

READING HEALTH & WELLBEING BOARD MINUTES - 10 OCTOBER 2014

Present:

Councillor Eden	Lead Councillor for Adult Social Care, Reading Borough Council (RBC)
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Hoskin (Chair)	Lead Councillor for Health, RBC
Lise Llewellyn	Director of Public Health for Berkshire
Councillor Lovelock	Leader of the Council, RBC
Eleanor Mitchell	Operations Director, South Reading Clinical Commissioning Group (CCG)
David Shepherd	Chair, Healthwatch Reading
Ian Wardle	Managing Director, RBC
Avril Wilson	Director of Education, Adult and Children's Services, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

Also in attendance:

Susan Bicknell	Member of the Public
George Boulos	Clinical Lead, North & West Reading CCG
Vicki Lawson	Head of Children's Services, RBC
Pete Loomes	Senior Strategic Planning & Redesign Manager, Central Southern Commissioning Support Unit
Nikki Luffingham	Interim Director of Operations & Delivery, Thames Valley Area Team, NHS England
Maureen McCartney	Operations Director, North & West Reading CCG
Rebecca Norris	Development Officer, Healthwatch Reading
Melanie O'Rourke	Integration Programme Manager, RBC
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC
Suzanne Westhead	Head of Adult Social Care, RBC

Apologies:

Frances Gosling-Thomas	Independent Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Alistair Flowerdew	Medical Director, Royal Berkshire NHS Foundation Trust
Ishak Nadeem	Chair, South Reading CCG
Asmat Nisa	Consultant in Public Health, RBC
Councillor O'Connell	RBC
Rod Smith	Chair, North & West Reading CCG
Councillor Vickers	RBC

1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 18 July 2014 were confirmed as a correct record and signed by the Chair.

2. QUESTION IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Susan Bicknell in accordance with Standing Order 36:

(a) Lymphoedema Diagnosis & Treatment

“In 2003 Professor Christine Moffatt et al wrote an article - Lymphoedema: An Underestimated Health Problem, following research. I would like to know, why, is it still so difficult, eleven years after this piece of work, for people like myself, with non-cancer related Lymphoedema, to actually get diagnosed and then get any treatment in Reading and indeed, Berkshire?

With Lymphoedema, any delay in treatment can affect the successful outcome significantly. If Royal Berkshire Hospital is treating people for Lymphoedema who have this painful problem through cancer treatment i.e. surgical removal of compromised lymph glands or radiotherapy, then why can't they also treat people with Lymphoedema from other causes i.e. Trauma, side effect of prescribed drugs or other triggers?

Why should people like myself, be left in limbo with a severely painful condition that is ongoing and degenerative and if untreated leads to other complications? According to the NHS UK website the recommended treatment is the therapy that I am having to pay for privately but is available in most other areas of England.

How many other patients in the Reading and wider area are suffering in this way, does the board and CCG have any idea of actual numbers? I find it difficult to believe I am the only one, in fact in the last week I have discovered two other sufferers.

(I have given further background and personal information in separate documents to enable the preparation of a reply.)”

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

“This response has been provided by Dr Cathy Winfield, Chief Officer of Berkshire West Clinical Commissioning Groups (CCGs) on behalf of Reading's two CCGs.

I plan to use any supplementary to arrange for myself and the CCGs to more fully investigate Ms Bicknell's concerns.

On non cancer related lymphoedema services, the Clinical Commissioning Groups' 2014/15 strategic objectives make clear the CCGs' aim to commission appropriate healthcare based on identified health needs - and within the resources available, thus ensuring value for money.

The CCGs' commissioning decisions reflect the needs articulated by Berkshire West's Health and Wellbeing Boards in the Strategic Needs Assessments, in the Joint Health and Wellbeing Strategies, and the views expressed by patients through a series of consultation events run as part of the national 'Call to Action' programme, and those from patient representative groups e.g. the recent CAMHS (child and adolescent mental health services) engagement exercise; and any significant themes identified through patient feedback in enquiries and complaints.

The article in the link provided (Lymphoedema: An Underestimated Health Problem at <http://qjmed.oxfordjournals.org/content/96/10/731.full>) indicates a prevalence of 1.33/1000 people with lymphoedema which means that in Berkshire West there are potentially some 700 patients with the condition - from a total population of c500,000 - and it could well be that of these 700 the majority also have or have had cancer. That same article also includes the following: "The quality of evidence on effectiveness of the various physical management strategies - skin care, external pressure (bandaging & hosiery) and massage - is poor".

Resolved -

That Councillor Hoskin investigate further with the CCGs why treatment for non-cancer-related lymphoedema was not being provided and the scale of the issue in Reading.

3. FINDINGS OF HEALTHWATCH READING ON THE EXPERIENCE OF DELAYED DISCHARGE FROM HOSPITAL

Suzanne Westhead submitted a report presenting a report by Healthwatch Reading on the findings of a project collecting the experiences of people affected by delayed discharge from Royal Berkshire Hospital. The report had appended a 'whole system' response to Healthwatch's findings, prepared by Reading's Health & Social Care Board (HSCB), and an action plan to deliver on the commitments in the response.

David Shepherd presented the Healthwatch report and Rebecca Norris gave a presentation which focussed on the experiences of one of the patients and looked at how proposed actions in the new action plan could affect a similar patient's future 'journey'.

The report explained that Healthwatch Reading had carried out a series of in-depth interviews between September 2013 and March 2014 with people affected by discharge from the Royal Berkshire Hospital being delayed beyond the point when the patient had been fit to leave. 70 pieces of feedback had been collected from seven Reading residents and/or their relatives/carers and a report had been prepared in April 2014 - "The experiences of people whose discharge from hospital was delayed".

The Healthwatch report gave details of the findings of the project and made a number of recommendations. It stated that the project had uncovered strong evidence directly from people who used services that the hospital discharge process needed urgent reform. Extra evidence had also been volunteered that pointed to serious failings in settings such as sheltered housing and care homes to protect the health and safety of vulnerable older people and the report urged health and social care commissioners and providers to act swiftly to transform the patient experience.

The Healthwatch report had been taken to the Reading HSCB in June 2014, a body which brought together senior officers overseeing the delivery of care across local agencies and directed the Reading Integration Programme to develop better co-ordination of health and social care services around individual needs. The HSCB had welcomed the insights in the report into the patient/customer experience and had directed Reading's Integration Programme Manager to develop an action plan to address the issues highlighted. The action plan would be monitored through the Reading Integration Programme Board, of which Healthwatch was a member.

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The report noted that, whilst many people were discharged from hospital in Reading without delay every day, Healthwatch's report describing the impact on those who experience delayed discharge made a powerful case for the need to integrate care provision. It stated that there was a strong local commitment to developing more integrated services, now largely articulated through Reading's proposals for use of the Better Care Fund, and stated that the reduction of delayed discharges from hospital was a key metric within Reading's Integration Programme.

The report stated that the Adult Social Care, Children's Services and Education Committee was responsible for the overview and scrutiny of all functions for which the Committee was responsible, as well as for undertaking the health scrutiny functions of the local authority, and would therefore be an appropriate body to undertake a scrutiny review of the 'whole system' response to the Healthwatch report findings.

It was reported that Healthwatch planned to carry out a further set of in-depth interviews of people awaiting hospital discharge in the future, to review progress, and it was noted that it would be useful if that report could be based on a larger sample of patients.

Resolved -

- (1) That the following be noted and all those involved be thanked for their work:
 - (a) The findings of Healthwatch Reading as set out in the April 2014 report: *The experiences of people whose discharge from hospital was delayed*;
 - (b) The joint response to Healthwatch submitted by members of the Health and Social Care Board; and
 - (c) The Action Plan developed to deliver on the commitments made in response to Healthwatch's findings, which would be monitored through Reading's Integration Programme Board.
- (2) That the Adult Social Care, Children's Services and Education Committee be recommended to review the response of local care providers to Healthwatch's findings as a scrutiny enquiry;

4. INTEGRATION UPDATE INCLUDING BETTER CARE FUND SUBMISSION

Further to Minute 3 of the last meeting, Melanie O'Rourke and Maureen McCartney submitted a report giving an update on the progress made:

- a) in developing plans for health and social care integration in Reading;
- b) on Reading's Better Care Fund (BCF) plans; and
- c) in developing a Frail Elderly Care Pathway and an Operational Resilience and Capacity Plan for the local health and social care system.

The report also presented Reading's revised (August 2014) BCF proposals for the Board's formal approval, with Appendix 1 providing a detailed description of the

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schemes included in the submission. The full submission had been made available on the Council's website, comprising the following documents:

- Better Care Fund Planning Template - Part 1
- Better Care Fund Planning Template - Part 1 - Annex 1 (Appendix 1 to the report)
- Better Care Fund Planning Template - Part 1 - Annex 2
- Better Care Fund Planning Template - Part 2
- Better Care Fund Library of Supporting Documents

The report explained the history to Reading's submission to the BCF which provided for local funding for health and care services in ways which would take forward the integration agenda. It stated that, following receipt of the initial bids, around 30 local areas, including Reading, had been judged to have particularly strong 'exemplar' proposals for use of the BCF and had been invited to 'fast track' their bids. By the end of August 2014, there had only been five local areas remaining on the fast track process, including Reading. The Reading local team had received consultancy support arranged by NHS England and the BCF Plan had been revised, ready for submission by the deadline of 29 August 2014. The schemes within the revised BCF Plan, as set out at a seminar hosted by Health and Wellbeing Board members on 27 August 2014 and detailed in Appendix 1, were:

- Hospital @ Home
- Enhanced Support to Care Homes
- Berkshire West Connecting Care (Intra-operability)
- Discharge to Assess/Time To Decide beds
- Whole System/Whole Week (7 day working, Health and Social Care Hub and Neighbourhood Cluster Teams)

The revised BCF bid would be subject to a rigorous quality assurance process. Initial feedback, whilst very positive, had indicated five areas for further development in Reading. Additional information related to those key lines of enquiry would need to be supplied in October 2014 with a view to obtaining final ministerial sign off of the bid by the end of October 2014.

The report also gave details of progress in developing a Frail Elderly Care Pathway, which had informed the schemes in the BCF proposals, and a Berkshire West Operational Resilience and Capacity Plan (ORCP) for 2014/15, which had been submitted to NHS England for approval. Formal feedback on the ORCP was expected shortly and initial feedback had been that it was a good plan with evidence of good cross organisational engagement within the Urgent Care Programme Board.

It was reported at the meeting that the Berkshire West ORCP had been signed off by NHS England and assessed as medium risk.

Resolved -

(1) That the following be noted:

- (a) The progress made in developing plans for health and social care integration in Reading;

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- (b) The recognition Reading's Better Care Fund plans had received as 'exemplar' proposals;
- (c) The work that had been done in developing an Operational Resilience and Capacity Plan for the local health and social care system;
- (2) That Reading's revised (August 2014) Better Care Fund submission, as set out in the following documents, be formally approved:
 - Better Care Fund Planning Template - Part 1
 - Better Care Fund Planning Template - Part 1 - Annex 1
 - Better Care Fund Planning Template - Part 1 - Annex 2
 - Better Care Fund Planning Template - Part 2
 - Better Care Fund Library of Supporting Documents

5. DEMENTIA SERVICES IN BERKSHIRE WEST - UPDATE

Pete Loomes and Maureen McCartney submitted a report by the Berkshire West GP Mental Health Lead and the South Reading CCG Chair, which gave an update on the work in progress in dementia service development locally in support of the National Dementia Strategy and implemented as part of the Long Term Conditions Programme. The report stated that this work had been steered by a Berkshire West Dementia Stakeholders Group, with representation from health commissioners and providers, unitary authorities and voluntary sector partners.

The report gave details of national expectations for improvements to dementia care as a result of the National Dementia Strategy (2009) and the 2012 'Dementia Challenge'. The Challenge required that, from April 2013, there needed to be a quantified ambition for diagnosis rates across the country. According to a provided Dementia Prevalence Calculator Tool, the adjusted diagnosis figures for August 2014 were:

- North & West Reading CCG - 49.5% of expected prevalence
- South Reading CCG - 49.0% of expected prevalence

The diagnosis ambition across Reading was to achieve a rate of 67% by the end of 2015/16.

The report explained that a number of key improvements for dementia services had been proposed at a Dementia and Elderly Care Conference hosted by NHS South Reading CCG on 14 May 2013. The Berkshire West Dementia Stakeholder Group had reviewed the list of priorities identified by delegates, and the report listed the six key areas which had been identified.

The report stated that there was already a significant amount of joint working in this area between health agencies, local authorities and the voluntary sector. In addition, seven proposals had been submitted to the Dementia Challenge Fund, of which five had been successful and one the Berkshire West CCGs had decided to fund themselves.

The report gave detailed updates on the work in progress in dementia services, set out the latest list of priorities for local development identified by the Berkshire West

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Dementia Stakeholders Group, and had appended a work plan for dementia in Berkshire West, showing the priority areas, the intended projects and an indicative timeline for the work.

Resolved -

- (1) That the report be noted;
- (2) That the members of the Health & Wellbeing Board commit to supporting the continued work on dementia as a priority within Reading.

6. READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2013/14

Vicki Lawson submitted a report presenting the annual report of the Reading Local Safeguarding Children Board (LSCB) 2013/14, which was appended to the report.

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

The LSCB Chair was required to publish an Annual Report on the effectiveness of child safeguarding and promoting welfare of children in Reading; this report had a wide distribution and was sent to key stakeholders and partners so that they could be informed about the work and use the information in planning within their own organisations to keep children and young people safe. It was being presented to the Health and Wellbeing Board in line with the protocol agreement agreed at the Health and Wellbeing Board meeting on 18 July 2014, and would also be presented to the Children's Trust Board and the Adult Social Care, Children's Services and Education Committee (ACE).

The report listed the LSCB achievements and challenges set out in the Annual Report.

Resolved - That the annual report of the Reading Local Safeguarding Children Board 2013/14 be noted.

7. DRAFT SHARED STRATEGIC VISION - READING LOCAL SAFEGUARDING CHILDREN'S BOARD, HEALTH AND WELLBEING BOARD AND CHILDREN'S TRUST BOARD

Vicki Lawson submitted a report presenting a draft strategic vision document (Appendix 2) which built on the protocol setting out the expectation of the relationship and working arrangements between Reading Local Safeguarding Board (LSCB), Reading Health and Wellbeing Board and Reading Children's Trust that had been agreed at the last meeting (Appendix 1 - Minute 8 refers), giving details of governance arrangements and proposing a way forward to clarify performance reporting across the boards.

The draft strategic document clarified the Performance Monitoring arrangements of each board and detailed which board held primary responsibility for monitoring and challenging performance, outcomes and impact for the children and young people of Reading. It was aimed at all stakeholders, offering one document articulating the collective governance and ambition for all children and young people.

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The draft document had appended a compendium of performance, which was currently being completed, to offer an overarching reference document detailing all performance collected across partners in respect of children and young people. Most of this performance information, or a very similar data set, was already collected. From the completed compendium each board would have a determined set of performance information that they were primarily responsible for overseeing and, once the system was in place, reporting could be by exception.

It was proposed that the three Board chairs, as well as the chairs of the Community Safety Partnership, Youth Offending Management Board, Corporate Parenting Board, the Director of Education, Adult & Children's Services, Lead Councillor for Children's Services and Families, Managing Director, Chair of the Berkshire West Clinical Commissioning Groups and Director of Public Health would meet six monthly in June and December to collectively reflect on progress and set strategic direction and associated priorities for services.

The proposals had already been agreed by the LSCB and would be taken to the Children's Trust for agreement. The final document would be presented to the Health and Wellbeing Board on 30 January 2015.

The meeting discussed the possible timing of performance reporting arrangements, noting that this could be aligned with the review of the Health and Wellbeing Strategy Action Plan. It was suggested that the timing of performance monitoring reports to the Board, eg six monthly or annually, be considered further at the next meeting when the final vision document was received.

Resolved -

- (1) That the draft strategic vision document be endorsed;
- (2) That completion of the performance reporting arrangements and attendance at the bi-annual strategic challenge meetings be supported;
- (3) That the final strategic vision document be submitted to the next Board meeting and the timing of performance monitoring reports be considered at that meeting.

8. HEALTH & WELLBEING STRATEGY ACTION PLAN

Further to Minute 5 of the last meeting, Lise Llewellyn submitted a report giving an update on Health and Wellbeing Strategy activity delivered and progressed through 2013/14 and 2014/15 to date. The report had appended:

Appendix 1 - A summary of the Health and Wellbeing Strategy Goals and Objectives
Appendix 2 - The updated Health and Wellbeing Action Plan for 2014/15

The updated action plan set out, for each goal and objective in the Health and Wellbeing Strategy, the following information:

- What do we want to achieve?
- What we will do
- Key delivery partners
- RAG status (red/amber/green)

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- Progress update
- Next steps

The report explained that, following feedback from the last Board and subsequent discussions with health partners and other contributors to the delivery of the strategy, the action plan for 2014/15 had been reviewed and progress updates collated on all activity in 2013/14 and 2014/15 to date.

Paragraphs 4.2 to 4.5 of the report proposed a process for Public Health to review lessons learnt to date and develop a framework for the development of an improved baseline action plan for 2015/16. It proposed that the Public Health team hold a workshop with partners contributing to the health and wellbeing agenda, to ensure that the action plan for 2015/16 focused on and captured key deliverables from all partners that contributed to the delivery of the Health and Wellbeing Strategy 2013-2016. Key outcome measures would also be included in the action plan for 2015/16, following feedback from partners, to ensure the impact was clearly demonstrated.

The action plan for 2015/16 would be expanded to include contributions from other partners, including Healthwatch, voluntary sector providers and provider organisations, and a baseline action plan for 2015/16 would be presented to the Board in April 2015.

The report also proposed a reviewed process for keeping the action plan updated, at paragraphs 4.6 and 4.7. Public Health would monitor and track progress to the strategy and the delivery of activity. Partners would be asked to regularly review activity that they had put themselves forward as being accountable for, and provide progress updates that would be collated and reported to the Health and Wellbeing Board every six months.

Resolved -

- (1) That the progress of activity contributing to the delivery of the Health & Wellbeing Strategy to date, as set out in the updated Health and Wellbeing Action Plan for 2014/15 in Appendix 2, be noted;
- (2) That the proposed process for developing a baseline Action Plan for 2015/16, to be presented to the Board in April 2015, as set out in paragraphs 4.2 to 4.5 of the report, be agreed;
- (3) That the reviewed process for keeping the Action Plan updated, as set out in paragraphs 4.6 and 4.7 of the report, be agreed.

9. DRAFT PHARMACEUTICAL NEEDS ASSESSMENT

Lise Llewellyn submitted a draft Pharmaceutical Needs Assessment (PNA) for the Reading Borough Council area for 2014, for the Board to approve for consultation.

She explained that the PNA was the statement for the needs of pharmaceutical services of the population in a specific area. It set out a statement of the pharmaceutical services which were currently provided, together with when and where these were available to a given population. From 1 April 2013 every Health and Wellbeing Board (HWB) in England had a statutory responsibility to keep an up-to-

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date statement of the PNA and the PNA had to be published by April 2015. The HWB had to consult a number of people and organisations on the draft PNA, including neighbouring HWBs, and Reading's consultation would be held until mid-December 2014. The final PNA would then be brought to the 30 January 2015 HWB meeting for sign-off.

The draft PNA described the needs of the population of Reading Borough, which was different from the previous PNA which had been West Berkshire-focussed. It described: the statutory PNA requirements; national pharmacy commissioning; geography of Reading PNA; Reading Borough demographics; Reading Borough needs assessment; local commissioning strategies; current pharmacy provision; pharmacy access and analysis of a user survey, concluding with a number of recommendations. These included suggesting that there were a number of opportunities for community pharmacies to play an increasing role in the Health and Wellbeing Strategy's focus on self-care, health promotion and early intervention, for example in:

- Promotion of healthy lifestyles
- Prescription-linked interventions
- Public Health campaigns
- Signposting
- Support for self-care
- Early identification of patients at risk of complications through Medicine Use Reviews

The PNA also listed a number of health needs that the Joint Strategic Needs Assessment had identified, which could potentially be addressed through locally-commissioned pharmaceutical services.

Lise proposed that, as Director of Public Health, she should work in consultation with with the Chair of the Board to respond to neighbouring authorities' consultations on their draft PNAs and then bring back a summary to the next meeting.

The meeting considered the draft PNA and the points made included:

- The statement on page 26 of the PNA that there were four times the number of children on child protection plans than the South East average needed checking for accuracy.
- The proposals to make more use of community pharmacies were welcomed and it was suggested that they could also be involved in identifying carers in the community so that their needs could be supported.

Resolved -

- (1) That the draft Pharmaceutical Needs Assessment be approved for consultation and the final draft be brought back to the next meeting;
- (2) That the Director of Public Health be authorised to respond to other Local Authorities' consultations on their draft PNAs, in consultation with the Chair, and a summary be submitted to the next meeting.

10. READING JOINT STRATEGIC NEEDS ASSESSMENT

Lise Llewellyn submitted a report giving an update on progress on Phases 1 and 2 of the development of the Reading Joint Strategic Needs Assessment (JSNA), as well as giving information on Phases 3 and 4 and the suggested timeframes for completion.

The report explained that, following the changes to the health and social care systems, introduced in April 2013 as a result of the Health and Social Care Act 2012, a new phased approach to the JSNA had been introduced in 2013/14:

- Phase 1 - Develop a web-based JSNA which told the local story with refreshed data and newly-created ward profiles
- Phase 2 - Further develop the web-based JSNA to link to key strategies across the Council
- Phase 3 - Build on other local information/data to provide details of health and wellbeing inequalities
- Phase 4 - Review and update

The project plan had included a review of the process at the end of Phase 2 and the report gave details of this review. This included an explanation of the reasons for and details of the phased approach, a summary of the completed phases (1 and 2), including lessons learned, and a look forward to Phases 3 and 4, with Phase 3 completion programmed for the end of March 2015 and Phase 4 for the end of March 2016.

Resolved -

- (1) That the report be noted;
- (2) That Phase 3 of the development of the JSNA and the suggested timeline for completion be endorsed.

11. 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 30 January 2015.

(The meeting started at 2.05pm and closed at 3.39pm)