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Councillors Ruhemann (Chair), Benson, Eden, Khan, Stanford-Beale, Vickers and White

To All Members of the Access & Disabilities Working Group

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9 September 2013

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NOTICE OF MEETING – ACCESS AND DISABILITIES WORKING GROUP – THURSDAY 19 SEPTEMBER 2013

A meeting of the Access and Disabilities Working Group will be held on **THURSDAY 19 SEPTEMBER 2013 at 2.00pm in the Kennet Room,** Civic Offices, Reading. The Agenda for the meeting is set out below.

AGENDA

CIVIC CENTRE EMERGENCY EVACUATION: Please familiarise yourself with the emergency evacuation procedures, which are displayed inside the Council's meeting rooms. If an alarm sounds, leave by the nearest fire exit quickly and calmly and assemble at the Hexagon sign, at the start of Queen's Walk. You will be advised when it is safe to re-enter the building.

4.	**MATTERS ARISING FROM THE MINUTES**	-

- New Civic Offices Working Group
- Changing Places
- Reading Station – Disabled Toilets
- Reading Station – Readibus and Drop-off
- Reading Station – Signage and Tactile Paving
- Entry to Civic Offices
- Royal Berkshire Hospital Car Park

5.	**HOME CARE USERS RESEARCH PROJECT**	6-20
	JANETTE SEARLE, RBC AND MANDEEP SIRA, HEALTHWATCH	
6.	**HEALTH AND WELLBEING BOARD MINUTES**	21-33
7.	**PEDESTRIAN AND CYCLE BRIDGE OVER THE THAMES**	-
8.	**ISSUES IN SOCIAL CARE**	-
9.	**WELFARE RIGHTS UPDATE**	-
10.	**PUBLIC HEALTH**	-
11.	**INFORMATION ITEMS**	

- **FEEDBACK FROM NEXUS ARIADNE AUDIBLE/TACTILE MAP DEMONSTRATION – HELEN BRYANT** -
- **PRESS RELEASE – CONSULTATION ON HOUSING ALLOCATIONS SCHEME** 34
- **PRESS RELEASE – MAJOR WORK PLANNED FOR READING'S WOODLANDS** 35-37

12.	**ISSUES LIST – a look at the progress with the ongoing 'Issues List' (please see form printed at the back of the agenda papers)**	38
13.	**ANY OTHER BUSINESS**	-

14. DATE AND TIME OF NEXT MEETING -

Dates for the meetings in the 2013-14 Municipal Year are as follows:

- Thursday 5 December 2013
- Thursday 20 March 2014

All meetings will commence at 2pm.

ACCESS & DISABILITIES WORKING GROUP MINUTES – 20 JUNE 2013

Present:

Councillors Ruhemann (Chair), Eden, Stanford-Beale and Vickers.

Also in attendance:

John Welsman	Guide Dogs
Diane Goodlock	MS Society
Keith Seville	Nesta Care Support
Lisa Bamsey	Readibus
Trish Wright	Readibus & MS Therapy Centre
Bob Bristow	Reading Association for the Blind
Keith Hester	Reading Association for the Blind
David Wiltshire	
Helen Bryant	RBC - Access Officer
Amy Bryan	RBC - Committee Services

Apologies:

Councillor White	RBC
Tisha Buckle	
Sian Hooley	Berkshire PHAB
Derek Woad	Member of Public
Alan Fleming	Enrych Berkshire
Carol Marenghi	Chain Reaction & Stroke Association

1. MINUTES

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

2. MATTERS ARISING

Royal Berkshire Hospital

Further to Minute 2 of the last meeting it was reported that the disabled parking bays had been replaced.

New Civic Offices – Working Group

Further to Minute 3 of the previous meeting, Helen Bryant, Access Officer, reported that she had passed on the details of those interested in being part of a working group to the relevant officers. Helen also reported that she would be attending a meeting on the new Civic Offices next week.

It was also reported that at the previous meeting of the Group it had been confirmed that all levels in the new building would have wheelchair access.

Changing Places at the Oracle Shopping Centre

Further to Minute 4 of the previous meeting, Helen Bryant, Access Officer, reported that this was still progressing.

Reading Station – Disabled Toilets

Further to Minute 6 of the previous meeting, Councillor Ruhemann reported that he had spoken to the Department for Transport regarding their 'Railways for All' strategy and he had also raised the issues at Reading Station with Councillor Page, Lead Councillor for Strategic Environment, Planning and Transport, and Reading Station were discussing the issues with Network Rail. It had been acknowledged that there should be a mixture of left and right transfers in the toilets throughout the station but so far no action had been agreed on changing the toilets that had already been installed.

Reading Station – Readibus & Shopmobility

There was no progress to report on this as priority had been given to the issue regarding the toilets at Reading Station.

AGREED: That the position be noted.

3. ACCESS & DISABILITIES WORKING GROUP – ACHIEVEMENTS AND PRIORITIES

Councillor Ruhemann had submitted a document listing the achievements of the Access & Disabilities Working Group over the past year. One member of the Group expressed thanks for the installation of the second Readibus stop in Broad Street and for work around the Hexagon theatre. It was reported that some people were still experiencing problems accessing the Civic Offices via the side door near the committee rooms; Councillor Ruhemann said he would raise this issue with the appropriate manager.

The Working Group discussed the difficulty people experienced completing forms and it was suggested that an officer from adult social care attend the next meeting of the Group.

AGREED:

(1) That the list of achievements and priorities be noted;

(2) That an officer from adult social care section be invited to the next meeting;

(3) That Councillor Eden raise the issues that had been discussed with officers.

4. MONITORING THE IMPACT OF WELFARE CHANGES

Councillor Ruhemann asked the Group for any feedback and to report any issues following the introduction of welfare changes.

The Group discussed Work Capacity Assessments and assessments to determine eligibility for Personal Independence Payments and the difficulty in accessing the assessment centres. Councillor Ruhemann asked for people to report any problems they experienced. The Group also discussed the increase in attacks against people with disabilities and guide dogs and the reduction in legal aid.

It was suggested that someone from Reading Community Welfare Rights Unit be invited to the next meeting of the Working Group.

AGREED:

(1) That the position be noted;

(2) That a representative from Reading Community Welfare Rights Unit be invited to the next meeting of the Working Group.

5. HEALTH AND WELLBEING STRATEGY

Helen Bryant, Access Officer, reported on the Health & Wellbeing Strategy, which was available on the Reading Borough Council website. Helen explained that the Health and Social Care Act 2012 had given local authorities the responsibility for public health and a much stronger role in shaping services and improving the health of local people. The Health and Wellbeing Board had been set up and its role had been set out in the Health and Wellbeing Strategy, which included locally determined priorities. The Group discussed the Joint Strategic Needs Assessment which would underpin the strategy. The Health & Wellbeing Board had prioritised the achievement of four goals to achieve their vision, these were:

- Promote and protect the health of all communities particularly those disadvantaged
- Increase the focus on early years and the whole family to help reduce health inequalities
- Reduce the impact of long term conditions with approaches focused on specific groups
- Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities

The Group discussed how they would receive feedback on this matter and it was suggested that someone reported back from the Health & Wellbeing Board meeting being held on 21 June 2013 to the next Working Group. It was reported that Health & Wellbeing Board meetings were public and the papers were available on the Council's website.

AGREED:

(1) That the position be noted;

(2) That the Reading Director of Health be invited to the next meeting of the Working Group;

(3) That the next meeting of the Working Group have a report back from the Health & Wellbeing Board meeting held on 21 June 2013.

6. INFORMATION ITEMS

EU Disability Card and Other Initiatives from the EU

Helen Bryant, Access Officer, had submitted a report on the EU Disability Card and other initiatives from the EU. The report stated that there were approximately 80 million persons with disabilities in the European Union. The European Commission was launching a pilot initiative with a view to developing a mutually recognised EU disability card that would facilitate equal treatment of persons with disabilities who travelled to other EU countries in areas such as access to transport, tourism, culture and leisure. The report also summarised some of the other initiatives the European Union were implementing.

Carers Week 2013

Helen Bryant, Access Officer, reported that Carers Week had taken place between 10 – 16 June 2013.

7. ISSUES LIST

The following issues were reported at the meeting:

- Reading Station drop off areas – both north and south drop off areas were not accessible to people using larger vehicles and the transport hub on Vastern Road was for buses and taxis' only.

- There were problems at the Royal Berkshire Hospital car park since changes had been introduced which had resulted in people having to go to their car to get their blue badge once they were finished at the hospital to take it to the reception to get a token which would open the exit barrier.

- There was also a problem with cars parking on the footpaths at the Royal Berkshire Hospital and blocking dropped kerbs.

- There were issues getting up and down Craven Road, which meant that some of the bus stops might have to be moved.

AGREED: That the issues reported be noted.

8. OTHER BUSINESS

Reading Station

John Welsman, Guide Dogs, reported on his work with Network Rail regarding the upgrade of Reading Station. John said that the work to install blister paving at the edge of platforms was taking time but was due to be completed by the start of 2014. John also reported that the new foot bridge was very difficult to negotiate for people who were blind and people who he had spoken to regarding Reading Station were now more receptive to ideas such as installing tactile paving across the bridge, putting yellow boxes at the top of the entrances and Braille signage.

Guide Dogs

John Welsman reported that this was the first time a representative from Guide Dogs had attended the meeting and informed the Group that Guide Dogs provided a wide range of mobility services.

Communication Issues with Carers

It was reported at the meeting that a number of people were experiencing difficulty communicating with their carers because of a language barrier. If carers did not have a good enough grasp of English this caused problems for people trying to communicate their needs clearly to their carers and some members of the Group felt this was an under-reported issue. It was also reported that the number of different carers somebody had could also be an issue. Councillor Eden said she would look into this, along with more general quality of care issues.

Lead Councillor for Adult Social Care

Councillor Rachel Eden introduced herself as the new Lead Councillor for Adult Social Care. She advised anyone to contact her regarding language issues with carers, as discussed during the meeting (see paragraph above), and also any other care issues or local authority issues. Councillor Eden could be contacted by email rachel.eden@reading.gov.uk or by telephone, either 07914 211828 or 0118 967 5687.

Play Streets

Helen Bryant, Access Officer, reported that play streets were being introduced in Reading. Helen was happy to talk to anyone who had issues to raise or wanted more information regarding play streets.

9. DATE OF FUTURE MEETINGS

The Access & Disabilities Working Group would meet on the following dates in 2013/14:

Thursday 19 September 2013 at 2pm
Thursday 5 December 2013 at 2pm
Thursday 20 March 2014 at 2pm

(The meeting opened at 2.00pm and closed at 3.44pm)

Home Care Users Research Project

Summary report

From August 2012 until February 2013, Reading Borough Council (RBC) and Reading Local Involvement Network (Reading LINk, which became Healthwatch Reading from 1st April 2013) carried out 57 interviews with people who had used home care services. The purpose of these interviews was to gain a better understanding of:

- what people wanted and expected from home care services;
- how home care services could best protect people's dignity; and
- what support home care users might need to overcome social isolation.

People volunteered to be interviewed either in response to a question included in the Council's *Your Home Care Service* survey, or by replying to a direct invitation letter from the Council. Interviews took place at participants' homes at their convenience, and included family carers or other relatives if the service user chose to have them present. Many of the people we spoke to had significant health problems which impacted on their ability to leave their home and/or take part in group discussions. This therefore limited their ability to give feedback on services through other face-to-face opportunities such as community meetings or user forums.

People told us how much home care matters to them. It is a service which supports some of the most vulnerable - and sometimes very isolated - people in our community to manage their daily lives. Many people spoke positively about their home care services, with some being extremely satisfied. However themes emerged around six key areas where things could be improved: (1) timeliness of visits; (2) having enough time for needs to be met; (3)consistency of care workers; (4)care workers' approach to tasks; (5) support from the care agency office; and (6)training for care workers.

Background

What is home care?

Home care - sometimes called domiciliary care or home help – involves care workers visiting people in their own homes to give them help and support. Care workers can help with personal care needs, such as washing and getting dressed, and practical tasks such as preparing snacks or heating meals. Home care is one of the services which can be arranged for people who are eligible for Adult Social Care support from the local authority - although people who are not eligible for Adult Social Care can also buy this service independently.

RBC commissions approximately 14,000 home care calls per week equating to just over 7,000 hours of care.[1] Home care calls are booked for completion of specified tasks, such as "support Mrs A to have lunch" or "support Mr B to get ready for bed". How long these tasks take may vary from day to day, usually depending on how well and able the service user is feeling. However, rotas are organised on the basis of how much time will be needed on average to carry out the tasks specified. Users will typically have calls of different lengths throughout the week – from 15 minutes through to longer than an hour.

How are home care services put in place for Adult Social Care users?

Most home care services in Reading are provided through independent agencies. The main exception to this is Intermediate Care (including Reablement, Rapid Response and Palliative Care). The Intermediate Care service includes care workers employed by RBC working alongside health and social care staff. Intermediate Care consists of short and tailored therapeutic packages to maximise independence – typically after an illness or injury - and it lasts for up to 6 weeks (free of charge).

If someone is eligible for ongoing support at the end of Intermediate Care - which could include home care services - this is now arranged by the local authority through the Self Directed Support (SDS) system. Under SDS, the support each person needs is expressed as a Personal Budget.[2] People can opt to take their Personal Budget as a Notional Budget, which means in effect they ask the Council to buy in services on their behalf. The alternative is they can opt for a Direct Payment, which means they will be supported by the Council to buy the services they need themselves.

In 2010, Reading Borough Council set up the Domiciliary Care Accredited Select List (DASL) to set standards for home care services. Home care providers are only accepted onto the DASL after satisfying the Council they meet certain requirements, and DASL providers are then banded on the basis of a combination of quality and price ratings. (See Appendix 1 for further detail.) Where the Council arranges a home care service (through a Notional Budget) it will always choose a DASL rated provider. People who purchase their own home care support (via a Direct Payment) are encouraged to choose from the DASL list, but can choose a non DASL provider. DASL bandings are published on the RBC website so that people who make care arrangements entirely independently can also draw on this information.

Questions about the experience of home care service users

[1] Figures taken from activity for April 2013

[2] There is then a means test to calculate how much of the Personal Budget will be paid by the state and how much the individual has to contribute from their own resources.

In 2012, the quality of home care provision was identified as a priority issue for both RBC and Reading LINk to investigate further. Both organisations had received feedback through community meetings that there were concerns with the quality of provision, although feedback was not always coming directly from home care users themselves via these channels.

The questions raised with LINk about users' experience of home care services were particularly focused on the impact of how care workers' travel time is arranged. LINk was keen to learn more about this from the perspective of home care users given LINk's role in giving communities a stronger voice in how their health and social care services are delivered.[3]

RBC's interest in this issue is primarily as a commissioner of home care services on behalf of people eligible for Adult Social Care support. However, the Council was also interested in learning more about what sort of information vulnerable adults would need to help them choose between providers and understand how to stay safe. Questions had been raised through the Council's user forums about the consistency and flexibility of home care services.

The Care Quality Commission notes how difficult it can be to get user feedback on home care,[4] and hence the need to be quite proactive in this area. RBC committed to gathering home care user feedback annually in 2012, and issued its first *Your Home Care Service* survey then. The 2012 survey showed[5] that only 68% of home care users knew how to complain or give feedback on their service, and only 35% were able to complete the questionnaire without assistance. However, 90% of respondents said care and support services helped them to have a better quality of life, and 87% felt home carers respected them and their home. 69% of people were always or usually advised of changes to their service (e.g. to the carer or the time of calls), but 9% reported their home carers often or always spent less time with them than they were supposed to.

Both RBC and Reading LINk / Healthwatch also have a shared interest in how services generally meet the needs of people who may be socially isolated. There is growing evidence[6] that isolation and loneliness can put people's health at risk, and a growing expectation from communities that this is recognised in how services for elderly and other vulnerable adults are planned. People who use home care services often fall into high risk groups for experiencing loneliness[7], and many home care workers have traditionally felt that part of their role is to offer companionship and conversation,[8] even though this is not explicitly stated. Although just 6% of people responding to the *Your Home Care Service* survey in 2012 described themselves as 'socially isolated', only 36% of people said they had as much social contact as they wanted.

How the interviews were carried out

Each interview was carried out jointly by an RBC officer and a LINk worker or volunteer. Users had the option of having a friend or relative sit in on the interview to assist them in answering. There were 56 face-to-face interviews in the service user's home, with one set of feedback in the form of email from a service user's next of kin.

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[3] From 1st April 2013, this role is being taken over and developed by Healthwatch Reading

[4] *Not just a number: home care inspection programme national overview* - Care Quality Commission [2013]

[5] Based on a response rate of 45% (348 returned questionnaires)

[6] *Loneliness and Longevity: meta-analytical data examining the influence of social connections on mortality* risk – Holt-Lunstad et.al. [2010]

[7] *Close to Home: an enquiry into older people and human rights in home care* – Equality & Human Rights Commission [2011]

[8] *Time to care – a UNISON report into home care* – UNISON [2012]

A script was developed to frame semi-structured interviews, i.e. capturing agreed key points but with considerable scope to include further information. Both partners were keen to understand home care experience in the context of what other services and support people had available to them. Service users were therefore asked to map out the support and social contact they have in a typical week, and then to explain which were the best and worst aspects from their individual perspectives. Interviewees were prompted to include their experiences of home care services in their responses if these services weren't mentioned spontaneously.

At the conclusion of each interview, service users were offered information about services or further support to take up socialisation opportunities if they had expressed an interest in having more social contact. The interviewers found they were often able to identify services which might be appropriate for individuals based on the information shared about the service user's interests and priorities. From the user's point of view, these interviews gave them an opportunity to ask questions about new services they might want to try.

Benefits of a partnership approach

Strong partnership working throughout this project has meant that vulnerable adults have been supported by a recognised and trusted organisation – Reading Borough Council and been able to gain access to an independent source of information, advice and support – Reading Healthwatch.

Repeatedly, people told us that they make contact with new services as a result of recommendations from people they already know. Healthwatch Reading, as a new service, has therefore benefited from introductions brokered by Reading Borough Council, and several of the people interviewed for this project have gone on to raise further issues with services through Reading Healthwatch. Similarly, Reading Borough Council has been able to gather fuller and more frank feedback from users by working with a body which is totally independent of how home care services are provided or commissioned in Reading. The Council will seek to build on this by promoting Healthwatch Reading to social care users more systematically through its future communications with users of social care services.

Findings

A strong and universal message was that home care is a very important service. People using the service value having help which enables them to continue living in their own homes. Family carers also benefit from extra help to manage certain tasks or a back up service which means they are able to take breaks. The majority of people interviewed (72% or 41/57) described their experiences of home care overall as being positive.

> If I didn't have the care workers I couldn't have managed on my own. Most important things for me are getting up in the morning and being put into bed. I can do other things like get a cup of tea or warm something up in the microwave.
>
> I value the independence I can enjoy from having a bit of extra help to manage things around the home.
>
> This service is crucial and invaluable to us. Without it, my wife would be in a nursing home. We tried

that option, but neither of us was really happy with it. It's easy for someone with my wife's condition to get depressed, and I felt us being separated was putting her more at risk of this.

It is a real help to receive home care and know that someone will come along and do things as I was struggling on my own. At first I found it difficult to wash my husband because he wouldn't let me, but the care worker comes in a uniform and my husband is getting better at doing as he is told, especially when he sees the care worker.

1. Timeliness of home care visits

Home care workers are expected to offer some flexibility to meet user needs. How much support one person needs to complete certain tasks may fluctuate from day to day. Because of this, most homecare calls are planned within a 'window' rather than to take place at an exact time, although some calls are flagged as 'time critical' – for example, when someone needs support to take medication at a precise time. Home care providers on the DASL are required to record any calls more than 30 minutes after the indicated time as 'late'.

Overall, fewer than half, 43% (25/58) of people that gave feedback had positive comments to make about the timeliness of calls. Most spoke negatively or were disappointed by the lack of communication about late calls.

In the main, service users understood and accepted that there was bound to be some variation in the time when their home care workers arrived. Many were hugely sympathetic towards their care workers about the challenges they faced in trying to get through their calls. They talked about traffic problems, difficulties with sharing parking permits, busy schedules and needing to work around emergencies. However, the majority of people had experienced some problems with the times when their care workers arrived. Most service users we spoke to had experienced late calls although some people were more concerned about calls being too early – usually evening calls to support the user to get ready for bed. They were particularly frustrated when they had experienced regular delays, or weren't kept informed about delays.

Some people explained the practical consequences for them of their home care call not happening when it was expected. These included difficulties in scheduling the best time to take medication, restricting fluid intake to try to avoid continence pads getting soaked through, or simply being in the middle of something else when their care worker arrived. For other people, the most significant consequence was the anxiety they felt waiting for the care worker to arrive, and sometimes wondering if the care worker would arrive at all.

Home care's always been good. No problems with anything really. Timing is fine. Sometimes they call to say they're a bit pushed, but I can be flexible.

The care worker's timing is 'bang on'. She has only been late once and rang to say she would be late because she had to wait for an ambulance for another person.

I had a 'bedtime' carer who came at 7:15pm once. That was far too early and I was in the middle of doing some family history research. I sent her away and called her office about this. She came back at 8pm and was perfectly pleasant.

The care workers get to me when they can. I know traffic can be very heavy in Reading, but I think the office gives them unrealistic schedules sometimes. I dare say it's difficult if they're short of staff, but

one of the care workers told me there's no travel time allowed for in their schedule.

Lateness is a problem. It is a priority to get breakfast served before 8am because of my insulin injection. 9 times out of 10 breakfast is not served by the care worker because of lateness. This means I have to make my own breakfast which is dangerous because of my blindness and the risk of potential harm or injury.

If care workers are late, pads get wet though and sheets get wet.

The lowest point of the week for her mother is when the care workers are late as her mother becomes agitated. She wants to go to bed.

If they turned up late you had to sit and wait in your night clothes. Once I had to wait until 11am (they were supposed to be there around 9.30am).

2. Having enough time for needs to be met

Most people who commented on how much time care workers spent with them were satisfied their care workers had enough time to meet their needs. Users who felt they had a good rapport with their (regular) care workers were generally more satisfied with this aspect of the service. Some users felt it was a struggle for their care workers to get through everything they needed to in the time given. This meant some people felt rushed and a few people had concerns about whether they were being overcharged for the amount of home care they actually got.

If I ask them to do something extra they do it for me, but they have a short time to do everything – only 30mins.

Care workers don't rush us. They provide care in 20 mins and have 5 mins at each end of visit to do the paperwork. They also ensure we both have alarms on.

Only have 15 minutes but they do one hour's work in that time!

Some carers make you feel rushed as if they need to be somewhere else although one person didn't.

Supposed to provide care for 30 mins. They don't always stay for 30mins in the morning visit, but will stay longer to help with putting on shoes and socks if I'm going out.

15 minute call isn't really long enough – goes very quickly and doesn't give a lot of time. Even the hour for the shops isn't really enough.

They don't get enough time to stay a bit longer and have a chat.

3. Consistency of care staff

When service users spoke positively about their home care services, they often linked this to having the same care workers all or most of the time. Of the people that we spoke to 38% (22/58) commented on the importance of consistency and some spoke specifically of negative

experiences. Communication around the timing of visits was often better between service users and care workers who had got to know each other. Delays were less likely to lead to concern about the possibility of a missed call when the service user was relying on care workers they knew and trusted. Also, when care workers and service users were used to one another, users were more likely to feel their support could be delivered effectively in a shorter space of time. With unfamiliar care workers, on the other hand, service users were more likely to report feeling rushed or finding a significant part of their visit was take up with explaining their care needs. Some users also found seeing strange care workers made them quite anxious.

Some service users had a different view, however, and were content with – or even preferred – seeing a variety of care workers. This was more common amongst people using home care on a shorter term basis.

I tend to see the same carers at the moment and I'm very happy with them. It's wonderful when I see them but I dread it when it has to be someone else, although I realise they need a day off.

It's important to have the same carers. It's difficult to talk through everything with new carers. It's good to have people who are familiar with what needs to be done.

About 30 people from the care agency have my key code number – I don't want this. I do not feel safe as they could give that number to anyone.

When the home care first started they turned up at any time, different care workers came and no routine could be established. Routine is important for people with dementia.

The agency sends different girls all the time. But they all seem to be very nice. Not really bothered who comes as long as breakfast is served before 8.

I have four favourite care workers but thought all nineteen of the care workers were good. If had had same care worker all the time I might be stuck with someone I'm not keen on. So I didn't mind having many different care workers.

Care workers who understand my routine can get through things more efficiently. I resent having to pay for a longer call just because someone's not used to me.

I've been in Reading 8 years now, and I think I've seen about a million care workers. I pick my own care workers now and the social worker is helping me work out how much to pay. There's just a few who take it in turns and I know them.

4. Care workers

The great majority of service users, 79% (46/58) spoke very positively about their care workers, although some people also reported difficult experiences.

Many service users commented on their care workers' professionalism and their caring attitude. Some people really valued the social interaction they enjoyed with care workers, and even talked about their reliance on their care workers to keep them from feeling too lonely or isolated. The users who had experienced problems talked about a lack of consideration in how care workers approached their tasks. Sometimes this meant tasks weren't completed effectively and at other times although the care provided was satisfactory, the care worker's manner left the user feeling their dignity had been compromised.

I honestly think that care workers do care.

I've been with the same agency a few months now and they're very good. I have one lady who's absolutely wonderful. She made me feel at ease as soon as she walked through the door the first time.

Most care workers are very professional. The door is always left unlocked for them but they call out when they arrive so they don't appear unexpectedly in the lounge.

When I was having home care, the evening call was the one I looked forward to as the care worker I mostly had in that slot was so lovely. She was really bubbly, would ask how I'd been and just talked to you in way that made you feel good. I was quite tearful around that time, but the evening care worker always lifted me up.

One or two care workers are very good, as they will talk about football and their families etc. Other care workers are not good: they do not say anything, then I just want them finished and out of my house.

I like to chatter. If you are on your own all day, it gets lonely. While the care workers are here I just want to chat. Having a chat about interests is just as important as giving care, but some care workers just walk past me as if I am not here.

The regular carers will do little things like empty my waste paper basket from the living room. The others don't check that but I don't know if they should.

Care workers don't always leave home tidy and clean. They leave things untidy – aprons, jars etc. Need to keep an eye on care workers.

Some care workers assume that because of your age you're 'deaf and dotty'. It would be nice if they asked if you can hear instead of shouting at you.

5. The care agency / office

Many service users (or their family carers) had quite a lot of contact with their care agency's office, and their opinion of the service overall was influenced by office staff's customer care. Users also often had strong views about how their agency was organised – particularly how care workers' rotas were managed. There was concern that care workers were being given unrealistic targets by their agency In general, it was important to people that they felt able to approach their agency's manager or office staff when they had concerns.

It's important to me that the office staff are helpful, as well as the care workers.

The office don't return calls and are always "in a meeting" Nobody ever rings you back. Never deal with issues raised with manager. The office isn't working out of hours.

Nobody ever rings to say if they are going to be late. The care worker says sorry when they arrive, but I never hear from the management.

Service user believes agency works their care workers too hard. Care workers are often dead on their feet.

6. Training

A number of service users or their family carers made suggestions about areas where care workers needed to have better training. In most instances, people were commenting that training was required to cover basic care and support, including help with personal hygiene or food preparation. In other instances, though, people felt more specialised training was required such as providing personal care for service users with a colostomy bag / stoma care, or training to provide care to service users with dementia.

They don't train new care workers very well. I think that the new care workers are learning on the job when they come for the care visit. They should know exactly what they are doing before coming to your home.

Lack of training evident, instance where pads used which had 'sticky' fastenings but care worker stuck part to user's flesh and was painful taking off in the evening.

Am I the guinea pig here?

Feedback on social contact / isolation

There was a wide variation amongst the people we interviewed in terms of how much social contact they had on a regular basis. Some people spoke to several others every day, whilst others had little opportunity for conversation besides the time their care worker was with them.

When we asked people who they saw regularly, there were 48 references to family members, 31 to neighbours or friends, 35 to professionals and service providers, 15 to people from faith groups, and 23 to people from other voluntary or community groups.

Some people who saw few others on a regular basis were quite content with this and wanted simply to be comfortable at home. For the majority, though, time spent with other people was the best part of their week. Many were frustrated that they couldn't do more. Some people felt their health condition meant they were at the limit of what they could do. Others felt it might

be possible for them to do more, but they were put off by anxieties about transport, the physical accessibility of venues, or the cost. Many people needed support from others to get out and about, but either didn't have anyone they could ask or worried they would be putting too much pressure on friends or relatives if they asked them to do more.

Understandably, people who had less social contact than they would like valued having care workers they could chat to. Some of the care workers were clearly willing to engage with people in this way – others less so – but there were practical limitations to how much they could offer.

I miss getting out more. I used to go out often – to London for theatre trips, for example. One of my friends takes me out and pushes me around but she's quite elderly herself.

I used to get out to meetings when my husband was alive. Now I'd be too worried about falling.

Sundays drag a bit. Can't use Readibus to get to church as times are not convenient. It's a long day when no one comes or when there's a long wait for the next care worker to come.

My 7am call is the longest one so it's my chance for a natter and I need someone who speaks good English. I tell the agency this.

I appreciate it that the care workers sit down for a few words with me at the end of the visit. My hearing's not so good, so I can't hear if they try to chat with me while they're busying about.

How people get information about things to do

Home care users got information about what was going on locally, and services which might be of interest, in various ways. Word of mouth through friends, family and community groups was the most common and trusted way to get to know what was available. Some people also relied on formal newsletters or bulletin boards. Some people reported they struggled to get hold of information, and felt their understanding of what was available to them was incomplete.

Some people were reluctant to take information from the interviewers about local services (or directories / advice points) because they thought it was unlikely there would be anything suitable for them. Sometimes, there was a sense that the services they could access as an older or disabled person were distinctly unappealing, e.g. a perception that day services were only for people with very high level or complex needs.

Finds out about services through other people.

Gets to know about things via church, such as coffee mornings etc. Knowing people who go to things and ask you to go along.

Big notice board in extra care housing communal area – has information about events etc

Accommodation has monthly newsletter and residents meetings – which service user likes because if you suggest something it gets put down for thinking about and it can be very useful.

I don't want to go to a Day Centre – I want to be on my own and see my own people.

I would not be interested in things like bingo. It would put years on me. No, thanks, it's not for me

The building organises social events, such as Christmas parties. However all information is in English and user finds it difficult to communicate with other residents.

The lady is aware of day services and a local day centre but has no interest in attending as she feels that she is more able than many service users and would not want to sit there with no body to have a good conversation with. She does not need any other input but says that as her needs change she knows she may want to get more support.

Conclusion and next steps

At the outset, RBC and LINk agreed on a series of desired outcomes from this project.

1. The development of performance indicators for home care services (in addition to existing indicators and particularly focused on customer care / dignity / respect) which can be incorporated into the Domiciliary Care Accredited Select List. This will enable RBC to publish information which helps people choose between providers on factors that matter to them, and provide data on these issues which can then be used to drive up performance.

> *RBC is now working on a DASL 2 framework, and will be working with Healthwatch Reading and DASL 1 providers over coming months to agree how DASL 2 will reflect the findings from the Home Care Users Research Project and draw on best practice examples and guidance.*

2. Being able to specify more accurately the criteria for services commissioned to combat social isolation in vulnerable adults.

> *RBC commissions a range of services which offer older or vulnerable adults support to strengthen their social connections. Much of this is through the Council's grant allocations to voluntary and community groups.*
>
> *Future grant allocation rounds issued by the Council will invite applicants to demonstrate how their proposals would increase support for vulnerable adults to socialise. Healthwatch Reading will use its Voices Forum to share the findings of the Home Care Users Research Project with voluntary and community sector providers and support them to develop their services in ways which respond to this feedback.*

3. Generating best practice examples of how and when people feel they are supported in a respectful way.

> *More detailed reports have been prepared on this Project, collating service users' feedback across two phases. The Phase 1 report covers interviews from August to November 2012. It was used to develop RBC's Dignity in Care campaign and charter, and published at the launch of this campaign in January 2013. The Phase 2 report covers interviews from November 2012 to March 2013, and was published in May 2013.These more detailed reports contain large numbers of direct quotes from service users illustrating the impact of good and of poor service from the user's*

point of view. These reports have been shared with home care providers who are using the reports as training tools.

4. Identifying issues which could be supported through the timebank projects to be piloted in Reading as part of the Adult Social Care prevention agenda.

As themes have emerged from this research, they have been shared with Circles Network which has been commissioned to pilot timebanking in three Reading neighbourhoods. The timebank co-ordinators are using the findings to shape their proposals with potential timebank members about the sorts of – often very simple – help which older or vulnerable adults would value to help them re-connect with their communities.

5. Greater involvement of service users in the shaping of local services.

These interviews have been immensely valuable in developing our understanding of where users' concerns lie about home care services, and where to focus in carrying out further work with providers to drive up quality and user satisfaction. Both RBC and Healthwatch Reading are committed to keeping the user voice strong in how these services are developed in future. This will take the form of further interviews with a small sample of home care users in summer 2013, continuing to gather annual feedback from home care users through survey methods, and both partners building on this project to gather feedback on other services via home visits or the use of 'enter and view' powers to take the investigation to the service user where this is most appropriate.

Appendix 1 – Quality Criteria for RBC Domiciliary Care Accredited Select List (extracted from 2009 protocol)

Quality criteria are grouped into six key standards:

- timeliness and reliability of services;
- committed workforce;
- internal quality assurance;
- service user safety;
- service user empowerment;
- Care Quality Commission (CQC) star rating.

Each key standard will be scored from four bands, A - excellent, B - good, C - satisfactory and D - unsatisfactory. Providers will be awarded an overall quality rating in accordance with the following:

Key Standard Ratings	Overall Quality Rating
Failure to reach C on any key standard	D – unsatisfactory (Provider will not be accredited)
C on a majority of key standards and no failure to reach C	C – satisfactory
B or above for a majority of key standards	B – good
A for the majority of key standards and no Cs	A - excellent

This means a provider scoring three As and two Bs will be rated A overall. If any key standard is rated as a C, the overall quality rating cannot be an A.

Providers will not be accredited if they fail to achieve at least C, satisfactory, in all of the key standards. The Council will not commission services from Providers with a CQC zero star rating.

To remain on DASL, providers must continue to comply with the Quality Criteria (and Service Pricing Criteria), and keep achieving satisfactory quality and performance ratings from the Council's continuous monitoring process. The Council will make quarterly quality and performance monitoring assessments of each provider's performance based on the Council's Events Log, the Provider's Action Plan (if any), and the Key Performance Indicators (KPIs) described in the Continuous Quality and Performance Monitoring Criteria.

Appendix 2 – Profile of home care users interviewed

For this project, feedback was taken from 57 people who were using home care services at the time of interview (between August 2012 and February 2013), or who had used home care services at some point from April to October 2012. People were recruited from:

(a) those who had indicated in their responses to the *Your Home Care Service* survey (issued in April 2012) that they would be willing to take part in further research;
(b) those who replied to a personal invitation[9] to take part in this project issued by the Head of Adult Social Care to all RBC home care users as at October 2012; or
(c) people who had contacted RBC independently with feedback about home care services over the summer and autumn of 2012.

At the mid-point of when interviews took place – November 2012 - the total number of people receiving home care services arranged through RBC was 747. This group was taken as the as the 'overall home care user population' for comparison purposes.

The Home Care Users Research Project is a qualitative study, deliberately confined to a relatively modest sample size to allow for more detailed feedback than could be gathered through a survey approach. Nevertheless, across the project as a whole, we sought to interview a sample of users which roughly approximated to the overall home care user population.

Age

Interviewees' ages ranged from under 25 to over 85. Roughly one quarter of the people interviewed (14/57) were aged under 65 and three quarters (43/57) were 65 or over. This means that the over 65s were slightly under-represented as 80% of the overall RBC home care users population is over 65.

Gender

21 interviews (37% of the total) were with male service users and 36 (63% of the total) were with female service users. This is in line with the overall representation of men and women within those who use home care services – which is an approximate one third to two thirds split.

Ethnicity

86% (49/57) of the users interviewed were White British, whilst 14% (8/57) belonged to minority ethnic groups, of which Pakistani / British Pakistani was the biggest group (3 people). This makes the interview group very slightly less ethnically diverse than the overall group of people who have home care services arranged by RBC, 83% of which is White British.

Length of time using home care

One third of the users interviewed (19/57) had been receiving home care services for less than one year. Approximately the next third (20 people) had been receiving services for between one and four years, and the final group (18 out of 57 people – just under one third) had been

[9] A small number of home care users responded to this invitation indicating their willingness to be interviewed but supplying only limited contact details. Interviews with this group have been deferred until the summer of 2013.

receiving services for more than four years. This is broadly in line with the breakdown across the overall home care user population. Within the overall group, 29% have been using services for up to a year, 36% between one and four years, and 35% for more than four years.

Number of visits and total care hours per week

The number of home care visits which the users interviewed were receiving each week ranged from 2 to 31. The average number of weekly visits was just under 16, which is slightly higher than the average across the total home care user population (12 visits per week).

Home care users receiving the smaller care packages were under-represented in the sample. 21 people (37% of those interviewed) received fewer than 10 home care visits per week, whereas across the overall home care user population, 80% of users come into this banding. 13 people interviewed were receiving between 11 and 20 home care visits per week, and 23 people received more than 20 home care visits per week.

The total support time which people interviewed for this phase were expected to receive from their home care package ranged from 2.5 to 20.5 hours per week. The average time was just over 8 hours a week.

Financial Contribution

6 of the service users interviewed (11% of the total group) were responsible for the full cost of their home care services. 14 people (25%) received some funding from Adult Social Care but were also making a contribution themselves to the costs of their care. 37 people (65%) had their care costs fully met by the local authority. The breakdown between full funders, part funders and nil contributors across the whole home care service user group is 23% full funders; 47% part funders; 30% nil contributors.

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	North & West Reading CCG
Ian Wardle	Managing Director, RBC
Avril Wilson	Director of Education, Social Services and Housing, RBC

Also in attendance:

Sarah Gee	Head of Housing, Neighbourhoods & Commnity Services, RBC
Zoë Hanim	Head of Policy, Performance & Community, RBC
Tom Lake	South Reading Patient Voice
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Director of Operations, South Reading CCG
Asmat Nisa	Consultant in Public Health, RBC
Councillor Rye	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
Councillor Williams	RBC
Cathy Winfield	Chief Officer, Berkshire West CCG Federation

Apologies:

Stephen Barber	Independent Chair, Reading Local Safeguarding Children Board
Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS England
Rob Poole	Head of Finance & Resources, Housing & Community Care, RBC

1. MINUTES

The Minutes of the Shadow Health & Wellbeing Board meeting held on 15 March 2013 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

(a) Male Abdominal Aortic Aneurysm Screening

"The aorta is the major artery carrying blood to the trunk and legs. In some cases the walls of the aorta are weakened leading to a widening or ballooning of the aorta

(aneurysm). In severe cases this can lead to rupture which is extremely dangerous. The condition is more prevalent in males than in females.

An estimated 7 deaths per year might be saved by screening Reading's male population.

There is a national screening programme for men at age 65 (with self-referral for older men who have not yet been screened) with national funding for 2013/14. The Thames Valley programme is organised from Oxford by project manager Porvee Patel. The project has been running for some time outside Reading but as of writing not yet in Reading. The project manager proposes a centre at University Medical Centre in Northcourt Avenue.

Is HWB satisfied that this is adequate and convenient for all Reading residents? Will there be a public health campaign to encourage older men to self-refer?"

REPLY by the Lead Councillor for Health (Councillor Hoskin) on behalf of the Chair of the Health & Wellbeing Board (Councillor Lovelock):

"Thank you for your question on the Abdominal Aortic Aneurysm screening programme (AAA screening). AAA screening is a Thames Valley wide programme and as you have pointed out is run from Oxford. Since the reorganisation of the NHS in April 2013 the commissioning of the programme has been taken over by NHS England Thames Valley Area Team.

The AAA screening programme in the Thames Valley was due to go live on 1st of April 2012 but this was delayed until November 2012 and was working below full capacity for the first few months. I understand this to be the result of the requirements of staff training and the Christmas holiday and poor weather conditions lowering attendance rates.

The programme would normally invite men for screening within the year (April-March) in which their 65th birthday falls. However, because of the delay in the programme starting in the Thames Valley it was agreed with the national programme team that men with their 65th birthday in the period 1st April 2013 to 31st March 2014 would be invited between the programme go live date in November 2012 and 31st March 2014; in effect screening a one year cohort over a 17 month period on this occasion. Therefore this would mean that some men in the Thames Valley would be invited slightly earlier than usual.

I have been informed that the delays to the programme roll out in Berkshire and Reading in particular are mainly due to challenges with identifying suitable screening venues. (In North and West Reading 92.52% and in South Reading 99.34% of eligible patients still remain to be screened).

The University Medical Centre was considered as a venue as you have highlighted in your question, however this did not come to fruition. Two other venues have now been identified. One is at Shinfield/South Reading Surgery and the other is very central at Reading Walk-in-Health Centre in Broad Street Mall.

Initially eligible men registered with those two practices will be invited for screening and then this will be broadened out to men registered with other surgeries. Each

venue has agreed to host a clinic once a month until the year end and screening will start in early June.

The Thames Valley Area Team will be supporting the programme manager in identifying further suitable venues in other parts of Reading and are committed to commissioning an equitable screening programme to ensure all eligible men have the opportunity to take up the offer of screening at an accessible location.

Although the implementation of this national screening programme has been slower to start in Reading, the programme will be focusing its resources on Berkshire in the coming months and the programme manager is confident that the cohort will be screened on time before the end of March 2014.

To answer your question regarding any plans for a Public health campaign to encourage older men to self-refer – there are no such campaigns planned. The reasons for this are because the programme is new and the priority will be to *invite* the current eligible cohort and to get the programme established. If a promotional campaign were to be run at this early stage there would be a risk of overloading the programme with self-referrals when it is just in the early stages of becoming established. However, if a man over 65 contacted the programme he would not be turned away – he would be offered screening.

The Health and Well-being Board are committed to ensuring all early intervention and prevention opportunities through national screening programmes such as this one are performing well in Reading and will be monitoring the on going progress and developments of this programme of work through regular updates from the NHS England Thames Valley Screening and Immunisation team."

(b) Child Obesity

"Reducing the impact of child obesity is a specific plan objective in South Reading.

Berkshire NHS Public Health have devised a programme to be delivered in Primary Schools for ages 7-12 to increase activity, improve diet and understanding of these matters for the child and their family. This is the "Let's Get Going" programme.

The programme has so far been delivered three or four times at particular schools, reportedly with good results. It is delivered in conjunction with Berkshire Youth.

Delivery of this or similar projects involves cooperation between Public Health, CCGs and schools as well as other partners, so HWB is well-placed to guide delivery.

Has the HWB got a mechanism for assessing the early results, and the need across all primary schools in Reading? Has it a way of developing a programme commensurate with need? Will HWB be looking at this particular programme over the coming year?"

REPLY by the Lead Councillor for Health (Councillor Hoskin) on behalf of the Chair of the Health & Wellbeing Board (Councillor Lovelock):

"Thank you for your question on the Let's Get Going programme.

Let's Get Going is an 8 week, school based, healthy lifestyle programme for primary school children. The aim of the programme is to improve health, wellbeing and the

quality of life of children aged 7-11 years to enable them to be more physically active and eat a healthier diet.

Let's Get Going is a Berkshire West programme operating across Reading, West Berkshire and Wokingham. Since the re-organisation of the NHS in April 2013 the commissioning of the programme has been taken over by Local Authorities with associated funding sitting within the transferred public health budget.

The Reading Health and Wellbeing Board are currently developing an action plan to support the delivery of the key goals set out in the Health and Wellbeing Strategy. Implementation of Let's Get Going is included within the draft action plan. Monitoring progress against activities and programmes of work included within the action plan, including Let's Get Going, will be a key mechanism by which the Board will receive information on progress and outcomes. The action plan will be a standing item on Board agendas.

On the specific question of assessing early results for Let's Get Going, an independent evaluation of the Let's Get Going pilot undertaken with Geoffrey Field School was undertaken in 2012 and which showed a number of positive findings, and I have made a copy of the summary evaluation report available for you.

In relation to Let's Get Going programme developments for 2013/14, throughout the coming year the programme will be delivered by Berkshire Youth, a voluntary sector organisation. Work is in train with the provider across Berkshire West around developing a specification for activities across the year.

As you have rightly pointed out, it is important that programme developments are commensurate to and with need. Public Health will be leading the development of a Reading obesity strategy and action plan over the forthcoming months and this will be an important piece of work to inform future developments. Work will include, in liaison and partnership with guidance from Public Health England and local stakeholders, reviewing the evidence base and best practice; organising a partnership stakeholder event to inform the process of developing the strategy and action plan and scoping out the existing services commissioned across Reading that would translate as "assets" in such a strategy. Outputs will be used to develop recommendations to inform commissioning plans and intentions to address current needs and gaps in early intervention/prevention provision around obesity.

The refresh of the Joint Strategic Needs Assessment for 2013/14 will provide a further opportunity to bring together the latest data and intelligence on health and wellbeing needs for the Reading population, information from which will be also be used to inform future programme developments.

The Health and Well-being Board are committed to ensuring all programmes of work which promote healthy lifestyle and which can reduce the impact of childhood obesity are performing well in Reading and will be monitoring the on going progress and developments of this programme of work via the Health and Wellbeing action plan and through updates from Public Health as required."

3. HEALTH & WELLBEING BOARD – TERMS OF REFERENCE AND OPERATIONAL ARRANGEMENTS

Further to Minute 7 of the meeting of the Shadow Health & Wellbeing Board held on 15 March 2013, Zoë Hanim submitted for final approval the latest updated version of the terms of reference and operational arrangements for the Health & Wellbeing Board. The document explained that the HWB was now set up under the Health & Social Care Act 2012 and, under Section 194 (11) of the Act, the Board had to be treated as a committee, subject to Standing Orders for Council and Committees and the Access to Information Procedure Rules in Part 4 of the Council's Constitution. It gave details of the Board's profile, and had appended the powers and duties of the Board, as agreed at the Council AGM on 22 May 2013 and set out in Article 8 of the Constitution.

It was reported that the NHS Commissioning Board had now changed its name to NHS England and that any references to Commissioning Consortia should now refer to Clinical Commissioning Groups.

AGREED: That the Terms of Reference and operational arrangements for the Health & Wellbeing Board be agreed, subject to appropriate amendments to update names as set out above.

4. NEW HEALTH STRUCTURE

Asmat Nisa submitted a report setting out the basis of the new health structure following the implementation of the Health & Social Care Act 2012, and an overview of the key health organisations and their new responsibilities.

Appendix 1 to the report listed the key health organisations and described their responsibilities, and Appendix 2 contained a diagram showing the new key organisations.

It was noted that the information provided was useful for those involved in health, but it was suggested that it needed to be translated into accessible language for use by the public and community groups.

Avril Wilson said that a report was being been submitted to the Adult Social Care, Children's Services & Education Committee on 1 July 2013 on a new Special Educational Needs (SEN) Strategy. From September 2014 "statements" were due to be replaced with a single common Health, Education and Social Care plan for the most vulnerable children. There was pan-Berkshire work in progress to prepare for the change and a wide consultation process was planned for July–October 2013, leading to preparation of a finalised SEN strategy and action plan. It was suggested that the Board should be a formal consultee on these new arrangements.

AGREED:

(1) That the report be noted and further work be done on how best to provide information on the new health structure for the public and community groups;

(2) That a report be submitted to the next Board meeting as part of the consultation on the SEN Strategy, particularly in relation to the new arrangements for Health, Education and Social Care plans.

5. HEALTH & WELLBEING STRATEGY ACTION PLAN

Asmat Nisa submitted a report on the progress to develop an Action Plan to underpin delivery of the Health & Wellbeing (HWB) Strategy. The report had appended:

- A draft HWB Strategy Action Plan (Appendix 1)
- The outcomes of the HWB Board Workshop held on 12 April 2013 (Appendix 2 - tabled at the meeting)

The report explained that, as the first step in producing the Action Plan, information had been sought on key supporting strategies and programmes of work that would take place in 2013/14 and which directly contributed to the delivery of the agreed HWB Strategy goals and objectives. Information from key external stakeholders, including CCGs, had also being sought, and Asmat gave an update at the meeting on information provided and meetings held, and noted that the CCG plans would need to be aligned with the HWB Strategy.

The action plan was still in development, with the plan capturing existing local authority activity as well as some of the new responsibilities that the council had in relation to its new public health function. Local and pan-Berkshire work was taking place to consolidate understanding of the range of services that were being commissioned and provided and how they related to the plan.

Members of the Board, as well as a range of health professionals and advisory officers, had attended a workshop on 12 April 2013 to explore a partnership approach to shaping what delivery might look like for the objectives within the strategy. Suggestions for high impact and high influence activity, which could contribute to the delivery of the strategy vision and goals, had been identified. A number of the suggestions had been examined in more detail to establish what partnership activity could take place to help contribute to the delivery of the strategy objectives. The outcomes of the workshop were attached at Appendix 2, some of which were already captured within the draft action plan.

The process had highlighted the need for any proposals for new developments which supported improvements in population health and wellbeing to have a clear business case, with identified success measures and robust mechanisms to evaluate performance, to ensure that public resources were allocated appropriately. As the action plan was finalised and an approach developed to dealing with resource requests, a further report would be presented to the Board.

Asmat explained that this was a high level plan, and there would be a monitoring framework developed under the Plan, which would have SMART targets and a Red/Amber/Green (RAG) rating system.

It was noted that the plan referred to outcomes from the Public Health Outcomes Framework, and it was suggested that those from the NHS Outcomes Framework should also be included.

AGREED:

(1) That the report be noted and the draft Action Plan be endorsed for further development, subject to inclusion of references to NHS Outcomes Frameworks as well as Public Health Outcomes Frameworks;

(2) That an update on the development of the Health & Wellbeing Strategy Action Plan be submitted to each Board meeting.

6. PROPOSALS FOR STANDARDISED PACKAGING OF TOBACCO PRODUCTS – UPDATE

Further to Minute 5 of the Shadow HWB Board meeting held on 29 June 2012, Lise Llewellyn submitted a report giving an update on progress on the Department of Health and the Devolved Administrations' national consultation on policy proposals to require cigarette packs and other tobacco packaging to conform to a standardised format.

On 29 June 2012, the shadow Board had endorsed the submission of a response to the consultation in support of plain packaging legislation for tobacco, and Cabinet had also endorsed a supportive letter in response to the consultation at its meeting on 16 July 2012 (Minute 37 refers). The consultation had closed in August 2012.

The report explained that no information had been released summarising the contributions to the consultation or its findings, there had been no mention of tobacco packaging in the Queen's Speech in May 2013 and a BBC interview with the Minister on the day of the speech had confirmed that no decision had yet been taken.

The report stated that, in May 2013, a collaboration of professional bodies including the Royal College of General Practitioners, the Faculty of Public Health and the British Medical Association had written an open letter to the Prime Minister expressing concern over lack of progress, and a copy of the letter was appended to the report.

Councillor Hoskin expressed concern at the lack of progress, and said that he proposed to submit a motion to Council on 25 June 2013, asking the Council to back standardised packaging for tobacco products and ask the Leader and the Managing Director to write to the Prime Minister on this matter, asking for the results of the consultation to be published.

Elizabeth Johnston and Rod Smith expressed their continued support as clinicians for the proposed standardised packaging proposal, and other members of the Board also expressed their support.

AGREED:

(1) That the report be noted;

(2) That the Board's support for the introduction of plain packaging legislation for tobacco be reiterated;

(3) That Councillor Hoskin submit a motion to Council on 25 June 2013 on standardised packaging for tobacco products.

7. PHARMACY ROLE IN HEALTH & WELLBEING

Lise Llewellyn submitted a report on the role of pharmacy in Health & Wellbeing and on work being carried out with pharmacies to improve services in Reading.

The report noted that 99% of the population – even those living in the most deprived areas - could get to a pharmacy within 20 minutes by car and 96% by walking or public transport, so community pharmacy played a key role in delivering main line health services and the new contract which had been developed had tried to develop a wider role for community pharmacies. The report gave details of the contractual arrangements, under which pharmacies provided essential services (such as dispensing and repeat dispensing services, and promotion of healthy lifestyles) and enhanced services (such as emergency contraception services, stop smoking services and minor ailments services). It also listed opportunities for pharmacies to help in health and wellbeing, as part of cross-Berkshire health promotion campaigns, in developing local enhanced services to tackle local issues, and in developing closer links with other services, such as in the care of the frail elderly.

The report explained the HWB Board's responsibilities in relation to the pharmaceutical needs assessment (PNA), checking the suitability of the existing PNA compiled by the PCT, developing a revised PNA by 1 April 2015 and then keeping it up to date. It stated that the Director of Public Health now attended the Local Pharmaceutical Committee, to ensure that existing and opportunities for additional services were taken forward in Berkshire and that local issues were addressed and taken forward for each Unitary Authority.

Lise said that a number of cross-Berkshire health promotion campaigns had recently been agreed, and that she would bring more information on these to the next Board meeting.

AGREED:

(1) That the report be noted;

(2) That Lise Llewellyn bring more information on the cross-Berkshire health promotion campaigns to the next meeting.

8. DEMAND & CAPACITY MODELLING

Avril Wilson and Cathy Winfield submitted a joint report on a recent report into demand and capacity within the adult social and health care economy across the west of Berkshire. It also set out some short and medium term actions that would help to manage demand in Accident & Emergency services and unplanned hospital admissions, and gave details of a bid to become a 'pioneer' on an integration programme.

The report explained that local health and social care partners had commissioned some work from Capita looking at demand and capacity within the adult social care and health care economy across the West of Berkshire. The final report by Capita was set out in Appendix A, which had been circulated separately prior to the meeting.

The report set out the trends which the Capita report had identified at local level, although it noted that many of these were not particular to Reading and reflected national stresses in Accident & Emergency (A&E):

- Increased A&E attendances
- Increased use of Out of Hours provision
- Increased demand for Ambulances
- Pressure on A&E capacity
- Increased demand for non-elective procedures

The report set out the Capita report's conclusions and stated that partner agencies had met at executive level and agreed 17 short and medium term actions to alleviate pressure in the system, details of which were set out in the report.

The report also explained that the Government had published on 13 May 2013 a document which set out an expectation that there would be an integrated health and social care system in every locality by 2018, and that the Government had called for bids to become a 'pioneer' for this new integration work. This did not bring any additional money but would allow the local economy to draw down expert help and advice, such as workforce development and financial modelling. A copy of the letter inviting expressions of interest for health and social care integration 'pioneers' was appended to the report.

The report stated that all partners involved were committed to developing a bid to become a pioneer, but noted the complexity of working across three unitary authorities and their HWB Boards, four CCGs and two provider trusts and the ambulance service and proposed that the bid be coordinated by the Director of Education, Social Services and Housing on behalf of Reading Borough Council, in consultation with the Lead Councillors for Health and Adult Social Care, and the Chief Officer for the four CCGs on behalf of health partners, and that the work be coordinated through the Berkshire West Partnership Board, with regular reports to the HWB Boards.

The bid had to be submitted by the end of June 2013, and the result was expected by the end of September 2013.

AGREED:

(1) That the results of the report on demand and capacity modelling across the local health and social care economy be noted;

(2) That the actions already agreed to manage demand pressures within accident and emergency services and the numbers of unplanned admissions into hospital be noted and supported;

(3) That it be noted and endorsed that the Director of Education, Social Services and Housing on behalf of the Council, in consultation with the Lead Councillors for Health and Adult Social Care, and the Chief Officer for the CCGs on behalf of health partners, would be coordinating a bid to become a pioneer under the newly announced integration agenda;

(4) That it be noted and endorsed that a range of partner organisations represented on the Health & Wellbeing Board had a key interest in this work and that responsibility for delivery would rest with the Berkshire West Partnership Board;

(5) That a further report on the Care Bill and integration agenda be submitted to the Board in due course.

(Councillor Hoskin declared an interest in the above item as he worked for Capita, the company who had written the report.)

9. 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:

- Board Meetings in Public
- Launch of NHS 111
- Urgent and Emergency Care (a copy of the A&E Recovery & Improvement Plan was appended to the report)
- Introduction of Risk Stratification
- Health and Social Care Integration Pioneers
- Patient and Public Groups Engagement
- Launch of Health Watch
- Diabetes Care
- Bowel Cancer Screening
- CCG Prospectus
- CCG Website

Rod Smith expressed enthusiasm for the Council's "Beat the Streets" project being carried out in Caversham from June to September 2013, which was designed to encourage and inspire people to walk to school, to work, to the shops and into town rather than take their car, and noted that partners needed to look at how to build on this idea to help improve people's health and wellbeing, for example for diabetics. A workshop was being held on 15 October 2013, and it was requested that a report on the project evaluation and the workshop be submitted to the Board meeting in December 2013.

AGREED:

(1) That the report be noted;

(2) That a report on the Beat the Streets project, including a project evaluation and feedback from the October workshop, be requested for the 13 December 2013 Board meeting.

10. SOUTH READING CCG – UPDATE REPORT

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

- Board Meetings in Public
- Launch of NHS 111
- Focus on Children and Families, including:
    - Berkshire Children's Workshop
    - Reading Children & Voluntary Youth Service
- Breastfeeding

- Health Screening
- Long Term Conditions
- Dementia and Older Peoples Conference
- Chronic Fatigue Syndrome
- CCG Prospectus
- CCG Website

AGREED:

(1) That the report be noted;

(2) That further information on the Chronic Fatigue Syndrome project and a condensed version of the write up from the Dementia and Older People's Conference be submitted to the next Board meeting.

11. PROGRESS REPORT ON HEALTHWATCH

David Shepherd submitted a report which gave an update on the work of Healthwatch Reading, which had been launched formally on 17 April 2013. The report covered the following areas:

- Transition to Healthwatch and Healthwatch Launch
- Healthwatch Voices Forum
- Voluntary Sector Commissioning
- Healthwatch Workplan 2013-14
- Patient Participation Groups Project
- Suicide Support Information Booklet
- Home Care Users Research Project

Cathy Winfield noted that one of the Healthwatch projects for 2013-14 was on Accident & Emergency co-design, and she suggested that Healthwatch should have a representative on the Urgent Care Programme Board. David Shepherd said that he would be happy to be Healthwatch's representative on the Board.

AGREED:

(1) That the report be noted;

(2) That Maureen McCartney liaise with David Shepherd to arrange for him to be the Healthwatch representative on the Urgent Care Programme Board.

12. JOINT STRATEGIC NEEDS ASSESSMENT VISION FOR REDESIGN

Lise Llewellyn submitted a set of slides giving details of plans for a refresh of the Reading Joint Strategic Needs Assessment (JSNA)

The report explained that the Reading JSNA had been developed in 2011/12 and needed to be refreshed in 2013. The vision was 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 a proposal for a phased approach to a redesign:

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

Phase 1 of the redesign would involve a JSNA workshop on 12 June 2013, development and redesign of the JSNA from July to October 2013, production of a Web JSNA by mid November 2013 and the formal JSNA launch by 1 December 2013. The first draft of the JSNA would be submitted to the 13 December 2013 meeting.

The meeting discussed the proposals, noting that it would be good to make the JSNA more user-friendly, and that there would be information available at different levels and accessible by different themes such as wards or life stages, for use by all, from members of the public to health professionals, and also possibly a password-protected area for commissioners. Councillors expressed interest in also being able to see sub-ward level data, to be able to identify very local health inequalities.

AGREED: That the proposed phased approach to redesigning the JSNA be endorsed.

13. DELIVERY OF THE WINTERBOURNE VIEW CONCORDAT AND REVIEW COMMITMENTS

Avril Wilson submitted for information a copy of a letter from the Minister of State for Care and Support setting out the role that Health and Wellbeing Boards could play in delivering the commitments made in the Winterbourne View Concordat – a commitment by over 50 organisations to reform how care was provided to people with learning disabilities or autism who also had mental health conditions or challenging behaviours.

She also gave a verbal update at the meeting, reporting that the Council were completing an audit for submission to the Department of Health in early July 2013. This had identified that five people locally from this group were in inpatient placements. All had had recent care reviews and officers were satisfied that the quality of care that they were receiving was satisfactory. Further work would be carried out on developing a joint health and social care commissioning strategy for challenging behaviour and reports would be submitted to the HWB Board as appropriate.

AGREED: That the report and the position be noted.

14. BRINGFORWARD LIST

The Board considered a bringforward list of items for future meetings.

Further to Minute 2(a) above, it was reported that there were currently no facilities in the North & West Reading CCG area for Male Abdominal Aortic Aneurysm (AAA) Screening but discussions were being held about possible screening venues. It was reported that the University Health Centre was still a possible screening venue. It was suggested that an update on AAA screening be requested for the next meeting.

It was reported that a draft Early Help Strategy had been developed and was about to be submitted to the Adult Social Care, Children's Services & Education Committee on 1 July 2013 for approval to go out to wider consultation, and it was suggested that the Board should consider the strategy at its next meeting as part of the consultation, with the strategy being sent out in advance to give more time for its consideration.

It was suggested that a report on Joint Working in Children's Centres should be submitted to the next meeting.

AGREED:

(1) That the bringforward list be noted and updated as necessary with the decisions made at this meeting;

(2) That an update on AAA screening be requested for the next meeting;

(3) That the draft Early Help Strategy be submitted to the next meeting, and be circulated in advance to allow more time for its consideration;

(4) That a report on Joint Working in Children's Centres be submitted to the next meeting.

15. DATE AND TIME OF NEXT MEETING

AGREED:

That it be noted that the next meeting of the Health & Wellbeing Board would be held at 2.00pm on Friday 20 September 2013.

(The meeting started at 2.00pm and closed at 3.40pm)

Consultation on Housing Allocations Scheme

Press Release

03/09/2013

Reading Borough Council this week launches the second phase of its 'Let's Talk Housing' consultation, this time looking at ways in which people think the Council's housing allocations scheme can be improved in the future.

Earlier this year the Council launched Let's Talk Housing, a three-part consultation aimed at getting residents to think about the key housing-related issues which affect Reading as a town and – importantly - working with the Council to help identify ways to further improve the way people are housed.

While the first stage looked at the private rented sector in Reading, this second phase - beginning on Wednesday September 4th – focuses on Reading Borough Council's housing allocations scheme. The allocations scheme is how the Council sets out things like who can apply to be on the local authority's housing register, how the Council goes about deciding on priorities for re-housing and the guidelines for allocating social housing.

Recent legislative changes brought about by the Government's Localism Act mean local Councils have more flexibility about how they choose to administer their housing register, including who can apply for a Council home. That means local Councils can have different allocation schemes depending on what local priorities are.

Reading Borough Council has therefore set out a series of discussion topics around who can apply to Readings housing register, including views on people who apply from outside of the borough.

More detail on the consultation, and the feedback questionnaire, can be found from tomorrow (Sep 4) at http://www.reading.gov.uk/letstalkhousing. Alternatively information in paper form may be collected from reception at the Civic Centre. The closing date for feedback is October 16th.

Councillor Richard Davies, Lead Member for Housing at Reading Borough Council, said:

"Nationally, and here in Reading, pressure on Council and Housing Association accommodation is enormous and is growing. As a result, it is more important than ever that we ensure that our policies related to who can apply for social housing and how the housing register is managed, are fair and serve the people of Reading in the best possible way. However, before we consider introducing any changes we want to hear residents' views and ideas on what improvements we can make to our allocations scheme.

"Whatever kind of housing people live in, I'd encourage as many residents as possible to take part and ensure their views are taken into account."

Major work planned for Reading's woodlands

Press Release

28/08/2013

Three special community events are planned next month to outline the council's plans to undertake major work to 18 of Reading's woodlands.

The aim of the work is to rejuvenate the woods and protect them for future generations.

Over previous centuries, woodlands have been constantly managed with trees being removed for timber, coppicing for building materials and other work to make most use of the woodlands for fire wood, food etc. Over the last 50 years or so our life styles and commerce have changed meaning woodlands have been slowly changing. While we undertake maintenance this has not been in the same manner previous generations have looked after these woods. The consequence of this is that they are uniformly aging, becoming overgrown with dominant species and losing their wildlife habitat value.

In order to rejuvenate them, woods need to be actively managed and this is a task that organisations such as the Woodlands Trust, Conservations trusts (e.g. BBOWT) and the National Trust are now undertaking.

In Reading, like most urban areas, our woodlands need some significant work to protect them for future generations. In the past we have worked to keep them clean and safe but have been unable to undertake coordinated works across the council's woodlands.

In order for woodlands to remain healthy and able to support a wide range of flora and fauna they need to be managed and a mix of ages of trees and understory maintained. To do this, the council is proposing a range of work including:

• Tree thinning – felling selected trees within an area, where the canopy has grown dense and only a small amount of light reaches the woodland floor. This work increases the diversity of plant life on the woodland floor and allows young trees to grow on to maturity, resulting in a greater mix of wildlife habitats.

• Coppicing –this is a traditional method of managing woodland whereby the trees are cut at intervals, typically every 5-20 years, to produce a crop of poles for which there is a wide range of markets. This method of management opens up the woodland periodically allowing more light to reach the woodland floor, many key wildlife species rely on this habitat.

• Holly control – selective cutting of holly which if left unchecked smothers everything that grows beneath it.

• Bracken control – a reduction in bracken to cut its spread and increase biodiversity.

• Bramble control – cutting a proportion of bramble to allow bluebells and other woodland ground flora to flourish.

• Pond creation - woodland ponds are important for many species including dragonflies, amphibians and bats and wet woodland, around the edge of ponds is a Biodiversity Action Plan habitat.

• Ride maintenance – cutting an additional area each side of a woodland path to provide an open linear area, many species make regular use of these edge habitats for feeding and a greater number of species inhabit the first 10 metres of any woodland edge or ride edge than inhabit the remainder of the woodland.

The work, which is being funded by the Forestry Commission, is expected to start this autumn and cover a five year period.

The community engagement meetings will explain the plans in more details and encourage visitors to comment on the proposals. The meetings are:

- 16 September 2013 – 7.30pm –South Reading Community Centre
- 21 September 2013 –9am – 2pm, drop in session - Tilehurst Methodist Church
- 26 September 2013 – 7.30pm - Mapledurham Pavilion

The deadline for comments is Friday the 11th October.

Liz Terry, Lead Councillor for Neighbourhoods, said: “Over the last few years we have worked with Natural England to improve our grasslands and some of our nature reserves. We’ve also worked with the Forestry Commission to identify what we need to do to best protect our woodlands for the future and these proposals are the result of this work. The work will compliment our tree planting and replacement programme. We are determined to protect our green spaces which are valuable for people, plants and animals.”

Paul Gittings, Lead Councillor for Culture, Sport and Consumer Services, said: “Reading is lucky to have a wide range of woodland space and I know it is appreciated and enjoyed by local people and visitors. I hope many people will attend our community engagement meetings to hear more about our plans and give us their comments.

ENDS

Note to editors.

The table below lists the woodlands covered by the proposals:

- Arthur Newbery Park
- Balmore Walk
- Blundells Copse
- Bugs Bottom
- Clayfield Copse
- Devils Dip
- Furzeplat
- Highdown Wood
- Hills Meadow
- Kings Meadow
- Lousehill copse
- McIlroy Park
- Prospect Park
- Rotherfield Way Copse
- Southcote Linear Park
- The Cowsey
- The Warren Woodlands
- View Island

The plans can also be viewed on the council website at www.reading.gov.uk/woodlandproject

PLEASE USE THIS FORM TO RECORD ANY ACCESS OR DISABILITIES ISSUES THAT YOU WISH THE COUNCIL TO INVESTIGATE

FILL IN AND HAND IN AT THE ACCESS AND DISABILITIES WORKING GROUP MEETING

Name:

Contact Details (if you wish the Council to let you know the progress with your enquiry – a telephone number or email address would be useful):

Issues: