local authorities and CCGs.

A workshop had been held on 6 December 2013 for officers from the CCGs and the local authorities to discuss developing ITF plans; this work was currently being progressed and Health & Wellbeing Boards would need to sign off plans early in the new year.

Resolved - That the report be noted.

38. CARE BILL

Avril Wilson submitted a report, which had also been considered by the Adult Social Care, Children's Services and Education Committee on 7 November 2013, describing the main impact of the White Paper, Caring for our Future, and the draft Care and Support Bill, both published in July 2012, and the policy statement on Care and Support Funding Reform, that had been presented to Parliament on 11 February 2013.

A copy of the terms of reference of a proposed new Health and Social Care Board was attached to the report at Appendix A. The Board's purpose would be to:

- Oversee the delivery of an integrated health and social care system within Reading;
- Manage the system changes required under the Care Bill 2013/14;
- Organise and support the work of the Health and Wellbeing Board.

The report stated that the majority of changes in the Bill were set to take place in April 2015, with the reform of funding to take effect from April 2016, and it set out the main areas of change within the Bill with an indication of the impact this would have in Reading. The report also detailed the financial implications and risks for the Council.

The report stated that the Bill represented opportunities for significant improvement and change in Adult Social Care and the new legal rights accorded to carers and the streamlining of the legislation were particularly welcome. In Reading, the Council was well placed to respond to the Bill, not least in respect of the development of partnerships with health. The greatest challenge would be associated with the implementation of the new funding reforms which would bring a large number of new people to the social care system. The reforms would require significant investment of officer time during a period of organisational reshape and although the changes would provide considerable benefits, they would not provide a solution to the underlying

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increasing demand caused by an ageing population and/or the continued requirement for financial savings.

The meeting noted that the use of personal care budgets had been very successful in Reading and work was continuing on developing this area, particularly with older people. Council officers were also keen to explore with health colleagues the possibilities for providing personal health budgets.

Resolved -

- (1) That the implications of the Care and Support Bill be noted;
- (2) That the establishment of a senior officer Board with a membership and terms of reference as set out in Appendix A, reporting as necessary to the Adult Social Care, Children's Services and Education Committee and the Health and Wellbeing Board, be approved;
- (3) That the financial risks to the Council be noted and these be modelled as soon as possible;
- (4) That the principle of closer integrated working with health partners based on a vision of person-centred care and support delivered at neighbourhood level and utilising the skills and capacity within local communities be endorsed;
- (5) That the new duties placed on local authorities in respect of carers be endorsed;
- (6) That the need to refresh the communications strategy to enable residents to understand what was on offer at local level be noted.

39. READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2012/13

Avril Wilson submitted a report presenting the annual report of the Reading Local Safeguarding Children Board (LSCB) 2012/13, which was appended to the report.

The report explained that the Reading LSCB was the key statutory mechanism for coordinating how all the relevant organisations co-operated to safeguard and promote the welfare of children in Reading and for ensuring the effectiveness of what they did, as outlined in statutory guidance Working Together to Safeguard Children 2013.

The report stated that the LSCB Annual Report was being presented to the Board to ensure members were fully informed about safeguarding children issues. The Annual Report had a wide distribution; it was sent to key stakeholders and partners so that they could be informed about the work and use the information for planning within their own organisations to keep children and young people safe.

Partnership working was a vital ingredient for an effective LSCB and the report contained information on some of the activities and achievements which had taken place that provided evidence of how this was achieved. LSCB members both championed and led the safeguarding agenda within their agency and brought to the LSCB issues regarding safeguarding that related primarily to their own agency, but which had implications for the co-operation between agencies and the scrutiny and

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monitoring role of the Board. The report also highlighted a number of challenges identified by the Board for 2013/14.

With reference to the delay in the appointment of a designated doctor for child protection within health services referred to in the report, it was reported at the meeting that a primary care professional for child protection had now been appointed and was about to start, working across the whole of Berkshire West.

Avril Wilson reported at the meeting that the following issues had been raised at a meeting of the LSCB on 23 October 2013 as needing to be brought to the Health & Wellbeing Board's attention:

- Continuing issues with placements for young people with mental health issues needing admission to a Child and Adolescent Mental Health Services (CAMHS) Tier 4 bed;
- Low attendance by GPs at Child Protection Conferences;
- Sexual Abuse Referral Centre protocol with the LSCB - funding for Independent Sexual Violence Advocates had been lost when the NHS changes had taken place, and although some young people were supported through social services, there was a potential gap for 16-18 year olds.
- Health of Looked After Children - the commissioning of health assessments was not always done within the 20 day timescale

Resolved -

- (1) That the annual report of the Reading Local Safeguarding Children Board 2012/13 be noted;
- (2) That Avril Wilson liaise with health colleagues, Councillors Hoskin and Gavin and Stephen Barber, Chair of the LSCB, to investigate whether anything could be done locally to mitigate any of the issues raised by the LSCB, some of which were national issues.

40. REVIEW OF CHILDREN'S PUBLIC HEALTH COMMISSIONING OPPORTUNITIES

Further to Minute 17 of the last meeting, Lise Llewellyn submitted a report on a practical programme that would allow the exploration of the joint opportunities identified to support families across health and children's centres. The report outlined the changes that would be occurring in children's commissioning for public health services, set out an approach to support those changes and gave details of a bid to a small fund for health visitor transformation.

The report explained how the Health & Social Care Bill had changed the pattern of commissioning for health services, including those serving children, and how this gave an opportunity to review the current pattern of care to achieve the best outcomes and maximise the impact of health visitor and school nursing roles.

The report referred to the joint work being carried out by the Children's Services Working Group established at the last Board meeting (Minute 17 refers), and listed the four key areas of work on which the Group was focusing.

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The report proposed carrying out a review of the existing services for children from 0-19 years, looking at needs and best practice and developing a five year plan to ensure that the needs of the various age groups were addressed and that the plan supported health and wellbeing strategic goals. This would also allow re-specification and commissioning of the school nursing and health visiting roles. The report listed the key stakeholders to be involved in the work.

The report explained that, as part of the national health visitor transition work, a small amount of transition funding had been made available to support the process - approximately £20k for Berkshire. The fund had been announced on 6 November 2013, with applications to be submitted by 13 November 2013. A bid had been submitted to this fund to review the approach to 0-5 years service delivery and develop a new strategy for this area for each unitary authority, building on the work already under way in Reading. The work would detail the current pattern of services in each unitary authority area, review whether they best served the current and future needs of the children, and then redesign the services to allow re-commissioning to achieve the best alignment and outcomes. Details of the proposal were set out in Appendix A to the report. This approach would then be repeated for older school age children, to maximise the integration and impact of services.

The report stated that there would be regular reports on this programme of work into the Children's Services Working Group, to ensure alignment of approach, and that a Health Visitor Transition Board would be established across Berkshire, with regular reports to the Health & Wellbeing Board.

It was noted at the meeting that parents were not included in the list of key stakeholders to be involved in the review, and that co-production with parents was vital.

Resolved -

- (1) That the proposal for a review of children's public health commissioning be endorsed;
- (2) That parents be added to the list of key stakeholders to be involved in the review.

41. HEALTHY WEIGHT STRATEGY

Lise Llewellyn submitted a report by the Head of Public Health on the development of a Healthy Weight Strategy for Reading.

The report explained that a Healthy Weight Workshop had been held on 24 September 2013 under the auspices of the Health & Wellbeing Board, bringing together a range of attendees from the local authority, the NHS and the private and voluntary sector. Following analysis by the Public Health team, the following four overarching themes had emerged from the discussions with key stakeholders:

- Communications/promotions/campaigns
- Evidence and evaluations
- Joint working
- Commissioning

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Across the four themes, analysis had further identified the following common issues:

- A co-ordinated healthy weight campaign
- Improved joint working across all key stakeholders
- Identification and training and support of local healthy weight Champions/ambassadors within communities
- Development of a workplace health programme
- Prioritise work that would reach children and young people
- Commissioning weight management services
- Collection of local evidence and evaluation of interventions

The report proposed that a multi-agency Healthy Weight Strategy Group was established to develop a comprehensive and integrated Healthy Weight Strategy for Reading and to provide strategic oversight and coordination of the process. Draft terms of reference for the Group were appended to the report.

The first meeting of the Strategy Group was planned for January 2014, the development of the strategy would take place from January to May 2014 and then consultation on the strategy was planned for June 2014.

Lise Llewellyn reported at the meeting that it was also planned to hold a joint workshop on Exercise with key stakeholders in late January 2014. It was noted that it would be important to work with schools on encouraging exercise and physical activity, which had wider positive impacts than just weight management, including improving exam results. David Shepherd reported that Healthwatch had a responsibility for going into schools, and so could work with appropriate health colleagues on how best to use this opportunity to raise such issues with school children.

Resolved -

- (1) That the successful conclusion of the Healthy Weight Workshop on 24 September 2013 be noted;
- (2) That the Public Health team analysis of the emerging themes and priorities identified by attendees be noted;
- (3) That the establishment of a Reading Healthy Weight Strategy Group to oversee and coordinate the development of a Healthy Weight Strategy and Action Plan for Reading be endorsed;
- (4) That David Shepherd work with Lise Llewellyn on the best way to use the opportunities afforded by Healthwatch's role in schools to raise issues such as exercise and physical activity with school children.

42. SCREENING AND IMMUNISATION

Further to Minutes 26 and 27 of the last meeting, Lise Llewellyn submitted a report by the Head of Public Health giving an update on screening and immunisation, including the work undertaken and progress made to implement the Measles, Mumps and Rubella (MMR) vaccination catch up programme.

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There was a national target to immunise 95% of children with one dose of MMR vaccine by two years and two doses by five years, and Phase 1 of NHS England's MMR catch up campaign had 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 stated that Phase 1 of the catch up programme had identified approximately 9.3% of 10 - 16 year olds in the North & West Reading CCG who had had zero doses of the MMR vaccine and 9.8% who had received one dose. In South Reading CCG the numbers identified had been significantly higher with 14.2% having received zero doses and 15.4% having received one dose. These higher figures were reflective of the larger number of practices in South Reading CCG, and some of the challenges to achieving good immunisation coverage had been identified as cultural differences, language barriers and a transient population. For this reason, the Phase 2 plans of the catch up programme would focus initially on South Reading CCG practices to trial the approach to be taken and then, if effective, could be rolled out to other areas. The report gave details of the work planned and under way to increase MMR uptake in both under 5s and 10-16 year olds.

The MMR catch up programme of work had been prioritised as an area of work from within the immunisation programme. Officer time had focused on working closely with NHS England and South Reading CCG to develop an approach to be piloted. It was expected that there would be lessons to be learned from the approach being used for the catch up programme including some evidence of the most cost-effective approach to increasing uptake with the families who were still resistant to having their children immunised. This learning could inform future work.

The report detailed the challenges for the MMR catch up programme in ensuring that data held by General Practices on their registered 10-16 year old population was up to date and recorded on their electronic records systems, and that this information was up to date on the child health system used by school nurses.

The report also gave details of the influenza (flu) vaccinations available on the NHS to protect those adults and children at risk of flu and its complications, and of activities undertaken or under way to promote flu vaccination uptake across Reading.

Appointments had recently been made into the vacant posts in the Public Health Team and it was expected that one of those new roles would have the capacity to pick up the wider programme of screening and immunisation work once they were in post. The report recommended the postponement of establishment of a screening and immunisation task and finish group until the lead for this area of work was in post.

It was reported at the meeting that it was proposed that the work on screening and immunisation be incorporated into the work programme of the existing Children's Services Working Group established at the last meeting, to avoid potential duplication of effort.

Resolved -

- (1) That the progress of and plans and proposals for the MMR Catch Up programme of work for 10 - 16 year olds and wider initiatives such as the flu campaign be noted;

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- (2) That the challenges currently to be overcome and addressed as a priority to ensure General Practice Immunisation Records were up to date, reliable and robust for 10 - 16 year olds in order for them to be able to be used by school nurses to sustain any MMR catch up required, be noted;
- (3) That the work on screening and immunisation be incorporated into the work programme of the Children's Services Working Group.

43. READING JOINT STRATEGIC NEEDS ASSESSMENT

Further to Minute 12 of the meeting held on 21 June 2013, Lise Llewellyn submitted a report by the Senior Public Health Programme Manager on the progress made to date on the redesign process to deliver a web-based Reading Joint Strategic Needs Assessment (JSNA).

The report explained that there was a requirement to produce a JSNA of the health and wellbeing needs of the local community and that a vision had been agreed to develop a new style of JSNA that had the ability to:

- be accessible and web-based
- provide relevant, easy to disseminate data
- "tell the local story"
- use Ward data as a tool to plan for localised services
- provide key stakeholders with data for commissioning intentions

The report set out the proposal for the phased approach to the redesign and gave details of progress on Phase 1, which involved developing a web-based JSNA which told the local story with refreshed data and newly-created ward profiles. It stated that all the data had been reviewed, revised and refreshed against national and local data, providing a platform for robust analysis and local summaries. The existing JSNA text had been reviewed and supplemented and populated into a template with new chapter headings, along with inclusion of appropriate supporting data.

A beta micro website had been created for receiving and uploading JSNA templates. This had been populated and now required further work on branding and to ensure that all the content was uploaded and correct. The development of Reading ward profiles had been completed and the profiles were included on the beta site. A link to the beta site had been provided for members of the Board to be able to view the developing JSNA site.

The JSNA would be launched after following the due process for sign off. The launch would initially take the form of a web-based public consultation, including an easy-to-use questionnaire, as well as a series of community engagement opportunities. Comments would be reviewed and evaluated and amendments made as appropriate to enhance the quality and usefulness of the web-based JSNA. A revised project plan would then be developed to continue to Phase 2 of the JSNA development - developing the web-based JSNA to link to key strategies across the Council.

Resolved -

- (1) That the report be noted;

- (2) That the use of the beta format for the Reading JSNA be endorsed.

44. PHARMACEUTICAL NEEDS ASSESSMENT

Lise Llewellyn submitted a report on the development of a Pharmaceutical Needs Assessment (PNA) for Berkshire.

The report explained that the Health & Social Care Act 2012 required Health & Wellbeing Boards to assess needs for pharmaceutical services in its area and publish a statement of its first assessment and of any revised assessment. The first PNA had to be published by 1 April 2015, then kept up to date through supplementary updates and fully revised every three years. The PNA would provide information on the current pharmaceutical services and identify gaps in the current service provision, taking into account any known future needs, and would be used to commission pharmaceutical services and locally enhanced services.

The report gave details of what would be included in the PNA and the process and timescale for its development, which was already in process, stating that one PNA document would be developed for Berkshire, within which each of the six local authorities would have its own section.

Resolved - That the report be noted.

45. AUTISM SELF ASSESSMENT AND STRATEGY

Brigid Day submitted a report by the Head of Adult Social Care on Reading's Autism Self Assessment and the development of an Autism Strategy for Reading.

The report explained that, in 2012, there had been a national data collection exercise to improve national data around autism, with all local authorities being asked to complete an Autism Self Assessment. In August 2013, local authorities had been asked to complete the second phase of the Autism Self Assessment, in order to assess their progress since the 2012 assessment in delivering the national Autism Strategy and provide an opportunity to give examples of good practice and the challenges faced. The self assessment also provided information to be used in the production of the Joint Strategic Needs Assessment.

The report summarised Reading's 2013 self assessment results and quantitative data, stating that Reading had rated itself green or amber overall in the self assessment and had given evidence of what was going on locally to support the rating for those questions. Two red ratings had been reported. One related to the need to engage with the Clinical Commissioning Groups in the planning and implementation of the Autism Strategy in Reading. It was planned to rectify this in the next stage of the development process for the strategy. The second related to not having a programme in place to ensure that advocates working with people with Autism had Autism training. This would also be incorporated in the future strategy and action plan.

The report also gave details of the plans for the development of an Autism Strategy for Reading. The Council had commissioned the Berkshire Autistic Society to write a draft Autism Strategy for the Borough, including developing and carrying out an assessment of the needs of people with autism and the support available for children, young people and adults on the spectrum, and their families and carers, in order to inform the strategy. The report gave details of the methodology and initial findings

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of the project, and listed the next steps towards development of an Autism Strategy and Action Plan.

The meeting discussed the problems experienced by those with autism and the points made included:

- Clinicians often saw patients with autism who had anxiety and mental health issues, which were sometimes caused by the lack of supportive employment opportunities. It was queried whether more could be done on encouraging employers to make reasonable adjustments to allow those with autism to stay in employment.
- There was a Benefits Take Up campaign as part of the Tackling Poverty Initiative, to target people and families who should be asking for help, and it was suggested that those with autism could be added as a target group to this campaign.

The meeting also discussed the possible impact on those with autism of the Children and Families Bill 2013, which would change the system in relation to Special Educational Needs and introduce combined Education, Health and Care Plans and personal budgets for some children and young people. It was reported that, due to the complexity of the reforms, implementation of the Bill had been delayed from April 2014 and it was not yet clear who would be eligible for personal budgets.

Resolved -

- (1) That the Autism Self Assessment return for 2013 be noted;
- (2) That the work carried out to date on the development of an Autism Strategy for Reading be noted;
- (3) That the next steps towards the development of the Autism Strategy and Action Plan be endorsed;
- (4) That the comments made above be taken into account in the development of the Autism Strategy.

46. 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 21 March 2014.

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