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To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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12 September 2013

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NOTICE OF MEETING – HEALTH & WELLBEING BOARD – 20 SEPTEMBER 2013

A meeting of the Health & Wellbeing Board will be held on **Friday 20 September 2013 at 2.00pm in Conference Room G29/30 at 57-59 Bath Road, Reading.** The Agenda for the meeting is set out below.

AGENDA

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5. CLINICAL COMMISSIONING GROUPS UPDATE REPORTS

Reports giving updates from the two CCGs in Reading.

a) NORTH & WEST READING CCG 21

b) SOUTH READING CCG 25

6. HEALTHWATCH READING UPDATE 28

A report giving an update from Healthwatch Reading.

7. FUNDING TRANSFER FROM NHS TO ADULT SOCIAL CARE 2013/14-2015/16 31

A report on funding arrangements and amounts to be transferred from the NHS to Local Authorities for social care during 2013/14 – 2015/16, and seeking endorsement to the allocation of the Health Transfer Allocation between key service areas for 2013/14.

8. HEALTH & SOCIAL CARE INTEGRATION 40

A report presenting and giving an update on the status of the 'Berkshire 10' bid to become a pioneer on a health and social care integration programme.

9. NHS CALL TO ACTION 55

A report on the publication of NHS England's "A Call to Action" and the roles of CCGs and Health and Wellbeing Boards.

10. WINTERBOURNE VIEW STOCK TAKE AND BRIEFING 59

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

11. DELIVERY OF DENTAL PUBLIC HEALTH SERVICES 78

A presentation by Dr Paul Batchelor from Public Health England on the delivery of the dental public health function in the Thames Valley from 1 April 2013.

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12. SCREENING AND IMMUNISATION PROGRAMME UPDATE FOR READING 81

A report giving an update on the performance of immunisation programmes and cancer and Abdominal Aortic Aneurysm screening programmes in Reading and on some of the initiatives under way to improve uptake of screening and immunisation.

13. MEASLES, MUMPS AND RUBELLA (MMR) IMMUNISATION UPDATE FOR BERKSHIRE 84

A report on the Measles, Mumps and Rubella (MMR) vaccination catch-up programme and the progress that the Thames Valley area team are making in delivering the national target.

14. COMMUNITY PHARMACY HEALTH PROMOTION CAMPAIGNS 90

A report on Public Health work with community pharmacy, summarising key areas that will be addressed and their linkage to the Joint Strategic Needs Assessment.

15. SPECIAL EDUCATIONAL NEEDS (SEN) STRATEGY CONSULTATION verbal report

A report on the development of and consultation on a Special Educational Needs (SEN) Strategy for Reading.

16. HIGH ENERGY DRINKS 96

A report on the outcome of exploratory work in response to a Council question about high energy drinks and how the Public Health team will take this area of work forward in line with the agreed priorities of the Health and Wellbeing Strategy for Reading.

17. WORLD MENTAL HEALTH DAY – 10 OCTOBER 2013 verbal report

A report on the World Mental Health Day to be held on 10 October 2013, on the theme of "Mental health and older adults".

18. DATE OF NEXT MEETING – Friday 13 December 2013 at 2pm -

READING HEALTH & WELLBEING BOARD MINUTES – 21 JUNE 2013

Present:

Councillor Lovelock (Chair)	Leader of the Council, Reading Borough Council (RBC)
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Hoskin	Lead Councillor for Health, RBC
Elizabeth Johnston	Chair, South Reading Clinical Commissioning Group (CCG)
Lise Llewellyn	Director of Public Health for Berkshire
David Shepherd	Board Member, Healthwatch Reading
Rod Smith	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)

JOINT REPORT FROM READING BOROUGH COUNCIL, SOUTH READING CLINICAL COMMISSIONING GROUP AND NORTH & WEST READING CLINICAL COMMISSIONING GROUP

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**20TH SEPTEMBER 2013**	**AGENDA ITEM:**	**4**
TITLE:	**JOINT WORKING OPPORTUNITIES TO SUPPORT CHILDREN & FAMILIES ACROSS HEALTH AND CHILDREN'S CENTRES**		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Reading published its Health and Wellbeing Strategy 2013-16 in April 2013, after sign-off by the Health and Wellbeing Board and Cabinet, and consultation with a wide range of stakeholders. The Strategy sets out the four main priorities for the Board. This report aligns with the implementation of two of the four goals and objectives. **Goal Two** is to "Increase the focus on early years and the whole family to help reduce health inequalities", with an objective within this goal to reduce inequalities in early development of physical and emotional health, education, language and social skills. **Goal One** is to "promote and protect the health of all communities particularly those disadvantaged", with a sub objective to increase the awareness and uptake of Immunisation and screening programmes.

1.2 During a subsequent Health and Wellbeing workshop held on 12th April 2013, the potential for health and local authority partners to focus collaborative work around children and families was identified as a key area which would support the implementation of this element of the Health and Wellbeing Strategy. Following the workshop, visits to Reading's children's centres by representatives from both Clinical Commissioning Groups and the Director of Public Health were conducted by Reading Borough Council. This report informs the Board on key opportunities identified for closer joint working between Reading Borough Council's Children's Action Teams and health services, including GPs, Midwifery and Health Visitors. This report should be read in conjunction with and closely aligns with the actions identified in the draft Early Help Strategy that is currently out for consultation.

2. RECOMMENDED ACTION

2.1 To note the opportunities identified in the report and to support the ongoing development of the work.

2.2 That a working group is formed as a subgroup of the Health and Wellbeing Board with appropriate representation.

2.3 An update report from the working group to be presented to the Health & Wellbeing Board in March 2014.

3. POLICY CONTEXT

Healthy Child Programme

3.1 The Healthy Child Programme published by the Department of Health sets out the national framework of recommended standards for the delivery of services for children and families. This includes both universal preventative services as well as targeted support for those families with greater needs.

3.2 A key area of emphasis within the Healthy Child Programme is the integration between health services such as health visiting with other agencies such as GPs, midwives and the local authority. The Healthy Child Programme guidance includes recommendations for close working with Sure Start children's centres, and working across the wider children's workforce – using the Common Assessment Framework to assess family needs holistically, and linking in with local partnerships such as children's trusts.

National Best Practice

3.3 A Report from the All Party Parliamentary Sure Start Group, 'Best Practice for a Sure Start: The Way Forward for Children's Centres' was published July 2013 and has made some clear and unequivocal recommendations in respect of health services and children's centres working together:

- Local Authorities, Health and Wellbeing Boards and their local partners must make greater use of pooled budgets to allow for more innovative commissioning of perinatal and Children's Centre services, taking a more holistic and preventative approach to working with families

'Working Together' guidance

3.4 Following a number of national reviews and studies into the effectiveness of early help in promoting the welfare of children, the government published the 'Working Together to Safeguard Children' guidance in March 2013.

3.5 'Working Together' sets out how agencies should work together to safeguard and promote the welfare of children. In relation to early help for families, it stresses the need for local agencies to have effective systems in place to identify emerging problems and unmet needs for individual children and families, and the provision of an 'early help offer' where their needs don't meet the criteria for receiving children's social care services.

The NHS Outcomes Framework

3.6 Domain 4 of the NHS Outcomes Framework, published by the Department of Health identifies two objectives that are of particular relevance. This includes improving children and young people's experience of healthcare and improving people's experience of integrated care.

Early Help Strategy

3.7 Reading is currently consulting on its first Early Help Strategy, broadly covering the range of services below the threshold of Children's Social Care or very specialist interventions. The draft Strategy will be signed off as a final version in November. The strategy has been sent to GP practices in the monthly CCG Newsletter.

4. THE PROPOSAL

4.1 There is already much joint working between health agencies and Reading Borough Council's early help services. Health Visitors (currently commissioned by NHS England) are a virtual part of Reading's multi-professional, locality-based Children's Action Teams. Health Visitors also work close with children's centres; each centre has a lead Health Visitor and they will routinely discuss emerging concerns with children's centre staff and make referrals as required. Maternity services currently run ante-natal and post-natal support from four children's centres, which have had a positive impact in strengthening joint working between these services.

4.2 Over the summer of 2013, the Chairs and Managers of both CCGs and the Director of Public Health have toured a number of children's centres and met with children's centre and Reading Borough Council managers to identify opportunities for increased joint working and further integration to improve health outcomes for children and families. From these visits a number of opportunities were identified. These are reported below and are grouped into key themes.

4.3 **Theme One "Improved Awareness of Children's Services for GPs and Health Care Professionals"**

The visits identified the need for greater awareness and understanding across GPs and Early Help services of the support available and the appropriate level of support required.

- An improved understanding with our GP colleagues (and health services in general) of the Reading Borough Council **thresholds** which sets out when a family should be referred for some extra support through Early Help services, or when needs are more complex and Children's Social Care need to be contacted.

- Increased knowledge of the range of support available to families **below the threshold** of Children's Social Care. This will be supported by the development by Reading Borough Council of a comprehensive online

Children and Families Resource Directory. Building on existing information services, this will allow professionals and families to easily access information about a wide range of services and groups available to provide support.

- "Mapping" of children centres relative to GP surgeries is already underway and will help improve local knowledge and signposting. This is due for completion in October.

These initiatives should simplify and increase the referrals to early help services such as Children's Action Teams and will ensure that families are able to access a range of support at the earliest stage possible. This could be achieved through a communication drive. Managers from the Council's Early Help services will be attending events such as CCG Councils to raise awareness and share information on services and access routes.

4.4 **Theme Two "Education and Resources for Families"**

The visits identified the need for greater access to resources promoting the availability of support services, alongside a need to increase the public knowledge and understanding of what is available and how to deal with minor ailments.

- Public awareness could be achieved through the promotion of children's centre services from within the GP surgeries - for example with Children's Centres notice boards.

- Development of health-related resources (including video clips and literature) available to families within children's centres and on CCG websites around the management of minor ailments, breastfeeding, healthy eating and appropriate use of A & E, for example.

- Explore the production of joint resources to signpost families to local support services across health and local authority services, linked to the Children and Families Resource Directory mentioned previously.

4.5 **Theme Three "Opportunities for awareness raising and making contact with families"**

Families can need support at any point in their child's life and there are a number of opportunities across health and the local authority to make contact with families ensuring they know what support is available. This begins pre-birth, with a Maternity Pathway already in place between Reading Borough Council and the Royal Berkshire Hospital Maternity Department for identifying potentially vulnerable families ante-natally and making a referral to the children's centres to provide additional support.

- "Mapping" these opportunities could allow us to provide consistent and appropriate signposting and resources. Through increasing the number of agencies that signpost in this way, the children's centres can fulfil a role as a gateway for families to access a support network across a number of services e.g. speech and language, obesity awareness, breast feeding promotion etc.

- Community Pharmacies see six million people per day across the UK. Within the community pharmacy contract commissioned by NHS England, there is an opportunity to identify public health promotion campaigns that are run by the community pharmacies in your local area, bespoke to your local health needs. This opportunity could be investigated further to allow Reading pharmacies to focus on children and families, signposting and advising about local services.

- Incorporating children's centre consent forms within the 10 days post natal check visit carried out by health visitors or at the time of registration of a birth could increase the number of contacts made by families with children's centres and other support services available to them.

4.6 **Theme Four "Promotion of Immunisations"**

Goal One, Objective 3 of the Reading Health & Wellbeing Strategy requires us to "promote and protect the health of all communities particularly those disadvantaged", with a sub objective to increase the awareness and uptake of Immunisation and screening programmes. During the visits it was identified that further opportunities may exist for children's centres to support health in promoting immunisations in selected targeted areas where this is a priority, particularly in families who would be otherwise difficult to reach.

- This could be achieved through literature and education being made available to families.

- In addition, it was also identified that due to the close proximity of a health centre to one children's centre in South Reading, an opportunity may exit to either signpost families requiring immunisation advice/treatment or run immunisation sessions within a children's centre location. This would require further scoping and governance arrangements to be put in place.

5. FUTURE OPPORTUNITIES

A number of other opportunities were identified that offer great potential for closer integration. These will require to be scoped further and any resource implications identified and agreed as appropriate.

- Recent analysis by South Reading CCG has identified high use of **A&E** for minor ailments and advice particularly on Monday mornings for under 5 year olds. A joint visit has been arranged (October 2nd) between the children services team and health to attend A&E at the Royal Berkshire Hospital, meeting key staff, to explore future developments and options for managing the under 5's issue. This may include a review of GP appointment times in targeted surgeries, better education for parents and/or the setting up of a "Monday morning minor ailment drop in sessions".

- Improved sharing of concerns and case management of vulnerable families through improved **multidisciplinary working** across health services and the local authority. eCAF software, an information sharing tool, has been available within local authorities since April 2011, and now needs to be

more widely utilised within general practices and primary care. Work to support this wider use includes developing simplified referral routes and reduced training requirements, alongside promotion of single telephone line for GPs to receive advice on referring into early help services. There is a longer-term aspiration for a single 'front door' for all children and family support services across tiers to simplify access.

- Closer joint working between children's centres and both midwives and health visitors, as responsibility for commissioning **Health Visitors** move into the local authority from 2015/2016. Work is underway to co-locate a greater number of staff and services within children's centres, and to provide the required facilities including IT access, office space and equipment for health appointments.

- More joint working to address high levels of **obesity**, linked to the development of a local obesity and healthy weight strategy by Public Health. (**Goal Four**, Objective 2 of the Health & Well-being strategy). The CCGs are keen to build on the success of the Reading Borough council transport scheme known as "Beat the Street" which encourages and incentivises activity.

- Building on the good work with children's centres, to work with schools as key partners to support health outcomes for school-age children in a more integrated way. This includes further investigation of potential uses for the resources packs provided by the NHS Institute For Innovation and Improvement **"Monkeys Guide to Healthy Living and NHS services."** These packs include education resources (CD, instrumental accompaniments, guide book, stickers, storybooks and teachers pack) being offered out to schools within England.

- Potential to offer **Health Activist training** and qualifications for volunteers who work with parents, to provide greater support around subjects such as breastfeeding, health eating and health signposting.

- Joining up of ways to capture the views of families on services that are currently provided.

6. NEXT STEPS

6.1 Following the visits there is strong commitment across senior leaders in both CCGs and Reading Borough Council's Early Help services to develop the opportunities identified and improve the partnership working to support children and families.

6.2 It is planned to establish a "**joint working group"** (with key stakeholders) to develop a joint project plan for the strands of activity set out above. This will identify actions, timelines, leads and resources across the partners involved. It is proposed that the working group report back on progress to the Health and Wellbeing board at a future meeting in 6 months(March 2014).

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 Both the Health and Wellbeing Strategy and the Early Help Strategy were informed by consultation with a range of stakeholders, including children, young people, parents and carers. This feedback has been used to shape the priorities included in this report; parents tells us that they highly value being able to access a range of services within their community through children's' centres, for example.

8. BACKGROUND PAPERS

8.1 Reading's Early Help Strategy 2013-16 (currently draft)

8.2 Reading's Health and Wellbeing Strategy 2013-16

8.3 Healthy Child Programme guidance

8.4 'Working Together to Safeguard Children' Guidance

8.5 NHS Outcomes framework 2013-14

8.6 'Best Practice for a Sure Start: The Way Forward for Children's Centres'

Report from Dr Rod Smith, Chair of the CCG to the Reading Health and Well Being Board Meeting September 2013

1. Introduction

I am pleased to present this report to the Health and Well Being Board.

The CCG formally assumed its statutory responsibilities on behalf of our local community in North& West Reading on 1 April. We are responsible for planning and commissioning hospital, community health and mental health services on behalf of our local community. We have a quarterly checkpoint meeting with NHS England on 10th September where we will be providing assurance to NHS England that the CCG is delivering against plan in accordance with the 5 domains set out in the CCG Assurance Framework.

2. Urgent Care Programme Board and Winter Planning across the Health and Social Care System

North and West Reading lead on the Urgent Care Programme work on behalf of the 4 West Berks CCGs. The key targets to be met in relation to Urgent Care are:

- % of patients who spend 4 hours or less in A&E (target of 95%)
- Ambulance handovers to A&E dept (target of 30 mins)
- Category A (immediately life threatening situations) ambulance response times (target of 75% within 8 mins)

The Urgent Care Programme Board, led by Dr Andy Ciecierski a North West Reading CCG Board member, is responsible for monitoring performance against these targets. It meets monthly with representatives from the 4 CCGs, RBH, Berkshire Health Care Foundation Trust, the Ambulance Service, the 3 Local Authorities, and Westcall. It also has a patient representative.

The CCGs have recently supported RBH to ensure that a Consultant provides the initial assessment of all patients attending the A&E department between 8am and 10pm. This ensures a high standard of care for patients and also helps reduce unnecessary hospital admissions.

The Programme Board also has responsibility for ensuring that:

- Health and Social Care are effectively supporting hospital admission avoidance schemes and reductions in length of stay at hospital, particularly for older people
- People who are assessed as fit to leave hospital are not delayed because of lack of community care, home care, nursing or residential provision
- We know where the pressures are and that action is being taken to deal with these
- We are getting maximum capacity out of the services that we have

As part of this there are weekly system resilience conference calls involving the Royal Berkshire Hospital, Berkshire Health Care Foundation Trust, the three Local Authorities and the Out of Hours GP Service.

The Urgent Care Programme Board held a workshop on 22 August at which all parts of the health and social care system discussed their winter plans. It is critical that the whole system has robust plans in place to support the health and social care needs of patients and that these plans have senior level sign off in each organisation. The funding transferred from NHS England to Local Authorities in 13/14 (£2,038,343 for Reading LA) to support adult social care with a health benefit will help with these plans.

3. End of Life Care

The North and West Reading Council of GP Practices recently had a presentation on "Improving End of Life Care "from Dr Barbara Barrie, a GP who is the Macmillan GP Facilitator in Berkshire. The key messages from Barbara's presentation were:

- 1% of the population die each year, 25% from cancer
- In England approx. 1300 people die every day
- 900 of these will have wished to die at home but less than half will do so
- Advanced Care Planning is more likely to ensure patients have their preferred place of death
- GP Practices can make a huge difference to their patients experience by identifying their 1% of patients who are likely to have a year or less to live and talking with them about end of life care and putting end of life care plans in place
- This helps patients and their carers to plan an appropriate end of life care plan with their GP and reduce uncertainty and anxiety
- It helps all involved to understand the wishes of the patient and the family
- Practices can also make sure that the patient is included on the End of Life Register that is held by the GP Out of Hours Service, Westcall
- Well organised community support can reduce hospital admissions by managing these patients better at home and enables more people to realise their choice to die at home

The presentation showed that GP Practices in North and West Reading already do well on advance care planning for end of life patients with 6 of the 10 Practices in the top 10 in Berks West for numbers of their patients on the End of Life Register per 1000 population. This is good but we can do even better for our patients and their families and our Practices will be focusing on this during the year ahead.

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4. Update on Childhood Immunisation coverage

A recent report from NHS England shows that:

Practice Code	Practice Name	12 Month Cohort	DTaP/IPV/Hib	DTaP/IPV/Hib %	24 Month Cohort	PCV	PCV %	Hib/MenC	Hib/MenC %
NHS North & West Reading CCG		**1476**	**1407**	**95.3**	**1459**	**1390**	**95.3**	**1388**	**95.1**
K81004	Tilehurst Surgery Partnership	166	157	94.6	153	149	97.4	149	97.4
K81012	Pangbourne Medical Practice	118	116	98.3	143	139	97.2	139	97.2
K81014	Balmore Park Surgery	247	233	94.3	215	203	94.4	203	94.4
K81027	Mortimer Surgery	126	122	96.8	148	143	96.6	144	97.3
K81041	Emmer Green Surgery	88	84	95.5	130	118	90.8	117	90.0
K81054	Priory Avenue Surgery	122	112	91.8	121	114	94.2	113	93.4
K81062	Western Elms Surgery	278	268	96.4	248	234	94.4	233	94.0
K81067	Circuit Lane Surgery	147	140	95.2	142	135	95.1	135	95.1
K81077	Theale Medical Centre	154	149	96.8	134	133	99.3	133	99.3
K81647	Peppard Road Surgery	30	26	86.7	25	22	88.0	22	88.0

Practice Code	Practice Name	MMR	MMR %	5 Year Cohort	DTaP/IPV Booster	DTaP/IPV Booster %	MMR 2nd dose	MMR 2nd dose %
NHS North & West Reading CCG		**1390**	**95.3**	**1452**	**1374**	**94.6**	**1365**	**94.0**
K81004	Tilehurst Surgery Partnership	150	98.0	169	164	97.0	164	97.0
K81012	Pangbourne Medical Practice	138	96.5	127	124	97.6	123	96.9
K81014	Balmore Park Surgery	206	95.8	253	240	94.9	241	95.3
K81027	Mortimer Surgery	141	95.3	178	164	92.1	164	92.1
K81041	Emmer Green Surgery	117	90.0	110	101	91.8	100	90.9
K81054	Priory Avenue Surgery	114	94.2	99	94	94.9	94	94.9
K81062	Western Elms Surgery	232	93.5	226	208	92.0	205	90.7
K81067	Circuit Lane Surgery	136	95.8	119	114	95.8	112	94.1
K81077	Theale Medical Centre	133	99.3	149	145	97.3	141	94.6
K81647	Peppard Road Surgery	23	92.0	22	20	90.9	21	95.5

The Council of Practices is pleased with these figures but recognises the need for ongoing effort to meet the 95% target.

4. "Beat the Street" in Caversham

This is an initiative led by Dr William Bird, MBE MRCGP, CEO of Intelligent Health. William used to be a GP in Sonning Common and is world renowned for the work he does in advocating the benefits of physical activity, in particular health walks.

Dr Bird supported by Reading Local Authority launched "Beat the Street" in Caversham on June 15th. It involves:

- Sensors placed at bus stops, shops, schools and surgeries 0.2 miles apart in all directions
- 10,000 cards distributed by schools, work places and Gp surgeries
- Aim is for adults and children to walk or cycle around the world over a three month period
- The more walking the more books are donated to the local library.

The GP Practices in Caversham are enthusiastic supporters of this initiative. It fits in particular well with our efforts to improve diabetic care through more exercise.

The CCG is very keen to build on this work working with Public Health and the LA. I have invited Dr Bird to lead our Board Seminar in October with a view to helping the CCG plan what it can do to increase the level of exercise uptake in our population and so enhance local health and wellbeing.

5. Integration Pioneer Bid

I am delighted that the bid we submitted with our Health and local Authority colleagues was selected to go through to the second stage. This involved a presentation and interview with the Integration Pioneer Panel on 6th September.

Dr Rod Smith
8th Sept 2013

Report from Dr Elizabeth Johnston, Chair of South Reading CCG to the Health and Well Being Board Meeting 20th September 2013

1. Introduction

With the CCGs now into their 6th month as a commissioner of local services in Reading, we are shortly due to have our first formal assessment by NHS England. Our self-assessment looks positive and there are hoped to be no main areas of concern.

2. Breastfeeding

(Health & Wellbeing Strategy: *Supporting Goal 2 Objective Increase the focus on early years and the whole family to help reduce health inequalities: Objective 1 – Ensure high quality maternity services, family support, childcare and early year's education is accessible to all")*

As part of World Breastfeeding Week (1-7 August), several drop-in sessions were held at Whitley Sure Start Centre. It was great to see members of the Breastfeeding Network and BHFTs health visiting team give advice and support to pregnant women and mums. South Reading CCG further supported this work helping to organise local activities encouraging the public to attend including press releases and a radio interview.

3. Launch of NHS 111

Key messages

1. We are using South Central Ambulance Service, a respected and stable service which provides 999 call handling, to provide the NHS111 service for Berkshire. It has a strong clinical presence in the form of nurse practitioners and paramedics supporting the call handlers.
2. Since phasing in the service performance has been closely monitored and has met Department of Health standards for strong performance.
3. **Across the whole of Berkshire** more than **45,000** calls have been received (approx. over 4,000 calls per week since the service went live. So far there is a **20**% reduction in **GP Out of Hours activity** and below national average referrals to **999** of **7**%. **Over 96%** of calls are answered within 60 seconds.
4. As Commissioners we are satisfied the public in Berkshire are getting a safe and strongly performing service that we will continue to monitor and improve.
5. Although NHS 111 has experienced difficulties elsewhere in the country, we would like to reassure people that the service in Berkshire provides a high quality, safe and effective service for patients.
6. It is under continuous review by the CCGs in Berkshire to ensure this level of service is maintained.

7. A feedback system is available to GP practices to provide feedback on NHS 111 implementation

4. Focus on Dementia and Elderly Care

((Health & Wellbeing Strategy: *Supporting Goal Three – Reduce the impact of long term conditions with approaches focused on specific groups : Objective 1 – Assist and support ability to self-care in all adults and young people with existing long term conditions and Objective 3 - Build on and strengthen the quality and amount of support available to adult and young carers in Reading)*

A conference held on 14th May, led by NHS South Reading CCG in close collaboration with South Reading Patient Voice. We had an excellent turnout of 140 delegates including patients, carers and health professionals for all our key stakeholders as well as strong presence from the voluntary sector. The conference confirmed a number of broad themes were important for future commissioning and service redesign and the overwhelming message was for improvements in the following areas:

Communication and access to services

Joined up working around training and information

Better integration between hospitals, communities/social care

Lack of integrated ring fenced funding for care support, respite care, premises, domiciliary care and training

Joined up working – across all health and social care

Outreach worker for BME community

These areas were discussed by the Berkshire West Dementia Stakeholder Group in July who confirmed a number of initiatives already underway which have been communicated to all conference attendees and published on our website.

5. Health Hub Goes Live

The Berkshire Health Hub will replace the current multiple referral routes and local access arrangements for healthcare professionals across Berkshire with a single referral hub to access services for children and adults. The Hub will operate 24/7 providing one point of access for all community health services. It incorporates West Call Out of Hours service. The Health Hub for GPs went live on 12 August for all referrals for unscheduled services and is the single route to refer and access Berkshire Healthcare Foundation Trust (BFHT) services. This is the second stage of the roll out; the first stage started on Tuesday 30 July with referrals from the Royal Berkshire Hospital for admission avoidance and supported discharge functions.

6. Clinical concerns email service:

A new email service was launched on 1 July to gather and capture issues of clinical concern from GPs and other health professionals. It will gather trends from primary care and identify issues which may need to be addressed contractually and to improve patient care and management.

7.Long term Conditions

(Health & Wellbeing Strategy: *Supporting Goal Three – Reduce the impact of long term conditions with approaches focused on specific groups)*

South Reading leads on the Long term Conditions programme of work which compliments and support the attainment of Goal 3 in the Reading Health & Wellbeing Strategy. A recent workshop aimed at identifying key themes for focus in the next three years has identified a major piece of work involving the setting up of "Virtual Wards " . This will involve a complete rethink of the pathway from hospital through community and social care, and an opportunity to manage patients completely differently.

The main points of the project would be:

- Consultant led care at home (senior clinicians leading)
- Reducing admissions where the same level of care can be better provided at "home".
- Reduced risk of hospital acquired infection
- Multi-disciplinary approach in virtual teams with a single assessment process
- Not just for frail and elderly

This strongly supports the integration agenda and the recent Pioneer bid.

8. CCG Prospectus

The CCG Prospectus 2013/14, a requirement of NHS England for all CCGs to produce, is now finalized and available anyone interested in taking away a copy.

Dr Elizabeth Johnston, Chair South reading CCG

Update for Health and Wellbeing Board

David Shepherd, Chairman-Healthwatch Reading Trustee Group

Staff Team

Healthwatch Reading has recruited two new part-time Development officers, with contracts running till March 2014. They started work on July 1st.

AGM

Healthwatch Reading held their first AGM on July 1st. A new Board was elected, with some newcomers alongside some Board members from Reading LINK. Please visit the new Healthwatch Reading website for a full list of Board Member profiles, www.healthwatchreading.co.uk.

Healthwatch Workplan Plan 2013-2014: Update

These are the projects that Healthwatch Reading will be focusing on this year.

1. The physical care needs of people with mental health issues, are they recognised and treated appropriately?

Aim: Gain a better understanding of how mental health services in the new health landscape and explore avenues for greater user involvement in shaping these services.
Update: Community engagement has taken place with 27 people so far and is ongoing. Feedback has included assumptions made about their physical health due to lifestyle, GPs have a lack of knowledge and lack of counseling support.

2. The transition from children's services to adult.

Aim: Gain an understanding of the scope of this issue in Reading and make recommendations for service improvement.
Update: Engagement with 17 young people so far. Issues so far include, lack of information about adult services and lack of engagement with young people in the handover.

3. The role school nurses play in mental health for young people

Aim: Engage with young people and understand the level of support for young people available in schools.
Update: Initial research has taken place and stakeholder engagement meetings have been held. Engagement with young people is underway.

4. Promoting and distributing the Support after Suicide Booklet.

Aim: Support families and individuals dealing with suicide.
Update: The launch of the booklet and report took place on Tuesday 10th September 2013, World Suicide Prevention Day. Dr Arek Hassy spoke about how

GPs could use this booklet and the booklet is now out for distribution. Copies can be obtained from Healthwatch Reading.

5. Health and Social Care integration. The emerging relationship between Health and Social Care e.g. Delayed transfers of care
Aim: Gain an understanding of the scope of the issue on Reading and make recommendations based on feedback.
Update: Healthwatch have met with RBC regarding speaking to local people about their experiences and gathering a picture of the service. Meetings are due to be held with other stakeholders and work will be undertaken to speak to local people about their experiences.

6. Home Care Service User project
Aim: To involve users in shaping Home Care Services.
Update: The final Home Care Service Users Research Project was published late July by RBC and Healthwatch in mid-July. A joint press release was also issued in the local paper. Healthwatch are continuing to work with RBC on the commissioning and review process for providers. We are also still interviewing people about their experiences and have a list of 13 people we will be interviewing.

7. A&E co-design project with RBH
Aim: Improve Emergency Services at the RBFT through user involvement and engagement.
Update: A meeting is scheduled with RBFT to look at next steps.

8. Outpatient Appointments
Aim: Improve the Outpatient Experience of users.
Update: Healthwatch are engaging with the RBH Outpatient Patient Experience Group to monitor this issue and deal with public queries.

9. The Experience of Young Carers
Aim: To understand the experiences of health and social care services by young carers
Update: Stakeholder meetings have been held and engagement with young carers is being set up to look at their experiences of services.

10. A&E Services and the Eastern European Community
Aim: To understand the level of use of A&E by these communities and promote education on appropriate use of services.
Update: Stakeholders being identified and meetings set up. We are trying to gage the level of the issue and engagement with the Polish Community is being set up.

11. Patient Participation Project

Aim: This project aims to support the development of local patient participation groups in GP surgeries across Reading. To engage members of the community in having an active voice in shaping local health and social services and explore ways to network the groups and work more closely with Healthwatch Reading.

Update: Points of learning and information gathered in the first quarter of this project are currently being drafted into a short report for information sharing across the Reading PPG's. Much of this work highlighted how much top down information had been made available for practices to use when setting up their PPG's. Best practice examples will also be included.

We are conducting a review of Patient Participation Group (PPG) Information available to patients within GP practices, this will form part of the final report and learning will be shared with CCGs and Patient Voice Groups.

Healthwatch Voices Forum

Healthwatch Reading held their first Healthwatch Voices Forum Meeting on October 17th. Over 30 different organisations were represented. They took part in a workshop run by the Nominet Trust about the value of feedback and tools and mechanisms to collect this. Healthwatch Reading gathered a number of issues from local voluntary and community sector organisations. A full report of the event will be available soon on our website.

Healthwatch England

Healthwatch Reading took part in the first national Healthwatch Conference. Healthwatch England launched a consultation to review the complaints system for Health and Social Care Services. Their findings have shown that they don't work for consumers and they are pursuing this.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, SOCIAL SERVICES & HOUSING

TO:	**Health and Wellbeing Board**		
DATE:	**20th SEPTEMBER 2013**	**AGENDA ITEM:**	**7**
TITLE:	**FUNDING TRANSFER FROM NHS TO ADULT SOCIAL CARE 2013/14-2015/16**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN** **COUNCILLOR EDEN**	**PORTFOLIO:**	**HEALTH** **ADULT SOCIAL CARE**
SERVICE:	**HEALTH** **ADULT SOCIAL CARE**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**ROBERT POOLE** **JANET MEEK**	**TEL:**	**0118 937 2750** **0118 952 5490**
JOB TITLE:	**Head of Finance and Resources (Financial Planning) Chief Financial Officer, Newbury and District CCG, North and West Reading CCG, South Reading CCG and Wokingham CCG**	**E-MAIL:**	**Robert.poole@reading.gov.uk** **Janet.meek@nhs.net**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This has been produced to advise inform the Health and Wellbeing Board of the funding arrangements and amounts to be transferred from the NHS to Local Authorities for social care during 2013/14 – 2015/16, and to seek endorsement to the allocation of the Health Transfer Allocation between key service areas for 2013/14. The funding transfer to Reading is being coordinated by the Area Team of NHS England, and the Council has to agree the use with the Area Team and its two local Clinical Commissioning Groups (CCGs). The funding for 2013/14 is not a new grant and has been previously included in the Councils budget build for 2013/14, but a change in grant conditions require a retrospective spend approval. In 2013/14, the Council will receive a transfer of £2.038M, which has been included in the Council's "spending power" as estimated by DCLG; in 2014/15 this is expected to rise to an estimated £2.509M. The conditions of the transfer are set out in paragraph 4.3 below; and the key service areas identified for the allocation of this transfer allocation are set out in paragraph 4.4 below.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board is asked to approve the following:

(a) notes the conditions for the use of the health transfer funding set out at para.4.3;

(b) agrees the use of the funding for 2013/14 set out in Table 1, para. 4.4 of this report, as follows:

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

(c) notes the implications for both the Council and the NHS of the funding transfer in 2014/15 and 2015/16;

(d) delegates authority to Director of Education, Social Services & Housing and the Head of Finance to agree the Health Transfer Allocation to Reading for 2013/14 (including if necessary agreeing minor variations to the table above) with the Area Team of NHS England and the local Clinical Commissioning Groups, and to enter into any necessary agreements in this respect.

3. BACKGROUND

3.1 In the 2011/12 Operating Framework for the NHS in England, the Department of Health set out that PCTs would receive allocations totalling £648 million in 2011/12 and £622 million in 2012/13 to support social care.

3.2 Reading Borough Council signed up to a Collaborative Commissioning Agreement (CCA) between 2011/12 and 2012/13 with the PCT to use the funding to support key objectives including:

- 80 cases per week through re-ablement service.
- Up to 30 cases per week through rapid response.
- 60% of service users exiting reablement to no longer require a service.
- Reduce delays to 2 from April 2012.
- A 24/7 reablement service
- For Intermediate care including reablement to respond within 2 hours of a referral.

3.3 From 2013/14, the funding transfer to local authorities will be carried out by NHS England. This report will set out how this funding is proposed to be used and related conditions that the Council have to comply with. The use of this funding needs to deliver benefits for those people who need to use health and social care services, and

enables the local system to manage demand-led growth as effectively as possible. The use of the funding has to be agreed with the local CCGs and NHS England.

3.4 The proposed use of the funding in 2013/14 has been built from the outcomes and success of the work undertaken in the CCA and picks up issues identified in the Joint Strategic Needs Assessment.

3.5 These funding proposals also has take into account the need to build service sustainability with significantly reducing budgets in local government and the likely impact of no additional "winter pressures" funding for the local health economy.

4. FUNDING TRANSFER FROM NHS ENGLAND TO SOCIAL CARE – 2013/14

4.1 Overview

As part of the 2013/14 Department of Health Mandate it was agreed in December 2012 that monies would be transferred during 2013/14 from NHS England to local authorities to support adult social care. This is a continuation of previous funding transferred via the old PCT. However there has now been a change in the grant conditions around how plans for the use of the funding are agreed and an external audit sign off that the funding has been spent as per the approved plan.

4.2 Amount to be transferred

In total nationally (in England) this amounts to £859m, which has resulted in an allocation to Reading Borough Council of £2,038,343

4.3 How the funding can be used

For the Council to receive the above funding, it is now required to agree the use of this funding with the local Clinical Commissioning Groups (CCGs) and NHS England, via the Area Team of NHS England. The plan for the use of the health transfer funding require that certain conditions must be satisfied, which are as follows:-

- The funding must be used to support adult social care services in each local authority, which also has a health benefit.
- Health and Wellbeing Boards will be the forum for discussions between the Area Team, CCGs and local authorities on how the funding should be spent.
- Local authorities and CCGs have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.
- Local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.
- The funding can be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. The funding can also support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.
- The *Caring for Our Future* White Paper also sets out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the Department of Health).

4.4 Use of the funding

In keeping with the conditions set out above and following on from the successful development of services in previous years, the Council has identified with Health partners key areas of service that support the delivery of these goals. This is summarised as follows:

Table 1 – Use of 2013/14 Health Transfer Allocation

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

The following summaries this investment:

4.4.1 *The Willows* – Accommodation based Intermediate Care Services – In 2011/12 the Council undertook a major capital upgrade (Approx £1m) of this facility to support improvements to hospital discharges. This funding covers the direct costs of the 10 beds at the unit. (this covers approximately 32% of the cost of this service)

4.4.2 *The Assessment Flats* provide an alternative discharge route for clients coming out of hospital where they need a higher level of input but can be safely supported in the community and then moved back to their own accommodation. This funding covers the rental cost of these flats.

4.4.3 The *Intermediate Care Team* is a dedicated Council resource to support clients in crisis in the community or being discharged from hospital; it is essential that a strong team with capacity is available to meet quick turn rounds of client assessments. This covers 25% of the direct team cost.

4.4.4 The *Community Re-ablement Team* are a dedicated resource capable of managing at least 80 clients in the community at any one time, either support community referrals from those in crisis or supporting hospital discharges. The success of this services working with health colleagues has lead to at least 60% of service users exiting re-ablement to no longer requiring a service. This funding covers 65% of the direct cost of this team.

4.4.5 *Specialist Nursing placements* - To ensure that the Council supports the target of delayed discharges from hospital this funding is sued to support nursing placements. This allows on average three clients to be supported each year (this however is only around 2% of the total cost of nursing placements paid for by the Council).

4.4.6 *Mental Health Re-ablement Team* - The mental health teams use the recovery model to help clients recover from acute phases of their illness and to try and prevent re-lapses. This funding has been used to now recurrently fund this element of the CMHT.

4.4.7 *Long-term Conditions* - A key part of the work between health and social care to reduce the impact of long term conditions on the whole health and social care economy through, prevention, promoting self care and MDT case co-ordination . This supports work across the social care teams in focusing on this key issue.

4.4.8 *Community Equipment and adaptations* - With additional clients being supported in the community, this funding is being used to supply additional equipment.

5. FUNDING TRANSFER FROM NHS ENGLAND TO SOCIAL CARE – 2014/15

5.1 At the time of writing this report the exact allocation for 2014/15 is unknown, however information from the Department of Health suggests that it expects that the national allocation will to rise by £200m to £1,059bn million in 2014/15. The table below illustrates how this change may affect Reading

Table 2 – Assumed increase in funding for 14/15

Total Allocation (2013/14)	859,000,000
Assumed Total increase in NHS funding	200,000,000
Share of national allocation (Reading 13/14)	0.00237
Estimated Reading allocation 14/15 (assuming an unchanged national share)	2,509,830

5.2 If this growth is confirmed, the plan at this stage would be to continue to use the funding as described above with the growth to be consider as part of the 2014-16 planning cycle to support both pressure on existing Adult budget with reductions to the councils core grants and to be used for additional preventative services or other services that meet the required criteria.

6. SPENDING ROUND: HEALTH SETTLEMENT 2015-16

6.1 Following the Chancellor's announcement of the Health Settlement for 2015-16, NHS England provided further information particularly on what this means for CCGs and Local Authorities. Sir David Nicholson's response to the settlement was:

"This is a very significant settlement for the NHS. It presents both opportunities and challenges. It is a potential 'game changer' as it gives us the opportunity to accelerate the development of integrated services. It means we can provide more joined-up care for care for patients with complex needs, enabling them to be supported at home." "Merging health and social care budgets to support integrated care at a time when resources are constrained will require us to rethink how we organise services around patients. We need to begin formulating plans as soon as

possible so that we are ready to take full advantage of the opportunities offered by the 2015/16 settlement."

6.2 Spending Round Headlines

6.2.1 NHS funding will grow in real terms, consistent with the government commitment to protect the NHS. This is a challenging settlement:

- Given rising demand and inflation pressures, it would be expect that the NHS would have needed to deliver c4% efficiency in order to maintain current services,
- In addition, however the NHS, Department for Communities and Local Government (DCLG) and the Department of Health (DH) will pool c£3.8bn of funds for investment in the integration of health and social care (the Integration Transformation Fund). The NHS will contribute £3.4bn towards the Integration fund. This compares to the £0.9bn the NHS currently transfers to support integration with social care.

6.2.2 Social Care integration fund breakdown. The £3.8bn Integration Transformation Fund will be a pooled fund, held by local authorities and funded from:

- The £0.9bn of funding NHS England planned to transfer to fund social care in 2014-15.
- An additional £0.2bn of investment in 2014-15 (to be agreed as part of mandate discussions for 2014-15 with DH).
- DH and other Government Department transfers of £0.4bn (capital grants)□□
- CCG pooled funding of:
  - Re- ablement funding of £0.3bn
  - Carers' break funding of £0.1bn
  - Core CCG funding of £1.9bn

6.2.3 The intention is to give NHS and Social Care commissioners' greater influence over this funding in the future to ensure it is optimised to support local integration of health and care services. To enhance this funding further, the funding CCGs currently hold for re- ablement and carers' breaks will also be included in the pooled budget, alongside other grants that the DH and DCLG currently fund to support Social Care. The integration fund budget will represent a significant share of spend on health and care services and will give CCGs and the Council a significant opportunity to work in partnership to influence how care services are integrated with health services.

6.3 Implications of integrated Funding (Social Care)

6.3.1 It is vital that the NHS and the Council realises the benefits of integration in terms of managing the increased demands on health and social care services, by better managing the demand with improving outcomes for patients and other efficiencies, with increase emphasis on community services and reducing the demand on acute services. Hence, there will be conditions attached to the pooled funding and the creation of new incentives to support integration and the delivery of improved outcomes for both health and social care.

6.3.2 Conditionality on integration fund - The pooled funding will formally sit with local authorities but will be subject to plans being agreed by local Health and Wellbeing Boards (H&WBs) and signed off by CCGs and the Council. Plans would also be subject to assurance at national level. As part of the wider 2014/15 planning round, it is envisaged that plans would be developed this year, signed-off and assured over the

winter and would be implemented from 2014/15. Plans and assurance would need to satisfy nationally prescribed conditions, including:

- Protection for social care services (rather than spending) with the definition determined locally,
- True seven day working across health and social care services to support patients being discharged and prevent unnecessary admissions at weekends,
- Better data sharing between health and social care, based on the NHS number,
- Plans and targets for reducing A&E attendances and emergency admissions,
- Risk sharing principles and contingency plans for if/when targets are not being met,
- Agreement on consequential impacts of changes in the acute sector.

6.4 Implications of Integration Funding (on CCGs)

6.4.1 The overall impact of the settlement on CCGs will be confirmed in allocations. It is NHS England's intention to explore the scope to give CCGs 2 year allocations for 2014-15 and 2015-16 to support commissioners to deliver the changes required in the NHS to realise the necessary efficiencies.

6.4.2 *Impact on Berkshire West CCGs*. - There could be a significant impact on CCG plans for 2014/15 and beyond but on the positive side it absolutely supports the CCGs planned move with partners towards integrated care services. The growth currently assumed in the CCG plans is higher than now anticipated (likely to be 2% rather than 2.3% assumed) but 2 year allocations will support better planning.

6.5 Key Principles

6.5.1 For this integration to work effectively there is a need to agree a set of key objectives that all partners can work towards. Linking into this there will need to be dedicated resources to work together to establish a delivery plan based on these objectives. Over the coming months the Council and Health partners will need to work together to develop this. It is proposed to bring a report to the December 2013 HWB meeting setting out the principles and 'stretch' that partners are committed to accepting that there will need to be radical change within the system to manage growth demand and promote better patient/service user outcomes.

7. CONTRIBUTION TO STRATEGIC AIMS

7.1 The development of services using the health transfer money supports both National objectives but also the local needs identified through the JSNA.

7.2 It meets the Council's strategic objective of promoting a healthy environment for all.

8. COMMUNITY ENGAGEMENT AND INFORMATION

8.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

8.2 The Department of Health's conditions for consultation and engagement on the use of the funding transfer are set out in para. 4.3 above.

9. EQUALITY IMPACT ASSESSMENT

9.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

9.2 In this regard you **must** consider whether the decision will or could have a differential impact on: racial groups; gender; people with disabilities; people of a particular sexual orientation; people due to their age; people due to their religious belief.

9.3 It is not considered that an equality Impact assessment is necessary at this stage. It is clear from the funding allocation proposed in para. 4.4 above that the bulk of the allocation will be targeted at people who are elderly or who have physical or mental disabilities; this is consistent with the Department of Health's conditions for the use of the funding transfer to support social care, as set out in para. 4.3. There are no specific impacts currently on the use of this funding on any racial, gender, sexual or faith groups. This will be reviewed as part of the budget allocation for 2015/16

10. LEGAL IMPLICATIONS

10.1 These monies will be transferred directly from the Thames Valley Area Team (part of NHS England) under Section 256 of the National Health Service Act 2006 (the 2006 Act). The monies will be administered by the Area Team (not CCGs) and funding will only pass over to local authorities once the Section 256 agreement has been approved by the Health and Wellbeing Board.

10.2 The conditions identified in the report are applied under Section 256 (5A), (5B) and (6) of the NHS Act 2006.

10.3 Section 256 concerns the power to make payments towards expenditure on community services. Under the 2006 Act, this power was vested in Primary Care Trusts (PCTs). The Health & Social Care Act 2012 (the 2012 Act – see Schedule 4, para. 129) amended Section 256 of the 2006 Act to replace the reference to PCTs by reference to the NHS Commissioning Board or the CCGs. The 2012 Act also introduced new Sections 256(5A) and 256(5B) to the 2006 Act.

10.4 Under Sections 195-196 of the Health & Social Care Act 2012, the Health & Wellbeing Board has a duty to encourage integrated working in health and social care under the 2006 Act, and a power to encourage closer working in relation to the wider determinants of health.

11. FINANCIAL IMPLICATIONS

Revenue Implications

11.1 The report sets out the key revenue issues for the Council and partners and also sets out the use of the Health Funding for 2013/14. As stated in para. 4.4 above, in 2013/14 Reading will receive a funding transfer of £2,038,343. The figure for 2014/15 has still to be settled, but para. 5 above estimates a transfer to Reading of £2,509,830 and the use of the increase in funding would need to be considered as part of the planning cycle for 2014-16.

Capital implications

11.2 There are no capital implications for the 2013/14 funding allocation.

Value for money

11.3 In the review of any service, there needs to be a consideration of whether value for money is being delivered. The Council has undertaken over the last few years number of transformational programs which have improved outcomes for clients and the Council (e.g. re-ablement service).

11.4 With funding reductions for both health and social care there will be a need to work jointly to determine effectively ways of services delivery which the closer integration of services should support.

Risk Assessment

11.5 The grant conditions for the 2013/14 allocation charged compared to previous years once the financial year had commenced. This has meant that the funding assumptions and plans had already been made prior to this process commencing. If these plans are not agreed this could lead to significant financial pressure for the Council in funding any new commitments beyond those already set out in this report.

11.6 For 2014/15 and beyond there are significant challenges in managing demand for services with an increasing elderly population against a backdrop of reducing resources. Integration of services will help to support this challenge but this comes with substantial challenges in two very different service coming together. This will require resources to deliver the change and some potential difficult issues to be tackled when funding is transferred in 2015/16.

12. BACKGROUND PAPERS

12.1 The National Health Service Commissioning Board (Payments to Local Authorities)Directions2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200464/NHS_transfer_Directions_13-14.pdf

12.2 The National Health Service Commissioning Board (Payments to Local Authorities) Directions 2013 – Explanatory note
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200465/NHS_transfer_Directions_-_Explanatory_note.pdf

12.3 Funding Transfers to Adult Social Care
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

12.4 Funding Transfer from NHS England to social care – 2013/14
Gateway Reference: 00186 Financial Strategy & Allocations Finance
www.england.nhs.uk/wp-content/uploads/2013/07/funding-transfer-to-sc-letter-pdf

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, SOCIAL SERVICES AND HOUSING

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**20 September 2013**	**AGENDA ITEM:**	**8**
TITLE:	**Health and Social Care Integration**		
LEAD COUNCILLOR:	**COUNCILLORS HOSKIN & EDEN**	**PORTFOLIO:**	**Health & adult social care**
SERVICE:	**HEALTH AND ADULT SOCIAL CARE**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**AVRIL WILSON**	**TEL:**	**0118 937 4053**
JOB TITLE:	**DIRECTOR OF EDUCATION, SOCIAL SERVICES AND HOUSING**	**E-MAIL:**	**Avril.wilson@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 At the Board's last meeting it noted the demand and capacity modelling work, commissioned in Spring 2013. This report seeks to inform the Board of the status of the 'Berkshire 10' pioneer bid.

2. RECOMMENDED ACTION

Health and Well Being Board:

2.1 Notes the Pioneer Bid

2.2 Requests that a further report on the Care Bill and integration agenda be submitted to the Board in due course.

3. POLICY CONTEXT

3.1 Over the spring period a number of local health and social care partners commissioned a major piece of work from Capita to:

- model the demand for health and social care over the next 5

years at Unitary Authority level
- build on the modelling work undertaken by Berkshire Health Care Trust
- provide a 5 year view of demand in the economy
- provide evidence based strategic service redesign options for health and social care commissioners.

3.2 The report identifies some trends at local level:

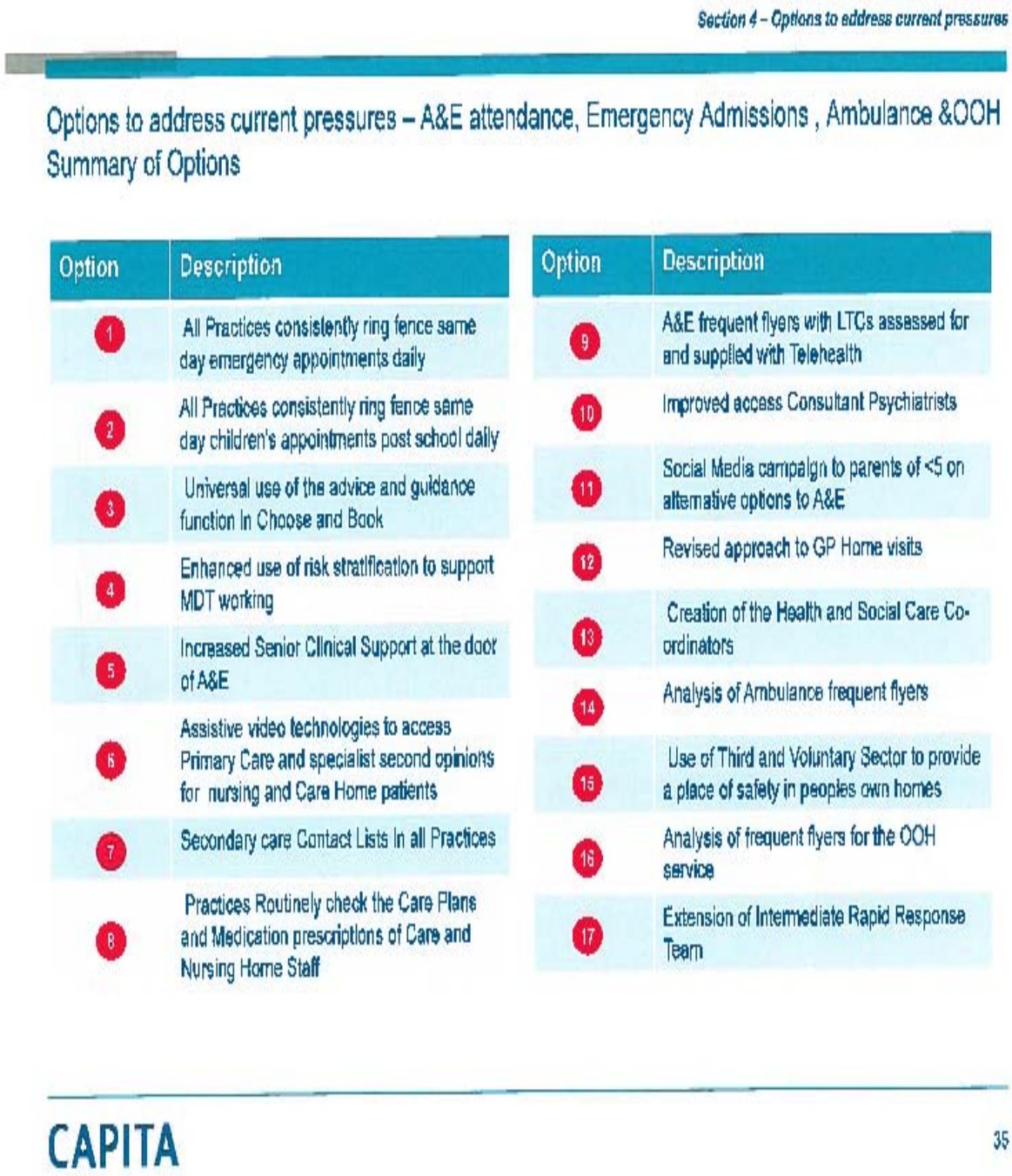
- Increased A& E attendances
- Increased use of OOH provision
- Increased demand for Ambulances
- Pressure on A&E capacity
- Increased demand for non-elective procedures

Many of these issues are not particular to the Reading area and reflect a national pattern of stresses at the 'front door' of A&E that has been subject of considerable debate.

3.3 The report goes on to conclude:

- The 'Do Nothing' option is untenable with demographic pressures alone likely to account for >7.5% average increases across services
- Current Demand and Capacity pressures (many of which concern emergency and unplanned care) must be addressed although the long and short term solutions are not necessarily the same
- The cultural and behavioural pre-conditions exist for fairly advanced levels of collaboration within and across the economy
- The economy is in a position to adopt a Whole System approach to working if the will can be marshalled

3.4 Partner agencies have been meeting and have agreed some short term actions to ease pressures in the system. Overall, however, partners are aware that the must be a step change in activity and a reformed system if the local health and social care economy is not to buckle under demand led pressure (mainly but not wholly associated with older people and those with more than one long term condition). The actions to address current pressures are set out below.



Options to address current pressures – A&E attendance, Emergency Admissions , Ambulance &OOH
Summary of Options

Option	Description
1	All Practices consistently ring fence same day emergency appointments daily
2	All Practices consistently ring fence same day children's appointments post school daily
3	Universal use of the advice and guidance function in Choose and Book
4	Enhanced use of risk stratification to support MDT working
5	Increased Senior Clinical Support at the door of A&E
6	Assistive video technologies to access Primary Care and specialist second opinions for nursing and Care Home patients
7	Secondary care Contact Lists in all Practices
8	Practices Routinely check the Care Plans and Medication prescriptions of Care and Nursing Home Staff

Option	Description
9	A&E frequent flyers with LTCs assessed for and supplied with Telehealth
10	Improved access Consultant Psychiatrists
11	Social Media campaign to parents of <5 on alternative options to A&E
12	Revised approach to GP Home visits
13	Creation of the Health and Social Care Co-ordinators
14	Analysis of Ambulance frequent flyers
15	Use of Third and Voluntary Sector to provide a place of safety in peoples own homes
16	Analysis of frequent flyers for the OOH service
17	Extension of Intermediate Rapid Response Team

CAPITA 35

3.5 On 13 May 2013 the Government published 'Integrated care and support; our shared commitment'. This document set out an expectation that there will be an integrated health and social care system in every locality by 2018. . Linked to this initiative the Government has also called for bids to become a 'pioneer'. Pioneer status does not bring any additional moneys but would allow the local economy to draw down expert help and advice e.g. workforce development and financial modelling.

Partners have worked together to produce the document attached as Appendix A. There were 111 bids at national level and this 'bid' is one of eighteen now being considered at national level. It is hoped that there will be a decision in early October.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Meeting the needs of vulnerable people as part of the strategic aim 'To promote equality, social inclusion and a safe and healthy environment for all'.

5.2 One of the main themes of the Sustainable Community Strategy is '*a fairer Reading for all*'.

5.3 '*Healthy People and Lifestyles*' as part of the Reading Local Strategic Partnership.

6. FINANCIAL IMPLICATIONS

6.1 Adult Social care is a demand led service. The Directorate has focussed on the development of preventative services that are designed to promote independent living and reduce the need for costly interventions such as residential care and acute hospital care. The Council's overall budgetary position is such that it cannot sustain a substantial increase in numbers of people residential care.

7. BACKGROUND PAPERS

Draft Care and Support Bill July 2012
Demand and Capacity Modelling report April 2013
Letter seeking bids for Pioneer status – 13 May 1023

Berkshire West 10 application to become an integration pioneer

South Reading CCG
North & West Reading CCG
Wokingham CCG
Newbury & District CCG
Royal Berkshire NHS Foundation Trust
Berkshire Healthcare Foundation Trust
Reading Borough Council
Wokingham Borough Council
West Berkshire Council
South Central Ambulance Service

Berkshire West's Statement of Intent

"We, the ten organisations in the Berkshire West health and social care economy are committed to developing, testing and implementing innovative approaches to integration through strong collaborative leadership. In line with the National Voices narrative on integrated care we will work together with people, their families and communities to understand what works for them, with a real focus on early support, care and treatment. We are determined to challenge our own thinking about how to achieve this and will bring together the wide range of resources and services across our whole area to bring about locally determined solutions within a single strategic approach. The scale and breadth of services enables us to test a variety of integration options across geographies, care pathways and care groups: the programme maximises our opportunity for realising efficiency savings and testing new models of funding.
We have a strong foundation in our shared vision and our track record, but we know that we need to adopt a revolutionary rather than an evolutionary approach if we are going to succeed in tackling the system pressures and demographic challenges facing us.

We will build on our:

- *Strength in negotiating complex partnerships and making them work, underpinned by robust governance across the "Berkshire West 10"*
- *Strength in our knowledge about the whole system through jointly commissioned demand and capacity modelling*
- *Strength in our track record of delivery across the partnership giving confidence in our future success*
- *Strength in our capability to tackle current system pressures and shared recognition of the need to transform at scale and pace*
- *Strength in our ability to develop a range of locally focussed approaches whilst retaining the scale and impact of an economy wide strategic programme"*

Dr Rod Smith
NHS North and West Reading Clinical Commissioning Group

Dr Stephen Madgwick
NHS Wokingham Clinical Commissioning Group

Nick Carter
West Berkshire Council

Julian Emms
Berkshire Healthcare NHS Foundation Trust

Dr Elizabeth Johnson
NHS South Reading Clinical Commissioning Group

Edward Donald
Royal Berkshire NHS Foundation Trust

Andy Couldrick
Wokingham Borough Council

Dr Abid Irfan
NHS Newbury and District Clinical Commissioning Group

Ian Wardle
Reading Borough Council – Working better with you

South Central Ambulance Service NHS Foundation Trust

The System Challenge

The financial strength of our health system provides a stable platform over the next 12-18 months to realise the benefits that pioneer status will bring. Despite being a low funded economy the system has met the challenge of current pressures by improving productivity and strengthening community services. As a result we have low acute and mental health bed numbers, low numbers of non elective admissions and elective referral and well managed prescribing. Our jointly commissioned review identified a number of short term solutions, drawing on evidence from a wide range of sources including the Primary Care Foundation, the Kings Fund, evaluation of pilots and industry journals, to define initiatives targeted at addressing these short term pressures in a controlled fashion. These solutions have been adopted as part of our 2013-14 programmes. However, this will not be sufficient to address the medium term demand pressure and patient expectations that we have evidenced. Whilst we are a high performing system, we recognise that we need to work together on a transformational programme to realise the benefits of large scale change and innovation.

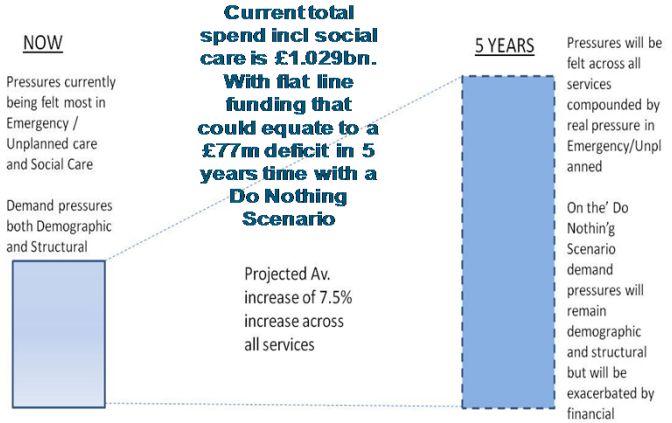


Image: 5 year view based on 'Do Nothing' Scenario

A five year anticipatory review of the economy demonstrated the pressures, in the form of increased demand, that will be experienced across the whole economy. By 2015-16 the pressure generated by increases in an aging population equate to a 7% increase in hospital spells and an 8% increase in beds. This would require 78 additional beds to meet demand. Added to this would be an extra £6m in social care spend. Across all partners we are unanimous in our commitment to ensuring that this future state is not realised, as it does not best serve the interest of our residents who wish to maximise their independence through joined up services in their own home. The success of our approach to integration will be reflected in the extent to which we "bend the trend" and deliver an integrated financially sustainable system whilst delivering services the citizens rate highly.

We aim to develop a population wide model, co-designed with citizens, patients and staff. We will keep even more people well and out of hospital through integrated care services that focus on early prevention, detection, assessment and support in the home and community setting. The main NHS FTs are equally committed to developing this model, including being open to exploring the potential need to integrate at an organisational level as a consequence of this approach, driving greater levels of value than independent FTs can achieve on their own. Both Berkshire Health Care Trust and The Royal Berkshire Foundation Trust have recognised this and have identified possible organisational reconfiguration as a potential strategic option within a three year time frame. Partners are keen to explore radical options for the future – including structural integration, different payment mechanisms and strategic partnerships. Commissioners are committed to using their funding power to develop funding models that support this agenda. Our priority is to provide greater benefits for patients and open up opportunities for new funding arrangements. Limited opportunities for horizontal integration with other acute partners, so this programme has the potential to drive a new organisational model that will ensure sustainability of services across all care sectors.

The leaders of the Berkshire West 10 have developed a direction setting vision, working on the concept of a picture frame that will surround the work that we wish to embark on and recognising that the detail of the picture will develop over time. We identified the elements of the current ways of working that we wish to move away from and identified the more integrated destination that we would like to arrive at. We also agreed on the initiatives, behaviours and drivers that we have established so far and which we seek to retain. We developed a direction setting vision which will be the foundation that underpins our decisions and processes and will be how we judge our success.

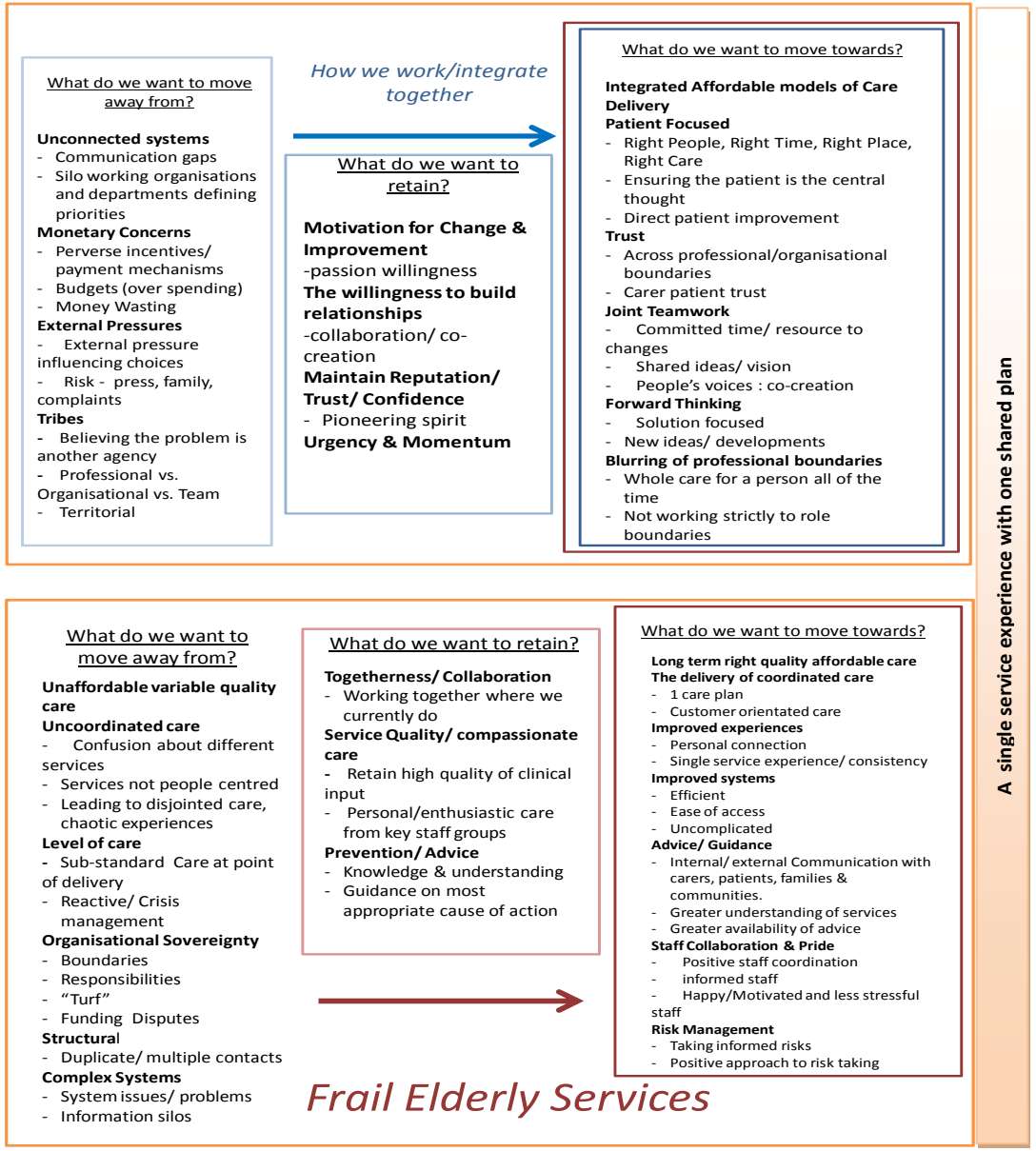
Berkshire West's Direction Setting Vision

Patient Outcomes

- Patients will co-produce their care plans setting their own goals and outcomes
- Patients will have a single point of contact to co-ordinate all their care needs
- Patients with have sufficient information to support their decision making and choices
- Patients will have a personal budget where they choose to

Programme Performance Metrics

- An agreed % of people with LTC, supported by Integrated Teams, will have a shared care plan based on goals they have set by year 2015-16
- An agreed % of vulnerable elderly and patients with LTC can name their care co-ordinator
- NEL admissions will have reduced from the 2012-13 baseline by an agreed %
- DTOCs will have reduced by and agreed number from the 12/13 baseline
- 4 hour target will be consistently met
- 999 conveyances will be reduced from 2012-13 baseline by an agreed %
- Community capacity will have increased by an agreed % in 5 years from the 2012-13 baseline
- There is a mixed modality of primary care delivery, with some primary care services in the area being delivered by the integrated health provider
- Following analysis of the baseline, an agreed % of people in the middle tier of the risk triangle will have had a proactive contact to support them in improving and maintaining their health by March 2015



Frail elderly as an exemplar pathway.

Berkshire West's Approach to Integration

The ten partners across Berkshire West are united in their ambition to undertake a methodical and systematic journey towards more integrated care for the people we serve. We will do this through a well managed, well evidenced programme of work. Building on existing partnership working we have established robust governance arrangements for this programme to bridge the divide between primary and secondary care in the NHS and also that between health and social care. All three Health and Wellbeing boards have supported the submission of this bid as a vehicle for supporting delivery of their health and wellbeing strategies. They form a key plank in our programme.

"Integration will help us to ensure that people live fulfilling lives that meet their personal goals whilst making best use of public sector resources"
Councilor Rachel Eden, Reading Borough Council

Central to our approach is the concept of "do it once, do it right". Therefore, our first step was a detailed piece of work to give an in depth understanding of future demand and the appropriate evidence based response to meeting this. We believe that the support available via the pioneer programme will allow us to accelerate delivery of our ambition and we are on a well defined journey to deliver new models of service integration.

We are now appraising a range of solutions, including both physical and mental health, embracing the opportunity to prioritise prevention and early intervention to maximise health, wellbeing and independence. Going forward, we plan to include Children's services and mental health in the overall programme opportunity to access the support available as a pioneer.

The scope of services within the partnership allows us to test different models of integration across different settings and care groups. Based on our earlier analysis we plan to start with frail elderly. Our ambition is to develop models that integrate health, social care and, where relevant, the full range of unitary authority responsibilities. We will explore new ways of working with individuals at the centre of the team.

We have a sense of urgency in turning ideas about integrated care into action. We recognise that meeting the integration challenge requires us to fully commit and invest resources and expertise to deliver whole system change. To that end we have agreed a pooled budget of £200k for 2013-14 to drive this programme forward. We will be paying particular attention to the "hearts and minds" change needed at all levels within all of our organisations that is central to delivering care in new, innovative ways. Therefore, key elements of our approach include investing in:

- **Engagement** with individuals, families, carers and communities to ensure patient voice is at the heart of the programme
- A strong **programme management office** to drive forward decisions and accelerate progress
- **Independent facilitation** to work along side partners and co-ordinate the alliance
- Implementation of a **programme of cultural change,** preparing staff at all levels in all organisations for new roles and new ways of working
- Strong **governance arrangements** with clear channels for decision making and lines of accountability to each other

We also recognise that throughout the journey, if we are truly going to challenge the status quo, we will need to draw on a raft of specialist advice and guidance on issues such as contracting options, staffing models and information governance from outside of our own organisations. As such we value the opportunity to access to the support on offer. We believe that by having access to this input from the early stages of our journey will significantly improve our chances of success.

Delivering Integration in Berkshire West

The Berkshire West 10 share an understanding that integrated care delivers the best outcomes for our patients and service users. We believe (supported by evidence) that working in partnership, both to deliver integrated care and in support of each other across a broad range of initiatives, is the most effective way for us to ensure that we are providing person centred, personalised, co-ordinated care in the lowest acuity, most appropriate setting. By working together we can ensure that the funding for services is used flexibly across organisational boundaries, regardless of organisational structure and form. As a partnership of ten organisations with a full range of services across the health and social care sector we can deliver end to end integrated care, radically reducing the number of assessments and transactions individuals are subjected to and improving their experience of care. All the options under consideration in Berkshire West are centred around these principles.

The integration programme will build on and strengthen current initiatives which target those people who currently find themselves in the wrong part of the system, those who can be assisted to avoid unnecessary admission to hospital and those who can return to the community more swiftly following admission. The programme will further develop partnerships with the independent care sector, the voluntary sector and importantly patients, their carers and their communities.

Berkshire West is a complex health and social care economy and the scope of our ambition covers commissioners and providers of acute, community, ambulance and social care across services our whole area. We combine a local focus with a strategic vision, bringing together a wide range of services and resources:

- The four CCGs of North West Reading, South Reading, Newbury & District and Wokingham engage individual practices and their patient participation groups within federated governance and strategy
- The three unitary authorities bring knowledge of their local communities with a full range of local authority services
- Berkshire Health Care Foundation Trust provides community, mental health and specialist learning disability services within localities
- Royal Berkshire Foundation Trust (RBFT) provides acute health services to 85% of the Berkshire West population
- South Central Ambulance Service who also provide our local 111 service and has a proven track record in matching resources to demand

The geography and population of Berkshire West is very varied:

- Reading is a young, relatively densely populated town, with rich diversity in terms of affluence, ethnicity and culture
- West Berkshire has one of the most stable and spread out populations in the south east, with pockets of rural deprivation
- Wokingham is one of the most affluent communities in England, with high life expectancy but has new challenges of significant housing development and movement of new families into the borough

Risks and mitigation

Given a diverse community and a fully comprehensive partnership, we have identified three high level risks:

- Maintaining delivery focus and momentum across ten separate organisations
- Maintaining a locally sensitive focus within a wider programme
- Ensuring that the financial challenge of individual organisations and different incentives do not detract from shared objectives

We will define the end state that the programme will deliver and develop patient, organisational and system outcomes with associated performance measures to maintain delivery. We need to ensure that we work together to negotiate a "mosaic" of initiatives, ensuring that each organisation is achieving "wins" alongside any compromises. Solid governance arrangements will maintain focus and ensure that we deliver those wins in a timely manner that supports financial sustainability across the economy. The partnership will be flexible and agile; some initiatives will be shared across all ten partners whilst others will require focus from a smaller subset of partners, working within the overall programme framework.

Listening to the patient voice

We listen to patients' feedback and we have a firm mandate to develop integrated services around patients and their lives. Their feedback has helped us to select frail elderly as our first priority. We have a wide range of mechanisms across all the partner organisations for listening to the patient voice on both a geographical and care pathway perspective. We are embarking on developing our engagement strategy to underpin the work of the programme and the key elements are:

- Keeping the individual's experience and perspective as the organising principle of service design, building on the experience of Reading BC who used this approach to fundamentally redesign their home care services.
- Keeping the needs and perspective of individuals at the heart of the discussion
- Patient representation throughout the governance structure; locality integration groups and Partnership Board
- Involvement must be simple and easily accessible
- The twin activities of co-production and consultation - there needs to be continual feedback to ensure the process is working
- We will develop a broad range of communication and engagement materials that facilitate the participation of all parts of our community, regardless of language spoken, mental capacity or learning disability
- We will develop and embed a patient and public involvement programme that uses a range of mechanisms to engage people in the commissioning, operation and design of health services for people across Berkshire West ,including traditionally harder to reach groups
- We will develop new measures of patient experience to assess the benefits of integration.

HW Wokingham welcomes any opportunity to better co-ordinate services and focus on better health and care outcomes for local people" healthwatch Wokingham

"I can plan my care with people who work together to understand me and my carer(s) allow me control and bring together services to achieve the outcomes important to me"
National Voices

"*Allocate one care provider as coordinator, could be GP, social worker, care worker but that person coordinate everything with the patient*" *A patient*

"Keep improving support, care and treatment in the community for those who need it - elderly sick and disabled; people with dementia; young mums and parents of disabled children " healthwatch West Berkshire

"HW Reading supports this initiative and the work going forward to integrate health and social care services. HW Reading are keen to ensure the patient voice is involved at every level of decision making in order to get the best outcomes for local people" healthwatch Reading

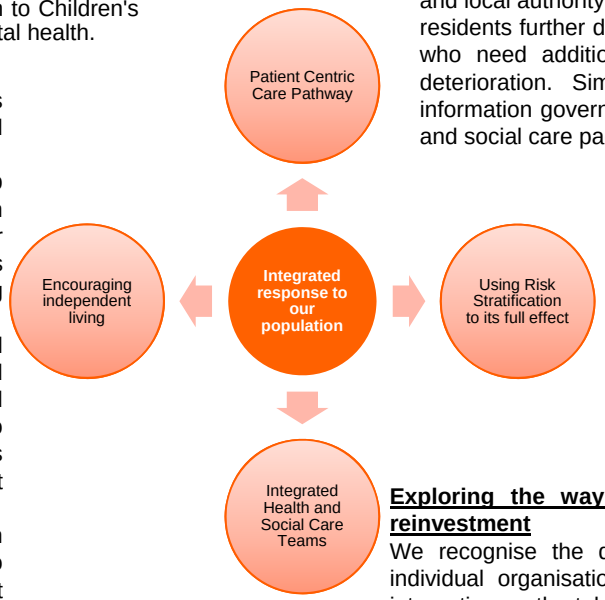
"We need to develop an affordable model which maximises self help and volunteers now in order to be able to cope in the future " A patient

Options on future strategic direction of travel

As a pioneer, the support offered would assist us in appraising a list of options that will maximise the opportunities for providing person centric, integrated and sustainable services. Pioneer status would stretch our current ambitions enabling us to go further, faster.

Developing a patient centric care pathway
The programme will examine new models of service delivery across different settings, including non-traditional health organisations (e.g. housing) and voluntary sector organisations, designed along pathways that support people to stay well, recover from illness and optimise independence and wellbeing. We will start with frail elderly, both from a physical and mental health perspective and will move on to Children's services including health, social care, education and mental health.

Encouraging independent living
We will work across health and social care organisations as well as voluntary sector and community based organisations.
Promoting self care – We have already deployed a web based tool to promote joint care planning between individuals and doctors and will build on this to deliver further self care initiatives. This will include partnerships with social enterprises to design new non clinical coaching modalities to support people with LTCs.
Supporting care homes – Consolidated effort across all ten parties to provide proactive support to care and nursing homes. Strategic partnerships will be established with Supported Housing providers and social enterprise to enable more upstream solutions to need as well as supporting timely hospital discharge through direct provision for people with complex needs.
Strategic partnerships will be established with Supported Housing providers and social enterprise to enable more upstream solutions to need and support timely hospital discharge through direct provision for people with complex needs.



Using Risk Stratification across health and local authority services
We have successfully implemented risk stratification across all 56 GP practices and must look at ways to maximise the benefits of this investment, both at a strategic and individual level. By sharing information across health and local authority colleagues we can work as a system to target key groups of residents further down the risk triangle to prevent ill health and identify people who need additional support to promote independent living and prevent deterioration. Similarly we would like to overcome the technical and information governance issues that have so far excluded information on CHC and social care packages from our ACGs risk stratification model.

Integrated Health and Social Care Teams
We will look to build multi disciplinary teams around groups of practices working in neighbourhoods. These teams will support both proactive and reactive care for our residents.
The Hub – We are looking to develop the 'Health and Social Care Hub' providing access to both community and social care services. Residents will be able to receive an integrated service provided from the Berkshire 10.

Changing the way we work:
Modernising the current model of primary care – New models and approaches to primary care are required to meet the workforce challenge and the new demands on the primary care sector in a newly transformed system. The emerging trend is for more part time salaried doctors which challenges the current partnership model. Small and single handed practices are less able to respond to increased demand. Therefore, the programme will explore new organisational models for the provision of primary care that will strengthen integration with community health and social care, building on the current success of joint triage between GPs and the ambulance. A workshop to begin to develop a strategy for primary care is scheduled for October.
Revolutionising our workforce - Bringing together the qualified and non qualified home care workforce to improve the quality of care and provide seamless services which prevent patients bouncing around our system, in response to patient feedback.

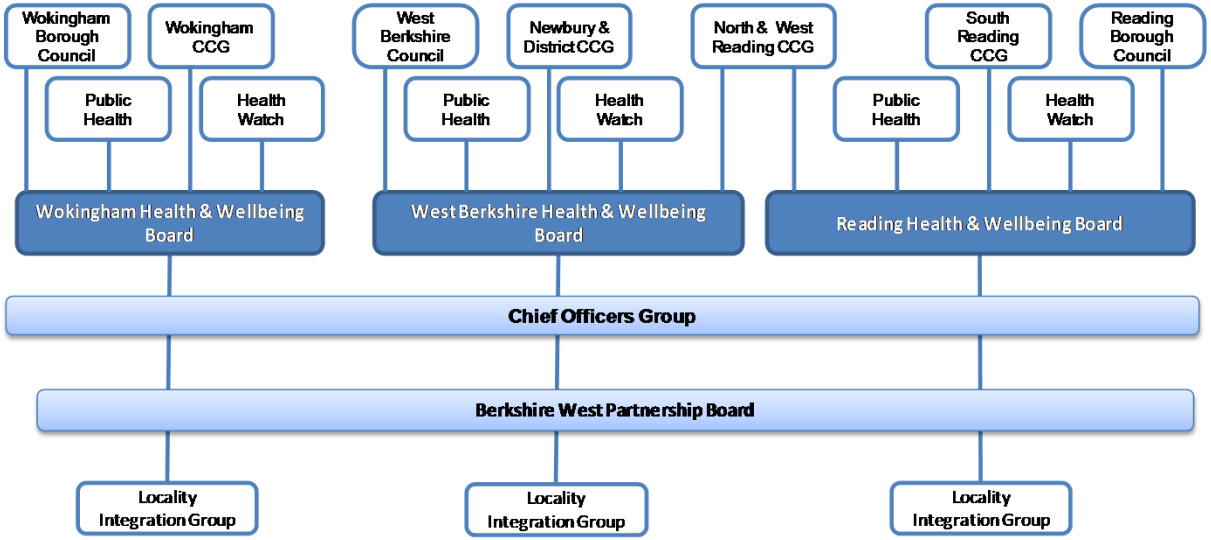
Exploring the way we fund care and delivering efficiency savings for reinvestment
We recognise the drive for greater integration may present a challenge for individual organisations and we have agreed to keep the option of structural integration on the table for discussion. We will also explore different organisational forms including social enterprise arrangements which could provide a range of benefits, both in the quality and continuity of care we are able to provide and contribute to financial sustainability.
Testing new models of funding options – there are challenges with the current PbR payment system and one option would be to move away from this model of payment within the acute. For example through a year of care approach that is pathway based, outcome based contracts, capacity model funding and increasing the flexibility and blurring between health and social care. This is recognised as fundamental especially in the light of the Spending Round Settlement announced this week.
Application of Personalised Health Budgets – Building on the learning from social care, we want to explore the benefits of implementing personal health budgets particularly where these can be aligned with personal budgets from social care. The application of personal budgets provides the opportunity to maximise the contribution of the non statutory sector.

Underpinning our approach

In developing our programme of work we have drawn on best practice evidence, not only to inform the initiatives that we wish to take forward, but also the evidence of what is needed to deliver success at pace in programmes such as ours.

***Robust Governance structures*:** In order to maximise our chances of success as a partnership, we have underpinned our joint working with strong governance arrangements that include all partners and which have proved resilient over a period of time. Central to our arrangements are Berkshire West's three health and wellbeing boards.

Independent facilitation: Independent facilitation will increase our effectiveness and efficiency, ensuring ongoing and effective dialogue between all group members. A neutral independent third party can make real gains in pulling parties together and aligning them around intent and decisions and ensuring all voices are heard.



A strong programme management office: A dedicated programme management office (PMO) has been cited by the King's Fund as a key enabler to marshalling and co-ordinating integration activities. Effective governance arrangements will be underpinned by senior clinical and managerial support and dedicated programme management to turn high-level commitments into action. There is likely to be a gap between intentions and impact unless sufficient resources are identified to support implementation and execution. Therefore we have taken the decision to invest in dedicated programme management support to ensure that progress is monitored, managed and delivered swiftly.

Programme of cultural change: We recognise that implementation of our programme of work will result in a very different workforce. We will have a clear focus on the skills required to deliver integrated care and not be constrained by traditional professional boundaries. We must begin to prepare for this and will do so through a cultural change programme that will start straight away. As leaders we need to instil ownership amongst staff by helping them to understand why change is needed and clarifying the benefits that it will deliver at all levels. To develop a truly integrated workforce we must undertake joint education and skills development across organisational boundaries and professions.

Sharing learning: We are acutely conscious that Berkshire West is not alone in aspiring to deliver integration and this is a steep learning curve for all economies. Therefore we are committed to networking with colleagues across the regional and national system to expand the shared evidence base and disseminate experience. Good mechanisms for knowledge transfer generate innovative ideas and ensure that mistakes are not replicated unnecessarily. To that end we would be keen to be involved in both contributing to and designing mechanisms for spreading learning around the country. The Berkshire West 10 partners are already actively involved in a broad range of networks and groups, at a local and national level. There is potential within some of these forums to add value to the integration agenda.

Building on firm foundations

Berkshire West is developing a notable track record of delivering cross economy improvements based on strong qualitative and quantitative evidence. Details of a number of our initiatives are outlined below, providing evidence of our capability to deliver further integration successfully. Importantly, whilst each of these developments have delivered direct benefits for patients and staff, critically, they have strengthened the Berkshire West 10′s confidence and commitment to delivering quality and financial benefits through working together. We believe that our progress so far demonstrates our capability to deliver this programme of work, with the right support.

In 2011, Berkshire West PCT commissioned an "Interqual" Audit which provided intelligence about the numbers of patients in the health system who were potentially "not in the right place" for their needs to be met most effectively. This was supplemented by qualitative research undertaken by Public Health, which supported the key findings. This work stimulated the development of various initiatives across the whole system to develop sufficient capacity in the right place.

Community Rapid Response and Re-ablement Services: The service provides alternative pathways to secondary care admission for patients who require health and social care interventions to prevent unnecessary admissions and to discharge patients as early as possible to the right level of community care.

Breaking down the boundaries between acute and community care : It was recognised that consultant geriatrician input was required right across the patient pathway, including in the community and community hospitals. Three community geriatricians were appointed based within each of the unitary authority areas, leading admissions to the community rehabilitation beds and owning the discharge process. These geriatricians are supported by additional services, such as a Rapid Assessment Clinic for Older People, in-reach to patient's homes and residential care facilities, liaison with community matrons, palliative care and improved advance care planning.

Long Term Conditions - Transforming diabetes care: The CCGs host a system wide LTCs programme board which has introduced risk stratification across all practices, developed approaches to self care and has driven the integration of health and social care services. For example, a new diabetes pathway is now supported by a community diabetes service from both community and secondary care providers.

Berkshire has two projects contributing to a national **Pathfinder programme** providing psychological interventions to people with LTCs providing a specialist psychological service for patients with diabetes, establishing a stepped multi-agency care pathway across primary care, psychological services and liaison psychiatry for patients with medically unexplained symptoms. The projects are finding significant improvements in psychological measures and physical symptoms and provide a good example of partnership working between CCGs, local GPs and community and mental health services and are developing innovative approaches which have the potential to have a significant impact on patient outcomes.

Driving improvement in dementia care: Berkshire West has a vibrant Dementia Stakeholders Group with representation from health commissioners and providers, unitary authorities and the voluntary sector, implementing our dementia strategy at local level. It has delivered a number of successes including: increased capacity in memory clinics through increased consultant and mental health practitioner time and roll out of shared care embedded in the memory service.

Building on firm foundations

Joint Commissioning of substance misuse and carers services: The health commissioners and the three unitary authorities in Berkshire West united to commission tier 3 substance misuse services in a way that allowed a system wide and locality appropriate model of provision, ensuring that services fit with the local tier 2 services commissioned by the councils and deliver system wide efficiencies. Together, commissioners developed a single but flexible specification resulting in a single contract and a significant reduction in bureaucracy associated with four contracts.

Moving money across organisational boundaries: Health commissioners recognised the link between effective social care and use of NHS resources some time ago and demonstrated this by transferring funding prior to the national transfer of social care funding. A number of initiatives were taken forward as part of this "Sustainable Solutions" project which laid the foundations for further work undertaken through use of the transfer monies.

Developing the third sector: We recognise the important role that the voluntary and community sector has to play in supporting people to improve their health and well-being; local groups working in neighbourhoods can make a significant difference and bring new ideas about improving the health of individuals of people all ages and their families. CCGs in Berkshire West use a partnership development fund to support initiatives with the Community and Voluntary Sector, including funding the Red Cross to provide volunteers to go home with vulnerable elderly patients who are fit to be discharged from A&E.

Summary

The Berkshire West 10 have:

- A robust understanding of the scale of the challenge
- A strong vision to deliver a single service experience for our population and drive pathways efficiencies
- Clear measures of success
- The scale of a health and social care economy wide partnership
- Strong governance and programme management arrangements

The Berkshire West 10 will:

- Keep the patient perspective at the heart of the programme
- Deliver savings in order to invest in other parts of the system in pursuit of integration
- Monitor and manage our progress with metrics
- Access support within and beyond the pioneer programme to enable us to proceed at pace
- Collectively invest in the resources required to drive a programme of this size

NHS Call to Action

The purpose of this report is to inform the Health and Wellbeing Board of the publication of NHS England's "A Call to Action" and the roles of CCGs and Health and Wellbeing Boards to work in partnership during the 2014/15 planning round and development of CCGs' five year vision and strategies.

In July 2013, NHS England published 'A Call to Action' (www.england.nhs.uk/2013/07/11/call-to-action). It set out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains flat and rising expectation of the quality of care. The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.

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

NHS England has produced a slide pack which outlines the roles of the National Support Centre, NHS England Regional and Area Teams, Clinical Commissioning Groups and Health and Wellbeing Boards. The slides relating to CCGs and Health and Wellbeing Boards are attached in Appendix A.

Members are asked to note NHS England's suggestions for the role of Health and Wellbeing Board, namely :

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

A Call To Action - partnerships

National Support Centre
Regions
Area Teams
Clinical Commissioning Groups
Health and wellbeing boards

Clinical Commissioning Groups

- The CCGs have an important role in:
  - Leading and/or working in partnership with other CCGs to run local engagement events (potentially with health and wellbeing boards)
  - Incorporating the ‘Call to Action’ as a complementary strand to existing engagement work over the autumn
  - Building momentum with local partners – e.g. health and wellbeing boards, patients’ groups
  - Liaising with Area Teams for shared development of engagement work, in order for ATs to consolidate area engagement
  - Providing feedback on the progress of the ‘Call to Action’ in their localities
- There is not a single mandated approach to the CCG activity, as this would run contrary to the principles of the new commissioning system. CCGs have flexibility to join with ATs and neighbouring areas (providing that does not diminish the opportunities for local communities to participate) and to use the services of CSUs to manage this locally.
- The ‘Call to Action’ will lead to 5 year commissioning plans owned by each CCG, with the first 2 years covering hard edged commitments. The engagement phase should provide a key channel through which CCGs can test ideas and gather feedback to inform their strategic plans.

- The Commissioning Assembly will continue to be key partners in co-producing this going forward.

Health and wellbeing boards

- The health and wellbeing boards (HWWBs) have an important role in:
  - Understanding the specific communities to engage during the campaign
  - Agreeing how the £3.8bn integrated budgets will contribute towards the strategic plans
  - Ensuring community needs and requirements are covered in the plan development at a local health economy level
- There is an opportunity for health and wellbeing boards to be critical partners in the design and delivery of the call to action, in supporting the alignment of plans and encouraging the wider participation of local stakeholders.
- There is not a single approach to how this could work, but area teams and clinical commissioning groups are asked to consider how their HWWBs can be integral to this process, there is joint ownership where possible, and to ensure this is part of the dialogue with HWWBs around identifying and meeting local priorities.
- The Strategy Unit will refine further the roles and working models as we discuss with colleagues in regions and area teams, and with the Commissioning Assembly.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, SOCIAL SERVICES & HOUSING

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**20 SEPTEMBER 2013**	**AGENDA ITEM:**	**10**
TITLE:	**WINTERBOURNE VIEW STOCK TAKE AND BRIEFING**		
LEAD COUNCILLOR:	**COUNCILLOR EDEN**	**PORTFOLIO:**	**ADULT SOCIAL CARE**
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**BRIGID DAY**	**TEL:**	**0118 937 3207**
JOB TITLE:	**HEAD OF TRANSFORMATION**	**E-MAIL:**	**brigid.day@reading.gov.uk**

RECOMMENDED ACTION

- **HWWB to note the report and attached LGA/ NHS stock take document and Reading's actions to date (appendix 1)**

- **HWWB receive a further update report on progress in March 2014**

1. BACKGROUND

1.1 In December 2012 the Department of Health published its final report Transforming Care: A National Response to Winterbourne View. The report plus the Winterbourne View Review, Concordat: Programme of Action sets out steps to respond to the failings that led to the abuse at Winterbourne View and a programme of action to transform services to ensure people no longer live in hospital settings which are inappropriate.

1.2 Transforming Care: a national response to Winterbourne View:

1.2.1 In summary the main national recommendations from the Dept of Health are:

- All current placements reviewed by 1 June 2013, and everyone inappropriately in hospital will move to community-based support as quickly as possible, and no later than 1 June 2014.

- By April 2014 each area will have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and

mental health conditions or behaviour described as challenging, in line with the model of good care set out at Annex A.

- As a consequence, there will be a dramatic reduction in hospital placements for this group of people and the closure of large hospitals.

- A new NHS and local government-led joint improvement team, with funding from the Department of Health, will be created to lead and support this transformation.

- Accountability strengthened of Boards of Directors and Managers for the safety and quality of care those organisations provide.

- CQC will strengthen inspections and regulation of hospitals and care homes for this group of people. This will include unannounced inspections involving people who use services and their families, and steps to ensure services are in line with the agreed model of care;

- The Dept of Health will monitor via the improvement team and report on progress nationally.

Transforming Care: A National Response to Winterbourne View, Department of Health. December 2012

2. READING AND BERKSHIRE RESPONSE TO THE NATIONAL TIMETABLE:

2.1 In August 2012 South Central SHA produced a document collating all recommendations from a range of reports including the Winterbourne View Hospital Serious Case Review Report and the Care Quality Commission internal management review of regulations.

2.2 The SHA sought reassurance from the PCTs in relation to commissioning of learning disability services and action around these recommendations.

2.3 A Berkshire wide Winterbourne View project group was set up by the Commissioning Support Unit (PCT) to collate a cross Berkshire response to the SHA which was submitted in December 2012, and to co-ordinate the work to ensure the Winterbourne View report recommendations are actioned. The project group brings together Adult Social Care, Safeguarding professionals and Commissioning staff from NHS and the 6 unitary authorities plus Learning Disability Partnership Boards, CCG's, the acute trusts and BHFT. Terms of Reference, a draft action plan and a position statement are in place.

2.4 As part of the national timetable the Commissioning Support Unit (CSU) collated information about all health funded patients across Berkshire to develop registers to be held by CCGs. Each unitary authority, East and West Berkshire Continuing Health Care and BHFT provided information which included where the individual is placed, who is responsible for the contract, when the last review took place and the named clinical lead and case manager. This was completed by the deadline of February 2013 and the registers are now maintained by the CCG's from April 2013.

2.5 A briefing report on the local position has also been shared with the local Adults Safeguarding board

3. READING INFORMATION:

3.1 There are a total of 8 Reading individuals funded by the NHS living in a hospital setting. All these individuals have a named case manager and a clinical lead person in the local Learning Disability team. All are placed out of area. 6 of the 8 individuals are subject to sections of the Mental Health Act and 2 are living in Special Hospital Service Authority provision. All have received a review in the last year. The NHS and local authority co-ordinate on planning for the future care of these individuals.

3.2 The local team has been proactive in ensuring they have an overview of this group and will continue to monitor. Of the 8 people, moves are currently being planned for three people.

3.3 Contracts for 5 of the 6 people are held and funded by BHFT. In addition there is another individual managed by Slough but falls under a Reading CCG. 2 others have been admitted to treatment and assessment provision out of borough.

3.4 In Reading we have gone further than the formal provision of the Winterbourne review and have ensured we are also monitoring a further 8 people who have similar needs(ie challenging behaviour) living in residential care,and funded via arrangements between NHS and council. All but one of these people are supported under the Mental Health Act.

There are no plans to move these people at present, as their placements are meeting their needs. However they will continue to be monitored and reviewed

3.5 Reading BC are participating in a Berkshire wide commissioning initiative for provision for people with challenging behaviour, which is intended to develop better procurement of this specialist area.

4. ACTIONS and PLANS:

4.1 The attached LGA Stock take, was submitted on the 5th July separately by each of the 6 unitary authorities together with a pan Berkshire response which has been incorporated into the Reading BC submission. The HWWB is asked to note this document. Locally we have delivered on the actions required

4.2 CCG registers are being maintained locally from April 2013. Person centred plans based on the individual and their families are in place. Data on each individual whose care is funded either totally or partially by NHS including those in residential care, will also be updated along with placement costs by the learning disability team.

4.3 Health & Social Care Commissioners will continue to review all hospital placements (as above) and support those inappropriately placed to move to community based support by no later than 1.6.2014. Locally this is being done mainly by NHS staff as BHFT is the lead agency, but in discussion with the local joint Learning Disability team.

4.4 By April 2014, CCGs and local authorities will need to set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. There is a presumption that this will be managed via pooled budget arrangements which needs to be further discussed at local level. The Berkshire wide commissioning group will contribute to delivering this.

4.5 The Winterbourne View Project Group will continue to meet to ensure the recommendations are being actioned, including 5.2, 5.3 and 5.4 above . The CSU have developed an action plan to deliver these, but a local plan for Reading will need to be developed between the NHS and social care. This is currently under discussion.

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Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	NHS Central Southern Commissioning Support Unit (CSU) chairs a cross Berkshire Winterbourne View Board to oversee key actions of the final report.which includes representatives from all 6 LA's Learning Disability Teams ,Partnership Boards, Safeguarding, Commissioning and CCG's. An action plan is in place and an across Berkshire response was made to the SHA Winterbourne View Assurance request in December 12.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	There is a Berkshire wide social care commissioners group including the CCG Director representation to:- Support the development provider capacity for out of area placements and this group oversees the monitoring and quality of placements to achieve consistent quality monitoring. This group will also review supported living services. A strategic business plan to move patients from out of area placements and those in in-patient beds will be developed. This plan will be worked up through collaborating resources that will include housing and operating through pooled resources. Partners also include Berkshire Healthcare Foundation Trust (BHFT), Continuing Healthcare lead (CHC), an advocacy organisation and the East and West Acute Trust.		

1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	A cross Berkshire Local Authority Commissioning Group is looking at existing services and service development for all people with complex needs and behaviour that can challenge services. A Berkshire wide Developing Excellence in Challenging Behaviour Steering Group chaired by Berkshire Healthcare Foundation Trust links with the commissioning group. Berkshire intends to develop robust review standards to provide a consistent approach throughout of Berkshire to plan appropriate services for those people that can be repatriated back into the local area.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	The Partnership Board is represented on the Winterbourne View Project Group. Governance arrangements exist between the project group and the Partnership Board through its board meeting and health sub-group. Regular reports are given to the Partnership Board. A Specialist Mental Health & Learning Disability Commissioner from the CSCSU is a member of the board.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	The HWBB has received a verbal report and will receive a full report at their next meeting in September as there are only three per year, but stocktake will go to July's Reading executive group for the HWBB		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Good working relationships with BHFT and joint Learning Disability team in Reading enables problem		Development of clearer

	solving at a local level. New NHS arrangements plus complexity of coordinating across six LA's means the cross Berkshire group is less clear on how responsibilities and difficulties get resolved between organisations.		protocols on responsibilities
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	Members of the cross Berkshire Winterbourne View Project Board are accountable to their individual organisations and good governance arrangements are in place.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	One protracted OR disputed case with another local authority which resolved via counsels advice. Pending new placement. Cross Berkshire working on commissioning as ref'd in 1.2 which is in early stages and will include Ordinary residence		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Being discussed at the cross Berkshire Commissioning Group and Developing Excellence in Challenging Behaviour Steering Group as well as within Reading Borough Council adult social care. All RBC people with challenging behaviour in any type of placement have been identified and will be reviewed.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Yes for all people with learning disabilities known to the CLDT who are funded by the local authority. However, not all costs of services funded by BHFT or CHC are understood.		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social	Yes, funding arrangements are clear although some clarity is needed around the application of the		

Care.	assessment process and criteria. Funding sources will be developed as part of developing a health and social care joint strategic plan		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	We do not have S75 arrangements but we do have people whose care is joint funded through Continuing Healthcare agreements and joint funded posts within the CLDT which is an integrated team.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk. 2.5 Have you agreed individual contributions to any pool. 2.6 Does it include potential costs of young people in transition and of children's services. 2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	We do not have pooled budget arrangements in place for people with learning disabilities but as above we do have joint funded posts within the CLDT. This will developed as part of the joint plan. No Transition planning and mapping takes place around young people who will need support from adult social care. This includes projected costs. A transition panel is in place to discuss individual cases. Costs, potential savings and service development are included in the work of the cross Berkshire Local Authority Commissioning Group. This was also included in the mapping carried out for a Berkshire wide Challenging Behaviour event in 2011 which resulted in the setting up of the Developing Excellence in Challenging Behaviour Steering Group. This will be taken into account to develop the health and social care strategic plan.		
3. Case management for individuals			

3.1 Do you have a joint, integrated community team.	Yes The local authority hosts a joint team which includes Berkshire Healthcare Foundation Trust staff		
3.2 Is there clarity about the role and function of the local community team.	The role and function of the different professionals within Community Learning Disability Team as well as the team's role is clear.		
3.3 Does it have capacity to deliver the review and re-provision programme.	The capacity to deliver is limited in the social care element of the team and needs to be extended into the capacity of the health element of the team. On the current cases the CLDT is responsible for it is manageable. Further discussion on responsibility for CHC funded cases may be required with NHS colleagues. Yes and additionally Reading BC understands that the CCGs are planning to provide additional resources to complete the Continuing Health Care reviews.		
3.4 Is there clarity about overall professional leadership of the review programme.	The Winterbourne Project Board will oversee key recommendations and beyond of the Winterbourne View report.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Each person has been assigned a clinical lead and case manager.		
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	There is agreement about the number of people affected and an identified care manager and clinical lead are in place. They will ensure support for individuals and families are in place.		

4.2 Are arrangements for review of people funded through specialist commissioning clear.	People funded via CHC are reviewed by the local authority. Those funded via Specialist Health (BHFT) are reviewed by the BHFT Specialist Liaison Nurse for out of county placements in partnership with the local authority. Berkshire Healthcare Foundation Trust (BHFT) oversees the review of people funded through specialist commissioning and further robust arrangements will be made to ensure that information is shared and recorded.			
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Formal working and partnership arrangements with the newly launched Healthwatch are being developed. There are existing good networks with advocacy organisations and a LD carers forum which received regular feedback on W'bourne view.			
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	Mapping for the cross Berkshire Challenging Behaviour Event took place in 2011. The list for Reading is maintained and in use. In addition as part of the quality indicators a Berkshire wide formulation process planning (from Unified Approach) is used to regularly audit 5 people per CLDT including in-patient services. A list of those who are health funded was submitted to the CSCSU as part of the SHA Winterbourne View Assurance in December 12. The CCG have received info from the LA for the registers that include the names of case managers and all review dates			

4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	As above. Yes, the CCG will continue to maintain the registers through an information exchange process with the LA's.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Advocacy is available locally via voluntary sector organisations e.g. Talkback, Webcas and MenCap family advisers.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	A standard format for person centred reviews is in place in Reading . RBC Reviews are signed off by senior staff and outcomes discussed in supervision. Berkshire is trying to develop a consistent approach through developing supplementary questions into the review process.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes, in addition a Berkshire wide formulation process planning (from Unified Approach) is used to regularly audit 5 people per CLDT including in-patient services. Use of checklist across Berks gives good understanding of Challenging behaviour reviews and requirements.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes all health funded placement reviews identified from W'bourne view action plan have been completed by CLDT. Further plans will be developed across Berks to review appropriate moves for people in in-patient beds.		

5. Safeguarding 5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Relationships exist between placing and hosting authorities to ensure information is shared across commissioners. Safeguarding alerts and issues are shared with other LA's and relevant partners.		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	RBC commissioning has robust safeguarding, contract and quality performance monitoring systems in place. A Quality Monitoring Board oversees all social care contracts and performance. Board meets every 6 weeks and works closely with safeguarding. Safeguarding and Quality Performance Monitoring is included in the contract and service specification. If there are concerns RBC works with the provider to drive up standards, ensuring CQC are aware of concerns. Serious concerns are fed back to the safeguarding independent chair. Providers are risk assessed with level of activity based on the level of risk. Risk assessment is regularly reviewed. An events log is in place for non safeguarding incidences or complaints. There is a Berkshire wide local sharing agreement within the safeguarding procedures. These are being used to share information and risk assessments. Berkshire operates an alert process where information is shared between partner agencies.		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	Feedback from inspections is given by the Director for Learning Disability Clinical Services at BHFT who is a member of the Partnership Board and it's health sub		

	group. Email communication has also been received by senior managers in RBC.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Adult Safeguarding are represented on the Winterbourne View Project Group chaired by the CSU. The Winterbourne View review programme has been presented to the adult safeguarding board. The Safeguarding Locality Manager provides a link between both Boards and Winterbourne View has been discussed.		
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	RBC Quality Monitoring Team, Safeguarding and Complaints work closely together to monitor and record any alerts or issues of concern that are not taken as alerts. These are recorded on a central issues log and managed via a Board. Officers and Safeguarding Team (which includes DoLS Coordinator visit and provide advice and training to providers if required.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	Berkshire has a robust alert system. Good practice is currently formally shared through the Partnership Board, it's work groups, annual report, the Health Self Assessment Framework and other information networks.		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	The Reading LD Partnership Board works regularly with the Safer Communities Team who feed back to the Community Safety Partnership.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Active working links are in place between CQC and the LA in relation to care providers. The CCGs receives CQC inspection reports where concerns are highlighted.		

6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Locally this will be completed on an individual case by case basis		
6.2 Are these being jointly reviewed, developed and delivered.	yes		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	RBC has robust information about people fully health funded and those jointly funded. the CCG and local authorities maintain local registers and have a good understanding of both joint and solely health funded placements.		
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	Reading are developing a commissioning strategy that will include this. This will also be considered in developing the Berkshire joint Health and Social Care Strategic Plan.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	No.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	No – this will be developed as part of the joint Health and Social Care Strategic plan.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Self advocacy and citizens advocacy are commissioned through the adult social care grant funding process. Commissioning of advocacy support will be reviewed to ensure adequate cover for people with LD. The CCG will review access to advocacy to ensure that this adequately available where necessary.		
6.8 Is your local delivery plan in the process of being developed, resourced and	Yes.		

agreed.	The local delivery plan will be part of the wider joint Health and Social Care Strategic plan.		
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	Plans are in progress to deliver against the target, but of the 6 reviewed , at least one may need to remain in their current placement.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	Availability of appropriate alternative placements locally		
7. Developing local teams and services			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	As above under 6.9		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Advocacy services have Service Level Agreements in place with clear outcomes. SLA monitoring takes place every 2 months with more regular update meetings for self advocacy.		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Reading CLDT Assistant Team Manager is trained MCA assessor and therefore consideration to MCA and DOLS is embedded throughout the practice of the team. Currently 2 senior Social Workers are under taking training.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	This will be developed into the joint Health and Social Care Policy.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	Currently East Berkshire has 2 behaviour specialists in place and 1 based at Prospect Park covers all		

8.3 Do commissioning intentions include a workforce and skills assessment development.	Berkshire admissions and follow up on discharge. The CCG will review the emergency responses to build into the joint Health and Social Care Strategic Plan. As above under 8.2.		
9. Understanding the population who need/receive services 9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges. 9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Audit of all people with challenging behaviour i.e. including those known to ASC was carried out for Berkshire wide Challenging Behaviour Event (Oct 2011). The resulting Developing Excellence in Challenging Behaviour Steering Group Conference has developed a model of care which will be shared with cross Berkshire Commissioning Group. Yes.		

10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	Future demand is broadly known through information on young people coming up to transition, and is being refined as part of developing an all age disability service.		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 11.2 Does this include an updated gap analysis. 11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	Yes, this is in development as part of the emerging commissioning strategy and quality monitoring work in RBC. This is a wider piece of work as stated above under 1.2. Not yet. Good joint working across Berkshire through the commissioning group, Challenging Behaviour Steering Group and Winterbourne View Project Group.		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name……Debra Cole, Brigid Day, Caroline Penfold……

Organisation……Reading Borough Council……

Contact Debra Cole……

Signed by:

Chair HWB …… sent this copy 8/7/13

LA Chief Executive ……IW signed…

CCG rep……signed .

Delivery of Dental Public Health Function in Thames Valley from 1st April 2013

Paul Batchelor

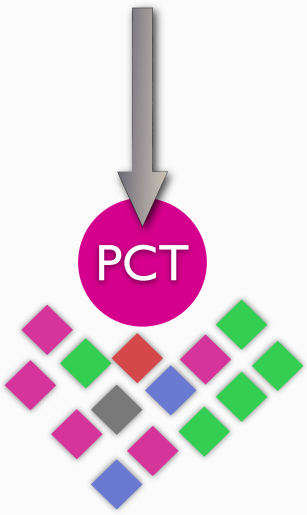
outline

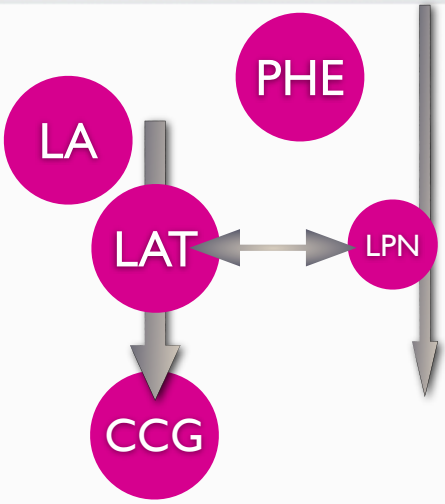
- dental public health ‘functions’
- structural reform
- some issues

dental public health functions

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

Structural Reform





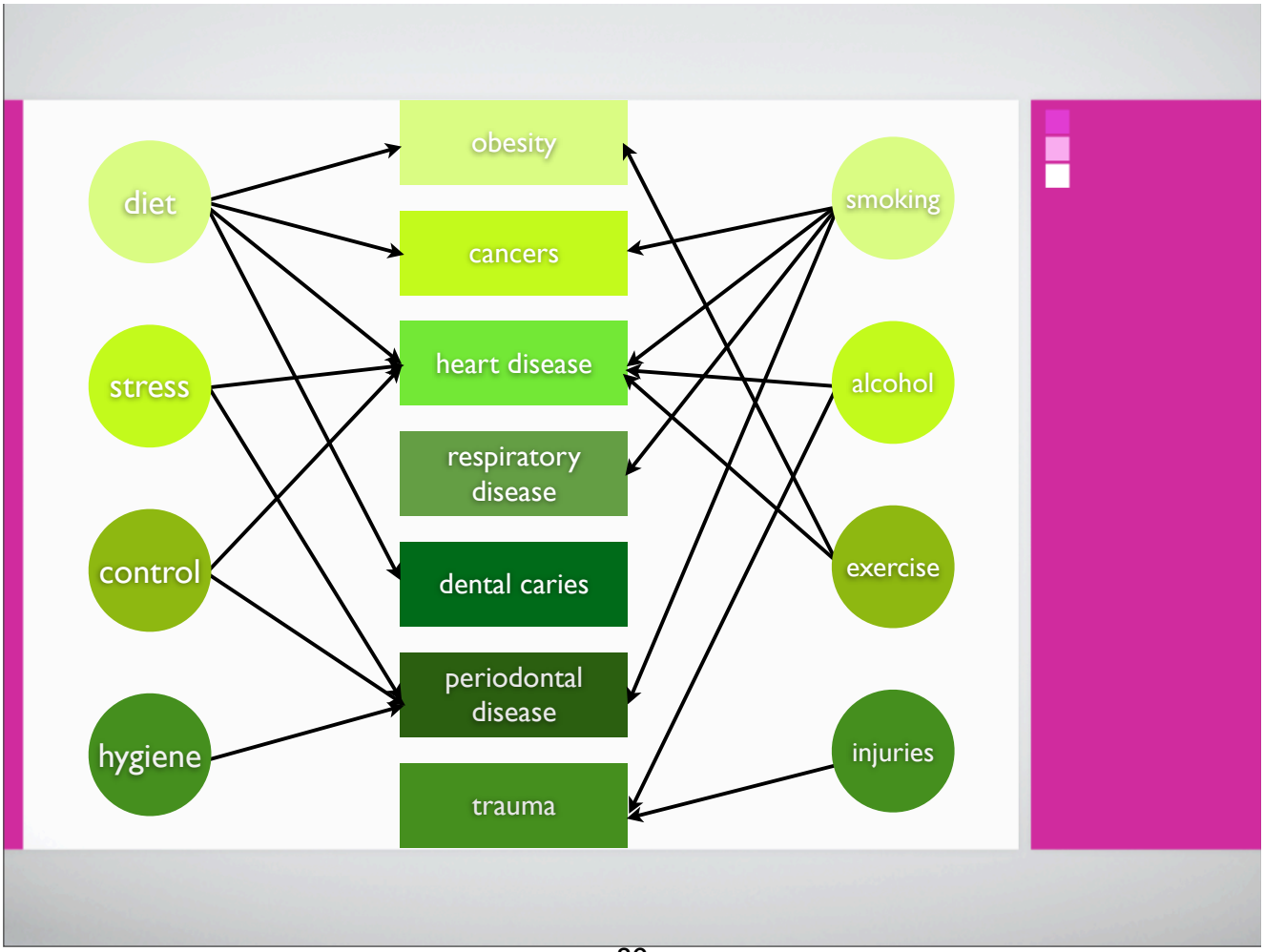
up to 31st March 2013

from 1st April 2013

medical contracts
public health
dental contracts
dental public health
trusts

issues

- determinants of disease/health
  - common risk approach
  - health promotion
- service interventions
  - patients
  - implications of differing contractual relationships



Public Health England

NHS England

Screening and immunisation programme update for Reading September 2013

Purpose

This paper provides the Reading Health and Wellbeing Board with an update on the performance of the following programmes in Reading

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

It also summarises some of the initiatives that are under way to improve uptake of screening and immunisation.

Childhood immunisation

Table 1
Trends in coverage of childhood immunisations in Reading 2008 to 2013

Reading	DTaP/IPV/Hib by 1 year (%)	PCV booster by 2 years (%)	Hib/MenC booster by 2 years (%)	**1st MMR by 2 years (%)**	DTaP/IPV booster by 5 years (%)	**2nd MMR by 5 years (%)**
2008-2009	89.41	72.83	79.74	**81.01**	72.20	**66.69**
2009-2010	91.09	82.39	83.74	**87.29**	80.36	**75.75**
2010-2011	93.92	88.04	88.93	**89.29**	83.23	**81.22**
2011-2012	94.55	91.31	90.82	**93.17**	87.81	**86.09**
2012-2013	93.53	93.46	93.02	**94.69**	92.35	**91.50**
Target	95.00	95.00	95.00	**95.00**	95.00	**95.00**

DTaP/IPV/Hib	diphtheria, tetanus, acellular pertussis, polio and haemophilus influenza B vaccine
PCV booster	Pneumococcal conjugate vaccine booster
Hib/MenC	Haemophilus influenza B/Meningococcal C vaccine
MMR	Measles, mumps and rubella vaccine
DTaP/IPV booster	Diphtheria, tetanus, acellular pertussis, and polio booster vaccine

The continued improvement in immunisation coverage in Reading over the last five years is demonstrated by the statistics in Table 1. Although not yet achieving the 95% target the progress is encouraging and is a reflection of the work being done by practices to increase the number of children that complete their immunisations on time.

South Reading CCG is undertaking a project to increase immunisation uptake by pro-actively following up babies that are late in completing their course of immunisations at 2, 3 and 4 months old (primary course) and 1st MMR immunisation. This work a being carried out by a Community staff nurse who started in post on 1st May 2013. She is able check whether data held by the child

health information system is accurate, identify children that have left the area and to offer additional time to families for discussion of immunisation and to facilitate arranging immunisation appointments. Data is available to the end of Q1 (30th June) though at this stage numbers of children followed up were quite small. Twelve of fourteen children identified as having an incomplete primary course of immunisation had a positive outcome recorded after the intervention, so early results are encouraging. This pilot scheme will continue to be monitored by South Reading CCG.

Cancer Screening

A group chaired by Wendy Everett from Reading Borough Council and attended by Councillor Tickner, representatives from both Reading CCGs, Public Health and a patient representative met twice in 2012-13. After a review of the screening coverage data and activities already under way to address low uptake; bowel cancer screening was identified as a priority area for action. More detail is given under each programme heading. The group has not met since the reorganisation of the NHS and public health.

Bowel cancer screening

Table 2 shows the uptake of bowel cancer screening in the two Reading CCGs in 2012-13. The other Berkshire CCGs are shown for comparison. Low uptake of bowel cancer screening is associated with factors such as deprivation and ethnicity. The target for uptake is 60%. It can be seen that South Reading is well below this target. Increasing bowel screening uptake was therefore identified as a priority area.

Table 2 Uptake of bowel cancer screening in Berkshire 2012-13 in individuals aged 60 to 74 years.

	Invited	Adequately screened	Definitive abnormals	Uptake	Positive results
NHS Bracknell And Ascot CCG	9202	5449	107	59.2%	2.0%
NHS Newbury and District CCG	8785	5557	104	63.3%	1.9%
NHS North and West Reading CCG	**7846**	**4741**	**88**	**60.4%**	**1.9%**
NHS Slough CCG	6509	2745	128	42.2%	4.7%
NHS South Reading CCG	5775	2872	81	49.7%	2.8%
NHS Windsor Ascot and Maidenhead	10826	6135	125	56.7%	2.0%
NHS Wokingham CCG	12090	7934	144	65.6%	1.8%

A number of initiatives have started or are being considered in Reading. South Reading CCG practices are sending personal letters to all patients who fail to take up their first offer of screening at the age of 60 years. This project started in June 2013 so no outcome information is available yet. North and West Reading CCG practices are being asked to send letters to all patients that fail to take up the offer of screening.

As a result of increase capacity in the team the Berkshire Bowel Cancer Screening programme are now able to undertake some additional work to increase uptake of screening. In the near future they plan to focus activities with practices and in areas where uptake is low. This includes the south and east Reading areas. A further update will be provided when this is underway.

Cervical cancer screening

At the end of Quarter 1 2013-2014 coverage of cervical screening in women aged 25 to 64 years in Reading practices was 78.5%; target coverage is 80%. Seventeen GP practices are below the target however the majority of these have coverage of > 75%. The two practices that are outliers from this are the Reading Walk-In Centre and the University Health Centre both of which have particular challenges related to the demographic of their registered populations.

The factors linked with low uptake of cervical screening are well recognised and include younger age, deprivation and ethnicity. During the first half of 2013 a Public Health Specialist Registrar organised a series of focus groups and interviews in areas of Reading where uptake of cervical screening is lower. The aim was to identify how services for or approaches to cervical screening could be modified to encourage more women to attend. The final report is yet to be published but implementation of recommendations from this report will be considered in the coming 6 months.

Breast Cancer screening

At the end of Quarter 3 2012-13 coverage of breast cancer screening in women aged 53 to 70 years registered with Reading practices was 76% compared to a Berkshire West average of 79.1%. The minimum standard for coverage in this programme is 70% with a target of 80%. Seven practices were below the minimum standard.

The nurse specialist in the breast screening service contacts all practices before their eligible women are invited for screening and she offers advice and provides promotional materials for practices to use during the time their women will be receiving their invitations for screening. No additional activities are currently being undertaken with this programme.

Abdominal Aortic Aneurysm (AAA) Screening

AAA screening is offered to men in the year of their 65th birthday. Screening is carried out with ultrasound scan of the abdomen. Reading is served by the Thames Valley Programme which covers Berkshire, Buckinghamshire and Oxfordshire. Councillor Lovelock presented information on the AAA programme to the Health and Wellbeing Board in June in response to a question raised by member of the public. Since the time of this report screening is now being offered at South Reading /Shinfield Surgery and the Reading Walk -In Health Centre. In June it was reported that in North and West Reading 92.5% and in South Reading 99.3% of eligible patients still remained to be screened. This has already reduced to 88.7% and 90.8 % respectively. Another location for screening in north Reading needs to be identified. Although there has been a slower start in Reading and activity appears low the programme is focusing additional resources on Reading to catch up. The programme overall is on track to screen all eligible men by 31st March 2014.

Summary

Immunisation in coverage in children under 5 years of age continues to improve

The AAA screening programme that commenced this year has had a slow start in Reading but the Provider has assured us that all eligible men will be offered screening by March 2014.

There are challenges with meeting cancer screening coverage targets in parts of Reading. Bowel screening has been identified as a priority for action as uptake is particularly low. Improving uptake will diagnose more cancers at an earlier stage and improve survival from this disease. Practice based initiatives are in place but opportunities to work with colleagues from the council to increase knowledge and awareness of cancer screening in the community would be welcomed.

Reading Health and Well being Board

The purpose of this paper is to brief the board on the Measles Mumps and Rubella (MMR) vaccination catch up programme and the progress that the Thames Valley area team are making in delivering the national target.

Attached is a paper from the area team describing the range of national initiatives being undertaken to increase the uptake of the MMR vaccine to 95%.

Immunisations are a highly effective way of maintaining the health of the population by reducing the occurrence of infectious disease.

Immunisations are commissioned by NHS England are team from a range of providers, with a focus on General practice. The role of local Public Health is to monitor the delivery of the vaccination programmes and give assurance to the HWB board on the effectiveness of these programmes on delivery to the local communities.

We have been meeting with the area team to support the local delivery of the national work. However the impact of the programmes has been limited both nationally and locally and so a second set of actions is now being planned. However at this point I cannot assure the board that the national 95% MMR target will be delivered.

Lise Llewellyn, Director of Public Health for Berkshire

Measles, mumps and rubella (MMR) Immunisation Update for Berkshire

Background

In April 2013 The Department of Health, Public Health England and NHS England jointly launched a campaign aiming to drive up demand for MMR vaccination. This was in response to an increase in the number of measles cases in England over the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994. This was sustained into 2013. There is a high rate of cases in teenagers, which has not been experienced in previous years. The 10 to 16 year old age group is the one most affected by the adverse publicity relating to MMR vaccine between 1998 and 2003 and therefore there are larger numbers of children of this age unimmunised or partially immunised against measles. This creates the potential for school based outbreaks as seen in Swansea and the north east of England

Although there has not been an increase in confirmed cases in Thames Valley there is still the potential for outbreaks particularly in those areas where coverage of MMR immunisation has been low in the past.

One dose on MMR vaccine is 90-95% effective at protecting against measles infection. Two doses will protect 99% of those immunised. There is a national target to immunise 95% of children with one dose of vaccine by the age of 2 years and 2 doses of vaccine by the age of 5 years.

This report provides an update on Phase 1 of the MMR catch up campaign, an outline of the approach for Phase 2 and

MMR catch up campaign Phase One (April to August 2013)

The first phase of the catch-up campaign consists of the following elements running concurrently:

- An urgent communication to encourage parents or guardians of unvaccinated (highest priority) and partially vaccinated young people 10 to 16 years to be vaccinated at their General Practice.
- A rapid programme of identification and invitation of unvaccinated and partially vaccinated young people by General Practice in liaison with Child Health Information System Services.
- Targeting of vulnerable groups such as Gypsy, Roma, traveller families; there are still disproportionate number of cases within this community.
- Sustained intervention over longer term that will strengthen current routine approaches.
- Ensuring there is continued improvement in the routine immunisation programme for under 5's.

The proposed outcome is that 95% of young people aged 10 to 16 years to have received at least one dose of MMR by September 2013.

Phase 1 actions and outcomes in Berkshire

A Thames Valley steering group led by NHS England screening and immunisation team planned and co-ordinated the catch up campaign supported by the Director of Public Health and local authority colleagues.

- Local press releases were produced to coincide with the national release of measles data in early May and June with the Director of Public Health providing the local voice

for these. This generated radio and newspaper coverage of the MMR catch up campaign.

- The Director of Public Health facilitated the circulation of letters through schools to students and their parents highlighting the importance of MMR immunisation and signposting them to their GP for immunisation.
- This was done at the start of the campaign with a second communication linking the need for MMR vaccination to travel to areas of Europe with a high incidence of measles being sent out to coincide with the start of the school holiday.
- All local GPs, except one, signed up in May to the Enhanced Service requiring them to identify unimmunised and partially immunised 10 to 16 year olds in their registered populations and invite them for immunisation.
- Working with the practice that opted out NHS England Thames Valley area team have identified and invited children registered with this practice for immunisation
- All GPs are commissioned to provide MMR immunisation to children up to the age of 15 years. The Enhanced Service also included provision for the immunisation of young people and adults aged 16 years and over.
- As a longer term sustainable intervention the NHS England Thames Valley Area Team are looking to commission the school nursing service to offer MMR catch up immunisation in secondary schools at the same time as other immunisations that are offered in school. (Human papilloma virus immunisation to Year 8 girls and the diphtheria, tetanus and polio booster in Year9 or 10)
- The routine immunisation of under 5's is discussed in a later section.

Measuring the impact of Phase 1

Data on the numbers of children identified and invited will not be available until after the end of August when a new national data collection system goes live.

Nationally it is estimated that as a result of the campaign the number of 10-16 year olds immunised against measles has increased by 1%. This data is not available at local level.

Since the beginning of July coverage information on children up to the age of 18 years has been collected by Public Health England through the Immform weekly and monthly sentinel surveys. This system extracts information directly from a number of GP clinical systems.

It has been recognised nationally that obtaining accurate information on the coverage of MMR immunisation in 10-16 year olds is very difficult. Data on both General Practice clinical systems and Child Health Information systems becomes less accurate as children get older. As families move around the country or move in from abroad immunisation histories are less likely to be entered onto computer systems once a child is beyond the age of the routine immunisation programme.

Audits of records, including some work carried out locally by the public health team have estimated that 30- 50% of 10-16 year olds whose electronic records identify them as unimmunised have actually had MMR immunisation. A national audit is about to start sampling records 24 upper local authorities across England to estimate the magnitude of under recording. The results of this audit will be available in the autumn.

Table 1 presents the immunisation coverage in 10-16 year olds by CCG from Immform sentinel survey week ending 27th July 2013. For each CCG between 45 and 70% of

practices are included in the Survey. This shows the proportion of children unprotected against measles to range from less than 9% in Newbury and District to over 14% in Slough and South Reading. These figures have not been adjusted to reflect the under-recording of immunisation discussed above.

Even allowing for under-recording most areas would still be below the target of 95% children having at least one does of MMR. The coverage in Slough and South Reading is of particular concern and these will be priority areas for action in Phase 2 of the catch up campaign.

Table 1: MMR immunisation coverage in 10 to 16 year olds taken from Immform sentinel survey week ending 27th July 2013

CCG	Children aged 10-16 years Doses MMR vaccine received		
	zero	only one dose	two doses
	%	%	%
Bracknell and Ascot CCG	10.9	10.6	78.5
Slough CCG	14.1	17.9	68.0
WAM CCG	10.8	14.8	74.4
Newbury and District CCG	8.6	9.3	82.1
N&W Reading CCG	9.3	9.8	80.9
South Reading CCG	14.2	15.4	70.4
Wokingham CCG	9.6	12.3	78.1

Phase 2 of the catch up campaign

Coverage data collected in July 2013 suggested that the aspiration of 95% coverage in the target age group is unlikely to be met by September. As a result Phase 2 plans are being developed nationally; although the final version has not yet been published the likely elements are set out below.

The following actions are proposed before the end of August

1. Undertake a further push with general practice to encourage those practices who have not yet taken part in the catch-up to do so.
2. Encourage all practices that have not already done so to 'clean' their data ensuring that vaccinations are properly recorded as this is fundamental to the success of the programme.
3. Consider further communication to GPs regarding the need to identify and re-invite any remaining unvaccinated children in the target age-range.

Planned developments for the autumn may include:

1. Additional publicity to raise awareness of the need to get vaccinated.
2. Activate a sustainable service checking status and providing MMR vaccine for those
   - Moving from primary to secondary school at start of next year
   - Having HPV vaccine in Year 8
   - Having the teenage booster of diphtheria, tetanus and polio (dT/IPV)

3. In areas which have not reached the 95% target plan to offer school-based vaccine sessions for catch-up vaccination early in the autumn term of next academic year.
4. Audit of a sample of vaccination records for children with no record of MMR in a range of areas to estimate the likely under-estimation of true vaccination coverage.
5. Specific outreach to vulnerable and underserved groups e.g. traveller communities

Implementation of Phase 2 in Berkshire

There will be a meeting of the Thames Valley steering group including Directors of Public Health to agree the actions that will be taken locally to deliver the Phase 2 recommendations in Thames Valley. Proposal will include plans to

- Improve the quality of local data so a true picture of MMR coverage can be obtained
- Deliver school based immunisations in Berkshire in the 2013-14 academic year; possibly an initial focus in Slough and South Reading with wider roll out over the autumn and spring terms
- Ensuring the gypsy, Roma, traveller community in our area have good immunisation uptake.
- Continue work to increase uptake of MMR in under 5's

Current coverage in children 5 years and under

Table 2 shows the coverage of MMR immunisation in 2 year olds and 5 year olds in Berkshire 2012-13 by local authority.

Three from six unitary authorities have achieved or almost achieved the 95% target for the first MMR immunisation and all apart from Slough are at or above 90%. Coverage of two MMR immunisations by 5 years old is much lower in all areas and is not at 95% in any area. Slough is the area of greatest concern as uptake is only 81% in this borough.

Appendix 1 shows the upward trend in MMR coverage in Reading, West Berkshire and Wokingham over the last 5 years. (Similar data is not available for other unitary authorities)

A plan is currently being developed by NHS England Thames Valley working with local stakeholders to improve immunisation coverage in Slough in under 5's. This includes initial work to ensure that the coverage data is robust and accurately reflects the actual coverage. A change in the Child Health Information System used and disruption resulting from the protracted consultation prior to the merger of child health teams across Berkshire may have had an impact on data quality affecting Slough, Bracknell and Windsor and Maidenhead.

Work continues in all areas to increase the uptake of the second MMR injections. The NHS England Thames Valley screening and immunisation team regularly identify those children late for immunisation and supply this information to practices to ensure these children are followed up.

Table 2 MMR immunisation coverage 2012-13 (Cover data)

Unitary Authority	1st MMR by 2 years (%)	2nd MMR by 5 years (%)
Reading BC	94.7	91.5
West Berkshire Council	96.0	92.6
Wokingham BC	95.5	93.3
Bracknell Forest Council	90.0	88.0

Royal Borough of Windsor and Maidenhead	92.1	86.7
Slough BC	89.3	81.0

Appendix 1

Trend in MMR immunisation in Reading, West Berkshire and Wokingham

Reading	**1st MMR by 2 years**	**2nd MMR by 5 years**
2008-2009	**81.01**	**66.69**
2009-2010	**87.29**	**75.75**
2010-2011	**89.29**	**81.22**
2011-2012	**93.17**	**86.09**
2012-2013	**94.69**	**91.50**
Target	**95.00**	**95.00**

West Berks	**1st MMR by 2 years**	**2nd MMR by 5 years**
2008-2009	**85.3**	**77.5**
2009-2010	**92.54**	**81.97**
2010-2011	**91.66**	**89.39**
2011-2012	**94.51**	**90.35**
2012-2013	**95.99**	**92.62**
Target	**95.00**	**95.00**

Wokingham	**1st MMR by 2 years**	**2nd MMR by 5 years**
2008-2009	**86.1**	**72.2**
2009-2010	**92.66**	**77.75**
2010-2011	**93.27**	**87.20**
2011-2012	**95.16**	**91.30**
2012-2013	**95.52**	**93.27**
Target	**95.00**	**95.00**

READING BOROUGH COUNCIL
REPORT BY COUNCIL MANAGING DIRECTOR

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**20 SEPTEMBER 2013**	**AGENDA ITEM:**	**14**
TITLE:	**COMMUNITY PHARMACY – HEALTH PROMOTION CAMPAIGNS**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**PUBLIC HEALTH**	**WARDS:**	**BOROUGH-WIDE**
LEAD OFFICER:	**LISE LLEWELLYN**	**TEL:**	
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to update the board on the Public Health work with community pharmacy. The report summarises the key areas that will be addressed and their linkage to our needs assessment.

2. RECOMMENDED ACTION

2.1 To note the defined areas of work which relate to key issues in Reading.

3. BACKGROUND

3.1 The government has identified the importance of a multidisciplinary public health workforce for handling the main causes of ill health. Opportunities identified for community pharmacy in the new Public Health service include NHS Health Checks, tackling drug and alcohol misuse, promoting healthy lifestyles and prevention of long term illness and increasing the uptake of seasonal flu vaccination (Department of Health, 2010).

3.2 Community pharmacies are easily accessible and provide a convenient and less formal environment for those who cannot or do not wish to visit other kinds of health services. Community Pharmacy is commissioned under a national contract by NHS England, part of this contract requires each pharmacy to undertake health promotion work in defined areas.

4. COMMUNITY PHARMACY

4.1 Key Areas
The areas chosen reflect key needs of our local communities and have been informed by the JSNA and our health and wellbeing strategy. Evidence from pharmacists, with their strong local base can impact on the behaviours seen in the community has also been a factor in helping identify four key areas of work. Four key areas have been

identified, that have been agreed in negotiation with the Local Pharmaceutical Committee (LPC) and the Public health team. This forms part of the work reviewed by the Public Health advisory board and has been signed off by them.

4.2 Four key areas have been identified:

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

More detail on each area chosen is provided at **appendix 1**.

4.3 Approach
Each area identified has a lead Consultant who will work across Berkshire and be the main contact to support the LPC in each campaign. The campaigns will have defined objectives and outcomes that can be used to evaluate the approach and shape future work.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The work outlined within this report will impact on the Council's strategic aim of promoting equality, social inclusion and a safe and healthy environment for all.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Whilst pharmacy is the main outlet for the campaigns the work will also involve other key stakeholders, who will: vary according to topic, use national information and established approaches, and link into the communications teams across the Unitary Authorities to make sure the local media are part of the approach.

7. EQUALITY IMPACT ASSESSMENT

No equality impact assessment has been undertaken for this report.

8. LEGAL IMPLICATIONS

There are no legal implications associated with this report.

9. FINANCIAL IMPLICATIONS

9.1 There are no financial implications associated with this report Community Pharmacy Health Promotion is part of the national pharmacy contract.

Health Promotion Campaigns – Community Pharmacy

The four key areas identified by the Local Pharmaceutical Committee (LPC) in conjunction with the Public health team are

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

Flu Vaccination

What is Flu ?

Influenza or 'flu' is a respiratory illness associated with infection by influenza virus. Symptoms frequently include headache, fever, cough, sore throat, aching muscles and joints.

- Influenza occurs most often in winter and usually peaks between December and March in the northern hemisphere..

- The influenza virus is unstable and new strains and variants are constantly emerging, which is one of the reasons why the flu vaccine should be given each year

At risk groups

Flu complications are known to occur more often in key groups, these include pneumonia and death - whilst death rates are low , those in at risk groups are 11 times more likely to die from complications of flu than in non- risk groups. These at risk groups are targeted in the flu vaccination campaigns.

- Over 65 year olds
- Pregnant women
- Patients with Diabetes
- Patients with Chronic kidney conditions
- Patients with chronic lung conditions
- Patients with chronic liver conditions
- Patients who are immunosupressed
- Children over 6 months with any of the above chronic conditions

Vaccination

The target for flu vaccination 2013/14 are to :

- reach or exceed 75% uptake for people aged 65 years and over; and
- reach or exceed 70% uptake for people under 65 years in clinical risk groups, including pregnant women,

Local priority

Flu vaccination is a target in the health and well-being strategy and is a key preventative action to prevent illness and complications that may include

hospital admissions. Latest data shows that last year flu was a major cause of an increase in excess winter deaths

Whilst there is good uptake of vaccine in the over 65 year age groups, in Berkshire the uptake in the at risk groups is significantly lower. Therefore the work with pharmacists will be addressed at these groups. Patients in these groups attend pharmacy regularly to pick up prescriptions and this gives us an opportunity to promote the vaccination.

Healthy Hearts - NHS Health Checks

What are NHS Health Checks?
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk

Why are they important?
In our populations heart disease is major cause of early death - heart attacks, strokes. We know that key factors can influence the chances of developing these conditions – e.g. high blood pressure, high cholesterol lack of exercise. An NHS Health Check aims to give information to patients to allow them to take action to lower their risk of developing these common but often preventable diseases.

Nationally it is estimated that checking 40 to 74 year-olds' blood pressure, cholesterol, weight and lifestyle could identify problems earlier and prevent 650 deaths, 1,600 heart attacks and 4,000 cases of diabetes a year.

Local Uptake
An NHS health check is a mandatory service for each Unitary Authority to provide. There are set targets for each area to achieve in 2013/14 :

Authority	Estimated eligible population aged 40 to 74	Heath Check Invites Target 2013/14 (20% of eligible population)	Heath Check Take up Target 2013/14 (10% of eligible population)
Bracknell Forest	32,479	6,496	3,248
Slough	31,646	6,329	3,165
RBW&M	43,196	8,639	4,320
Reading	36,215	7,243	3,622
Wokingham	47,837	9,567	4,784
West Berkshire	47,927	9,585	4,793

However last year no CCG achieved the target and so extra effort is required to promote this programme. Since the target groups are those who do not routinely use their GP services the pharmacy is an ideal outlet to engage and promote this service with a wider audience. In addition some pharmacies will deliver NHS health checks under a commissioned service with the UA .

Cancer Screening

Screening programmes are commissioned through NHS England area team. Screening programmes identify people who are more at risk of developing a condition (cancer) at an early point in the course of the illness, allowing early diagnosis and treatment with reduced illness and death rates. The major screening programmes for cancer are breast, cervical and bowel. The newest programme is the bowel cancer programme.

Cancer mortality in the UK is higher than our European counterparts and one of the attributable factors is that we have more people presenting at a late stage of disease. The national Be Clear Campaigns, lung, bladder and ovarian , programme work to raise awareness of early symptoms.

Local priority

Cancer is a significant cause of illness and early death with 132 residents under the age of 75 years dying each year from cancer. The top cancers are lung, breast, prostate and bowel cancer. Bowel cancer is the third most common cancer.

Bowel cancer screening is offered to residents aged between 60 and 74 years. The aim is to be screened every two years. The programme is highly effective with pre-cancerous growths or cancers being detected at a much early stage. The aim is to get over 60%

Whilst North West Reading delivered the target last year, uptake across Reading is variable and the GPs are committed to improve uptake in all areas.

Organisation name	**No. of people invited for screening in previous 12 months**	**No. of people screened within 6 months of invitation**	**Uptake %**
Newbury & District CCG	8684	5509	63.44%
North & West Reading CCG	7847	4798	61.14%
South Reading CCG	5704	2902	50.88%
Wokingham CCG	11993	7906	65.92%

Aims of Project

The aim will be to promote the screening programmes in the pharmacy and to give training to the pharmacists on the kits so that they and their staff can support patients through the process. In addition pharmacists can highlight the warning symptoms of cancers e.g 3 weeks history of cough and lung cancer .

Alcohol Awareness

Background

Excessive drinking has adverse consequences at an individual, family and community level. These include chronic health problems, accidents and injury, mental health problems, domestic abuse and social disorder.

In Reading, the level of higher risk drinking[1] and the prevalence of alcohol related crime are both higher than the national average, ranking within the highest 10% of south-east England local authority areas[2].

Self-help or educational resources are a widely used method of addressing alcohol consumption. Among the most common are tools that better enable drinkers to accurately assess their alcohol unit intake.

Recent research from the independent UK-wide charity 'Drink Aware' indicated that health professionals view these resources as effective. Of those surveyed, 84% agreed they were important to help the end user reduce alcohol consumption.

Aims of Project

To widely distribute Drink Aware tools to residents that will enable them to more accurately assess their alcohol unit intake. Distribution will be via community pharmacies.

To evaluate the use and effectiveness of these resources via a systematic evaluation combining quantitative and qualitative methods.

Methods

A 'unit wheel' and 'unit measure cup' will be packaged together in individual packs with a leaflet on how to use the tools and details of further online information.

Berkshire Local Pharmaceutical Committee (LPC) will assist in the sign up of local pharmacies across Berkshire (target number = 100) and distribution of resource packs.

Evaluation of the use and impact of the packs will be carried out by a separate research company (Shared Intelligence). This will include pharmacists and residents, and combine quantitative work (eg: questionnaires) with qualitative methods (eg: focus groups).

[1] More than 50 units per week for males, and more than 35 units per week for females.
[2] Local Alcohol Profiles for England (2013) www.lape.org.uk/

READING BOROUGH COUNCIL
REPORT BY COUNCIL MANAGING DIRECTOR

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**20 SEPTEMBER 2013**	**AGENDA ITEM:**	**16**
TITLE:	**HIGH ENERGY DRINKS**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**PUBLIC HEALTH**	**WARDS:**	**BOROUGH-WIDE**
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report updates the board on the outcome of exploratory work in response to a delegated council question. It also informs the board on how the public health team will take this area of work forward in line with the agreed priorities of the health and wellbeing strategy for Reading.

2. RECOMMENDED ACTION

2.1 To note the current position and planned future activity.

3. BACKGROUND

3.1 In January 2012 the council received a report in response to a council question regarding promoting the responsible sale of high energy drinks to children. The report gave some suggestions on possible activity that could support a campaign but also advised that the council has limited power or influence over the sale of such drinks.

3.2 This Council called for a report to be presented to the Health and Wellbeing Board, on what additional measures could be taken in accordance with its Health and Wellbeing strategy.

4. HIGH ENERGY DRINKS

4.1 Limited Powers and Control
Trading Standards have very limited powers to deal with these products EU labelling rules require that drinks containing more than 150mg of caffeine per litre are labelled with the term 'high caffeine content' and accompanied by an indication of the amount of caffeine, but no other labelling is required by law. Advertisements for these drinks do not need to declare they have a high caffeine content.

4.2 The British Soft Drinks Association published a voluntary code of practice in 2010 which recommends prominent labelling on energy drinks such as "Not suitable for Children" and this code is supported by the Association of Convenience Stores. However there is little indication that the retail trade restrict the supply of these products on those grounds.

4.3 Although local authority schools in Reading do not sell high energy drinks, there are no powers to enforce young people to refrain from consuming them on school premises.

4.4 Any campaign to promote responsible retailing or highlight the effects that energy drinks can have on the body would have to be based on a voluntary partnership approach which would require additional resources to effectively introduce and monitor outcomes.

4.5 Wider Health Impacts
There is limited evidence or research available about the impact of chronic consumption of high energy drinks, and the long term effects it has on one's health. Some research has linked consumption to obesity and Type 2 diabetes both of which are areas of focus within the Reading Health and Wellbeing Strategy.

4.6 The Health and Wellbeing Strategy, agreed by Council, sets out the key priorities for Reading and it is important to note that the action plan is still being developed, the plan captures existing local authority activity as well as some new responsibilities that the council have in relation to its new public health function. Work across the county and locally is taking place to consolidate understanding of the range of services that are being commissioned and provided locally.

4.7 Obesity
A health and wellbeing event 'healthy eating, healthy living' is being held on 24th September. The event will bring together a range of stakeholders from the local authority (environment, public health, transport, planning, trading standards), the voluntary and community and private sector businesses to inform the development of a co-ordinated and integrated approach to tackling obesity.

4.8 Diabetes
Reading is taking the lead in the Berkshire wide approach to diabetes activity, working along side a number of GP's current services and activity is being reviewed to assess best practice. A one day event is being planned for November, where health professionals will share best practice and begin to develop an action plan to improve diabetes care.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Councils new public health functions will impact on the strategic aim of promoting equality, social inclusion and a safe and healthy environment for all.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Our ongoing commitment to working with other local health services, partners, communities and local people in the work we do reflects the how important we believe engagement in developing local health services is.

7. EQUALITY IMPACT ASSESSMENT

No equality impact assessment has been undertaken for this report.

8. LEGAL IMPLICATIONS

There are no legal implications associated with this report.

9. FINANCIAL IMPLICATIONS

9.1 There are no financial implications associated with this report. Board members will need to consider any financial implications arising from the development of any specific activity relating to the delivery of strategy activity which will be the subject of further reports to the Board.

10. BACKGROUND PAPERS

- Council question and response (24 Jan 2012)
- The resolution from Council (minute 37, 23 Oct 2012)
- Verbal update at HWB (minute 12, 25 Jan 2013)